

**FINAL REPORT
FOR**

**WASH Knowledge, Attitudes and Practices
(KAP) Survey in Kigeme Refugee Camp**



Submitted to:

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October 2021

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ABBREVIATIONS AND ACRONYMS

KAP	Knowledge attitude and Practices
WASH	Water Sanitation and Hygiene
UNHCR	United Nations High Commissioner for Refugees
WVI	World Vision International
FGD	Focus group discussion
KII	Key In format
CHW	Community Health Workers
HH	Household
PoC	People of Concern's
DRC	Democratic Republic of Congo
CBT	Cash based Transfer
CBI	Cash based Intervention

1. INTRODUCTION

The WASH intervention in refugee camps aims to ensure access to improved WASH services. The focus of this intervention is to enable refugees and all targeted host community members to have sufficient Water (Quality and quantity), improved sanitation and better hygiene practices to ensure that refugee community is living in satisfactory condition of Hygiene and sanitation.

World Vision has signed a partnership agreement with UNHCR in WASH sector to work in Mugombwa, Kigeme, Mahama, Gihembe, Nyabiheke camps and Gashora ETM Nyanza, Kijote and Gatore reception and transit centers to implement WASH project for lives improvement of registered refugees in the said sites by reducing the vulnerabilities and suffering of the refugees through provision of basic WASH needs and essential services.

This report presents the findings of the Knowledge, Attitudes and Practices (KAP) survey carried out in Kigeme refugee camp in May and June of 2021.

2. PURPOSE AND OBJECTIVES OF THE KAP SURVEY

2.1 PURPOSE OF THE KAP SURVEY

This survey is intended to generate an understanding of the communities' level of knowledge, attitudes and practices gained through WASH interventions in the camps and project performance indicators measurements. The survey results and recommendations will also guide World Vision and partners throughout WASH project implementation in the camps.

2.2 GENERAL OBJECTIVE

The goal of survey is to assess how the earlier WASH interventions contributed to the Knowledge, Attitudes and Practices and the influence this has had on behavior change of Communities regarding WASH actors in the camps, the results will generate the data for project M&E frameworks and log frames.

2.3 SPECIFIC OBJECTIVES:

Specifically, this survey aims to:

- Conduct KAP survey and assess WASH project SMART indicators in the camps and achievements on completed and ongoing interventions on water, sanitation, hygiene and Non-Food Items (NFIs) in refugee camps, output, and outcome and impact level.

- To determine the relevance, effectiveness and appropriateness and accountability of the project.
- Document stories and best practices from the camp by 4 case studies (one each on Water supply, sanitation, hygiene promotion activities and NFIs).
- Use KAP survey results to recommend key simple and achievable interventions that will address the identified issues to ensure appropriate practices for the sake of improving lives of refugees.
- To explore attitudes, knowledge and experiences of refugees in hygiene related practices.
- Assess the progress made towards the project goal and assess the performance indicators as outlined in humanitarian M&E framework

3. METHODOLOGY FOR THE KAP SURVEY

This section presents the survey approaches and tools that were used for data collection and the sampling technique for the actual household selection. The survey team conducted a survey to randomly selected households in Kigeme camp, conducted in-depth interviews and focus group discussions with selected groups and made observations in and around homes, latrines and water points.

3.1 SURVEY AREA AND SAMPLE FRAME

The survey was conducted in Kigeme refugee camp. The sample size was done within WASH KAP survey standards agreement and camps' population size. Target groups included:

- Survey population: Refugees in Kigeme camp
- Age: Seven years and above
- Gender: Males and Females, Boys and Girls
- Individual education: any level
- Housing: All types within the camp
- Socio-economic status: Any
- Stakeholders: WASH partners and project staff.
- People with special needs

As of the survey period, Kigeme camp was accommodating 17,662 refugees living in 2,628 households structured into 7 quartiers having 22 villages.

3.2 SAMPLING SIZE AND METHODOLOGY

The survey population was the population of camp and the sampling unit was the household.

3.2.1 Sample design and sample size calculation

A representative sample was drawn from camps' households. The sample size (number of households to be surveyed) is calculated using the recommended (and widely used) formula below:

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

With:

- **n:** being the calculated sample size
- **t:** being the error risk parameter (use 1.96, for a confidence interval of 95%)
- **p:** being the expected prevalence (use 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)

The calculated sample size then needs to be adjusted based on the total number of households and the anticipated non-response.

Under normal conditions, the most common sample sizes are the following:

- 360 households for random sampling with 5% precision
 - 100 households for random sampling with 10% precision (should be used only in case of important resources limitations – doesn't allow intra-camp comparisons)
 - 210 households for cluster sampling
- **Sample size adjusted to the size of the camp/site (number of households)**

The sample size calculated must then be adjusted to the camp population (total number of households in that camp). This does not change much the sample size in very large camps, but can be beneficial in smaller camps (less than 5'000 households for example) as it will reduce the sample size and can save time, energy and resources on the field. The adjustment formula is the following:

$$n_b = \frac{n \times N}{n + N - 1}$$

With:

- **n_b:** being the sample size adjusted to the size of the site
- **N:** being the site total number of households

- **Sample size adjustment to anticipated non-response rate**

Once the sample size is calculated, it needs to be adjusted again upwards to account for the expected non-response rate. This is to make sure that at the end of the survey we will have the required number of filled forms. The formula used for that is detailed below:

$$n_{fin} = \frac{n_b}{1 - r}$$

With:

- n_{fin} being the adjusted calculated sample size taking into account expected non-response rate
- r being the expected non-response rate

The expected non-response rate is the proportion of the households we expect to be unavailable, or refuse to participate. If we expect that 5% of the households (1 out of 20) will not be available or refuse to participate, the expected non-response rate is 5%. If we expect that 1 out of 10 households will not participate, the non-response rate would be 10%. The anticipated non-response rate can be based on previous year's experiences, but additional factors need to be weighed in such as seasonal migrations. If you have no such information, you can **safely use 5%**.

The calculated sample size for the camp is given in the table below.

Table 1: Calculated Sample size for Kigeme camp

Camp	Simple size (number of households) needed	Total number of households in the camp	Sample size adjusted to the total number of households	Anticipated non-response rate	Sample size adjusted for anticipated non-response
Kigeme	385	2,628	336	5%	354

3.2.2 Sampling procedure

In order to ensure representation, the survey teams used simple random sampling of the overall sample size determined in the camp. As the camp is subdivided into villages, the sample size was proportionally distributed by the number of households in each village so as to ensure representability of all villages. The households to be surveyed for each village will be selected by simple random. The distribution of sample size per village in Kigeme camp is presented in the following table.

Table 2: Distribution of sample size per village for Kigeme camp

Quarter	Village	Number of Households (estimated)	Planned Sample size per village
Q2	V3	114	15
	V4	114	15
	V5	114	15
	V1	114	15
	V2	114	15
Q3	V1	114	16
	V2	114	16
Q4	V2	114	16
	V1	114	15
Q5	V2	114	15
	V1	114	15
	V4	114	15
	V3	114	15
Q6	V2	114	15
	V3	114	15
	V4	114	15
Q7	V1	114	15
	V2	115	16
	V3	115	16
	V4	115	16
Q8	V1	115	16
	V2	115	16
	V3	115	16
Total		2,628	354

The households surveyed during the process were selected randomly. The more randomly the households are selected, the more representative the results will be of the whole camp.

3.2.3 Data collection and quality control measures

A combination of qualitative and quantitative approaches were used to collect and analyse data. In addition, the evaluations will assess the project periodic data reports to assess its progress towards achieving intended outcomes. Qualitative approaches will be used to not only assess the remaining criteria but also to help making sense of quantitative data.

i. Quantitative data

A Standardized Questionnaire developed by UNHCR for WASH KAP Survey in Refugee Sites was used. The questionnaire was used to collect data related, but not limited to, the following key indicators:

Table 3: WASH KAP survey indicators

Indicator	
Water Quantity	Average # liters of potable water available per person per day
	Average # l/p/d of potable water collected at household level
	% Households with at least 10 liters/person potable water storage capacity
Water Access	Maximum distance [m] from household to potable water collection point
	Number of persons per usable handpump / well / spring ³
	Number of persons per usable water tap ⁴
Water Quality	% Households collecting drinking water from protected/treated sources
	% water quality tests at non chlorinated water collection locations with 0 CFU/100ml
	% of water quality tests at chlorinated water collection locations with FRC in the range 0.2-2mg/L and turbidity <5NTU ⁵
Sanitation	Number of persons per toilet/latrine
	% Households with household toilet/latrine ⁷
	% Households reporting defecating in a toilet
Hygiene	Number of persons per bath shelter/shower
	Number of persons per hygiene promoter
	% Households with access to soap ⁹ & ¹⁰
Menstrual Hygiene	% of recipient women of reproductive age who are satisfied with menstrual hygiene management materials and facilities
Solid Waste	% Households with access to a solid waste disposal facility

A Standardized Questionnaire developed by UNHCR and imbedded in KoBoToolbox as Rwanda 2020 WASH KAP 10_1_7 was used for data collection.

Data were collected using smartphones and tablets which loaded with the Rwanda 2020 WASH KAP 10_1_7 questionnaire. Data collectors used internet to synchronize data in the overall evaluation database.

ii. Qualitative data

Qualitative data were collected to complement quantitative findings. Qualitative data were collected through Focus Group Discussions (FGDs) and Key Informants Interviews (KIIs). FGDs were specifically addressed to: People with disabilities, elder people above 60 years old, unaccompanied children, community health workers (CHWs), local leaders and MEAL teams.

KIIs were conducted with the WV partner organizations and key stakeholders. All FGDs and KIIs were done in order to gather information of key beneficiaries' perceptions on the program.

a. Focus Group Discussions and Key Informants Interviews

Four (4) focus group discussions of 3-6 participants were conducted in the camp. The FGDs and KIIs were moderated by trained moderators and note taking was done by trained and experienced note takers. Purposive or convenience sampling was used for selecting participants for Focus Group discussions. This means that the community members who are likely to provide us with the best information were selected.

iii. Data quality control

After every day, both quantitative and qualitative data were checked and validated by field supervisors. Specifically, qualitative data were expanded (field notes) to have the fieldwork summary. After the fieldwork, the records were transcribed in Kinyarwanda, the language for data collection (for both quantitative and qualitative approaches), then translated in English, the report writing language.

3.2.4 Survey teams

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

3.3 ETHICAL CONSIDERATIONS

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

3.4 DATA ANALYSIS

The survey data analysis was performed using the **WASH KAP Kobo Excel Analyser**. The data collected using the KoBo toolbox were exported from KoBo account data in the format corresponding to WASH KAP Kobo Excel Analyser.

A simple descriptive analysis (frequency, percentage, mean etc..) was used to carry out data analysis and to evaluate KAP changes and to come up with conclusions and draw recommendations for current and future WASH projects.

4 FINDINGS OF THE SURVEY

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

4.1 WATER SUPPLY

4.1.1 Sizes of the households

This sub-section presents findings on sizes of the surveyed households. Figure 1 below indicates that 14.2% (95%CI: 9.9% - 18.5%) of the surveyed households are made of 7 and 8 members, 13.8% (95%CI: 9.5% - 18.0%) are made of 5 members followed by 4 members' households with 10.6% (95%CI: 6.8% - 14.4%), 3 members' households with 9.1% (95%CI: 5.5% - 12.6%), 9 members' households with 8.7% (95%CI: 5.5% - 12.1%), 10 members' households with 7.1% (95%CI: 3.9% - 10.2%) and 2-members' households with 6.3% (95%CI: 3.3% - 9.2%). The other households' sizes are in small numbers as presented on the Figure 1.

Figure 2 shows the number of children less than 5 years living in surveyed households. It is indicated that most of the households do not have children less than 5 years old (39%, 95%CI: 33.0% - 45.0%, of surveyed households) while 35.4% (95%CI: 29.6% - 41.3%) of households have 1 child, 20.5% (95%CI: 15.5% - 25.4%) of households have 2 children, 3.9% (95%CI: 1.5% - 6.3%) of households have 3 children 0.8% (95%CI: 0% - 1.8%) have 4 children and 0.4% (95%CI: 0% - 1.2%) households have 5 children under five years old.

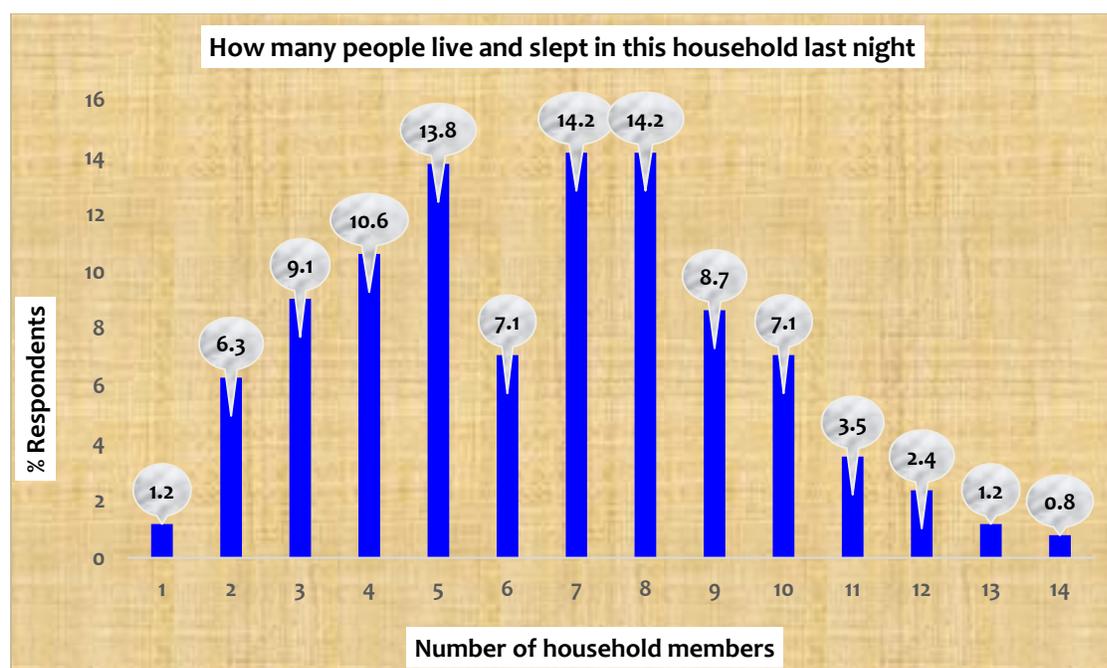
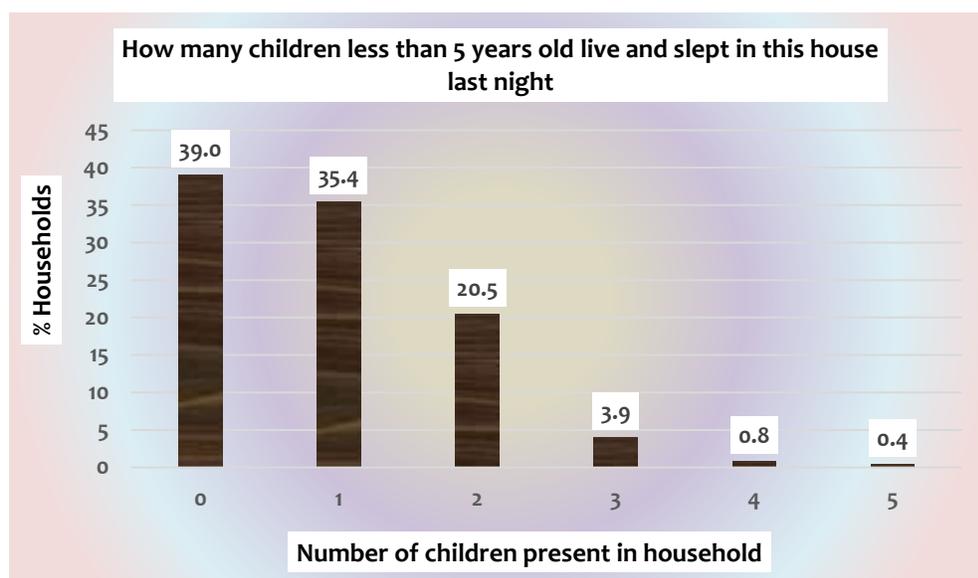


Figure 1: Sizes of the surveyed households**Figure 2: Number of children less than 5 years living in surveyed households**

4.1.2 Principal source of drinking water

Data collected from Kigeme camp showed that the principal source of domestic drinking water is public tap or stand pipe with 100% of respondents. Aside from the principal source, data on the second alternative source of drinking water indicated that 46.5% (95% CI: 40.3% - 52.9%) of households use protected springs, 33.5% (95% CI: 27.7% - 39.3%) of households did not use any other source of drinking water except the principal one and a small percentage use other sources.

Apart from the source of drinking water, the capacities of households to collect and to store drinking water was surveyed in terms of the numbers of collection and storage containers in possession. It is shown from figure 3 that 30.5% (95% CI: 24.8% - 36.2%) of the surveyed households have 1 container, 26.5% (95% CI: 21.0% - 32.0%) of households have 3 containers. 18.5% (95% CI: 13.7% - 23.3%) of households reported to have 2 containers while 10.8% (95% CI: 7.0% - 14.7%) have 4 containers and 2.4% (95% CI: 0.5% - 4.3%) of household do not have any container to collect and store water from the water point.



Figure 3: Number of collection and storage containers of drinking water per household

4.1.3 Availability of water on the premises

95% (95% CI: 92.2% - 97.6%) of surveyed households confirmed that water source is available directly on or near their premises while 5% (95% CI: 2.4% - 7.8%) of them said there is no water source available directly on the premises.

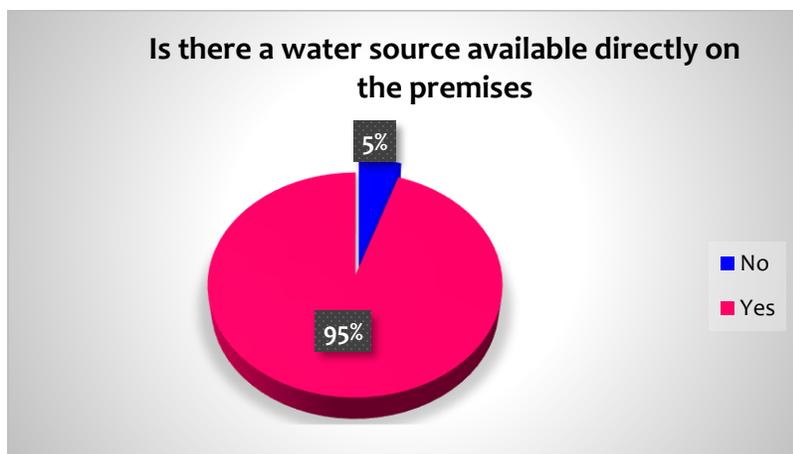


Figure 4: Data on availability of water source on the premises

4.1.4 Time used to fetch water from the source

94.9% of households stated that they use less than one (1) minute (95% CI: 0.0 – 2.2 min) to reach to water sources and about 0.8% use about 2 minutes (95% CI: 0.8 – 3.2 min), 0.4% require 5 minutes (95% CI: 3.8 – 6.2 min) to go to water sources. In general, it was found that more

than 95.5% of households use less or equal to 5 minutes (95% CI: 4.4 – 5.6) to go to the water source.

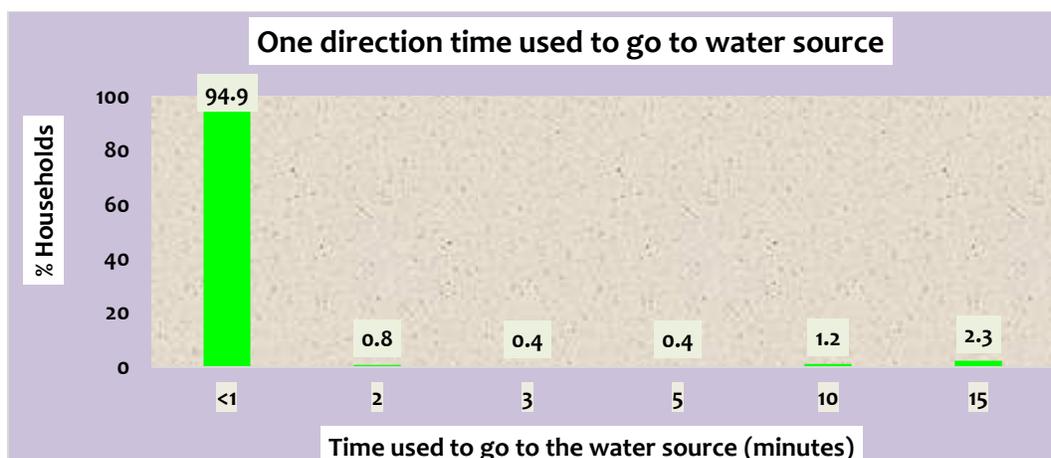


Figure 5: One direction time used to go to water sources

In terms of the total time used to fetch water from the sources, as depicted in figure 6, about 95% of households reported that they use less than 5 minutes (95% CI: 1.9 – 8.1 min) to get water from the source while the rest of respondents use between 10 and 20 minutes to fetch water from the source. In general, it was found that 96.5% of households use equal or less than 10 minutes (95% CI: 8.5– 11.5 min) to get water from the source.

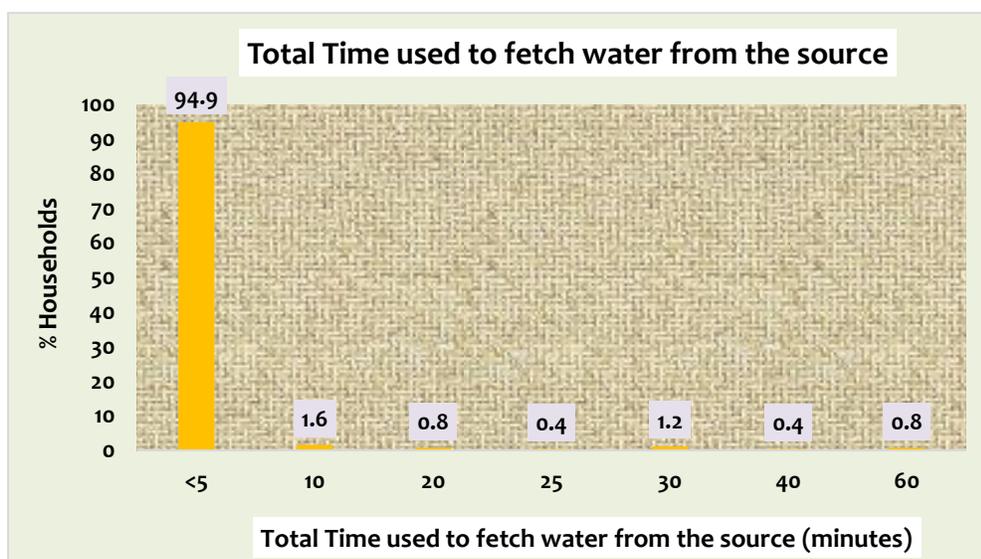


Figure 6: Total time used to fetch water from the source

4.1.5 Distance to water sources

The distance to water sources is estimated from the total time used to fetch water from the sources.

It was found that about 95% of households travel less than 80 meters (95% CI: 77.9 – 82.1m) from their premises to reach to water sources and the rest of respondents travel from 160 meters to a maximum of 400 meters (figure 7).

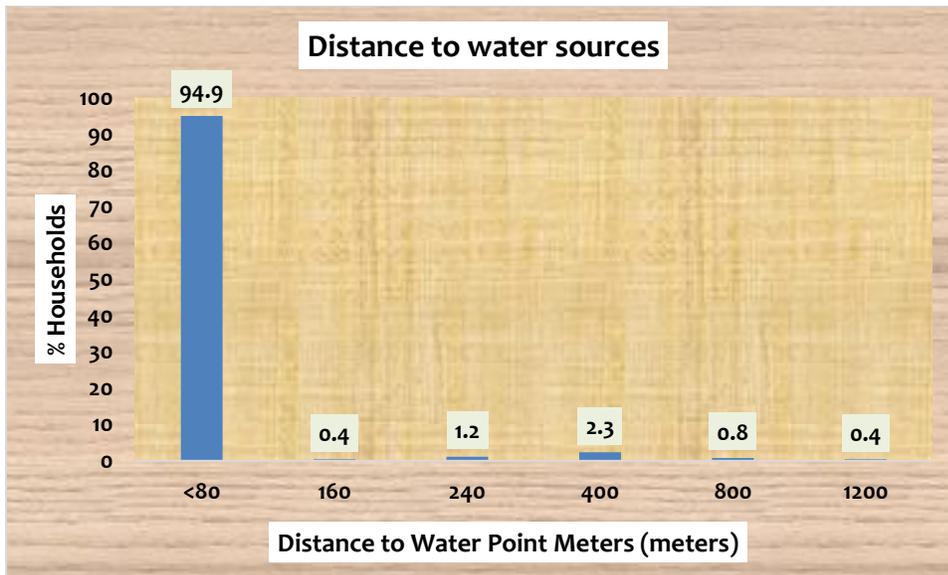


Figure 7: Distance to water sources

4.1.6 Sufficiency of drinking water from the sources

69% (95% CI: 63.6% - 75.0%) households said that they did not have water in sufficient quantities at least once in the previous month while 31% (95% CI: 25.0% - 36.4%) of respondents said that they always had sufficient quantities of potable water in their households (Figure 8).

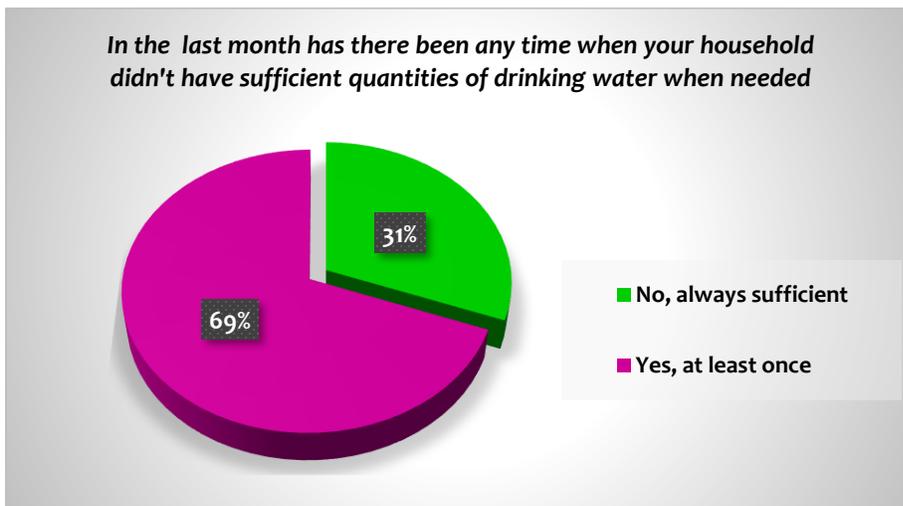


Figure 8: Data on sufficiency of drinking water for the households

The water shortages at the sources were mentioned as the main reason for having insufficient potable water quantities with 48.9% (95% CI: 42.9% - 55.1%) of respondents while 40.9% (95% CI: 34.8% - 46.9%) of households said that they do not have enough storage containers (Figure 9).

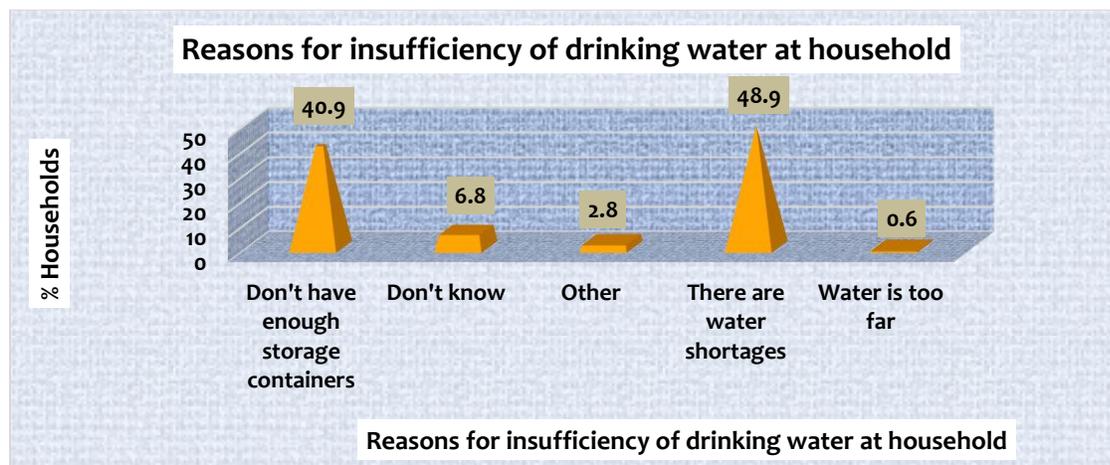


Figure 9: Reasons for insufficiency of drinking water for the households

4.1.7 Volume of potable water collected at household level

The volume of potable water collected at household level is given by the average volume of potable water collected by the household per day.

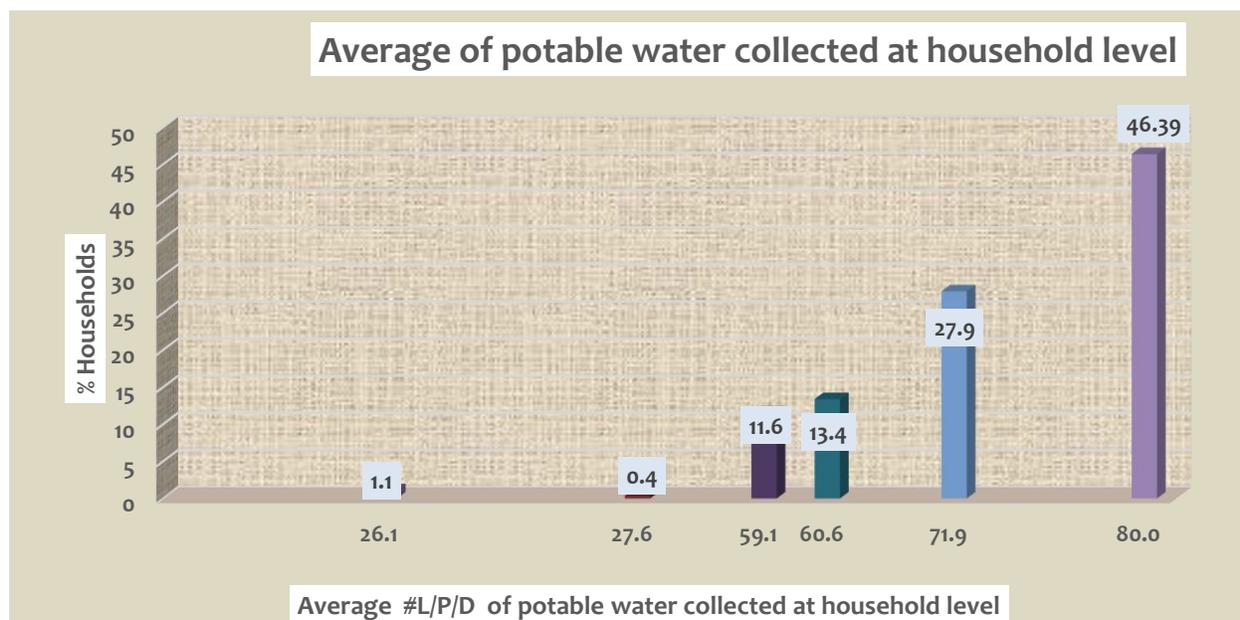


Figure 10: Volume of potable water collected at household level per day (liters)

4.1.8 Volume of potable water available per person per day

It is the volume of potable water in liters available per day per person in each household. It is found from the survey data that 79.4% use 10 to 20 liters of potable per person per day,

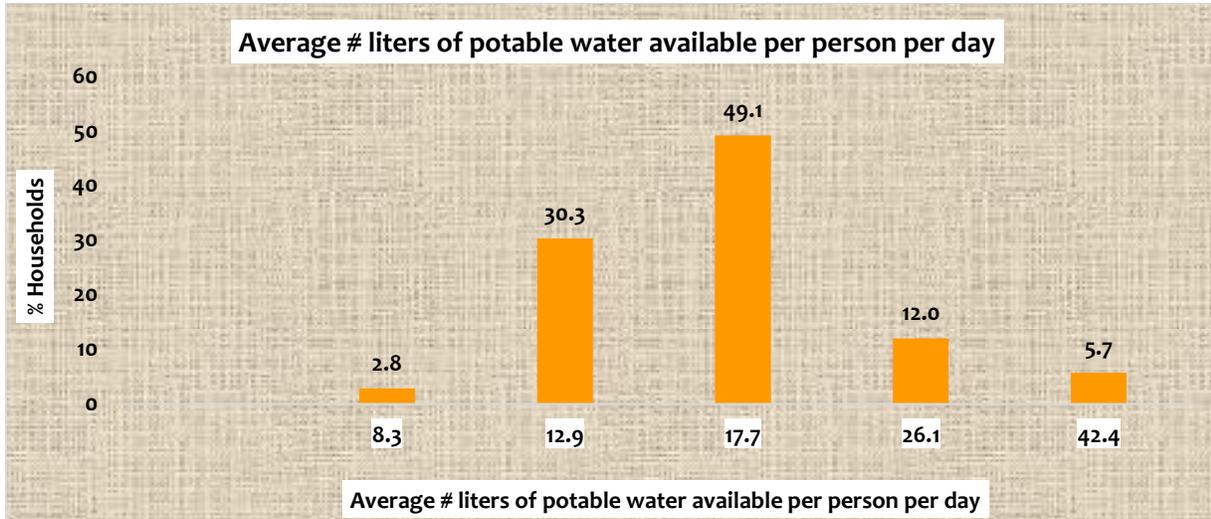


Figure 11: Volume of potable water available per person per day (liters)

4.1.9 Households with at least 10liters/person potable water storage

Collected data as depicted in figure 12 show that 93.6% (95% CI: 90.8% - 96.7%) of households have equal or greater than 10 liters’ potable water storage capacity per person while 6.4% (95% CI: 3.3% - 9.2%) of households get at less 10 liters’ potable water storage capacity per person.

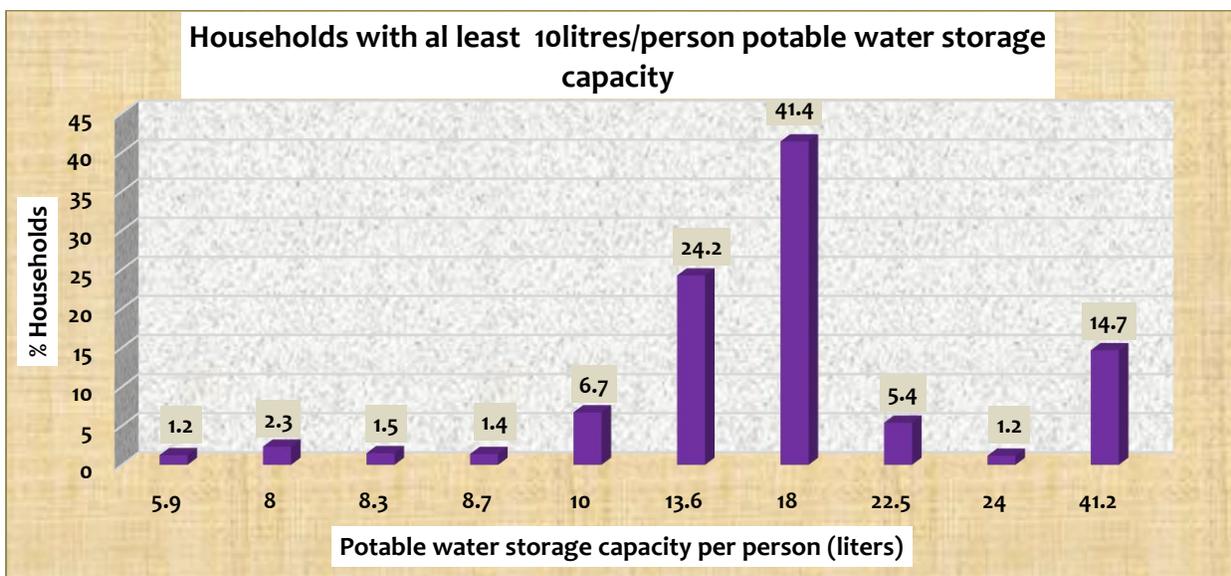


Figure 12: Households with at least 10liters/person portable water storage capacity

4.1.10 Summary of key findings on water supply

- **Water access**

95% (95% CI: 92.2% - 97.6%) of households reported that water source is available directly on or near their premises while 5% (95% CI: 2.4% - 7.8%) of them said there is no water source available directly on their premises.

It was found that 94.9% of surveyed households travel less than 80 meters (95% CI: 77.9 – 82.1 m) from their premises to water collection points. In general, about 95.3% of households travel less than 200 meters (95% CI: 197.9 - 202.1 m) to fetch water which is in compliance with the UNHCR water access target.

- **Water quantity**

The availability of water in sufficient quantities is measured in terms of average volume (liters) of potable water available per person per day, average volume (liters) of potable water collected at household level and the percentage of households with at least 10 liters/person potable water storage capacity.

About 96% of households collect equal or greater than 40 liters (95% CI: 37.0 – 43.0 L) of potable water per day which far higher than the target of 20 liters of water per household per day set by the UNHCR WASH indicators.

It was found from the survey data that about 79.4% of households get 10 to 20 liters of potable per person per day. These figures are near below the target of having equal or greater than 20 liters of water per person per day.

Data on households' water storage capacity showed that 93.6% (95% CI: 90.8% - 96.7%) of households have at least 10 liters' potable water storage capacity per person. The target of having equal or greater than 80% of households having at least 10 liters' potable water storage capacity per person has been achieved.

- **Water quality**

The survey found that the principal source of domestic potable water for households is public tap or stand pipe (100%) which is considered as protected/treated sources of water. The percentage of households getting water from protected/treated sources is higher than the target of 95% defined by the UNHCR WASH indicator which means that the camp achieved the target of using water from protected sources.

Findings from the qualitative study also showed similar findings in which community members who participated in FGDs mentioned that potable water is available in insufficient quantities due to different obstacles and the case is highly raised in dry season and when water pipes are broken or pumps are not working. When water is not available in the camp, they fetch from the neighbouring host community

The issue of not having water taps designated for elderly people and people with disabilities was mentioned but they get water with the help of the water point manager. It is recommended to construct water points designated for elderly people and people with disabilities.

Some challenges related to water access were stated by FDGs participants as follows:

- Insufficient materials to store water;
- Scarcity of wash hands device near their premises.

Recommendations were made by FDGs participants to increase the water access, quality and quality as follows:

- Increase evening hours of fetching water so that students and orphans can find the water points still open after school hours;
- Distribute water storage containers to some households so as to increase the quantity of water they can store at households;
- Set up a plan for regular cleaning of common water tanks to increase the water quality because it is currently done once a month.
- Provide the water hand washing the device

Information gathered from Key Informant Interviews (KIIs) through different stakeholders operating in KIGEME camp allowed to assess the level of water supply service received by the camp communities as follow:

I. Partners general views on overall situation of water supply in KIGEME camp

Plan Rwanda, Humanity Inclusion (HI), Alight, MINEMA, ADRA Rwanda and UHCR, AHA medical center, Prison Fellowship are the key partners that were interviewed during the KAP survey in GIHEMBE refugee camp.

According to interviewees, since the time that WVI has started implementing WASH program in the camp many things were achieved compared to the time of the previous partner.

There is no sexual abuse neither any kind of harassment cases, caused by water shortage up to date, **“all interviewed partners said”**. Water is available even if it is not enough quantity all the time, but it is a positive and good achievement for WVI that have to be appreciated.

They also responded that beneficiaries are involved into decision making, they are involved to solve their daily WASH issues. Refugees are the one who makes coordination of water points, said some partners during their interview.

Beneficiaries appreciate water provision

- **Positive changes**

People are satisfied, because they no longer fetching dirty water from non-improved source, such as marchland or drainages. Actually, beneficiaries can easily get clean water to be used in household activities including: Drinking, cooking food, washing clothes, body and whatever else needed. So, there are visible and tangible changes in terms of water provision.

- **World Vision strength**

When there is water shortage, they use trucks to supply water to the community. WVR has a skilled and experienced staff who can identify problems on the water supply pipelines and other components and repair them quickly.

WVI set up a WASH committee, composed by refugees in majority, in charge of WASH issues. The committee works in collaboration and under coordination of WASH implementing partner (WVI). The responsibilities of the committee are to manage water infrastructures, mobilize community how to properly use water, checking the quality and quantity of water depending to the beneficiaries needs.

The strategy of problem solving is appreciated by the community because of communication channel set up by WVR: They use dialogue approaches to communicate with refugees' leaders and other community representatives to find good solutions that have to be applied on any particular problem. The existence of WASH committee facilitates good collaboration between refugees and WASH implementing partners.

Some issues were raised like the stealing by some refugees of toilet doors and hand wash devices and which are repaired/restored a bit late by the stakeholders in charge.

Some recommendations were made by different stakeholders as follows:

- Mobilize other partners in water supply so that the issue of water shortage can be completely solved. If possible, put in place a backup system and improve

communication channel from community to high management of WVR in order to reduce the time taken to find solutions for some problems.

- Increase the skilled labors in order to achieve to WASH program objectives and to provide water storage containers to some households.
- Improve the protection and ensure the safety of some equipment like handles of water taps.

4.2 SANITATION

4.2.1 Defecation practices

100% of the respondents confirmed that they use communal latrines

Figure 14 shows that 62.3% (95% CI: 56.3% - 68.2%) of children of under 5 years old use plastic pots, 37.8% (95% CI: 31.8% - 43.7%) use communal latrines

No cases of defecation in open air were reported with 94% (95% CI: 91.2% - 97.0%) of respondents saying no while a small portion (6%, 95% CI: 3.0% - 8.7%) didn't know if that practice exists.



Figure 14: Defecation location for children under five years old

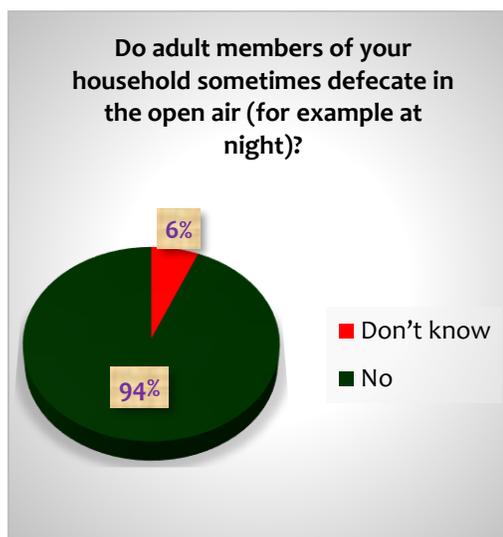


Figure 15: Defecation in open air

4.2.2 Latrines emptying

84% (95% CI: 79.6% - 88.5%) of households confirmed that their latrines have been emptied while 16% (95% CI: 11.5% - 20.4%) said that theirs have never been emptied as shown on figure 17. From those who agreed that emptying is done, 73.3% (95% CI: 67.7% - 78.6%) of them

indicated that wastes are removed by a service provider to an unknown site while 20% (95% CI: 15.0% – 24.7%) declared that are removed by service provider to dumping site.

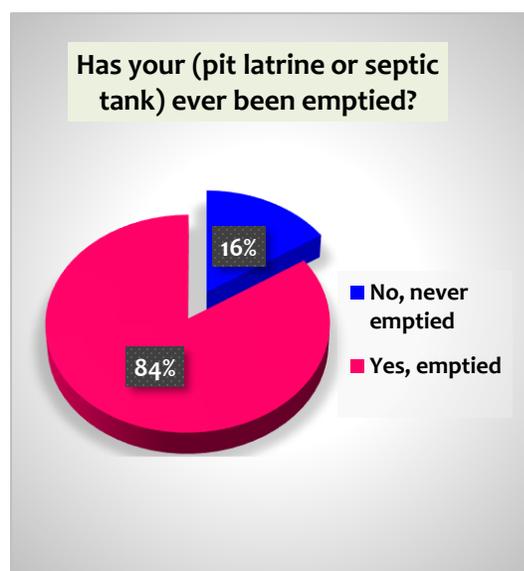


Figure 17: Latrines emptying

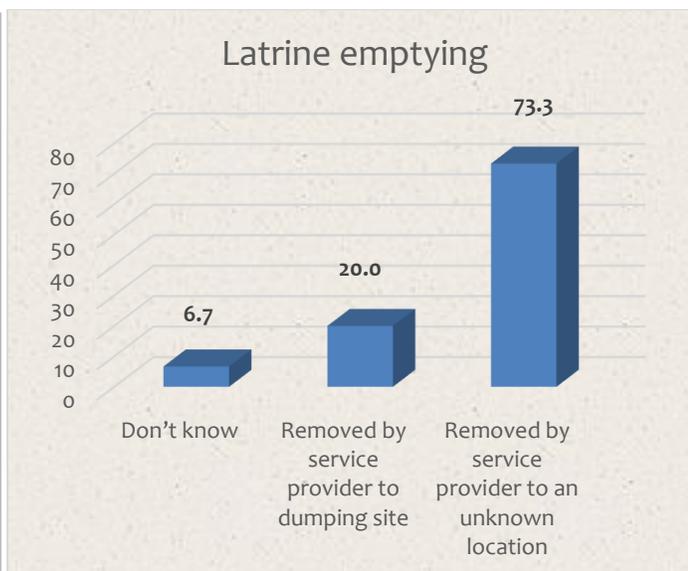


Figure 17: Latrine emptying

4.2.3 Summary of key findings on sanitation

100% of the surveyed households reported that they defecate in a toilet. 98.4% (95% CI: 96.9% - 100%) of the households confirmed that they use communal latrines. It was found from the survey that the target of 85% of households reporting defecating in a toilet as defined by UNHCR WASH indicators has been achieved in Kigeme camp.

It was confirmed from the survey that majority of latrines have proper concrete slabs as covers and they are regularly emptied.

Findings of the qualitative study from community members who participated in FGDs highlighted some issues which could hinder the provision of better sanitation services:

- It was mentioned that it is difficult for households to clean latrines, wash hands, clothes and any other materials without soaps which are no longer distributed to them.
- Cleaning the latrines also require some money to pay the cleaners and they can do that on regular basis because they don't have money to pay for that.

Some recommendations were made by KIIs participants where they requested to improve the accessibility of toilets for disabled people by rehabilitating the access streets/paths to toilets.

4.3 HYGIENE

4.3.1 Availability of hand washing devices/stations and soaps

Collected data showed that 41% (95% CI: 34.8% - 65.2%) of respondents said that they have soaps in their households while 59% (95% CI: 53.1% - 65.2%) indicated that they don't have them. 23% (95% CI: 17.8% - 28.1%) of households confirmed that they have hand washing devices/stations while 77% (95% CI: 71.9% - 82.2%) don't have them.



Figure 19: Usage of soaps in households

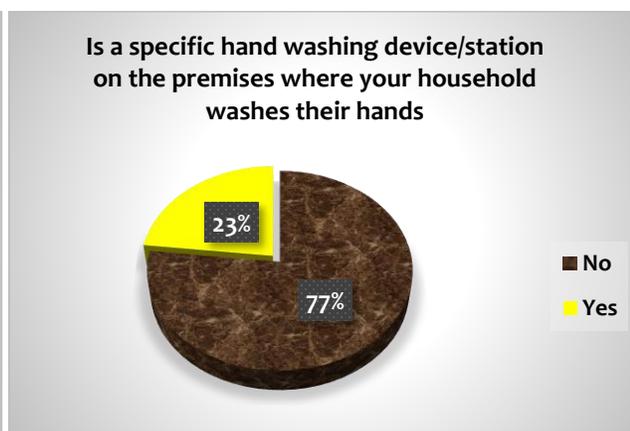
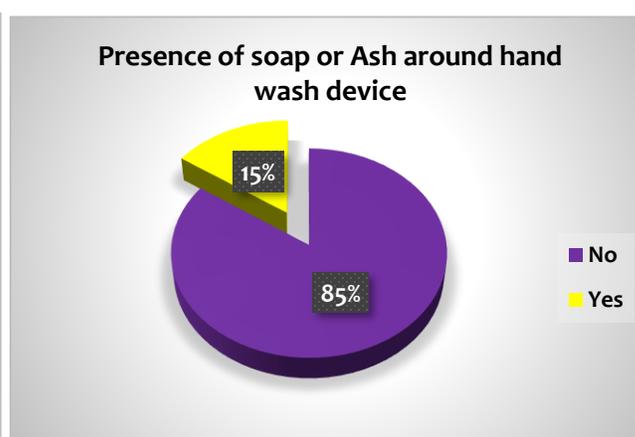
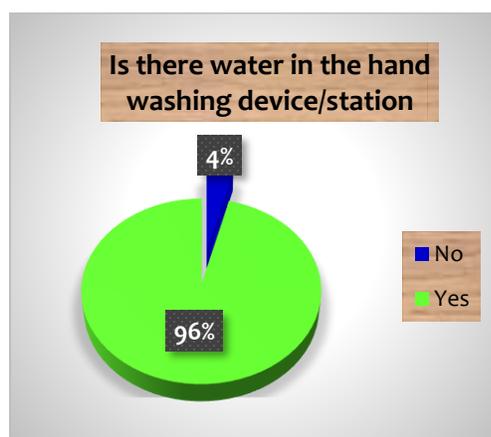


Figure 20: Availability of hand washing devices/stations in households

96% (95% CI: 93.7% - 98.5%) of households with hand washing devices confirmed that they have water in their devices while 4% (95% CI: 1.5% - 6.3%) said that they don't have water in the devices. Among the households with hand washing devices and water, 15% (95% CI: 10.8% - 19.6%) of them said that they have soap or ash around the devices while 85% (95% CI: 80.4% - 89.2%) don't have either soap or ash.



4.3.2 Critical hand wash moments

The households were asked to name at least 3 of the most important times when someone should wash hands. The survey revealed as in the figure 23 below that most household members stated the 3 moments in which 83% (95% CI: 78.3% - 87.5%), this means washing hands after defecation was one raised by more householders as key main time to wash their hands, washing hands before eat took 60% (95% CI: 53.9% - 65.9%), this means it is a second choices preferred by more refugees as most time to wash their hands, before children feeding took 24% (95% CI: 18.9% - 29.4%) while washing hands after handling a child's stool and changing a nappy, cleaning a child's bottom got 12% (95% CI: 8.1% - 16.0%), though before breastfeeding has 25% (95% CI: 19.6% - 30.2%) and before cooking and meal preparation had 50% (95% CI: 44.1% - 56.3%), as one among three principal times to wash their hands.

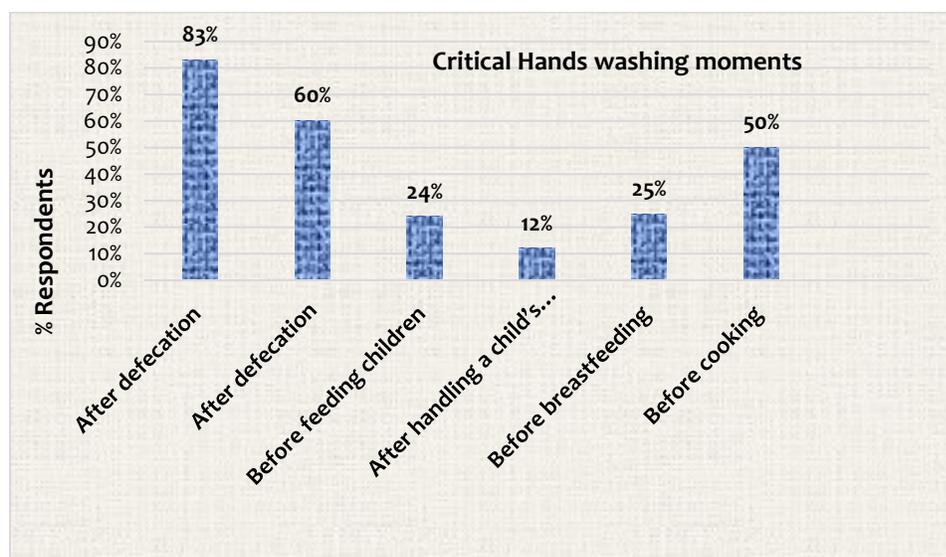


Figure 33: Critical hands washing moments at households

4.3.3 Bathing facilities for households

100% of surveyed households do have designated bathing facilities.

4.3.4 Summary of key findings on hygiene

The hygiene services are measured in terms of the number of persons per bath shelter/shower, the percentage of households with access to soap and the number of persons per hygiene promoter.

Collected data showed that 41% (95% CI: 34.8% - 65.2%) of respondents said that they have soaps in their households while 59% (95% CI: 53.1% - 65.2%) indicated that they don't have them.

23% (95% CI: 17.8% - 28.1%) of households confirmed that they have hand washing devices/stations while 77% (95% CI: 71.9% - 82.2%) don't have them. It is observed from these findings that hand washing is not well practiced in the camp and an improvement should be done on that hygiene practice.

100% of surveyed households confirmed that they have access to designated bathing facilities. Findings from the qualitative study also showed similar findings in which community members who participated in FGDs mentioned that hygiene materials like soaps and sanitary pads are no longer being distributed to refugees. This makes it difficult for them to find soaps for their daily cleaning activities and those to use around hand washing stations because the money they receive is not sufficient for their families' needs.

It was also mentioned by some participants that they need support to get hand washing devices for their households.

It was further found from the FGDs that the camp has got hygiene and sanitation promoters per village who disseminate health information whenever required and train camp's communities on hygiene and sanitation best practices.

4.4 MENSTRUAL HYGIENE

In the survey sample 91% (95%CI: 87.2% - 94.6%) households were found to have women of reproductive age in different numbers. Among the identified women in reproductive age, 87% (95% CI: 82.7% - 91.3%) agreed to be interviewed privately about their menstrual hygiene management practices while 13% (95% CI: 8.7% - 17.3%) of them refused.

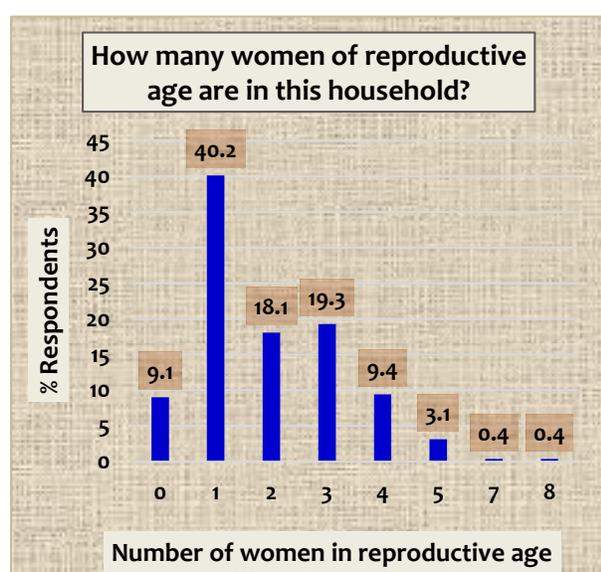


Figure 24: Number of women in reproductive age

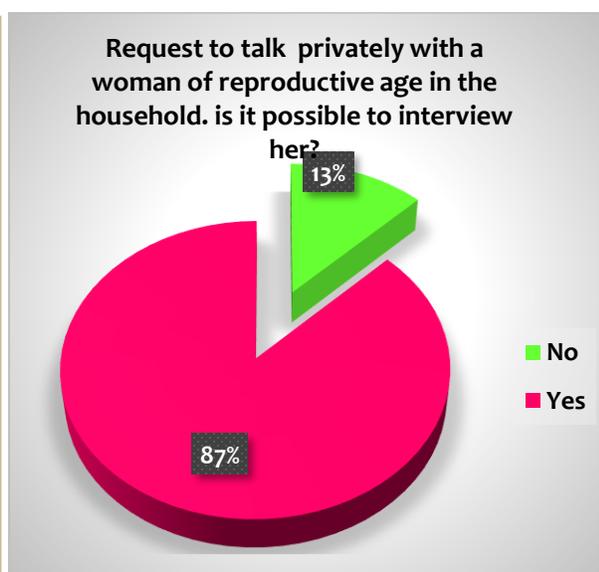


Figure 25: Allow us to interview her

It was found from the interviews that 89.5% (95% CI: 85.7% - 93.5%) of women of reproductive age used disposable pads during their menstrual period while 8% (95% CI: 4.3% - 11.2%) used reusable cloths.

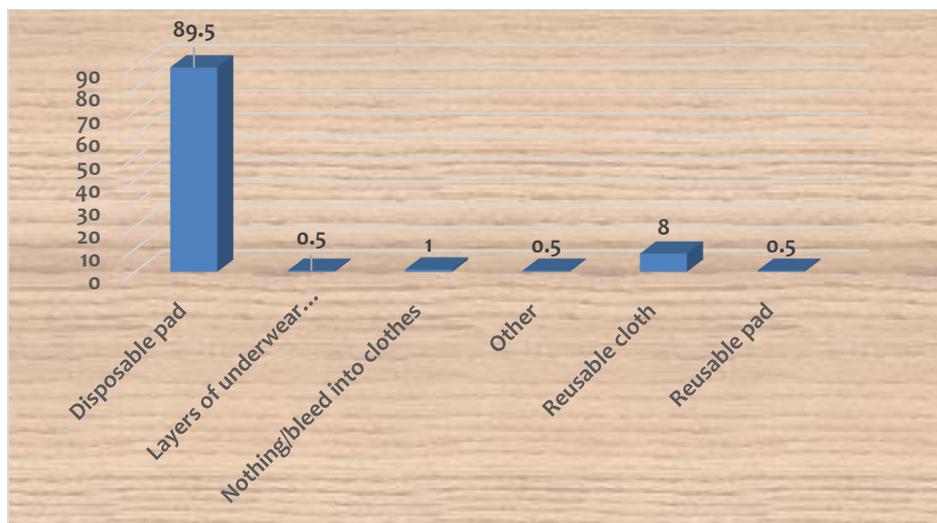


Figure 26: Materials used during menstrual period

84% (95% CI: 79.3% - 88.7%) of women confirmed that they were able to wash and change in privacy at home, 40% (95% CI: 33.5% - 46.1%) of respondents said that they were able to wash and change at work or school while 60% (95% CI: 53.9% - 66.5%) indicated that they didn't have privacy at work or school (figures 28 and 29).

56% (95% CI: 49.4% - 62.2%) of women said that there was no toilet paper/cleansing water available where they changed their pads while 44% (95% CI: 37.8% - 50.6%) confirmed that they had toilet paper/cleansing water in changing rooms.

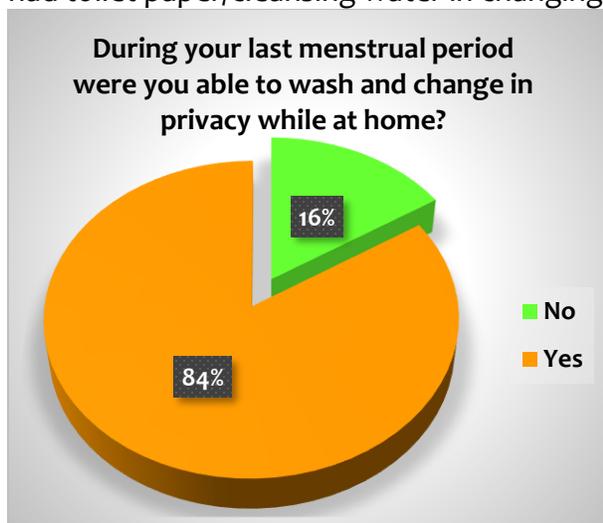


Figure 28: Privacy at home

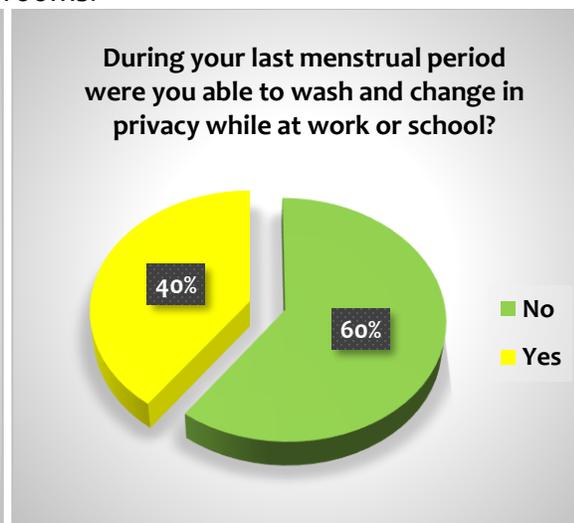


Figure 29: Privacy at Work or School

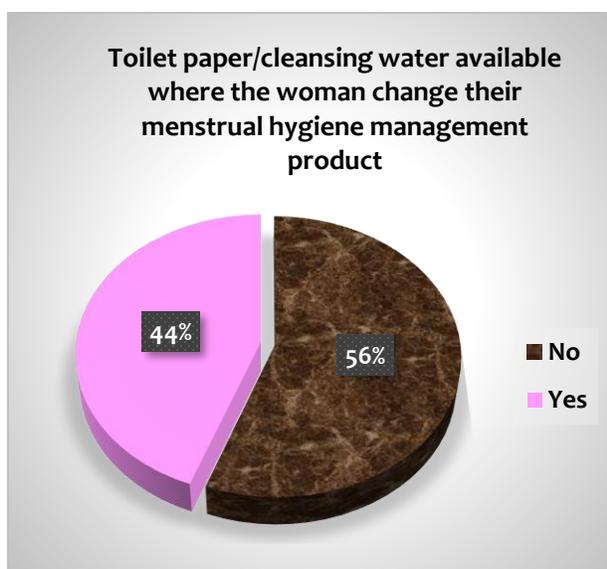


Figure 30: Availability of toilet paper/cleansing water in changing rooms

4.4.1 Summary of key findings on menstrual hygiene

It was found that 89.5% (95% CI: 85.7% - 93.5%) of women of reproductive age use disposable pads during their menstrual period. 84% (95% CI: 79.3% - 88.7%) of women confirmed that they were able to wash and change in privacy at home, while 40% (95% CI: 33.5% - 46.1%) of respondents said that they were able to wash and change at work or school.

These findings show that the target of having equal or greater than 90% of recipient women of reproductive age who are satisfied with menstrual hygiene management materials and facilities is not yet achieved in Kigeme camp.

4.5 DOMESTIC SOLID WASTES DISPOSAL

98.4% (95% CI: 96.9% - 100%) of surveyed households said that they dispose off their solid wastes in communal pits as shown in figure 31.

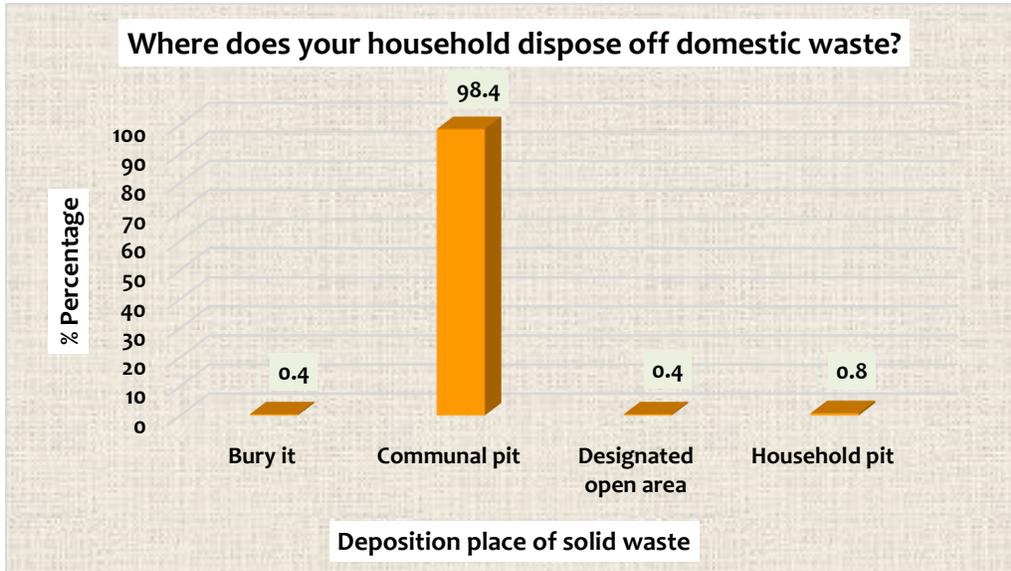


Figure 31: Location for disposal of domestic solid wastes

The percentage of households with access to a solid waste disposal facility in Kigeme camp is above the target of 90% set by the UNHCR indicators target which means that it has been achieved in the camp.

Findings from the qualitative study also showed similar findings in which community members who participated in FGDs mentioned that domestic solid wastes are collected into trash bags and thrown into designated areas.

4.6 Summary of WASH Indicators and Targets in Kigeme Camp

The table below summarises the key findings of the KAP survey for each indicator in comparison with the target set by UNHCR for refugee camps.

Table 4: Summary of key findings of WASH indicators in Kigeme refugee camp

Indicator		Emergency Target	Post Emergency Target	Means of Verification	Survey findings
Water Quantity	Average # liters of potable ² water available at household	≥ 15	≥ 20	KAP Survey	78
	Average # l/p/d of potable water collected at household level	≥ 15	≥ 20	KAP Survey	17.7
	% Households with at least 10 liters/person potable water storage capacity	≥ 70%	≥ 80%	KAP Survey	94%
Water Access	Maximum distance [m] from household to potable water collection point	≤ 500m	≤ 200m	KAP Survey	<80m
	Number of persons per usable water tap ⁴	≤ 250	≤ 100	Monthly Report Card	78
Water Quality	% Households collecting drinking water from protected/treated sources	≥ 70%	≥ 95%	KAP Survey	100%
Sanitation	Number of persons per toilet/latrine	≤ 50	≤ 20 ⁶	Monthly Report Card	33
	% Households reporting defecating in a toilet	≥ 60%	≥ 85%	KAP Survey	100%
Hygiene	Number of persons per bath shelter/shower	≤ 50	≤ 20 ⁶	Monthly Report Card	48
	Number of persons per hygiene promoter	≤ 500	≤ 1000 ⁸	Monthly Report Card	1,237
	% Households with access to soap	≥ 70%	≥ 90%	KAP Survey	41%
Menstrual Hygiene	% of recipient women of reproductive age who are satisfied with menstrual hygiene management materials and facilities	≥ 70%	≥ 90%	KAP Survey	84%
Solid Waste	% Households with access to a solid waste disposal facility	≥ 70%	≥ 90%	KAP Survey	98%

5 APPENDICES

5.1 Questionnaire for WASH KAP Survey

5.2 Raw data