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

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

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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

Displacement

<table>
<thead>
<tr>
<th>Displacement Status</th>
<th>Percentage of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host Community</td>
<td>99%</td>
</tr>
<tr>
<td>IDP</td>
<td>1%</td>
</tr>
</tbody>
</table>

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

- Between 2-3 years: 100%

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

- Between 2-3 years: 100%

Most commonly reported vulnerability, by percentage of households

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

Overview and Methodology

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

54% of Aweil Centre County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.

59% of Aweil Centre County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.

1% of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.

3% of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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

- Borehole: 54%
- Hand dug well: 18%
- River or stream: 17%
- Unprotected well: 12%

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

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

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

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

IDPs
- Hand dug well: 100% (30 minutes to 1 hour: 100%)

Returnees

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
Aweil Centre County - Water, Sanitation and Hygiene Factsheet
Northern Bahr el Ghazal State, South Sudan

November/December 2018

**Sanitation**

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

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

- **Overall**:
  - In the bush: 93%
  - In the latrine: 4%
  - Dig a hole and cover: 3%
  - No answer: 1%

- **Host**:
  - In the bush: 93%
  - In the latrine: 3%
  - Dig a hole and cover: 3%
  - No answer: 1%

- **IDPs**: In the latrine: 100%

- **Returnees**: In the latrine: 100%
81% of Aweil Centre County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.

54% of Aweil Centre County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.

Malaria was the most commonly reported water or vector borne disease in November and December, 2018. This was different to the previous season.

Fever was the most commonly reported water or vector borne disease in July and August, 2018.

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

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

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

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

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

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

- AWD: 17%
- Typhoid: 17%

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

- AWD: 100%
- Fever: 100%
19% of Aweil Centre County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.

37% of Aweil Centre County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in July and August, 2018.

1 was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.

3 was the average number of jerrycans and/or buckets per HH in November and December, 2018.

Ownership of a bucket or a jerrycan with a lid by percentage of households:
- Overall: No 37%, Yes 63%
- Host: No 37%, Yes 63%
- IDPs: Yes 100%
- Returnees: Yes 100%

Ownership of soap by percentage of households:
- Overall: No 63%, Yes 37%
- Host: No 63%, Yes 37%
- IDPs: No 100%
- Returnees: No 100%

Every member of the household sleeps under a mosquito net by percentage of households:
- Overall: No 25%, Yes 75%
- Host: No 25%, Yes 75%
- IDPs: Yes 100%
- Returnees: Yes 100%

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

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

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

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

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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

Displacement

Percentage of households by displacement status:

| Host community | 99% |
| IDP | 1% |

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

| In the last one year | 100% |

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

| In the last one year | 100% |

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

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

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 [Link](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.
43% of Aweil East County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.

62% of Aweil East County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.

10% of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.

6% of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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

- Borehole: 43%
- Unprotected well: 24%
- River or stream: 19%
- Hand dug well: 13%
- Swamp: 2%

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

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

- Less than 30 minutes: 41%
- 30 minutes to 1 hour: 40%
- Between 1-2 hours: 19%
- I don’t know: 1%

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 collected water (walking to collection point, waiting, filling container, returning home) in under 30 minutes
- Did not report any security concerns while accessing water point
2% of Aweil East County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.

1% of Aweil East County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.

1% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was the same as the previous season.

1% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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

Most commonly reported defecation location by percentage of households:

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

Overall:

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

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

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

Overall:

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

Host:

- In the bush: 100%
- In the latrine: 0%

IDPs:

- In the bush: 100%
- In the latrine: 0%

Returnees:

- In the bush: 100%
- In the latrine: 0%
70% of Aweil East County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.

72% of Aweil East County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.

Fever was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.

Fever was the most commonly reported water or vector borne disease in July and August, 2018.

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

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

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

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

- Fever: 77%
- Malaria: 42%
- Stomach pain: 21%
- AWD: 20%
- Flu: 7%
5% of Aweil East County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.

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

2 was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.

2 was the average number of jerrycans and/or buckets per HH in November and December, 2018.

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

- Overall: Yes 72%, No 28%
- Host: Yes 72%, No 28%
- IDPs: Yes 100%
- Returnees: Yes 100%

Ownership of soap by percentage of households:

- Overall: Yes 54%, No 46%
- Host: Yes 53%, No 47%
- IDPs: Yes 100%
- Returnees: Yes 100%

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

- Overall: Yes 82%, No 18%
- Host: Yes 82%, No 18%
- IDPs: Yes 100%
- Returnees: Yes 100%

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

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

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

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

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

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

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

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

FSNMS Assessment Coverage
Full coverage in the county was achieved.

WASH Needs Severity Map

This WASH composite aims to measure the severity of WASH needs in each county. The composite was created with four indicators, each broken into 5 levels of severity, as seen in the 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.

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

Displacement

Percentage of households by displacement status:

| Host community | 100% |

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

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

Most commonly reported vulnerability, by percentage of households:

- Children under 5: 74%
- Female headed: 46%
- Elderly persons: 34%
- Physically disabled: 15%
- Adopted children: 6%
96% of Aweil North County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.

98% of Aweil North County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.

18% of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was an increase from the previous season.

9% of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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

- **Borehole**: 93%
- **River or stream**: 4%
- **Tap stand**: 3%

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

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

% 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:

- **Borehole**: 93%
- **River or stream**: 4%
- **Tap stand**: 3%

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

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

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

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

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

Most commonly reported defecation location by percentage of households:

- In the bush: 94%
- In the latrine: 6%

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

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

Overall

Host

IDPs

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

62% of Aweil North County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.

Malaria was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.

Malaria was the most commonly reported water or vector borne disease in July and August, 2018.

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection:
36% of Aweil North County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.

14% of Aweil North County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in July and August, 2018.

2 was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.

4 was the average number of jerrycans and/or buckets per HH in November and December, 2018.

Ownership of a bucket or a jerrycan with a lid by percentage of households:
- Overall: No 3% Yes 97%
- Host: No 3% Yes 97%
- IDPs: No 3% Yes 97%
- Returnees: No 3% Yes 97%

Ownership of soap by percentage of households:
- Overall: No 33% Yes 67%
- Host: No 33% Yes 67%
- IDPs: No 33% Yes 67%
- Returnees: No 33% Yes 67%

Every member of the household sleeps under a mosquito net by percentage of households:
- Overall: No 10% Yes 90%
- Host: No 10% Yes 90%
- IDPs: No 10% Yes 90%
- Returnees: No 10% Yes 90%

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

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

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

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

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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

Displacement

**Percentage of households by displacement status:**

<table>
<thead>
<tr>
<th>Host community</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host community</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time arrived</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time arrived</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Most commonly reported vulnerability, by percentage of households:**

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

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.
68\% of Aweil South County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was a decrease from the previous season.

76\% of Aweil South County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.

7\% of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.

8\% of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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

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

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borehole</td>
<td>68%</td>
</tr>
<tr>
<td>Hand dug well</td>
<td>21%</td>
</tr>
<tr>
<td>Unprotected well</td>
<td>8%</td>
</tr>
<tr>
<td>River or stream</td>
<td>2%</td>
</tr>
<tr>
<td>Swamp</td>
<td>1%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30 minutes</td>
<td>53%</td>
</tr>
<tr>
<td>30 minutes to 1 hour</td>
<td>36%</td>
</tr>
<tr>
<td>Between 1-2 hours</td>
<td>7%</td>
</tr>
<tr>
<td>More than 2 hours</td>
<td>4%</td>
</tr>
</tbody>
</table>

% 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:

- **Overall**
  - Borehole: 68\%
  - Hand dug well: 21\%
  - Unprotected well: 8\%
  - River or stream: 2\%
  - Swamp: 1\%

- **Host**
  - Borehole: 68\%
  - Hand dug well: 21\%
  - Unprotected well: 8\%
  - River or stream: 2\%
  - Swamp: 1\%

- **IDPs**
  - Borehole: 68\%
  - Hand dug well: 21\%
  - Unprotected well: 8\%
  - River or stream: 2\%
  - Swamp: 1\%

- **Returnees**
  - Borehole: 68\%
  - Hand dug well: 21\%
  - Unprotected well: 8\%
  - River or stream: 2\%
  - Swamp: 1\%
7% of Aweil South County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was an increase from the previous season.

0% of Aweil South County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.

5% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.

0% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

Most commonly reported defecation location by percentage of households:
- In the bush: 94%
- In the latrine: 5%
- In the river: 1%

Most commonly reported excreta disposal methods for children under five by percentage of households:
- In the bush: 94%
- In the latrine: 5%
- In the river: 1%

% of HHs not usually using a latrine (private, shared, or communal/institutional):
87% of Aweil South County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.

77% of Aweil South County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.

Fever was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.

Fever was the most commonly reported water or vector borne disease in July and August, 2018.

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection:
15% of Aweil South County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was an increase from the previous season.

7% of Aweil South County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in July and August, 2018.

4 was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was the same as the previous season.

4 was the average number of jerrycans and/or buckets per HH in November and December, 2018.

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

About REACH
REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted through inter-agency aid coordination mechanisms. For more information, you can write to our in-country office: southsudan@reach-initiative.org or to our global office: geneva@reach-initiative.org. Visit www.reach-initiative.org and follow us @REACH_info.
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 potential impact of donor funding. As this crisis continues to expand, evolve and spill into neighbouring countries, it has become increasingly important to fill information gaps to inform a more effective humanitarian response and planning for immediate life-saving WASH activities and contingency planning for durable solutions.

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

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

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

FSNMS Assessment Coverage
Full coverage in the county was achieved.

### Displacement
Percentage of households by displacement status:

<table>
<thead>
<tr>
<th>Host community</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Host community</td>
<td>100%</td>
</tr>
</tbody>
</table>

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

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

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

- Not having access to a latrine (private, shared, or communal/institutional): 100%
- 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: 11%
- Having one or more household members affected by self-reported water or vector borne disease in the two weeks prior to data collection: 8%

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.
98% of Aweil West County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.

83% of Aweil West County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018.

0% of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was the same as the previous season.

0% of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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

- Borehole: 98%
- Swamp: 1%
- Unprotected well: 1%

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

- Borehole: 98%
- Swamp: 1%
- Unprotected well: 1%

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

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

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

Aweil West County - Water, Sanitation and Hygiene Factsheet
Northern Bahr el Ghazal State, South Sudan
November/December 2018
19% of Aweil West County HHs reported having access to a latrine (private, shared, or communal/institutional), in November and December, 2018. This was a decrease from the previous season.

36% of Aweil West County HHs reported having access to a latrine (private, shared, or communal/institutional), in July and August, 2018.

7% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was a decrease from the previous season.

36% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

% of HHs not usually using a latrine (private, shared, or communal/institutional):
81% of Aweil West County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season. 87% of Aweil West County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018. Malaria was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season. Malaria was the most commonly reported water or vector borne disease in July and August, 2018.

% of HH with one or more HH member affected by self-reported water or vector borne disease in the two weeks prior to data collection:
13% of Aweil West County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in November and December, 2018. This was a decrease from the previous season.

14% of Aweil West County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in July and August, 2018. This was a decrease from the previous season.

2 was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was a decrease from the previous season.

3 was the average number of jerrycans and/or buckets per HH in November and December, 2018.

Ownership of a bucket or a jerrycan with a lid by percentage of households:
- Overall: No 53%, Yes 47%
- Host: No 53%, Yes 47%
- IDPs: No 53%, Yes 47%
- Returnees: No 53%, Yes 47%

Ownership of soap by percentage of households:
- Overall: No 42%, Yes 58%
- Host: No 42%, Yes 58%
- IDPs: No 42%, Yes 58%
- Returnees: No 42%, Yes 58%

Every member of the household sleeps under a mosquito net by percentage of households:
- Overall: No 4%, Yes 96%
- Host: No 4%, Yes 96%
- IDPs: No 4%, Yes 96%
- Returnees: No 4%, Yes 96%

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

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