Awerial County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/ institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

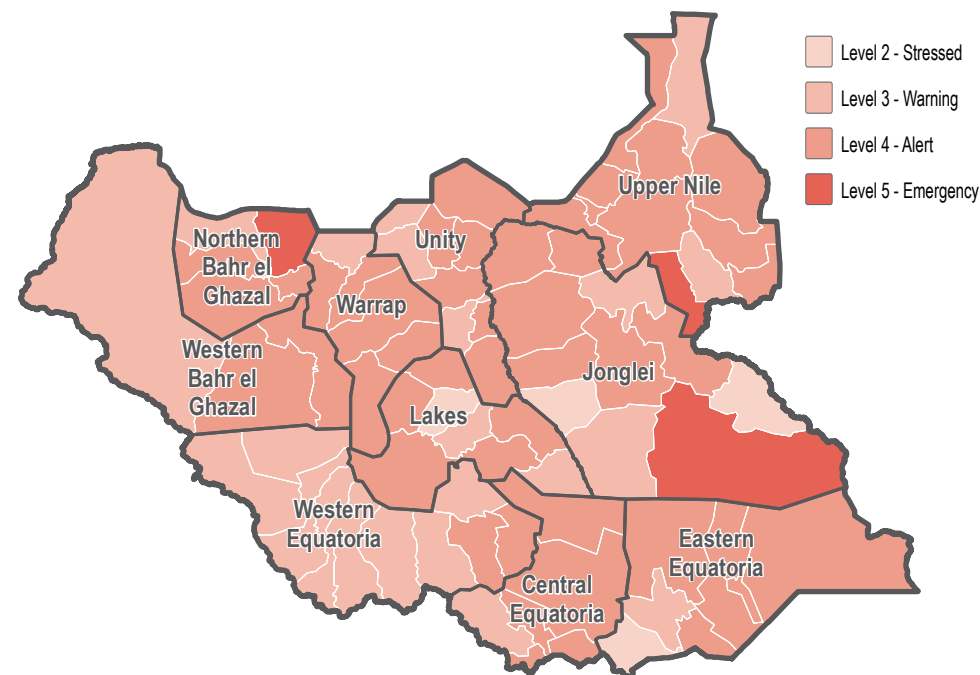These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

Level 2 - Stressed
Level 3 - Warning
Level 4 - Alert
Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (IDP) households by time arrived in their current location

More than 5 years	100%

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households

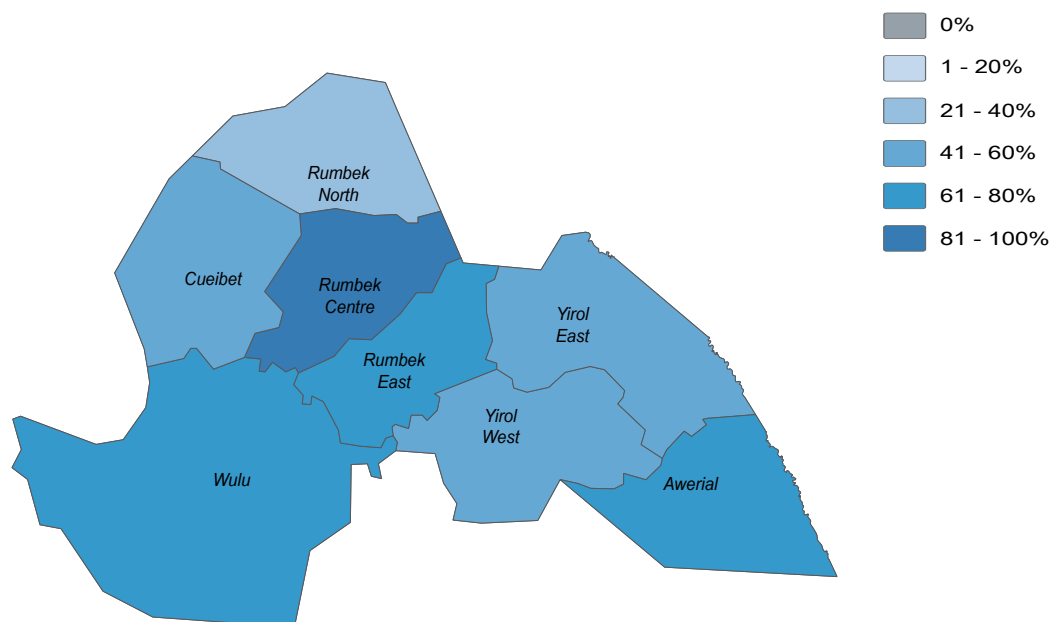|	
Female headed	95%
Children under 5	71%
Elderly persons	35%
Conflict injuries	22%
Physically disabled	15%

💧 Water

99%	of **Awerial County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
59%	of **Awerial County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
6%	of HHs in **Awerial County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
19%	of HHs in **Awerial County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

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

Source	%		Time	%
Borehole	99%		< 30 minutes	79%
Swamp	1%		30 minutes - 1 hour	20%
			1 hour - half a day	1%

Host

Source	%		Time	%
Borehole	99%		< 30 minutes	79%
Swamp	1%		30 minutes - 1 hour	20%
			1 hour - half a day	1%

IDPs

Source	%		Time	%
Borehole	100%		< 30 minutes	100%

Returnees

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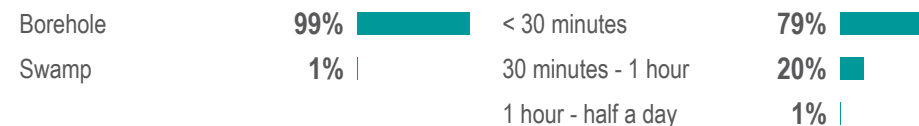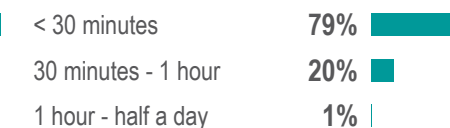
- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point
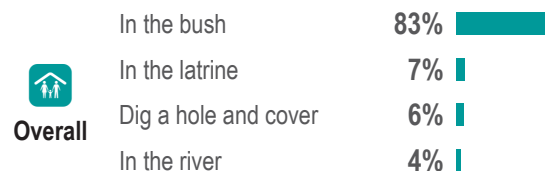
Sanitation

9% of **Awerial County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season

1% of **Awerial County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.

7% of HHs in **Awerial County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season

0% of HHs in **Awerial County** reported their most common defecation location was a latrine, in November and December 2018.
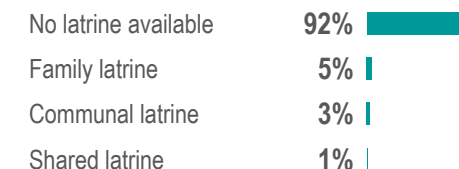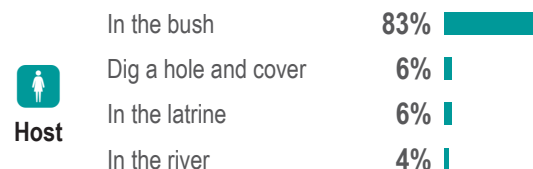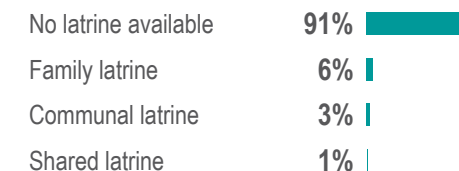
% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Aweriel

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

Defecation location	%	Type of latrine	%
In the bush	83%	No latrine available	91%
In the latrine	7%	Family latrine	6%
Dig a hole and cover	6%	Communal latrine	3%
In the river	4%	Shared latrine	1%

Host

Defecation location	%	Type of latrine	%
In the bush	83%	No latrine available	92%
Dig a hole and cover	6%	Family latrine	5%
In the latrine	6%	Communal latrine	3%
In the river	4%	Shared latrine	1%

IDPs

Defecation location	%
In the latrine	100%

Returnees
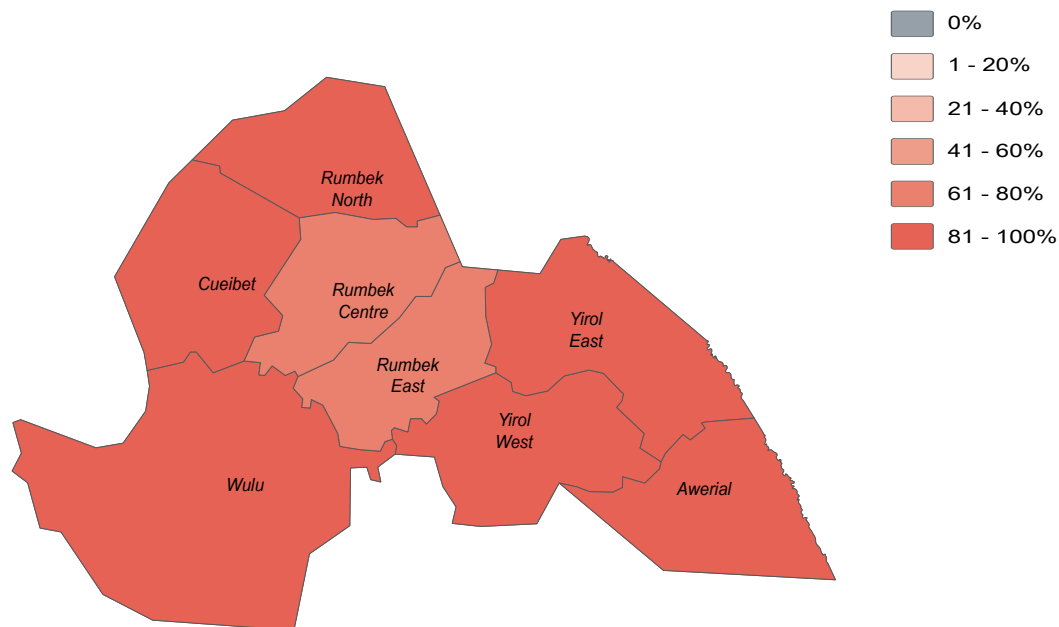
⚕ Health

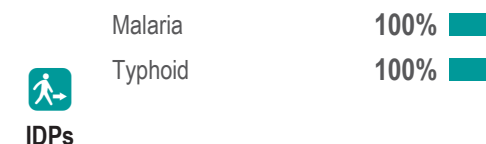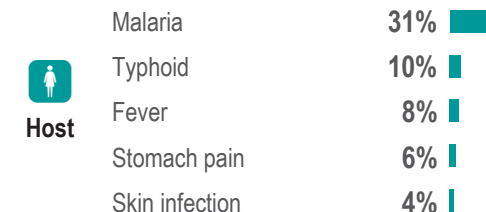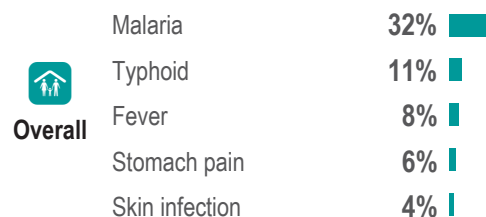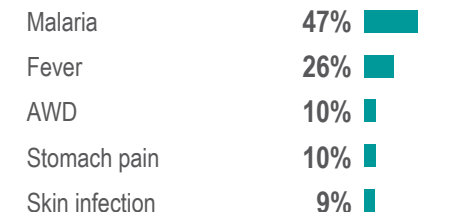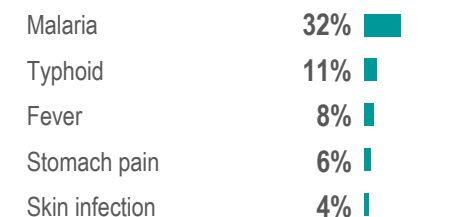|	
65%	of **Awerial County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
56%	of **Awerial County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Awerial County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Awerial County**

% 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

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]

Overall

Adults		Children under 5	
Malaria	32%	Malaria	32%
Typhoid	11%	Typhoid	11%
Fever	8%	Fever	8%
Stomach pain	6%	Stomach pain	6%
Skin infection	4%	Skin infection	4%

Host

Adults		Children under 5	
Malaria	31%	Malaria	47%
Typhoid	10%	Fever	26%
Fever	8%	AWD	10%
Stomach pain	6%	Stomach pain	10%
Skin infection	4%	Skin infection	9%

IDPs

Adults		Children under 5	
Malaria	100%	Flu	100%
Typhoid	100%	Malaria	100%

Returnees

NFI WASH NFIs

15% of **Awerial County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season

6% of **Awerial County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.

3 was the average number of jerrycans and/or buckets per HH in **Awerial County** in July and August 2019. This was an increase from the previous season

2 was the average number of jerrycans and/or buckets per HH in **Awerial County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

No **4%**
Yes 96%

No **73%**
Yes 27%

No **10%**
Yes 90%

Host

No **4%**
Yes 96%

No **73%**
Yes 27%

No **9%**
Yes 91%

IDPs

Yes 100%

No **100%**

No **100%**

Returnees

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

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

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

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

Overview and Methodology

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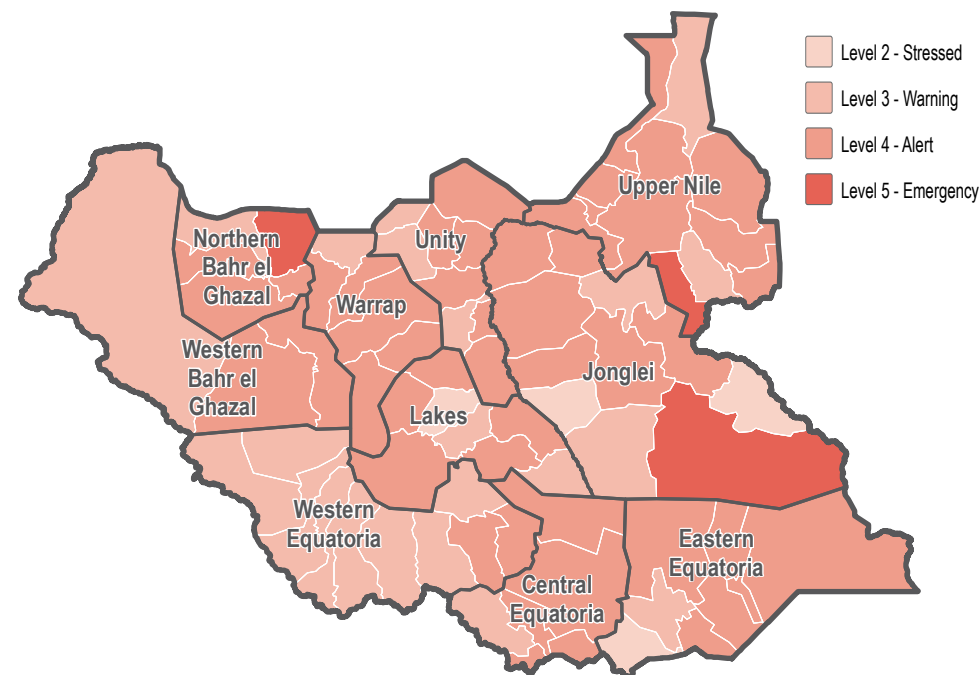These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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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Displacement

Percentage of households by displacement status[1]

Host community   **100%**

Percentage of Internally Displaced Person (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

Children under 5	**85%**
Elderly persons	**53%**
Female headed	**30%**
Conflict injuries	**19%**
Physically disabled	**10%**

💧 Water

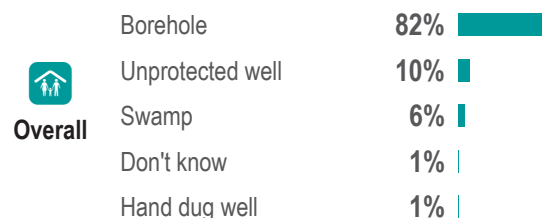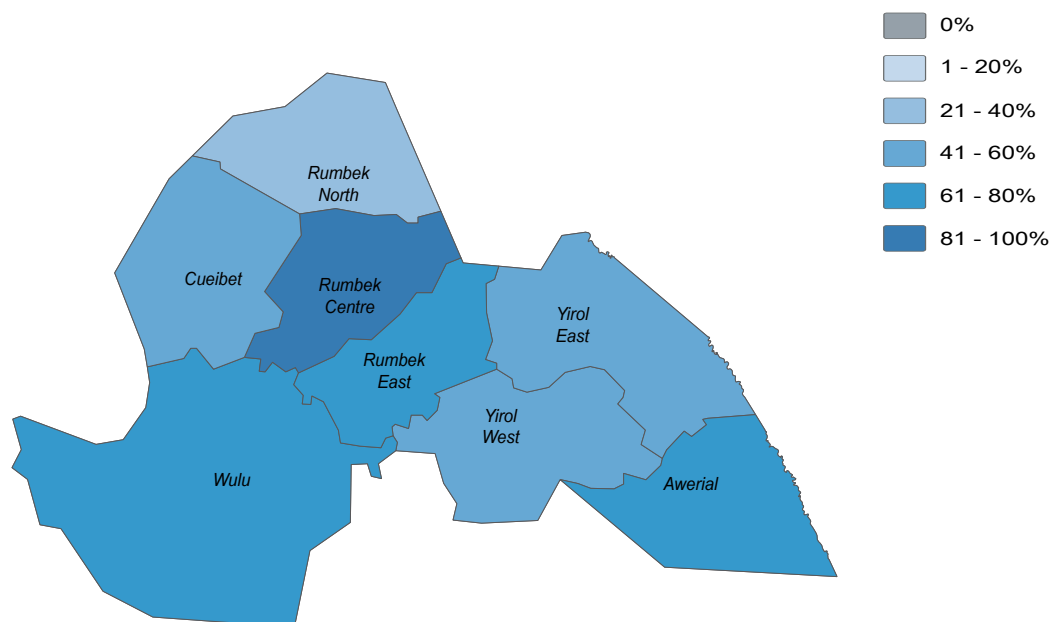|	
82%	of **Cueibet County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
84%	of **Cueibet County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
15%	of HHs in **Cueibet County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
33%	of HHs in **Cueibet County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial
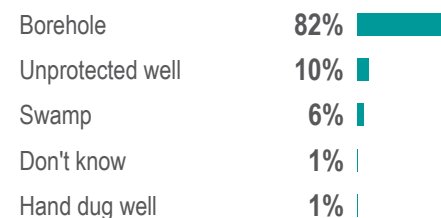
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- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

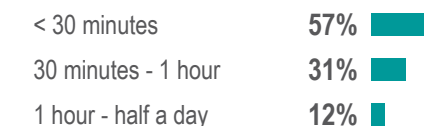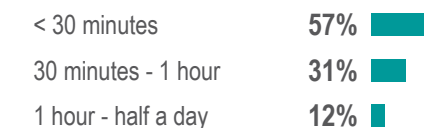**Most commonly reported sources of drinking water (by percentage of households)**

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

Overall

Source	%	Time	%
Borehole	82%	< 30 minutes	57%
Unprotected well	10%	30 minutes - 1 hour	31%
Swamp	6%	1 hour - half a day	12%
Don't know	1%		
Hand dug well	1%		

Host

Source	%	Time	%
Borehole	82%	< 30 minutes	57%
Unprotected well	10%	30 minutes - 1 hour	31%
Swamp	6%	1 hour - half a day	12%
Don't know	1%		
Hand dug well	1%		

IDPs

Returnees
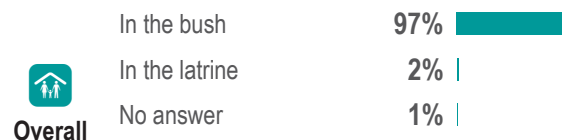
Sanitation

5% of **Cueibet County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season

2% of **Cueibet County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.

2% of HHs in **Cueibet County** reported their most common defecation location was a latrine, in July and August 2019. This was the same as the previous season

2% of HHs in **Cueibet County** reported their most common defecation location was a latrine, in November and December 2018.
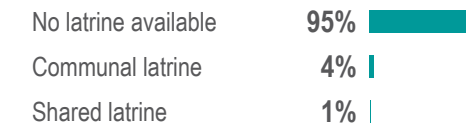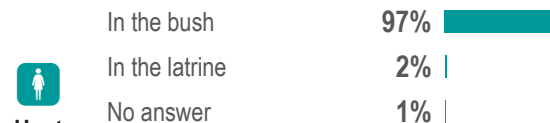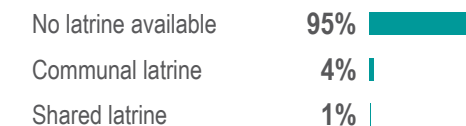
% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	97%
In the latrine	2%
No answer	1%

No latrine available	95%
Communal latrine	4%
Shared latrine	1%

Host

In the bush	97%
In the latrine	2%
No answer	1%

No latrine available	95%
Communal latrine	4%
Shared latrine	1%

IDPs
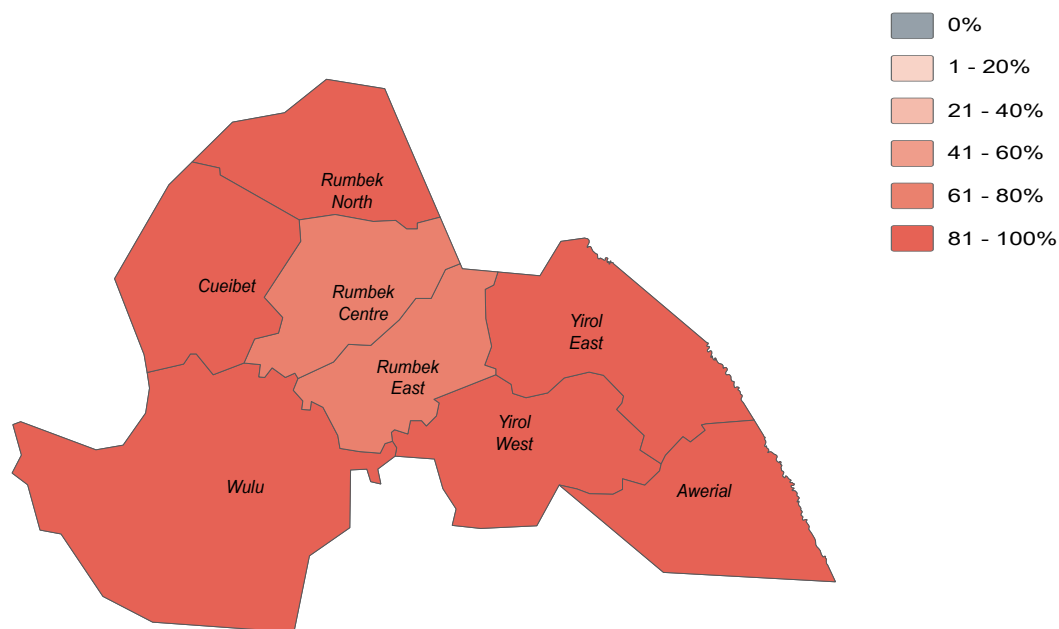
Returnees

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Lakes State, South Sudan

WASH Cluster Water Sanitation Hygiene

Health

72% of **Cueibet 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 2019. This was the same as the previous season

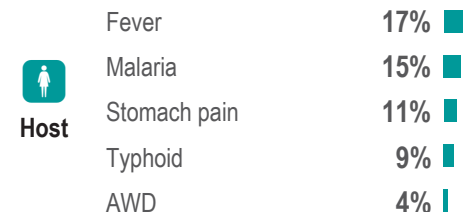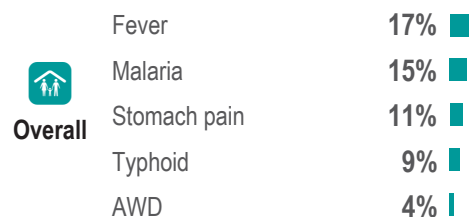**72%** of **Cueibet County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018

Fever was the most commonly reported water or vector borne disease in July and August 2019 in **Cueibet County**. This was different to the previous season

Malaria was the most commonly reported water or vector borne disease in November and December 2018 in **Cueibet County**
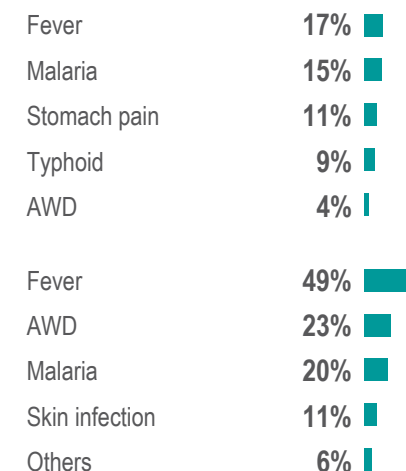
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

⬛	0%
⬜	1 - 20%
🟧	21 - 40%
🟧	41 - 60%
🟥	61 - 80%
🟥	81 - 100%

Rumbek North

Cueibet

Rumbek Centre

Rumbek East

Yirol East

Yirol West

Wulu

Awerial

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]
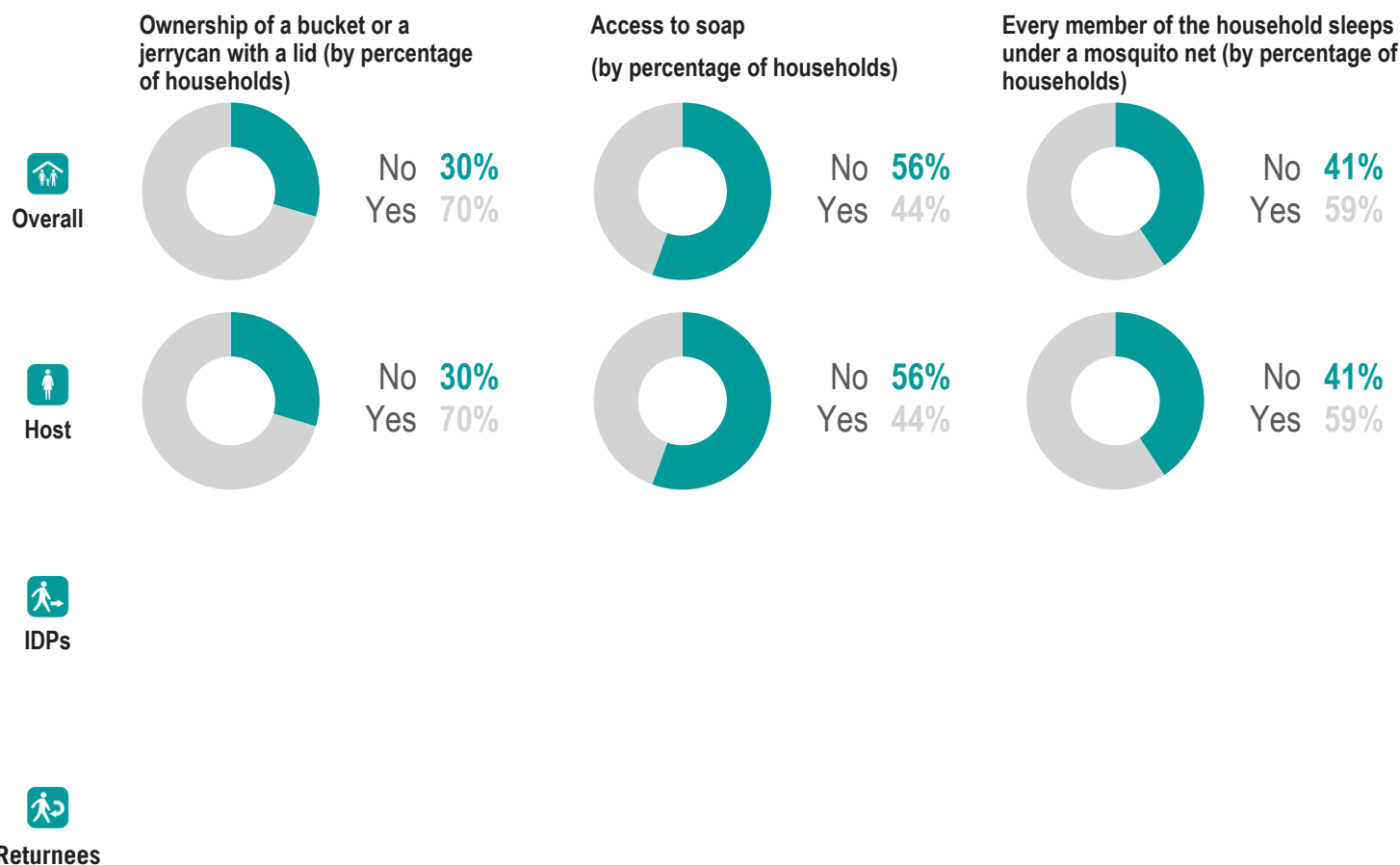
Overall

Fever	**17%**	Fever	**17%**
Malaria	**15%**	Malaria	**15%**
Stomach pain	**11%**	Stomach pain	**11%**
Typhoid	**9%**	Typhoid	**9%**
AWD	**4%**	AWD	**4%**

Host

Fever	**17%**	Fever	**49%**
Malaria	**15%**	AWD	**23%**
Stomach pain	**11%**	Malaria	**20%**
Typhoid	**9%**	Skin infection	**11%**
AWD	**4%**	Others	**6%**

IDPs

Returnees

NFI WASH NFIs

26%	of **Cueibet County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
5%	of **Cueibet County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Cueibet County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Cueibet County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

No **30%**
Yes 70%

No **56%**
Yes 44%

No **41%**
Yes 59%

Host

No **30%**
Yes 70%

No **56%**
Yes 44%

No **41%**
Yes 59%

IDPs

Returnees

Endnotes
1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

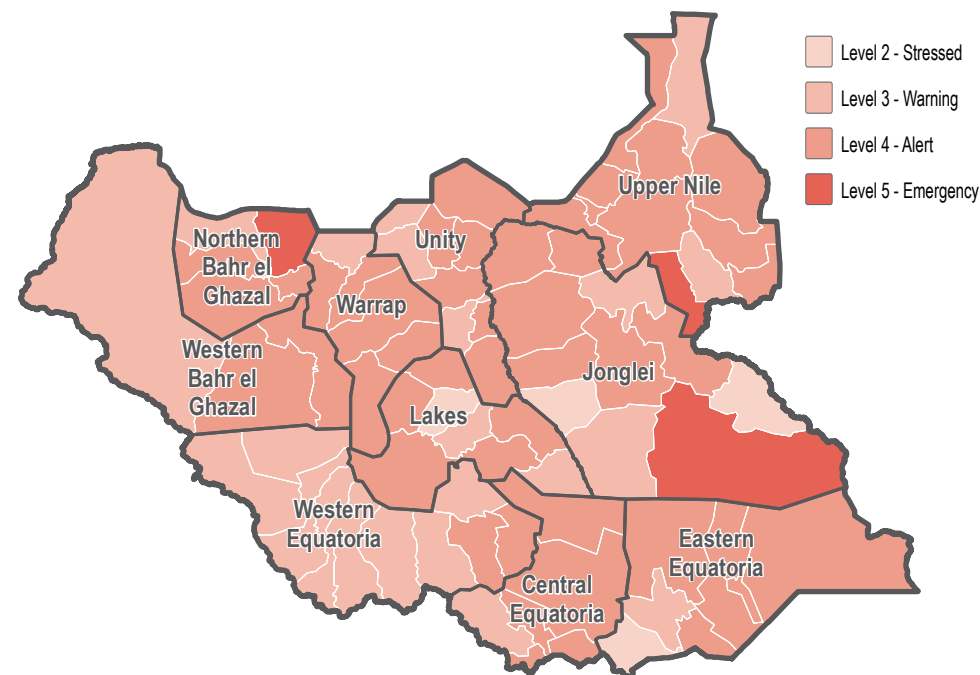These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

- Level 2 - Stressed
- Level 3 - Warning
- Level 4 - Alert
- Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection
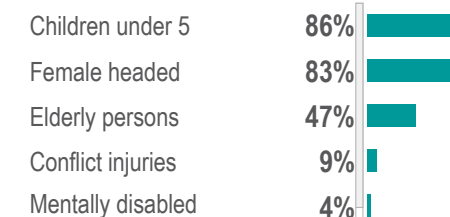
Displacement

Percentage of households by displacement status[1]

Host community — **100%**

Percentage of Internally Displaced Person (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

Children under 5	**86%**
Female headed	**83%**
Elderly persons	**47%**
Conflict injuries	**9%**
Mentally disabled	**4%**

💧 Water

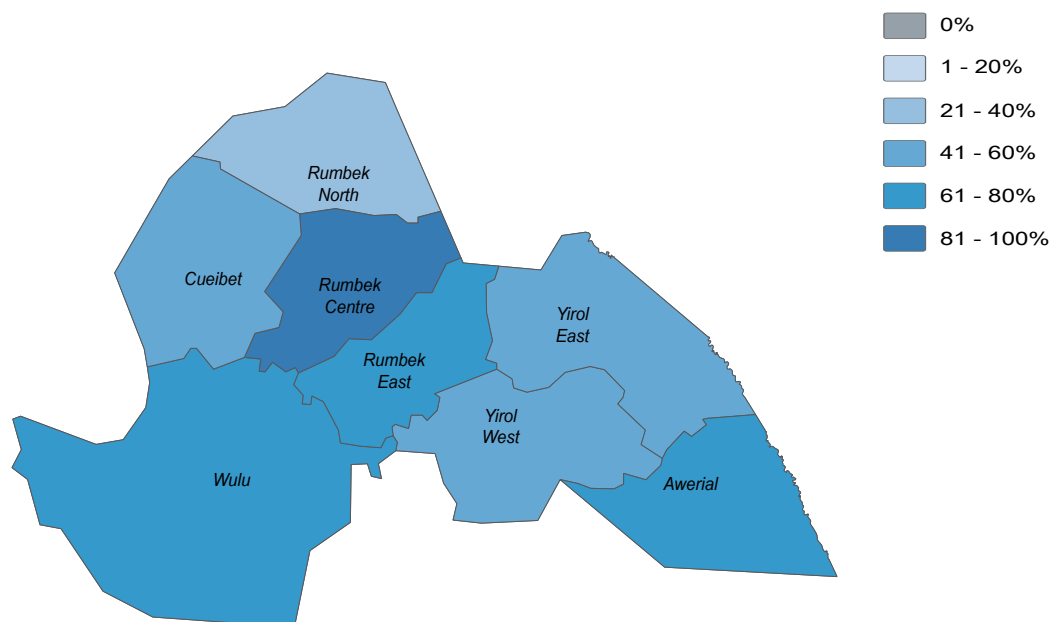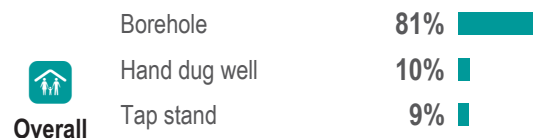|	
90%	of **Rumbek Centre County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
99%	of **Rumbek Centre County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
6%	of HHs in **Rumbek Centre County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
1%	of HHs in **Rumbek Centre County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

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

Source	%	Time	%
Borehole	81%	< 30 minutes	92%
Hand dug well	10%	30 minutes - 1 hour	7%
Tap stand	9%	1 hour - half a day	1%

Host

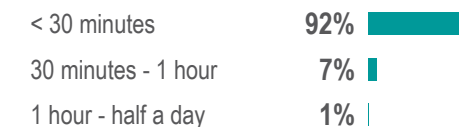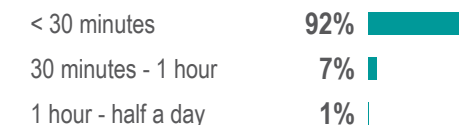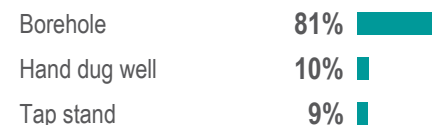| Source	%	Time	%
Borehole	81%	< 30 minutes	92%
Hand dug well	10%	30 minutes - 1 hour	7%
Tap stand	9%	1 hour - half a day	1%

IDPs

Returnees

This simple water access composite indicator 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
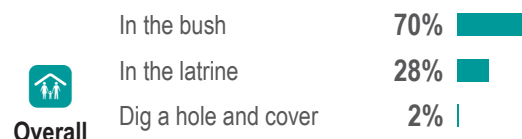- Did not report any security concerns while accessing water point

Sanitation

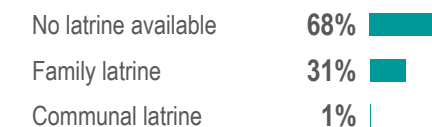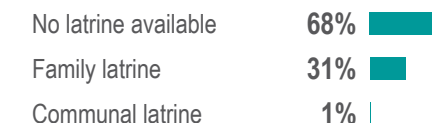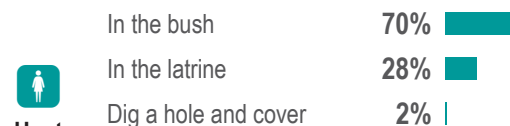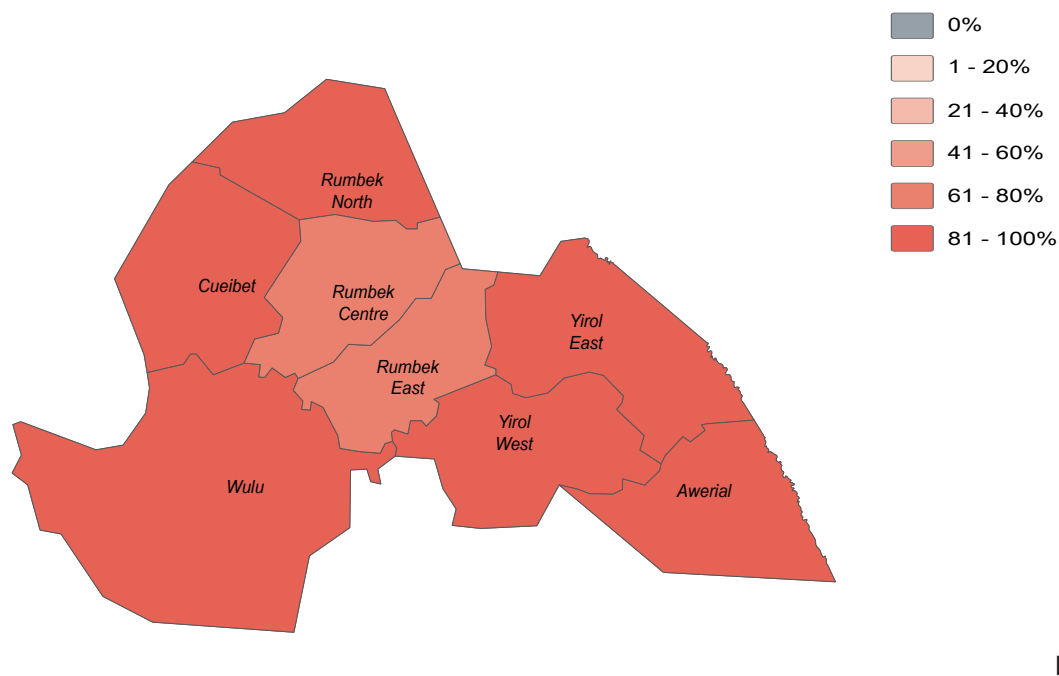|	
32%	of **Rumbek Centre County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
22%	of **Rumbek Centre County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
28%	of HHs in **Rumbek Centre County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
22%	of HHs in **Rumbek Centre County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	70%
In the latrine	28%
Dig a hole and cover	2%

No latrine available	68%
Family latrine	31%
Communal latrine	1%

Host

In the bush	70%
In the latrine	28%
Dig a hole and cover	2%

No latrine available	68%
Family latrine	31%
Communal latrine	1%

IDPs

Returnees

Health

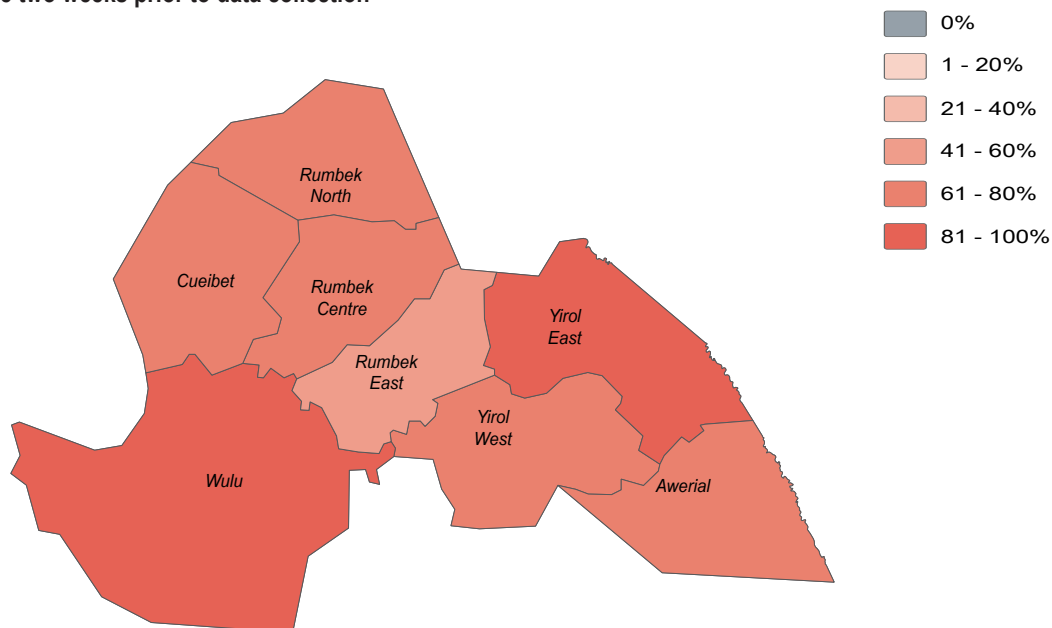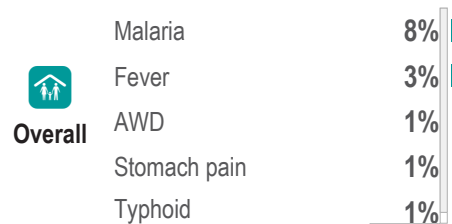|	
67%	of **Rumbek Centre County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
48%	of **Rumbek Centre County** HHs reported one or more 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
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Rumbek Centre County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Rumbek Centre County**

% 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

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

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Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)
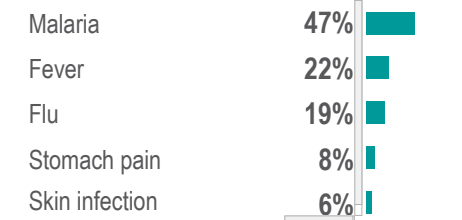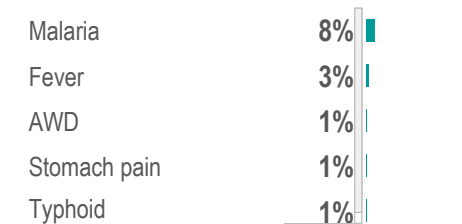
Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall

Adults		Children under 5	
Malaria	8%	Malaria	8%
Fever	3%	Fever	3%
AWD	1%	AWD	1%
Stomach pain	1%	Stomach pain	1%
Typhoid	1%	Typhoid	1%

Host

Adults		Children under 5	
Malaria	8%	Malaria	47%
Fever	3%	Fever	22%
AWD	1%	Flu	19%
Stomach pain	1%	Stomach pain	8%
Typhoid	1%	Skin infection	6%

IDPs

Returnees

NFI WASH NFIs

40%	of **Rumbek Centre County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
5%	of **Rumbek Centre County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Rumbek Centre County** in July and August 2019. This was an increase from the previous season
1	was the average number of jerrycans and/or buckets per HH in **Rumbek Centre County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

	No	**14%**		No	**40%**		No	**37%**
	Yes	86%		Yes	60%		Yes	63%

Host

	No	**14%**		No	**40%**		No	**37%**
	Yes	86%		Yes	60%		Yes	63%

IDPs

Returnees

Endnotes

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2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
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5. The composite indicator 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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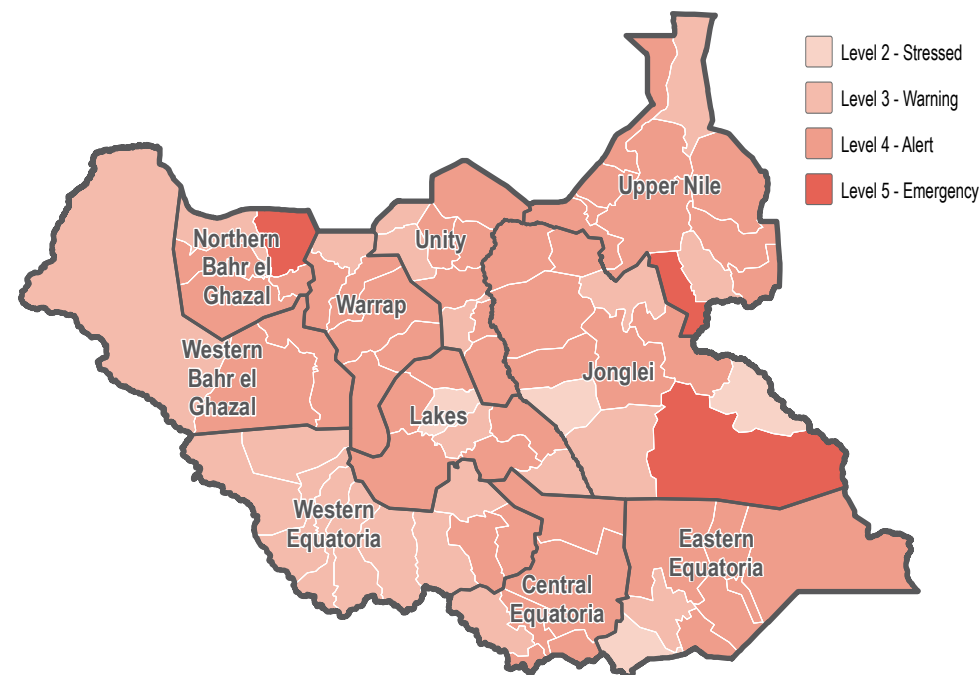These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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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WASH Needs Severity Map

Level 2 - Stressed
Level 3 - Warning
Level 4 - Alert
Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement
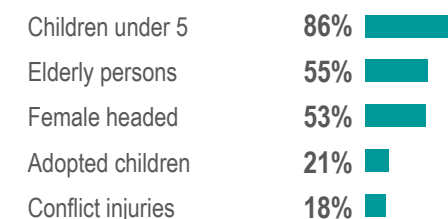
Percentage of households by displacement status[1]

Host community	**96%**
Returnee	**4%**

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Percentage of returnee households by time arrived in their current location

In the last one year	**100%**

Most commonly reported vulnerability, by percentage of households

Children under 5	**86%**
Elderly persons	**55%**
Female headed	**53%**
Adopted children	**21%**
Conflict injuries	**18%**

Rumbek East County - Water, Sanitation and Hygiene Factsheet
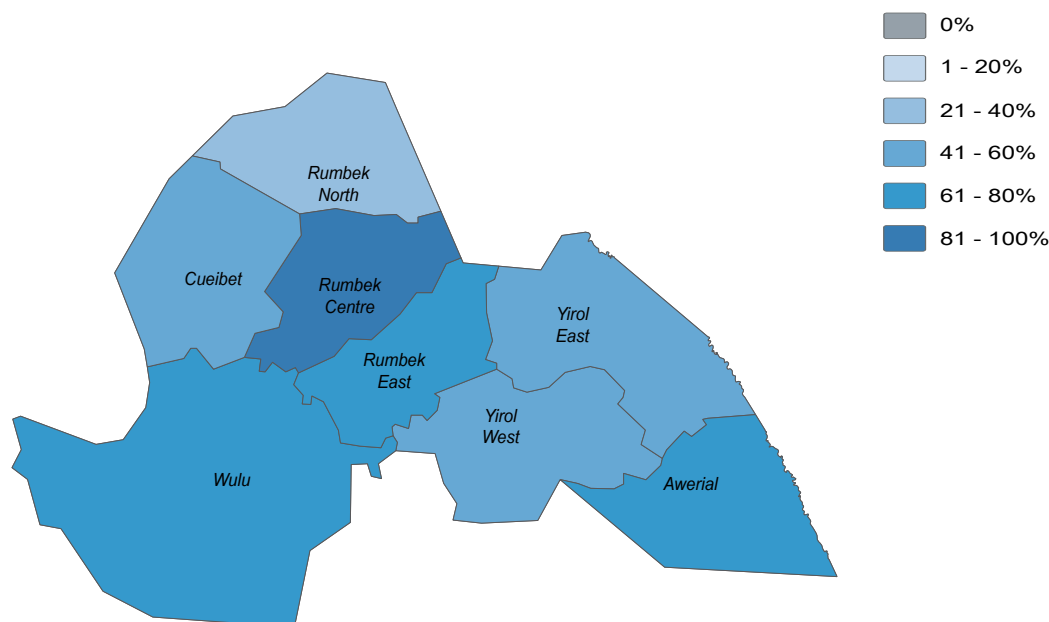
Lakes State, South Sudan

WASH Cluster Water Sanitation Hygiene

💧 Water

99% of **Rumbek East County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was the same as the previous season

99% of **Rumbek East County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018

18% of HHs in **Rumbek East County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season

1% of HHs in **Rumbek East County** reported feeling unsafe while collecting water, in November and December 2018
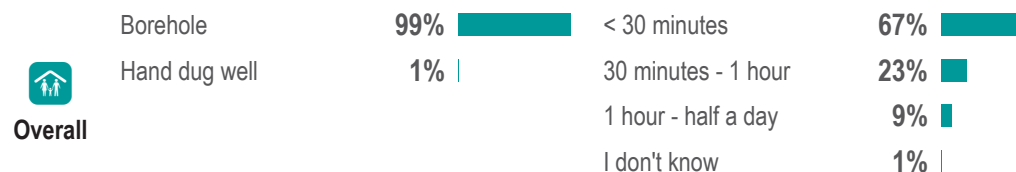
% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water

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

Rumbek North

Cueibet

Rumbek Centre

Rumbek East

Yirol East

Yirol West

Wulu

Awerial

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

Source	%	Time	%
Borehole	99%	< 30 minutes	67%
Hand dug well	1%	30 minutes - 1 hour	23%
		1 hour - half a day	9%
		I don't know	1%

Host

Source	%	Time	%
Borehole	99%	< 30 minutes	68%
Hand dug well	1%	30 minutes - 1 hour	22%
		1 hour - half a day	9%
		I don't know	1%

IDPs

Returnees

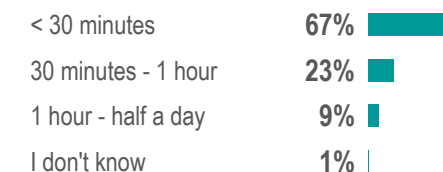| Source	%	Time	%
Borehole	100%	< 30 minutes	50%
		30 minutes - 1 hour	50%

This simple water access composite indicator 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
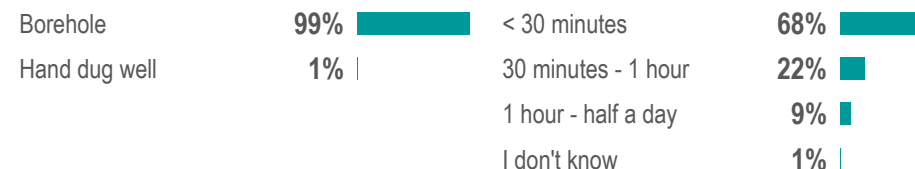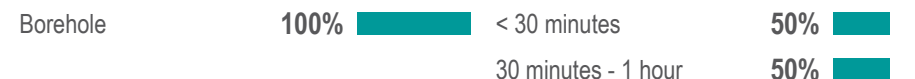- Did not report any security concerns while accessing water point

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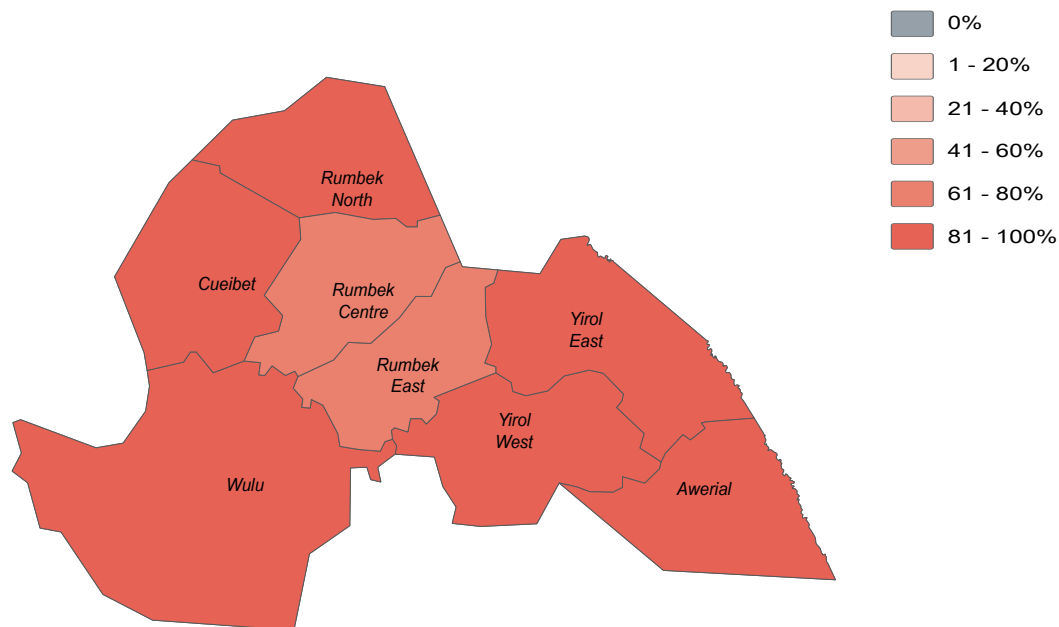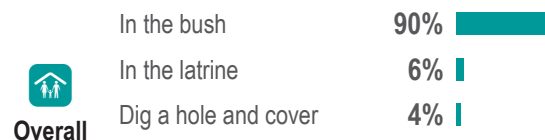
Sanitation

33% of **Rumbek East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season

17% of **Rumbek East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.

6% of HHs in **Rumbek East County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season

7% of HHs in **Rumbek East County** reported their most common defecation location was a latrine, in November and December 2018.
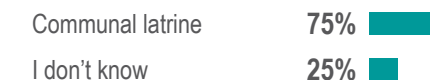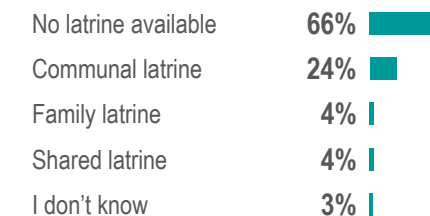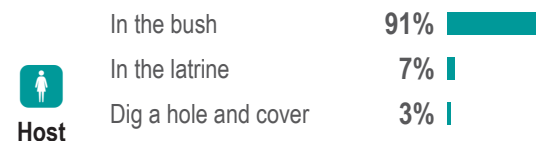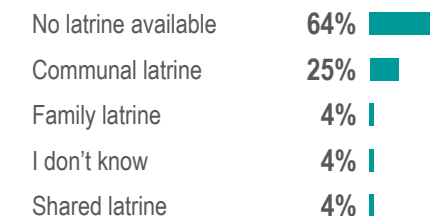
% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Rumbek North
Cueibet
Rumbek Centre
Rumbek East
Yirol East
Yirol West
Wulu
Awerial

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	90%
In the latrine	6%
Dig a hole and cover	4%

No latrine available	64%
Communal latrine	25%
Family latrine	4%
I don't know	4%
Shared latrine	4%

Host

In the bush	91%
In the latrine	7%
Dig a hole and cover	3%

No latrine available	66%
Communal latrine	24%
Family latrine	4%
Shared latrine	4%
I don't know	3%

IDPs

Returnees

| In the bush | 75% |
| Dig a hole and cover | 25% |

| Communal latrine | 75% |
| I don't know | 25% |

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Rumbek East County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan
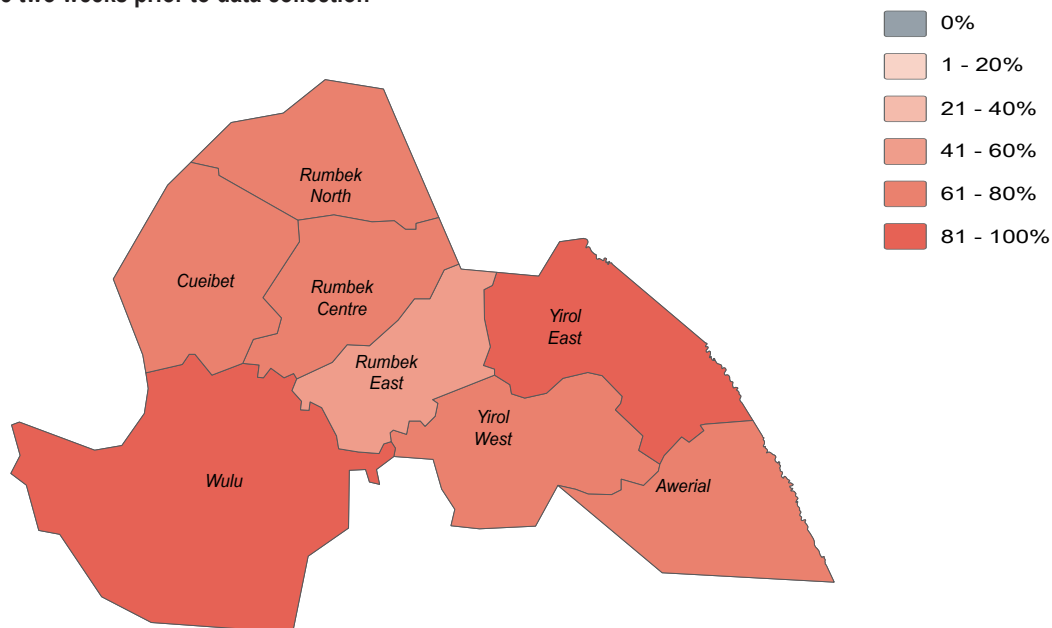
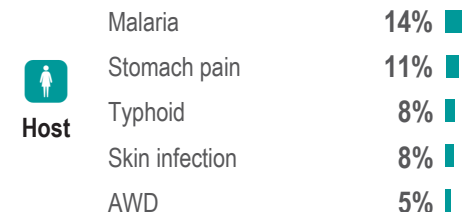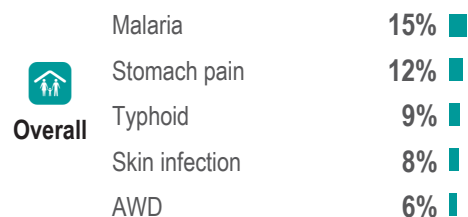**WASH Cluster** Water Sanitation Hygiene

July/August 2019

⚕ Health

60% of **Rumbek 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 2019. This was a decrease from the previous season

75% of **Rumbek 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

Malaria was the most commonly reported water or vector borne disease in July and August 2019 in **Rumbek East County**. This was the same as the previous season

Malaria was the most commonly reported water or vector borne disease in November and December 2018 in **Rumbek East County**
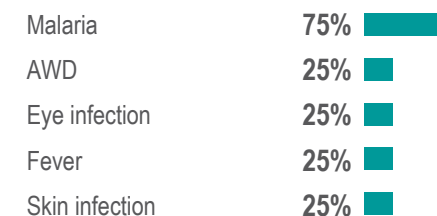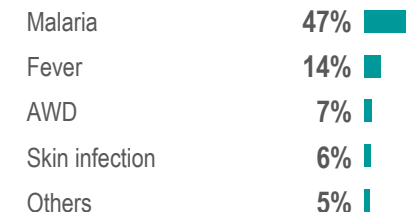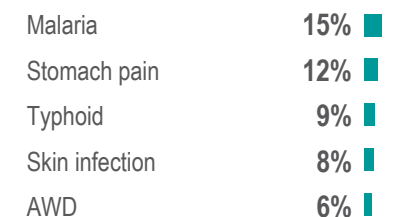
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]

Overall

Disease	Adults		Disease	Children
Malaria	15%		Malaria	15%
Stomach pain	12%		Stomach pain	12%
Typhoid	9%		Typhoid	9%
Skin infection	8%		Skin infection	8%
AWD	6%		AWD	6%

Host

Disease	Adults		Disease	Children
Malaria	14%		Malaria	47%
Stomach pain	11%		Fever	14%
Typhoid	8%		AWD	7%
Skin infection	8%		Skin infection	6%
AWD	5%		Others	5%

IDPs

Returnees

Disease	Children
Malaria	75%
AWD	25%
Eye infection	25%
Fever	25%
Skin infection	25%

NFI WASH NFIs

33%	of **Rumbek East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
22%	of **Rumbek East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Rumbek East County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Rumbek East County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

| | No | 11% |
| | Yes | 89% |

| | No | 16% |
| | Yes | 84% |

| | No | 39% |
| | Yes | 61% |

Host

| | No | 9% |
| | Yes | 91% |

| | No | 16% |
| | Yes | 84% |

| | No | 40% |
| | Yes | 60% |

IDPs

Returnees

| | No | 50% |
| | Yes | 50% |

| | No | 25% |
| | Yes | 75% |

| | No | 25% |
| | Yes | 75% |

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

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

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org. Visit **www.reach-initiative.org** and follow us @ REACH_info.

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

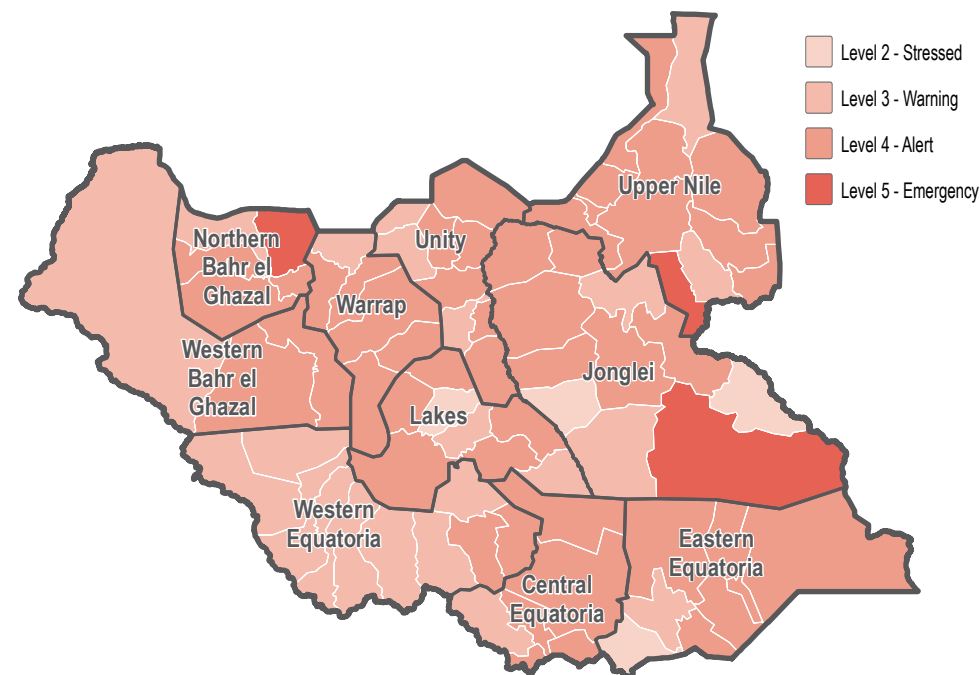These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

- Level 2 - Stressed
- Level 3 - Warning
- Level 4 - Alert
- Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	94%
Returnee	4%
IDP	3%

Percentage of Internally Displaced Person (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

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	92%
Elderly persons	56%
Female headed	39%
Conflict injuries	29%
Chronically ill	12%

💧 Water

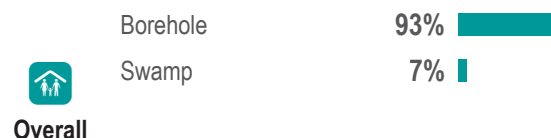|	
93%	of **Rumbek North County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
100%	of **Rumbek North County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
34%	of HHs in **Rumbek North County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
15%	of HHs in **Rumbek North County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial
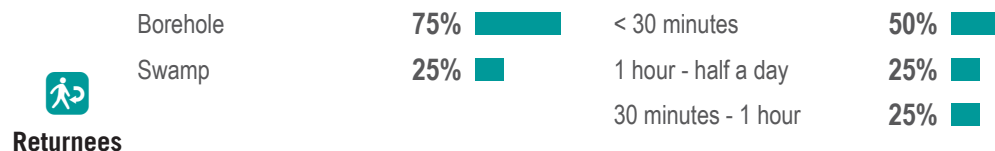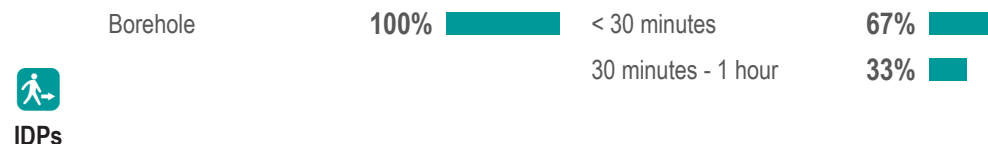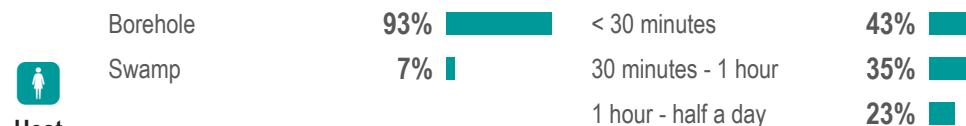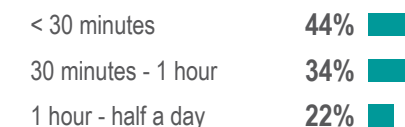
This simple water access composite indicator aims to measure access to an improved water source, without protection concern. The composite was created by averaging the 'yes' responses of households reporting on the following indicators, with all indicators considered to have the same weight:

- 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

Source	%		Time	%
Borehole	93%		< 30 minutes	44%
Swamp	7%		30 minutes - 1 hour	34%
			1 hour - half a day	22%

Host

Source	%		Time	%
Borehole	93%		< 30 minutes	43%
Swamp	7%		30 minutes - 1 hour	35%
			1 hour - half a day	23%

IDPs

Source	%		Time	%
Borehole	100%		< 30 minutes	67%
			30 minutes - 1 hour	33%

Returnees

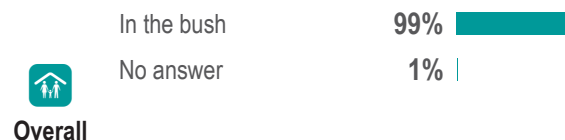| Source	%		Time	%
Borehole	75%		< 30 minutes	50%
Swamp	25%		1 hour - half a day	25%
			30 minutes - 1 hour	25%

Sanitation

10% of **Rumbek North County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season

0% of **Rumbek North County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.

0% of HHs in **Rumbek North County** reported their most common defecation location was a latrine, in July and August 2019. This was the same as the previous season

0% of HHs in **Rumbek North County** reported their most common defecation location was a latrine, in November and December 2018.
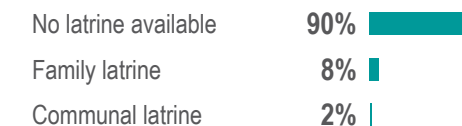
% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Map labels: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial
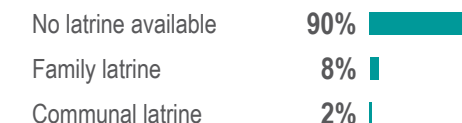
Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

| In the bush | 99% |
| No answer | 1% |

No latrine available	90%
Family latrine	8%
Communal latrine	2%

Host

| In the bush | 99% |
| No answer | 1% |

No latrine available	90%
Family latrine	8%
Communal latrine	2%

IDPs

| In the bush | 100% |

Returnees

| In the bush | 100% |

| No latrine available | 100% |

Health
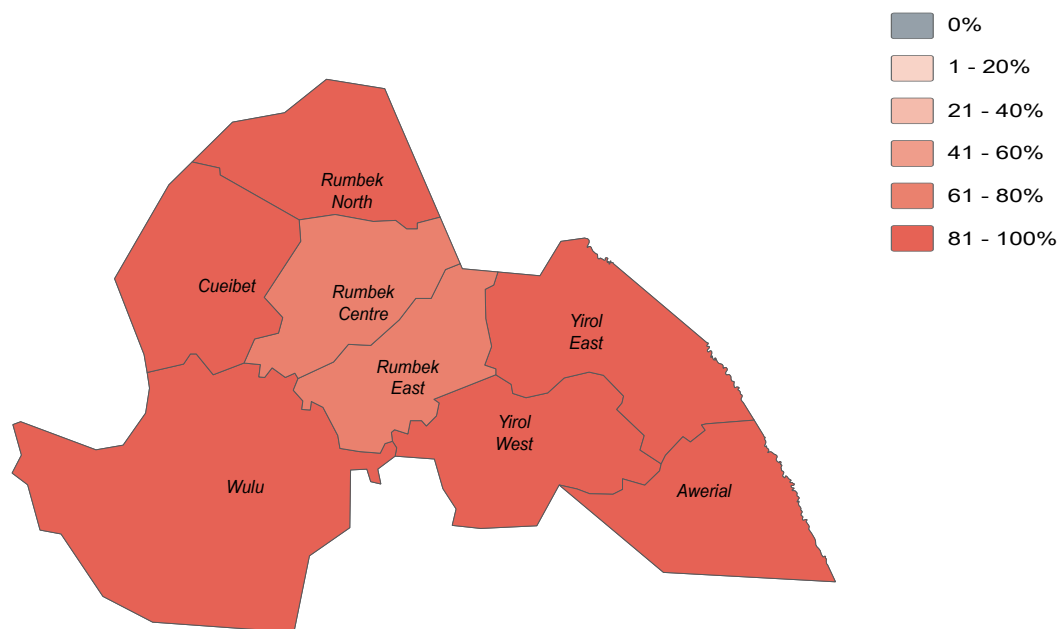
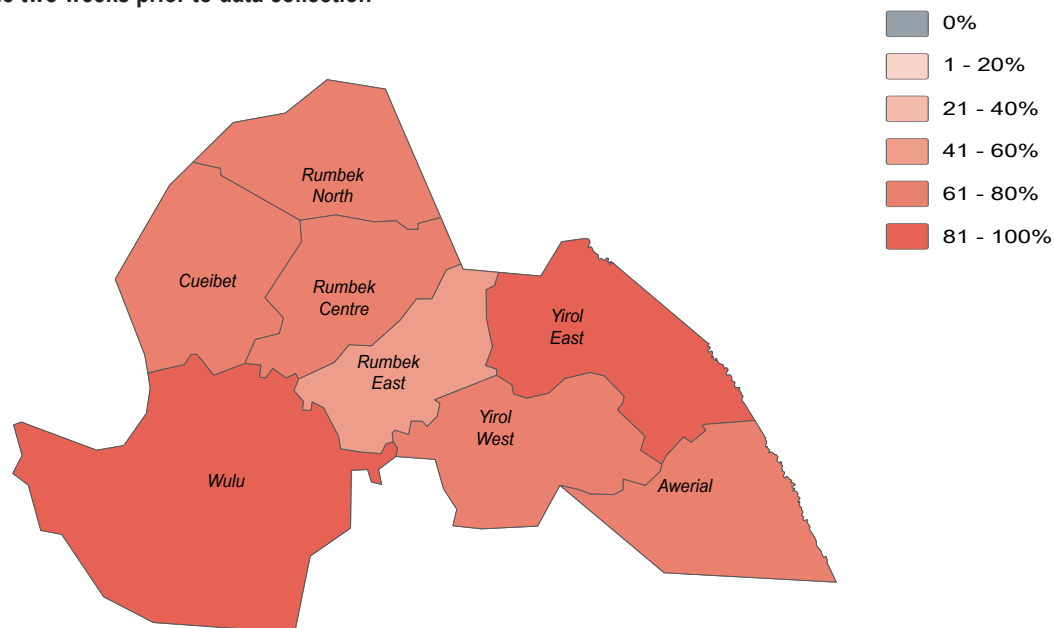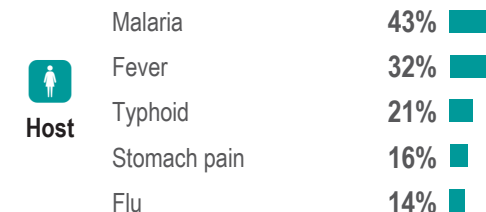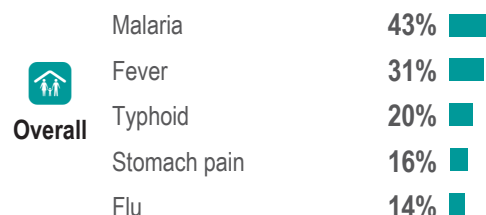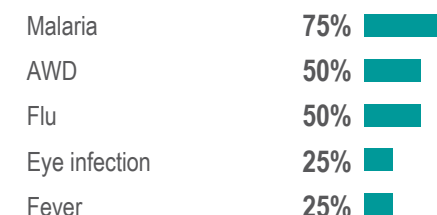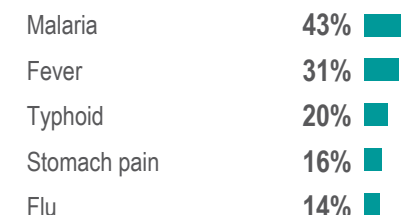|	
67%	of **Rumbek North County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
70%	of **Rumbek North County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Rumbek North County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Rumbek North County**

% 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

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]
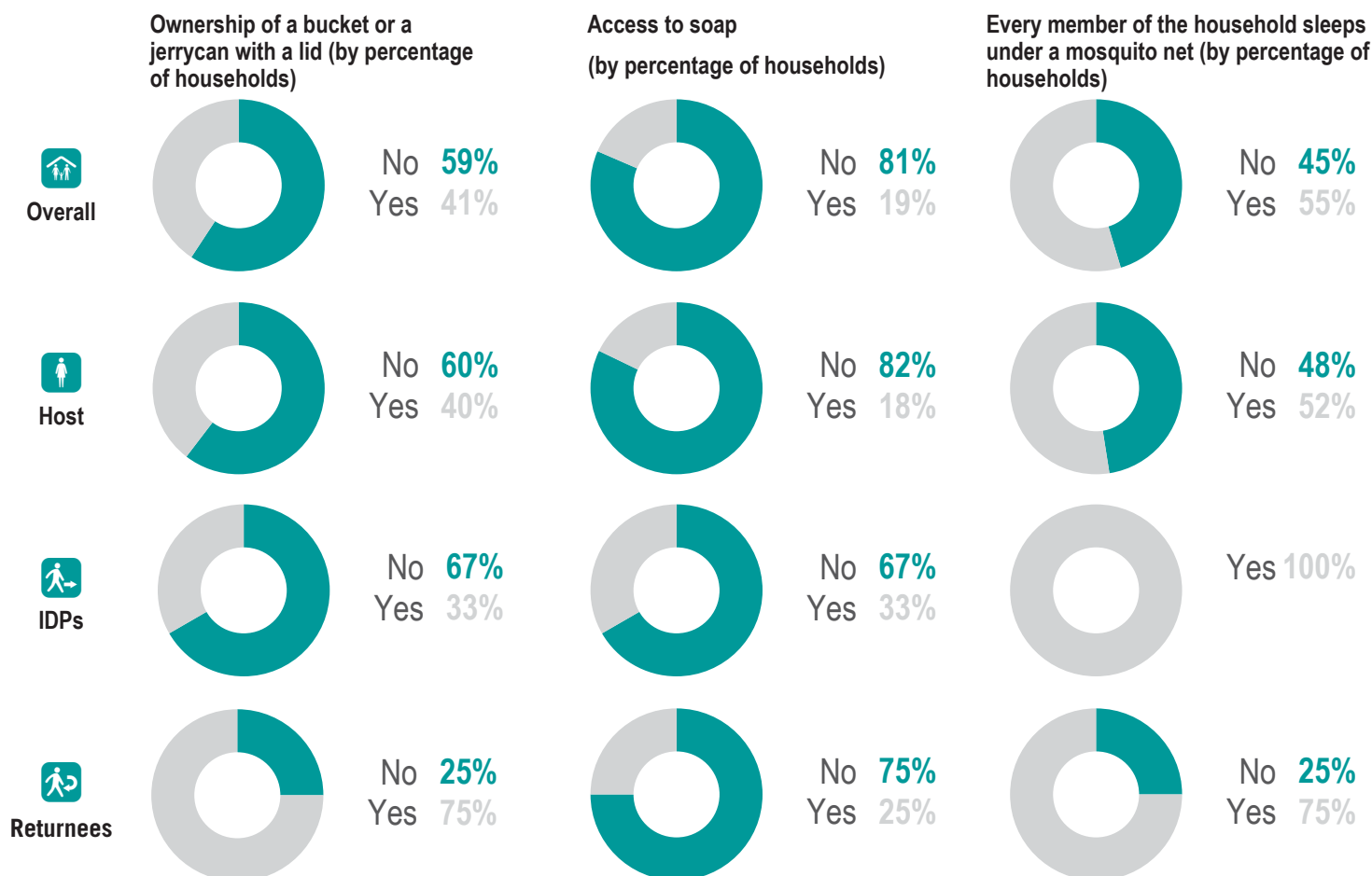
Overall

Adults		Children under 5	
Malaria	43%	Malaria	43%
Fever	31%	Fever	31%
Typhoid	20%	Typhoid	20%
Stomach pain	16%	Stomach pain	16%
Flu	14%	Flu	14%

Host

Adults		Children under 5	
Malaria	43%	Malaria	45%
Fever	32%	Fever	32%
Typhoid	21%	AWD	20%
Stomach pain	16%	Eye infection	14%
Flu	14%	Skin infection	14%

IDPs

Fever	33%
Malaria	33%

Returnees

Malaria	75%
AWD	50%
Flu	50%
Eye infection	25%
Fever	25%

Rumbek North County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster Water Sanitation Hygiene

July/August 2019

NFI WASH NFIs

4%	of **Rumbek North County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
17%	of **Rumbek North County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Rumbek North County** in July and August 2019. This was an increase from the previous season
1	was the average number of jerrycans and/or buckets per HH in **Rumbek North County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall
- No **59%** Yes 41%
- No **81%** Yes 19%
- No **45%** Yes 55%

Host
- No **60%** Yes 40%
- No **82%** Yes 18%
- No **48%** Yes 52%

IDPs
- No **67%** Yes 33%
- No **67%** Yes 33%
- Yes 100%

Returnees
- No **25%** Yes 75%
- No **75%** Yes 25%
- No **25%** Yes 75%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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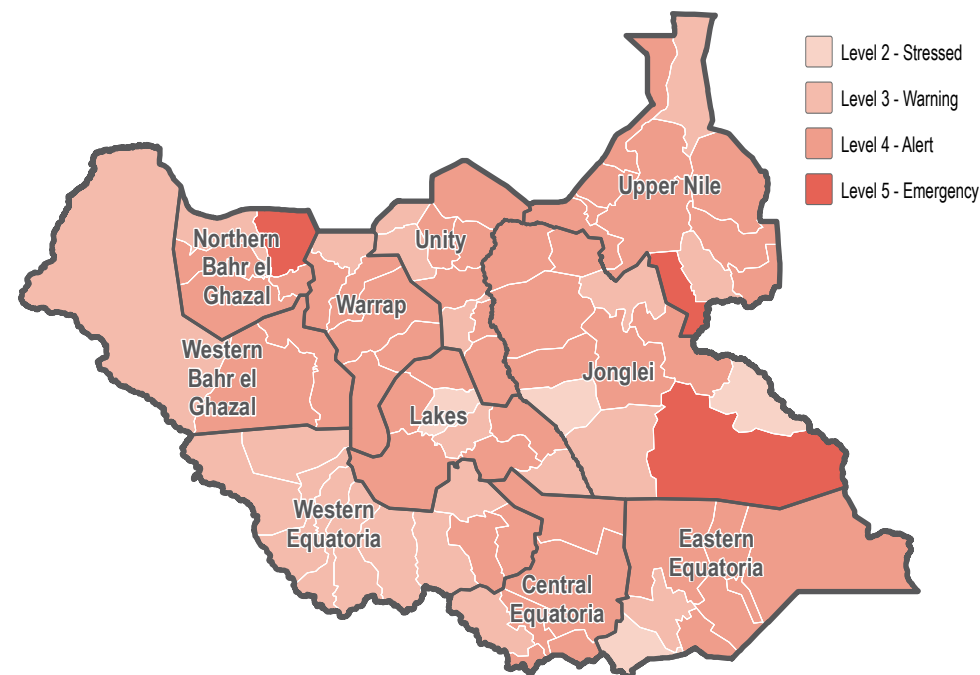These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

Legend:
- Level 2 - Stressed
- Level 3 - Warning
- Level 4 - Alert
- Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement
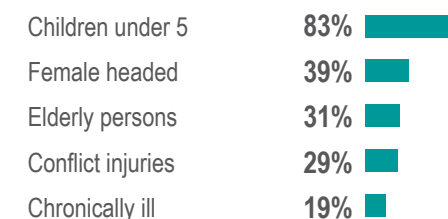
Percentage of households by displacement status[1]

Host community	99%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Percentage of returnee households by time arrived in their current location

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

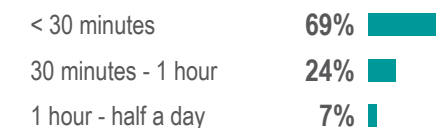|	
Children under 5	83%
Female headed	39%
Elderly persons	31%
Conflict injuries	29%
Chronically ill	19%

Water

99%	of **Wulu County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
98%	of **Wulu County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
4%	of HHs in **Wulu County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
6%	of HHs in **Wulu County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map labels: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

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)
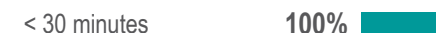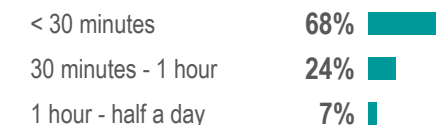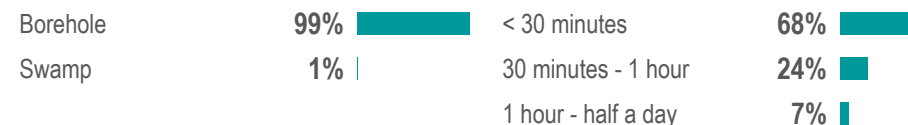
Overall
Source	%	Time	%
Borehole	99%	< 30 minutes	69%
Swamp	1%	30 minutes - 1 hour	24%
		1 hour - half a day	7%

Host
Source	%	Time	%
Borehole	99%	< 30 minutes	68%
Swamp	1%	30 minutes - 1 hour	24%
		1 hour - half a day	7%

IDPs

Returnees
Source	%	Time	%
Borehole	100%	< 30 minutes	100%

This simple water access composite indicator 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
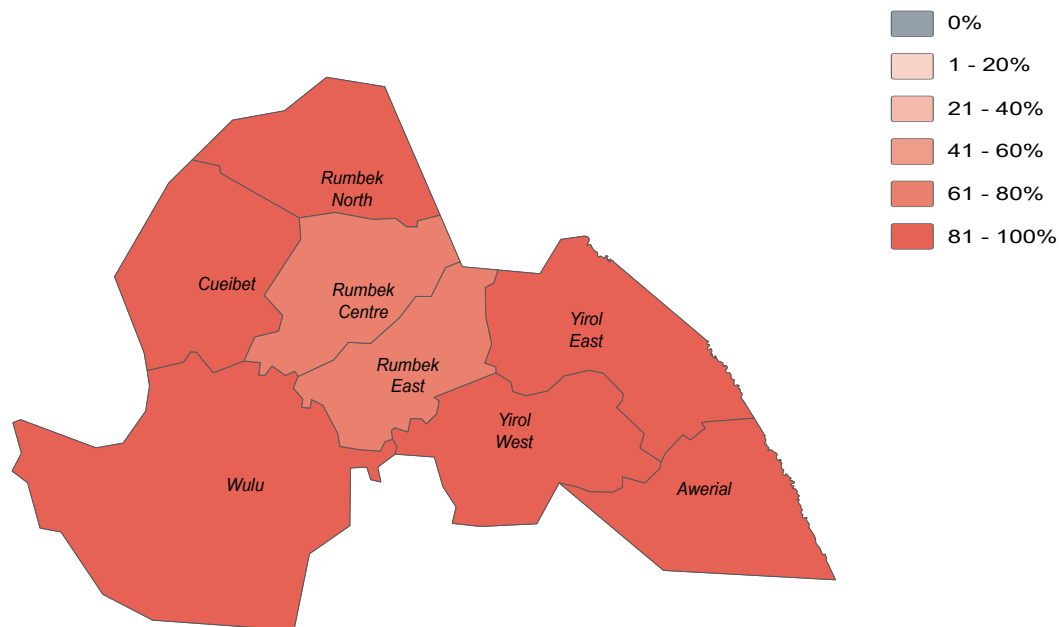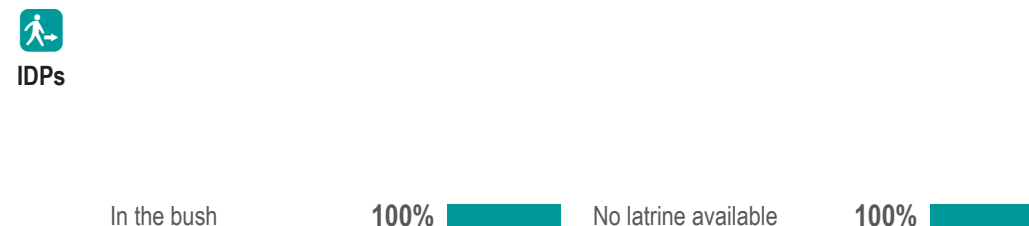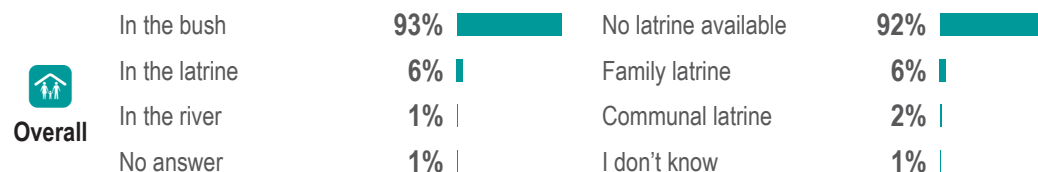
Sanitation

7% of **Wulu County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season

5% of **Wulu County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.

6% of HHs in **Wulu County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season

4% of HHs in **Wulu County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

Defecation location	%	Type of latrine	%
In the bush	93%	No latrine available	92%
In the latrine	6%	Family latrine	6%
In the river	1%	Communal latrine	2%
No answer	1%	I don't know	1%

Host

Defecation location	%	Type of latrine	%
In the bush	93%	No latrine available	92%
In the latrine	6%	Family latrine	6%
In the river	1%	Communal latrine	2%
No answer	1%	I don't know	1%

IDPs

Returnees

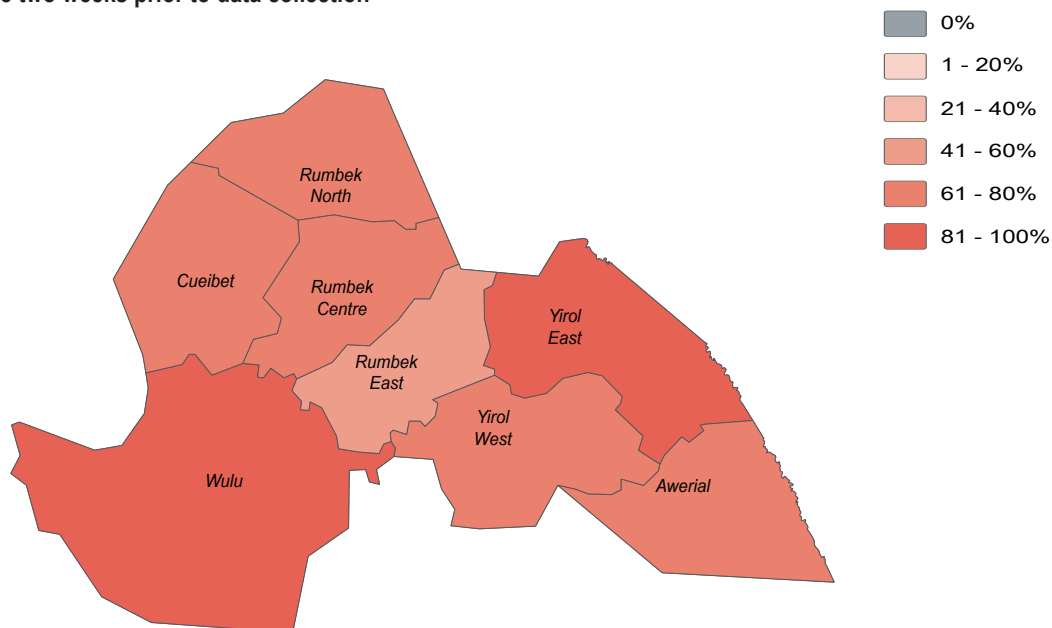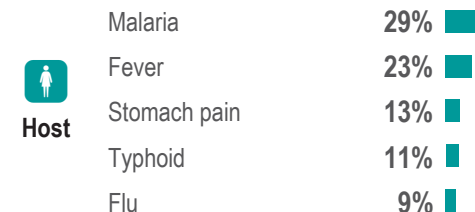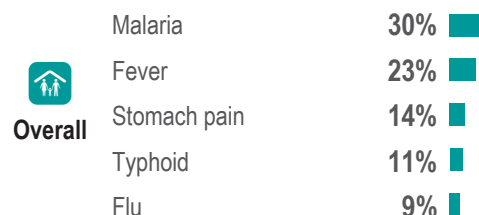| Defecation location	%	Type of latrine	%
In the bush	100%	No latrine available	100%

Health

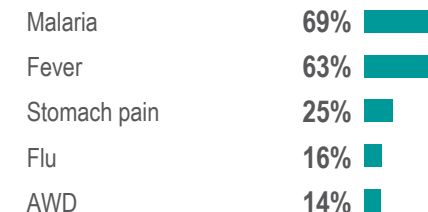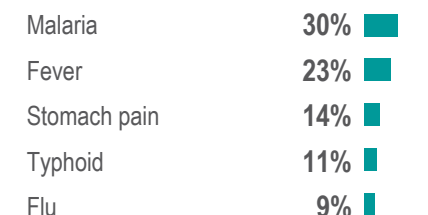|	
88%	of **Wulu County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
83%	of **Wulu County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Wulu County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Wulu County**

% 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

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]

Overall

Adults		Children	
Malaria	30%	Malaria	30%
Fever	23%	Fever	23%
Stomach pain	14%	Stomach pain	14%
Typhoid	11%	Typhoid	11%
Flu	9%	Flu	9%

Host

Adults		Children	
Malaria	29%	Malaria	69%
Fever	23%	Fever	63%
Stomach pain	13%	Stomach pain	25%
Typhoid	11%	Flu	16%
Flu	9%	AWD	14%

IDPs

Returnees

Fever	100%
Flu	100%
Malaria	100%

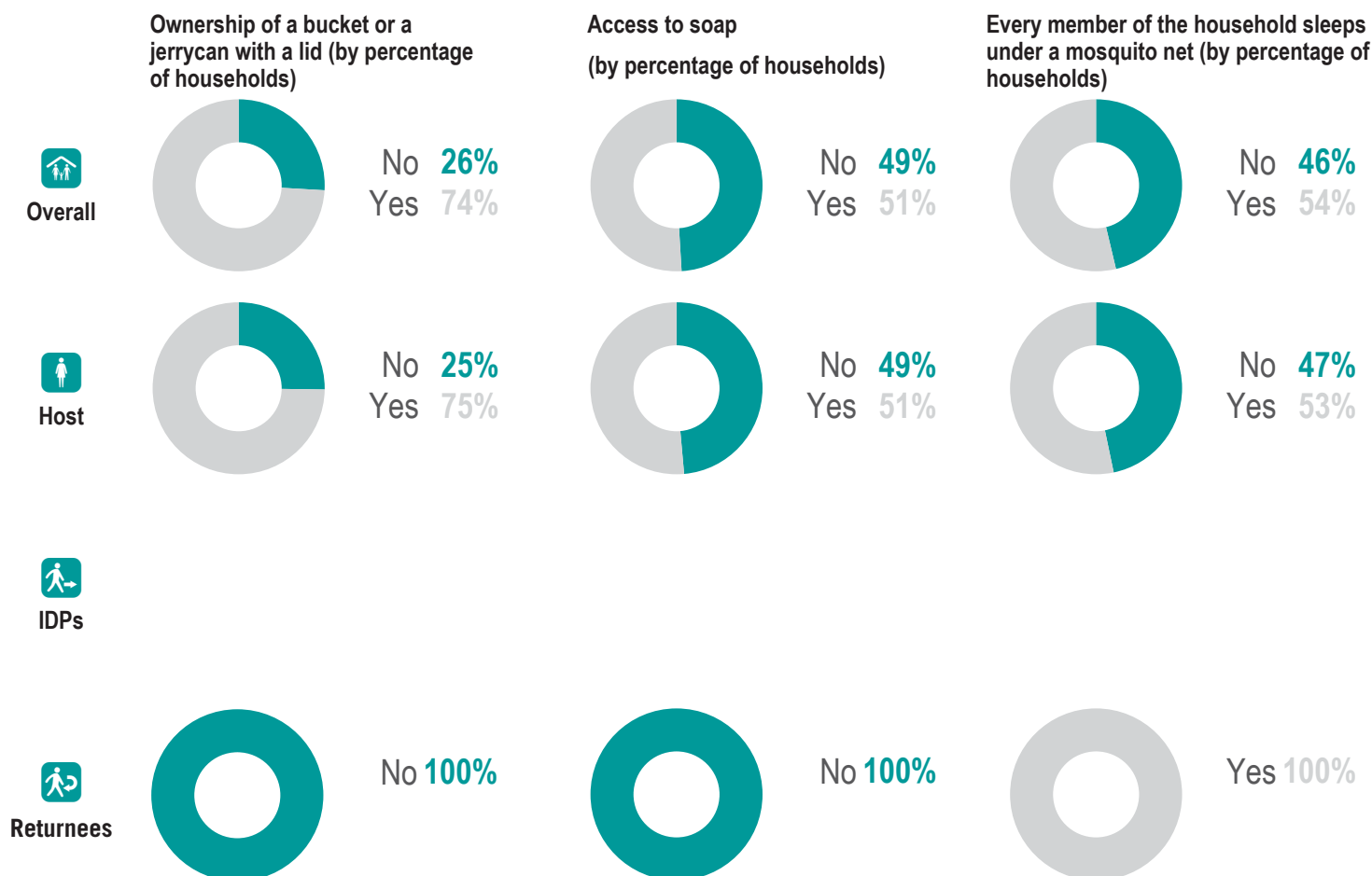unicef | giz | WFP World Food Programme wfp.org | FAO | USAID FROM THE AMERICAN PEOPLE | REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

NFI WASH NFIs

7% of **Wulu County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season

9% of **Wulu County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.

2 was the average number of jerrycans and/or buckets per HH in **Wulu County** in July and August 2019. This was an increase from the previous season

1 was the average number of jerrycans and/or buckets per HH in **Wulu County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Overall
No **26%**
Yes 74%

Host
No **25%**
Yes 75%

IDPs

Returnees
No **100%**

Access to soap (by percentage of households)

No **49%**
Yes 51%

No **49%**
Yes 51%

No **100%**

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

No **46%**
Yes 54%

No **47%**
Yes 53%

Yes 100%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

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

For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org. Visit **www.reach-initiative.org** and follow us @ REACH_info.

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting 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 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

- Level 2 - Stressed
- Level 3 - Warning
- Level 4 - Alert
- Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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%
Refugee	1%

Percentage of Internally Displaced Person (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

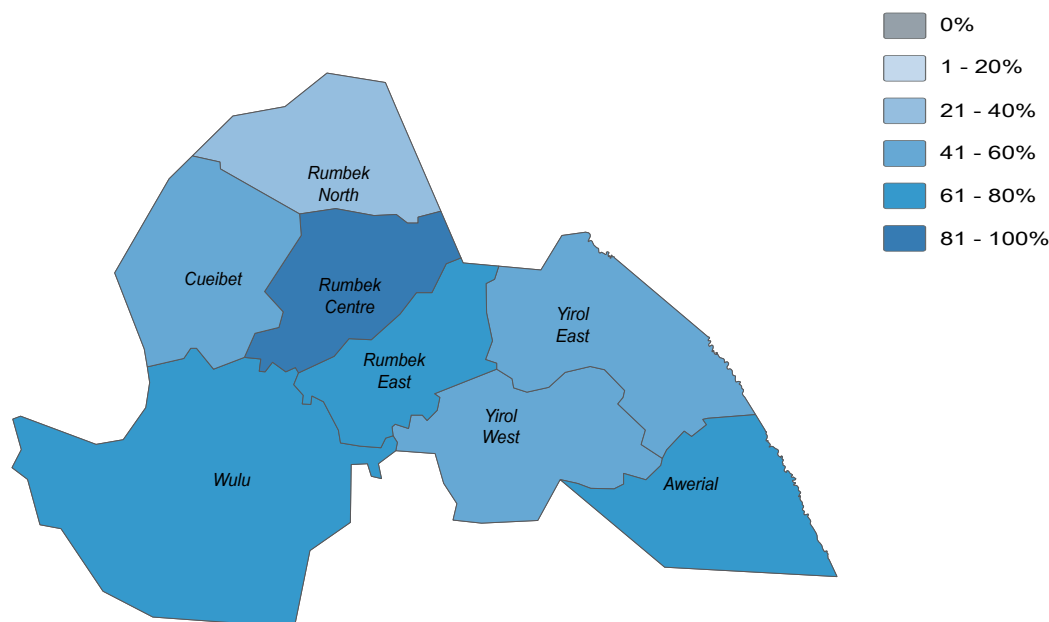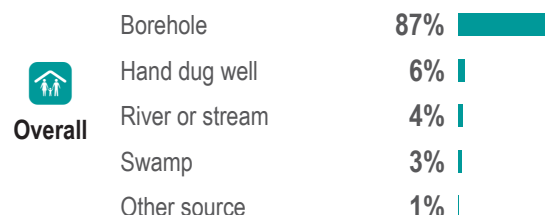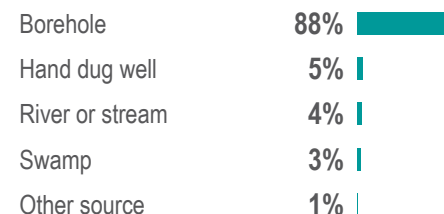|	
Elderly persons	90%
Female headed	89%
Children under 5	87%
Conflict injuries	57%
Physically disabled	39%

💧 Water

87%	of **Yirol East County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
88%	of **Yirol East County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
5%	of HHs in **Yirol East County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
11%	of HHs in **Yirol East County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

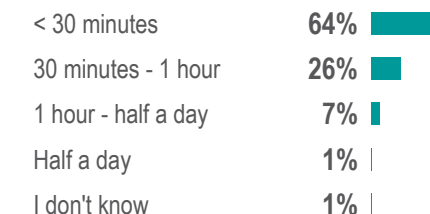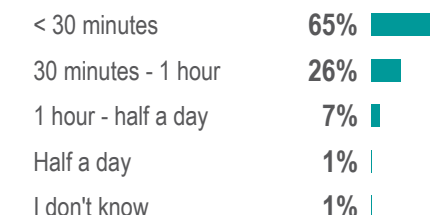**Most commonly reported sources of drinking water (by percentage of households)**

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

Overall

Source	%	Time	%
Borehole	87%	< 30 minutes	65%
Hand dug well	6%	30 minutes - 1 hour	26%
River or stream	4%	1 hour - half a day	7%
Swamp	3%	Half a day	1%
Other source	1%	I don't know	1%

Host

Source	%	Time	%
Borehole	88%	< 30 minutes	64%
Hand dug well	5%	30 minutes - 1 hour	26%
River or stream	4%	1 hour - half a day	7%
Swamp	3%	Half a day	1%
Other source	1%	I don't know	1%

IDPs

Returnees

This simple water access composite indicator 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

Sanitation

17% of **Yirol East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season

38% of **Yirol East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.

0% of HHs in **Yirol East County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season

2% of HHs in **Yirol East County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

Most commonly reported defecation location for adults (by percentage of households)	Type of latrines available (by percentage of households)

Overall

In the bush — **100%**

No latrine available — **83%**
Family latrine — **16%**
Shared latrine — **1%**
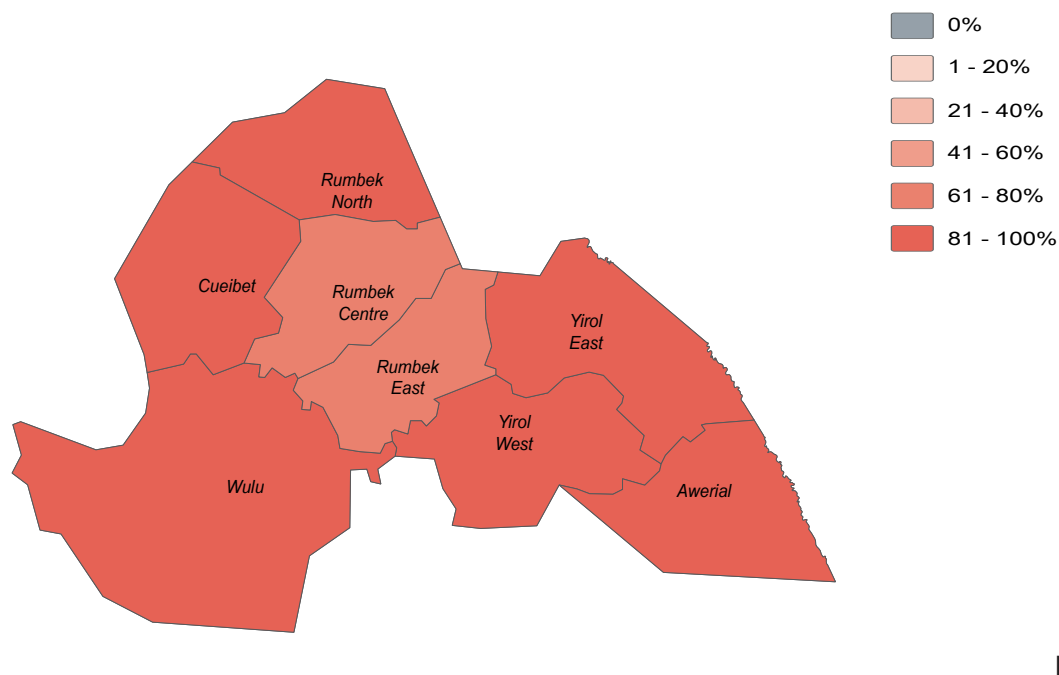
Host

In the bush — **100%**

No latrine available — **84%**
Family latrine — **15%**
Shared latrine — **1%**

IDPs

Returnees

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial
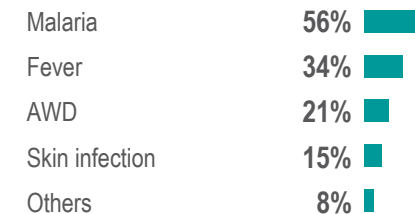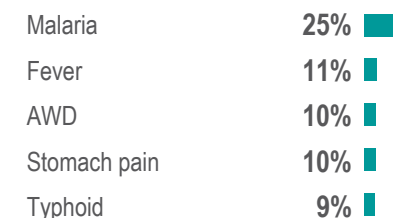
⚕ Health

92%	of **Yirol 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 2019. This was an increase from the previous season
80%	of **Yirol 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
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Yirol East County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Yirol East County**

% 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

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]
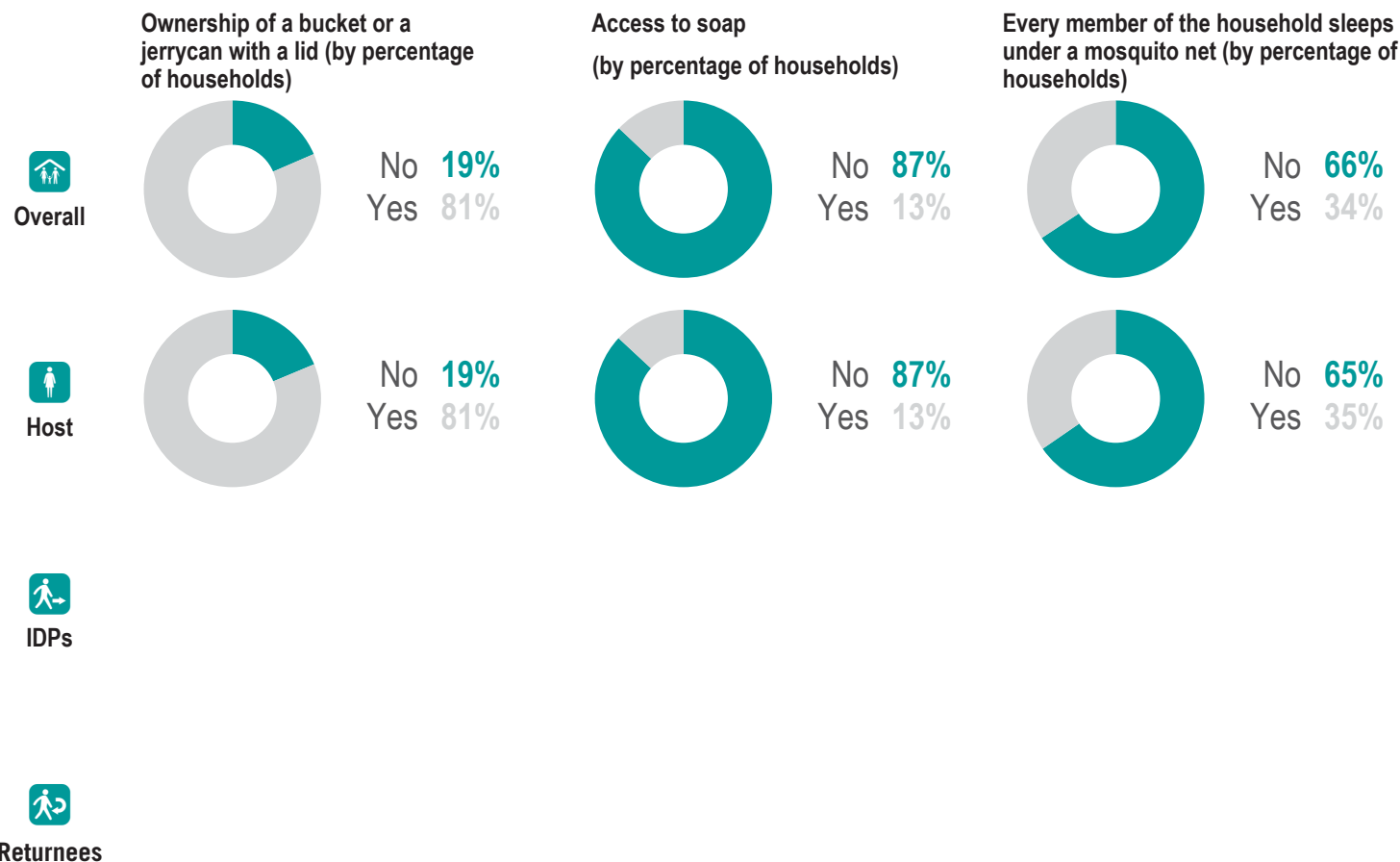
Overall

Adults		Children under 5	
Malaria	25%	Malaria	25%
Fever	11%	Fever	11%
AWD	10%	AWD	10%
Stomach pain	10%	Stomach pain	10%
Typhoid	9%	Typhoid	9%

Host

Adults		Children under 5	
Malaria	25%	Malaria	56%
Fever	11%	Fever	34%
AWD	10%	AWD	21%
Stomach pain	10%	Skin infection	15%
Typhoid	9%	Others	8%

IDPs

Returnees

NFI WASH NFIs

4%	of **Yirol East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
13%	of **Yirol East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Yirol East County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Yirol East County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

No **19%**
Yes 81%

No **87%**
Yes 13%

No **66%**
Yes 34%

Host

No **19%**
Yes 81%

No **87%**
Yes 13%

No **65%**
Yes 35%

IDPs

Returnees

Endnotes
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4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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Yirol West County - Water, Sanitation and Hygiene Factsheet

Lakes State, South Sudan

WASH Cluster — Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (WASH) needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

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These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

Level 2 - Stressed
Level 3 - Warning
Level 4 - Alert
Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

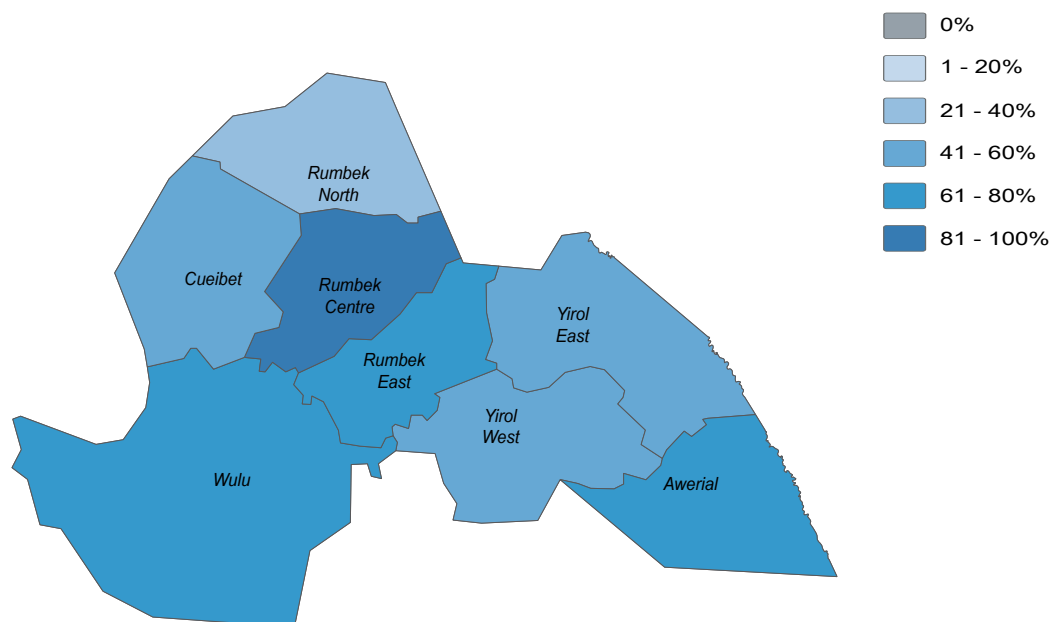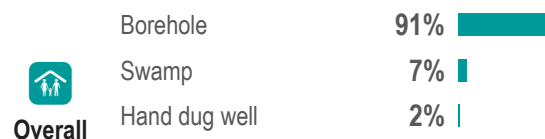|	
Children under 5	**86%**
Female headed	**79%**
Elderly persons	**69%**
Conflict injuries	**47%**
Adopted children	**38%**

💧 Water

91%	of **Yirol West County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
96%	of **Yirol West County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
10%	of HHs in **Yirol West County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
37%	of HHs in **Yirol West County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map regions: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

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

Source	%	Time	%
Borehole	91%	< 30 minutes	60%
Swamp	7%	30 minutes - 1 hour	25%
Hand dug well	2%	1 hour - half a day	14%
		Half a day	1%

Host

Source	%	Time	%
Borehole	91%	< 30 minutes	60%
Swamp	7%	30 minutes - 1 hour	25%
Hand dug well	2%	1 hour - half a day	14%
		Half a day	1%

IDPs

Returnees

This simple water access composite indicator 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
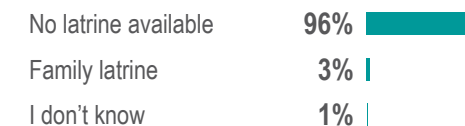
💧 Sanitation

3% of **Yirol West County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season

1% of **Yirol West County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.

1% of HHs in **Yirol West County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season

0% of HHs in **Yirol West County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Map labels: Rumbek North, Cueibet, Rumbek Centre, Rumbek East, Yirol East, Yirol West, Wulu, Awerial

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

Defecation location	%	Type of latrine	%
In the bush	98%	No latrine available	96%
In the latrine	1%	Family latrine	3%
No answer	1%	I don't know	1%

Host

Defecation location	%	Type of latrine	%
In the bush	98%	No latrine available	96%
In the latrine	1%	Family latrine	3%
No answer	1%	I don't know	1%

IDPs

Returnees
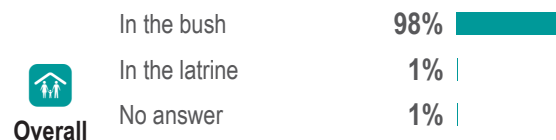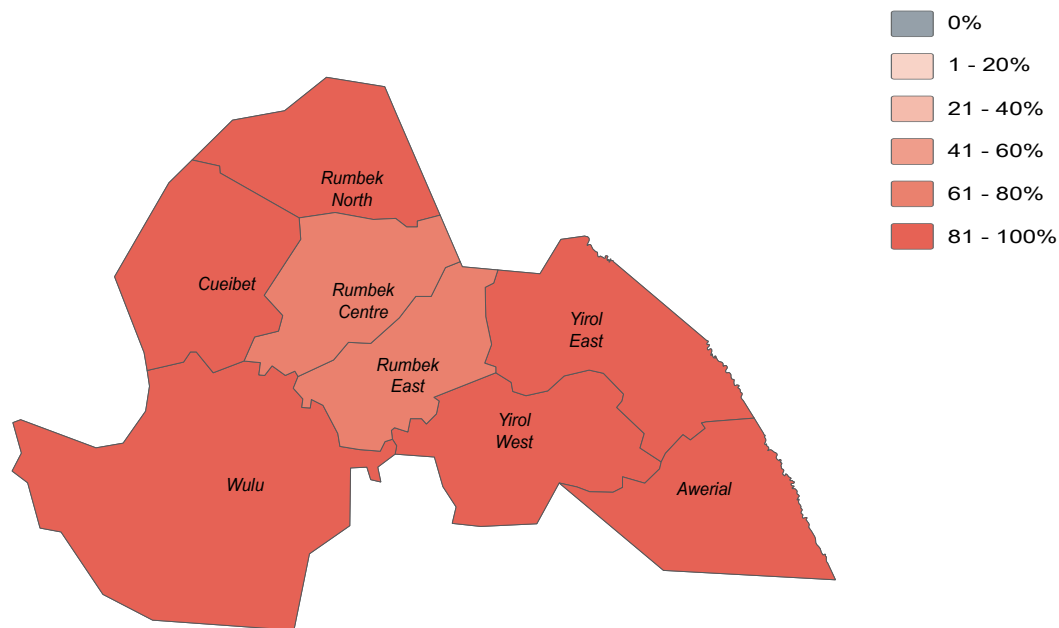
Health

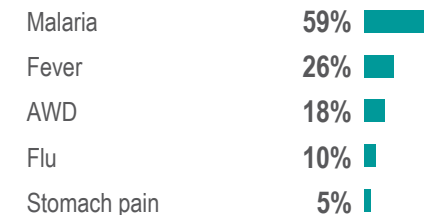**80%** of **Yirol West County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season

81% of **Yirol 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

Malaria was the most commonly reported water or vector borne disease in July and August 2019 in **Yirol West County**. This was the same as the previous season

Malaria was the most commonly reported water or vector borne disease in November and December 2018 in **Yirol West County**

% 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%

Rumbek North
Cueibet
Rumbek Centre
Rumbek East
Yirol East
Yirol West
Wulu
Awerial

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]

Overall

Adults		Children under 5	
Malaria	26%	Malaria	26%
Typhoid	7%	Typhoid	7%
Fever	6%	Fever	6%
AWD	5%	AWD	5%
Stomach pain	5%	Stomach pain	5%

Host

Adults		Children under 5	
Malaria	26%	Malaria	59%
Typhoid	7%	Fever	26%
Fever	6%	AWD	18%
AWD	5%	Flu	10%
Stomach pain	5%	Stomach pain	5%

IDPs

Returnees

NFI WASH NFIs

5%	of **Yirol West County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
6%	of **Yirol West County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Yirol West County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Yirol West County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

No **15%**
Yes 85%

No **72%**
Yes 28%

No **53%**
Yes 47%

Host

No **15%**
Yes 85%

No **72%**
Yes 28%

No **53%**
Yes 47%

IDPs

Returnees

Endnotes
1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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Visit **www.reach-initiative.org** and follow us @ REACH_info.

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting 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 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

Level 2 - Stressed
Level 3 - Warning
Level 4 - Alert
Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

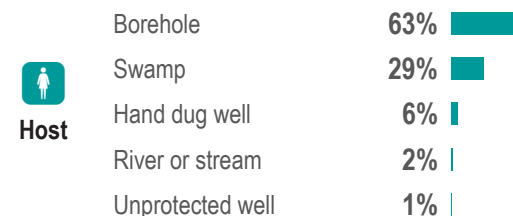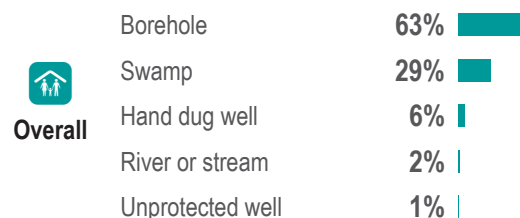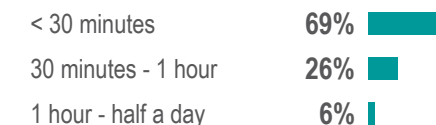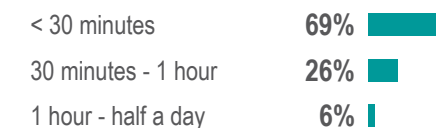|	
Children under 5	69%
Female headed	60%
Elderly persons	24%
Conflict injuries	21%
Physically disabled	14%

💧 Water

63%	of **Aweil Centre County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
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
10%	of HHs in **Aweil Centre County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
1%	of HHs in **Aweil Centre County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map regions:
- Aweil North
- Aweil West
- Aweil East
- Aweil South
- Aweil Centre

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)
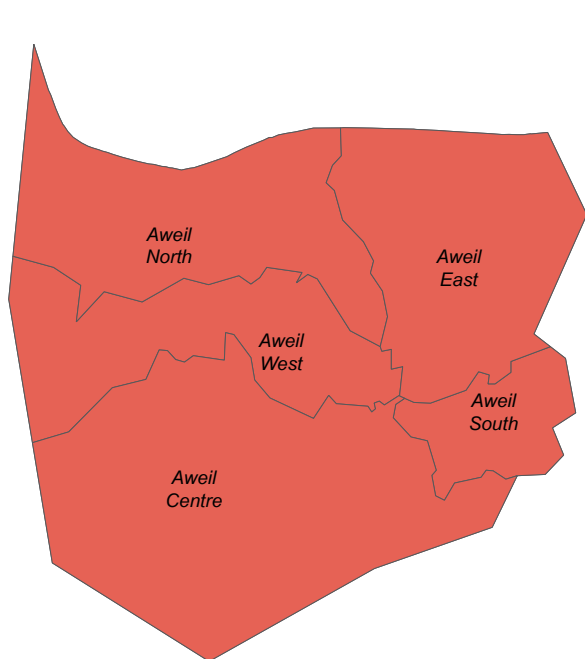
Overall

Source	%	Time	%
Borehole	63%	< 30 minutes	69%
Swamp	29%	30 minutes - 1 hour	26%
Hand dug well	6%	1 hour - half a day	6%
River or stream	2%		
Unprotected well	1%		

Host

Source	%	Time	%
Borehole	63%	< 30 minutes	69%
Swamp	29%	30 minutes - 1 hour	26%
Hand dug well	6%	1 hour - half a day	6%
River or stream	2%		
Unprotected well	1%		

IDPs

Returnees

This simple water access composite indicator 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

Sanitation

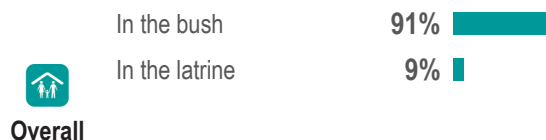|	
10%	of **Aweil Centre County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
18%	of **Aweil Centre County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
9%	of HHs in **Aweil Centre County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
4%	of HHs in **Aweil Centre County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Aweil North, Aweil West, Aweil East, Aweil South, Aweil Centre

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

| In the bush | 91% |
| In the latrine | 9% |

No latrine available	90%
Communal latrine	4%
Shared latrine	4%
Family latrine	3%

Host

| In the bush | 91% |
| In the latrine | 9% |

No latrine available	90%
Communal latrine	4%
Shared latrine	4%
Family latrine	3%

IDPs

Returnees
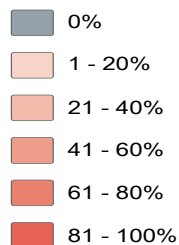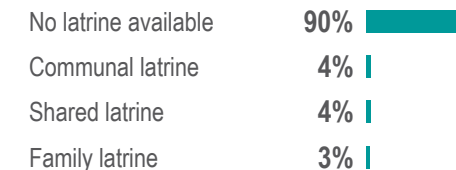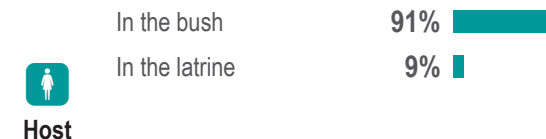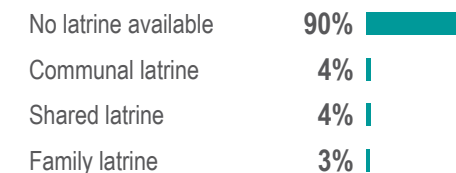
Health

58%	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 2019. This was a decrease from the previous season
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
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Aweil Centre County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Aweil Centre County**

% 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

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

Map regions: Aweil North, Aweil East, Aweil West, Aweil South, Aweil Centre

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]

Overall

Adults		Children under 5	
Malaria	18%	Malaria	18%
Fever	10%	Fever	10%
Typhoid	8%	Typhoid	8%
Skin infection	2%	Skin infection	2%
Flu	1%	Flu	1%

Host

Adults		Children under 5	
Malaria	18%	Fever	33%
Fever	10%	Malaria	30%
Typhoid	8%	Skin infection	6%
Skin infection	2%	AWD	5%
Flu	1%	Stomach pain	4%

IDPs

Returnees

NFI WASH NFIs

8%	of **Aweil Centre County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
19%	of **Aweil Centre County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Aweil Centre County** in July and August 2019. This was an increase from the previous season
1	was the average number of jerrycans and/or buckets per HH in **Aweil Centre County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

No **38%**
Yes 62%

No **45%**
Yes 55%

No **34%**
Yes 66%

Host

No **38%**
Yes 62%

No **45%**
Yes 55%

No **34%**
Yes 66%

IDPs

Returnees

Endnotes
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Full coverage in the county was achieved. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

- Level 2 - Stressed
- Level 3 - Warning
- Level 4 - Alert
- Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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	**91%**
Refugee	**5%**
IDP	**4%**

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

In the last one year	**75%**
Between 2-3 years	**25%**

Percentage of returnee households by time arrived in their current location

Most commonly reported vulnerability, by percentage of households

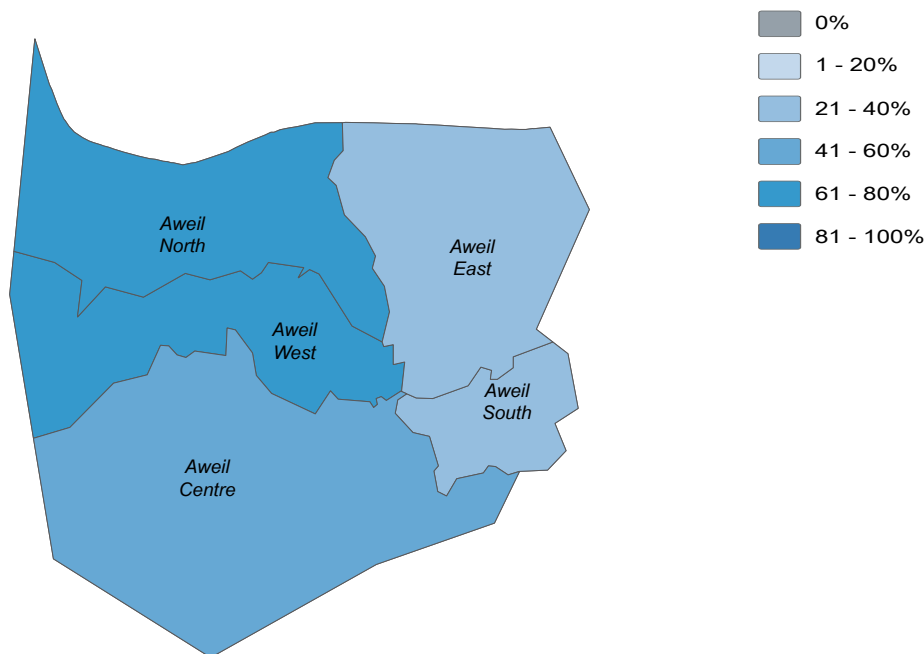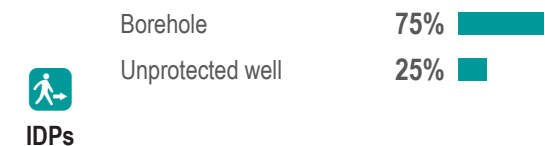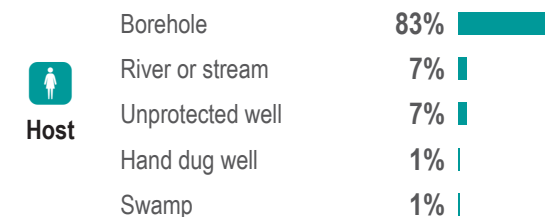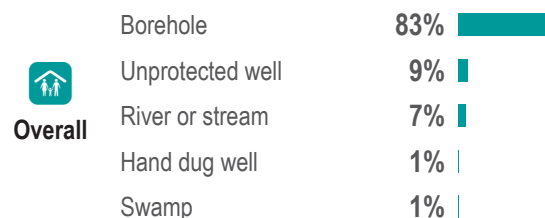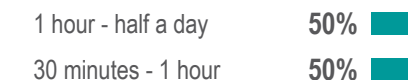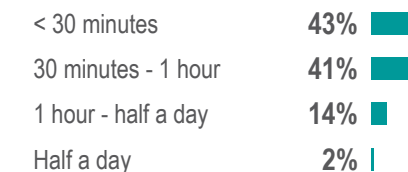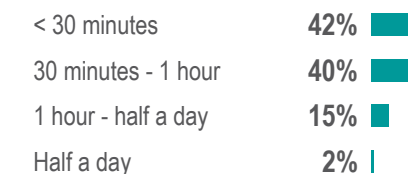|	
Children under 5	**72%**
Female headed	**55%**
Elderly persons	**37%**
Conflict injuries	**31%**
Chronically ill	**19%**

💧 Water

83%	of **Aweil East County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
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
13%	of HHs in **Aweil East County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
10%	of HHs in **Aweil East County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map regions: Aweil North, Aweil East, Aweil West, Aweil South, Aweil Centre

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

Source	%	Time	%
Borehole	83%	< 30 minutes	42%
Unprotected well	9%	30 minutes - 1 hour	40%
River or stream	7%	1 hour - half a day	15%
Hand dug well	1%	Half a day	2%
Swamp	1%		

Host

Source	%	Time	%
Borehole	83%	< 30 minutes	43%
River or stream	7%	30 minutes - 1 hour	41%
Unprotected well	7%	1 hour - half a day	14%
Hand dug well	1%	Half a day	2%
Swamp	1%		

IDPs

Source	%	Time	%
Borehole	75%	1 hour - half a day	50%
Unprotected well	25%	30 minutes - 1 hour	50%

Returnees

This simple water access composite indicator 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

💧 Sanitation

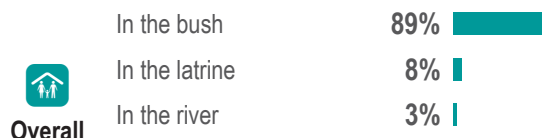|	
7%	of **Aweil East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
2%	of **Aweil East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
8%	of HHs in **Aweil East County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
1%	of HHs in **Aweil East County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Map labels: Aweil North, Aweil East, Aweil West, Aweil South, Aweil Centre

Most commonly reported defecation location for adults (by percentage of households)

Overall
In the bush	89%
In the latrine	8%
In the river	3%

Host
In the bush	88%
In the latrine	8%
In the river	3%

IDPs
| In the bush | 100% |

Returnees

Type of latrines available (by percentage of households)

Overall
No latrine available	93%
Family latrine	6%
Communal latrine	1%

Host
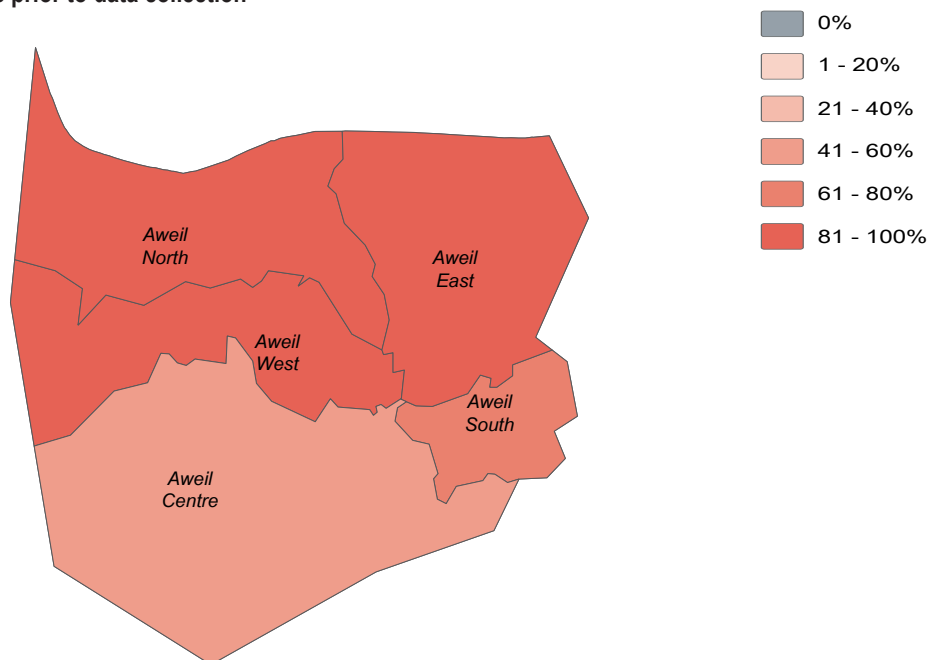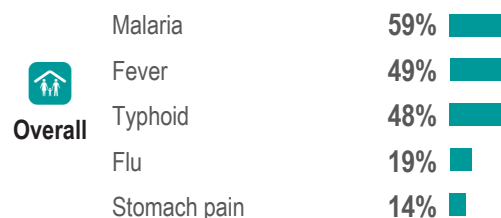| No latrine available | 93% |
| Family latrine | 6% |
| Communal latrine | 1% |
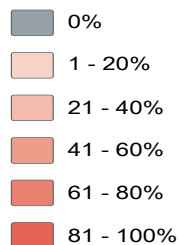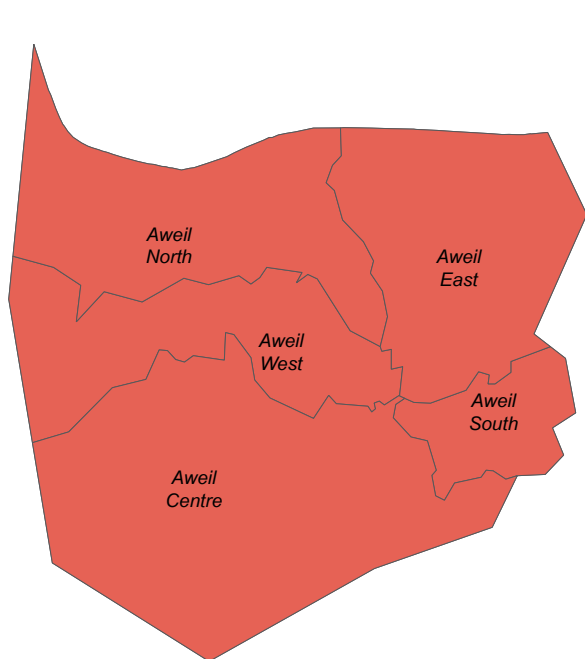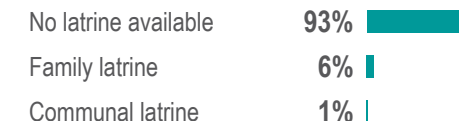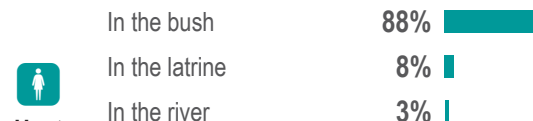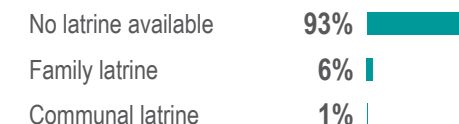
Health

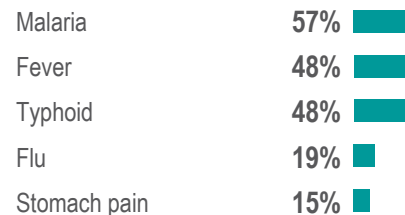|	
89%	of **Aweil East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
70%	of **Aweil East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Aweil East County**. This was different to the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Aweil East County**

% 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

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

Map labels: Aweil North, Aweil East, Aweil West, Aweil South, Aweil Centre

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)
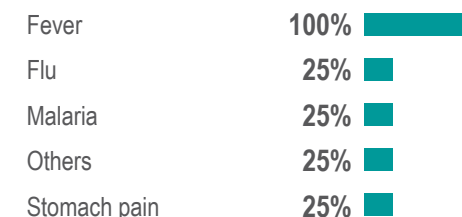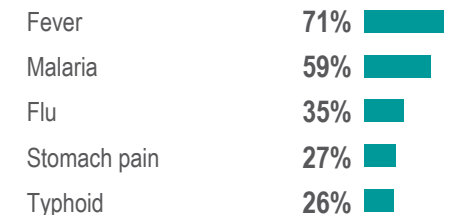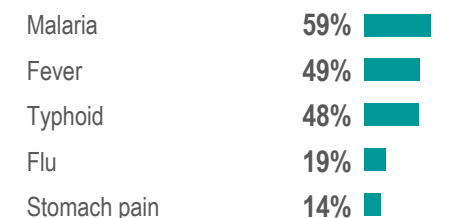
Most commonly self-reported water or vector borne disease for children under 5 in the two weeks prior to data collection (by percentage of households)[3]

Overall

Adults		Children under 5	
Malaria	59%	Malaria	59%
Fever	49%	Fever	49%
Typhoid	48%	Typhoid	48%
Flu	19%	Flu	19%
Stomach pain	14%	Stomach pain	14%

Host

Adults		Children under 5	
Malaria	57%	Fever	71%
Fever	48%	Malaria	59%
Typhoid	48%	Flu	35%
Flu	19%	Stomach pain	27%
Stomach pain	15%	Typhoid	26%

IDPs

Adults		Children under 5	
Fever	75%	Fever	100%
Malaria	75%	Flu	25%
Typhoid	50%	Malaria	25%
AWD	25%	Others	25%
		Stomach pain	25%

Returnees

NFI WASH NFIs

1% of **Aweil East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season

5% of **Aweil East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.

4 was the average number of jerrycans and/or buckets per HH in **Aweil East County** in July and August 2019. This was an increase from the previous season

2 was the average number of jerrycans and/or buckets per HH in **Aweil East County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Overall
No **18%**
Yes 82%

Host
No **17%**
Yes 83%

IDPs
No **50%**
Yes 50%

Returnees

Access to soap (by percentage of households)

No **30%**
Yes 70%

No **28%**
Yes 72%

No **25%**
Yes 75%

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

No **61%**
Yes 39%

No **60%**
Yes 40%

No **50%**
Yes 50%

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org. Visit **www.reach-initiative.org** and follow us @ REACH_info.

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

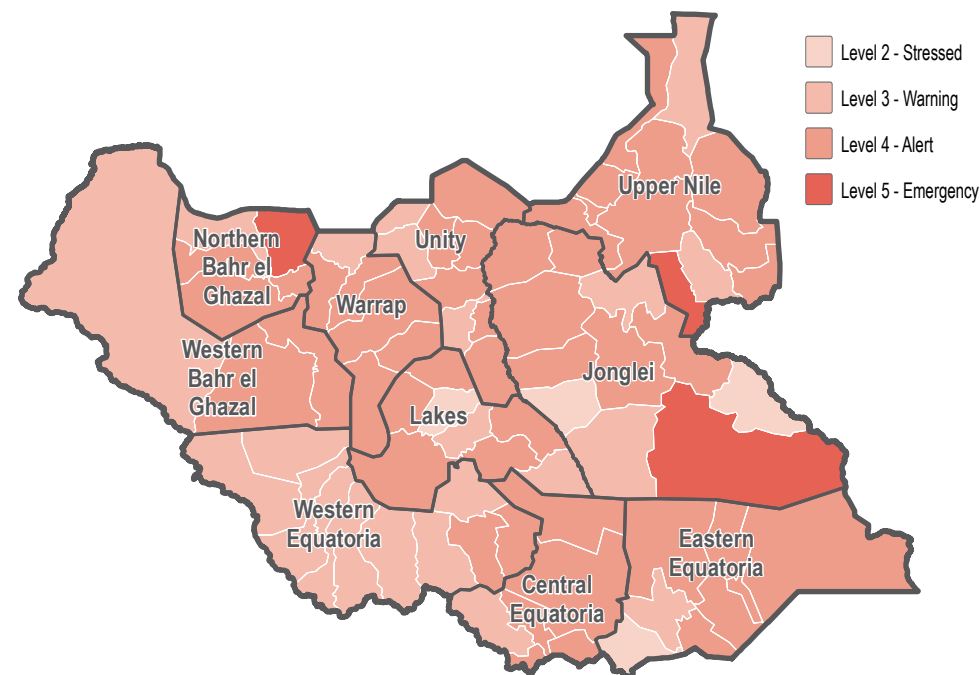These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

Level 2 - Stressed
Level 3 - Warning
Level 4 - Alert
Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

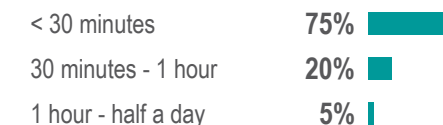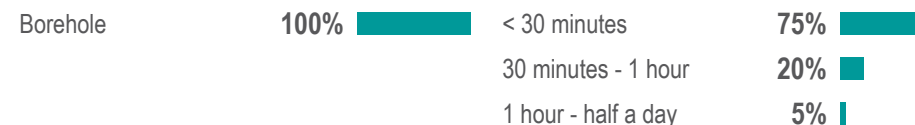|	
Children under 5	88%
Female headed	56%
Elderly persons	26%
Conflict injuries	15%
Physically disabled	8%

💧 Water

100%	of **Aweil North County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
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
6%	of HHs in **Aweil North County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
18%	of HHs in **Aweil North County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map labels: Aweil North, Aweil East, Aweil West, Aweil South, Aweil Centre

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
Source	%	Time	%
Borehole	100%	< 30 minutes	75%
		30 minutes - 1 hour	20%
		1 hour - half a day	5%

Host
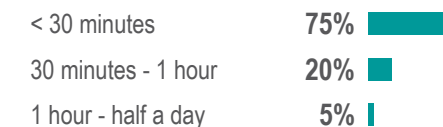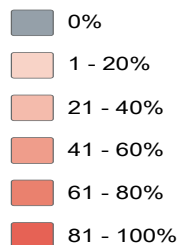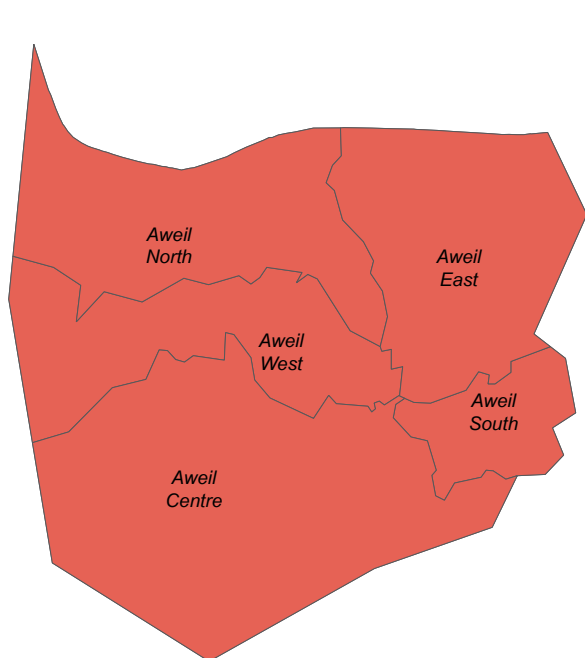| Source	%	Time	%
Borehole	100%	< 30 minutes	75%
		30 minutes - 1 hour	20%
		1 hour - half a day	5%

IDPs

Returnees

This simple water access composite indicator 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
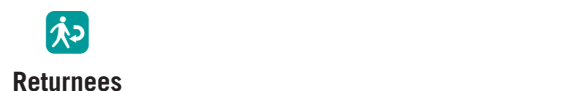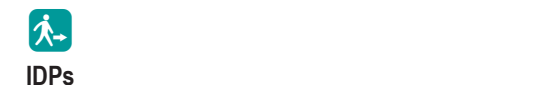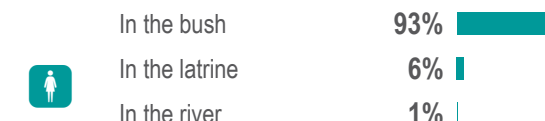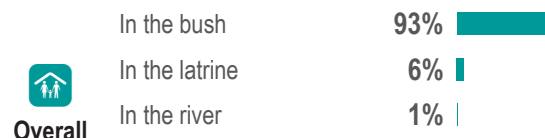
Sanitation

8% of **Aweil North County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season

6% of **Aweil North County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.

6% of HHs in **Aweil North County** reported their most common defecation location was a latrine, in July and August 2019. This was the same as the previous season

6% of HHs in **Aweil North County** reported their most common defecation location was a latrine, in November and December 2018.
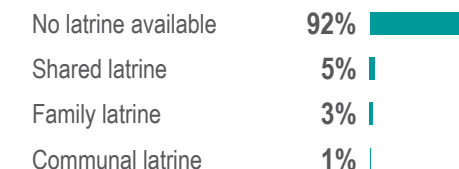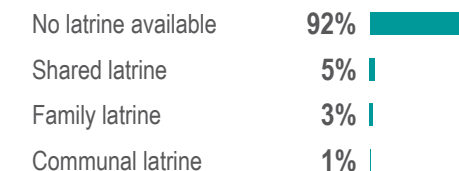
% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Map labels: Aweil North, Aweil West, Aweil East, Aweil South, Aweil Centre

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

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

Type of latrine	%
No latrine available	92%
Shared latrine	5%
Family latrine	3%
Communal latrine	1%

Host

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

Type of latrine	%
No latrine available	92%
Shared latrine	5%
Family latrine	3%
Communal latrine	1%

IDPs

Returnees

⚕ Health

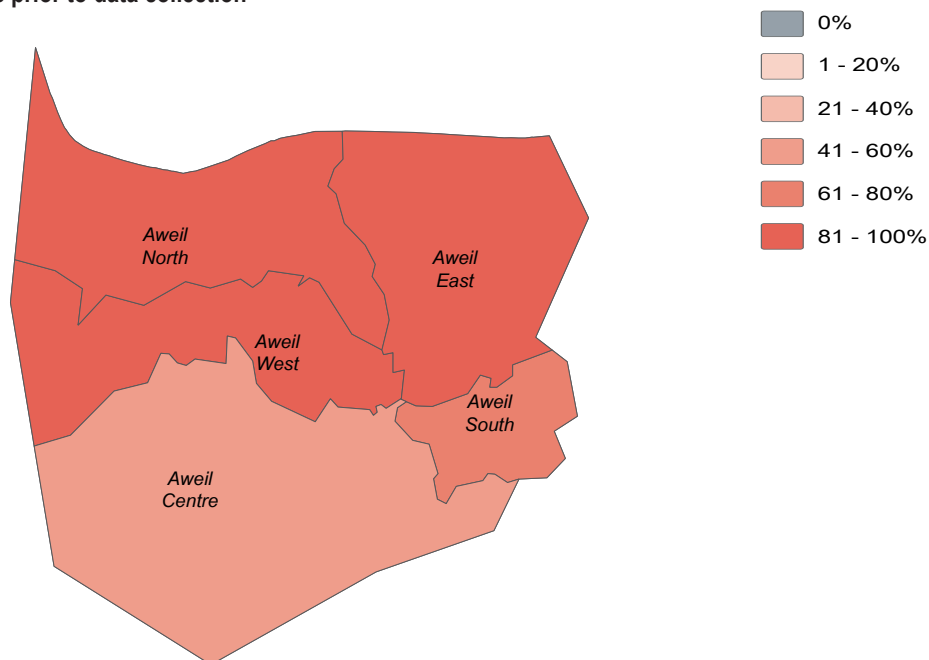|	
81%	of **Aweil North County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
94%	of **Aweil North County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Aweil North County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Aweil North County**

% 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

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

Aweil North
Aweil East
Aweil West
Aweil South
Aweil Centre

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]

Overall

Disease	%		Disease	%
Malaria	19%		Malaria	19%
Fever	12%		Fever	12%
Typhoid	11%		Typhoid	11%
Skin infection	7%		Skin infection	7%
Stomach pain	3%		Stomach pain	3%

Host

Disease	%		Disease	%
Malaria	19%		Fever	48%
Fever	12%		Malaria	28%
Typhoid	11%		Others	10%
Skin infection	7%		Flu	9%
Stomach pain	3%		Skin infection	9%

IDPs

Returnees

NFI WASH NFIs

16%	of **Aweil North County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
36%	of **Aweil North County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Aweil North County** in July and August 2019. This was an increase from the previous season
2	was the average number of jerrycans and/or buckets per HH in **Aweil North County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

No **31%**
Yes 69%

No **56%**
Yes 44%

No **14%**
Yes 86%

Host

No **31%**
Yes 69%

No **56%**
Yes 44%

No **14%**
Yes 86%

IDPs

Returnees

Endnotes
1. This data is as of July/August 2019. Note, population movement remains fluid.
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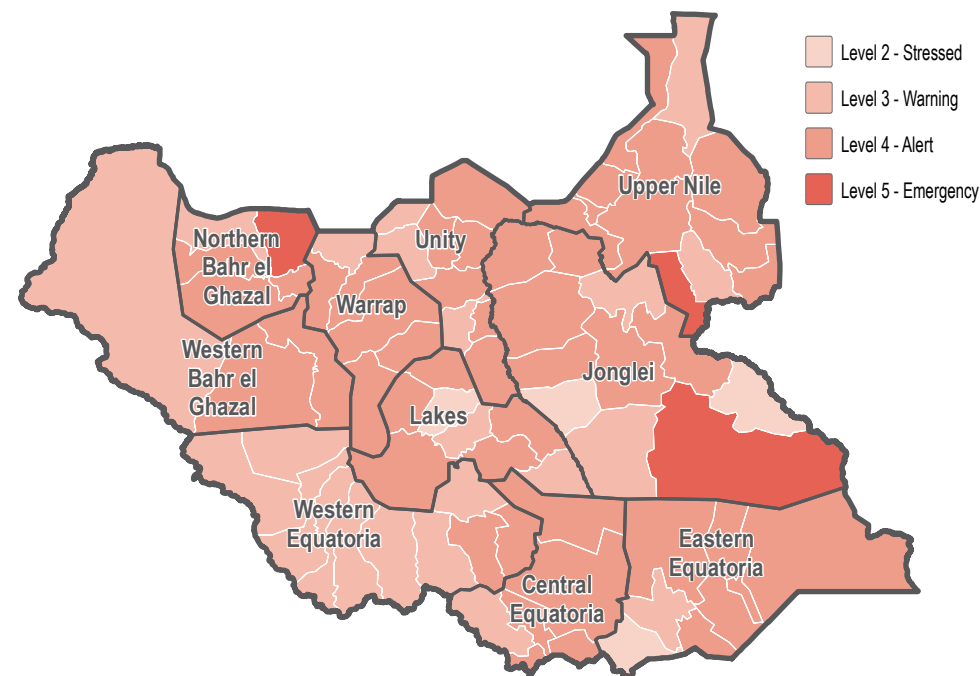These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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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Level 2 - Stressed
Level 3 - Warning
Level 4 - Alert
Level 5 - Emergency

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Displacement

Percentage of households by displacement status[1]

Host community	100%

Percentage of Internally Displaced Person (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

Children under 5	81%
Female headed	71%
Elderly persons	34%
Conflict injuries	13%
Adopted children	11%

💧 Water

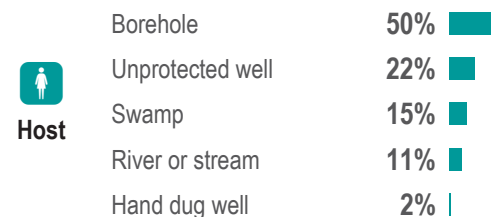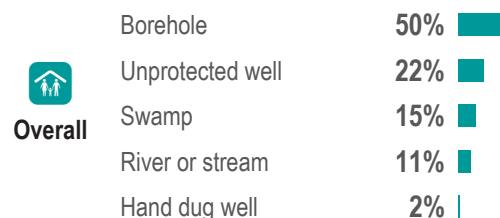|	
50%	of **Aweil South County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
68%	of **Aweil South County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
25%	of HHs in **Aweil South County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
7%	of HHs in **Aweil South County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map regions: Aweil North, Aweil East, Aweil West, Aweil South, Aweil Centre

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

Source	%		Time	%
Borehole	50%		< 30 minutes	57%
Unprotected well	22%		30 minutes - 1 hour	28%
Swamp	15%		1 hour - half a day	15%
River or stream	11%			
Hand dug well	2%			

Host

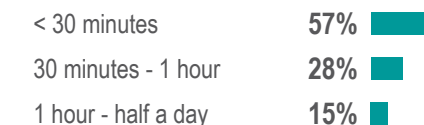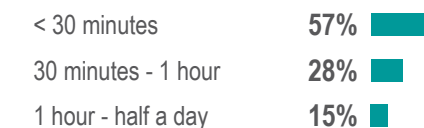| Source	%		Time	%
Borehole	50%		< 30 minutes	57%
Unprotected well	22%		30 minutes - 1 hour	28%
Swamp	15%		1 hour - half a day	15%
River or stream	11%			
Hand dug well	2%			

IDPs

Returnees

This simple water access composite indicator 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
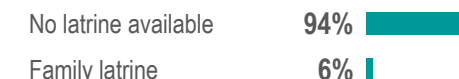
Sanitation

6%	of **Aweil South County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
7%	of **Aweil South County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
6%	of HHs in **Aweil South County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
5%	of HHs in **Aweil South County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Aweil North
Aweil West
Aweil East
Aweil South
Aweil Centre

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

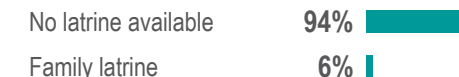**Overall**

| In the bush | 94% | No latrine available | 94% |
| In the latrine | 6% | Family latrine | 6% |

Host

| In the bush | 94% | No latrine available | 94% |
| In the latrine | 6% | Family latrine | 6% |

IDPs

Returnees

Health
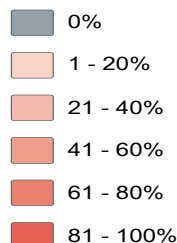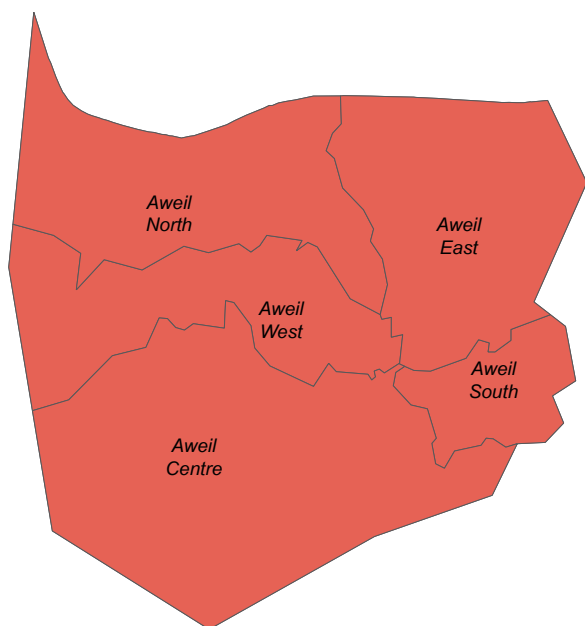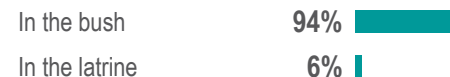
78% of **Aweil South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season

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

Fever was the most commonly reported water or vector borne disease in July and August 2019 in **Aweil South County**. This was the same as the previous season

Fever was the most commonly reported water or vector borne disease in November and December 2018 in **Aweil South County**

% 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

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

Aweil North, Aweil East, Aweil West, Aweil South, Aweil Centre
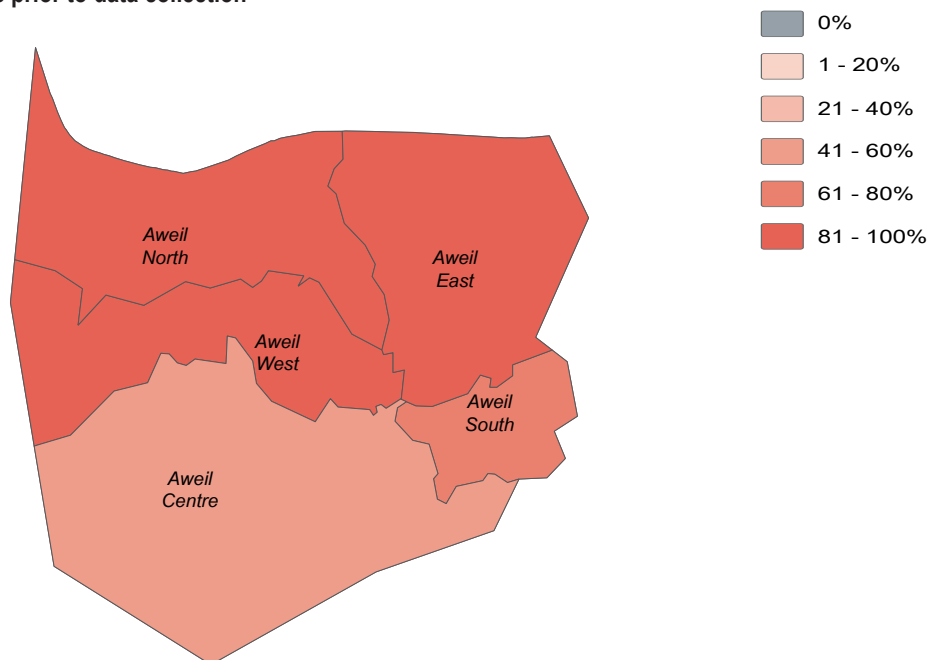
Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall
Malaria	16%
Fever	8%
Stomach pain	7%
Typhoid	5%
Skin infection	4%

Host
Malaria	16%
Fever	8%
Stomach pain	7%
Typhoid	5%
Skin infection	4%

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)[3]

Malaria	16%
Fever	8%
Stomach pain	7%
Typhoid	5%
Skin infection	4%

Fever	53%
Skin infection	25%
Malaria	19%
AWD	18%
Others	11%

NFI WASH NFIs

21%	of **Aweil South County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
15%	of **Aweil South County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
3	was the average number of jerrycans and/or buckets per HH in **Aweil South County** in July and August 2019. This was a decrease from the previous season
4	was the average number of jerrycans and/or buckets per HH in **Aweil South County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

No **41%**
Yes 59%

No **49%**
Yes 51%

No **47%**
Yes 53%

Host

No **41%**
Yes 59%

No **49%**
Yes 51%

No **47%**
Yes 53%

IDPs

Returnees

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH

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

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

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

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

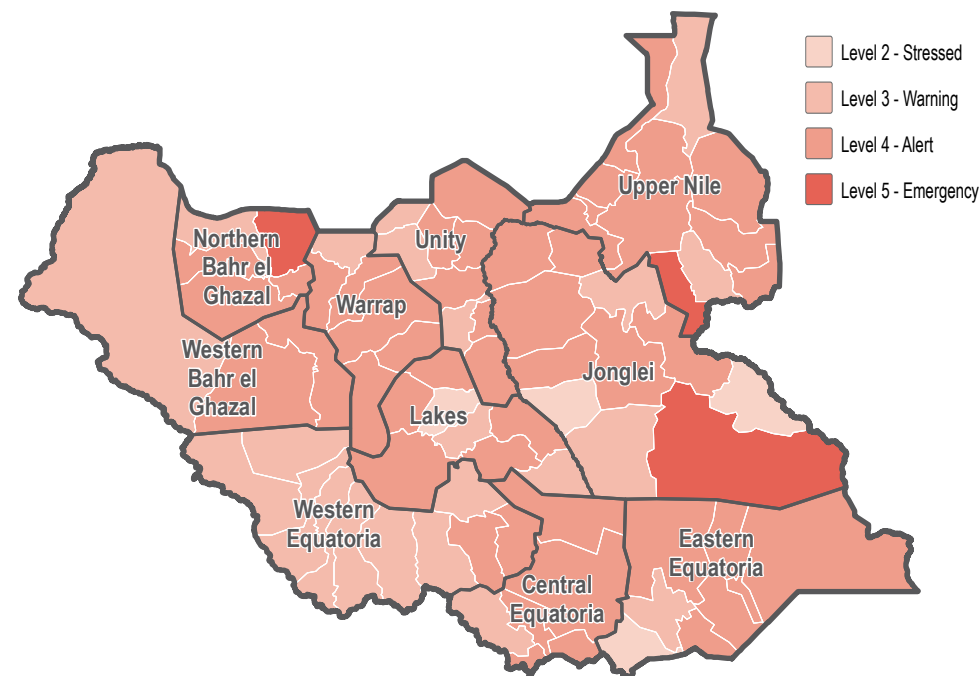These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

- Level 2 - Stressed
- Level 3 - Warning
- Level 4 - Alert
- Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

Children under 5	**79%**
Elderly persons	**30%**
Female headed	**19%**
Conflict injuries	**16%**
Chronically ill	**8%**

💧 Water

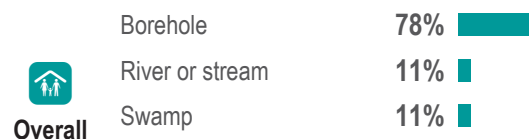|	
78%	of **Aweil West County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
98%	of **Aweil West County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
16%	of HHs in **Aweil West County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Aweil West County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Aweil North
Aweil East
Aweil West
Aweil South
Aweil Centre

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

Source	%	Time	%
Borehole	78%	< 30 minutes	77%
River or stream	11%	30 minutes - 1 hour	19%
Swamp	11%	1 hour - half a day	5%

Host

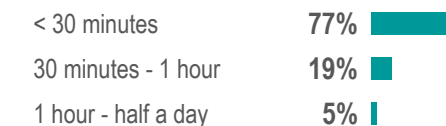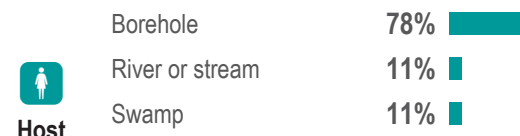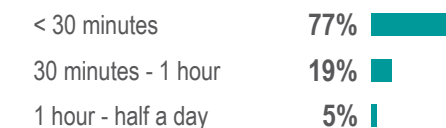| Source	%	Time	%
Borehole	78%	< 30 minutes	77%
River or stream	11%	30 minutes - 1 hour	19%
Swamp	11%	1 hour - half a day	5%

IDPs

Returnees

This simple water access composite indicator 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
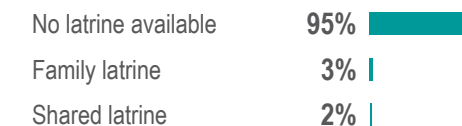
💧 Sanitation

5% of **Aweil West County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season

19% of **Aweil West County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.

3% of HHs in **Aweil West County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season

7% of HHs in **Aweil West County** reported their most common defecation location was a latrine, in November and December 2018.
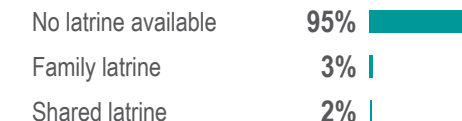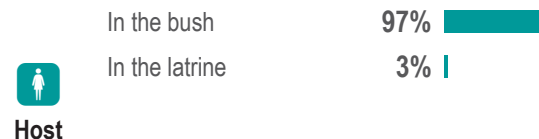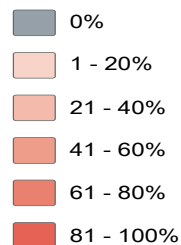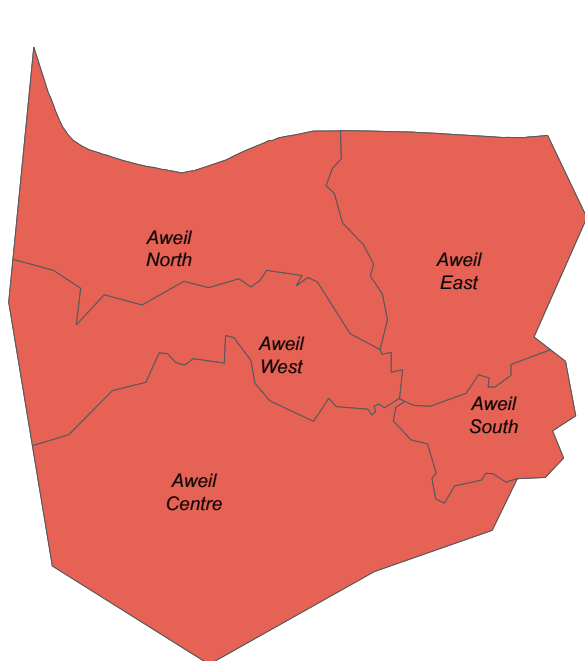
% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Map labels:
- Aweil North
- Aweil East
- Aweil West
- Aweil South
- Aweil Centre

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall
In the bush	97%
In the latrine	3%

No latrine available	95%
Family latrine	3%
Shared latrine	2%

Host
In the bush	97%
In the latrine	3%

No latrine available	95%
Family latrine	3%
Shared latrine	2%

IDPs

Returnees
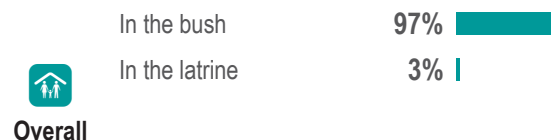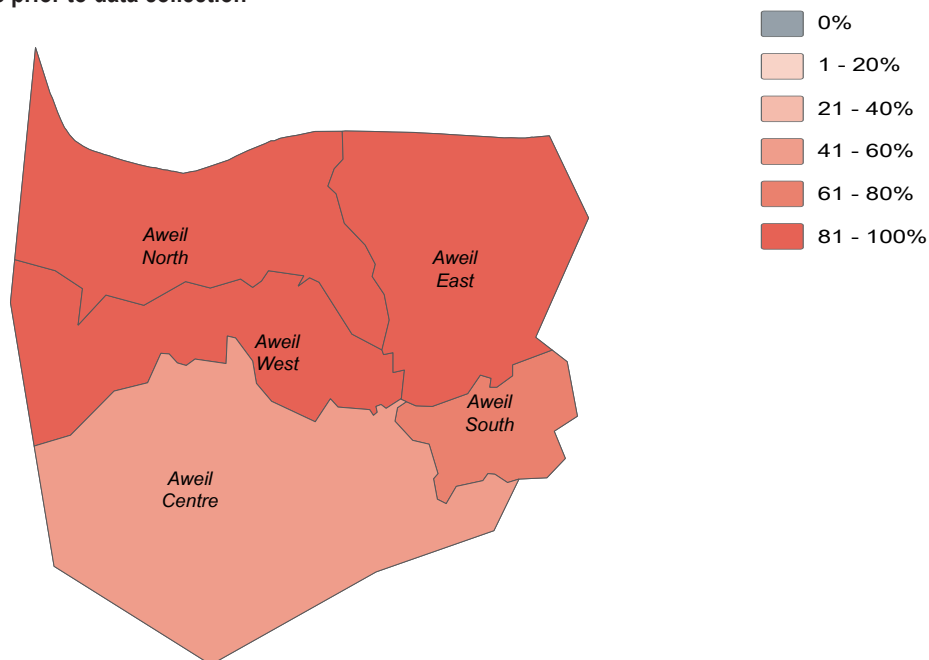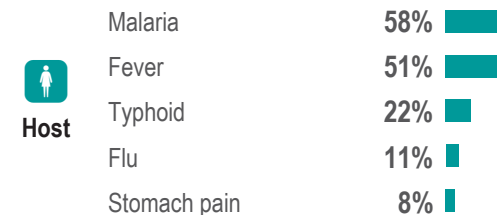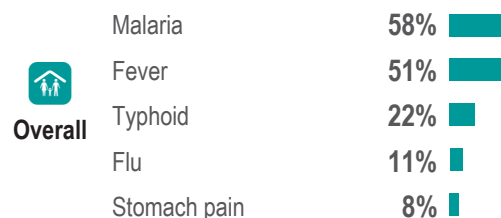
Health

92% 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 2019. This was an increase from the previous season

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

Malaria was the most commonly reported water or vector borne disease in July and August 2019 in **Aweil West County**. This was the same as the previous season

Malaria was the most commonly reported water or vector borne disease in November and December 2018 in **Aweil West County**
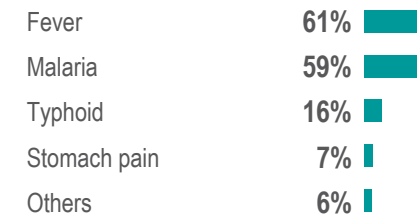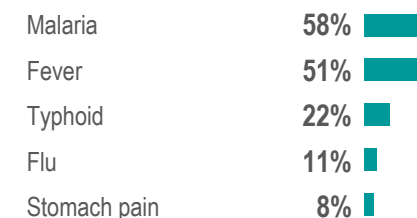
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

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

Map regions: Aweil North, Aweil East, Aweil West, Aweil South, Aweil Centre

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall:
- Malaria 58%
- Fever 51%
- Typhoid 22%
- Flu 11%
- Stomach pain 8%

Host:
- Malaria 58%
- Fever 51%
- Typhoid 22%
- Flu 11%
- Stomach pain 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)[3]

Overall:
- Malaria 58%
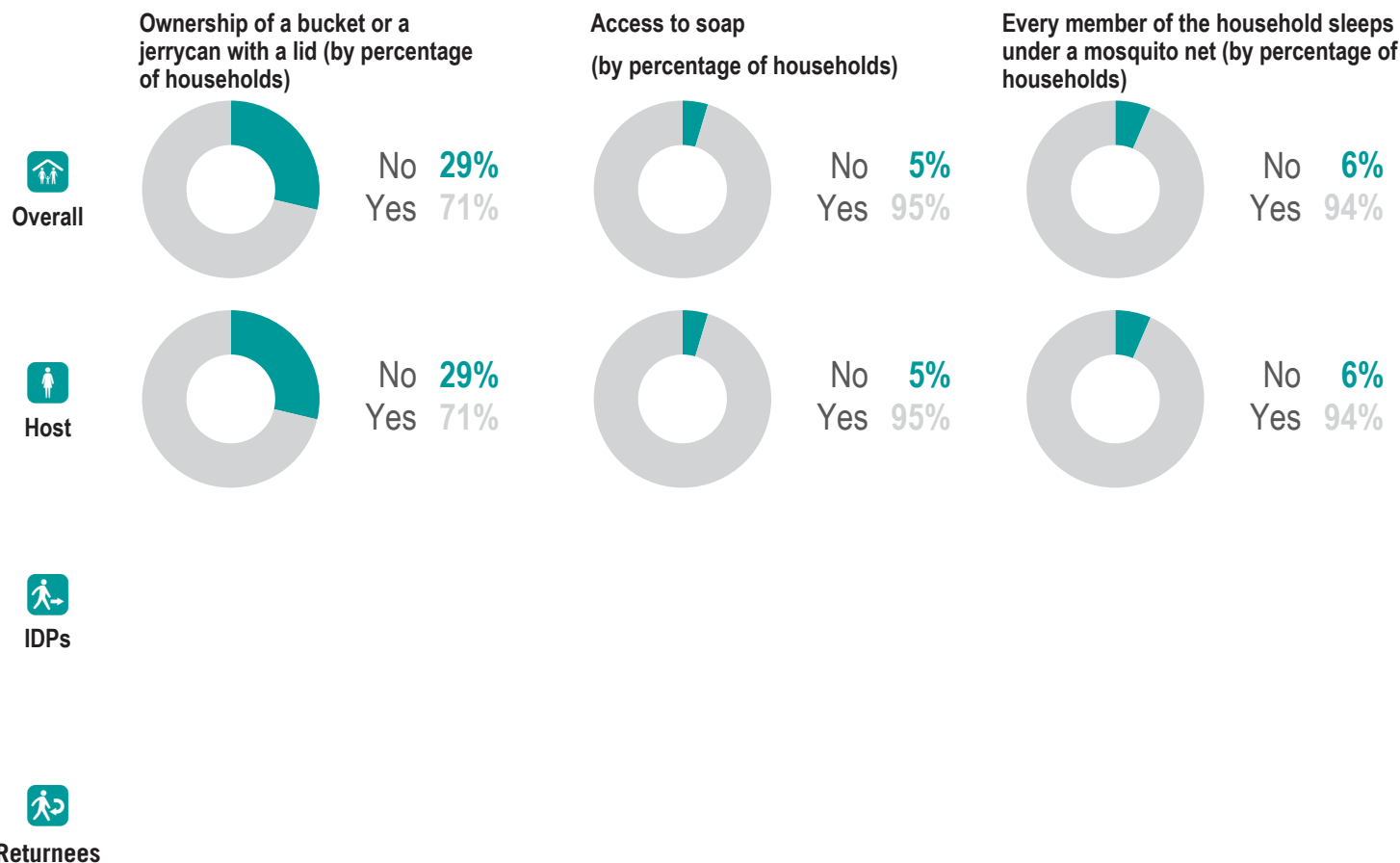- Fever 51%
- Typhoid 22%
- Flu 11%
- Stomach pain 8%

Host:
- Fever 61%
- Malaria 59%
- Typhoid 16%
- Stomach pain 7%
- Others 6%

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NFI WASH NFIs

22%	of **Aweil West County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
13%	of **Aweil West County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Aweil West County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Aweil West County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

No **29%**
Yes 71%

No **5%**
Yes 95%

No **6%**
Yes 94%

Host

No **29%**
Yes 71%

No **5%**
Yes 95%

No **6%**
Yes 94%

IDPs

Returnees

Endnotes
1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

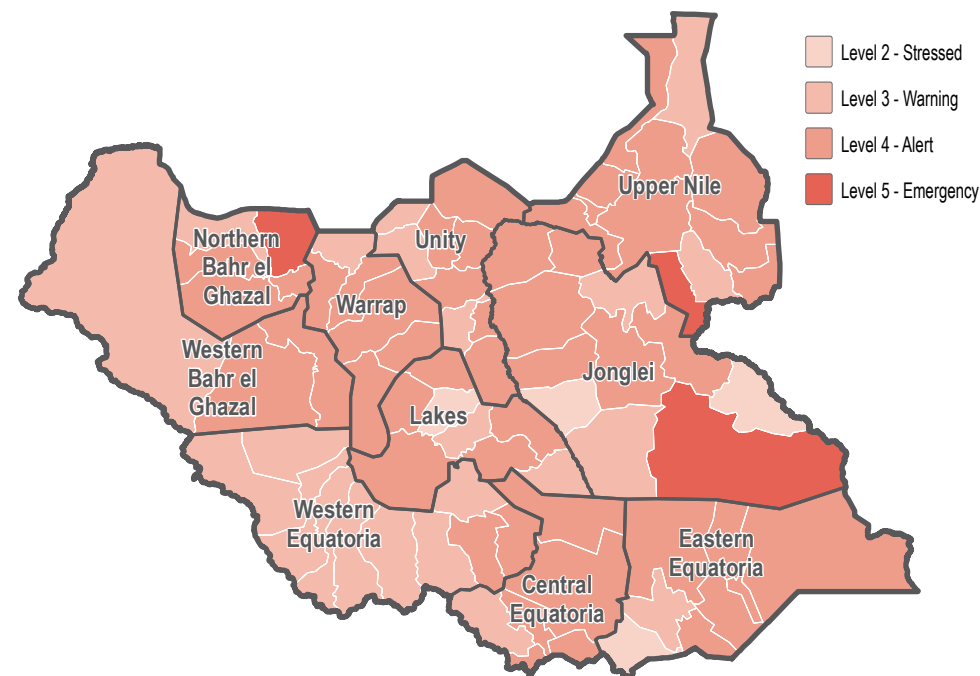These five indicators were used to establish the first

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 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

- Level 2 - Stressed
- Level 3 - Warning
- Level 4 - Alert
- Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

Children under 5	**84%**
Female headed	**83%**
Conflict injuries	**26%**
Elderly persons	**25%**
Chronically ill	**17%**

💧 Water

93% of **Gogrial East County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season

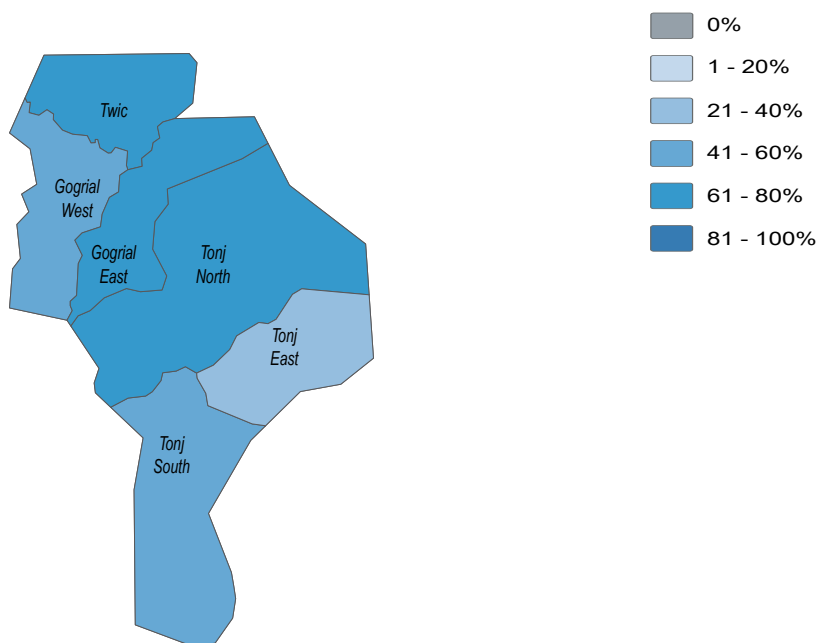**65%** of **Gogrial East County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018

4% of HHs in **Gogrial East County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season

9% of HHs in **Gogrial East County** reported feeling unsafe while collecting water, in November and December 2018
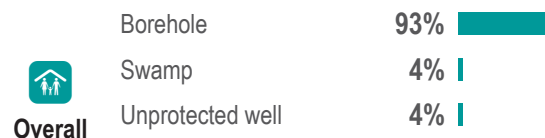
% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water

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

Map regions: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

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

Source	%	Time	%
Borehole	93%	< 30 minutes	71%
Swamp	4%	30 minutes - 1 hour	27%
Unprotected well	4%	1 hour - half a day	2%

Host

Source	%	Time	%
Borehole	93%	< 30 minutes	71%
Swamp	4%	30 minutes - 1 hour	27%
Unprotected well	4%	1 hour - half a day	2%

IDPs

Returnees

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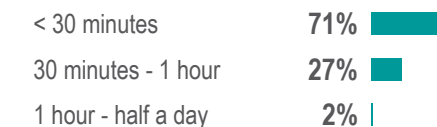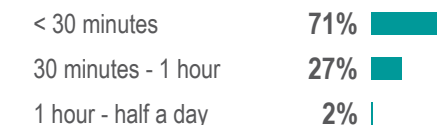
- Access to a borehole, tapstand, or water yard as the primary source of drinking water
- Can collect water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point

💧 Sanitation

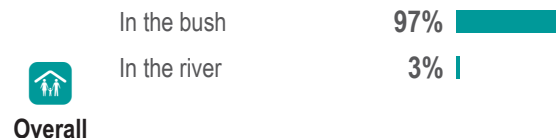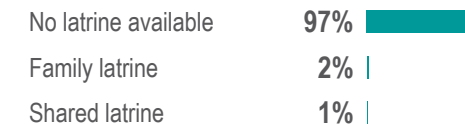|	
3%	of **Gogrial East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
1%	of **Gogrial East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
0%	of HHs in **Gogrial East County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
1%	of HHs in **Gogrial East County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

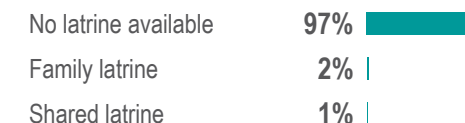Map regions: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	97%	No latrine available	97%
In the river	3%	Family latrine	2%
		Shared latrine	1%

Host

In the bush	97%	No latrine available	97%
In the river	3%	Family latrine	2%
		Shared latrine	1%

IDPs

Returnees
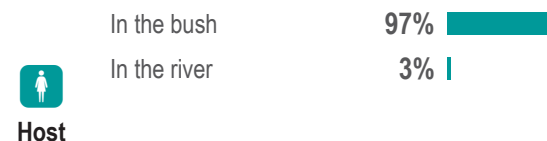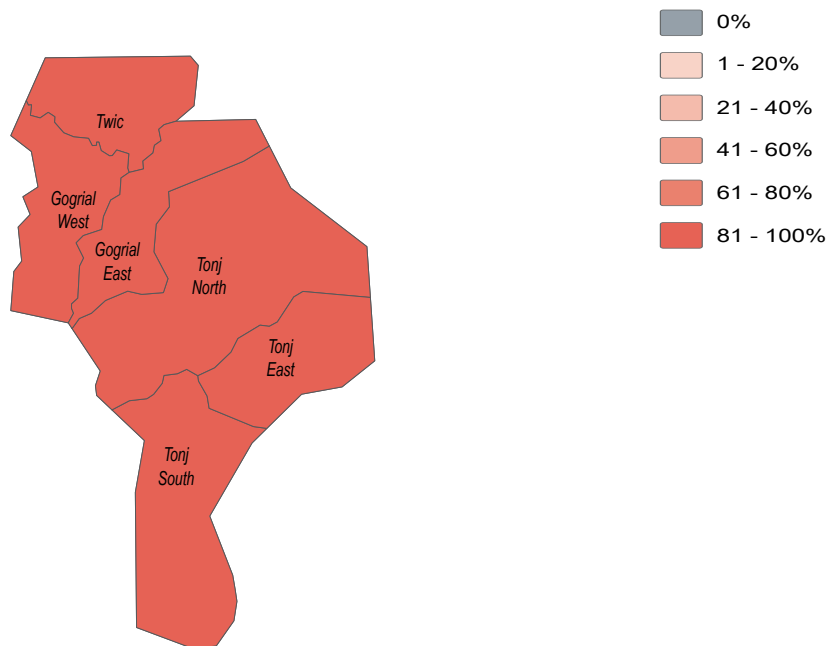
Health

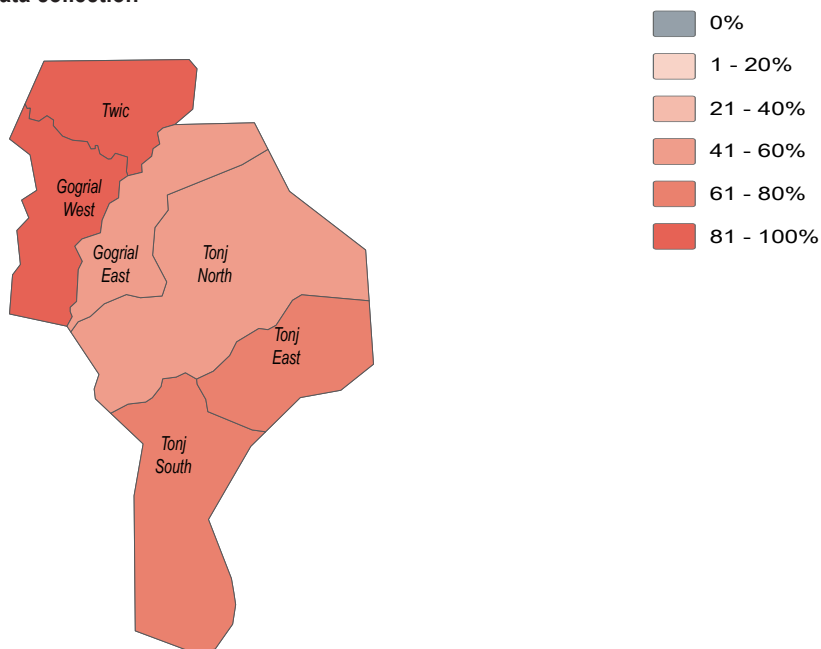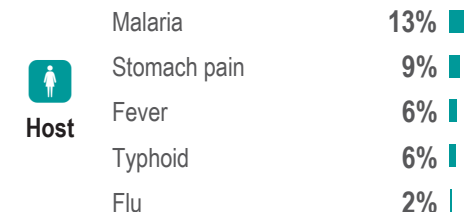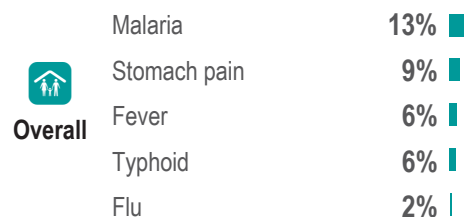|	
51%	of **Gogrial East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
76%	of **Gogrial East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Gogrial East County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Gogrial East County**

% 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

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

Map regions: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]

Overall

Adults		Children under 5	
Malaria	13%	Malaria	13%
Stomach pain	9%	Stomach pain	9%
Fever	6%	Fever	6%
Typhoid	6%	Typhoid	6%
Flu	2%	Flu	2%

Host

Adults		Children under 5	
Malaria	13%	Fever	26%
Stomach pain	9%	Malaria	14%
Fever	6%	Stomach pain	8%
Typhoid	6%	Flu	7%
Flu	2%	Typhoid	7%

IDPs

Returnees

NFI WASH NFIs

3% of **Gogrial East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season

15% of **Gogrial East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.

2 was the average number of jerrycans and/or buckets per HH in **Gogrial East County** in July and August 2019. This was an increase from the previous season

1 was the average number of jerrycans and/or buckets per HH in **Gogrial East County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

No **2%**
Yes 98%

No **82%**
Yes 18%

No **52%**
Yes 48%

Host

No **2%**
Yes 98%

No **82%**
Yes 18%

No **52%**
Yes 48%

IDPs

Returnees

Endnotes
1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH
REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.
For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.
Visit **www.reach-initiative.org** and follow us @ REACH_info.

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

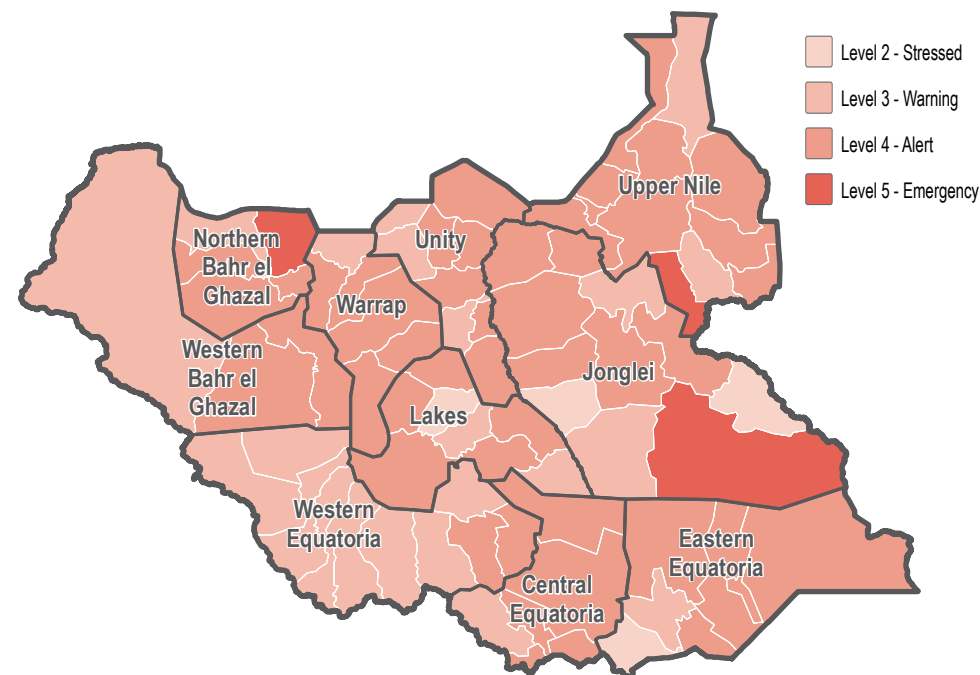These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

Legend:
- Level 2 - Stressed
- Level 3 - Warning
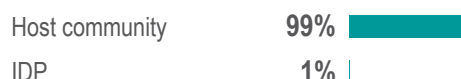- Level 4 - Alert
- Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

Children under 5	**85%**
Female headed	**47%**
Elderly persons	**34%**
Conflict injuries	**31%**
Physically disabled	**17%**

unicef | giz | WFP World Food Programme | FAO | USAID FROM THE AMERICAN PEOPLE | REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Gogrial West County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

💧 Water

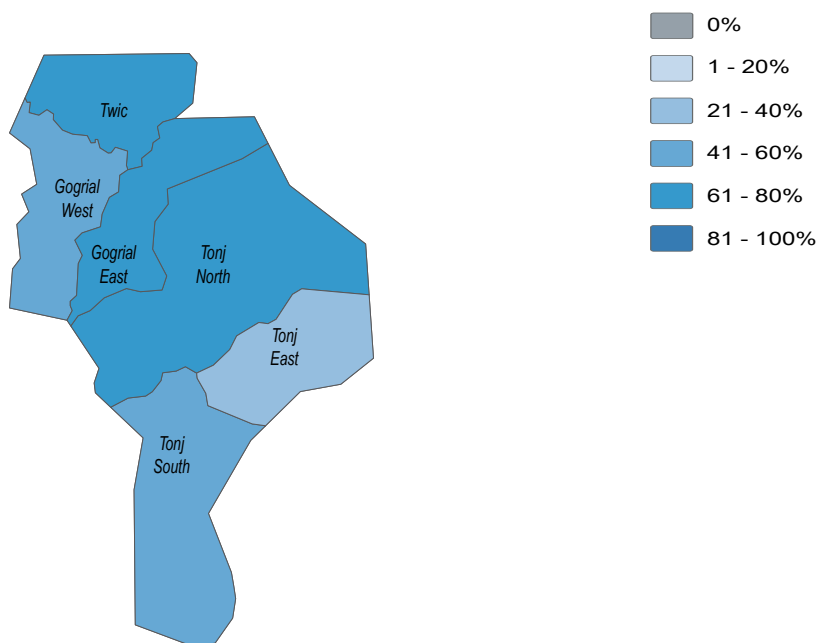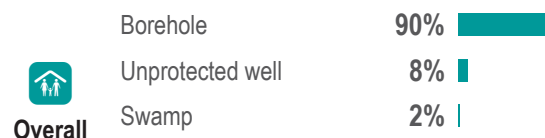|	
90%	of **Gogrial West County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
73%	of **Gogrial West County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
2%	of HHs in **Gogrial West County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
16%	of HHs in **Gogrial West County** reported feeling unsafe while collecting water, in November and December 2018

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

Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

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

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	90%	< 30 minutes	49%
Unprotected well	8%	30 minutes - 1 hour	31%
Swamp	2%	1 hour - half a day	19%
		Half a day	1%

Host
Borehole	90%	< 30 minutes	49%
Unprotected well	8%	30 minutes - 1 hour	32%
Swamp	2%	1 hour - half a day	19%
		Half a day	1%

IDPs
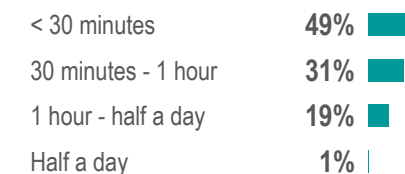| Borehole | 100% | < 30 minutes | 100% |

Returnees

This simple water access composite indicator 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

Sanitation

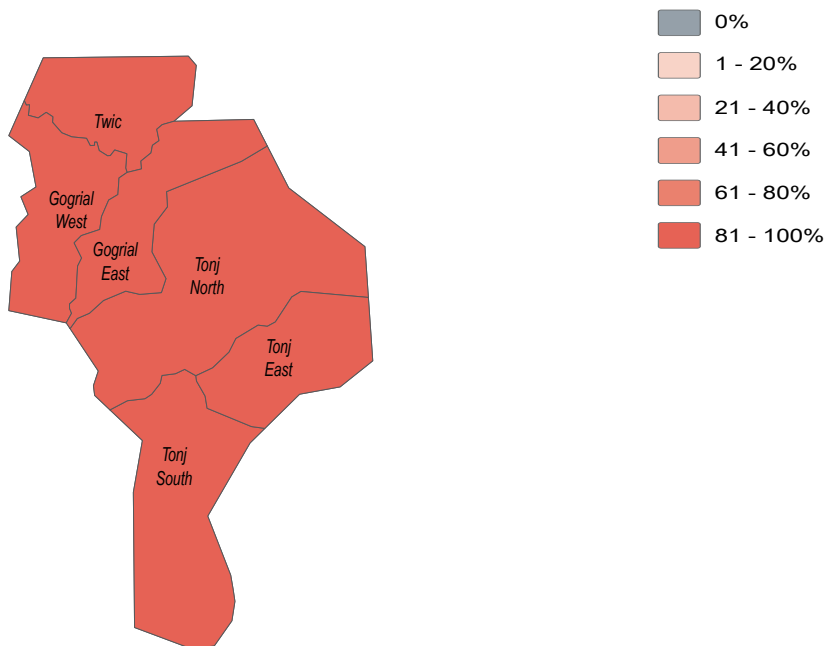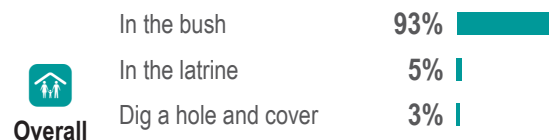|	
11%	of **Gogrial West County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
0%	of **Gogrial West County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
5%	of HHs in **Gogrial West County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Gogrial West County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

Twic
Gogrial West
Gogrial East
Tonj North
Tonj East
Tonj South

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

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	93%
In the latrine	5%
Dig a hole and cover	3%

No latrine available	89%
Family latrine	6%
Communal latrine	5%
Shared latrine	1%

Host

In the bush	93%
In the latrine	5%
Dig a hole and cover	3%

No latrine available	89%
Family latrine	6%
Communal latrine	5%
Shared latrine	1%

IDPs

| In the bush | 100% |
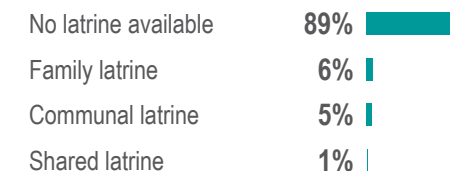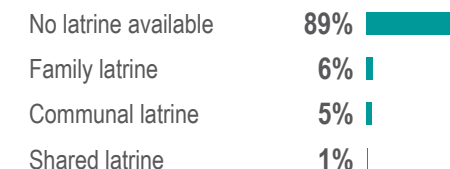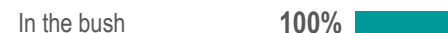
Returnees

⚕ Health

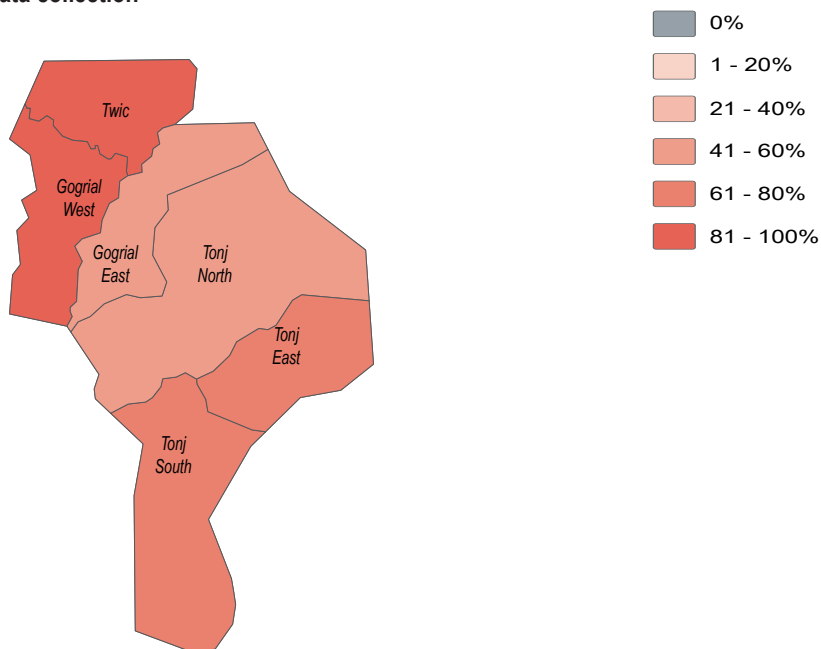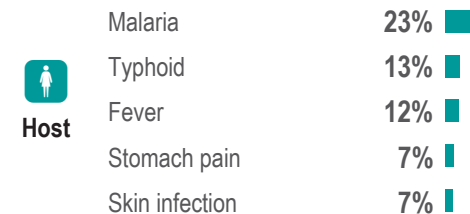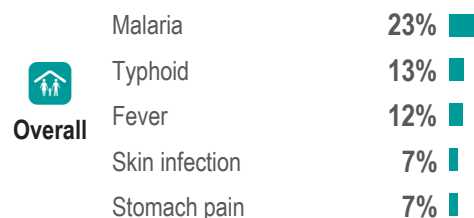|	
88%	of **Gogrial West County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
84%	of **Gogrial West County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Gogrial West County**. This was the same as the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Gogrial West County**

% 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

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

Map regions: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]

Overall

Adults		Children under 5	
Malaria	23%	Malaria	23%
Typhoid	13%	Typhoid	13%
Fever	12%	Fever	12%
Skin infection	7%	Skin infection	7%
Stomach pain	7%	Stomach pain	7%

Host

Adults		Children under 5	
Malaria	23%	Fever	49%
Typhoid	13%	Malaria	41%
Fever	12%	Flu	21%
Stomach pain	7%	AWD	15%
Skin infection	7%	Skin infection	10%

IDPs

Adults		Children under 5	
Skin infection	100%	Skin infection	100%

Returnees

NFI WASH NFIs

6% of **Gogrial West County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season

9% of **Gogrial West County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.

2 was the average number of jerrycans and/or buckets per HH in **Gogrial West County** in July and August 2019. This was an increase from the previous season

1 was the average number of jerrycans and/or buckets per HH in **Gogrial West County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

No **41%**
Yes 59%

No **69%**
Yes 31%

No **63%**
Yes 37%

Host

No **40%**
Yes 60%

No **69%**
Yes 31%

No **64%**
Yes 36%

IDPs

No **100%**

No **100%**

Yes **100%**

Returnees

Endnotes
1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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Tonj East County - Water, Sanitation and Hygiene Factsheet

Warrap State, South Sudan

WASH Cluster Water Sanitation Hygiene

July/August 2019

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.
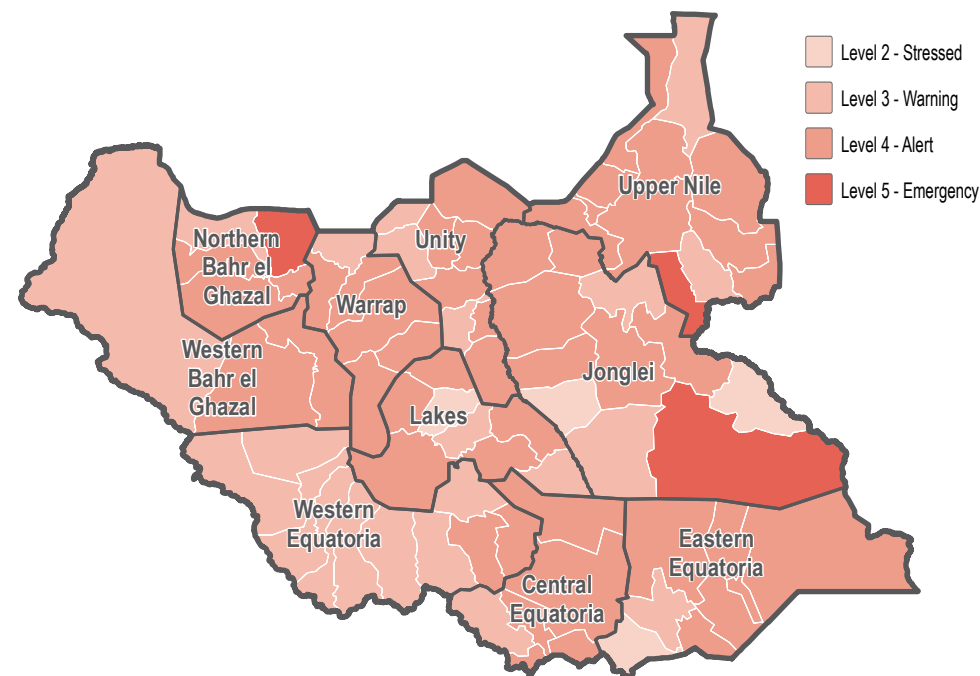
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

Level 2 - Stressed
Level 3 - Warning
Level 4 - Alert
Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

Female headed	80%
Children under 5	73%
Elderly persons	48%
Conflict injuries	26%
Chronically ill	12%

💧 Water

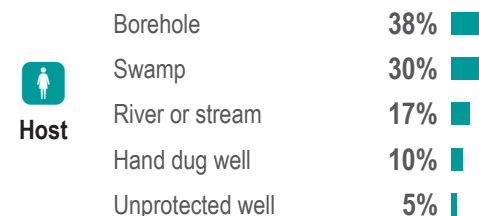|	
39%	of **Tonj East County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
75%	of **Tonj East County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
6%	of HHs in **Tonj East County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
8%	of HHs in **Tonj East County** reported feeling unsafe while collecting water, in November and December 2018

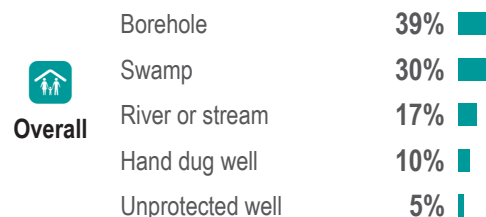**% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water**

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

Map regions: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

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
Source	%		Time	%
Borehole	39%		< 30 minutes	83%
Swamp	30%		30 minutes - 1 hour	13%
River or stream	17%		1 hour - half a day	4%
Hand dug well	10%			
Unprotected well	5%			

Host
Source	%		Time	%
Borehole	38%		< 30 minutes	83%
Swamp	30%		30 minutes - 1 hour	13%
River or stream	17%		1 hour - half a day	4%
Hand dug well	10%			
Unprotected well	5%			

IDPs
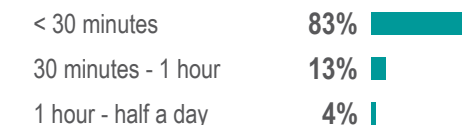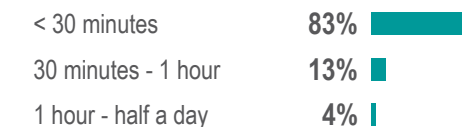| Source	%		Time	%
Borehole	100%		< 30 minutes	100%

Returnees

This simple water access composite indicator 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

Sanitation

1% of **Tonj East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was the same as from the previous season

1% of **Tonj East County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.

1% of HHs in **Tonj East County** reported their most common defecation location was a latrine, in July and August 2019. This was the same as the previous season

1% of HHs in **Tonj East County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	**99%**		No latrine available	**99%**
In the latrine	**1%**		Communal latrine	**1%**

Host

In the bush	**99%**		No latrine available	**99%**
In the latrine	**1%**		Communal latrine	**1%**

IDPs

In the bush	**100%**

Returnees

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

Map labels: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

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⚕ Health

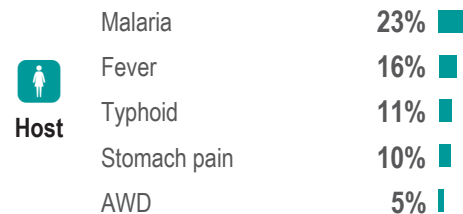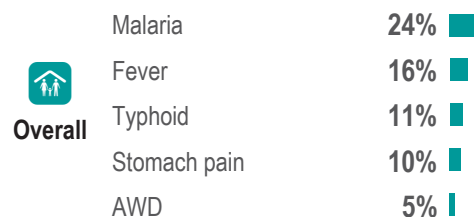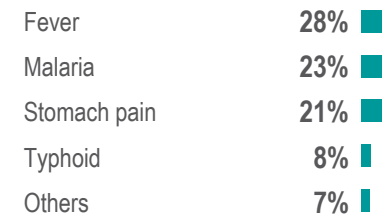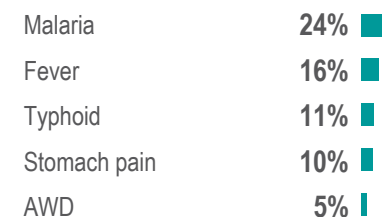|	
61%	of **Tonj East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
85%	of **Tonj East County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Malaria	was the most commonly reported water or vector borne disease in July and August 2019 in **Tonj East County**. This was different to the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Tonj East County**

% 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

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

Map regions: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]

Overall

Adults		Children under 5	
Malaria	24%	Malaria	24%
Fever	16%	Fever	16%
Typhoid	11%	Typhoid	11%
Stomach pain	10%	Stomach pain	10%
AWD	5%	AWD	5%

Host

Adults		Children under 5	
Malaria	23%	Fever	28%
Fever	16%	Malaria	23%
Typhoid	11%	Stomach pain	21%
Stomach pain	10%	Typhoid	8%
AWD	5%	Others	7%

IDPs

Adults		Children under 5	
Malaria	100%	AWD	100%

Returnees

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NFI WASH NFIs

10%	of **Tonj East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
18%	of **Tonj East County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Tonj East County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Tonj East County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall
- Ownership: No **12%** / Yes **88%**
- Access to soap: No **69%** / Yes **31%**
- Mosquito net: No **44%** / Yes **56%**

Host
- Ownership: No **12%** / Yes **88%**
- Access to soap: No **69%** / Yes **31%**
- Mosquito net: No **44%** / Yes **56%**

IDPs
- Ownership: Yes **100%**
- Access to soap: Yes **100%**
- Mosquito net: Yes **100%**

Returnees

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

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

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

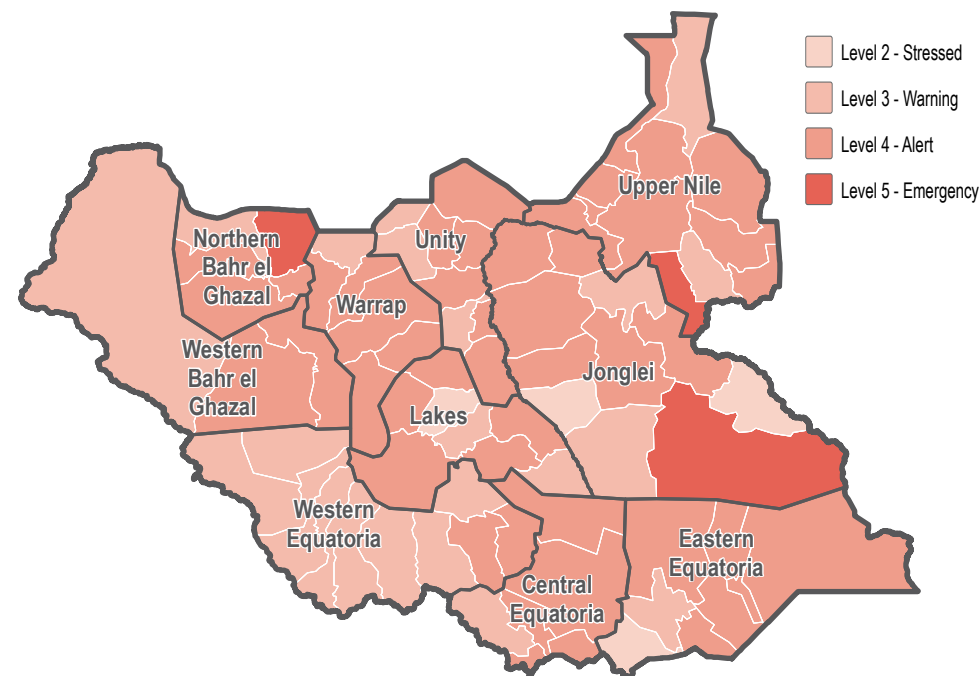These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

Level 2 - Stressed
Level 3 - Warning
Level 4 - Alert
Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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	96%
IDP	3%
Returnee	1%

Percentage of Internally Displaced Person (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

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	82%
Female headed	56%
Conflict injuries	29%
Elderly persons	22%
Adopted children	19%

💧 Water

96% of **Tonj North County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season

95% of **Tonj North County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018

18% of HHs in **Tonj North County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season

10% of HHs in **Tonj North County** reported feeling unsafe while collecting water, in November and December 2018
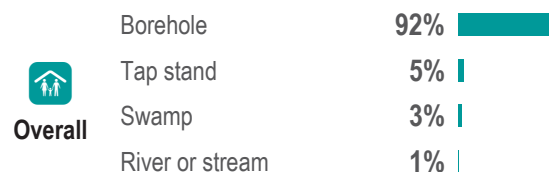
% of HHs having safe access in under 30min to an improved water source (borehole, tapstand, water yard) as their main source of drinking water
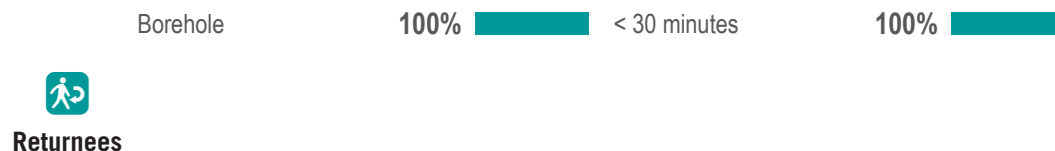

Legend	
0%	
1 - 20%	
21 - 40%	
41 - 60%	
61 - 80%	
81 - 100%	

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

Source	%	Time	%
Borehole	92%	< 30 minutes	67%
Tap stand	5%	30 minutes - 1 hour	31%
Swamp	3%	1 hour - half a day	2%
River or stream	1%	Half a day	1%

Host

Source	%	Time	%
Borehole	92%	< 30 minutes	65%
Tap stand	4%	30 minutes - 1 hour	32%
Swamp	3%	1 hour - half a day	2%
River or stream	1%	Half a day	1%

IDPs

Source	%	Time	%
Borehole	67%	< 30 minutes	100%
Tap stand	33%		

Returnees

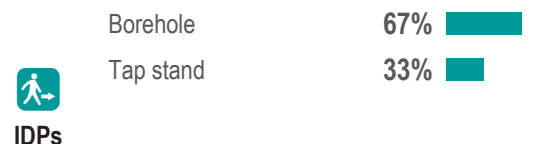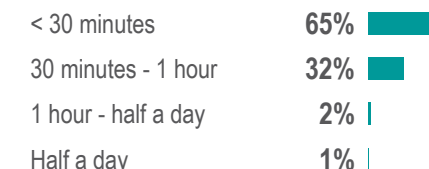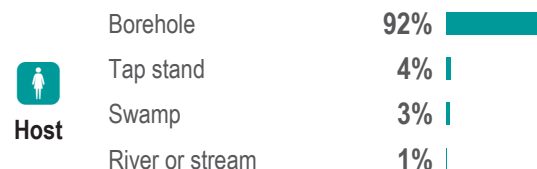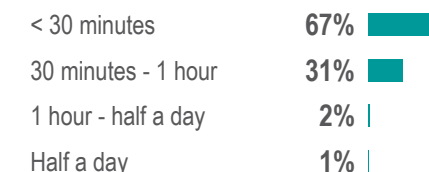| Source	%	Time	%
Borehole	100%	< 30 minutes	100%

This simple water access composite indicator 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

Sanitation

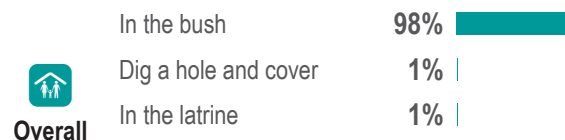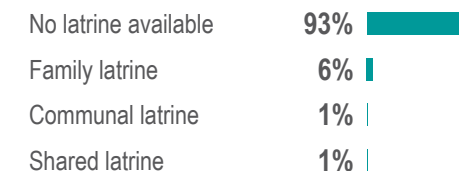|	
7%	of **Tonj North County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
0%	of **Tonj North County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
1%	of HHs in **Tonj North County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Tonj North County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

Twic
Gogrial West
Gogrial East
Tonj North
Tonj East
Tonj South

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

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	98%
Dig a hole and cover	1%
In the latrine	1%

No latrine available	93%
Family latrine	6%
Communal latrine	1%
Shared latrine	1%

Host

In the bush	98%
Dig a hole and cover	1%
In the latrine	1%

No latrine available	93%
Family latrine	5%
Communal latrine	1%
Shared latrine	1%

IDPs

| In the bush | 100% |

Returnees

| In the bush | 100% |

| No latrine available | 100% |
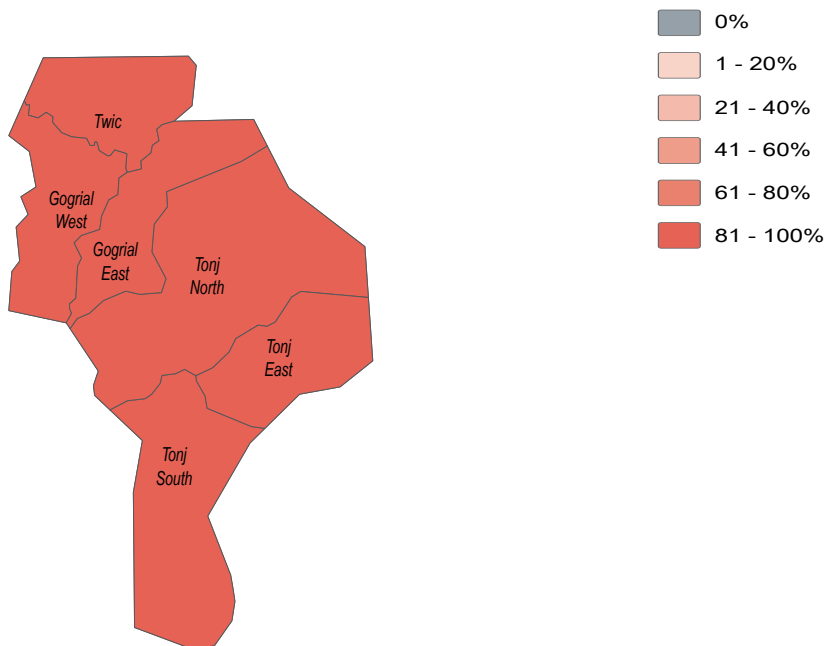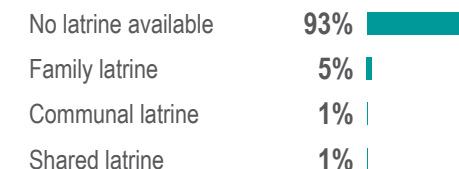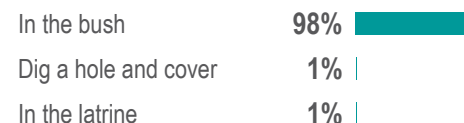
Health

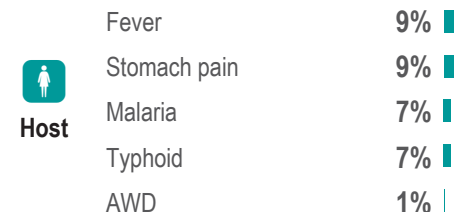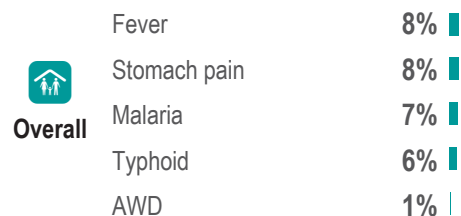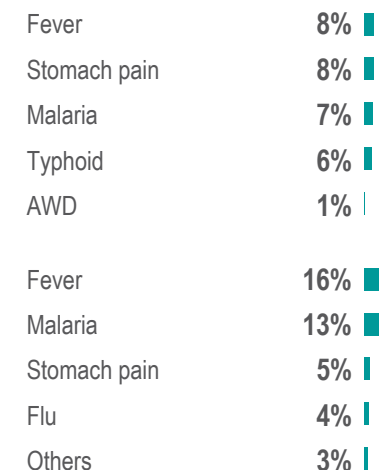|	
48%	of **Tonj North County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
65%	of **Tonj North County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Tonj North County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Tonj North County**

% 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

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

Map regions: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]

Overall

Adults		Children under 5	
Fever	8%	Fever	8%
Stomach pain	8%	Stomach pain	8%
Malaria	7%	Malaria	7%
Typhoid	6%	Typhoid	6%
AWD	1%	AWD	1%

Host

Adults		Children under 5	
Fever	9%	Fever	16%
Stomach pain	9%	Malaria	13%
Malaria	7%	Stomach pain	5%
Typhoid	7%	Flu	4%
AWD	1%	Others	3%

IDPs

Returnees

NFI WASH NFIs

3% of **Tonj North County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season

6% of **Tonj North County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.

2 was the average number of jerrycans and/or buckets per HH in **Tonj North County** in July and August 2019. This was an increase from the previous season

1 was the average number of jerrycans and/or buckets per HH in **Tonj North County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)	Access to soap (by percentage of households)	Every member of the household sleeps under a mosquito net (by percentage of households)
Overall	No 9% / Yes 91%	No 85% / Yes 15%	No 58% / Yes 42%
Host	No 9% / Yes 91%	No 85% / Yes 15%	No 59% / Yes 41%
IDPs	No 33% / Yes 67%	No 100%	No 33% / Yes 67%
Returnees	Yes 100%	No 100%	No 100%

Endnotes

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2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
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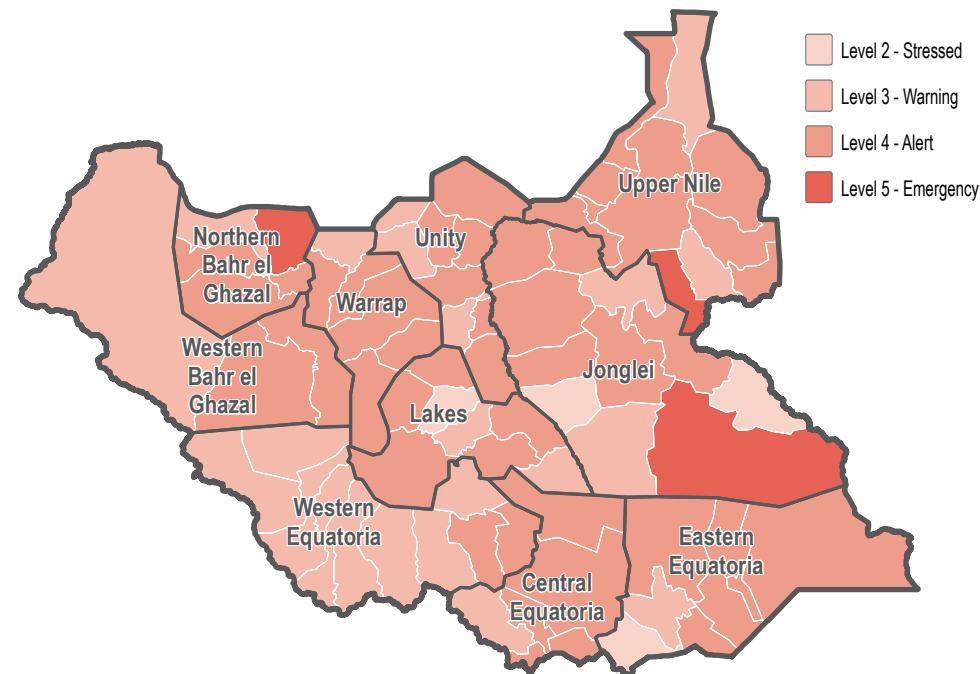These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

Legend:
- Level 2 - Stressed
- Level 3 - Warning
- Level 4 - Alert
- Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement
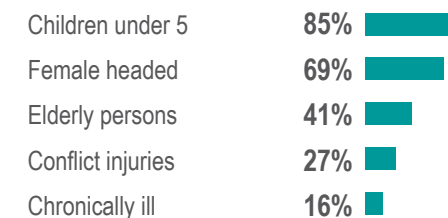
Percentage of households by displacement status[1]

Host community	99%
IDP	1%

Percentage of Internally Displaced Person (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

Children under 5	85%
Female headed	69%
Elderly persons	41%
Conflict injuries	27%
Chronically ill	16%

💧 Water

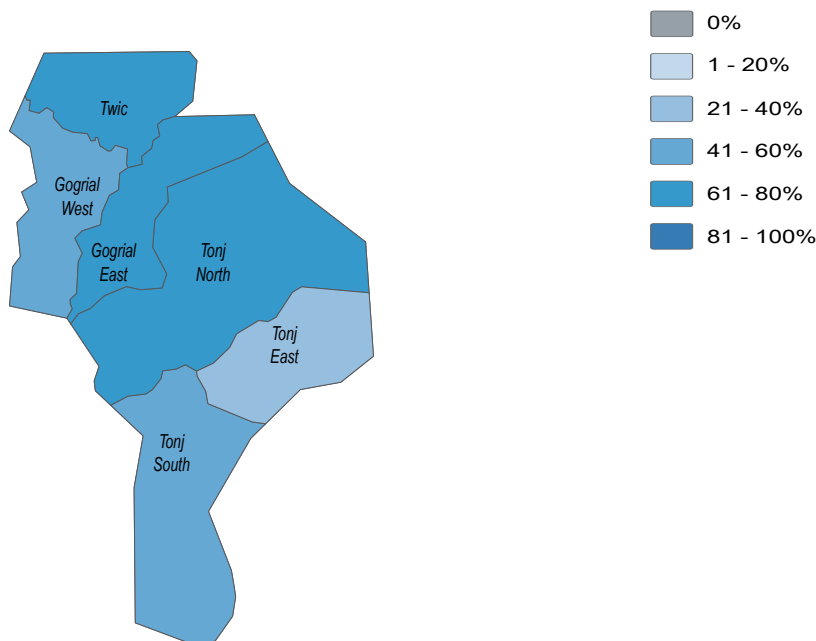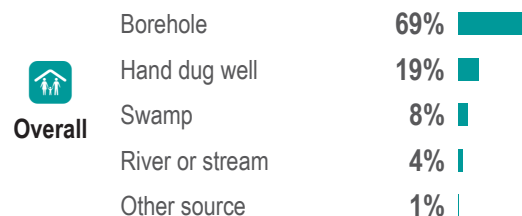|	
69%	of **Tonj South County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
39%	of **Tonj South County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
4%	of HHs in **Tonj South County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
18%	of HHs in **Tonj South County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map labels: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

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
Source	%	Time	%
Borehole	69%	< 30 minutes	75%
Hand dug well	19%	30 minutes - 1 hour	24%
Swamp	8%	1 hour - half a day	1%
River or stream	4%		
Other source	1%		

Host
Source	%	Time	%
Borehole	68%	< 30 minutes	75%
Hand dug well	19%	30 minutes - 1 hour	24%
Swamp	8%	1 hour - half a day	1%
River or stream	4%		
Other source	1%		

IDPs
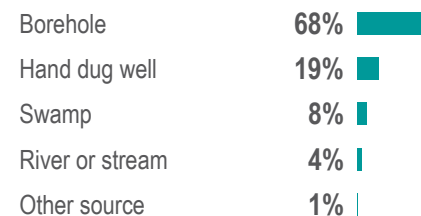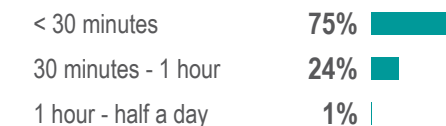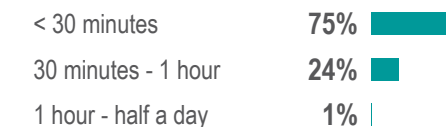| Source	%	Time	%
Borehole	100%	< 30 minutes	100%

Returnees

This simple water access composite indicator 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

Sanitation

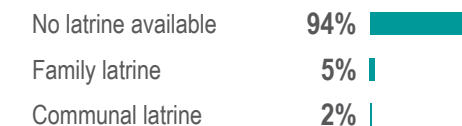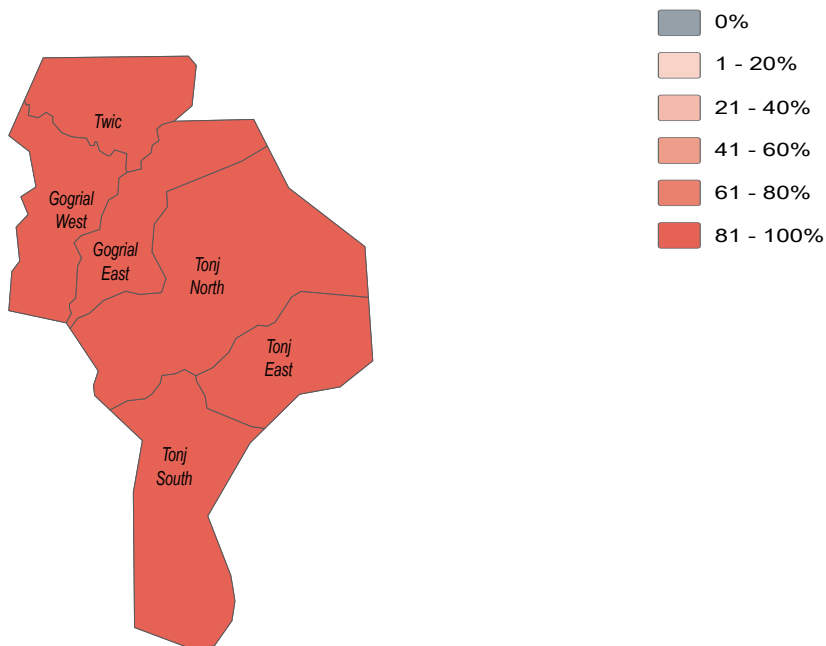|	
6%	of **Tonj South County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
1%	of **Tonj South County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
6%	of HHs in **Tonj South County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
0%	of HHs in **Tonj South County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Map regions: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

| In the bush | 94% |
| In the latrine | 6% |

No latrine available	94%
Family latrine	5%
Communal latrine	2%

Host

| In the bush | 94% |
| In the latrine | 6% |

No latrine available	93%
Family latrine	5%
Communal latrine	2%

IDPs

| In the bush | 100% |

Returnees

unicef   giz   WFP World Food Programme wfp.org   FAO FIAT PANIS   USAID FROM THE AMERICAN PEOPLE   REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

Health

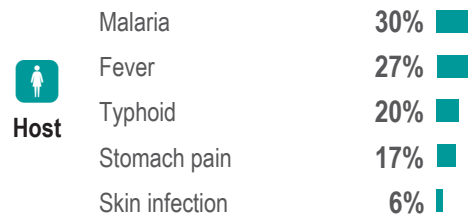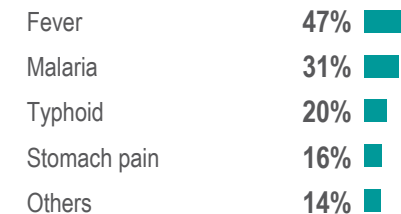|	
69%	of **Tonj South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
75%	of **Tonj South County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Tonj South County**. This was the same as the previous season
Fever	was the most commonly reported water or vector borne disease in November and December 2018 in **Tonj South County**

% 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

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

Map regions: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

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)[3]
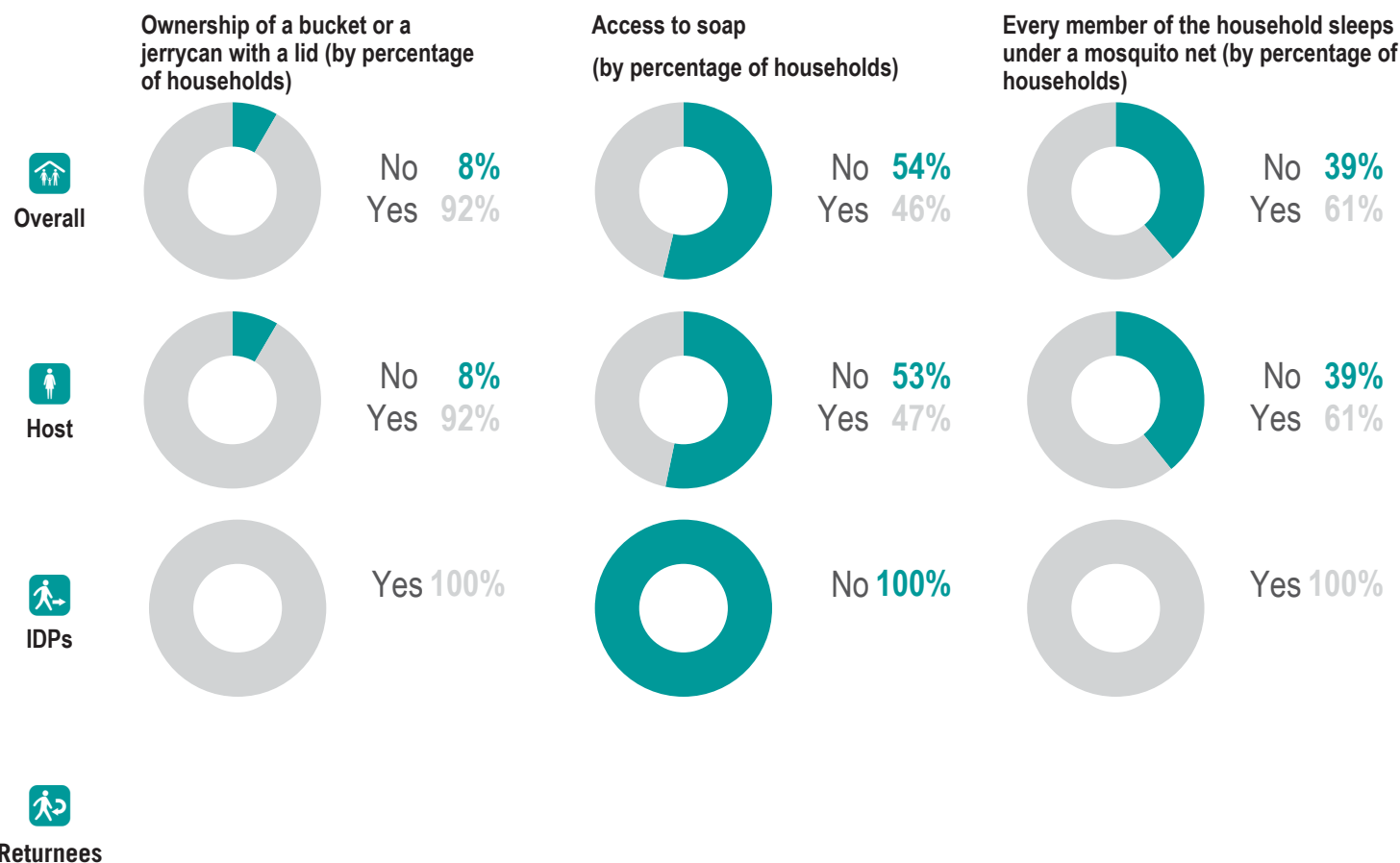
Overall

Adults		Children under 5	
Malaria	30%	Malaria	30%
Fever	27%	Fever	27%
Typhoid	19%	Typhoid	19%
Stomach pain	17%	Stomach pain	17%
Skin infection	6%	Skin infection	6%

Host

Adults		Children under 5	
Malaria	30%	Fever	47%
Fever	27%	Malaria	31%
Typhoid	20%	Typhoid	20%
Stomach pain	17%	Stomach pain	16%
Skin infection	6%	Others	14%

IDPs

Returnees

NFI WASH NFIs

13%	of **Tonj South County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season
11%	of **Tonj South County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Tonj South County** in July and August 2019. This was the same as the previous season
2	was the average number of jerrycans and/or buckets per HH in **Tonj South County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall
- Ownership: No **8%** / Yes 92%
- Access to soap: No **54%** / Yes 46%
- Mosquito net: No **39%** / Yes 61%

Host
- Ownership: No **8%** / Yes 92%
- Access to soap: No **53%** / Yes 47%
- Mosquito net: No **39%** / Yes 61%

IDPs
- Ownership: Yes 100%
- Access to soap: No **100%**
- Mosquito net: Yes 100%

Returnees

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org. Visit **www.reach-initiative.org** and follow us @ REACH_info.

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

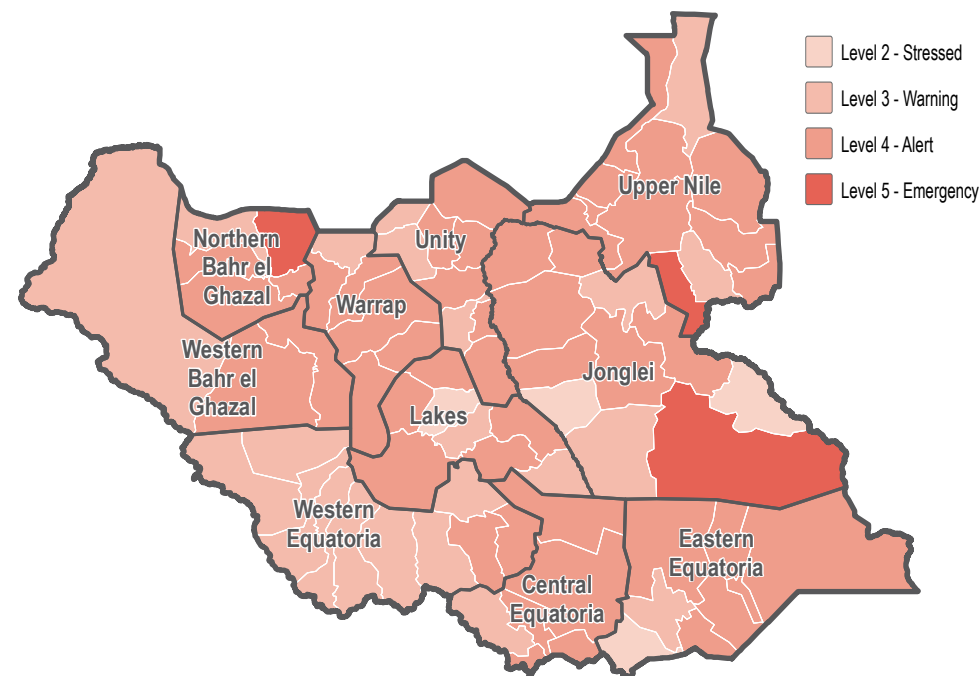These five indicators were used to establish the first

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 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

Level 2 - Stressed
Level 3 - Warning
Level 4 - Alert
Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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 Internally Displaced Person (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

Children under 5	**82%**
Female headed	**46%**
Elderly persons	**44%**
Conflict injuries	**36%**
Physically disabled	**21%**

💧 Water

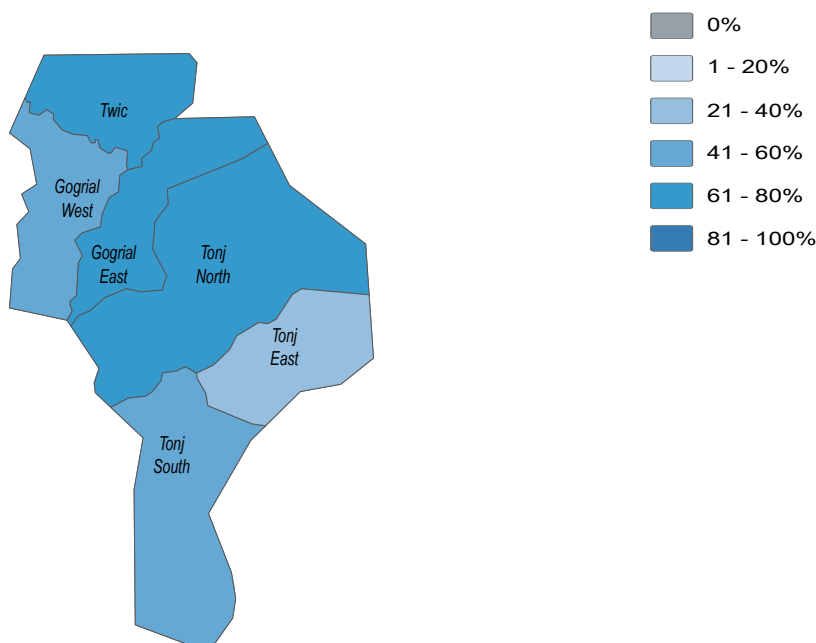|	
98%	of **Twic County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
97%	of **Twic County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
1%	of HHs in **Twic County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
2%	of HHs in **Twic County** reported feeling unsafe while collecting water, in November and December 2018

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

Map regions: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

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

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 | 98% |
| Swamp | 2% |

< 30 minutes	79%
30 minutes - 1 hour	18%
1 hour - half a day	4%

Host

| Borehole | 98% |
| Swamp | 2% |

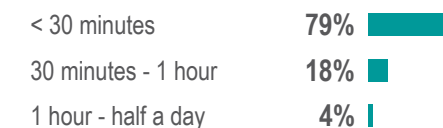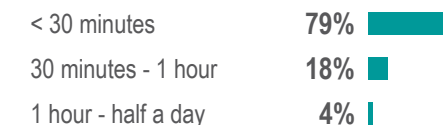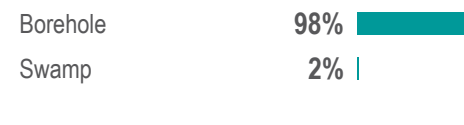| < 30 minutes | 79% |
| 30 minutes - 1 hour | 18% |
| 1 hour - half a day | 4% |

IDPs

Returnees

This simple water access composite indicator 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
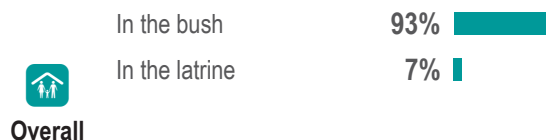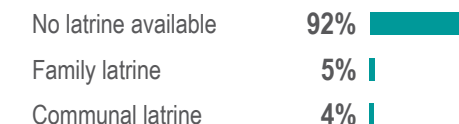
Sanitation

8% of **Twic County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season

14% of **Twic County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.

7% of HHs in **Twic County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season

11% of HHs in **Twic County** reported their most common defecation location was a latrine, in November and December 2018.
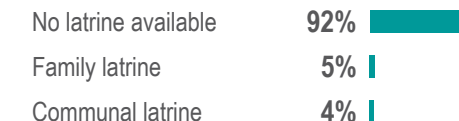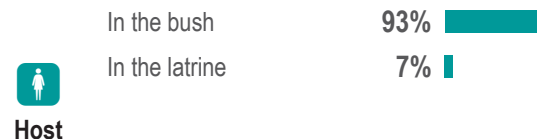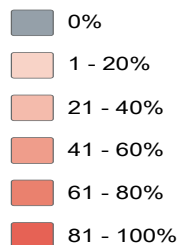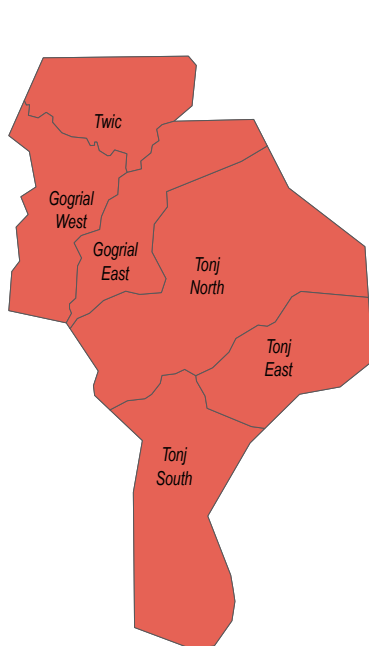
Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

In the bush	93%	No latrine available	92%
In the latrine	7%	Family latrine	5%
		Communal latrine	4%

Host

In the bush	93%	No latrine available	92%
In the latrine	7%	Family latrine	5%
		Communal latrine	4%

IDPs

Returnees

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Twic

Gogrial West

Gogrial East

Tonj North

Tonj East

Tonj South

Health

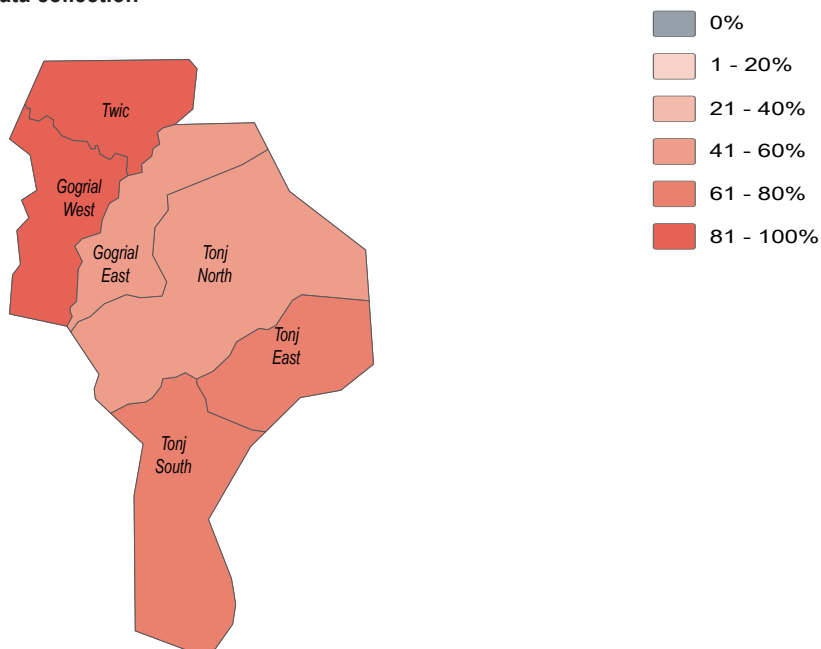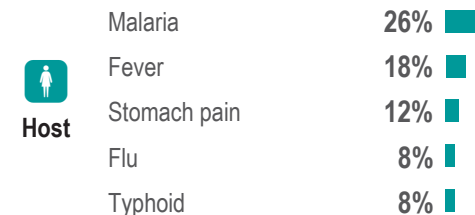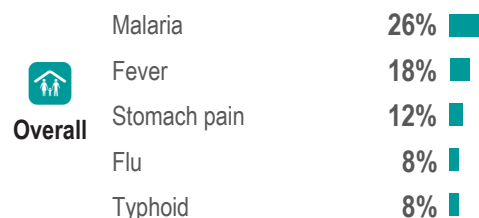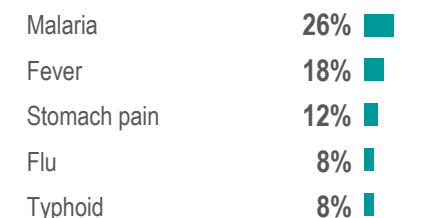|	
91%	of **Twic County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
88%	of **Twic County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Twic County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Twic County**

% 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

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

Map labels: Twic, Gogrial West, Gogrial East, Tonj North, Tonj East, Tonj South

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall

Malaria	26%
Fever	18%
Stomach pain	12%
Flu	8%
Typhoid	8%

Host

Malaria	26%
Fever	18%
Stomach pain	12%
Flu	8%
Typhoid	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)[3]

Malaria	26%
Fever	18%
Stomach pain	12%
Flu	8%
Typhoid	8%

Fever	59%
Malaria	47%
Flu	26%
Others	13%
AWD	12%

NFI WASH NFIs

21% of **Twic County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season

18% of **Twic County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.

2 was the average number of jerrycans and/or buckets per HH in **Twic County** in July and August 2019. This was the same as the previous season

2 was the average number of jerrycans and/or buckets per HH in **Twic County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Overall
No **32%**
Yes **68%**

Host
No **32%**
Yes **68%**

IDPs

Returnees

Access to soap (by percentage of households)

No **52%**
Yes **48%**

No **52%**
Yes **48%**

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

No **44%**
Yes **56%**

No **44%**
Yes **56%**

Endnotes
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WFP World Food Programme wfp.org

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REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

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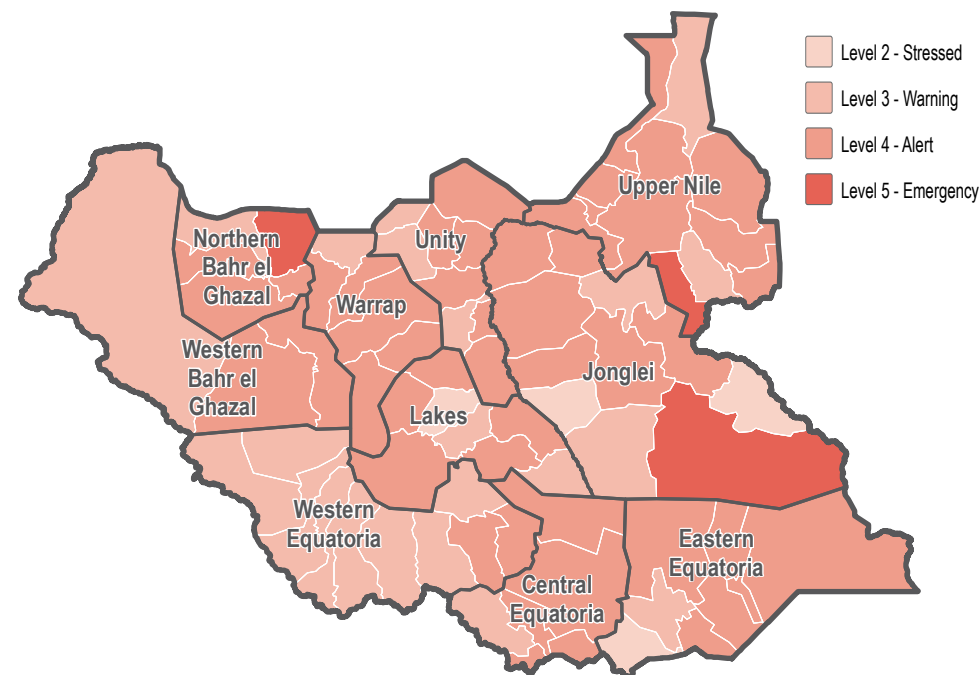These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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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WASH Needs Severity Map

Legend:
- Level 2 - Stressed
- Level 3 - Warning
- Level 4 - Alert
- Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement
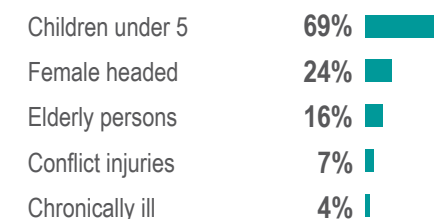
Percentage of households by displacement status[1]

Host community	**89%**
IDP	**11%**

Percentage of Internally Displaced Person (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

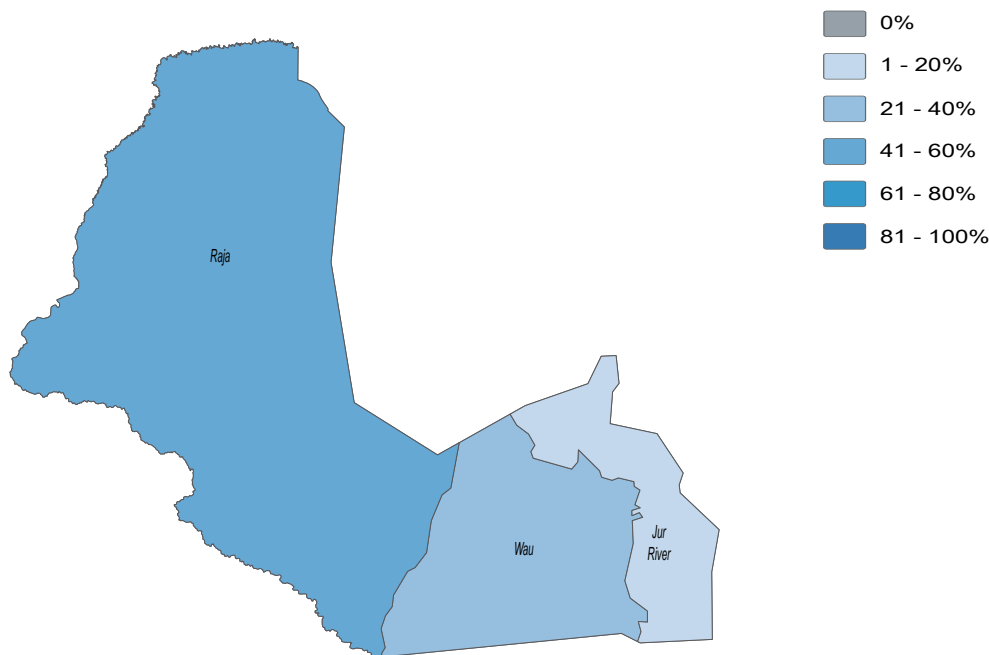|	
Children under 5	**69%**
Female headed	**24%**
Elderly persons	**16%**
Conflict injuries	**7%**
Chronically ill	**4%**

💧 Water

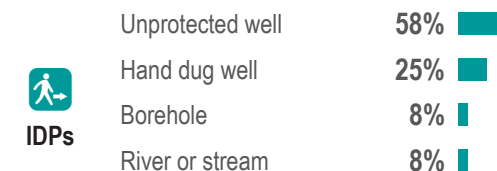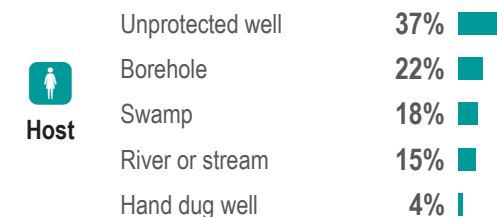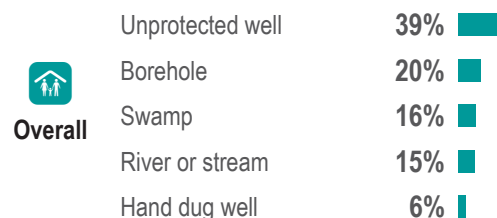|	
21%	of **Jur River County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was a decrease from the previous season
67%	of **Jur River County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
1%	of HHs in **Jur River County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
4%	of HHs in **Jur River County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map labels: Raja, Wau, Jur River

Most commonly reported sources of drinking water (by percentage of households)

Overall
Source	%
Unprotected well	39%
Borehole	20%
Swamp	16%
River or stream	15%
Hand dug well	6%

Host
Source	%
Unprotected well	37%
Borehole	22%
Swamp	18%
River or stream	15%
Hand dug well	4%

IDPs
Source	%
Unprotected well	58%
Hand dug well	25%
Borehole	8%
River or stream	8%

Returnees

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

Overall
Time	%
< 30 minutes	67%
30 minutes - 1 hour	26%
1 hour - half a day	6%
I don't know	2%

Host
Time	%
< 30 minutes	66%
30 minutes - 1 hour	28%
1 hour - half a day	4%
I don't know	2%

IDPs
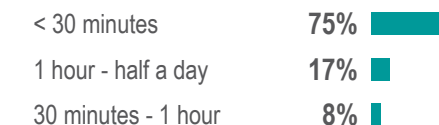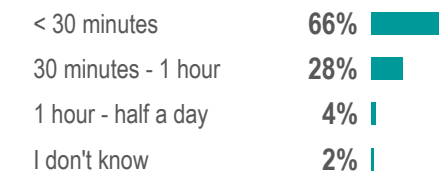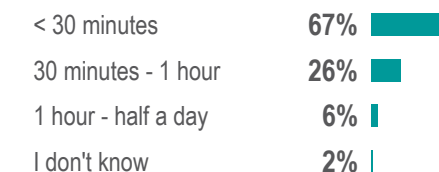| Time	%
< 30 minutes	75%
1 hour - half a day	17%
30 minutes - 1 hour	8%

This simple water access composite indicator 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
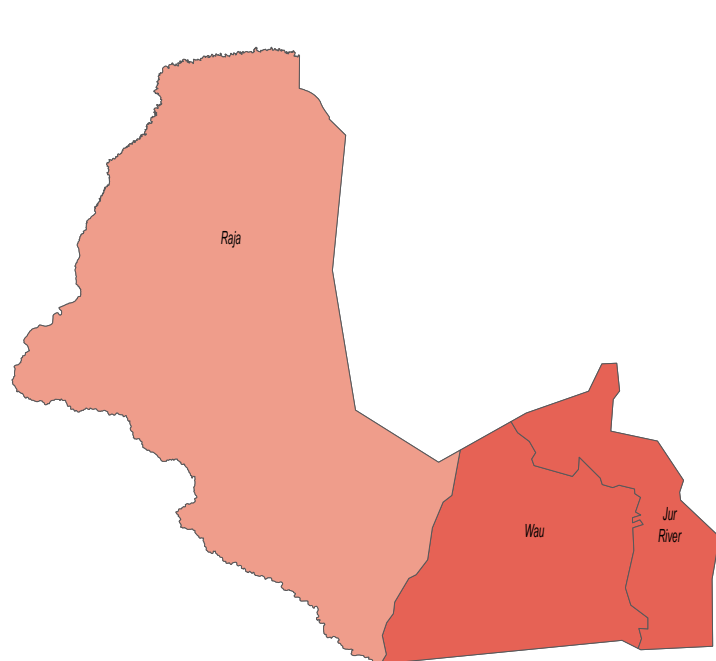- Did not report any security concerns while accessing water point

Sanitation

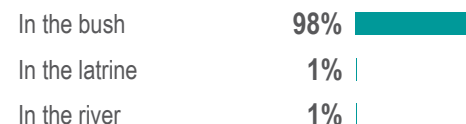|	
3%	of **Jur River County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season
24%	of **Jur River County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
1%	of HHs in **Jur River County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season
22%	of HHs in **Jur River County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present
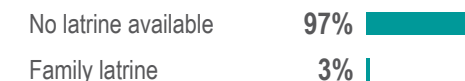
Legend:
- 0%
- 1 - 20%
- 21 - 40%
- 41 - 60%
- 61 - 80%
- 81 - 100%

Map labels: Raja, Wau, Jur River

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall

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

| No latrine available | 97% |
| Family latrine | 3% |

Host

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

| No latrine available | 97% |
| Family latrine | 3% |

IDPs

| In the bush | 100% |
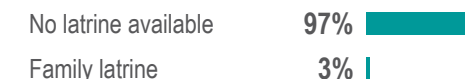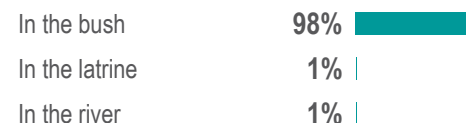
Returnees

✛ Health

|	
69%	of **Jur River 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 2019. This was an increase from the previous season
68%	of **Jur River 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
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Jur River County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Jur River County**

% 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

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

Map labels: Raja, Wau, Jur River
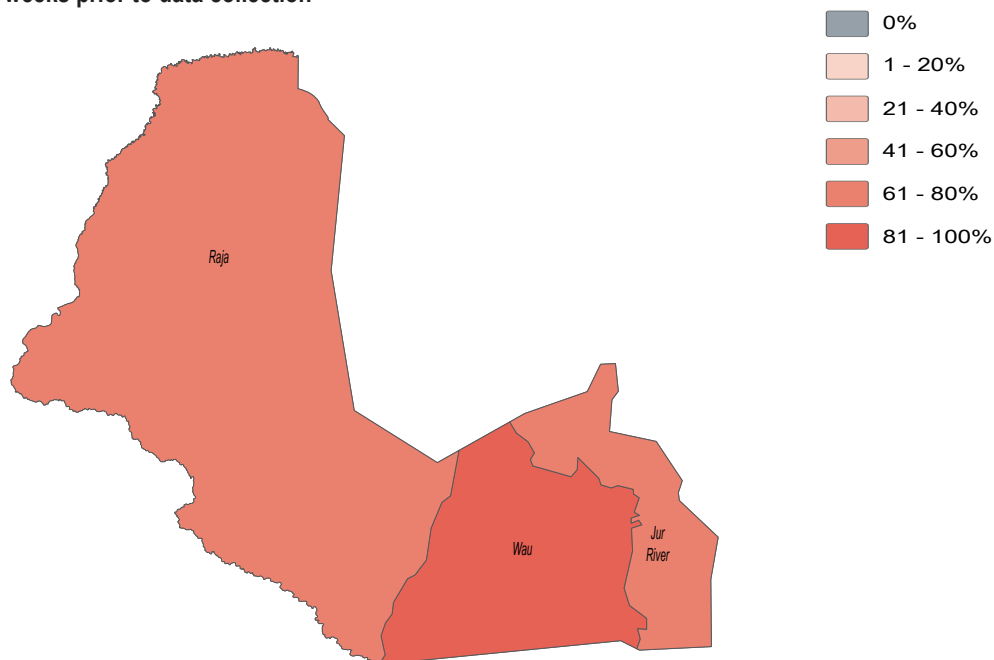
Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall
Malaria	21%
Fever	18%
Stomach pain	9%
AWD	2%
Flu	2%

Host
Malaria	21%
Fever	18%
Stomach pain	9%
Flu	2%
AWD	1%

IDPs
Fever	25%
Malaria	25%
AWD	8%
Stomach pain	8%

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)[3]

Overall
Malaria	21%
Fever	18%
Stomach pain	9%
AWD	2%
Flu	2%

Host
Fever	38%
Malaria	27%
AWD	12%
Flu	11%
Stomach pain	6%

IDPs
Fever	42%
Stomach pain	25%
Flu	17%
Malaria	17%
AWD	8%

NFI WASH NFIs

18%	of **Jur River County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was a decrease from the previous season
25%	of **Jur River County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.
2	was the average number of jerrycans and/or buckets per HH in **Jur River County** in July and August 2019. This was a decrease from the previous season
3	was the average number of jerrycans and/or buckets per HH in **Jur River County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall

	Ownership	Access to soap	Mosquito net
	No **35%** / Yes 65%	No **40%** / Yes 60%	No **20%** / Yes 80%

Host

	Ownership	Access to soap	Mosquito net
	No **33%** / Yes 67%	No **39%** / Yes 61%	No **16%** / Yes 84%

IDPs

	Ownership	Access to soap	Mosquito net
	No **50%** / Yes 50%	No **50%** / Yes 50%	No **50%** / Yes 50%

Returnees

Endnotes

1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org.

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

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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

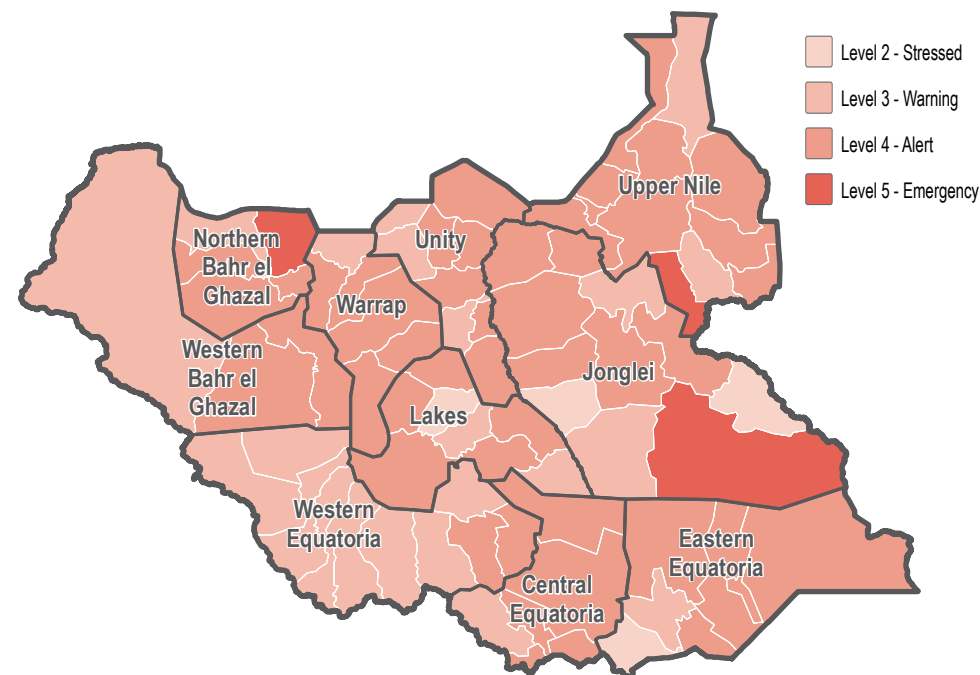These five indicators were used to establish the first

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 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

- Level 2 - Stressed
- Level 3 - Warning
- Level 4 - Alert
- Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

Percentage of households by displacement status[1]

Host community	98%
IDP	1%
Returnee	1%

Percentage of Internally Displaced Person (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

In the last one year	100%

Most commonly reported vulnerability, by percentage of households

Children under 5	79%
Female headed	44%
Elderly persons	27%
Conflict injuries	19%
Physically disabled	10%

💧 Water

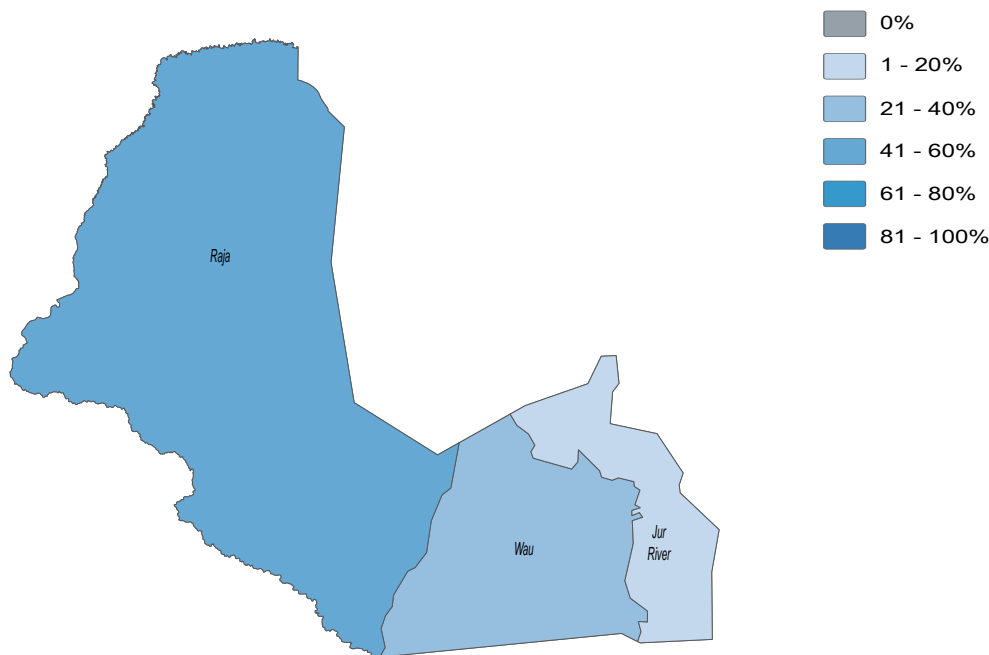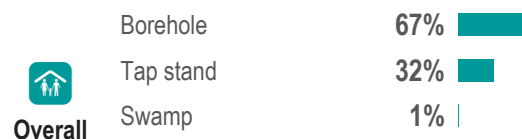|	
99%	of **Raja County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
89%	of **Raja County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
10%	of HHs in **Raja County** reported feeling unsafe while collecting water, in July and August 2019. This was an increase from the previous season
7%	of HHs in **Raja County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map labels: Raja, Wau, Jur River

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

Source	%	Time	%
Borehole	67%	< 30 minutes	60%
Tap stand	32%	30 minutes - 1 hour	35%
Swamp	1%	1 hour - half a day	6%

Host

Source	%	Time	%
Borehole	67%	< 30 minutes	59%
Tap stand	32%	30 minutes - 1 hour	35%
Swamp	1%	1 hour - half a day	6%

IDPs

Source	%	Time	%
Borehole	100%	< 30 minutes	100%

Returnees

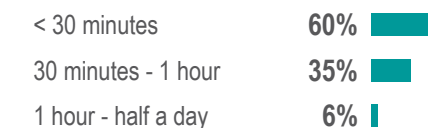| Source	%	Time	%
Borehole	100%	< 30 minutes	100%

This simple water access composite indicator 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
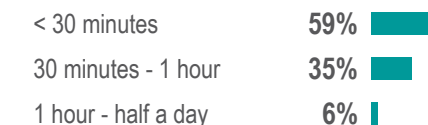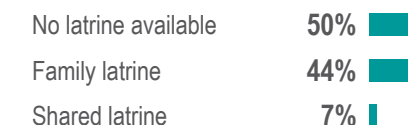- Did not report any security concerns while accessing water point

Sanitation

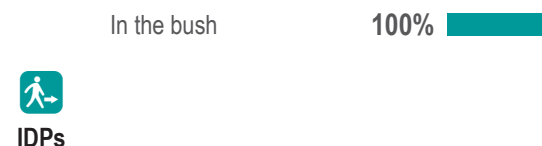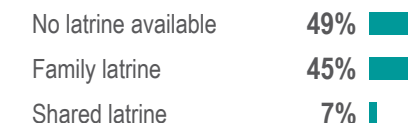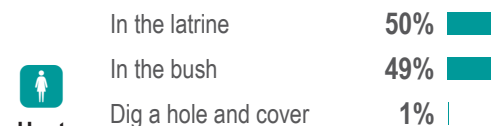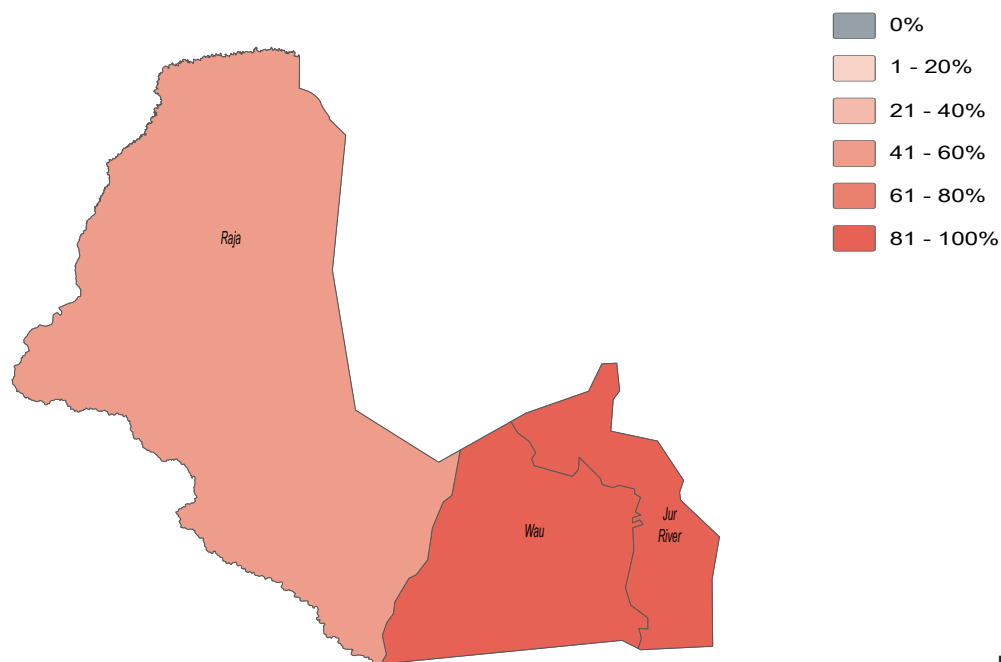|	
50%	of **Raja County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was an increase from from the previous season
49%	of **Raja County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.
50%	of HHs in **Raja County** reported their most common defecation location was a latrine, in July and August 2019. This was an increase from the previous season
47%	of HHs in **Raja County** reported their most common defecation location was a latrine, in November and December 2018.

Most commonly reported defecation location for adults (by percentage of households)
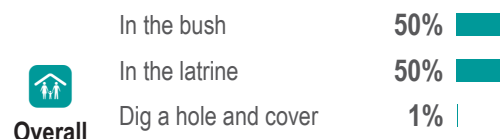
Type of latrines available (by percentage of households)

% of HHs reporting no latrine (private, shared, or communal/institutional)[2] present

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

Map labels: Raja, Wau, Jur River

Overall

Defecation location	%	Type of latrine	%
In the bush	50%	No latrine available	50%
In the latrine	50%	Family latrine	44%
Dig a hole and cover	1%	Shared latrine	7%

Host

Defecation location	%	Type of latrine	%
In the latrine	50%	No latrine available	49%
In the bush	49%	Family latrine	45%
Dig a hole and cover	1%	Shared latrine	7%

IDPs

Defecation location	%
In the bush	100%

Returnees

Defecation location	%	Type of latrine	%
In the bush	100%	No latrine available	100%

unicef | giz | WFP World Food Programme wfp.org | FAO | USAID FROM THE AMERICAN PEOPLE | REACH An initiative of IMPACT Initiatives ACTED and UNOSAT

⚕ Health

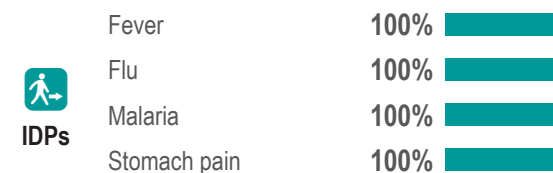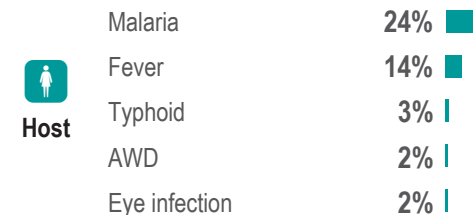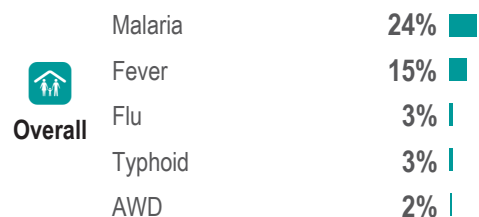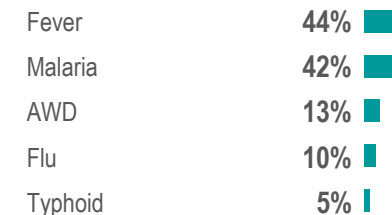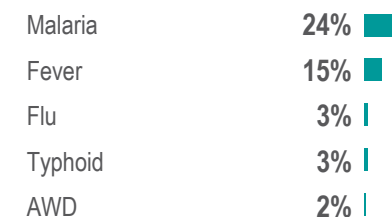|	
70%	of **Raja County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was an increase from the previous season
65%	of **Raja County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Raja County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Raja County**

% 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

Legend:
- 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)

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)[3]

Overall

Adults		Children under 5	
Malaria	24%	Malaria	24%
Fever	15%	Fever	15%
Flu	3%	Flu	3%
Typhoid	3%	Typhoid	3%
AWD	2%	AWD	2%

Host

Adults		Children under 5	
Malaria	24%	Fever	44%
Fever	14%	Malaria	42%
Typhoid	3%	AWD	13%
AWD	2%	Flu	10%
Eye infection	2%	Typhoid	5%

IDPs

Adults		Children under 5	
Fever	100%	Fever	100%
Flu	100%	Malaria	100%
Malaria	100%	Stomach pain	100%
Stomach pain	100%		

Returnees

NFI WASH NFIs

7% of **Raja County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season

2% of **Raja County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.

4 was the average number of jerrycans and/or buckets per HH in **Raja County** in July and August 2019. This was a decrease from the previous season

5 was the average number of jerrycans and/or buckets per HH in **Raja County** in November and December 2018

Ownership of a bucket or a jerrycan with a lid (by percentage of households)

Access to soap (by percentage of households)

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

Overall
Ownership	Access to soap	Mosquito net
No **29%** / Yes 71%	No **57%** / Yes 43%	No **23%** / Yes 77%

Host
Ownership	Access to soap	Mosquito net
No **30%** / Yes 70%	No **56%** / Yes 44%	No **23%** / Yes 77%

IDPs
Ownership	Access to soap	Mosquito net
Yes 100%	No **100%**	Yes 100%

Returnees
Ownership	Access to soap	Mosquito net
Yes 100%	No **100%**	No **100%**

Endnotes
1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator 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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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 Water, Sanitation and Hygiene (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 reporting having safe access in under 30 minutes to an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reporting having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reporting having access to key WASH Non-Food Items (NFIs) (soap, mosquito nets, water containers); and 5. % of HHs reporting that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

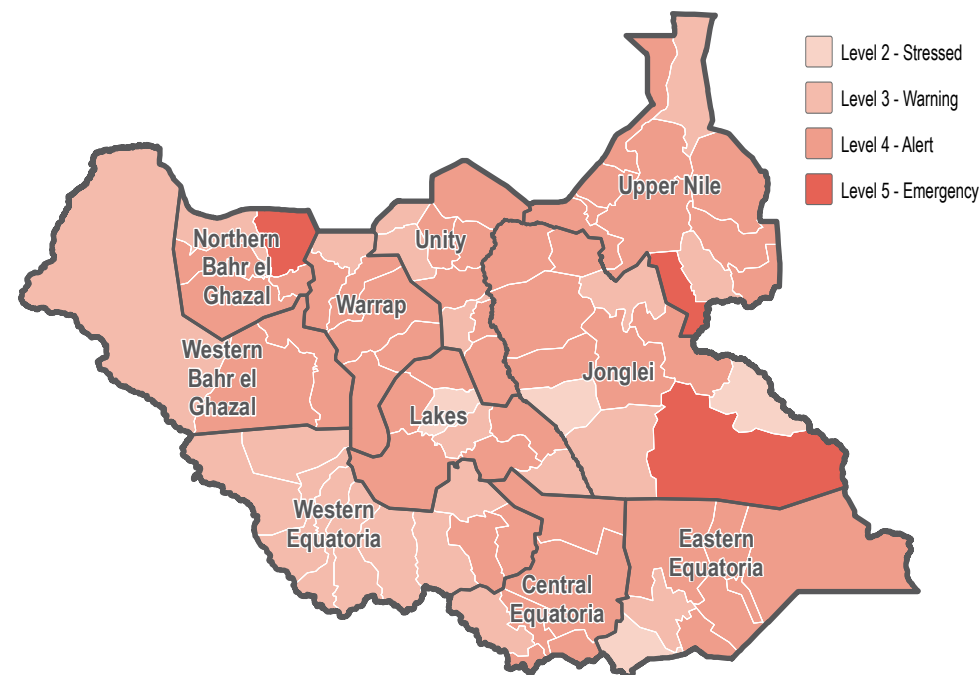These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH Cluster indicators for FSNMS Round 24 (July and August 2019). 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 Rounds 22-24. 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. Findings related to a subset of the population may not be representative and should be considered indicative only.

WASH Needs Severity Map

Level 2 - Stressed
Level 3 - Warning
Level 4 - Alert
Level 5 - Emergency

This WASH composite indicator 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 in under 30min to 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 HHs did not sleep under a mosquito net
- Having one or more HH 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]

IDP	90%
Host community	9%
Returnee	1%

Percentage of Internally Displaced Person (IDP) households by time arrived in their current location

Between 2-3 years	51%
In the last one year	40%
Around 5 years	9%

Percentage of returnee households by time arrived in their current location

| In the last one year | 100% |

Most commonly reported vulnerability, by percentage of households

Female headed	77%
Children under 5	71%
Conflict injuries	25%
Adopted children	21%
Elderly persons	19%

💧 Water

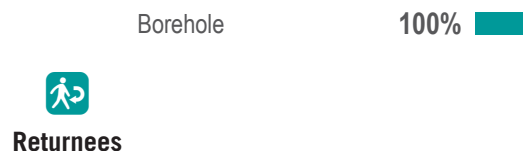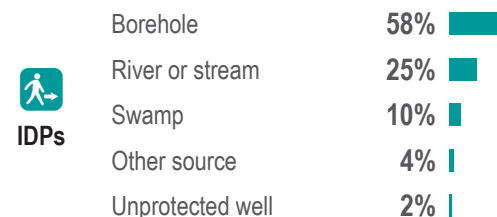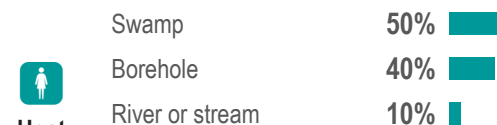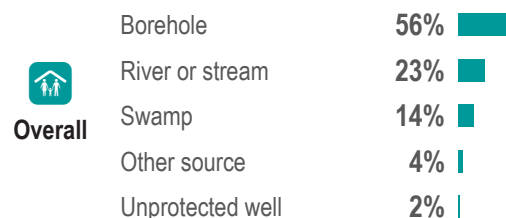|	
57%	of **Wau County** HHs reported having safe access to an improved source of drinking water as their main source, in July and August 2019. This was an increase from the previous season
55%	of **Wau County** HHs reported having safe access to an improved source of drinking water as their main source, in November and December 2018
15%	of HHs in **Wau County** reported feeling unsafe while collecting water, in July and August 2019. This was a decrease from the previous season
19%	of HHs in **Wau County** reported feeling unsafe while collecting water, in November and December 2018

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

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

Map labels: Raja, Wau, Jur River

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

Source	%	Time	%
Borehole	56%	< 30 minutes	31%
River or stream	23%	30 minutes - 1 hour	31%
Swamp	14%	1 hour - half a day	30%
Other source	4%	Half a day	5%
Unprotected well	2%	I don't know	3%

Host

Source	%	Time	%
Swamp	50%	< 30 minutes	40%
Borehole	40%	1 hour - half a day	40%
River or stream	10%	30 minutes - 1 hour	20%

IDPs

Source	%	Time	%
Borehole	58%	30 minutes - 1 hour	33%
River or stream	25%	< 30 minutes	31%
Swamp	10%	1 hour - half a day	28%
Other source	4%	Half a day	5%
Unprotected well	2%	I don't know	3%

Returnees

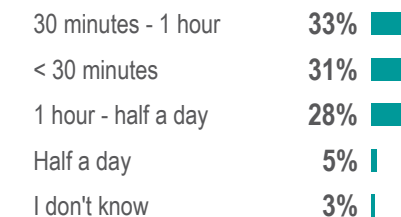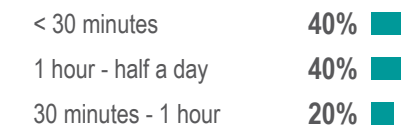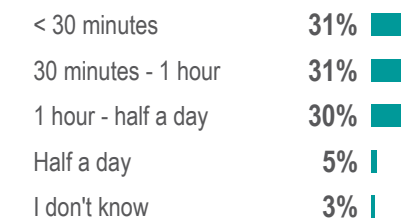| Source	%	Time	%
Borehole	100%	1 hour - half a day	100%

This simple water access composite indicator 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

💧 Sanitation

12% of **Wau County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in July and August 2019. This was a decrease from from the previous season

22% of **Wau County** HHs reported a latrine (private, shared, or communal/institutional) present in their settlement, in November and December 2018.

8% of HHs in **Wau County** reported their most common defecation location was a latrine, in July and August 2019. This was a decrease from the previous season

9% of HHs in **Wau County** reported their most common defecation location was a latrine, in November and December 2018.

% of HHs reporting no latrine (private, shared, or communal/institutional)² present

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

Map labels: Raja, Wau, Jur River

Most commonly reported defecation location for adults (by percentage of households)

Type of latrines available (by percentage of households)

Overall
Defecation location	%	Type of latrine	%
In the bush	84%	No latrine available	88%
In the latrine	8%	Family latrine	12%
Dig a hole and cover	7%		
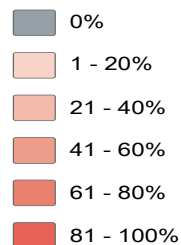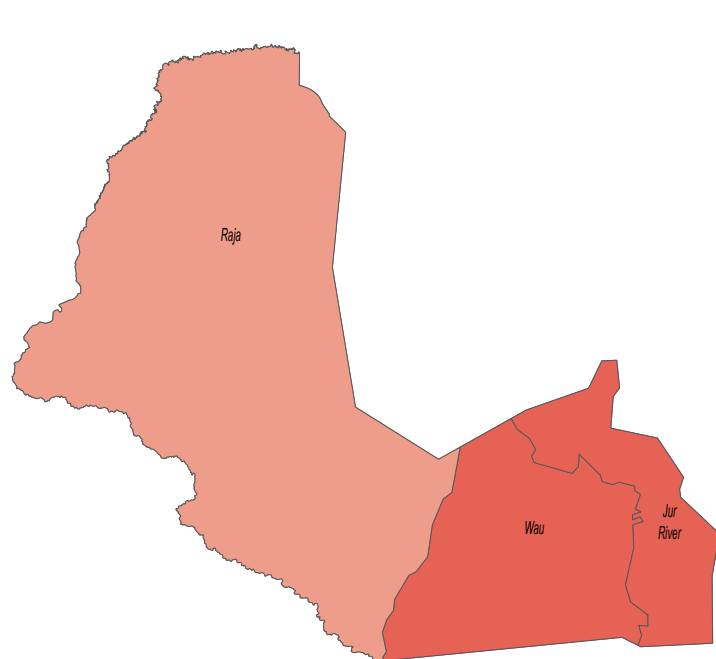
Host
Defecation location	%	Type of latrine	%
In the bush	70%	No latrine available	60%
In the latrine	30%	Family latrine	40%

IDPs
Defecation location	%
In the bush	86%
Dig a hole and cover	8%
In the latrine	6%

Returnees
Defecation location	%	Type of latrine	%
In the bush	100%	No latrine available	100%

⚕ Health

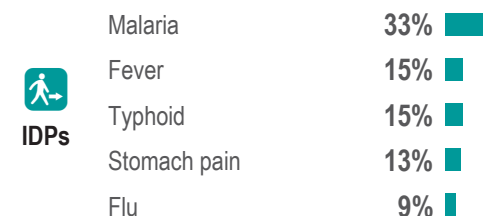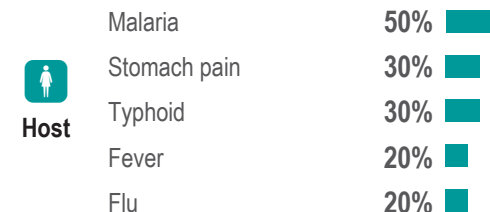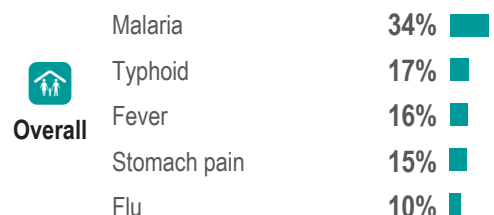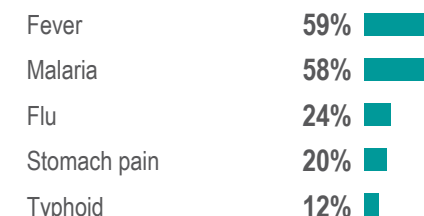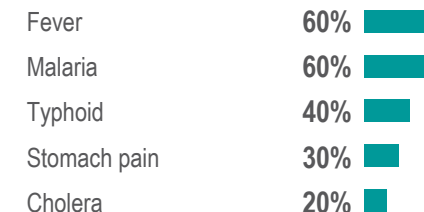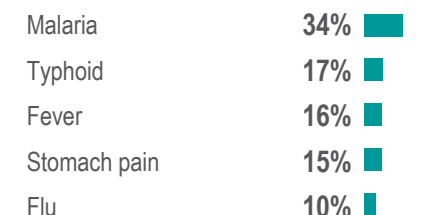|	
84%	of **Wau County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August 2019. This was a decrease from the previous season
95%	of **Wau County** HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December 2018
Fever	was the most commonly reported water or vector borne disease in July and August 2019 in **Wau County**. This was different to the previous season
Malaria	was the most commonly reported water or vector borne disease in November and December 2018 in **Wau County**

% 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

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

Raja

Wau

Jur River

Most commonly self-reported water or vector borne diseases for adults in the two weeks prior to data collection (by percentage of households)

Overall
Disease	%
Malaria	34%
Typhoid	17%
Fever	16%
Stomach pain	15%
Flu	10%

Host
Disease	%
Malaria	50%
Stomach pain	30%
Typhoid	30%
Fever	20%
Flu	20%

IDPs
Disease	%
Malaria	33%
Fever	15%
Typhoid	15%
Stomach pain	13%
Flu	9%

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)[3]

Overall
Disease	%
Malaria	34%
Typhoid	17%
Fever	16%
Stomach pain	15%
Flu	10%

Host
Disease	%
Fever	60%
Malaria	60%
Typhoid	40%
Stomach pain	30%
Cholera	20%

IDPs
Disease	%
Fever	59%
Malaria	58%
Flu	24%
Stomach pain	20%
Typhoid	12%

Returnees

NFI WASH NFIs

16% of **Wau County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap[4], and that every member of the HH slept under a mosquito net in July and August 2019[5]. This was an increase from the previous season

5% of **Wau County** HHs reported owning at least one jerrycan or bucket with a lid, access to soap, and that every member of the HH slept under a mosquito net in November and December 2018.

2 was the average number of jerrycans and/or buckets per HH in **Wau County** in July and August 2019. This was a decrease from the previous season

3 was the average number of jerrycans and/or buckets per HH in **Wau County** in November and December 2018

	Ownership of a bucket or a jerrycan with a lid (by percentage of households)	Access to soap (by percentage of households)	Every member of the household sleeps under a mosquito net (by percentage of households)
Overall	No **44%** / Yes 56%	No **53%** / Yes 47%	No **29%** / Yes 71%
Host	No **10%** / Yes 90%	No **50%** / Yes 50%	No **20%** / Yes 80%
IDPs	No **46%** / Yes 54%	No **53%** / Yes 47%	No **29%** / Yes 71%
Returnees	No **100%**	No **100%**	No **100%**

Endnotes
1. This data is as of July/August 2019. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. AWD is Acute Watery Diarrhoea.
4. Enumerators asked HHs responding positively to access to soap to produce the soap within a minute.
5. The composite indicator was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.

About REACH
REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms.
For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org. Visit **www.reach-initiative.org** and follow us @ REACH_info.