Juba County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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

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

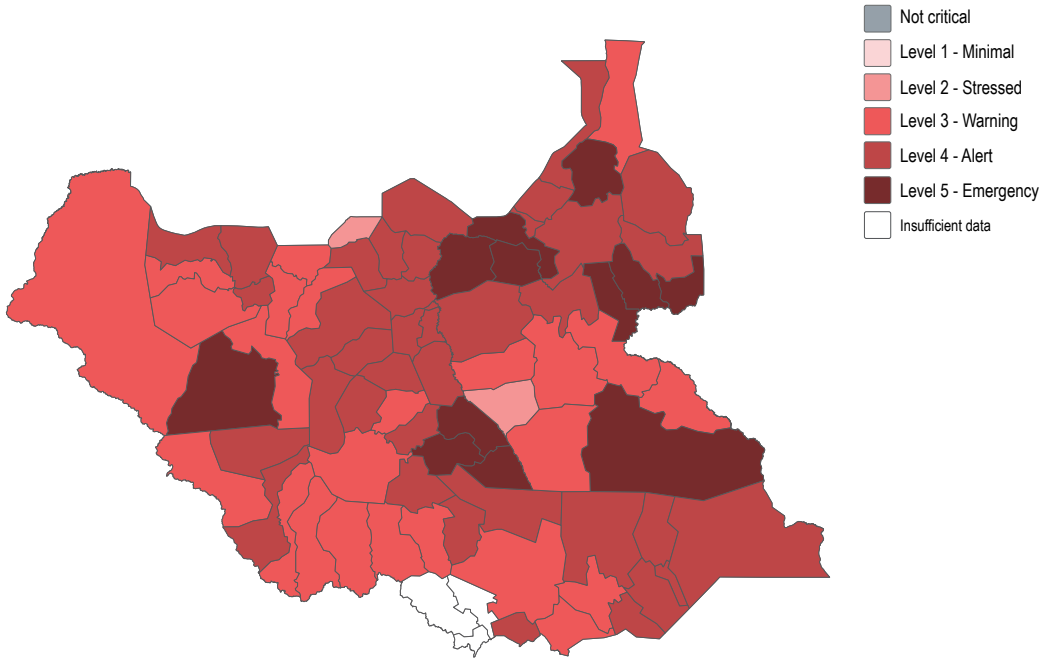
For Round 22 of the Food Security and Nutrition Monitoring System (FSNMS) in July and August of 2018, FSNMS partners agreed to incorporate WASH cluster indicators in the survey tool to enable the first comprehensive nation-wide WASH baseline in South Sudan. FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Round 22. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

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

FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use an improved water source (borehole, tapstand, water yard) as a main source of drinking water

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

Displacement

% of HHs by displacement status[1]

Host community	100%

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

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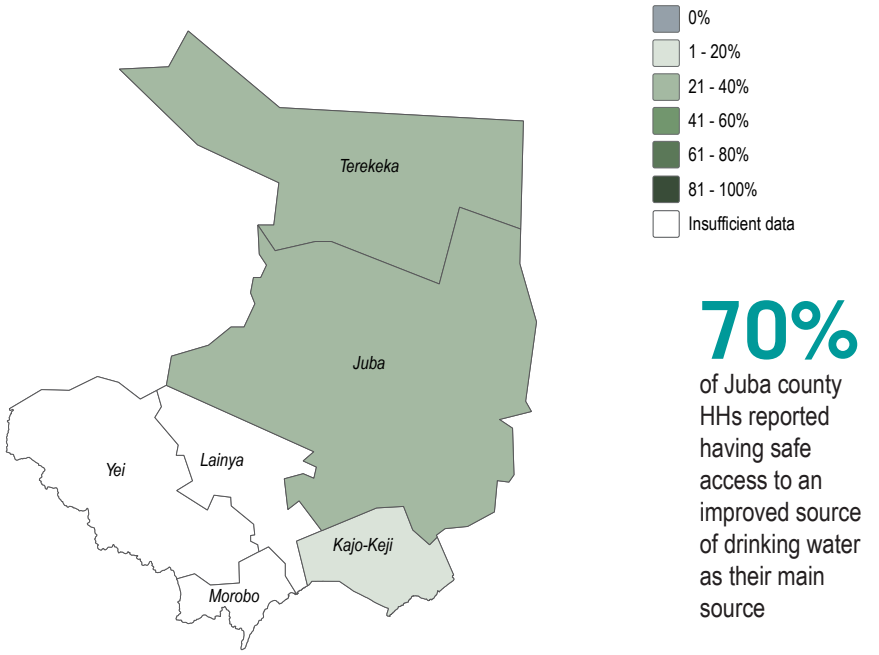
Juba County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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



70%
of Juba county HHs reported having safe access to an improved source of drinking water as their main source

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

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

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

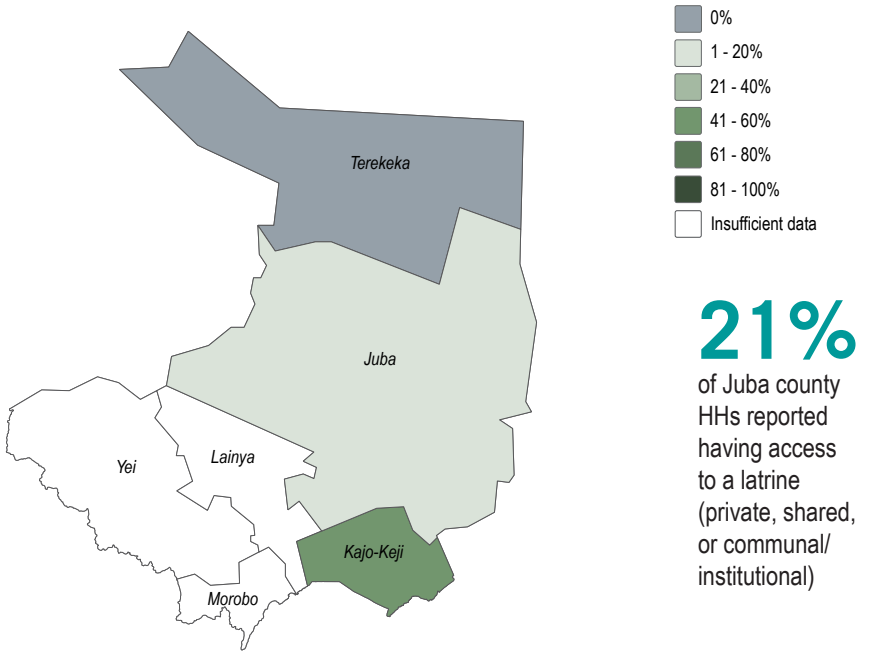
Borehole	79%
Unprotected well	3%
River or stream	19%

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

Less than 30 minutes	30%
30 minutes to 1 hour	50%
Between 1- 2 hours	18%
More than 2 hours	3%

Sanitation

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



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

Most commonly reported defecation location, by % of HHs

In the latrine	16%
Dig a hole and cover	6%
In the bush	77%
In the river	1%

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

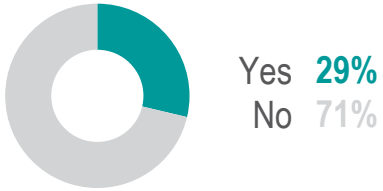
In the latrine	15%
Dig a hole and cover	56%
In the bush	25%
No answer	5%

Juba County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

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

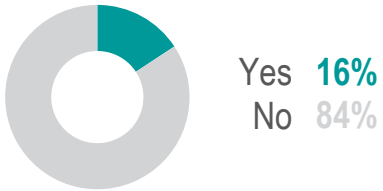


% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

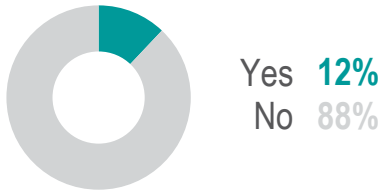
% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

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

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



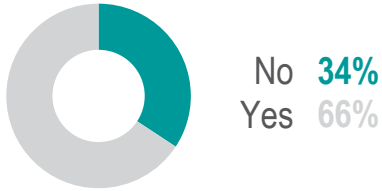
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

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

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



% of HHs with access to soap[4]

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

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

Endnotes

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

Kajo-Keji County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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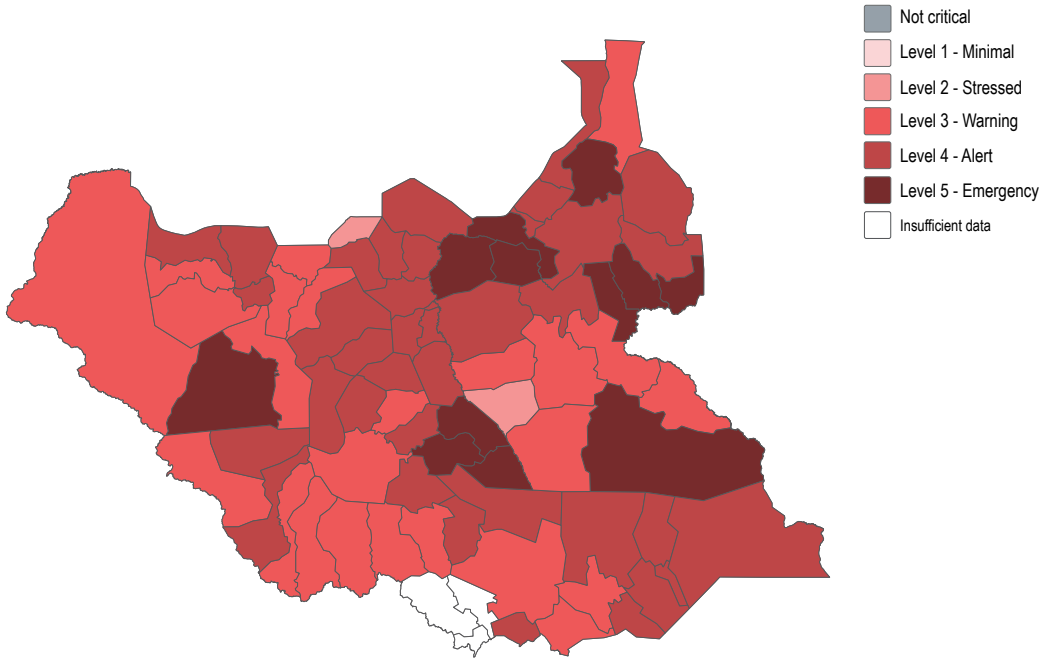
FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	57%
IDP	33%
Returnee	9%

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

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

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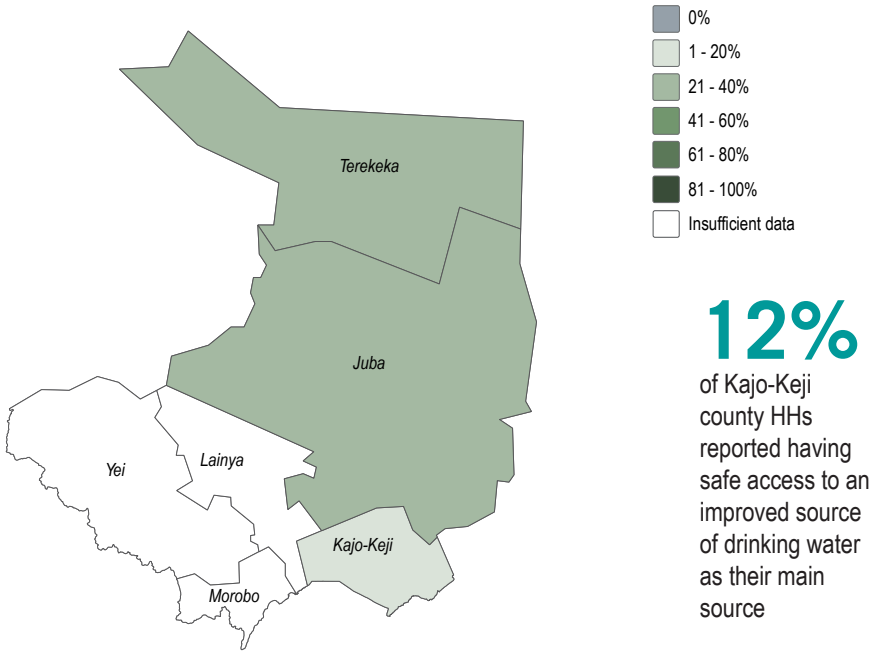
Kajo-Keji County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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



12%

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

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

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

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

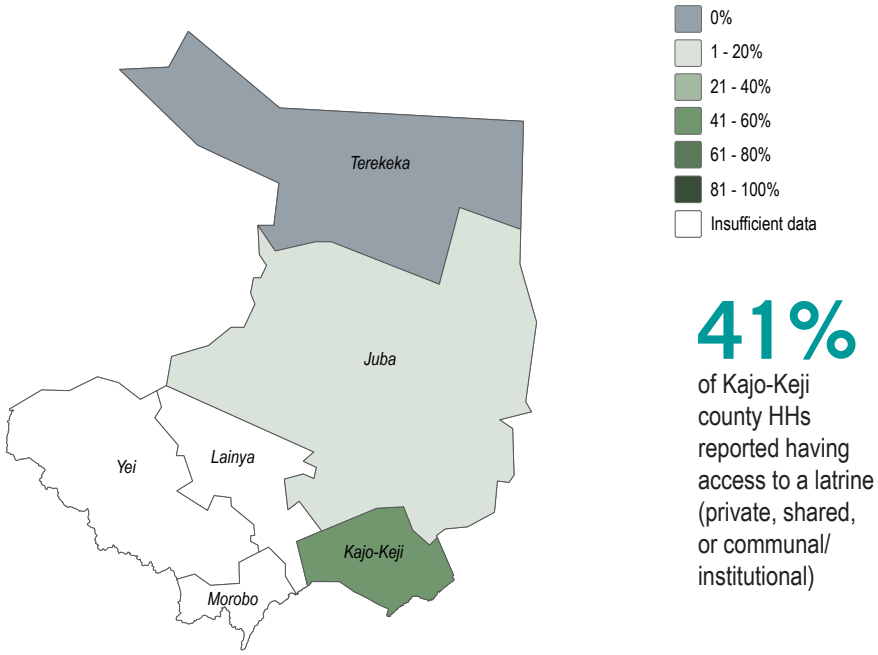
Borehole	17%
Tap stand	3%
Unprotected well	7%
Hand dug well	1%
River or stream	71%

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	34%
Between 1- 2 hours	30%

Sanitation

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



41%

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

Most commonly reported defecation location, by % of HHs

In the latrine	44%
In the bush	54%
No answer	3%

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

In the latrine	35%
In the bush	49%
No answer	16%

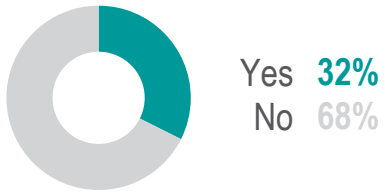
Kajo-Keji County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

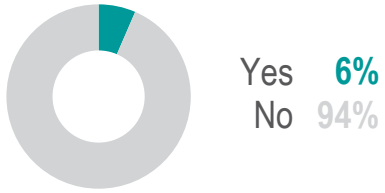
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

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

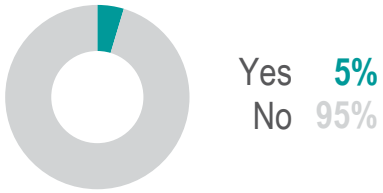


% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

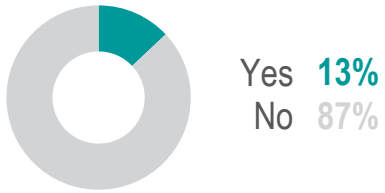
% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



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



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



WASH Non-Food-Items

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

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

% of HHs with access to soap[4]

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

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

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
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Terekeka County - Water, Sanitation and Hygiene Factsheet

Central Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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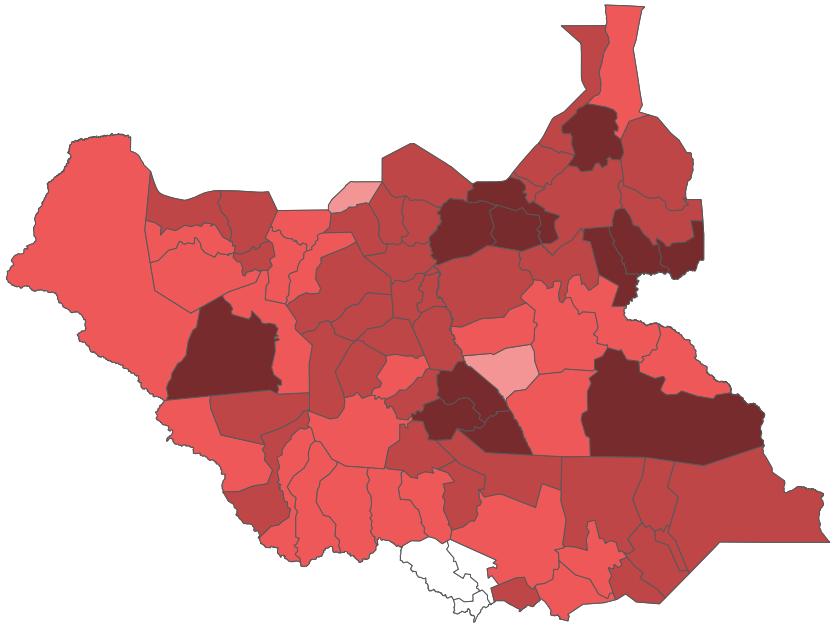
FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community 100%

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

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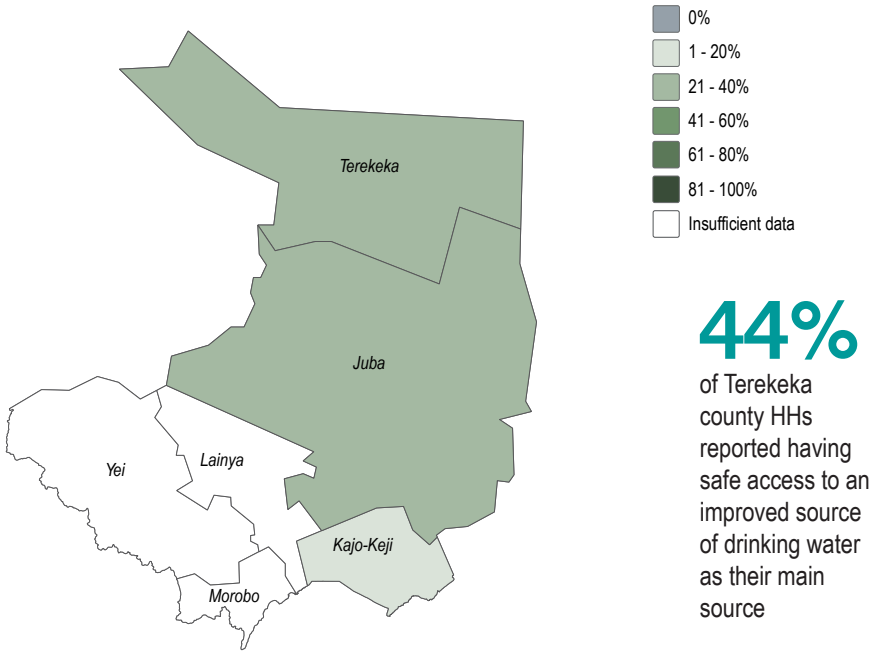
Terekeka County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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



44%

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

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- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

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

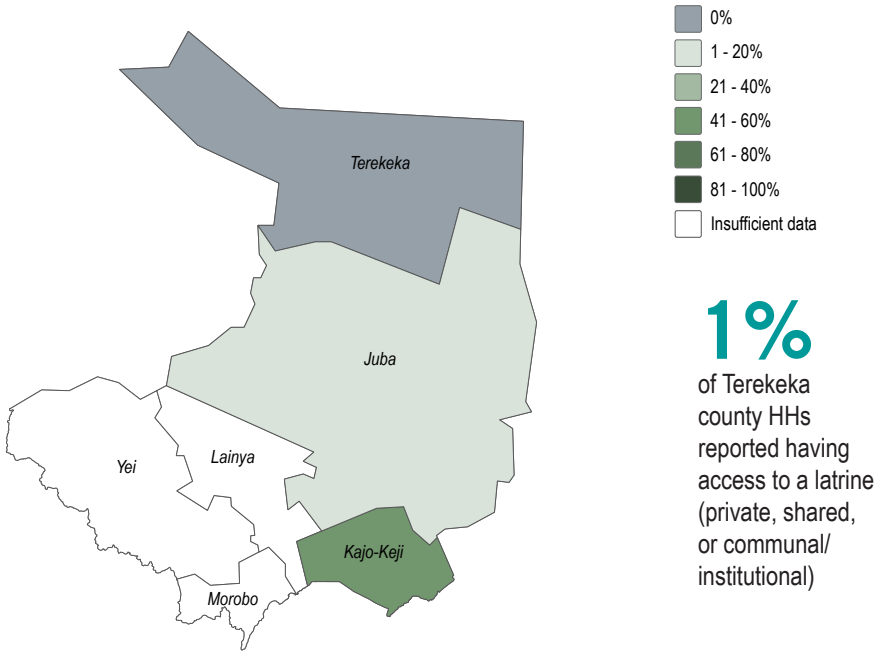
Borehole	54%
River or stream	46%

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

Less than 30 minutes	60%
30 minutes to 1 hour	31%
Between 1- 2 hours	8%
More than 2 hours	1%

Sanitation

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



1%

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

Most commonly reported defecation location, by % of HHs

Dig a hole and cover	13%
In the bush	86%
In the river	1%

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

In the latrine	1%
Dig a hole and cover	35%
In the bush	64%

Terekeka County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

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

Yes **35%**
No 65%

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

Yes **44%**
No 56%

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

Yes **3%**
No 97%

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

Yes **54%**
No 46%

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

Yes **33%**
No 67%

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

Yes **24%**
No 76%

WASH Non-Food-Items

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

No **85%**
Yes 15%

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

No **57%**
Yes 43%

% of HHs with access to soap[4]

No **79%**
Yes 21%

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

No **74%**
Yes 26%

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

Endnotes

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Budi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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

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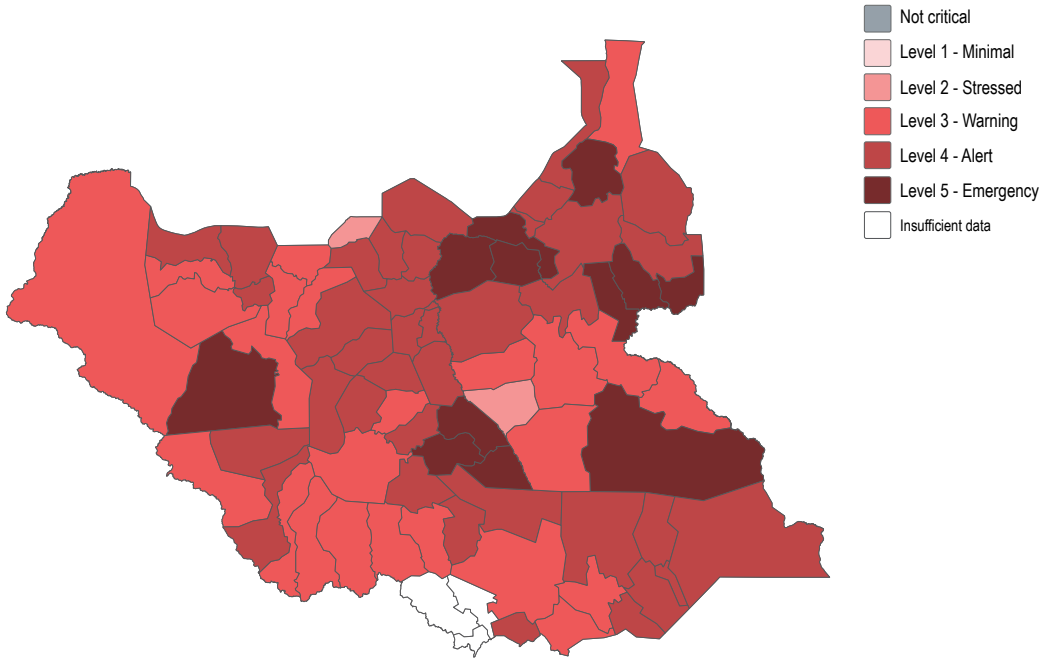
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian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

FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use an improved water source (borehole, tapstand, water yard) as a main source of drinking water

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

Displacement

% of HHs by displacement status[1]

Host community	100%

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

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

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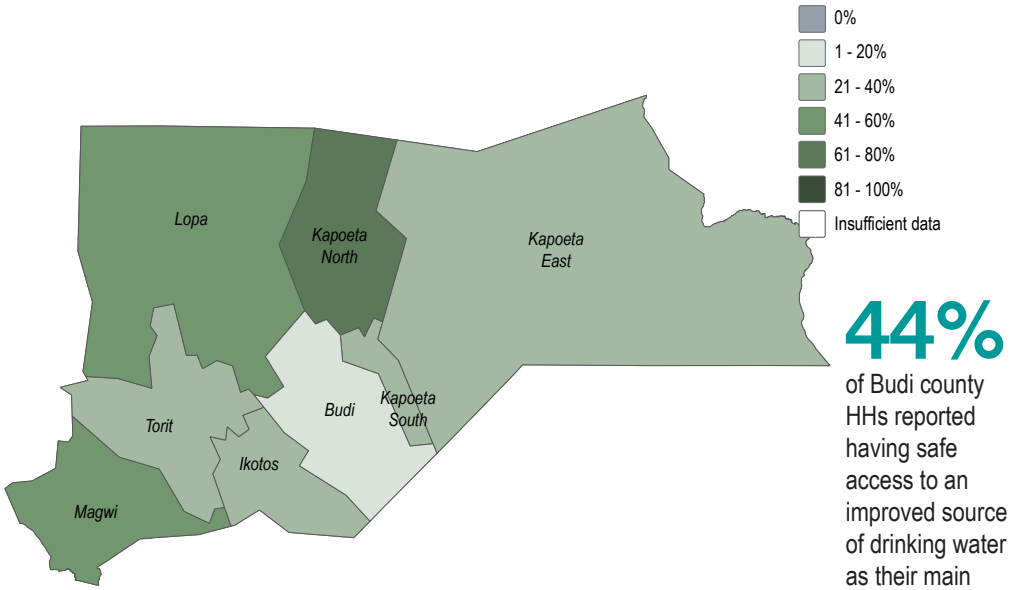
Budi County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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



44%

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

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

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

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

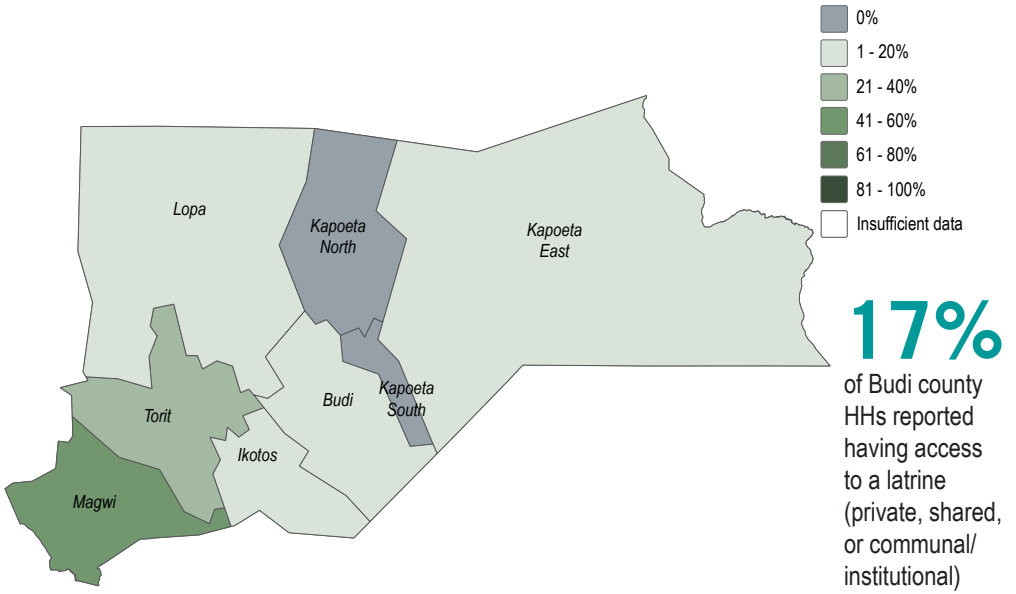
Borehole	53%
Unprotected well	5%
River or stream	39%
Swamp	4%

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

Less than 30 minutes	31%
30 minutes to 1 hour	58%
Between 1- 2 hours	8%
More than 2 hours	2%

Sanitation

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



17%

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

Most commonly reported defecation location, by % of HHs

In the latrine	13%
Dig a hole and cover	1%
In the bush	81%
In the river	4%
No answer	2%

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

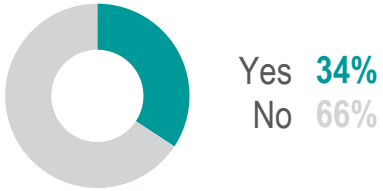
In the latrine	13%
Garbage collection area	7%
Dig a hole and cover	14%
In the bush	62%
No answer	4%

Budi County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

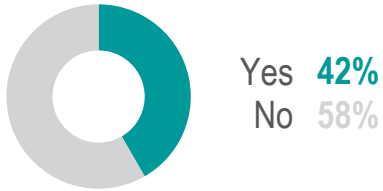
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



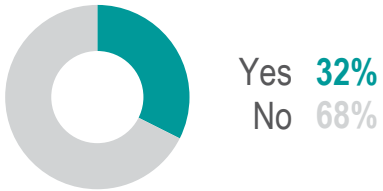
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

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

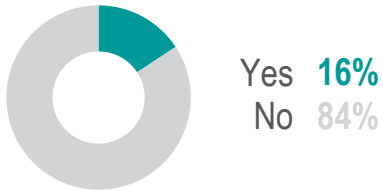
% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



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



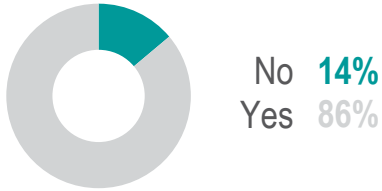
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

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

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



% of HHs with access to soap[4]

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

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

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.
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.

Ikotos County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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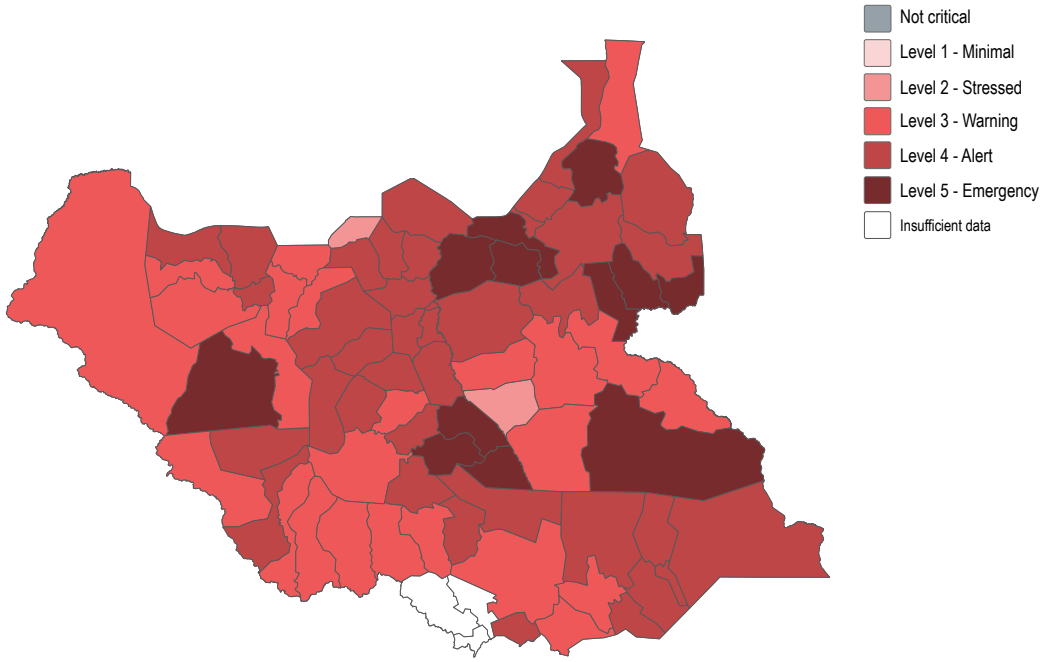
FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	96%
Returnee	4%

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

In the last one year	100%

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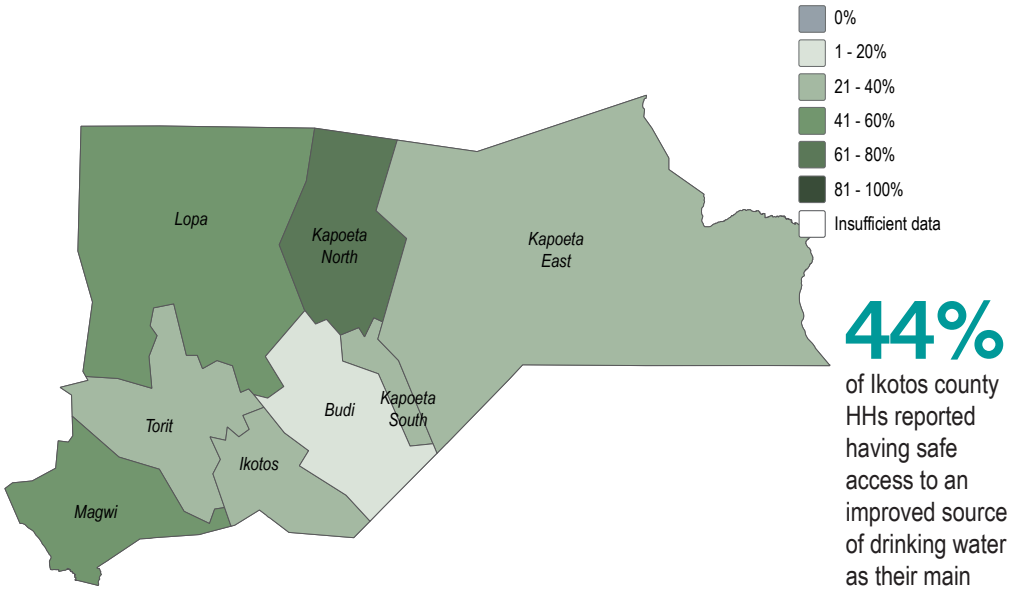
Ikotos County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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



44%

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

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

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

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

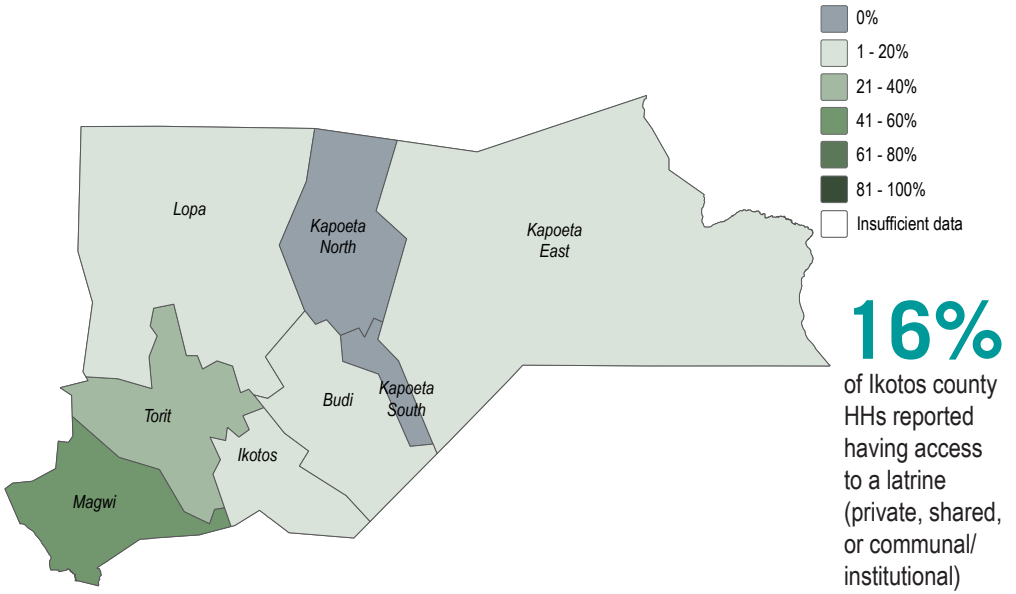
Borehole	45%
Tap stand	5%
River or stream	50%

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

Less than 30 minutes	46%
30 minutes to 1 hour	23%
Between 1- 2 hours	27%
More than 2 hours	3%
No answer	1%

Sanitation

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



16%

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

Most commonly reported defecation location, by % of HHs

In the latrine	15%
In the bush	85%

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

In the latrine	12%
Dig a hole and cover	50%
In the bush	35%
No answer	4%

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Ikotos County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

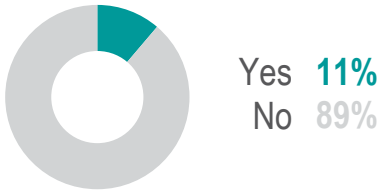
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

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

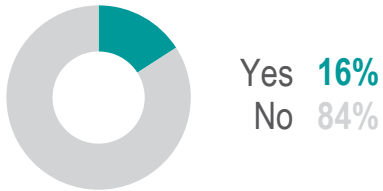
% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

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

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



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



WASH Non-Food-Items

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

% of HHs with access to soap[4]

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

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

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

Endnotes

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Kapoeta East County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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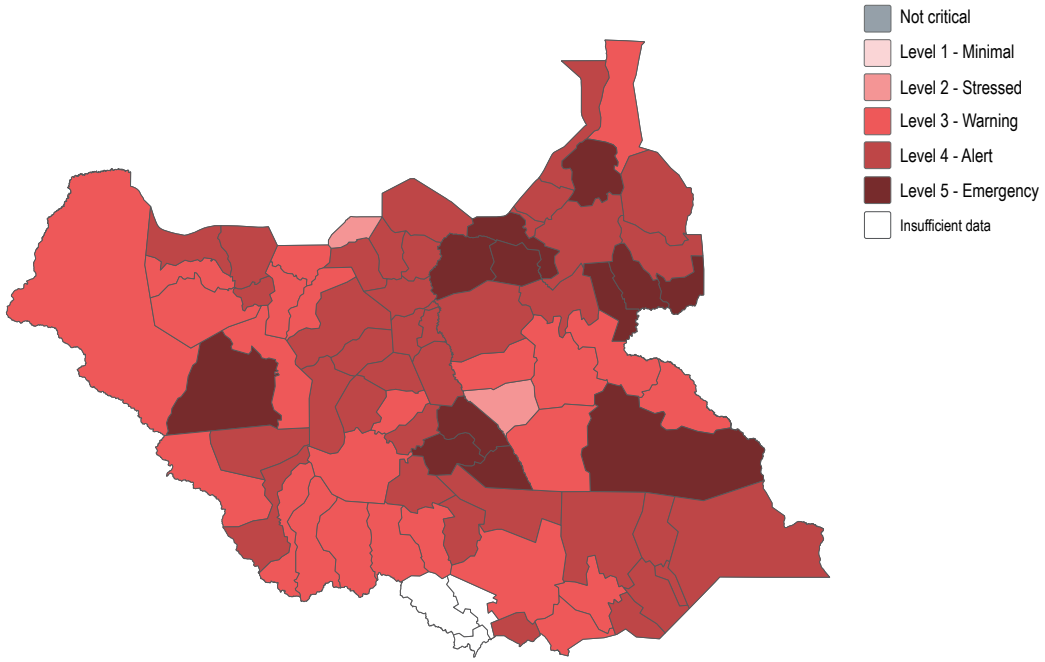
FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community 100%

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

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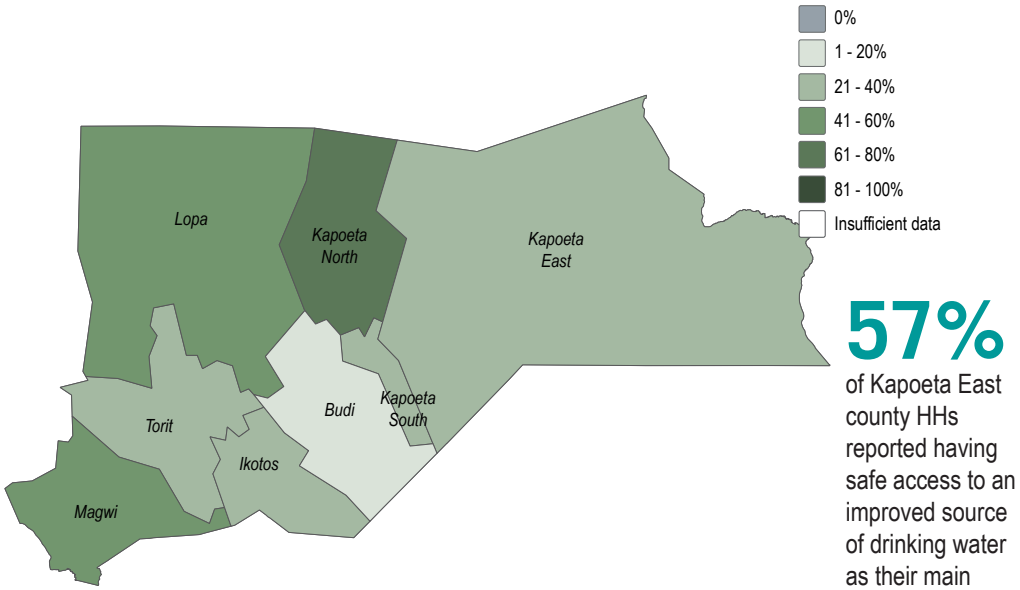
Kapoeta East County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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



57%
of Kapoeta East county HHs reported having safe access to an improved source of drinking water as their main source

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- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

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

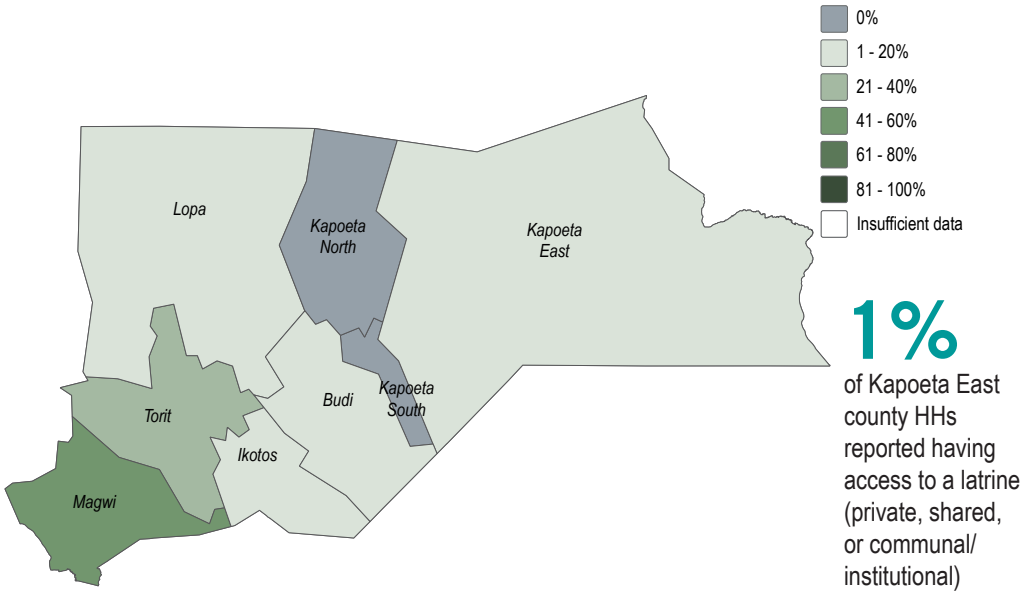
Borehole	64%
Unprotected well	15%
Hand dug well	4%
River or stream	5%
Swamp	12%

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

Less than 30 minutes	34%
30 minutes to 1 hour	28%
Between 1- 2 hours	10%
More than 2 hours	25%
No answer	3%

Sanitation

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



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

Most commonly reported defecation location, by % of HHs

In the bush	100%

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

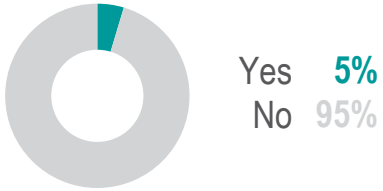
Dig a hole and cover	4%
In the bush	94%
Left where it is	1%
No answer	2%

Kapoeta East County - Water, Sanitation and Hygiene

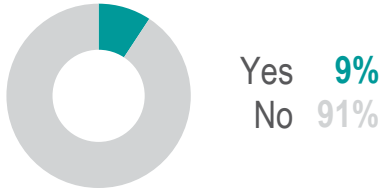
WASH Cluster
Water Sanitation Hygiene

Health

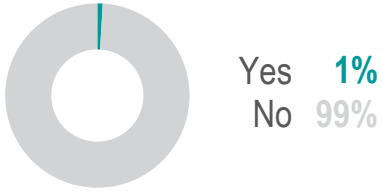
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



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

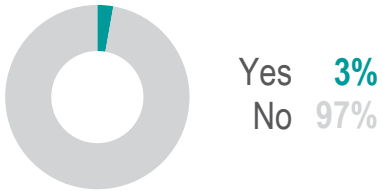


% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

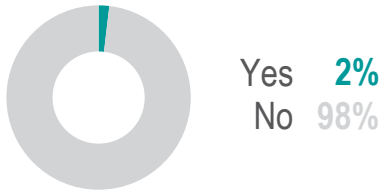


% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection

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



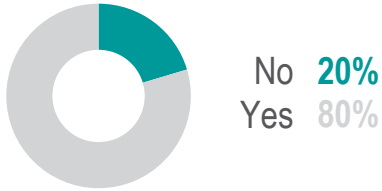
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

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

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



% of HHs with access to soap[4]

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

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

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.
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Kapoeta North County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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

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

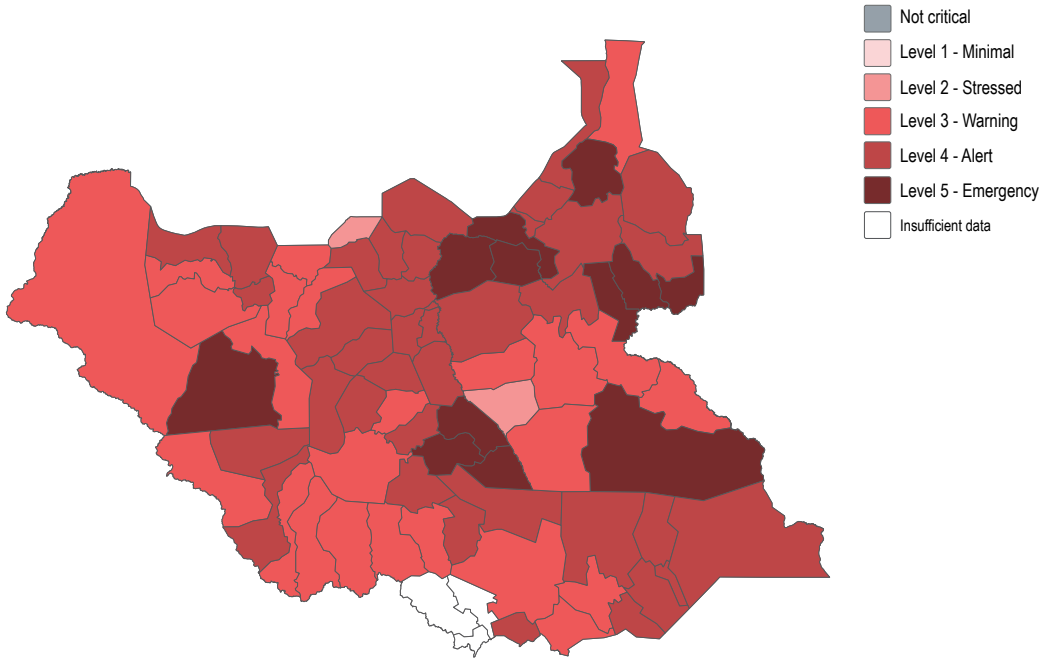
For Round 22 of the Food Security and Nutrition Monitoring System (FSNMS) in July and August of 2018, FSNMS partners agreed to incorporate WASH cluster indicators in the survey tool to enable the first comprehensive nation-wide WASH baseline in South Sudan. FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Round 22. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

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

FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	100%

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

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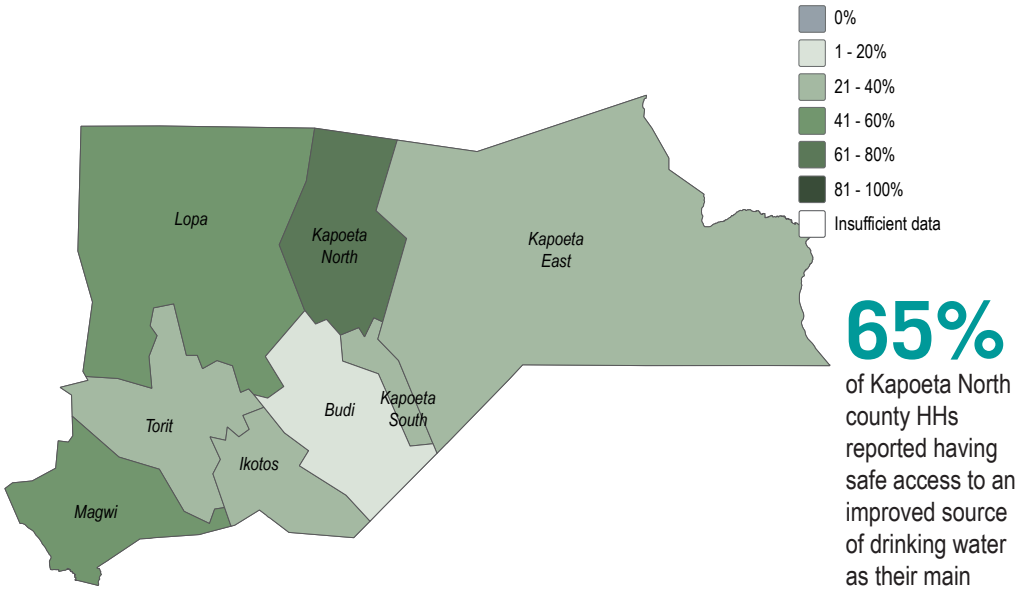
Kapoeta North County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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



65%
of Kapoeta North county HHs reported having safe access to an improved source of drinking water as their main source

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

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

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

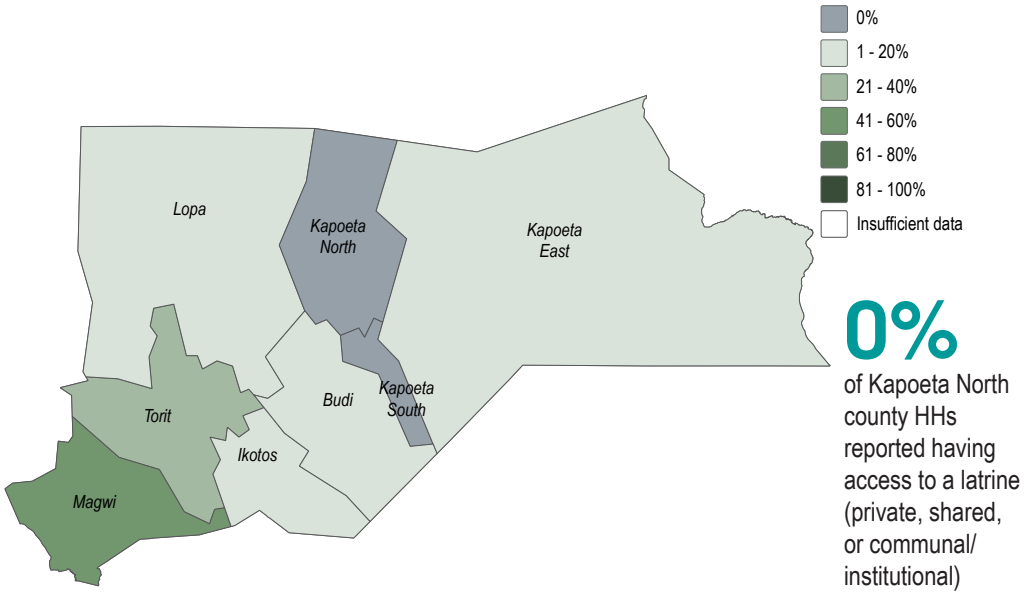
Borehole	72%
Hand dug well	12%
Swamp	16%

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

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

Sanitation

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



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

Most commonly reported defecation location, by % of HHs

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

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

Dig a hole and cover	1%
In the bush	97%
Left where it is	1%
No answer	1%

Kapoeta North County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

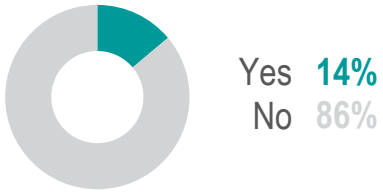
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

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

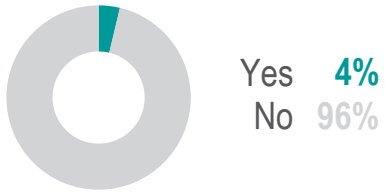
% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

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

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



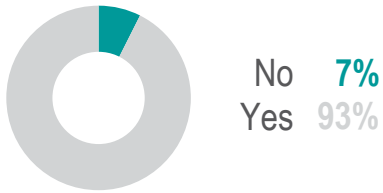
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

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

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



% of HHs with access to soap[4]

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

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Kapoeta South County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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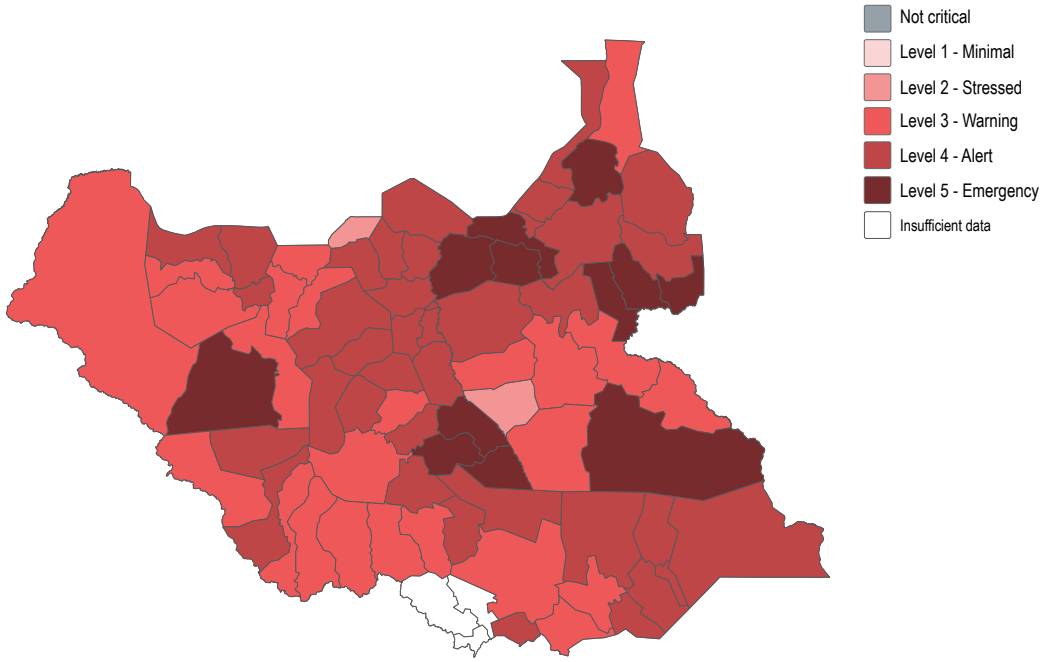
FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	100%

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

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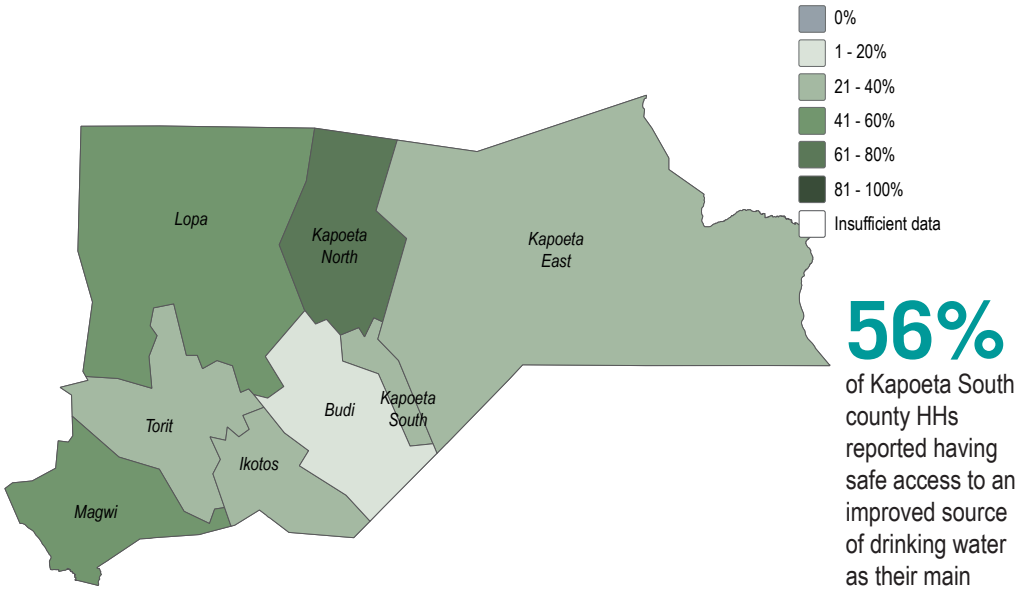
Kapoeta South County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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



56%
of Kapoeta South county HHs reported having safe access to an improved source of drinking water as their main source

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

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

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

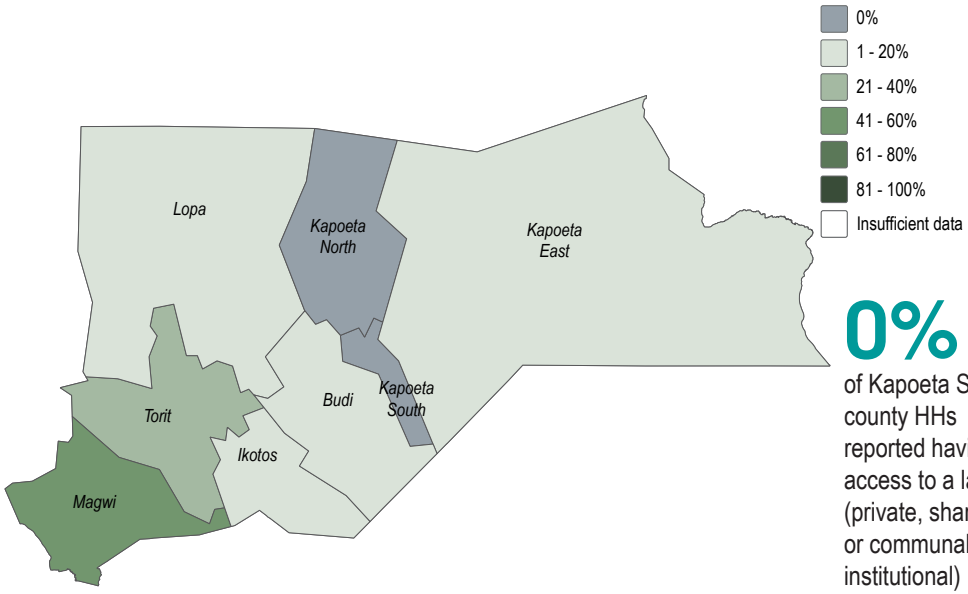
Borehole	57%
Unprotected well	5%
River or stream	35%
Swamp	3%

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

Less than 30 minutes	43%
30 minutes to 1 hour	30%
Between 1- 2 hours	27%
More than 2 hours	1%

Sanitation

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



0%
of Kapoeta South 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	2%
In the bush	88%
Left where it is	10%

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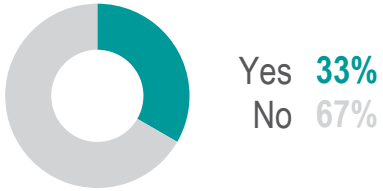
Kapoeta South County - Water, Sanitation and Hygiene

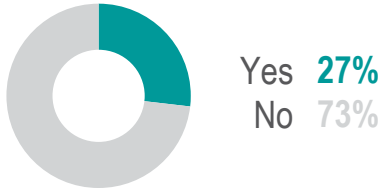
WASH Cluster
Water Sanitation Hygiene

Health

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



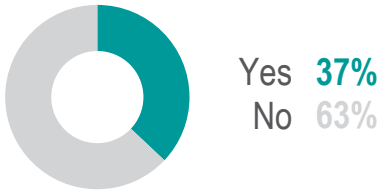
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection



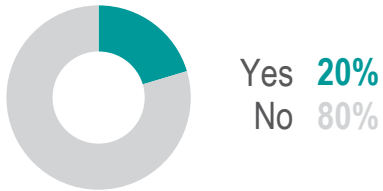
% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

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

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



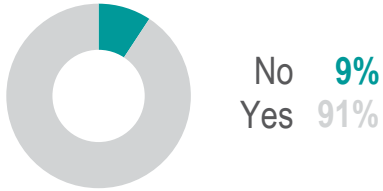
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

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

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



% of HHs with access to soap[4]

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

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

Endnotes

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Lafon County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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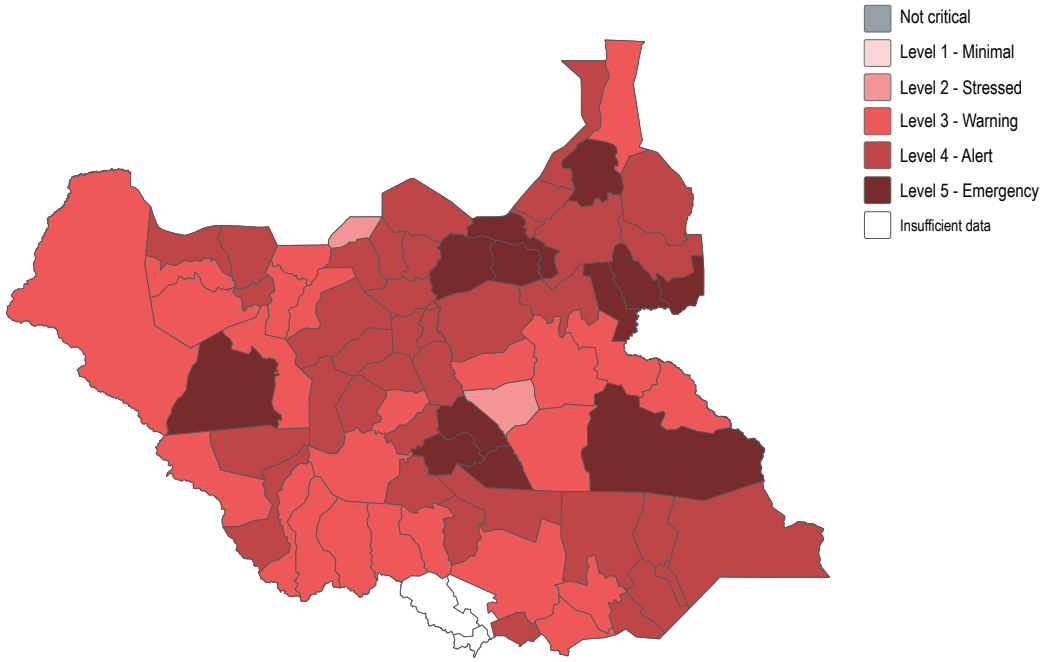
FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	99%
Returnee	1%

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

In the last one year	100%

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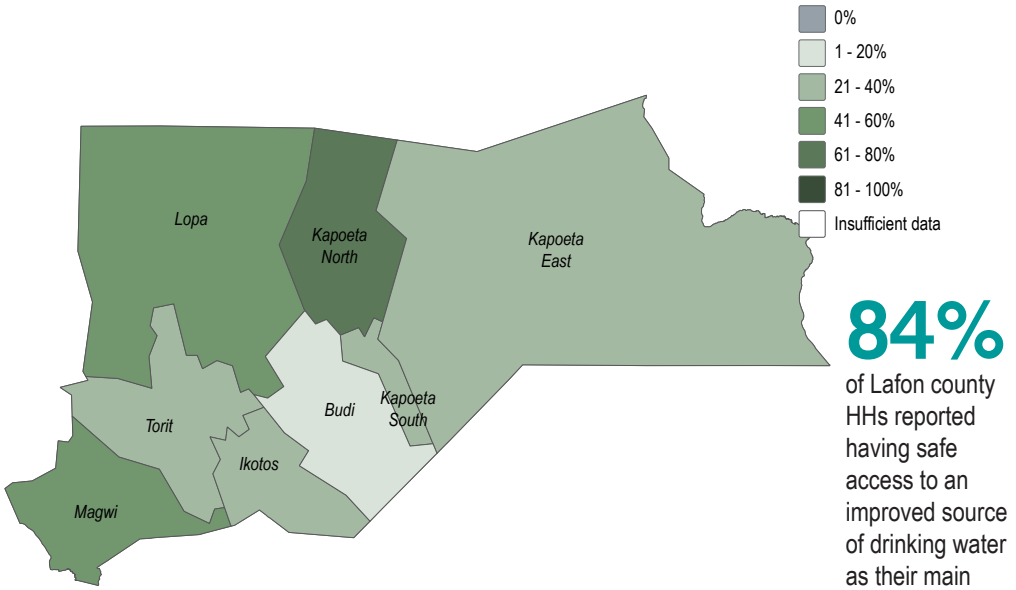
Lafon County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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



84%
of Lafon county HHs reported having safe access to an improved source of drinking water as their main source

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- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

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

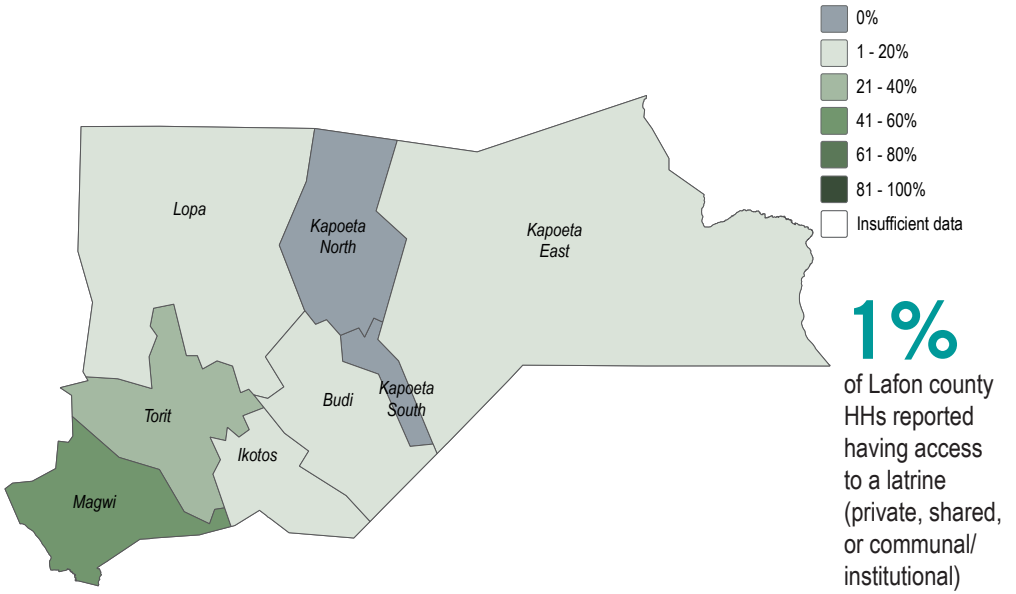
Borehole	76%
Tap stand	9%
River or stream	15%

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

Less than 30 minutes	59%
30 minutes to 1 hour	37%
Between 1- 2 hours	4%

Sanitation

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



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

Most commonly reported defecation location, by % of HHs

In the latrine	1%
In the bush	99%

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

In the latrine	1%
Dig a hole and cover	9%
In the bush	90%

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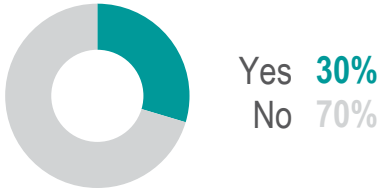
Lafon County - Water, Sanitation and Hygiene

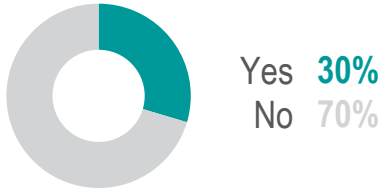
WASH Cluster
Water Sanitation Hygiene

Health

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



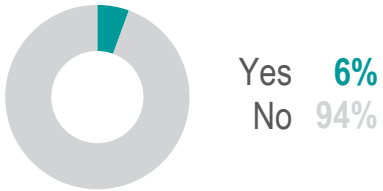
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection



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

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

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



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

WASH Non-Food-Items

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

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

% of HHs with access to soap[4]

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

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

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.
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.

Magwi County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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

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

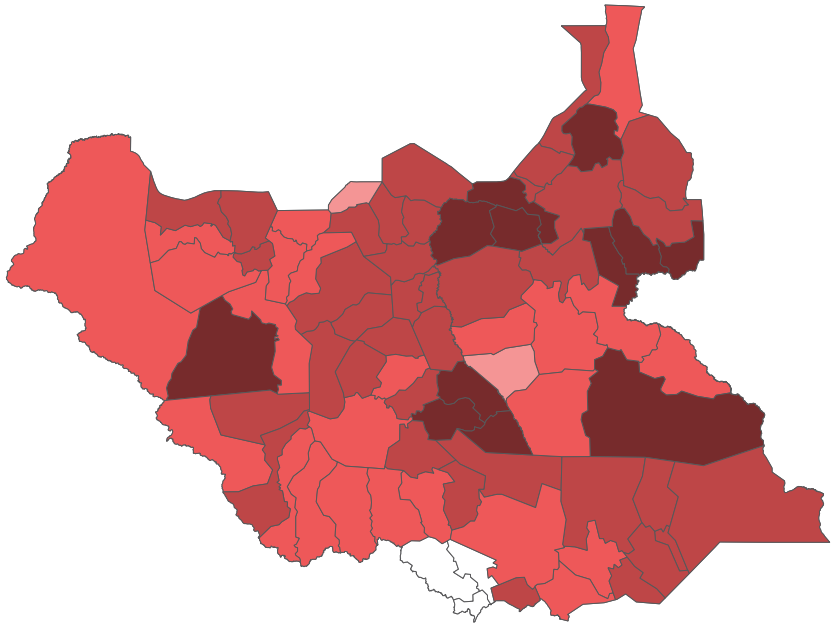
For Round 22 of the Food Security and Nutrition Monitoring System (FSNMS) in July and August of 2018, FSNMS partners agreed to incorporate WASH cluster indicators in the survey tool to enable the first comprehensive nation-wide WASH baseline in South Sudan. FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Round 22. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

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

FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use an improved water source (borehole, tapstand, water yard) as a main source of drinking water

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

Displacement

% of HHs by displacement status[1]

Host community	95%
IDP	1%
Returnee	4%

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

Watersource

Borehole	77%
Unprotected well	1%
Hand dug well	6%
River or stream	13%
Swamp	4%

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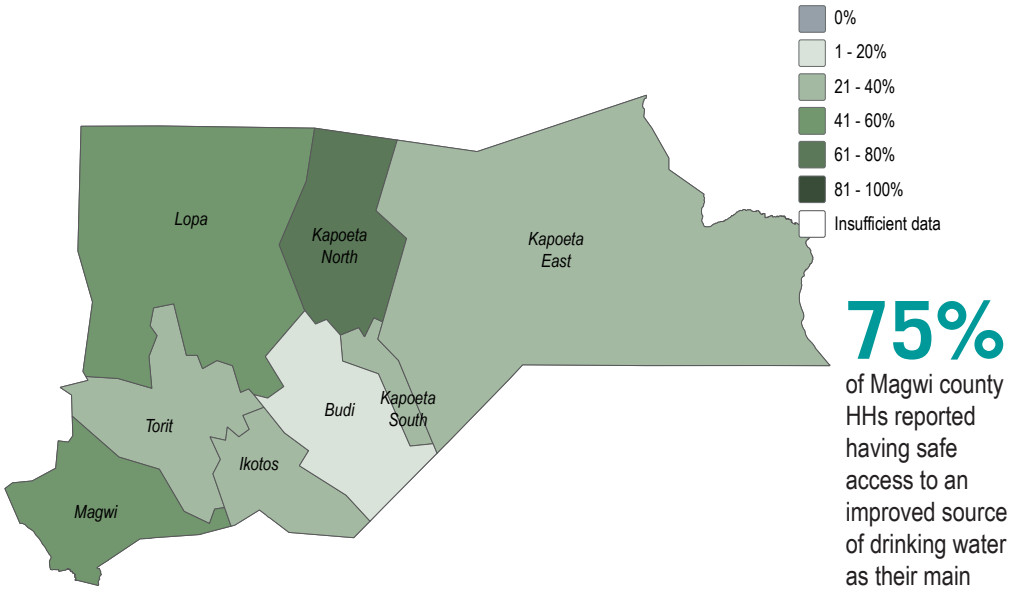
Magwi County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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



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

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

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

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

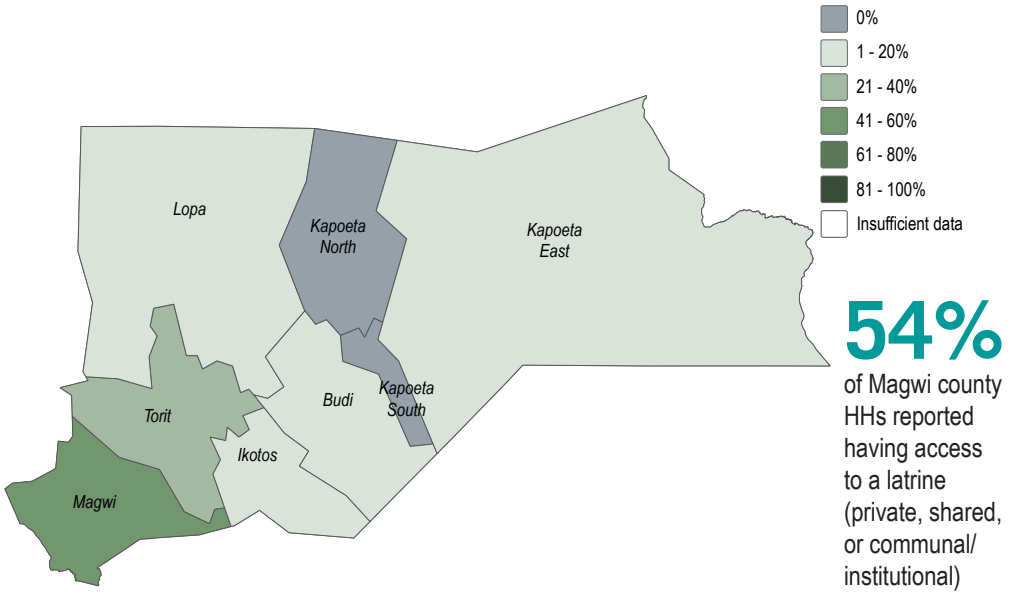
Borehole	77%
Unprotected well	1%
Hand dug well	6%
River or stream	13%
Swamp	4%

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

Less than 30 minutes	60%
30 minutes to 1 hour	26%
Between 1- 2 hours	15%

Sanitation

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



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

Most commonly reported defecation location, by % of HHs

In the latrine	50%
Dig a hole and cover	3%
In the bush	46%
No answer	2%

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

In the latrine	38%
Garbage collection area	1%
Dig a hole and cover	45%
In the bush	11%
No answer	6%

Magwi County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

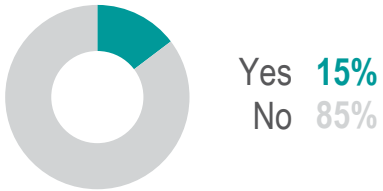
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

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

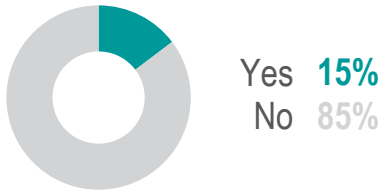
% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection

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

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



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

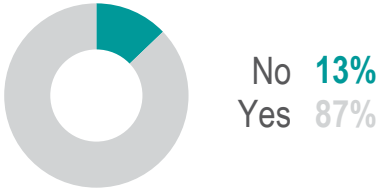


WASH Non-Food-Items

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

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

% of HHs with access to soap[4]



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

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

Endnotes

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3. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.
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Torit County - Water, Sanitation and Hygiene Factsheet

Eastern Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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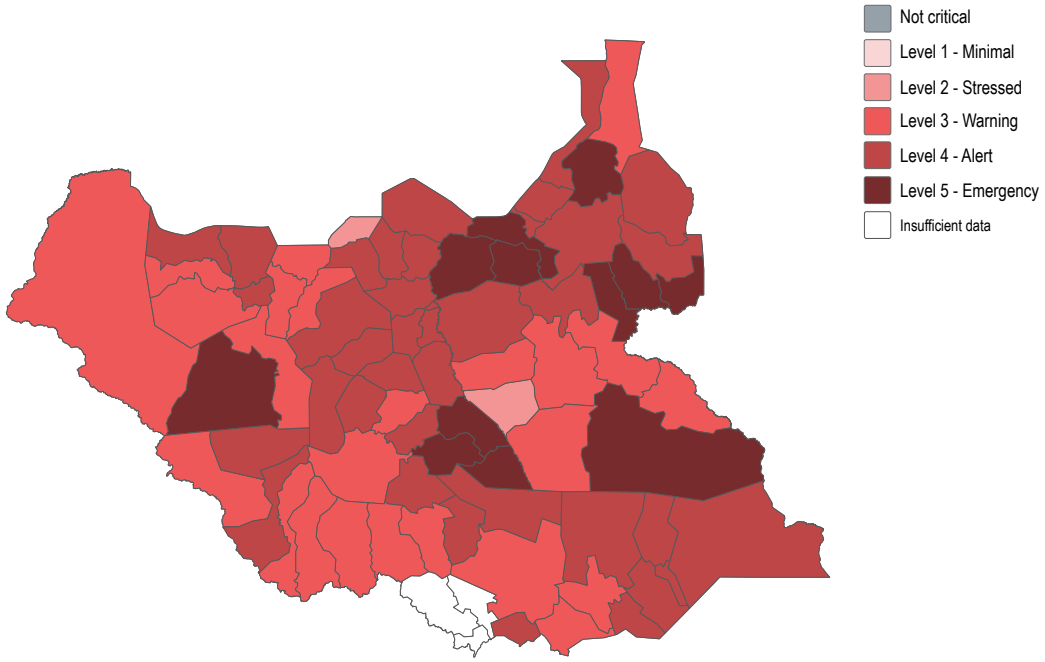
FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	99%
IDP	1%

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

Around 5 years	100%

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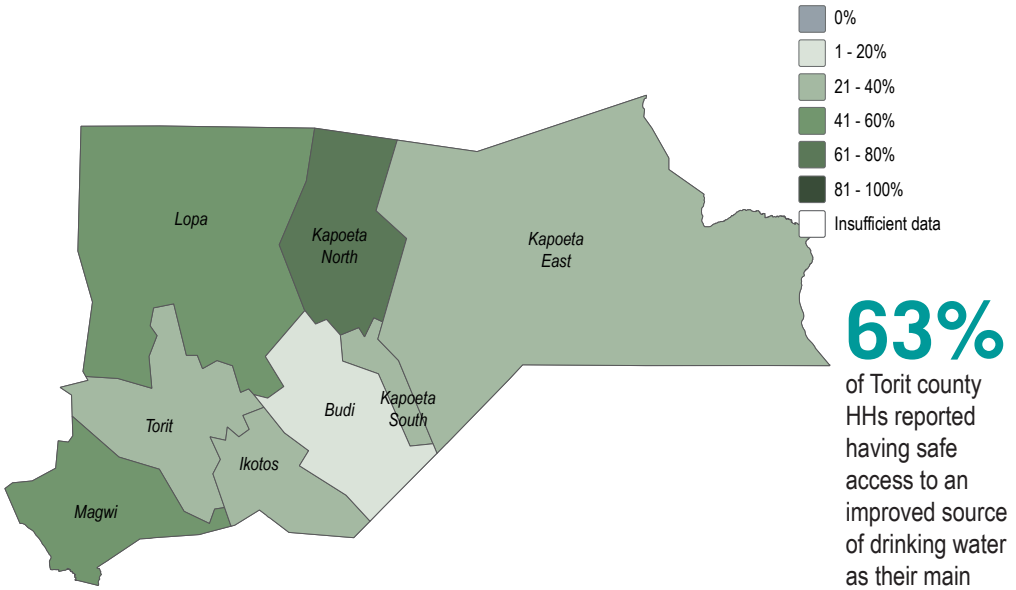
Torit County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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



63%
of Torit county HHs reported having safe access to an improved source of drinking water as their main source

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

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

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

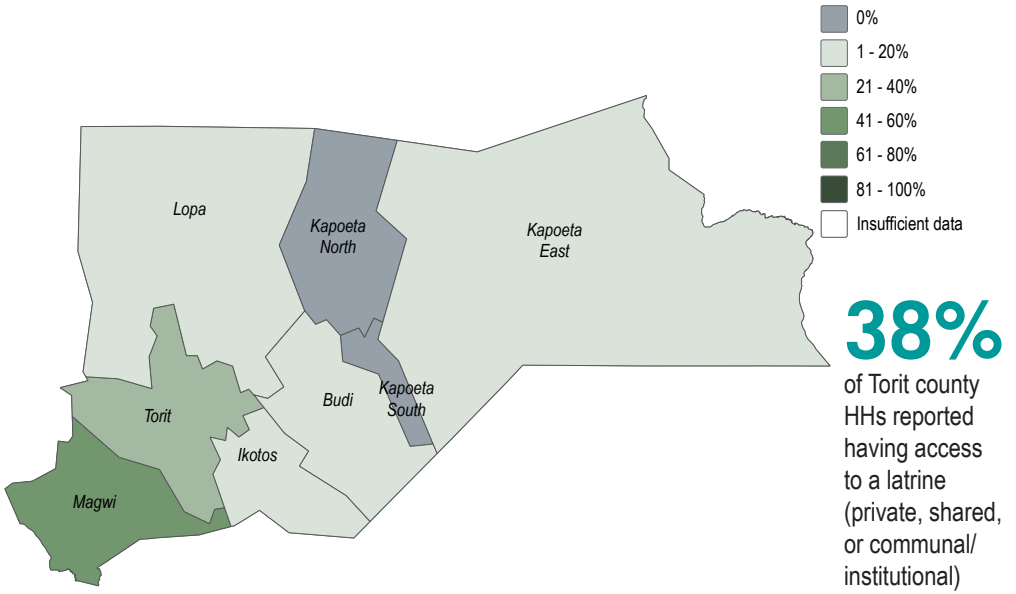
Borehole	66%
Tap stand	1%
River or stream	28%
Others	5%

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

Less than 30 minutes	46%
30 minutes to 1 hour	42%
Between 1- 2 hours	12%

Sanitation

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



38%
of Torit county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	31%
In the bush	68%
No answer	1%

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

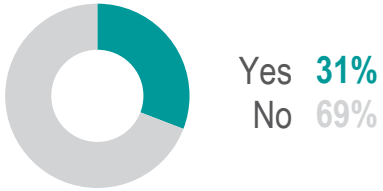
In the latrine	15%
Garbage collection area	3%
Dig a hole and cover	42%
In the bush	34%
No answer	7%

Torit County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

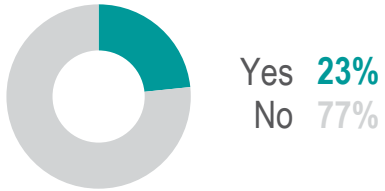
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection



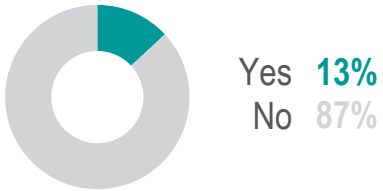
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

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

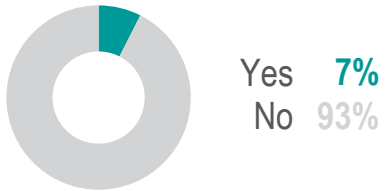
% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



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



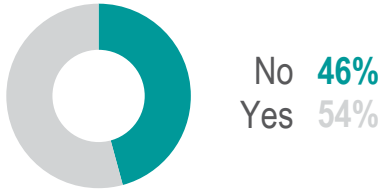
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

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

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



% of HHs with access to soap[4]

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

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

Endnotes

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Ezo County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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

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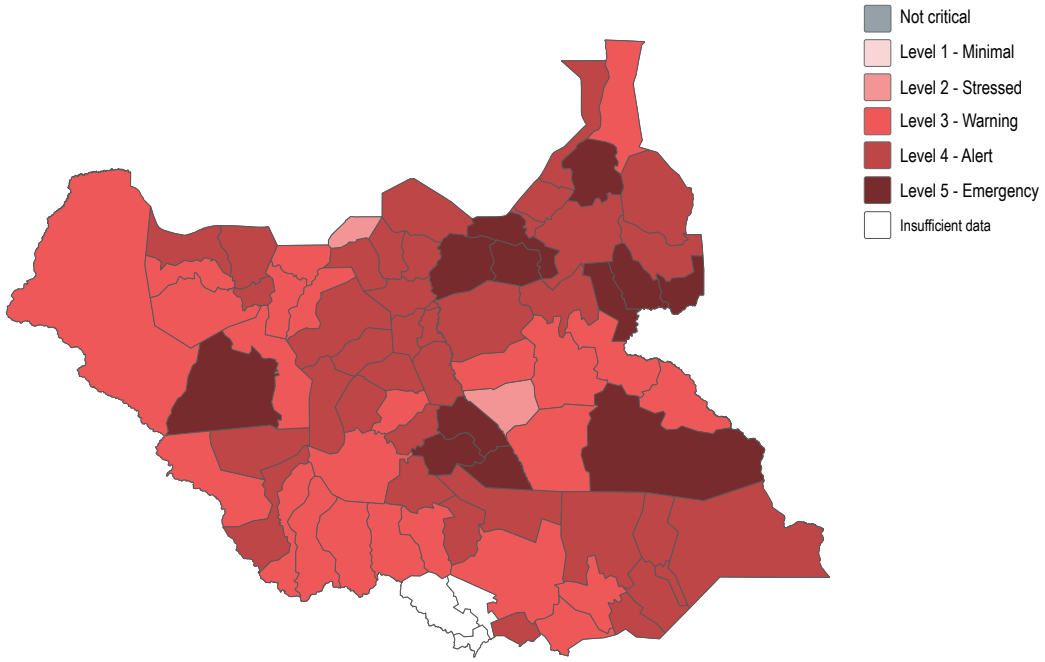
FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	100%

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

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Ezo County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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

7%
of Ezo county HHs reported having safe access to an improved source of drinking water as their main source

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

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

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

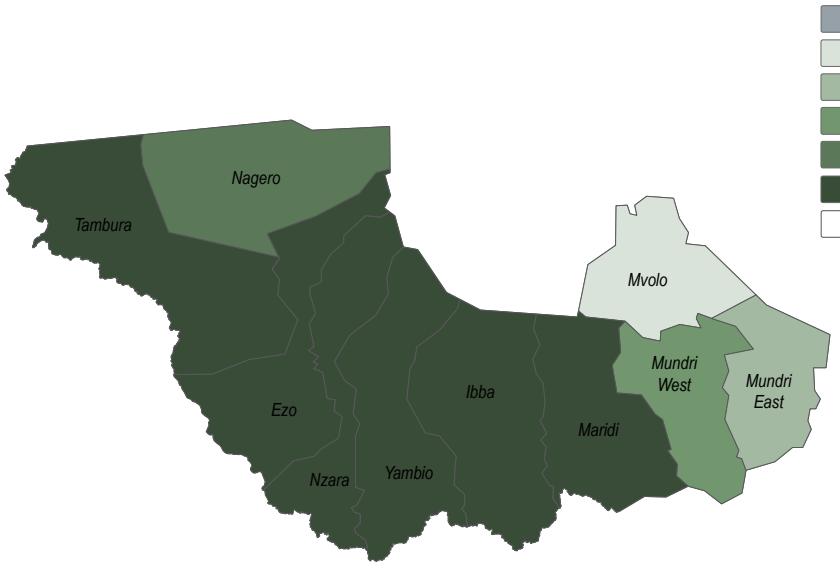
Borehole	16%
Tap stand	1%
Unprotected well	3%
Hand dug well	30%
River or stream	43%

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

Less than 30 minutes	33%
30 minutes to 1 hour	20%
Between 1- 2 hours	48%

Sanitation

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



95%
of Ezo county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	86%
In the bush	14%

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

In the latrine	85%
Garbage collection area	1%
Dig a hole and cover	2%
In the bush	2%
No answer	9%

Ezo County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

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

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

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

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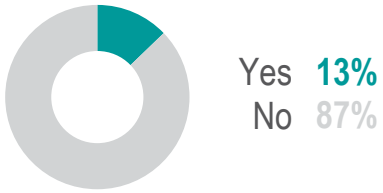
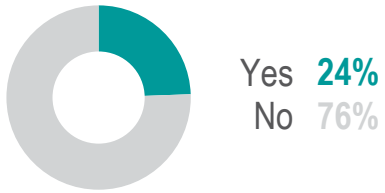


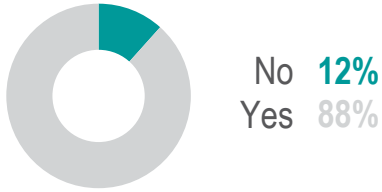
% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection



WASH Non-Food-Items

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

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



% of HHs with access to soap[4]

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

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

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.
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.

Ibba County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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

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

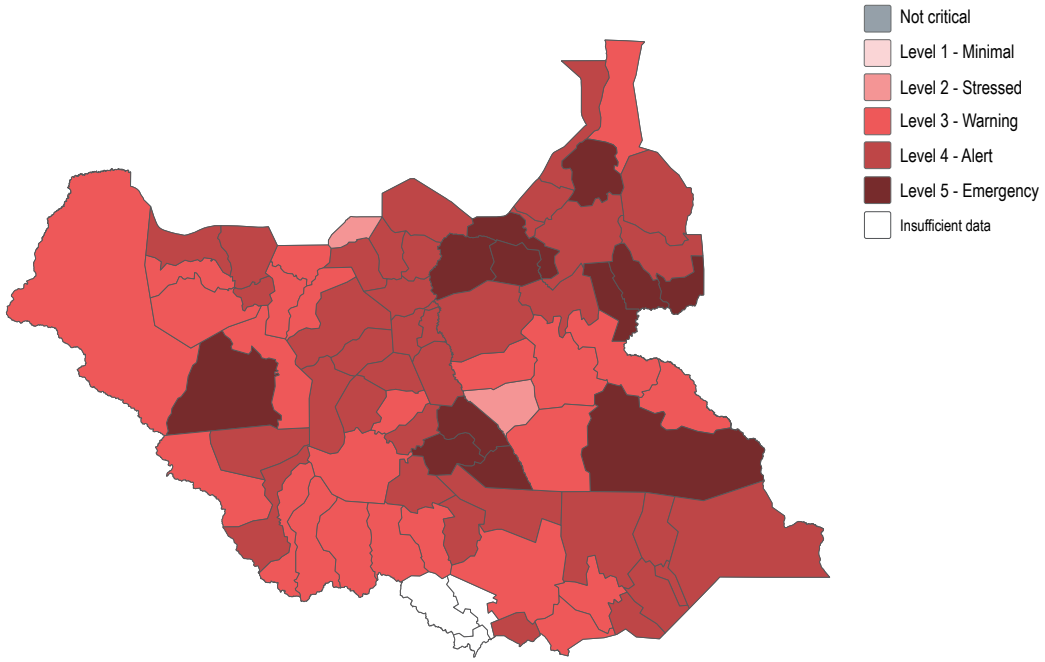
For Round 22 of the Food Security and Nutrition Monitoring System (FSNMS) in July and August of 2018, FSNMS partners agreed to incorporate WASH cluster indicators in the survey tool to enable the first comprehensive nation-wide WASH baseline in South Sudan. FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Round 22. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

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

FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use an improved water source (borehole, tapstand, water yard) as a main source of drinking water

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

Displacement

% of HHs by displacement status[1]

Host community	87%
IDP	13%

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

In the last one year	7%
Between 2- 3 years	93%

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Ibba County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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

51%
of Ibba county HHs reported having safe access to an improved source of drinking water as their main source

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

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

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

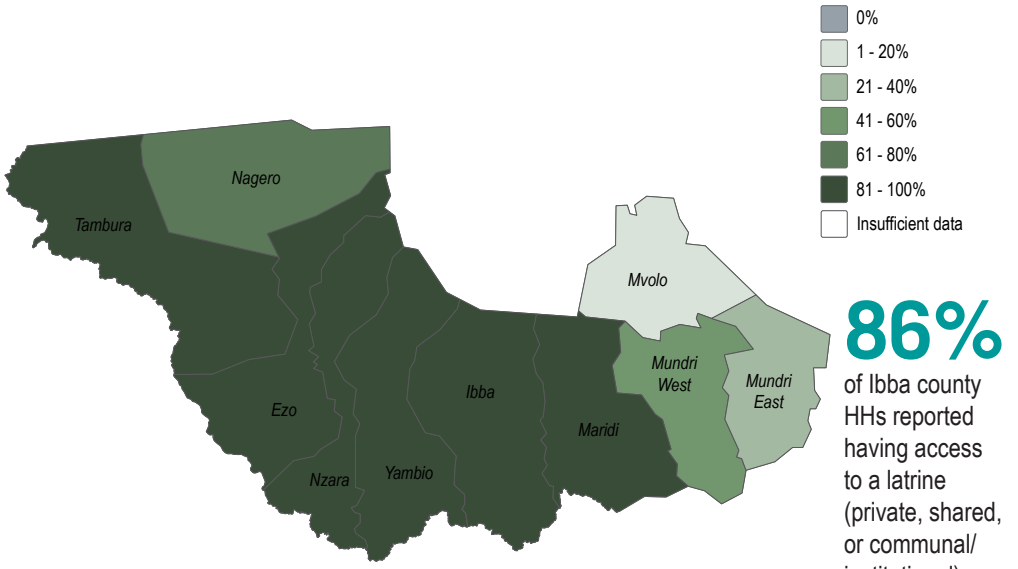
Borehole	72%
Unprotected well	6%
Hand dug well	14%
River or stream	7%
Swamp	2%

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

Less than 30 minutes	27%
30 minutes to 1 hour	44%
Between 1- 2 hours	27%
More than 2 hours	3%

Sanitation

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



86%
of Ibba county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	86%
In the bush	13%
In the river	1%

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

In the latrine	72%
Dig a hole and cover	12%
In the bush	14%
Left where it is	1%
No answer	2%

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Ibba County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

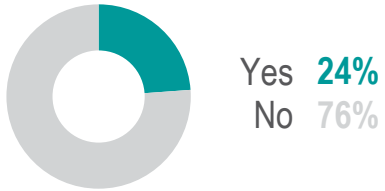
Health

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

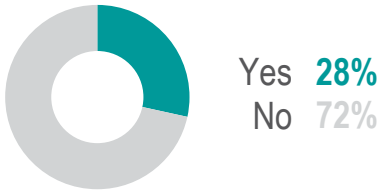
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

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

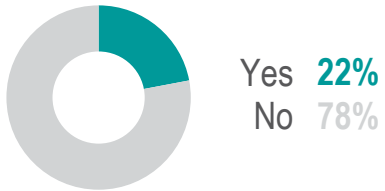
% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection



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



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



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

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

% of HHs with access to soap[4]

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

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

Endnotes

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Maridi County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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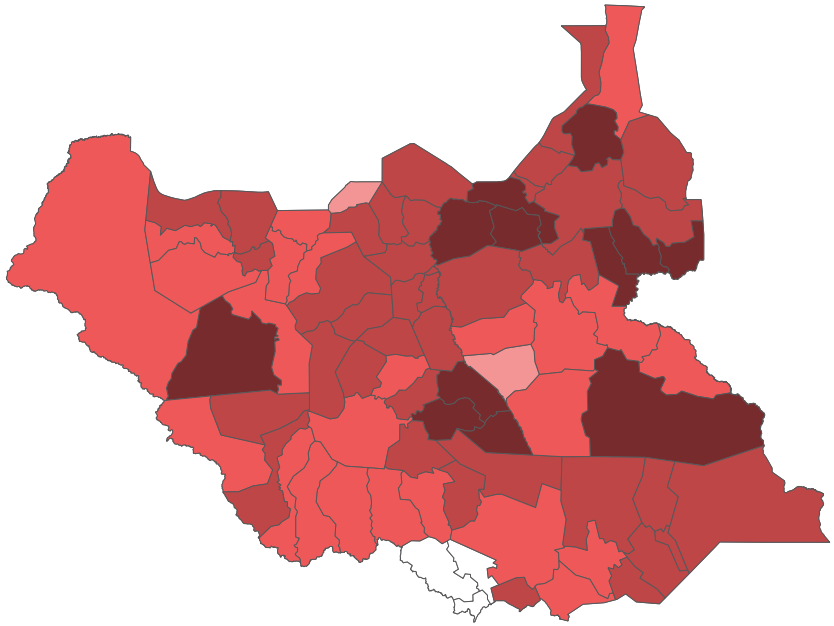
FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community 100%

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

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Maridi County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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

46%
of Maridi county HHs reported having safe access to an improved source of drinking water as their main source

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

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

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

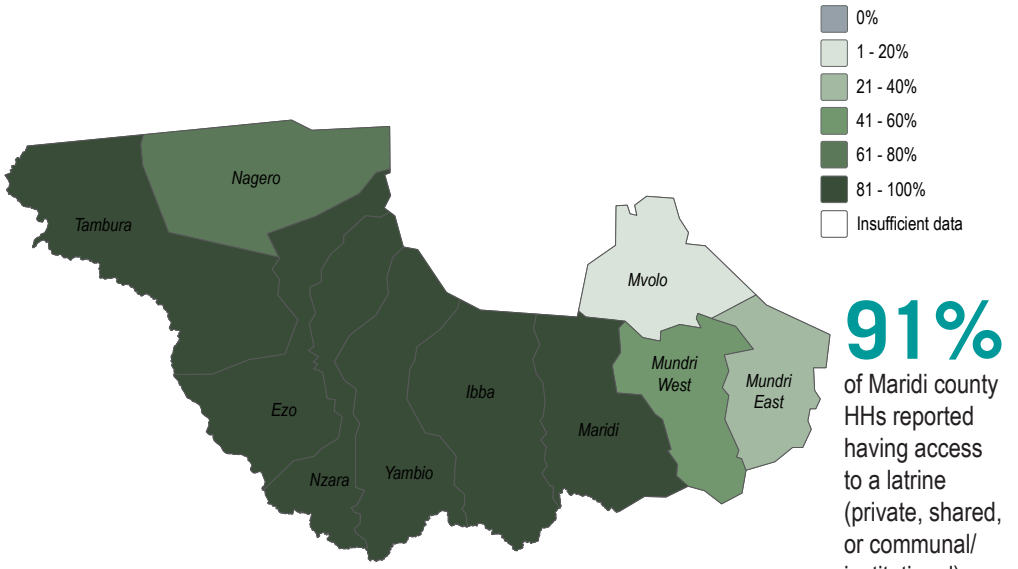
Borehole	40%
Tap stand	10%
Unprotected well	13%
River or stream	35%
Swamp	2%

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

Less than 30 minutes	67%
30 minutes to 1 hour	19%
Between 1- 2 hours	12%
More than 2 hours	1%
No answer	1%

Sanitation

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



91%
of Maridi county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	85%
Dig a hole and cover	3%
In the bush	5%
In the river	1%
No answer	6%

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

In the latrine	77%
Dig a hole and cover	17%
In the bush	2%
No answer	5%

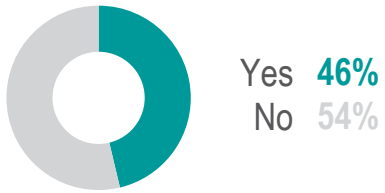
Maridi County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

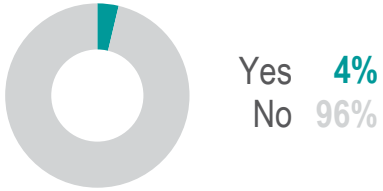
Health

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

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

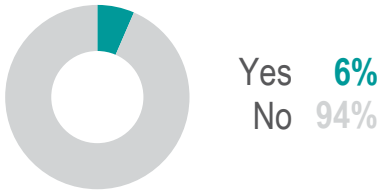


% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



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

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



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

WASH Non-Food-Items

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

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

% of HHs with access to soap[4]

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

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

Endnotes

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

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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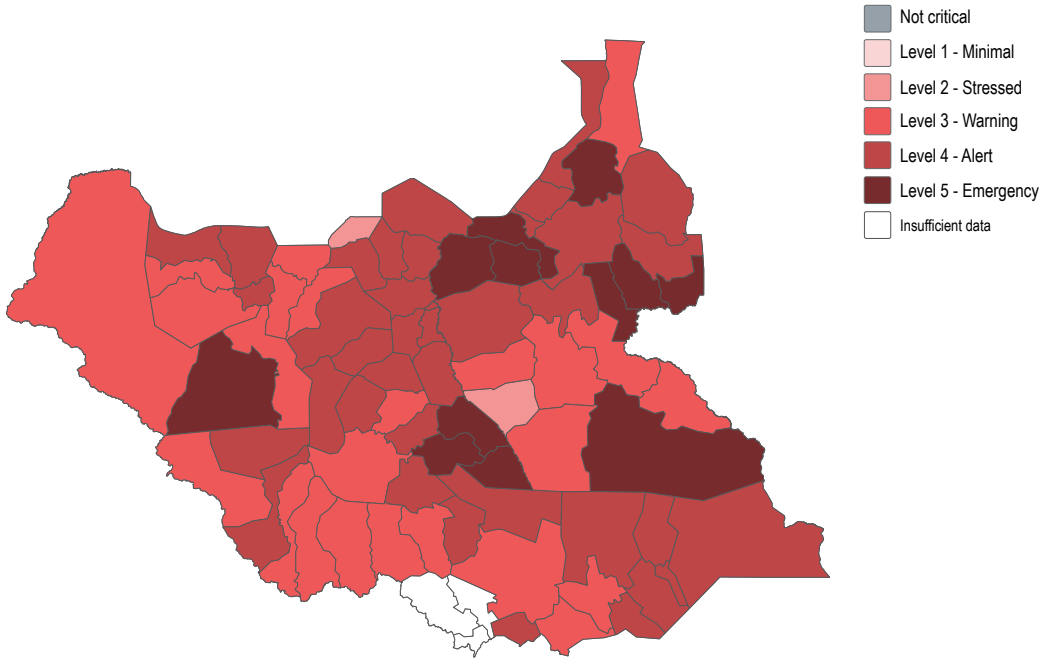
FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	100%

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

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Mundri East County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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

37%
of Mundri East county HHs reported having safe access to an improved source of drinking water as their main source

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

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

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

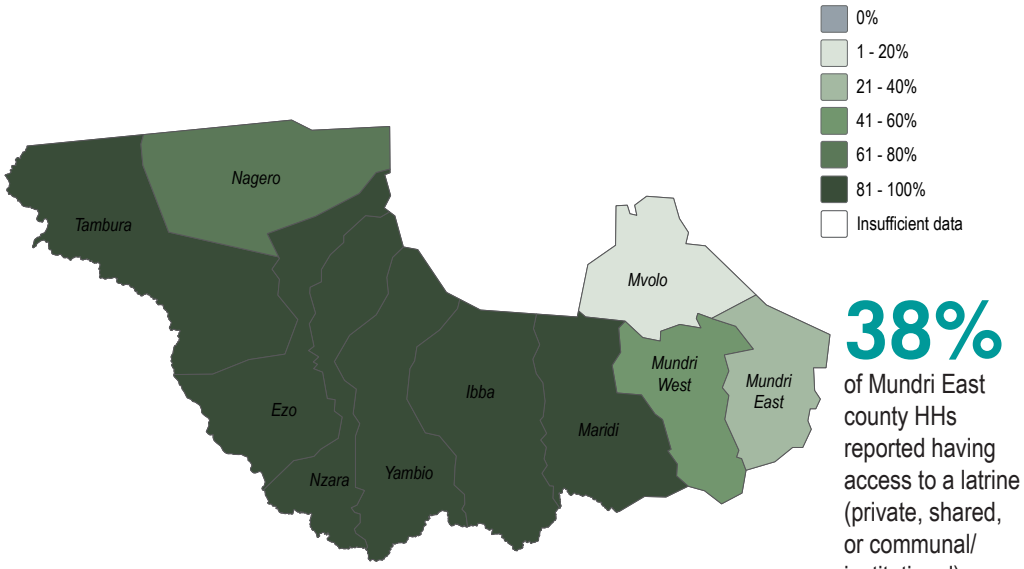
Borehole	47%
Unprotected well	4%
River or stream	26%
Swamp	23%

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

Less than 30 minutes	35%
30 minutes to 1 hour	30%
Between 1- 2 hours	28%
More than 2 hours	6%
No answer	1%

Sanitation

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



38%
of Mundri East county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	35%
Dig a hole and cover	4%
In the bush	59%
In the river	2%

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

In the latrine	39%
Dig a hole and cover	16%
In the bush	45%

Mundri East County - Water, Sanitation and Hygiene

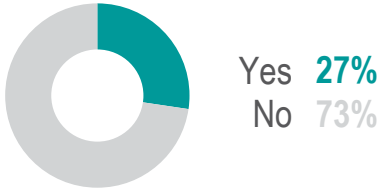
WASH Cluster
Water Sanitation Hygiene

Health

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

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

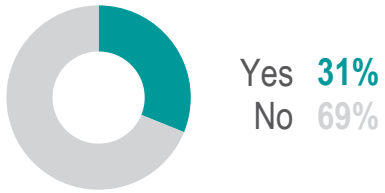
% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection



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

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

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



WASH Non-Food-Items

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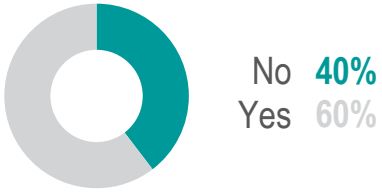
% of HHs that own a bucket or a jerrycan with a lid



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3. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.
4. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.

Mundri West County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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

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

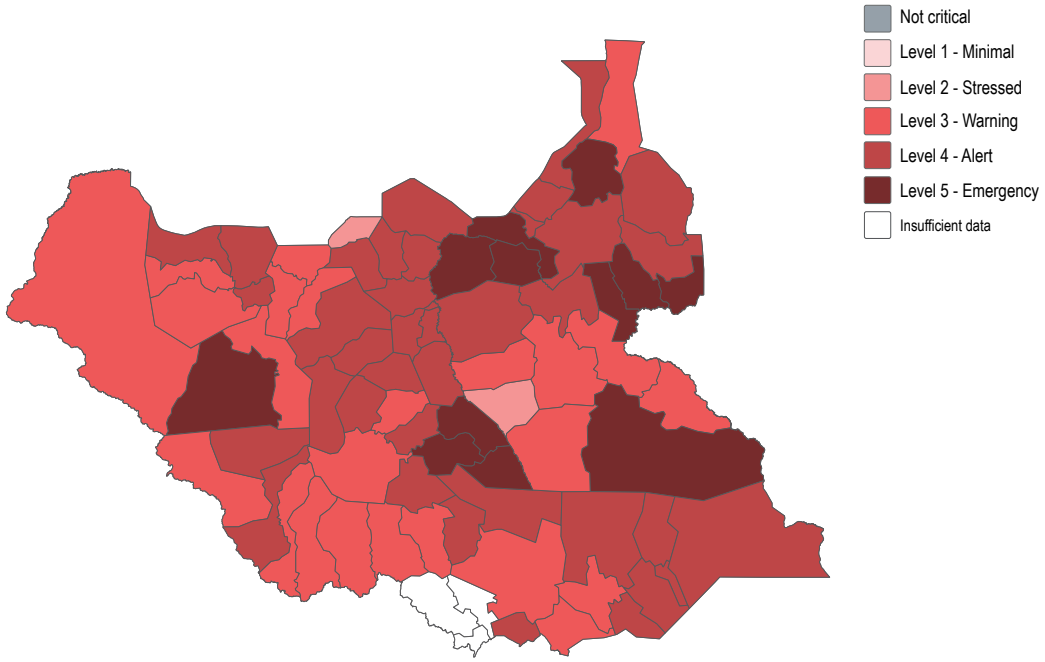
For Round 22 of the Food Security and Nutrition Monitoring System (FSNMS) in July and August of 2018, FSNMS partners agreed to incorporate WASH cluster indicators in the survey tool to enable the first comprehensive nation-wide WASH baseline in South Sudan. FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Round 22. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use an improved water source (borehole, tapstand, water yard) as a main source of drinking water

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

Displacement

% of HHs by displacement status[1]

Host community	100%

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

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Mundri West County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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

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

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

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

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

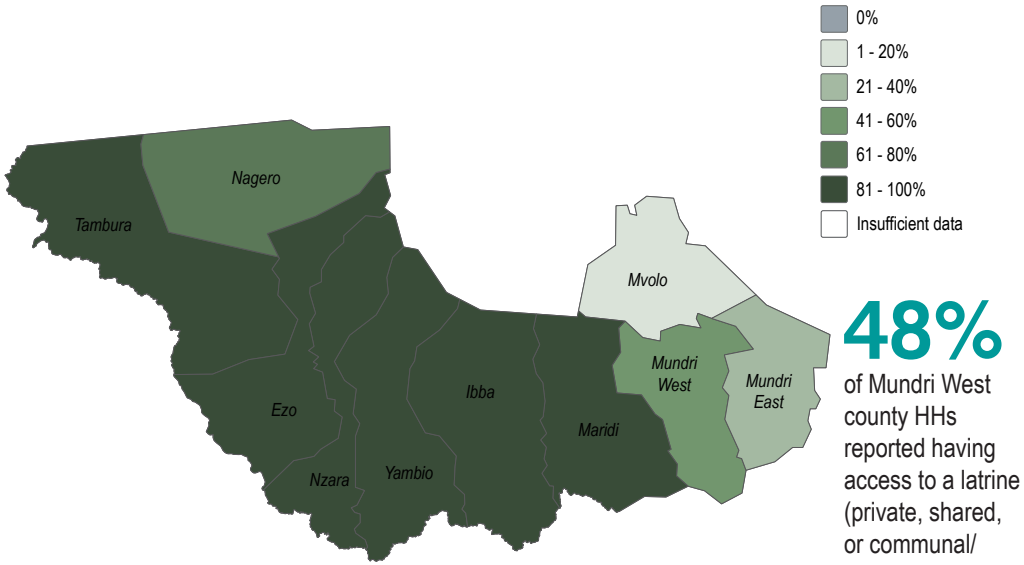
Borehole	58%
Tap stand	1%
River or stream	40%

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	19%
Between 1- 2 hours	23%
More than 2 hours	1%

Sanitation

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



48%
of Mundri West county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	27%
Dig a hole and cover	8%
In the bush	65%

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

In the latrine	51%
Garbage collection area	1%
Dig a hole and cover	12%
In the bush	36%

Mundri West County - Water, Sanitation and Hygiene

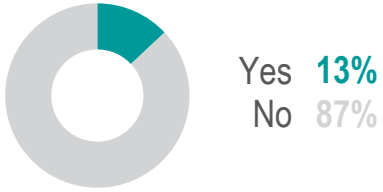
WASH Cluster
Water Sanitation Hygiene

Health

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

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

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



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

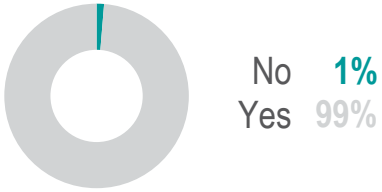
% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

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

WASH Non-Food-Items

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

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



% of HHs with access to soap[4]

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

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

Endnotes

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Mvolo County - Water, Sanitation and Hygiene Factsheet

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

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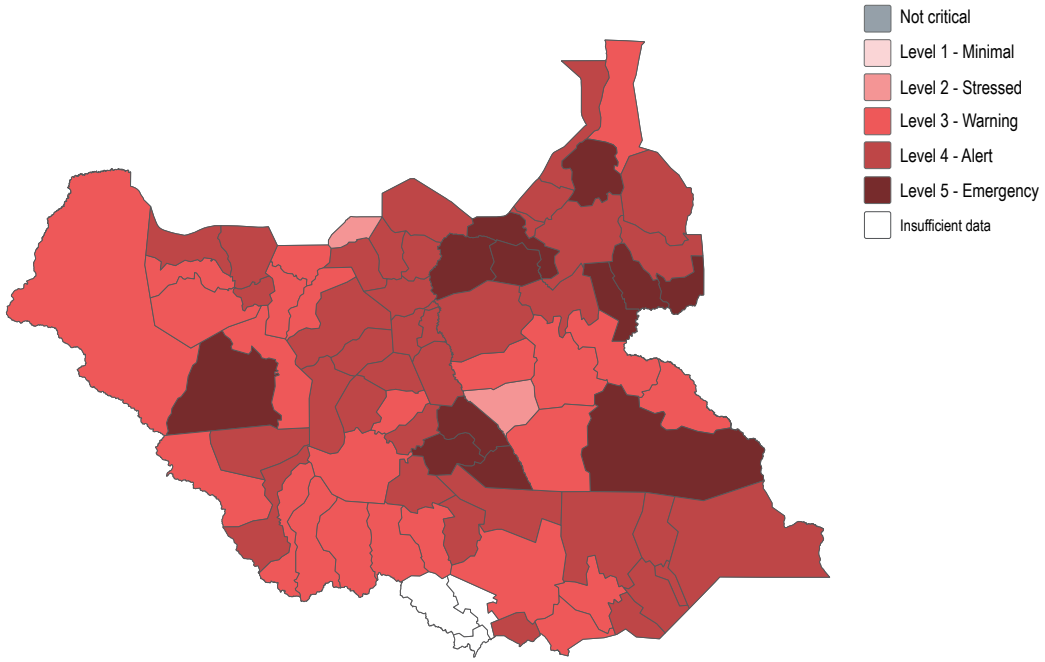
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO) and the Humanitarian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

FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use an improved water source (borehole, tapstand, water yard) as a main source of drinking water

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

Displacement

% of HHs by displacement status[1]

Host community	99%
IDP	1%

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

Between 2- 3 years	100%

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Mvolo County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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

67%
of Mvolo county HHs reported having safe access to an improved source of drinking water as their main source

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

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

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

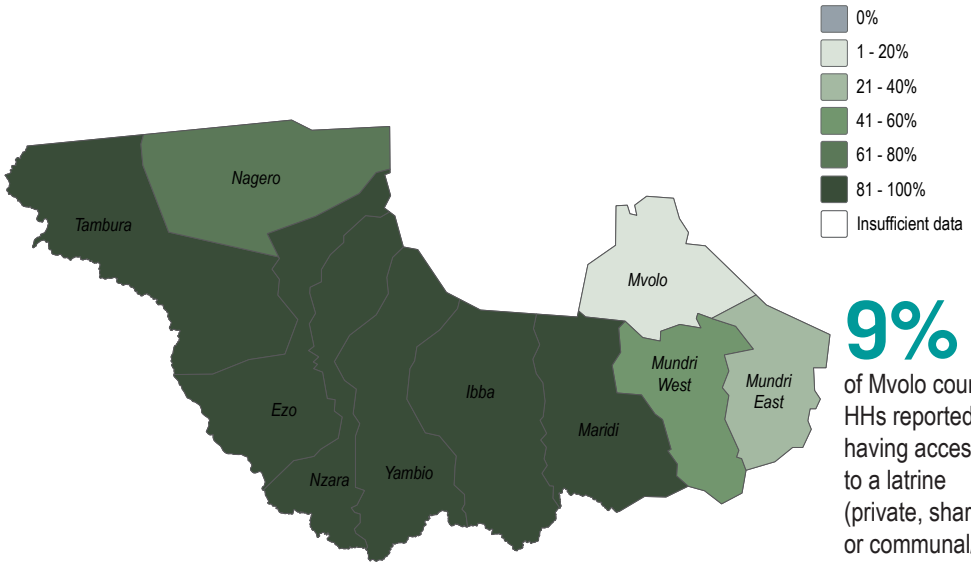
Borehole	65%
Tap stand	10%
Unprotected well	8%
Hand dug well	2%
Swamp	15%

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	26%
Between 1- 2 hours	17%
More than 2 hours	1%

Sanitation

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



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

Most commonly reported defecation location, by % of HHs

In the latrine	8%
Dig a hole and cover	2%
In the bush	86%
In the river	2%
No answer	2%

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

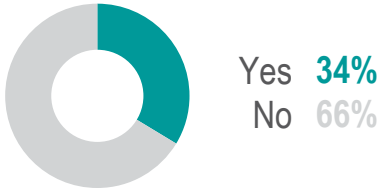
In the latrine	10%
Dig a hole and cover	29%
In the bush	60%
No answer	1%

Mvolo County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

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

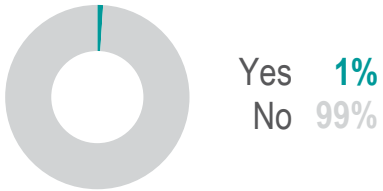


% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

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

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

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



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

WASH Non-Food-Items

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

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

% of HHs with access to soap[4]

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

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

Endnotes

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3. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.
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Nagero County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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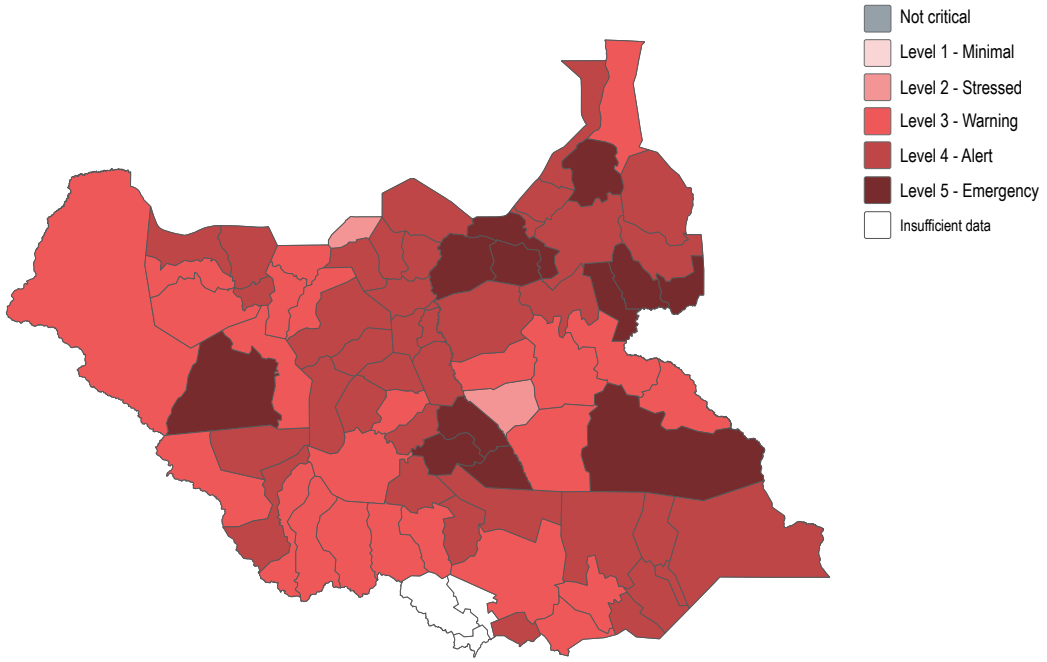
FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	47%
IDP	53%

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

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

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Nagero County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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

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

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

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- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

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

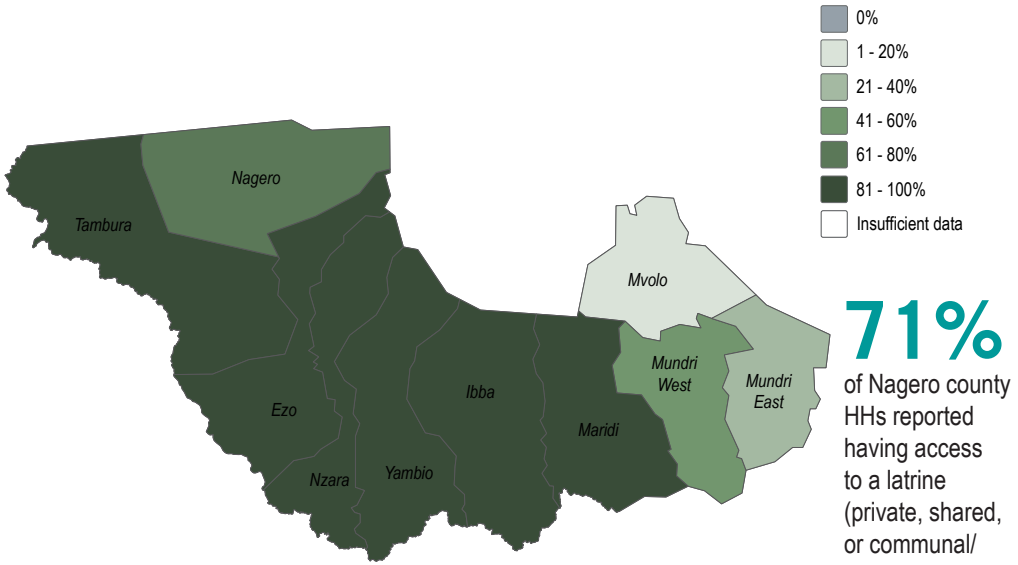
Borehole	40%
Unprotected well	1%
Hand dug well	9%
River or stream	47%
Swamp	3%

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

Less than 30 minutes	37%
30 minutes to 1 hour	40%
Between 1- 2 hours	23%

Sanitation

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



71%
of Nagero county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	52%
In the bush	47%
No answer	1%

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

In the latrine	53%
Garbage collection area	1%
Dig a hole and cover	13%
In the bush	30%
No answer	2%

Nagero County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

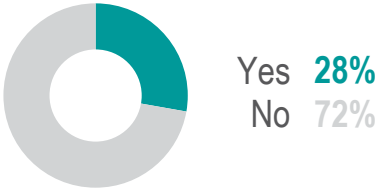
Health

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

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

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

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



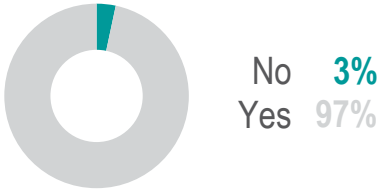
% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

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

WASH Non-Food-Items

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

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



% of HHs with access to soap[4]

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

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

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Nzara County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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FSNMS Assessment Coverage

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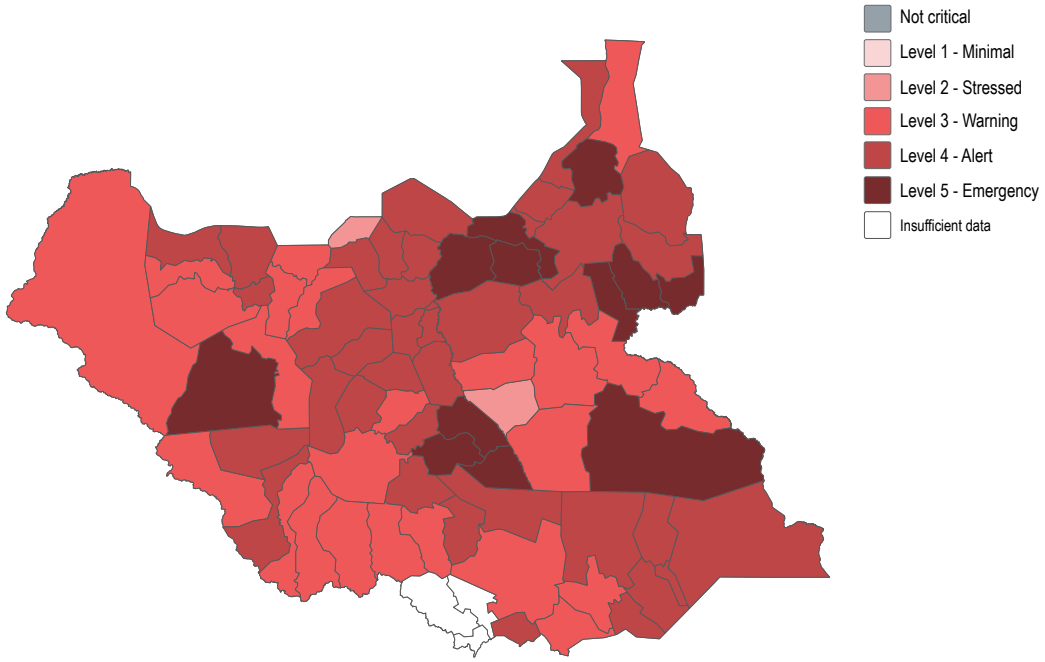
WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	96%
IDP	4%

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

In the last one year	100%

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Nzara County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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

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

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

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

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

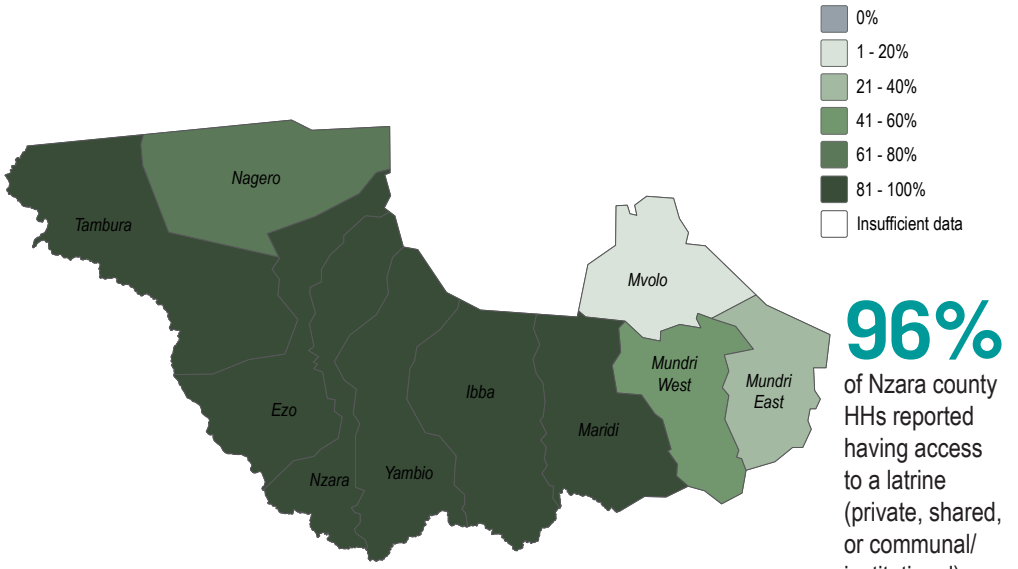
Borehole	37%
Tap stand	1%
Unprotected well	1%
River or stream	60%

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

Less than 30 minutes	49%
30 minutes to 1 hour	23%
Between 1- 2 hours	26%
No answer	3%

Sanitation

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



96%
of Nzara county HHs reported having access to a latrine (private, shared, or communal/ institutional)

Most commonly reported defecation location, by % of HHs

In the latrine	90%
In the bush	7%
No answer	3%

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

In the latrine	90%
Dig a hole and cover	3%
In the bush	3%
No answer	4%

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Nzara County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

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

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

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

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

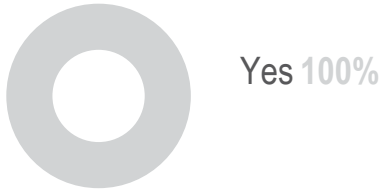
% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection

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

WASH Non-Food-Items

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

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



% of HHs with access to soap[4]

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

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

Endnotes

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.

Tambura County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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

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

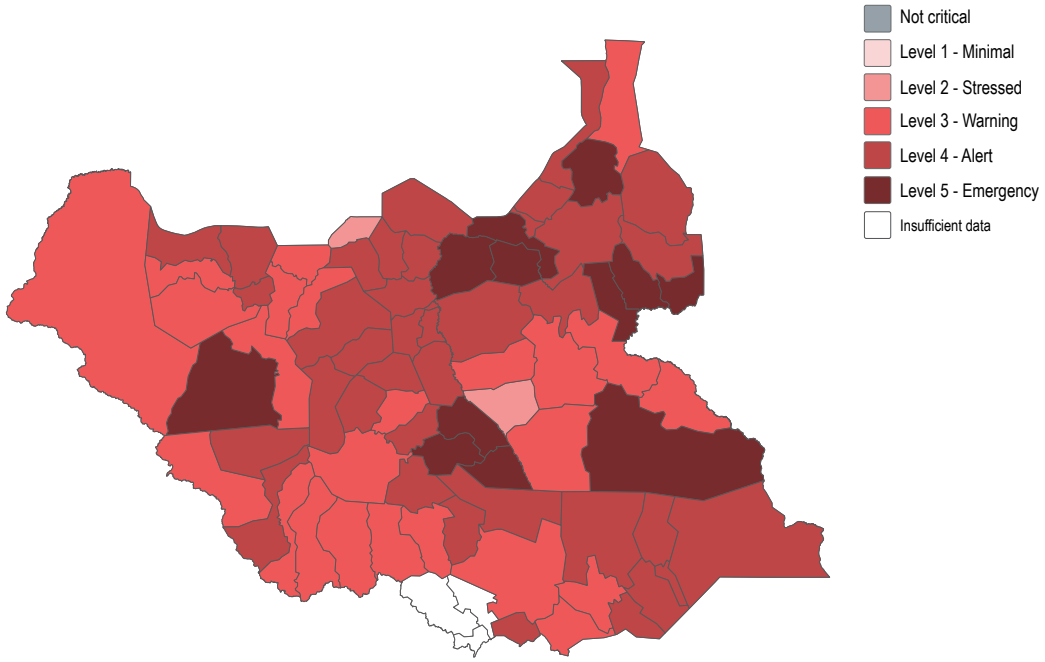
For Round 22 of the Food Security and Nutrition Monitoring System (FSNMS) in July and August of 2018, FSNMS partners agreed to incorporate WASH cluster indicators in the survey tool to enable the first comprehensive nation-wide WASH baseline in South Sudan. FSNMS is a seasonal countrywide assessment conducted, funded and run by the World Food Programme, UNICEF, and the Food and Agriculture Organization, and supported by REACH in Round 22. FSNMS, established in 2010, is a representative survey that employs two-stage cluster sampling, using a state based sample size and cluster determination. In each county, access permitting, 9 clusters were selected and 12 households interviewed per cluster.

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

FSNMS Assessment Coverage

Partial coverage in the county was achieved.

WASH Needs Severity Map



This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix http://bit.ly/2EqRYwJ. The final severity ranking was created by calculating the average level from the following indicators: -Not having safe access to and use an improved water source (borehole, tapstand, water yard) as a main source of drinking water

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

Displacement

% of HHs by displacement status[1]

Host community	99%
IDP	1%

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

Between 2- 3 years	100%

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Tambura County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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

16%

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

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

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

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

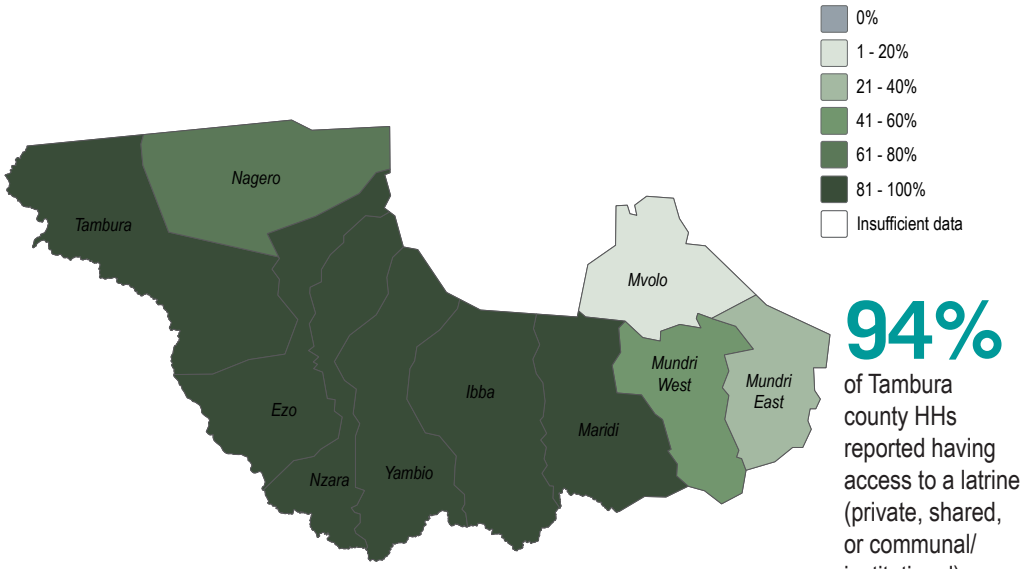
Borehole	10%
Tap stand	12%
Unprotected well	29%
Hand dug well	2%
River or stream	47%

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

Less than 30 minutes	45%
30 minutes to 1 hour	38%
Between 1- 2 hours	16%

Sanitation

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



94%

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

Most commonly reported defecation location, by % of HHs

In the latrine	92%
Dig a hole and cover	2%
In the bush	6%

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

In the latrine	86%
Dig a hole and cover	12%
No answer	2%

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Tambura County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

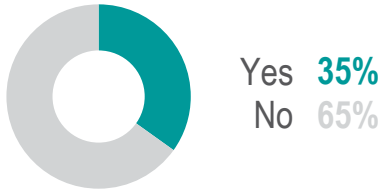
Health

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

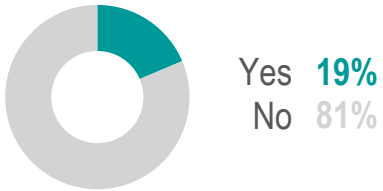
% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection

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

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



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

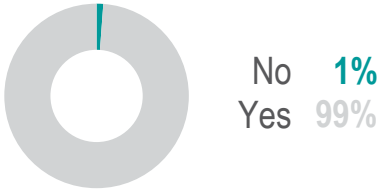


% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

WASH Non-Food-Items

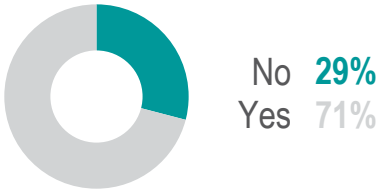
% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net[3]

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



% of HHs with access to soap[4]

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



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

Endnotes

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Yambio County - Water, Sanitation and Hygiene Factsheet

Western Equatoria State, South Sudan

WASH Cluster
Water Sanitation Hygiene

July/August 2018

Overview

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

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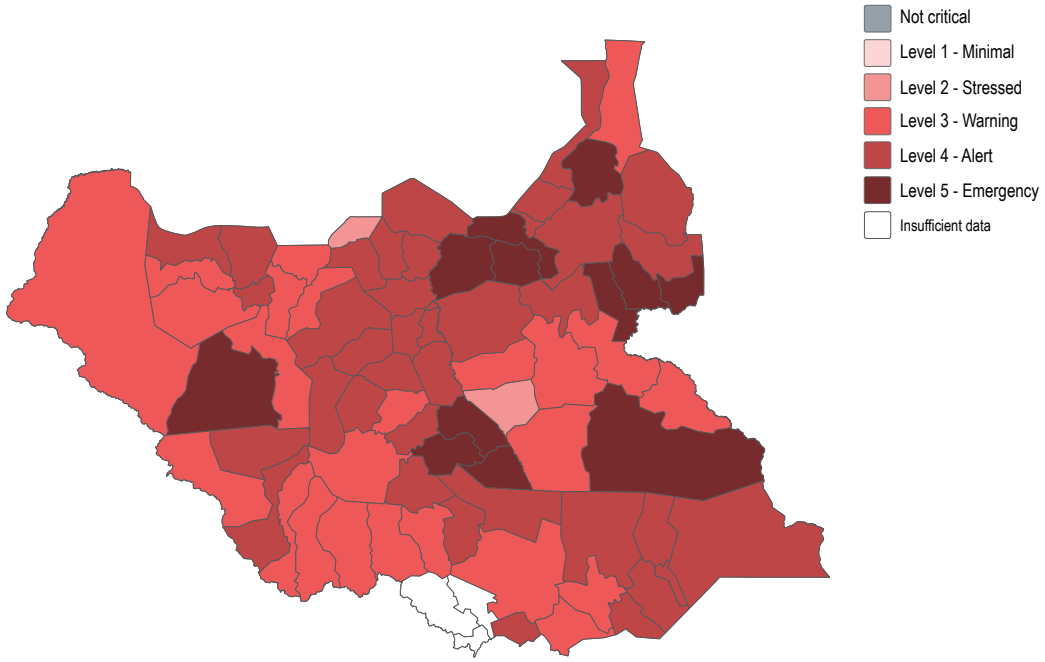
FSNMS Assessment Coverage

Total coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

% of HHs by displacement status[1]

Host community	93%
IDP	7%

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

In the last one year	86%
Between 2- 3 years	14%

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Yambio County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Water

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

10%

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

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

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

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

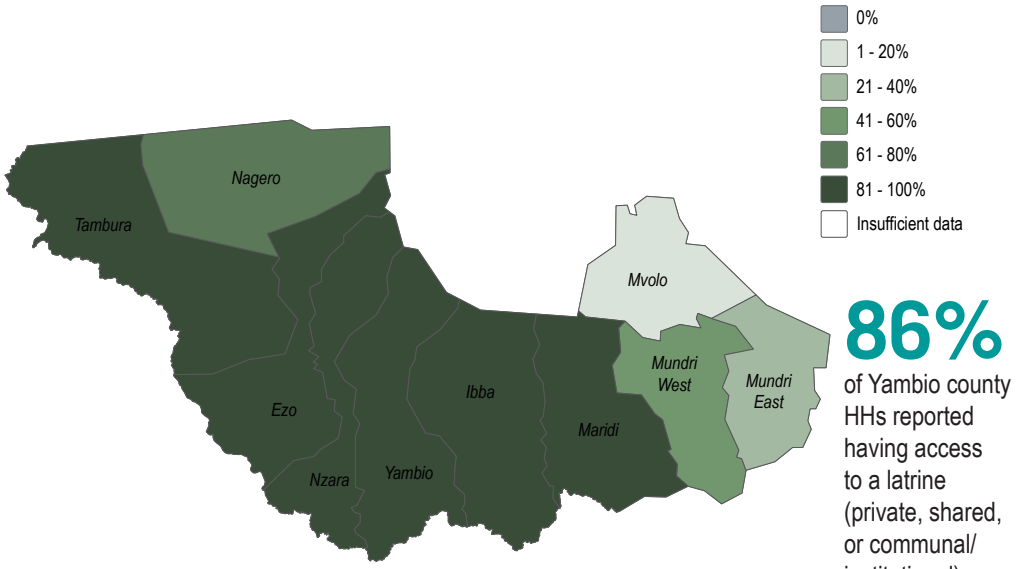
Borehole	19%
Tap stand	7%
Unprotected well	28%
Hand dug well	3%
River or stream	33%

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

Less than 30 minutes	24%
30 minutes to 1 hour	23%
Between 1- 2 hours	48%
More than 2 hours	6%

Sanitation

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



86%

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

Most commonly reported defecation location, by % of HHs

In the latrine	83%
Dig a hole and cover	2%
In the bush	11%
No answer	4%

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

In the latrine	85%
Dig a hole and cover	2%
In the bush	10%
Left where it is	1%
No answer	2%

Yambio County - Water, Sanitation and Hygiene

WASH Cluster
Water Sanitation Hygiene

Health

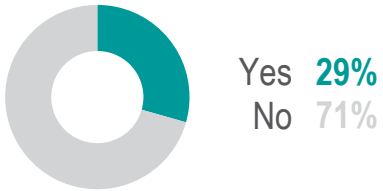
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

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

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

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

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

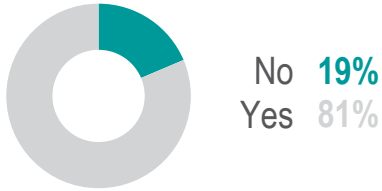


% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection

WASH Non-Food-Items

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

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



% of HHs with access to soap[4]

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

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

Endnotes

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