



# **COALITION FOR HUMANITY**

*Improving Community Resilience*

Baseline Survey, Unity State, Leer County, August 2020

## **INTEGRATED LIFE-SAVING EMERGENCY WASH TO CONFLICT-AFFECTED AND VULNERABLE PEOPLE IN SOUTH SUDAN**



**Funded by GAC , implemented by Coalition for Humanity  
in partnership with Concern Worldwide**



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## EXECUTIVE SUMMARY

The Integrated Life-Saving Emergency WASH to Conflict-Affected and Vulnerable People Leer project is funded by Global Affairs Canada, Implemented by Coalition for Humanity in Partnership with Concern Worldwide. The projects objective is to improve WASH indicators in South Sudan, Unity State, Leer County for the next 2 years, April 2020 to March 2022. This report is a baseline survey on access to water Sanitation and Hygiene. The survey was conducted by Coalition for Humanity in August 2020. The report also includes a barrier analysis to measure progress in behaviour change and continuously measure the barriers to the desired change. In the report, 230 households were sampled, 80% are host, 14% are IDPs, 6% are returnees. On gender, 71% of respondents were female and 57% of households were headed by women, no respondent was a minor. On literacy, 71% of respondents never attended any school, only 8% have attained secondary school education. The area is prone to floods, with poor soil formation, only 33% of the population can be safe during rainy season.

Findings indicate that 78% don't have access to hand washing facilities, those who have, 83% were found not to have water at the time of the survey. Most households admit to defecate in the open, 85% have no access to a toilet, only 2% have constructed a toilet, 12% are sharing toilets in a public institution. Most toilets do not offer privacy, are dirty with visible faeces on the flow, are not easy to clean. Of the 15% who had access to a toilet, only 5% had walls, and a door, 2% had a cleanable floor. Children under the age of 5 form 37%, of the people unable to use toilets, the elderly form 23% disability forms 12% Sickness 5% of the people who are unable to use toilets/latrines. Culture 19% and distance to the latrine 17% are found to be some of the barrier to use of available latrines.

The community has water access challenges, 54% fetch water from a borehole, 9% from the river, 8% from open public well. Twenty-four (24%) have water within compound, 18% in the neighbourhood, the rest walk long distances to access water. Women are the ones responsible for fetching water, lack of enough water at source and lack of containers 35% are some of the challenges facing the households. On water treatment, 44% of the households do not treat water, 14% believe its treated from source, with 59% of those who treat, saying they treat by boiling.

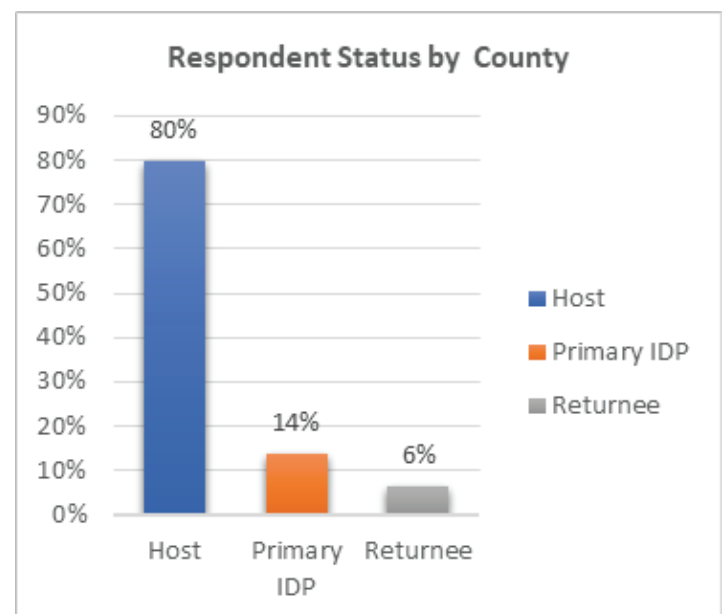
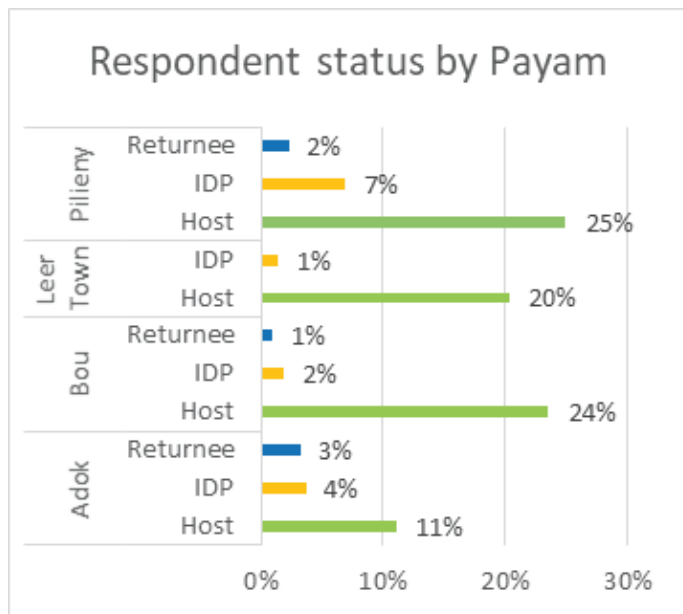
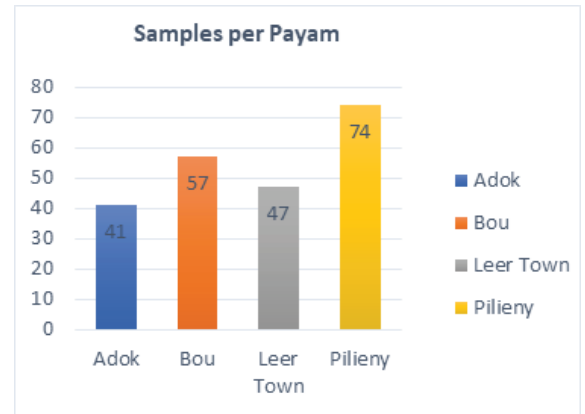
Despite the high level of outreach 66% with high levels of awareness of covid-19, diarrheal diseases, the practice of washing hands and using toilets is still very low. Most households have gotten the message on WASH but only action taken is water treatment. The barrier analysis has revealed the disconnect between the awareness and the practice. This indicates that other barriers exist beyond awareness and knowledge. Open defecation is an established norm, culture, affordability, and floods could be other factors affecting adoption of toilets/latrines in the area. There is need for barrier analysis through FGD to triangulate with these findings.

The report has 7 sections, section 1 is background information about sampling and the area Leer, section 2 highlights the outreach information, the key channels for behaviour change communication, section 3 highlights access to toilets/latrines, section 4 outline access to water challenges, section 5 highlights findings of a barrier analysis based on Health Belief Model (HBM), section 6 is the conclusion and section 7 is the recommendations

## 1.0 BACKGROUND INFORMATION

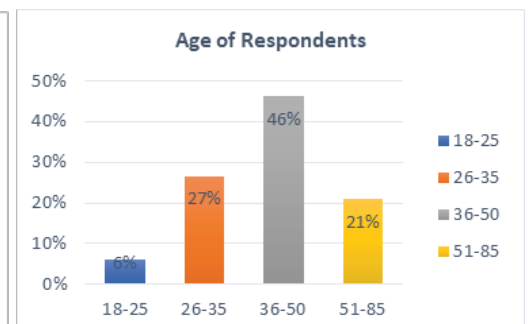
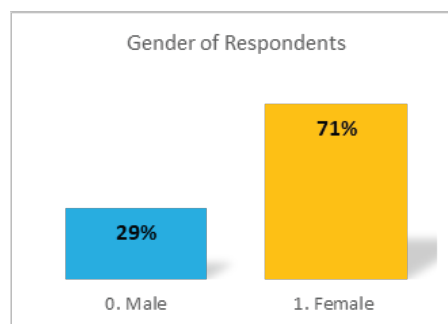
### 1.1 Sampling Frame

A total of 230 households were sampled, only 219 questionnaires were valid across 4 Payams of Leer County i.e. Adok, Bou, Leer Town and Pilieny. The samples were then further distributed among the Payams as shown in the table below. Among the community members interviewed, 80% were hosts, 14% IDPs and 6% returnees. Pilieny had more IDPs sampled 7% as well as a higher number of hosts 25%

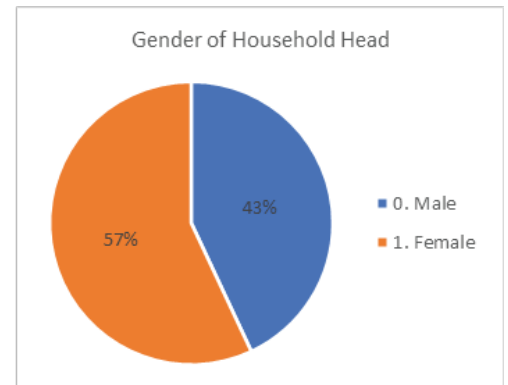
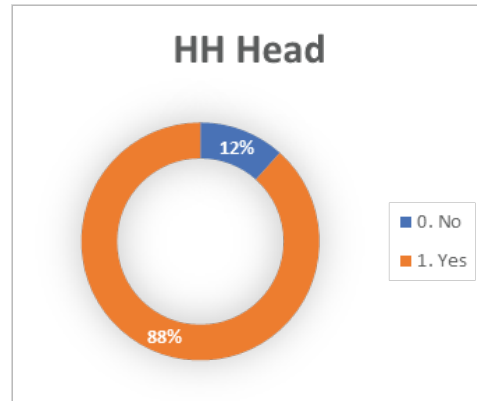


### 1.2 Demographic Information

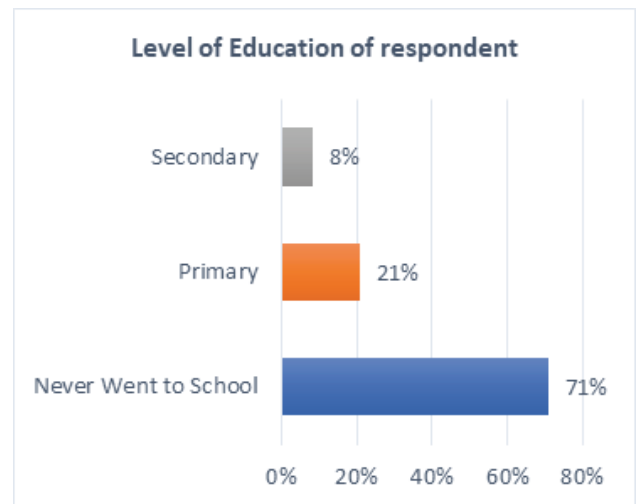
Most respondents were females at 71% while males were 29%. Most respondents were above 35 years of age. Only 6% were between 18-25 years of age. No respondent was a minor.



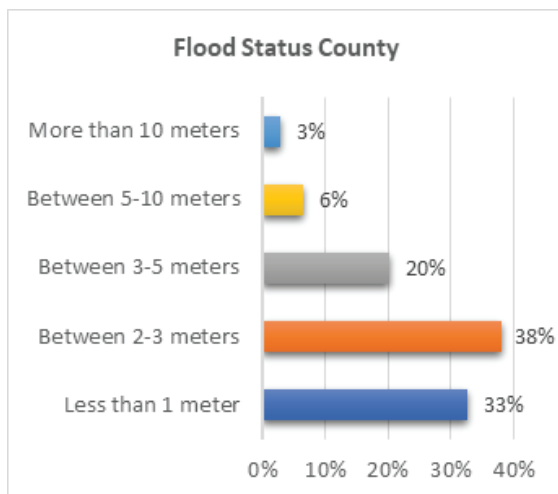
Most respondents interviewed were the household heads, atleast 88%. Most households are headed by females 57% while 43% were male.



Findings indicate that 71% of the respondents have never attended any school, 21% had attained basic primary education. The highest level of education was secondary school with only 8%. Its hypothesized that, there is a strong correlation between level of education, exposure and behaviour change. The levels of literacy is likely to hinder behaviour change. The project should focus on more Audio /visual communication as opposed to written communication



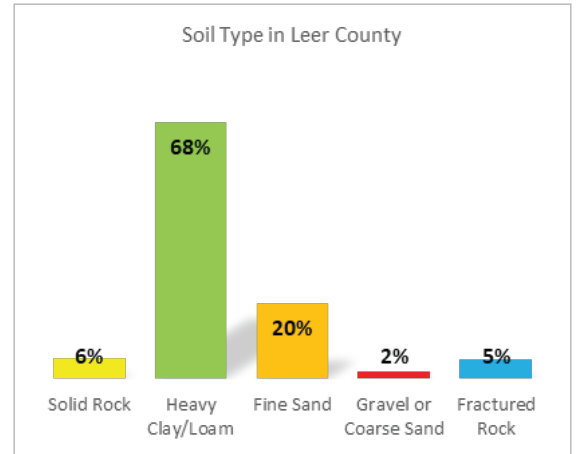
### 1.3 Topographical information



Leer county is affected by floods. Water rising above 1M from the ground is dangerous, only 33% of the households can be safe during rainy season, 38% of the households live in places where flood water rose between 2-3 meters above the ground, 20% between 3-5 meters above the ground, 6% between 5-10 meters and 3% was more than 10 meters. This is likely to affect latrine coverage, household toilets are likely to be swept away every rainy season, such areas require special type of mountain toilets raised above the ground, the toilets need to be permanent or portable, normal pits from locally available material can be a health hazard



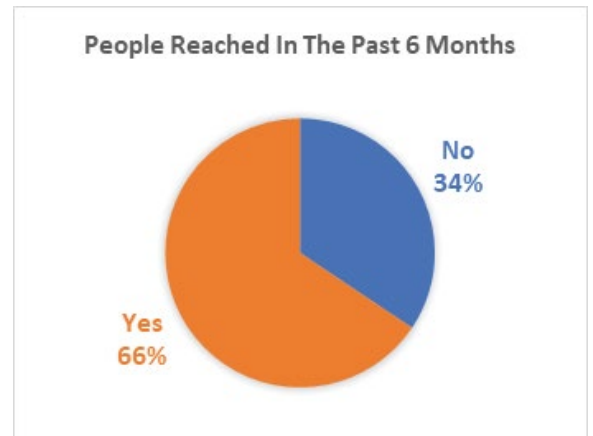
Findings indicate that greater part of Leer County, 68% is characterized by heavy clay/loam soils, 20% fine sand, 6% solid rock, 5% fractured rock and 2% sandy soils. The type of soil affects latrine coverage. Loose soil formation leads to frequent collapsing of toilets. Latrines from locally available material are durable in hard soils. However, solid rock is a barrier to latrine construction for households, while sandy, clay and loamy soils require reinforcement, this is likely to make latrine construction too expensive for the local population. Projects in Leer should advise households to line their pits.



## 2.0 PROJECT OUTREACH INFORMATION

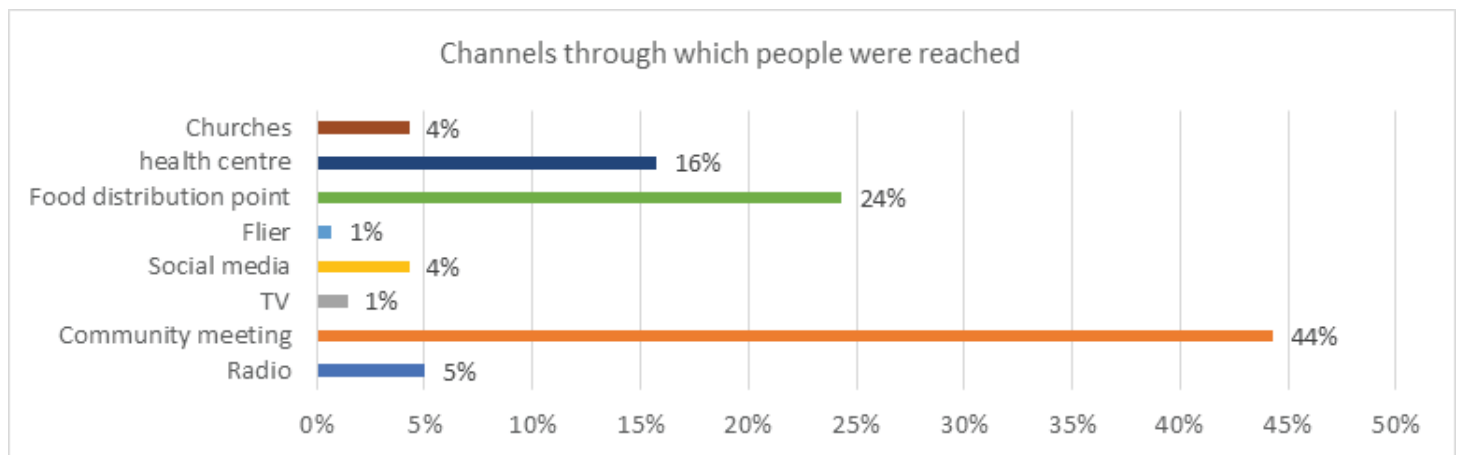
### 2.1 General Awareness

Respondents were asked if they have been reached by any information about hand washing, water treatment, use of a toilet, and menstrual hygiene. Findings indicate that 66% have been exposed to information.



#### 2.1.1 Key Channels for Outreach

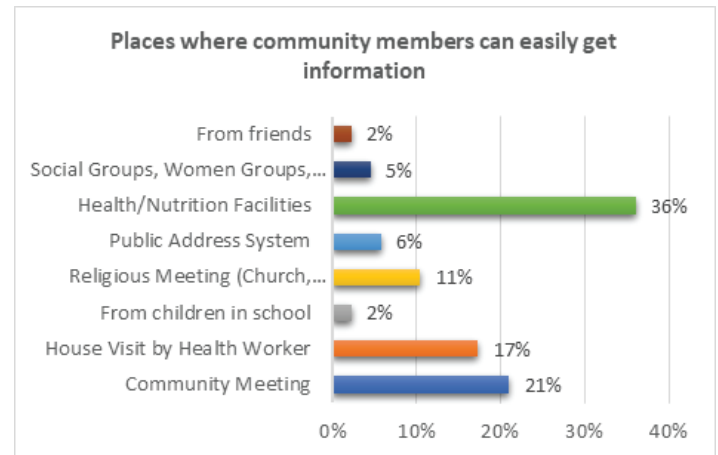
Most community members were reached through community meetings 44% food distribution points 24% health centres 16% radio 5% churches 4% social media 4%. The projects in Leer should explore using the channels that have greater outreach.





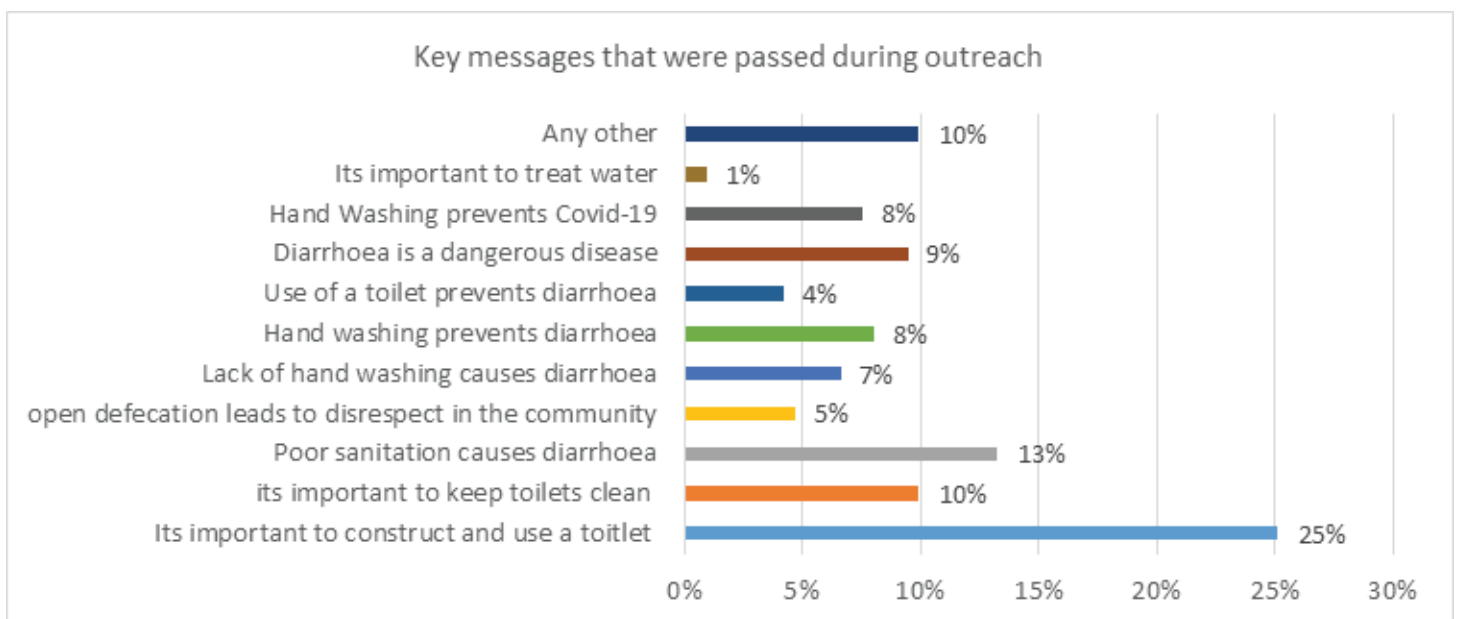
### 2.1.1 Key Channels for Outreach

Findings indicate that the community members can easily be found at health and nutrition facilities 36%, at community meetings 21% house visit by hygiene/health promoter 17% at religious meetings 6% social groups 5%. The project should explore integrated communication strategy and partnerships in these places. Due to covid-19, community meetings to be minimized and house visits and radio strengthened



### 2.1.3 Key Messages that were Passed

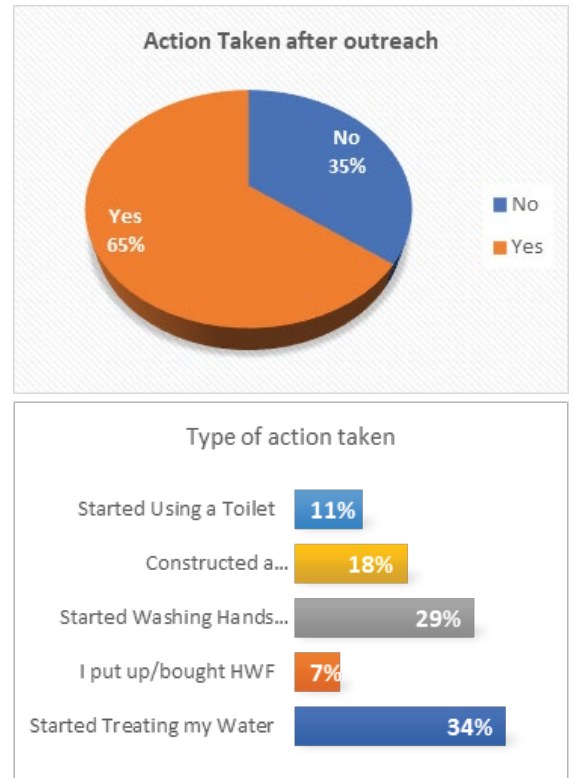
Recall is a second level of outreach measure after awareness, the survey sort to find out the revel of information retention. Respondents were asked to state the key messages that were passed, People can only change behaviour if they were reached, and can recall the key messages. The recall level is below average, a majority of the community recall the message on use of a toilet 25% poor sanitation causes diarrhoea 13% important to keep toilets clean 10% diarrhoea is dangerous 9% hand washing prevents covid-19 8% lack of hand washing causes diarrhoea 7% open defecation leads to disrespect in the community 5%, water treatment 1%



### 2.1.4 Action Households Took After Outreach

The purpose of communication is to call upon the audience to take action, effective communication has a majority of the audience taking action. Findings indicate that 65% took action.

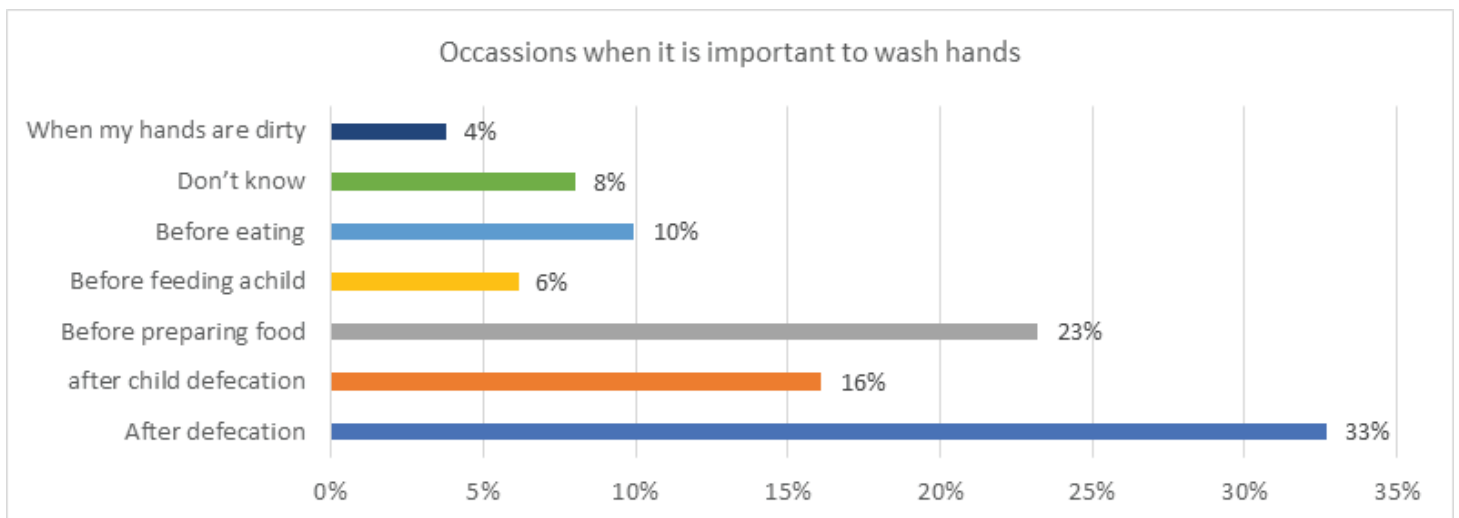
Findings indicate that 34% reported that they started treating water, 29% started washing hands, 18% constructed a toilet, 11% started using a toilet. On the contrary only 1% recall water treatment messages, but a higher percentage was able to take action, this implies that the message on water treatment was effective or was supported by other factors in order to be successful and reinforce behaviour change. A good percentage reported that they took the action to start washing hands, this can be attributed to Covid-19 pandemic campaign.



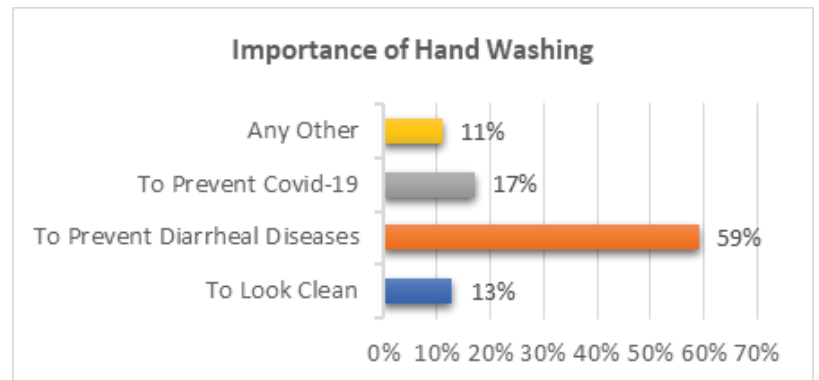
## 2.2 Household levels of Knowledge and Practice of Handwashing

### 2.2.1 Handwashing Knowledge

Respondents were asked to mention occasions when it is important to wash hands, 33% mentioned after defecation, 23% before preparing food, 16% after child defecation, 10% before eating, 8% do not know when it's important to wash hands. The high percentage of hand washing after defecation can be attributed to religion and culture of anal cleansing in the region.

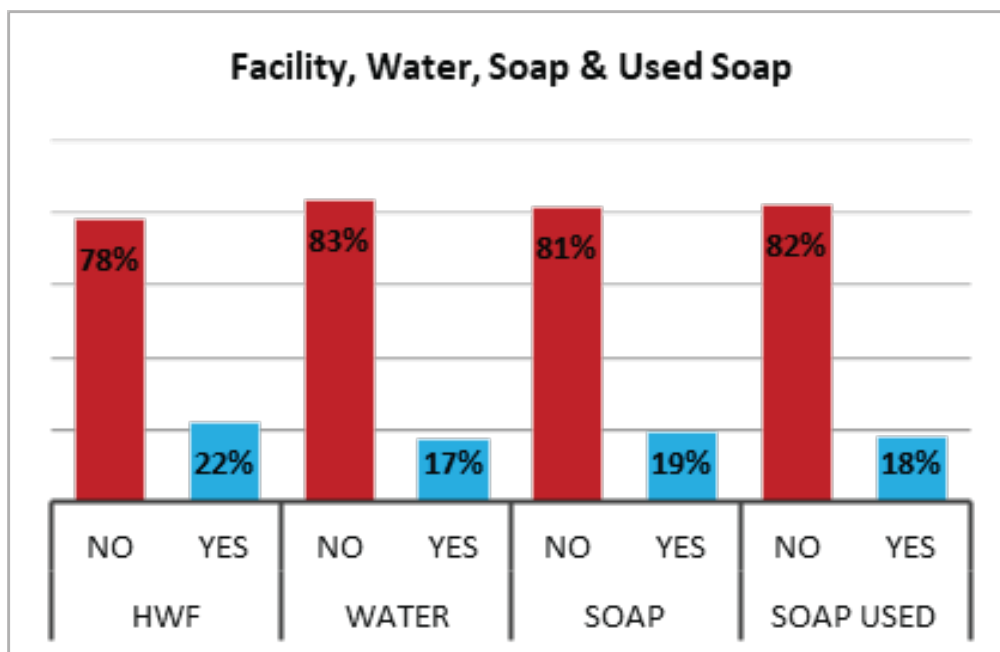


Respondents were asked the importance of washing hands, 59% mention to prevent diarrhoeal diseases, 17% mentioned to prevent covid-19, 13% believed it's to look clean, while 11% mentioned any other. The project should seek to reinforce information on the benefits of Hand washing



### 2.2.2 Handwashing Practice

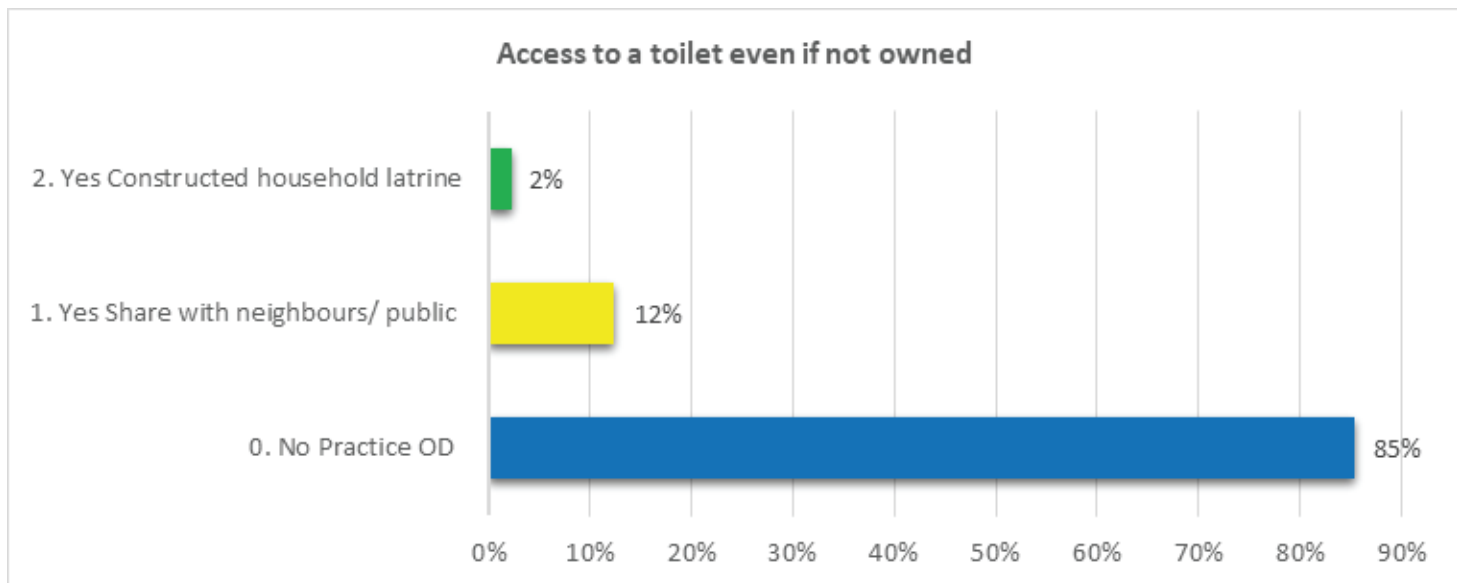
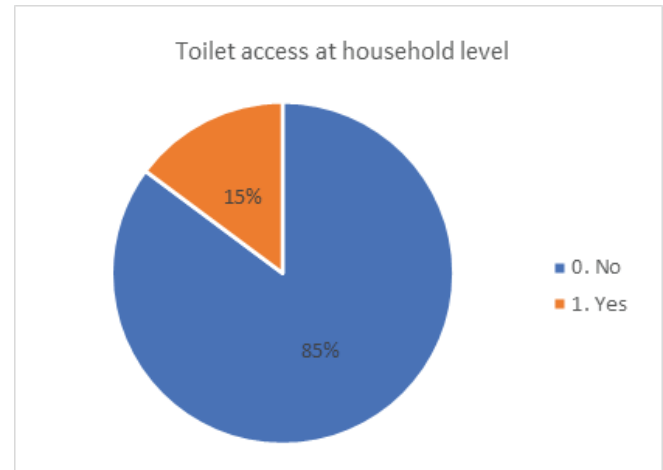
The households seem to know the importance of hand washing, but at the time of the survey, only 22% had a hand washing facility in place, 17% had water in the hand washing facility while 19% had soap, 18% had soap that looked used at the time of the survey. The level of knowledge and awareness has not translated into the practice of hand washing. The project needs to reflect on the enabling factors like supply of hand washing facilities to facilitate the practice. Protects can also train households on how to make hand washing facilities from locally available material



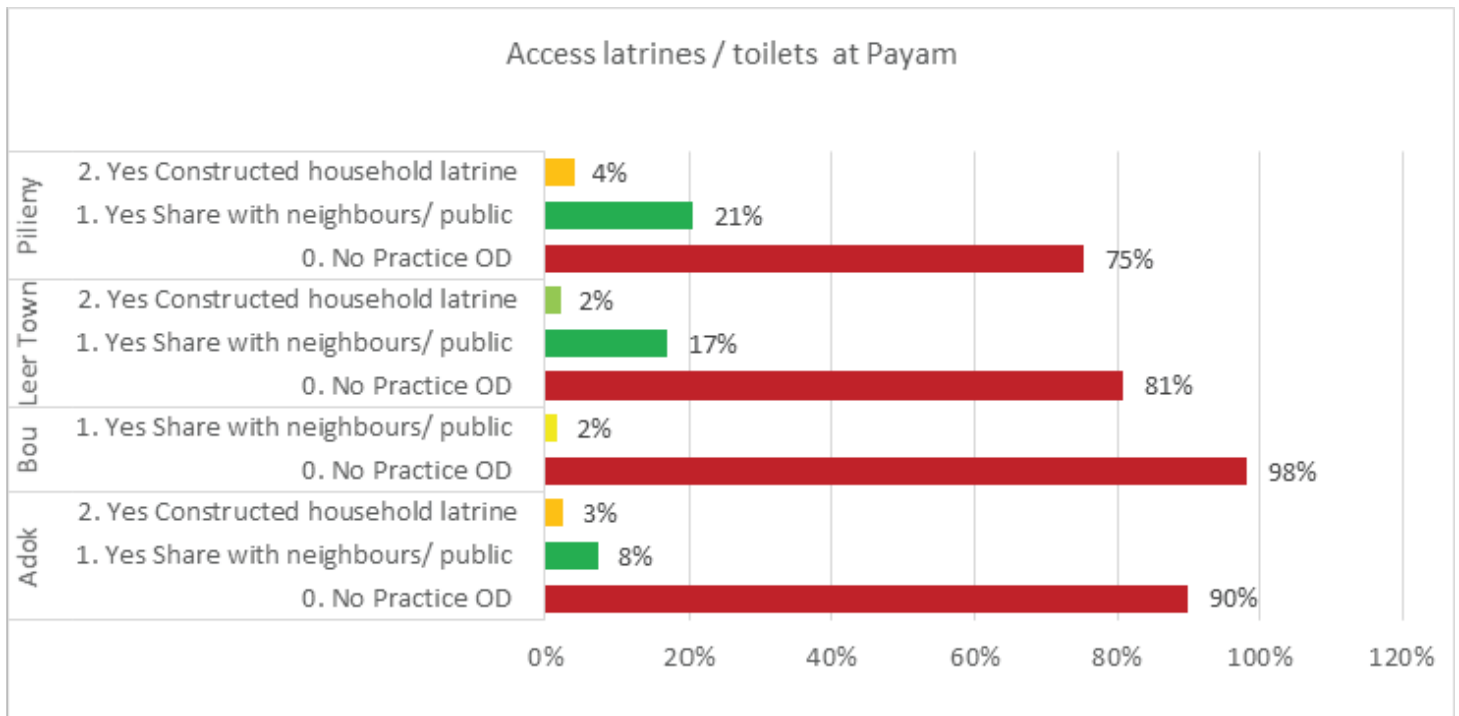
## 3.0 ACCESS TO SANITATION

### 3.1 Access to Latrines/Toilets

Households were asked if they have access to a toilet, 85% did not have a toilet at the time of the survey. Those who responded to have access did not own the toilets, only 2% have constructed the toilets, 12% are sharing the toilets. According to JMP standards, people sharing a toilet beyond a homestead are considered not to have access, this interpretation needs to be contextualized to South Sudan where majority are IDPs or live as a community.



The rate of Open Defecation (OD) remains 85%. Bou Payam is leading in open defecation by 98% followed by Adok payam 90% OD, Leer town 81% open defecation and Pilieny Payam 75% open defecation. All payams have less than 5% toilet ownership. Majority of Leer 17%. Pilieny 21% Adok 8% and Bow 2% are sharing. This response sharing.



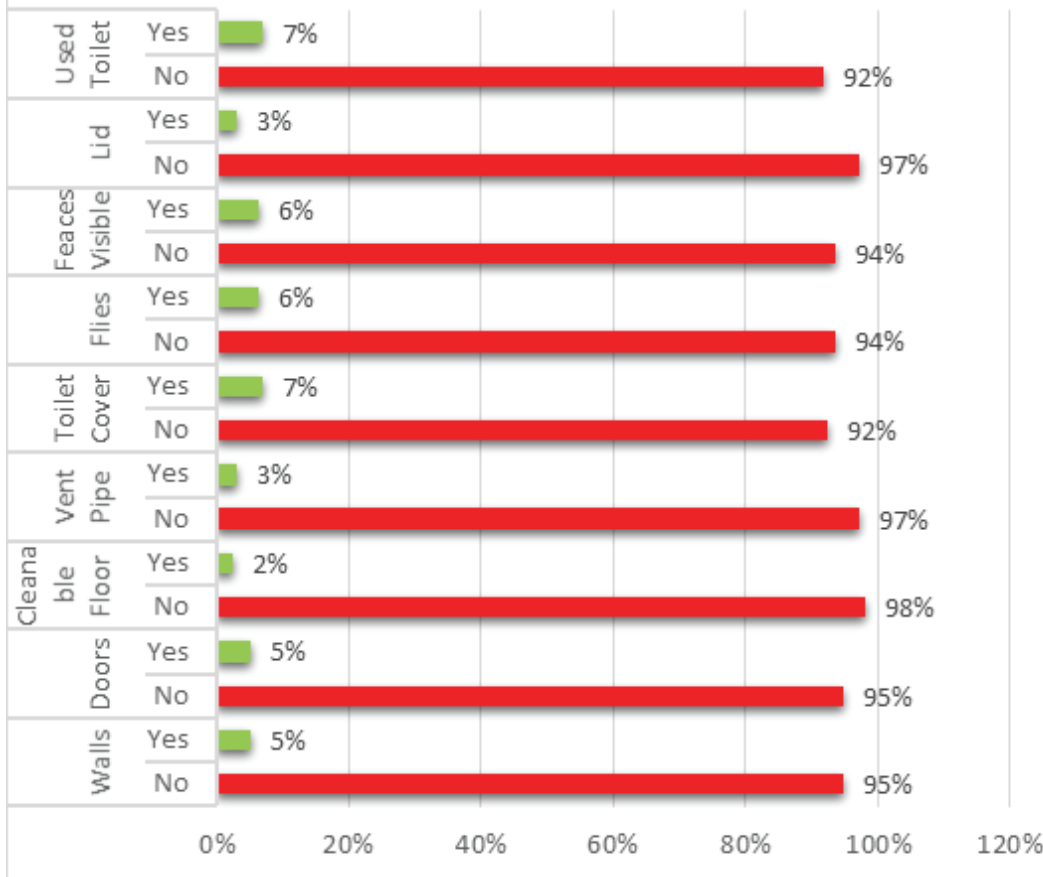
### 3.2 Sanitation and Hygiene Condition of Latrines/Toilets

The survey sort to assess the condition of the toilets/ latrines. Findings indicate that most toilets do not offer privacy, are dirty with visible faeces on the flow, are not easy to clean. Of the 15% who had access to a toilet either constructed or shared, only 5% had walls, and a door, 2% had a cleanable floor, 3% had a vent pipe, 7% had a pit hole cover, 6% were free from flies, 6% had visible faeces on the floor, 7% looked used.

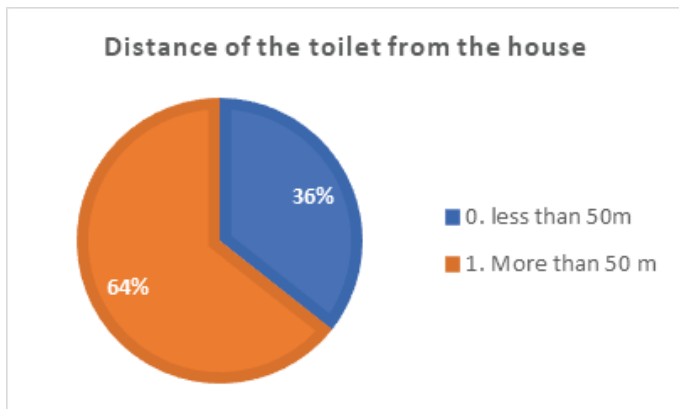


Pit latrines in Leer County Temporary Protection Area

**Sanitation indicators**



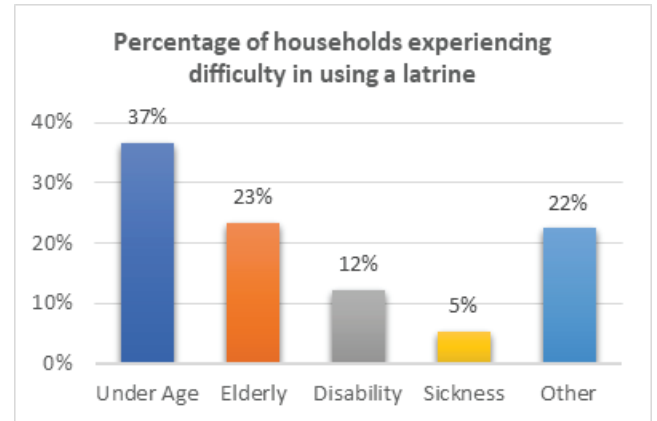
**3.3 Use of Latrines/Toilets in Special Needs population**



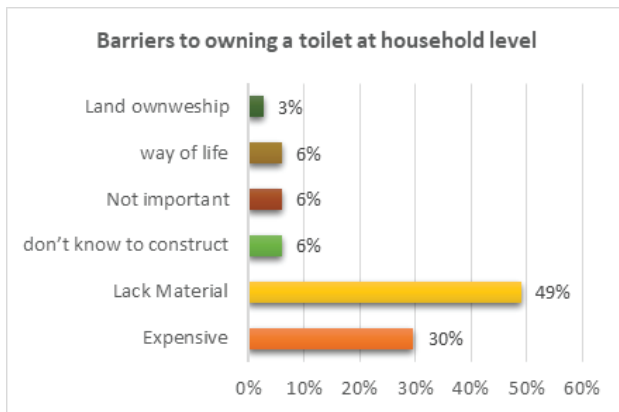
Respondents were asked the distance from the house to the nearest latrine/toilet. Majority 64% stay far away from the toilet more than 50 metres. Long distance to the toilet is a barrier to practice of using a toilet/ latrine especially at night. The distance to the latrine is also a barrier to the sick elderly and disability.



Respondents were asked if there is any member of the household who has a difficulty in using a toilet/latrine. Findings indicate that, of the people who have a challenge using a latrine/toilet, children under the age of 5 form 37%, the elderly form 23% disability forms 12% Sickness 5% any other reasons contribute to 22%. Latrines should be modified to accommodate under age children and people with special needs.



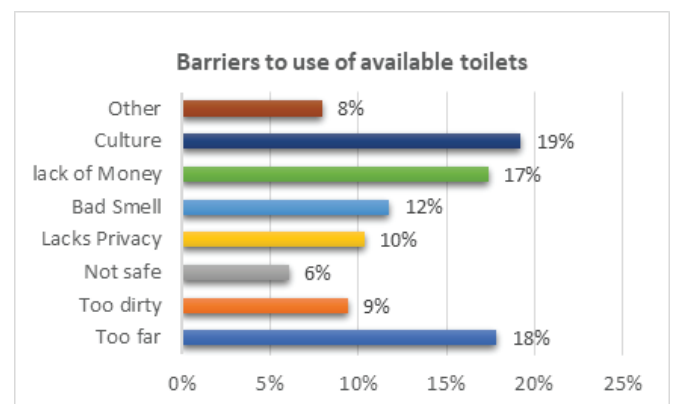
### 3.4 Barriers to owning a toilet/ latrine at household level



The respondents were asked to some of the barriers towards owning a toilet, 49% of the population stated lack of readily available local materials as a barrier, 30% of the respondents stated cost as a barrier, 3% do not own land, currently are in a place that can't allow them to construct a toilet (IDPs). Culture plays a role in toilet ownership.

### 3.5 Barriers to use of available toilet/ latrine at household level

Respondents were asked to state some of the barriers to using a toilet even when the toilet is available, 19% mentioned culture, 18% said the distance to the toilet, 17% mentioned lack of money if the toilet is a pay per use, 12% mentioned bad smell discourages people from using a toilet, 10% mentioned lack of privacy. A dirty toilet 9% and a toilet that is not safe 6% discourages community from use of a toilet/latrine. Project should include keeping latrines clean as one of the key messages.



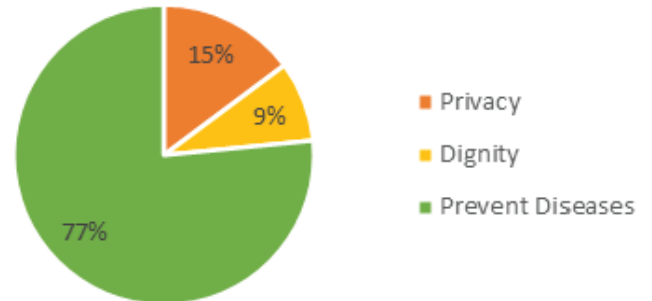


### 3.6 Household sanitation knowledge

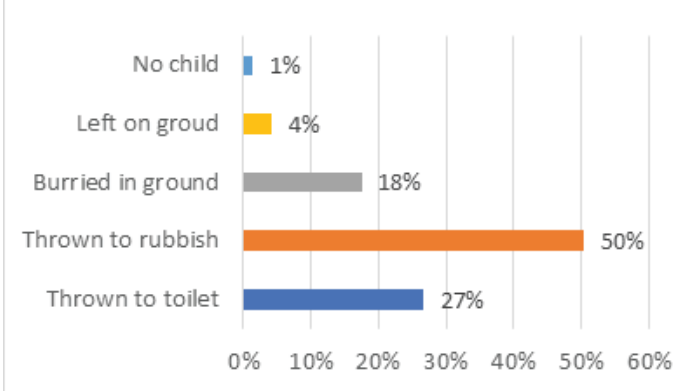
Households were asked to state the importance of a toilet, 77% stated that it prevents diseases, 15% is for privacy while 9% felt is for dignity.

Despite this thinking, majority of households do not have a toilet, this rules out lack of awareness as a barrier to use of a toilet.

Importance of a toilet



What households do with child faeces



Respondents were asked to state what they do with child faeces, only 27% mentioned throwing in the toilet/latrine, 50% throw in the bush/rubbish bin, 18% burry in the ground, 4% leave it there. Its hypothesized that most households believe that children faeces are not harmful can be thrown anywhere. The project should consider education households on importance of safe disposal of children faeces.

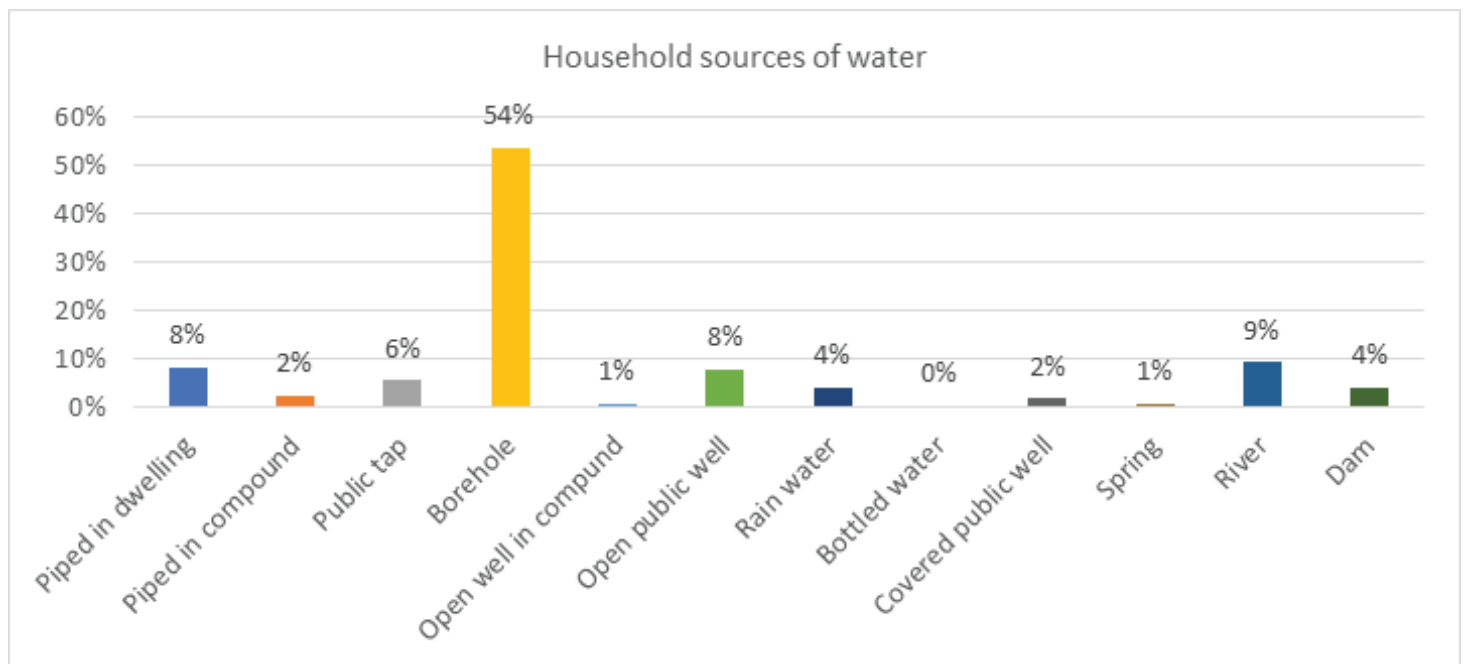


Women fetching water in Leer County Temporary Protection Area

## 4.0 ACCESS TO WATER

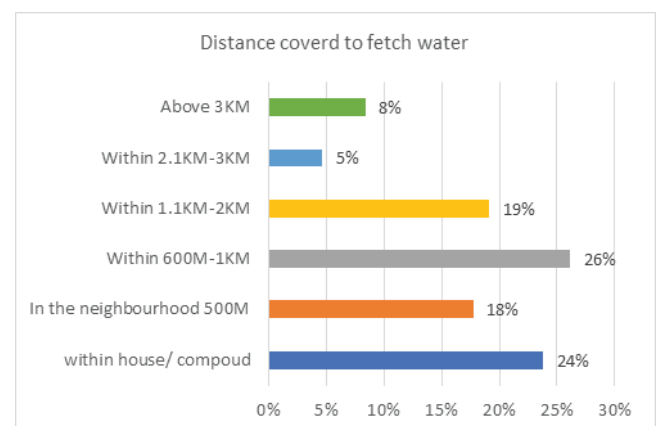
### 4.1 Household Sources of Water

Respondents were asked to state their main source of drinking water. More than half of the household, 54% depend on boreholes, 9% on river water, 8% depend on open public well, 6% on public tap, 4% on rain water. Only 8% have piped water in the dwelling unit. There is need to educate the community on safe water sources. Some bore holes are broken down, some have rusted pipes, they produce dirty water with bad smell that is not fit for consumption.



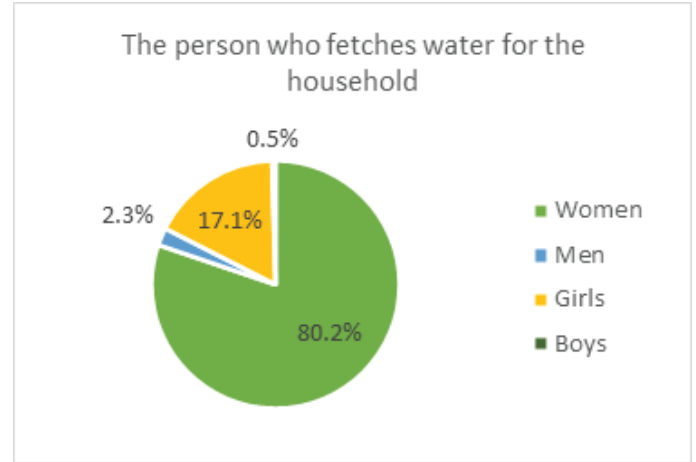
### 4.2 Household Distance to Water Source

Households were asked to state the distance they cover when going to fetch water. Findings indicate that only 24% of the households' fetch water within the house or compound, 18% fetch within a reasonable distance in the neighbourhood at least 500M away. The rest of the households walk long distances to access water, 26% walk 600M-1KM, 19% walk 1KM-2KM, 5% walk 2KM-3KM, 8% walk as far as 3KM and more to access water.

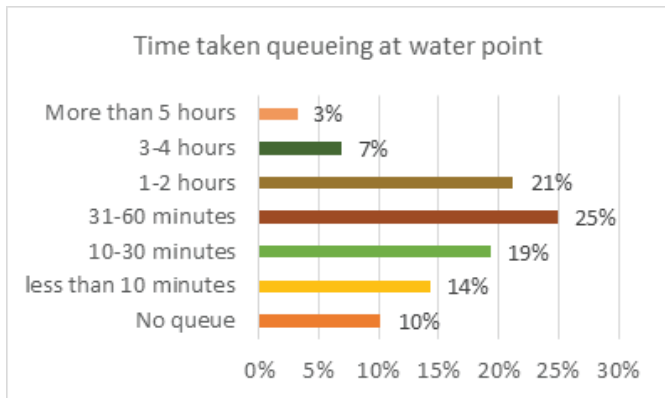


### 4.3 Household Member Responsibility for Fetching Water

The respondents were asked who is supposed to fetch water for the household, 80.2% stated that it is the responsibility of women to fetch water, 17.1% stated that it's the girls who fetch water, only 2.3% mentioned men fetching water, and 0.5% mentioned boys fetch water. The burden of fetching water is on women and girls, there is need to educate the community that even men can assist in fetching water.



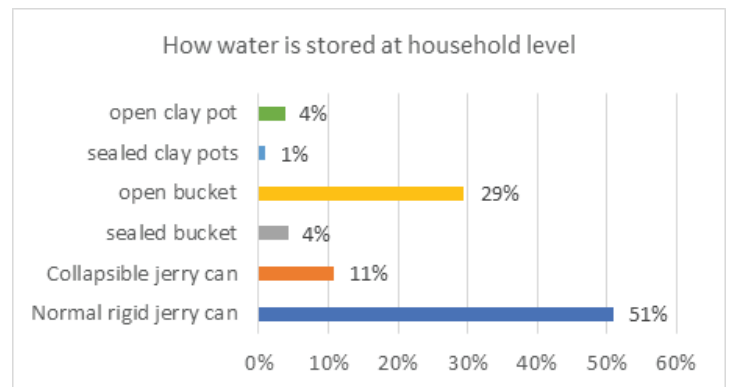
### 4.4 Household Time Taken Fetching Water



Respondents were asked how long it took someone to queue at water point. Findings indicate that only 10% do not queue for the water, 21% queue for 2 hours, 3% queue for more than 5 hours, 7% queue 3-4 hours, 25% queue at least 1 hour, 19% queue between 30-60 minutes.

### 4.5 Household Water Storage facility

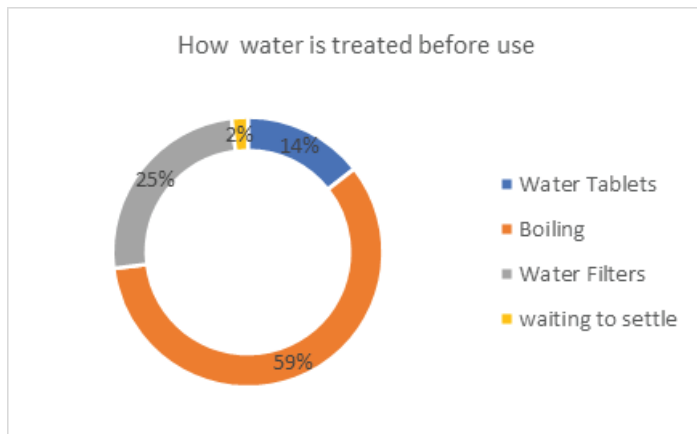
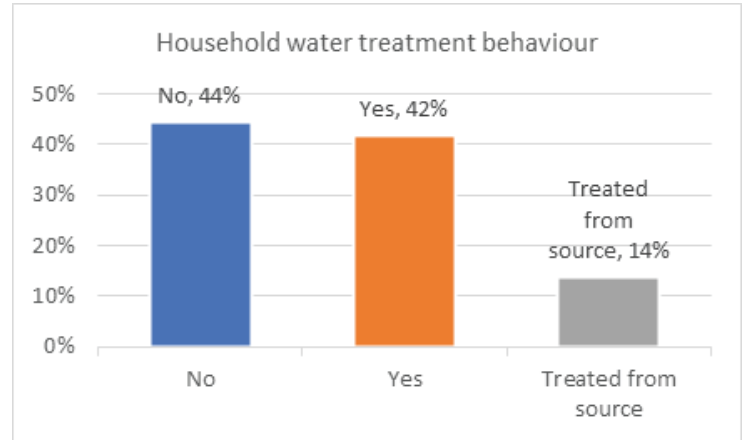
Water is stored mostly in rigid jerrycans 51%. Open bucket 29% collapsible jerrycans 11% open clay pot 4% sealed bucket 4% sealed clay pot 1%. Most houses are storing water in hygienically, open buckets and pots expose water to contamination. There is need to educate households on importance of covering water.





#### 4.6 Household Water Treatment Behaviour

Only 42% of the households treat water, 44% stated that they do not treat water, while 14% believed that the water they take is treated from the source.

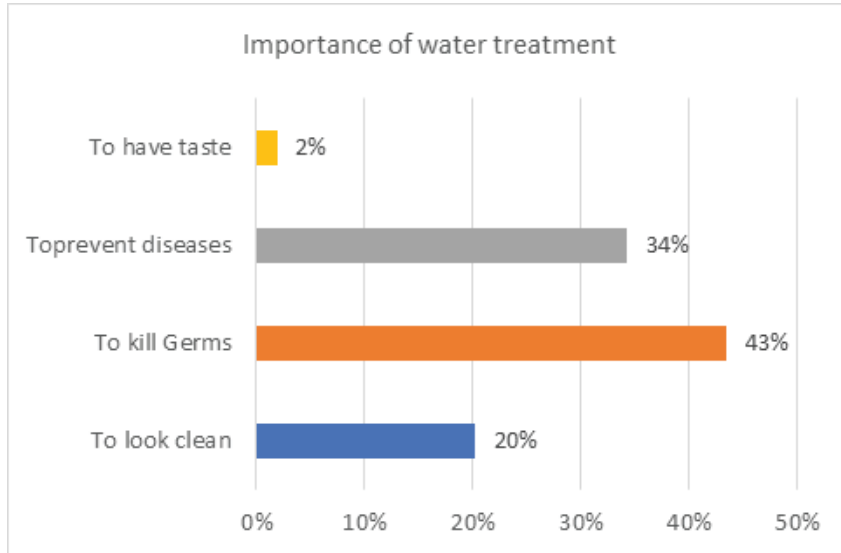


Out of the households that treat water, only 14% use water tablets, 59% of the households believe in boiling water, 29% stated that they use water filter, some 2% just wait for the dirty water to settle, the mud to settle down before they use. It is not clear at what temperature the water is boiled; most households may not achieve the right temperature above 100 degrees Celsius. This implies that most households are using unsafe water.



Stagnant water in Leer County Temporary Protection Area

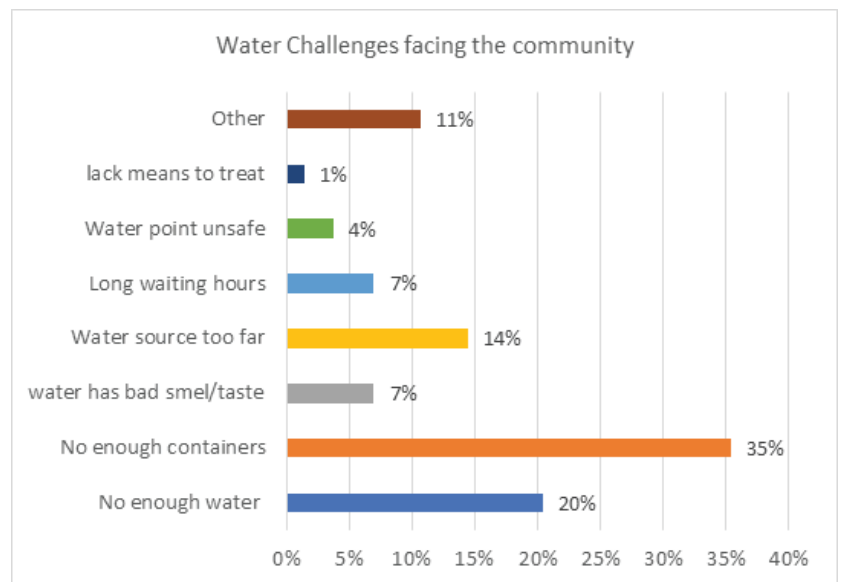
#### 4.7 Household Knowledge of Importance of Water Treatment



Findings indicate that most households treat water to kill germs 43% to prevent diseases 34% to look clean 20% to have taste 2%. There should be a link between awareness, knowledge and practice, the failure to link water treatment to disease prevention indicates lower levels of knowledge. The project should strive to link untreated water to diseases.

#### 4.8 Water Challenges Facing Household

Households were asked to name some of the challenges they face, 35% mentioned lack of containers, 20% said there is no enough water at the source, 14% mentioned water point being too far, 7% mentioned bad taste, bad smell and long waiting hours. Some respondents mentioned that they feel unsafe at going to the water points 4% while only 1% consider lack of water treatment tablets a challenge.

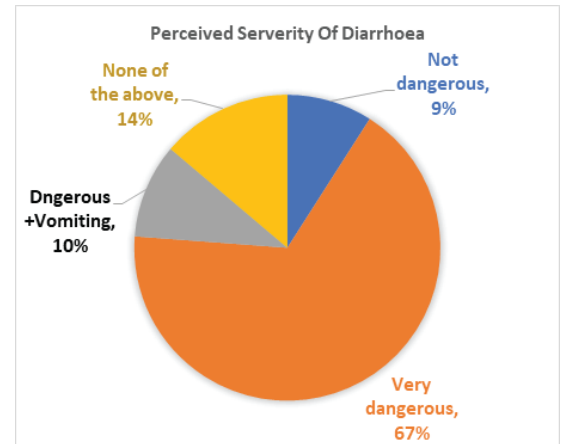


## 5.0 WATER, SANITATION AND HYGIENE BEHAVIOUR BARRIER ANALYSIS

### 5.1 Perceived Severity of WASH Related Diseases

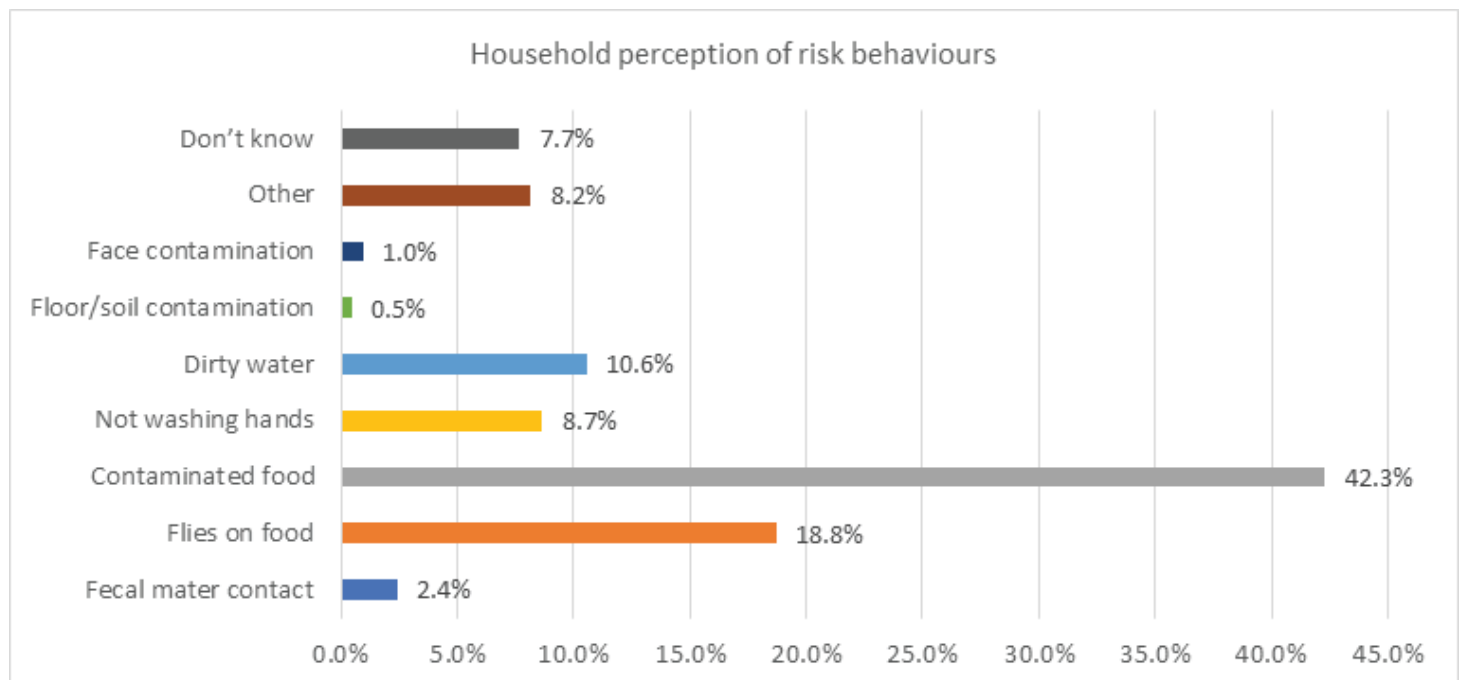
Community perceptions are a key indicator of behaviour change, individuals change behaviour if they perceive the disease severe, and that can cause death.

Findings indicate that 67% perceive diarrhoea as very dangerous, 10% perceive it dangerous when someone has diarrhoea and vomiting, 9% do not perceive diarrhoea as a dangerous disease, 14% have indifferent perceptions. The project should focus on raising the perceived severity of diarrhoea in relation to poor sanitation, hygiene and lack of water treatment.



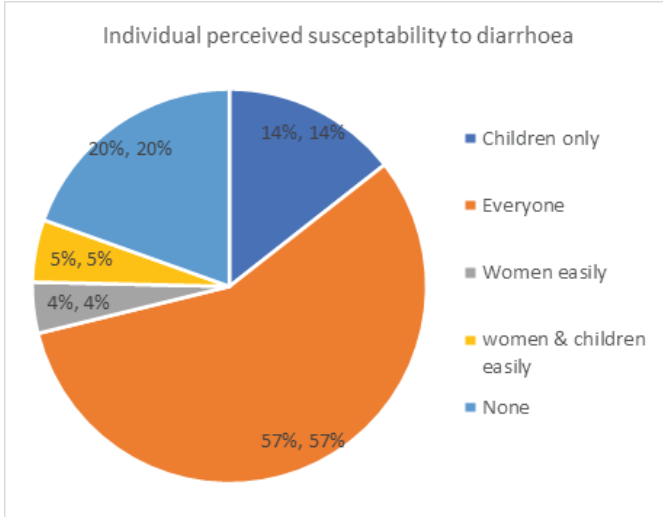
### 5.2 Knowledge and Awareness of WASH Related Diseases

To assess households' levels of perceptions of risk when they are in a given environment or situation, households were asked to state the causes of diarrhoea, a failure to link lack of a toilet or lack of hand washing to diarrhoea is in itself a barrier to adopting the desired behaviour. A majority believe that diarrhoea is caused by spoilt/contaminated food 42.3%. Only 2.4% are able to link diarrhoea to faecal matter contact, 8.7% link it to not washing hands, and 10.6% link it to dirty water. The project should strive to raise awareness and link diarrhoea to the desired behaviour they want households to adopt.





### 5.3 Perceived Susceptibility to WASH Related Diseases



People change behaviour when they perceive themselves vulnerable, susceptible that they can easily get the disease if they don't adopt the desired behaviour. Findings indicate that 57% perceived that everyone is susceptible including themselves, 14% perceived that only children can get diarrhoea, 5% believe women and children can get diarrhoea easily as compared to men, 4% believed women get diarrhoea easily compared to men. Others, 20% were indifferent, not even themselves can easily get diarrhoea

### 5.4 Motivation Towards Adopting Desired Behaviour

Individuals change behaviour when there is a strong compelling reason (motivation). Findings indicate that only 29% are motivated by the fear of getting diarrhoea and the fear of children getting diarrhoea. Motivators for constructing a toilet could be desire for privacy 9% desire for dignity 3%. Some 25% would be motivated by nothing. Project should focus on use of key motivators in communication messages.

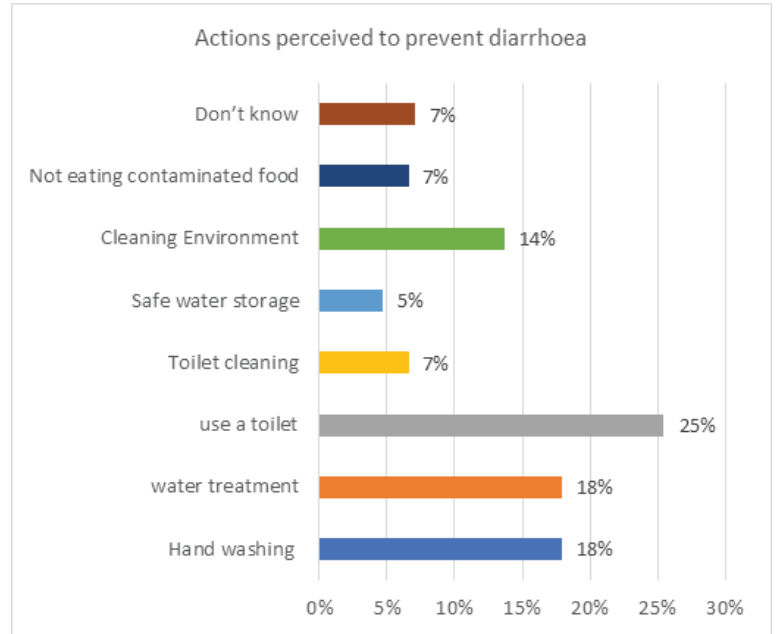


Stagnant water in Leer County Temporary Protection Area



### 5.5 Perceived Action Efficacy to Prevent WASH Related Diseases

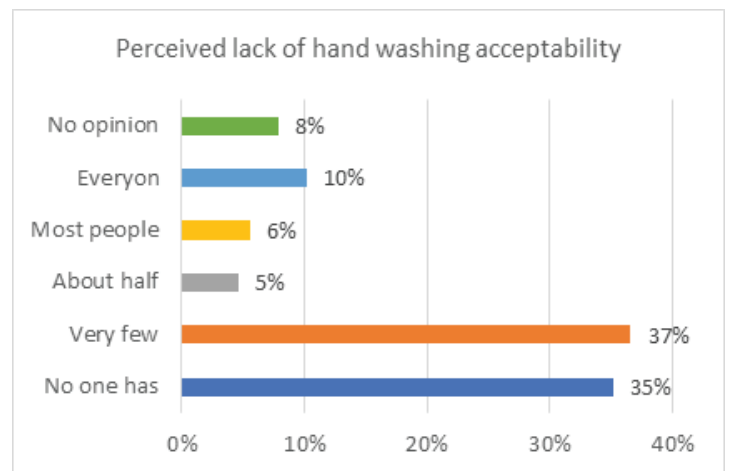
People change behaviour when they perceive the actions they are asked to take, to be effective in preventing the disease. Findings indicate that 18% believe hand washing prevents diarrhoea, another 18% believe in water treatment, 25% believe use of a toilet can prevent diarrhoea, 7% believe in toilet cleaning as a way of prevention, while 14% believe in cleaning the environment. Project should strive to link use of a toilet, hand washing, keeping toilets clean, water treatment as the key behaviours that can prevent diarrhoea



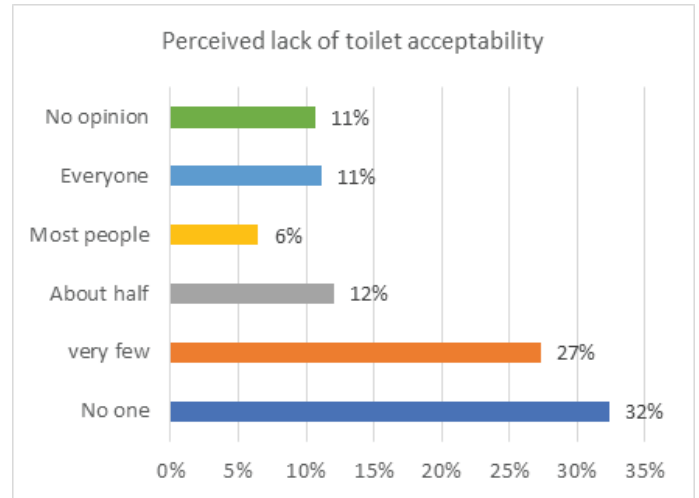
### 5.6 Perceived Acceptability of Poor WASH Related Behaviours

The establishment of a social norm supports behaviour change. Individuals change when they believe that everyone else in the community is expected to behave in a given way. Where most community members are thought not to practice the desired behaviour, community members become comfortable and this becomes a barrier to change.

Findings indicate that 35% believe no one has a hand washing facility, this implies that its ok not to have one. Another 37% believed very few have a hand washing facility, hence ok not to have one, only 5% think more than half, 10% think everyone has, 6% think most people have. The project should strive to establish a social norm through its communication, so that majority can start feeling that most people have a hand washing facility, this would make those who do not have to strive to have one

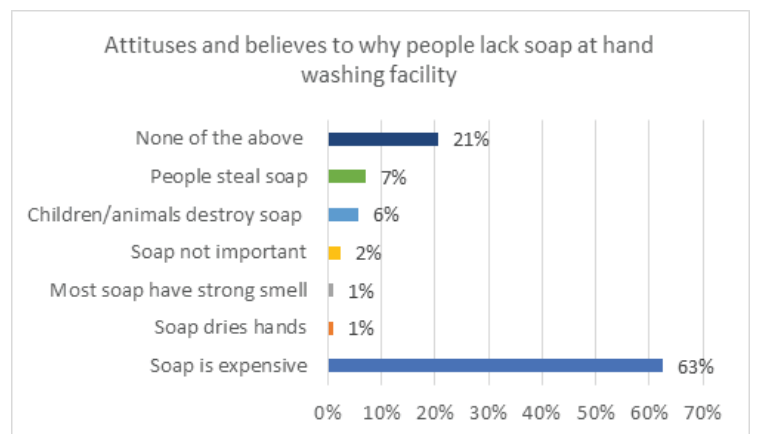


Open defecation behaviour becomes a way of life when the community perceives it acceptable. When people believe that a majority are practicing open defecation, it becomes a norm. Findings indicate that 32% believe no one has a toilet, 27% believe very few have a toilet if any, only 11% think that everyone has a toilet, 6% think that most people have a toilet. The thinking that everyone is defecating in the open is likely to be a barrier to behaviour change.



### 5.7 Attitude and Believe to Why People Lack Soap at Hand Washing Facility

Respondents believe that soap is very expensive 63% and that's why people do not have it at the hand washing facility. A further 21% did have a reason to why people lack soap, while 7% believed soap is stolen when place outside 6% believed children and animals destroy it. However, 2% believe soap is not important, 1% believe strong smell and the effect of soap drying hands make people not use soap for hand washing



Women fetching water in Leer County Temporary Protection Area

## CONCLUSION

Access to water sanitation and hygiene remains a challenge in Unity state, Leer county. Children, elderly, people with disability are the most affected, they are unable to use the available latrines, when sharing, the latrines are too far. Open defecation is now a norm that is deeply rooted in to the culture. There is lack of access to locally available materials, the soil structure is poor, needs reinforcement, this means a latrine made of locally available material will not last long. The area is prone to floods, latrines are likely to be swept away during rainy season, this is a health hazard, and households may not keep reconstructing after every rainy season. Social behaviour change communication is not enough to improve adoption of latrines in this community.

Most households do not have access to hand washing facilities, those who have, do not put water and soap. Households fear that soap is expensive, should be used on important things only, that children and animals destroy soap. This implies that the households are not practicing proper hand washing at critical times even though Covid-19 pandemic has increased the awareness on the importance of washing hands.

Access to water remains a challenge, as much a better percentage is accessing water through a public borehole, public open well, and rivers. Women are responsible for fetching water, the distance is far, they queue for long hours before getting the water. The water is also stored in open pots. The households boil water as way of treatment. Households may not meet the required temperature to kill micro-organisms. This implies that most households still take unsafe water.

It is hypothesized that, there is a high correlation between poor sanitation and literacy levels. The literacy level is also a problem, making it hard for project interventions to sufficiently link the dangers of poor sanitation to the practice. In the community, there is no functional radio station, the community recommends community meetings as a way of outreach, this is a challenge during this covid-19 pandemic.

## RECOMMENDATIONS

1. There is need for social behaviour change communication to deal with the culture, lack of knowledge and awareness. SBCC alone will not work, there is need for behaviour change enablers, by
  - Designing a toilet that can be used by the children, elderly and people with disability.
  - Subsidizing the cost of latrine construction by supplying part of the material.
  - Designing mountain toilets that can resist the floods
  - Improvising pit lining mechanisms that can hold the loose soils not to easily collapse
  - Households to be trained on how to make hand washing facility on locally available materials like used bottles and tins.
  - Households to be trained to make soap or use soap substitutes
  - There is need to supply households with water containers
2. Due to covid-19 restriction to gathering, absence of radio in the project area, the project should focus on use of door to door outreach, and use of public address system. The project can also utilize key NFI, FSL item distributions days to raise awareness on sanitation and hygiene.
3. Due to lower literacy levels, the project should consider Audio and Visual communication as opposed to written communication. Communication should be pictorial and facilitators to translate all
4. There is need to raise awareness on the responsibility of fetching water, the project should educate men that not only women can fetch water, fetching water can be a shared responsibility.
5. This report recommends further research through focus group discussions, a barrier analysis through focus group discussions should narrow down to the real barriers to adoption of latrines and community to provide local solutions to the problem.



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Baseline Survey, Unity State, Leer County, August 2020

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