Budi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

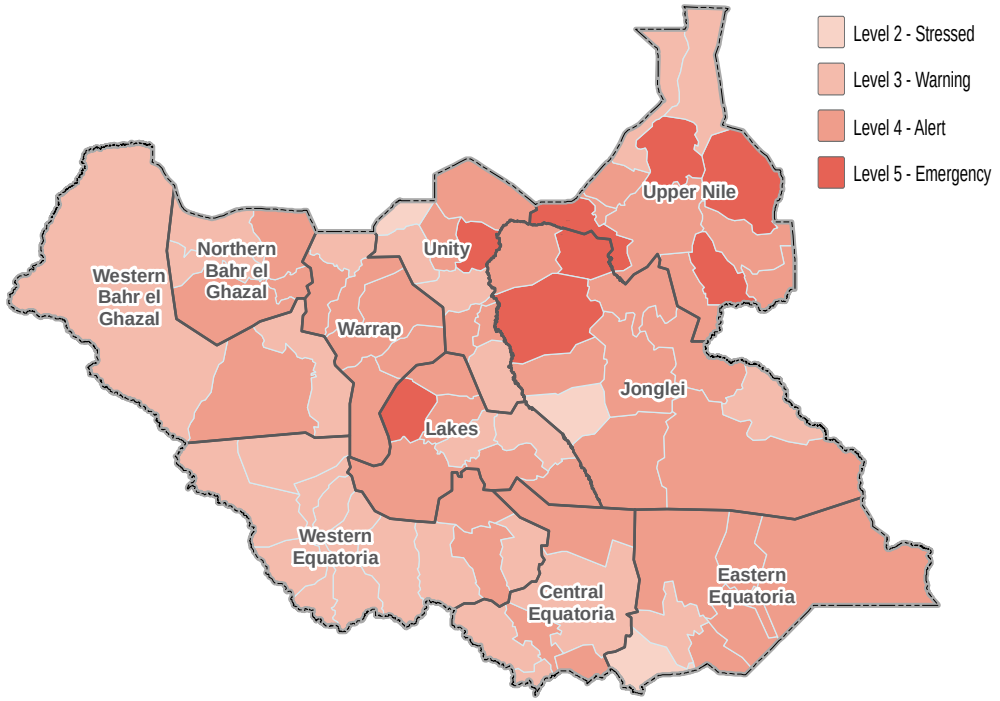
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	98%
Returnee	2%

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

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

In the last one year	100%

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

Children under 5	74%
Female headed	65%
Adopted children	23%
Elderly persons	20%
Physically disabled	8%

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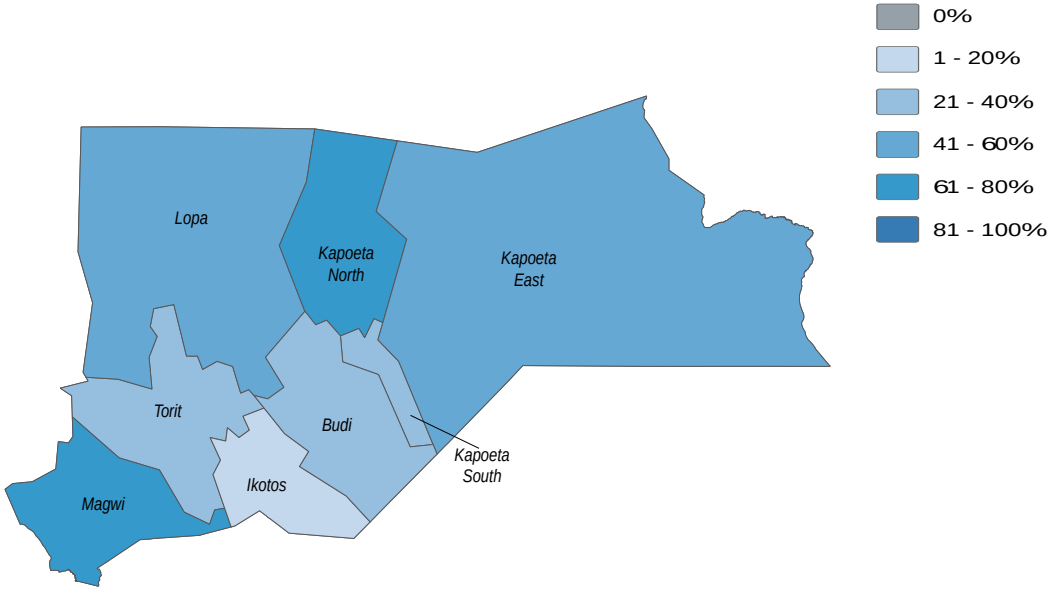
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

65%	of **Budi County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
53%	of **Budi County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
23%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
15%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

Borehole	64%
River or stream	31%
Swamp	3%
Tap stand	1%
Unprotected well	1%

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

Less than 30 minutes	55%
30 minutes to 1 hour	33%
Between 1- 2 hours	12%

Host

Borehole	64%
River or stream	31%
Swamp	3%
Tap stand	1%
Unprotected well	1%

Less than 30 minutes	54%
30 minutes to 1 hour	33%
Between 1- 2 hours	12%

IDPs

Returnees

Borehole	100%

Less than 30 minutes	100%

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Sanitation

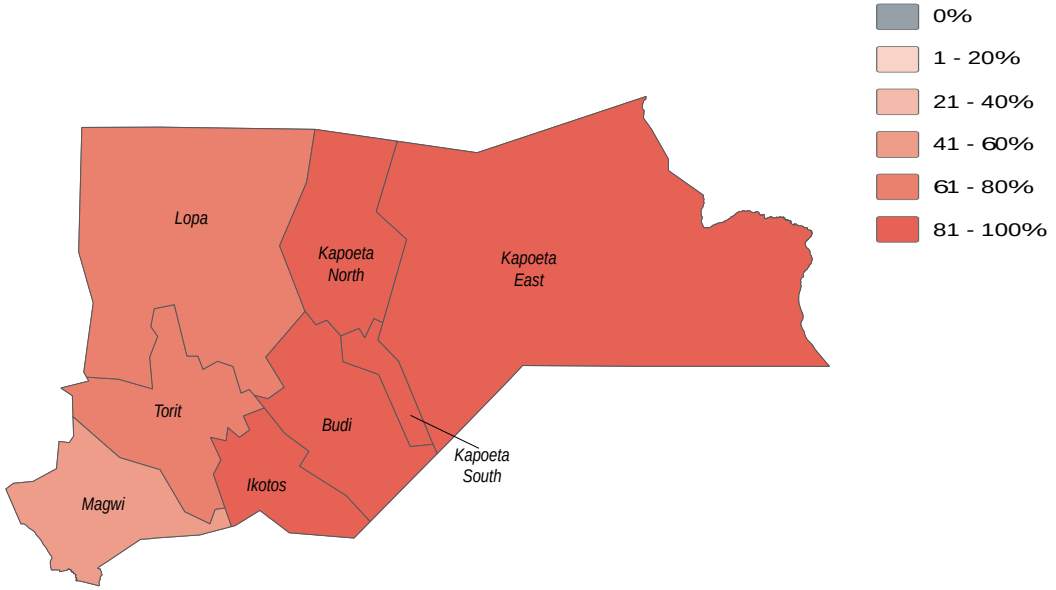
17% of **Budi County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was the same as the previous season.

17% of **Budi County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

13% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.

12% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	82%	In the bush	61%
	In the latrine	13%	Dig a hole and cover	22%
	In the river	5%	In the latrine	7%
			Left where it is	6%
			No answer	5%
Host	In the bush	82%	In the bush	61%
	In the latrine	13%	Dig a hole and cover	22%
	In the river	5%	In the latrine	6%
			Left where it is	6%
			No answer	5%
IDPs				
Returnees	In the bush	100%	In the bush	50%
			In the latrine	50%

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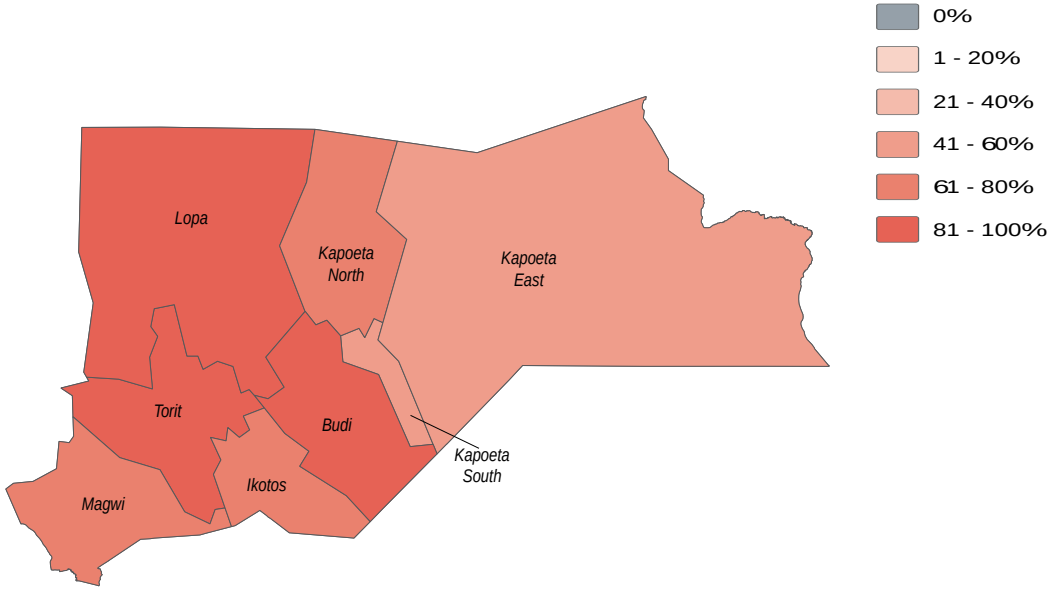
Health

85%	of **Budi County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
83%	of **Budi County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	46%
Fever	35%
Stomach pain	19%
Typhoid	19%
Flu	11%

Fever	80%
Malaria	48%
Others	23%
Flu	21%
AWD	15%

Host

Malaria	47%
Fever	36%
Stomach pain	19%
Typhoid	19%
Flu	11%

Fever	81%
Malaria	49%
Others	23%
Flu	21%
AWD	15%

IDPs

Returnees

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NFI WASH NFIs

7%	of **Budi County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
5%	of **Budi County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **10%** Yes 90%	 No **76%** Yes 24%	 No **77%** Yes 23%
Host	 No **10%** Yes 90%	 No **76%** Yes 24%	 No **77%** Yes 23%
IDPs			
Returnees	Yes 100%	 No **50%** Yes 50%	 No **50%** Yes 50%

Endnotes

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

About REACH

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

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

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

Ikotos County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

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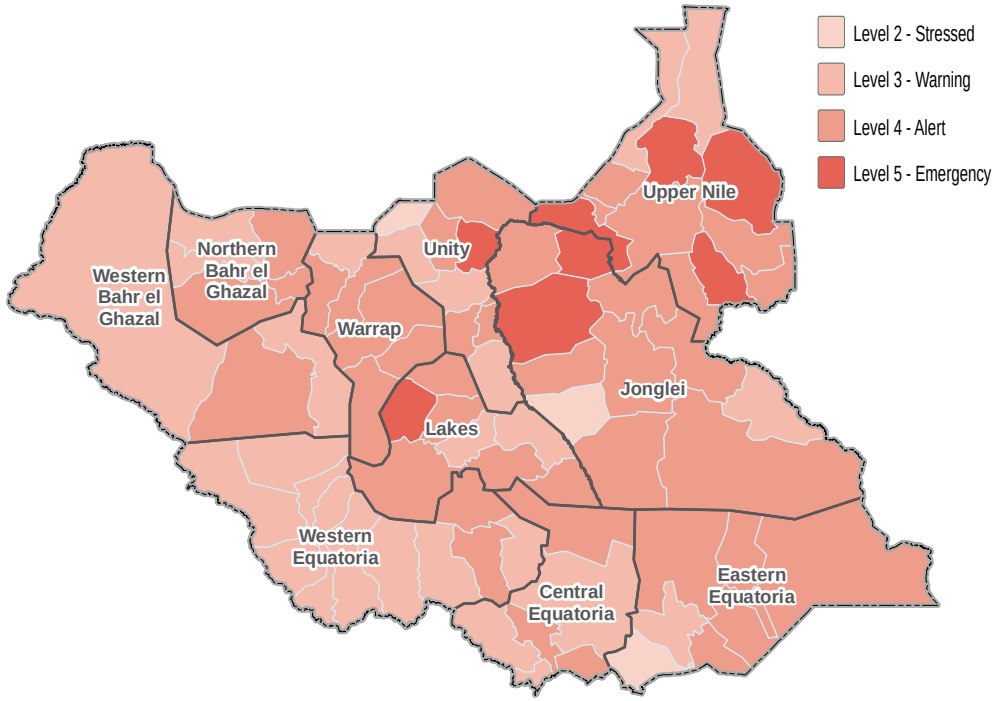
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	78%
Elderly persons	28%
Female headed	19%
Adopted children	6%
Physically disabled	6%

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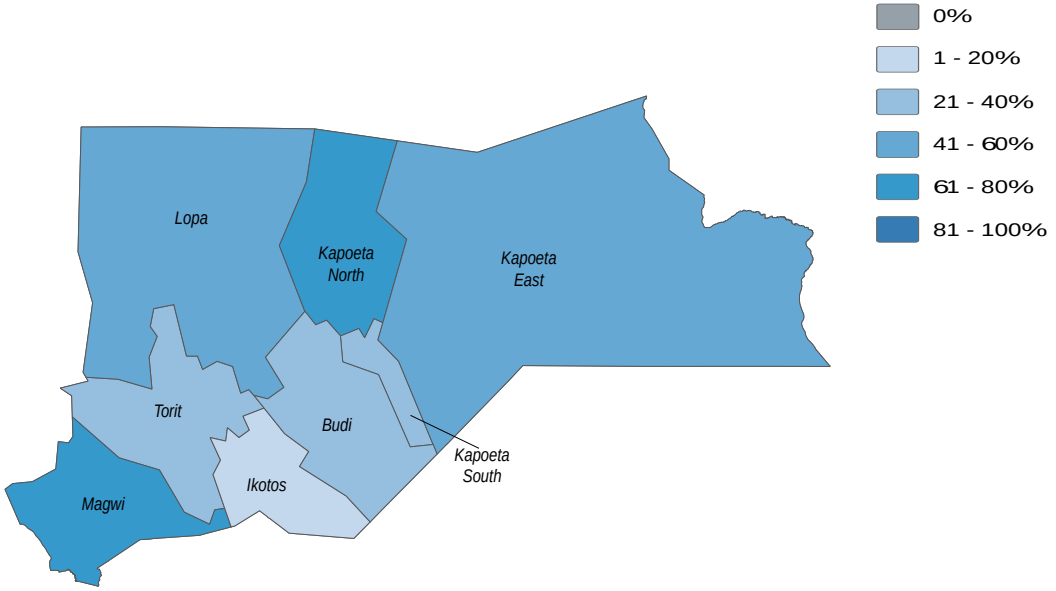
Water

31%	of Ikotos County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
49%	of Ikotos County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
13%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
8%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

Overall

River or stream	61%
Borehole	21%
Tap stand	10%
Unprotected well	7%

Less than 30 minutes	42%
Between 1- 2 hours	41%
30 minutes to 1 hour	18%

Host

River or stream	61%
Borehole	21%
Tap stand	10%
Unprotected well	7%

Less than 30 minutes	42%
Between 1- 2 hours	41%
30 minutes to 1 hour	18%

IDPs

Returnees

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Sanitation

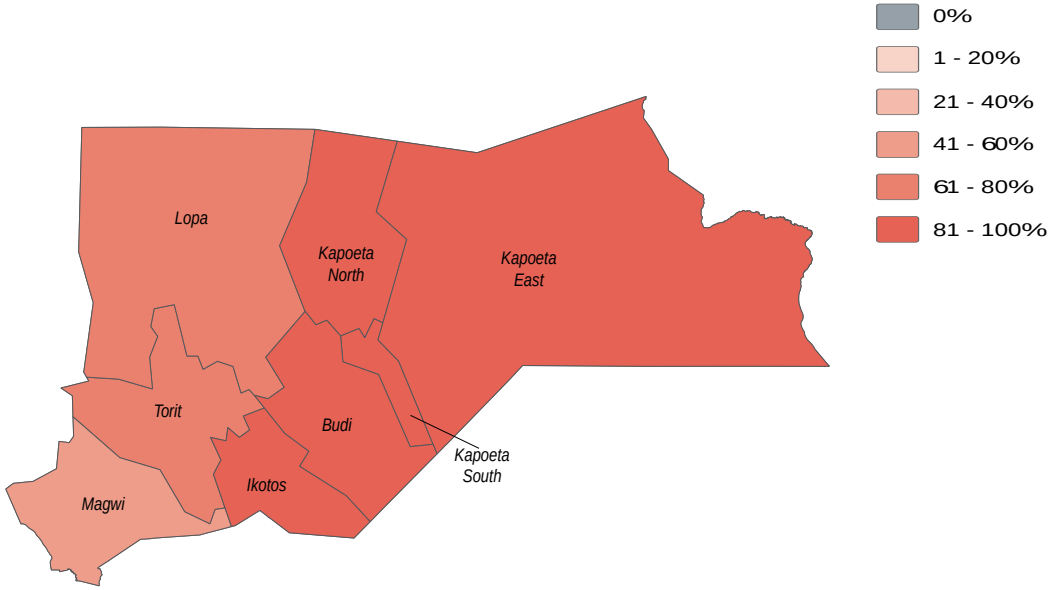
11% of **Ikotos County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.

16% of **Ikotos County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

10% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.

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

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



Most commonly reported defecation location by percentage of households:

Overall	In the bush	90%
	In the latrine	10%
Host	In the bush	90%
	In the latrine	10%
IDPs		
Returnees		

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

In the bush	50%
Dig a hole and cover	37%
In the latrine	8%
Left where it is	3%
No answer	2%
In the bush	50%
Dig a hole and cover	37%
In the latrine	8%
Left where it is	3%
No answer	2%

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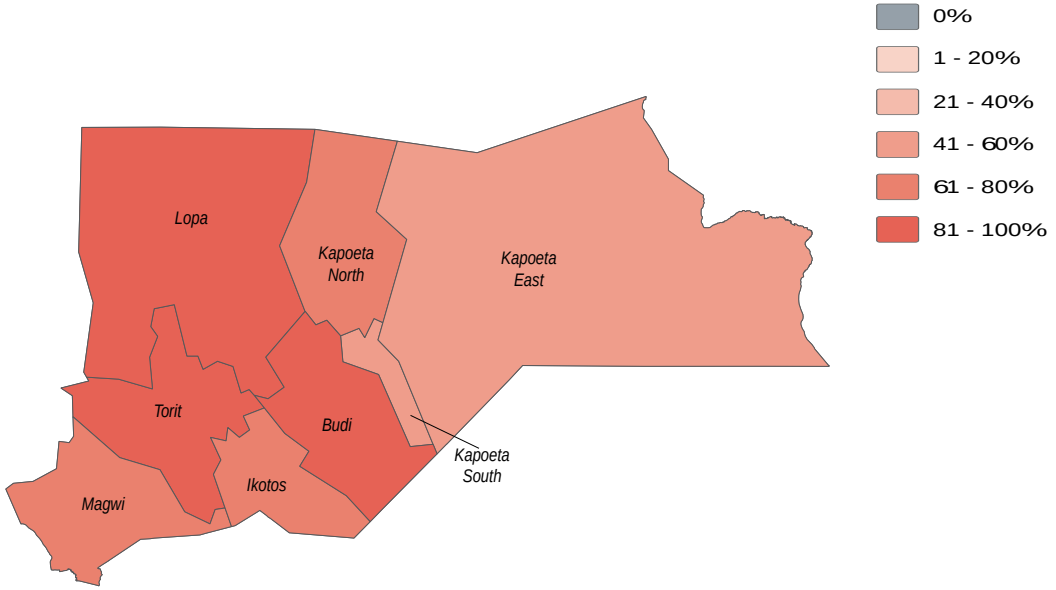
Health

76%	of **Ikotos County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
90%	of **Ikotos County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Fever	34%
	Stomach pain	24%
	Malaria	21%
	AWD	7%
	Flu	3%
Host	Fever	34%
	Stomach pain	24%
	Malaria	21%
	AWD	7%
	Flu	3%
IDPs		
Returnees		

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

Overall	Fever	55%
	Malaria	34%
	AWD	32%
	Stomach pain	22%
	Others	11%
Host	Fever	55%
	Malaria	34%
	AWD	32%
	Stomach pain	22%
	Others	11%

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NFI WASH NFIs

8%	of Ikotos County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
7%	of Ikotos County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **51%** Yes 49%	 No **81%** Yes 19%	 No **65%** Yes 35%
Host	 No **51%** Yes 49%	 No **81%** Yes 19%	 No **65%** Yes 35%
IDPs			
Returnees			

Endnotes

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2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
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Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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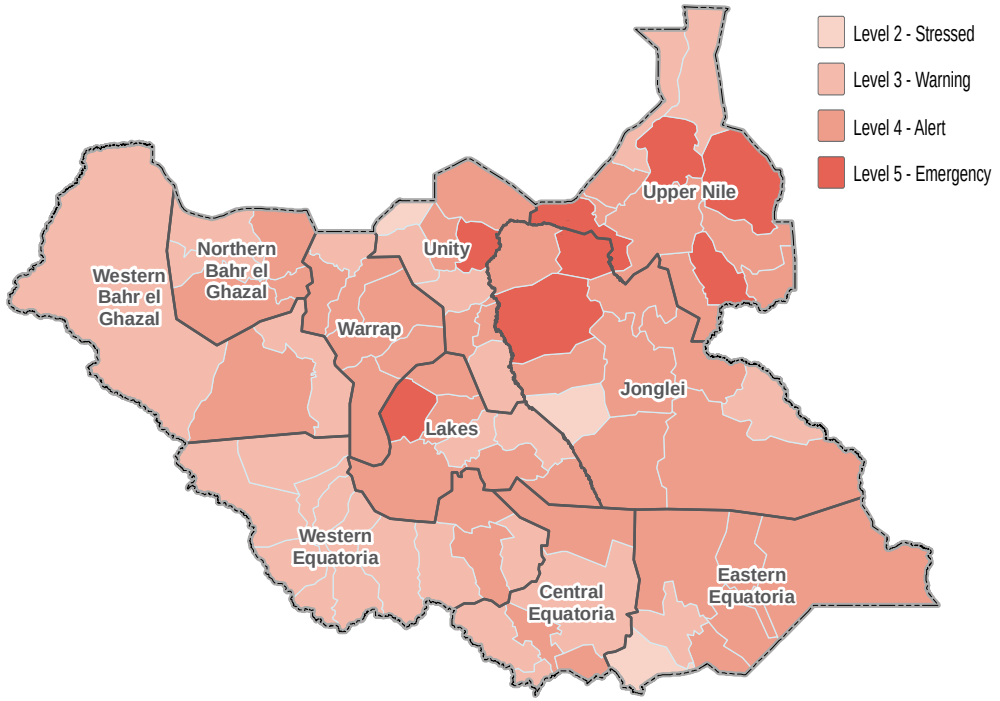
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Female headed	80%
Children under 5	78%
Elderly persons	19%
Adopted children	16%
Physically disabled	10%

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Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

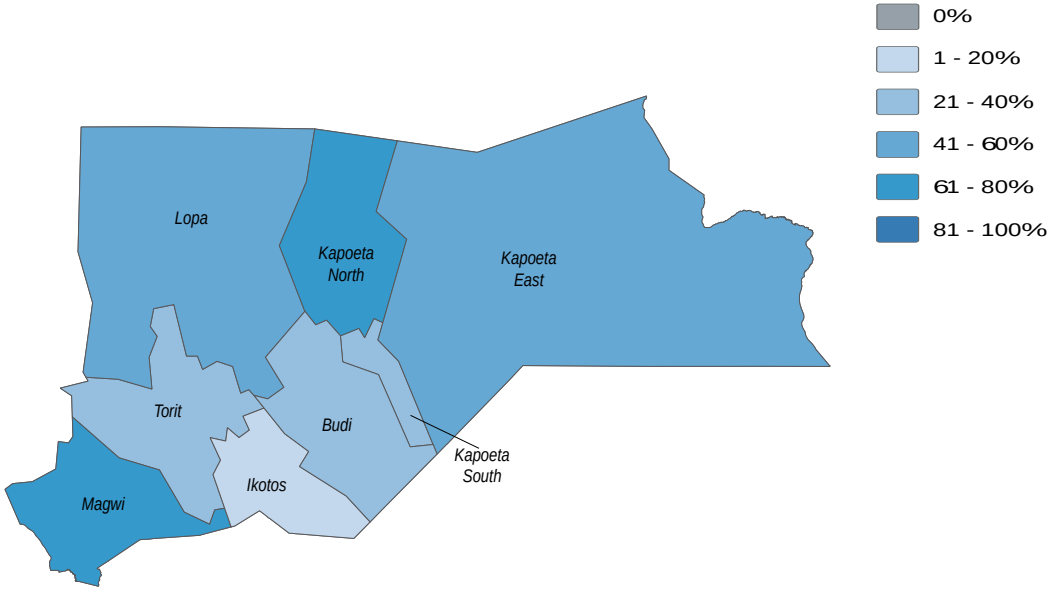
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

70%	of Kapoeta East County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
64%	of Kapoeta East County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
14%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
18%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

Overall	Borehole	70%
	River or stream	22%
	Hand dug well	7%
Host	Borehole	70%
	River or stream	22%
	Hand dug well	7%
IDPs		
Returnees		

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

Overall	Less than 30 minutes	50%
	Between 1- 2 hours	21%
	30 minutes to 1 hour	19%
	More than 2 hours	8%
	I don't know	2%
Host	Less than 30 minutes	50%
	Between 1- 2 hours	21%
	30 minutes to 1 hour	19%
	More than 2 hours	8%
	I don't know	2%

Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

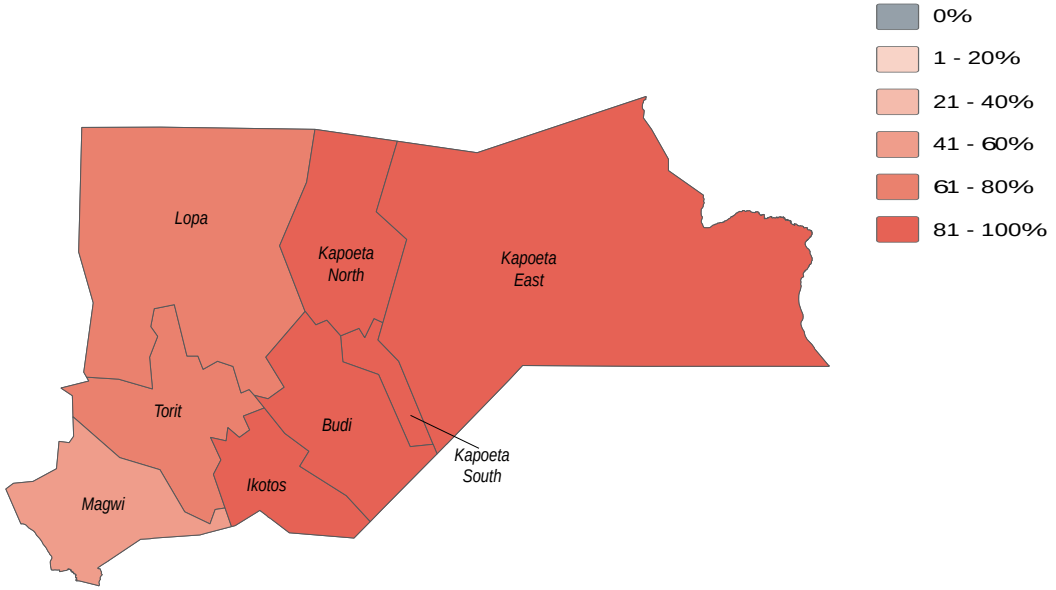
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush 100%

In the bush	95%
No answer	3%
Dig a hole and cover	1%
Left where it is	1%

Host

In the bush 100%

In the bush	95%
No answer	3%
Dig a hole and cover	1%
Left where it is	1%

IDPs

Returnees

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Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

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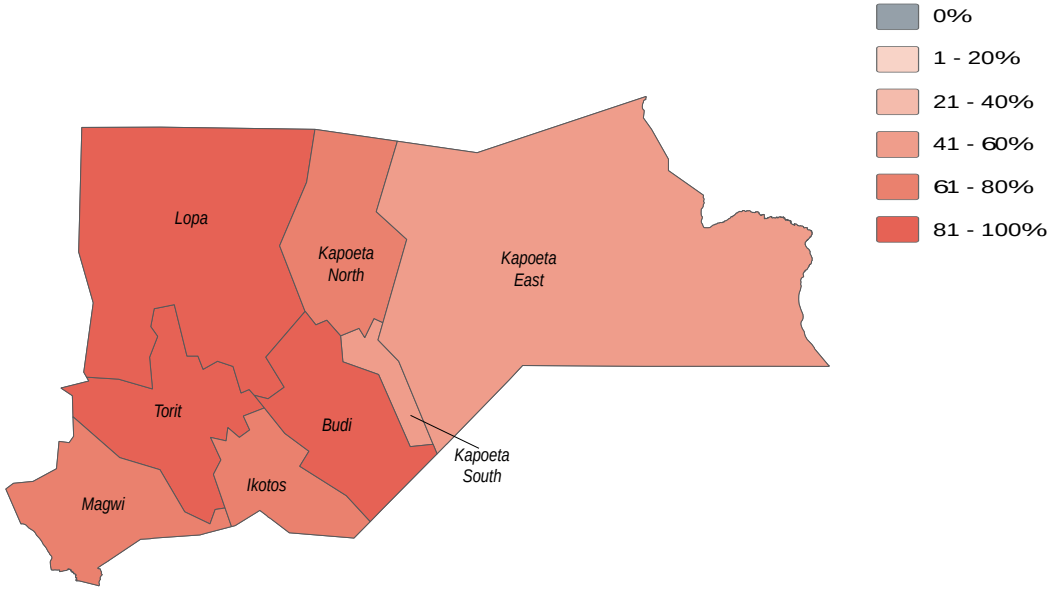
Health

52%	of **Kapoeta East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
21%	of **Kapoeta East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	38%
	Stomach pain	38%
	Fever	25%
	Flu	13%
	Eye infection	6%
Host	Malaria	38%
	Stomach pain	38%
	Fever	25%
	Flu	13%
	Eye infection	6%
IDPs		
Returnees		

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

Overall	Fever	73%
	Malaria	48%
	Eye infection	15%
	Others	15%
	Stomach pain	15%
Host	Fever	73%
	Malaria	48%
	Eye infection	15%
	Others	15%
	Stomach pain	15%

Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:		Ownership of soap by percentage of households:		Every member of the household sleeps under a mosquito net by percentage of households:	
Overall		No **17%** Yes 83%		No **92%** Yes 8%		No **90%** Yes 10%
Host		No **17%** Yes 83%		No **92%** Yes 8%		No **90%** Yes 10%
IDPs						
Returnees						

Endnotes

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

About REACH

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

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Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

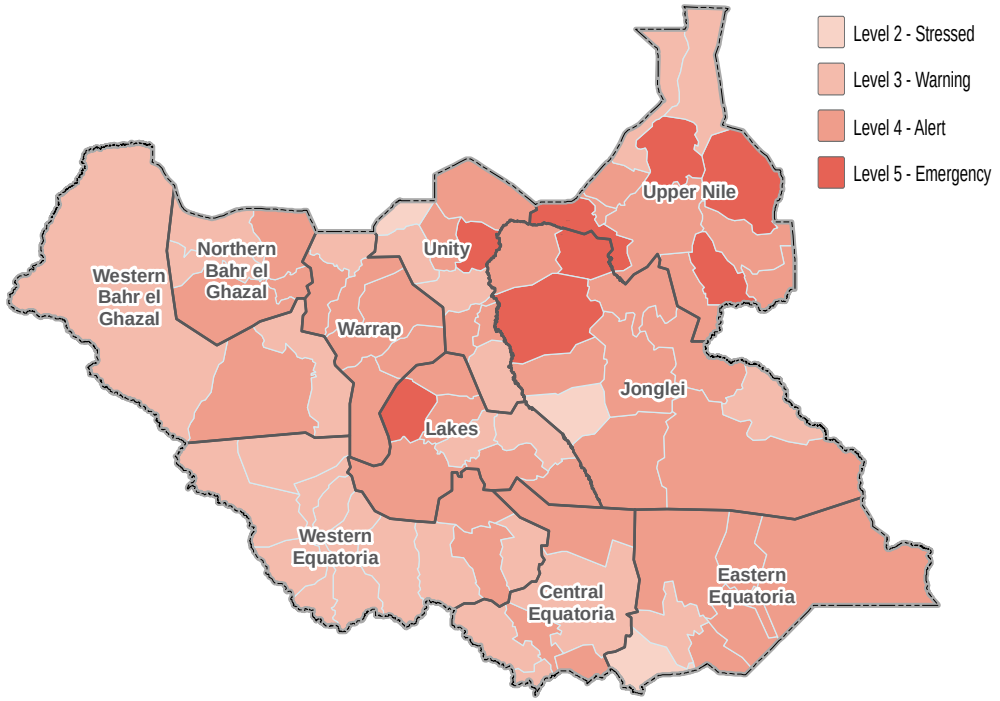
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	97%
IDP	3%

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

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

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

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

Children under 5	88%
Elderly persons	41%
Adopted children	13%
Physically disabled	11%
Female headed	8%

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Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

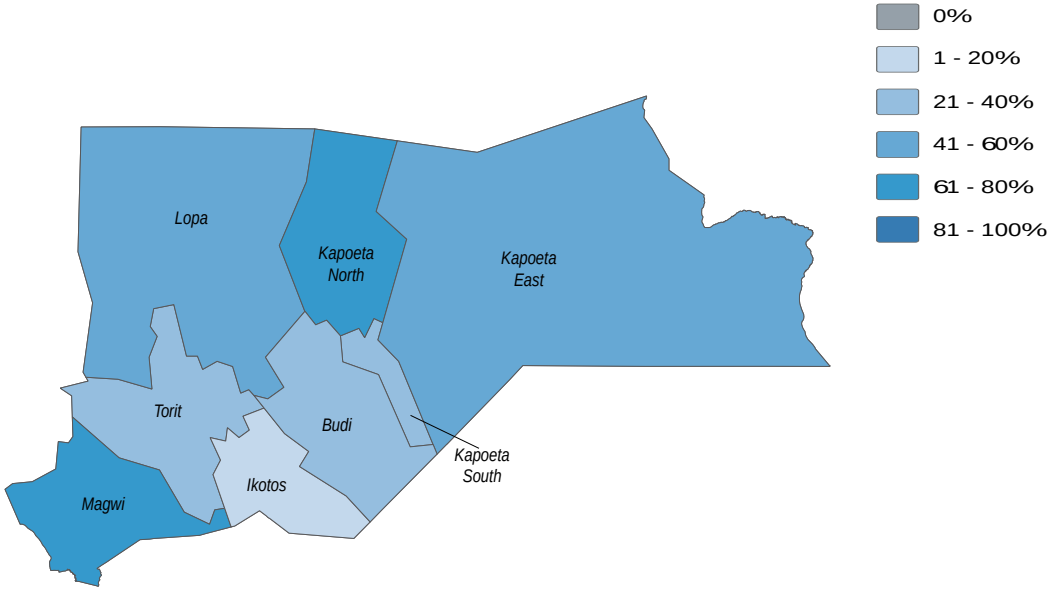
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

88%	of Kapoeta North County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
72%	of Kapoeta North County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
3%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
14%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

Borehole	49%
River or stream	42%
Tap stand	7%
Swamp	2%

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

Less than 30 minutes	80%
30 minutes to 1 hour	10%
Between 1- 2 hours	8%
I don't know	1%

Host

Borehole	50%
River or stream	40%
Tap stand	8%
Swamp	2%

Less than 30 minutes	80%
30 minutes to 1 hour	11%
Between 1- 2 hours	9%
I don't know	1%

IDPs

River or stream	100%

Less than 30 minutes	100%

Returnees

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Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

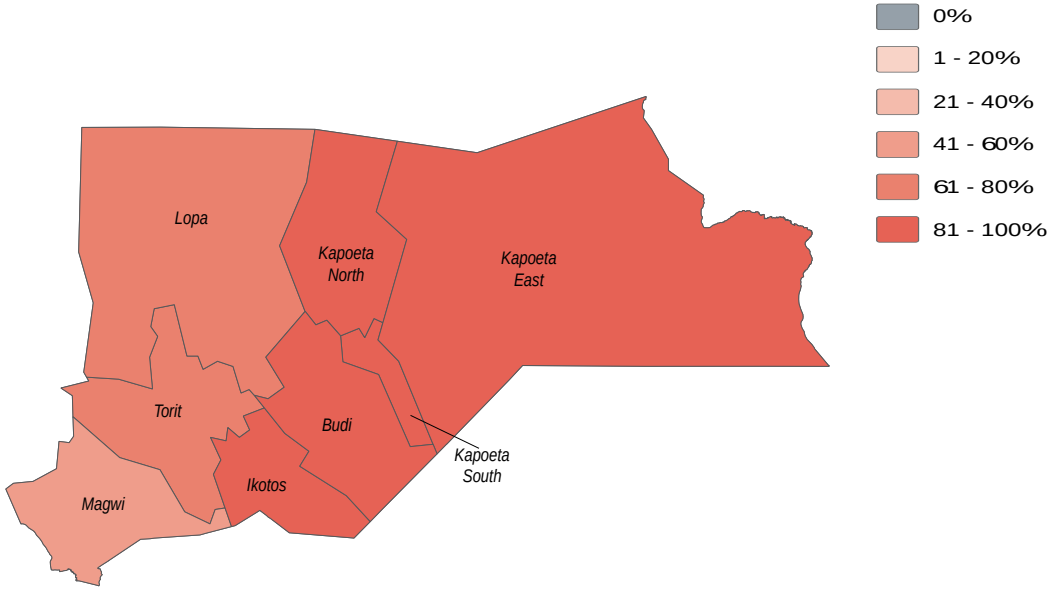
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

4%	of **Kapoeta North County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
0%	of **Kapoeta North County** HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
4%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
0%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

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

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

Host

In the bush	88%
In the latrine	12%

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

IDPs

In the bush	67%
In the river	33%

In the bush	100%

Returnees

Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

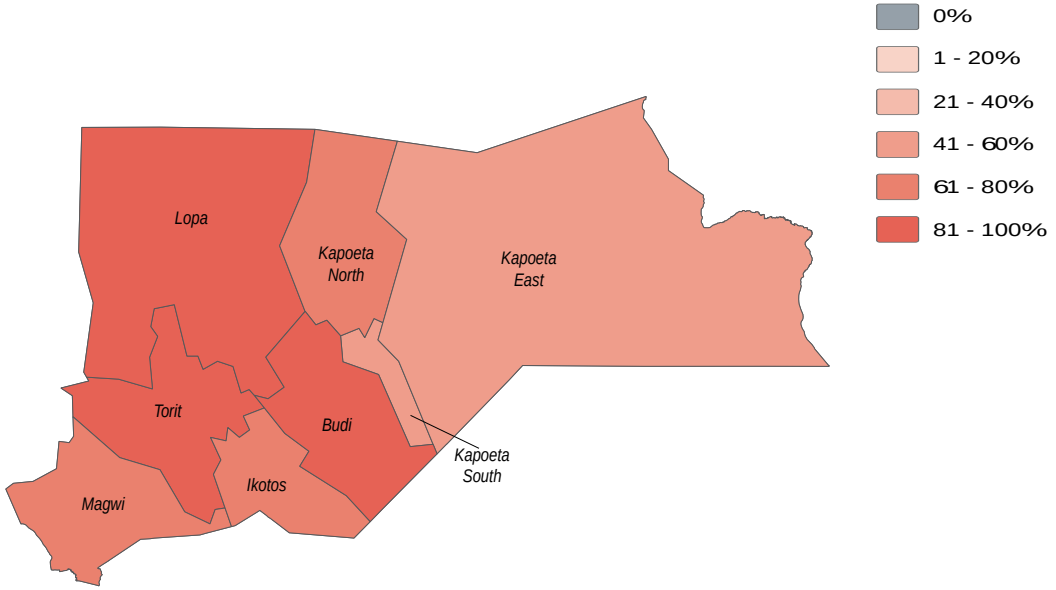
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

78%	of Kapoeta North County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
71%	of Kapoeta North County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Fever	56%
Flu	44%
Malaria	44%
Eye infection	22%
Stomach pain	11%

Malaria	82%
Fever	60%
Others	22%
Flu	21%
AWD	14%

Host

Fever	56%
Flu	44%
Malaria	44%
Eye infection	22%
Stomach pain	11%

Malaria	82%
Fever	60%
Others	22%
Flu	21%
AWD	14%

IDPs

Returnees

Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

6%	of **Kapoeta North County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
1%	of **Kapoeta North County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
1	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **10%** Yes 90%	 No **80%** Yes 20%	 No **62%** Yes 38%
Host	 No **10%** Yes 90%	 No **80%** Yes 20%	 No **62%** Yes 38%
IDPs			
Returnees			

Endnotes

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

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

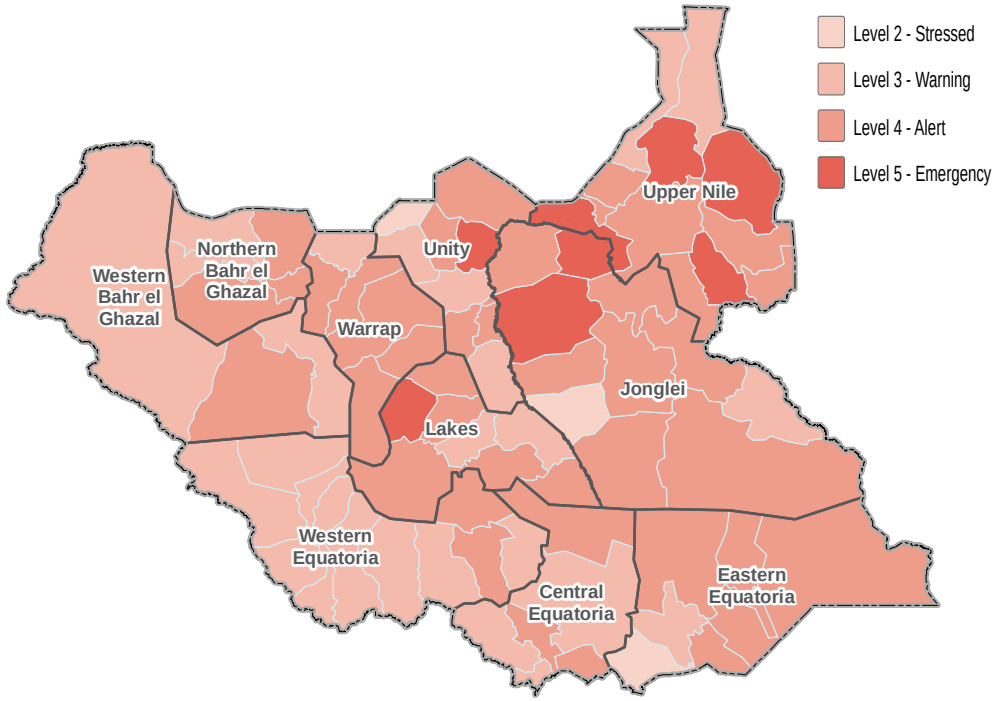
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	81%
Female headed	39%
Adopted children	8%
Elderly persons	6%
Physically disabled	5%

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

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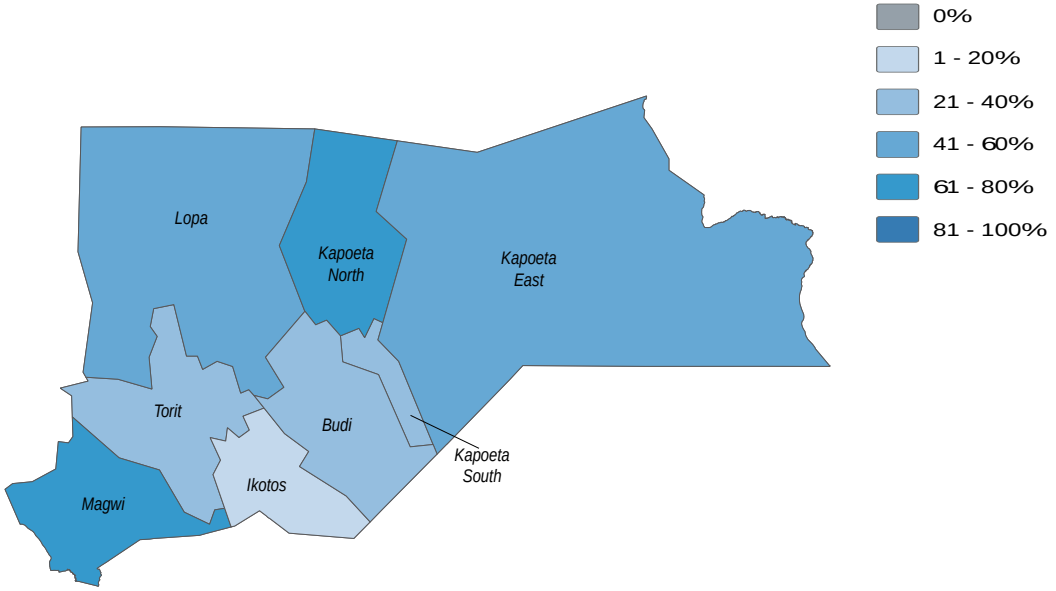
Water

52%	of Kapoeta South County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
57%	of Kapoeta South County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
0%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
4%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

	Most commonly reported sources of drinking water by percentage of households:		Most commonly reported time spent collecting drinking water (walking to **collection point, waiting, filling container,** returning home) by percentage of households:	
Overall	Borehole	52%	30 minutes to 1 hour	41%
	River or stream	31%	Less than 30 minutes	32%
	Hand dug well	17%	Between 1- 2 hours	27%
Host	Borehole	52%	30 minutes to 1 hour	41%
	River or stream	31%	Less than 30 minutes	32%
	Hand dug well	17%	Between 1- 2 hours	27%
IDPs				
Returnees				

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

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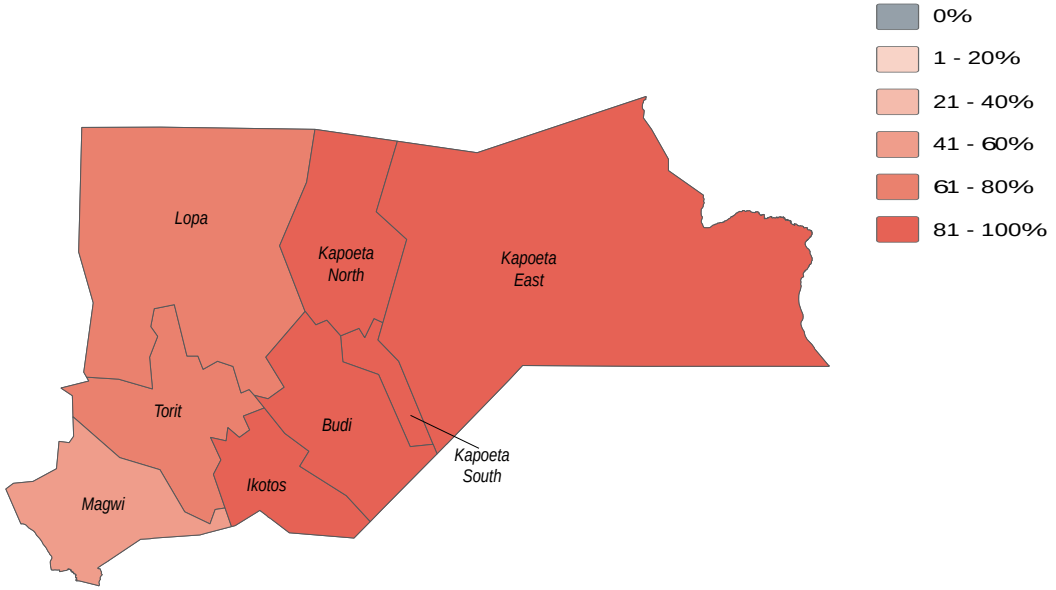
Water Sanitation Hygiene

November/December2018

Sanitation

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	100%

In the bush	59%
Left where it is	39%
No answer	2%

Host

In the bush	100%

In the bush	59%
Left where it is	39%
No answer	2%

IDPs

Returnees

Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

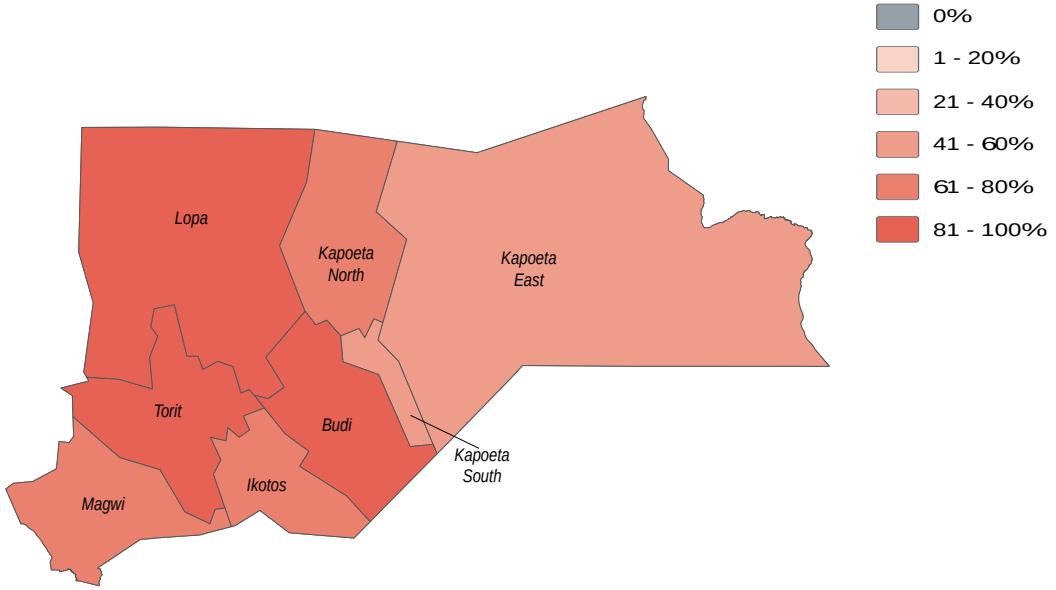
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

47%	of **Kapoeta South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
72%	of **Kapoeta South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	73%
Flu	13%
Stomach pain	13%
Typhoid	7%

Fever	68%
Malaria	34%
AWD	19%
Flu	19%
Others	17%

Host

Malaria	73%
Flu	13%
Stomach pain	13%
Typhoid	7%

Fever	68%
Malaria	34%
AWD	19%
Flu	19%
Others	17%

IDPs

Returnees

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:		Ownership of soap by percentage of households:		Every member of the household sleeps under a mosquito net by percentage of households:	
Overall		No **5%** Yes 95%		No **73%** Yes 27%		No **70%** Yes 30%
Host		No **5%** Yes 95%		No **73%** Yes 27%		No **70%** Yes 30%
IDPs						
Returnees						

Endnotes

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

About REACH

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Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

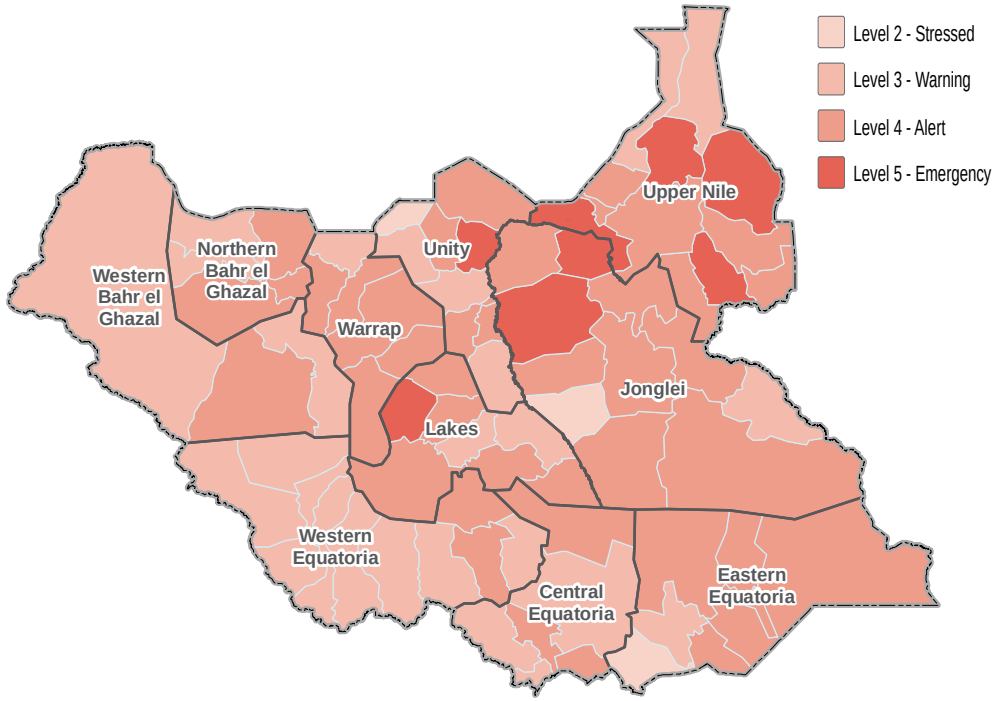
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	97%
Returnee	3%

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

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

In the last one year	100%

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

Children under 5	97%
Elderly persons	21%
Physically disabled	13%
Chronically ill	7%
Female headed	6%

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Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

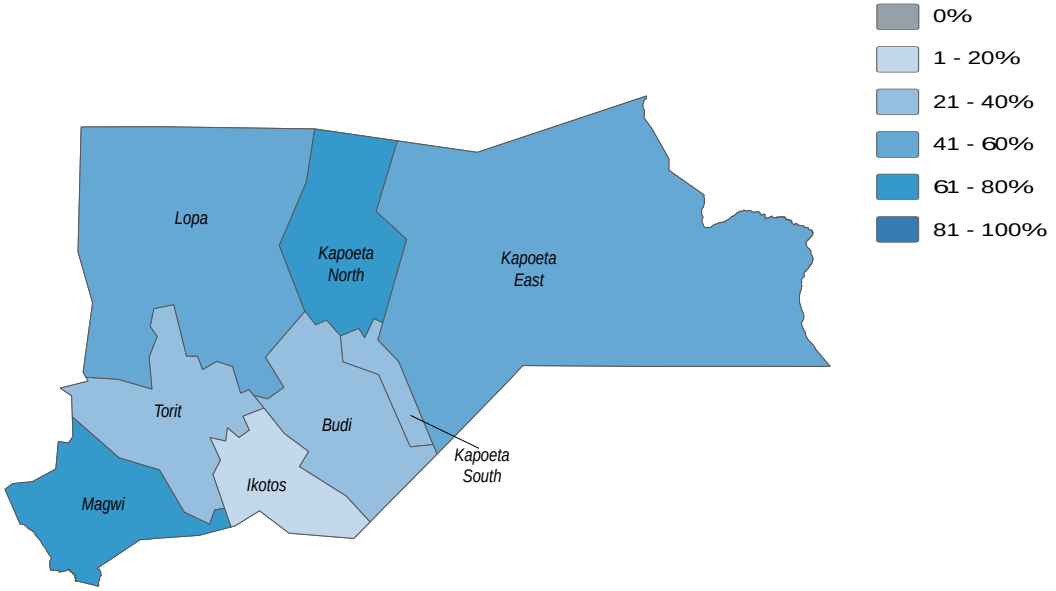
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

64%	of **Lafon County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
85%	of **Lafon County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
0%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
1%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

Borehole	64%
River or stream	26%
Swamp	7%
Hand dug well	3%

Less than 30 minutes	90%
30 minutes to 1 hour	10%

Host

Borehole	64%
River or stream	26%
Swamp	8%
Hand dug well	3%

Less than 30 minutes	90%
30 minutes to 1 hour	10%

IDPs

Returnees

Borehole	67%
River or stream	33%

Less than 30 minutes	100%

Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

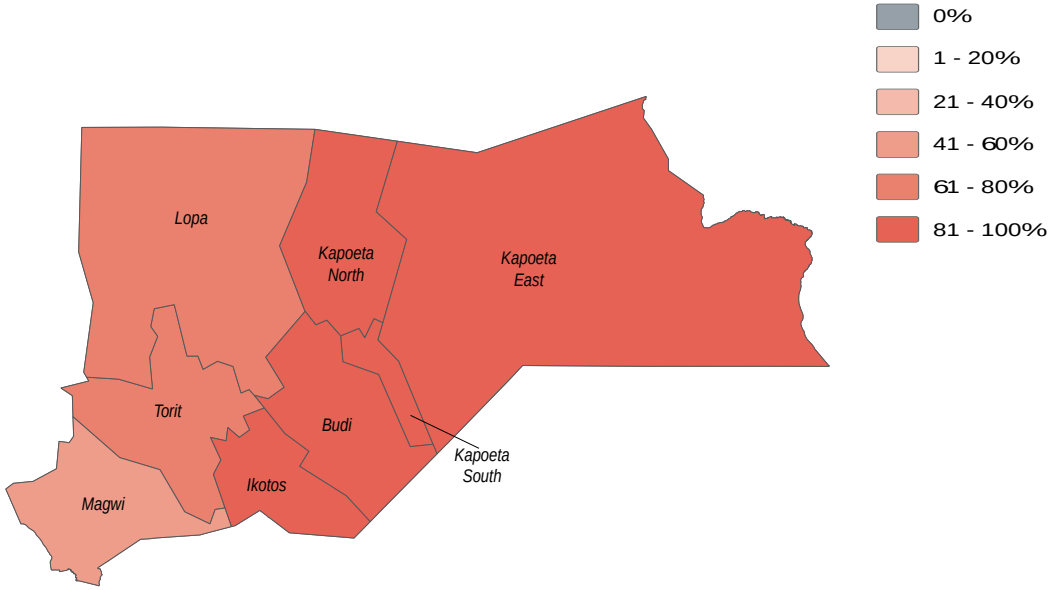
WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

22%	of **Lafon County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.
1%	of **Lafon County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
18%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
1%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	82%
In the latrine	18%

In the bush	59%
Dig a hole and cover	25%
In the latrine	16%

Host

In the bush	83%
In the latrine	17%

In the bush	61%
Dig a hole and cover	23%
In the latrine	16%

IDPs

Returnees

In the bush	67%
In the latrine	33%

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

Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

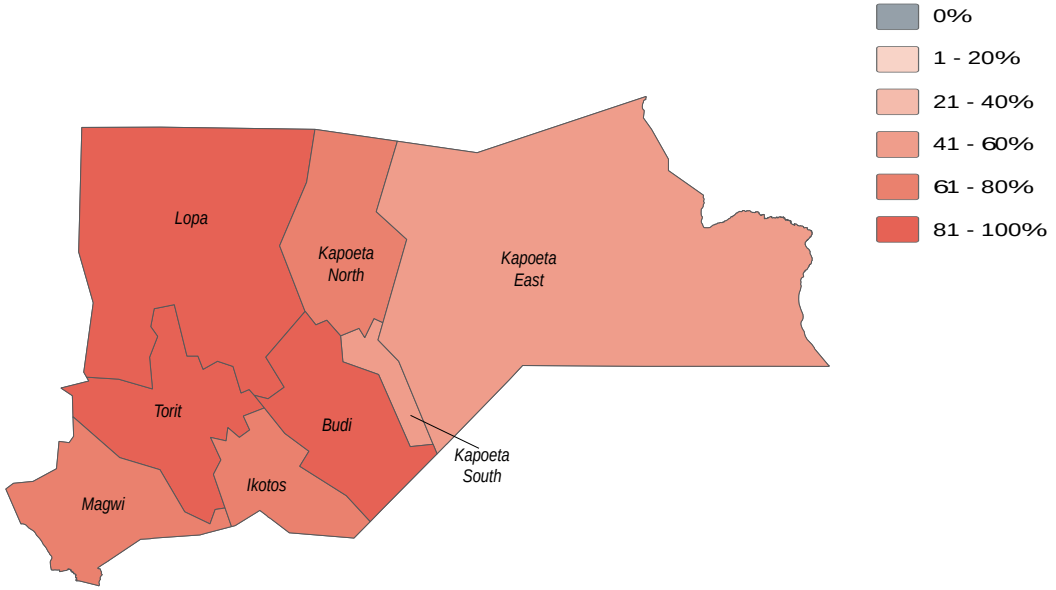
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

92%	of **Lafon County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
81%	of **Lafon County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	50%
	Fever	30%
	Stomach pain	17%
	AWD	10%
	Typhoid	10%
Host	Malaria	48%
	Fever	31%
	Stomach pain	17%
	AWD	7%
	Flu	7%
IDPs		
Returnees		

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

Overall	Malaria	49%
	AWD	38%
	Fever	37%
	Others	29%
	Flu	13%
Host	Malaria	50%
	AWD	37%
	Fever	36%
	Others	29%
	Flu	13%
IDPs		
Returnees		

Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

8%	of **Lafon County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
7%	of **Lafon County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **63%** Yes 37%	 No **64%** Yes 36%	 No **48%** Yes 52%
Host	 No **63%** Yes 37%	 No **66%** Yes 34%	 No **49%** Yes 51%
IDPs			
Returnees	 No **67%** Yes 33%	Yes 100%	 No **33%** Yes 67%

Endnotes

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

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Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

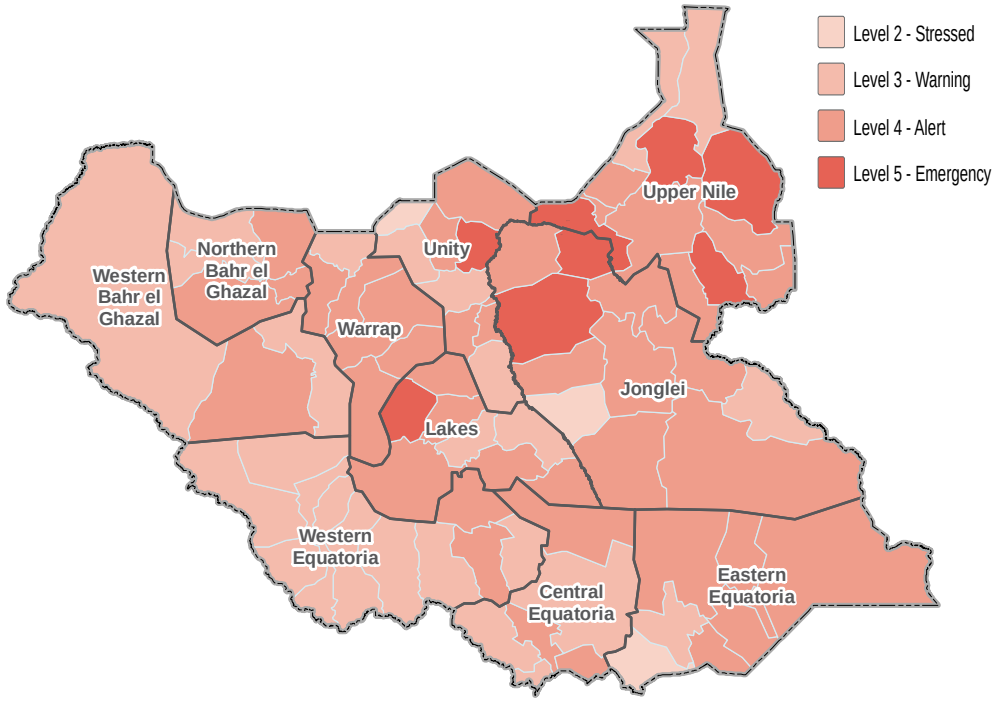
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	98%
Returnee	2%

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

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

In the last one year	100%

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

Children under 5	74%
Female headed	45%
Elderly persons	36%
Adopted children	19%
Physically disabled	18%

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Magwi County - Water, Sanitation and Hygiene Factsheet

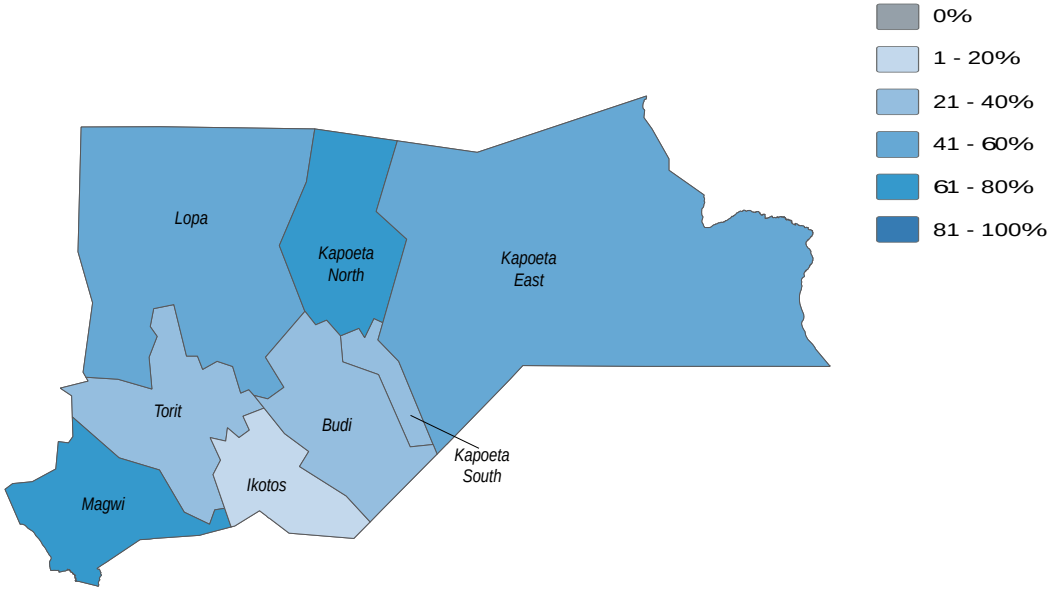
Eastern Equatoria State, South Sudan

November/December2018

Water

91%	of Magwi County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
77%	of Magwi County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
2%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was the same as the previous season.
2%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

Borehole	91%
River or stream	7%
Unprotected well	2%

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

Less than 30 minutes	76%
30 minutes to 1 hour	17%
Between 1- 2 hours	6%
I don't know	1%

Host

Borehole	91%
River or stream	8%
Unprotected well	2%

Less than 30 minutes	75%
30 minutes to 1 hour	17%
Between 1- 2 hours	7%
I don't know	1%

IDPs

Returnees

Borehole	100%

Less than 30 minutes	100%

Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

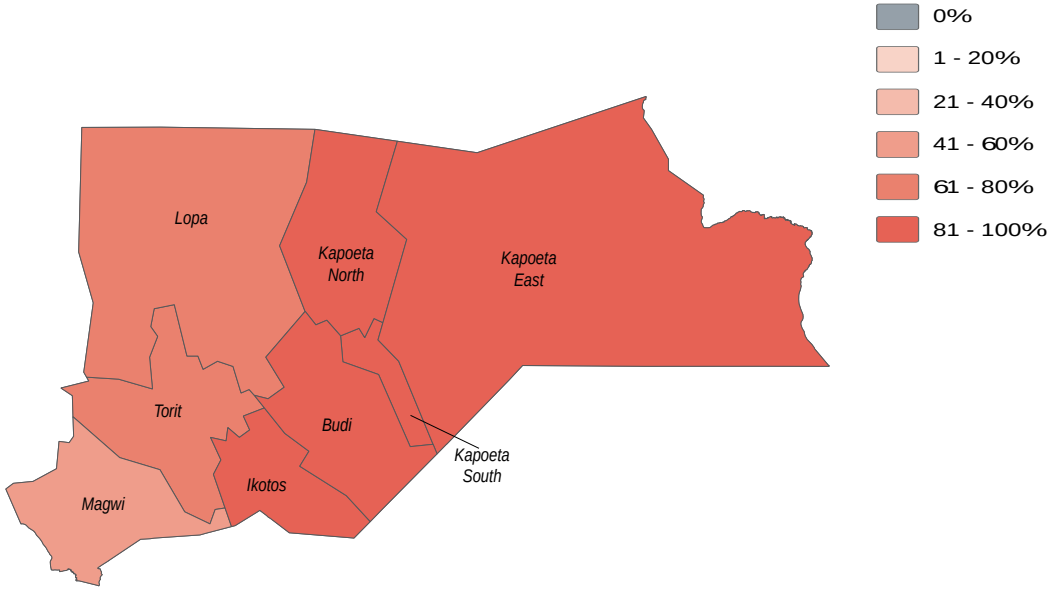
49% of Magwi County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.

53% of Magwi County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

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

50% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	56%	In the latrine	39%
In the latrine	43%	Dig a hole and cover	33%
Dig a hole and cover	1%	In the bush	26%
No answer	1%	No answer	2%

Host

In the bush	56%	In the latrine	39%
In the latrine	42%	Dig a hole and cover	34%
Dig a hole and cover	1%	In the bush	25%
No answer	1%	No answer	2%

IDPs

Returnees

In the bush	50%	In the bush	50%
In the latrine	50%	In the latrine	50%

Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

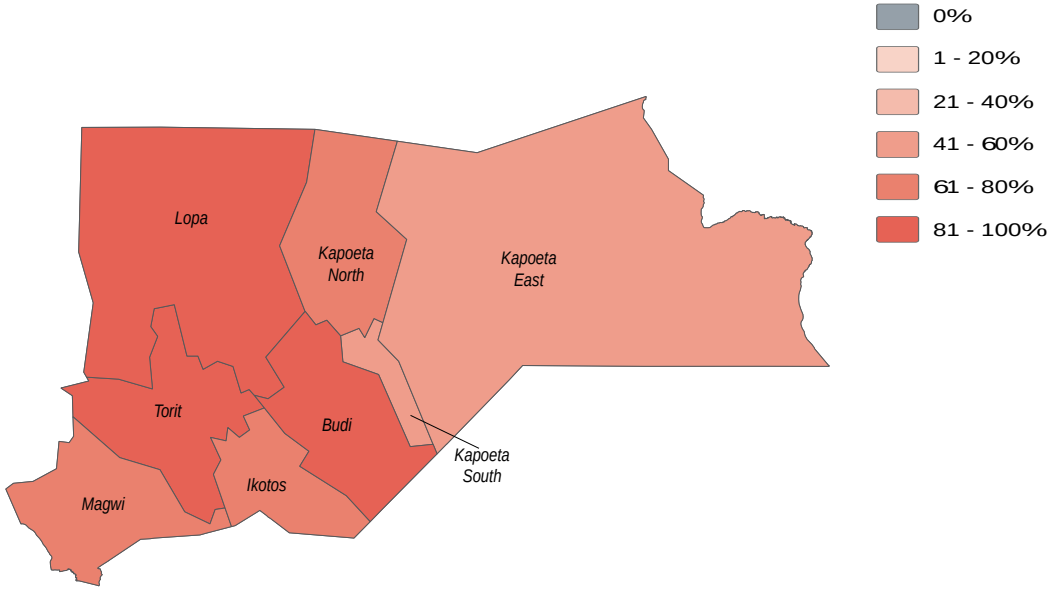
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

70%	of Magwi County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
82%	of Magwi County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Fever	30%
	Malaria	22%
	Typhoid	17%
	Stomach pain	13%
	Flu	9%
Host	Fever	30%
	Malaria	22%
	Typhoid	17%
	Stomach pain	13%
	Flu	9%
IDPs		
Returnees		

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

Overall	Malaria	77%
	Fever	35%
	Flu	24%
	AWD	15%
	Stomach pain	8%
Host	Malaria	77%
	Fever	36%
	Flu	25%
	AWD	15%
	Stomach pain	8%
IDPs		
Returnees		

Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

November/December2018

NFI WASH NFIs

50%	of Magwi County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
28%	of Magwi County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
5	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
3	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No 6% Yes 94%	 No 19% Yes 81%	 No 39% Yes 61%
Host	 No 6% Yes 94%	 No 18% Yes 82%	 No 39% Yes 61%
IDPs			
Returnees	Yes 100%	 No 50% Yes 50%	 No 50% Yes 50%

Endnotes

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

About REACH

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Torit County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

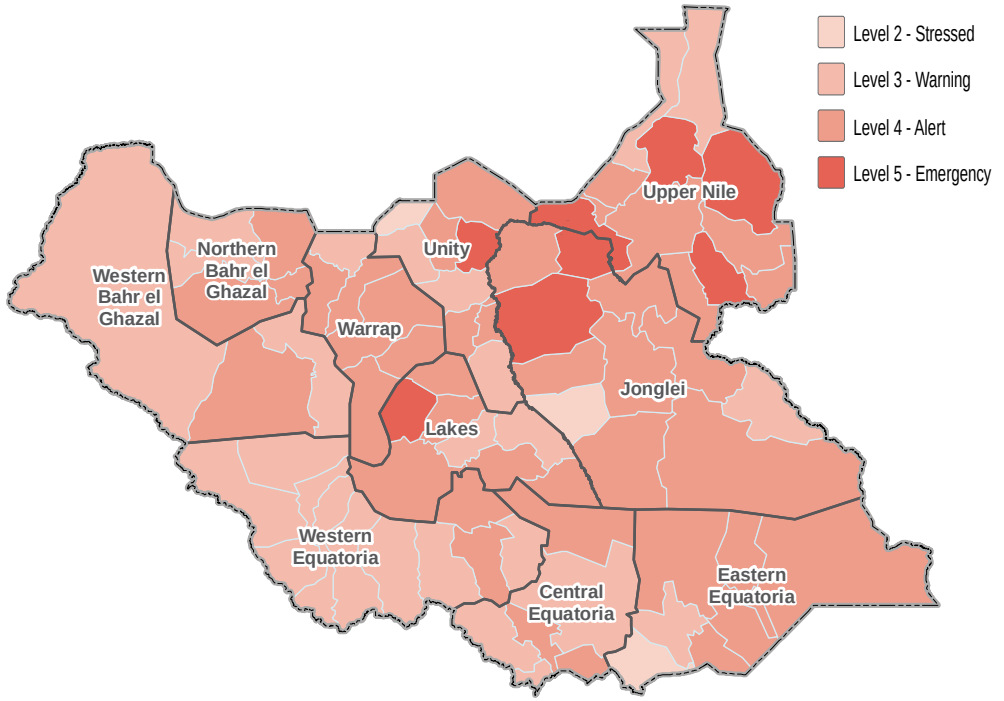
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	94%
Returnee	5%
IDP	2%

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

Between 2-3 years	100%

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

In the last one year	100%

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

Children under 5	86%
Female headed	25%
Elderly persons	23%
Mentally disabled	6%
Physically disabled	5%

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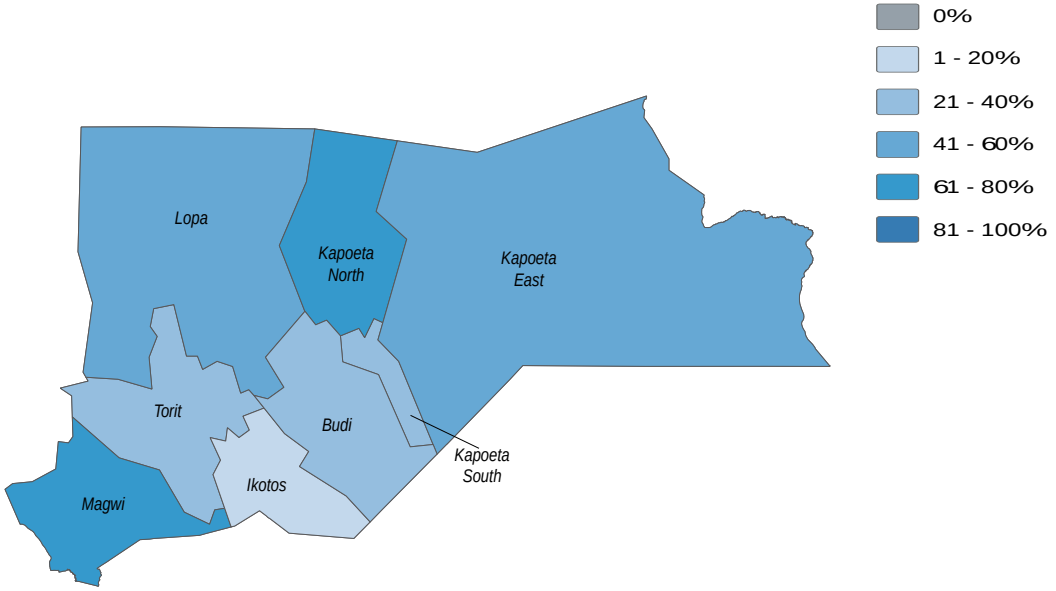
Water

66%	of **Torit County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was the same as the previous season.
66%	of **Torit County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
2%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
7%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

Overall	Borehole	59%
	River or stream	31%
	Tap stand	6%
	Swamp	3%
	Don't know	1%
Host	Borehole	60%
	River or stream	30%
	Tap stand	6%
	Swamp	3%
	Don't know	1%
IDPs	Borehole	50%
	River or stream	50%
Returnees	Borehole	40%
	River or stream	40%
	Tap stand	20%

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

Overall	30 minutes to 1 hour	45%
	Less than 30 minutes	43%
	Between 1- 2 hours	9%
	More than 2 hours	3%
Host	30 minutes to 1 hour	46%
	Less than 30 minutes	42%
	Between 1- 2 hours	10%
	More than 2 hours	3%
IDPs	Less than 30 minutes	100%
Returnees	30 minutes to 1 hour	60%
	Less than 30 minutes	40%

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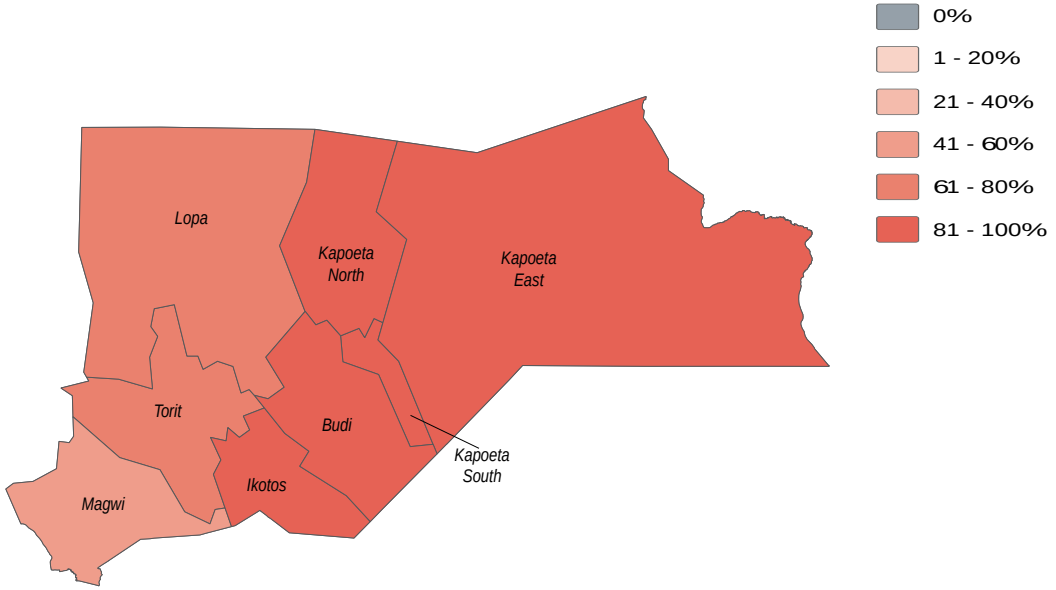
Sanitation

22%	of **Torit County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was a decrease from the previous season.
38%	of **Torit County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
22%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
31%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	78%
In the latrine	22%

In the bush	57%
Dig a hole and cover	25%
In the latrine	17%
Left where it is	1%

Host

In the bush	79%
In the latrine	21%

In the bush	58%
Dig a hole and cover	25%
In the latrine	16%
Left where it is	1%

IDPs

In the latrine	100%

Dig a hole and cover	50%
In the latrine	50%

Returnees

In the bush	80%
In the latrine	20%

In the bush	50%
Dig a hole and cover	25%
In the latrine	25%

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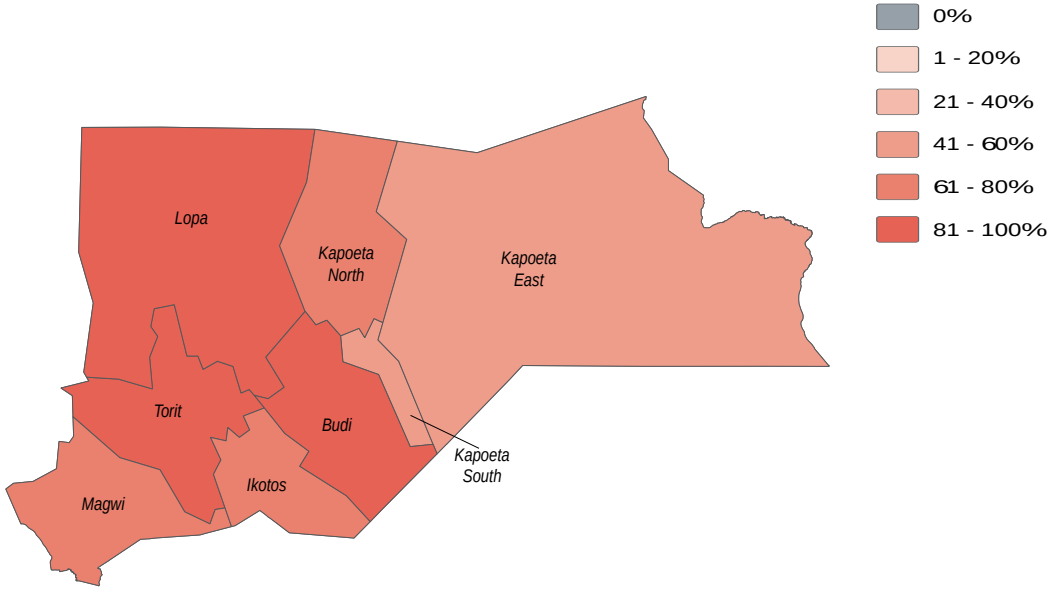
Health

81%	of **Torit County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
73%	of **Torit County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	57%
	AWD	29%
	Typhoid	29%
	Stomach pain	21%
	Eye infection	14%
Host	Malaria	54%
	AWD	31%
	Stomach pain	23%
	Typhoid	23%
	Eye infection	15%
IDPs		
Returnees		

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

Overall	Malaria	81%
	AWD	26%
	Fever	21%
	Others	14%
	Stomach pain	11%
Host	Malaria	80%
	AWD	26%
	Fever	20%
	Others	13%
	Stomach pain	12%
IDPs	Malaria	100%
Returnees		

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NFI WASH NFIs

30%	of **Torit County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
17%	of **Torit County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **33%** Yes 67%	 No **48%** Yes 52%	 No **41%** Yes 59%
Host	 No **35%** Yes 65%	 No **50%** Yes 50%	 No **42%** Yes 58%
IDPs	 No **50%** Yes 50%	 No **50%** Yes 50%	 No **50%** Yes 50%
Returnees	Yes 100%	 No **20%** Yes 80%	 No **20%** Yes 80%

Endnotes

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

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