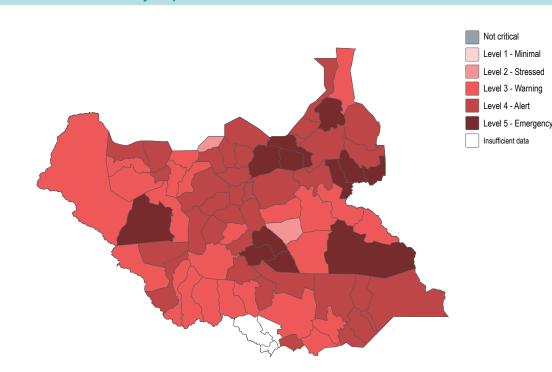


Akobo County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

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 <u>http://bit.ly/2EqRYwJ</u>. 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 status¹

Host community 98%

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

Between 2-3 years



WASH Cluster

July/August 2018

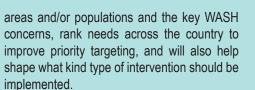
Overview

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

unice



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FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WFP

World Food Programme







Akobo County - Water, Sanitation and Hygiene



0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

15%

of Akobo county

HHs reported

having access

(private, shared,

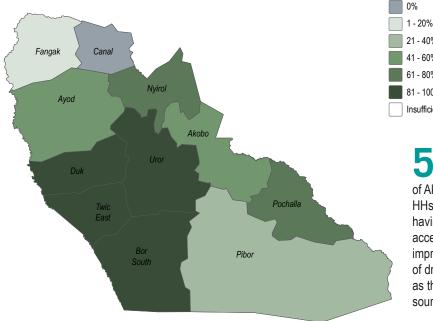
or communal/

institutional)

to a latrine

Water

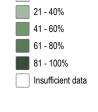
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes, at the state level



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:

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





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

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

WFP

wfp.org

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

Most commonly reported defecation location, by % of HHs

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

Pochalla

Pibor





Norld Food Programme



Sanitation

Fangak

Ayod

Duk

Canal

Twic

East

Nyirol

Uror

Bor

South



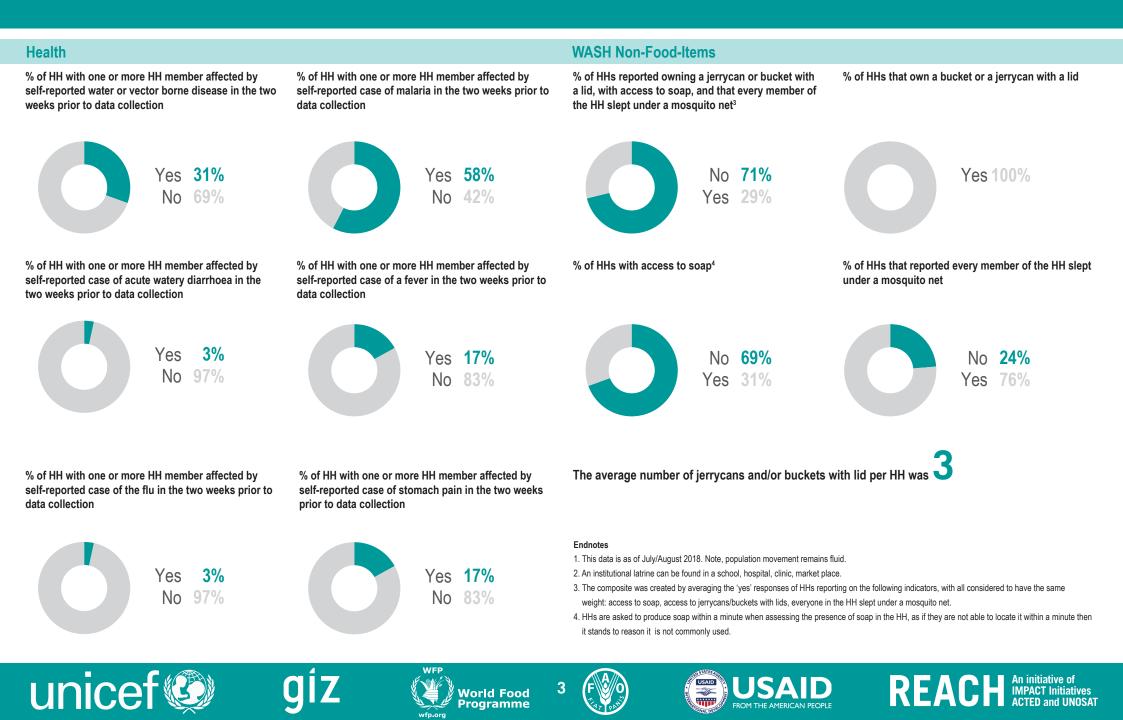
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

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

Akobo

Akobo County - Water, Sanitation and Hygiene







Ayod 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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This information aims to be used to identify priority

unice

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.

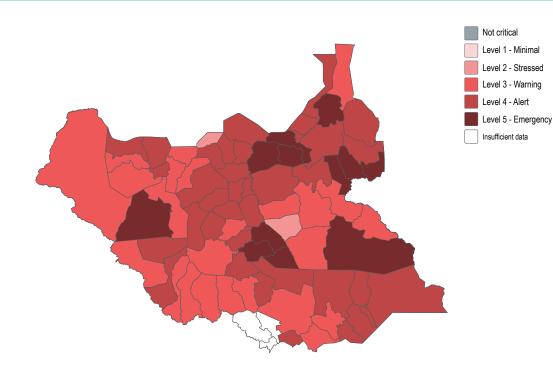
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FSNMS Assessment Coverage

Total coverage in the county was achieved.





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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 status¹

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%	





World Food Programme





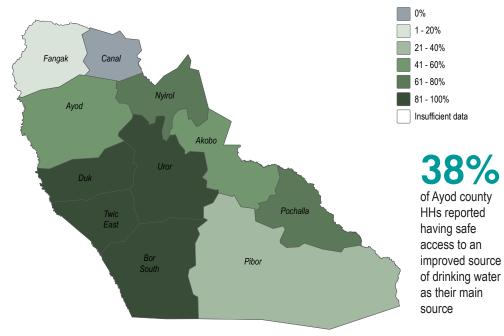


Ayod County - Water, Sanitation and Hygiene



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



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:

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

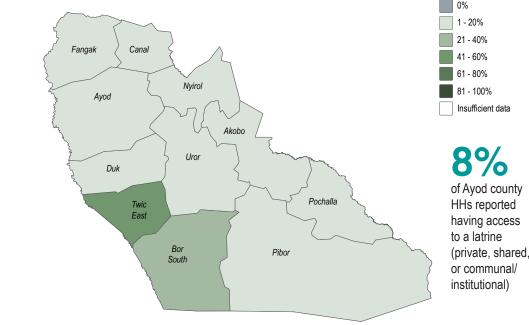
Borehole	43%
Swamp	40%
·	420/
Hand dug well	13%
Unprotected well	4%
River or stream	1%

unicef

 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 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%



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

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%	1





of HHs

In the bush

In the latrine

In the river

No answer

Dig a hole and cover

Sanitation



Most commonly reported defecation location, by %

89%

6%

2%

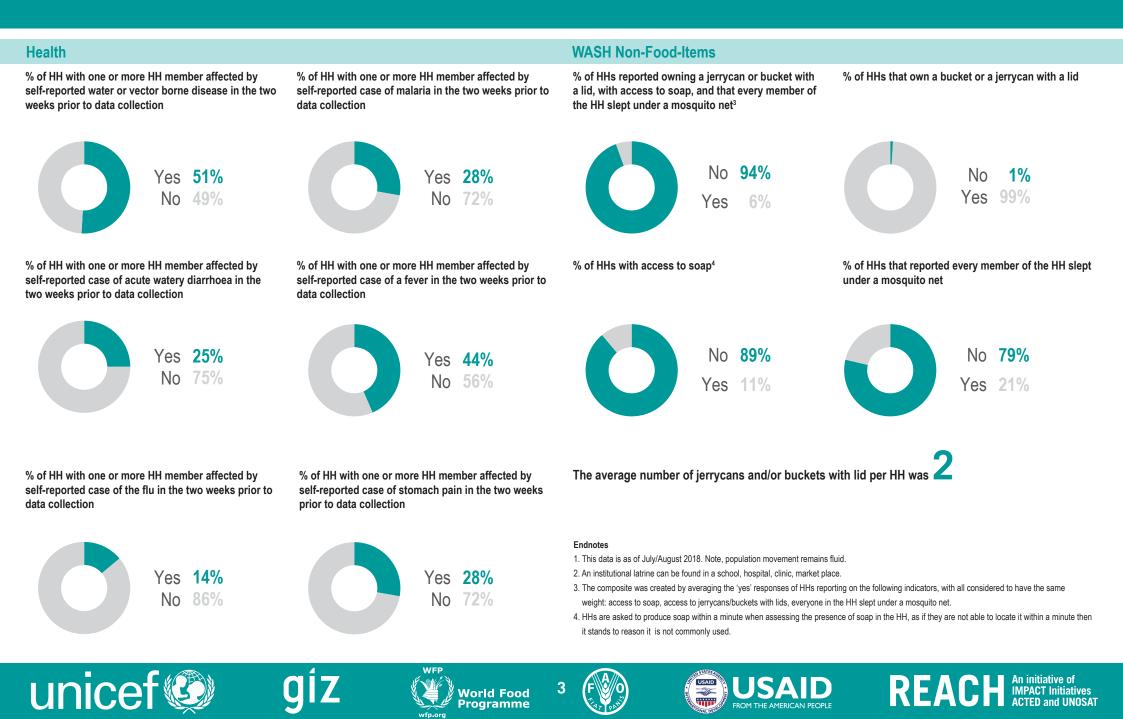
2%

1%

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Ayod County - Water, Sanitation and Hygiene







Bor South County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster July/August 2018

Overview

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This information aims to be used to identify priority

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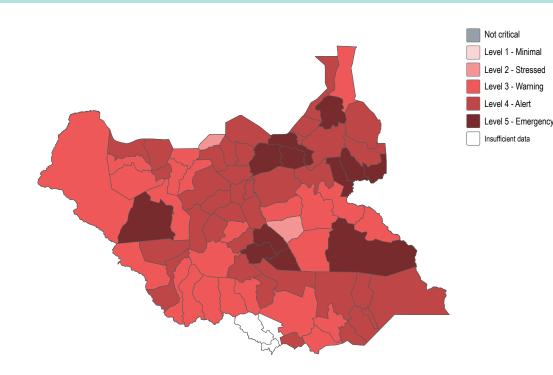
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FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP





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

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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 status¹

93% Host community 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%





orld Food Programme







Bor South County - Water, Sanitation and Hygiene



0%

1 - 20%

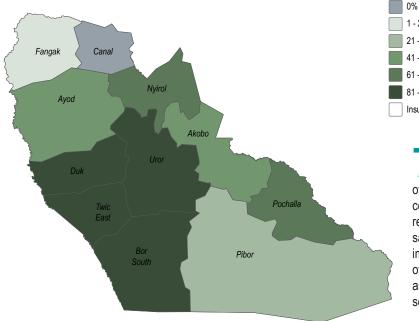
21 - 40%

41 - 60%

61 - 80%

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



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:

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

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

unicef

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

> 74% of Bor South

Sanitation

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

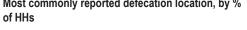
- Access to a borehole, tapstand, or water yard as the primary source of drinking water - Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes - Did not report any security concerns while accessing water point

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

WFP

wfp.org

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



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

2

Norld Food Programme

Most commonly reported defecation location, by %

USAID

In the latrine Dig a l In the Left wl

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

170/

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

	1//0
Dig a hole and cover	6%
In the bush	74%
Left where it is	2%
No answer	1%

Fangak Canal Nyirol Ayod Akobo Uror Duk Pochalla Twic East Bor Pibor South

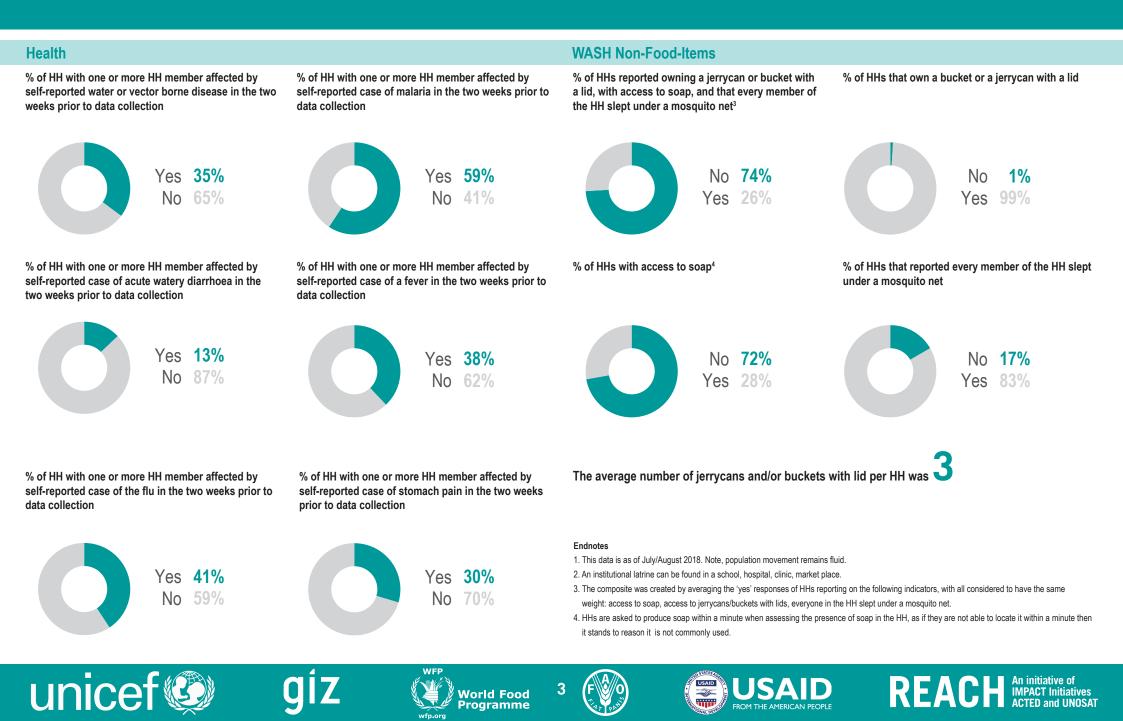
% of HHs having access to a latrine (private, shared, or communal/institutional)², at the state level

81 - 100% Insufficient data 21% of Bor South county HHs reported having

access to a latrine (private, shared, or communal/ institutional)

Bor South County - Water, Sanitation and Hygiene







Canal County - Water, Sanitation and Hygiene Factsheet

areas and/or populations and the key WASH

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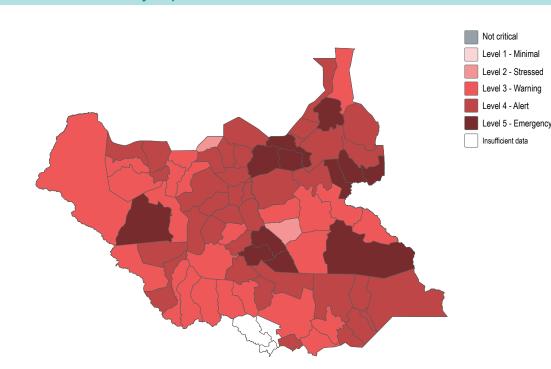
FSNMS Assessment Coverage

Total coverage in the county was achieved.

implemented.

Jonglei State, South Sudan

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

WASH Cluster

July/August 2018

- 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 status¹

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%









Overview

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This information aims to be used to identify priority

unice

σίτ

decision making platforms.

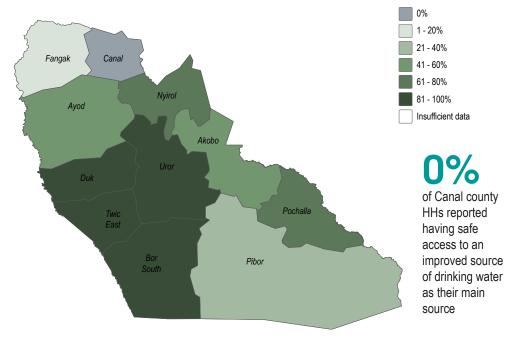
per cluster.

Canal County - Water, Sanitation and 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



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

91%

9%

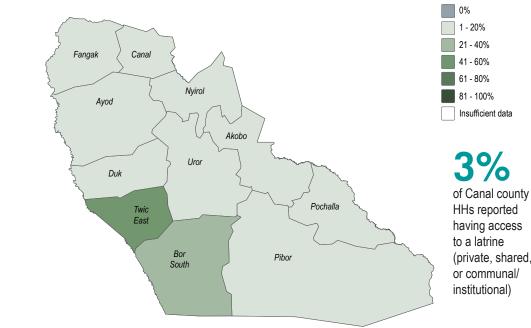
River or stream	
Swamp	

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

WFP

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



Most commonly reported defecation location, by % of HHs

In the latrine3%In the bush94%In the river3%

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

In the latrine	4%	1 - E
In the bush	66%	
Left where it is	30%	



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





World Food Programme

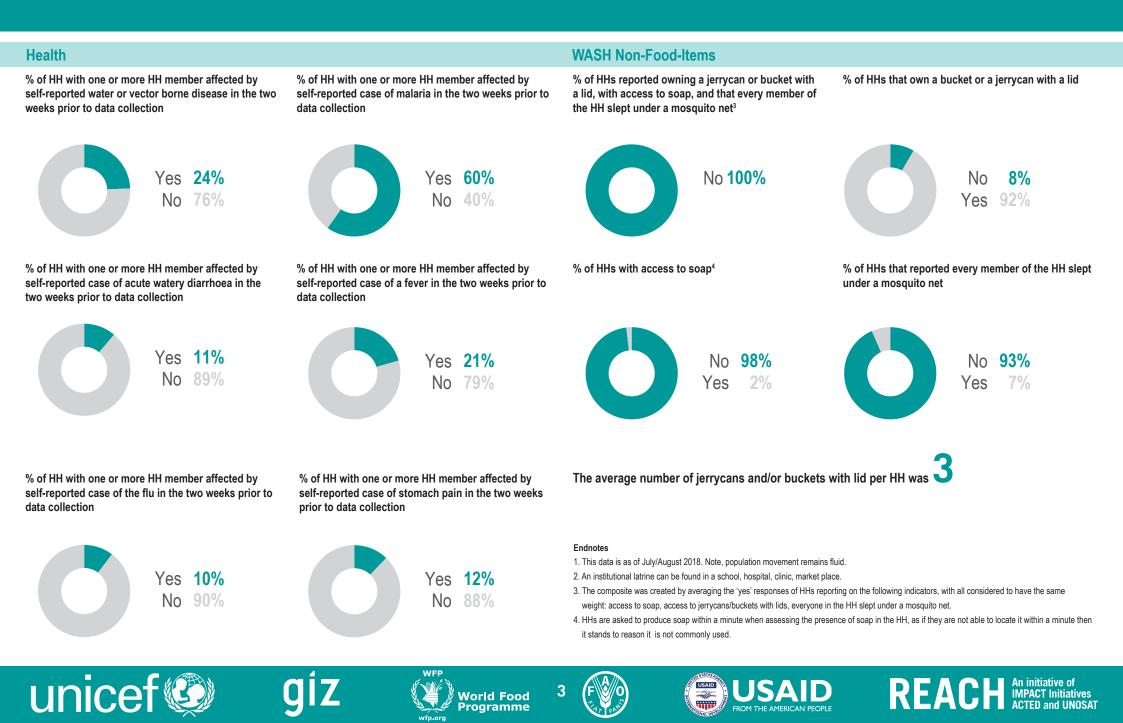




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Canal County - Water, Sanitation and Hygiene



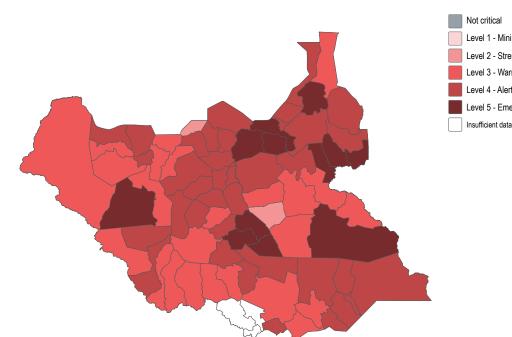




Duk County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Needs Severity Map



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Displacement

% of HHs by displacement status¹

96% Host community 1% IDP 2% Returnee

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

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



July/August 2018

WASH Cluster

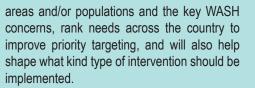
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This information aims to be used to identify priority

unice



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FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP

orld Food Programme





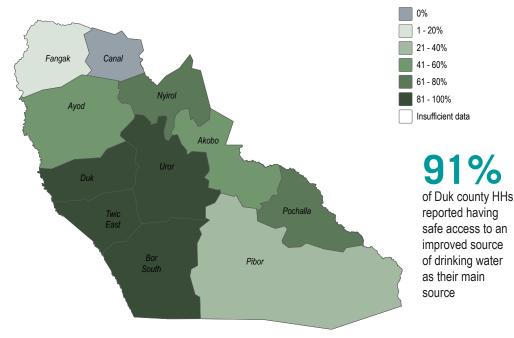


Duk County - Water, Sanitation and Hygiene



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



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

Borehole

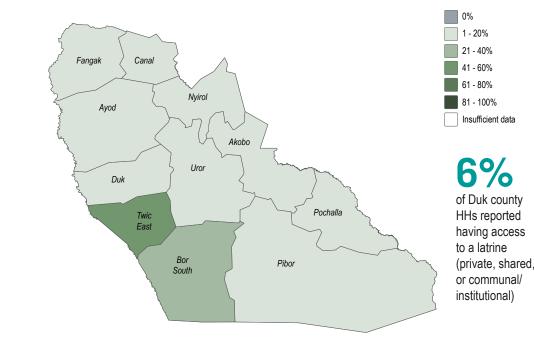
unicef

100%



home) in under 30 minutes

30% Between 1-2 hours 7% 1% No answer



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

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

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





- Access to a borehole, tapstand, or water yard as the primary source of drinking water

drinking water (walking to collection point, waiting,

61%





REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

- Can collect water (walking to collection point, waiting, filling container, returning - Did not report any security concerns while accessing water point Most commonly reported time spent collecting

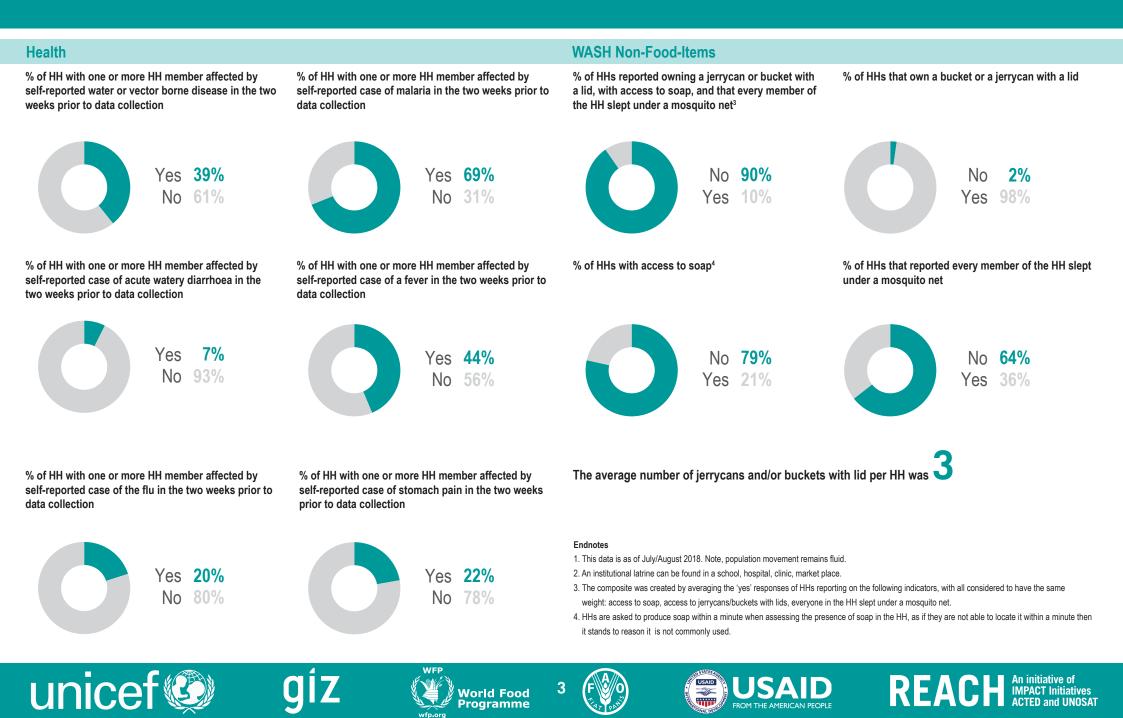
Sanitation

Most commonly reported defecation location, by % of HHs

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

Duk County - Water, Sanitation and Hygiene







Fangak County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

WASH Cluster 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

unice

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.

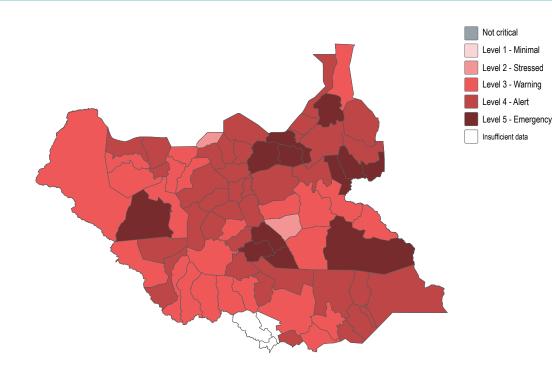
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FSNMS Assessment Coverage

Total coverage in the county was achieved.





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

An initiative of IMPACT Initiatives

Displacement

% of HHs by displacement status¹

90% Host community 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%

REAC





orld Food





Fangak County - Water, Sanitation and Hygiene



0%

1 - 20%

21 - 40%

41 - 60%

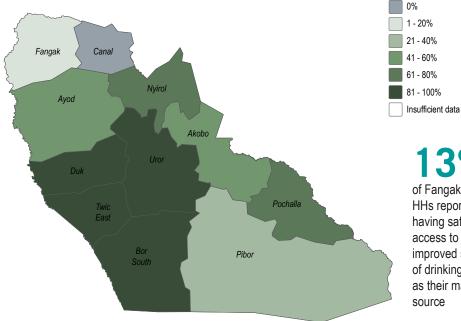
61 - 80%

81 - 100%

Insufficient data

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



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:

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

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

unicef

- 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 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%	I .



Pochalla

Pibor

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

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

Most commonly reported defecation location, by % of HHs

Twic

East

Bor

South

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

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



13% of Fangak county HHs reported having safe access to an improved source of drinking water as their main

Norld Food Programme wfp.org

WFP



Sanitation





Fangak County - Water, Sanitation and Hygiene

data collection

data collection

prior to data collection

% of HH with one or more HH member affected by

% of HH with one or more HH member affected by

self-reported case of a fever in the two weeks prior to

Yes

No

% of HH with one or more HH member affected by

self-reported case of stomach pain in the two weeks

self-reported case of malaria in the two weeks prior to

Yes

No

72%

28%

63%

38%



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 acute watery diarrhoea in the two weeks prior to data collection

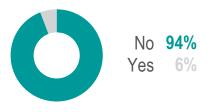


% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



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 net³



% of HHs with access to soap⁴



% 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





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

93%

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.

No

Yes

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.











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.

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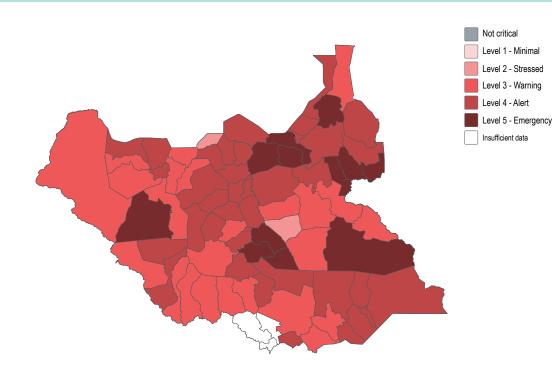
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FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP





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 <u>http://bit.ly/2EqRYwJ</u>. 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 status¹

Host community 97% IDP 3% Returnee 1%

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

Between 2-3 years







World Food Programme





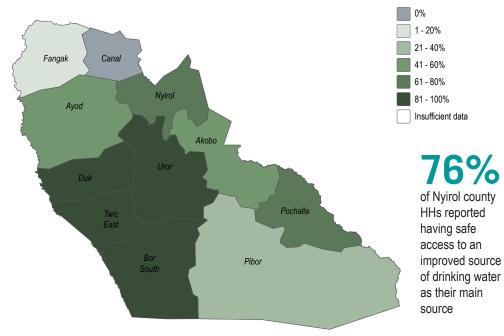


Nyirol County - Water, Sanitation and Hygiene



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



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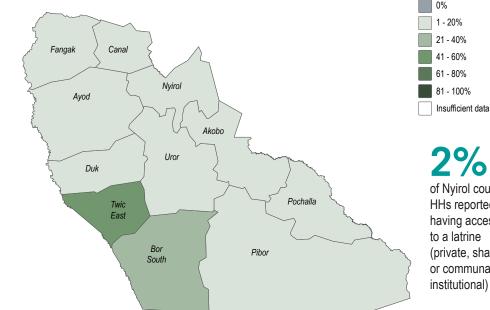
Most commonly reported sources of drinking water, by % of HHs

Borehole	80%	
River or stream	1%	
Swamp	19%	

- 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 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%	I



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

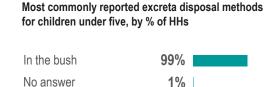
of Nyirol county HHs reported having access (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the bush

Sanitation

100%







0

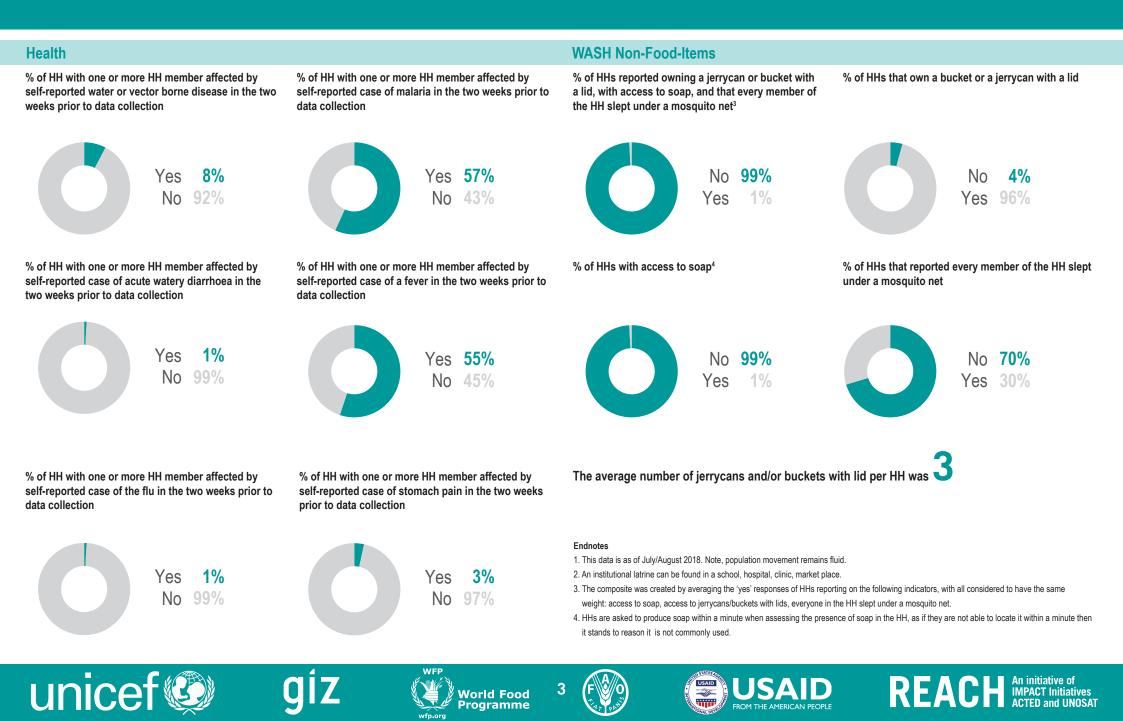






Nyirol County - Water, Sanitation and Hygiene







Pibor 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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This information aims to be used to identify priority

unice

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.

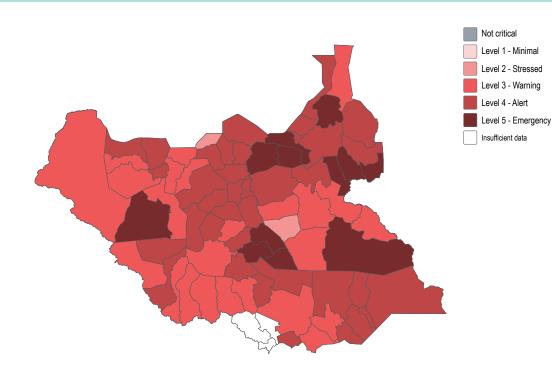
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FSNMS Assessment Coverage

Total coverage in the county was achieved.





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 Not owning a jerrycan or bucket with a lid and soap, and that every member of the HH did not skee under a mosculio net

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

> An initiative of IMPACT Initiatives ACTED and UNOSAT

Displacement

% of HHs by displacement status¹

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%

REACH









Pibor County - Water, Sanitation and Hygiene



0%

1 - 20%

21 - 40%

41 - 60%

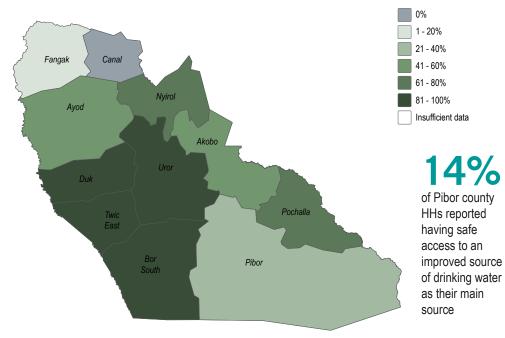
61 - 80%

81 - 100%

Insufficient data

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



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:

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

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

unicef

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

WFP

wfp.org

2

Vorld Food

Programme

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

Most commonly reported defecation location, by % of HHs

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

Akobo

Sanitation

Fangak

Ayod

Duk

Canal

Twic

East

Nyirol

Uror

Bor

South

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

USAID

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

Pochalla

Pibor

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

REACH MPACT Initiative of MPACT Initiatives ACTED and UNOSAT

2% of Pibor county HHs reported

having access to a latrine (private, shared, or communal/ institutional)

Pibor County - Water, Sanitation and Hygiene



No 25%

Yes

75%

35%

No

Yes 65%



unice

% of HH with one or more HH member affected by % of HH with one or more HH member affected by % of HHs reported owning a jerrycan or bucket with % of HHs that own a bucket or a jerrycan with a lid self-reported case of malaria in the two weeks prior to self-reported water or vector borne disease in the two a lid, with access to soap, and that every member of weeks prior to data collection data collection the HH slept under a mosquito net³ Yes 43% 84% No 90% Yes 57% 16% Yes 10% No No % of HH with one or more HH member affected by % of HH with one or more HH member affected by % of HHs with access to soap⁴ % of HHs that reported every member of the HH slept self-reported case of acute watery diarrhoea in the self-reported case of a fever in the two weeks prior to under a mosquito net data collection two weeks prior to data collection 35% Yes 54% Yes No 89% No 65% No 46% Yes 11% The average number of jerrycans and/or buckets with lid per HH was % of HH with one or more HH member affected by % of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to self-reported case of stomach pain in the two weeks data collection prior to data collection Endnotes 1. This data is as of July/August 2018. Note, population movement remains fluid. Yes 15% 31% 2. An institutional latrine can be found in a school, hospital, clinic, market place. Yes 3. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same 85% No No 69% 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.



Vorld Food Programme

WFP



WASH Non-Food-Items



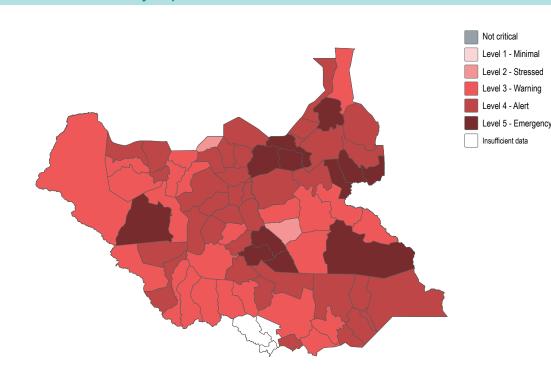




Pochalla County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

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 status¹

Host community 96%

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

More than 5 years



WASH Cluster

July/August 2018

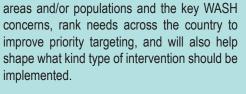
Overview

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unice



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FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP

World Food Programme







Pochalla County - Water, Sanitation and Hygiene



0%

1 - 20%

21 - 40%

41 - 60%

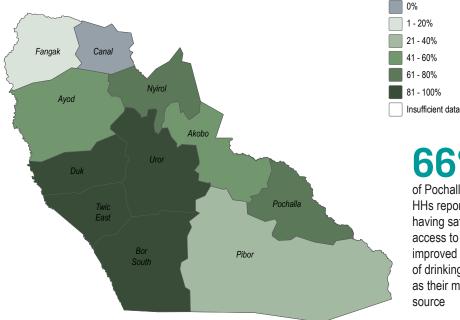
61 - 80%

81 - 100%

Insufficient data

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



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:

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



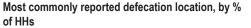
66% of Pochalla county HHs reported having safe

access to an improved source of drinking water as their main source

- 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 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%	



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

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

Pibor

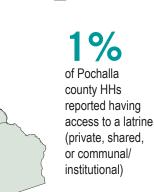
Pochalla

In the latrine	4%	1
Dig a hole and cover	71%	
In the bush	22%	
No answer	2%	I.



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

Akobo



unicef





Sanitation

Fangak

Ayod

Duk

Canal

Twic

East

Nyirol

Uror

Bor

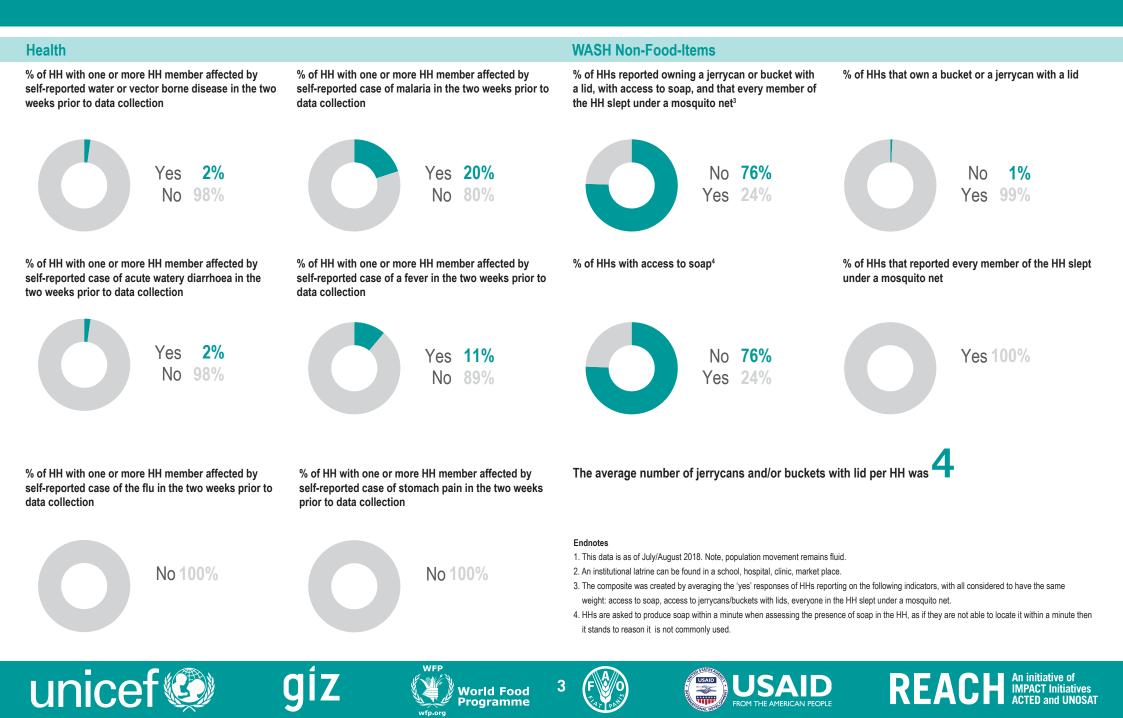
South





Pochalla County - Water, Sanitation and Hygiene







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

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

This information aims to be used to identify priority

two weeks prior to data collection.

unice

Overview

solutions.

Twic East County - Water, Sanitation and Hygiene Factsheet

areas and/or populations and the key WASH

concerns, rank needs across the country to

improve priority targeting, and will also help

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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

FSNMS Assessment Coverage

Total coverage in the county was achieved.

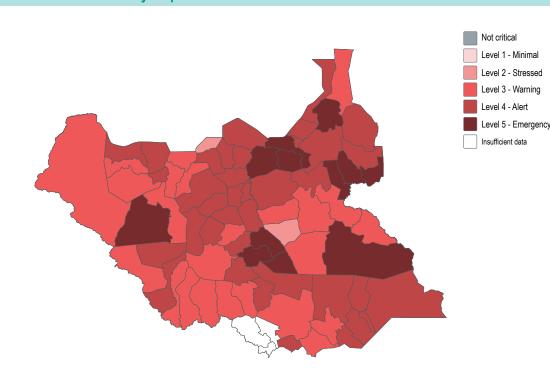
decision making platforms.

implemented.

per cluster.

Jonglei State, South Sudan

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 <u>http://bitly/2EqRYwJ</u>. 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

WASH Cluster

July/August 2018

- 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 status¹

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%









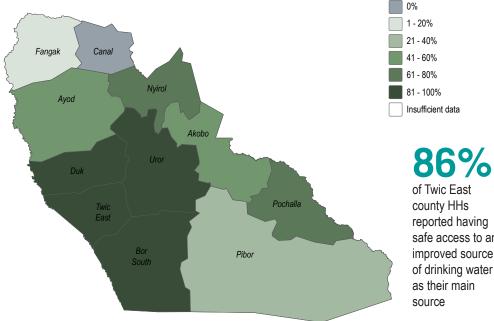


Twic East County - Water, Sanitation and Hygiene



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



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:

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

Borehole

100%

(Insufficient data
	86%
	of Twic East
	county HHs
	reported having
	safe access to an

improved source

as their main

source

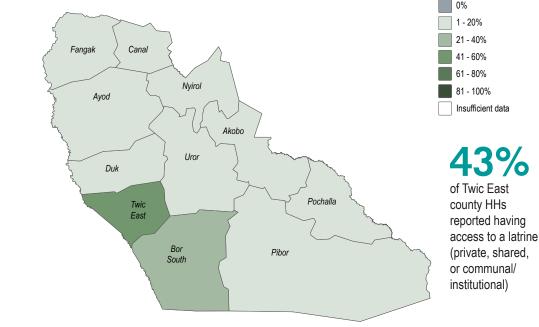
- Access to a borehole, tapstand, or water yard as the primary source of drinking water - Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes - Did not report any security concerns while accessing water point

Most commonly reported time spent collecting

drinking water (walking to collection point, waiting, filling container, returning home), by % of HHs

WFP

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



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

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%

unicef



Vorld Food Programme wfp.org



In the latrine

In the bush

In the river

No answer

Dig a hole and cover

Sanitation





Most commonly reported defecation location, by % of HHs

40%

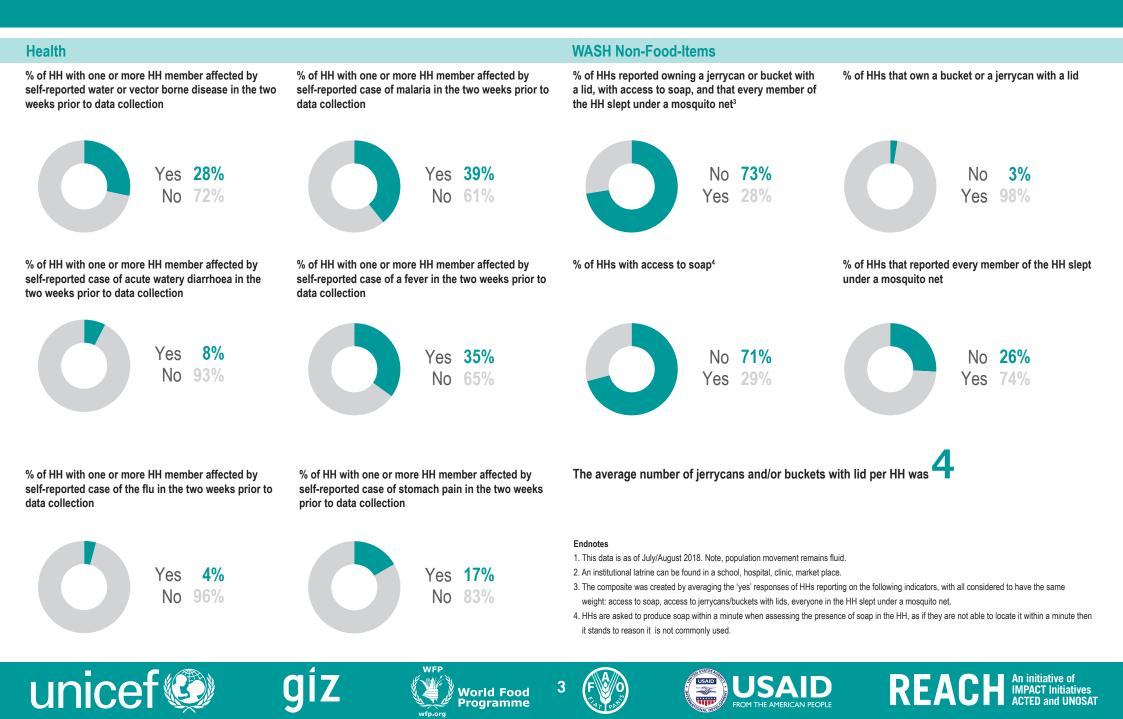
20%

38% 1%

2%

Twic East County - Water, Sanitation and Hygiene



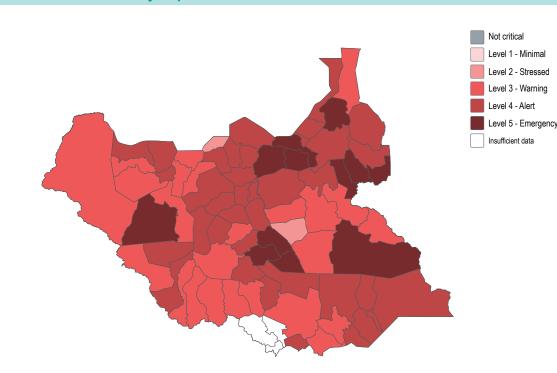




Uror County - Water, Sanitation and Hygiene Factsheet

Jonglei State, South Sudan

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WASH Cluster

July/August 2018

- 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 status¹

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%

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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unice

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FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP

World Food Programme





Uror County - Water, Sanitation and Hygiene



0%

1 - 20%

21 - 40%

41 - 60%

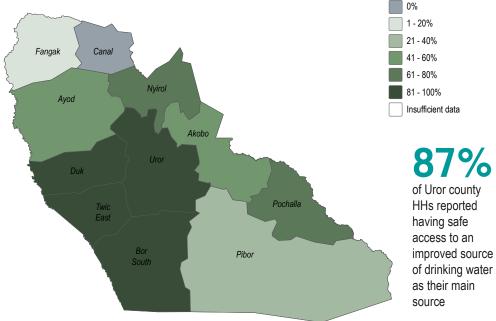
61 - 80%

81 - 100%

Insufficient data

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



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

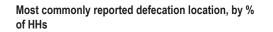
Borehole	82%	
Tap stand	6%	
Swamp	12%	

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

WFP

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



Fangak

Ayod

Duk

Canal

Twic

East

Nyirol

Uror

Bor

South

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

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%	

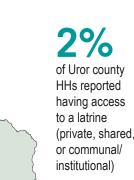
Sanitation

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

Akobo

Pochalla

Pibor



unicef



World Food Programme

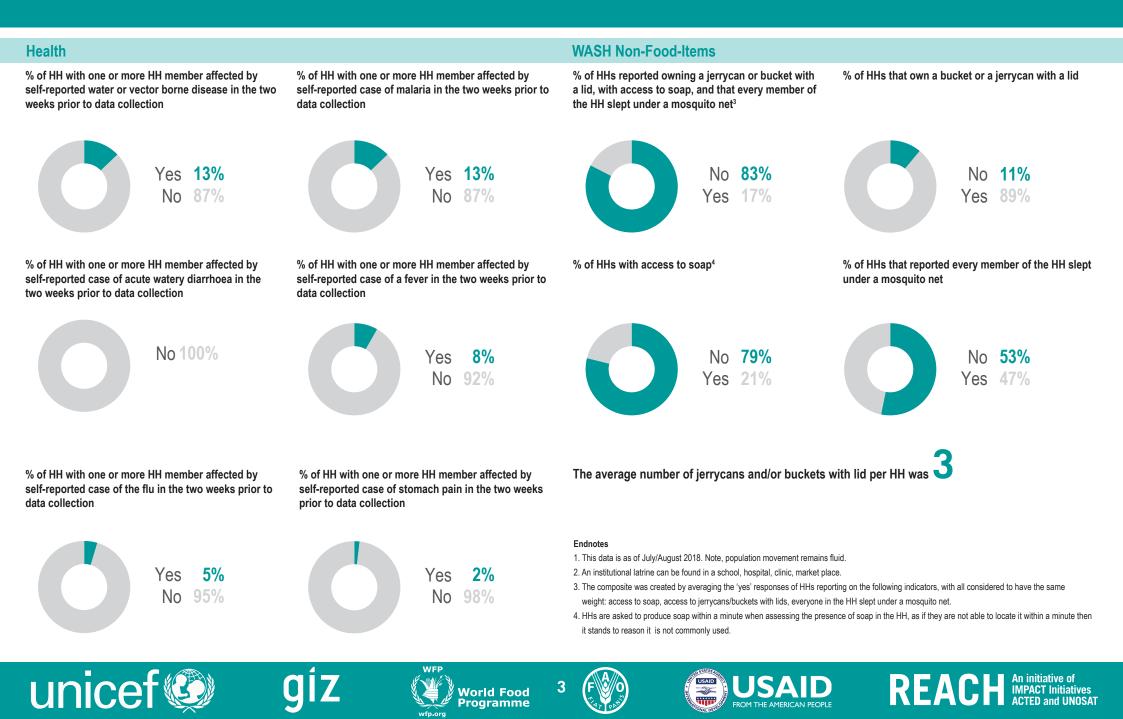




REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Uror County - Water, Sanitation and Hygiene







Abiemnhom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



Overview

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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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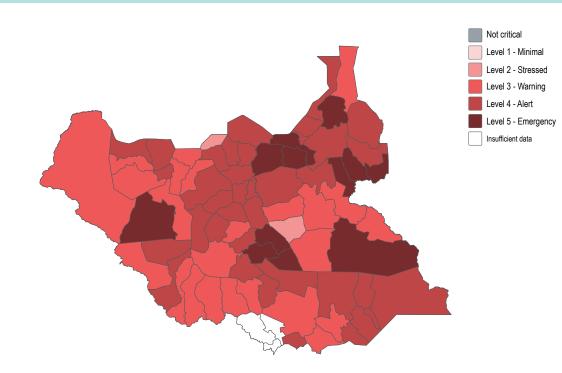
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FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP

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 status¹



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

Between 2-3 years



unicef



World Food Programme





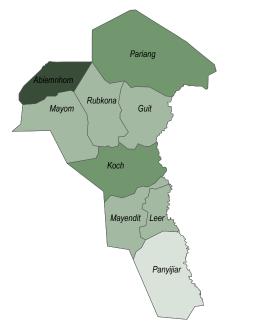


Abiemnhom County - Water, Sanitation and Hygiene



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



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:

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

Borehole	99%	
Hand dug well	1%	1

 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

94%

of Abiemnhom

reported having

safe access to an

improved source

of drinking water

as their main

source

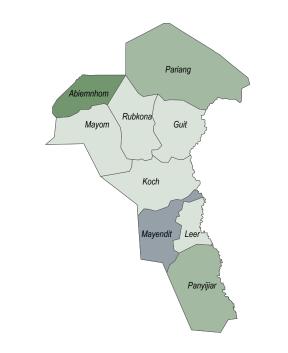
county HHs

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

WFP

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

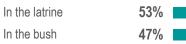
% of HHs having access to a latrine (private, shared, or communal/institutional)², at the state level



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

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

Most commonly reported defecation location, by % of HHs



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

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





World Food Programme



Sanitation





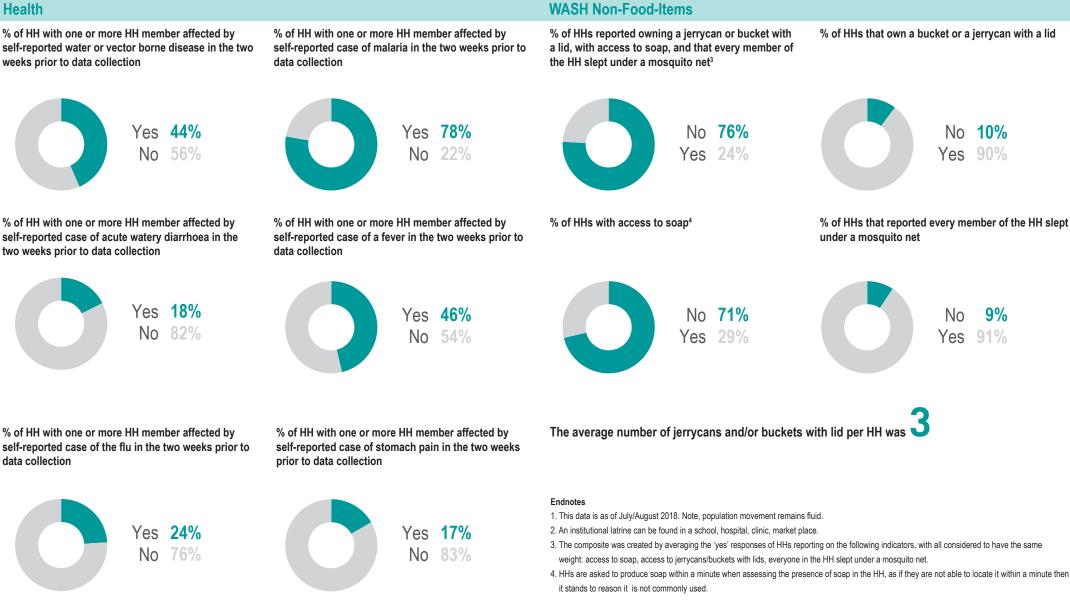
Abiemnhom County - Water, Sanitation and Hygiene



REA



unice



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orld Food Programme

WFP



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.

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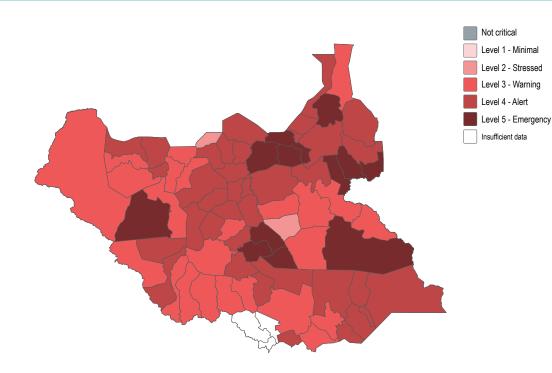
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FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP





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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 status¹

Host community 98%

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

In the last one year







World Food Programme







Guit County - Water, Sanitation and Hygiene



0%

1 - 20%

21 - 40%

41 - 60%

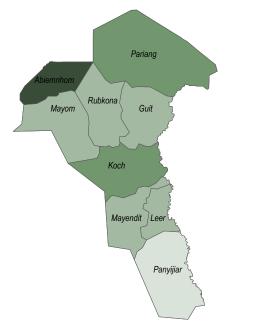
61 - 80%

81 - 100%

Insufficient data

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



q

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:

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

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

unicef

 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

33%

of Guit county

HHs reported

having safe

access to an

as their main

source

improved source

of drinking water

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

WFP

wfp.org

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

Most commonly reported defecation location, by % of HHs

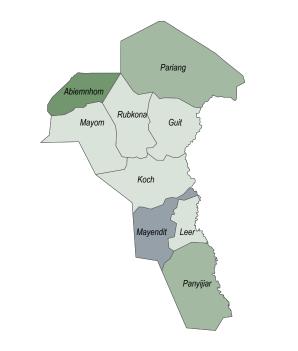
In the bush	99%	
No answer	1%	

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%



% 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)

World Food 2





Guit County - Water, Sanitation and 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 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 the flu 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 net³



% of HHs with access to soap⁴

No **19%** 81% Yes

% 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



26% No 74% Yes

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

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.

No

Yes

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.

Vorld Food Programme

% of HH with one or more HH member affected by

self-reported case of stomach pain in the two weeks

% of HH with one or more HH member affected by

% of HH with one or more HH member affected by

self-reported case of a fever in the two weeks prior to

Yes

No

data collection

data collection

prior to data collection

self-reported case of malaria in the two weeks prior to

Yes

No

82%

18%

65%

35%









Koch County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan



Overview

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unice

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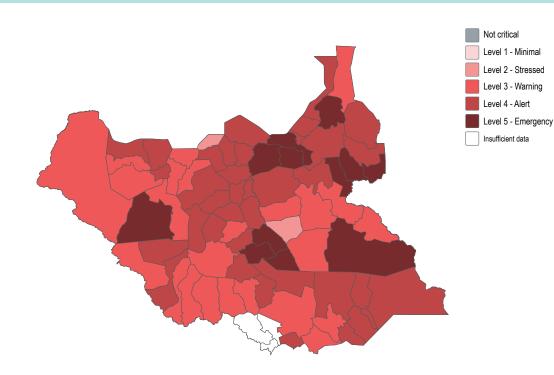
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FSNMS Assessment Coverage

Total coverage in the county was achieved.





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 status¹

90% Host community IDP 9% 2% Returnee

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

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









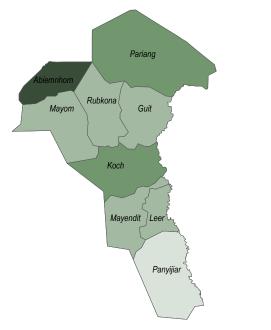


Koch County - Water, Sanitation and Hygiene



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



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:

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

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

unicef

- 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

53%

of Koch county

HHs reported

having safe

access to an

as their main

Vorld Food

Programme

source

improved source

of drinking water

2

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

WFP

wfp.org

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

Most commonly reported defecation location, by % of HHs

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

Rubkona

Koch

Mayendit

Leer

Panyijiar

Abiemnhon

Mayom

Pariang

Guit

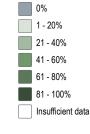
Sanitation

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

USAID

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

In the latrine	5%	1 - C
In the bush	93%	
Left where it is	2%	1



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

In the

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Koch County - Water, Sanitation and Hygiene

data collection

data collection

prior to data collection





% 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 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 the flu in the two weeks prior to data collection



WASH Non-Food-Items % of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to

72%

28%

46%

54%

Yes

No

% of HH with one or more HH member affected by

self-reported case of a fever in the two weeks prior to

% of HH with one or more HH member affected by

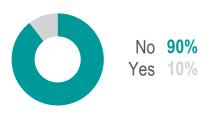
self-reported case of stomach pain in the two weeks

Yes

No

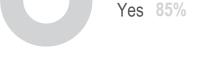
% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net³

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



Yes

% of HHs with access to soap⁴



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

No 15%





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

83%

17%

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.

No

Yes

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.

Vorld Food Programme









Leer 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

unice

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.

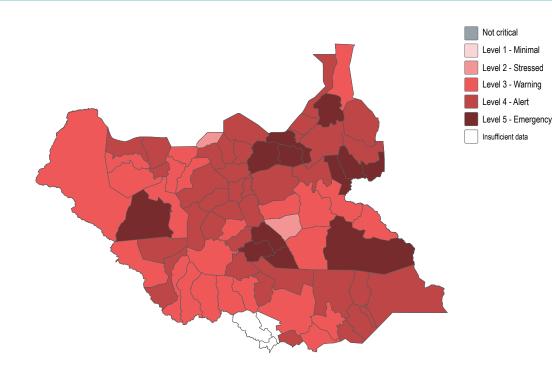
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FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP





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 <u>http://bi.ly/2EqRYwJ</u>. 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 vard) 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

> An initiative of IMPACT Initiatives ACTED and UNOSAT

Displacement

% of HHs by displacement status¹

Host community	92%		J
IDP	1%		
Returnee	7%	1 - E	

% 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%

REAC





World Food Programme





Leer County - Water, Sanitation and Hygiene



0%

1 - 20%

21 - 40%

41 - 60%

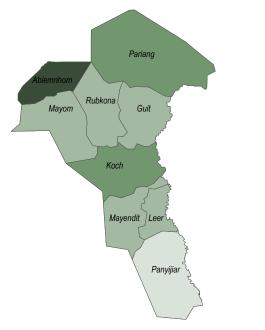
61 - 80%

81 - 100%

Insufficient data

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



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:

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

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

unicef

- 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

48%

of Leer county

HHs reported

having safe

access to an

as their main

source

improved source

of drinking water

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%	

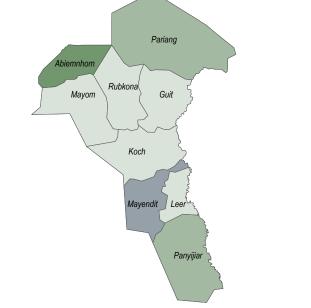
Most commonly reported defecation location, by % of HHs

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

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



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)



REACH An initiative of IMPACT Initiatives ACTED and UNOSAT



Vorld Food Programme wfp.org

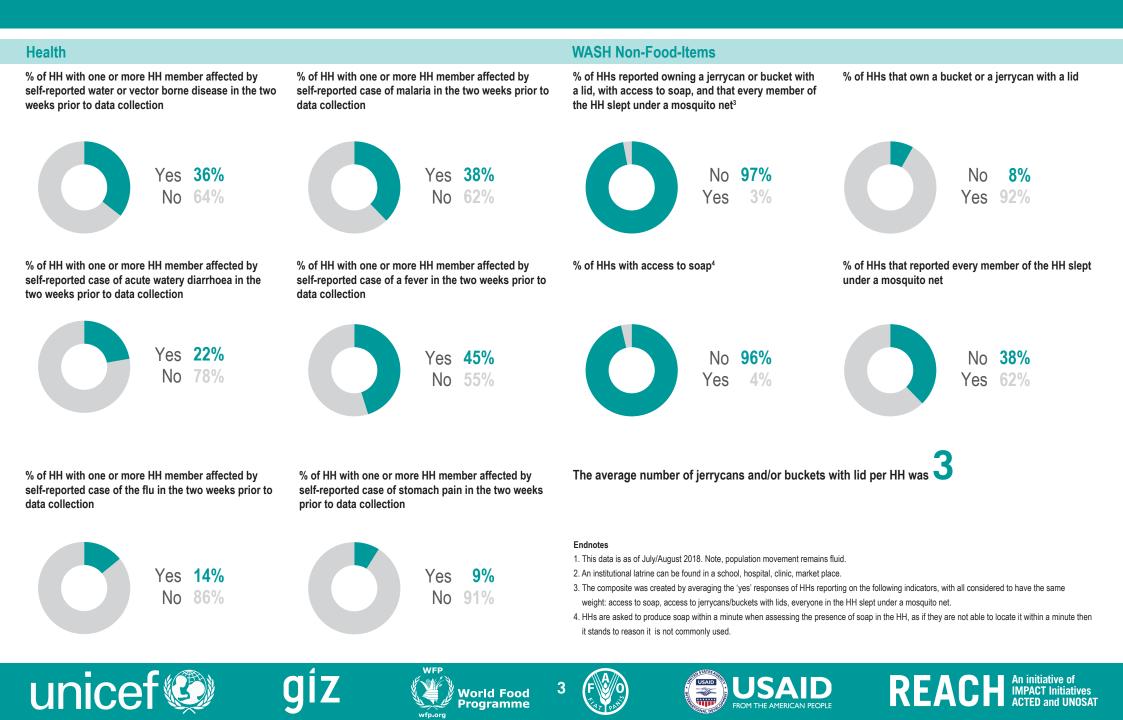
WFP





Leer County - Water, Sanitation and Hygiene







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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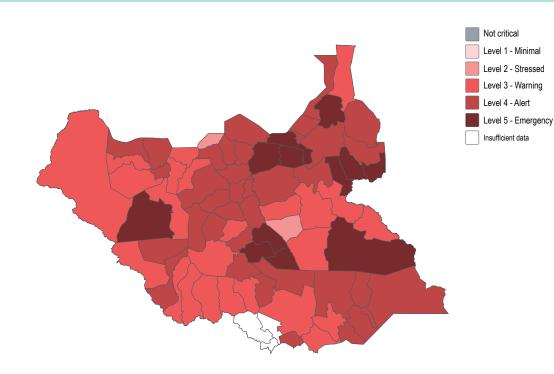
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FSNMS Assessment Coverage

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WFP





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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 status¹

Host community 97% IDP 1% Returnee 2%

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

Between 2-3 years







World Food Programme





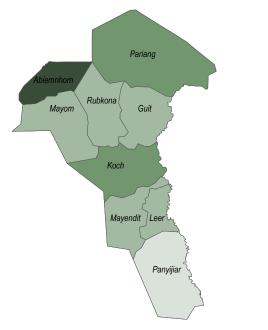


Mayendit County - Water, Sanitation and Hygiene



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



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:

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%

unicef

- 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

45%

of Mayendit

county HHs

reported having

safe access to an

improved source

of drinking water

as their main

Programme

source

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%	

Most commonly reported defecation location, by % of HHs

100%

In the bush



Pariang

Guit

Leer

Panyijiar

Rubkona

Koch

Mayendit

Abiemnhom

Mayom



100%

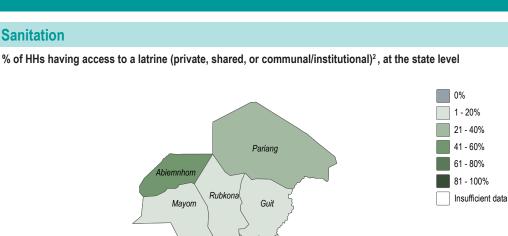


wfp.ord



Sanitation





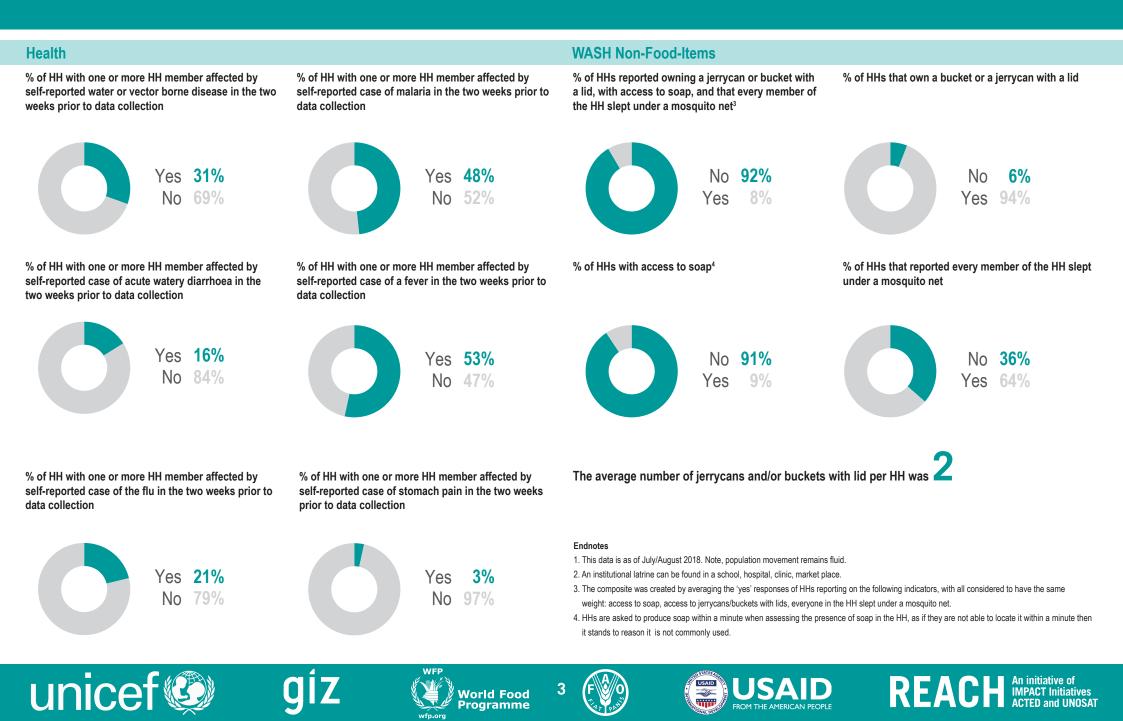
0% of Mayendit county HHs reported having access to a latrine (private, shared, or communal/ institutional)

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



Mayendit County - Water, Sanitation and Hygiene







Mayom County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster Water Sanitation Hygiene July/August 2018

Overview

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This information aims to be used to identify priority

unice

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.

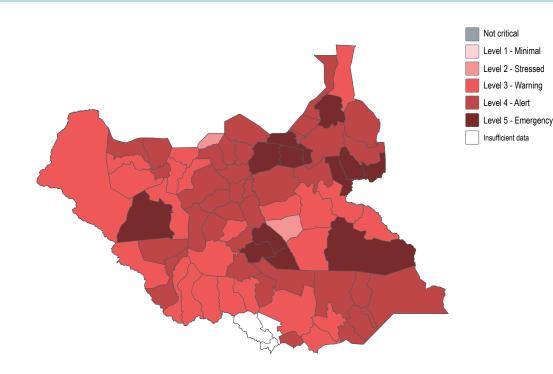
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FSNMS Assessment Coverage

Total coverage in the county was achieved.





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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

> An initiative of IMPACT Initiatives ACTED and UNOSAT

Displacement

% of HHs by displacement status¹

Host community 94%

% 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%

REAC







World Food Programme

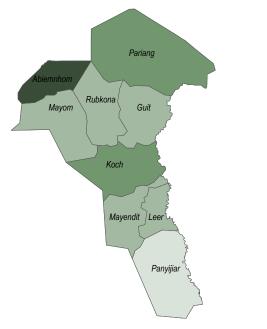


Mayom County - Water, Sanitation and Hygiene



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



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:

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

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

unicef

- 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 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%

Most commonly reported defecation location, by % of HHs

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

for children under five, by % of HHs

Pariang

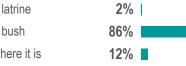
Guit

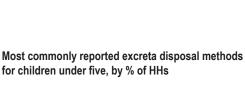
Leer

Panyijiar

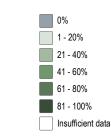
Mayendit

Rubkona





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



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

Norld Food Programme

WFP

wfp.org





REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

of Mayom county HHs reported

having safe access to an improved source of drinking water as their main source

79%

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

Koch

Abiemnhom

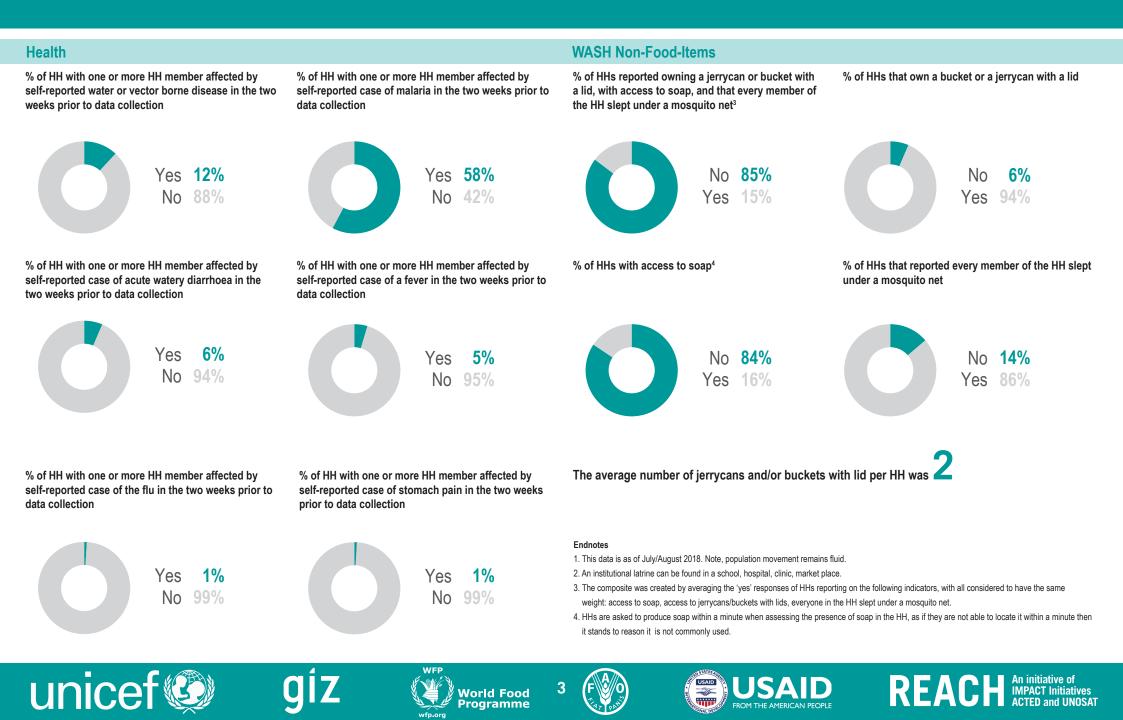
Mayom

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

Sanitation

Mayom County - Water, Sanitation and Hygiene







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

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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

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

This information aims to be used to identify priority

two weeks prior to data collection.

unice

Overview

solutions.

Panyijiar County - Water, Sanitation and Hygiene Factsheet

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

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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

FSNMS Assessment Coverage

Total coverage in the county was achieved.

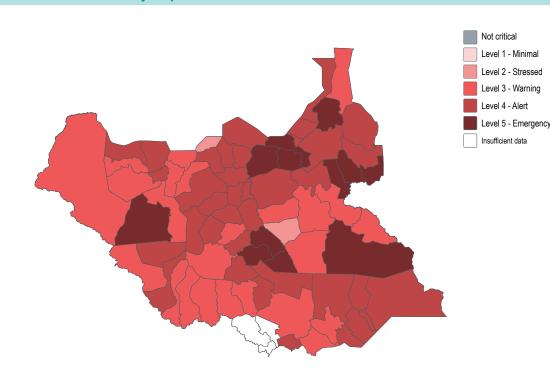
decision making platforms.

implemented.

per cluster.

Unity State, South Sudan

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

WASH Cluster

July/August 2018

- 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 status¹

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%	









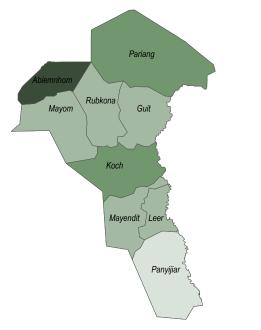


Panyijiar County - Water, Sanitation and Hygiene



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



C

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:

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

Borehole	85%	
Unprotected well	2%	
River or stream	3%	1
Swamp	10%	

unicef

- 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

52%

of Panyijiar county

HHs reported

having safe

access to an

as their main

Norld Food

Programme

source

improved source

of drinking water

2

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

WFP

wfp.org

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

Most commonly reported defecation location, by % of HHs

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

Sanitation

USAID

24%

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

Rubkona

Koch

Mayendit

Abiemnhom

Mayom

Pariang

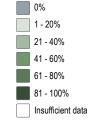
Guit

Leer

Panyijiar

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%	

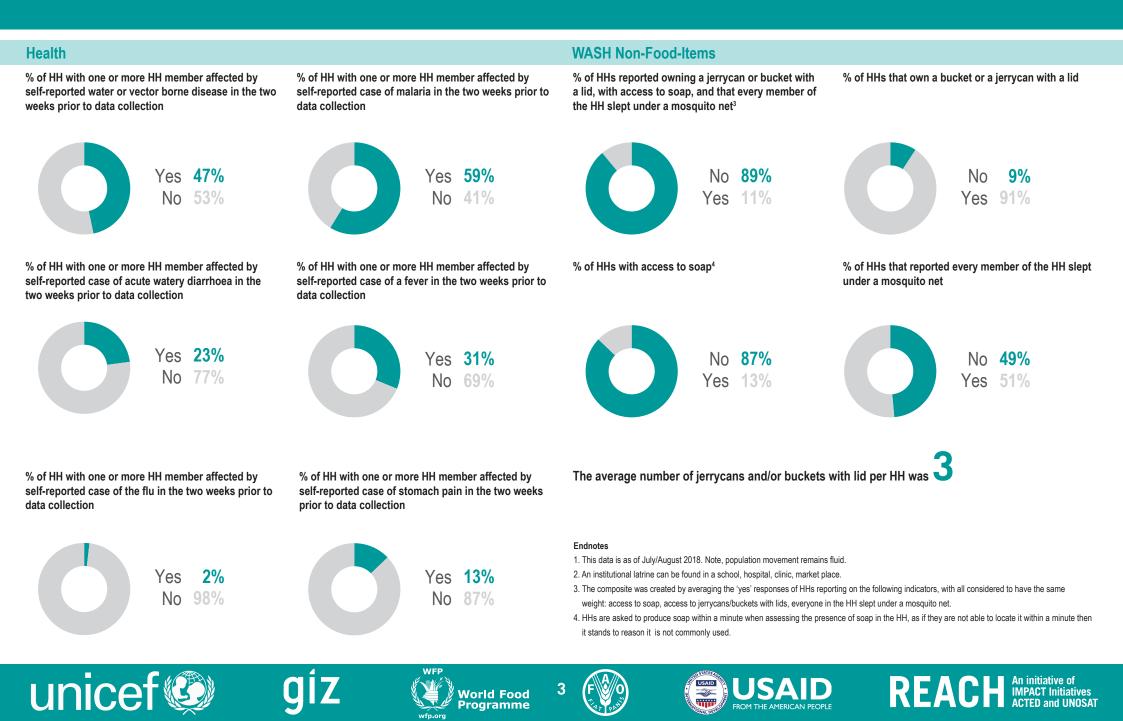


37% of Panyijiar county HHs reported having access to a latrine (private, shared, or communal/ institutional)

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Panyijiar County - Water, Sanitation and Hygiene







Pariang County - Water, Sanitation and Hygiene Factsheet

Unity State, South Sudan

WASH Cluster Water Sanitation Hygiene

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.

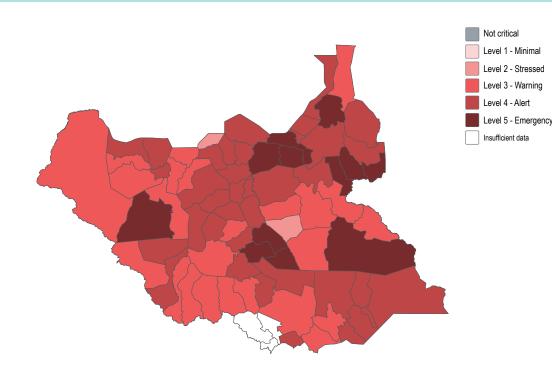
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian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

FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP





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 <u>http://bit.ly/2EqRYwJ</u>. 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 status¹

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%	





World Food Programme





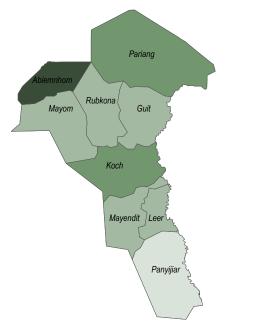


Pariang County - Water, Sanitation and Hygiene



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



C

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:

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

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

unicef

- 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

75%

of Pariang county

HHs reported having safe

access to an

as their main source

Norld Food

Programme

improved source

of drinking water

2

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

WFP

wfp.org

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

of HHs

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

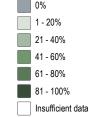
Sanitation

In Di In

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

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

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



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

Pariang Abiemnhom

Koch

Leer

Panyijiar

Mayendit

Guit

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

Rubkona

Mayom

Most commonly reported defecation location, by %

USAID

Pariang County - Water, Sanitation and Hygiene

data collection

data collection

prior to data collection

% of HH with one or more HH member affected by

% of HH with one or more HH member affected by

self-reported case of a fever in the two weeks prior to

% of HH with one or more HH member affected by

self-reported case of stomach pain in the two weeks

Yes

No

self-reported case of malaria in the two weeks prior to

Yes

No

75%

25%

58%

42%



Health

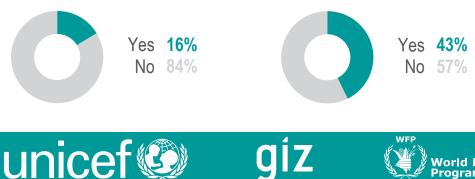
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



% of HH with one or more HH member affected by self-reported case of 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 the flu 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 net³

No 91% 9% Yes

% of HHs with access to soap⁴



% 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



43% No Yes 57%

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

89%

11%

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.

No

Yes

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.

Vorld Food Programme









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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This information aims to be used to identify priority

unice

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.

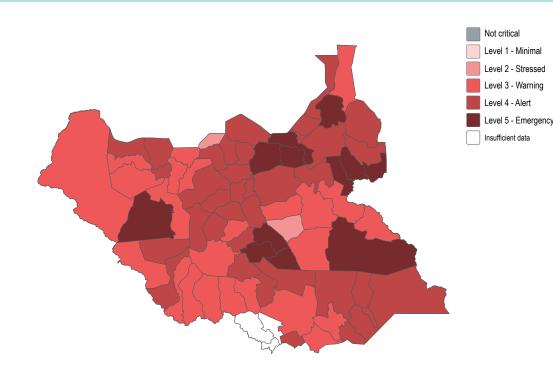
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FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Phase Classification (IPC) analysis,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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.





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 <u>http://bitly/2EqRYwJ</u>. 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 status¹

Host community 95% IDP 2% Returnee 3%

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

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









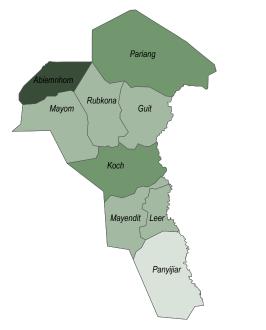


Rubkona County - Water, Sanitation and Hygiene



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



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:

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

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

unicef

- 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

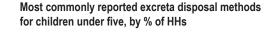
Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home), by % of HHs

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

Most commonly reported defecation location, by % of HHs

In the bush	99%	
In the river	1%	

USAID



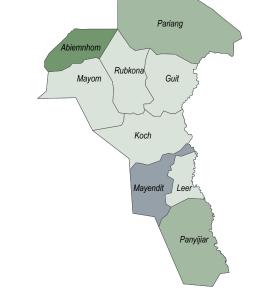
In the latrine	2%	I
In the bush	96%	
Left where it is	2%	I

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT



WFP

wfp.org



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

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

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

2

Norld Food

Programme

Sanitation

41% of Rubkona county HHs reported having safe access to an improved source of drinking water as their main source

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

Rubkona County - Water, Sanitation and Hygiene





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

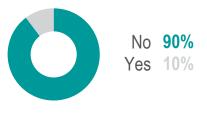


% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection



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 net³



% of HHs with access to soap⁴



% 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



30% No Yes 70%

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

85%

15%

No

Yes

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.





81%

19%

73%

27%

Yes

No

% of HH with one or more HH member affected by

data collection

prior to data collection

self-reported case of a fever in the two weeks prior to

Yes

No

% of HH with one or more HH member affected by

self-reported case of stomach pain in the two weeks





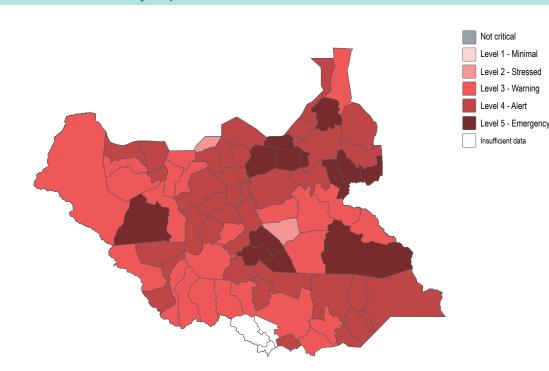




Baliet County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

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 status¹

Host community 90% IDP 3%

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

REACH

Between 2-3 years



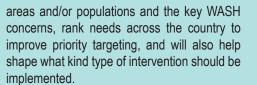
An initiative of IMPACT Initiatives ACTED and UNOSAT

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



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FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP









World Food Programme





Baliet County - Water, Sanitation and Hygiene



0%

1 - 20%

21 - 40%

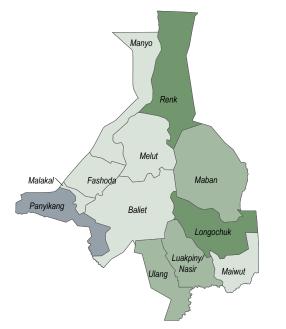
41 - 60%

61 - 80%

81 - 100%

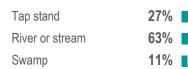
Water

% 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



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:

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



- 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

27%

of Baliet county

HHs reported

having safe

access to an

as their main

source

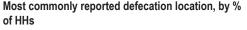
improved source

of drinking water

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

WFP

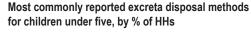
Less than 30 minutes	84%
30 minutes to 1 hour	16%



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

Malakal

Panyikang





Sanitation

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

Manyo

Melut

Baliet

Fashoda

Renk

Maban

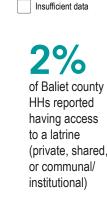
Longochuk

Maiwut

Luakpiny

Nasir

Ulang





Norld Food Programme wfp.org

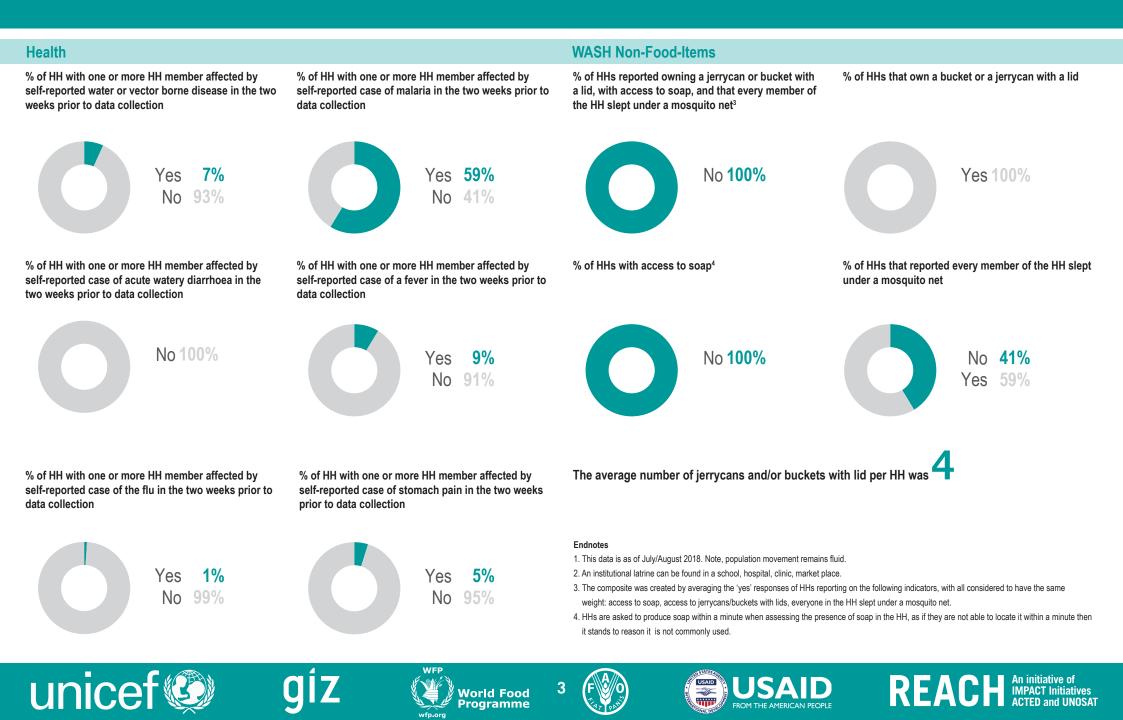




REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Baliet County - Water, Sanitation and Hygiene







Fashoda County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster Water Sanitation Hygiene

Overview

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This information aims to be used to identify priority

unice

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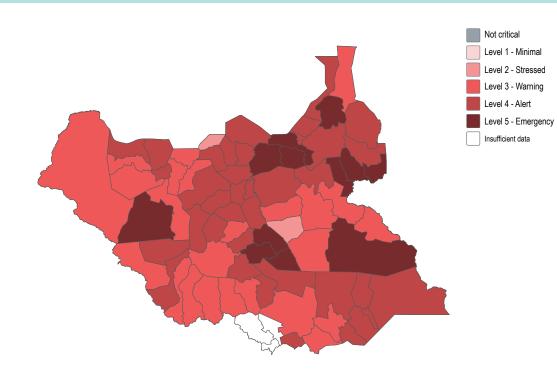
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FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP





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100%

Displacement

% of HHs by displacement status¹

Host community

 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

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







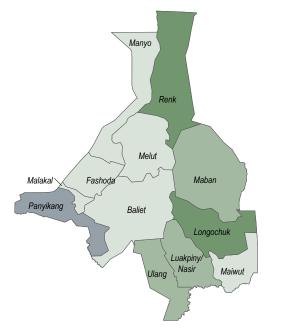


Fashoda County - Water, Sanitation and Hygiene



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



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:

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

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

unicef

- 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

9%

of Fashoda

county HHs

reported having

safe access to an

improved source

of drinking water

as their main

source

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

WFP

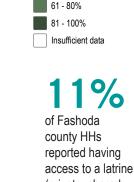
Less than 30 minutes	50%
30 minutes to 1 hour	18%
Between 1-2 hours	33%

of HHs

7% In the latrine In the bush 93%

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

n the latrine	9%	
Garbage collection area	3%	I
n the bush	83%	
_eft where it is	1%	
No answer	4%	1



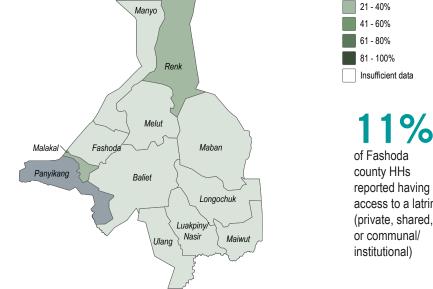
0%

1 - 20%

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

E		An initiative o MPACT Initia

ACTED and UNOSA1

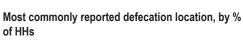


Vorld Food Programme wfp.org



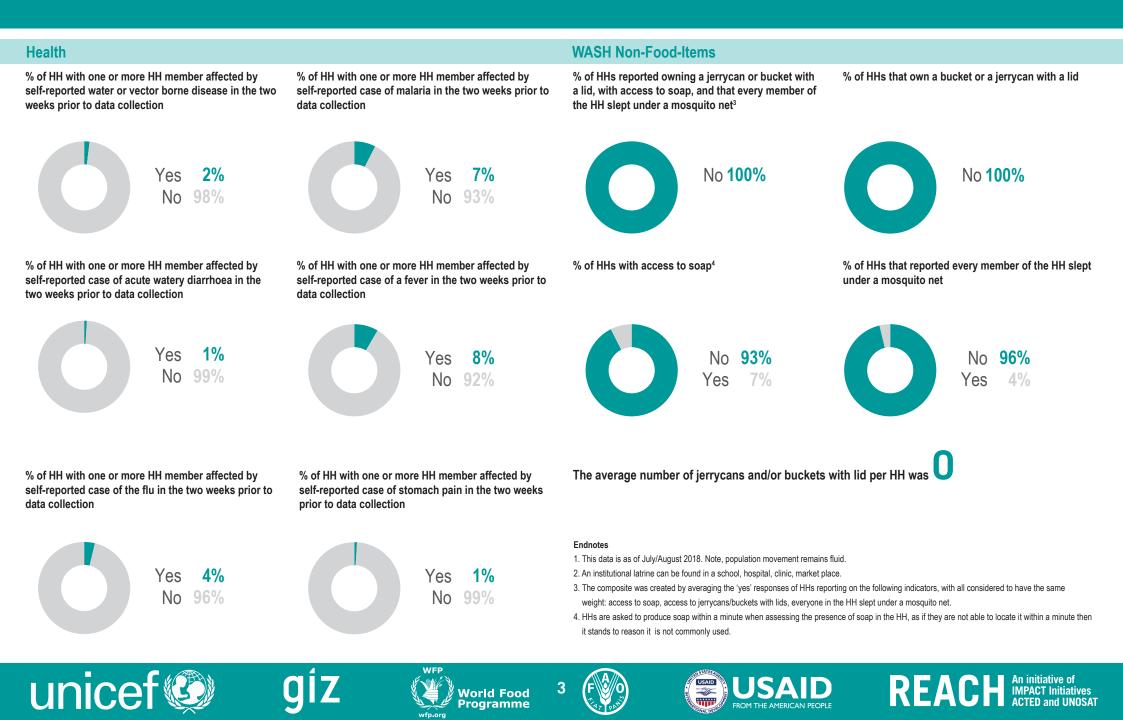
Sanitation





Fashoda County - Water, Sanitation and Hygiene







Longochuk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

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

unice

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.

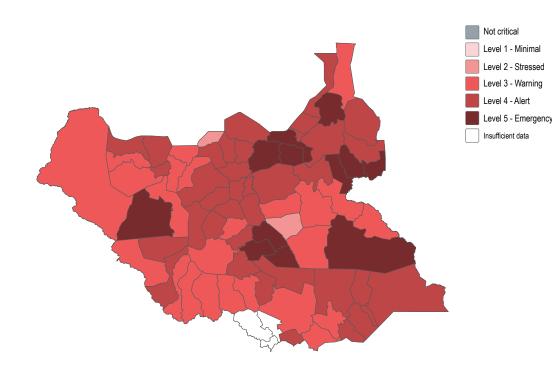
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FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Phase Classification (IPC) analysis,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





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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 status¹

Host community 78% Returnee 22%

- % of IDP and returnee HHs by time arrived in their current location
- In the last one year



WASH Cluster

July/August 2018











Longochuk County - Water, Sanitation and Hygiene



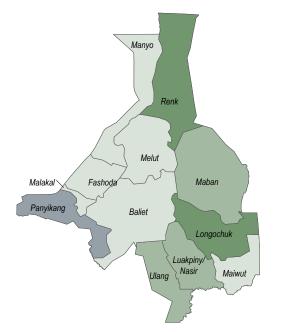
0%

1 - 20%

21 - 40%

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



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:

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

Borehole	91%	
River or stream	3%	
Swamp	6%	

unicef

61 - 80% 81 - 100% Insufficient data 44%

0%

1 - 20%

21 - 40%

41 - 60%

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

2

Vorld Food

Programme

Sanitation

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

WFP

wfp.org

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

C

Most commonly reported defecation location, by % of HHs

USAID

Malakal

Panyikang

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

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

Maban

Longochuk

Maiwut

Luakpiny

Nasir

Ulang

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

Manyo

Melut

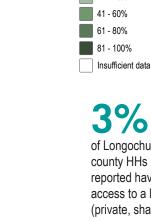
Baliet

Fashoda

Renk

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

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT



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

institutional)

Longochuk County - Water, Sanitation and Hygiene

C





unice



3

Vorld Food Programme



Luakpiny/Nasir County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan



WASH Needs Severity Map



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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.

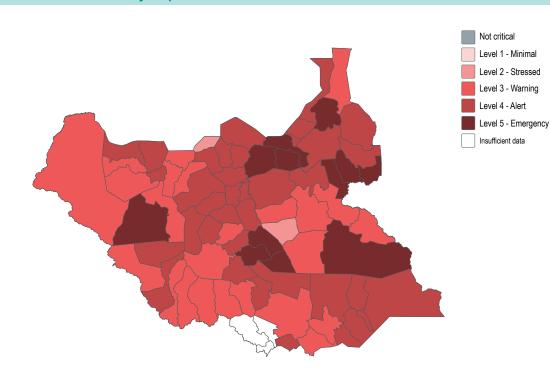
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FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP



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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 status¹



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

Between 2-3 years







World Food Programme





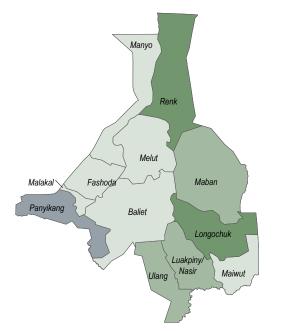


Luakpiny/Nasir County - Water, Sanitation and Hygiene



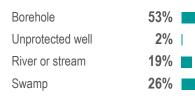
Water

% 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



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:

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



unicef

 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

50%

Nasir county HHs

safe access to an

improved source

of drinking water

2

as their main

Vorld Food

Programme

source

reported having

of Luakpiny/

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

WFP

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

Most commonly reported defecation location, by % of HHs

Malakal

Panyikang

Sanitation

In the latrine2%In the bush95%In the river3%

USAID

ed defecation location, by % Most commonly re for children under

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

Manyo

Melut

Baliet

Fashoda

Renk

Maban

Longochuk

Maiwut

Luakpiny

Nasir

Ulang

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

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

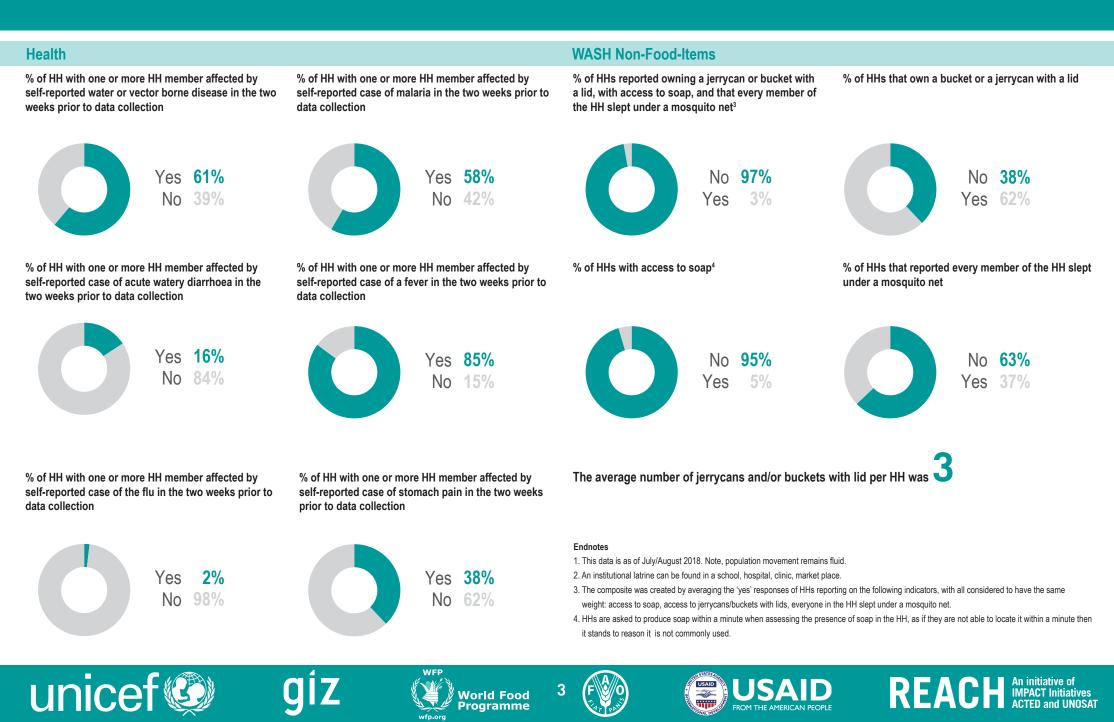
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT



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

Luakpiny/Nasir County - Water, Sanitation and Hygiene







Maban County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster Water Sanitation Hygiene

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

unice

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.

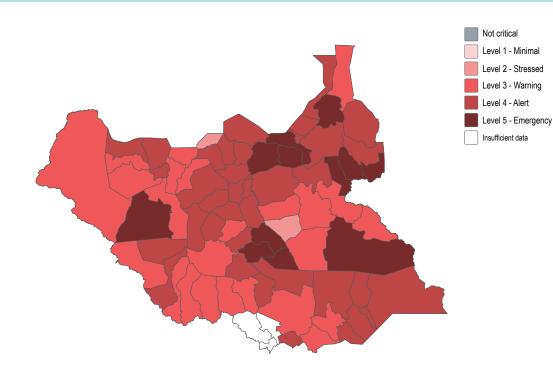
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FSNMS Assessment Coverage

Partial coverage in the county was achieved.





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100%

Displacement

% of HHs by displacement status¹

Host community

 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

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











Maban County - Water, Sanitation and Hygiene



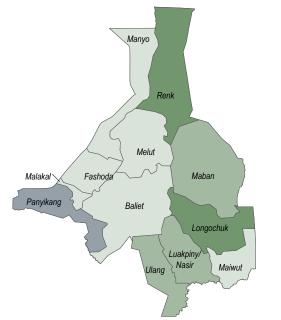
0%

1 - 20%

21 - 40%

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



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:

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

Borehole	71%	
River or stream	29%	

64% of Maban county HHs reported having safe

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

access to an improved source of drinking water as their main source

- 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

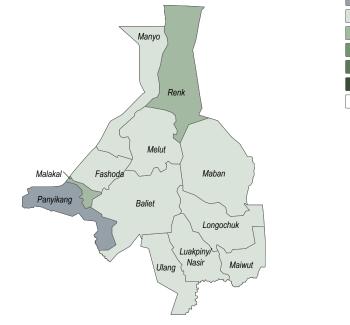
Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home), by % of HHs

WFP



Most commonly reported defecation location, by % of HHs

In the bush



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

41 - 60% 61 - 80% 81 - 100% Insufficient data 12% of Maban county HHs reported having access to a latrine (private, shared, or communal/ institutional)

100%	[
	I

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%	





Vorld Food Programme



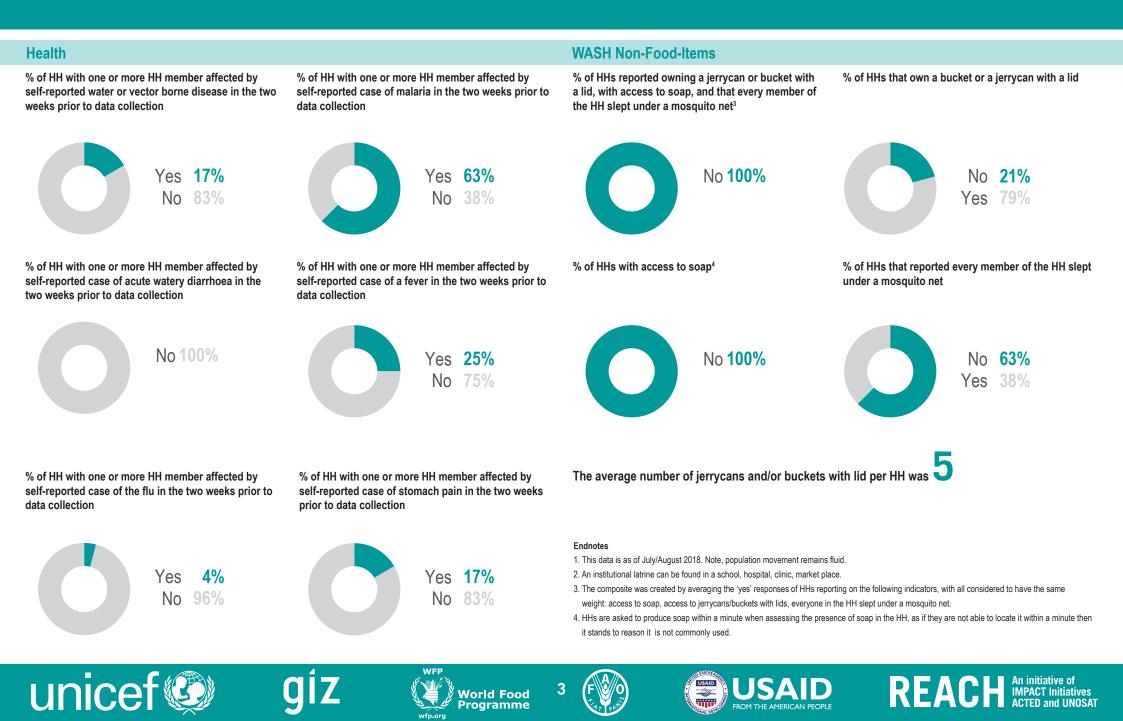
Sanitation





Maban County - Water, Sanitation and Hygiene







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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

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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

unice

Overview

solutions.

Maiwut County - Water, Sanitation and Hygiene Factsheet

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

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.

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Programme, UNICEF, and the Food and

Agriculture Organization, and supported by

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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

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

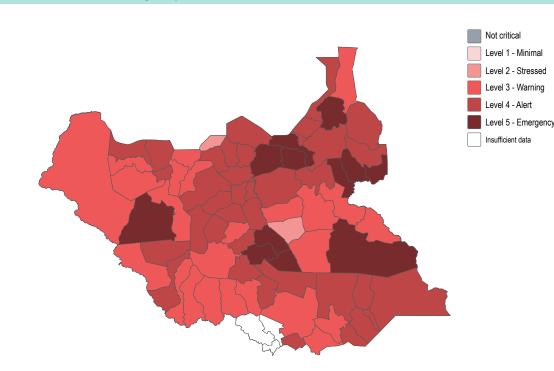
decision making platforms.

implemented.

per cluster.

Upper Nile State, South Sudan

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

WASH Cluster

July/August 2018

 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 status¹

Host community 80% IDP 2% Refugee 1% I

current location

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

% of IDP and returnee HHs by time arrived in their











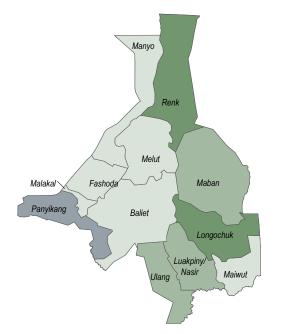


Maiwut County - Water, Sanitation and Hygiene



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



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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%	

unicef

- 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

10%

of Maiwut county

improved source

of drinking water

2

HHs reported

having safe

access to an

as their main

Vorld Food Programme

source

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

WFP

wfp.org

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

Most commonly reported defecation location, by % of HHs

USAID

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

Sanitation

Malakal

Panyikang

Ir 6 Γ

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

Manyo

Melut

Baliet

Fashoda

Renk

Maban

Longochuk

Maiwut

Luakpiny

Nasir

Ulang

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

0%

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

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

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

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

Maiwut County - Water, Sanitation and 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 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 the flu 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

Yes 90% No 10%

% 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 stomach pain in the two weeks prior to data collection

WASH Non-Food-Items

% of HHs with access to soap⁴

% 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



% 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 🤜

99%

Endnotes

3

1. This data is as of July/August 2018. Note, population movement remains fluid.

No

Yes

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.









The dynamic and multi-faceted nature of the

South Sudanese displacement crisis has

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humanitarian aid. Accessibility and security issues

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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

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.

unice

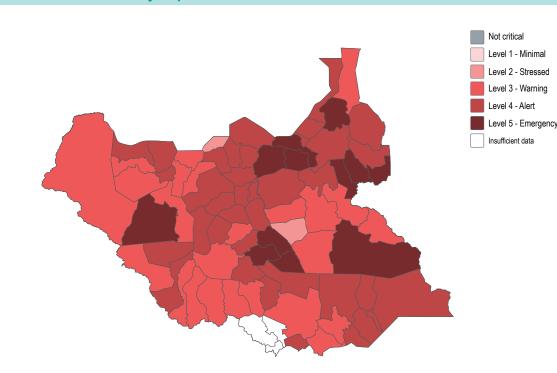
Overview

solutions.

Malakal County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

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

WASH Cluster

July/August 2018

- 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 status¹

Host community 53% IDP 3%

% 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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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.

WFP



World Food Programme







Malakal County - Water, Sanitation and Hygiene



0%

1 - 20% 21 - 40%

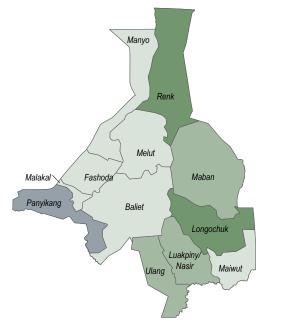
41 - 60%

61 - 80%

81 - 100%

Water

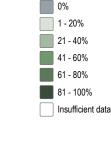
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes, at the state level



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:

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





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

Norld Food

Programme

- 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

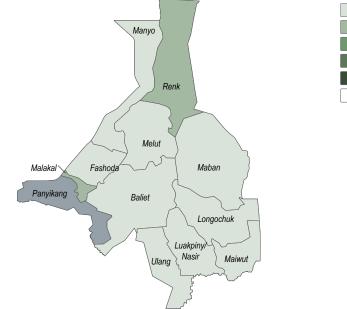
Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home), by % of HHs

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

Most commonly reported defecation location, by % of HHs

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

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



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

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

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

R	ΕA	CH	An i IMP







Sanitation





Malakal County - Water, Sanitation and Hygiene





unice

WASH Non-Food-Items % of HH with one or more HH member affected by % of HH with one or more HH member affected by % of HHs reported owning a jerrycan or bucket with % of HHs that own a bucket or a jerrycan with a lid self-reported case of malaria in the two weeks prior to self-reported water or vector borne disease in the two a lid, with access to soap, and that every member of weeks prior to data collection data collection the HH slept under a mosquito net³ Yes 67% 72% 90% Yes No 35% No 33% Yes 10% 28% Yes 65% No No % of HH with one or more HH member affected by % of HH with one or more HH member affected by % of HHs with access to soap⁴ % of HHs that reported every member of the HH slept self-reported case of acute watery diarrhoea in the self-reported case of a fever in the two weeks prior to under a mosquito net data collection two weeks prior to data collection 56% Yes Yes 40% No 89% 36% No No 44% 60% Yes 11% Yes 64% No The average number of jerrycans and/or buckets with lid per HH was % of HH with one or more HH member affected by % of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to self-reported case of stomach pain in the two weeks data collection prior to data collection Endnotes 1. This data is as of July/August 2018. Note, population movement remains fluid. Yes 22% 16% 2. An institutional latrine can be found in a school, hospital, clinic, market place. Yes 3. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same 78% No No 84% 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.

3

Vorld Food Programme

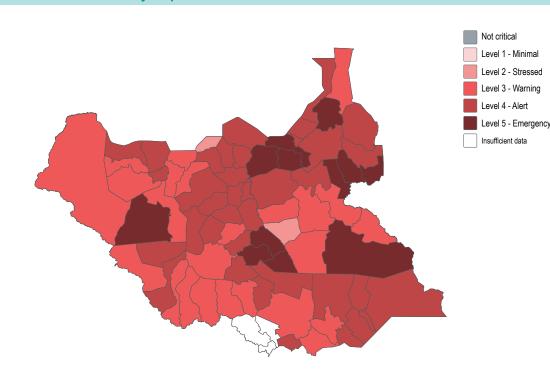
WFP



Manyo County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

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WASH Cluster

July/August 2018

- 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 status¹

Host community 63% IDP 29% Returnee 8%

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

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.

WFP







orld Food Programme







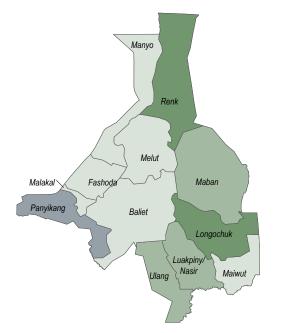
Manyo County - Water, Sanitation and Hygiene



0%

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



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:

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

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

unicef

- 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

5%

of Manyo county

HHs reported

having safe

access to an

as their main

source

improved source

of drinking water

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

WFP

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

Most commonly reported defecation location, by % of HHs

Malakal

Panyikang

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

%	•	In the la
%		Garbag
%	1	Dig a ho
%	1	In the b

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

Manyo

Melut

Baliet

Renk

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

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

1 - 20% 21 - 40% 41 - 60% 61 - 80% 81 - 100% Insufficient data Maban

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

Luakpiny Nasir Maiwut Ulang

Longochuk

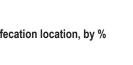
REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Norld Food Programme wfp.org



Sanitation

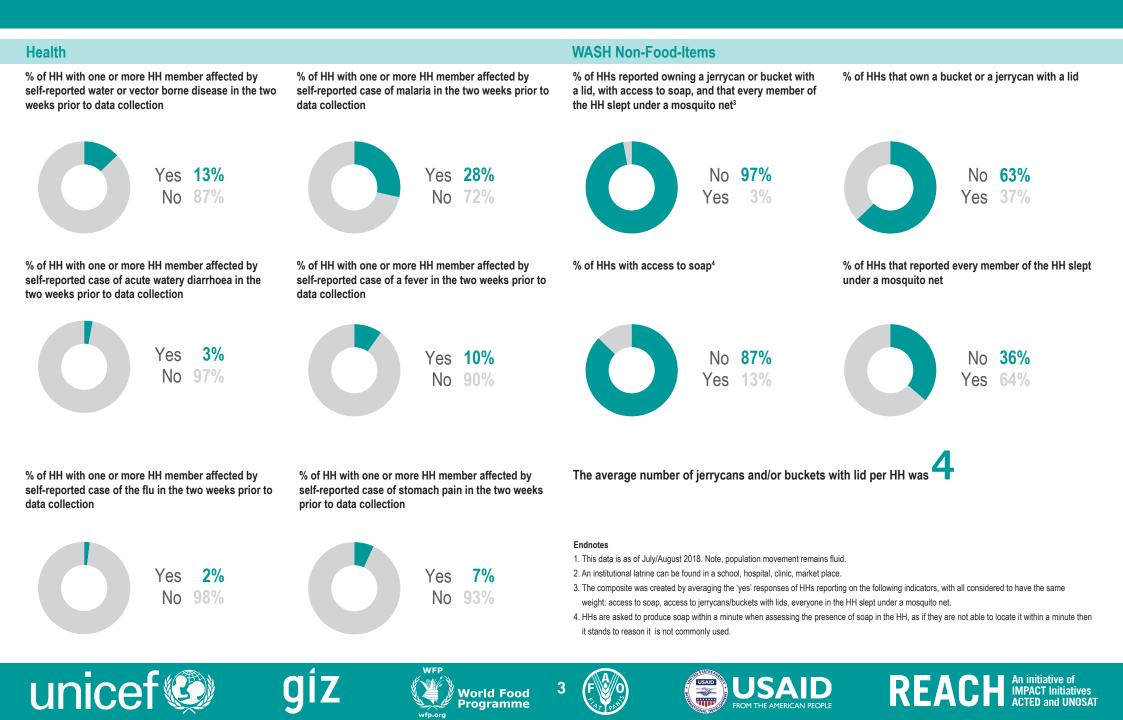




Fashoda

Manyo County - Water, Sanitation and Hygiene





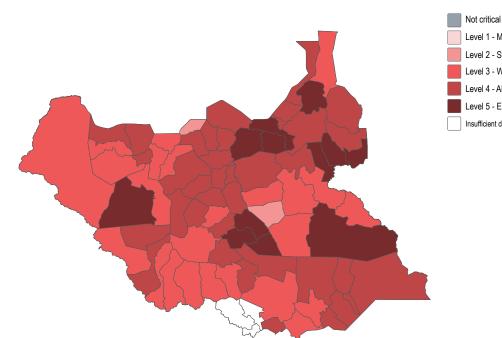


Overview

Melut County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

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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 status¹

Host community 72% IDP 28%

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

n the last one year	4%	I
Between 2- 3 years	11%	
Around 5 years	82%	
Nore than 5 years	4%	1

Level 1 - Minimal Level 2 - Stressed Level 3 - Warning Level 4 - Alert Level 5 - Emergency Insufficient data

WASH Cluster

July/August 2018

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

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unice

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FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP

orld Food Programme





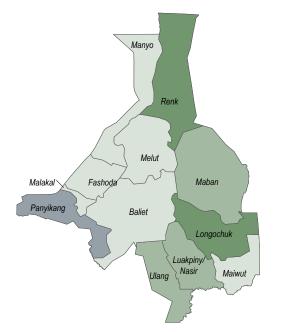
Melut County - Water, Sanitation and Hygiene



0%

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



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:

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

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

unicef

- 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

15%

of Melut county

HHs reported

having safe

access to an

as their main

source

improved source

of drinking water

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

WFP

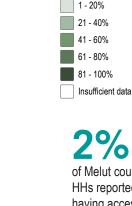
Less than 30 minutes	79%	
30 minutes to 1 hour	18%	
Between 1-2 hours	3%	1

Most commonly reported defecation location, by % of HHs

2% In the latrine In the bush 98%

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

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



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



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

Manyo

Renk







2

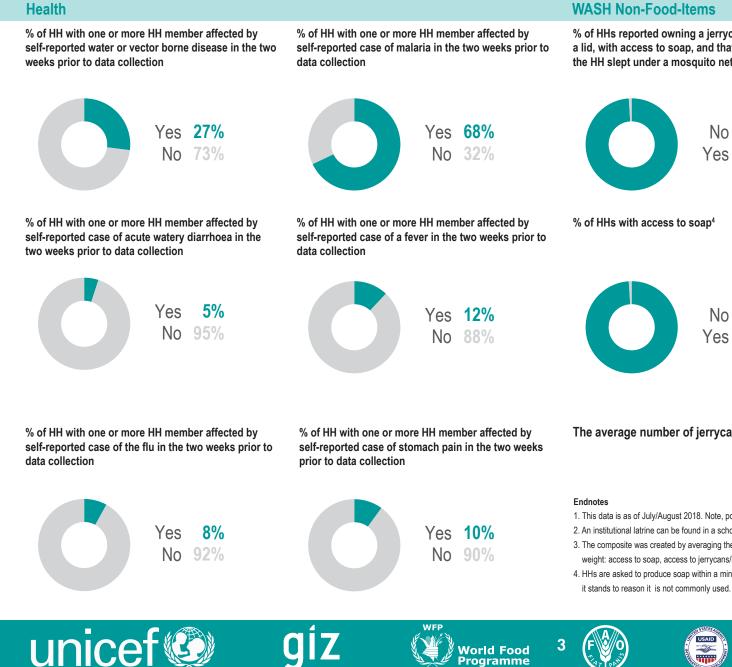
Sanitation





Melut County - Water, Sanitation and Hygiene





Programme

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 net³

99%

1%

% 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



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

99%

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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Panyikang County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

Overview

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unice

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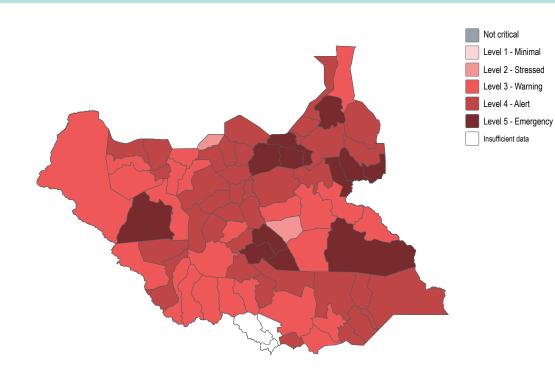
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FSNMS Assessment Coverage

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WASH Cluster

July/August 2018

- 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 status¹

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%	









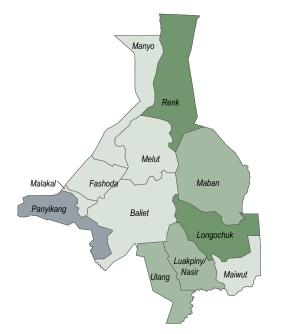
Panyikang County - Water, Sanitation and Hygiene



0%

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

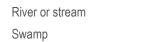


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Most commonly reported sources of drinking water, by % of HHs

51%

49%



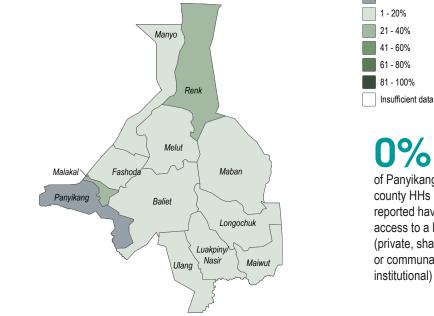
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Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home), by % of HHs

WFP



% 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%	I
In the bush	69%	
Left where it is	26%	





Vorld Food Programme

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

0%

of Panyikang

county HHs

reported having

safe access to an

improved source

of drinking water

as their main

source



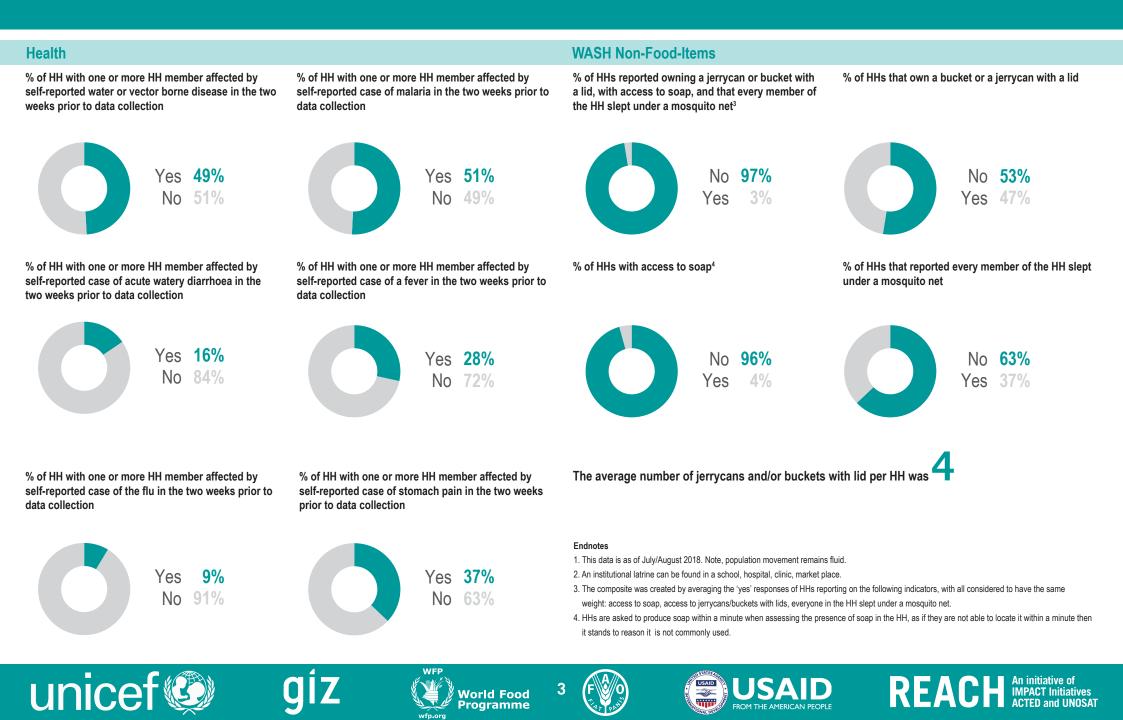
Sanitation



REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Panyikang County - Water, Sanitation and Hygiene







Renk County - Water, Sanitation and Hygiene Factsheet

Upper Nile State, South Sudan

WASH Cluster 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.

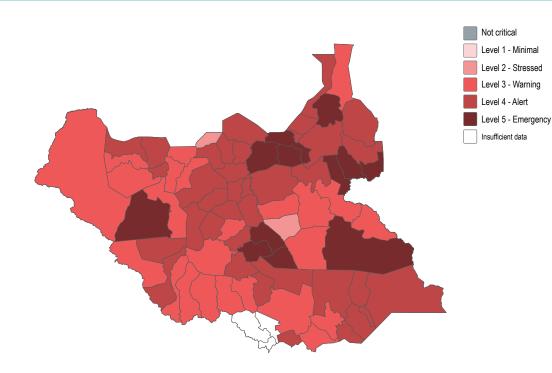
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian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

FSNMS Assessment Coverage

Total coverage in the county was achieved.

WFP





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

2%

- 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

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Displacement

% of HHs by displacement status¹

98% Host community Returnee



REAC





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Renk County - Water, Sanitation and Hygiene



0%

1 - 20%

21 - 40%

41 - 60%

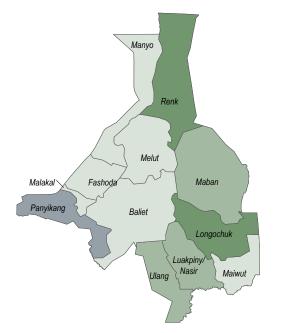
61 - 80%

81 - 100%

Insufficient data

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



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:

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%	

unicef

- 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

55%

of Renk county

HHs reported

having safe

access to an

as their main

source

improved source

of drinking water

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

WFP

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

Most commonly reported defecation location, by %

In the latrine In the bush No answer

of HHs

30% 69% 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%



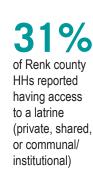


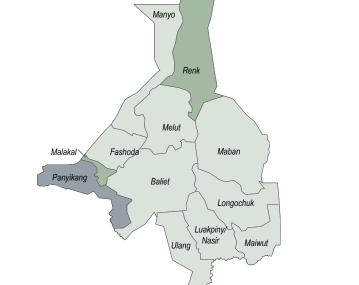






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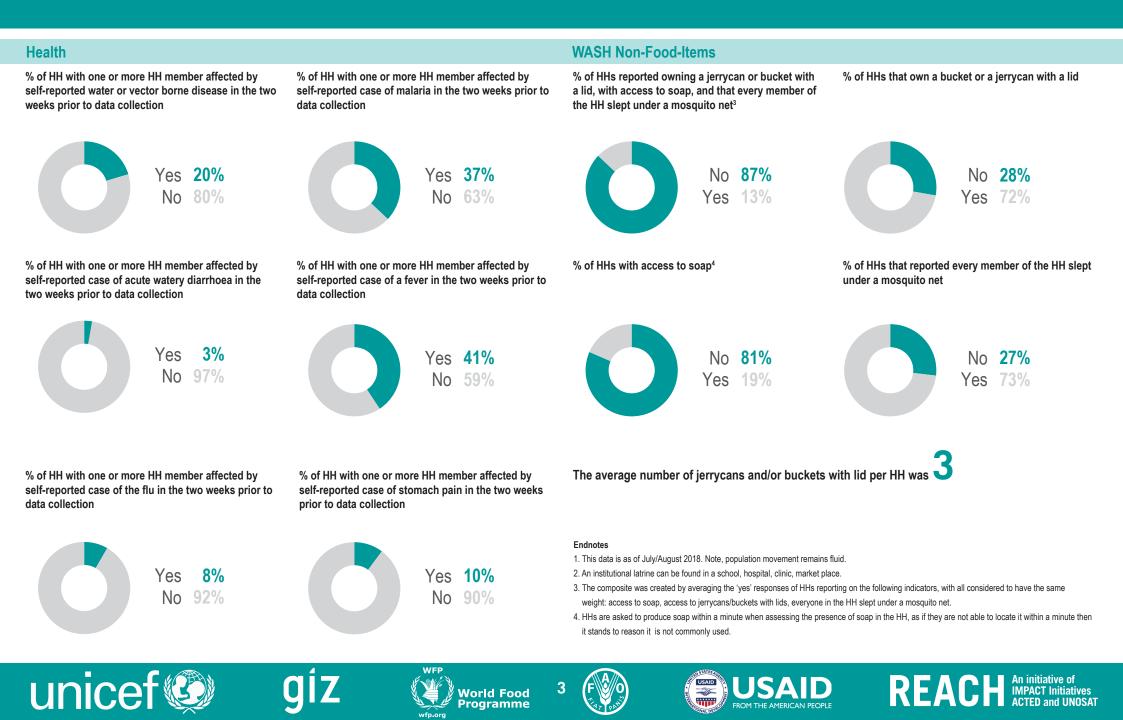


Sanitation

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

Renk County - Water, Sanitation and Hygiene







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This information aims to be used to identify priority

two weeks prior to data collection.

unice

Overview

solutions.

Ulang County - Water, Sanitation and Hygiene Factsheet

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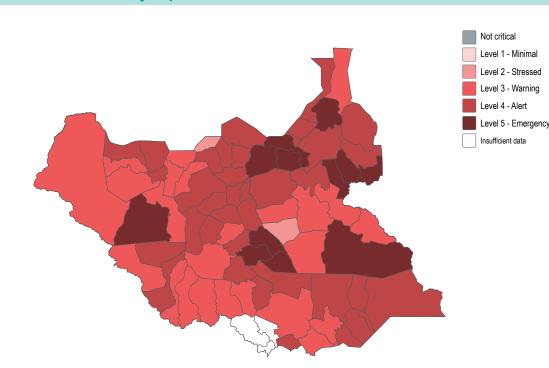
decision making platforms.

Upper Nile State, South Sudan

implemented.

per cluster.

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

WASH Cluster

July/August 2018

- 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 status¹

97% Host community 2% IDP 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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Total coverage in the county was achieved.

FSNMS Assessment Coverage







Ulang County - Water, Sanitation and Hygiene



0%

1 - 20%

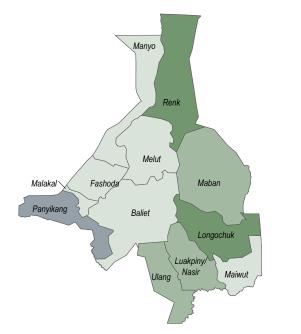
21 - 40%

41 - 60%

61 - 80%

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



C

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:

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

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

unicef

- 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

0%

1 - 20%

21 - 40%

41 - 60%

61 - 80%

81 - 100%

Insufficient data

38%

of Ulang county

HHs reported

having safe

access to an

as their main

Norld Food

Programme

source

improved source

of drinking water

2

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

WFP

wfp.org

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

Most commonly reported defecation location, by % of HHs

USAID

100%



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

81 - 100% Insufficient data |% of Ulang county HHs reported having access to a latrine (private, shared, or communal/

institutional)

In the bush

Sanitation

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

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

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





% 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 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 the flu 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 a fever 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

94% No 6% Yes

% of HHs reported owning a jerrycan or bucket with

a lid, with access to soap, and that every member of

% of HHs with access to soap⁴

WASH Non-Food-Items

the HH slept under a mosquito net³

3% No 97% Yes

% 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





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

92%

No

Yes

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.

Programme

Vorld Food





