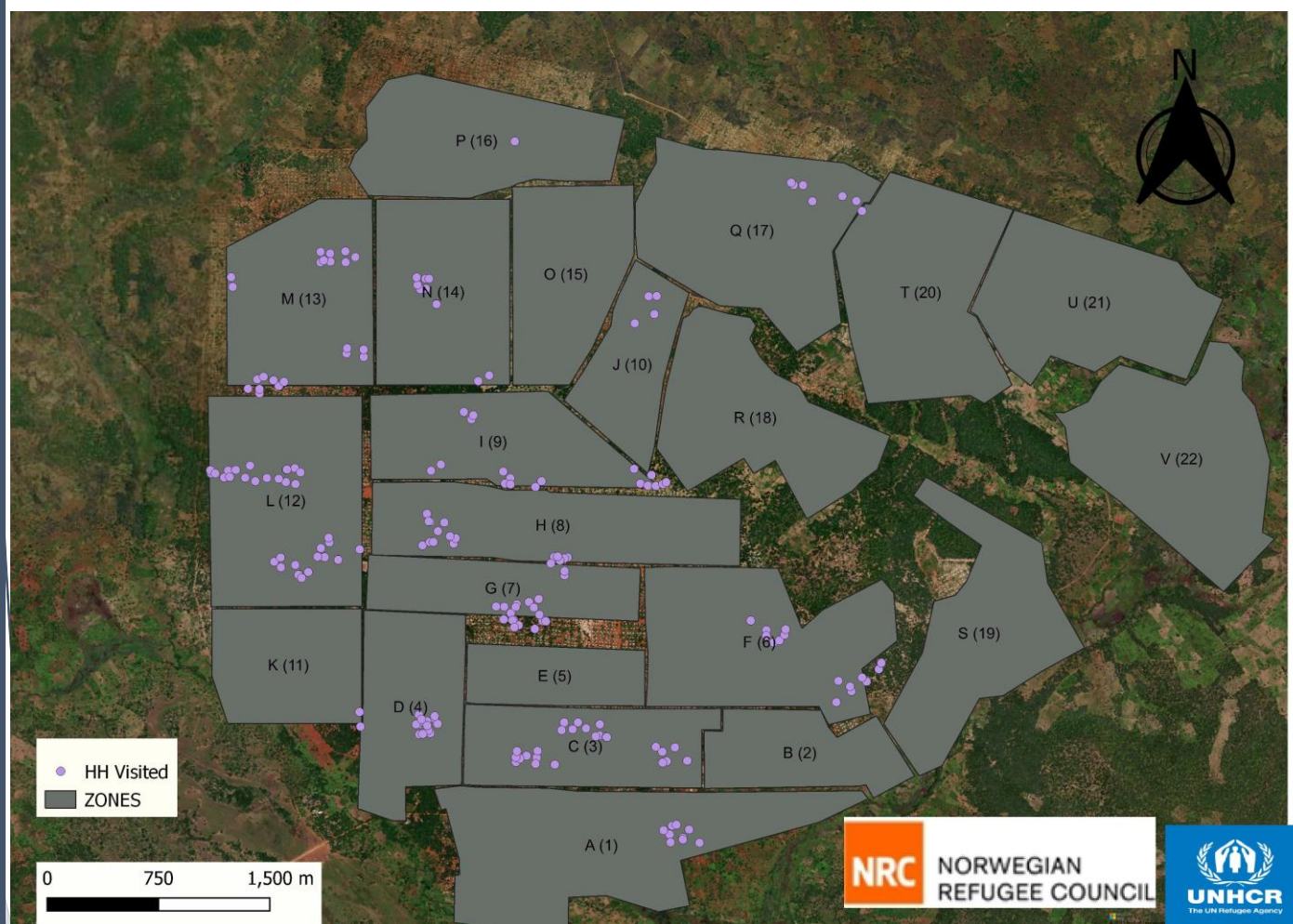


WASH KAP Survey Report (Knowledge, Attitude and Practice) Nduta Refugee Camp

November 2021



Norwegian Refugee Council

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Contents

I.	Acknowledgements.....	iv
II.	Abbreviations and Acronyms.....	v
III.	Executive summary.....	vi
	I. Key findings: Water collection and storage.....	1
	II. Key findings: Sanitation.....	1
	IV. Key findings: Personal and Household Hygiene.....	2
	V. Key findings: Safety and Security	2
	Conclusions	2
	VI. Recommendations	3
IV.	Background and context	Error! Bookmark not defined.
V.	Survey objectives	Error! Bookmark not defined.
VI.	Methodology	Error! Bookmark not defined.
	Survey area and sample frame	Error! Bookmark not defined.
	Sampling size and methodology	Error! Bookmark not defined.
	Indicators and questionnaire elaboration	Error! Bookmark not defined.
	Ethics and consent	Error! Bookmark not defined.
	Recruitment and training.....	Error! Bookmark not defined.
	Data collection and quality control measures	Error! Bookmark not defined.
	Data analysis plan	Error! Bookmark not defined.
	Limitations, challenges and lessons learnt	Error! Bookmark not defined.
VII.	Key results and findings	7
	Water supply.....	7
	Water Quality.....	9
	Sanitation	10
	Waste management.....	13
	Hygiene	13
VIII.	Discussion.....	14
	<i>Access to improved hygiene practices</i>	14
	<i>Access to improved Sanitation and related hygiene practices</i>	15
	<i>Wash facilities for persons with disability</i>	15
	<i>Sited problems based on observation and oral feedback from the enumerators</i>	15
	<i>Hygiene</i>	15
	<i>Open defecation</i>	15
	<i>Maintenance of latrine hygiene</i>	16
IX.	Recommendations	16
X.	Conclusion.....	16
XI.	Annexes.....	16

1. WASH KAP Questionnaire	17
2. Site map	17

LIST OF FIGURES

Figure 1: Water sources for domestic's use	8
Figure 2:Water Inadequacy and Figure 3: Reasons for water inadequacy	8
Figure 4: Waiting time at tap stands.....	9
Figure 5: Community response on quality of water.....	9
Figure 6: type of latrines in use	10
Figure 7: Cleanness of the latrines in the camp and Figure 8: State of the latrines in the camp.....	11
Figure 9: Presence of latrines with handwashing station in the camp	12
Figure 10: Presence of separate bathrooms in the camp	12
Figure 11: Households with people with special needs and Figure 12: special needs persons with access to latrines/special facilities.....	13
Figure 13: Where refugees dispose domestic waste.....	13
Figure 14: Most important times when someone should wash their hands.	14

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Thanks to all the NRC, staff at both Nduta field and Kibondo Area offices who have participated in making the KAP Survey a success.

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.

II. Abbreviations and Acronyms

FGD	Focus Group Discussion
KAP	Knowledge Attitude and Practices
LPCD	Litres Per Capita per Day
M & E	Monitoring and Evaluation
NGO	Non-Governmental Organization
NRC	Norwegian Refugee Council
OD	Open Defecation
PWDs	People with Disabilities
Q & A	Question and Answer
SSHE	School Sanitation and Hygiene Education
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene

III. Executive summary

This report summarizes the findings for the Knowledge Attitudes and Practices (KAP) survey on Water supply, sanitation, and hygiene promotion in Nduta Refugee Camp, conducted in November 2021. The sample size arrived at based on the Nduta Refugee camp population. The total population in Nduta was 66,315 Population comprising 17 Congolese, 66,280 Burundians and 18 other nationalities (Tanzania Refugee Situation Statistical Report 31st October 2021).

Out of 17,456 refugees 'households', 232 households were interviewed from 19 zones.

All data can be accessed through this website:
<https://kobo.unhcr.org/#/forms/aLgEMhCBz8j2WjKW6e6LjU/data/report>. The purpose of the survey was to assess WASH gaps in the camp, monitor the progress of NRC WASH activities being funded by DFID, UNHCR and NMFA.

The survey had four specific objectives:

- i. To provide Water and sanitation coverage data and determine the gap as WASH facilities didn't cater for the whole camp needs with available, dilapidated WASH facilities that has remained the same overtime.,
- ii. To provide data/information on hygiene practices progress in the camp.
- iii. To provide the information on achievements against the targets and humanitarian standards, implementation progress also provides a planning figure for actual gaps in terms of water supply, latrine coverage in consideration of the increasing refugee needs.
- iv. To get information on beneficiaries living with disabilities and special needs and identify gaps and plan proper interventions.

The methodology comprised of the following

Sample: The sample size adjusted total number was 232, whereas the sample size for anticipated non-response was 232 from the universe of 17,456 total households in the camp. The survey used simple random sampling method to select the survey households. The survey team managed to interview 232 households.

Questionnaire: For data collection, NRC applied the survey method, the WASH KAP questionnaire used in this study adopted from UNHCR. A draft of the questionnaire subjected to a pre-test, resulting in modifications to the questionnaire both in terms of question wording and in terms of translations. The fieldwork was conducted by using android phones using Kobo application platform from 9th to 16th November 2021, by the trained enumerators from the refugee population backstopped by M&E team. The enumerators training session familiarized the interviewers with the sample specifications and the instrument for this survey. The interviews averaged 40 minutes in length.

Analysis: The analysis used the UNHCR WASH KAP analysis tool, which provides infographic information for UNHCR WASH core indicators. The demographic characteristics of the sample, obtained via the selection methods described above, matched to refugee population statistics.

The KAP survey information focused on the following characteristics of interest:

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

I. Key findings: Water collection and storage

The following findings on water collection have a direct bearing to hygiene practices and public health promotion among the refugees.

1. Of all the respondents 31.47%, collect enough water to meet all their households' needs. While 68.53% indicated that they do not collect enough water, where main reasons for not collecting enough water being not having enough storage containers (77.36%), water shortage at the tap stands (10.69%), limitation of volume of water that can be collected at water point and waiting time at water point being long (3.77%). However, 100% collected water from protected/ treated water sources.
2. The findings portrays that, 66.82% of the households walk less than 200m to reach the water point (tap stand). This can be indicative of majority of the household are located closer to water points which functional or repaired.
3. The survey depicted that, 63.36% of the population collected water in less than 10 minutes, 20.69% within 10- 30 minutes, 10.78% within 31–60 minutes, 4.74% more than 1 hour and 0.43% could not estimate waiting time. This indicates that 84.05% of the population collect water within periods of 30 minutes this has shown a decrease of 14.37% from previous assessment (WASH KAP Survey April 2021) (98.42%).
4. Majority of the households (75.43%) had appreciated the quality of water supplied in the camp. however, 0.86% reported that water gives them stomach ache, 16.38% said that water provided isn't clear in colour/suspended particles/turbid, 3.45% reported that water has unpleasant taste and 3.88% said that water has unpleasant smell.

II. Key findings: Sanitation

1. 98.3% households relieve themselves in household's latrines and 0.86% reported to use communal latrines. The survey findings also portray that 24.6% access to bathing facility.
2. The survey findings shows that, for children under five 59.41% of the households do open defecation, 20.59% use plastic pot, 17.06% use household latrines and 2.35% use plastic bag. Regarding treatment of children under five faeces, 92.86% of the children faeces is thrown into the latrines, 5% collect and dispose elsewhere, 1.43% bury, 0.71% other. Regarding adults, 0.43% of the household reported that there is open defecation among adults particular at night.

3. Regarding latrine cleanliness 77.33% of the respondents' latrines were clean despite the fact that only 1.30% had all the necessary cleaning tools and 29.44% have some of the cleaning materials while 69.26% of the households interviewed do not have any of the cleaning materials. This indicates that there is still a need for continuous sensitization on sanitation, hygiene and sense of ownership.
4. The shortage of handwashing station has persisted over time, 8.19% of the household had specific hand washing device/station, of which 63.16% had water. The survey further portrays that only 31.58% of household with hand washing station had soap. Specifically, of all latrine only 20.44% had handwashing facility. This signifies that some of the population do not wash their hands after visiting the latrines. Future projects need to plan for support the refugee community with handwashing facilities and maintenance.
5. Out of 232 households interviewed, 33.62% (78) households had people living with disabilities of amongst whom only 23.08% had had access to special needs facilities; however, 40% household had access to a special PSN latrine appropriate to their needs. This calls for a need to identify users who have disabilities and plan to construct special facilities appropriate for them.

III. Key findings: Waste management

49.1% of the households had access to solid waste disposal facilities. That is 48.28% of the respondents reported that they disposed rubbish into household pit, while 38.36% threw the waste around the undesignated open area, and 9.05% threw waste around designated open area, 0.86% uses community pit, 0.86% burn it, 0.43% bury it and 2.16% other. This depicts that 28% of the households lack proper waste collection measures.

IV. Key findings: Personal and Household Hygiene

1. The findings revealed that 99.1% respondents knew at least 3 critical moments when to wash hands. In addition, are depictive of some awareness on the need for handwashing by the community, however only 8.2% had access to a specific hand-washing device whereas 63.16% of them had water and 31.58% had soap. Therefore, these findings call for continued sensitization on hand washing with water and soap and provision and maintenance of hand washing devices.
2. Only 54% of the respondent had knowledge on hygiene key messages, this portrays for the need for continuous community awareness creation and mobilization across the whole camp.
3. 93.53% of the interviewed households had no diarrhoea-related adult cases in the recent days while for the households with children under five, 37.06% had under 5 diarrhoea-related cases years which portrays a significant decrease from 37.76% (KAP survey April, 2021). More forums for dissemination of messages to improve knowledge of hygiene practices are still required.

V. Key findings: Safety and Security

Majority of the households (94.78%) feel safe when on their way to the nearest tap stand.

Conclusions

- 1) The fact that there is open defecation at some households especially amongst children, there is a risk of faecal-oral disease transmission in the process of handling faeces from those who do not use latrines. Moreover, there is a need for innovation projects for children sanitation including additional budget for children's potties.

- 2) Inadequate containers for collection/storage have remained the main reason for the refugee community not being able to collect enough water to meet household needs.
- 3) Lack appropriate hand washing technologies that would not make it possible for the beneficiaries to wash hands near the latrines and kitchens with flowing water. This calls for the provision of hand washing facilities and urge beneficiaries for proper maintenance.
- 4) The latrines are full or almost full, dilapidated structures threat their safety and privacy.
- 5) The hygienic use and maintenance of shared sanitation facilities is problematic especially when it comes to latrines maintenance as they rarely clean the latrines, the major reason being lack of cleaning materials.
- 6) Access to basic sanitation is optimal, but there is an obvious need for provision of hand washing stations, soap and household latrines for all the refugee community whose majority have been in the camp for almost more than two years and provision latrine cleaning materials, especially for the family shared latrines.

VI. Recommendations

1. Future water supply planning should factor in provision of household water storage facilities since there had been no major general distribution of water storage containers and dry season shall have adverse effect on the per capita water consumption alongside water for hygiene practices. The completion of upgrading the water system in the camp shall improve water production
2. Develop and deliver direct messages that target prevention of open defecation and safe handling of faeces from people who cannot use latrines like the aged, physically challenged, the mentally challenged and babies in particular.
3. Hygiene Key messages should be a priority item in the hygiene promotion agenda.
4. Provision of capacity building to the water, sanitation, and hygiene field teams
5. Develop and contextualize teaching/learning IEC materials for participatory hygiene promotion in the camp

IV. Background and context

NRC has been delivering assistance in Nduta camp since January 2020. The focus been on emergency assistance to the Burundian and Congolese and asylum seekers residing in the camp. NRC Tanzania has been providing the affected population with shelter, WASH, Education and Camp management services.

As WASH, Shelter and Infrastructures lead organisation agency; Norwegian Refugee Council received funding from UNHCR, NMFA and DFID to safeguard equitable and full access to services and protection for persons of concern (PoCs) living in Nduta camp. The total population in Nduta is 66,315 Population comprising 17 Congolese, 66,280 Burundians and 18 other nationalities (Tanzania Refugee Situation Statistical Report 31 October 2021). For accountability purposes to both donor and the beneficiaries, NRC has established a robust 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.

V. 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 towards the quality of WASH services provided in the camp in. This will also determine the usage and the beneficiaries' feedback on the services provided. This would then establish the benchmark to gauge implementation impact and suggest recommendations for the implementation given the context. The survey results will guide the implementation and benchmarking of effectiveness to both NRC and other camp stakeholders' interventions.

The specific objectives of the survey were;

- To provide Water and sanitation coverage data that will 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 a year.
- To provide data/information on hygiene practices in the Nduta Refugee camp, 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 across the camp.

Generally, the survey findings; will be used to fundraise and monitor the progress of the project activities in Nduta refugee camp. The results; will also be compared with the previous KAP survey to measure changes resulted from WASH services implementation in the camp.

VI. Methodology

As part of the methodology, the survey team conducted desk review. A set of key documents reviewed, including: UNHCR Tanzania Refugee Situation Statistical Report 31st October 2021, present

KAP Survey Questionnaire, WASH KAP Survey report: April 2021, Implementation plan(s), project progress reports.

Survey area and sample frame

The survey area was Nduta Refugee camp, comprising of both refugees and asylum seekers, majority being Burundians.

This report is about a KAP survey conducted by NRC, Tanzania, in Nduta Refugee Camp. The total population in Nduta was 66,315 Population comprising 17 Congolese, 66,280 Burundians and 18 other nationalities (Tanzania Refugee Situation Statistical Report 31st October 2021).

The survey will help to establish WASH gaps facing both nationalities in the camp.

Sampling size and methodology

A cluster sampling technique applied to select villages for the survey, whereas simple random sampling to select households. The sample size required 232 households that selected using simple random sampling, for anticipated non-response rate of 5%. However, the survey team managed to reach 232 households interviewed.

Indicators and questionnaire elaboration

NRC adapted the global UNHCR WASH KAP Questionnaire, which captures all Global WASH standard indicators for programme monitoring. To enhance consistency, accuracy and user-friendliness the survey tool was pre-tested before the exercise. The enumerators were trained on the questionnaire for them to understand familiarize with the tool.

The following are the Global UNHCR standards and indicators for the objectives based on the ongoing projects key out outcome targets, which include:

1. 100% of beneficiaries who report using a sufficient amount of safe water for daily use (e.g. drinking, cooking & hygiene)
2. 20 litres of water per person per day (l/p/d) available through new/rehabilitated water sources
3. 100% of beneficiary households who report or are observed queueing at tap stands within recommended 30 minutes.
4. 30 minutes, maximum waiting time spent by beneficiaries at Tap stands to collect water from the tap.
5. 100% of beneficiary households with no visible evidence of human faeces/rubbish in or around the immediate living area
6. 100% of new or rehabilitated communal/ household latrines, which are clean, secure, and fit for use.
7. 80 % Households with latrines

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 to be accounted 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

The surveyors were employed NRC incentive staff, 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.

Data collection and quality control measures

The survey collected both qualitative and quantitative data as per the definition made in the study tool. The methodology used in the survey enhanced accuracy and statistical quality. The questionnaire was piloted before the actual data collection. Also, M&E team provided backstopping to enumerators during data collection. For cleaning and initial analysis, the collected information was reviewed before submission.

Prior to data collection, the enumerators were trained for 2 days; the same enumerators were used in the previous surveys.

All data was collected electronically; archived in the kobo toolbox website. <https://kobo.unhcr.org/#/forms/aLgEMhCBz8j2WjKW6e6LjU/data/report>.

Camp Population Data and existing map was used to identify the villages and guide the enumerators. The study was designed in a way that triangulated information to enhance its validity. Different

assessments conducted in the camp within the assessment period were reviewed. Further validation came from WASH team when approached for review of the of the draft report.

Data analysis plan

UNHCR WASH KAP Analysis Tool and pivot table were used analyse and interpretation of the same. Descriptive statistics such as proportions summarized all categorical variables.

Limitations, challenges and lessons learnt

Language

The language applied was both English and Kiswahili whereby translation into Kirundi had to be carried out while carrying out the survey to respondents who could not understand the language.

VII. Key results and findings

Global 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)	43.9	63.4%	100.0%	97.4%	98.3%	50.9%	49.1%	8.2%	99.1%	44.4%	24.6%

Water supply

Generally, survey indicated that 100% collected water from treated water sources that is the majority (100%) access drinking water from tap stands. Although the population accessed water from the tap stand, (treated water) sensitization measures should be maintained.

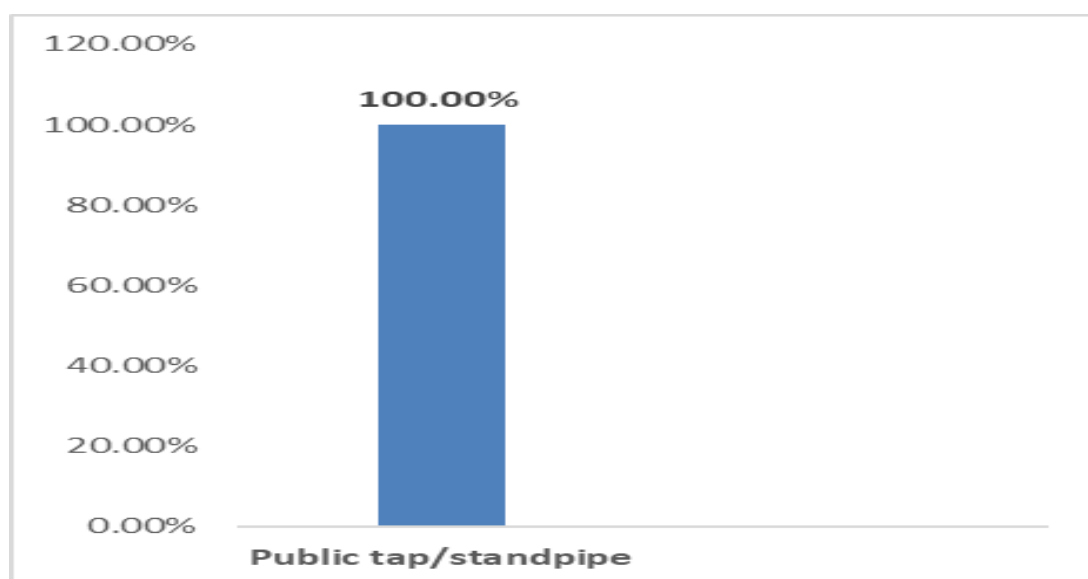


Figure 1: Water sources for domestic's use

Regarding amount of water supplied, the findings portray that 91.81% of the households were receiving enough water that is 20 or more l/p/d. For those who did not receive enough water main reason for not collecting enough water being having few water storage containers than the majority as portrayed by the survey finding that (77.36%). The finding is also indicative of safety concerns that, it is too dangerous to get water (3.14%). Follow up assessment to be done to ascertain the safety threat facing PoCs. Despite that, the situation has improved if compared to the previous assessments, in future programming, water supply improvement needs to focus on improvement of water storage capacities and coverage.

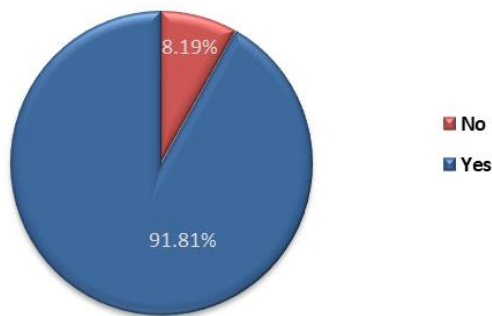


Figure 2: Water Inadequacy

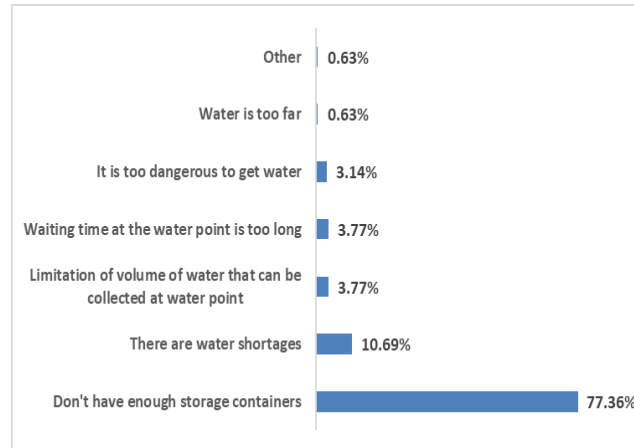


Figure 3: Reasons for water inadequacy

The survey finding on water collection time depicts that 63.36% of the population collected water in less than 10 minutes, 20.69% within 10- 30 minutes, 10.78% within 30–60 minutes, 4.74% more than 1 hour while 0.43% could not estimate. This indicates that over 84.05% of the population collect water within periods of less than 30 minutes. This has shown a decrease of 14.37% from the previous assessment (WASH KAP survey April 2021) (98.42%). Improvement of distribution systems is still in progress to reduce waiting time at tap stands once the upgrade is completed.

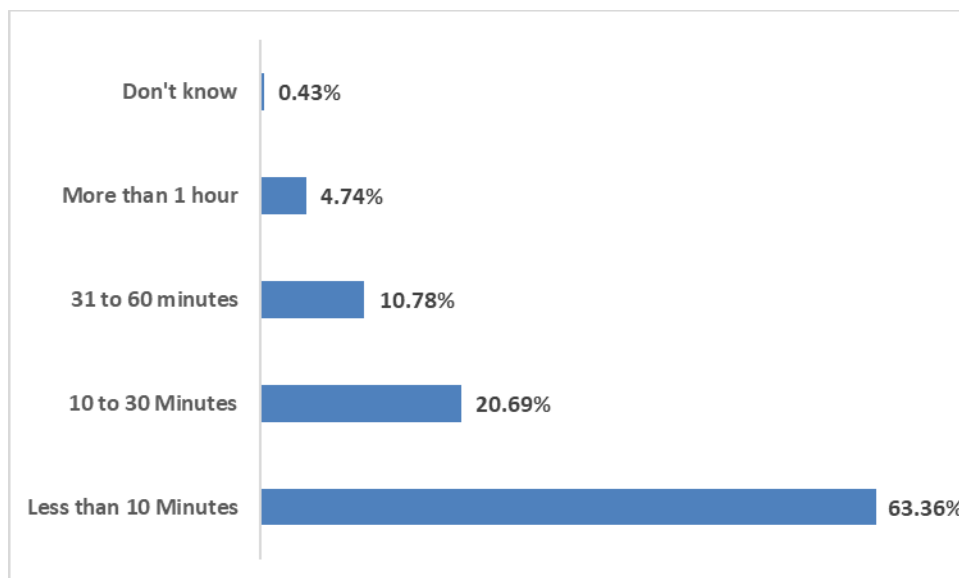


Figure 4: Waiting time at tap stands.

Conclusion

1. While a majority of people drink water as it comes from the treated source, Shortage of water storage containers has remained a gap despite the recent distribution which covered family size 5 and above.
2. There is an improvement in water production and supply in the camp however, the long water collection timings can be indicative of low pressures, long queues, few tap stands/damaged and unrepaired taps, over congestion in certain village's hence increasing water demand to older taps.

Recommendation:

1. Ways of minimizing congestion at tap stands is recommended to improve on the water collection time, including; provisions of tap stand at the given location as per sphere standards, pumping water with sufficient pressure, close monitoring of facilities by WASH committees, proper maintenance and replacement of damaged taps.
2. Future budget revision should factor in the storage facilities to cover for the left-out households from the previous distribution.

Water Quality

Regarding water quality, most of the households (75.43%) had appreciated the quality of water supplied in the camp. While 0.86% reported that water gives them stomach-ache, 16.38% said that water provided isn't clear in colour/suspended particles/turbid, 3.45% reported that water has unpleasant taste and 3.88% said that water has unpleasant smell.

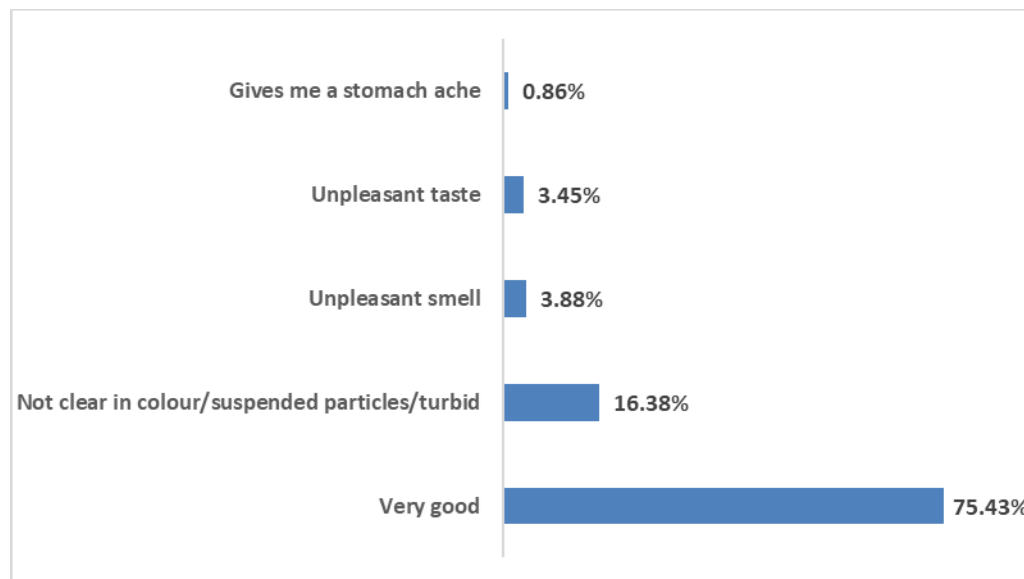


Figure 5: Community response on quality of water

Sanitation

Findings on latrine use and cleanliness, 98.3% households relieve themselves in household's latrines and 0.86% reported to use communal latrines. As most of the refugee have been in the camp for more than a year, future programming needs to consider decommissioning of family shared latrines and construction of household latrines for all the beneficiaries.

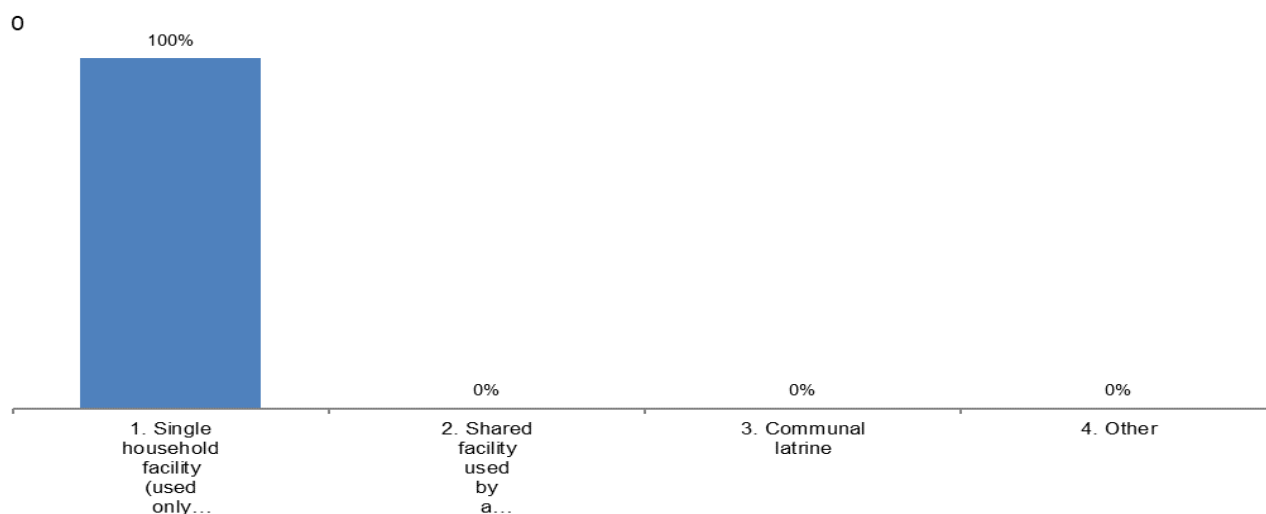


Figure 6: type of latrines in use

Regarding open defecation, the survey finding reveals that there is still open defecation among both adult and children. The survey findings portray that there is significant number of children who defecate outside the latrines (44.4%). Where by 0.43% of the household reported that there is open defecation among adults particular at night. This depict that there is need for more potties for under five children, empowerment to hygiene promoters on how best they can impact hygiene messages during sanitation and hygiene campaigns and routine monitoring activities. For adult cases, future programming should consider provision of solar lamp, as alternative to improve security at the camp. Regarding treatment of children faeces; 92.86% of the children's faeces is thrown into the latrines, 5% collect and dispose elsewhere, 1.43% bury and other 0.71%. Introduction of innovation projects on children sanitation will serve a great deal, e.g construction of child friendly latrines in strategic areas like reception and protection centres.

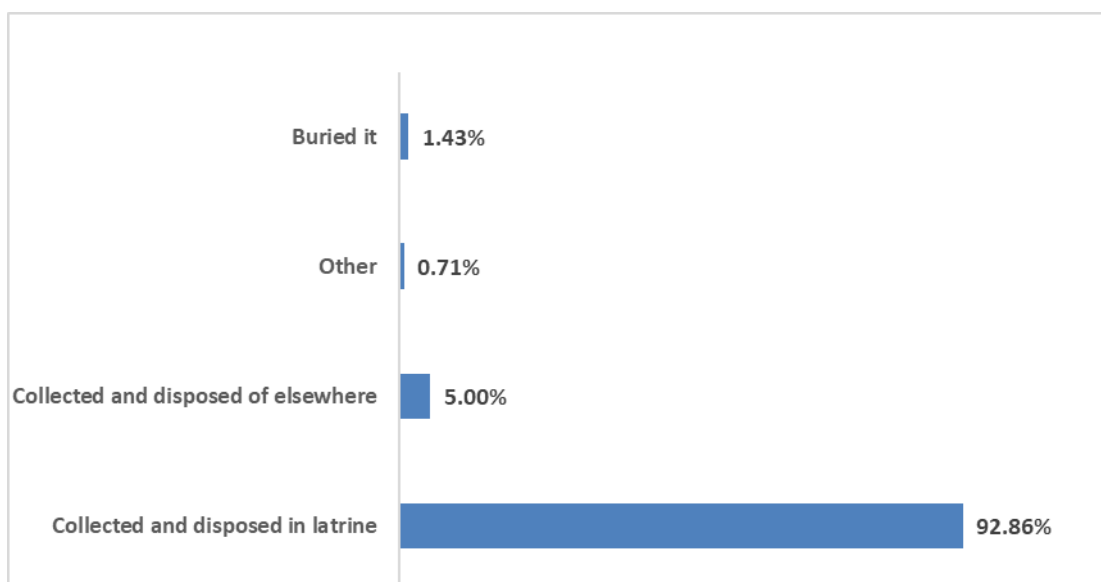


Figure7: Management of faeces for Children under five years

77.33% of the latrines were clean despite the fact that only 1.3% had had all the necessary cleaning tools. Additionally, 71.56% of the latrines were in normal state while 28.44% latrines were full.

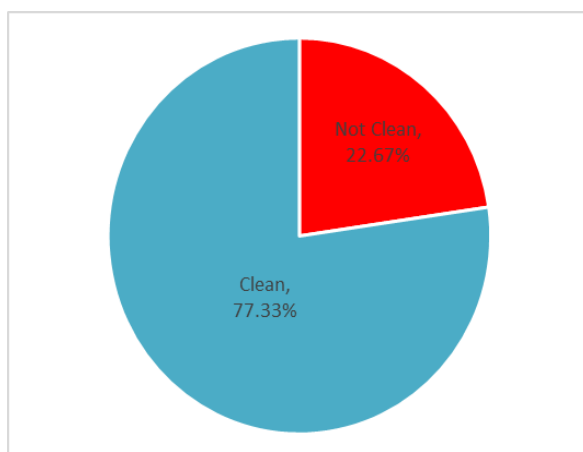


Figure 7: Cleanness of the latrines in the camp

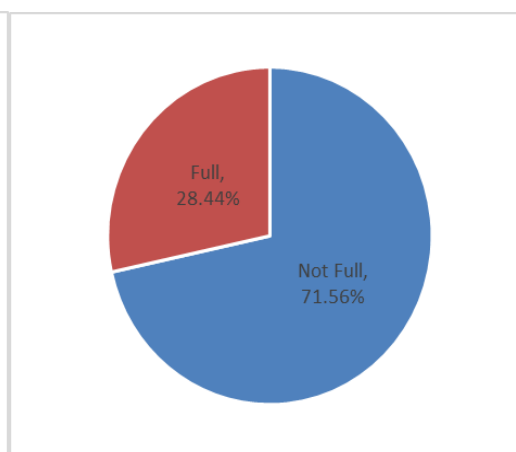


Figure 8: State of the latrines in the camp

Only 8.2% of the households had specific handwashing device/station, whereas 63.16% of them had water and 31.58% had soap specifically, for the latrine, only 20.44% of the households had handwashing facility at the latrine. This signifies that some population do not wash their hands immediately after visiting the latrines. Therefore, future projects need to consider provision of soap and handwashing facilities as well as introduction of innovation projects on hand washing durable facilities.

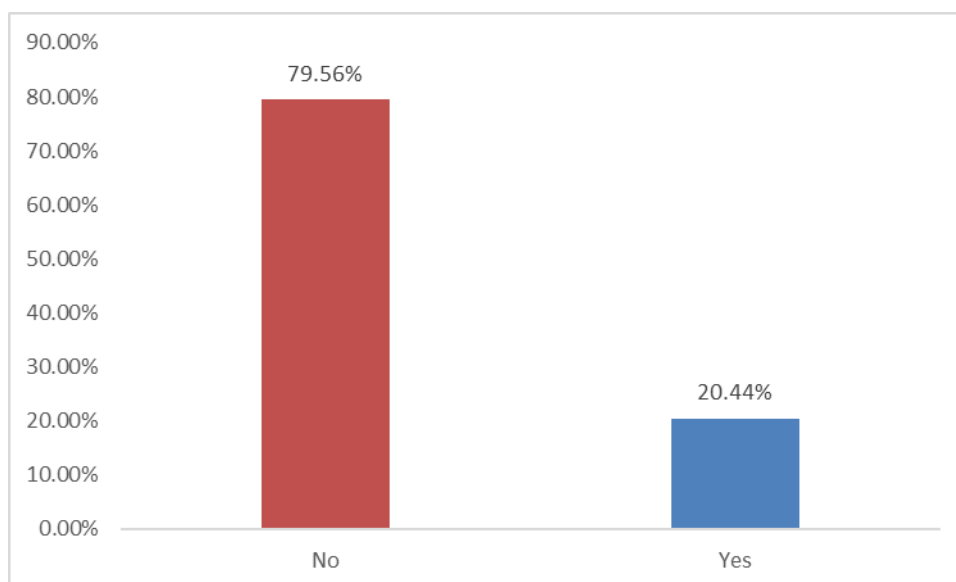


Figure 9: Presence of latrines with handwashing station in the camp

Regarding provisional of bathing shelters, survey findings portray that **75% do not have a designated bathing facility while 24.57% would shower in their designated bathing shelter**. There is need to provide adequate bath shelters for the population through provision of materials that the population cannot access like plastic sheets and other materials for superstructures.

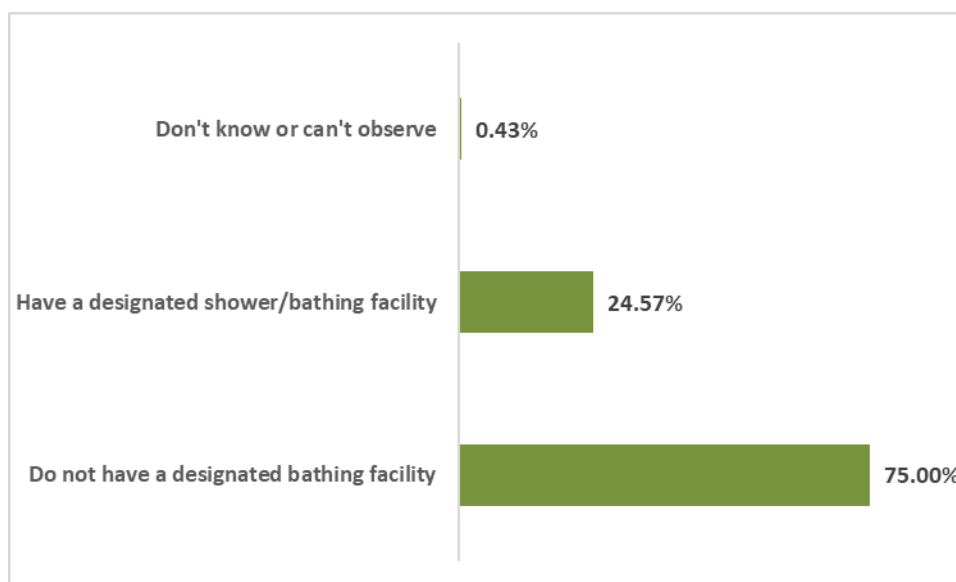


Figure 10: Presence of separate bathrooms in the camp

Regarding sanitation services to PSN; Out of the 232 households interviewed, 33.62% (78) households had cases with living with people with disabilities as portrayed in graph. The second graph depicts that among the people living with disabilities 23.08% had access to special PSN latrines, however only 7.69% had access to special PSN latrine that is appropriate to their needs. This calls for a need to collect data on users who have disabilities and plan to construct dedicated facilities for them.

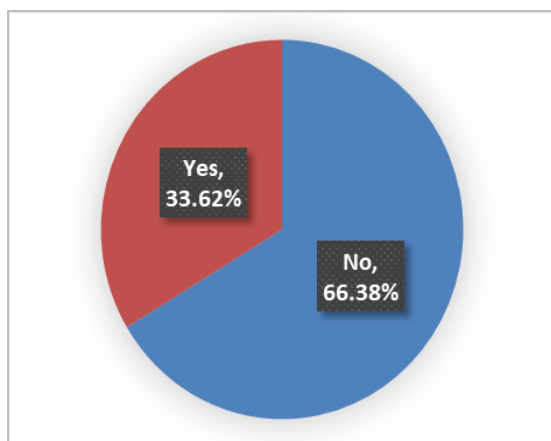


Figure 11: Households with people with special needs. to latrines/special facilities

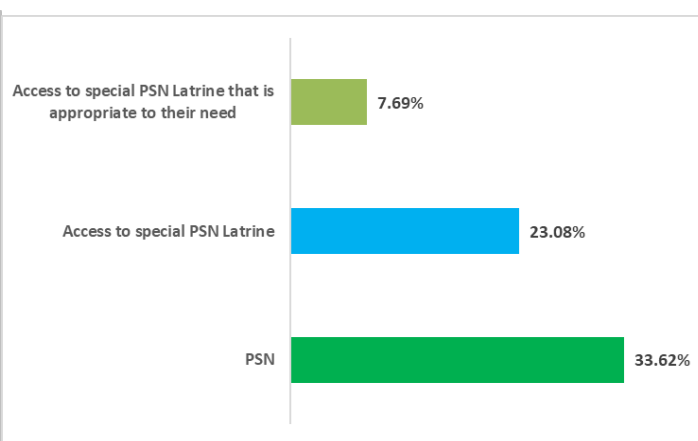


Figure 12: special needs persons with access to latrines/special facilities

Waste management

49.1% of the households had access to solid waste disposal facilities. That is 48.28% of the respondents reported that they disposed rubbish into household pit, while 38.36% threw the waste around the undesignated open area, and 9.05% threw waste around designated open area, 0.86% uses communal pit, 0.86% burn them, 0.43% bury them and 2.16% other. This depicts that 28% of the households lack proper waste collection measures and hence there is a need to focus on waste management through provision of adequate waste collection points and tools to excavate /collect the wastes. Also enhancing solid waste pits excavation and use awareness campaigns.

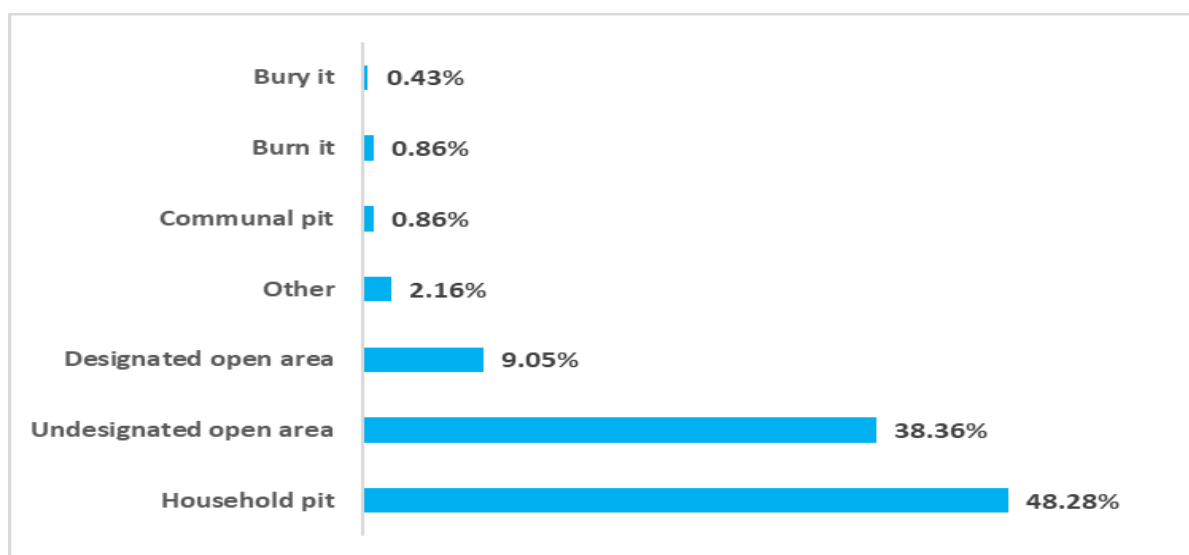


Figure 13: Where refugees dispose domestic waste

Hygiene

The findings revealed that 99.1% respondents knew at least 3 critical moments when to wash hands. and are depictive of some awareness on the need for handwashing by the community, However 54% of the respondent had knowledge on hygiene key messages, this portrays for the need for continuous community awareness creation and mobilization across the whole camp. for comprehensive provision of hygiene services there is the need for continuous community sensitization, proper maintenance and soap provision.

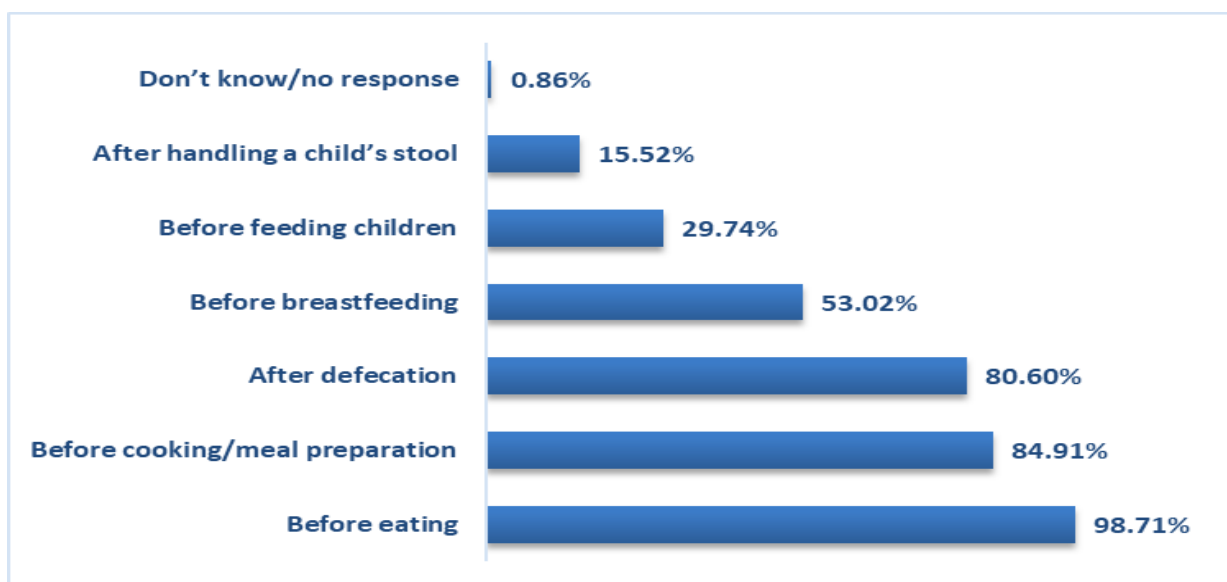


Figure 14: Most important times when someone should wash their hands.

Regarding diarrhoea prevalence, knowledge and health seeking behaviour the survey portray that 93.53% of the interviewed households had no diarrhoea-related adult cases in the recent days while for the households with children under five, 37.06% had under 5 diarrhoea-related cases years which portrays a significant decrease from 37.76% % (KAP survey April, 2021). More forums for dissemination of messages to improve knowledge of hygiene practices are still required.

IV. Discussion

Generally, the refugees in Nduta camp were satisfied with WASH services, In summary, water supply activities need to focus on improvement of water storage capacities at household level, and water pipeline extension to take water closer to the dwelling place. This section provides an overview and summary of key analytical points of the survey.

Access to improved water supply and related hygiene practices

- a) The water supplied to the camp is above than 20 litres per person/day though there still need of water storage containers.
- b) Inadequate water supply depicted from the findings may hinder effective hygiene practices. This has been the case for the population in Nduta who were could access to water once per day and with very few 20 litres capacity Jerri cans.

Access to improved hygiene practices

- a) Most of the households had limited knowledge on the hygiene key messages, which had limited their practices.
- b) Hand washing with soap after visiting the latrine is not in practice consistently as expected since most of the latrines are not equipped with handwashing point's inconsistent supply of powder soap for hand washing.

Access to improved Sanitation and related hygiene practices

- a) Irregular provision and distribution of sanitation facilities and tools.
- b) Poor state of latrines in some zones especially and limited rubbish pits.
- c) Installation of communal hand washing stations to promote hand-washing behaviour among the POCs including schools and other institutions/public areas.
- d) The increasing coverage of household latrines through Community base project shall minimize construction and maintenance costs as family shared latrines tend to fill up faster and need regular maintenance and eventually replacement.

Wash facilities for persons with disability

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

Gender and protection mainstreaming

The proportion of protection concerns raised in the survey when members of the household that wanted to access a particular WASH service is rather low but it needs immediate attention before the problem escalates to a larger population. Household members felt much safer on their way to the nearest tap stand or at the tap (95.5%)

Sited problems based on observation and oral feedback from the enumerators

- i. Despite the distribution of potties being conducted recently, they still in a need of more.
- ii. There is inadequate water collection and storage containers at household level

Hygiene

- i. Lack of hand washing facilities and soap at household level
- ii. Insufficient cleaning materials for example brooms, and buckets.

Open defecation

Open defecation is mainly practiced by young children and men. Key reasons for open defecation were:

- i. Lack of enough potties for children under five years.
- ii. Latrine is located too far
- iii. Darkness at night making it hard to go to the latrines at night.
- iv. carelessness of children caretakers
- v. Vandalized (communal) latrines especially during the night
- vi. The community has some level of knowledge about the risks of open defecation, notably contamination of water and ground. This need to be continuous through mass campaigns on hygiene promotion.

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 use of the communal latrines. However, latrine-cleaning materials are not sufficient the WASH implementing agency need to focus on the distribution and advocacy for use on the same especially for the family shared latrines.

V. Recommendations

1. The indication, there is a huge number of children who defecate outside the latrines (44.4%) calls for a need of provision of more potties and need for continuous sanitation and hygiene campaigns.
2. Provision of water storage containers will resolve the problem of having insufficient water for daily use, as portrayed by the survey findings that amongst the reason for having inadequate water, was having fewer water collection/storage containers
3. Provision and promotion of use of leaky tins and other durable hand washing facilities appropriate that can be used strategically close to the latrines and kitchens.
4. 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.
5. Develop and deliver messages that target prevention of open defecation among adult and children, equally in and out of school settings.
6. Capacity building and incentives to water, sanitation and hygiene teams especially on communication for change and community centered approaches.
7. Introduction of innovation projects especially in simplified soap making techniques, and child friendly sanitation.

VI. Conclusion

- 1) With the recent provision of water storage containers, water shortage is more noticeable to the household who did not receive the package. Therefore, the situation shall improve with regular maintenance water supply systems and provision of water storage containers covering the entire population.
- 2) 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
- 3) There exists a gap for potties and adoption of proper handling and disposal of under five children faeces.
- 4) 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.
- 5) Access to basic sanitation is good, but there is a for replacement of filled up latrines and timely maintenance.

VII. Annexes

1. WASH KAP Questionnaire



KAP
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2. Site map

