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First Intermediate KAP Survey IS South Lebanon

31st May 2014

*In the frame of the emergency projects implemented by **CISP**, and financed by **UNHCR**, **UNICEF** and **UNOCHA**.*

Date baseline WASH Assessment: from Aug. 2013 to Feb. 2014
Date of the KAP Survey: May 2014

Realised by: CISP

Governorates: South and Nabatieh
Districts: Sour, Hasbaya and Marjaayoun

1. Introduction

Within its emergency interventions of assistance to Syrian refugees, financed by UNHCR, UNICEF and UNOCHA, since August 2013 CISP is implementing a WASH intervention in IS (Informal Settlements) in South Lebanon, with the following objectives:

- increase access to a sufficient quality and quantity of water for drinking, cooking and personal and domestic hygiene;
- increase sanitation conditions and access to sanitation facilities;
- increase hygiene awareness and practices.

Before intervening the IS, CISP carried out a Rapid WASH assessment to define the baseline of access to water and sanitation facilities and of hygiene knowledge, attitudes and practices.

In May 2014, CISP realised a KAP Survey to identify the impact of its WASH interventions in IS, to update the indicators related to hygiene Knowledge, Attitudes and Practices, and to guide the future activities of installation of facilities and hygiene promotion.

This report summarises the main findings and recommendations from the aforementioned KAP Survey.

2. Methodology

Selected IS: In the area of intervention covered by this KAP Survey (Districts of Sour, Hasbaya and Marjaayoun), according to the mapping realised by UHCR in partnership with CISP, there are 38 identified IS with a total population of around 4,100 Syrian refugees (around 900 HHs). The 21 IS targeted by this KAP Survey were selected among the ones with higher population and/or were CISP already performed his WASH intervention and an impact could be expected. They count together a population of around 2,870 people, corresponding to 70.0 % of the total number of Syrians living in IS in the area of intervention covered by the Survey. See **Table 1** for details on the name, location and demography of the targeted IS.

Table 1. Identification and demography of the IS targeted by the KAP Survey

#	Name IS	Municipality	P_CODE	TOT # of HH (CISP, Apr 2014)	TOT population (CISP, Apr 2014)	Surveyed HH	Surveyed population
1	Blat	Blat	73135-01-001	21	69	9	44
2	Sarada 1	Sarada	73175-01-001	14	69	12	68
3	Sarada 3	Sarada	73191-01-006	35	150	26	120
4	Wazzani 1	Wazzani	73191-01-001	75	336	35	219
5	Wazzani 2	Wazzani	73191-01-002	20	98	2	9
6	Marj al khokh A	Marjaayoun	73111-01-001	154	684	28	165
7	Marj al khokh B	Ibl es Saqi	73111-01-002	22	95	6	23
8	Marj al khokh C	Marjaayoun	73111-01-003	18	80	5	19
9	Hosh	Bourj El Moulouk	73146-01-001	43	202	11	52
10	Ain Arab 1	Ain Arab	73162-01-001	9	61	3	29
11	Ain Arab 2	Ain Arab	73191-01-007	15	72	6	30
12	Ain Arab 3	Ain Arab	73162-01-002	7	31	3	21
13	Majidye 1	Majidye	74177-01-001	40	157	9	27
14	Majidye 2	Majidye	74177-01-002	7	33	2	16
15	Majidye 3	Majidye	74177-01-003	3	13	1	6
16	Shawakir 1	Borj ech Chmali	62128-01-001	59	292	29	116
17	Shawakir 2	Borj ech Chmali	62128-01-002	12	52	9	46
18	Ras El Aain 1	Deir Qanoun Al Aain	62179-01-001	7	44	1	14
19	Ras El Aain 1b	Deir Qanoun Al Aain	62179-01-001	6	38	6	28
20	Ras El Aain 2	Baloulay	62162-01-001	14	79	7	37
21	Aaziye	Aaziye	62316-01-001	34	212	8	47
TOTAL				**603**	**2,867**	**218**	**1,136**

Table 2. Type of intervention performed by CISP in the IS targeted by the KAP Survey

#	Name IS	Installation of Sanitation Facilities	Installation of water storage tanks	Distribution of filters for HH water treatment	Distribution of Hygiene Kits and soap	Hygiene Promotion	Set up of Hygiene Committee
1	Blat	yes	yes	yes	yes	yes	no
2	Sarada 1	yes	yes	yes	yes	yes	yes
3	Sarada 3	yes	yes	yes	yes	yes	no
4	Wazzani 1	yes	yes	yes	yes	yes	yes
5	Wazzani 2	yes	yes	yes	yes	yes	yes
6	Marj al khokh A	-	-	-	yes	yes	-

#	Name IS	Installation of Sanitation Facilities	Installation of water storage tanks	Distribution of filters for HH water treatment	Distribution of Hygiene Kits and soap	Hygiene Promotion	Set up of Hygiene Committee
7	Marj al khokh B	-	-	yes	yes	yes	-
8	Marj al khokh C	yes	yes	yes	yes	yes	-
9	Hosh	yes	yes	yes	yes	yes	-
10	Ain Arab 1	yes	yes	yes	yes	yes	-
11	Ain Arab 2	yes	yes	yes	yes	yes	yes
12	Ain Arab 3	yes	yes	yes	yes	yes	-
13	Majidye 1	yes	yes	yes	yes	yes	yes
14	Majidye 2	yes	yes	yes	yes	yes	-
15	Majidye 3	yes	yes	yes	yes	yes	-
16	Shawakir 1	yes	yes	yes	yes	yes	yes
17	Shawakir 2	yes	yes	yes	yes	yes	yes
18	Ras El Aain 1	yes	yes	yes	yes	yes	yes
19	Ras El Aain 1b	yes	yes	yes	yes	yes	yes
20	Ras El Aain 2	yes	yes	yes	yes	yes	yes
21	Aaziye	yes	yes	yes	yes	yes	-
	TOTAL	**19**	**19**	**20**	**21**	**21**	**10**

Table 3. Date of the baseline WASH Assessment and of the KAP Survey, per location

#	Name IS	Date WASH assessment	Date KAP Survey
1	Blat	16-Sep-13	25-Apr-14
2	Sarada 1	15-Aug-13	28-Apr-14
3	Sarada 3	20-Aug-13	28-Apr-14
4	Wazzani 1	21-Oct-13	05-May-14
5	Wazzani 2	13-Oct-13	05-May-14
6	Marj al khokh A	19-Oct-13	28-May-14
7	Marj al khokh B	19-Oct-13	28-May-14
8	Marj al khokh C	29-Oct-13	28-May-14
9	Hosh	02-Dec-13	13-May-14
10	Ain Arab 1	27-Nov-13	12-May-14
11	Ain Arab 2	25-Nov-13	12-May-14
12	Ain Arab 3	25-Nov-13	12-May-14
13	Majidye 1	26-Nov-13	05-May-14
14	Majidye 2	25-Nov-13	13-May-14
15	Majidye 3	08-Jan-14	13-May-14
16	Shawakir 1	15-Aug-13	24-Apr-14
17	Shawakir 2	15-Aug-13	15-May-14
18	Ras El Aain 1	16-Aug-13	22-May-14
19	Ras El Aain 1b	18-Feb-14	22-May-14
20	Ras El Aain 2	16-Aug-13	22-May-14
21	Aaziye	24-Feb-14	28-May-14

Surveyors: the surveys have been carried out by CISP Outreach team, specifically trained and after testing on the survey.
Statistical Sample: the KAP survey has targeted 218 HHs in the 19 selected IS, corresponding to 36 % of the population. See **Table 1** for details on the surveyed HHs disaggregated per location.
Data collected: the Survey collected data about: general information on the assessed HH, demography, location, water quantity, water quality, sanitation conditions, hygiene knowledge and practices, water-borne disease. The Survey sheet is attached to this report.
Methodology of data collection: questions and direct observation.

3. Results of the KAP Survey

3.1. Water Quantity

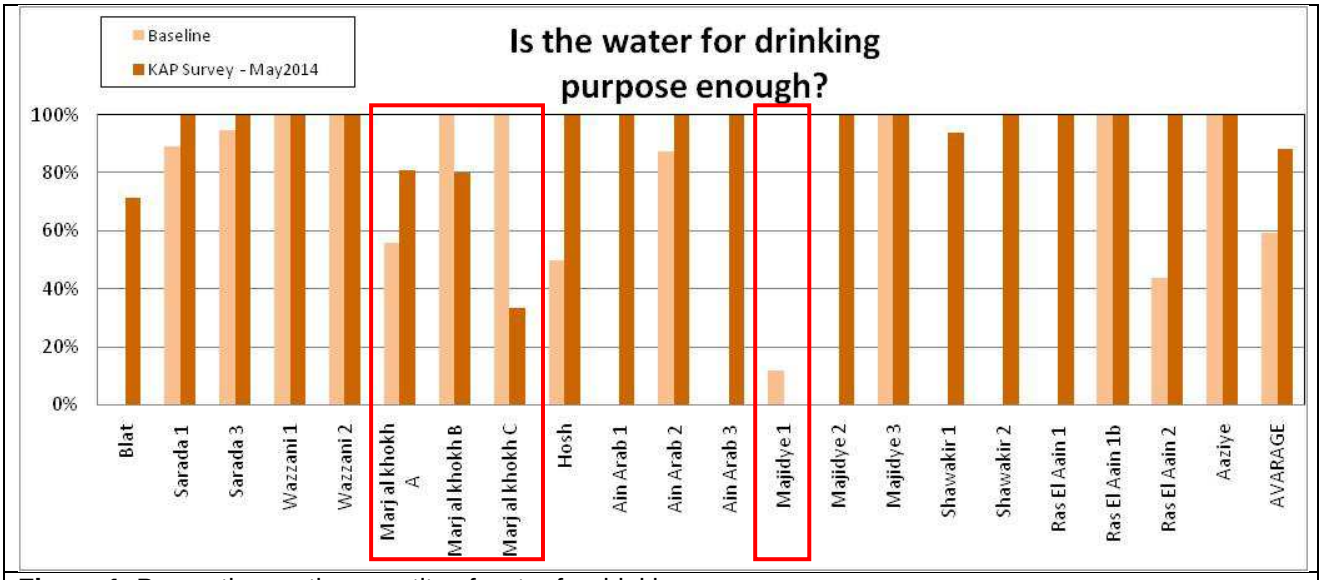

Figure 1. Perception on the quantity of water for drinking purpose

Methodology of data collection: questions.

Comments: As an average 88% of the surveyed people declares that the quantity of water they have access to, for drinking purpose, is enough. This indicator has increased significantly from the baseline assessment, when only 60% of the surveyed people considered sufficient the quantity of water they had access to, for drinking purposes. The impact is satisfactory, especially considering that the KAP survey has been carried out during the dry season, whereas the WASH assessment has been performed in most of the cases during the rainy season.
A problem in the perception of the quantity of water has been identified in the 3 IS of **Marj al Khokh** and in **Majidye 1** IS. In Marj al Khokh the supply of water is guaranteed by the intervention of another INGO, and it does not rely on CISP. In Majidye 1 IS the population experienced a significant reduction in terms of water supplied both by the water establishment and by a private well from the landlord.

Recommendations for CISP technical team: Assess in more detail the situation in Majidye 1 and in Marj Al Khokh and elaborate a strategy to increase the access to water, possibly avoiding non-sustainable solutions like water trucking, if not necessary.

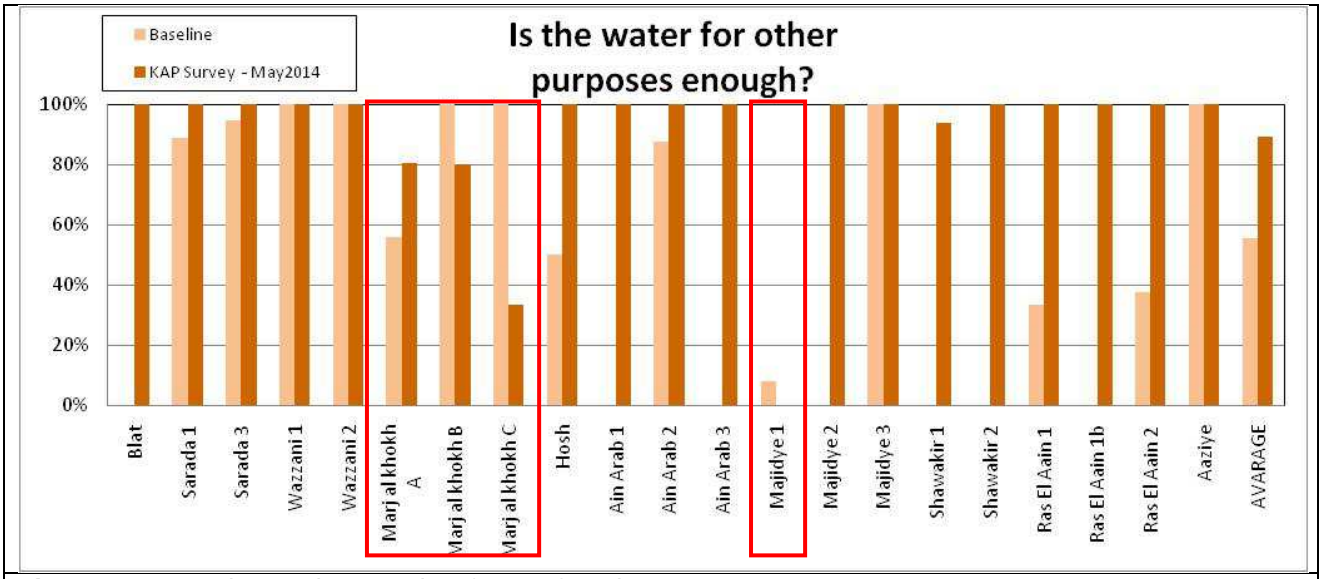

Figure 2. Perception on the quantity of water for other purposes

Methodology of data collection: questions.

Comments: As an average 89% of the surveyed people declares that the quantity of water they have access to, for non-drinking purposes, is enough. This indicator has increased significantly from the baseline

assessment, when only 56% of the surveyed people considered sufficient the quantity of water they had access to, for non-drinking purposes. Results, comments and recommendations are analogous with what reported above for the perception on the quantity of water for drinking purpose.

3.2. Water Quality

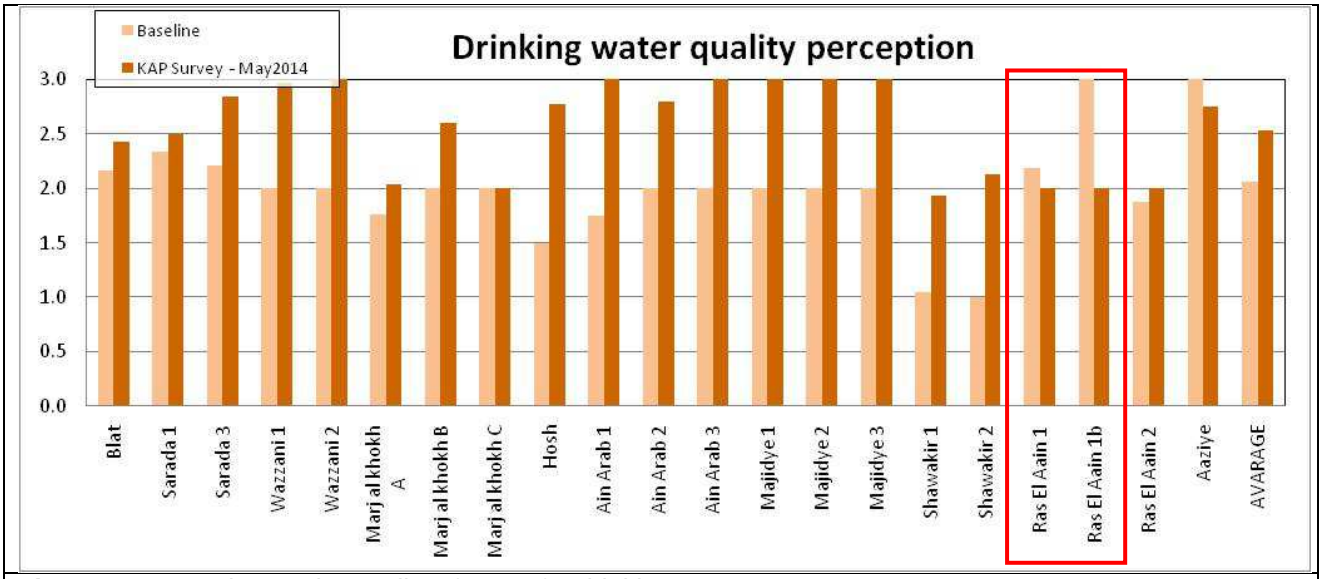

Figure 3. Perception on the quality of water for drinking purpose

Methodology of data collection: questions, ranked from 0 (poor quality) to 3 (high quality).

Comments: In all the IS the vote assigned by the interviewed for the quality of drinking water is high, and generally increasing compared to the baseline. As an average the score on the perceived quality of drinking water is of 2.5 out of 3.0, increased from the 2.1 of the baseline, also due to the distribution of water filters that has been performed in almost all the surveyed IS.
The impact is satisfactory, especially considering that the KAP survey has been carried out during the dry season, whereas the baseline WASH assessment has been performed in most of the cases during the rainy season.
A problem is identified in Ras El Ain 1 IS, where the perceived score of drinking water quality has reduced, because of a deterioration in the quality of a well that is serving the IS, caused by the reduced quantity of water in the well and the subsequent increase in the concentration of suspended and disoolved elements.

Recommendations for CISP technical team: Assess in more detail the situation in Ras El Ain 1 and elaborate a strategy to improve the quality of the water for drinking purpose.

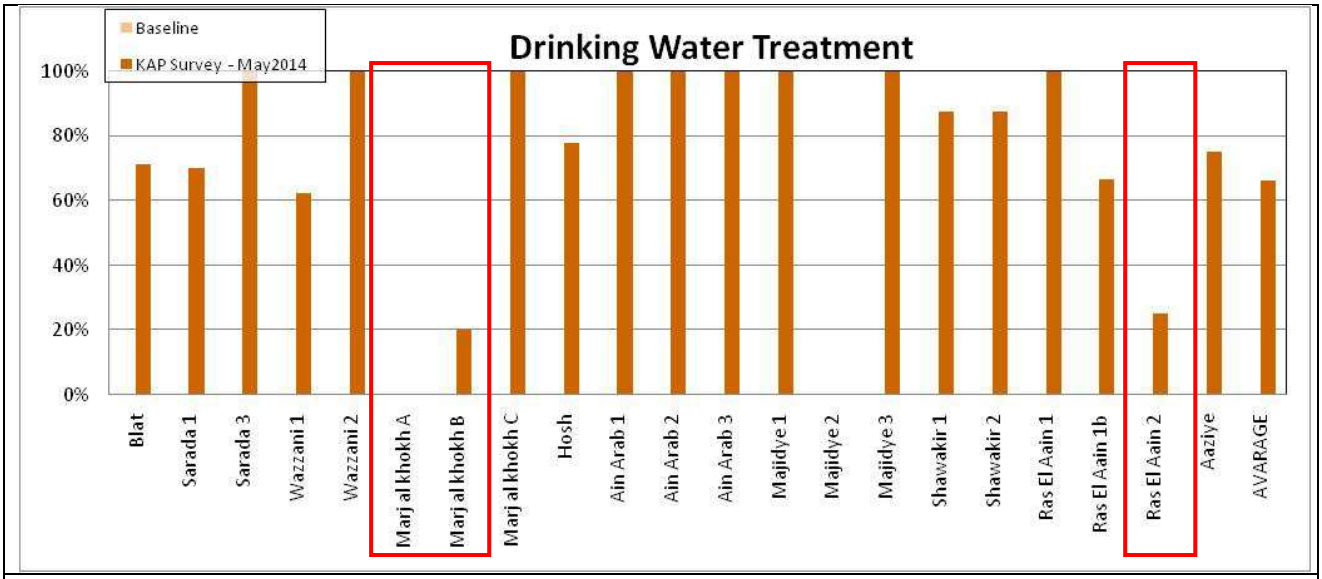

Figure 4. HH level water treatment

Methodology of data collection: direct observation on the presence and utilisation of a water filter.

Comments: As per the baseline, none of the HH was practicing drinking water treatment. After CISP

intervention, the distribution of water filters and the hygiene promotion, the KAP survey showed that the practice of HH water treatment has spread to the 66% of the population. In most of the surveyed IS the percentage of population practicing water treatment at HH level is higher than 80%.
Three critical cases has been identified: **Marj Al Khokh A**, where the distribution of water filter has not taken place yet; **Ras El Ain 2**, where an unexpected increase of the population just before the survey has dropped the coverage in HH treatment to only the 25%; and **Marj Al Khokh B**, where only 20% of the surveyed HH practiced the drinking water treatment.
In Marj Al Khokh A and Ras El Ain 2, CISP team already performed the distribution of water filters, after the survey, to cover the identified gap.
In Marj Al Khokh B an in depth analysis is needed to identify the cause of the low coverage.

Important notice: <u>despite the high coverage in HH treatment of drinking water, boosted by the distribution of water filters and by the hygiene promotion performed by CISP, water quality analysis at HH level have proven a really poor impact in the reduction of the contamination of the drinking water, mainly caused by incorrect practices in the utilisation and maintenance of the filters.</u>

Recommendations for CISP sensitisation team:

- assess in more detail the situation in Marj Al Khokh B and increase the hygiene promotion in this IS;
- in all the IS, perform a special sensitisation campaign on the correct utilisation and maintenance of the water filter.

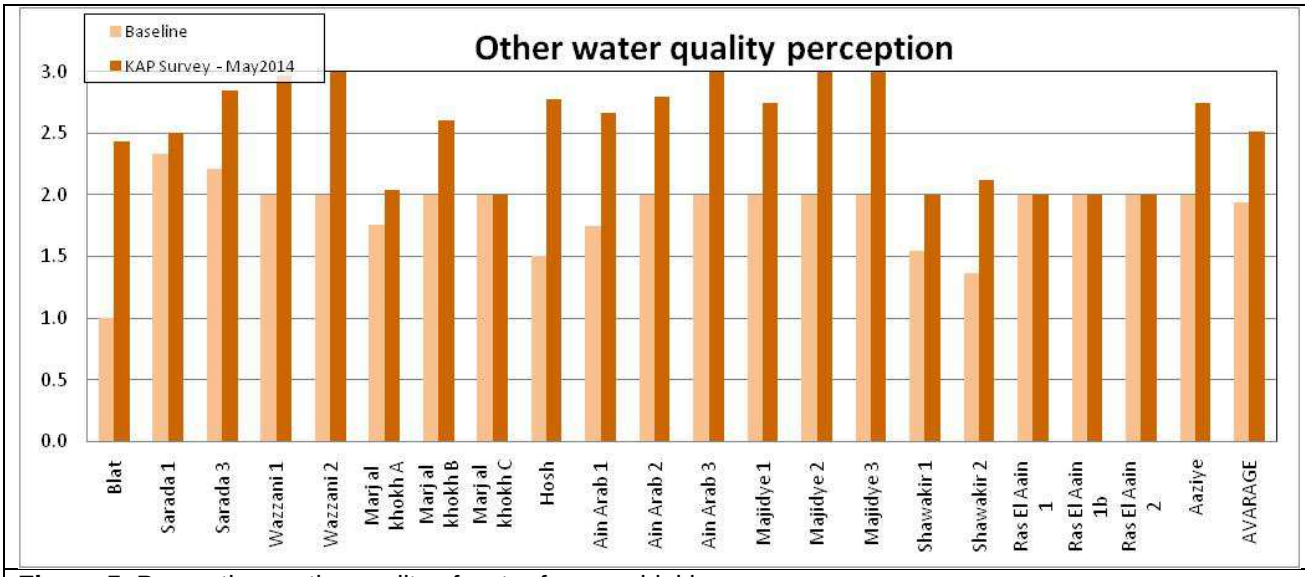

Figure 5. Perception on the quality of water for non-drinking purpose

Methodology of data collection: questions, ranked from 0 (poor quality) to 3 (high quality).

Comments: In all the IS the vote assigned by the interviewed for the quality of non-drinking water is higher than 2 points, out of 3, and is always increased, if compared to the baseline. As an average the score on the perceived quality of non-drinking water is of 2.5 out of 3.0, increased from the 1.9 of the baseline.
The impact is satisfactory, especially considering that the KAP survey has been carried out during the dry season, whereas the baseline WASH assessment has been performed in most of the cases during the rainy season.
No particular comments or recommendations.

3.3. Sanitation

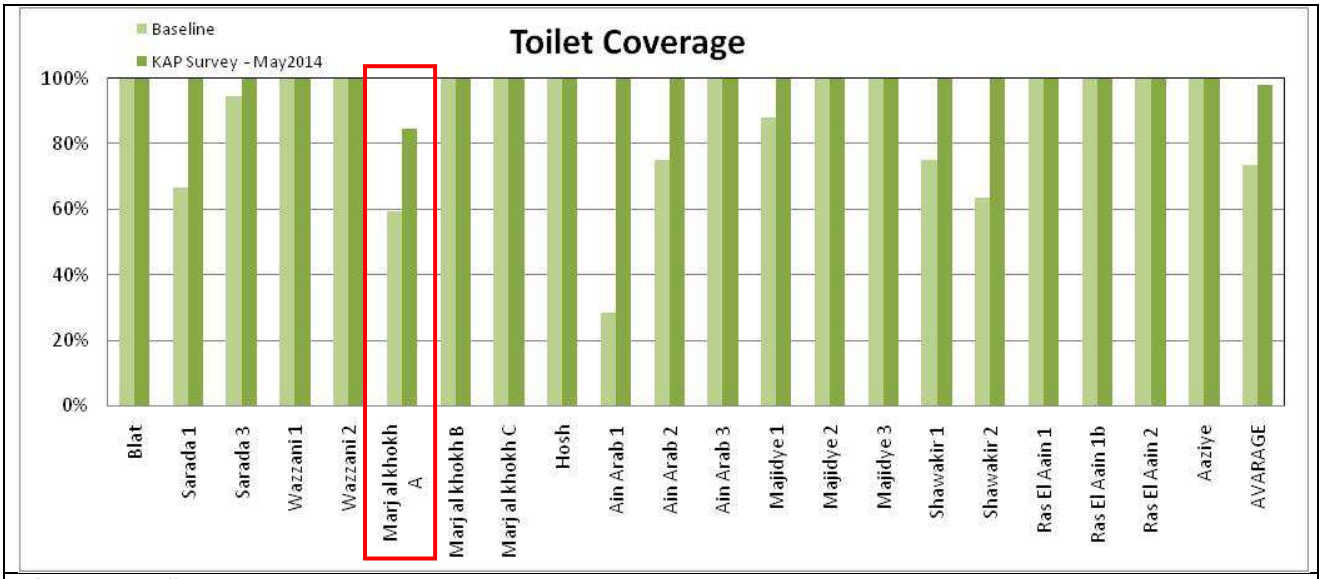

Figure 6. Toilet Coverage

Methodology of data collection: questions and direct observation.

Comments: In all the IS the coverage in terms of access to toilets is 100%, with the exception of Marj Al Khokh A, where the intervention of installation of toilets is still ongoing. Generally the coverage in access to toilets was high even before CISP intervention, being the problem the cleanliness conditions of the toilets and the environmental and health hazards caused by the open pits.
No particular comments or recommendations.

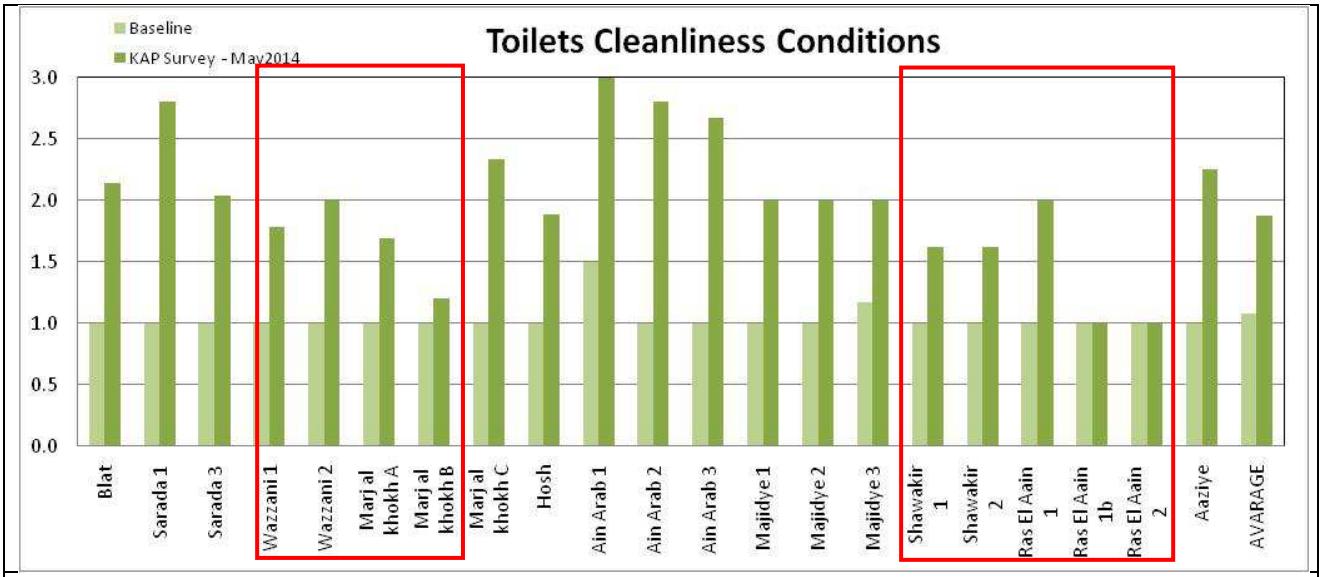

Figure 7. Cleanliness Conditions of the Toilets

Methodology of data collection: direct observation, ranked between 0 (poor conditions) and 3 (good conditions).

Comments: The cleanliness conditions of the toilets increased significantly compared with the baseline, from an average of 1.1 to the actual 1.9. Nevertheless, the score is still too low and additional work on the hygiene promotion campaign is needed to improve the hygienic conditions of the toilets. Particulary critical are the results in **Wazzani**, **Marj al Khokh**, **Borj El Molouk**, **Shawakir** and **Ras el Ain**.

Recommendations for CISP sensitisation team: enhance the hygiene promotion for the cleanliness of the toilets in all the IS, with particular attention to Wazzani, Marj al Khokh, Borj El Molouk, Shawakir and Ras el Ain, involving directly the hygiene committees in the sensitisation activities and in community cleaning days.

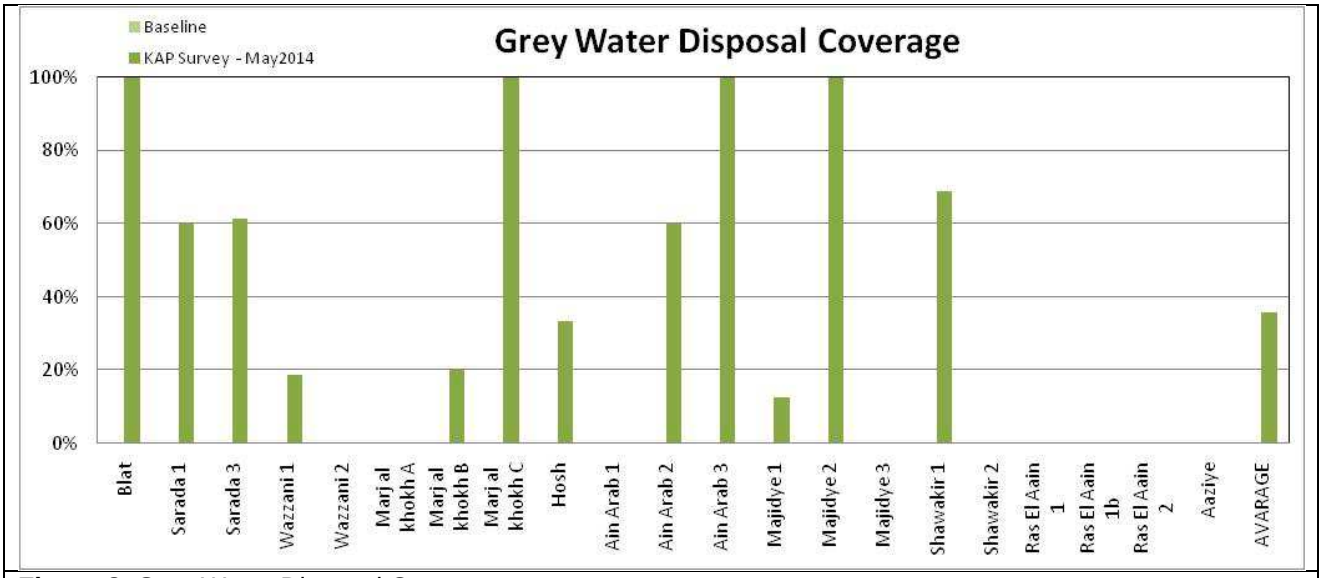

Figure 8. Grey Water Disposal Coverage

Methodology of data collection: questions and direct observation.

Comments: In all the IS the coverage in terms of access to grey water disposal is increased significantly. No particular problems in the drainage of the storm and grey waters have been identified during the KAP Survey.

3.4. Hygiene Knowledge and Practices

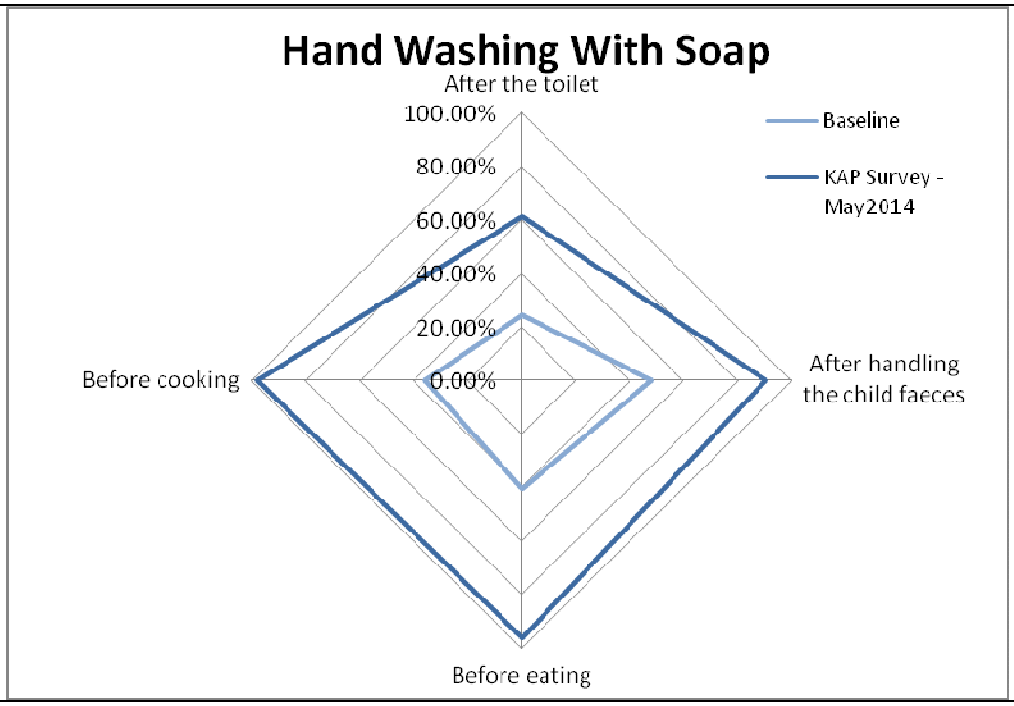

Figure 9. Hand Washing with Soap in key moments

Methodology of data collection: questions and direct observation. The practice has been considered not applied if the surveyor was not able to identify the location for the hand-washing, or if the location was lacking the soap, or if the location was far from the toilet/kitchen.

Comments: The practice of hand washing with soap has increased significantly in the four key moments: after the toilet, after handling the child faeces, before cooking and before eating. A gap still remain in the hand washing after the toilet which, according to the results of the Survey is practiced by the 60% of the population.

Recommendations for CISP sensitisation team: enhance the hygiene promotion for hand washing after the toilet in all the IS, with the help of the hygiene committees and using practical exercises. Make sure that all the HH have access to an hand-washing facility, provided with soap. Foresee an additional distribution of soap to boost the behavioural change.

Figure 10. Hand Washing with Soap After the Toilet

Methodology of data collection: questions and direct observation. The practice has been considered not applied if the surveyor was not able to identify the location for the hand-washing, or if the location was lacking the soap, or if the location was far from the toilet.

Comments: The practice of hand washing with soap after the toilet has increased as an average, but the practice is applied only in certain areas, whereas a huge gap remains in some IS, where the percentage of population washing hands with soap after the toilet is below 10%. Main critical areas are **Wazzani 2**, **Ain Arab 2** and **3**, **Majidye**, **Ras el Ain** and **Aaziye**.

Recommendations for CISP sensitisation team: enhance the hygiene promotion for hand washing after the toilet in all the IS, with the help of the hygiene committees and using practical exercises. Make sure that all the HH have access to an hand-washing facility, provided with soap. Foresee an additional distribution of soap to boost the behavioural change.

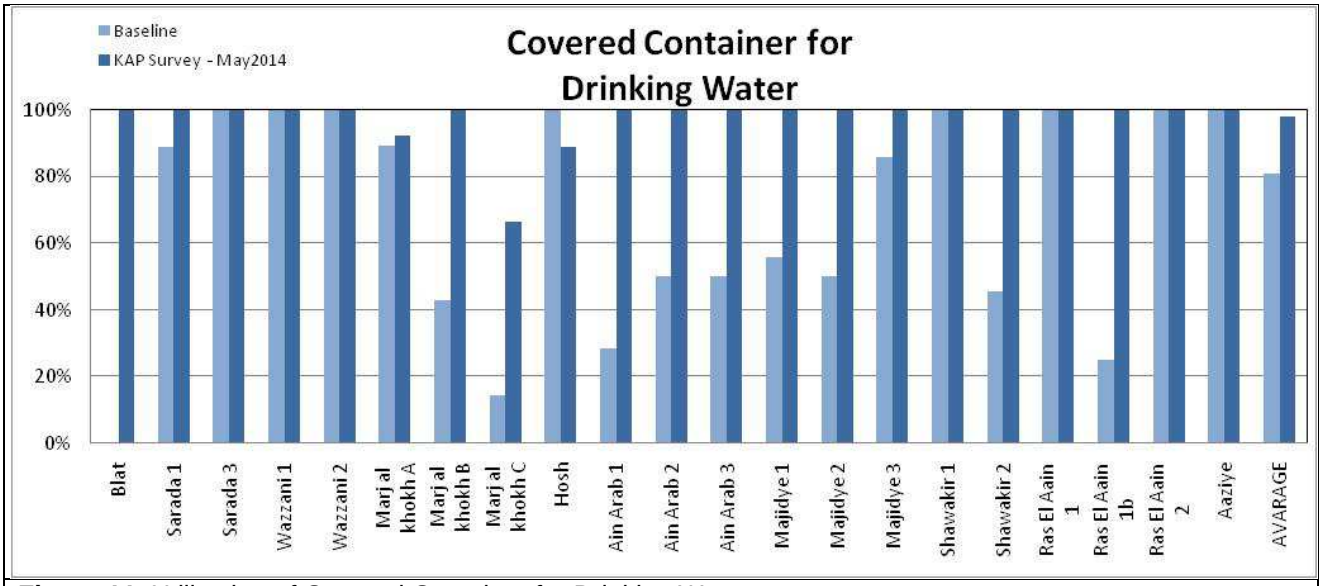

Figure 11. Utilisation of Covered Container for Drinking Water

Methodology of data collection: direct observation.

Comments: In all the IS the percentage of population utilising a covered container for the drinking water has increased significantly, to over 90% of the assessed population. The improvement on this indicator has been boosted by the distribution of hygiene kits, provided with containers for drinking water. No particular problems have been identified during the KAP Survey.

4. Conclusions and recommendations

In general the results of the KAP survey show a good impact of CISP WASH intervention in increasing access to a sufficient quality and quantity of water, in increasing sanitation conditions and access to sanitation facilities, and in increasing hygiene awareness and practices.
In particular the following findings has been acknowledged:

- Percentage of population considering sufficient the quantity of water they have access to, for drinking purpose, has increased from 60% to 88%;
- Percentage of population considering sufficient the quantity of water they have access to, for non-drinking purposes, has increased from 56% to 89%;
- Quality perception score for drinking water has increased from 2.1 to 2.5 on a maximum of 3 points;
- Quality perception score for non-drinking water has increased from 1.9 to 2.5 on a maximum of 3 points;
- Percentage of population practicing HH drinking water treatment has increased from 0% to 66%;
- Coverage in terms of access to toilets has increased from 73% to 98%;
- Cleanliness conditions score of the toilets has increased from 1.1 to 1.9 on a maximum of 3 points;
- Access to a grey water disposal system has increased from 0% to 36%;
- Percentage of population washing hands with soap has increased in all the four key moments, in most of the cases exceeding the 95% of the population;
- Percentage of population using a covered container for the storage of drinking water has increased from 81% to 98%.

Nonetheless the KAP survey has highlighted some remaining gaps, that CISP field teams shall target to improve the WASH conditions in the IS. In particular the following recommendations has been issued.

<u>For CISP technical team:</u>

- Assess in more detail the situation in Majidye 1 and in Marj Al Khokh and elaborate a strategy to increase the access to water, possibly avoiding non-sustainable solutions like water trucking, if not necessary;
- Assess in more detail the situation in Ras El Ain 1 and elaborate a strategy to improve the quality of the water for drinking purpose.

<u>For CISP sensitisation team:</u>

- Assess in more detail the situation in Marj Al Khokh B and increase the hygiene promotion in this IS;
- Perform in all the IS a special sensitisation campaign on the correct utilisation and maintenance of the water filter.
- Enhance the hygiene promotion for the cleanliness of the toilets in all the IS, with particular attention to Wazzani, Marj al Khokh, Borj El Molouk, Shawakir and Ras el Ain, involving directly the hygiene committees in the sensitisation activities and in community cleaning days
- Enhance the hygiene promotion for hand washing after the toilet in all the IS, with the help of the hygiene committees and using practical exercises.
- Make sure that all the HH have access to an hand-washing facility, provided with soap.
- Foresee an additional distribution of soap to boost the behavioural change.