

WASH Baseline Survey Report

Rubkona and Bentiu towns, July 2016

Executive Summary

A baseline survey was conducted in the operational areas of the Concern WASH project in Rubkona and Bentiu towns in July 2016. A summary of the findings are presented in the table below.

Indicator	Baseline figure
Households which have been reached by Concern's Hygiene Promotion activities within Rubkona and Bentiu towns	51%
% of respondents who can recall at least 3 of the 5 critical handwashing moments	12.5%
% of respondents who self-report that they wash their hands with soap and water	84%
% of respondents who self-report washing their hands before eating	65%
% of respondents who self-report washing their hands after using the latrine/after defecation	27%
Mean number of water containers per household	2.4
Median number of water containers per household	2
Mean water storage capacity per household	44 litres
Median water storage capacity per household	40 litres
% of households in which all the water containers were clean and covered	22%
% of households in which at least one person (including children and babies) had experienced diarrhoea in the 2 weeks prior to the survey	74%
% of respondents who can recall at least 3 of the 5 main causes of diarrhoea	20%
% of respondents who believe that diarrhoea is preventable	73%
% of households who access drinking water from protected sources during the rainy season	72%
% of households who access drinking water from protected water sources	65%
% of households with access to a latrine (Household, Shared or Communal latrine)	39%

Survey Purpose

This Baseline Survey was carried out in July (19th-22nd, 26th and 28th) over 7 days in Bentiu town. The Baseline Survey was funded by the CHF grant which has enabled the expansion of Concern's WASH program outside of the POC into the 2 nearby towns, Rubkona and Bentiu. The purpose of the Baseline Survey was to obtain a better understanding of the current situation in relation to water supply, sanitation and hygiene amongst the population in Rubkona town and Bentiu towns, and establish baseline figures on key project indicators, which will enable the level of success of the project to be measured at the project end.

Survey Strategy

A total of 144 households surveyed. A copy of the survey questionnaire can be found in Annex 1. Since no official population figures exist for Bentiu town or Rubkona town, a stratified sample was taken whereby 12 households were selected at random from each of the 12 villages Concern WASH operates in. In Rubkona town, these villages included: Shillak 1, Shillak 2, Mankuari, Hai Salam, Suk and Suk Sita. In Bentiu town, these villages included: Dere A, Dere B, Haingas, Suk Shabby, Suk Saba and Bim Ruok. The selection of households within each village was carried out at random. In each village, the enumerator walked into the centre of the village, spun a pen, and then followed the direction of the pen until the edge of the village was reached or the quota for that village was fulfilled, whichever came first. If the quota was not obtained by the time they had reached the edge of the village, they returned to the centre of the village, spun a pen, and continued in the same way in the direction the pen was pointing. Only adults (people over the age of 18) were requested to participate in the survey. In each village, an equal number of women and men were surveyed. This was done to mainstream gender from the beginning of the WASH intervention, so as to facilitate the identification of any differences in awareness and practice of good hygiene behaviours between males and females which could influence the approaches and strategies used by the Concern Hygiene Promotion team. (However, it is noted that, to date, Concern's Hygiene Promotion activities in the towns have primarily targeted women, particularly mothers, as they are the people who are usually in the home when Hygiene Promoters call for house-to-house visits.

There were 5 Survey Enumerators. The Survey Enumerators were selected from within Concern's WASH team based in the POC. They do not work in Rubkona or Bentiu towns and hence are unlikely to have been biased as they carried out the survey. The Survey Enumerators were trained the week prior to the survey being implemented. The training included going through the questions to ensure a good translation and also role plays and tests. During the implementation of the survey, the enumerators were closely supervised by the WASH Officer and Environmental Health Specialist to ensure that the surveys were completed fully and without errors.

Demographics

The average family size across the whole sample was 8 people. The average family size did not differ according to the town.

Scope of Concern's Hygiene Promotion

Of 144 respondents surveyed, (51%) stated that since residing in the area, their household had received at least one visit from a Concern Hygiene Promoter or a member of their household had participated in a Concern kid hygiene club or a group hygiene promotion game. 47% of respondents said that their household had not been reached by any Concern Hygiene Promotion activity. 2% of respondents said that they did not know whether their household had been reached by Concern Hygiene Promoters. The 2% who stated they didn't know were men. It is also noted that there was a difference in the responses of women and men. 57% of women stated that their household had been reached, whilst only 44% of men stated that their household has been reached.

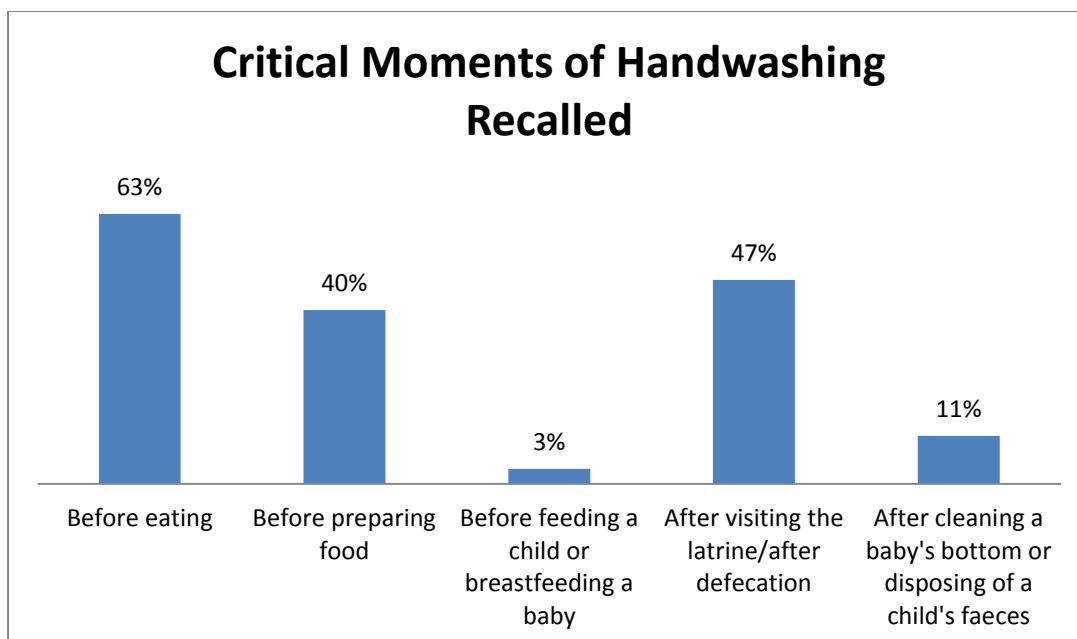
The Concern Hygiene Promotion team has been working in Bentiu and Rubkona towns since late February 2016. As a result, the high number of respondents citing that their household had not been reached by Hygiene Promotion activities is surprising. In reality, much fewer men than women are reached through Concern's Hygiene activities since men are less likely to be within the home during house-to-house visits. Also, the Hygiene Promotion team specifically targets the mother of the household since in South Sudanese culture, the mother is the main care provider and responsible for hygiene-related activities during the home. Therefore, it is possible that several of the men surveyed were not aware of whether their wives and children have been reached by Concern's Hygiene Promotion activities as they themselves have not been reached.

Good Hygiene Behaviours

Handwashing Knowledge

One of the most critical hygiene behaviours, which prevents diarrhoeal diseases is that of washing hands with soap or ash at the 5 critical moments throughout the day. 12.5% of those surveyed mentioned 3 of the 5 critical handwashing moments when asked to recall these. 0% of respondents were able to recall more than 3 of the 5 critical handwashing moments. 63 (44%) respondents were able to recall 2 of the critical times of handwashing. 39% of respondents were able to recall 1 of the critical times of handwashing. 0.5% of respondents were able to recall none of the critical moments for handwashing.

As seen in the chart below, the critical moments of handwashing most popularly known were 'Before eating' (63% of respondents) and 'After visiting the latrine/after defecation' (47% of respondents). 'Before preparing food' was recalled by 40%. However, the proportion of respondents who recalled that 'Before feeding a child or breastfeeding a baby' and 'After cleaning a baby's bottom or disposing of a child's faeces' are critical moments of handwashing was substantially lower, 3% and 11% respectively. Hence, Concern's Hygiene Promotion intervention needs to place particular focus on increasing awareness of these moments of handwashing amongst the community, in addition to increasing awareness of the other 3 moments of handwashing.

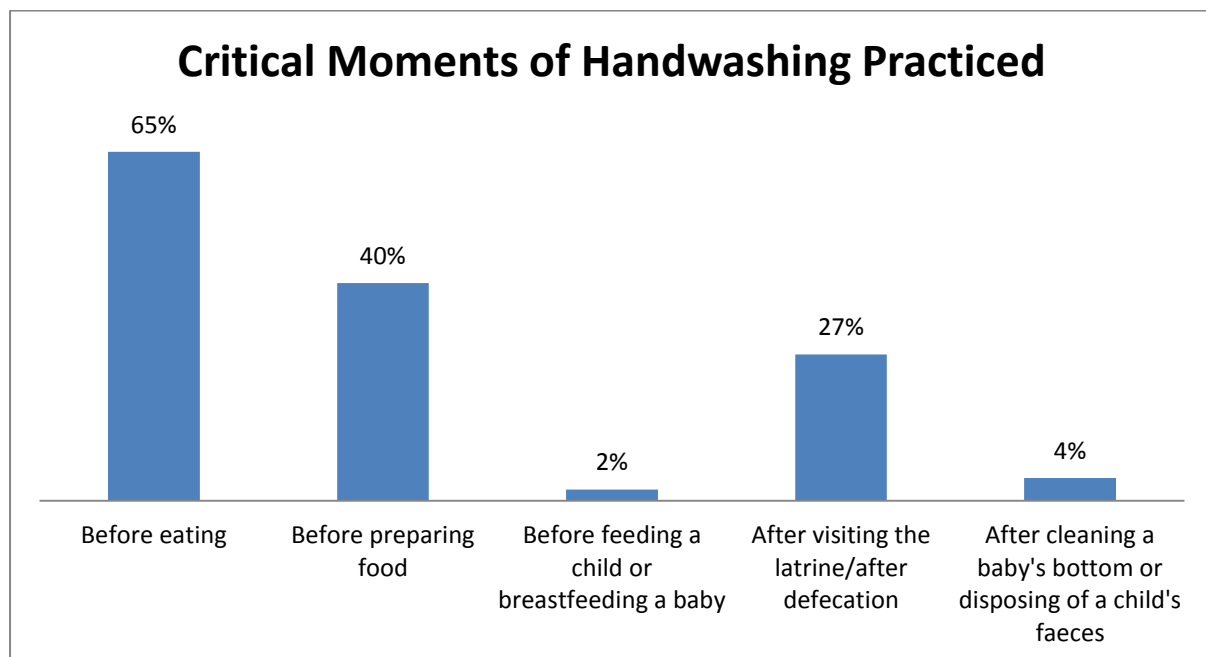


Since Concern's Hygiene Promotion intervention to date has targeted female heads of household, the differences in knowledge between male and female respondents was assessed. A comparison of the percentages of female and male respondents recalling each critical moment of handwashing is displayed in the table below. There is a substantial difference in the number of men and women recalling that 'Before eating' is a critical moment of handwashing. More than twice as many males than females recalled that 'Before eating' is one of the critical times for handwashing. This is surprising as, since Concern Hygiene Promotion has particularly targeted females, it would have been expected that more females than males may be aware that hands should be washed before eating. Interestingly, 26 times more females than males recalled that 'Before preparing food' was one of the critical times of handwashing. This suggests that perhaps women, whom according to South Sudanese culture are almost always responsible for cooking for the family, may only wash their hands before preparing food and not again before eating. As might be expected, more females than males were aware that hands should be washed 'Before feeding a child or breastfeeding a baby' and 'After cleaning a baby's bottom'. However, the difference in knowledge between females and males was not as high as might have been expected given that since the project started, the intervention has been specifically targeting women and children.

Critical Time of Handwashing	Women	Men
Before eating	39%	86%
Before preparing food	78%	3%
Before feeding a child or breastfeeding a baby	6%	1%
After visiting the latrine/after defecation	44%	50%
After cleaning a baby's bottom or disposing of a child's faeces	19%	3%

Handwashing Practice - When

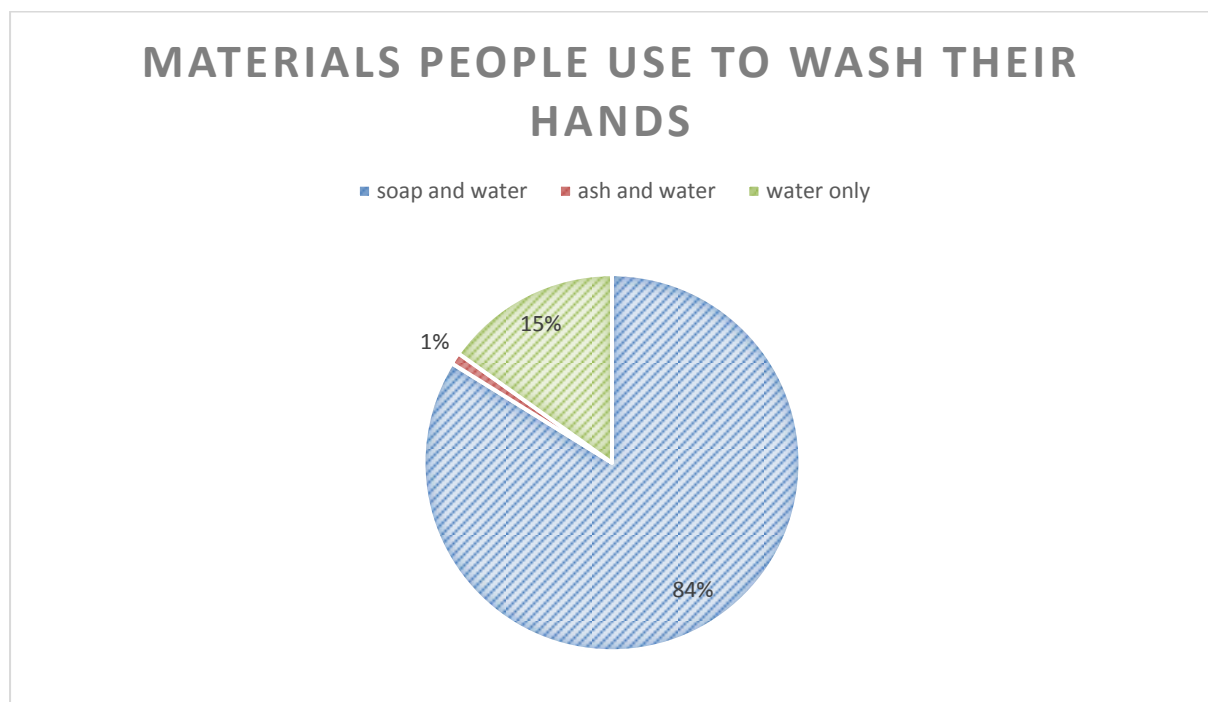
Of 144 respondents surveyed, 99% stated that they had washed their hands the day before the survey. As seen below, the most popular times at which people stated they had washed their hands the previous day were 'Before eating' (65% of respondents), 'Before preparing food' (40% of respondents) and 'After visiting the latrine/after defecation' (27% of respondents). Note that, the fact that more respondents stated practice handwashing 'Before eating' than those who knew that 'Before eating' is a critical moment for handwashing, is likely explained by the fact that handwashing before eating is part of Nuer culture, so some people may wash their hands before eating out of habit, without knowing that this is a barrier to faecal-oral disease transmission. The practice of handwashing 'Before feeding a child or breastfeeding a baby' and 'After cleaning a baby's bottom or disposing of a child's faeces' were alarmingly low, at 2% and 4% respectively. The Concern Hygiene Promotion team should therefore focus on messaging around the importance of washing hands after defecation and after cleaning a child's bottom. Hence, the self-reported practice of handwashing at the critical moments to a good extent mirrors the knowledge of the 5 critical moments of handwashing amongst the respondents. This suggests that there is a link between knowledge and practice of the 5 critical moments of handwashing, whereby, when a person has an awareness of a moment of handwashing, they are more likely to then practice handwashing at that moment.



Handwashing practice – Materials

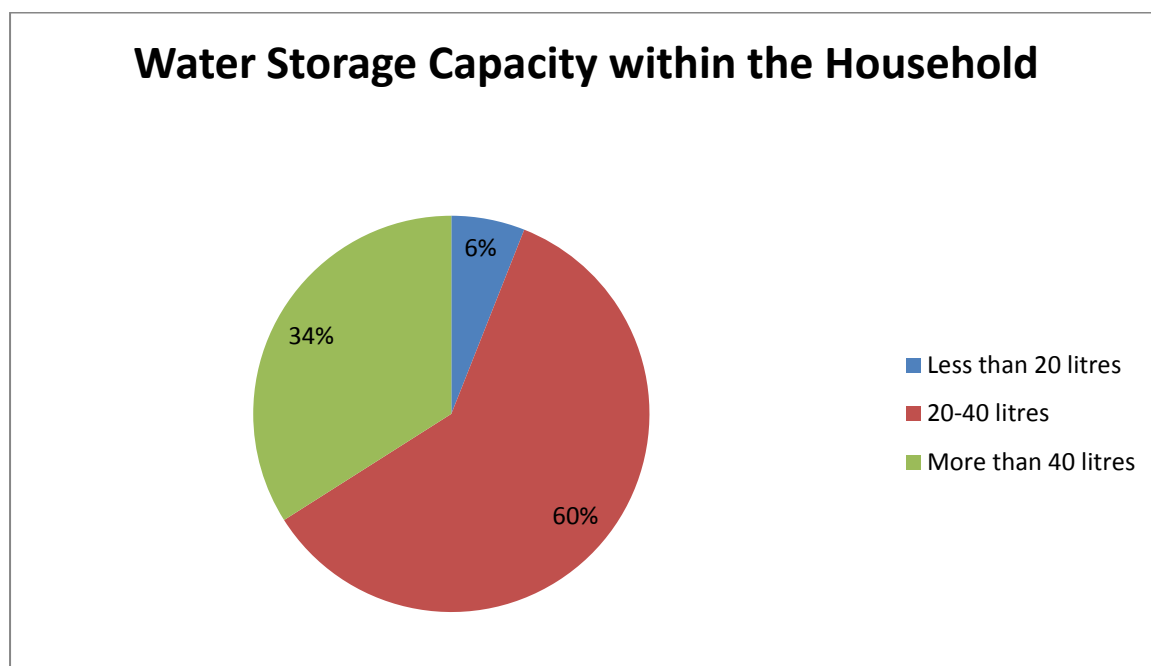
When asked what they washed their hands with, 84% of respondents replied “soap and water” whilst 1% of respondents replied “ash and water”, and 15% of respondents replied “water only”. These proportions are displayed in the chart below. Furthermore, of those who stated that they use soap to wash their hands, 85%, when asked if they could show the soap were able to present soap at

the time of the survey. However, it is noted that the monthly soap distribution in Bentiu town was carried out on the 7th, 8th and 11th of July. 78% of households represented in this survey were surveyed between 19th-22nd July. Hence, the survey was carried out for most surveyed households, 1 to 2 weeks after the soap distribution. This could explain why soap was present in the majority of households. Respondents who self-reported that they handwash with soap were asked to present soap as a proxy to verify that this is what they are practicing. However, this proxy indicator should be viewed with caution, as recent FGDs carried out by Concern with women in Rubkona, Bentiu and the POC revealed that soap obtained through the monthly soap distribution is normally prioritized for washing of clothes, and according to the women who participated, the amount of soap provided (320g/person/month) is not sufficient for all the needs of the family. Soap is available in the market in both Rubkona and Bentiu towns, but according to FGD participants, not all households can afford to purchase it. Just 2% of those who said they used soap and water for handwashing also said that, when soap is not available they use ash. The very low proportion of people who use ash for handwashing, or would consider using it as a substitute when soap is not available, indicates that ash is not regarded as a material to be used for handwashing within the target community. Hence, Concern's Hygiene Promotion should include messaging emphasizing the properties of ash which make it a suitable material for effective handwashing, and activities aimed to motivate the community to take up the behaviour of using of ash for handwashing, particularly when soap is not available. It is noted that, in 93% of households surveyed, when asked if they could show the water they used for handwashing, water was presented.



Water Storage

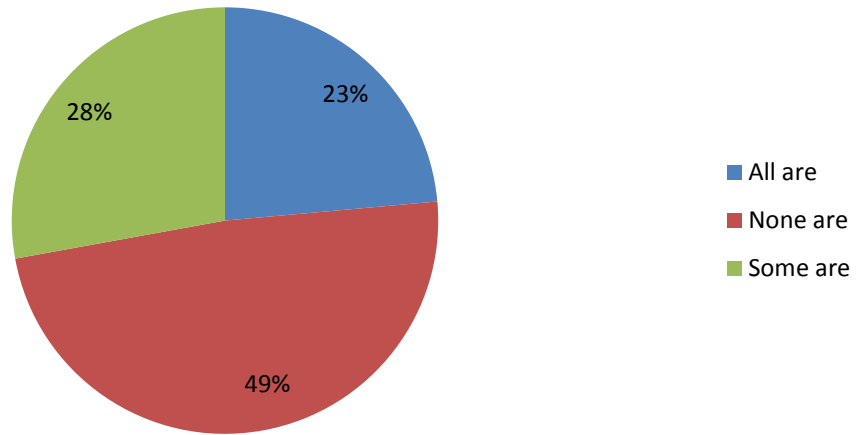
96% of households surveyed had water containers within the household. On average (mean), each household had 2.4 water containers. The median value for the number of water containers was 2 containers per household. Water Storage capacity within the household varied from 0 litres to 280 litres across the 144 households surveyed, with the average (mean) water storage capacity per household being 44 litres. The median value for water storage capacity across all households surveyed was 40 litres. The range of Water Storage capacity amongst the households surveyed is displayed in the table below. According to the Sphere Standard (Sphere Project,2004), every household should have access to at least two 10-20 litre containers. Hence, 94% of households surveyed met this Sphere Standard. Even if the upper limit of the Sphere Standard (40 litres) is considered, then 60% of households surveyed met the Sphere Standard. Hence, Water Storage capacity is currently not a critical issue in Rubkona and Bentiu towns.



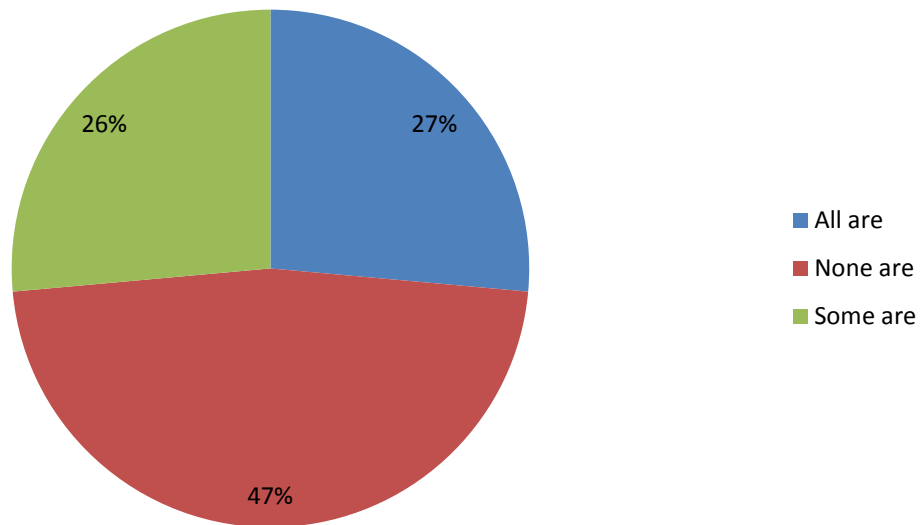
Hygienic Status of the Water Containers

On inspection by the Survey Enumerators, in 49% of the households surveyed, none of the water containers were covered, whilst in 28% of the households surveyed some of the water containers were covered. In just 23% of households, all water containers were covered. Similarly, on inspection by the survey enumerators, in 47% of the households surveyed, none of the water containers were clean, whilst in 26% of the households surveyed some of the water containers were clean. In just 27% of households, all water containers were clean. This indicates that the Concern Hygiene Promotion team need to strengthen messaging around safe storage storage within the household. However, in 94% of households in which all the water containers were covered, all the water containers were also clean. This suggests that there are those within the target community (22% of those surveyed) who do have a good understanding of safe water storage, and it was not just a coincidence that roughly the same percentage of water containers were covered and clean. The proportions of households with covered and clean water containers are displayed in the 2 charts below.

Are the Household's Water Containers Covered?



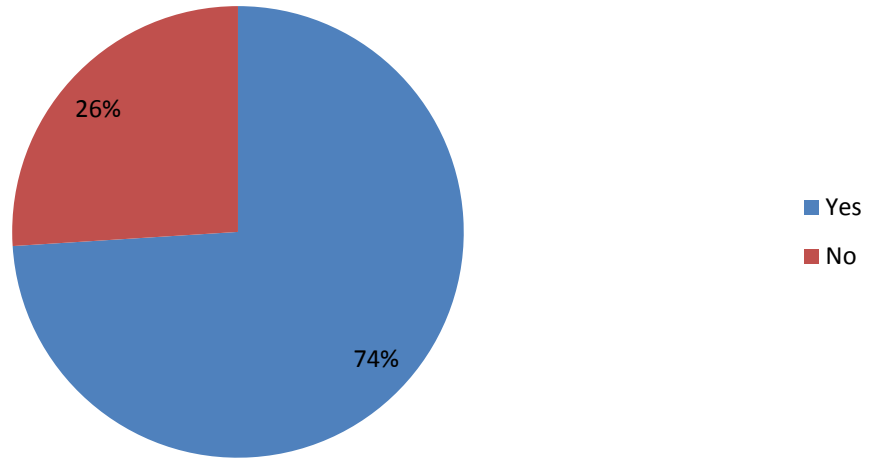
Are the Household's Water Containers Clean?



Diarrhoea Prevalence

When asked if anyone in their household (including children and babies) had experienced diarrhoea in the 2 weeks prior to the survey, 74% of respondents stated yes, whilst 26% of respondents stated no. The high prevalence of diarrhoea within the community is a result of poor hygiene, sanitation and safe water storage practices within the community, in addition to access to lack of access to safe water and improved sanitation options.

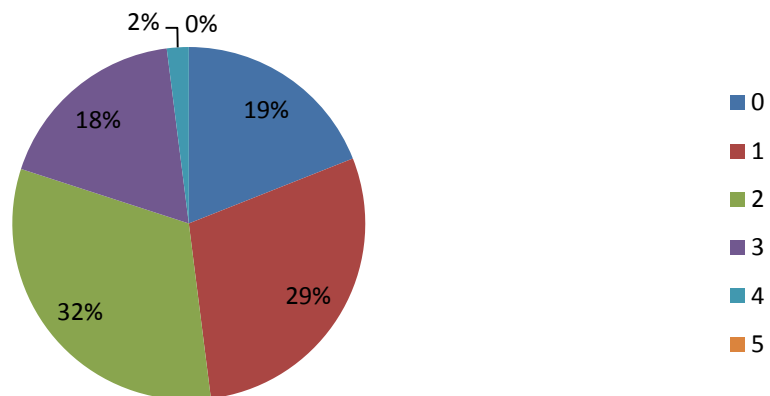
A Household Member has had Diarrhoea in the last 2 Weeks



Knowledge on Causes of Diarrhoea

When asked, "What do you think causes diarrhoea?" 81% of respondents mentioned at least 1 of the 5 main causes of diarrhoea (Contaminated/dirty water, Flies, Contaminated/dirty food, Faeces/Defecating in the open, and Dirty Hands). 52% of respondents recalled 2 or more of the main causes of diarrhoea. 20% of respondents recalled 3 or 4 of the main causes of diarrhoea. 0% of the respondents recalled all 5 main causes of diarrhoea. Hence awareness of the main causes of diarrhoea is in general quite low, with the majority of people only 1 or 2 causes. The Concern Hygiene Promotion team should therefore focus on emphasizing the 5 main causes of diarrhoea in all hygiene messaging during the project.

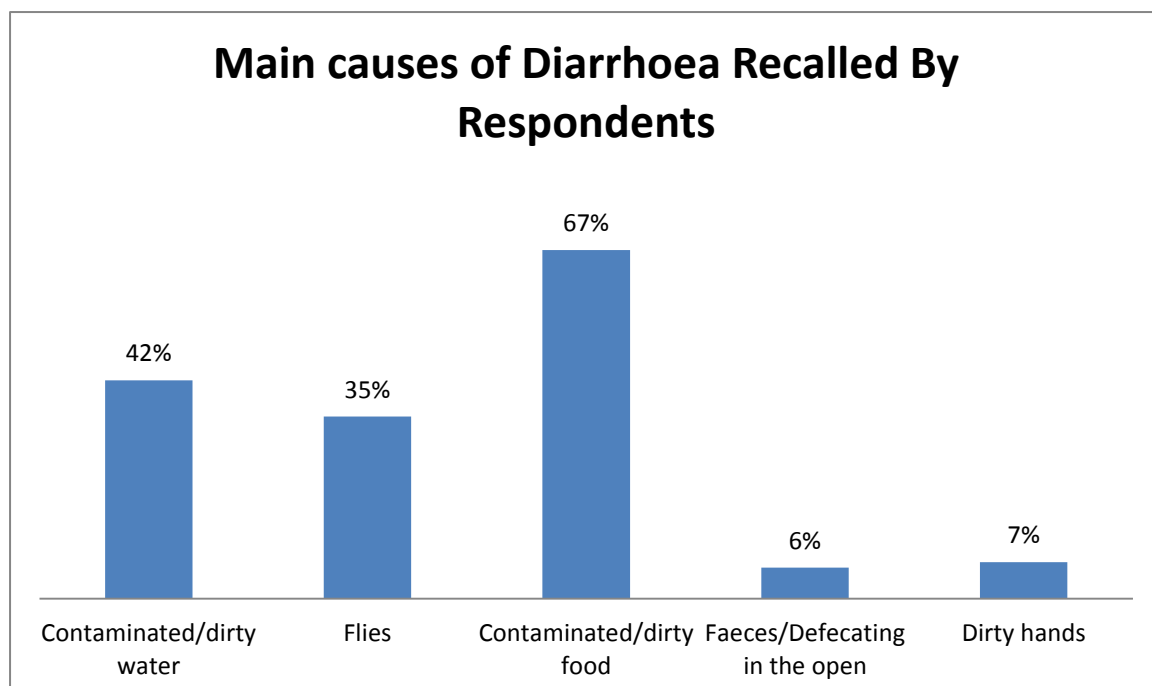
Number of Causes of Diarrhoea Known by Respondents



Since Concern’s Hygiene Promotion intervention in Rubkona and Bentiu towns to date has targeted primarily women and children, whether there was a difference between women and men with regards to the number of causes of diarrhoea known was analysed. Notably, almost 3 times more female respondents than male respondents knew none of the main casues of diarrhoea. This is surprising given that females (particularly female heads of household) are the main target group for the Concern Hygiene Promotion intervention, which started in late February. Overall, more men knew more causes of diarrhoea than women. This indicates that Concern’s Hygiene Promotion approach needs to be more purposeful in targeting women, as well as developing hygiene messaging and communication strategies which women can relate to and understand.

Number of Causes of Diarrhoea Known	Men	Women
0	10%	28%
1	36%	22%
2	32%	32%
3	18%	18%
4	4%	0%
5	0%	0%

As seen in the bar chart below, the causes of diarrhoea most commonly recalled by all respondents included: ‘Contaminated/dirty food’ (67% of respondents), ‘Contaminated/dirty water’ (42% of respondents) and ‘Flies’ (35% of respondents). However, only 6% of households mentioned ‘Faeces/Defecating in the open, and only 7% mentioned ‘Dirty hands’ as a cause of diarrhoea. The very low awareness that that ‘Faeces/Defecating in the open’ and ‘Dirty hands’ can cause diarrhoea indicates gaps in the hygiene promotion carried out by Concern to date, whereby the messaging around the causes of diarrhoea may not have been as fully comprehensive as necessary. Hence, going forward, the Concern Hygiene Promotion team should ensure to be thorough when communicating the causes of diarrhoea to the community.

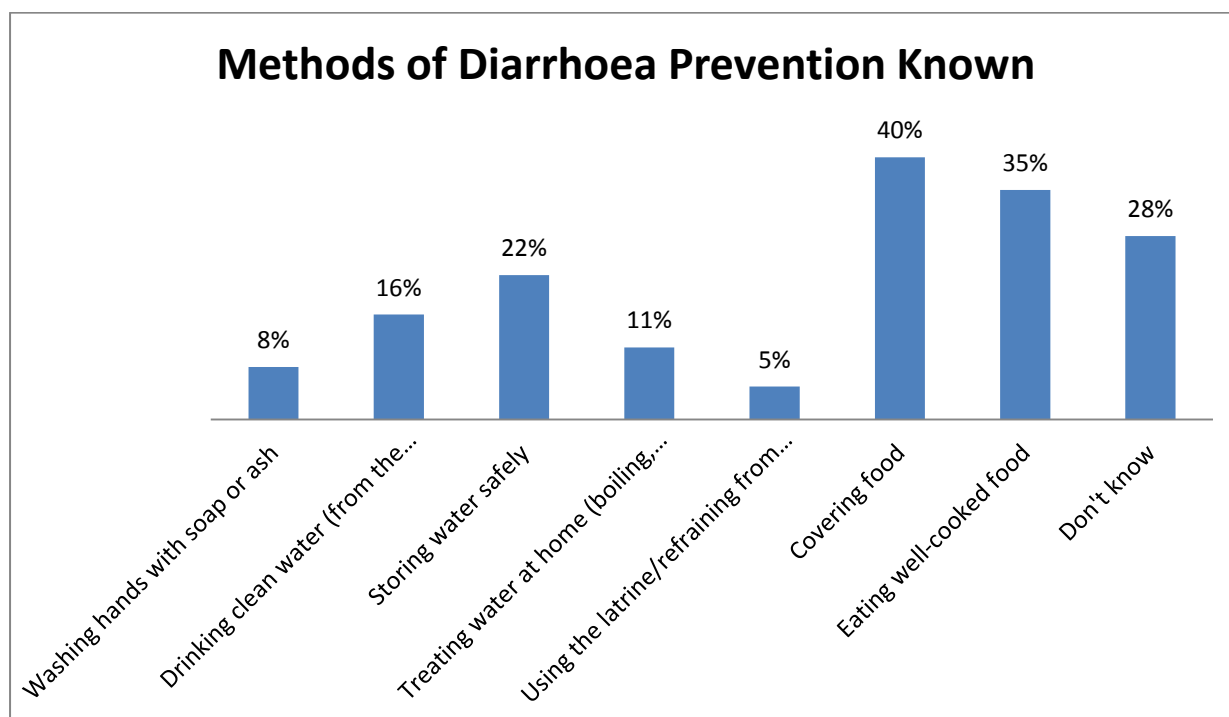


Knowledge on Prevention of Diarrhoea

When asked if they thought diarrhoea could be prevented, 73% of respondents stated yes, whilst 27% said they did not. Whether the view of women and men on the preventability of diarrhoea differed was analysed. However, as seen in the table below, there was no notable difference in the view of men and women.

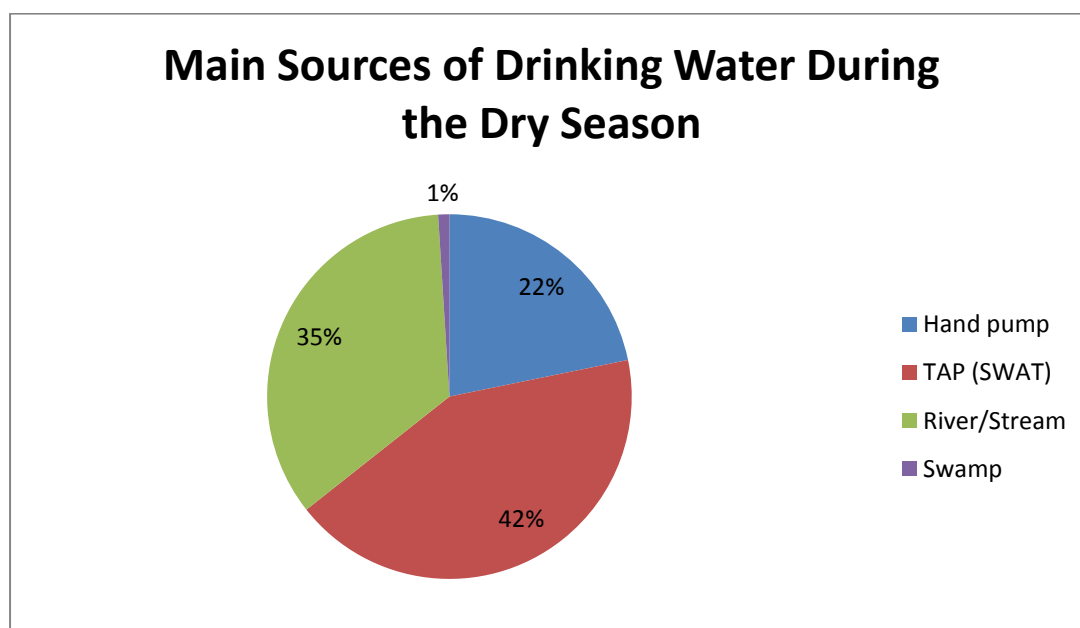
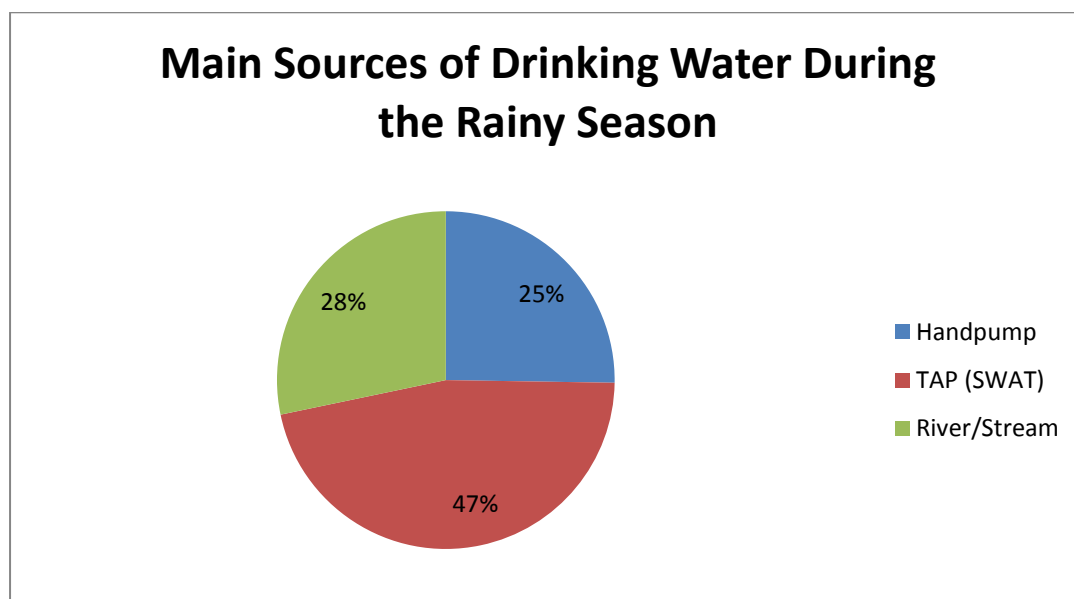
	Men	Women
Believe that diarrhoea is preventable	78%	74%
Believe that diarrhoea is not preventable	22%	26%

The methods of diarrhoea prevention most popularly known were 'Covering food' (40% of respondents) and 'Eating well-cooked food' (35% of respondents). Knowledge that latrine use was a method of diarrhoea prevention was alarmingly low (5% of respondents). Similarly, only 8% of respondents mentioned handwashing with soap or ash as a method of diarrhoea prevention. Knowledge that drinking clean water and storing water safely in the home was a little higher, with 16% of respondents mentioning drinking clean water and 22% of respondents mentioning storing water safely as methods of diarrhoea prevention. 11% of respondents mentioned 1 or more method of household water treatment as a way to prevent diarrhoea. 28% of respondents did not know any method of diarrhoea prevention. This indicates that, in the surveyed population, there is a very large deficit in knowledge of actions which can prevent diarrhoea. Topics which need to be particularly prioritized by the Concern Hygiene Promotion team include handwashing with soap or ash, latrine use, use of water from protected drinking water sources and safe water handling and storage.



Main Sources of Drinking Water

72% of surveyed households accessed drinking water from protected sources during the rainy season. In the dry season, slightly less households (65%) accessed drinking water from a protected source. These protected sources consisted of either a handpump or one of the 2 SWATs (surface water treatment systems) in Bentiu town (operated by Concern) and Rubkona town (operated by UNICEF). The remaining respondents who accessed their drinking water from an unprotected source accessed their water from either a river or stream, or in 1 case a swamp. The proportion of households accessing drinking water from each of these sources during the rainy season and the dry season is displayed in the charts below. As displayed, the main difference between access to water in the rainy and dry seasons is that, in the dry season, slightly more (8%) households use an unprotected water source for their drinking water.



The source of drinking water most commonly used varies according to the village the respondent lives in. Please see in the table below, the percentages of respondents per village who used a protected water source for their drinking water during the rainy season. As you can see, overall, there is greater use of a protected water source for drinking water in the areas Concern works in in Bentiu town than in Rubkona town. On average, use of a protected water source for drinking water in the areas Concern works in in Bentiu town is 67%, whilst in Rubkona town it is 58%. However, the percentage for the areas in Bentiu town is actually negatively skewed by the extremely low use of a protected water source in Suk Shabby, where only 8% of those surveyed accessed a protected source for drinking water. Hence, there is need for the Concern WASH project to increase access to safe water sources primarily in Rubkona town and also in Suk Shabby if possible.

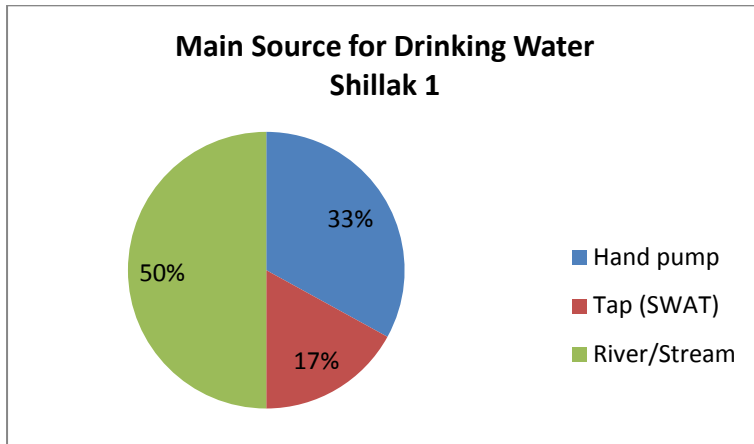
The areas in which Concern should prioritise in Rubkona in terms of improving access to protected water sources are specifically: Shillak 1, Shillak 2, Mankuai, Suk and Hai Salam. 100% use of a protected water source for drinking water in Dere A and Dere B is explained due to the Concern operated SWAT which is located nearby. Elsewhere, access to protected water sources for drinking water was through use of handpumps, or, in Rubkona, a substantial proportion of households access drinking water which originates from the Rubkona SWAT near the bridge. This water is accessed either via tapstands (in June UNICEF constructed a distribution line to tapstands in several locations in Rubkona) or from donkey carts which collect water from the SWAT and deliver it to the population in various parts of the town.

Town	Village	% of HHs using Protected Water Source
Rubkona	Shillak 1	42%
	Shillak 2	58%
	Mankuai	58%
	Suk	58%
	Suk Sita	75%
	Hai Salam	58%
Bentiu	Dere A	100%
	Dere b	100%
	Haingas	92%
	Suk Saba	92%
	Suk Shabby	8%
	Bim Ruok	100%

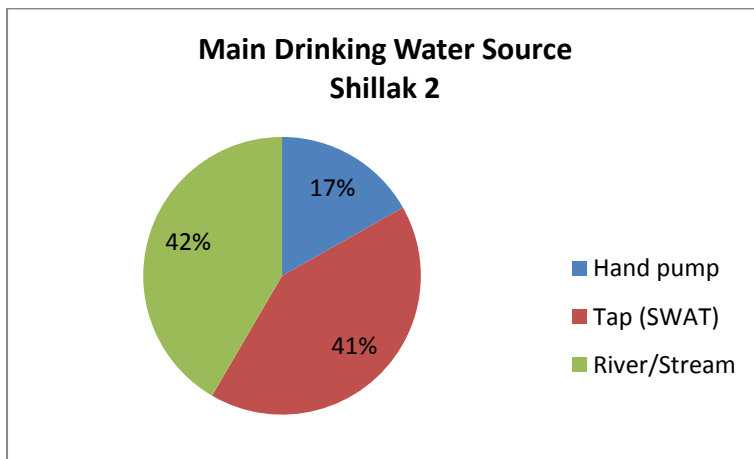
The main source of drinking water per village during the rainy season is indicated in the charts below.

- **Rubkona**

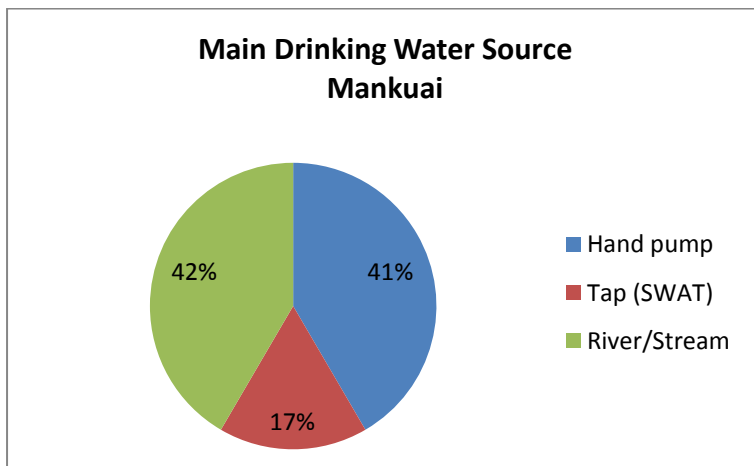
Shillak 1



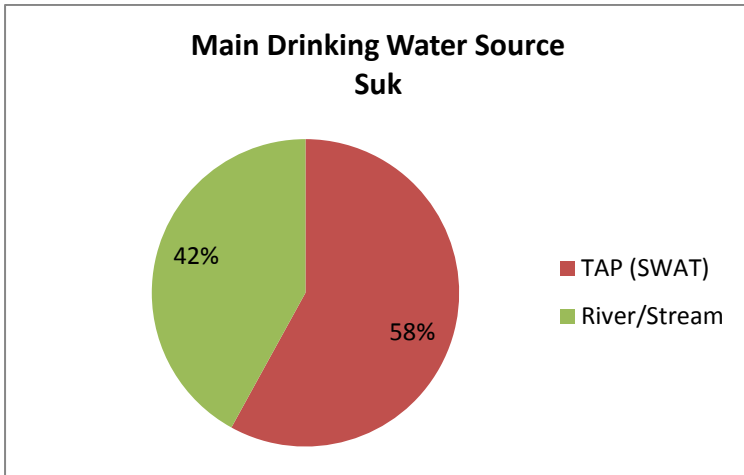
Shillak 2



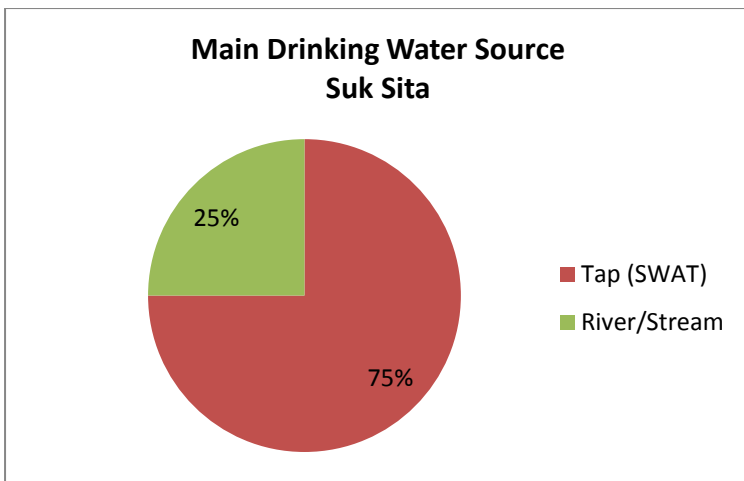
Mankuai



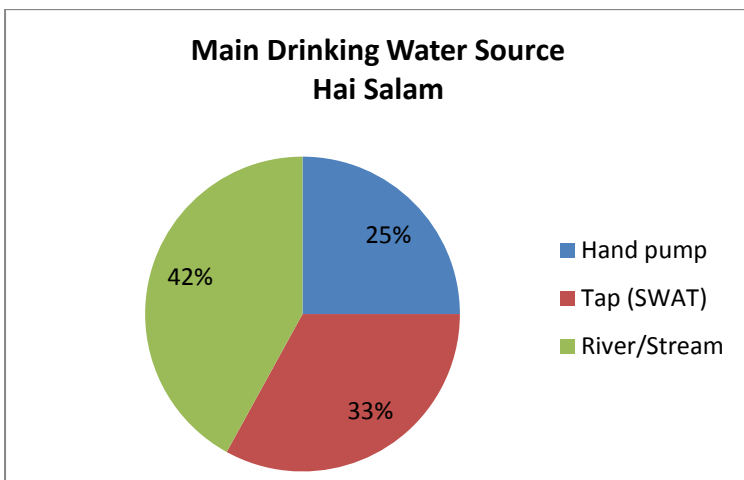
Suk



Suk Sita

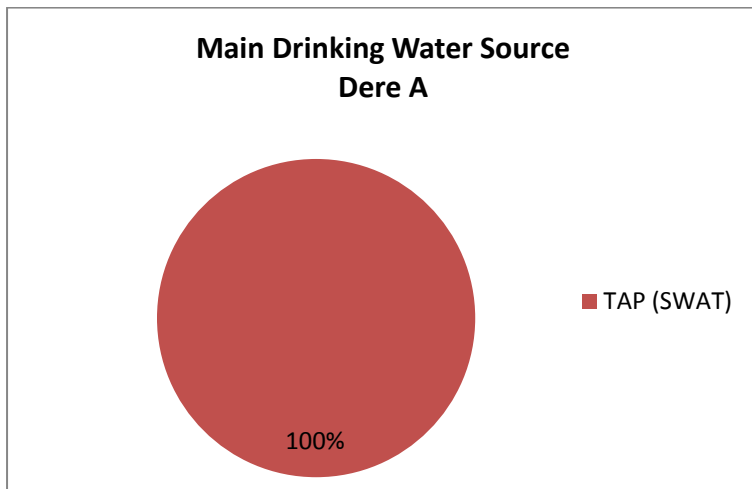


Hai Salam

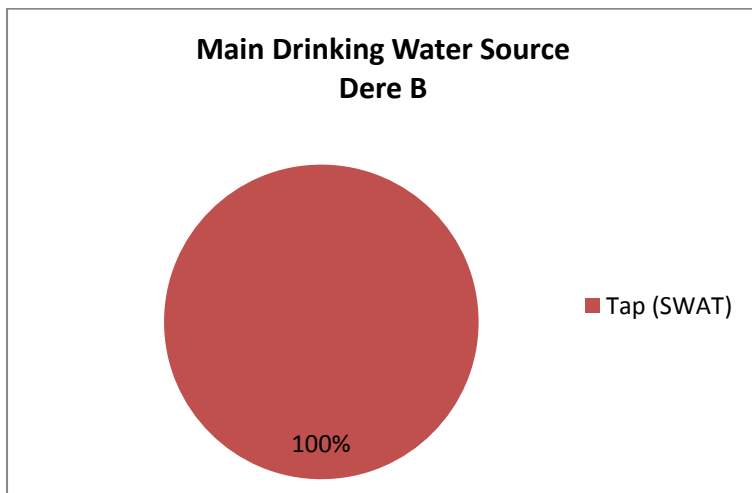


Bentiu

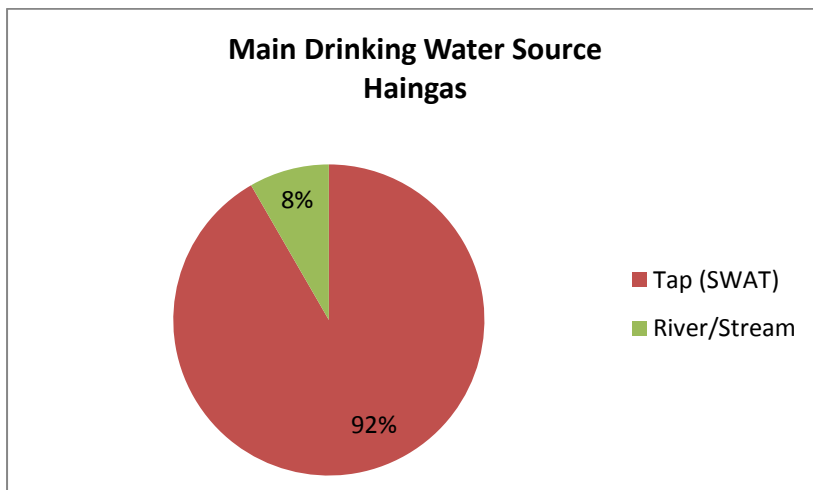
Dere A



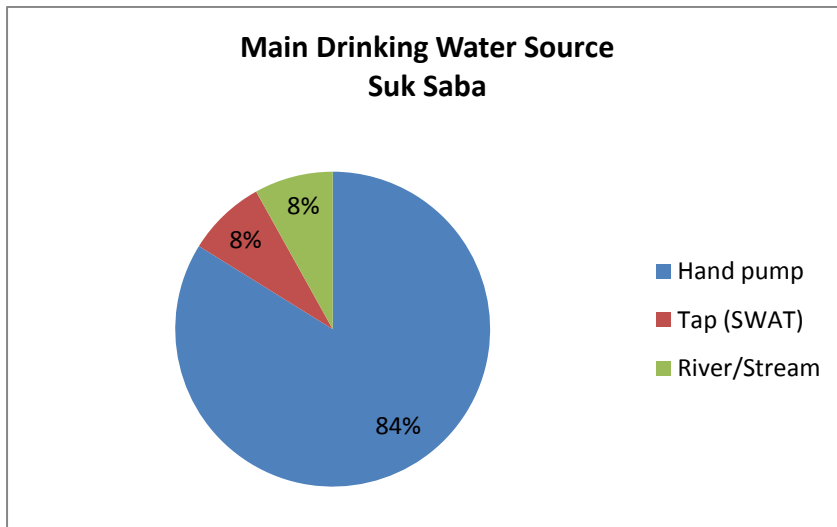
Dere B



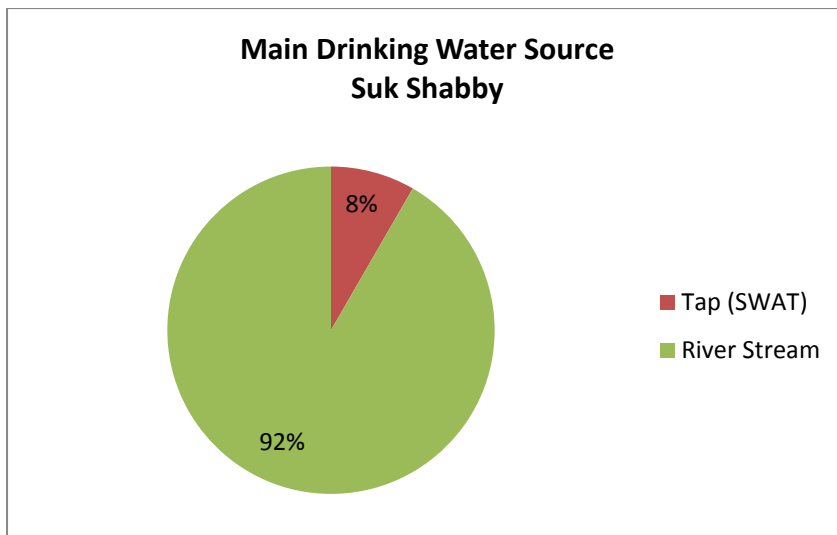
Haingas



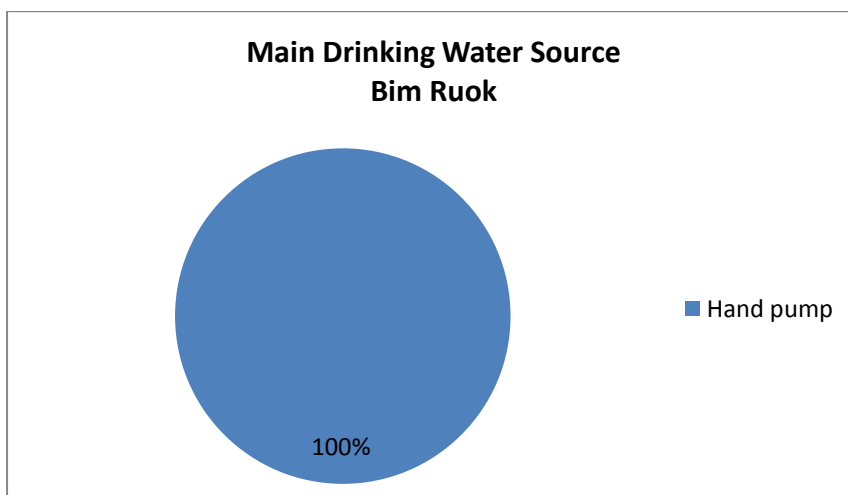
Suk Saba



Suk Shabby



Bim Ruok



Access to Latrines

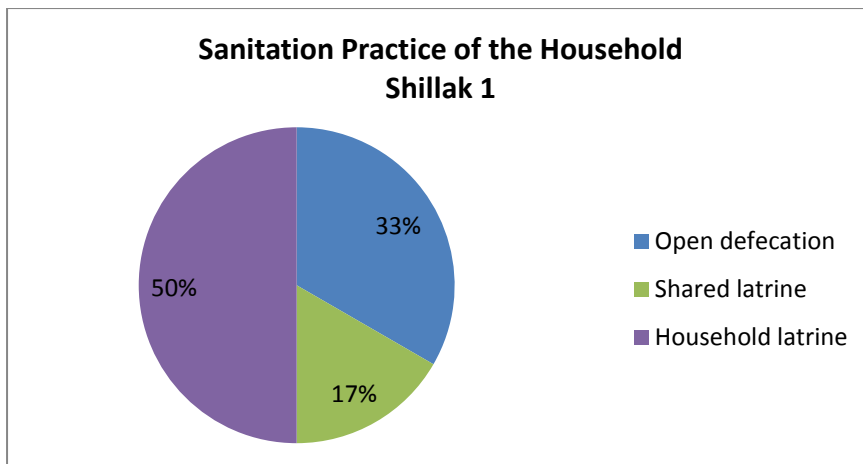
The majority of the households surveyed did not have access to a latrine, whether a household, shared or communal latrine. When asked “Do you have a latrine inside or within walking distance of your household which you can use?” 39% of respondents replied ‘Yes’ whilst 61% of respondents replied ‘No’. The level of access to a latrine varied between the 2 towns, with more respondents in Bentiu town having access to a latrine than in Rubkona town. In Bentiu town 49% of respondents stated that their household had access to a latrine, whilst in Rubkona town 29% of respondents stated that their household had access to a latrine. A breakdown of latrine access across the 12 villages in which Concern works in Bentiu and Rubkona town is given below.

Town	Village	% of Households with Access to a Latrine (household, shared or communal)
Rubkona	Shillak 1	67%
	Shillak 2	33%
	Mankuai	8%
	Suk	0%
	Suk Sita	33%
	Hai Salam	33%
Bentiu	Dere A	50%
	Dere B	17%
	Haingas	75%
	Suk Saba	58%
	Suk Shabby	50%
	Bim Ruok	42%

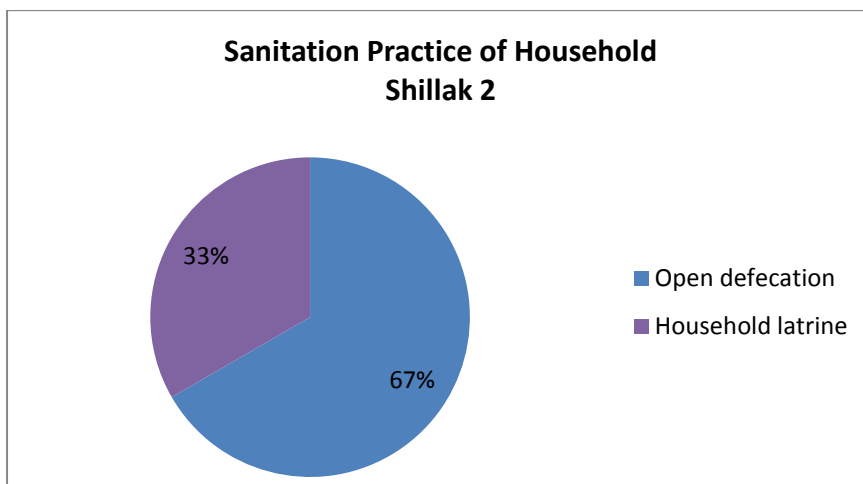
In May 2016, Concern constructed 24 stances of communal latrines in 4 different locations (Suk Saba, Suk Shabby, Kalibalek and Suk Nadi) in Bentiu town. As seen in the charts below, this is the reason why latrine access is higher in several of the villages in Bentiu town than in Rubkona town, especially for those living in Suk Saba, Suk Shabby. In Shillak 1, the higher percentage of household latrines than in other villages in Rubkona may be linked to Concern’s intervention in regards to household sanitation in Shillak 1 and Shillak 2. This intervention involved implementation of sanitation triggering activities, beginning in May 2016. As a result, community construction of household latrines was ongoing at the time when this survey was carried out. The sanitation practice of the households surveyed per village is displayed in the charts below.

Rubkona

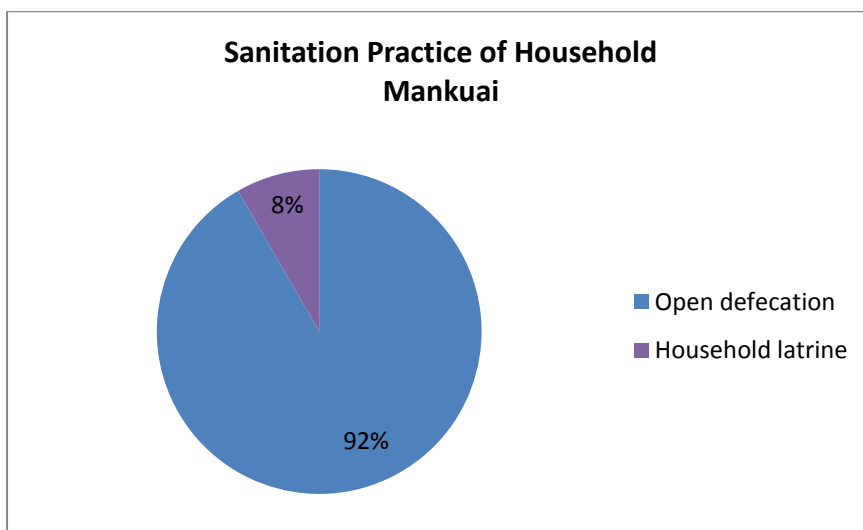
Shillak 1



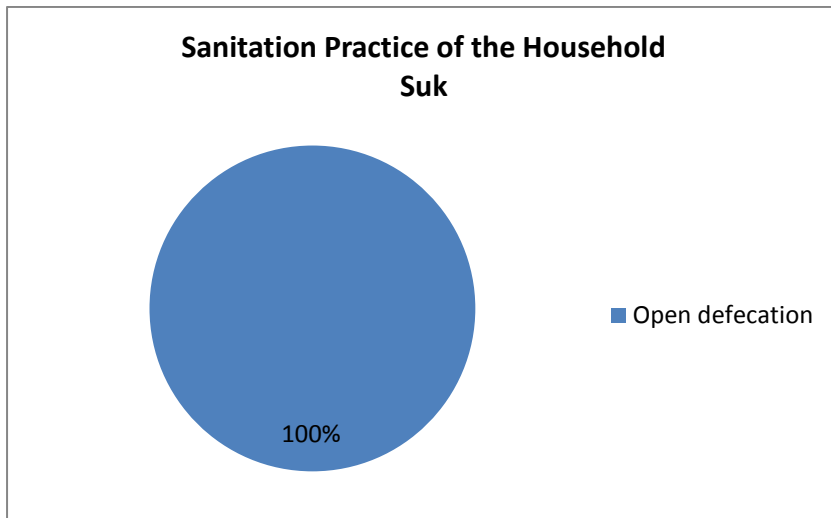
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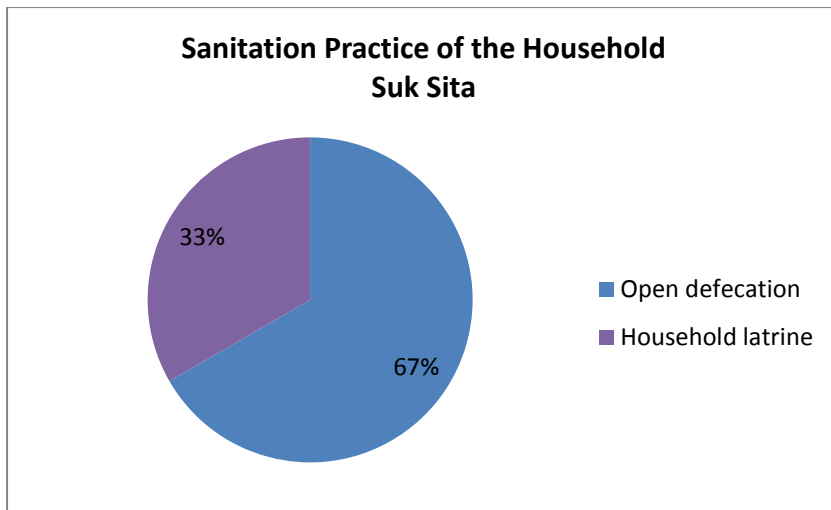
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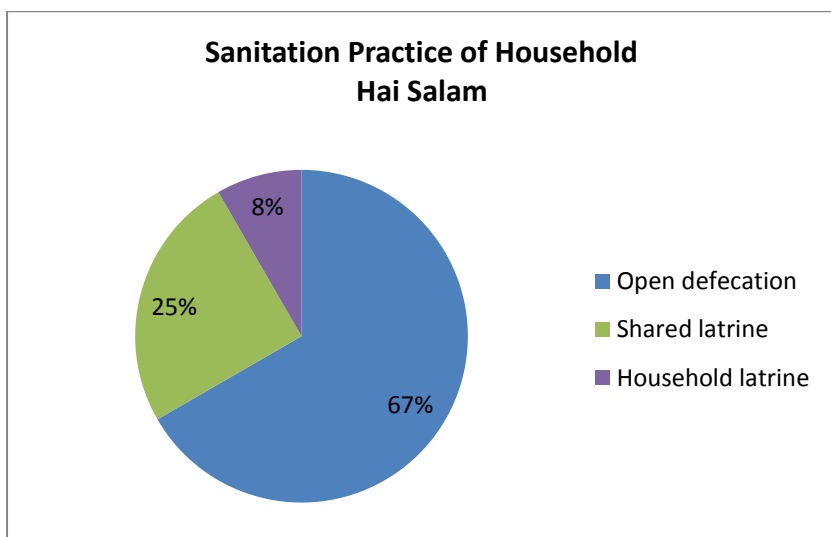
Suk



Suk Sita

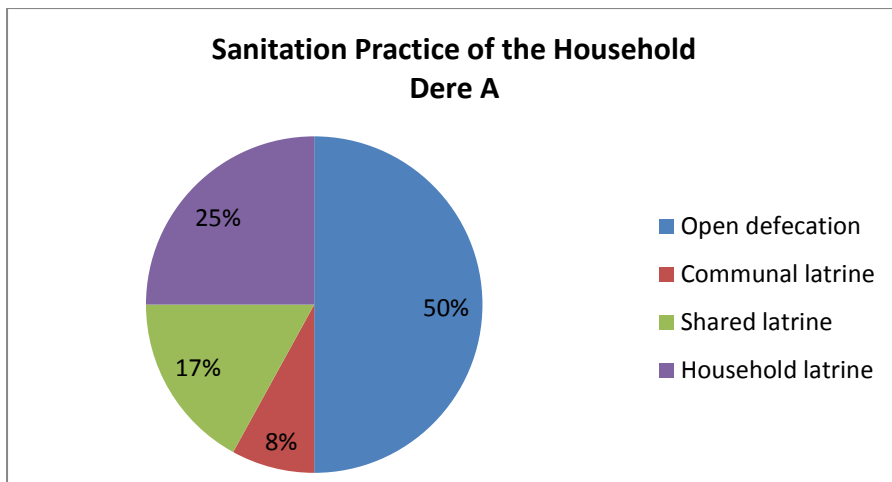


Hai Salam

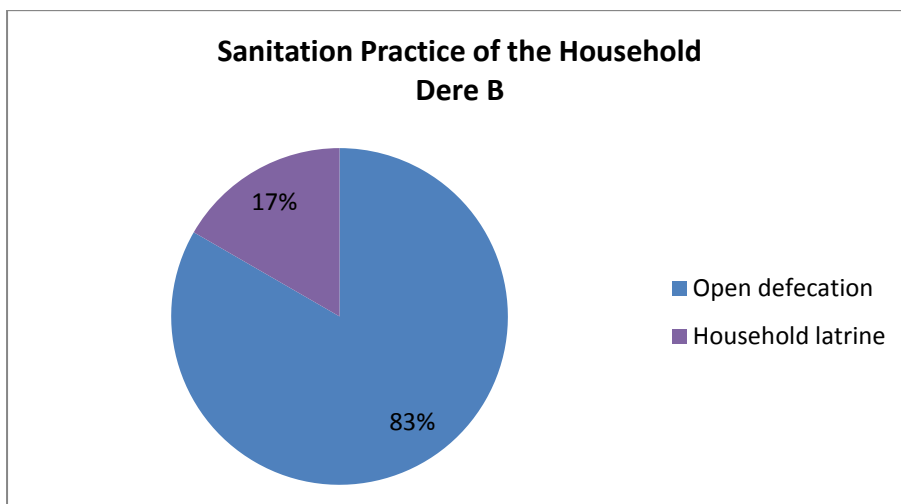


Bentiu

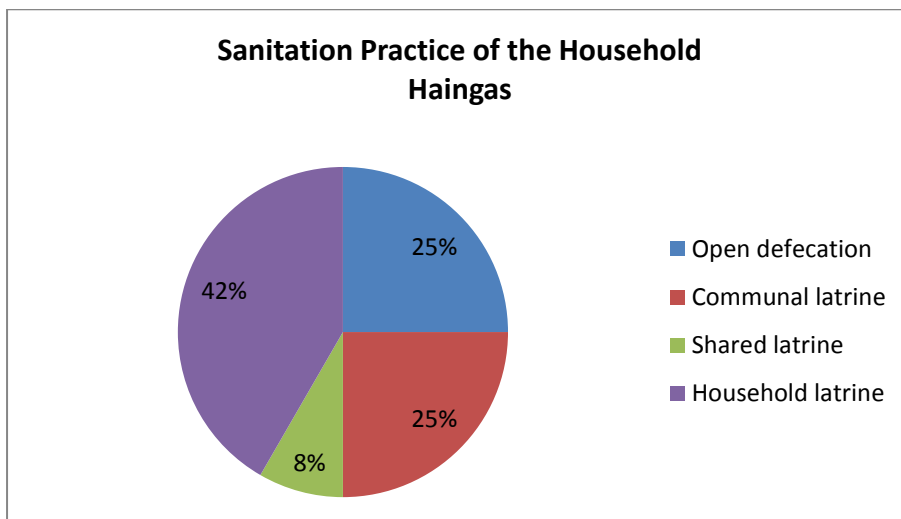
Dere A



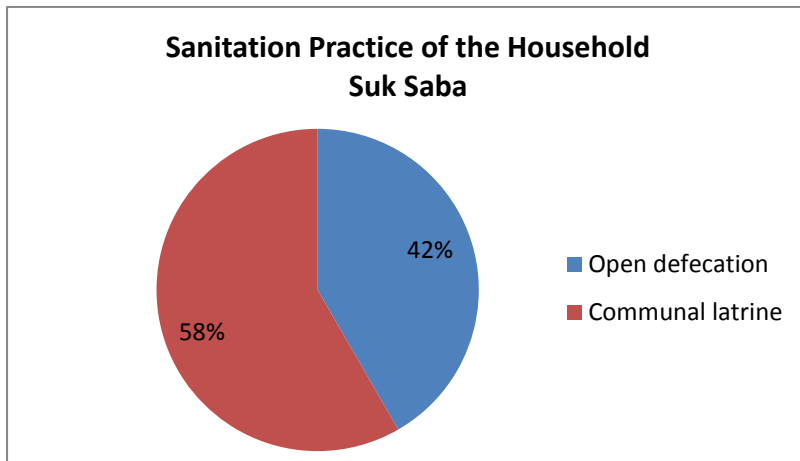
Dere B



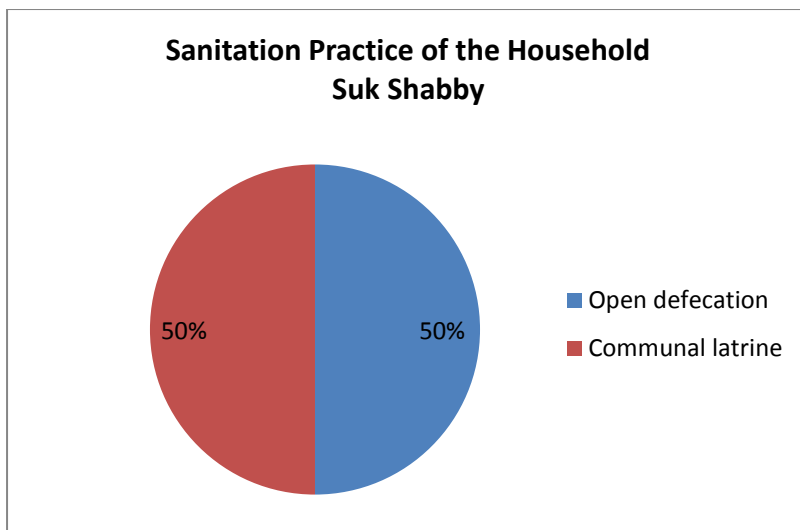
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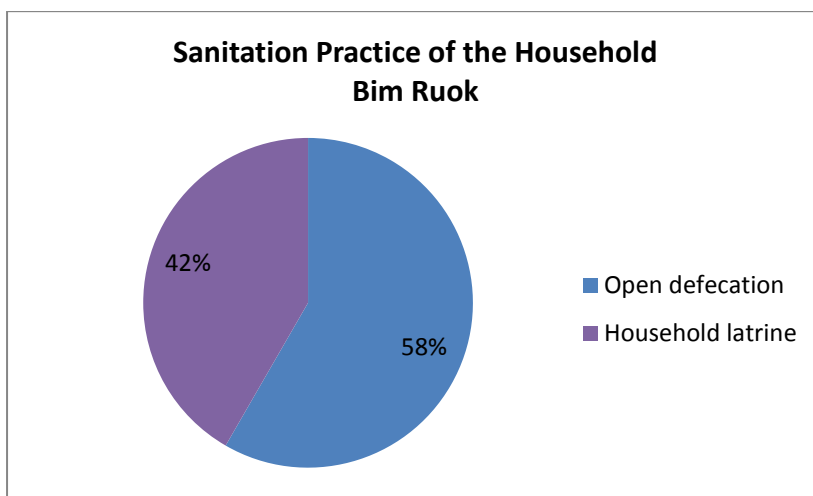
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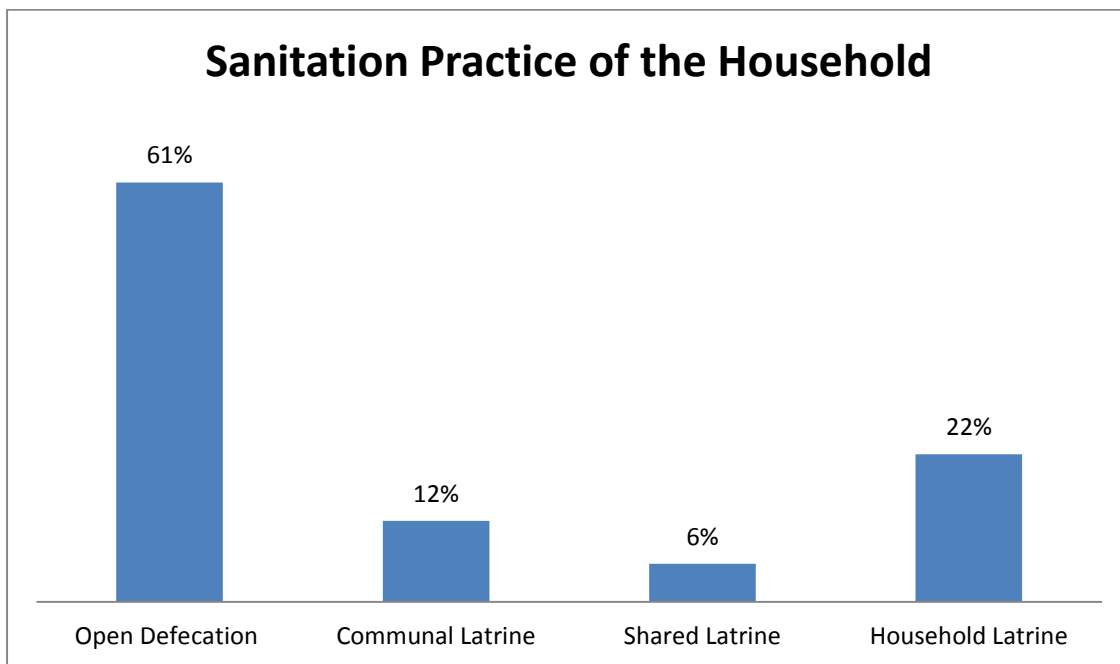
Suk Shabby



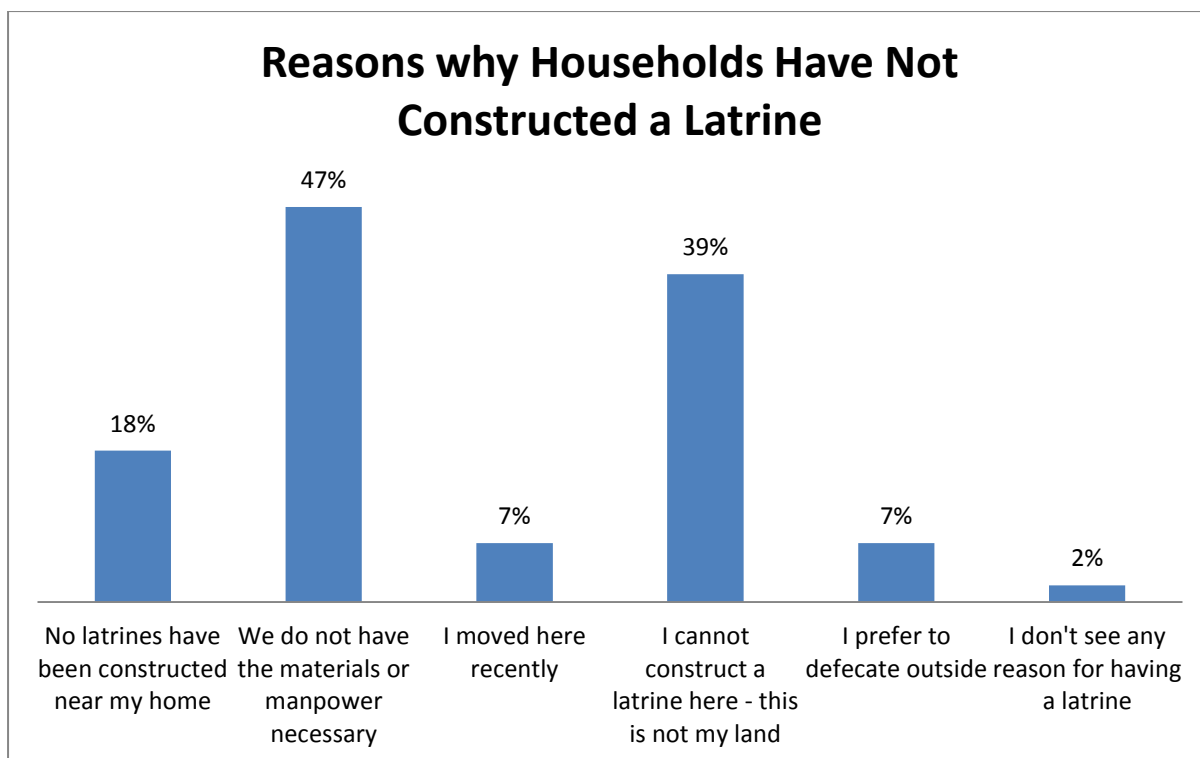
Bim Ruok



A summary of sanitation practice in the whole target area, both in Rubkona town and the areas Concern works in Bentiu town, is displayed in the table below. It can be seen that open defecation is widespread (61% of respondents) and hence there is a very high risk of a faecal-oral disease outbreak in these areas. Just 22% of respondents had a household latrine whilst 6% of respondents had a shared latrine. 12% of respondents stated that they had a communal latrine within walking distance of their household which they could use. Concern constructed 24 stances of communal latrines in Bentiu town in May 2016 as a preventative measure against a Cholera or Hepatitis E outbreak. However, this approach is not sustainable, and what is needed going forward is increased attention on household sanitation interventions which mobilise the community to construct their own household or shared latrines at the family level.



To establish the main barriers to household latrine construction in the target areas, the 61% of survey respondents who stated that their household did not have access to a latrine were asked why this was the case. As can be seen in the chart below, the reasons most popularly given, including 'We do not have the materials or manpower necessary to construct a latrine' (47% of respondents) and 'I cannot construct a latrine here this is not my land' (39% of respondents) suggest that there is a willingness amongst the community to construct a latrine, but there are other barriers including lack of resources and land ownership, which prevent them from doing so. However, that 18% of respondents gave the reason 'No latrines have been constructed near my home' indicates that there is still a substantial proportion of the population who take a more passive stance towards latrine construction and feel that it is not their responsibility to construct a latrine for their own household. However, the low percentage of respondents who stated that they preferred to defecate outside (7%) and that they didn't see any reason for having a latrine (2%) suggest that most people do value having and using a latrine over open defecation. Hence, going forward, Concern's sanitation intervention should take a two-pronged approach. On the one hand, Concern should focus on generating sanitation behaviour change through carrying out sanitation triggering activities. On the other hand, Concern should focus on developing, together with the community, low-cost but durable designs for household latrines constructed from locally available materials.



Conclusion

The findings of the baseline survey indicate that, amongst the target community, there are large gaps in knowledge of diarrhoea causes and prevention and in the practice of key sanitation and hygiene behaviours. In general, access to basic items to enable adequate hygiene and sanitation practices, including soap, jerrycans and buckets seems to be meeting the Sphere Standard. Access to protected water sources overall is quite good, although it is not equal across the different villages in which Concern WASH operates in Rubkona and Bentiu towns, with some villages having almost no access to a protected water source. Hence there is a need for access to protected water sources to be enhanced in particular villages. Access to improved sanitation options is currently very low, and there is a great need for Concern WASH to focus on generating sanitation behaviour change in the target community, and working together with the community to develop solutions for the construction of low-cost and durable latrines constructed from locally available materials at the household level.

Annex 1

BASELINE SURVEY– BENTIU AND RUBKONA TOWNS July 2016

1. Date: _____
2. Name of Hygiene Promoter: _____

Introduction

Hello. How are you? My name is _____ . I am a Hygiene Promoter working for Concern Worldwide. We are working in this area and would like to understand better your current situation in relation to water supply, sanitation and hygiene. Would you mind answering a few questions for me? It would take about 15 minutes of your time. Your name will not be recorded. This information will help us in designing our project.

Respondent agrees

Demographics

3. Gender of respondent :

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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4. Location

<input type="checkbox"/> Bentiu	<input type="checkbox"/> Rubkona
Village:	Village
<input type="checkbox"/> Dere A	<input type="checkbox"/> Shillak 1
<input type="checkbox"/> Dere B	<input type="checkbox"/> Shillak 2
<input type="checkbox"/> Haingas	<input type="checkbox"/> Mankuai
<input type="checkbox"/> Suk Saba	<input type="checkbox"/> Suk
<input type="checkbox"/> Suk Shabby	<input type="checkbox"/> Suk Sita
<input type="checkbox"/> Bim Ruok	<input type="checkbox"/> Hai Salam

5. How many people (including children and babies) live in your tukul? _____

6. Since you have lived in this area, has your household ever received a visit from a Concern Hygiene Promoter or any member of your household participated in a Concern kid hygiene club or group hygiene game?

Yes

No

I don't know

Now we are moving on to the real survey questions...

7. What are the five key times for hand washing? [Do NOT read the respondent the answers. Select the answers they mention. If they only mention answers other than those listed here, do NOT select any option].

Before eating

Before preparing food

Before feeding a child or breastfeeding a baby

After visiting the latrine/after defecation

After cleaning a baby's bottom or disposing of a child's faeces

Don't know

8. Did you wash your hands yesterday?

<p><input type="checkbox"/> Yes</p> <p>When did you wash your hands yesterday? [Do not read answer options out. Select all mentioned]</p> <p><input type="checkbox"/> Before eating</p> <p><input type="checkbox"/> Before preparing food</p> <p><input type="checkbox"/> Before feeding a child or breastfeeding a baby</p> <p><input type="checkbox"/> After visiting the latrine/after defecation</p> <p><input type="checkbox"/> After cleaning a baby's bottom or disposing of a child's faeces</p> <p><input type="checkbox"/> Other: _____</p> <p>What do you use to wash your hands? [Do not read answer options out. Select all mentioned.]</p> <p><input type="checkbox"/> Soap</p> <p><input type="checkbox"/> Ash</p> <p><input type="checkbox"/> Water</p> <p>Please can you show me everything you use to wash your hands? [Do not read answer options out. Select only those which are able to be brought at that moment].</p> <p><input type="checkbox"/> Soap is brought</p> <p><input type="checkbox"/> Ash is brought</p> <p><input type="checkbox"/> Water is brought</p>	<p><input type="checkbox"/> No</p>
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9. Please may I see your water containers?

<input type="checkbox"/> Yes [Hygiene Promoter observes if the water containers are covered] <input type="checkbox"/> All are <input type="checkbox"/> Some are <input type="checkbox"/> None are [Hygiene Promoter observes if the water containers are clean – whether inside bucket or inside neck of jerrycan is clean] <input type="checkbox"/> All are <input type="checkbox"/> Some are <input type="checkbox"/> None are	<input type="checkbox"/> No	<input type="checkbox"/> We do not have any water containers
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10. Number of water containers the household has:

Number	Container size
	5 litre container
	10 litre container
	15 litre container
	20 litre container
	Other _____

11. In the last two weeks has anyone (including children and babies) had diarrhoea in your household?

Yes

No

12. What do you think causes diarrhoea? [Do not read answer options out. Select all that are mentioned]

Contaminated/dirty water

Flies

Contaminated/dirty food

Faeces/Defecating in the open

Dirty hands

Other (Specify): _____

Don't know

13. Do you think that diarrhoea can be prevented?

Yes

No

How do you think that diarrhoea can be prevented? [Do not read answer options out. Select those which are mentioned.]

Washing hands with soap or ash

Washing hands with water only

Drinking clean water(From the borehole or SWAT)

Storing water safely

Treating water at the home (boiling, filtering, chlorinating etc)

Using the latrine/refraining from open defecation

Covering food

Eating well-cooked food

Other: _____

14. Where do you mainly collect DRINKING water during the rainy season? [Do not read answer options out. Select only 1 answer option].

- Hand pump
- Tap (SWAT)
- Tap (motorized handpump)
- River/Stream
- Swamp
- Other: _____

15. Where do you mainly collect DRINKING water during the dry season? [Do not read answer options out. Select only 1 answer option].

- Hand pump
- Tap (SWAT)
- Tap (motorized handpump)
- River/Stream
- Swamp
- Other: _____

16. Do you have a latrine inside or within walking distance of your household which you can use?

<input type="checkbox"/> Yes, I have a household latrine	<input type="checkbox"/> Yes, a household nearby lets me use their latrine	<input type="checkbox"/> Yes, there is a communal latrine nearby my house which I can use	<input type="checkbox"/> No Why do you not have a latrine? [Select all which are mentioned]. <input type="checkbox"/> No latrines have been constructed near my home <input type="checkbox"/> We do not have the materials or manpower to construct a latrine <input type="checkbox"/> I moved here recently <input type="checkbox"/> I cannot construct a latrine here – this is not my land <input type="checkbox"/> I have never used a latrine before <input type="checkbox"/> I prefer to defecate outside <input type="checkbox"/> I don't see any reason for having a latrine <input type="checkbox"/> Other _____
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That is the end of the survey. Thank you for taking the time to participate. We really appreciate it. Do you have any feedback or information you would like to tell Concern Worldwide?
