Aweil Centre County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

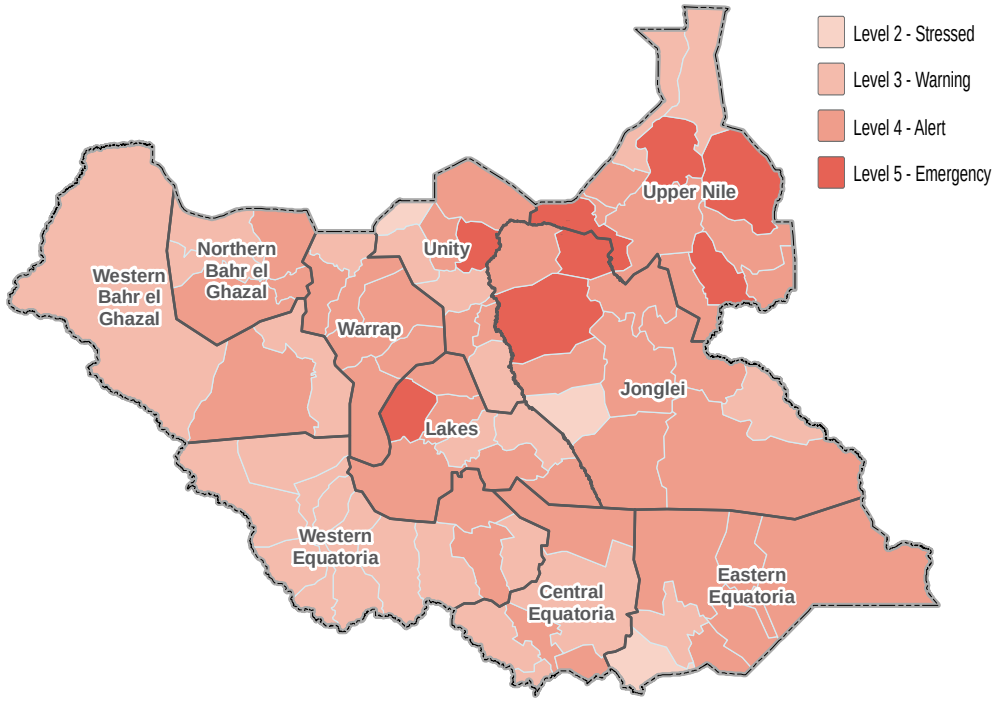
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	99%
IDP	1%

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

Between 2-3 years	100%

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

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

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

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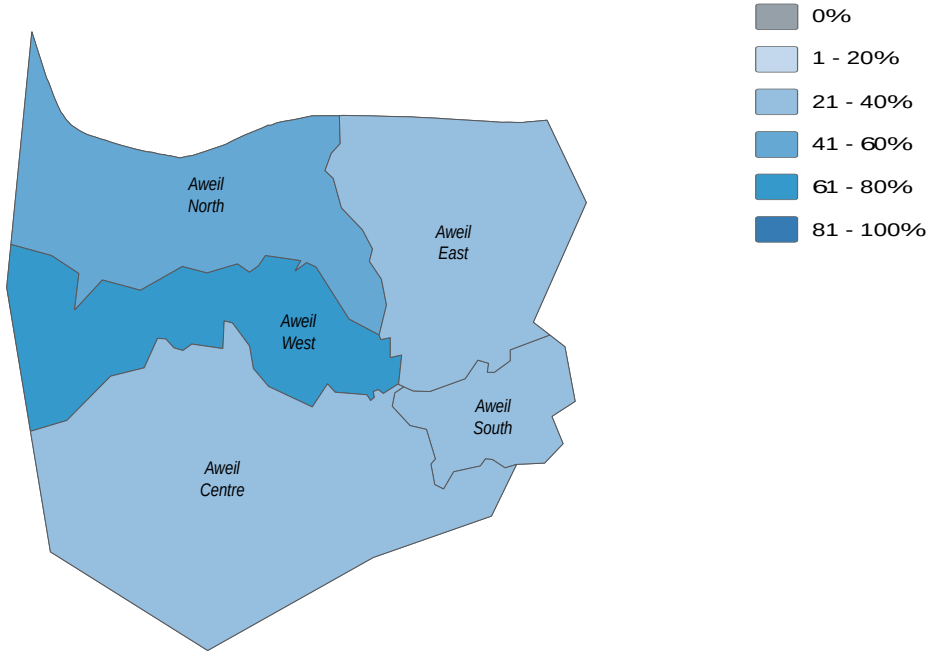
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

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

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

Overall

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

Host

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

IDPs

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

Returnees

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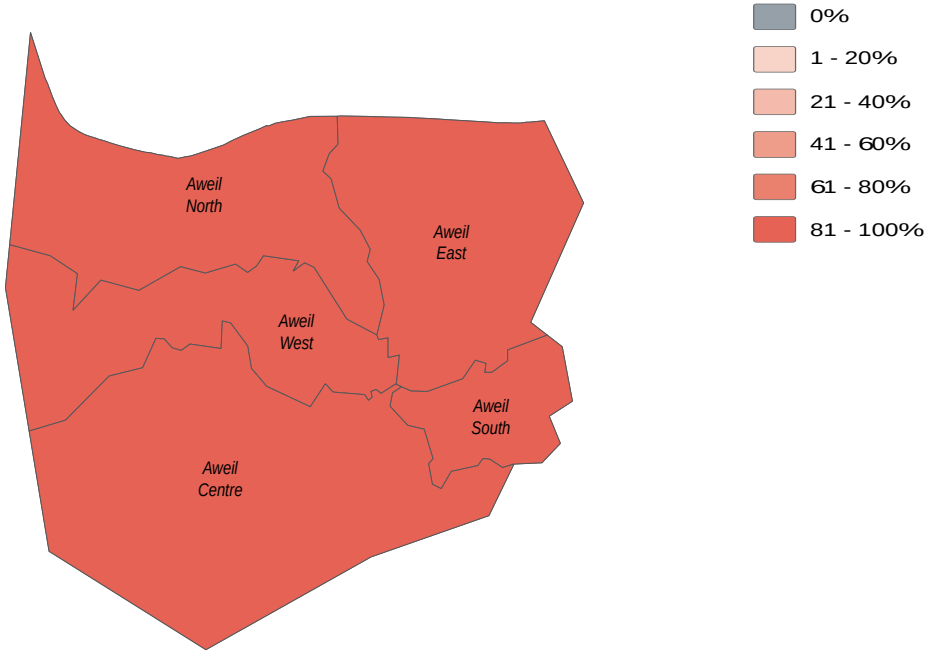
November/December2018

Sanitation

18%	of Aweil Centre County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
13%	of Aweil Centre County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
4%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.
9%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	93%	In the bush	84%
In the latrine	4%	Dig a hole and cover	13%
Dig a hole and cover	3%	In the latrine	3%
No answer	1%		

Host

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

IDPs

In the latrine	100%	In the latrine	100%

Returnees

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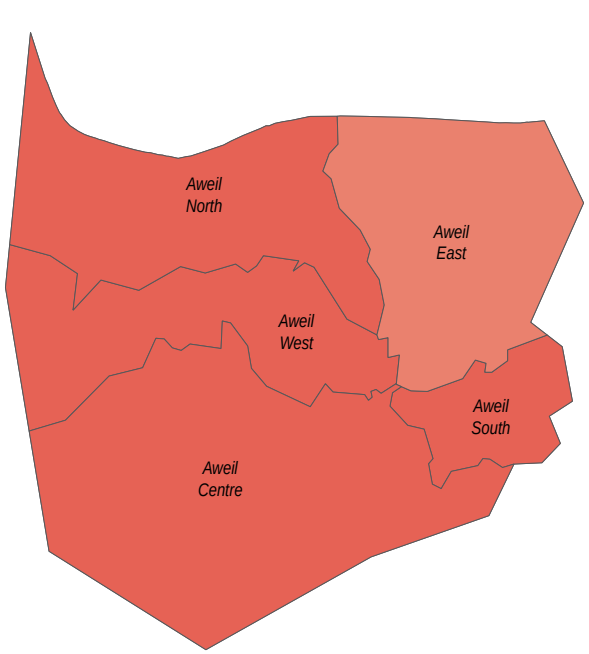
Health

81%	of **Aweil Centre County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
54%	of **Aweil Centre County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was different to the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

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

Overall

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

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

Host

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

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

IDPs

AWD	100%
Fever	100%

Returnees

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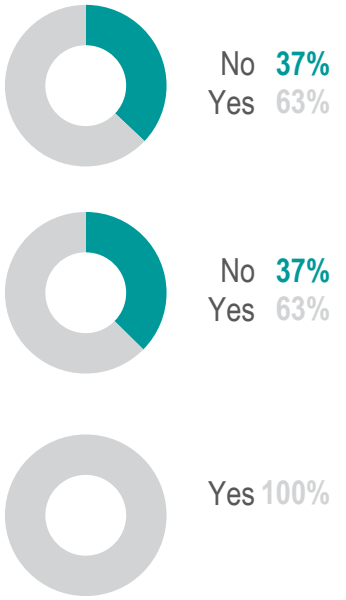
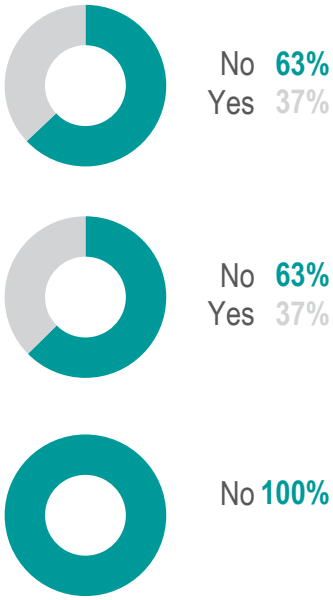
NFI WASH NFIs

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

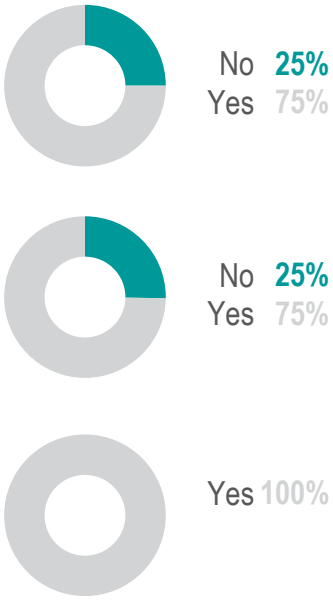
Ownership of a bucket or a jerrycan with a lid by percentage of households:



Ownership of soap by percentage of households:



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



Endnotes

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

About REACH

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Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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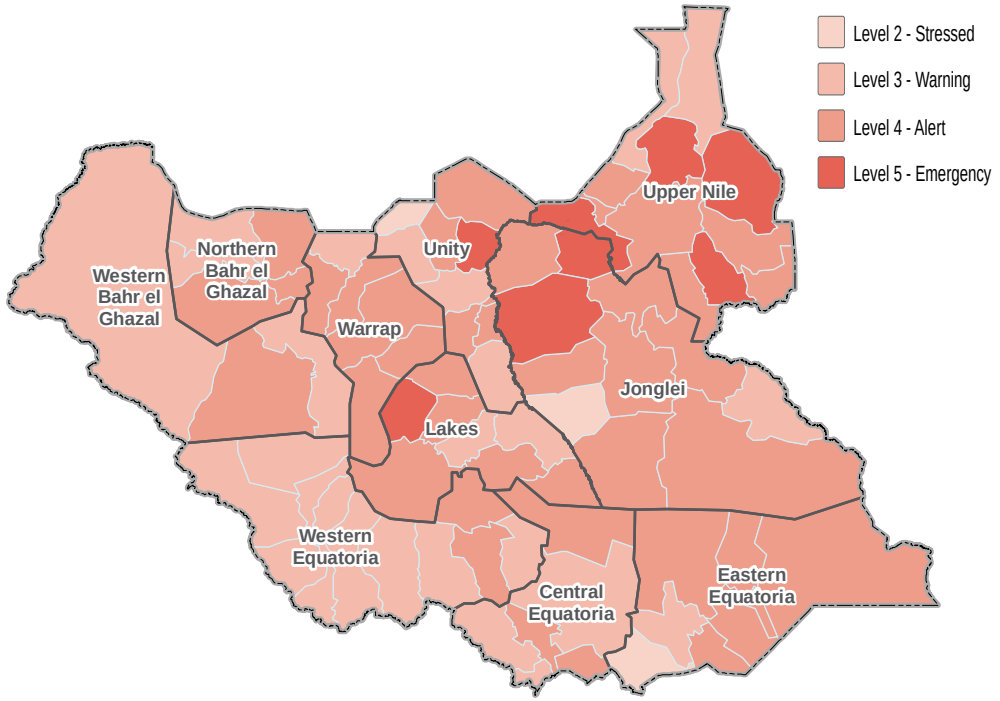
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	99%
IDP	1%

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

In the last one year	100%

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

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

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

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Aweil East County - Water, Sanitation and Hygiene Factsheet

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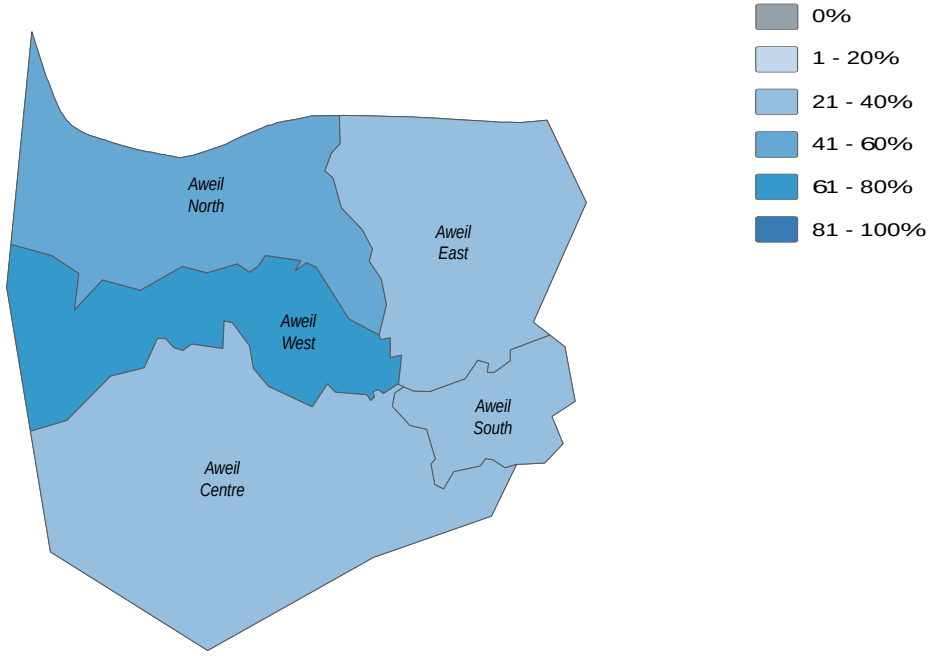
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

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

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



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

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

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

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

Overall

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

Host

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

IDPs

Unprotected well	100%	Between 1- 2 hours	100%

Returnees

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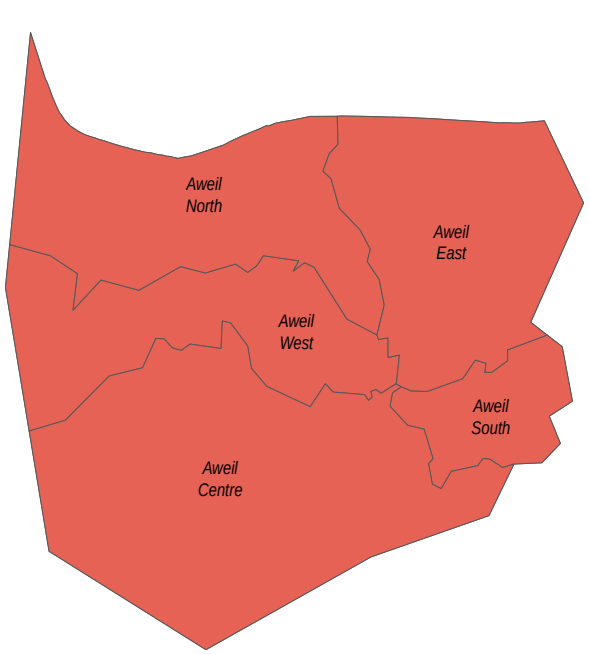
Sanitation

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

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



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

	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	99%	In the bush	99%
	In the latrine	1%	In the latrine	1%
Host	In the bush	99%	In the bush	99%
	In the latrine	1%	In the latrine	1%
IDPs	In the bush	100%	In the bush	100%
Returnees				

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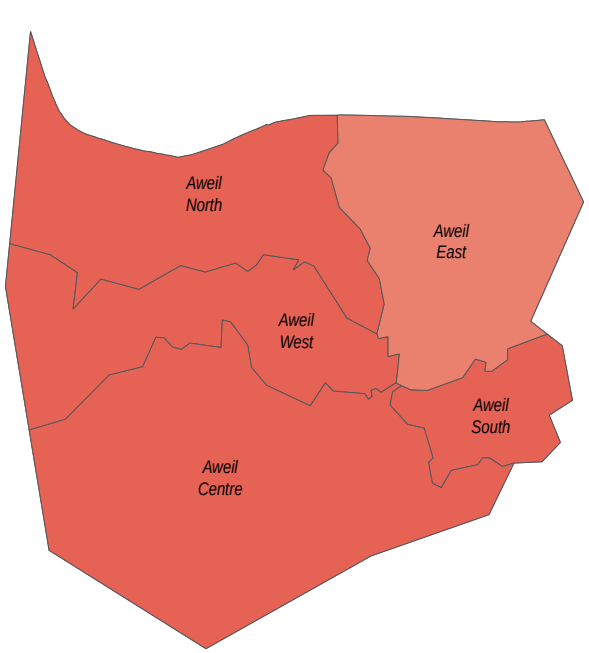
Health

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

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



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

Overall

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

Fever	58%
Malaria	38%
Typhoid	17%
Stomach pain	13%
Flu	8%

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

Fever	77%
Malaria	42%
Stomach pain	21%
AWD	20%
Flu	7%

Host

Fever	58%
Malaria	38%
Typhoid	17%
Stomach pain	13%
Flu	8%

Fever	77%
Malaria	43%
Stomach pain	21%
AWD	20%
Flu	7%

IDPs

Fever	100%

Returnees

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NFI WASH NFIs

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

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **28%** Yes 72%	 No **46%** Yes 54%	 No **18%** Yes 82%
Host	 No **28%** Yes 72%	 No **47%** Yes 53%	 No **18%** Yes 82%
IDPs	Yes 100%	Yes 100%	Yes 100%
Returnees			

Endnotes

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Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

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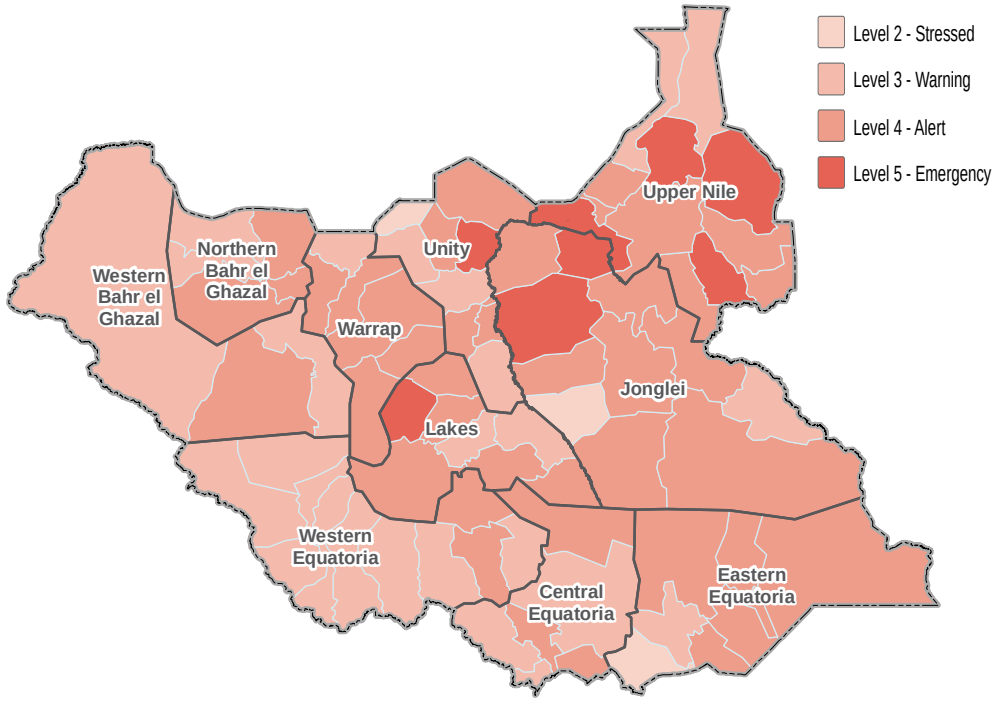
FSNMS is a critical source of information that allows for the identification of affected areas, the prioritization of resources and for monitoring trends. The data collected during FSNMS is used for the Integrated Food Security Phase Classification (IPC) analysis, the Humanitarian Needs Overview (HNO)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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

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

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Aweil North County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

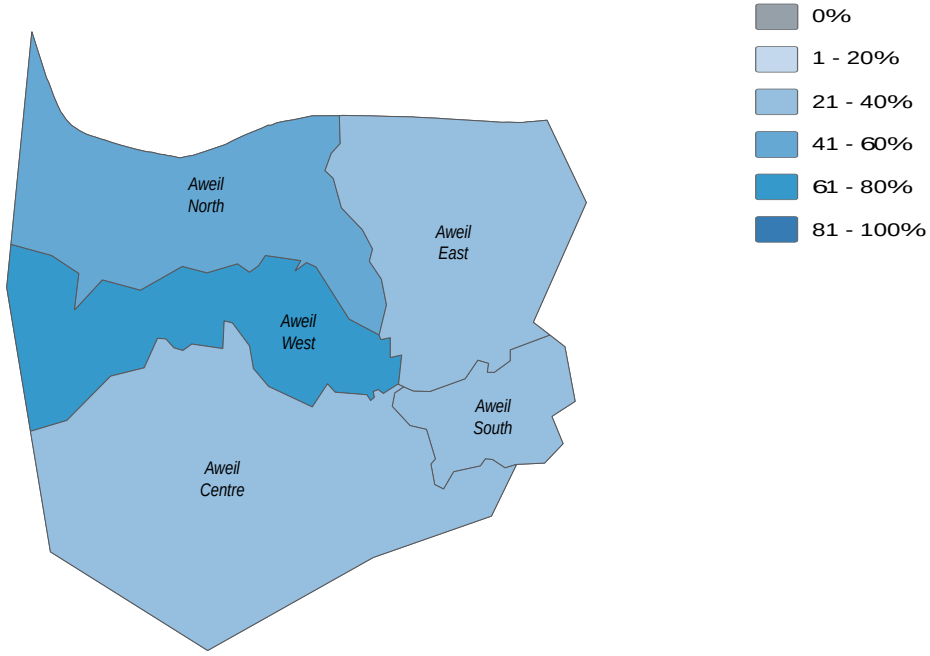
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

96%	of Aweil North County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
98%	of Aweil North County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
18%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.
9%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

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

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

Host

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

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

IDPs

Returnees

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Aweil North County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Sanitation

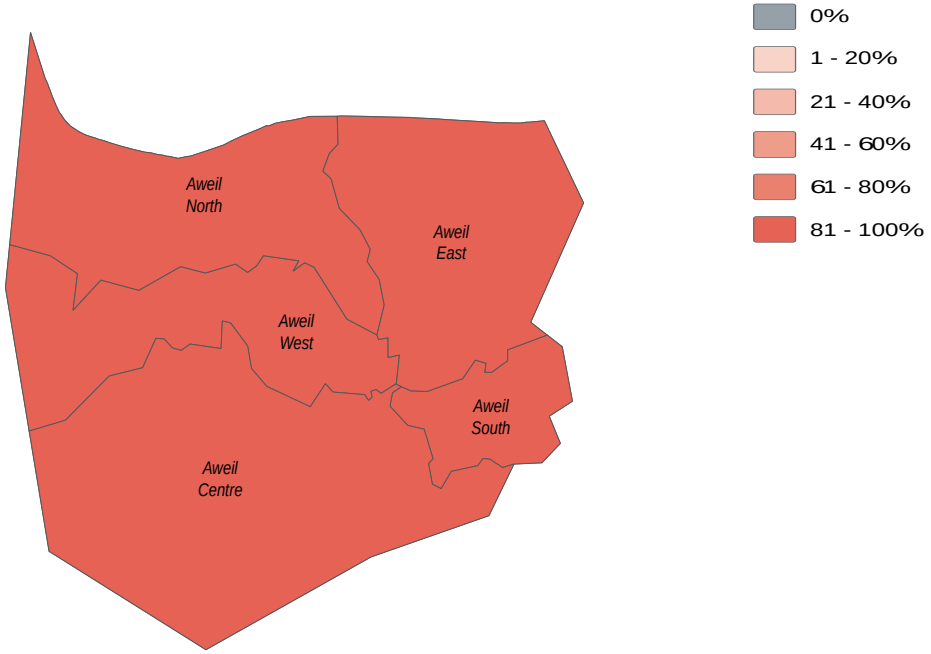
6% of **Aweil North County** HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.

7% of **Aweil North County** HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.

6% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.

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

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	94%
In the latrine	6%

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

Host

In the bush	94%
In the latrine	6%

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

IDPs

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Aweil North County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

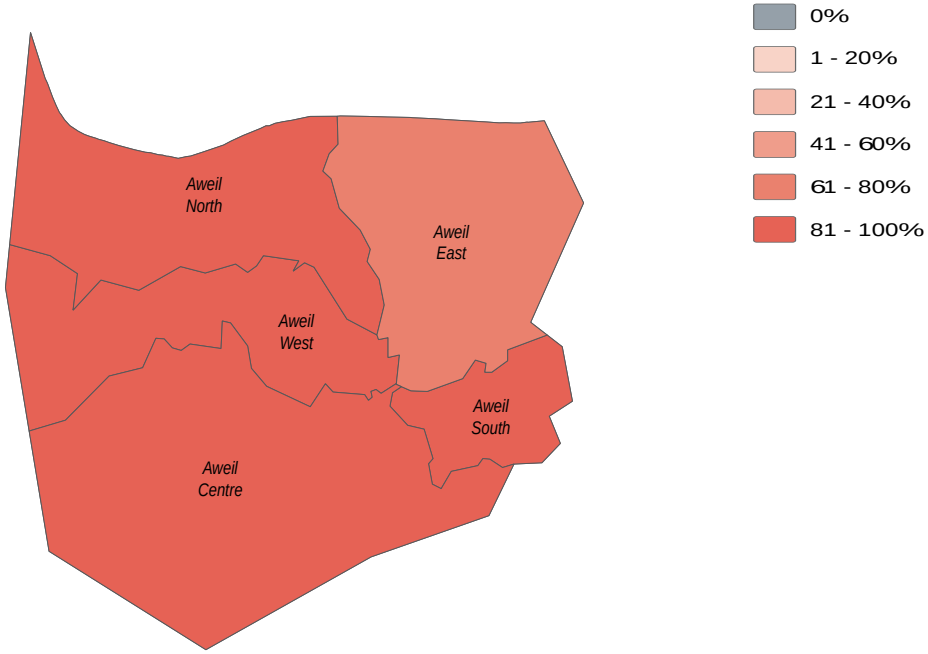
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

94%	of Aweil North County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
62%	of Aweil North County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

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

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

Host

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

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

IDPs

Returnees

Aweil North County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

36%	of **Aweil North County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
14%	of **Aweil North County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
2	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.
4	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:		Ownership of soap by percentage of households:		Every member of the household sleeps under a mosquito net by percentage of households:	
Overall		No **3%** Yes 97%		No **33%** Yes 67%		No **10%** Yes 90%
Host		No **3%** Yes 97%		No **33%** Yes 67%		No **10%** Yes 90%
IDPs						
Returnees						

Endnotes

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

About REACH

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

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

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Aweil South County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

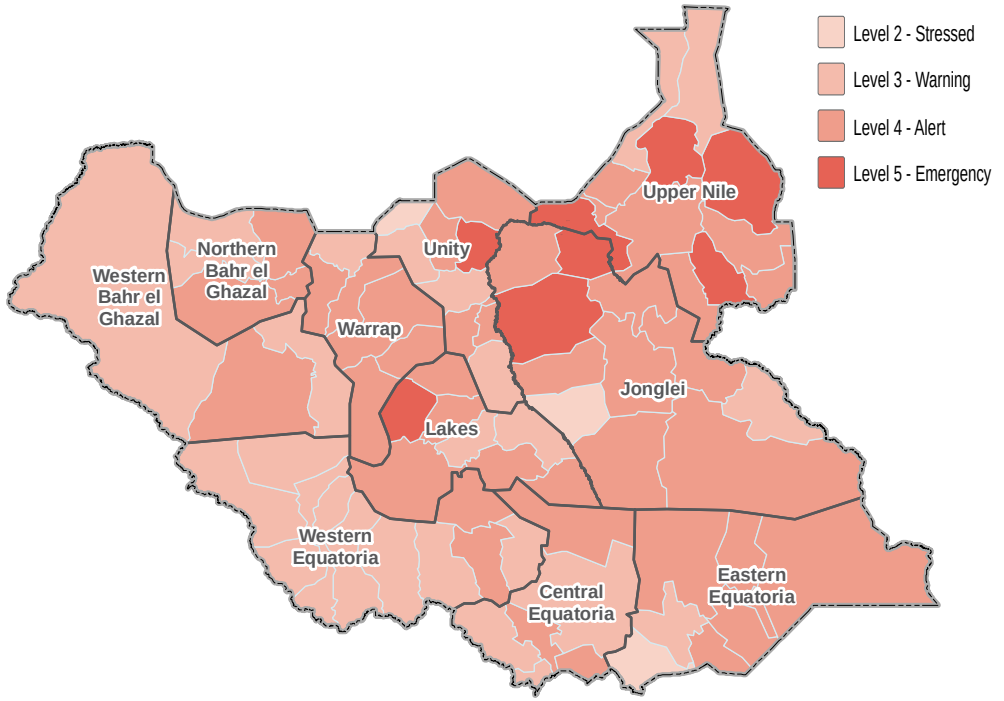
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

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

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Aweil South County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

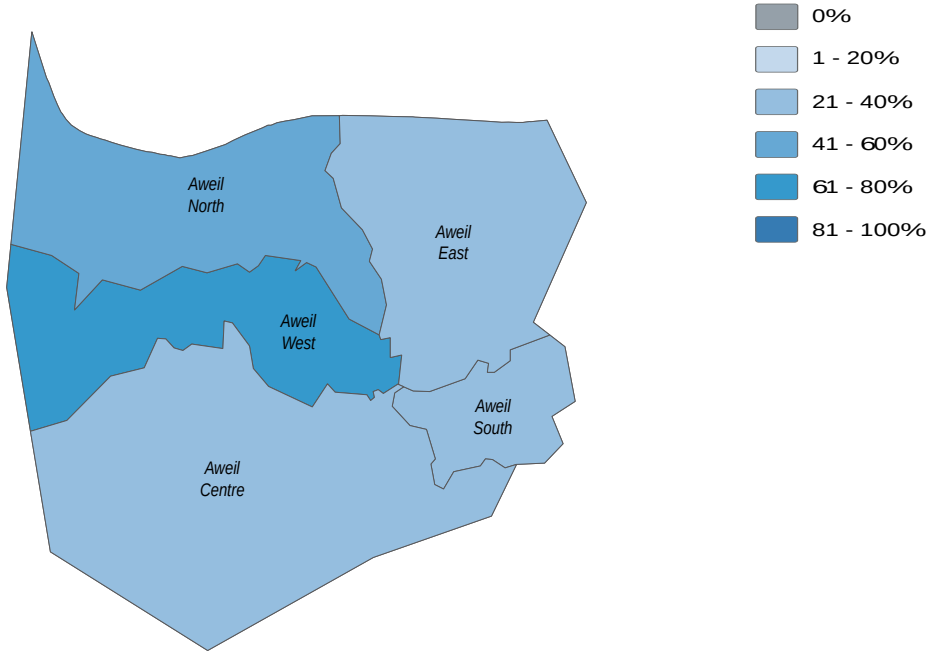
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

68%	of Aweil South County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.
76%	of Aweil South County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
7%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
8%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

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

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

Host

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

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

IDPs

Returnees

Aweil South County - Water, Sanitation and Hygiene Factsheet

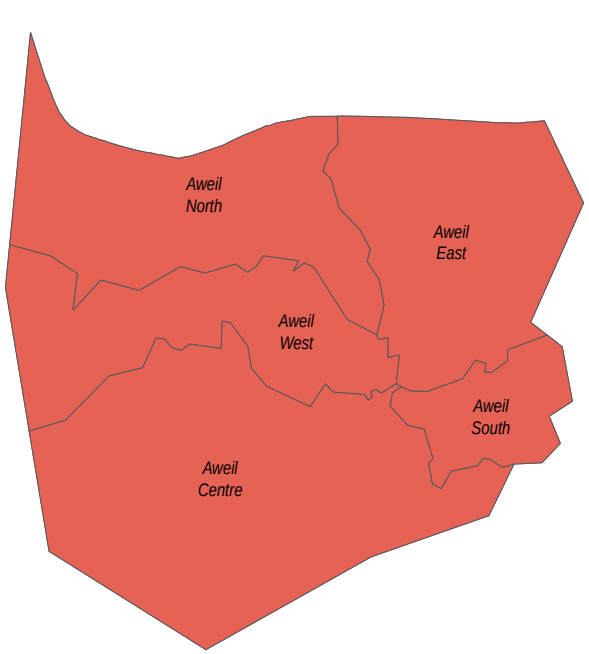
Northern Bahr el Ghazal State, South Sudan

November/December2018

Sanitation

7%	of Aweil South County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.
0%	of Aweil South County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.
5%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
0%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



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

Most commonly reported defecation location by percentage of households:

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

Overall

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

Host

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

IDPs

Returnees

Aweil South County - Water, Sanitation and Hygiene Factsheet

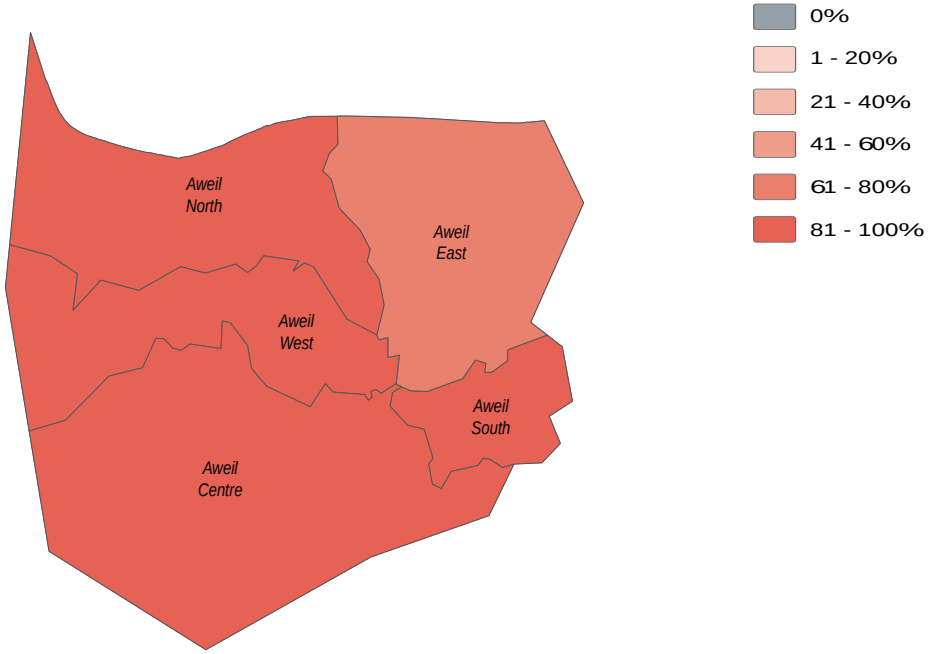
Northern Bahr el Ghazal State, South Sudan

November/December2018

Health

87%	of **Aweil South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
77%	of **Aweil South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Fever	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Fever	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

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

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

Host

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

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

IDPs

Returnees

Aweil South County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

NFI WASH NFIs

15%	of Aweil South County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.
7%	of Aweil South County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
4	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.
4	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **22%** Yes 78%	 No **40%** Yes 60%	 No **32%** Yes 68%
Host	 No **22%** Yes 78%	 No **40%** Yes 60%	 No **32%** Yes 68%
IDPs			
Returnees			

Endnotes

1. This data is as of November/December 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
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Aweil West County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

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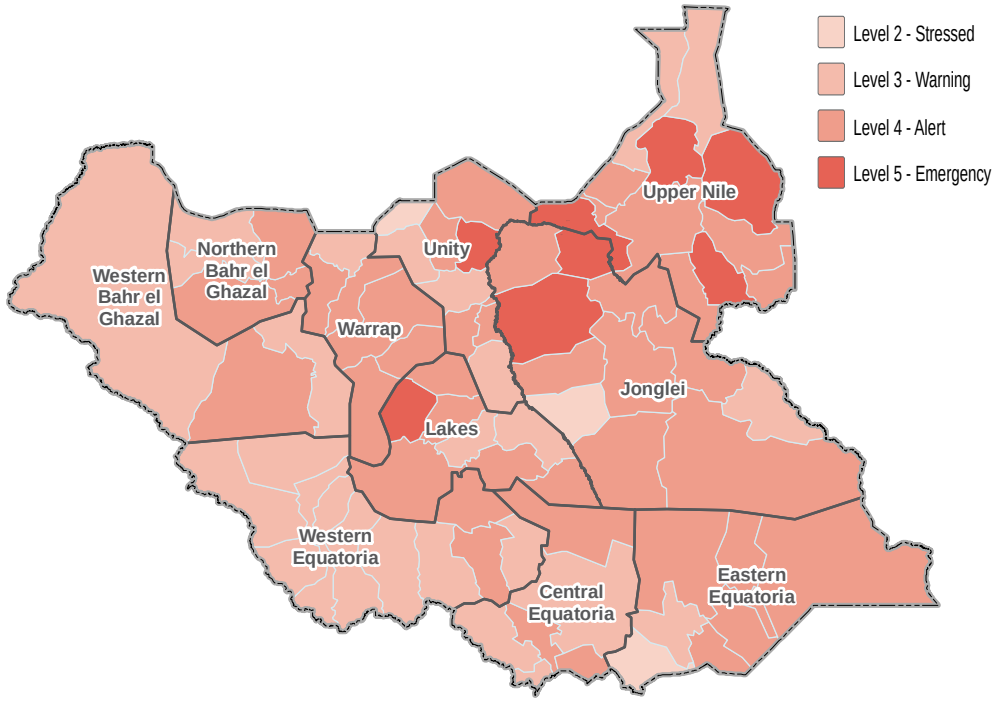
FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

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

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Aweil West County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

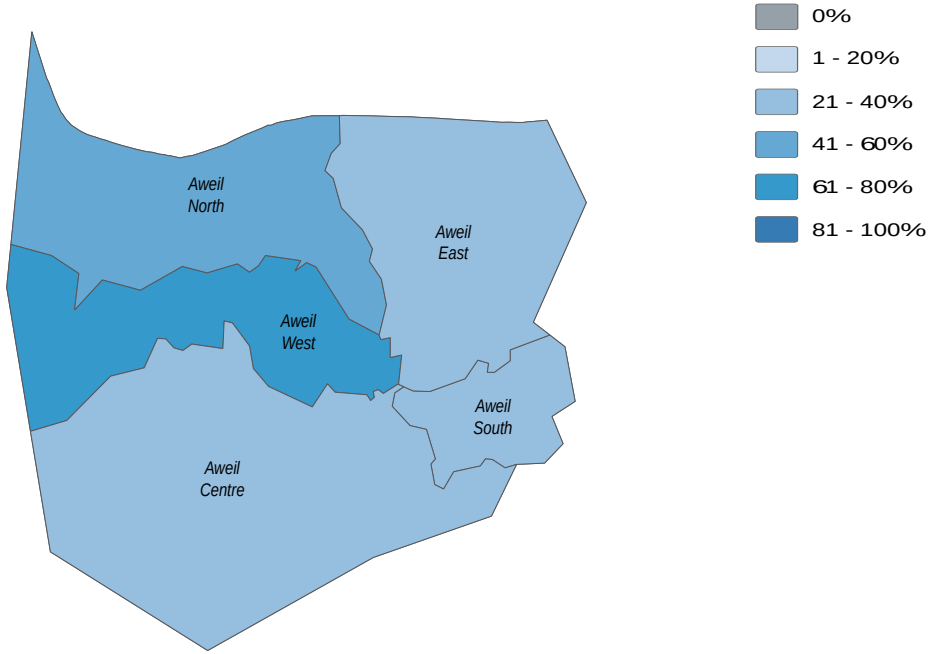
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

98%	of **Aweil West County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
83%	of **Aweil West County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
0%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was the same as the previous season.
0%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

Overall

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

Borehole	98%
Swamp	1%
Unprotected well	1%

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

Less than 30 minutes	64%
30 minutes to 1 hour	24%
Between 1- 2 hours	12%

Host

Borehole	98%
Swamp	1%
Unprotected well	1%

Less than 30 minutes	64%
30 minutes to 1 hour	24%
Between 1- 2 hours	12%

IDPs

Returnees

REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Aweil West County - Water, Sanitation and Hygiene Factsheet

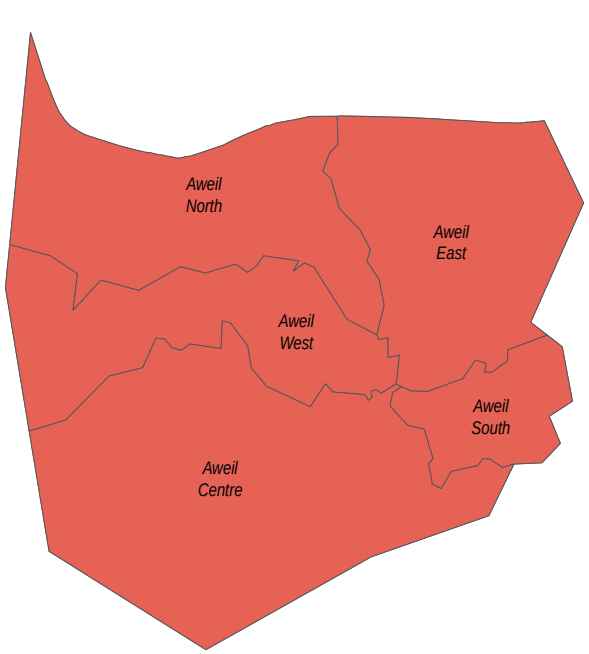
Northern Bahr el Ghazal State, South Sudan

November/December2018

Sanitation

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

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



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

Most commonly reported defecation location by percentage of households:

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

Overall

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

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

Host

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

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

IDPs

Returnees

Aweil West County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

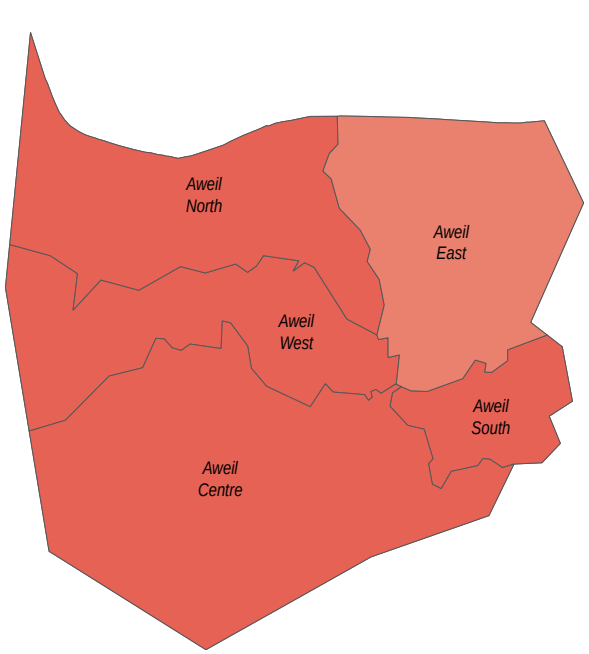
WASH Cluster
Water Sanitation Hygiene

November/December2018

Health

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

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



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

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

Overall	Malaria	56%
	Fever	50%
	Stomach pain	33%
	Typhoid	28%
	Flu	8%
Host	Malaria	56%
	Fever	50%
	Stomach pain	33%
	Typhoid	28%
	Flu	8%
IDPs		
Returnees		

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

Overall	Malaria	73%
	Fever	65%
	Stomach pain	17%
	AWD	12%
	Flu	9%
Host	Malaria	73%
	Fever	65%
	Stomach pain	17%
	AWD	12%
	Flu	9%
IDPs		
Returnees		

Aweil West County - Water, Sanitation and Hygiene Factsheet

Northern Bahr el Ghazal State, South Sudan

November/December2018

NFI WASH NFIs

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

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

Endnotes

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

About REACH

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

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

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