



Kyangwali Refugee Settlement, Uganda

WASH KAP Survey Report (Knowledge, Attitude and Practice)

November 2018

Conducted by: AAH & LWF

Survey Coordinated by: UNHCR

Survey Financed by: AAH

Kyangwali, Kikuube District

Uganda

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I. Acknowledgements

The KAP survey was made possible through the generous support by Kyangwali WASH partners AAH and LWF for mobilising manpower and resources. The refugee community in Kyangwali and research participants are to be thanked for setting aside their time to give in their invaluable inputs. Volunteers from the Kyangwali community are to be applauded for their commitment to work as enumerators often having to handle participants from different language backgrounds, sometimes they had to walk for long distances to ensure the samples were as representative enough. OPM made the task easier through sensitising the Kyangwali community structures on the KAP survey. The UNHCR is appreciated supported with data collection tablets, facilitating the training of trainers and coordinating the overall KAP surveying including conducting the analysis and port compilation.

II. Abbreviations and Acronyms

AAH	Action Africa Help
ACF	Action Contre la Faim
BCC	Behavioural change and communication
CIDI	Community Integrated Development Initiative
IAS	International Aid Service
IOM	International Organization for Migration
KAP	Knowledge and Practices
Lpd	liter per person per day
LWF	Lutheran World Federation
NRC	Norwegian Refugee Council
OPM	Office of the Prime Minister
UNHCR	United Nations High Commissioner for Refugees
URCS	Ugandan Red Cross Society
WASH	Water and Sanitation Hygiene

III. Executive summary

In late December 2017, the northeaster Ituri province of DRC experienced an inter-ethnic violence which resulted displacement of tens of thousands of civilians crossing border to Uganda. Close to 60,000 refugees arrived Kyangwali settlement in few months' time creating a humanitarian emergency which was aggravated by the outbreak of cholera. This called for a number of WASH agencies to begin operating in the settlement in response to the emergency and with objective to improve access to potable water supply and improved hygiene and sanitation facilities. Currently, 8 agencies have WASH activities in their programs of which two are UNHCR implementing partners. So, the WASH forum decided to conduct KAP survey to gauge the level of WASH services against acceptable standards and also assess existing gaps to facilitate evidence based planning of future programs.

The Kyangwali WASH operational plan designated the period until December 2018 as an emergency response phase. Accordingly, an interim target of 10 lpd average water supply was set with a progressive target of 15lpd and 20lpd by January and July 2019.

Analysis of the survey data indicates that the average potable water supply in the settlement stands at 14.2 lpd. While this could represent a fair achievement of the emergency standard [15 lpd], the survey also revealed that a considerable proportion of the community [22%] receive less than 10 lpd water. A huge disparity was also observed between households whereby 39% received more than the UNHCR standard of 20lpd while 15% gets less than the survival amount of 7.5lpd. 36% of the households surveyed did not have the minimum water containers (10 lit/per); and this was cited as main factor by 48% of the respondents for not collecting adequate water. The 92.4% coverage of people collecting water from protected sources against an emergency standard of 70% is quite encouraging.

The percentage of families with household latrine stands at 63.3%, which looks on track to the target of 65% at the end of 2018. The percentage of households reporting defecating in the latrine [70.6%] is also within the emergency standard [60%]. Open defecation was also reported to be highly practiced [60.7%] within the community, especially among children under 5 year old. While 95% children faeces is being disposed-off safely, more effort is required to meet the ultimate target of an open defecation free environment.

With regards to hygiene, the very low knowledge of critical times of handwashing is very worrying; after 8 months of improved hygiene awareness creation activities, only 32.3% of the household could tell three critical moments of handwashing. Looking at the recurrent history of cholera and risk of Ebola, the WASH forum need to review the hygiene implementation approach and device a strategy to revamp the hygiene awareness and improved practices in the settlement. Regular distribution of soap is also an areas which require attention given the

potential risk of outbreak of communicable diseases in Kyangwali. Coverage of hygiene facilities too require huge improvement; handwashing facilities coverage stands at 43% while that of bathing shelters is 48.4% against emergency standard [for both] of 70%.

IV. Background and context

Kyangwali refugee settlement, located in the mid-west Uganda is home to over 92,000 refugees. The settlement was established in the early 60's with refugees from Rwanda which many of whom were later self-repatriated in 1993; but followed by the 1994 Rwanda genocide which resulted in a huge influx of refugees. The settlement also received refugees from eastern Congo in 1997 and 2008. Also, between 2002 and 2004, around 10,000 South Sudanese refugees were relocated to Kyangwali from northern Uganda camps. The total population in the settlement remained below 35,000 till November 2017 when a huge influx arrived from DRC. The sudden outbreak of inter-ethnic violence between Lendu and Hema communities in Ituri in mid-December 2017 forced close to 60,000 civilians cross the border from Congo, bringing the total number of refugees in the settlement to around 90,000.

V. Survey objectives

The overall objective of the KAP survey is to assess and measure achievements in water, sanitation and hygiene intervention compared with set targets and establish baseline information for evidence based planning of future projects.

Specific objectives include:

- To gather baseline data for program planning. This could be used to determine priorities for WASH interventions
- To provide information regarding quality and effectiveness of WASH interventions and equity of access to WASH services/facilities
- To gain a better understanding of and evaluate the current Knowledge, Attitudes and Practices (KAP) of refugees in relation to Water, Sanitation and Hygiene
- To evaluate WASH programs, and to monitor improvements through key indicators and compare them over time.

VI. Methodology

Earlier similar KAP surveys were done focusing on specific villages and were not representative enough to generalize the results to the whole settlement. But, this time, the Kyangwali WASH coordination forum reached a consensus to do a proper data sampling addressing the whole settlement. Accordingly, two UNHCR implementing partners, AAH and LWF, supported the assessment through manpower and logistic. The UNHCR standard WASH KAP questionnaire were also used with minor modification to the local context.

Survey area and sample frame

This KAP survey covers the whole refugee settlement of Kyangwali. All refugee household, new and old caseloads, residing in the settlement has been included in the sampling frame.

Sampling size and methodology

Having a proper record of the number of households and a fair pattern of community's settlement in Kyangwali, the survey adopted a systematic random sampling methodology to identify households to be interviewed. The sampling interval was determined dividing the total number of households to the adjusted sample size. Then, the random sampling was used to identify the first household and sampling interval to identify the subsequent households.

The below most widely used formula for sample size (number of households to be surveyed) calculation was used to determine the sample size;

$$n = \frac{t^2 \times p \times q}{d^2} \times d_{eff}$$

With:

- n being the calculated sample size
- t being the error risk parameter (1.96, for a confidence interval of 95%)
- p being the expected prevalence (0.5 - 50% prevalence - in normal situations)
- $q = 1-p$ is the expected non-prevalence (which is 50% in normal situations)
- d being the relative desired precision (for simple/systematic random sampling, use 5% precision in normal situations, 10% in some cases)
- d_{eff} being the design effect in case of cluster sampling (use 1 for random sampling, 2 for cluster sampling).

A confidence level of 95% and prevalence of 50% and a relative desired precision of 5% were adopted, which resulted in a sample size of 384, which, again, is adjusted for the total population size.

Indicators and questionnaire elaboration

The questionnaire were developed in such a way that it allows collection of information on the UNHCR core WASH indicators. The questionnaire was categorized in four main groups; a general information group where we collect family size, specific location and other similar information, a water collection and storage category where we collect data on storage capacity and quantity of potable water collected during a specific day, a hygiene section where we collect information on hygiene knowledge, practices and availability of hygiene items and a sanitation section where we collected information on sanitation facilities and faecal waste disposal practices. The questioner was deployed to mobile apparatuses and field tested before actual survey.

Among others, the KAP survey tried to capture the following key indicators:

- Average # L/p/d of potable water collected at household level
- % Households with at least 10 liters/person potable water storage capacity
- % Households collecting drinking water from protected/treated sources
- % Households with household or shared-family latrine/toilet
- % Households reporting defecating in a toilet
- % Households with access to soap
- % Households with access to solid waste disposal facility

Ethics and consent

OPM and community structures were informed in advance about the KAP survey and the use of mobile data collection tools. The standard questionnaire was also modified to suit to local cultural and ethical considerations. Participation in the survey was also voluntary in that families were asked their consent after a proper introduction about the survey, including confidentiality of all information collected.

Recruitment and training

In preparation for roll-out of WASH KAP mobile data collection method, the country WASH unit organized a TOT training attended by WASH experts from UNHCR and partners. The training was facilitated by expert from CartOng. The training covered to pics on the UNHCR standard WASH KAP survey questionnaire and how to adopt it to local context, the Kobo survey management platform and how to create and manage surveys in Kobe tools supported by field practices.

For this survey too, 15 refugee enumerators and 5 supervisors were selected from the community on the basis of their language and experience on mobile data collection. Enumerators were

trained on the overall survey questionnaire, rationale of each question, interview techniques, field procedures, translation to local languages, and other ethical related considerations.

[Data collection and quality control measures](#)

The survey team was composed of a survey coordinator, five survey managers and 15 enumerators. The survey coordinator manages the sampling process and prepares sample units for each team on daily basis. He also uploads the questionnaire to each tablets and download the completed data on daily basis to the database and prepare the tables for next day data collection. The supervisors also supports their respective team to identify the households to be interviewed and provide replacement for missed or household who declined to participate in consultation with the survey coordinator. They also conduct monitoring of the interview process. At the end of each day, the supervisions conduct quality check of their respective team's data before handing over the tables to the coordinator for submission to the database.

[Data analysis plan](#)

UNHCR standards KAP survey analysis software and excel spreadsheet is used to analyse the data.

[Limitations, challenges and lessons learnt](#)

This is the first survey conducted covering old and newly established villages; hence limiting comparison of results with previous assessments. The fact that the old and new villages are at different levels of humanitarian assistance needed, could be considered as a limitation with regard to generalization of results.

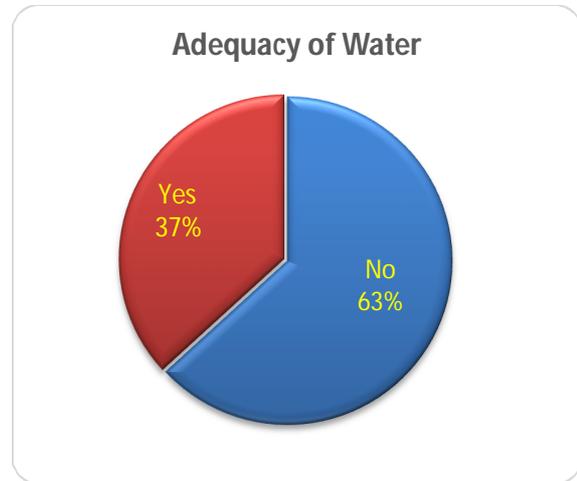
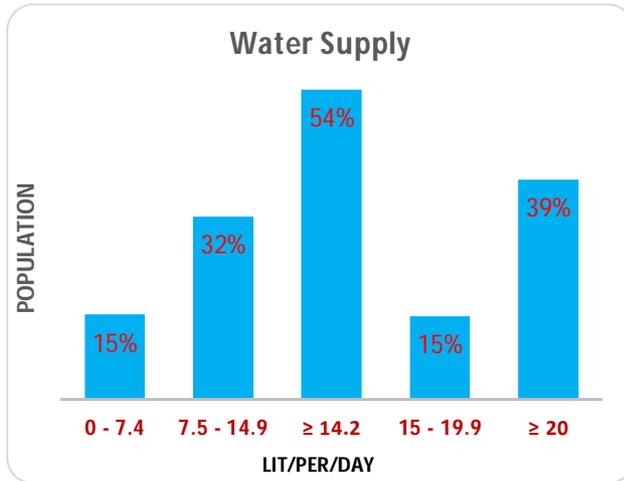
VII. Key results and findings

[Water supply](#)

The average water supply (*lpd*) in the surveyed population is 14.2 *lpd*. While this is much closer to the emergency standards of 15 *lpd* and could represent an achievement given the continued influx in Kyangwali, a huge proportion of the population (47%) still received water less than acceptable minimum emergency standard (15*lpd*). The result also shows the disparity which exists in the settlement where 15% of the community receive less than survival water need (7.5 *lpd*) while 39% of the community collects over 20 *lpd*.

Responding to adequacy of the water, 37% replied to have collected adequate water while the remaining 63% replied negative. Among the main reasons given by those who reported not to

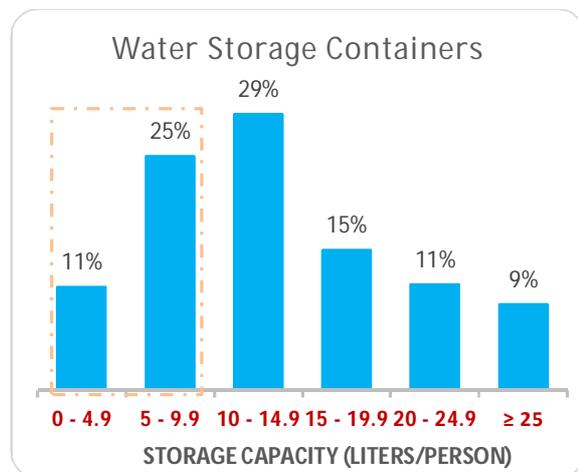
have collected adequate water are lack of adequate containers (48%), shortage of water (23%), far distance of water points (16%) and long waiting times (13%).



Looking at water sources, 54% of the respondents uses water trucking as their main water source while 36% uses hand

With regards to household's water storage capacity, 36% of the respondents have less than the minimum 10lit/person storage capacity while the remaining 64% meets the minimum requirement. 92.4% of the respondents also indicated to have collected their water from protected/treated water source, against the emergency standard of 70%.

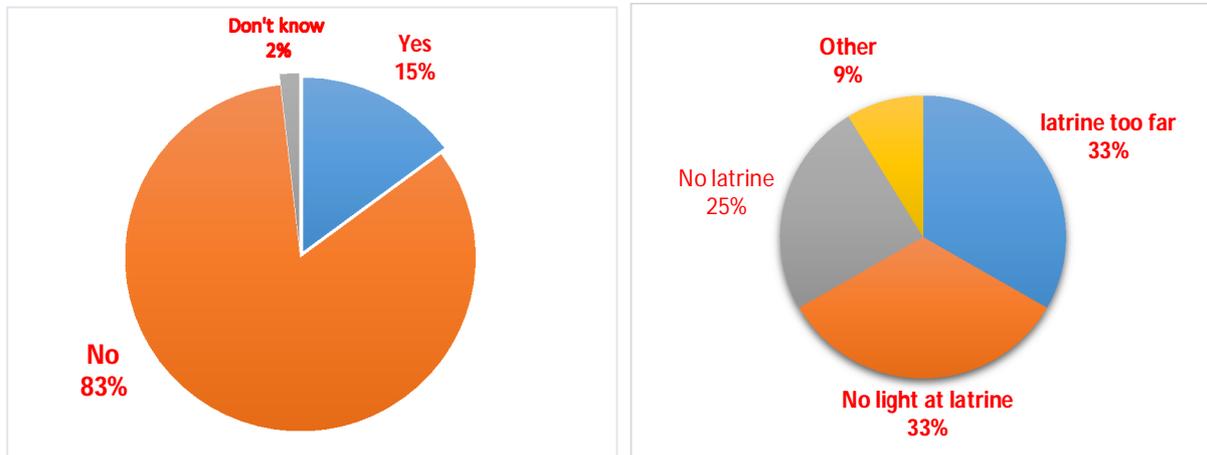
Pumps fitted boreholes. The remaining 12% replied to have used other source as their primary water sources.



Sanitation

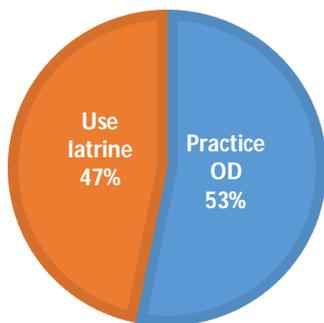
While 63.3% of the household interviewed reported to have family latrines, 70.6% reported defecating in a latrine. Whereas this represents an achievement of the UNHCR minimum emergency standard of 60% population defecating in a latrine, there also exists a huge open

defecation practice in the settlement (60.7%), particularly with children under 5 years old. 15% of the household interviewed also reported that adult member of their family practice open defecation mainly due to darkness in the night (33%), lack of latrine (25%), far distance of latrine (33%) and other reasons (9%).

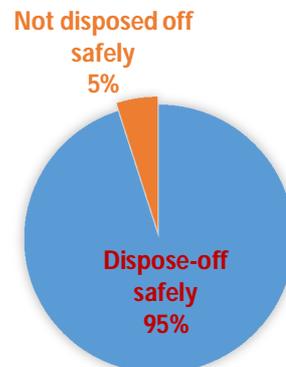


From 203 households who reported to have children under the age of 5 years, 108 families (53%) informed that their children practice open defecation. The remaining 95 (47%) are reported to use latrine. It was also reported that 95% of the open defecation faeces is disposed-off safely.

CHILDREN < 5YEAR

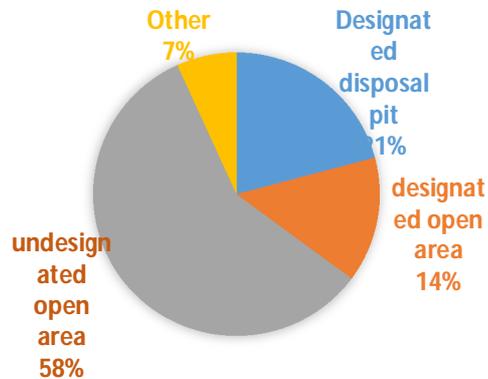


FEACES OF CHILDREN PRACTICING OD



Waste management

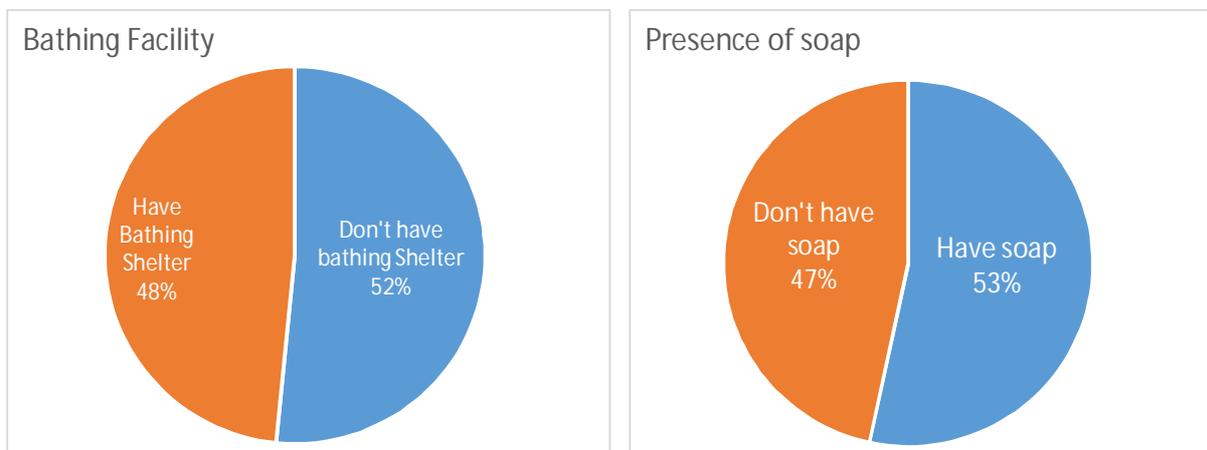
As per the survey, the percentage of households with access to waste disposal facilities stands at 21.1%. A big percentage of the families (58%) dispose their solid waste at undesignated open area while others (14%) uses designated open area. Whereas, solid waste is not as such a major issue [due to the type and solid waste generation rate of waste], the areas need attentions in terms of establishing a proper the solid waste collection, transport and disposal system.



Graph: Solid Waste Disposal Practice

Hygiene

From the household interviewed, 48% replied to have bathing shelters. Similarly, 43% of the respondents indicated to own handwashing facilities. These are low coverages compared to the emergency standard of 70%. But, what's most worrying is the significantly low knowledge of the critical times of handwashing; only 32.3% of the respondents could was able to mention 3 of the 5 most critical moments of handwashing against an emergency minimum standard of 60%. This should pose a serious concern to all WASH stakeholders given recurrent history of cholera and ongoing Ebola prevention activities which basically requires good understanding and practice of handwashing to prevent the diseases.



Absence of soap has also been reflected as limiting factor to handwashing. Among the families interviewed, only 53% of them could present soap. This again is much behind the minimum emergency standard of 70% soap coverage.

VIII. Discussion

The WASH operational plan designated the period until December 2018 as an emergency response phase for WASH intervention in Kyangwali. Accordingly, an interim target of 10 lpd water supply was set which shall improve to meet the minimum global emergency standard of 15 lpd by January 2019 and 20 lpd UNHCR standard as of July 2019. Similarly, a household latrine target of 65% was set by December 2018 which shall improve to 75% and 85% by July and December 2019 respectively.

Reference to the above operational targets, the 14.2 lpd average water coverage could be taken as a good achievement. However, the survey result also shows that 22% of the community received less than 10 lpd water. The result also reveals the huge disparity in water consumption between households whereby 39% received more than the UNHCR standard of 20 lpd while 15% gets less than the survival amount of 7.5 lpd. 36% of the households surveyed did not have the minimum water containers (10 lit/per); and this was cited as main factor by 48% of the respondents for not collecting adequate water. The 92.4% coverage of people collecting water from protected source against an emergency standard of 70% is quite encouraging.

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With regard to hygiene, the very low knowledge of critical times of handwashing is very worrying; after 8 months of improved hygiene awareness creation activities, only 32.3% of the household could tell three critical moments of handwashing. Looking at the recurrent history of cholera and risk of Ebola, the WASH forum need to review the hygiene promotion implementation approaches and device a strategy to revamp the hygiene awareness and improved practices in the settlement. Regular distribution of soap is also an area which requires attention given the potential risk of outbreak of communicable diseases in Kyangwali. Coverage of hygiene facilities too require huge improvement; handwashing facilities coverage stands at 43% while that of bathing shelters is 48.4% against emergency standard [for both] of 70%.

IX. Recommendations

Considering the trends of communicable disease outbreak, continued arrival of refugees and results of the KAP survey vis-a-vis applicable standards, the following recommendations are made:

Water supply:

- Water supply to meet the minimum emergency standard of 15 lpd by January 2019 the latest through completion of the ongoing motorization projects.
- Massive rehabilitation of boreholes and drilling of new ones to be prioritized to improve water supply situation in the old villages.
- Efforts should also be made to ensure equity of water distribution among the villages.
- Distribution of water containers shall be planned for refugees having less than 10 lit/person containers (36%).
- Families which uses untreated water sources as primary/secondary water sources (Mombasa and Malembo) should be targeted for appropriate household water treatment technology.

Sanitation:

- Activities under sanitation to target elimination of open defecation under adults and safe disposal of children faeces. Adults open defecation is linked to absence of latrine, darkness in the night and distance to latrines. Hence, interventions should target addressing these gaps. Similarly, appropriate solutions should be formulated to promote safe disposal of children faeces.

Hygiene

- Urgent intervention required to improve hygiene awareness within the community. Current hygiene approaches and communication tools need to be reviewed; customized BCC framework to be adopted and evaluated over time.
- WASH actors to standardize hygiene outreach workers: standardized messaging, reporting and monitoring systems.
- The VHT outreach workers [in the old villages] need to be strengthened and monitored. Incentive arrangements to be used with a clear phase-out timeline and strategy.
- WASH actors shall consider prioritized soap distribution as part of their hygiene promotion to encourage handwashing.

Solid waste

- Hygiene sensitization to prioritized solid waste management; collections and disposal of solid wastes at household level.
- Proper solid waste collection, transport, segregation and disposal system need to be established for institutions and transit centers.

X. Annexes

Questionnaire

WASH KAP and Coverage Survey in Refugee Sites

Standardized Questionnaire

August 2016

Note: *Optional questions (highlighted in light blue) should be added to the final questionnaire if and only if their results will serve a purpose in terms of programming, changing strategies or adapting WASH activities. Every additional question means more time and resources required for the survey, so optional questions should be selected with extra care.*

I/ Questionnaire Details

I1 - Date:

I2 - District:

I3 - Settlement:

I4 - Zone:

I5 - Village:

I6 - GPS:

I7 - Team ID #:

I8 - Name of person collecting data:

I9 - Household number:

II/ Questionnaire

A - General Information and Demographics

Questions	Comments
A1/ Did the household give its consent to be interviewed? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
A2.a/ How many people slept in this house last night? _____ people A2.b/ How many children less than 5 years old sleep in this house? _____ children under 5 years old	

B - Water Collection and Storage

Questions	Comments
B1.a/ What is your main source of drinking water (Check <u>one</u> but do not prompt with responses. Use visual aid.) <input type="checkbox"/> Public tap/Standpipe <input type="checkbox"/> Handpumps/boreholes <input type="checkbox"/> Unprotected hand-dug well <input type="checkbox"/> Water seller/kiosks <input type="checkbox"/> Piped connection to house (or neighbour's house) <input type="checkbox"/> Surface water (lake, pond, dam, river) <input type="checkbox"/> Protected spring <input type="checkbox"/> Unprotected spring <input type="checkbox"/> Rain water collection <input type="checkbox"/> Bottled water, water sachets <input type="checkbox"/> Tanker trucks <input type="checkbox"/> Other (please list) _____ <input type="checkbox"/> Don't know	
B1.b (Op)/ Aside from this main source, what is the second most used source of drinking water for members of your household?(Check one but do not prompt with responses. Use visual aid.) <input type="checkbox"/> Public tap/Standpipe <input type="checkbox"/> Handpumps/boreholes <input type="checkbox"/> Unprotected hand-dug well <input type="checkbox"/> Water seller/kiosks <input type="checkbox"/> Piped connection to house (or neighbour's house) <input type="checkbox"/> Surface water (lake, pond, dam, river) <input type="checkbox"/> Protected spring <input type="checkbox"/> Unprotected spring <input type="checkbox"/> Rain water collection <input type="checkbox"/> Bottled water, water sachets	

- Tanker trucks
- Other
- Did not collect water from another source
- Don't know

Start of Observation Section

B2.a/ May I see all the containers you have for storing and collecting drinking water?
(Check for all of the containers. Do not include broken, leaking, or non-functional containers.)

- Yes → Complete box below (Use visual aid)
- No → Continue to B4

Type and size of container	# of containers	Protected*
Example: 10Liters Jerry can	3	Yes/No

End of Observation Section

B2.b/ Which containers were used to collect potable water yesterday? This includes all water collected morning, afternoon, and evening *(Complete box below)*

Type and size of container	# of times it was filled that day
Example: 10 Liters Jerry can 1	2 times

B3 (Op)/ Do you collect enough water to meet all your households' needs – not for animal use, brickmaking, agriculture, gardening, etc.? *(Check one)*

- Yes
- No → **Why not?**
 - There are water shortages
 - Water is too far
 - It is too dangerous to get water
 - Can't afford to buy enough
 - Waiting time at the water point is too long
 - Don't have enough storage containers
 - Other
 - Don't know

C - Hygiene

Questions	Comments
C1/ Please show me the soap or other rubbing agent you have in the household. <i>(Check one)</i> <input type="checkbox"/> Presented within one minute → <i>Continue to D2 if selected / or D5</i> <input type="checkbox"/> Not presented within one minute → <i>Continue to D3 if selected / or D5</i>	
C2/ Please name at least 3 of the most important times when someone should wash their hands <i>(Check all that apply but do not prompt)</i> <input type="checkbox"/> Before eating <input type="checkbox"/> Before cooking/meal preparation <input type="checkbox"/> After defecation <input type="checkbox"/> Before breastfeeding <input type="checkbox"/> Before feeding children <input type="checkbox"/> After handling a child's stool/changing a nappy/cleaning a child's bottom <input type="checkbox"/> Other <input type="checkbox"/> Don't know or no response given	
C3/ Is there a specific hand washing device/station in your house where your household washes their hands? <i>(Check one)</i> <input type="checkbox"/> Yes → <i>Continue to D7 if selected / or D8</i> <input type="checkbox"/> No → <i>Continue to D10 if selected / or next Section</i>	
Observation Section (Observe and record answers below. Do not ask these questions aloud)	
C4 (Op)/ What type of hand-washing device? <i>(Check one)</i> <input type="checkbox"/> Basin or bucket <input type="checkbox"/> Pouring device <input type="checkbox"/> Other	
C5/ Is there water in the hand washing device/station? <i>(Check one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
C6/ Is there soap or other rubbing agent in the area of the hand washing device/station? <i>(Check one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
End of Observation Section	

D - Sanitation

Questions	Comments
D1/ Where do you and your household members (excluding children under 5) usually go to defecate? <i>(Check one)</i> <input type="checkbox"/> Household latrine <input type="checkbox"/> Communal latrine <input type="checkbox"/> Open defecation → <i>Skip E5 to E15</i> <input type="checkbox"/> Plastic bag → <i>Skip E5 to E15</i>	

<input type="checkbox"/> Bucket Toilet → <i>Skip E5 to E15</i> <input type="checkbox"/> Other → <i>Skip E5 to E15</i> <input type="checkbox"/> Don't know → <i>Skip E5 to E15</i>	
<p>D2/ Where do children under-5 living in this household usually go to defecate? <i>(Check one)</i></p> <input type="checkbox"/> Household latrine <input type="checkbox"/> Communal latrine <input type="checkbox"/> Open defecation <input type="checkbox"/> Plastic bag <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No child under-5 → <i>Continue to E4</i>	
<p>D3/ If there are children U5 that don't use the latrine, what is done with their faeces? <i>(Check one)</i></p> <input type="checkbox"/> Collected and disposed in latrine <input type="checkbox"/> Collected and disposed of elsewhere <input type="checkbox"/> Nothing is done with it <input type="checkbox"/> Buried it <input type="checkbox"/> Other <input type="checkbox"/> Don't know	
<p>D4/ Do adult members of your household sometimes defecate in the bush (for example at night)? <i>(Check one)</i></p> <input type="checkbox"/> Yes → Why? <ul style="list-style-type: none"> <input type="checkbox"/> No latrine available <input type="checkbox"/> Latrine is too far <input type="checkbox"/> Too dark at night <input type="checkbox"/> Too tired <input type="checkbox"/> Not sure <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know/not sure	
<p>D5/ The facility where your household members usually defecate is a: <i>(Check only one)</i></p> <input type="checkbox"/> Single household facility (used only by this household) <input type="checkbox"/> Shared household facility used by a number of households → How many HHs, including this one, share this facility? _____ <input type="checkbox"/> Public/communal latrine <input type="checkbox"/> Other: _____	
<p>Observation questions <i>(Observe and record answers below. Do not ask these questions aloud)</i> <i>In case the latrine usually used is far from the household (e.g. a communal latrine), this observation part should be saved for the end of the interview. Skip to E16 and come back to this part once the questionnaire is finished and the respondent has brought you to their usual latrine for observation.</i></p>	

<p>D6/ Please show me the facility where you and your family members bathe? <i>(Observe and check one)</i></p> <p><input type="checkbox"/> Do not have a designated bathing facility <input type="checkbox"/> Have designated shower/bathing facility <input type="checkbox"/> Don't know / can't observe</p>	
End of Observation Section	
<p>D7/ Where does your household dispose of domestic waste? (Check one)</p> <p><input type="checkbox"/> Household pit <input type="checkbox"/> Communal pit <input type="checkbox"/> Bin in the household/streets <input type="checkbox"/> Designated open area <input type="checkbox"/> Undesignated open area <input type="checkbox"/> Bury it <input type="checkbox"/> Burn it <input type="checkbox"/> Other</p>	



[Additional charts/graphs/tables](#)

Table: Global Indicators

	Main indicators for the surveyed population							Secondary indicators for the surveyed population			
	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
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	14.2	64.3%	92.4%	63.3%	70.6%	53.4%	21.1%	43.0%	32.3%	60.7%	48.4%

[Site map](#)

<https://www.openstreetmap.org/#map=13/1.1545/30.7536&layers=N>