

# IMVEPI WASH KNOWLEDGE, ATTITUDES, AND PRACTICES ENDLINE SURVEY 2022

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A 2022 STUDY ON CURRENT COMMUNITY KNOWLEDGE, ATTITUDES,  
AND PRACTICES ON WATER, SANITATION AND HYGIENE IN IMVEPI  
REFUGEE SETTLEMENT IN TEREKO DISTRICT

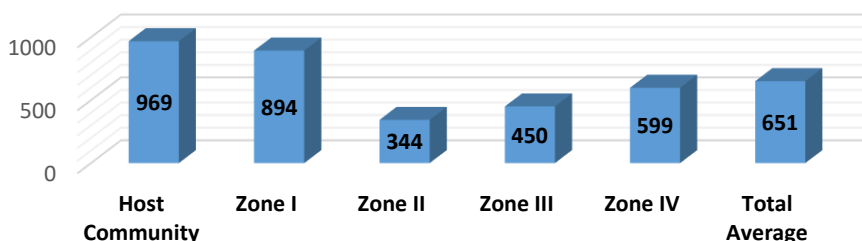
DECEMBER 2022

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## I. ACKNOWLEDGEMENTS

In a very special way, WMU will wish to thank all partners (IPs and Ops) for this opportunity to

<b>KAPs</b>	<b>Knowledge Attitude and Practices</b>
<b>DWO</b>	<b>District Water Officer</b>
<b>DHO WHO</b>	<b>District Health Officer</b>
<b>WASH</b>	<b>Water sanitation and hygiene</b>
<b>WTWG</b>	<b>Wash Technical Working Group</b>
<b>UNHCR</b>	<b>United Nations High Commissioner for Refugees</b>
<b>MHM</b>	<b>Menstrual Hygiene Management</b>
<b>HH</b>	<b>House Holds</b>
<b>OPM</b>	<b>Office of the Prime Minister</b>
<b>POCs</b>	<b>Persons of Concern</b>
<b>RWC</b>	<b>Refugee Welfare Councils.</b>

contribute to the creation of new knowledge in the WASH sector in the Imvepi Refugee settlement. This study comes at a crucial time in Imvepi. A time when UNHCR has declared her strategic intention to embark on long-term development activities within the settlement in the strategic 2023 road map. We believe that the findings of this study contribute to other studies to provide the basis for measuring and comparing progress in the WASH sector.

WMU in Imvepi operation sees this as a great landmark to celebrate and appreciates all those whose efforts contributed to the production of this survey report. In a very special way, WMU would like to thank UNHCR, OPM, and Terego District for their various unthats contributed to the survey notably the DHO DHO provided the support we needed to conduct this survey. Additionally, we appreciate and thank all interviewees, RWCs, and, communities who facilitated our work.

Through your collective efforts, we have an end-line survey done and we thank you for a great job.

## I. ABBREVIATIONS AND ACRONYMS

## II. EXECUTIVE SUMMARY

### INTRODUCTION

Uganda is hosting over 1 million refugees (Uganda Refugee Response, UNCHR 2021) with about 73,466 (UNHCR 1<sup>st</sup> January 2021) of them settled in the Imvepi refugee settlement. This rapid influx of refugees has put pressure on key facilities and services including shelter and WASH infrastructure.

In addition, the influx also led to the depletion of the existing systems, hence creating interventions to reconstruct them. To improve WASH service delivery efficiently and effectively in the settlement, there is a need for accurate and reliable information on which to base programmatic decisions. Imvepi settlement has had several interventions by different partners, and in as much as there were access indicators obtained regularly by the partners that provide extremely useful average figures at the settlement level, there has been a gap in the in-depth understanding of the situation at the household level and to account for disparities within the settlement to measure the impact of the interventions.

In consideration of the existing challenges, UNHCR in collaboration with government and WASH actors conducted an end-line KAP survey to understand the progress made through the established /provided WASH services in comparison with acceptable standards as well as assessing existing gaps to facilitate evidence-based planning of future programs.

## METHODOLOGY

The survey mainly utilized 4 methods: A household questionnaire survey, a Focus Discussiogroup guide, Scientific water quality analysis, and a documentary review. The survey covered all 5 zones of Bidibidi settlement, with samples drawn from all the zones. The sample size for each zone was calculated using the UNHCR sample size determination tool. A sample of **516 Households** (only refugees and host community) was interviewed using the household questionnaire survey. Reviewed documents included: partners' periodic updates and minutes of WASH meetings. Data was collected using Kobo data collection software and analyzed using the Standardized UNHCR WASH KAP analysis tool, Advanced excel analyzer, and SPSS data analysis software.

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## SUMMARY OF THE KEY INDICATOR PARAMETER

Parameter	Indicator
<b>Water Supply</b>	<p>Most of the households have access to improved water facilities. Most of the households (88%) reported public tap/standpipe as their principal source of drinking water for members in the household compared to (11%) who reported hand pump/boreholes and 1% had piped water connection to their households.</p> <p>Adult females (88%), adult males (8%), and children (11-18 years) (8%) are responsible to fetch water for domestic use. Most of the households (95%) reported that water sources are within a 333-meter radius a 6-minute walk distance. At least 80% of the population uses jerry cans for water collection and storage.</p> <p>The average liter of potable water/per person/per day collected at the household level is above the post-emergency standard at 23 L/p/d. At zone level, the Host community stands at 21 l/p/d Zone1 stands at 21 l/p/d, Zone 2 at 25 l/p/d, Zone 3 at 20 l/p/d, Zone 4 at 25 l/p/d, Generally, the water per capita is above the post-emergency standard of 20 L/p/d.</p> <p>About (20%) of the households had at least 10 L/p protected water storage capacity while the rest (80%) had less than 10 L/p storage capacity.</p> <p>Most of the water points are at acceptable distances from households, the average distance to the nearest water point was 651 meters. The minimum distance to the nearest water point was 344 meters while the maximum at 969 meters in the neighboring host community. Over half of the households (50%) clean their containers every time they use them while less than half of the households (47%) clean their containers once a week. The rest (3%) clean their containers once a month.</p> <p>However, the result of bacteriological analysis implied:</p> <p>100% of the sample tested positive for bacteria thus an indication of water contamination at the house level is extremely high triangulation through observation and focus discussion groups contamination of water is done at transportation where most jerrican is old and leaking and the POcs use soap, mud, and dirty substance to glue the jerrican m n while the tape tap stands contamination stands at 36% this contamination is due to continuous pipe cuts and rusty pipes water source stands at 13% this is further explained by the absence of chlorinator other water systems.</p>



<b>Water treatment</b>	<p>Most households (70%) were observed when pouring and dipping cups to scoop water from their drinking water containers, the result showed that there was no contact between the hands and water in the container hence no contamination. More sensitization is required for (30%) regarding a safe water chain.</p>
<b>Sanitation</b>	<p>About (10%) reported that children under-5 living in households usually defecate in the open. Meanwhile, (66%) reported that children under 5 years are always introduced to the household latrine (this applied to only children who can walk and squat), and 24% use plastic pots. For children under-5 who do not use a latrine, all the households collect and dispose of their feces in the latrine.</p> <p>Very few adult household members (5%) defecate in the open, especially at night. They gave a reason for the latrine in the household (25%), latrine too far (18%), there is no latrine available (5%), Do not know or are not sure (3%), others (3%) and it is too dark at night (58%) and 6 others. Most of the households (95%) use a single-household facility, and 5% have shared facilities used by several households. Most of the households (75%) have a designated shower/bathing facility with exception of only (25%) of the household that couldn't observe the (3%).</p>
<b>Waste management</b>	<p>Most households (66%) have access to solid waste disposal facilities. Most households (59%) dispose of domestic waste in the household pit. With (18%) in designated open areas, (13%) in undesignated open areas, (1%) dispose of in communal and (3%) burned, and Burry (2%) at t was observed that (66%) of the households had clean courtyards with exception of only (34%) of the households.</p>
<b>Hygiene</b>	<p>The key times when people practice handwashing with soap include before eating (94%), after defecation (91%), and before cooking/meal preparation (64%). Other important key times on handwashing with soap registered very low such as before breastfeeding (34%), after handling baby feces or diapers (32%), and before feeding children (29%).</p> <p>Handwashing with soap and water is widely practiced as said by (76%) of the respondents, handwashing with water only is practiced by (24%), and in the absence of soap, 65% of the respondents use ash for proper handwashing, (29%) use water only, (3%) use and 1% and 3% use anything. The main reasons why people do not wash their hands with soap are the inability to afford soap (9%), Soap already used up (82%), and soap not available (9%).</p> <p>The observation from the survey also revealed that 12% of households who had hand-washing facilities did not have soap placed next to them while 76%</p>

	<p>had soap at the handwashing station. Furthermore, (75%) of households did not have water in the hand-washing device and 24% have water in the handwashing facilities.</p>
<b>Health and hygiene messages</b>	<p>More than half (58%) of the surveyed communities have access to health and hygiene messages. Messages vary and the most common ones include handwashing with soap, use of mosquito nets, latrine use, cleaning and covering water containers, covering food, and cleanliness around water points.</p> <p>The most preferred channels for receiving hygiene messages are home visits (59%), community meetings (22%), radio (14%), (4%) FGD, printed flyers each at (1%), and SMS (1%).</p>
<b>Diarrhea prevalence, knowledge, and health-seeking behavior</b>	<p>Diarrheal cases were reported by (4%) of the surveyed households especially among children less than 5 years while for 5 years and above it was reported at (3%)</p> <p>Respondents believe that the most common causes of diarrhea include transmission by drinking dirty water (76%), eating dirty or undercooked food (80%), and through flies (69%).</p> <p>They believe that diarrhea can be prevented through, washing hands with soap and water (68.9%), cooking food well (72.25%), cleaning eating utensils (46.43%), covering food properly (30.77%), washing fruits and vegetables before eating (40.93%) and using toilet/latrine facility to defecate (12.9%), Dispose of children's feces in toilet/latrine ( 12.91%), Bury feces (10.71%), store water safely (13.46%), clean home with bleach (13.19) among other measures.</p>
<b>Menstrual Hygiene management</b>	<p>According to the 2022 end-line survey,( 72%) of women of production age were satisfied with the material and 28% were not Satisfied while they were asked about the most common Menstrual Hygiene management materials used before they came to the settlement, the woman and girls of reproductive age reported that( 50%) were using disposable pads, (3%) reported that they were using cotton while, (20%) reported that they were using re-usable clothe and (2%) were using a layer of underwear and (1%) reported they were using a menstrual cup, and 2% were using nothing and bleed in clothes, while the issue of women of reproductive unsafe menstrual management seems to be negligible it's a very critical issue which is very degrading and recommendation to restore the dignity for such women by availing them with sanitary pads, teaching them on how to make them bring a lasting solution to the girls and women of childbearing age.</p>

	<p>When the women and girls of reproductive age were asked where they dispose of their used menstrual Products, the highest respondent said (74%) they dispose of their used-up products in the latrine, this is followed by (11%) burning their used-up products and (14%) wash and reused them and (1%) trash them.</p> <p>And when women and girls of reproductive age were asked where they change their menstrual hygiene products from, (83%)of the productive-age girls and women said latrine, followed by (16%) who said they change them from home and (1)% reported that in other places, This, therefore, implicates that while constructing latrines there should be provision for the girls and women to have safe space to change their menstrual hygiene products.</p>
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### III. BACKGROUND AND CONTEXT

#### INTRODUCTION

Uganda is hosting over 1 million refugees (Uganda Refugee Response, UNHCR, and September 2020) with about 190,742 (UNHCR 30th September 2020) of them settled in the Imvepi refugee settlement. This rapid influx of refugees has put pressure on key facilities and services including shelter and WASH infrastructure. In addition, the influx also led to the destruction of systems, hence creating interventions to reconstruct them. To efficiently and effectively improve WASH service delivery in the settlement, there is a need for accurate and reliable information on which to base programmatic decisions.

Imvepi settlement has had several interventions by different partners, and in as much as there were access indicators obtained regularly by the partners that provide extremely useful average figures at the settlement level, there has been a gap in the in-depth understanding of the situation at the household level and to account for disparities within the settlement to measure the impact of the interventions. In consideration of the existing challenges, WMU in collaboration with government and WASH actors conducted end line KAP survey to understand the progress made through the established /provided WASH services in comparison with acceptable standards as well as assessing existing gaps to facilitate evidence-based planning of future programs.

Uganda is one of the largest asylum countries worldwide and the largest in Africa, giving a tragic reminder of the fragility and conflict in the Great Lakes region. As of 30<sup>th</sup> September 2020, Uganda hosted an estimated 1,381,122 refugees spread over 30 refugee settlements across 12 districts. The main cause for the refugee influx in the Imvepi settlement is the crisis in South Sudan, which sharply deteriorated in mid-2016. Renewed fighting in South Sudan in July 2016

caused many South Sudanese to flee the country and seek safety in northwest Uganda. As of 1<sup>st</sup> January 2022, there were 73,466 refugees settled in the Imvepi refugee settlement. Displacement is expected to continue, as South Sudan's security situation has not improved although there is a reduction in the average daily arrivals of refugees.

The continued influx of people has created a demand for a range of social services, including water, sanitation, and hygiene services, and put pressure on existing infrastructure.

One of the critical needs in post-emergency is accurate and reliable information on which to base programmatic decisions. However, to be able to know what the situation is at the household level and to account for disparities within Imvepi

Refugees Settlement, WMU as the Implementing WASH partner commissioned an end-line KAP survey in December 2022 whose results are highlighted in this report through a household survey, Key informative interviews Focus discussion groups, and scientific water quality analysis with a sound sample size representing accurately the rest of the settlement.

#### **IV. SURVEY OBJECTIVES**

##### **Main Objective is to**

The main objective of the end-line survey is to track program results, impact, and long-lasting change in the Water, Sanitation, and Hygiene interventions in the Imvepi refugee settlement.

##### **Specific objectives are to.**

- Establish the Knowledge, Attitudes, and Practices (KAP) of refugees about WASH in the Imvepi refugee settlement.
- Generate information regarding the quality, access to, and effectiveness of WASH interventions in the Imvepi refugee settlement.
- To gain a better understanding of and evaluate the current Knowledge, Attitudes, and Practices (KAP) of refugees about Water, Sanitation and Hygiene, and menstrual hygiene management

#### **V. METHODOLOGY**

##### **Survey area and sample frame**

The KAP was conducted in the Imvepi settlement, particularly in the 4 zones in Terego District. The sample sizes were determined using the UNHCR sample size determination tool, and samples were determined per zone.

The respondents from the household level were extracted from the OPM statistics of registered refugees in the Imvepi Refugee Settlement. This formed a sample frame from which the sample size was drawn. As seen in the table below.

### Sampling size and methodology

Simple Random sampling was adopted to reflect and compare the experiences across the 5 zones. Enumerators were instructed to go to the identified locations and interview the household closest to the location. The selection of respondents was done using systematic or simple random sampling. Each community was clustered based on zones. The number of respondents was then divided among the zones. In each zone, the respondent was selected by skipping two households and considering the third household.

The table below shows the different zones and their respective sample sizes as well as several data collectors

ZONES	POPULATION SIZE(HH)	SAMPLE SIZE(HH)
Zone 1	5,782	156
Zone 2	5,204	141
Zone 3	2,875	78
Zone 4	835	23
Host	4409	119
<b>Total</b>	<b>19,105</b>	<b>516</b>

### Indicators and questionnaire elaboration

The standard WASH KAP survey Questionnaire (see Annex 1) was designed by UNHCR to produce responses relating to the degree of access to different WASH services at the household and individual levels, as well as responses relating to the perceptions of barriers and to the solutions required to increase access to services.

The questionnaire was reviewed in the WASH Working Group meeting to remove some optional questions. The tool was then transformed into an electronic questionnaire to be administered with tablets and mobile phones using the Kobo collect data collection software. The questionnaire logic was integrated into the Kobo collect software to ensure that the right questions were asked and that enumerators did not have to manually skip irrelevant questions.

The questionnaire was pre-tested with the field staff in zone 1. Modification of the instruments was done based on the feedback for example some optional questions that were not needed for the survey were skipped. The pre-testing team's issues on data gathering were discussed and addressed accordingly in preparation for the actual data collection.

In addition, the questionnaire was meant to generate results to address the following key indicators.

## Indicator Parameters

Parameter	Indicator	Questionnaire Section
Water Supply	Average liters of potable water/per person/per day collected at HH level	Section B
	% HHs with at least 10 L/p protected water storage capacity	
	Maximum distance [m] from household to potable water collection point	
Water treatment	% HHs collecting drinking water from protected/treated sources	Section C
Hygiene	% HHs with access to soap	Section D
	% HHs with access to a specific hand-washing device	
	% Respondents know at least 3 critical moments when to wash hands	
Sanitation	% HHs with family latrine/toilet	Section E
	% HHs reporting defecating in a toilet/latrine	
	% HHs practicing open defecation. **Includes defecating in the bush at night.	
	% HHs having access to a bathing facility	
Solid Waste	% HHs with access to a solid waste disposal facility	Section E
Menstrual Hygiene Management	% level of satisfaction of Reproductive age women and girls with MHM material used	Section F



## Ethics and consent

Ethical considerations were considered from the inception of the research design and during the questionnaire administration. During the primary data collection process, the enumerators explained the survey's purpose, the collected data's intended use, and the personal data anonymization process. Additionally, the enumerators also emphasized that participation in the survey was voluntary and that respondents could choose to stop the interview process at any time or skip questions that they did not wish to answer.

The research teams then gained verbal consent from all household members for the quantitative data collection process emphasizing the issue of confidentiality and the security of the information they are providing. For successful management of expectations from household members, the enumerators clearly explained that participating in the survey would not lead to any direct benefits, nor could the enumerators provide diagnostic or individual case management support to each household visited. The research objectives and implementation plan were discussed and shared with key WASH partners in the settlement including UNHCR, OPM, and the district and this took place through WASH sector meetings and individual meetings with OPM and district officials. Stakeholder consultations were also conducted to improve the questionnaire.

## Recruitment and training

A total of 28 enumerators were recruited from the zones within the settlement after the temporary positions were advertised and successful enumerators were shortlisted and interviewed. The enumerators were then trained for 3 days on the actual data collection exercise. 4 supervisors selected from WMU staff helped to monitor and support the enumerators during data collection.

## Data collection and quality control measures

The enumerators received 1 day of training and administered the questionnaire on tablets and mobile phones. In principle, the team is composed of at least a male and a female enumerator, to ensure quality, gender-sensitive interviews. Interpreters were not used during interview sessions because the enumerators were comfortable and well-versed in the language spoken in the areas where they worked. For children in households aged 0-17 years old, interviews were conducted chiefly with the mothers or primary caregivers.

In these cases, interviews addressed household-level questions and individual questions concerning both the mothers or primary caregivers themselves and their children, carefully respecting ethical considerations and advice provided by UNHCR. For individuals of 18 years or above, enumerators directly asked all the questions from all the sections of the questionnaire. Collected data was stored on a secure UNHCR Kobo server and checked daily by WMU M&E

Officer for inconsistencies. Each household survey took approximately 60 minutes to administer. Exact times vary depending on the responses from the household heads and whether there were identified people to respond to survey questions.

### **Data analysis plan**

All quantitative data collected was fully reviewed and consolidated into a single dataset for all 74 zones. By the analysis plan, thematic analysis was conducted based on the different sectors that appear as sections of this report and using different types of disaggregation to elicit further meaning (e.g., location, age, gender). Statistical tests were then run for selected variables to establish correlation factors.

Specifically, descriptive analyses using multivariate analysis statistical hypothesis tests ( $\chi^2$  for variance, independence, regression analyses, etc.) were used to describe and compare the various groups considered by the study and validate the statistical relevance of findings. All the major statistical results in this report were analyzed using the standardized UNHCR WASH KAP analysis tool, advanced excel analysis, and SPSS data analysis software.



## VI. KEY RESULTS AND FINDING

### SUMMARY OF KEY FINDING PARAMETERS

Parameter	Indicator	Host	Zone 1	Zone 2	Zone 3	Zone 4	Baseline 2022	End line 2022
Water Quantity	Average Litres of potable water/per person/per day collected at HH level	24	21	30	20	25	19	22 L/P/D
	% HHs with at least 10 L/p protected water storage capacity	20%	11%	13%	23%	33%	25%	20%
Water Access	Maximum distance [m] from household to potable water collection point	969M	894M	344M	450M	599M	333M	651M
Water Quality	% HHs collecting drinking water from protected/treated sources	54%	89%	98%	96%	99%	100%	88%
Sanitation	% HHs with family latrine/toilet	84	85%	82%	88%	74%	88%	83%
	% HHs reporting defecating in a toilet/latrine	98	93%	95%	86%	98%	96%	95%
	% HHs practicing open defecation. **Includes	1%	3%	7%	14%	2%	4%	5%

	defecating in the bush at night.							
	% HHs having access to a bathing facility	75%	80%	44%	92%	71%	75%	72%
Hygiene	% HHs with access to soap	72.07 %	52.86 %	68.25 %	60.61 %	94.12 %	88%	69.6%
	% HHs with access to a specific hand-washing device	90.99 %	71.43 %	80.95 %	54.55 %	88.24 %	52%	77%
	% Respondents know at least 3 critical moments when to wash hands	87%	70%	89%	79%	90%	93%	83%
Solid Waste	% HHs with access to a solid waste disposal facility	68%	50%	66%	47%	64%	74.8%	59%
Diarrhoea prevalence , knowledge, and health-seeking behaviour	% HH with Diarrhoea prevalence, knowledge, and health-seeking behaviour							
Menstrual Hygiene Management	% level of satisfaction of Reproductive age women and girls with MHM material used	87%	64%	67%	80%	62%	-	72%

## Water Supply

### The main source of drinking water

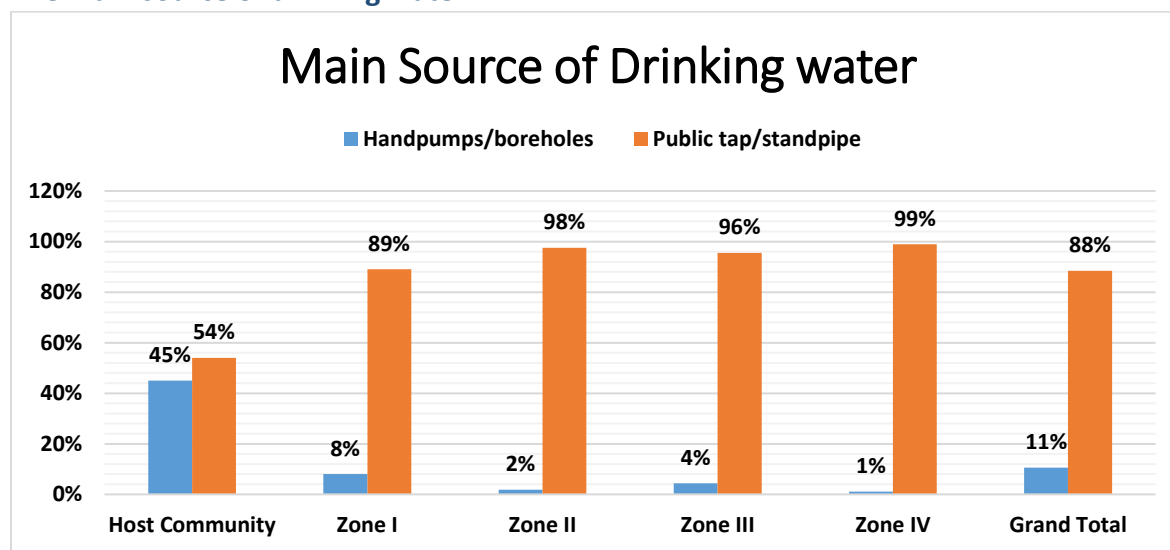


Figure 1

According to the survey findings as presented in figure 1 above, most of the households (88%) across all the reported public tap/standpipe as their main source of drinking water for members. At the zonal level, all four zones reported the highest they collect their main drinking water from public tap/standpipes. This is an indication that the population in the Imvepi settlement gets to get their water from protected/treated sources, and they get their drinking water from protected sources though there was an indication that this water gets contaminated during the process of transportation and storage as per bacteriological water quality analysis.

### Second most used source of domestic drinking water

The survey also looked at finding out the alternative source of domestic drinking water for households. The result as in the figure below revealed that over half of the households across all zones use handpump/borehole as their main alternative water source at ( ) while about 26% of the households did not collect water from any other source apart from their main source of water which is public tap/standpipe. Piped connection to the household was reported at Zone 1 (2%) compared (to 1% )in 2021.

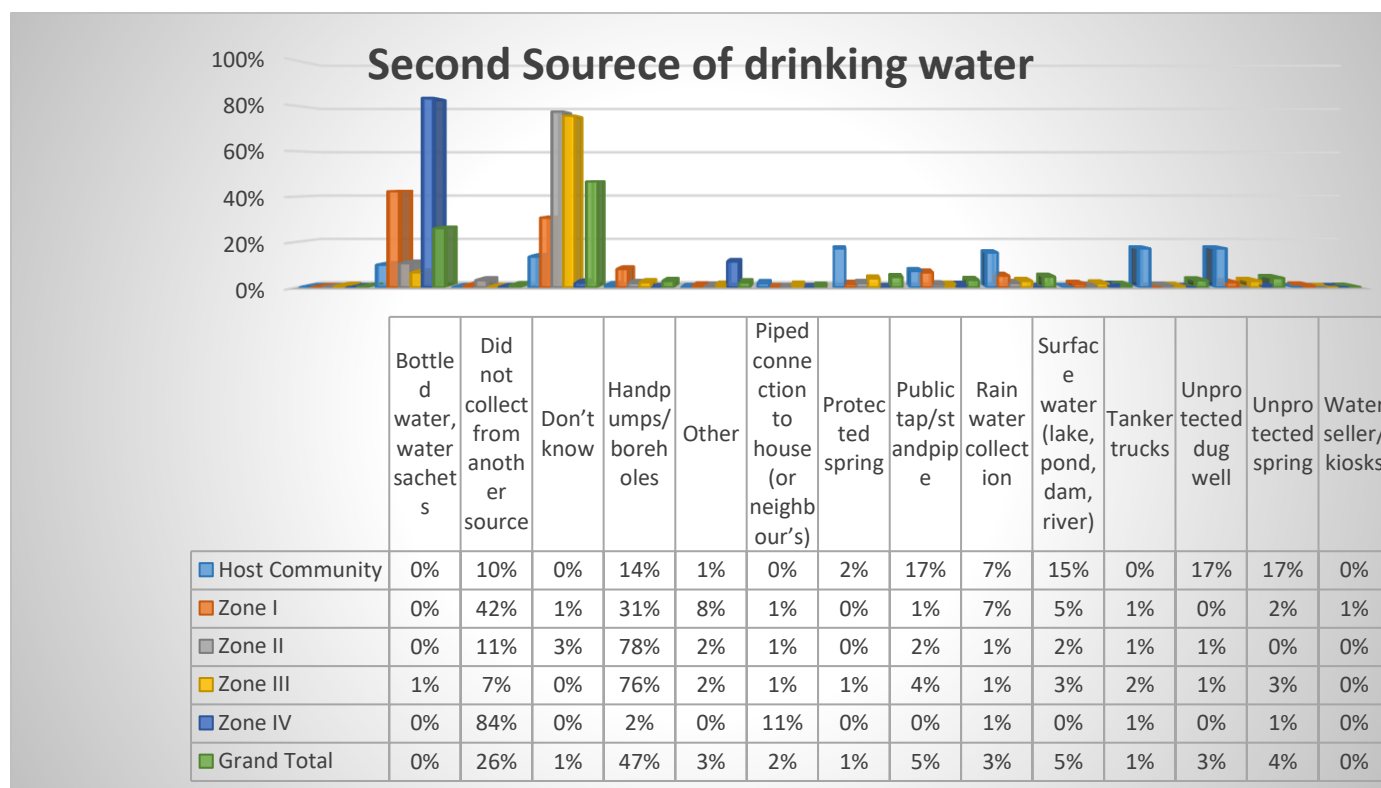


Figure 2

#### Sources of water for other activities

The survey sort to find out the sources of water the households use for other activities like gardening, bricklaying, animal consumption, and others as in figure 3 below. The results revealed that over half of households (56%) use public tap/standpipes for other activities in the household and this is followed by about (12%) of the households who use unprotected hand-dug well for other domestic activities while others use Surface water (lake, pond, dam, river) (14%), handpump/borehole (7%), unprotected spring (8%), Rainwater (4%), Others (2%), Pipe connection to the house (Neighbour's house) (1%), Protected spring (1%) as seen in figure

## sources of water do you use for other activities

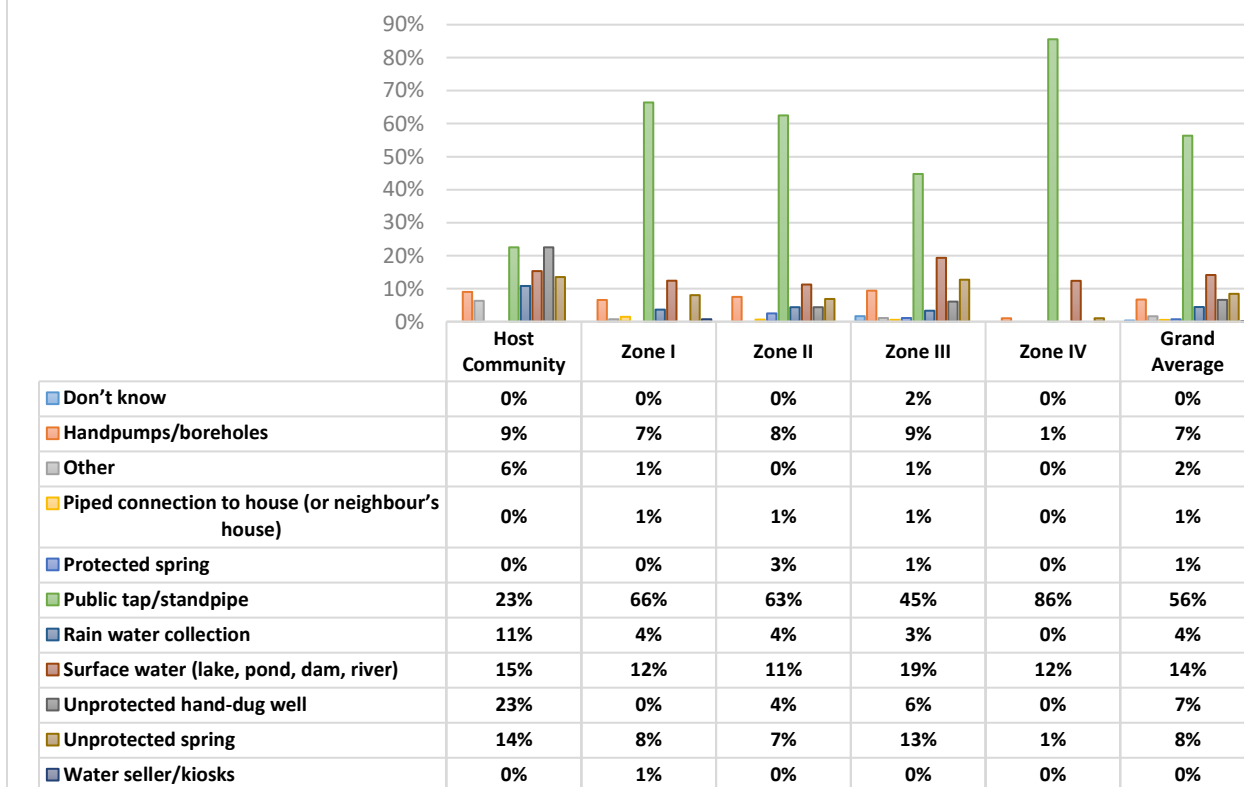


Figure 3

### Water per capita per zone

According to the findings from the survey, the average liters of portable water/per person/ per day collected at the household level across all the zones stand at 22 compared to 19 at baseline. The findings from the survey revealed at the zone level that neighboring Host Community 21 l/p/d, Zone 2 had a better per capita at 25 l/p/d Zone1, 21 l/p/d, Zone3 20 l/p/d each while Zone 4 23l/p/d reported. The per capita across all the zones is below the emergency standard of 20 l/p/d, this could be because of a routine systems breakdown as shown in figure 4 below

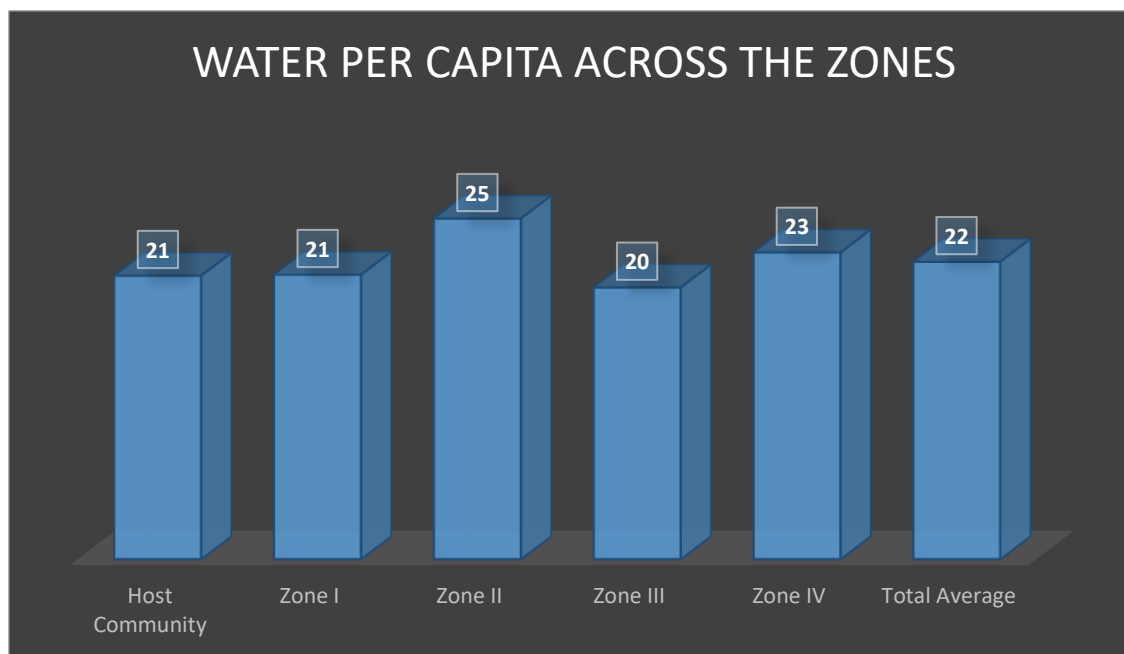


figure 4

#### Protected water storage container

According to findings as in figure 5, the percentage of households with at least 10 Litres/per person of protected water storage capacity across all the zones stands at 20% compared to the baseline figure of 25%. The survey also revealed that Host Community (20%), Zone1, (11%), Zone 2 (13%) while Zone3 (23%), and Zone 4(33%) This is slightly above the post-emergency standard of over 20 l/ p/d of the households through an improvement by 25% from the baseline. Since the storage capacity is very low, this can also affect the daily water consumption capacity and or increase the frequency of water collection per day from the water source.

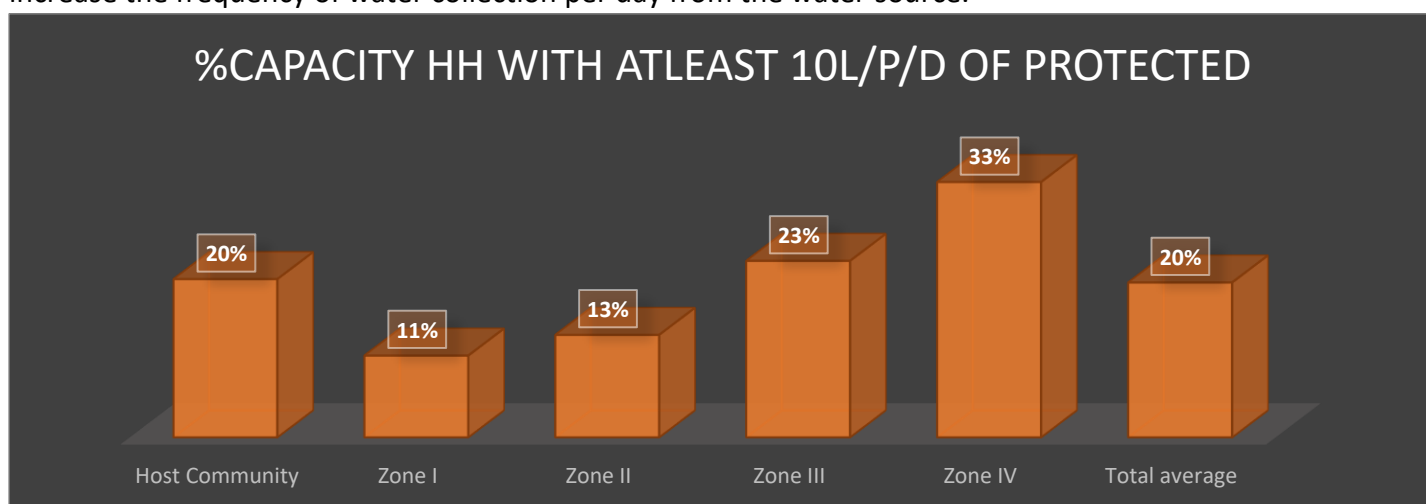


Figure 5

### Distance to the nearest water point

From the survey findings, the overall average walking distance by household members to the nearest water point was 651M compared to the baseline figure of 333 M. Further findings from the survey revealed that, in the settlement, most households walk a maximum distance of about 969 meters from their households to portable water collection point especially when the nearest source is broken down with the minimum distance as short as 344 meters. The survey revealed that, at Host Community (969M), Zone1 894M, most households walk as far as over 344M to get water with households from Zone2,( 450) Zone 3 and walking 599M in zone 4

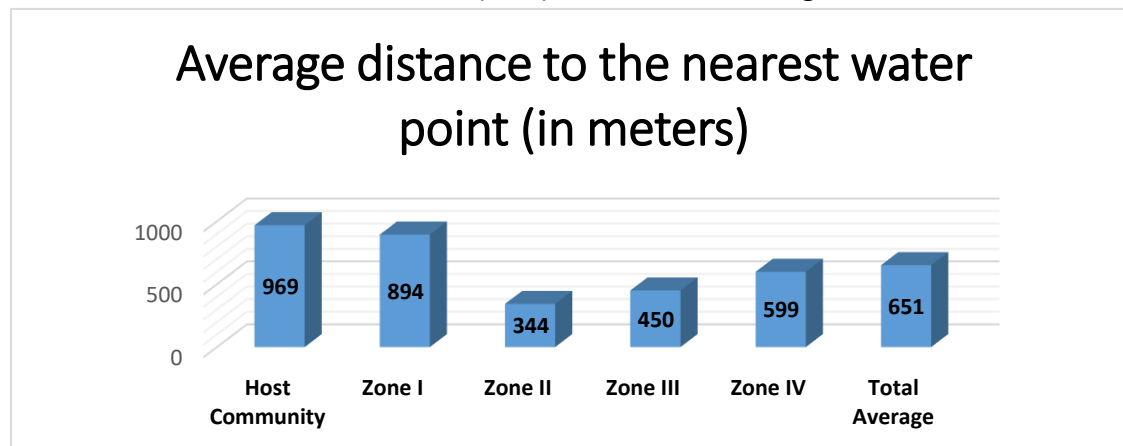


Figure 6

### Amount of water collected for households' needs and reasons why households don't collect enough water

The survey looks at whether households collect enough water to meet their needs. The response indicated (55%) of the households reported that they collect enough water for their household need except for (45%) of the households who do not collect enough water for their households as shown in figure 7 below. Among the reasons why households do not collect enough water to meet their needs as presented in figure 8 below, most households reported that they do not have enough storage containers for collecting water (56%); this was followed by households who reported water shortages (21%). The rest of the households gave other reasons such as, waiting time at the water point being too long (6%), water being too far (15%), and limitation of the volume of water that can be collected at the water point at (2%).

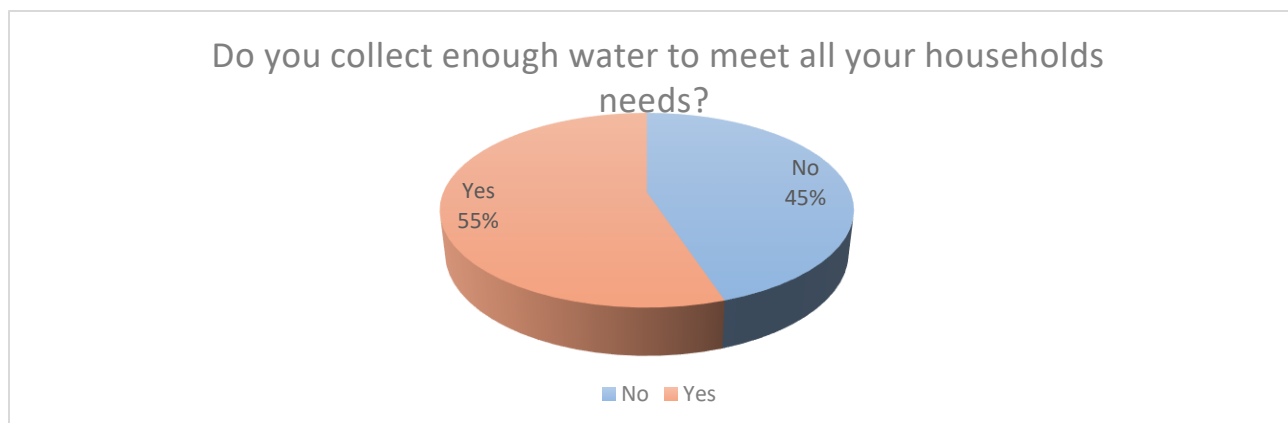


Figure 7

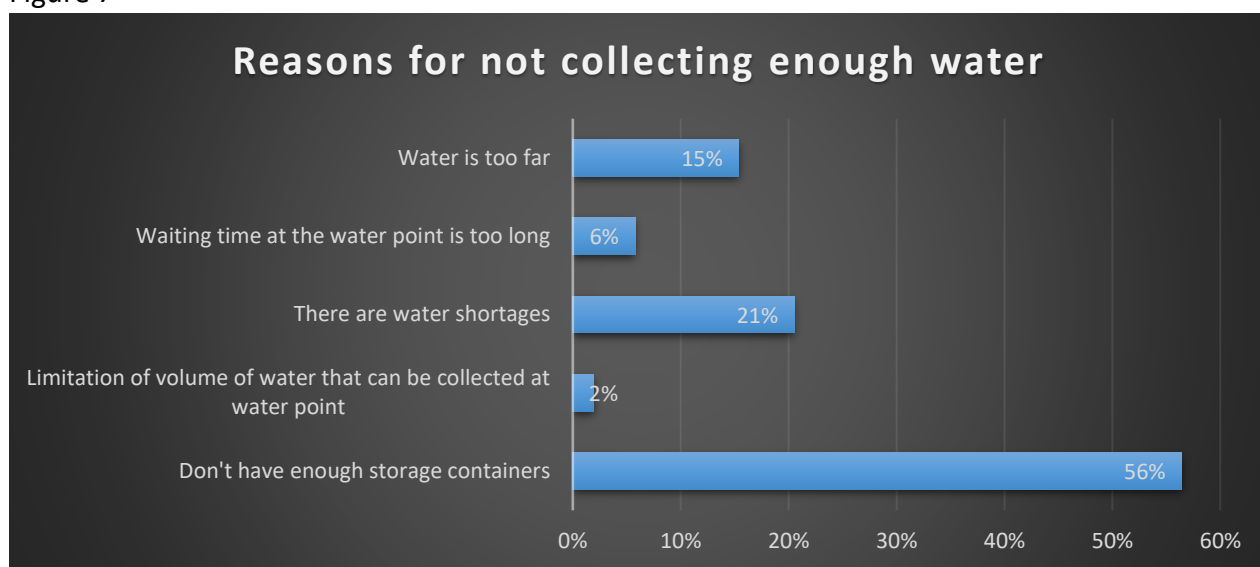


Figure 8

#### **Persons who collect water for the household**

The survey findings in figure9 show the member of the household who usually collects water for the households, most of the households (88%) reported that it is adult females who usually collect water for the household, followed by children aged 11-18 years at 8% and adult male at 3% and 1% children below 10 years or younger as shown in figure 9 below.



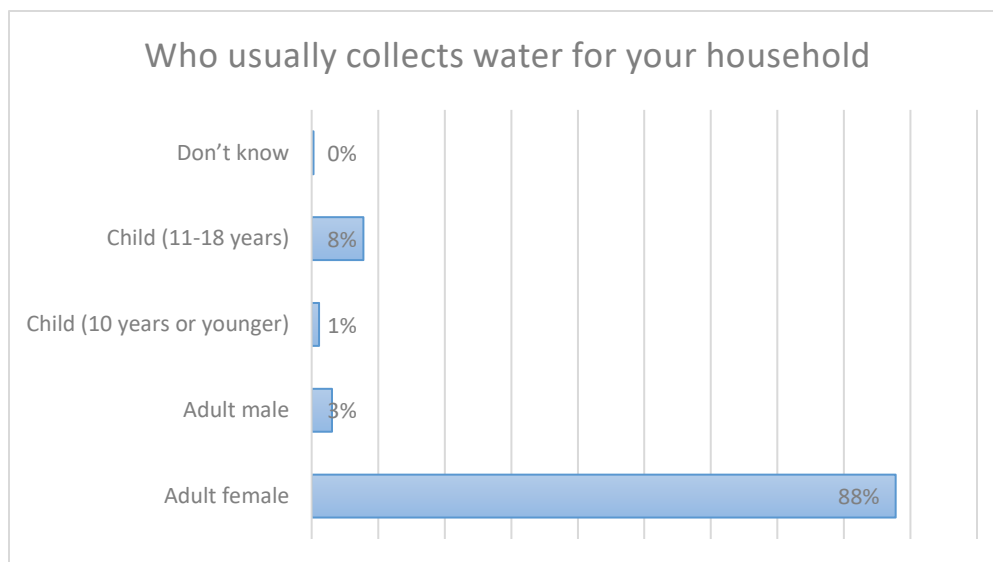


Figure 9

#### Period for Cleaning drinking water containers and how the containers are cleaned

The households were asked how frequently they clean their drinking water containers, the response indicated that less than half of the households (47%) clean their containers at least once a week, followed by (50%) of the households who clean their containers every time they use them. The other 3% clean their containers once a month. On how households clean their drinking water containers in figure 11, close to half of the households (35.56%) reported that they wash their containers using rocks/sand while shaking, less than half of the households (46.94%) wash their containers with a specific product like omo detergent, soap powder, etc. while about 10% and 6.67% either wash their containers with a piece of tissue/sponge or they just rinse them with water respectively. The respondents were also tested on the safe water chain at the household level, the result revealed that the majority 88% of the households were seen to observe the safe water chain at their households while the rest 22% did not observe the safe water chain.

## How often do you clean your drinking water containers?

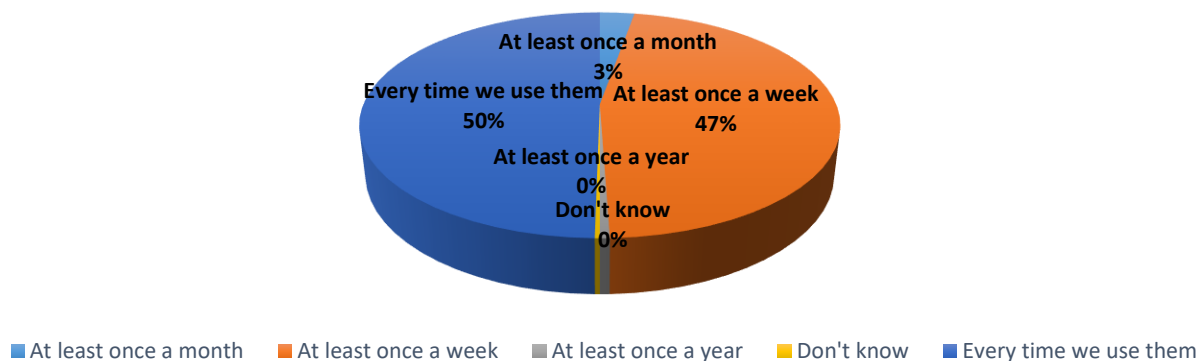


fig 10

## How do you clean your drinking water containers?

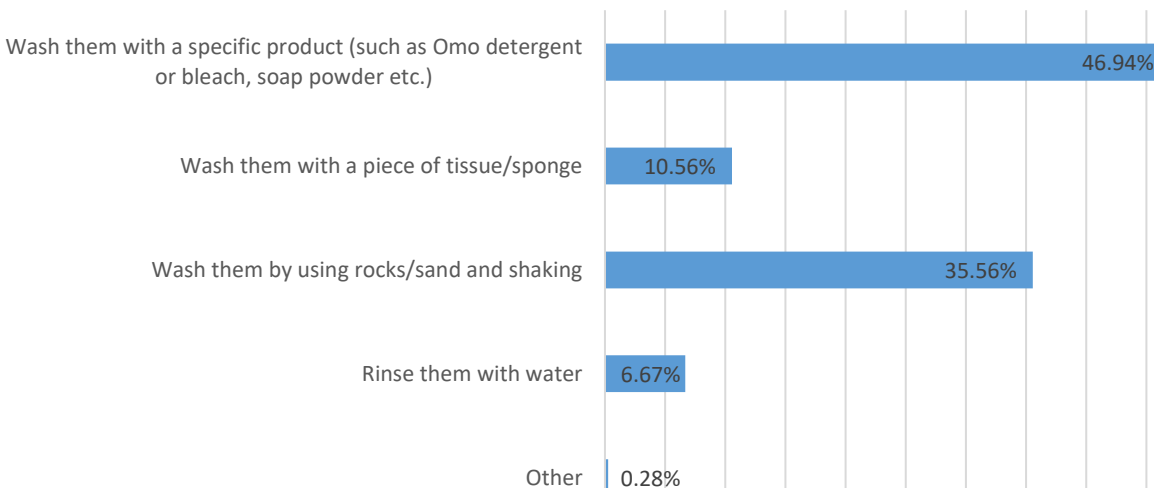


Figure 11

### Hygiene

#### Presence of soap at the household level, the source, and what to use in the absence of soap

The survey revealed the percentage of households with access to soap (**figure 12**) is 88% while 22% have no soap available. Most households (82%) reported that by the time of the survey they had run out of soap while (9%) of households could not afford soap and 9% gave other reasons for soap is not available to buy. **Figure 14** Further analysis revealed that most of the households (58%) got soap through distribution by NGOs while (40%) purchased soap and rest 0.5% were gifted soap and 0.5 were traded and other sources. Furthermore, (**figure 13**) over half of the

households (65%) revealed that they would use Ash in absence of soap. 29% would use water only, 3% use sand and the rest 3% don't use anything when there is no soap in the household.

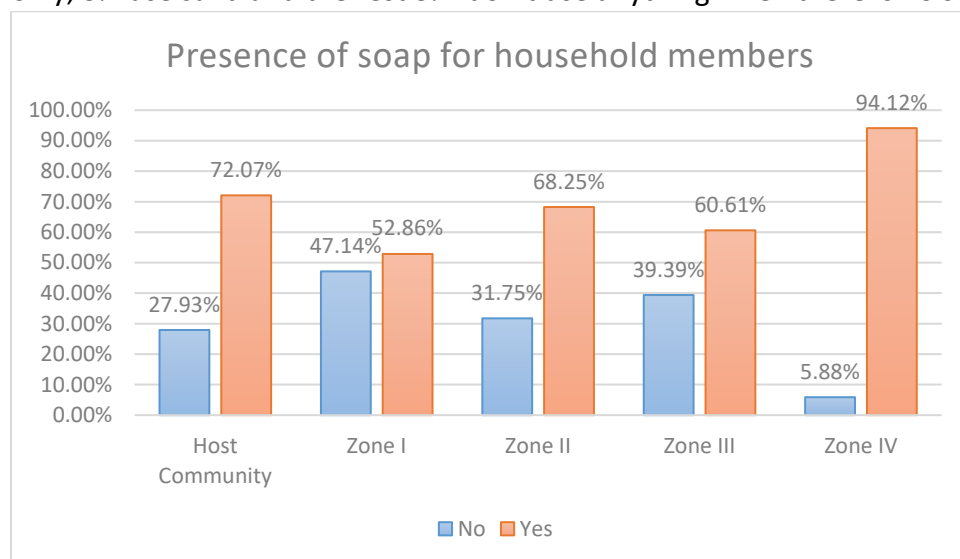


Figure 12

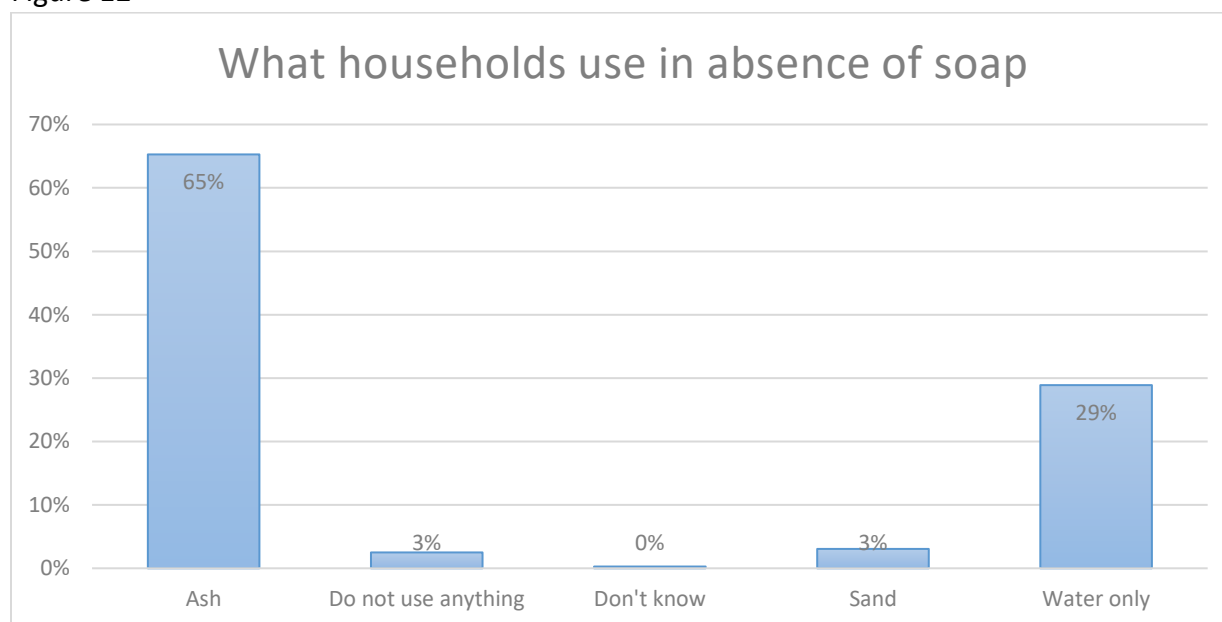
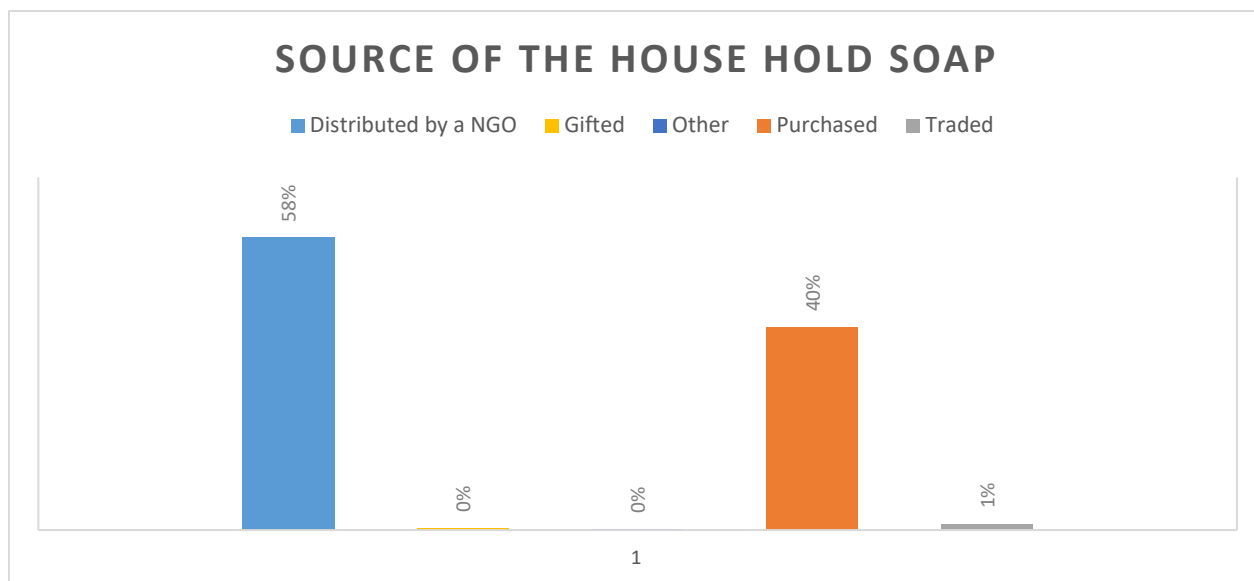
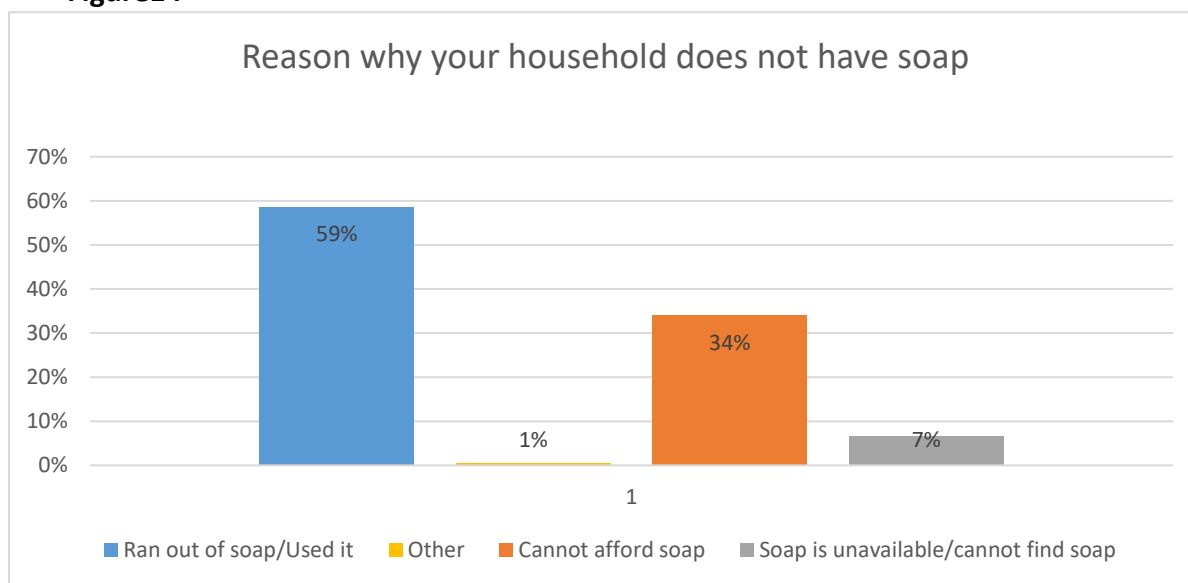


Figure 13



**Figure14**



**Figure 15**

### Critical handwashing moments

The households were asked to name at least 3 of the most important times when someone should wash their hands. The survey revealed as in figure 15 below that most household members stated the 3 moments as before eating (94%), after defecation (91%), and before cooking/meal preparation (64%). The rest of the households also identified another set of 3 critical moments of handwashing as; After handling a child's stool (32%), before breastfeeding (34%), and before feeding children (29%)

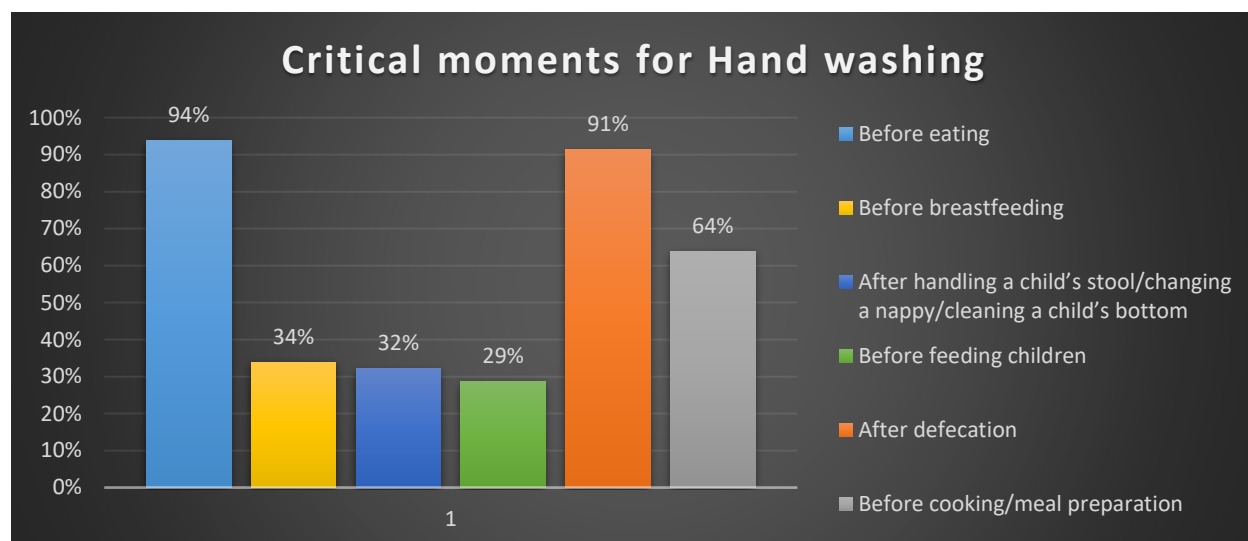


Figure 16

### Specific handwashing device/station at household

The survey also assessed the presence of a handwashing facility in the household. The result revealed, in figure 17 below that, 77% of the household had handwashing devices/stations in their households while the rest (23%) did not have handwashing facilities in their household. From the observations carried out, 77% of households with handwashing devices had water in them and the rest 23% did not have water meaning either the water got finished or the device is not being used. The observation from the survey also revealed that 88% of households who had hand-washing facilities had soap placed next to them while 12% had no soap at the handwashing station.

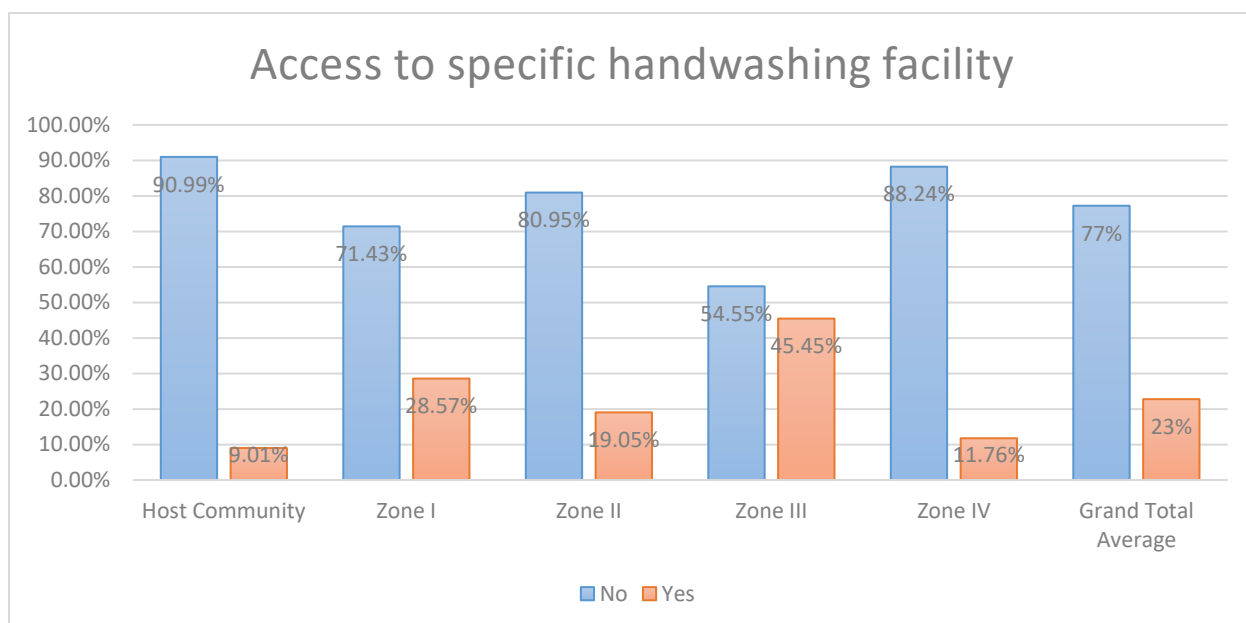


Figure 17

## Sanitation

### Where household members excluding children under 5 defecate

According to the survey findings as in figure 17, most household members (83%) defecate in the household latrine (this excludes children under 5 years of age) compared to 90% of the households at baseline. Only a few (3%) use communal latrines (new arrivals were considered to use communal latrines) while about (1%) practice open defecation in places where they stay. The survey also revealed that the percentage of households with access to latrines/toilets stands at 83%.

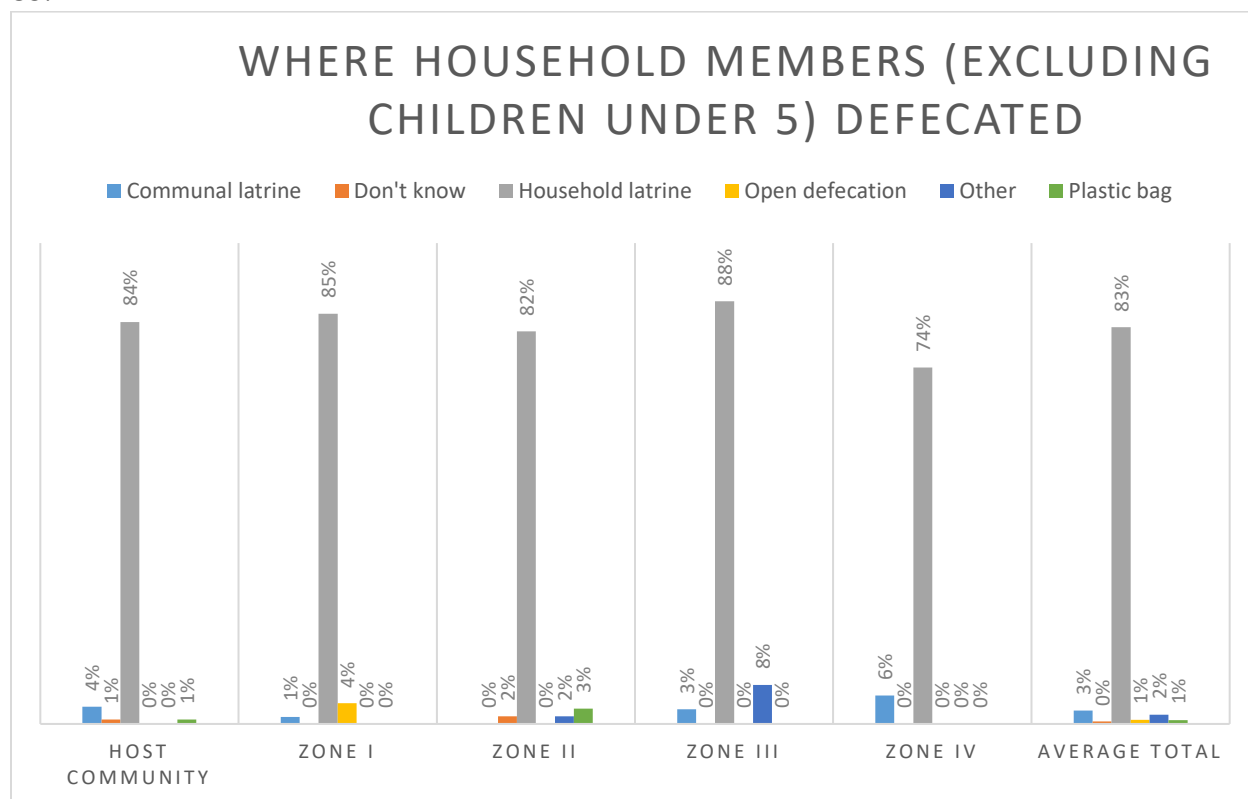


Figure 18

From the findings in figure 18 below, close to half of the households 61% reported that, the children under 5 years who have started walking always defecate in the household latrine while about 10% of the households reported that children under 5 years practice open defecation and about 2% of the households use plastic pots for the children under 5 years to defecate, while the rest 1% take their children to the nearby communal latrine to defecate and 2% use plastic bags. For children under-5 who do not use a latrine, finding revealed that, all the households collect and dispose of their feces in the latrine.

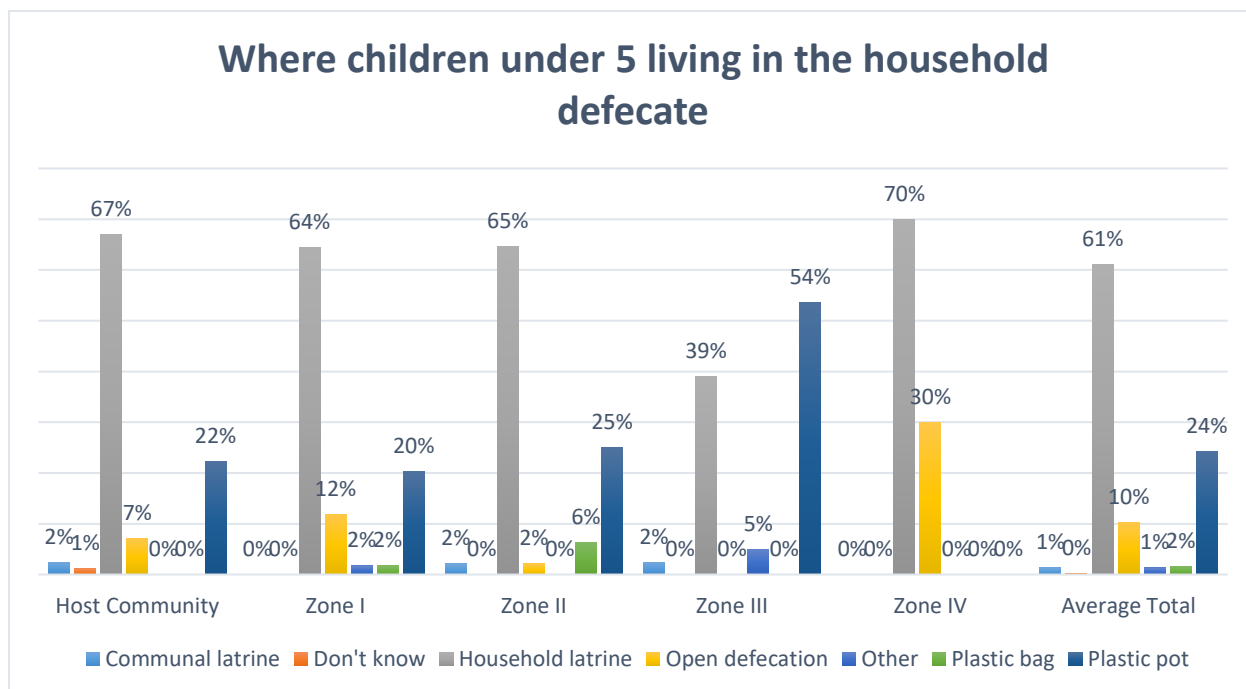


Figure 19

#### The practice of open defecation among adult members of the household

The survey also revealed as, in figures 19 and 20 below that, about 5% of adult members in the household defecate in the open especially at night compared to 4% at baseline and they gave a reason for no latrine in the household (15%) compared to baseline 40%, the reason for open defecation latrine is too far (18%) and too dark at night (58%) and 3% others, Don't know not sure (3%) and Too tired (3%) as shown in figure 20 and 21 below.

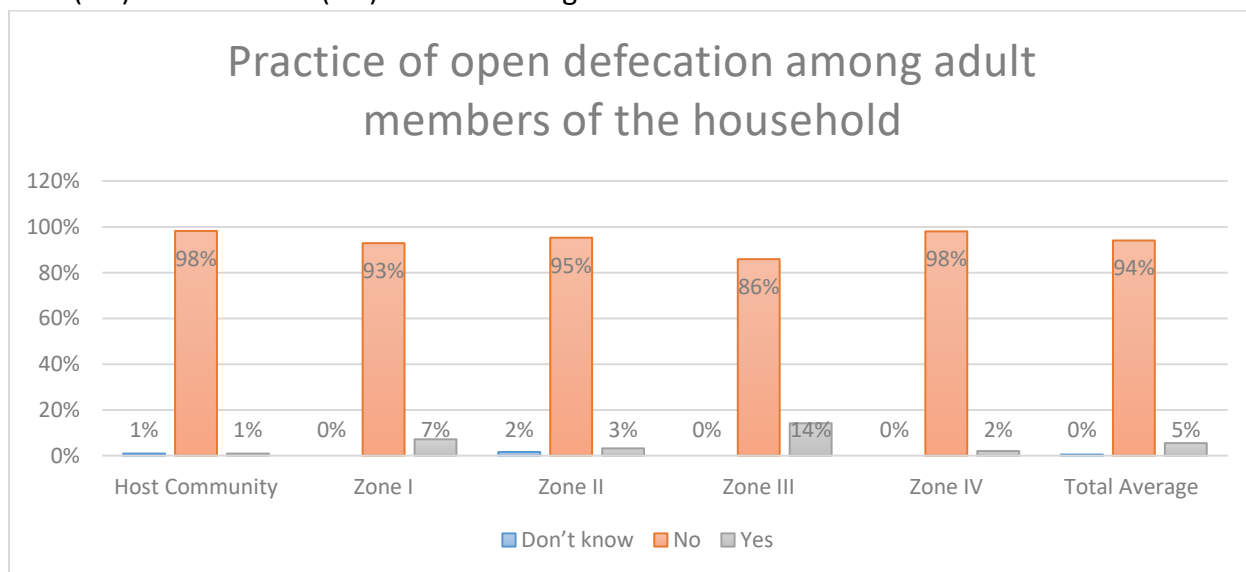
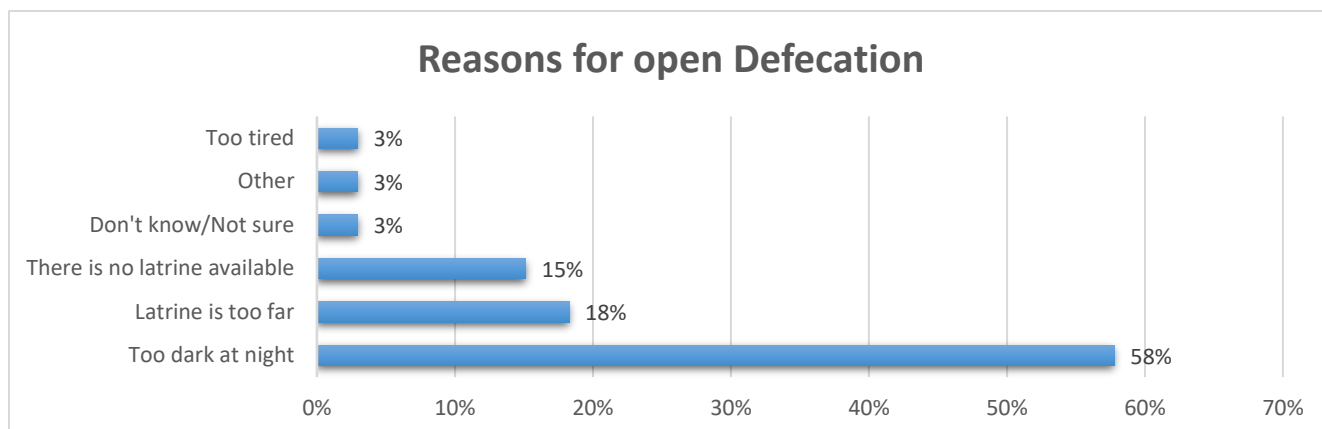


Figure 20

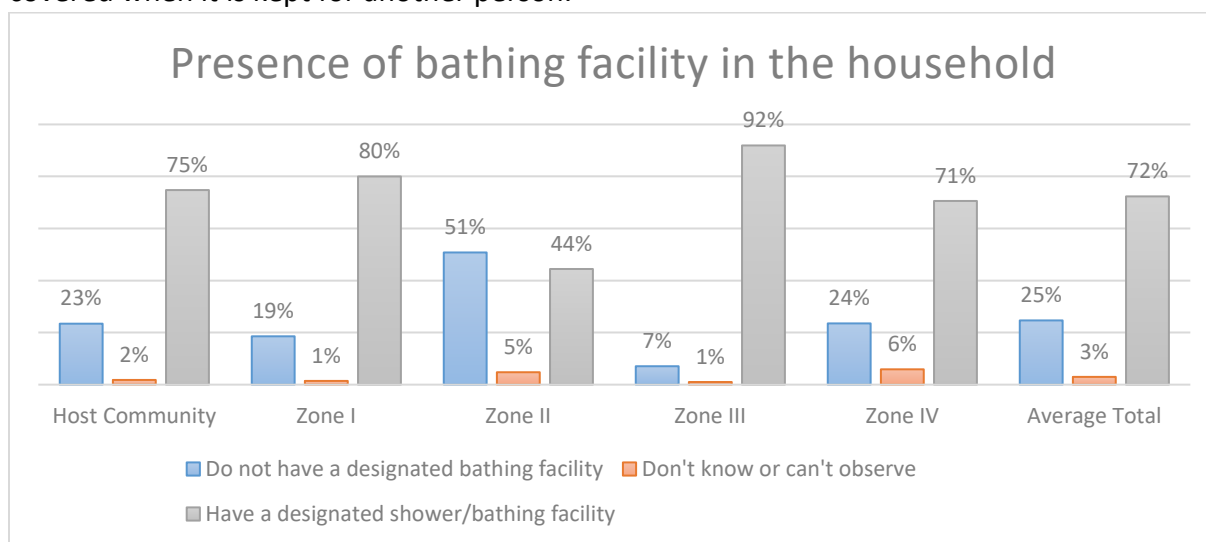




**Figure 21**

#### Presence of a bathing facility for the households

The survey revealed as, in figure 22 below that, most of the households (72%) have a designated shower/bathing facility compared to 77% at baseline with exception of 28% of the households with no bathing facility as was observed in the households during the survey. It was also observed that 86% of households cover their food while (13%) do not and (1%) Do not Know their food is covered when it is kept for another person.



**Figure 22**

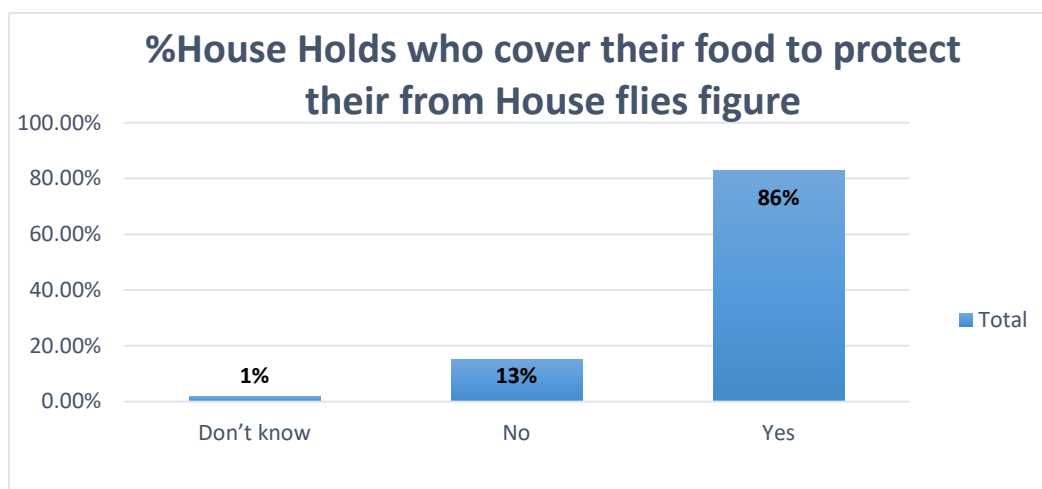
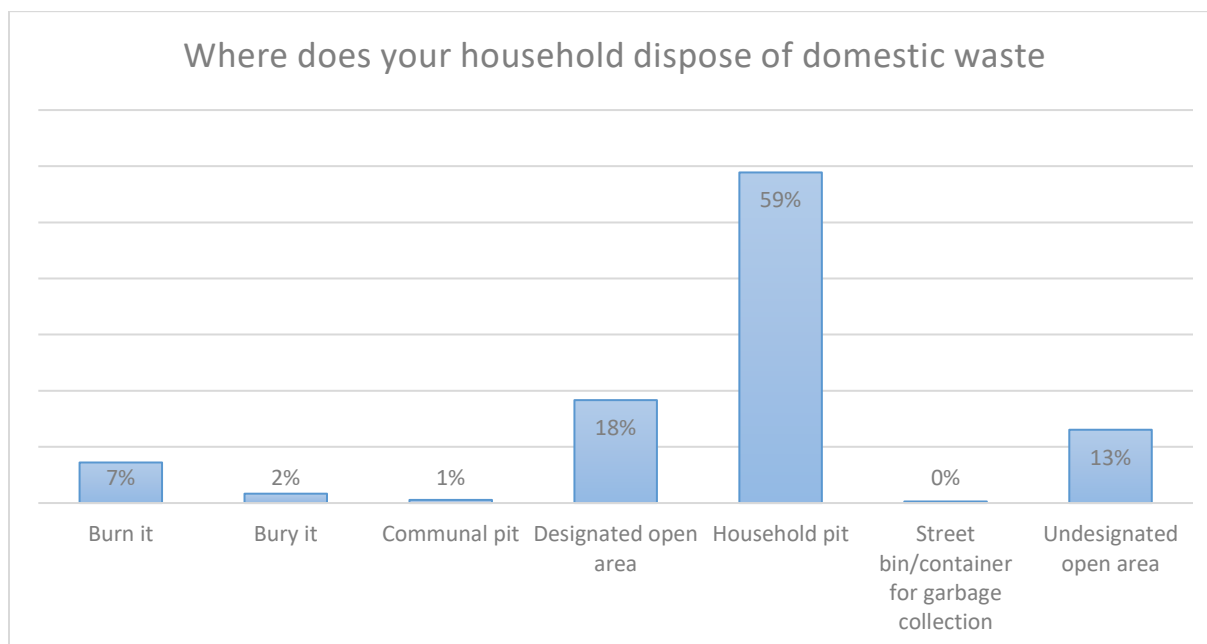


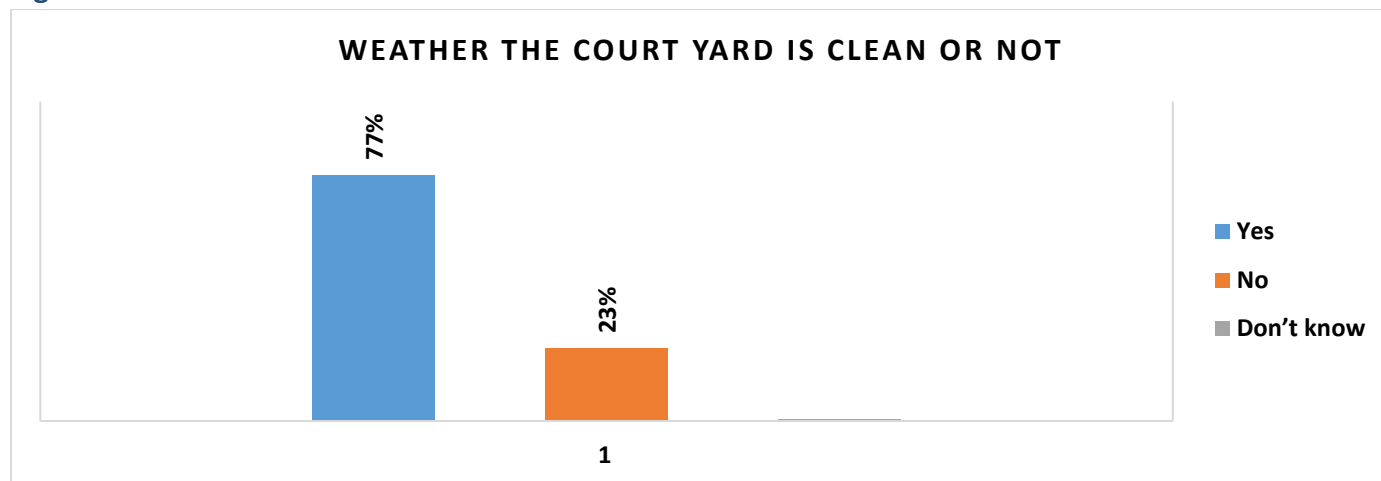
Figure 23

### Waste management

According to the survey, the percentage of households with access to solid waste disposal facilities stands at 59% as compared to the baseline survey of 84%. Much as there is a solid waste disposal facility in most of the households, the practice of dumping waste in the facility remains poor with wastes visible near the households and on the compound as observed by enumerators during the data collection process. Figure 24, revealed more than half of the households 59% dispose of domestic waste in the household pit, with 18% in designated and 13% in undesignated open areas, 7% burn domestic waste, 1% dispose of it in the communal pit, and another 2% bury it. It was observed that 77% of the households had a clean courtyard with exception of only 23 % where rubbish was seen littered on the compound as shown in figure 25 below.

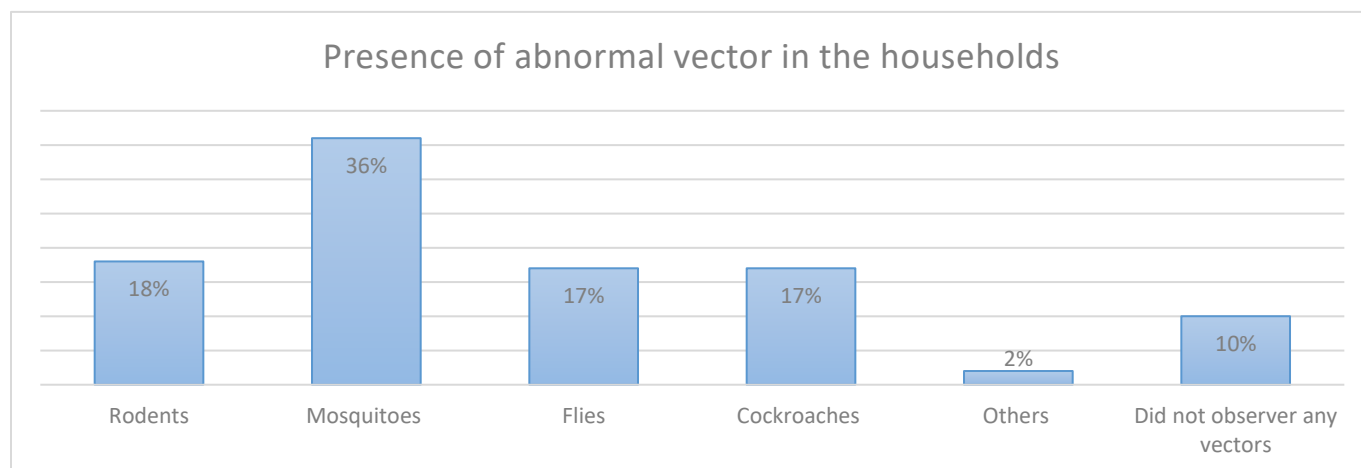


**Figure 24**



**Figure 25**

**Presence of abnormal vectors near the household**



**Figure 26**

According to the 2022 end-line survey, the most common abnormal vector reported by households were mosquitoes at 36% followed by rodents at 18%, flies reported by 17% of the households, and cockroaches reported by 17% of the households. About 10% of the households did not observe any abnormal presence of vectors in their homes and 2% were others which was a negligible percentage as shown in figure 26 above.

## Waste management

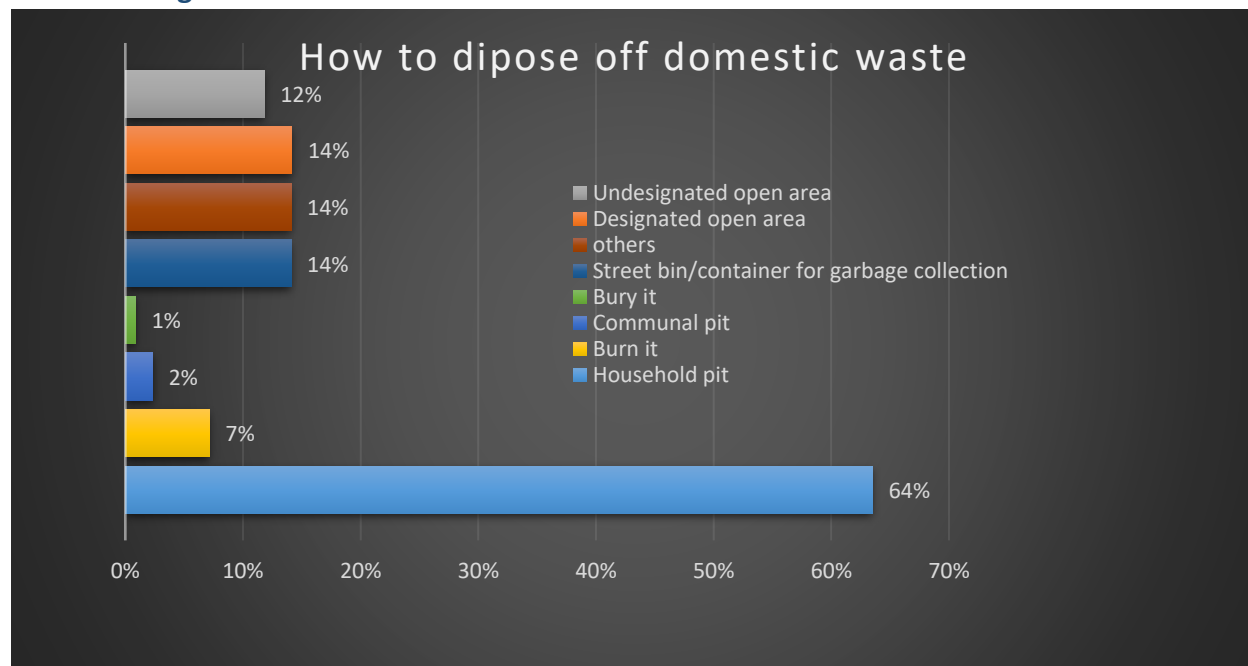


Figure 27

According to the survey, the percentage of households with access to solid waste disposal facilities stands at 64% as compared to the baseline survey of 84%. Much as there is a solid waste disposal facility in most of the households, the practice of dumping waste in the facility remains poor with wastes visible near the households and on the compound as observed by enumerators during the data collection process. Figure 26 revealed more than half of the households 64% dispose of domestic waste in the household pit, with 8% in designated and 14% in undesignated open areas, (14%)Street Bin containers for garbage collection 1% burn domestic waste, 2% dispose of in the communal pit, and another 1% bury it. It was observed that 96% of the households had a clean courtyard with exception of only 4 % where rubbish was seen littered on the compound.

## Messaging

Respondents in figure 28 below were asked to indicate the available common means to receive health and hygiene messages. The result revealed home visits from CHWs (48%) as the best common means followed by radio at (23) %, community meetings at (23) %, Focussed Group Discussions at (4%), and SMS at (1%).

Furthermore, figure 29 below, revealed that 59% of the households prefer receiving hygiene and health messages through home visits by the Village health team (VHT), (22%) from community meetings, only (14%) would prefer radio while (1%) printed flyers and (4%) prefer Focus Group Discussions and (1%) SMS. The survey further asked the respondents if they had received a community health worker in their community in the last month, about 58% had received visits while 41% reported that they didn't, and (1%) Didn't know whether community health workers visited them or not with the health and hygiene messages as shown in the findings in figure 30 below.

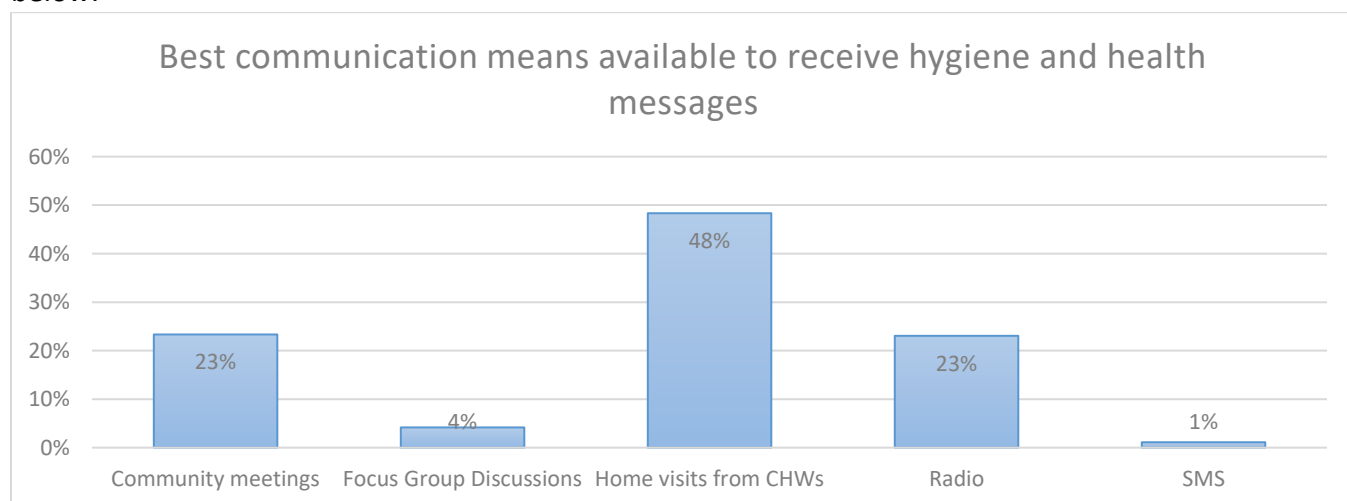


Figure 28

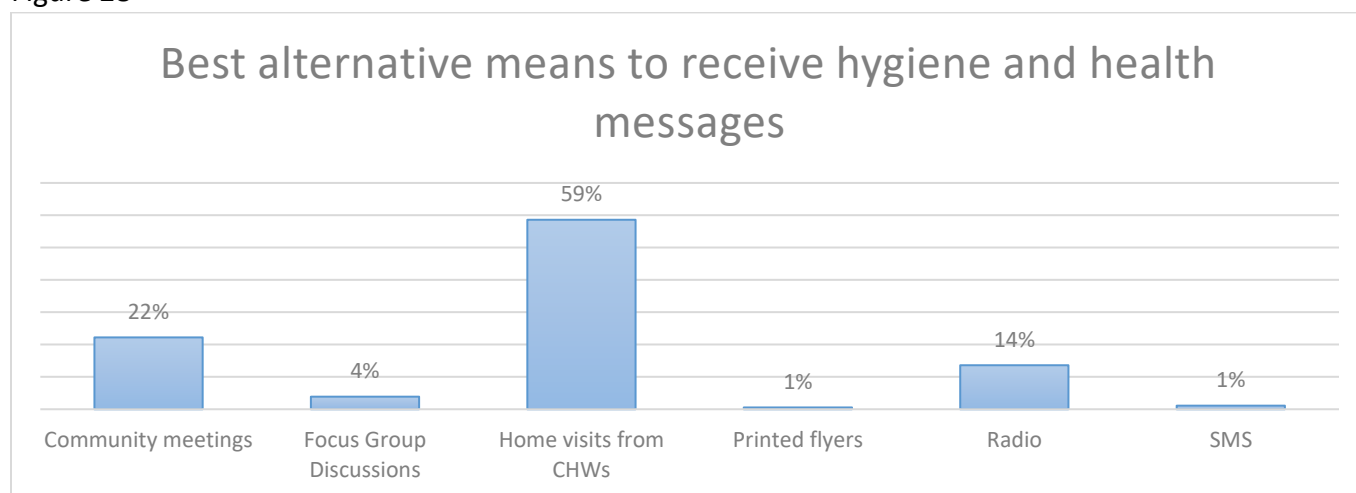


Figure 29



Figure 30

### Knowledge of Diarrhoea prevention, and health-seeking Behaviour

From the survey, the knowledge on ways of diarrhea prevalence and health-seeking knowledge among children under 5 years was at 23% while among 5 years and above was at 9%. The household members mentioned the most common possible causes of diarrhea as drinking contaminated water (76%), eating contaminated or undercooked food (80%), flies (69%), unpleasant odor (16%), and contact with someone sick with diarrhea (9%). The respondents also mentioned some uncommon ways such as through swimming/bathing in surface water (8%) while about (5%) of the households don't know the ways that people can get diarrhea (3%) say others. This result means that most household members have good knowledge and understanding of health-related issues because of several health education sessions conducted by hygiene promoters/community health workers as shown in figure 30 below.

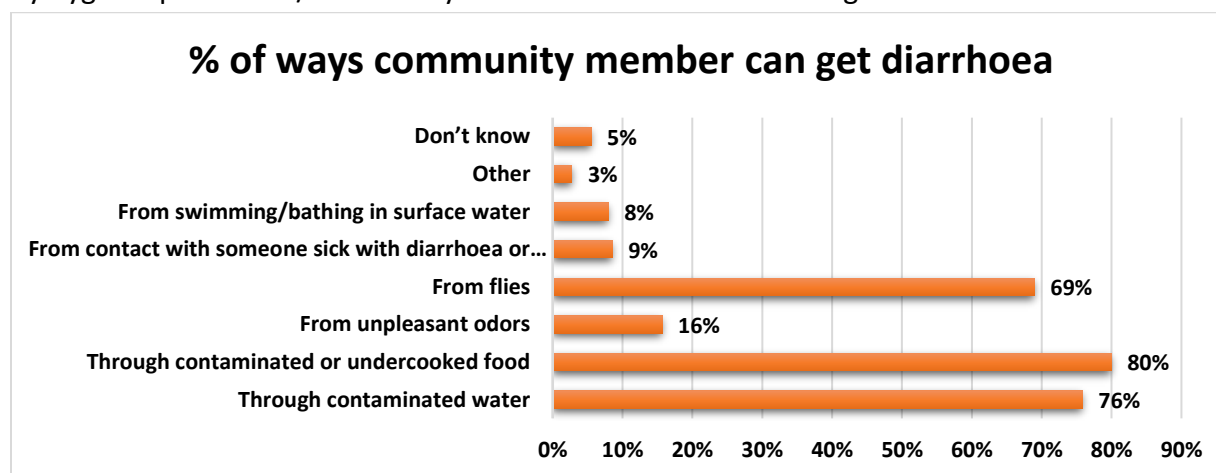
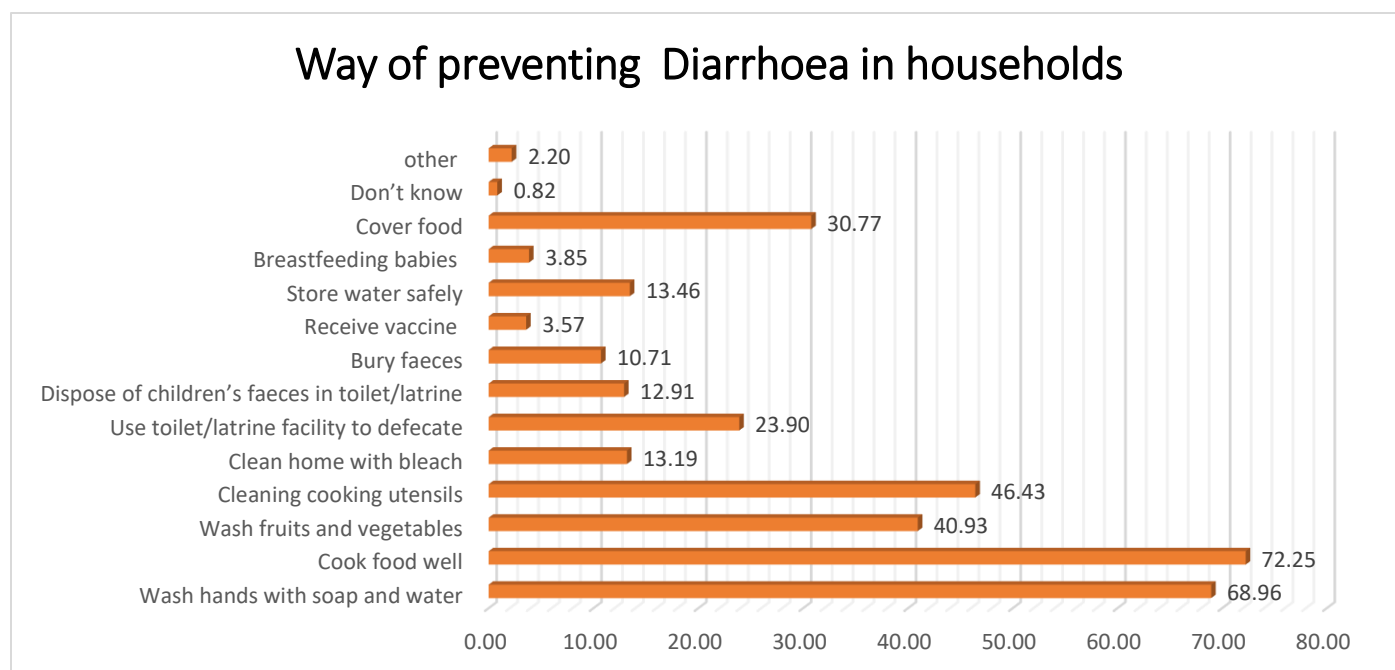


Figure 30



**Figure 31**

Respondents were also asked about ways in which diarrhea can be prevented as in figure 31 above. They mentioned the most common ways as washing hands with soap and water (68.96%), cooking food well (72%), cleaning cooking utensils (46.43%), washing fruits and vegetables (40.93%), covering food (30.77%), and using latrine/toilet facility to defecate (23.9%). Other preventive measures include disposing of children's feces in the latrine (12.9%), storing water safely for drinking (13.19%), bury feces (10.71%), Receiving vaccines (3.57%), Breastfeeding babies (3.85%), others (2.2%) and don't know (0.82).

## Menstrual hygiene management

### Materials used in the last menstrual period.

From the survey findings in figure 30, while reproductive-age girls and women between the age of 12-48 were being interviewed on the preferred material used during the last menstruation period, more than half of the women and girls of reproductive age (61%) said they use disposable pads, followed by (21%) said the use Re-usable pads, while (11%) said they use Re-usable Cloth, (3%) said they use Cotton and (2%) layers of underwear and (1%) nothing /bleed into clothes and (1%) menstrual cup. 68% of the women interviewed recommended that kits should have to include Kitenge/clothes used to wrap around their waist during menstruation. This is to ensure that even if menstruation starts when they are not aware, they will not be worried about being embarrassed by leakage through their clothes. Most women expressed that this was the first time someone had talked to them about menstrual hygiene, and they were very grateful/happy with the education and information sessions provided. Many women did not know their basic anatomy and the reasons why they experience their monthly while when women.

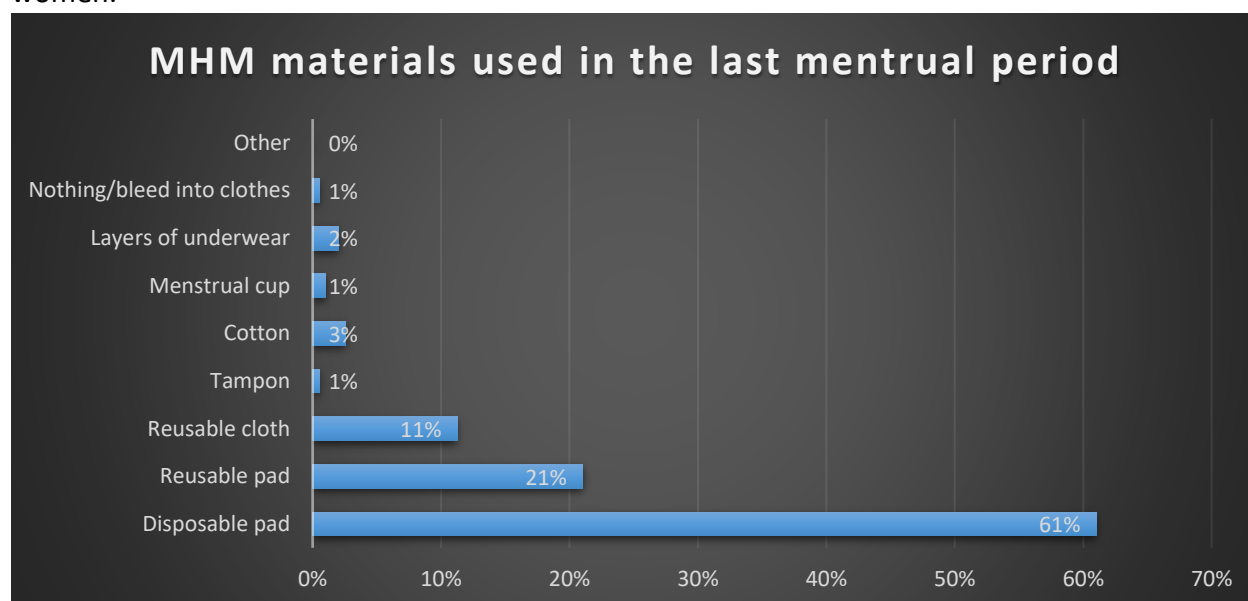


Figure 32

### Where women in the households change menstrual hygiene products and Where women dispose of menstrual management products

According to the 2022 end-line survey findings, most women and girls of reproductive age reported that they change their menstrual hygiene products from latrine 83% followed by 16% who said they change theirs from home and 1% reported that in other places. The survey further tried to find where the women of reproductive age dispose of their used up Menstrual hygiene products 74% Dispose of them in latrines while (14%) wash and reuse them, 11% Burn them and (1%) trash them. This, therefore, implies that while constructing latrines there should be



provision for the girls and women to have safe space to change their menstrual hygiene products as shown in figures 33 and 34

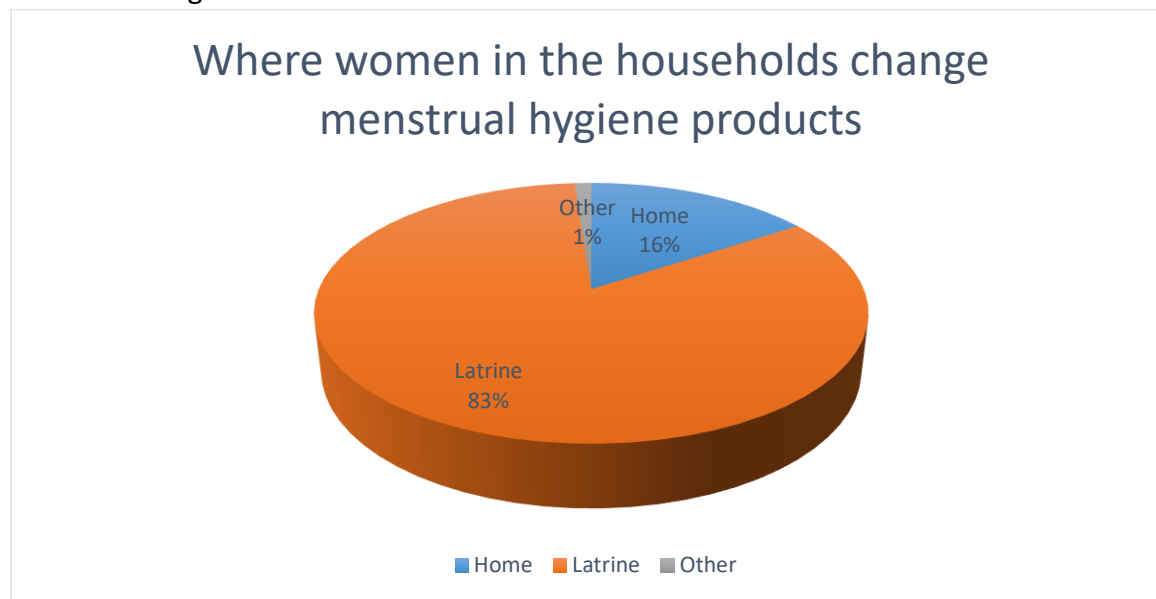


Figure33

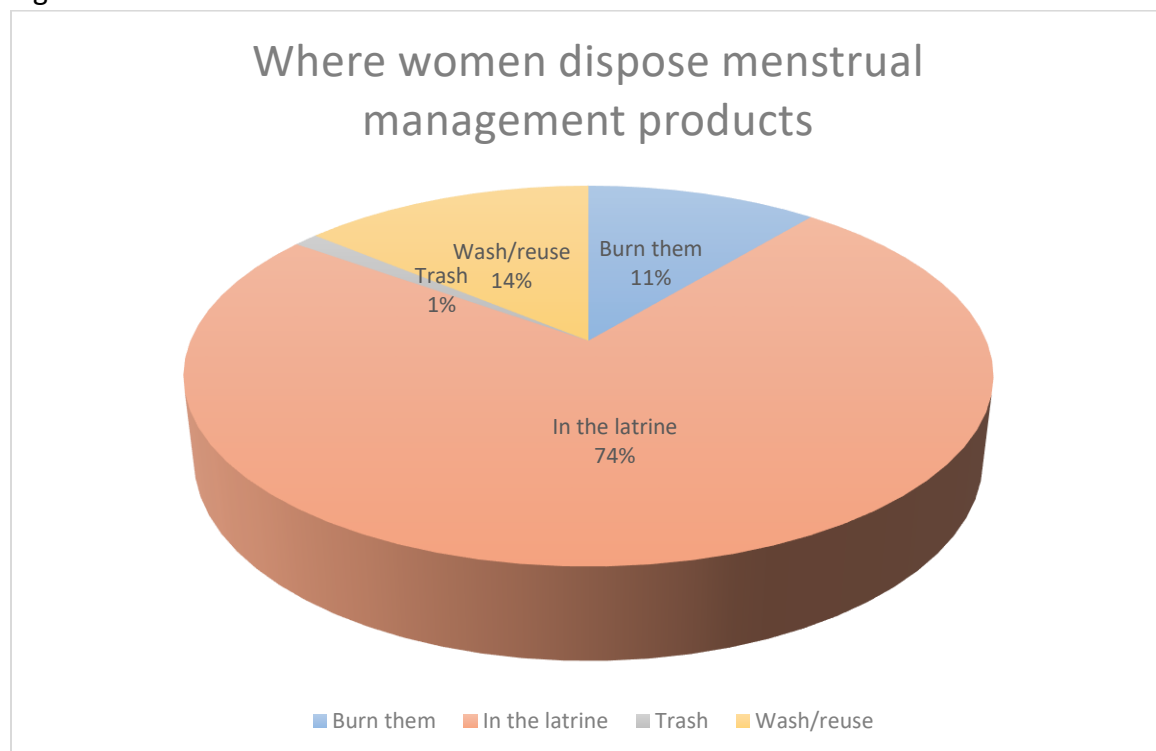


Figure 34

## Menstrual hygiene management products women used before coming to the refugee settlement and whether they are satisfied with the materials used when they came to the settlement.

According to the 2022 end-line survey, (72%) of women of production age were satisfied with the material and 28% were not Satisfied while they were asked about the most common Menstrual Hygiene management materials used before they came to the settlement, the woman and girls of reproductive age reported that (50%) were using disposable pads, (3%) reported that they were using cotton while, (20%) reported that they were using re-usable clothe and (2%) were using a layer of underwear and (1%) reported they were using a menstrual cup, and 2% were using nothing and bleed in clothes, while the issue of women of reproductive unsafe menstrual management seems to be negligible it's a very critical issue which is very degrading and recommendation to restore the dignity for such women by availing them with sanitary pads, teaching them on how to make them bring a lasting solution to the girls and women of childbearing age as shown in figure 35 and 36 below.

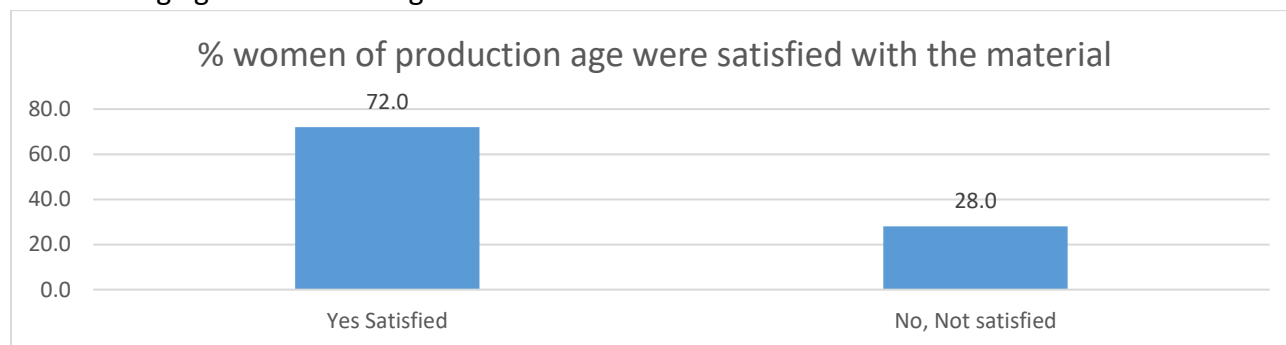


Figure 35

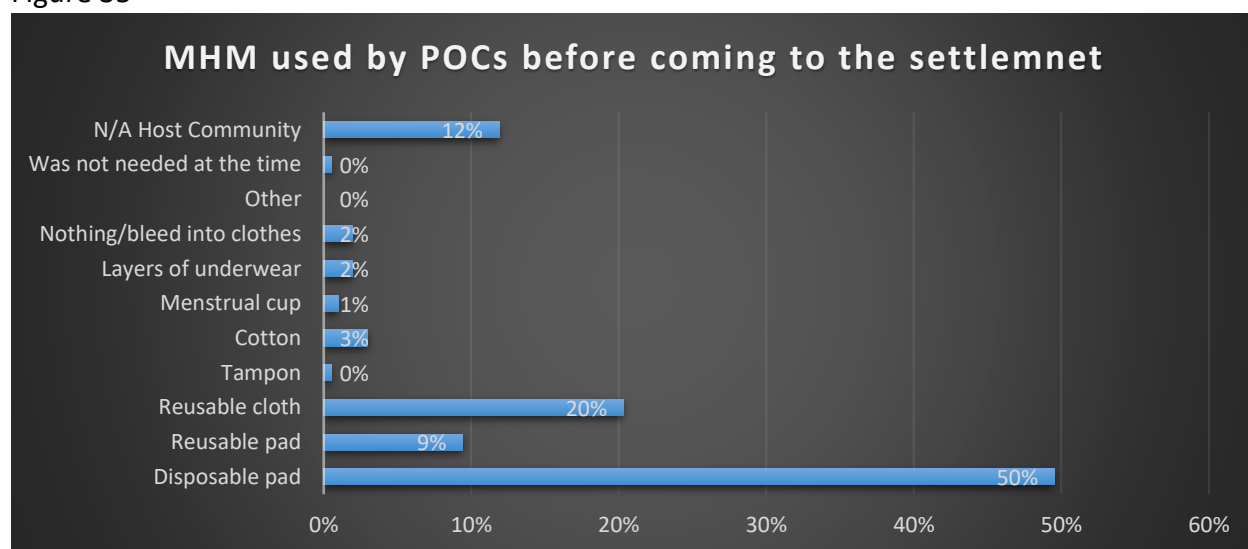


Figure 36

## CONCLUSION

Given the above indicator findings, this KAP survey acknowledges that partners have done a tremendous job in improving the living conditions of the refugees regarding Water, hygiene, and Sanitation compared to the baseline KAP survey findings. However, there are still challenges under the different thematic areas to ensure that the standards are met.

Access and use of safe water have increased with average liters per capita to 22 l/p/d compared to 19 l/p/d as at the baseline survey. A 10 liter per person protected water storage capacity is still low at 20% compared to the baseline figure of 25%. Though the survey found out that the major source of water across the settlement was public tap/standpipe (88%), the proportion of households collecting water from protected sources has greatly dropped which is at 88% and which still forms the post-emergency standard. This implies that the current water supply systems have greatly improved in the settlement.

The sanitation situation in terms of open defecation is still bad since open defecation has increased from 4 % as opposed to 5 % as of baseline and much work still needs to be done to nail the final nail onto the coffin of open defecation and bring it to zero and this, therefore, calls action through distributing latrine digging kits and encouraging households to dig latrines. About reports from the Water supply technical working group and WMU monthly reports, some of the systems have challenges, they are faced with continuous breakdowns; therefore, this survey recommends among other things that the technical working group should not only stop reviewing and approving designs but should also follow up on the implementation of the approved designs to avoid variations between proposed and as-built designs.

## VII. RECOMMENDATIONS

### Water

- There is a need for continuous maintenance and rehabilitation of water supply systems and tap stands that broke down with close monitoring by the Water Supply Technical Working Group. This is to ensure that the partners and contractors adhere to the standards and thus lead to the attainment of the required per capita water consumption of 20l/c/d across all four zones.
- WMU as the lead WASH partner responsible for undertaking the operation and maintenance of the water supply system should ensure that the systems remain functional to guarantee the water per capita does not drop below the current and that households continue to get water from protected/treated sources. Sustainable operation and maintenance mechanisms should be put in place by setting up community management structures and livelihood options.
- Massive rehabilitation of boreholes and fixing broken taps should be prioritized to improve the water supply situation, especially where the water situation is so bad

### Sanitation

- Appropriate technological options should be utilized to ensure the challenge of ever-filling and collapsible pit latrines is averted.
- Since the settlement has reached the post-emergency phase, partners need to encourage households to venture into sanitation marketing with a focus on cash-based interventions like livelihood projects to boost community members' demand for sanitation products including latrine construction materials as the road map to move to Gulper approach is being adopted into WASH intervention.
- In as much as most households have and use latrines, it is still imperative for partners to consider the fact that latrines would fill up, hence creating a need for support to construct others. Since the settlement has moved from an emergency to a post-emergency phase, partners need to continue to encourage households to construct toilets/latrines so that cases of open defecation can either disappear or reduce. More so, WMU needs to continue distributing latrine digging kits across all the zones and encourage household members to dig latrine holes.
- Sanitation activities should target the elimination of open defecation by adults and safe disposal of children's feces since the cases continue to be high in the settlement most especially in the Tika zone and households should be encouraged to construct bathing facilities since the access to these facilities.

### Hygiene

- There is a need for partners to encourage household heads to provide more Non-Food Items such as soap, jerricans, and hand-washing facilities such as tippy taps to households. This is likely to increase the per capita consumption of water since most respondents (86%) had water storage

containers less than 10L compared to the baseline of 34 this may be an indication that storage containers have been old and need to acquire new ones.

- Women of reproductive age should be trained on how to manufacture reusable pads as well as their proper disposal. This is because the findings found out that most women used disposable pads and disposed of sanitary pads in latrines this leads to faster filling up of the latrines.
- There is a need for intensive hygiene promotion activities across all the zones with a particular focus on the Tika zone since the situation there is not fine and more interventions to improve hygiene awareness within the community should be generated.

### Messaging

- Information Education and Communication (IEC) materials on WASH, especially handwashing with soap at critical times should be intensified the study found out, the practice of handwashing is only at 66% in the Imvepi refugee settlement.
- There is a need for refresher training to equip the VHT as we move to the VHT approach, Refugee welfare committees, and Water User Committees on WASH promotion approaches as well as on monitoring of community health improvement strategies. The findings showed that the most preferred way of receiving messages was through home visits by the community health workers (Hygiene Promoters).

### Menstrual Hygiene Management

According to the 2022 end-line survey, (72%) of women of production age were satisfied with the material and 28% were not Satisfied while they were asked about the most common Menstrual Hygiene management materials used before they came to the settlement, the woman and girls of reproductive age reported that (50%) were using disposable pads, (3%) reported that they were using cotton while, (20%) reported that they were using re-usable clothe and (2%) were using a layer of underwear and (1%) reported they were using a menstrual cup, and 2% were using nothing and bleed in clothes, while the issue of women of reproductive unsafe menstrual management seems to be negligible it's a very critical issue which is very degrading and recommendation to restore the dignity for such women by availing them with sanitary pads, teaching them on how to make them bring a lasting solution to the girls and women of childbearing age as shown in figure 35 and 36 above.

## VIII. Annexes

### Annex 1: Questionnaire



2a - Standard WASH  
KAP Questionnaire.do

## Annex 2: KAP Survey work plan

### Field Activity plan to conduct KAP survey in Imvepi settlement

No.	Activity	Associated Tasks	Days	Date	Output
<b>Stage 1: Inception/Preparatory Phase</b>					
1	Develop survey instruments and sampling design	Review and revise the draft questionnaire and develop a detailed sample design	2 days	3-4 December 2021	KAP questionnaire and sample design (plus FGD questionnaire)
2	Review of methodology and tools	Inception Report (including questionnaire, sample design, and work plan) to be reviewed by UNHCR and WASH TWG	2 days	5-6 December 2021	Data collection tools reviewed
3	Development of the database.	Select M&E committee will develop and program a database using Kobo collect to conduct mobile data collection	3 days	6-7 December 2021	Database in Kobo collects tools to facilitate easy data collection.
<b>Stage 2: Recruitment &amp; Training of Enumerators and Pre-Testing</b>					
1	Recruitment of the staff	Identification of potential candidates from the former staff Recruiting enumerators Conducting planning meetings with the field team	1 day	8 December 2021	Contacted and recruited Supervisors, Data Collectors and Encoders
2	Writing of ToR for staff	Drafting of the Terms of reference for 2 kinds of staff	1Days	9 December 2021	TORs for Survey Supervisors, Data Collectors
3	Signing of Contracts & Briefing		1Days	10 December 2021	Briefing on expected activities
4	Training of field staff	Orientation and training of all field staff (supervisors, and enumerators) on research objectives,	1Days	11 December 2021	Field staff trained (The supervisors will mentor and guide

		questionnaires, and techniques			the data collectors at the field level)
5	Pre-testing of the instruments and review/adapt tools for the survey	Identification of pilot areas and conducting pre-test	1 day	13 December 2021	Revised Instruments and techniques
<b>Stage 3: Fieldwork</b>					
1	Data collection	Implementation of data collection exercise in agreed sampling areas	4 days/ zone	8-11 December 2022	Completed baseline KAP surveys
		Field supervision and quality control. The supervisors must ensure that questionnaires are properly filled up in the Kobo collect tool and identified gaps are addressed.			Properly filled up questionnaires and gaps addressed.
2	Submission of output and review of field data	Upload all field records onto the Kobo collect server.	1 day	12 December 2022	Completed questionnaires
<b>Stage 4: Data cleaning and Analysis</b>					
1	Data transfer from mobile equipment to Kobo collect server	WMU M&E Officers will transfer all data from all the mobile devices into the Kobo collect database	1 Day	13 December 2022	Data entry completed
2	Data Cleaning and merging	Implement successive rounds of data cleaning to detect and correct any data entry errors and to check the	2 days	12-13 Jan 2022	Completed databank with accurate data and information.

		accuracy and consistency of the data.			
<b>3</b>	Data Analysis and Interpretation	Cleaned data will be analyzed using the UNHCR KAP survey analyzer, SPSS, and Excel Analyzer	10 days	14 <sup>th</sup> -24 <sup>th</sup> January 2022	Analysis of baseline indicators
<b>Stage 5: Report Making &amp; Dissemination</b>					
<b>1</b>	Develop a draft of the Final Report for comment	Develop and submit the Final Report for review by UNHCR and WTWG	10days	20 <sup>nd</sup> -30 <sup>th</sup> January 2022	Draft report
<b>2</b>	Review of draft KAP Survey report	Review of the draft KAP survey report by UNHCR and WTWG	2days	31 Jan. 2 <sup>ND</sup> - Feb2023	Feedback on the draft report
<b>3</b>	Integration of comments	While doing the modification of the report, send an invitation to the Partners and relevant government agencies and the community leaders	2day	3Feb 2022- 5 <sup>th</sup> Feb	Comments integrated
<b>4</b>	Presentation of the Findings	Follow up with the invitees	1 day	6 <sup>th</sup> Feb 2022	Feedback on the findings
<b>5</b>	Develop Final Baseline Report	Develop and submit Final Report and dissemination materials; PowerPoint presentation and 2-page summary of findings	2 days	8-9 FEB 2022	Final Report submitted