Jur River County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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

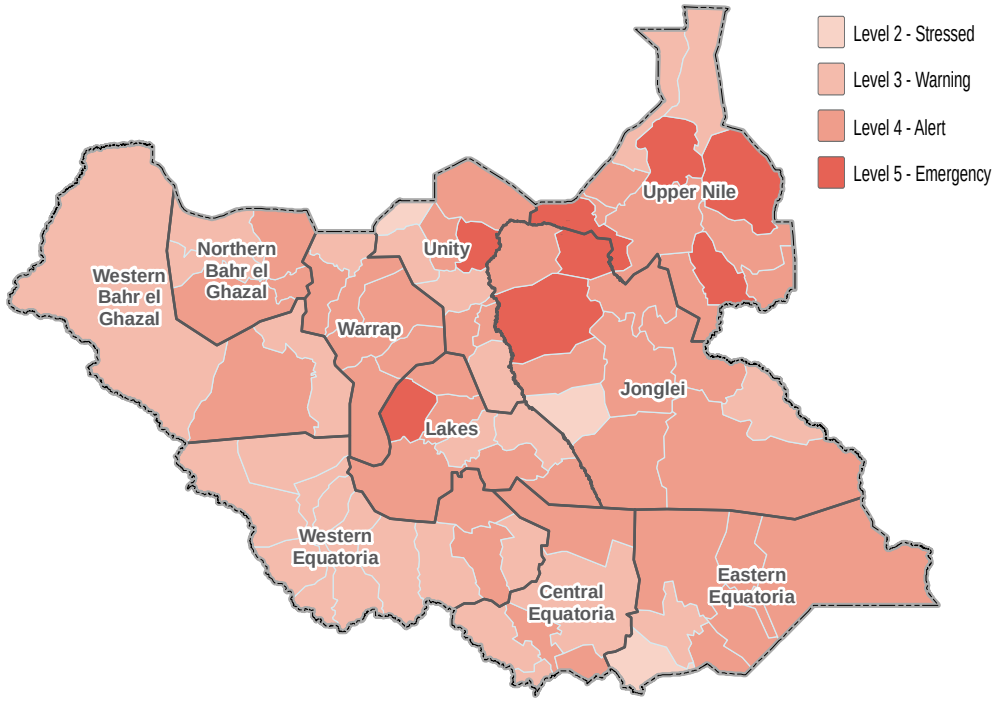
These five indicators were used to establish the first countrywide WASH baseline in July and August of 2018 during Round 22 of the Food Security and Nutrition Monitoring System (FSNMS). FSNMS partners agreed to once again incorporate WASH cluster indicators for FSNMS Round 23 (November and December of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

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

FSNMS Assessment Coverage

Full coverage in the county was achieved.

WASH Needs Severity Map



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

Displacement

Percentage of households by displacement status [1]:

Host community	100%

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

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

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

Children under 5	77%
Elderly persons	32%
Female headed	28%
Adopted children	6%
Physically disabled	5%

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Western Bahr el Ghazal State, South Sudan

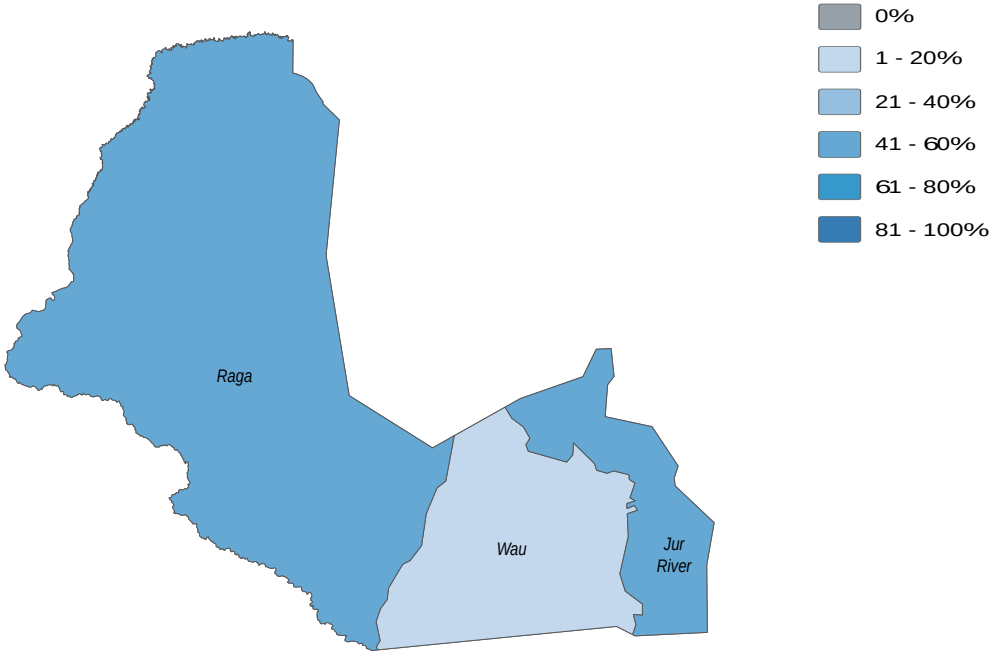
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

67%	of Jur River County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
51%	of Jur River County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
4%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
16%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

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

Overall

Borehole	58%
Unprotected well	18%
River or stream	11%
Tap stand	8%
Swamp	5%

Less than 30 minutes	74%
30 minutes to 1 hour	19%
Between 1- 2 hours	7%

Host

Borehole	58%
Unprotected well	18%
River or stream	11%
Tap stand	8%
Swamp	5%

Less than 30 minutes	74%
30 minutes to 1 hour	19%
Between 1- 2 hours	7%

IDPs

Returnees

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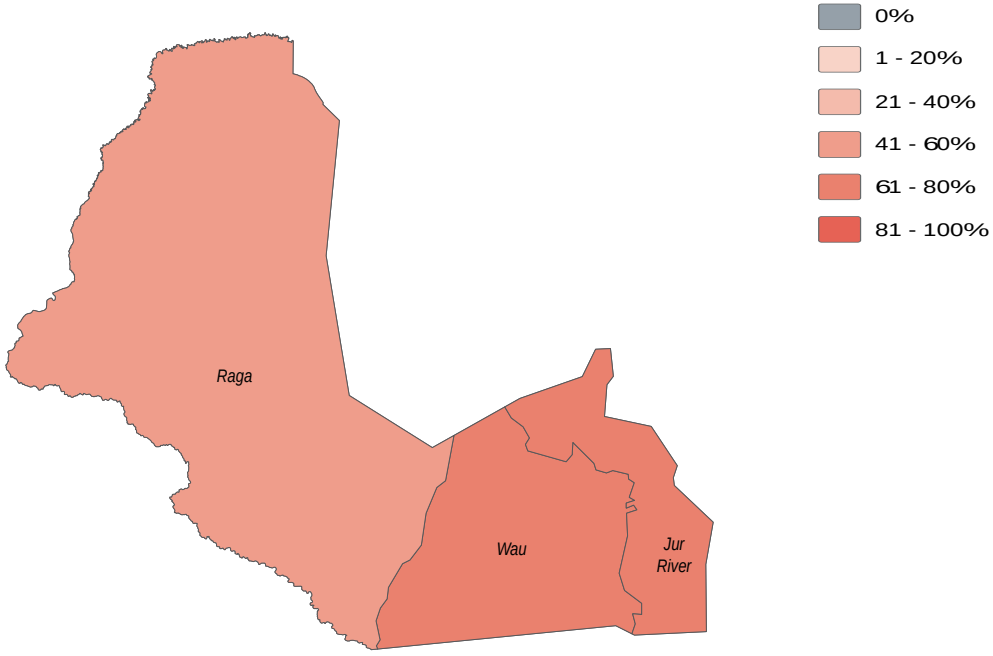
November/December2018

Sanitation

24%	of **Jur River 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.
21%	of **Jur River County** HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
22%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
15%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	77%
In the latrine	22%
Dig a hole and cover	1%

In the bush	77%
In the latrine	20%
No answer	2%
Dig a hole and cover	1%

Host

In the bush	77%
In the latrine	22%
Dig a hole and cover	1%

In the bush	77%
In the latrine	20%
No answer	2%
Dig a hole and cover	1%

IDPs

Returnees

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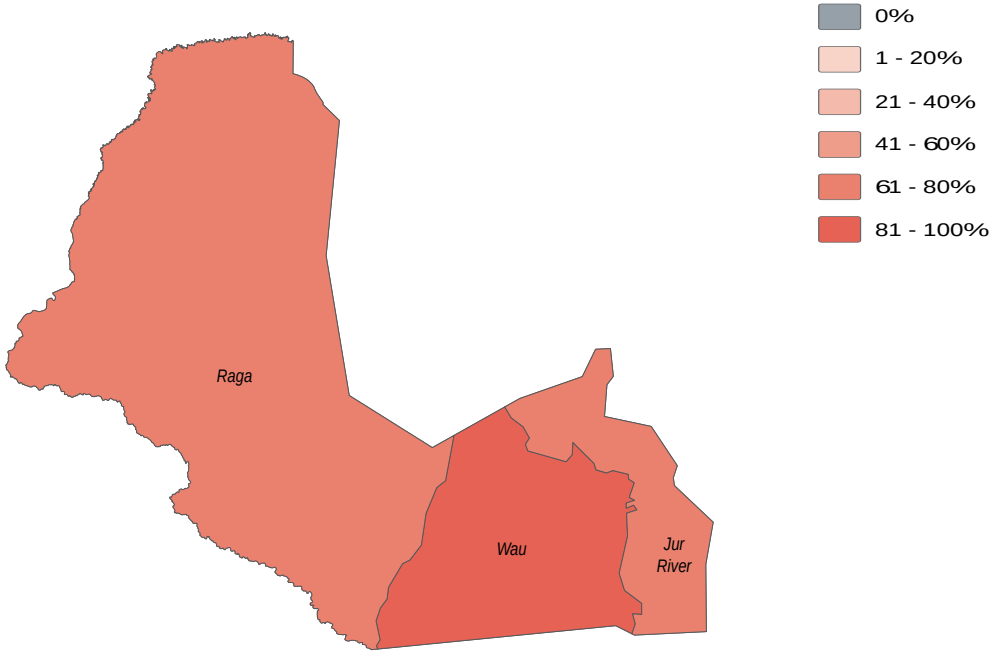
Health

68%	of Jur River County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
85%	of Jur River County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	72%
	Fever	24%
	Stomach pain	17%
	Typhoid	10%
	Flu	7%
Host	Malaria	72%
	Fever	24%
	Stomach pain	17%
	Typhoid	10%
	Flu	7%
IDPs		
Returnees		

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

Overall	Malaria	80%
	Fever	46%
	AWD	17%
	Flu	11%
	Eye infection	4%
Host	Malaria	80%
	Fever	46%
	AWD	17%
	Flu	11%
	Eye infection	4%
IDPs		
Returnees		

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November/December2018

NFI WASH NFIs

25%	of Jur River 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.
34%	of Jur River County HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **18%** Yes 82%	 No **9%** Yes 91%	 No **24%** Yes 76%
Host	 No **18%** Yes 82%	 No **9%** Yes 91%	 No **24%** Yes 76%
IDPs			
Returnees			

Endnotes

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

About REACH

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Raja County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

WASH Cluster
Water Sanitation Hygiene

November/December2018

Overview and Methodology

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

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FSNMS Assessment Coverage

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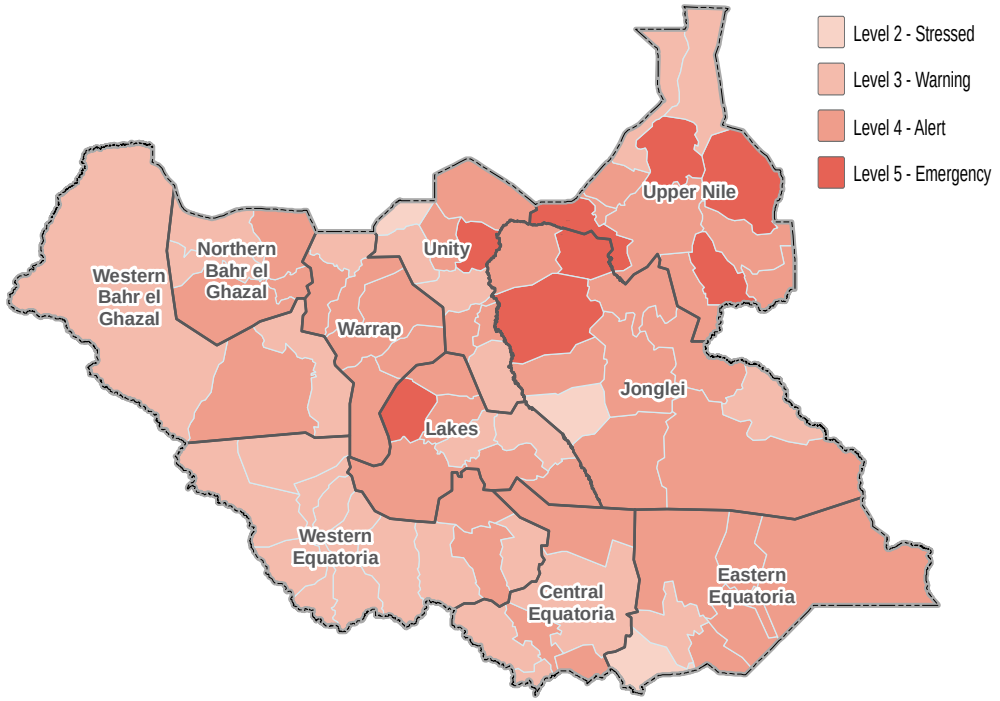
WASH Needs Severity Map



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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

Percentage of households by displacement status [1]:

Host community	96%
IDP	3%
Returnee	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:

Between 2 -3 years	100%

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

Children under 5	71%
Female headed	47%
Elderly persons	27%
Physically disabled	15%
Mentally disabled	11%

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WASH Cluster
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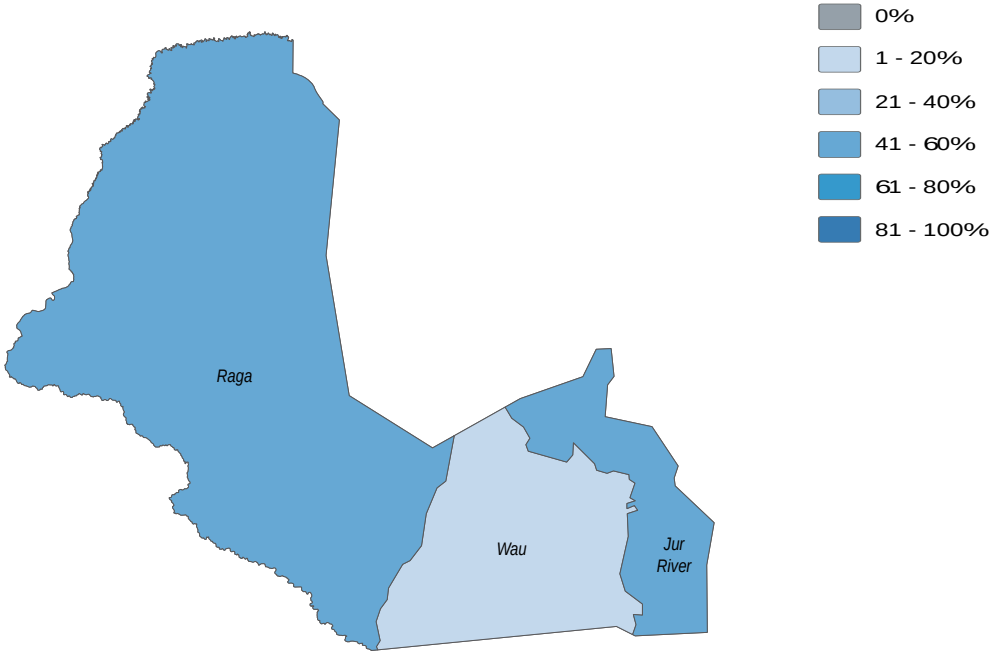
Water

89%	of Raja County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
58%	of Raja 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.
16%	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:



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

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

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

Overall

Borehole	81%	Less than 30 minutes	58%
River or stream	8%	30 minutes to 1 hour	26%
Tap stand	7%	Between 1- 2 hours	15%
Unprotected well	3%	More than 2 hours	1%

Host

Borehole	81%	Less than 30 minutes	58%
River or stream	9%	30 minutes to 1 hour	27%
Tap stand	8%	Between 1- 2 hours	14%
Unprotected well	3%	More than 2 hours	1%

IDPs

Borehole	100%	Less than 30 minutes	67%
		Between 1- 2 hours	33%

Returnees

Borehole	100%	Less than 30 minutes	100%

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Sanitation

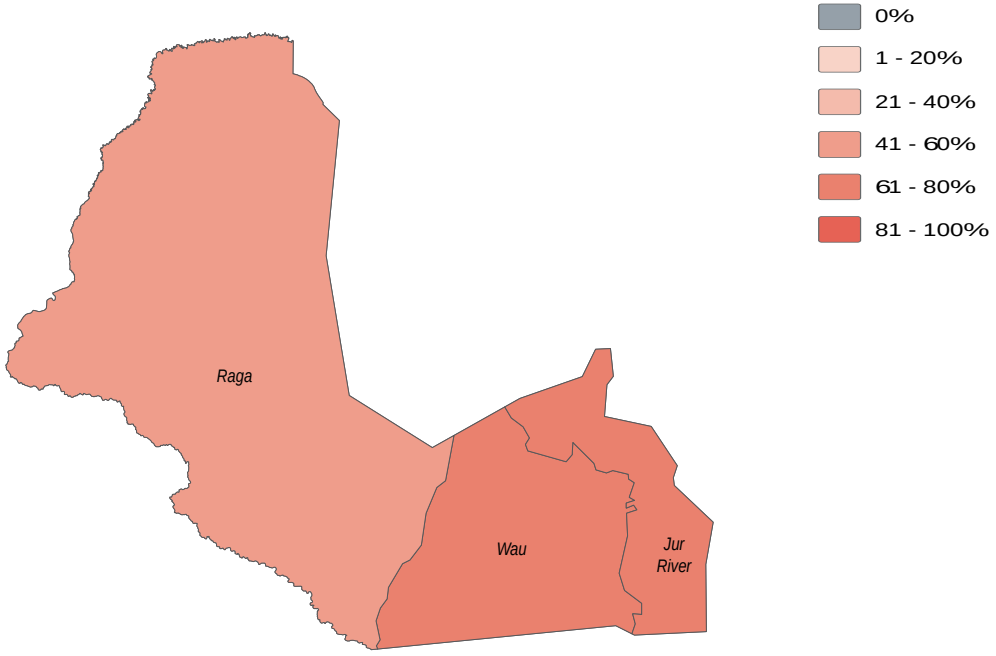
49% of Raja County HHs reported having access to a latrine (private, shared, or communal/ institutional), in November and December, 2018. This was an increase from the previous season.

44% of Raja County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.

47% of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.

29% of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



	Most commonly reported defecation location by percentage of households:		Most commonly reported excreta disposal **methods for children under five by** percentage of households:	
Overall	In the bush	51%	In the latrine	38%
	In the latrine	47%	In the bush	35%
	Dig a hole and cover	1%	Dig a hole and cover	24%
	No answer	1%	Left where it is	2%
			No answer	1%
Host	In the bush	52%	In the latrine	38%
	In the latrine	46%	In the bush	36%
	Dig a hole and cover	1%	Dig a hole and cover	23%
	No answer	1%	Left where it is	2%
			No answer	1%
IDPs	In the latrine	67%	Dig a hole and cover	50%
	In the bush	33%	In the latrine	50%
Returnees	In the latrine	100%	Dig a hole and cover	100%

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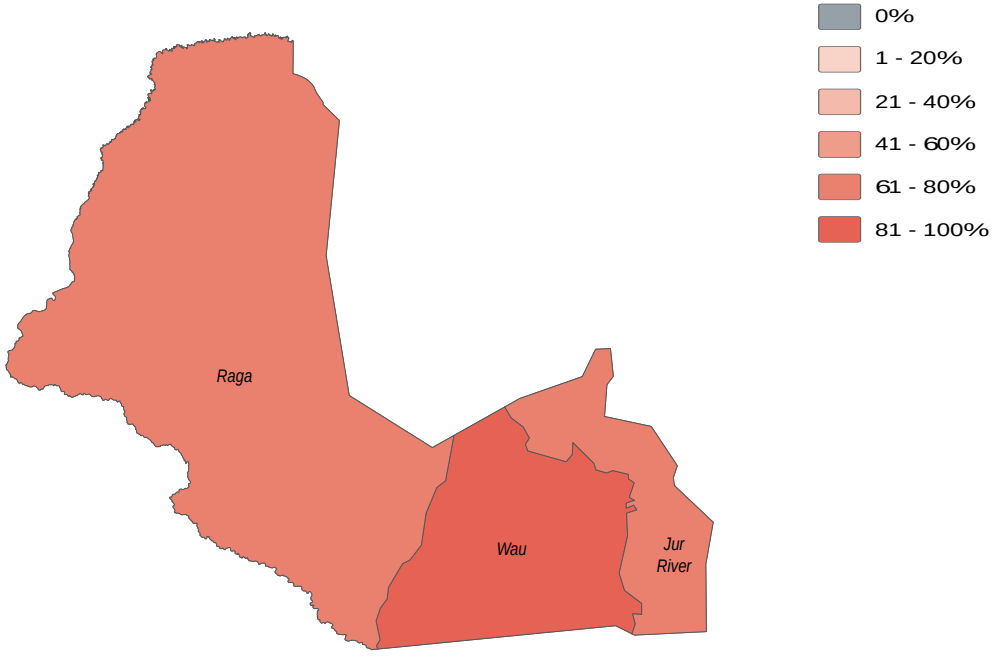
Health

65%	of Raja County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was a decrease from the previous season.
90%	of Raja County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

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

Overall

Malaria	58%	Malaria	56%
Fever	45%	Fever	49%
Stomach pain	21%	AWD	25%
AWD	11%	Eye infection	18%
Typhoid	11%	Flu	7%

Host

Malaria	59%	Malaria	57%
Fever	46%	Fever	49%
Stomach pain	22%	AWD	26%
AWD	11%	Eye infection	17%
Typhoid	11%	Flu	8%

IDPs

Eye infection	100%	Eye infection	100%
		Malaria	100%

Returnees

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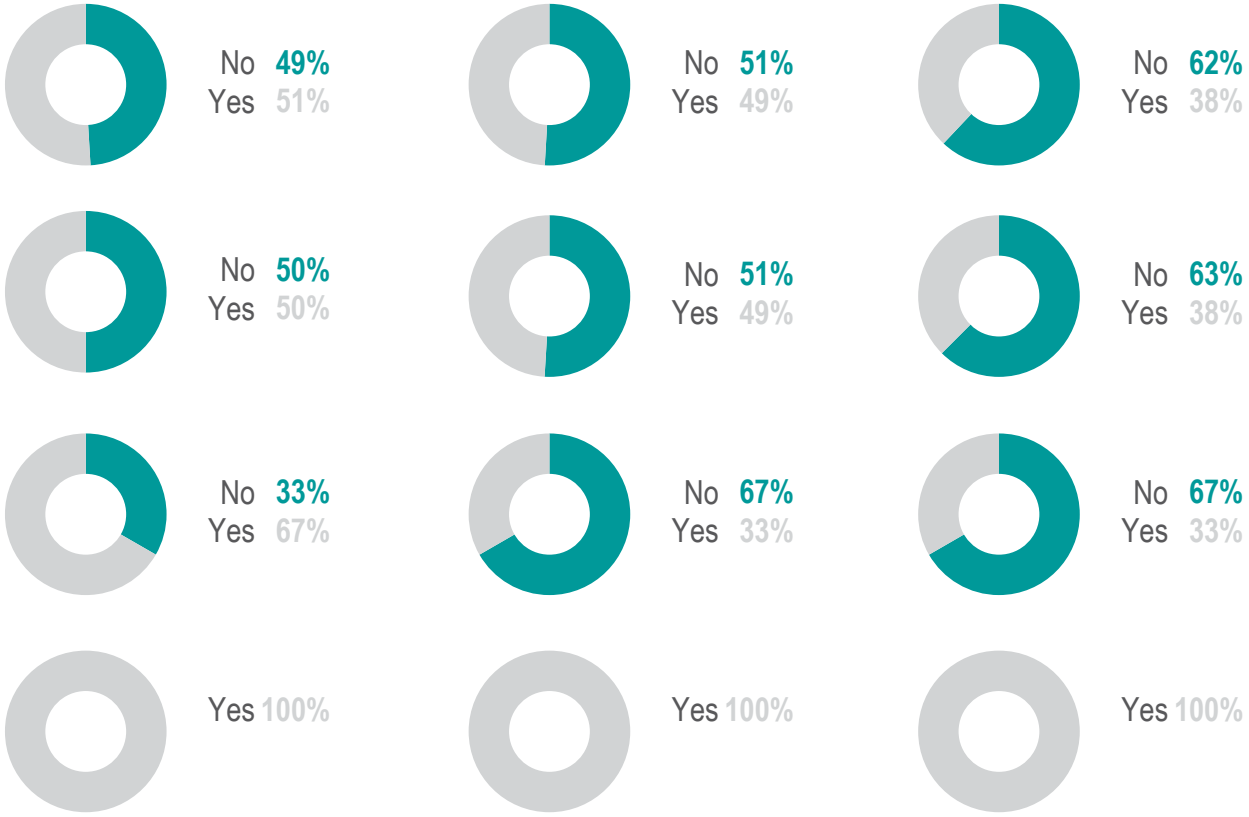
NFI WASH NFIs

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

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



Ownership of soap by percentage of households:

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

Endnotes

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Wau County - Water, Sanitation and Hygiene Factsheet

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FSNMS Assessment Coverage

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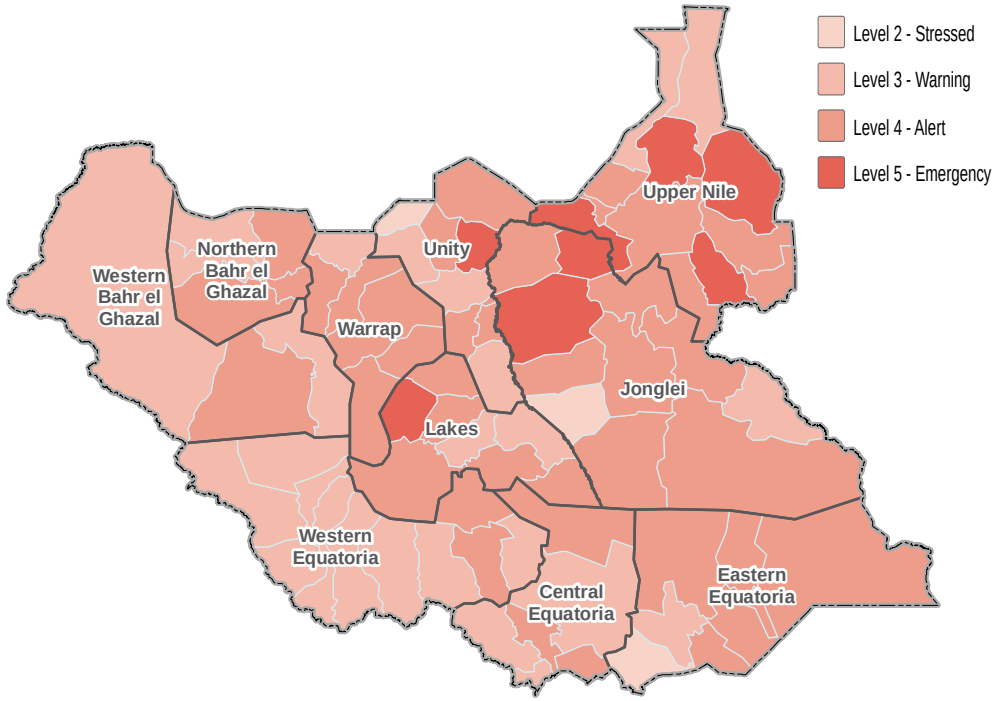
WASH Needs Severity Map



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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

Percentage of households by displacement status [1]:

IDP	77%
Host community	23%

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

In the last one year	57%
Between 2-3 years	35%
Around 5 years	7%
More than 5 years	2%

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

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

Children under 5	82%
Female headed	33%
Physically disabled	12%
Conflict injuries	8%
Elderly persons	8%

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Wau County - Water, Sanitation and Hygiene Factsheet

Western Bahr el Ghazal State, South Sudan

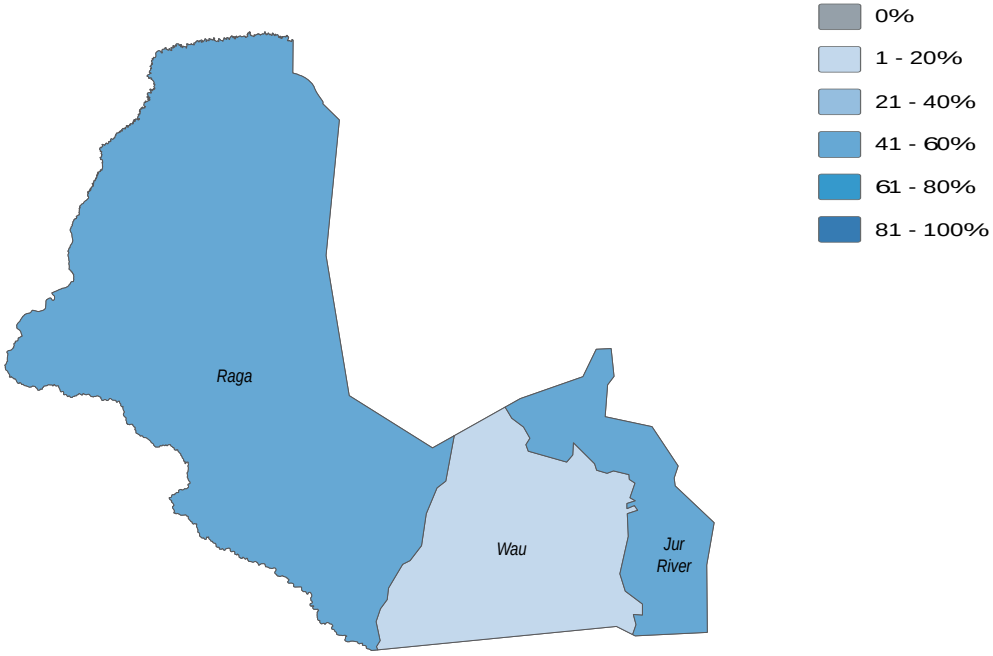
WASH Cluster
Water Sanitation Hygiene

November/December2018

Water

55%	of Wau County HHs reported having safe access to an improved source of drinking water as their main source, in November and December, 2018. This was an increase from the previous season.
30%	of Wau County HHs reported having safe access to an improved source of drinking water as their main source, in July and August, 2018 .
19%	of HHs reported feeling unsafe while collecting water, in November and December, 2018. This was a decrease from the previous season.
28%	of HHs reported feeling unsafe while collecting water, in July and August, 2018.

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



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

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

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

Overall	Borehole	55%
	River or stream	44%
	Swamp	1%
Host	Borehole	67%
	River or stream	33%
IDPs	Borehole	52%
	River or stream	47%
	Swamp	2%
Returnees		

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

Overall	Less than 30 minutes	38%
	30 minutes to 1 hour	26%
	More than 2 hours	19%
	Between 1- 2 hours	9%
	I don't know	8%
Host	More than 2 hours	33%
	30 minutes to 1 hour	22%
	Less than 30 minutes	22%
	Between 1- 2 hours	11%
	I don't know	11%
IDPs	Less than 30 minutes	43%
	30 minutes to 1 hour	27%
	More than 2 hours	15%
	Between 1- 2 hours	8%
	I don't know	7%

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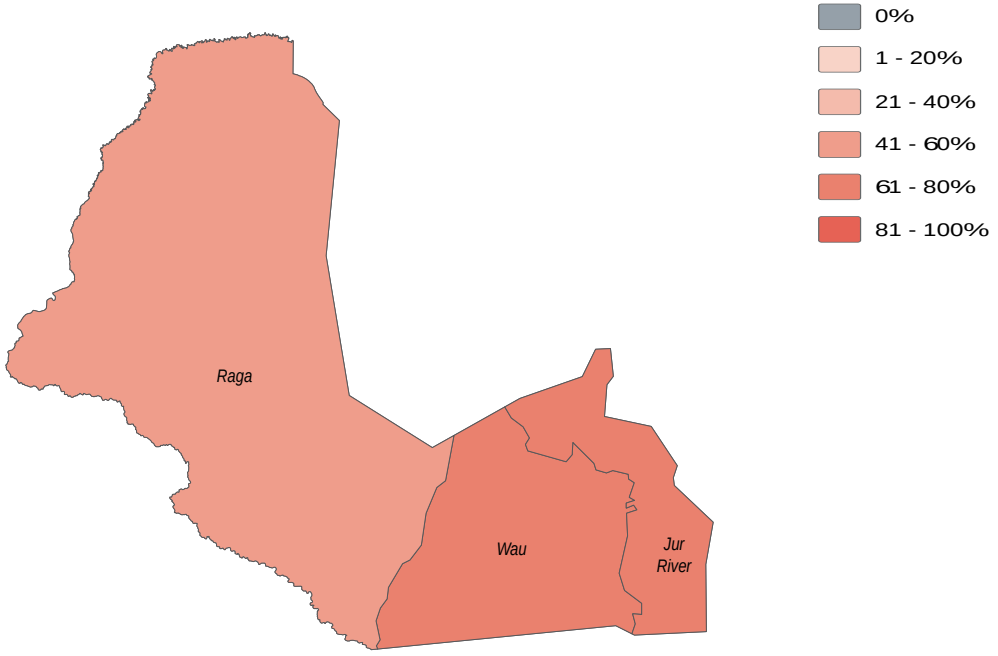
Sanitation

22%	of Wau 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.
4%	of Wau County HHs reported having access to a latrine (private, shared, or communal/ institutional), in July and August, 2018.
9%	of HHs reported their most common defecation location was a latrine, in November and December, 2018. This was an increase from the previous season.
4%	of HHs reported their most common defecation location was a latrine, in July and August, 2018.

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



Most commonly reported defecation location by percentage of households:

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

Overall

In the bush	91%
In the latrine	9%

In the bush	60%
Dig a hole and cover	28%
In the latrine	9%
No answer	3%

Host

In the bush	89%
In the latrine	11%

In the bush	61%
Dig a hole and cover	28%
In the latrine	11%

IDPs

In the bush	92%
In the latrine	8%

In the bush	60%
Dig a hole and cover	28%
In the latrine	8%
No answer	3%

Returnees

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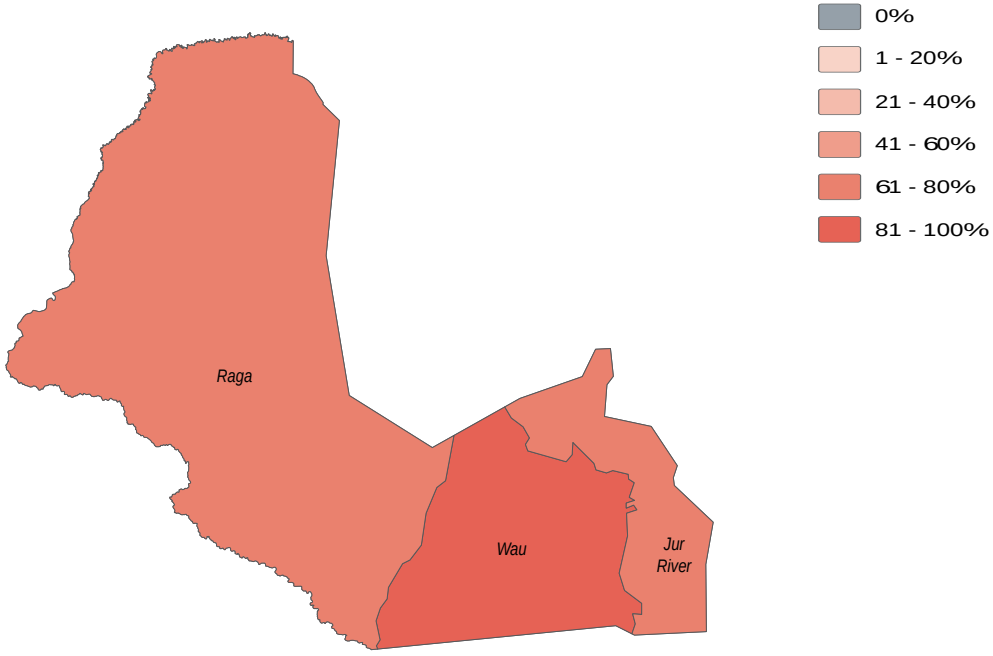
Health

95%	of Wau County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in November and December, 2018. This was an increase from the previous season.
89%	of Wau County HHs reported one or more HH member was affected by self-reported water or vector borne disease in the two weeks prior to data collection, in July and August, 2018.
Malaria	was the most commonly reported water or vector borne disease in November and December, 2018. This was the same as the previous season.
Malaria	was the most commonly reported water or vector borne disease in July and August, 2018.

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



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

Overall	Malaria	80%
	Typhoid	29%
	Fever	27%
	Stomach pain	18%
	Skin infection	16%
Host	Malaria	92%
	Typhoid	50%
	Fever	25%
	Skin infection	17%
	Stomach pain	17%
IDPs	Malaria	76%
	Fever	27%
	Typhoid	21%
	Stomach pain	18%
	Eye infection	15%
Returnees		

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

Overall	Malaria	84%
	Fever	59%
	AWD	26%
	Stomach pain	25%
	Flu	23%
Host	Malaria	93%
	Fever	50%
	AWD	43%
	Flu	21%
	Stomach pain	21%
IDPs	Malaria	81%
	Fever	62%
	Skin infection	26%
	Stomach pain	26%
	Flu	23%
Returnees		

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NFI WASH NFIs

5%	of **Wau 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.
0%	of **Wau County** HHs reported owning at least one jerrycan or bucket with a lid, with access to soap, and that every member of the HH slept under a mosquito net in HH in July and August, 2018.
3	was the average number of jerrycans and/or buckets per HH in July and August, 2018. This was an increase from the previous season.
2	was the average number of jerrycans and/or buckets per HH in November and December, 2018.

	Ownership of a bucket or a jerrycan with a lid by percentage of households:	Ownership of soap by percentage of households:	Every member of the household sleeps under a mosquito net by percentage of households:
Overall	 No **37%** Yes 63%	 No **69%** Yes 31%	 No **81%** Yes 19%
Host	 No **39%** Yes 61%	 No **72%** Yes 28%	 No **83%** Yes 17%
IDPs	 No **37%** Yes 63%	 No **68%** Yes 32%	 No **80%** Yes 20%
Returnees			

Endnotes

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

About REACH

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

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

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