

WASH KAP SURVEY REPORT
(Knowledge, Attitudes and Practices)
Mtendeli Refugee Camp Tanzania
November 2021



Norwegian Refugee Council
P.O BOX 66 Kibondo,
Tanzania

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I. Abbreviations and Acronyms

BDI	Burundians
DRC	Congolese
KAP	Knowledge Attitude and Practices
KII	Key Informants Interview
LPCD	Litres Per Capita Per Day
M & E	Monitoring and Evaluation
NFIs	Non-Food Items
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council
OD	Open Defecation
PSN	People with special needs
PWDs	People with Disabilities
TRCS	Tanzania Red Cross Society
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene

II. Acknowledgements

Many people contributed to the success of this KAP survey. We wish to acknowledge our donors who supported the survey, including UNHCR and NMFA as part of monitoring WASH services in Mtendeli refugee camp. To the role played in this KAP survey by Violeth Biphuye, the WASH Programme Manager and Albert Tarimo the Project Coordinator. WASH Officers, Deogratius Kimena, Mwanaasha Mkilindi, Ephrem Msangi and Willian Waya and the whole team is highly appreciated.

The survey couldn't have been successful without the tireless support from, Efraim Kabakulu and Valentino Sembe M&E Technical assistants in backstopping the enumerators. Thanks to all the NRC staff at both Mtendeli field and Kibondo area offices who have contributed in making the KAP Survey successful.

This report commends all the households who participated in the KAP survey on a short notice. Much appreciation to the men and women from the refugee community who availed themselves for the interview and contributed towards the findings in this report.

It has been realized that; the community is very much touched when they admit the dangers of not utilizing services availed to them properly and it is our hope that they will take appropriate actions to improve their own hygiene, water and sanitation situation. And as WASH lead, NRC to advocate for more funding where there are gaps and rectify where needs have been identified.

III. Executive summary

This report summarizes the findings for the Knowledge Attitudes and Practices (KAP) survey on Water supply, sanitation and hygiene promotion in Mtendeli Refugee Camp, conducted in November 2021. The sample size was arrived based on the Mtendeli Refugee camp population. The total population in Mtendeli was 10,989 Population comprising 10,976 Burundians and 13 Congolese (Tanzania Refugee Situation Statistical Report 31 October 2021).

Out of 2,576 households, 72 households interviewed from the two remained zones with the ongoing with an average of 30 households per zone. All data can be accessed through this website; <https://kobocat.unhcr.org/accounts/login/?next=#/>. The purpose of the survey was to assess WASH services in the camp, monitor the progress of NRC WASH activities funded by UNHCR and NMFA.

The broad purpose of the survey was to inform NRC on the results of WASH project based on Knowledge, Attitude and Practice of the beneficiaries in line with the intended outcome of the Project. The internal survey is to strengthen accountability to donors, stakeholders and beneficiaries to draw lessons from their feedback to inform future WASH programs.

The KAP survey information was gathered against the following characteristics of interest:

1. Water collection and storage
2. Drinking water and Hygiene
3. Hygiene Promotion
4. Sanitation / latrine
5. Dissemination of hygiene messages
6. WASH related diseases and health seeking behaviour
7. Menstrual Hygiene Management
8. Gender and Protection Mainstreaming

IV. Background and Context

NRC has been delivering assistance in Mtendeli camp since January 2017. The focus been on emergency assistance to the Burundian and Congolese and asylum seekers residing in the camp. In particular, NRC Tanzania has been providing the affected population with shelter, WASH and Education. Later in 2020, as WASH lead Organization, Norwegian Refugee Council received funding from UNHCR, NMFA and DFID in order to safeguard equitable and full access to services and protection for persons of concern (PoCs) living in Mtendeli camp.

The total population in Mtendeli was 10,989 Population comprising 10,976 Burundians and 13 Congolese (Tanzania Refugee Situation Statistical Report 31st October, 2021). For accountability purposes to both donor and the beneficiaries, NRC has established an M&E system; therefore, as a routine monitoring activity, NRC has conducted an assessment to identify the gaps in the process for services improvement and find out information in line with the following objective stated below.

VI. Survey Objectives

The WASH program is one of the pillars of NRC's intervention in Tanzania. NRC conducted an assessment to evaluate the knowledge, attitude and perceptions of beneficiaries to monitor the quality

of WASH services provided in Mtendeli camp. This will also determine the usage and the beneficiaries' feedback on the services provided.

This would then be used to establish the benchmark by which implementation impact could be gauged and suggest recommendations for the implementation given the context. The survey results will guide the implementation and benchmarking of project effectiveness to both NRC and other agencies working in the camp.

The specific objectives of the survey

- To provide Water and sanitation coverage data so as to determine the gap resulted from dilapidation of sanitation facilities due to wear and tear as most of the refugees have been in the camp for more than 3 years.
- To provide data/information on hygiene practices in Mtendeli Refugee camp whose which will be used to measure the change resulted of from interventions compared to the previous KAP survey at the commencement of the project.
- To provide data which provide a planning figure for actual gaps in terms of water supply, latrine coverage, and also in consideration of the increasing refugee needs and inform future projects.
- To get information on the people living with disabilities and people with specials and identify the gaps to be addressed in the camp.

Generally, the survey findings will be used to inform donors, Government Ministries and other partners responding to the refugee situation and for NRC to monitor the progress of the implementation of project activities in Mtendeli refugee camp. The results will also be compared with the previous KAP survey to measure changes resulted from WASH interventions in the camp.

VII. Methodology

NRC employed mixed method approach using both qualitative and quantitative data collection methodology. Both types of data were analysed disaggregated by gender and location. A survey method using structured questionnaires was used for data collection. Data collection was done through household interviews. The data collected was entered and uploaded to Kobo online system to be cleaned and analysed by the M&E team while Project manager and WASH Coordinators did the interpretation of the data.

As part of the methodology, the survey team conducted desk review. A set of key documents were reviewed, including: UNHCR Refugee Situation in Tanzania – as of 31st October 2021. NRC monthly operational reports from December, 2020 through October, 2021, UNHCR and NMFA Log frames, present KAP Survey Questionnaire, WASH KAP Survey report: April, 2021 and the implementation plan(s).

Survey Area and Sample Frame

The survey area was Mtendeli Refugee camp, comprising of both refugees and asylum seekers, majority being Congolese and Burundians. The exercise took place from 18 November to 19 November 2021. The camp is comprised of mainly Burundians.

A simple random sampling method used to select 72 households, out of 2,576 households from both Burundian and Congolese for inclusion as part of the sampling strategy for the assessment.

Indicators and Questionnaire Elaboration

The Survey team pre-tested the data collection tool for consistency, accuracy and user-friendliness. NRC adapted the global UNHCR WASH KAP Questionnaire.

The indicators for the objectives based on the ongoing projects key outcomes targets, include the following;

- a. # Litres of water per person per day (l/p/d) available through water points (22lts of water per person per day)
- b. 90% of beneficiaries who report using a sufficient (20 l/p/d) amount of safe water for daily use (e.g. drinking, cooking & hygiene)
- c. 90% of beneficiary households who report or are observed queueing at tap stands within recommended 30 minutes.
- d. 99% of beneficiary households who report or observed to walk not more than 200m to nearest water point
- e. 95% of beneficiary households with no visible evidence of human faeces/rubbish in or around the immediate living area
- f. 85% of new or rehabilitated communal/ household latrines, which are clean, secure, and fit for use.
- g. 80% of households with drop-hole latrine or drop-hole toilet (Congolese)
- h. 75% of households with drop-hole latrine or drop-hole toilet. (Burundian)
- i. 85% of PoC with knowledge in basic hygiene practices

Ethics and Consent

NRC places a strong emphasis on the issue of ethics in data-oriented activities. In line with NRC's and UNHCR broad policy guidelines, the survey had observed the following ethical standards in collection and management of data and information pertaining to beneficiaries and other stakeholders:

1. Adoption of informed consent and voluntary participation procedures, including written and oral consent
2. Ensuring either written or oral consent is secured from participants
3. Adopting appropriate confidentiality procedures sensitive to the needs of the target groups and more specifically children, in case they are also participating
4. Respecting the dignity and autonomy of those participating in the data collection activity
5. Where children are involved, ensuring that the best interest of the child is taken into account and that the costs to their participation do not outweigh the benefits.
6. Being sensible and prepared in terms of understanding and being mindful of cultural, religious, gender and other significant considerations within the communities in planning, conducting and reporting findings.

7. Ensuring that all staff and external parties contracted to undertake specific M and E tasks are adequately briefed of the above ethical issues and they sign to indicate willingness to adhere and be held accountable in case of a breach.

Recruitment and Training

NRC recruited the enumerators from the refugee population with the following qualifications:

- Experience in similar surveys as part of their job routine including the use of digital data collection gadgets.
- Knowledge of local culture including language proficiency
- Knowledge of local/camp geography
- Gender representation
- Their availability during data collection period
- Data collectors were introduced on the Purpose and background of the survey and trained on;
- Ways of accessing the sampled population through matching of the expected numbers of interviews per villages and zones.
- Understanding the study tools especially the questions in the questionnaire.
- Possible survey setbacks and how to circumvent them
- The importance of accuracy and how to achieve it
- Accurate translations to native language.

To be familiarized with the survey tool and sample specification; the enumerators were trained for two days.

Data Collection

NRC applied the survey method, the WASH KAP questionnaire used in this study was adopted from UNHCR. A draft questionnaire was subjected to a pre-test, resulting in modifications to the questionnaire in terms of translations. The interviews averaged 40 minutes in length.

Data collection was done using Kobo application platform from 18th November through 19th November 2021 by trained enumerators (9) from the refugee community.

Data Quality Control Measures

In addition to enumerators training, both qualitative and quantitative data gathered, per the definition made in the study tool. The methodology used in the survey enhanced accuracy and statistical quality. The questionnaire was piloted prior the actual data collection. M&E team provided backstopping to enumerators during data collection. For data cleaning and initial analysis, the information captured was reviewed and uploaded every evening, this was also to avoid any loss or tampering while also ensuring that the phones were secured and fully charged.

All data was collected electronically; archived in the kobo toolbox website; <https://kobocat.unhcr.org/accounts/login/?next=/#/>

Camp population data and existing map used to identify the villages and guide the enumerators. The study designed to triangulate information to enhance validity. Further validation came from WASH team when approached for review of the of the draft report.

Data analysis:

The analysis used UNHCR WASH KAP Analysis tool to provide infographic information for UNHCR WASH core indicators. While for the variables not configured in the analysis tool, Pivot tables as an alternative. Descriptive statistics such as proportions was to summarize the categorical variables.

Limitations, Challenges and Lessons Learnt

Language

The language applied was both English and Kiswahili. Enumerators used Kiswahili version, translation into Kirundi carried out when interviewing respondents who did not understand Swahili.

VIII. Key Results and Findings

Global WASH Indicators

Legend on computed indicators' colors:	Main indicators for the surveyed population							Secondary indicators for the surveyed population			
Above Emergency and Post-Emergency Standards level	1 - Average liters of potable water/per person/per day collected at HH level	2 - % HHs with at least 10 l/p protected water storage capacity	3 - % HHs collecting drinking water from protected/treated sources	4 - % HHs with family latrine/toilet	5 - % HHs reporting defecating in a toilet/latrine	6 - % HHs with access to soap	7 - % HHs with access to solid waste disposal facility	8 - % HHs with access to a specific hand-washing device	9 - % respondents knowing at least 3 critical moments when to wash hands	10 - % HHs practicing open defecation. **Includes defecating in the bush at night.	11 - % HHs having access to a bathing facility
Between Emergency and Post-Emergency Standards level											
Below Emergency and Post-Emergency Standards level											
Emergency Standards	≥ 15	≥ 70%	≥ 70%	-	≥ 60%	≥ 70%	≥ 70%	≥ 70%	≥ 60%	0%	≥ 70%
Post Emergency Standards	≥ 20	≥ 80%	≥ 95%	≥ 85%	≥ 85%	≥ 90%	≥ 90%	≥ 90%	≥ 80%	0%	≥ 90%
Population surveyed (dataset 1)	23.2	80.6%	100.0%	98.6%	98.6%	100.0%	93.1%	33.3%	100.0%	31.9%	58.3%

Table 1: Global Wash Indicators

Water supply

The survey findings shown that the average liter per person per day for camp was 23.2l/p/d this indicates that the average litres of potable water/per person/per day is within the post emergency standards (20l/p/d).

Additionally, the survey indicated that 100% of the households accessed drinking water from protected/treated sources. Despite the fact that most of the population-accessed water from treated sources, WASH actors should maintain the community sensitization measures.

Regarding amount of water supplied, the findings portray that 71% of the households were receiving enough water that is 20 or more l/p/d. This was despite the fact that, the KAP survey was amidst camp consolidation, when the camp had remained with two occupied zones, while the water supply system had remained the same; the main reason was due to shortage of water storage and collection container at the household level.

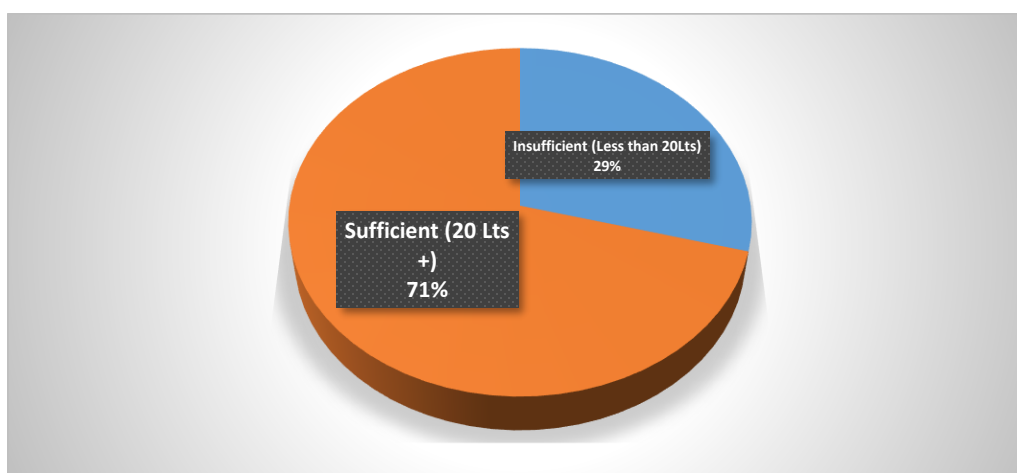


Figure 1: Sufficient amount of water supplied

Regarding the main reasons for not having sufficient amount of water was that the beneficiaries did not have enough storage containers. In future programming, water supply improvement needs to consider provision of enough water storage containers for both caseloads.

Regarding water collection time, the survey finding depicts that 100% population collected water within 30 minutes as per sphere standards.

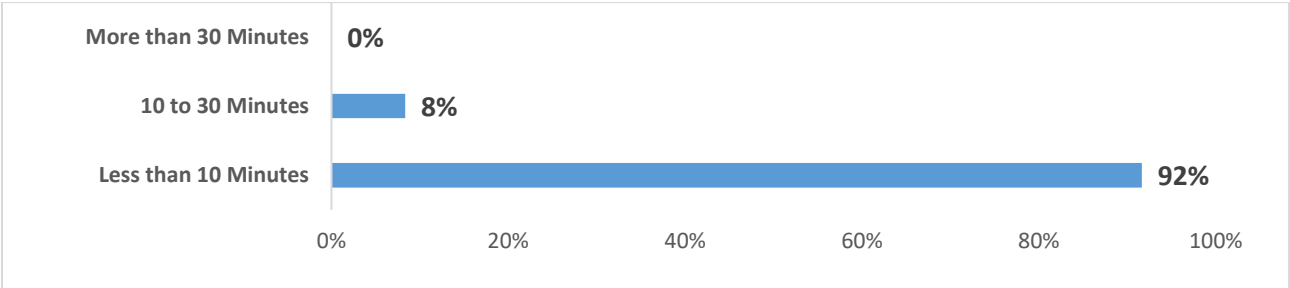


Figure 3: Waiting time at tap stands.

Conclusion

- 1. The entire camp get drinking water from the treated water source; shortage of water storage containers has remained the biggest gap.
- 2. With shortage of water storage containers at the household level, a number of beneficiaries’ households cannot collect and store enough water to cater for their daily needs.

Recommendations:

- The upcoming budget revision to should factor in purchase of water storage facilities for the entire camp population, regardless of family size, since shortage of storage containers has appeared as the major reason for insufficient water to cater for domestic uses.

Water Quality

Concerning water quality, 93% households appreciated the quality of water provided in the camp, while 6% said that water provided is not clear in color and 1% reported that water had unpleasant taste.

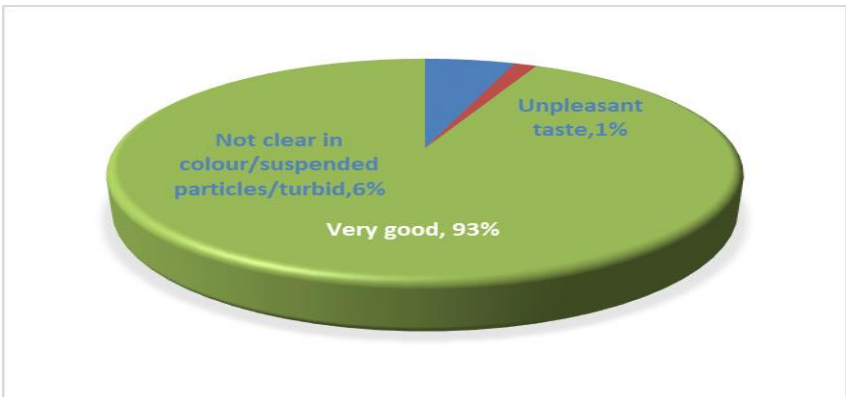


Figure 4: Community opinions on quality of water

Sanitation

On the latrine use the survey captured the following variables; -

- **Access and use**

The findings on latrine use and cleanliness revealed that 98.6% relieve themselves in household’s latrines. This signifies that majority of the camp population are using the household latrines. However, “other” as kind of open defecation may have direct impact to beneficiaries’ hygiene and health condition.

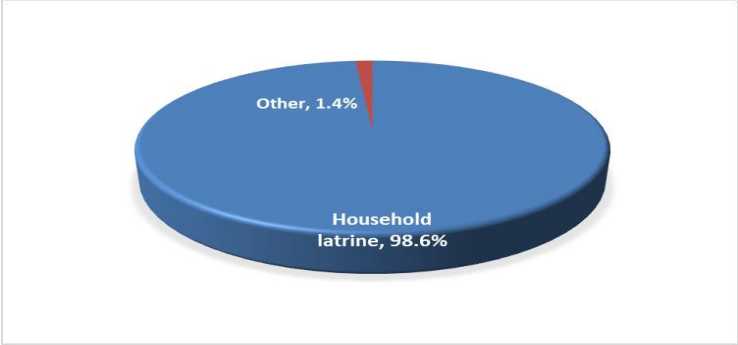


Figure 5: Where household members usually defecate

- **Under five latrine use**

Specifically for children, the results indicated that, less children use latrines; 31.9 do open defecation, 15.3% used household latrines, 9.7% used plastic pots, 1.4% used communal latrines.

However, to manage under five children faeces, 97% of the households collected and disposed them in the latrines. The findings entails that there is still a need for plastic potties and empowerment of hygiene promoters to enthusiastically relay hygiene messages during sanitation campaigns and routine monitoring activities.

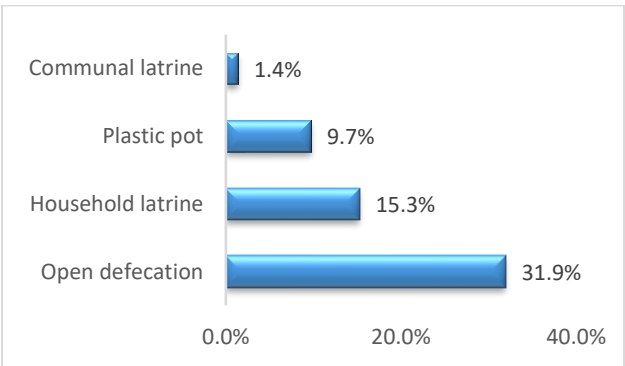


Figure 2: Where under5 children usually go to defecate

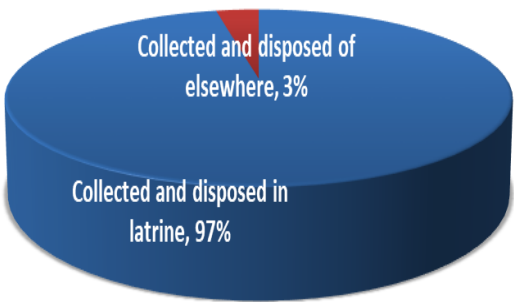


Figure 3: Management of under five Children faeces

- **Latrines’ condition**

Regarding the state of the latrines, 94% latrines were clean, of which 87% were not full. The existence of full latrines and dirty latrines is indicative of the presence of dilapidated household latrines and communal/family shared latrines, which tend to fill faster. Additionally, to control open defecation among adults, future programming should consider provision of solar lamps, as alternative to improve security during the night.

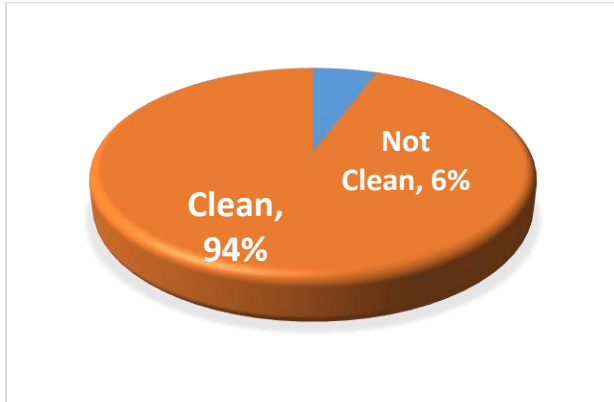


Figure 4: Latrines condition

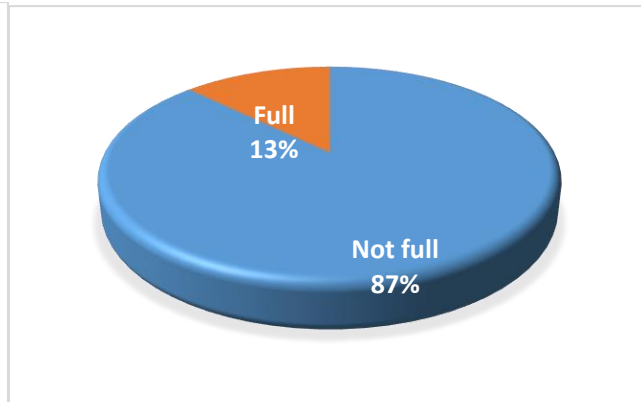


Figure 5: Latrine status

- **Handwashing station and use**

With regard to presence of handwashing stations at the household level, the findings portray that fewer households had handwashing stations; 32% households had handwashing stations at, 33% had specific handwashing devices in their household. Among the households with specific handwashing devices, 88% had water, of which 83% had soap. This signifies that most individuals do not wash their hands immediately after visiting the latrines. Thus, a need to ensure: timely provision of handwashing facilities, regular maintenance of latrines, availability of anal cleansing materials and soap across the camp.

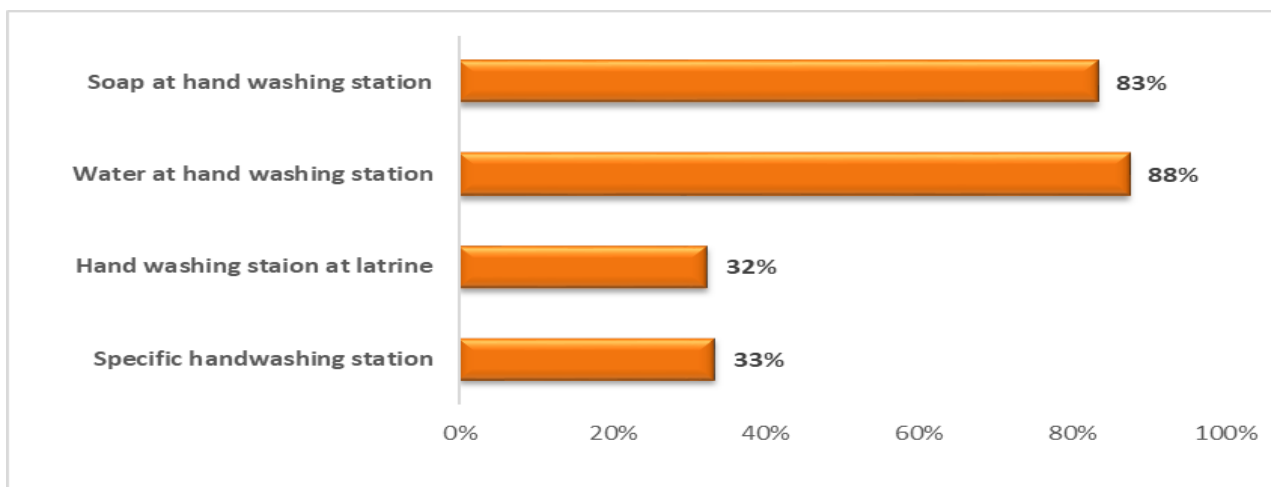


Figure 6: Handwashing devices, water and soap presence at the household

Regarding provisional of bathing shelters, survey findings portray that 58% households had designated shower/bathing facility. This means there is a need to increase the coverage of bath shelters materials, which will result for latrines to last longer.

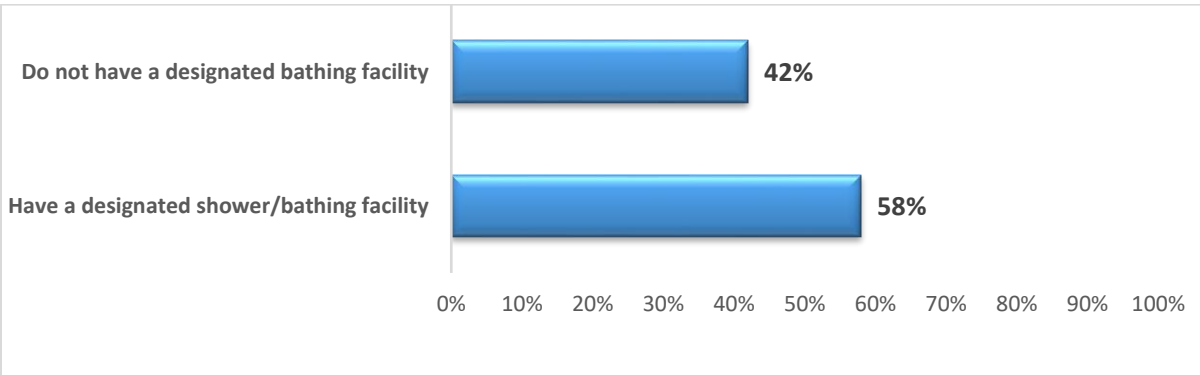


Figure 7: Households with designated bath shelter

Regarding sanitation services to PSN, the survey findings shows that 22% of the households had people with disabilities. Among the household with people living with disabilities 69% had access to special PSN latrines, while 45% PSN latrines appropriate to their needs had access. This calls for a need to collect information on beneficiaries with disabilities and plan to construct appropriate facilities for them.

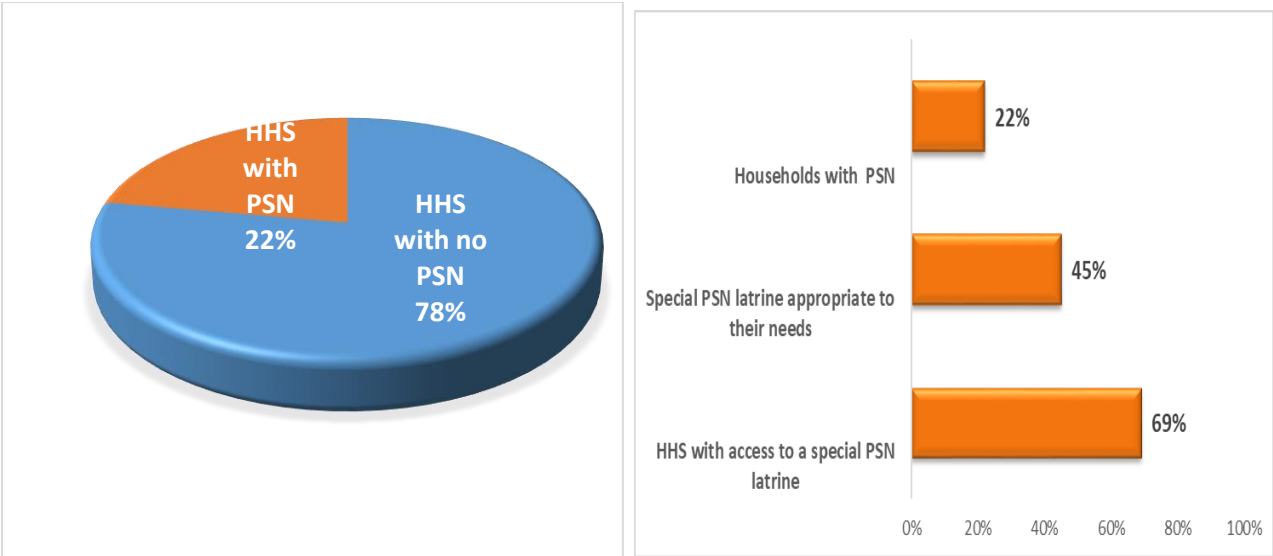


Figure 8: Households with PSN

Figure 9: PSN with access to latrines/special facilities

Waste Management

Regarding waste management; majority of the households used proper waste management measures. That is, 90% used household pits, 3% used communal pit, 3% used designated open area 3% reported other, 1% of the households burn it. This implies that there is an improvement; although, there is a need for community involvement in solid waste management to cater for sustainability from a livelihood lens.

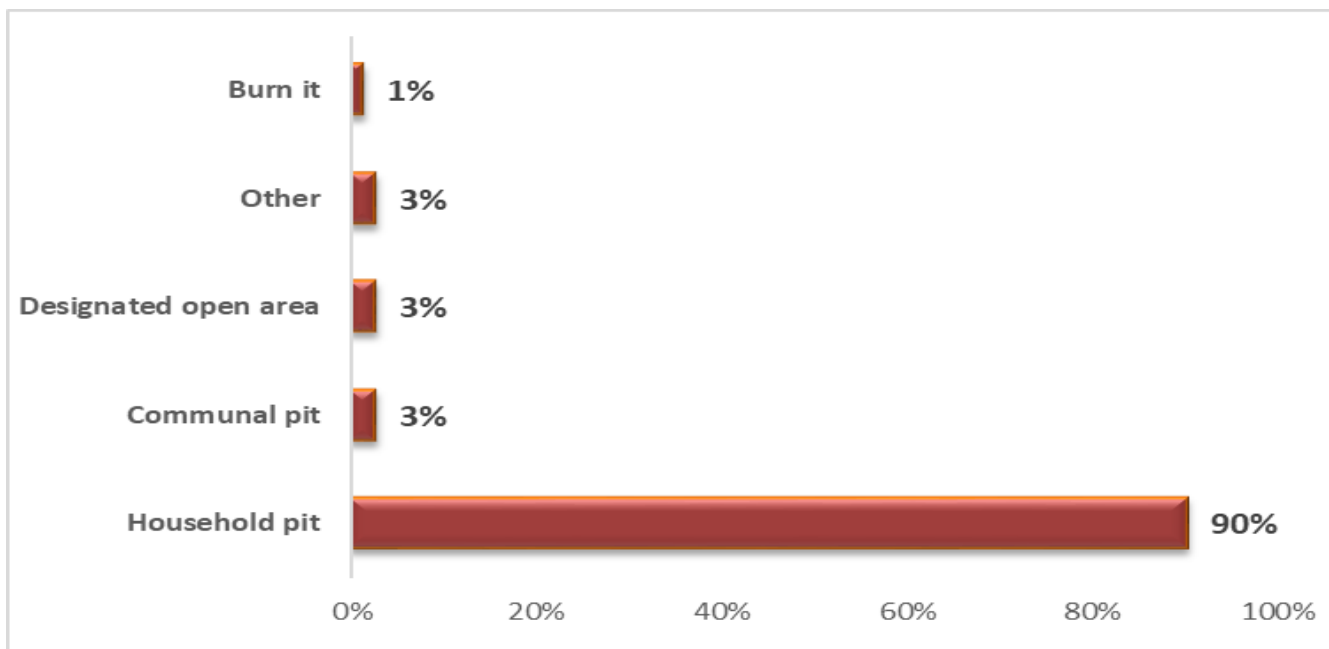


Figure 10: Where household dispose of domestic waste products.

Hygiene

With regard to hygiene promotion to beneficiaries preceded by access to soap, 100% of the household had soap during the survey period.

The survey indicates that, 68% of the households are aware for the key hygiene messages of which 40% could name at least five messages. The five key hygiene messages mentioned by majority of the households were, 64% handwashing, 67% food hygiene, 51% households reported on environmental cleanliness, 49% mentioned on safe water chain and 50% of households reported on safe excretal disposal. Despite these improvements, there is a need for continuous community sensitization on hygiene promotion and awareness.

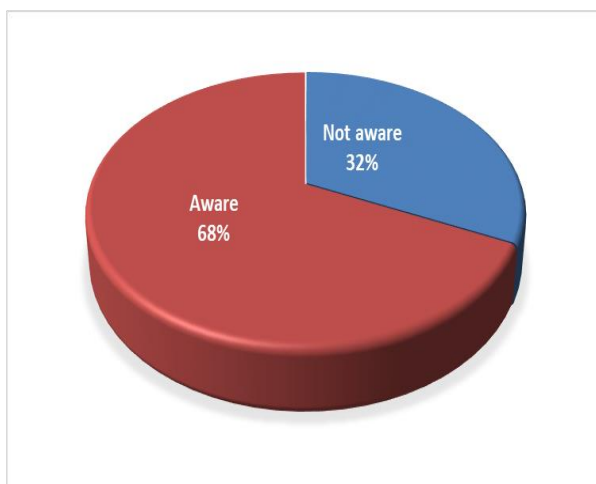


Figure 11: Awareness on key hygiene message

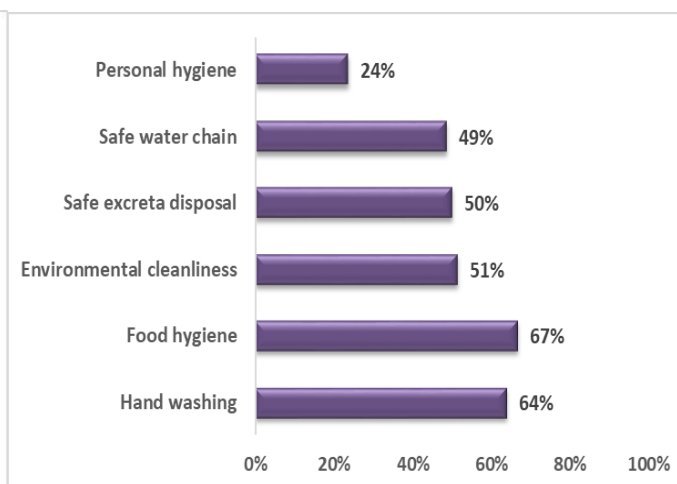


Figure 12: Key hygiene messages

Regarding, handwashing practice, the finding portrays that 29.17% of the Households could name at least three of the most important times when someone should wash their hands. However in specific hand washing times, the findings indicated that, 99% washed hands before eating 72% washed hands after defecation and 76% washed hands before cooking or meal preparation These findings signify that there is a need of having continuous community sensitization to beneficiaries on hygiene promotion and awareness.

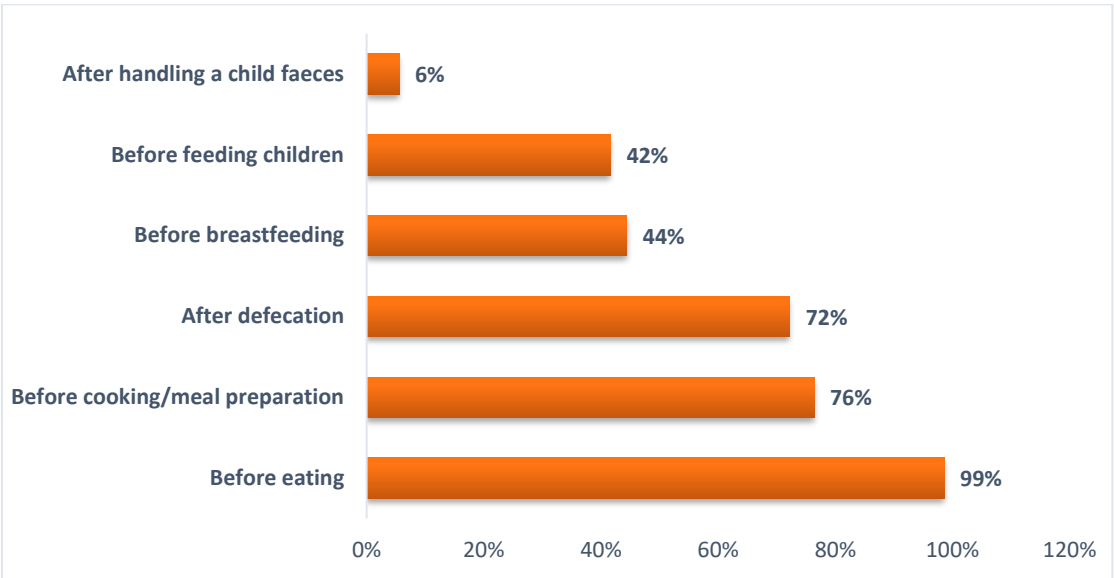


Figure 13: Most important times for washing hands

Regarding diarrhoea prevalence, knowledge and health seeking behaviour, the survey depicted that 91.2% had no diarrhoea-related adult cases in the recent days (100.0% Burundian, 82.5% Congolese) while 34.8% had under five (5) diarrhoea-related cases (39.6% Burundian, 30.0% Congolese) which portrays a significant increase from 27.6% (KAP Survey, April 2021). This implies that there is a need for more forums for dissemination of hygiene promotion messages for improvement of knowledge and hygiene practices among the refugee community.

IX. Discussion

This section provides an overview and summary of key analytical points of the survey. Generally, the refugees in Mtendeli camp were satisfied with WASH services, however the survey have raised some concerns that need to be intervened for the WASH implementing partner to offer comprehensive services in the camp.

Access to improved water supply and related hygiene practices

The water supplied to the camp is above 20 litres per person/day, which portrays a significant increase from 18.1l/p/d in December 2020. The population in Mtendeli had eight boreholes, but during the survey, it has been receiving water from 5 boreholes.

Water supply at household level has significantly increased influenced by provision of water storage containers to some households. There is a need to provide more storage containers for all the household sizes for them to adopt effective hygiene practices. Water quality has also improved as water provided no longer has unpleasant smell

or causing stomachache like in the previous KAP surveys. Moreover, 100% of the beneficiaries feel safe on your way to the nearest tap stand or at the tap stand.

- a. There are few protection concerns, that some individuals felt unsafe when they go to collect water at tap stands. The survey recommends that there is the need to assess further the safety and privacy issues, which might hinder beneficiaries' access to services. Therefore, in future programming should consider provision of solar lighting at strategic locations.

Access to improved Hygiene Practices

- a) Generally, the community has basic knowledge on the hygiene key messages, which has eventually improved their practices as well.
- b) Hand washing with soap and clean water after visiting the latrine is not in practice consistently as expected, because latrines do not have handwashing stations and the available handwashing stations are not equipped with soap and water.

Access to improved Sanitation and Related Hygiene Practices

- a) Irregular or limited distribution of cleaning materials including water storage containers.
- b) There is a gap concerning hygienic use and maintenance of sanitation facilities, there is a number of latrines, which are full (13%) but still in use, and some latrines are rarely cleaned, major reason being lack of cleaning materials.
- c) Limited resources for motivating WASH committee members to scale up the adaptation of improved sanitation.
- d) Limited provision of safety gears to facilitate hygiene and sanitation promotion in the camp. With funding reduction, NRC need to engage with beneficiaries in handling the matter in a sustainable manner
- e) Presence of hard rock in some zones limits the construction of deep pit latrines as a result the latrines fill fast.

Wash facilities for persons with disability

The proportion of persons with disability (PWDs), was reported to be sizeable in the community. The survey had some findings that indicated there was suboptimal coverage WASH facilities designed specifically for people living with disabilities.

Safety and Security

The proportion of protection concerns raised in the survey, when members of the household wanted to access a particular WASH service is rather negligible, however precaution measures should always be considered when setting up service points.

Sited Problems based on Observation and Oral Feedback from the Enumerators

- i. Open defecation amongst children has significantly decreased in the camp, influenced by provision of plastic potties by NRC 2020 and early 2021 to under five (5) children.
- ii. Inadequate and dilapidated household-based water collection and storage facilities
- iii. Very few households have handwashing stations and necessary supplies for handwashing

Hygiene

- i. Shortage of cleaning materials at both community and household levels, example hand washing facilities, soap, brooms and buckets
- ii. Inadequate provision of excavation tools for example shovel spade, and pick axe to facilitate community own initiatives to dig their own pits and other cleaning activities. More sustainable approaches to be discussed with the beneficiaries to address ownership and self-reliance during FGDs.

Open Defection

Open defecation is mainly practiced by young children.

Key reasons for open defecation were:

- i. Lack of enough potties for children under five years.
- ii. The community has some level of knowledge about the risks of open defecation, notably contamination of water and ground, however, hygiene promotion mass campaigns should continue.
- iii. Carelessness of children caretakers

Maintenance of Latrine Hygiene

For individual household latrines, it is the household's responsibility to maintain the latrine in hygienic conditions. For the communal latrines, the households sharing the latrines are responsible for organizing the cleaning and proper uses. Latrine cleaning materials are readily available when required; there is a need to change the system of managing the provided cleaning kits.

Solid Waste Management

With camp consolidation process, there was more space, thus a number of households had access to designated solid waste disposal facilities unlike the previous situation.

Table 2:

Survey results for Key Projects Outcomes Indicators			Finding
Indicator	Baseline	Target	Achievements
# of litres of water per person per day (l/p/d) available through water points	23.5	22	23.2l/p/d
% of households collecting water from protected or treated source	99.5%	95%	100%
% of beneficiaries who report using a sufficient (20 l/p/d) amount of safe water for daily use (e.g. drinking, cooking & hygiene)	49.05%	90%	71%
% of households with at least 10lppd potable water storage capacity	53.3%	80%	80.6%
% of beneficiary households who report or are observed queueing at tap stands within recommended 30 minutes.	89.04%	90%	100%
% of beneficiary households with positive chlorine residual (0.2-0.5mg/l) in drinking water supplies.	90%	99%	99.7%
% of beneficiary households who report or observed to walk not more than 200m to nearest water point	35.71%	90%	91.67%
% of beneficiary households with no visible evidence of human feces/rubbish in or around the immediate living area	70%	95%	94%
% of new or rehabilitated communal/ household latrines, which are clean, secure, and fit for use.	79.49%	85%	94%
% of households reporting defecating in a toilet.	94.8%	85%	98.6%
% of households with drop-hole latrine or drop-hole toilet.	48%	63%	98.6%
% of beneficiary women and girls who report safe menstrual health management during the 2 months following distribution	65.45%		94.7%
% of PoC with knowledge in basic hygiene practices	-	85%	68%
% of households knowing at least 3 critical moments when to wash hands	97.1%	85%	100%
% of households with access to a designated solid waste disposal facility	82.9%	90%	93.1%
% of households with soap for handwashing	83.8%	90%	100%

X. Recommendations

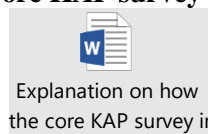
- i. The WASH lead to conduct thorough analysis on water tested, to improve the quality of water supplied in the camp.
- ii. The observed number of full and dirty latrines calls for the need of closer monitoring of latrine status and plan for maintenance, decommission, replacement and hygiene sessions with the refugee community.
- iii. The indication of a huge number of children who defecate outside the latrines calls for a need of provision of more potties and continuous sensitization on hygiene and mass campaigns.
- iv. The suboptimal coverage of WASH facilities amongst people with disabilities calls for a need to identify individuals who have disabilities and plan to increase number of facilities appropriate for them.
- v. Develop and deliver direct messages on safe handling of faeces from the people who cannot use latrines elderly, physically challenged, the mentally challenged and the babies.
- vi. Regular tap stand monitoring should be prioritized to ensure proper uses of water and reduce the amount of water lost through unattended taps.

X. Conclusion

- i. Access to basic sanitation is good, but there is a need to replace all the shared latrines and filled up latrine to reach the post emergence requirements. Household latrines will create a sense of ownership thus; hygiene and sanitation of facilities will be taken care.
- ii. The fact that there is open defecation at some households and faeces in some latrines raises the risks of faecal-oral disease transmission in the process of handling faeces from those who do not use latrines.
- iii. Most of the household no longer have the hand washing station; thus, unable to adhere to appropriate hand washing practices that would make it possible to readily wash hands near the latrines and kitchens with flowing water. This calls for the provision of hand washing containers at the latrine exit points.
- iv. There exists a gap for potties and adoption of proper handling and disposal of under five children faeces.

XII. Annexes

Calculation of Core KAP survey indicators



WASH KAP Survey Questionnaire



**KAP Survey
Questionnaire_Nove**