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**FSNMS Assessment Coverage**

Total coverage in the county was achieved.
Juba County - Water, Sanitation and Hygiene

Water

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

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

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

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

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

Sanitation

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

- Terekeka
- Juba
- Yei Lainya
- Morobo
- Kajo-Keji

Most commonly reported defecation location, by % of HHs

- In the latrine: 16%
- In the bush: 77%
- In the river: 1%

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

- In the latrine: 15%
- Dig a hole and cover: 6%
- In the bush: 25%
- No answer: 5%

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

### Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of Acute Watery Diarrhoea in the two weeks prior to data collection</td>
<td>6%</td>
<td>94%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of Malaria in the two weeks prior to data collection</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of fever in the two weeks prior to data collection</td>
<td>16%</td>
<td>84%</td>
</tr>
</tbody>
</table>

### WASH Non-Food-Items

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>% of HHs that own a bucket or a jerrycan with a lid</td>
<td>34%</td>
<td>66%</td>
</tr>
</tbody>
</table>

### Endnotes

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

WASH Needs Severity Map

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

Displacement

<table>
<thead>
<tr>
<th>% of HHs by displacement status</th>
<th>% of IDP and returnee HHs by time arrived in their current location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host community</td>
<td>In the last one year: 57%</td>
</tr>
<tr>
<td>IDP</td>
<td>Between 2-3 years: 33%</td>
</tr>
<tr>
<td>Returnee</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

**Water**

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

**Sanitation**

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

---

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

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

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

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

- **Less than 30 minutes**: 36%
- **30 minutes to 1 hour**: 34%
- **Between 1-2 hours**: 30%

**Most commonly reported defecation location, by % of HHs**

- **In the latrine**: 44%
- **In the bush**: 54%
- **No answer**: 3%

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

- **In the latrine**: 35%
- **In the bush**: 49%
- **No answer**: 16%

---

12% of Kajo-Keji county HHs reported having safe access to an improved source of drinking water as their main source.

41% of Kajo-Keji county HHs reported having access to a latrine (private, shared, or communal/institutional).
The average number of jerrycans and/or buckets with lid per HH was 3

Endnotes
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2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. The composite was created by averaging the 'yes' responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.
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FSNMS Assessment Coverage
Partial coverage in the county was achieved.

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

Displacement
% of HHs by displacement status¹

Host community 100%

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

Most commonly reported sources of drinking water, by % of HHs
- Borehole: 54%
- River or stream: 46%

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home), by % of HHs
- Less than 30 minutes: 60%
- 30 minutes to 1 hour: 31%
- Between 1-2 hours: 8%
- More than 2 hours: 1%

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

Most commonly reported defecation location, by % of HHs
- In the latrine: 1%
- In the bush: 86%
- Dig a hole and cover: 13%

Most commonly reported excreta disposal methods for children under five, by % of HHs
- In the latrine: 1%
- In the bush: 64%
- Dig a hole and cover: 35%
### Health

<table>
<thead>
<tr>
<th>% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3%</td>
<td>97%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>35%</td>
<td>65%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3%</td>
<td>97%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>65%</td>
<td>33%</td>
<td></td>
</tr>
</tbody>
</table>

### WASH Non-Food-Items

<table>
<thead>
<tr>
<th>% of HHs that own a bucket or a jerrycan with a lid</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>43%</td>
<td>57%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of HHs that reported every member of the HH slept under a mosquito net</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>26%</td>
<td>74%</td>
<td></td>
</tr>
</tbody>
</table>

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

2

### Endnotes

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FSNMS Assessment Coverage
Total coverage in the county was achieved.
Budi County - Water, Sanitation and Hygiene

**Water**

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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>Lopa</td>
</tr>
<tr>
<td>1 - 20%</td>
<td>Magwi</td>
</tr>
<tr>
<td>21 - 40%</td>
<td>Torit</td>
</tr>
<tr>
<td>41 - 60%</td>
<td>Ikotos</td>
</tr>
<tr>
<td>61 - 80%</td>
<td>Budi</td>
</tr>
<tr>
<td>81 - 100%</td>
<td>Kapoeta North</td>
</tr>
<tr>
<td>Insufficient data</td>
<td>Kapoeta East</td>
</tr>
</tbody>
</table>

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

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

**Sanitation**

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

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>Lopa</td>
</tr>
<tr>
<td>1 - 20%</td>
<td>Magwi</td>
</tr>
<tr>
<td>21 - 40%</td>
<td>Torit</td>
</tr>
<tr>
<td>41 - 60%</td>
<td>Ikotos</td>
</tr>
<tr>
<td>61 - 80%</td>
<td>Budi</td>
</tr>
<tr>
<td>81 - 100%</td>
<td>Kapoeta North</td>
</tr>
<tr>
<td>Insufficient data</td>
<td>Kapoeta East</td>
</tr>
</tbody>
</table>

17% of Budi county HHs reported having access to a latrine (private, shared, or communal/institutional)

44% of Budi county HHs reported having safe access to an improved source of drinking water as their main source

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borehole</td>
<td>53%</td>
</tr>
<tr>
<td>Unprotected well</td>
<td>5%</td>
</tr>
<tr>
<td>River or stream</td>
<td>39%</td>
</tr>
<tr>
<td>Swamp</td>
<td>4%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 minutes</td>
<td>31%</td>
</tr>
<tr>
<td>30 minutes to 1 hour</td>
<td>58%</td>
</tr>
<tr>
<td>Between 1-2 hours</td>
<td>8%</td>
</tr>
<tr>
<td>More than 2 hours</td>
<td>2%</td>
</tr>
</tbody>
</table>

Most commonly reported defecation location, by % of HHs

<table>
<thead>
<tr>
<th>Location</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the latrine</td>
<td>13%</td>
</tr>
<tr>
<td>Dig a hole and cover</td>
<td>1%</td>
</tr>
<tr>
<td>In the bush</td>
<td>81%</td>
</tr>
<tr>
<td>In the river</td>
<td>4%</td>
</tr>
<tr>
<td>No answer</td>
<td>2%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the latrine</td>
<td>13%</td>
</tr>
<tr>
<td>Garbage collection area</td>
<td>7%</td>
</tr>
<tr>
<td>Dig a hole and cover</td>
<td>14%</td>
</tr>
<tr>
<td>In the bush</td>
<td>62%</td>
</tr>
<tr>
<td>No answer</td>
<td>4%</td>
</tr>
</tbody>
</table>
The average number of jerrycans and/or buckets with lid per HH was 2.

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FSNMS Assessment Coverage
Total coverage in the county was achieved.

Displacement
% of HHs by displacement status

- Host community: 96%
- Returnee: 4%

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

- In the last one year: 100%
- In the last one year: 100%

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

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

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

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

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

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

Sanitation

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

Most commonly reported defecation location, by % of HHs

- In the latrine: 15%
- In the bush: 85%

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

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

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

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

44% of Ikotos county HHs reported having safe access to an improved source of drinking water as their main source.

16% of Ikotos county HHs reported having access to a latrine (private, shared, or communal/institutional).
The average number of jerrycans and/or buckets with lid per HH was 2.

Endnotes
1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. The composite was created by averaging the ‘yes’ responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.
4. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of WASH needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding.

As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

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**FSNMS Assessment Coverage**

Total coverage in the county was achieved.

**WASH Needs Severity Map**

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

**Displacement**

<table>
<thead>
<tr>
<th>% of HHs by displacement status</th>
<th>% of IDP and returnee HHs by time arrived in their current location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host community 100%</td>
<td></td>
</tr>
</tbody>
</table>
Kapoeta East County - Water, Sanitation and Hygiene

Water

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

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

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

<table>
<thead>
<tr>
<th>Source</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borehole</td>
<td>64%</td>
</tr>
<tr>
<td>Unprotected well</td>
<td>15%</td>
</tr>
<tr>
<td>Hand dug well</td>
<td>4%</td>
</tr>
<tr>
<td>River or stream</td>
<td>5%</td>
</tr>
<tr>
<td>Swamp</td>
<td>12%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time Range</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 minutes</td>
<td>34%</td>
</tr>
<tr>
<td>30 minutes to 1 hour</td>
<td>28%</td>
</tr>
<tr>
<td>Between 1 - 2 hours</td>
<td>10%</td>
</tr>
<tr>
<td>More than 2 hours</td>
<td>25%</td>
</tr>
<tr>
<td>No answer</td>
<td>3%</td>
</tr>
</tbody>
</table>

Sanitation

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

- Access to a latrine
- This includes private, shared, or communal/institutional latrines

Most commonly reported defecation location, by % of HHs

- In the bush

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

- Dig a hole and cover
- In the bush
- Left where it is
- No answer
### Health

<table>
<thead>
<tr>
<th>% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection</th>
<th>% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection</th>
<th>% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection</th>
<th>% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1%</td>
<td>Yes</td>
<td>15%</td>
</tr>
<tr>
<td>No</td>
<td>99%</td>
<td>No</td>
<td>85%</td>
</tr>
</tbody>
</table>

### WASH Non-Food-Items

<table>
<thead>
<tr>
<th>% of HHs that own a bucket or a jerrycan with a lid</th>
<th>% of HHs that reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net³</th>
<th>% of HHs that reported every member of the HH slept under a mosquito net</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>20%</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>82%</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Endnotes

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

The average number of jerrycans and/or buckets with lid per HH was **2**
The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of WASH needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

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FSNMS Assessment Coverage

Total coverage in the county was achieved.
Kapoeta North County - Water, Sanitation and Hygiene

Water

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

Sanitation

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

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

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

- Borehole
  - 72%
- Hand dug well
  - 12%
- Swamp
  - 16%

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

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

Most commonly reported defecation location, by % of HHs

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

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

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

% of HHs having access to a borehole, tapstand, or water yard as the primary source of drinking water, 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

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

0% of Kapoeta North county HHs reported having access to a latrine (private, shared, or communal/institutional)
The average number of jerrycans and/or buckets with lid per HH was 2.

Endnotes
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3. The composite was created by averaging the ‘yes’ responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.
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FSNMS Assessment Coverage
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WASH Needs Severity Map
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- Not having access to a latrine (private, shared, or communal/institutional)
- Not owning a jerrycan or bucket with a lid and soap, and that every member of the HH did not sleep under a mosquito net
- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data collection

Displacement

<table>
<thead>
<tr>
<th>% of HHs by displacement status</th>
<th>% of IDP and returnee HHs by time arrived in their current location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host community</td>
<td>100%</td>
</tr>
</tbody>
</table>
Kapoeta South County - Water, Sanitation and Hygiene

Water

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

Sanitation

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

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

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

<table>
<thead>
<tr>
<th>Source</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borehole</td>
<td>57%</td>
</tr>
<tr>
<td>Unprotected well</td>
<td>5%</td>
</tr>
<tr>
<td>River or stream</td>
<td>35%</td>
</tr>
<tr>
<td>Swamp</td>
<td>3%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 minutes</td>
<td>43%</td>
</tr>
<tr>
<td>30 minutes to 1 hour</td>
<td>30%</td>
</tr>
<tr>
<td>Between 1-2 hours</td>
<td>27%</td>
</tr>
<tr>
<td>More than 2 hours</td>
<td>1%</td>
</tr>
</tbody>
</table>

Most commonly reported defecation location, by % of HHs

<table>
<thead>
<tr>
<th>Location</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the bush</td>
<td>99%</td>
</tr>
<tr>
<td>In the river</td>
<td>1%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Method</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dig a hole and cover</td>
<td>2%</td>
</tr>
<tr>
<td>In the bush</td>
<td>88%</td>
</tr>
<tr>
<td>Left where it is</td>
<td>10%</td>
</tr>
</tbody>
</table>

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

0% of Kapoeta South county HHs reported having access to a latrine (private, shared, or communal/institutional)
Kapoeta South County - Water, Sanitation and Hygiene

**Health**

<table>
<thead>
<tr>
<th>Percentage of HHs with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of HHs with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of HHs with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of HHs with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of HHs with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of HHs with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

**WASH Non-Food-Items**

<table>
<thead>
<tr>
<th>Percentage of HHs that reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of HHs that own a bucket or a jerrycan with a lid</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of HHs with access to soap⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of HHs that reported every member of the HH slept under a mosquito net</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The average number of jerrycans and/or buckets with lid per HH was</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
</tr>
</tbody>
</table>

**Endnotes**

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2. An institutional latrine can be found in a school, hospital, clinic, market place.
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4. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of WASH needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

REACH, in close coordination with the WASH Cluster, has identified five core WASH indicators to produce actionable information. The indicators are:

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

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

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**FSNMS Assessment Coverage**

Total coverage in the county was achieved.

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**WASH Needs Severity Map**

This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in this matrix [http://bit.ly/2EqRYwJ](http://bit.ly/2EqRYwJ). The final severity ranking was created by calculating the average level from the following indicators:

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

**Displacement**

- % of HHs by displacement status
  - Host community: 99%
  - Returnee: 1%

- % of IDP and returnee HHs by time arrived in their current location
  - In the last one year: 100%
Lafon County - Water, Sanitation and Hygiene

**Water**

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

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

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

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

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

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

**Sanitation**

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

- In the latrine: 1%
- In the bush: 99%
- Dig a hole and cover: 9%

### Most commonly reported defecation location, by % of HHs

- In the latrine: 1%
- In the bush: 99%

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

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

- % of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection
  - Yes: 14%
  - No: 86%

- % of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection
  - Yes: 6%
  - No: 94%

- % of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection
  - Yes: 57%
  - No: 43%

- % of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection
  - Yes: 30%
  - No: 70%

- % of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection
  - Yes: 7%
  - No: 93%

WASH Non-Food-Items

- % of HHs that own a bucket or a jerrycan with a lid
  - Yes: 55%
  - No: 45%

- % of HHs that own a bucket or a jerrycan with a lid, with access to soap, and that every member of the HH slept under a mosquito net\(^3\)
  - Yes: 8%
  - No: 92%

- % of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net
  - Yes: 7%
  - No: 93%

- The average number of jerrycans and/or buckets with lid per HH was \(^2\)

Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
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3. % of HHs reported having access to a latrine (private, shared, or communal/institutional)
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5. % of HH reported that one or more HH member was affected by self-reported water or vector borne disease

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**FSNMS Assessment Coverage**

Total coverage in the county was achieved.

---

**WASH Needs Severity Map**

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

---

**Displacement**

<table>
<thead>
<tr>
<th>% of HHs by displacement status</th>
<th>% of IDP and returnee HHs by time arrived in their current location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host community 95%</td>
<td>Borehole 77%</td>
</tr>
<tr>
<td>IDP 1%</td>
<td>Unprotected well 1%</td>
</tr>
<tr>
<td>Returnee 4%</td>
<td>Hand dug well 6%</td>
</tr>
<tr>
<td></td>
<td>River or stream 13%</td>
</tr>
<tr>
<td></td>
<td>Swamp 4%</td>
</tr>
</tbody>
</table>

---

**Overview**

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

Water

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

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

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

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

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

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

Sanitation

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

Most commonly reported defecation location, by % of HHs

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

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

- In the latrine: 38%
- Garbage collection area: 1%
- Dig a hole and cover: 45%
- In the bush: 11%
- No answer: 6%
The average number of jerrycans and/or buckets with lid per HH was 4.

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

Total coverage in the county was achieved.

**WASH Needs Severity Map**

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

**Displacement**

<table>
<thead>
<tr>
<th>% of HHs by displacement status¹</th>
<th>% of IDP and returnee HHs by time arrived in their current location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host community</td>
<td>99%</td>
</tr>
<tr>
<td>IDP</td>
<td>1%</td>
</tr>
<tr>
<td>Around 5 years</td>
<td>100%</td>
</tr>
</tbody>
</table>

¹ Not having access to a latrine (private, shared, or communal/institutional)
Not owning a jerrycan or bucket with a lid and soap, and that every member of the HH did not sleep under a mosquito net
Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data collection
**Torit County - Water, Sanitation and Hygiene**

**Water**

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

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

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

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

**Sanitation**

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

38% of Torit county HHs reported having access to a latrine.

Most commonly reported defecation location, by % of HHs

- **In the latrine**: 31%
- **In the bush**: 68%
- **No answer**: 1%

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

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

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

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

**Most commonly reported time spent collecting drinking water**, by % of HHs

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

**Most commonly reported time spent collecting drinking water**, by % of HHs

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

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

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

| % of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection | Yes 14% | No 86% |
| % of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection | Yes 13% | No 87% |
| % of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection | Yes 23% | No 77% |
| % of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection | Yes 50% | No 50% |
| % of HH with one or more HH member affected by self-reported case of a stomach pain in the two weeks prior to data collection | Yes 7% | No 93% |

### WASH Non-Food-Items

| % of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net | No 83% | Yes 17% |
| % of HHs with access to soap | No 69% | Yes 31% |
| % of HHs that own a bucket or a jerrycan with a lid | No 46% | Yes 54% |

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

### Endnotes

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FSNMS Assessment Coverage
Partial coverage in the county was achieved.
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes, at the state level

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

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

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

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

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

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

- In the latrine: 86%
- In the bush: 14%

Most commonly reported defecation location, by % of HHs

- In the latrine: 85%
- Garbage collection area: 1%
- Dig a hole and cover: 2%
- In the bush: 2%
- No answer: 9%
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

- Yes 48%
- No 52%

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

- Yes 57%
- No 43%

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

- Yes 93%
- No 7%

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

- Yes 88%
- No 12%

% of HHs with access to soap

- Yes 83%
- No 17%

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

- Yes 37%
- No 63%

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

Endnotes
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FSNMS Assessment Coverage
Total coverage in the county was achieved.

WASH Needs Severity Map
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Displacement
% of HHs by displacement status 1

<table>
<thead>
<tr>
<th>Host community</th>
<th>87%</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDP</td>
<td>13%</td>
</tr>
</tbody>
</table>

% of IDP and returnee HHs by time arrived in their current location
In the last one year: 7%
Between 2-3 years: 93%
Ibba County - Water, Sanitation and Hygiene

**Water**

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

- Nagero
- Tambura
- Ezo
- Nzara
- Yambio
- Ibba
- Maridi
- Mvolo
- Mundri
- West Mundri
- East

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

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

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

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

**Sanitation**

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

- Nagero
- Tambura
- Ezo
- Nzara
- Yambio
- Ibba
- Maridi
- Mvolo
- Mundri
- West Mundri
- East

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

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

This simple sanitation composite is used to measure access to a latrine. The composite was created by averaging the ‘yes’ responses to the following indicators:

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

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

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

**Most commonly reported time spent collecting drinking water, by % of HHs**

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

**Most commonly reported defecation location, by % of HHs**

- In the latrine: 86%
- In the bush: 13%
- In the river: 1%
- Dig a hole and cover: 12%
- In the bush: 14%
- Left where it is: 1%
- No answer: 2%

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

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

- % of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection
  - Yes: 43%
  - No: 57%

- % of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection
  - Yes: 49%
  - No: 51%

- % of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection
  - Yes: 22%
  - No: 78%

- % of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection
  - Yes: 24%
  - No: 76%

- % of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection
  - Yes: 28%
  - No: 72%

**WASH Non-Food-Items**

- % of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net
  - Yes: 91%
  - No: 9%

- % of HHs that own a bucket or a jerrycan with a lid
  - Yes: 61%
  - No: 39%

- % of HHs with access to soap
  - Yes: 67%
  - No: 33%

- % of HHs that reported every member of the HH slept under a mosquito net
  - Yes: 17%
  - No: 83%

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

**Endnotes**

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. The composite was created by averaging the ‘yes’ responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.
4. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of WASH needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

REACH, in close coordination with the WASH Cluster, has identified five core WASH indicators to produce actionable information. The indicators are: 1. % of Households (HHs) by displacement status; 2. % of HHs reported having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3.% of HHs reported having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reported having access to all identified key WASH NFIs (soap, mosquito nets, water containers); and 5. % of HH reported that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection. This information aims to be used to identify priority areas and/or populations and the key WASH concerns, rank needs across the country to improve priority targeting, and will also help shape what kind type of intervention should be implemented.

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

FSNMS Assessment Coverage
Total coverage in the county was achieved.

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

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FSNMS Assessment Coverage
Total coverage in the county was achieved.

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

Displacement
% of HHs by displacement status 1
Host community 100%
% of IDP and returnee HHs by time arrived in their current location
Maridi County - Water, Sanitation and Hygiene

Water

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

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

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

<table>
<thead>
<tr>
<th>Source</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borehole</td>
<td>40%</td>
</tr>
<tr>
<td>Tap stand</td>
<td>10%</td>
</tr>
<tr>
<td>Unprotected well</td>
<td>13%</td>
</tr>
<tr>
<td>River or stream</td>
<td>35%</td>
</tr>
<tr>
<td>Swamp</td>
<td>2%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 minutes</td>
<td>67%</td>
</tr>
<tr>
<td>30 minutes to 1 hour</td>
<td>19%</td>
</tr>
<tr>
<td>Between 1 - 2 hours</td>
<td>12%</td>
</tr>
<tr>
<td>More than 2 hours</td>
<td>1%</td>
</tr>
<tr>
<td>No answer</td>
<td>1%</td>
</tr>
</tbody>
</table>

Sanitation

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

Most commonly reported defecation location, by % of HHs

<table>
<thead>
<tr>
<th>Location</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the latrine</td>
<td>85%</td>
</tr>
<tr>
<td>Dig a hole and cover</td>
<td>3%</td>
</tr>
<tr>
<td>In the bush</td>
<td>5%</td>
</tr>
<tr>
<td>In the river</td>
<td>1%</td>
</tr>
<tr>
<td>No answer</td>
<td>6%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Method</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the latrine</td>
<td>77%</td>
</tr>
<tr>
<td>Dig a hole and cover</td>
<td>17%</td>
</tr>
<tr>
<td>In the bush</td>
<td>2%</td>
</tr>
<tr>
<td>In the river</td>
<td>5%</td>
</tr>
<tr>
<td>No answer</td>
<td>5%</td>
</tr>
</tbody>
</table>
### Maridi County - Water, Sanitation and Hygiene

#### Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of acute water diarrhoea in the two weeks prior to data collection</td>
<td>4%</td>
<td>96%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection</td>
<td>6%</td>
<td>94%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection</td>
<td>29%</td>
<td>71%</td>
</tr>
</tbody>
</table>

#### WASH Non-Food-Items

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net</td>
<td>46%</td>
<td>54%</td>
</tr>
<tr>
<td>% of HHs that own a bucket or a jerrycan with a lid</td>
<td>34%</td>
<td>66%</td>
</tr>
<tr>
<td>% of HHs with access to soap</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>% of HHs that reported every member of the HH slept under a mosquito net</td>
<td>30%</td>
<td>70%</td>
</tr>
</tbody>
</table>

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

#### Endnotes

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

Total coverage in the county was achieved.
Mundri East County - Water, Sanitation and Hygiene

**Water**

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

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

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

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

<table>
<thead>
<tr>
<th>Source</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borehole</td>
<td>47%</td>
</tr>
<tr>
<td>Unprotected well</td>
<td>4%</td>
</tr>
<tr>
<td>River or stream</td>
<td>26%</td>
</tr>
<tr>
<td>Swamp</td>
<td>23%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time Spent</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 minutes</td>
<td>35%</td>
</tr>
<tr>
<td>30 minutes to 1 hour</td>
<td>30%</td>
</tr>
<tr>
<td>Between 1-2 hours</td>
<td>28%</td>
</tr>
<tr>
<td>More than 2 hours</td>
<td>6%</td>
</tr>
<tr>
<td>No answer</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Sanitation**

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

**Most commonly reported defecation location, by % of HHs**

<table>
<thead>
<tr>
<th>Location</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the latrine</td>
<td>35%</td>
</tr>
<tr>
<td>Dig a hole and cover</td>
<td>4%</td>
</tr>
<tr>
<td>In the bush</td>
<td>59%</td>
</tr>
<tr>
<td>In the river</td>
<td>2%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Method</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the latrine</td>
<td>39%</td>
</tr>
<tr>
<td>Dig a hole and cover</td>
<td>16%</td>
</tr>
<tr>
<td>In the bush</td>
<td>45%</td>
</tr>
</tbody>
</table>

---

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

37%

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

38%
Mundri East County - Water, Sanitation and Hygiene

Health

<table>
<thead>
<tr>
<th>% 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</th>
<th>% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection</th>
<th>% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection</th>
<th>% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 52% No 48%</td>
<td>Yes 79% No 21%</td>
<td>Yes 27% No 73%</td>
<td>Yes 50% No 50%</td>
</tr>
</tbody>
</table>

WASH Non-Food-Items

<table>
<thead>
<tr>
<th>% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net</th>
<th>% of HHs that own a bucket or a jerrycan with a lid</th>
</tr>
</thead>
<tbody>
<tr>
<td>No 95% Yes 5%</td>
<td>No 40% Yes 60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of HHs with access to soap</th>
<th>% of HHs that reported every member of the HH slept under a mosquito net</th>
</tr>
</thead>
<tbody>
<tr>
<td>No 87% Yes 13%</td>
<td>No 76% Yes 24%</td>
</tr>
</tbody>
</table>

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

Endnotes

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

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WASH Needs Severity Map

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Displacement

% of HHs by displacement status

<table>
<thead>
<tr>
<th>Displacement</th>
<th>Host community</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>% of IDP and returnee HHs by time arrived in their current location</td>
</tr>
</tbody>
</table>

Insufficient data

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

Not critical

Level 5 - Emergency

Not critical
% of HHs having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water in under 30 minutes, at the state level

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

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

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

- Less than 30 minutes: 56%
- 30 minutes to 1 hour: 19%
- Between 1-2 hours: 23%
- More than 2 hours: 1%

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

- 48% of Mundri West county HHs reported having access to a latrine

Most commonly reported defecation location, by % of HHs

- In the latrine: 27%
- In the bush: 65%

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

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 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</td>
<td>52%</td>
<td>48%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection</td>
<td>75%</td>
<td>25%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection</td>
<td>13%</td>
<td>87%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection</td>
<td>19%</td>
<td>81%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of fever in the two weeks prior to data collection</td>
<td>53%</td>
<td>47%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection</td>
<td>32%</td>
<td>68%</td>
</tr>
</tbody>
</table>

### WASH Non-Food-Items

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes (%)</th>
<th>No (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net</td>
<td>95%</td>
<td>5%</td>
</tr>
<tr>
<td>% of HHs that own a bucket or a jerrycan with a lid</td>
<td>No 1%</td>
<td>Yes 99%</td>
</tr>
<tr>
<td>% of HHs with access to soap</td>
<td>No 47%</td>
<td>Yes 53%</td>
</tr>
<tr>
<td>% of HHs that reported every member of the HH slept under a mosquito net</td>
<td>No 44%</td>
<td>Yes 56%</td>
</tr>
</tbody>
</table>

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

### Endnotes

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. The composite was created by averaging the ‘yes’ responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net.
4. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
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This information aims to be used to identify priority areas and/or populations and the key WASH concerns, rank needs across the country to improve priority targeting, and will also help shape what kind type of intervention should be implemented.

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

FSNMS Assessment Coverage
Total coverage in the county was achieved.

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

FSNMS Assessment Coverage
Total coverage in the county was achieved.

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

Displacement
% of HHs by displacement status
- Host community: 99%
- IDP: 1%

% of IDP and returnee HHs by time arrived in their current location
- Between 2-3 years: 100%

Insufficient data: Not critical
Mvolo County - Water, Sanitation and Hygiene

Water

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

Sanitation

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

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

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

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

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

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

- **Less than 30 minutes**: 56%
- **30 minutes to 1 hour**: 26%
- **Between 1 - 2 hours**: 17%
- **More than 2 hours**: 1%

Most commonly reported defecation location, by % of HHs

- **In the latrine**: 8%
- **In the bush**: 86%
- **In the river**: 2%
- **No answer**: 2%

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

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

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

- **0%**: Insufficient data
- **1 - 20%**: Insufficient data
- **21 - 40%**: Insufficient data
- **41 - 60%**: Insufficient data
- **61 - 80%**: Insufficient data
- **81 - 100%**: Insufficient data
% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection

Yes 34%
No 66%

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

Yes 61%
No 39%

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

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

No 54%
Yes 46%

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

Yes 11%
No 89%

% of HHs with access to soap

No 94%
Yes 6%

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

Yes 33%
No 67%

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

No 83%
Yes 17%

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

3

Endnotes
1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
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REACH, in close coordination with the WASH Cluster, has identified five core WASH indicators to produce actionable information. The indicators are: 1. % of Households (HHs) by displacement status; 2. % of HHs reported having safe access to and use an improved water source (borehole, tapstand, water yard) as their main source of drinking water; 3. % of HHs reported having access to a latrine (private, shared, or communal/institutional); 4. % of HHs reported having access to all identified key WASH NFIs (soap, mosquito nets, water containers); and 5. % of HH reported that one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection.

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FSNMS Assessment Coverage
Partial coverage in the county was achieved.

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

**Displacement**

<table>
<thead>
<tr>
<th>% of HHs by displacement status</th>
<th>% of IDP and returnee HHs by time arrived in their current location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host community</td>
<td>47%</td>
</tr>
<tr>
<td>In the last one year</td>
<td>40%</td>
</tr>
<tr>
<td>IDP</td>
<td>53%</td>
</tr>
<tr>
<td>Between 2-3 years</td>
<td>60%</td>
</tr>
</tbody>
</table>

FSNMS Assessment Coverage
Partial coverage in the county was achieved.
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the ‘yes’ responses of households reporting on the following indicators, with all indicators considered to have the same weight:

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

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

Most commonly reported sources of drinking water, by % of HHs:
- Borehole: 40%
- Unprotected well: 1%
- Hand dug well: 9%
- River or stream: 47%
- Swamp: 3%

Most commonly reported time spent collecting drinking water (walking to collection point, waiting, filling container, returning home), by % of HHs:
- Less than 30 minutes: 37%
- 30 minutes to 1 hour: 40%
- Between 1-2 hours: 23%

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

Most commonly reported defecation location, by % of HHs:
- In the latrine: 52%
- In the bush: 47%
- No answer: 1%

Most commonly reported excreta disposal methods for children under five, by % of HHs:
- In the latrine: 53%
- Garbage collection area: 1%
- Dig a hole and cover: 13%
- In the bush: 30%
- No answer: 2%
### Health

- % of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection:
  - Yes: 67%
  - No: 33%

- % of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection:
  - Yes: 28%
  - No: 72%

- % of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection:
  - Yes: 20%
  - No: 80%

- % of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection:
  - Yes: 70%
  - No: 30%

- % of HH with one or more HH member affected by self-reported case of stomach pain in the two weeks prior to data collection:
  - Yes: 37%
  - No: 63%

- % of HHs that own a bucket or a jerrycan with a lid:
  - Yes: 97%
  - No: 3%

- % of HHs that reported every member of the HH slept under a mosquito net:
  - Yes: 76%
  - No: 24%

- % of HHs with access to soap:
  - Yes: 70%
  - No: 30%

### WASH Non-Food-Items

- % of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net:
  - Yes: 11%
  - No: 89%

- % of HHs that own a bucket or a jerrycan with a lid:
  - Yes: 30%
  - No: 70%

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

### Endnotes

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Displacement
% of HHs by displacement status
Host community 96%
IDP 4%

% of IDP and returnee HHs by time arrived in their current location
In the last one year 100%

Overview
The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of WASH needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding.

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FSNMS Assessment Coverage
Partial coverage in the county was achieved.
This simple water access composite aims to measure access to an improved water source, without protection concern. The composite was created by averaging the ‘yes’ responses of households reporting on the following indicators, with all indicators considered to have the same weight:

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

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

**Water**

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

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

- **Nzara County**
  - Nagero
  - Tambura
  - Ezo
  - Nzara
  - Yambio
  - Ibba
  - Maridi
  - Mvolo
  - Mundri
  - West Mundri
  - East Mundri

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

**Sanitation**

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

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

- **Nzara County**
  - Nagero
  - Tambura
  - Ezo
  - Nzara
  - Yambio
  - Ibba
  - Maridi
  - Mvolo
  - Mundri
  - West Mundri
  - East Mundri

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

**Most commonly reported defecation location, by % of HHs**

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

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

- In the latrine: 90%
- Dig a hole and cover: 3%
- In the bush: 3%
- No answer: 4%
The average number of jerrycans and/or buckets with lid per HH was 5

Endnotes
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FSNMS Assessment Coverage
Partial coverage in the county was achieved.

Displacement
% of HHs by displacement status
1. Host community - 99%
2. IDP - 1%

% of IDP and returnee HHs by time arrived in their current location
1. Between 2-3 years - 100%
Tambura County - Water, Sanitation and Hygiene

Water

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

<table>
<thead>
<tr>
<th>% of HHs</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 20%</td>
<td>Tambura, Ezo, Mvolo, Nagero, Nzara, Yambio</td>
</tr>
<tr>
<td>21 - 40%</td>
<td>Tambura, Ezo, Mvolo, Nagero, Nzara, Yambio</td>
</tr>
<tr>
<td>41 - 60%</td>
<td>Tambura, Ezo, Mvolo, Nagero, Nzara, Yambio</td>
</tr>
<tr>
<td>61 - 80%</td>
<td>Tambura, Ezo, Mvolo, Nagero, Nzara, Yambio</td>
</tr>
<tr>
<td>81 - 100%</td>
<td>Tambura, Ezo, Mvolo, Nagero, Nzara, Yambio</td>
</tr>
<tr>
<td>Insufficient data</td>
<td>Tambura, Ezo, Mvolo, Nagero, Nzara, Yambio</td>
</tr>
</tbody>
</table>

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

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

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

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

Sanitation

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

<table>
<thead>
<tr>
<th>% of HHs</th>
<th>Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 20%</td>
<td>Tambura, Ezo, Mvolo, Nagero, Nzara, Yambio</td>
</tr>
<tr>
<td>21 - 40%</td>
<td>Tambura, Ezo, Mvolo, Nagero, Nzara, Yambio</td>
</tr>
<tr>
<td>41 - 60%</td>
<td>Tambura, Ezo, Mvolo, Nagero, Nzara, Yambio</td>
</tr>
<tr>
<td>61 - 80%</td>
<td>Tambura, Ezo, Mvolo, Nagero, Nzara, Yambio</td>
</tr>
<tr>
<td>81 - 100%</td>
<td>Tambura, Ezo, Mvolo, Nagero, Nzara, Yambio</td>
</tr>
<tr>
<td>Insufficient data</td>
<td>Tambura, Ezo, Mvolo, Nagero, Nzara, Yambio</td>
</tr>
</tbody>
</table>

Most commonly reported defecation location, by % of HHs

- In the latrine: 92%
- In the bush: 6%
- Dig a hole and cover: 2%
- No answer: 2%

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

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

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

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

<table>
<thead>
<tr>
<th>% 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</th>
<th>Yes 43% No 57%</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of malaria in the two weeks prior to data collection</td>
<td>Yes 55% No 45%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of acute watery diarrhoea in the two weeks prior to data collection</td>
<td>Yes 29% No 71%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of a fever in the two weeks prior to data collection</td>
<td>Yes 35% No 65%</td>
</tr>
<tr>
<td>% of HH with one or more HH member affected by self-reported case of the flu in the two weeks prior to data collection</td>
<td>Yes 19% No 81%</td>
</tr>
</tbody>
</table>

### WASH Non-Food-Items

| % of HHs reported owning a jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net³ | % of HHs that own a bucket or a jerrycan with a lid | No 53% Yes 47% |
| % of HHs with access to soap⁴ | No 45% Yes 55% |

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

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**Endnotes**

1. This data is as of July/August 2018. Note, population movement remains fluid.
2. An institutional latrine can be found in a school, hospital, clinic, market place.
3. The composite was created by averaging the ‘yes’ responses of HHs reporting on the following indicators, with all considered to have the same weight: access to soap, access to jerrycans/buckets with lids, everyone in the HH slept under a mosquito net. HHs are asked to produce soap within a minute when assessing the presence of soap in the HH, as if they are not able to locate it within a minute then it stands to reason it is not commonly used.
The dynamic and multi-faceted nature of the South Sudanese displacement crisis has created significant challenges for the delivery of humanitarian aid. Accessibility and security issues within South Sudan have impeded a systematic understanding of WASH needs in many areas of the country, and have created difficulties in establishing a clear and unambiguous system for prioritizing the delivery of aid, thereby limiting the effectiveness of humanitarian planning and limiting the potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

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

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

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

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

FSNMS Assessment Coverage
Total coverage in the county was achieved.

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

Displacement
% of HHs by displacement status1

| Host community | 93% |
| IDP | 7% |

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

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

Overview

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

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Yambio County - Water, Sanitation and Hygiene

Water

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

Sanitation

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

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

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

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

<table>
<thead>
<tr>
<th>Source</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borehole</td>
<td>19%</td>
</tr>
<tr>
<td>Tap stand</td>
<td>7%</td>
</tr>
<tr>
<td>Unprotected well</td>
<td>28%</td>
</tr>
<tr>
<td>Hand dug well</td>
<td>3%</td>
</tr>
<tr>
<td>River or stream</td>
<td>33%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 minutes</td>
<td>24%</td>
</tr>
<tr>
<td>30 minutes to 1 hour</td>
<td>23%</td>
</tr>
<tr>
<td>Between 1-2 hours</td>
<td>48%</td>
</tr>
<tr>
<td>More than 2 hours</td>
<td>6%</td>
</tr>
</tbody>
</table>

10% of Yambio county HHs reported having safe access to an improved source of drinking water as their main source

Most commonly reported defecation location, by % of HHs

<table>
<thead>
<tr>
<th>Location</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the latrine</td>
<td>83%</td>
</tr>
<tr>
<td>Dig a hole and cover</td>
<td>2%</td>
</tr>
<tr>
<td>In the bush</td>
<td>11%</td>
</tr>
<tr>
<td>No answer</td>
<td>4%</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Method</th>
<th>% of HHs</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the latrine</td>
<td>85%</td>
</tr>
<tr>
<td>Dig a hole and cover</td>
<td>2%</td>
</tr>
<tr>
<td>In the bush</td>
<td>10%</td>
</tr>
<tr>
<td>Left where it is</td>
<td>1%</td>
</tr>
<tr>
<td>No answer</td>
<td>2%</td>
</tr>
</tbody>
</table>
The average number of jerrycans and/or buckets with lid per HH was 5.