

# WaSH Knowledge, Attitude and Practice (KAP) Survey report



## Bidibidi settlement, Yumbe District (Zone 1, Zone 2 and Zone 3) November 2016



## TABLE OF CONTENTS:

|      |   |    |
|------|---|----|
| 1    | <b>EXECUTIVE SUMMARY</b> .....  | 3  |
| 2    | KAP survey results & recommendations.....                                   | 3  |
| 3    | Introduction.....   | 5  |
| 3.1  | Specific objectives .....   | 5  |
| 3.2  | Methodology .....   | 5  |
| 3.3  | Survey tools .....  | 6  |
| 3.4  | Study area .....  | 6  |
| 3.5  | Sample size .....   | 6  |
| 3.6  | Sampling methodologies .....  | 6  |
| 3.7  | Training of data collectors .....   | 6  |
| 4    | Data entry and analysis .....   | 7  |
| 4.1  | Data entry .....  | 7  |
| 4.2  | Data analysis.....  | 7  |
| 5    | Ethical considerations .....  | 7  |
| 6    | Limitation of the study .....   | 7  |
| 6.1  | Key findings of the survey .....  | 7  |
| 6.2  | <b>Demographics</b> (composition of population in sampled households) ..... | 7  |
| 7    | Characteristics of the respondents (age group, sex) .....                   | 7  |
| 7.1  | <b>Common type of / primary water source</b> .....                          | 8  |
| 7.2  | Distance to water source .....  | 8  |
| 7.3  | Household water treatment .....   | 9  |
| 7.4  | Queuing time .....  | 10 |
| 7.5  | Water collection and storage .....  | 11 |
| 7.6  | Water use .....   | 11 |
| 7.7  | Operation and maintenance .....   | 12 |
| 8    | Sanitation .....  | 12 |
| 8.1  | Latrine use prior displacement .....  | 13 |
| 8.2  | Defecation practices .....  | 13 |
| 8.3  | Management of children faeces .....   | 13 |
| 8.4  | Special latrines for PWDs .....   | 13 |
| 8.5  | Management of solid waste .....   | 12 |
| 9    | <b>Hygiene</b> .....  | 14 |
| 9.1  | Knowledge of hand washing .....   | 14 |
| 9.2  | Access to hand washing information .....                                    | 15 |
| 9.3  | Sources of hand washing information .....                                   | 15 |
| 9.4  | Hygiene messages received .....   | 15 |
| 9.5  | Access to hygiene materials .....   | 16 |
| 10   | <b>Household health</b> .....   | 17 |
| 10.1 | Diarrhoea episodes .....  | 17 |
| 10.2 | Knowledge of causes of diarrhea .....                                       | 17 |
| 10.3 | Management of diarrhea .....  | 18 |
| 11   | <b>Information</b> .....  | 19 |
| 11.1 | Access to and use of radio .....  | 19 |
| 11.2 | Most popular time to listen to radio .....                                  | 20 |
| 11.3 | Availability and use of mobile phones .....                                 | 21 |
| 11.4 | Most accessible & preferred place to complain .....                         | 21 |

## • EXECUTIVE SUMMARY

Bidibidi settlement is located in Yumbe district in the West Nile region. The settlement is divided into 3 zones namely zone 1, zone 2, zone 3, zone 4. Zone 1 was the first to be established beginning early August, followed by zone 2 and towards the end of October 2016, zone 3 was established too.

Oxfam, alongside other WASH partners have been implementing activities aimed at responding to WASH needs of South Sudanese refugees in Bidibidi settlement, Yumbe district since August 2016.

The settlement was initially designed for 45,000 individuals. Following the continued fighting, criminal activities such as lootings, kidnappings, sexual assaults and generalized violence conducted by armed groups; refugees influx has been progressively increasing and this led to the opening of zones 2 & 3 hosting up to 140,000 people by October 2016.

Since then, implementing partners on water, sanitation and hygiene activities in Bidibidi, formed a hygiene promotion working group aimed at coordinating interventions through harmonized approaches.

The partners work collaboratively to increase access to portable water, safe access to appropriate and sustainable household sanitation facilities within respective blocks and zones in the settlement and raising women, men, girls and boys awareness on positive behavior change.

In order to inform WASH partners of the baseline information and identify key recommendations for future improvements in public health promotion approaches and strategies, a KAP survey was jointly organized to identify gaps in knowledge, attitudes and practices of the refugees in Bidibidi settlement Rhino camp. The following are the findings of the survey:

### **KAP survey results mean that:**

#### ***Water:***

- 95% of the surveyed households collect drinking water from tap stands at water tanks meaning majority of the people of concern in Bidibidi settlement depended on emergency sources for their water needs.
- 10% of the respondents reported walking between 1 and 2kms to the nearest water source
- Majority of the respondents (76%) across the three zones reported long queuing time attributed to late delivery of trucked water resulting to people going to the water point all at once when delivery is made hence overcrowding. Secondly during focus group discussions some people of concern highlighted limited water storage capacity at household level as another cause for delaying in queues, implying that due to lack of enough water collection and storage containers, some people go to fetch water many times leading to water sources being crowded all the time.
- Although 81% of the water storage containers were observed clean, only 63% of them were covered
- 4%, 5.5% and 12% of the respondents in zones 1, 2 and 3 respectively, revealed that they pay water user fees.
- 7.2% of the respondents in the 3 zones reported they paid water user fees with majority 12% of these in zone 3.

#### ***Sanitation:***

- Construction and use of latrines in the settlement had a bearing on background / previous experience of latrine use prior displacement. 22% (253/1,138) respondents had no background of using latrines with majority of these in zone 1 (14%).
- Zone 3 ranked higher with majority (9.2%) respondents that revealed they eased themselves in the bush. This was mainly attributed to the fact that at the time of the KAP survey, zone 3 had just been opened with a few latrine facilities under construction. Zone 1 was next at 5.2% and

zone 2 at 4%.

- 99% of the surveyed households reported that they disposed children faeces in the latrine or buried and 94% adults said they used communal or household latrines however, faeces were observed in 23.3% of the surveyed household compounds & surroundings. 6% of the households revealed that they defecate in the bush.
- Lack of latrines for people with disabilities
- Rubbish pits and burning most common methods of solid waste disposal at household level (49%).
- Only 45% of the surveyed households had hand washing facilities
- 44% of the compounds were observed dirty with evidence of vectors in 26% of them.
- 62% of the communal latrines observed were dirty with many flies and bad smell.
- Only 7% of the surveyed households had own latrines
- Only 45% of the households had hand washing containers

### **Hygiene:**

- 88% of the respondents indicated that they washed their hands after using the latrine however, there was limited practice of washing hands after handling children faeces (28%), 4% before handling food and before eating 54%
- Although 81% of the water storage containers were observed clean, only 63% of them were covered with lid.
- According to observation of 675 hand washing containers, soap was only available on 10% of the hand washing containers. 90% of them (70/675) did not have soap – 2.8% in zone 1, 4.6% in zone 2 and 3% in zone 3; Indicating lack of soap for hand washing.

### **Household health:**

- 49% of the surveyed households reported prevalence of diarrhoea
- In terms of access to hygiene information and types of messages disseminated, 65% of the respondents said they received messages on hand washing with soap at critical times. However, hand washing was only mentioned by 17% of the same as a measure for diarrhoea prevention. In addition, hand washing before eating

### **Information / communication:**

- Village Health Teams (VHTs) / Community hygiene promoters are a major source of hygiene information
- Refugee Welfare Committees by far the preferred means for reporting / raising complaints and concerns
- Agency office most accessible and safe place to complain
- 5:00 to 10:00 am and 6:00 to 10:00 pm are the most popular hours to listen to radio.
- On average 40% (453/1,138) of the respondents had and used mobile phones to communicate

### **Recommendations:**

- There is need to totally move away from information delivery to community engagement through interactive methods such as PHAST approach (intensify); action oriented activities such as inter-village or block hygiene & sanitation competitions and motivation through award of prizes should be encouraged.
- Communities received health & hygiene messages from varied sources; calling for the need for continued collaboration with all WASH actors and the district health office on harmonisation of existing hygiene messages, approaches and appropriate communication methods to maintain

consistency.

- Harmonise, tools, streamline and intensify monitoring for behavior change
- There is great need to invest in development of durable water solutions
- Results indicate potential for radio use if available; this is because all respondents who said they had radios used them as a source of information. It is therefore vital that any future plan for use of radio as a communication channel to reach out to PoC, may need to be boosted by distribution of radio sets (preferably solar) as most homes do not have access to radios. This will need to be complimented by creation of radio listening groups within the community since it is not possible to provide radios to every family.
- Mobile phones are another avenue for information dissemination, this needs to be pretested and mechanisms for feedback process explored.
- Most people of Concern in all three zones indicated that agency office is the most accessible and safe place to complain even though they preferred RWC as a place to raise complaints / concerns; according to the FGD results, this is attributed to the fact that at agency office they believe they are treated equally and their concerns promptly addressed. On the other hand, RWC is most preferred because they are part of the community and live within however, noted that community is sometimes not sure of the RWCs (Some do not trust them). There is need to empower RWC through sharing information they need to handle community concerns / issues, involve them in planning and community consultations in order to strengthen their capacity and build community trust in them.

## 2. INTRODUCTION

This section presents the background of the survey. It specifically highlights the introduction and main objectives of the knowledge, attitude and practice (KAP) survey.

This report presents findings of the Knowledge, Attitude and Practice (KAP) carried out in three zones in Bidibidi settlement, Yumbe district in November 2016.

The main objective of the survey was to establish the baseline trends regarding knowledge, attitude and practices among the affected population and to identify gaps in Hygiene practices so that risky practices are prioritised for improvement.

### 2.1 Specific objectives of the survey

- To examine People of Concern's (PoC) knowledge, attitudes and practices related to water, sanitation and hygiene.
- Identify and document key gaps in Knowledge, Attitudes and Practices that remain unaddressed within the refugee population for future mobilization of resources and programming.
- Use the study to inform evidence based strategies to address identified gaps in knowledge, attitudes & practices.

## 3: METHODOLOGY

This section presents the survey tool that was used for data collection and the sampling technique for the actual household selection.

The survey team conducted a household survey to a random sample of 1,138 households in Bidibidi settlement Zones 1, 2 and 3.

Conducted in-depth interviews and focus group discussions with selected men, women separately and observations in & around homes, latrines and water points

### 3.1: Survey Tools



A simple structured questionnaire with ordinal and nominal questions was used as the main enumeration tool. Discussion with the community and observation of the water points, latrines facilities was also designed to complement the HHs survey. The questionnaires organized in to eight thematic areas in order to collect data in compressive way and to see the key WaSH knowledge, attitude and practices in the project implementation zones. The thematic areas included:

| Section       | Thematic area                                |
|---------------|--|
| Section one   | Respondent background information            |
| Section Two   | Household water supply                       |
| Section Three | Water quantity used by household             |
| Section Four  | Individual hand washing and Hygiene behavior |
| Section Five  | Household sanitation                         |
| Section Six   | Environmental sanitation                     |
| Section Seven | Disease incident ( Diarrhea)                 |
| Section Eight | Access to soap for hand washing              |

### 3.2: Study area

The KAP survey was conducted in Yumbe Refugee settlements particularly in Zone one, two and three which have well defined boundaries.

### 3.3: Sample size

To determine scientifically accepted sample size, Sampling of target population was calculated by the theory of Krejcie [and Morgan \(1970\) Sample Size Estimation table](#)

The KAP survey team collected data by administering 1,138 household questionnaires.

| Sampling Detail: For KAP survey | Population    | Total       | Sex        |            |
|---------------------------------|---------------|-------------|------------|------------|
|                                 |               |             | Male       | Female     |
| Zone 1                          | 56000         | 381         | 100        | 281        |
| Zone 2                          | 42000         | 377         | 109        | 268        |
| Zone 3                          | 42000         | 380         | 153        | 227        |
| <b>Total</b>                    | <b>140000</b> | <b>1138</b> | <b>362</b> | <b>776</b> |

### 3.4: Sampling methodologies

In order to ensure representation, the survey team applied simple random sampling of the overall population.

### 3.5: Training of data collectors

Prior to data collection, all field enumerators and supervisors received training at Bidibidi reception centre. The training focused on the survey background, sampling procedures, interviewing techniques and familiarization with the data collection tools including the questionnaires.

## 4: DATA ENTRY AND ANALYSIS

This sub-section looks at the data entry and data analysis procedures. It clearly shows the software used and the data cleaning process.

### 4.1. Data Entry

Quantitative data was entered into a computer database using Excel Spreadsheets. The same software package was used for data analysis. Following data entry, data cleaning was conducted in excel spreadsheets and a file of cleaned data was prepared for analysis.

### 4.2: Data Analysis

After the data collection, all questionnaires were cleaned and entered into excel work sheet designed for the survey. Tables and graphs were developed in excel too. The results of the survey are presented in narrative, pie charts and graphs.

A simple descriptive analysis (frequency, percentage, mean e.t.c.) was used to carry out data analysis and to evaluate KAP changes and to come up with conclusions and draw recommendations for current and future WASH projects. The results are presented per Zone for easy understanding of the situation in the field and in form of both tabular, percentage and graphical forms in the report format.

### 4.3 Ethical considerations

All activities involved in this study have taken into consideration of ethics in research principles. Description of the main study objectives and confirmation of free consent was provided to all potential respondents involved in the actual study. Respondents were entitled to stop responding or participating in the study at any time.

## 5. LIMITATIONS OF THE SURVEY

It was challenging to find skilled enumerators in the area, as a result the available low skilled enumerators were used who were often too slow and time consuming. The MEAL and Public Health Officers constantly supervised the survey teams in the field to maintain the quality of data collection.

## 6. KEY FINDINGS OF SURVEY

This section presents the key findings of the WASH KAP survey. The findings were presented in both tabular and graphical forms along with some further analysis, interpretation and suggestion for the WASH team.

### 6.1: Characteristics of the Respondents

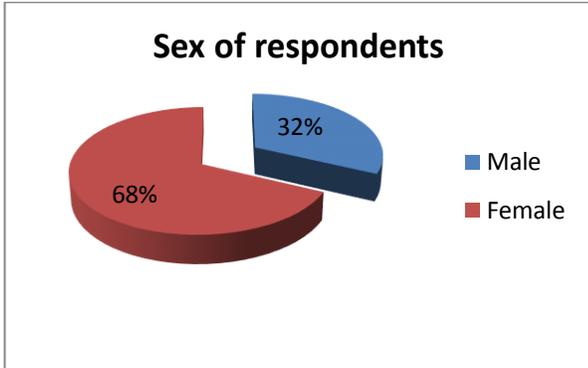
This sub-section presents findings on the respondent's characteristics. **Chat 1** below indicates that there were more female respondents than male. Females accounted for 68% of the total respondents and male 32%.

This is easily explained by the fact the population in Bidibidi settlement is composed of more females (53%) than males (47%) but partly it might have been that men were out engaged in different activities at the time the survey team visited the homes.

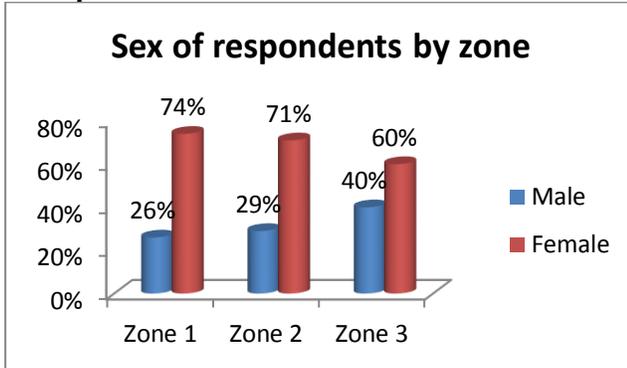
There was a similarity between the percentage of male and female respondents in zones 1 and 2 as compared to zone 3 which had the highest percentage of male respondents (**chat 1 below**):

Zones 1 and 2 were already settled down and people engaged in different activities suggesting that some males may not have been at home by the time the survey team visited; zone 3 was quite new then with people trying to settle down thus both males and females were available for interviews.

**Chat 1**



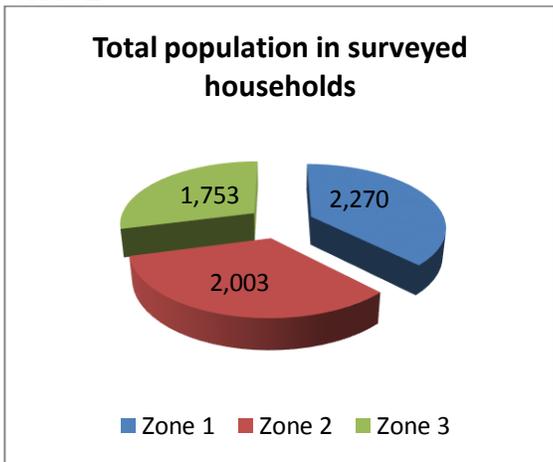
**Graph 1**



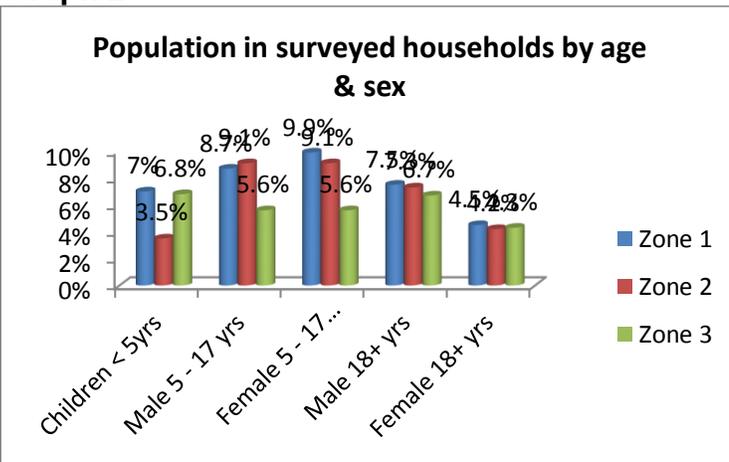
**6.2 Composition of the population in surveyed households:**

1,138 households were surveyed representing approximately 4% of the total households in three zones in the settlement (1,138/35,000). Total population in surveyed households was 6,026 people, which was 3% of the total population in the three surveyed zones (**chart 2**). Children below 5 years constituted 17% of the total population in the surveyed households; children between 5 and 17 years 48% while adults 18 years and above accounted for 35%. (**Graph 2**) Males constituted 45% of the surveyed households and females 55% which is closely consistent with the official OPM biometric registration figures. In general, the average family size was 5.3% (5.9 in zone 1, 5.3 in zone 2 and 4.6 in zone 3).

**Chat 2**



**Graph 2**

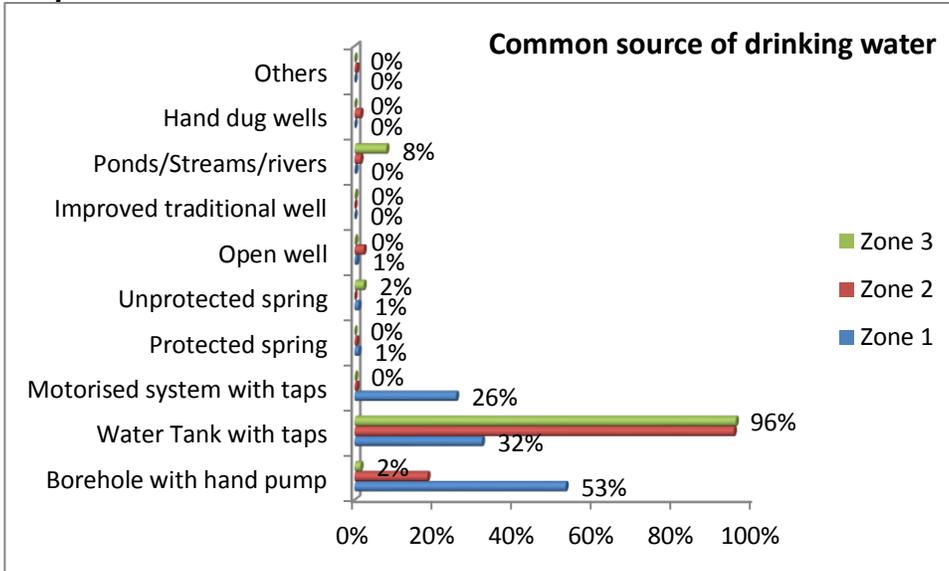


**7 Water tank with tap stand most common source / primary source of drinking water:**

Survey results indicated that the primary source of drinking water by majority of the respondents (95%) was tap stands at plastic tanks, followed by hand pumps (53%) mainly in zone 1 and tap stands – 26% (at motorized water system) also in zone 1 (**Graph 3**).

8% of the respondents in sampled households in zone 3 (30/380) indicated ponds/streams/river as their source of drinking water.

**Graph 3**

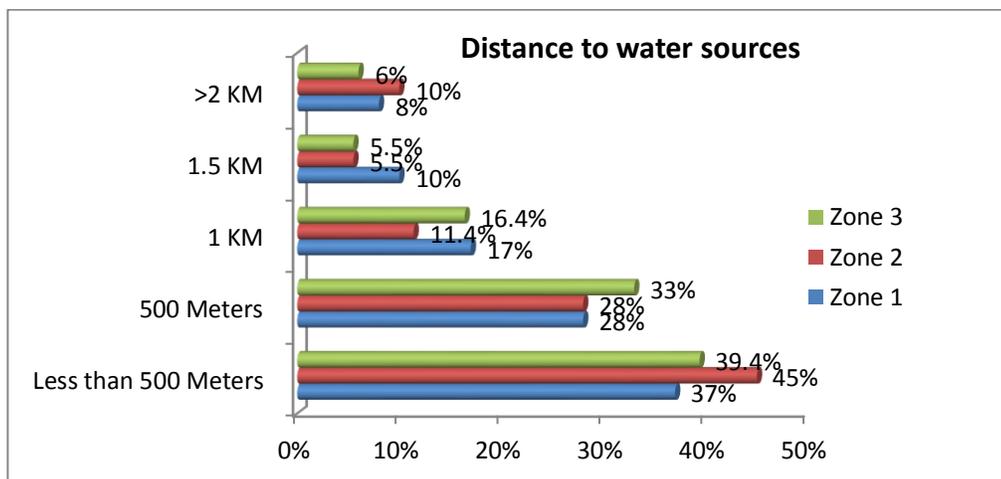


**7.1 Distance to water sources:**

40.5% of the respondents across the three zones said they walked less than 500 metres to reach the nearest water point, followed by 30% who said they walked 500m. However, 10% of the respondents reported walking more than 1km to the water source, which is far below the sphere standard of distance from dwelling to water source should not be more than 500 metres. (14.9% walked 1km, 7% walk 1.5km while 8% walked more than 2 kms).

The percentage of those that reported walking between 1 and more than 2kms was higher in zone 1. This can be explained by the fact that a number of hand pumps had been installed & in use in this zone and most tanks decommissioned by the time of the survey.

**Graph 4**

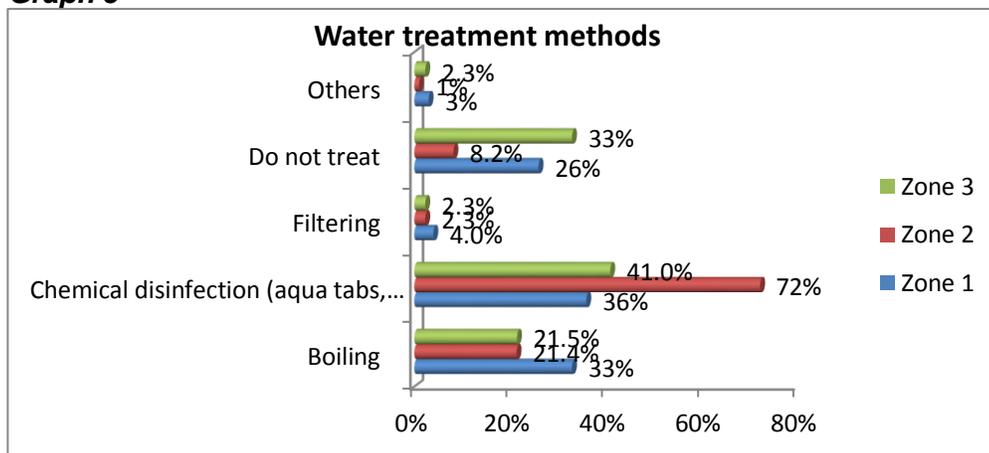


## 7.2 Household Water treatment:

95% of the respondents reported that they treated their drinking water with aquatabs. **Graph 5**

Of those who said they treated their drinking water, 50% said they treated it by applying aquatabs with highest number of households in zone 2, followed by zone 3 and the least in zone 1. This is clearly explained by the fact that zone one had the highest number of respondents with access to safe water from hand pumps and tap stands.

**Graph 5**



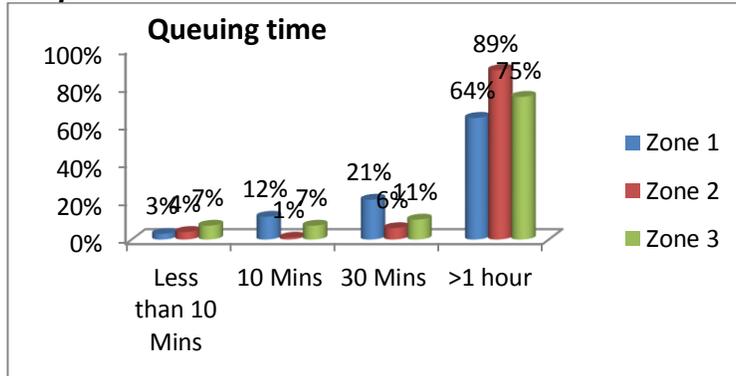
## 7.3 Majority of the respondents across the three zones reported long queuing time:

Majority of the respondents across the three zones reported that they take more than one hour queuing to collect water. Long queuing time was attributed to late delivery of trucked water resulting to people going to the water point all at once when delivery is made hence overcrowding. Secondly during focus group discussions some people of concern highlighted limited water storage capacity at household level as another cause for delaying in queues.

92% of the respondents reported that they use 20 litre jerry cans to store drinking water.

Majority of the respondents across the three zones reported that they take more than one hour queuing to collect water. **Graph 6** Long queuing time was attributed to irregularities in who said they walk 500m, 14.9% walk 1km, 7% walk 1.5km while 8% walk more than 2 kms.

**Graph 6**



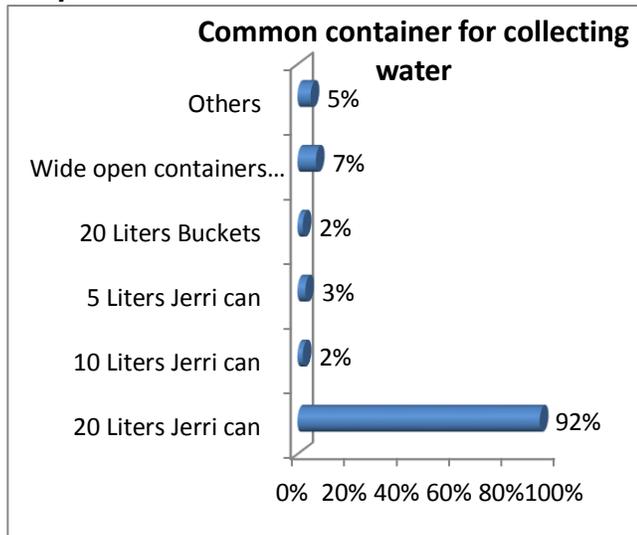
**7.4 Jerry can 20 litre most common container for collection & storage of drinking water:**

92% of the respondents said they used 20l jerry cans for collection and storage of water and on average 87% said they store drinking water in jerry cans.

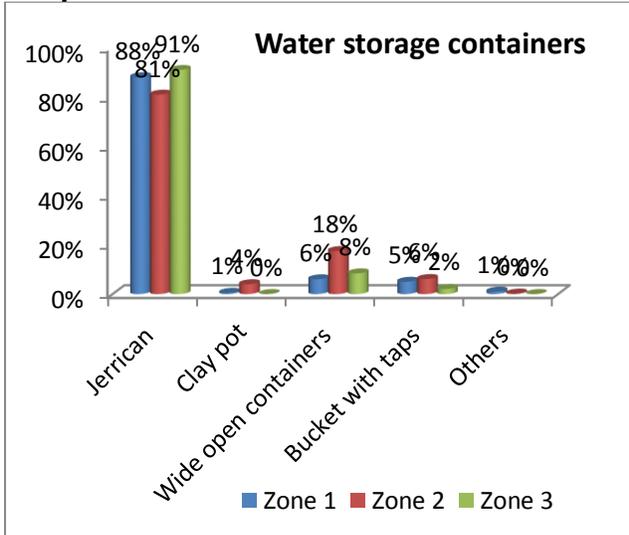
81% of the water storage containers were observed clean, 63% of these were covered and 18% were not covered.

Water collection and storage containers were clean, 84% and 81% respectively and 33% of the drinking cups were observed kept on the ground / floor.

**Graph 7**



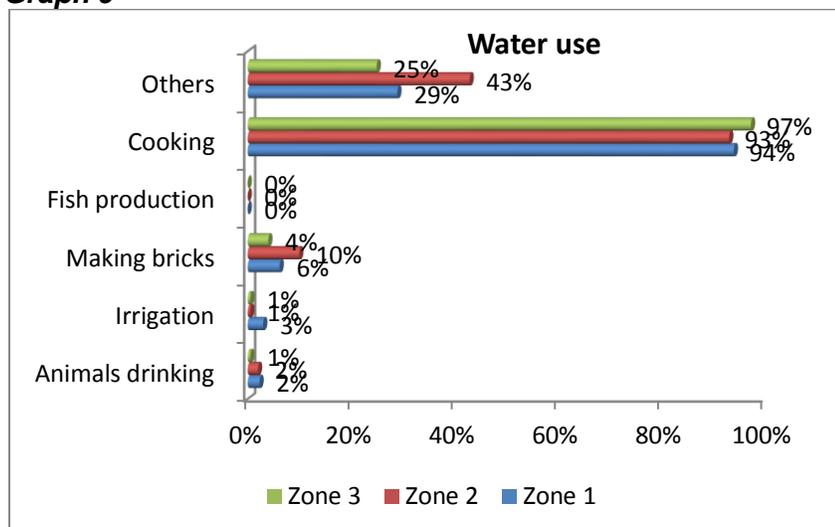
**Graph 8**



**7.5 Water use:**

- Major use of water was for cooking as indicated by 94%, 93% and 97% of the respondents in zones 1, 2 and 3 respectively.

Graph 9



## 7.6 Operation and maintenance of water, sanitation and hygiene facilities:

- 81% (921/1,138) of the respondents across the three zones said there is someone responsible for the management of water points.
- Water user committees are responsible for the repair of water points when there is a break down, reported by 49% (557/1,138) of the respondents across the three zones. Mostly reported in zone 1, followed by zone 3 and was least in zone 2.
- On average 85% of the water sources were observed clean with no stagnant water around, clean & dry apron in the case of hand pumps & tap stands at motorized systems & storage tanks (92% zone 1, 88% zone 2 and 76% zone 3).
- 69% (785/1,138) of the respondents across the three zones reported that they meet and plan with VHTs and other community leaders on water, hygiene and sanitation activities in their villages.
- 24% (284/1,138) of the respondents across the three zones revealed that they paid for water during the times when there is limited supply. More than half of those who said they paid for water were from zone 3.
- 4%, 5.5% and 12% of the respondents in zones 1, 2 and 3 respectively, revealed that they pay water user fees.
- 24% (284/1,138) of the respondents across the three zones revealed that they paid for water during the times when there was limited water supply. More than half of those who said they paid for water were from zone 3. This is explained by the fact that zone 3 was newly opened by the time of the survey and water was a big challenge. Installation of tanks was ongoing and insufficient; the main source of water was through trucking. Due to this, some of the new arrivals had only the option of buying water from the hand pumps existing in the host community.

## 8. SANITATION

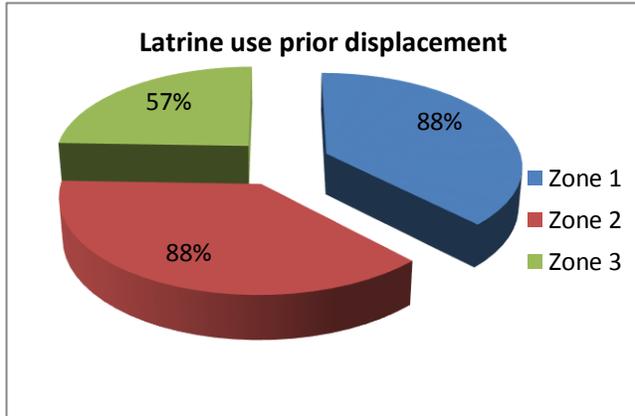
**8.1 Latrine use prior to displacement:** 22% (253/1,138) of the people interviewed revealed that they did not have latrines back home in South Sudan. Majority of these (14%) were from zone 1. Latrine use was reported high in the place of origin of the respondents in zones 2 & 3 at 88% each and least in zone 1 at 57% - **chat 3**.

87% of the respondents in the three surveyed zones in Bidibidi settlement reported that they used emergency communal latrines, 7% household latrines and 6% used the bush. Zone 3 ranked higher with majority who revealed that they eased themselves in the bush. This was attributed to the fact

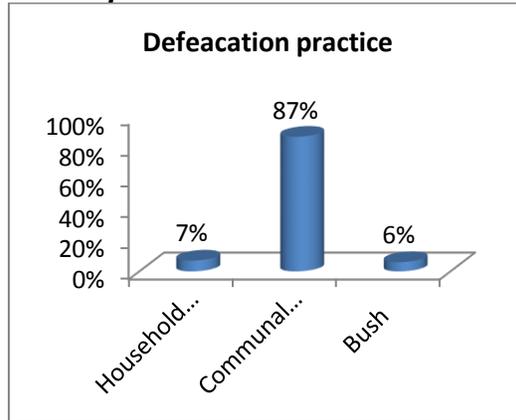
that at the time of the KAP survey, zone 3 had just been opened with a few latrine facilities under construction.

**8.2 Defecation practice:** 87% of the respondents who said they use latrine mainly used communal latrines. However communal latrines were designed to be temporary in nature and some are already getting worn out – **graph 10**

**Chat 3**



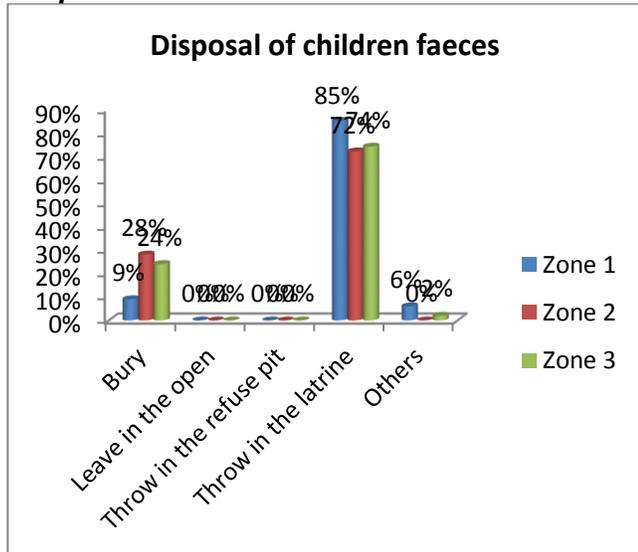
**Graph 10**



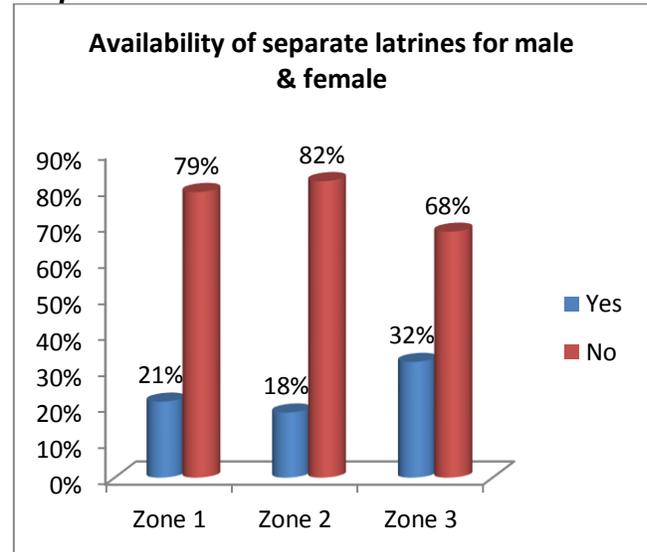
**8.3 Management of children faeces:** Majority (77%) of the respondents indicated that they disposed children faeces in latrines. Only 20% of the respondents acknowledged burying of children’s faeces – **graph 11**.

**8.4 Separate latrines for men and women:** Across all the 3 zones, 86% of the respondents indicated that there were no separate latrines for men and women. **Graph 12**

**Graph 11**



**Graph 12**

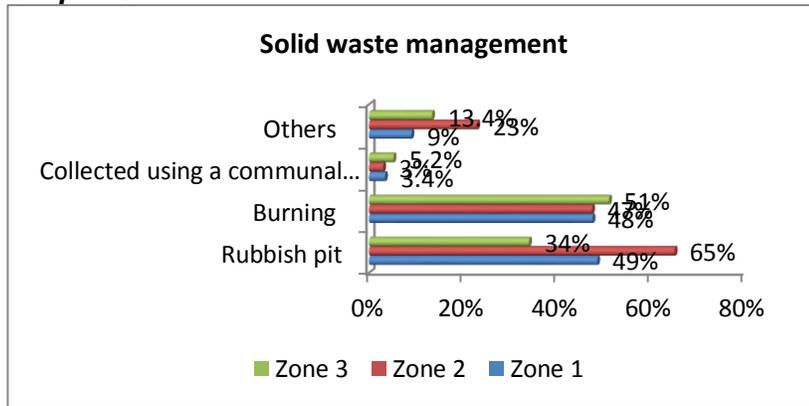


**8.5 Special latrines for Persons with Disability:**

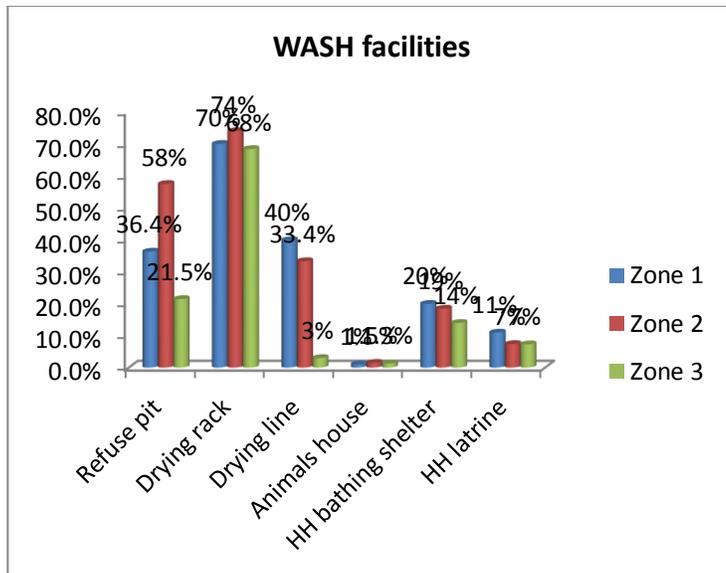
Majority (86%) of the respondents the three zones revealed that there is no special latrine for Persons with Disability. However, 32% of the respondents in zone 3 indicated that there were latrines for persons with disability. There is need to mobilise more resources to focus on latrines construction for persons with Disability.

**8.6 Waste management:** Across all zones rubbish pit and burning (49%) were indicated as the most common ways of waste management at households.

**Graph 13**



Other sanitation facilities observed in surveyed households included rubbish pits, drying racks & lines, animal houses, household and communal bathing shelters and household & communal latrines.

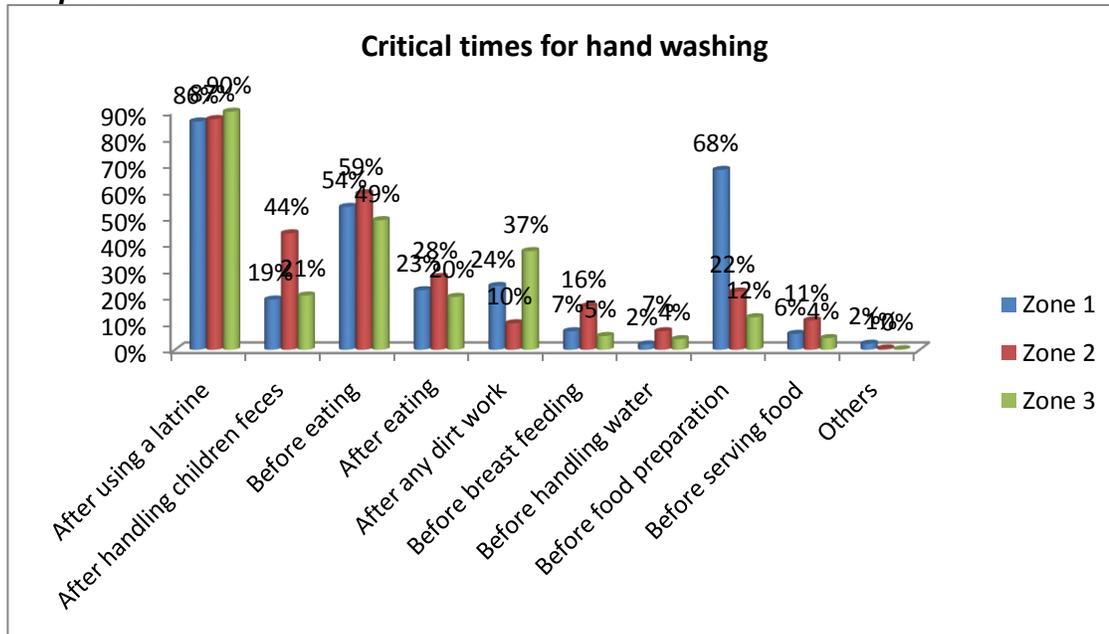


**9. HYGIENE.**

**9.1 Knowledge on Hand washing:** Survey results showed that majority (88%) washed their hands after using latrines, (54%) before eating, 34% before food preparation, 28% after handling children faeces, 24% after any dirty work and 23% after eating while very few indicated that they washed their hands

(10%) before breast feeding,7% before serving food and 4% before handling food. These results further revealed that there was limited practice of washing hands after handling children feaces (28%) and 4% before handling food – **graph 14**

**Graph 14**

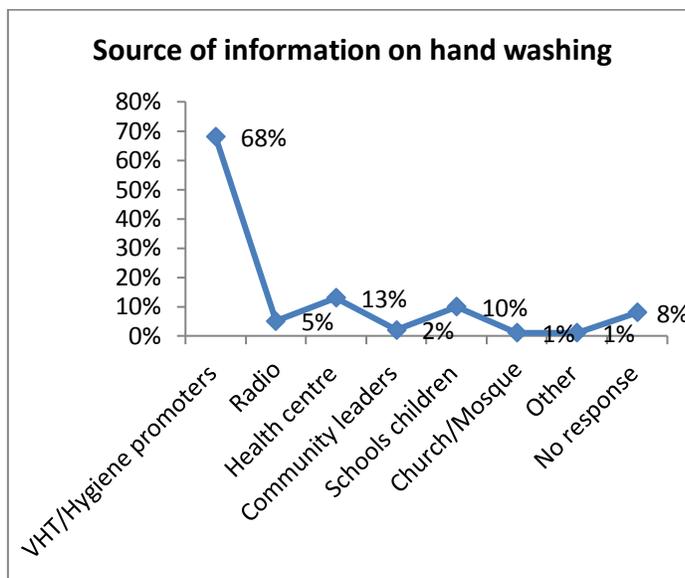
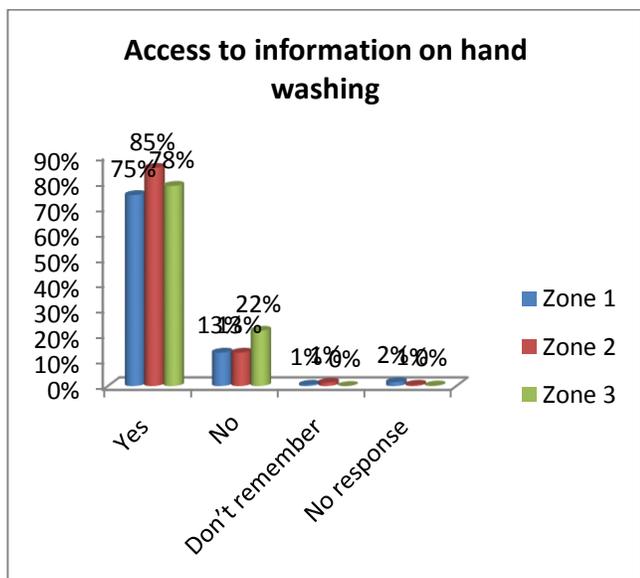


**9.2 Access to information on hand washing:** Survey results indicated that 79% of the total respondents received hand washing messages (74.5% for zone 1, 85% for zone 2 and 75% for zone 3) however, 16% mentioned that they did not receive any message on hand washing while 0.6% did not remember receiving hand washing messages. **graphs 15 and 16**

When asked about the source of the hand washing information, 68% said they received it from Community Hygiene promoters/VHTs, 13% from health centre, 3% from radio, 2% from community leaders, 10% from school children, 1% from the mosque and 1% from other sources. There was no response from 8% of the respondents.

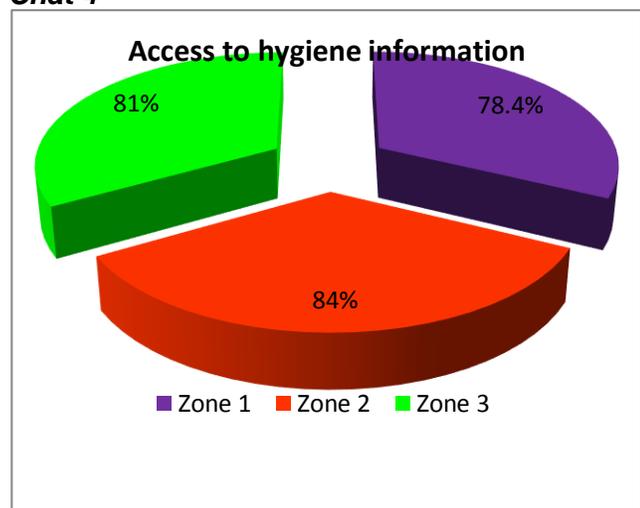
**Graph 15**

**Graph 16**



**9.3 Access to other Hygiene / health information:** Across all the three zones, 81% of the total respondents indicated that they had received hygiene messages. Of these, 78.4% were from zone 1, 84% zone 2 and 81% in zone 3. 19% across the three zones revealed that they had not received any information related to hygiene. High up take of information may be attributed to the number of hygiene promoters present in the zones and able to provide information to community.

**Chat 4**

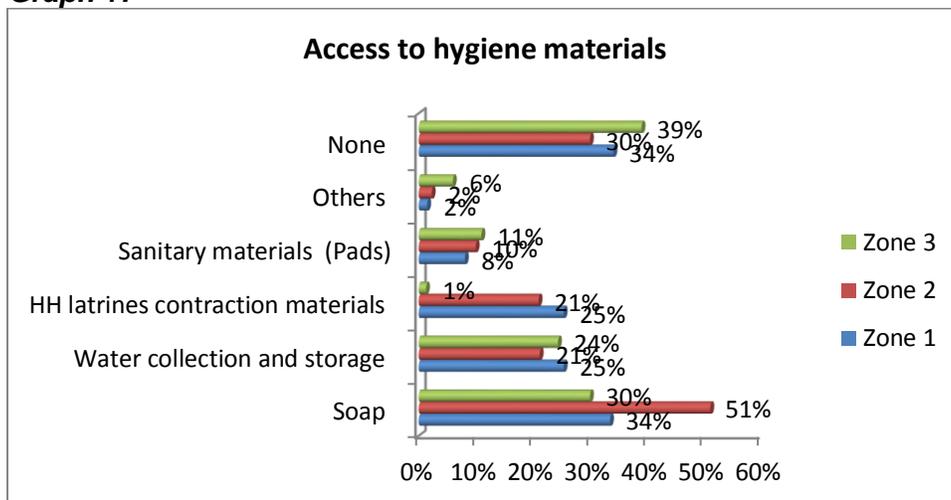


Of those who said they had received hygiene information, 65% said they received messages on hand washing with soap at critical times, 25% on purification of drinking water and 26% on safe disposal of excreta.

This may be due to the intensified campaigns on hand washing following reported cases of watery diarrhoea during the survey period.

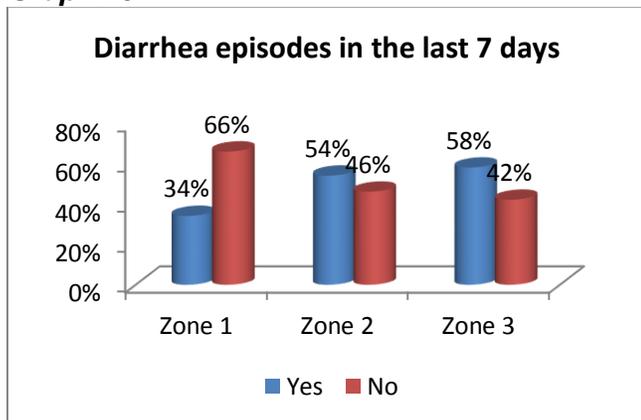
**WASH Non Food Items received (NFIs);**

Overall across the three zones, 38% of the respondents reported that they received soap and considering each zone, Zone one 34%, zone two 51% and zone 3 30% of the respondents mentioned that they benefited from the distribution of soap. While for all the zones only 24% received water collection containers, 11% pads, 1.3% households latrines support of the total respondent and 34% indicated that they did not received any non food items.

**Graph 17**

## 10. Household health

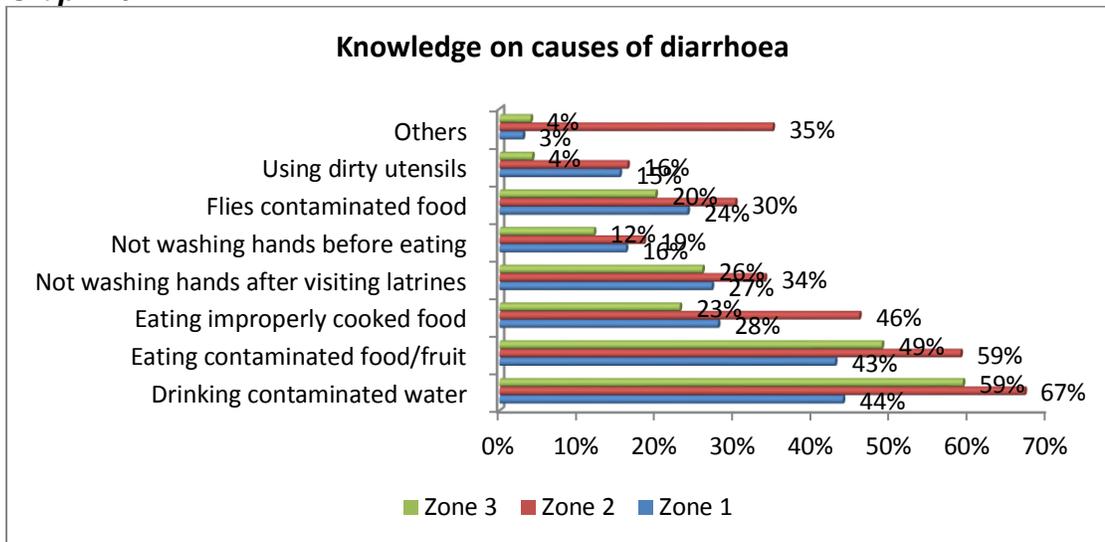
**10.1 Diarrhea episodes:** In a recall period of 7 days, 49% of the surveyed households across the 3 zones reported that members of their families had suffered from diarrhoea. Diarrhea was reported high in zones 2 and 3 as compared to zone 1. Majority of the affected were children under five years. Through focus group discussions with women, diarrhea prevalence in zones was mainly attributed to scarcity of water – **graph 18**. Respondents had a good level of understanding of WASH related diseases.

**Graph 18**

**10.2 Knowledge on causes of Diarrhea:** Respondents exhibited average level of understanding of the causes of diarrhoea. 57% of the respondents were able to easily articulate potential causes of diarrhoea as drinking contaminated water, 50% said eating contaminated food/fruit, 29% attributed diarrhoea to lack of hand washing after using the latrine, 25% said it is caused by flies contaminating food, 16% not washing hands before eating, 12% said using dirty utensils and 14% expressed that it is caused by other factors such as not keeping latrine clean, lack of balanced diet, stress, long finger nails, type of food eaten, allergy & malaria. – **graph 19**

Knowledge on diarrhoea causes was balanced across the 3 zones.

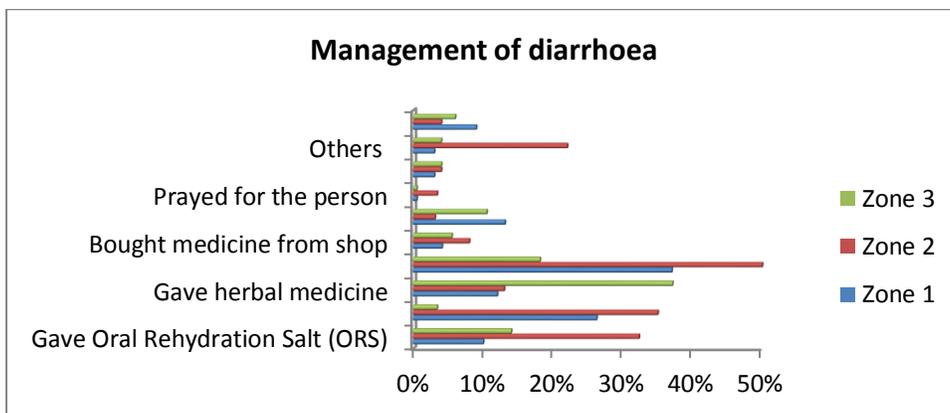
**Graph 19**



**10.3 Management of diarrhea:**

Regarding action taken when family members had diarrhea, 35% of the respondents whose family members had suffered from diarrhea mentioned that they took the patients to the health centre, 22% said gave SSS, 21% gave herbal /traditional medicine, 19% gave ORS, 1% said they just prayed for the patients while 4% of the households said they did nothing for those affected by diarrhoea.

**Graph 20**



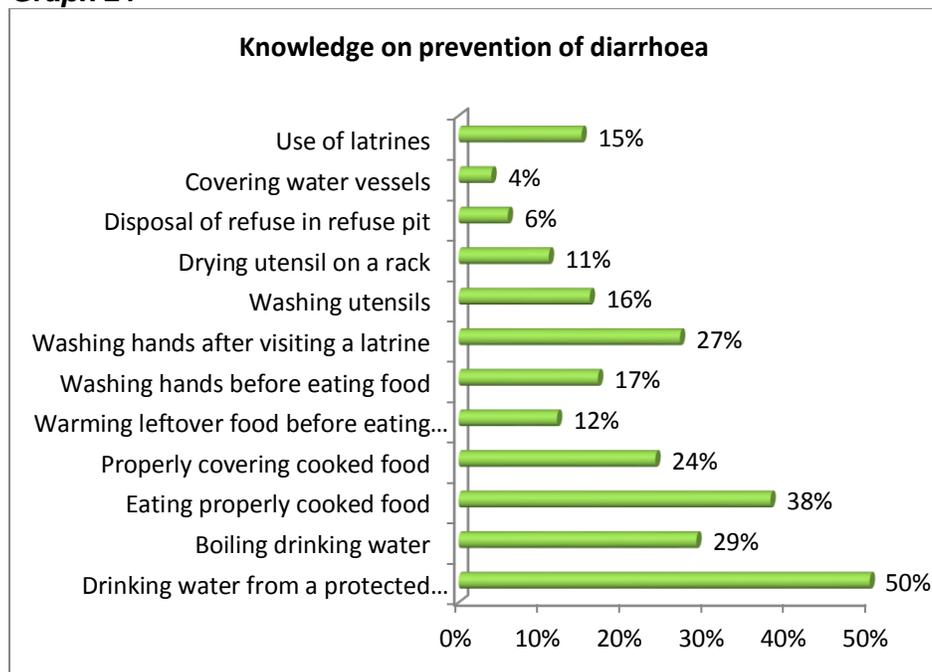
**10.4 Understanding of Diarrhea Prevention:**

Across all zones respondents were asked about their understanding on diarrhea prevention and majority revealed that (50.1%) drinking water from safe source, 38% eating properly cooked food, 29% by boiling drinking water, 27% by washing hands after using a latrine, 24% by properly covering cooked food while 17% said by washing hands before eating. Others said by washing utensils, using latrines, warming leftover food, drying utensils on a rack, disposal of refuse in a pit and covering water vessels.

Results indicate that people interviewed applied more than one action to manage diarrhoea.

Understanding of diarrhea prevention measures varied between zones, knowledge was higher in zone 2 and slightly higher in zone 3 than zone 1.

**Graph 21**



## 11 Information

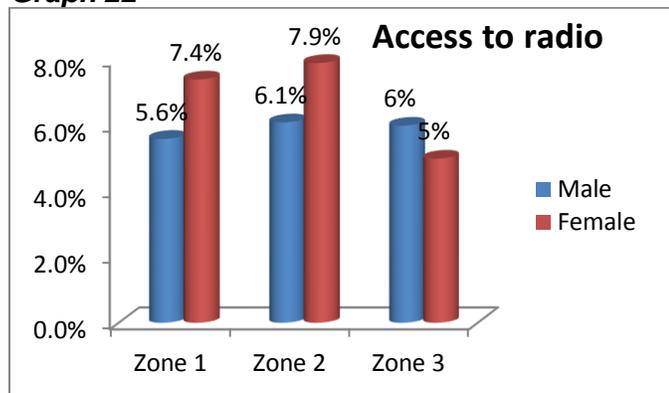
### 11.1 Access to and use of radio:

160 respondents out of the sampled 1,138 said they own radios (13% of the total respondents); indicating very low level of access to and use of radio. Of these, 8% were male and 5% female.

Out of the 160 respondents that said they own radios, 64 said they listen to other channels such as Spirit, Paída and Maria FM; 51 listen to the Voice of the Nile and 45 listen to radio Perses.

The level of access to radio and most listened to radio channels was relatively the same across the three zones.

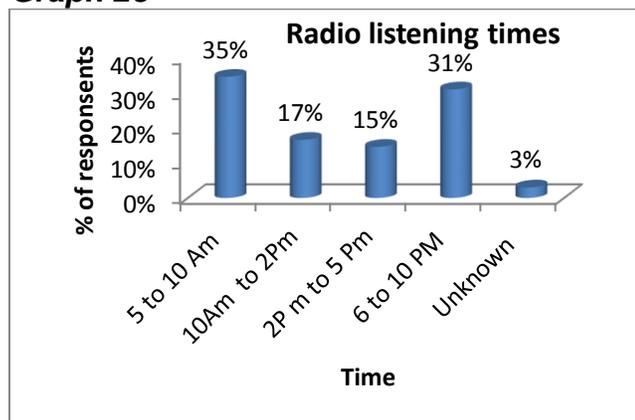
**Graph 22**



### 11.2 Most popular time for listening to radio:

Regarding time for listening to radio, 35% of those who said they own and listen to radio indicated 5:00 to 10:00 am and 6:00 to 10:00 pm as the most popular time of listening to radio. A few said they listen to radio between 11:00 am and 5:00 pm mainly because during this time majority of the people are engaged in other domestic or livelihood activities.

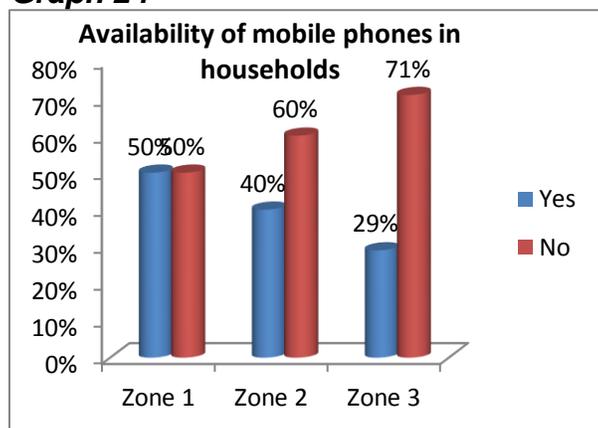
**Graph 23**



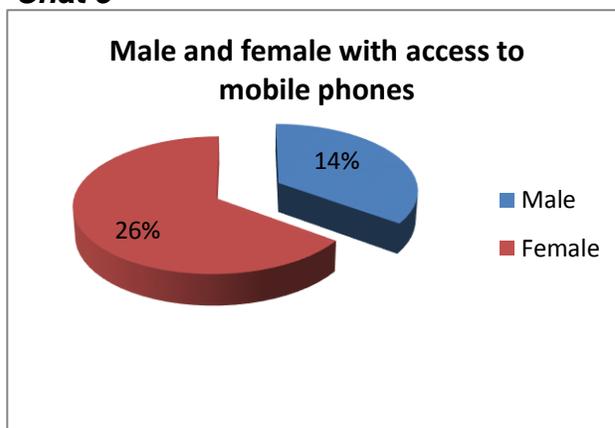
### 11.3 Availability and use of mobile phones:

On average survey results indicated that 40% (453/1,138) of the respondents had and used mobile phones. Of these 26% were female and 14% male – **graph 24 & chat 5**.

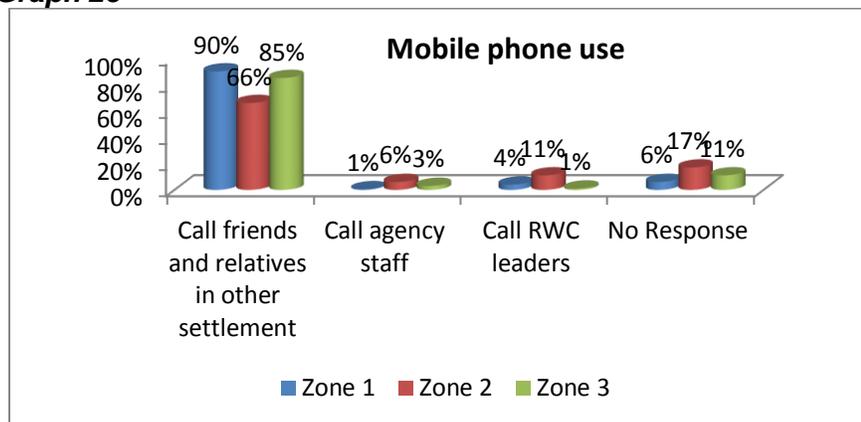
**Graph 24**



**Chat 5**



80% of the 453 respondents revealed that they used the phones to call and receive information from friends & relatives in other settlements; 3% said they used theirs to call agency staff, 5% to call Refugee Welfare Committee leaders while there was no response from 11% of the respondents. The number of households that said they had and used mobile phones was higher in zone 1 (50%), followed by zone 2 (40%) and zone 3 was the least (29%) – **graph 25**

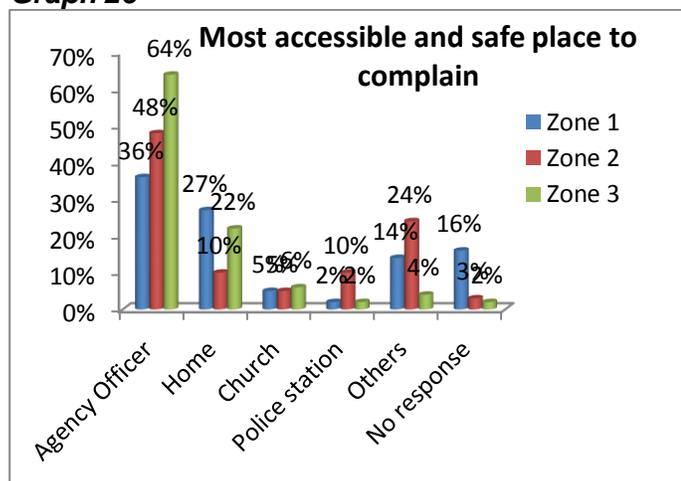
**Graph 25**

#### 11.4 Refugee Welfare Committees by far the preferred means for reporting / raising complaints and concerns

Surveyed households were asked about what they prefer and trust as a mechanism of raising issues of concern / complaints, 44% of the respondents in the three zones highlighted Refugee welfare committee leaders as the most preferred, followed by WASH committees 21%, through one to one discussions 15%, through Religious leaders and by writing letters 6% each, 2% police stations and % through phone calls to agencies. 5% of the respondents said they kept quiet and did not report anywhere.

#### 11.5 Agency office most accessible and safe place to complain:

Although Refugee Welfare Committees are the most preferred and trusted mechanism for raising complaints, agency Office was ranked most accessible and safe place to complain by 49% of the respondents; home was ranked second most accessible and safe place by 20% of the respondents, followed by church and Police station at 5% each. There was no response from 7% of the people interviewed.

**Graph 26**

#### Village Health Teams (VHTs) / Community hygiene promoters a major source of hygiene information:

KAP survey findings indicated that 75%, 85% and 78% of the respondents in zones 1, 2 and 3 respectively, received hygiene messages. Of these, 56%, 78% and 71% respectively said they received these messages from VHTs / hygiene promoters.