JORDAN

WASH Knowledge, Attitude and Practices (KAP) Survey in Azraq Camp

Dec 2019
About REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).
SUMMARY

As of July 2019, 39,924 Syrian refugees were registered in Azraq camp, in Zarqa governorate.1 There are seven villages in Azraq camp, of which only four remain inhabited (villages 2, 3, 5 and 6). Action Against Hunger (ACF), ACTED, and World Vision are operating as key partners in implementation of water, sanitation and hygiene (WASH) activities in the camp, including delivery of treated water through a piped water network which connects the main public water tanks and pumps water to over 300 communal tap stands across the camp.2 A grey water network exists in all four inhabited villages, connected at the household level to drain grey water from the household to the communal septic tanks. Recycling practices have been established in Azraq camp; residents use different bins for organic and inorganic solid waste.

Between the 15th and the 26th of September 2019, REACH conducted a Knowledge, Attitudes, and Practices (KAP) survey in Azraq camp to evaluate camp residents’ current knowledge, attitudes, and practices towards WASH and to assess the changes that have taken place since the last KAP survey in 2018, which was conducted by Action Against Hunger (ACF). The assessment aims to inform the WASH services and related education provided by humanitarian actors, as well as to inform UNICEF’s efforts to increase water conservation and customer satisfaction and accountability in Azraq camp. Additionally, the assessment aims to assess camp residents’ sense of ownership and responsibility towards WASH facilities and services provided in the camp, particularly related to acts such as illegal connection to the communal water tap stands, responding to leaks, and the extent to which residents feel represented in terms of WASH services provision.

The assessment employed a quantitative methodology with a household survey conducted with randomly selected households, weighted by population density, in the four inhabited villages of Azraq camp. In total, 376 households were interviewed for this KAP survey producing results that are generalizable to the population within the camp with a 95% level of confidence and 5% margin of error.

Key Findings

Key findings are presented below by thematic area.

This 2019 WASH KAP assessment found that Azraq camp residents have good knowledge and practices in relation to WASH. The majority of households practice effective water safety methods in maintaining safe water. In addition, increased understanding and application of water conservation practices by camp residents were reported. However, the majority of residents were still unaware of how much water they are entitled to on a daily basis per person, thus there should be greater awareness raising on this area of intervention. Moreover, similar levels of hygiene knowledge and practices were reported by camp residents from last year. There is a decrease, though, in how many residents are receiving hygiene promotion messages. The majority of households are aware of the currently available complaint mechanisms, understand the correct channel for different issues, and are fairly satisfied with such mechanisms. Generally, residents reported increased satisfaction with WASH services.

Water Supply

The assessment found that all households are getting water from the communal tap stands for washing and cleaning. Nearly all households (99%) reported getting water from the communal tap stands for cooking. Ninety per cent (90%) of the households reported using the tap stands for drinking water, with other 10% of the households are purchasing bottled water for drinking. According to the JMP’s criteria of drinking water classification, Azraq camp residents have access to safely managed and improved source of drinking water.3

All households reported having at least one water storage container for all uses except drinking water. The majority of the households (82%) use the 20 litres plastic jerrycan. Ninety-two per cent (92%) of households reported using one specific container to store drinking water, and 8% store drinking water in a water container also being used for other purposes. Of the households that are storing their drinking water in separate containers, the majority (79%) are storing drinking water in jerry cans. In terms of the water storage total capacity, one third of households (35%) reported having 100 to 200 litres of

1 UNHCR Operational Portal 4th July 2019, Accessed in July 11
2 Azraq Camp factsheet, UNHCR, April 2019
3 JMP classification
storage, 32% between 200 and 299 litres, 16% between 300 and 399 litres, 14% less than 100 litres, 2% between 400 and 499 litres, and 1% 500 litres or more. Based on the water delivery schedule in the camp and the total amount of water that each member is entitled to get per day, and the household needs of water for domestic purposes, all households have enough water storage capacity inside the shelter for at least one day.

In regard to the water safety knowledge and practices, according to SPHERE’s recommended practices, camp residents should use a dedicated container for water collection and storage, which should be clean and covered. The majority of households practice effective water safety methods. Seventy-four per cent (74%) of households keep their water containers covered. While 47% have cleaned their containers used for transport and storage in the last one to two day and 15% from three days to one week ago. As well, 85% store the water for between a few hours and two days before drinking it.

The vast majority of households (97%) are reportedly aware of the water filling cycles for their village. In terms of the residents’ attitude towards the quality of the water delivered through the communal tap stands, 75% of households are either satisfied or very satisfied with the quality of the water provided through the communal tap stands. Regarding the awareness of the amount of water that each person is entitled to each day, only 18% of respondents reported the correct amount of water that they are entitled to in Azraq camp, while 43% indicated a larger per capita allocation, and 31% a smaller, moreover, considering the minimum amount of water determined by the SPHERE standards, all the households have reported larger amount.

In total, 25% of households have reportedly seen a leak in the tap stands. Nonetheless, only 33% among them called the UNICEF WASH hotline to report the issue. However, 34% have fixed it themselves. Though a vast majority of households have seen illegal tapping themselves, 59% of the households believe that illegal tapping is a not a problem within the camp. All of the households were able to correctly report at least one practice for water conservation practices.

Sanitation facilities

Among all the households, 89% reported that the communal WASH block in their plot is functional. The majority of households (93%) reported that all members are using the latrines from the WASH blocks in their plots. The remaining 7% reported that not all household members use them due to a lack of safety or privacy. Among the 260 households with children aged 5 years or younger, the majority of households reported that their children aged 5 years or younger use latrines (88%) while 58% use disposable diapers, 5% use washable diapers and 2% defecate in the house yard. Sixty-five per cent (65%) of households reported that not all members use the shower facilities in the communal WASH blocks. The majority of the households reportedly have a private shower facility inside the shelter (86%), and 14% do not have a private shower facility.

The majority of the households perceive cleaning the WASH blocks to be the plot residents’ responsibility (89%) while 6% believe it’s the WASH committees’ responsibility and 5% believe it’s the WASH NGOs’ responsibility. Currently, 94% of the households reported that the plot residents clean them, 4% said the WASH committees do, and 2% indicated that WASH NGOs clean them.

In total, 60% of households have reportedly faced desludging issues in the septic tanks attached to communal WASH blocks. Seventy-six per cent (76%) of households reported that they would call the UNICEF WASH hotline if they faced a desludging issue while 12% don’t know who to contact in this case to seek assistance, 10% would call a NGO’s hotline and 1% would go to the community centre.

Recycling and solid waste management

The majority of households reported having a communal bin in their plots1 (88%), and 2% reported not having communal garbage bins and dispose the garbage in open areas close to their plots. This is harmful to the environment and increases the likelihood of diseases, according to the SPHERE standards. Ninety-nine per cent (99%) of the households perceive the environment as very clean or mostly clean while only 1% (4 households) perceive their surrounding environment as unclean. All the households reported having a garbage container inside their shelters. Ninety-three per cent (93%) of the households reportedly use plastic bags as garbage containers, 44% use plastic bins, 27% use metallic bins and 1% use barrels inside their shelters. The barrels were originally meant to be communal and placed in plots, but many have been moved and are used within shelters.

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1 This includes pair of bins for garbage separation purposes.
Ninety-nine per cent (99%) of households reported at least one consequence of improper garbage disposal. The main reported consequences of this were bad smell (86%), increased presence of insects (80%), health risks and concerns (78%) and adverse environmental impact (47%). While 74% of households reportedly believe that garbage has caused diseases for the household members, 25% did not believe it, and 1% did not know.

All households reported putting in place measures to prevent the presence of rats, insects and flies, such as avoiding leaving food scraps outside the shelter, which was reported by 81% of the households. Seventy one percent (71%) reported maintaining a clean kitchen all the time, 63% used insect repellent spray, and 26% reported various other measures.

**Hygiene knowledge and practice**

During the 3 months prior to the assessment, 26% of households reportedly received hygiene/health awareness messages. The messages recalled by respondents were on the importance of handwashing using soap, reported by 54% of the households, 41% reportedly heard messages on food covering, 33% heard messages on food preparation safety and hygienic practices, 32% heard messages on water container safety practices, 30% heard messages on practices for safe disposal faeces, 18% received messages related to water conservation and efficient usage, 9% received messages on protection against vandalism of water and sanitation facilities and 5% reportedly received other messages, including garbage separation and recycling (3%) and general messages about cleanliness (2%). The majority (86%) reportedly applied at least one of the methods presented, while 14% have not. All households reportedly use soap to bathe and to wash their hands (100%). Enumerators observed soap at the hand washing sink in 98% of households.

The primary reported prevention methods against diarrhoea include handwashing before eating (89%), eating safe food (61%), washing hands after using the toilet (59%), washing food before cooking (33%), covering food to protect from insects and flies (11%). In total, 70% of respondents were able to identify three or more prevention practices, 18% identified two, while 9% identified one, 1% thought of another (non-official) practice and 3% could not think of any. In case of a household member suffering from diarrhoea, the most common first response that households would undertake is to visit the clinic, reported by 97% of households, followed by eating starches reported by 64% of the households, 60% would drink safe fluids, and 11% would use an oral rehydration solution from the pharmacy or hospital.

All households identified critical handwashing times, primarily reported to be before preparing food (97%), before eating (87%), and after using the latrine (83%). Sixty-six per cent of the households with children aged 5 years or younger reportedly expect children to wash their hands before they eat, 60% after they use the latrine, 45% after they play outdoors, 7% after coughing, 2% after taking care of pets or farm animals and 1% reportedly don’t know.

Ninety-nine per cent (99%) of the female respondents indicated using sanitary towels during their periods, while 1% preferred not to answer, and only one woman reportedly didn’t use anything.

**Community mobilization**

In the three months prior to the assessment, 42% of households had received some information from the community mobilization team. The most common messages households received included information on solid waste management which was reported by 65% of the households, followed by information on tap stands and water safety reported by 31% and on the grey water network reported by 17% of households, in addition to information related to other WASH related matters in the camp. Information is reportedly received primarily through home visit by the community mobilization teams (90%), while 8% reported that their neighbours passed this information to them, 4% reported receiving it in a session conducted by community mobilization teams in their residential area.

Ninety-seven per cent of households are interested in receiving messages from the community mobilization teams, including messages about water and tap stands safety, grey water network, food safety and other messages in general. Moreover, the majority (86%) of households reported their preferred means to receive or continue to receive messaging is through home visits by the community mobilization teams, in addition to attending community sessions held in their residential areas (17%), while 5% prefer receiving messages at community centres, and 2% prefer to receive messages by SMS. The community centre is a communal place for residents in the camp to visit regularly for different purposes. In total, 65% of respondents reportedly visit community centres.

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1 Of the full sample size of 376 interviews, 274 were female respondents
Accountability and complaints mechanisms

Thirty-eight per cent (38%) of households indicated they would contact ACF to register complaints about the water supply, while 27% don’t know who they should contact, and 22% would contact UNICEF. Ten per cent (10%) would contact UNHCR, 2% will approach their community focal point, and 1% will contact CARE.

In general, 55% of the households reported being either satisfied or very satisfied with the complaint mechanisms in the camp, 27% are neutral and 19% are either dissatisfied or very dissatisfied. Reported preferred methods include submitting feedback at the community centre (55%), at the NGO or UN agencies office (31%), while 13% prefer to send SMS message to a complaints number, 6% prefer to use a feedback box, 1% prefer to use WhatsApp and 1% prefer to communicate their feedback to a specialized field complaints team.

Nearly all households feel that UNICEF and its partners are willing, open, and interested in listening to them (99%). Forty-five per cent (45%) of households reportedly had no concerns related to the delivery of WASH services. Of the 55% of households with concerns, a large percentage indicated quantity of water provided is an issue (54%), while 30% had concerns about the wastewater, 30% cited water quality as an issue, 20% were concerned about the cleanliness of their village, and 10% had concerns about greywater in their village.

In general, the vast majority of households (91%) were reportedly either very satisfied or satisfied (91%) with WASH services.

Early childhood programmes

Two hundred and sixty of households (69%) had children aged 5 years or below. Among these households, 61% have at least one young child enrolled in early childhood programmes, 47% report having at least one young child attending day care programmes, while 5% have a least one child enrolled in KG1, 5% in KG2, and 4% are attending nurseries.

Only 18% reportedly participated in the parenting support programmes offered throughout the camp. Among the attendees, they reported participating in child development programming (48%), 26% attend better parenting programming, and 26% attend parent-and-child programming. The vast majority of the respondents who attend these programmes do so at NGOs community centres (93%), with 7% going to Al-Kawakeb & Al-Njoum Makani centres to attend such programmes.
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<td>CFP</td>
<td>Cluster Focal Points</td>
</tr>
<tr>
<td>CFW</td>
<td>Cash for Work</td>
</tr>
<tr>
<td>IP</td>
<td>Implementing Partner</td>
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<tr>
<td>KAP</td>
<td>Knowledge Attitudes and Practice</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WWN</td>
<td>Waste Water Network</td>
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<tr>
<td>JMP</td>
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INTRODUCTION

As of July 2019, 39,924 Syrian refugees were registered in Azraq camp, in Zarqa governorate. In four inhabited villages (2, 3, 5 and 6), ACF, ACTED and World Vision are operating as key partners in the implementation of WASH activities in the camp, including delivery of treated water through a piped water network which connects the main public water tanks, pumping water through the water supply network to over 300 communal tap stands across the camp. A grey water network exists in all four inhabited villages, connected at the household level to drain grey water from the kitchen to the septic tanks. Recycling practices have been established in Azraq camp; residents use different bins for organic and inorganic solid waste.

From 15th to 26th September 2019, REACH conducted a Knowledge, Attitude, and Practices (KAP) survey in Azraq camp to evaluate camp residents’ current knowledge, attitude, and practices towards WASH and to assess the changes that have taken place since the last KAP survey conducted by ACF in January 2018.

The KAP survey is a typical study course, normally conducted every year, to inform the WASH services provided by humanitarian actors, as well as to evaluate UNICEF’s efforts to increase water conservation, customer service satisfaction and accountability, in Azraq camp. The WASH KAP aims to assess the current knowledge, attitude and practices of the camp residents towards WASH. The assessment was conducted with the objectives of:

Assess:
- the extent to which residents feel represented in terms of WASH services provision, particularly in relation to mechanisms for accountability, for example hotlines.

Evaluate:
- Camp residents’ current knowledge, attitudes and practices towards water, hygiene and sanitation
- Provide a thorough understanding of the camp residents’ perceptions of:
  - UNICEF’s WASH implementing partners’ effectiveness in delivering WASH related information and WASH services
  - Relationships with UNICEF’s WASH implementing partners’ staff

The assessment employed a quantitative methodology with a household survey conducted with randomly selected households, weighted by population density, in all 4 villages of Azraq camp. In total, 376 households were interviewed producing results that are generalizable to the population within the camp with a 95% level of confidence and 5% margin of error.

The following report provides a detailed description of the assessment methodology, followed by the key findings, which are divided into the following sections:

1) Demographics
2) Water Supply
3) Sanitation facilities
4) Recycling and solid waste management
5) Hygiene knowledge and practice
6) Community mobilization
7) Early childhood program
8) Accountability and complaint mechanisms

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1 UNHCR Operational Portal 4th July 2019, Accessed in July 11
2 Azraq Camp factsheet, UNHCR, April 2019
3 Azraq Camp factsheet, UNHCR, April 2019
The assessment employed a quantitative methodology with a household survey conducted with randomly selected households, weighted by population density, in all 4 villages of Azraq camp. This assessment aims to assess the extent to which residents feel represented in terms of WASH services provision, particularly in relation to mechanisms of accountability like hotlines, as well as to evaluate camp residents’ current knowledge, attitudes and practices towards water, hygiene and sanitation. The assessment findings will provide a thorough understanding of the camp residents’ perceptions of UNICEF’s WASH implementing partners’ effectiveness in delivering WASH related information and WASH services, and camp residents’ relationships with UNICEF’s WASH implementing partners’ staff. Whenever applicable, the analysis of results will be made referring to the SPHERE standers and WHO/UNICEF’s WASH Joint Monitoring Programme (JPM).

Sampling strategy

In total 376 households were interviewed for the KAP survey, producing results that are generalizable to the population within the camp with a 95% level of confidence and 5% margin of error, based on population figures extracted from the UNHCR operational portal. The random sample included an additional buffer of 10% which was added to allow for the discarding of incomplete cases and errors while still attaining the planned confidence level and confidence interval. See Table 1 and Map 1 for the sample size for each village.

Table 1: Number of surveys conducted in each Village

<table>
<thead>
<tr>
<th>Village</th>
<th>Number of surveys</th>
</tr>
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<tbody>
<tr>
<td>Village 2</td>
<td>77</td>
</tr>
<tr>
<td>Village 3</td>
<td>117</td>
</tr>
<tr>
<td>Village 5</td>
<td>90</td>
</tr>
<tr>
<td>Village 6</td>
<td>92</td>
</tr>
<tr>
<td>Total</td>
<td>376</td>
</tr>
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Sampling for the assessment was conducted through a randomized spatial sampling method in R. Using this method, household point data in the camp was used by R to randomly select household GPS points within each village weighted by household density. Enumerators were instructed to go to each random GPS point and conduct an interview with an adult member of the household closest to the GPS point. Where the shelter was empty or the household refused to participate in the survey, data collectors were instructed to use a GPS point from the buffer sample. Wherever possible, the head of household was interviewed. In cases where the head of household was not available and there was more than one adult within the household, the data collectors introduced the assessment and then asked household members to identify the most suitable member above 18 years old among them to participate in the survey.

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8 UNHCR Operational Portal, Accessed in July 11.
Given the sensitivity of some of the questions included in the KAP survey, when possible female data collectors conducted interviews with female respondents and male data collectors with male respondents. Prior to the beginning of data collection, one day was dedicated to the training of enumerators. This included the use of KOBO (an Android-based mobile application) and communication and interview techniques. Additionally, a pilot of the tool was conducted to ensure that data collectors were comfortable with the survey and with the use of KOBO.

Data collection took place from the 15th to the 26th of September 2019. Each day, data was downloaded, reviewed for quality, cleaned, and stored directly on REACH’s secure internal server. Final data cleaning was then conducted and discrepancies were followed up with field staff to verify any potentially inaccurate data. A data cleaning log was kept to ensure that all steps in the process were tracked and could be replicated. Finally, data analysis was conducted using the statistical analytical software SPSS.

Limitations

Findings in this report are representative at the camp level, with high level of confidence (95%) and small margin of error (5%). However, findings related to subsets have a lower confidence level and wider margin of error. Where findings relate to a subset of respondents smaller than 20, findings have been presented as an absolute number rather than a percentage to avoid misunderstandings. In addition, where questions were directly comparable, comparisons have been made with the ACF’s 2018 WASH KAP Survey report⁹, which was the only available source of secondary data, with no access to the dataset.

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⁹ UNICE - ACF, WASH, KAP Survey in Azraq camp, Jordan 2018, Shared by UNICEF
FINDINGS

Demographics

In total, 376 households were interviewed for this assessment. Of these households, 68% were male-headed and 32% were female-headed. In terms of the age group of the head of households, 50% of them aged between 25 to 39 years, 40% aged between 25 to 59 years, 5% aged 60 years or above and 4% aged between 18 to 24 years (see Figure 1). Seventy-three per cent (73%) of the interviews were conducted with female respondents, and 27% were conducted with male respondents. The majority (72%) of households consisted of one to seven people, 3% had eight to ten people, and 25% had ten people or more.

Figure 1. Age and gender of the head of household

Among the households willing to answer questions related to health (73%), 23% reported having at least one member of the household who suffers from a health issue or disability that impacts their ability to do everyday tasks. Among those households who reported having family members with disabilities, the largest proportion of households have at least one member who has difficulty walking or climbing stairs (7% of households), 4% reported having at least one member having difficulties seeing even when wearing glasses, 4% reported difficulties in remembering and concentrating, while 11% of households have at least one member suffering from “other” health concerns and 6% of households reported a household member with each of the other physical difficulties including difficulty washing and dressing, remembering or concentrating, communicating in their native language, and hearing (see Figure 2).

Figure 2. % of households with at least one member suffering from a disability

10 Overall 27% of households (102 households) did not want to answer questions about their personal health or their household’s health.
11 “Other” includes health issues such as epilepsy, asthma, and blood diseases.
12 Multiple answers could be selected
Water Supply

In Azraq refugee camp, there are more than 300 communal tap stands distributed across the camp which provide water for household use. This assessment found that all households (100%) are getting water from the communal tap stands for washing and cleaning purposes, nearly all households reported getting water from the communal tap stands for cooking (99%) and 90% of the households reported using them for drinking water, with other 10% of households are purchasing bottled water for drinking. The percentage of people relying on purchased bottled water for drinking has decreased in comparison to ACF’s 2018 KAP, were 84% of respondents were getting drinking water from the tap stands, and 16% purchased bottled drinking water, which is most likely due to better water quality supplied through the communal water tap stands. Among the households with children aged 5 years or below, 15% purchase bottled drinking water for their children (see Figure 3).

Figure 3. Reported households’ source of water, by purpose

Storing water inside the shelter is common practice in Azraq camp to ensure water is consistently available, since residents must collect and transport water from communal tap stands at specific times in accordance with the water pumping schedule. According to SPHERE standards, each households should have at least two water containers, one for storing water inside the shelter and one for transporting water from the source to the shelter. The assessment found that all households have at least one water storage container inside the shelter, in addition to a specific container for transporting water, which is also being used for storing water. The reported water container inside the shelter is being used for all WASH purposes except drinking water. The most common type of container used by the households is the 20 litres plastic jerrycans reported by 82% of households, followed by buckets (30%), reused plastic bottles (6%), barrels (6%) and basins (2%). This is similar to ACF’s 2018 KAP, which found that 99% of the respondents reportedly had water containers, and the primary reported type of container used was jerrycans (72%).

In terms of drinking water storage practices, 92% of households reported using one specific container to store drinking water, with the majority of the households using jerrycans (79%), 22% using buckets, 7% reusing plastic bottles and 2% using other containers such as basins and barrels. The assessment found that households with children aged 5 years or younger reported using similar water storage containers for their children’s drinking water compared to the other households with no children in this age group (70% reported using jerrycans, 19% using water buckets, 10% using empty bottles and 1% using other containers such as barrels).

Various sources of water containers were reported to be used by the residents. When asked about the source of their containers, the majority of households reported that they received these containers or some of them from

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13 Azraq Camp factsheet, UNHCR, April 2019
14 Only 4 households reported purchasing bottled water for cooking purposes
15 The question asked about all the members except the children 5 years old or below
16 SPHERE’s Handbook, water supply, Key indicators
17 Multiple answers could be selected
18 The water buckets reported includes the purchasing the filled water buckets used for the water cooler.
NGOs operating in the camp (90%), while 56% of the households reported they purchased it themselves, and 1% reported they received their contain from a neighbour or they have repurposed a container originally meant for something else as a water container.\textsuperscript{19}

Each type of water storage container being used by the households has a different capacity, ranging from 3 to 209 litres\textsuperscript{20}. Unsurprisingly, the household's water storing capacity is correlated with the household size. When asked about the total storage capacity households have, one third of households reported having 100 to 199 litres (35%), 32% between 200 and 299 litres, 16% between 300 and 399 litres, 14% less than 100 litres, 2% between 400 and 499 litres, and 1% 500 litres or more \textsuperscript{21} (see Figure 4). Based on the water pumping schedule in the camp and the total amount of water that each member is entitled to per day and the household water needs for domestic purposes, all the households have enough water storage capacity inside the shelter at least for one full day.

Figure 4. Total water capacity (in litres) by household size (% of total households)

Azraq camp residents collect water and transport it to their shelters at least once every day. According to SPHERE’s standards, the distance between the shelter and the water source should be less than 500 meters. Additionally, the size and type of containers should be appropriate for the age and carrying capacity of those who usually collect water.\textsuperscript{22} In Azraq camp there are over 300 communal water tap stands, distributed among the inhabited villages, ensuring that the distance between the shelters and the tap stands is always less than 500 meters.

The assessment asked which members of the household participate in collecting water from the communal water tap stands. Fifty-six per cent (56%) of households reported that adult male members participate in water collection, 48% reported adult female members, and 32% reported boys or girls (see Figure 5). Additionally, to assess the carrying capacity of those who usually collect water, the assessment asked about the means of transporting the filled water containers to the shelter. Results show that 61% of households reported that one of the household members carry it, 23% reported that they attach a hose to a water tap when they refill their containers, and 16% of the households reported that they use wheeled equipment to transport the filled container to the household.

\textsuperscript{19} The question didn’t capture the source of each owned container, but asked about the different sources of all containers.
\textsuperscript{20} The largest water container is barrel 209 litres.
\textsuperscript{21} 2 households reported this.
\textsuperscript{22} SPHERE’s Handbook, water supply.
The results of this assessment show that the majority of households practice effective water safety methods. According to SPHERE’s standards, the camp residents must store water safely in clean and covered containers at all times, and the residents should clean household or settlement storage tanks regularly. To ensure water safety, 74% of the households reportedly keep their water containers covered, which is similar to the findings from the 2018 study (75%). Forty-seven (47%) per cent of households reported they last cleaned their containers one to two days ago, 15% from three days to a week ago, 18% more than a week ago, 20% reported having never cleaned their containers and 8% don’t remember when was the last time the containers were cleaned. The assessment found a reduction in number of respondents reporting they have washed their water containers in the past two days from 75% to 47% between this 2019 KAP survey and ACF’s 2018 KAP survey.

Among those whom are frequently cleaning the water container they use in the household, the majority of them are rinsing it with water (74%), while 33% are using soap and other detergents, 4% are using sand and water, and 1% use salt and water. More respondents are reporting only rinsing the containers from last year, being 43% last year and 74% this year.

Based on the enumerator’s observations, in 72% of the households all the water containers were observed and found clean, while in 15% of the households’ containers were observed and found unclean, and in 13% of the households some containers were observed to be clean and some others weren’t clean.

Regarding how the households’ members are usually withdrawing drinking water from the container, 49% of households reported tilting the water container to pour into a cup, 36% using a water bottle, 6% are using water scooper exclusively to withdrew drinking water, 5% use a tap and 4% said that they would dip any available mug or glass into the container.

Eighty-five per cent (85%) of the households practice storing water for some time before drinking it. Among the households practicing this, 62% store the water for one to two days before drinking it, 22% for less than one day and 16% for only few hours. In ACF’s 2018 KAP, 96% of the respondents reported storing drinking water and wait up to two days before drinking it (24% for few hours, 72% between 1 to 2 days). When asked about the purposes of storing the water and waiting before drinking it, 79% of the households practicing this reportedly said to let the chlorine evaporate, 48% said to let the residuals settle, 28% said to let the taste change. Similar reasons for storing drinking water before drinking it were reported in ACF’s 2018 KAP, 53% to let the chlorine evaporate, 34% to let the residuals settle and 12% to let the taste change.

In terms of percentage of households who know where and when they will next get water, the vast majority (97%) are reportedly aware of the water filling cycles for their village. Among assessed households, 41% reported that they refill their water containers more than once a day, 51% are refilling once every day and 8% refill once every two days. While the majority of the households reported that usually the round trip from the house to the tap stand and back takes less than 15 minutes (81%), 16% take between 15 and 30 minutes, and 3% take longer than 30 minutes.
minutes. In ACF’s 2018 KAP, 60% of the respondents reported that it took 15 minutes or less\textsuperscript{31}, which could be due to increased availability and distribution of tap stands in the camp, following SPHERE’s standards, which suggest the distance from any household to the nearest waterpoint should be less than 500 meters and walkable within 15 minutes.

Twenty-seven per cent (27\%) of respondents indicated that they usually don’t have to wait when collecting water at the tap stand, 27\% reported that they normally wait for less than 15 minutes, 24\% normally wait between 15 to 30 minutes and 22\% normally wait between 30 minutes to 1 hour. While in ACF’s 2018 KAP, 75\% of the respondents reportedly wait for 15 minutes or less. According to SPHERE’s water supply key indicators, queuing time at water sources should be less than 30 minutes\textsuperscript{32}, the findings from this assessment highlights that in total 22\% (N=83) of the camp residents report that they regularly wait more than 30 minutes. At the village level, 45\% of households in village 3 regularly wait more than 30 minutes, 19\% in village 2, 11\% in village 6, and 6\% in village 5. Higher waiting times in specific villages is correlated to higher population densities in these villages (see Figure 6).

**Figure 6 : % of households whose queuing time at the communal water tap stands meets the standard**

<table>
<thead>
<tr>
<th>Camp level</th>
<th>Less than 30 minutes</th>
<th>30 minutes or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village 6</td>
<td>89%</td>
<td>11%</td>
</tr>
<tr>
<td>Village 5</td>
<td>94%</td>
<td>6%</td>
</tr>
<tr>
<td>Village 3</td>
<td>55%</td>
<td>45%</td>
</tr>
<tr>
<td>Village 2</td>
<td>81%</td>
<td>19%</td>
</tr>
</tbody>
</table>

In total, 10\% of households reported facing a water cut in their blocks for one day or more during the month prior to the assessment, compared to only 2\% reportedly faced water cut for one day or more during the month prior in ACF’s 2018 KAP assessment. Among the 10\% who reportedly faced water unavailability through the communal tap stands, 31\% said that the water wasn’t available for only one day, 42\% said the water wasn’t available for two days, 8\% for three days, 8\% for four days, and 11\% (3 households) said that the water cut lasted between 5 to 7 days.

When asked about the quality of water from the communal tap stands, 75\% of households are either satisfied or very satisfied with the quality of water provided to them through the communal tap stands, while 11\% are either dissatisfied or very dissatisfied, and 5\% are neutral (see Figure 7). Among the 11\% of households (n=39) who are dissatisfied or very dissatisfied with the water quality, they have reported several reasons for this. Twenty-seven respondents reported that the water quality is poor and the level of chlorine is high, while 20 reported that there is a high level of turbidity, 19 said the water tastes bad and 11 households said there is a bad smell\textsuperscript{33}. In ACF’s 2018 KAP, 81\% of households were reportedly satisfied with the water quality. Similar reasons for dissatisfaction were reported in ACF’s 2018 KAP, including bad taste 28\%, floating matter (turbidity) 26\%, bad smell 17\%, and 16\% reported the water makes them sick. In REACH’s 2017 KAP, 78\% of the respondents were reportedly satisfied with the water quality.

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\textsuperscript{31} The 2017 KAP study reported 90\% of households spent 15 minutes or less round trip to retrieve water.

\textsuperscript{32} Key water supply indicator. SPHERE Handbook, 2018

\textsuperscript{33} Multiple answers could be selected, most of the households reported more than one reason.
According to UNICEF’s operation and maintenance manual for water supply in Azraq camp, the minimum target value is to assure provision of 35 litres per person per day\textsuperscript{34}. During past years, UNICEF and its WASH partners disseminated information regarding the amount of water allocated per person per day according to WASH standards, as well as information covering different methods of water conservation. Findings from the assessment indicate only 18% of respondents correctly understood the amount of water to be allocated per person per day, while 43% indicated a larger per capita allocation, and 31% a smaller. Seven per cent (7%) of respondents indicated they don’t know the per capita allocation. This could explain the larger quantity of water being consumed through the water network in the camp per capita. The findings highlight that camp residents have a lack of knowledge regarding the amount of water they are entitled to. Thus, further awareness raising efforts are necessary.

According to UNHCR’s Azraq Camp Factsheet from April 2019\textsuperscript{35}, the daily average water distribution was indicated as 53 litres per person per day. This value exceeded UNICEF’s target of 35 litres per person per day for the water distribution in Azraq camp, as well as the minimum amount of water of 15 litres per person per day, recommended by SPHERE’s guidelines. When asking households about the perceived amount of water they actually get, the majority (82%) of households reportedly said they always or often get at least 35 litres of water per person per day, while 18% said that they get this amount sometimes, with only 3 households (less than 1%) reporting that they rarely get the full 35 litres per person per day.

Among the sixty-nine households who reported they rarely or sometimes get the amount of water they are entitled to, the primary reported reason was the limited duration of water pumping (87%), while 68% reported that this is due to weak water flow at the tap stands, 13% reported tap stands are always overcrowded, 9% perceive the reason to be a weakness in the WASH service provision in the camp and only three households reported that illegal connections to the tap stands prevent them from getting the enough water. Eighty-five per cent (85%) of households reported that they are satisfied or very satisfied with the amount of water they get per day, 5% are neutral, 10% are either unsatisfied very unsatisfied. Compared to ACF’s 2018 KAP this slightly decreased, when 79% of households reported that they were satisfied with the amount of water they get per day.

Household water conservation methods are critical to ensure sufficient access to water for all members in a water-scarce environment such as Azraq. When asked how they ensure the provided quantity is sufficient for the household, the majority of respondents indicated that they limit water usage in general (89%), while 42% reported reducing laundry times or doing it only when water is running, 27% reported reusing grey water, 4% reported that household members limit the number of showers, 2% purchase more water when they run low, and 1% of household don’t apply any methods (see Figure 8).

\textsuperscript{34} UNICEF, Operation and Maintenance Manual Water Supply - Azraq Refugee Camp
\textsuperscript{35} UNHCR Azraq Fact Sheet: https://reliefweb.int/sites/reliefweb.int/files/resources/69463.pdf
Given the scarcity of water in Jordan, and the limited supply of water delivered to the camp, Azraq camp residents are instructed by UNICEF to contact the UNICEF WASH hotline to appropriately address leakages and illegal tapping of the communal tap stands. In total, 25% of households have reportedly seen a leak in the tap stands. Among those who have seen a leakage in the water tap stands, only 33% called the UNICEF WASH hotline to report the issue. The others fixed it themselves (34%), contacted a WASH NGO (11%), or did not do anything (23%), and one household reported that they closed it completely until it was fixed. In regards to the causes for leakages in the water tap stands, households primarily believed the causes to be due to overuse (85%), poor maintenance (19%), or illegal tapping (8%), while 10% did not know what may cause leaks (see Figure 9).

Households were also asked what they believe are potential consequences of leakages. These were primarily identified as: potential for a drop in the quantity of water provided to households (79%), wasting water (39%), health concerns (24%), and the necessity to undertake maintenance work (10%), while 8% could not think of any consequences (see Figure 10).

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**Figure 8. Methods to ensure sufficient water quantity reported by households**

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limit water usage</td>
<td>89%</td>
</tr>
<tr>
<td>Reduce laundry times or do it only when water is running</td>
<td>42%</td>
</tr>
<tr>
<td>Reuse or recycle water</td>
<td>27%</td>
</tr>
<tr>
<td>Limit number of showers taken by Household members</td>
<td>4%</td>
</tr>
<tr>
<td>Purchase more water</td>
<td>2%</td>
</tr>
<tr>
<td>I don’t do anything</td>
<td>1%</td>
</tr>
</tbody>
</table>

---

**Figure 9. Households’ perceptions regarding causes of water tap stands leakages**

<table>
<thead>
<tr>
<th>Cause</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overuse</td>
<td>85%</td>
</tr>
<tr>
<td>Poor maintenance</td>
<td>19%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>10%</td>
</tr>
<tr>
<td>Illegal tapping</td>
<td>8%</td>
</tr>
</tbody>
</table>

---

**Figure 10. Consequences of leakages in the water tap stands reported by households**

<table>
<thead>
<tr>
<th>Consequence</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health concerns</td>
<td>71%</td>
</tr>
<tr>
<td>Wasting water</td>
<td>40%</td>
</tr>
<tr>
<td>Drop in the quantity of water provided to HHs</td>
<td>28%</td>
</tr>
<tr>
<td>Requirement to undertake maintenance work</td>
<td>11%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>3%</td>
</tr>
</tbody>
</table>

---

36 Multiple answers could be selected.

37 Multiple answers could be selected.

38 Multiple answers could be selected.
Illegal tapping to the water network can have consequences on the integrity of the network and on the quantity and quality of the water distributed to surrounding households. While all respondents have seen illegal tapping, the primary reported form of illegal tapping was hoses attached on the taps (92%), while 23% reported seeing water pumps (see Figure 11). Among all households, 51% said they would report a household if they saw an illegal tapping device, while 42% would not report the household and 7% were unsure of what they would do.

![Figure 11. Reported forms of illegal tapping witnessed by household’s respondents](image)

Though all respondents reported seeing illegal tapping themselves, 59% believe that illegal tapping is not problem within the camp. An additional 28% of respondents believe it to be somewhat of a problem, while only 13% believe it is a big problem. Among the 41% (N=154) of the respondents whom perceiving the illegal tapping is somewhat of a problem or a big problem, they identified consequences of illegal tapping include health concerns (60%), decrease in the quantity of water received by neighbours (43%), others won’t be able to access the tap stands and crowding will increase (22%), necessity to undertake maintenance work (16%), and waste of water (10%).

In 2019, community mobilization teams have spread messages related to water conservation practices and water scarcity in Jordan. While 76% of households correctly identified that Jordan is a water scarce country, 13% do not believe this, while 11% do not know. In terms of water conservation practices, all households were able to correctly report at least one practice, when 59% reported only one practice, 30% were able to report two and only 10% reported three or more correct practices (see Figure 12).

![Figure 12. Water conservation practices as reported by households](image)

Sanitation facilities and practices

In Azraq camp, within each plot of 10 to 12 shelters there are two WASH blocks, each of which contains one latrine and one shower facility. According to the SPHERE standards, in the short term, one latrine should be assigned for 50 persons. Furthermore, in the medium and long term, one latrine should be assigned for up to 20 persons, shared by more than one family, or one per family. In Azraq camp the number of residents per plot ranges between 60 to 75, based on the average household size and the number of shelters per plot, indicating the available number of functioning communal WASH blocks in the camp, meets the SPHERE standards.

Among all households, 89% reported that the WASH blocks in their plot are functional. The majority of households (93%) reported that all members are using the latrines in the WASH blocks in their plots. Among the 7% whom reported having household members that don’t use the latrines in the plot’s WASH block, 20% reported that all members don’t use the latrines, while 11% (three households) reported that only adults members don’t use the

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39 Multiple answers could be selected.
40 Information from a WASH partner in Azraq.
41 Multiple answers could be selected
42 SPHERE Handbook, Appendix 4: Minimum numbers of toilets: community, public places and institutions
Latrines in the WASH blocks. In ACF’s 2018 KAP, 95% of the respondents indicated using the latrines at the communal WASH block, while in REACH’s 2017 KAP and 2016 KAP, 96% and 99% respectively, reported using the latrines at the communal WASH blocks, which shows a decrease over time in the percentage of residents using latrines in the WASH blocks (see Figure 13).

Figure 13: % of households reporting using latrines in WASH block from 2016 to 2019

Among the 28 households who indicated that no members were using the latrines in the WASH blocks, the primary reported reason is because they don’t feel privacy in the latrines (86%), they don’t feel safe (71%), while 86% don’t feel both safety or privacy.

Among households who reported a lack of privacy and safety, the primary reason for this was structural failure in the WASH blocks, such as holes in the walls and doors. The lack of privacy and safety concerns reported, were felt by almost all respondents at both at day and night, while only one respondent said lack of privacy and safety were concerns at night only. Almost all households (27 out of 28) reporting they do not use the latrine in the WASH block, report that alternatively they have a private latrine inside the shelter. One household says it uses a latrine in an adjacent plot.

When asked where children aged 5 years or younger defecate, the majority reported that they use the latrines (88%), while 58% use disposable diapers, 5% use washable diapers and 2% defecate in the house yard (see Figure 14). In ACF’s 2018 KAP, 57% of respondents with children aged 5 years or younger reported using diapers for their children and 33% reported that they use the latrines.

Figure 14. Practices of defecation for children aged 5 years and younger reported by households

The majority of households perceive cleaning the WASH blocks to be the plot residents’ responsibility (89%), while 6% believe it is the WASH committees’ responsibility and 5% believe it is the WASH NGOs’ responsibility. When asked who is actually cleaning the WASH blocks, 94% of the households reported that the plot residents clean

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43 The question asked about children 6 years old and above, in addition to the adult members of the household.
44 The question was asked to the respondents of the 260 households with children aged 5 years or younger, according to their response in the demographic section.
45 Multiple answers could be selected for different children, so the children aged 5 or 4 years could use the latrine and use diapers for the younger children.
46 Multiple answers could be selected.
them, 4% said the WASH committees, and 2% indicated WASH NGOs clean them. The majority of households reportedly perceive the latrines in the WASH blocks as clean (95%), while 5% perceive them as unclean (see Figure 15).

Figure 15. Perceptions of latrines’ cleanliness reported by households

![Perceptions of latrines’ cleanliness reported by households](image)

Additionally, based on the enumerator’s observation47, 55% of the WASH blocks that the respondents reported to use, or assigned for their plot, were clean with clear signs of current use, 40% no clear sign of current use, while 4% aren’t clean with clear sign of current use.48

Sixty-five per cent (65%) of households reported that not all members use the shower facility in the communal WASH blocks. When asked which members don’t use the communal shower facilities, 97% reported that all household members don’t use the communal shower facility, 1% reported children, 1% reported women and 1% men.49 This has decreased since ACF’s 2018 KAP, when the majority reportedly didn’t use the communal shower facility in the WASH blocks (85%), among them 90% reported that all household members don’t use the shower facility, 6% reported children, 3% reported women and 1% reported men.

When asked about the reasons for not using the showers in the WASH blocks, the main reported reason is that the lack of privacy in the shower facility (78%), while 50% reportedly don’t feel safe in the shower facility, 26% reported that the showers aren’t clean, 9% reported that there is no water in the showers, 3% said that the shower facilities aren’t comfortable for the people with disability50 and 2% reported other reasons including the shower facility is dysfunctional and far from the shelter (see Figure 16). The findings indicate that some of the communal WASH blocks don’t meet the SPHERE standards, since one of the conditions to consider the latrine facility as adequate, appropriate and acceptable, is the latrine facility is safe to use for the entire population, including children, older people, pregnant women and persons with disabilities.51

Figure 16. Reported reasons by households for not using the shower facility in the WASH block 52

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t feel privacy</td>
<td>78%</td>
</tr>
<tr>
<td>Don’t feel safe</td>
<td>50%</td>
</tr>
<tr>
<td>Showers are not clean</td>
<td>26%</td>
</tr>
<tr>
<td>No water inside the shower facility</td>
<td>9%</td>
</tr>
<tr>
<td>Showers are not comfortable for people with disabilities</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
</tr>
</tbody>
</table>

47 Observation-based question was directed to the enumerator, to report on the current cleanliness of the WASH blocks.
48 Within 3 interviews, the enumerators couldn’t observe the latrine.
49 Multiple answers could be selected, only if some members of the household aren’t using the shower, no all members.
50 7 households reported this reason while 5 of them reported having members with disabilities in the demographic section.
51 The SPHERE Handbook, Excreta management.
52 Multiple answers could be selected.
Of the 78% of households who reported lack of privacy as the reason they don’t use the shower facility, all of them reportedly don’t feel privacy at the shower facility due to existence of holes in the facilities’ doors and walls, while 5% reported that there is no lock on the door, 2% said there is no door to the shower facility. When some respondents were asked why their household does not feel safe using the shower facility, 72% reported that it’s far away from their house, 62% said there are holes in the facility’s walls and doors, 53% said because it’s outside of their house, 22% reported that they are afraid of rodents, snakes, and spiders, 11% said there is no light inside the shower facility, and 1% reported that there is no lock on the facility’s door. When asked about the alternative shower facility used by those members who don’t use the communal shower facility, all reported that those members use showers inside the shelters.

Generally, when asked about the existence of private shower facilities inside the shelter, the majority reportedly have private shower facility (86%), and 14% don’t have a private shower facility. Among the households reportedly having private shower facility, 98% reported that the drainage outlet is connected to the grey water network, while 2% aren’t connected. Additionally, since all shelters in Azraq camp have private kitchens inside the shelters, the assessment asked about the households’ kitchens connectivity to the grey water network, and found that 98% of the households reported having their kitchen drainage outlets connected to the grey water network to drain the grey water into the WASH block’s septic tank.

In total, 60% of households have reportedly faced desludging issues in the septic tanks attached to communal WASH block. Households have been informed that if they face desludging issues, they should call the UNICEF WASH hotline number for assistance. The majority of households reported being aware of the UNICEF WASH hotline. In total, 76% of households reported that they would call the UNICEF WASH hotline if they faced a desludging issue (see Figure 17).

Figure 17. Reported methods of assistance that households would seek in case of a desludging issue in septic tanks

<table>
<thead>
<tr>
<th>Method of Assistance</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would call the WASH (UNICEF) hotline number</td>
<td>76%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>12%</td>
</tr>
<tr>
<td>I would call the hotline for NGO</td>
<td>10%</td>
</tr>
<tr>
<td>I would go to the community centre</td>
<td>1%</td>
</tr>
<tr>
<td>I don’t want to answer</td>
<td>1%</td>
</tr>
</tbody>
</table>

**Recycling and solid waste management**

Each residential plot should be provided with a pair of communal bins for household waste disposal and separation. Based on the SPHERE’s handbook, the camp residents should be provided with a 100-litre container for every 40 households, and provide one container per ten households in the longer term, as household waste production is likely to increase over time.

Eighty-eight per cent (88%) of the households reported having a communal bin in their plots and 2% reported not having communal garbage bins and dispose the garbage in open areas close to their plots. According to SPHERE standards, there must be no solid waste accumulating around designated neighbourhood or communal public collection points, to avoid any health risks. Among the households who reportedly have garbage bins in their plots, the majority reported the garbage is collected everyday (96%), while 2% said every two days and 1% don’t know.

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53 Multiple answers could be selected.
54 Information from Acted, the SWM contracted NGO,
55 SPHERE’s Handbook, Solid waste management.
56 This includes pair of bins for garbage separation purpose.
57
Potentially related to the availability of communal garbage bins and ongoing SWM and recycling promotion activities, 99% of households perceive the environment as very clean or mostly clean, while only 1% (4 households) perceive their surrounding environment as not clean (see Figure 18). The perception of the surrounding environment’s cleanliness has increased since ACF’s 2018 KAP, when 90% of the respondents described the camp and their surrounding environment as clean or very clean.

Figure 18. Households’ perception of their surrounding environment cleanliness

Enumerators observed that a vast majority (92%) of the places where the interviews were conducted were clean and no garbage on the ground or in the shelter, while 8% reported to see some garbage on the ground around the shelter, or in the immediate area in front of the shelter.\(^{58}\)

All households reported having a garbage container inside their shelters, while 64% indicated having more than two containers, 24% have two and 12% have one garbage container. The majority (93%) reported using plastic bags as garbage containers, 44% use plastic bins, 27% use metallic bins and 1% (3 households) use oil barrels inside the house.\(^{59}\) In ACF’s 2018 KAP, similar types of garbage containers were used by households, when 74% reported plastic bags, 22% plastic bins, 2% oil drum, 1% metallic bins.\(^{60}\)

The majority of respondents (56%) reported buying the garbage containers themselves,\(^{61}\) while 43% reported receiving them from NGOs, 11% reused containers\(^{62}\) and 3% received them from neighbours.\(^{63}\) In ACF’s 2018 KAP, only 7% reportedly received garbage containers from NGOs, 48% re-used containers, and 32% bought the container themselves.

Eighty-two per cent (82%) of households reportedly practice garbage separation at the household-level always or at least sometimes, while at the plot level 55% of households reported that all households in the plot practice garbage separation, 11% reported some households, 28% don’t know, and 6% said that garbage is not separated at the plot level. As illustrated in Figure 19, the primary reported form of garbage separation, at both the household and plot levels were separating bread leftover (86% at the household level and 90% at the plot level), followed by the biodegradable waste (77% at the household level and 72% at the plot level), recyclable materials (46% at the household level and 54% at the plot level) and diapers and sanitary pads (40% at the household level and 38% at the plot level).\(^{64}\) The percentage of households performing segregation has decreased since ACF’s 2018 KAP, when 96% reported practicing at least sometimes. When considering different forms of separation respondents during the 2018 KAP assessment reported: 99% separated bread, 52% biodegradables, 29% diapers and sanitary pads and 1% recyclables.

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\(^{58}\) Observation-based question was answered by the enumerator to report on the current cleanliness of the surrounding environment of the household.

\(^{59}\) Multiple answers could be selected.

\(^{60}\) In ACF’s 2018 KAP, the question was “select one” to report the primary used container, and in this 2019 KAP, the question was “select multiple”, asking about all used containers.

\(^{61}\) This includes the plastic bags they get it from the markets

\(^{62}\) For instance, cardboard boxes, opened top jerrycans

\(^{63}\) Multiple answers could be selected.

\(^{64}\) Multiple answers could be selected.
Eighty-three per cent (83%) of households do not face any challenges in separating garbage for recycling purpose. The primary issues for the 17% of the households who reportedly face challenges in garbage separation were the lack of recycling barrels and bins in their plot (80%), while 20% don’t think the separation and recycling process is reliable, 20% don’t understand the separating system, 2% said that the garbage collection frequency isn’t adequate to maintain the separating process, and 2% don’t have enough plastic bags in the household.

When asked what are the consequences of improper garbage disposal, 74% of the households reportedly believe that garbage has caused diseases for the household members, with 25% not believing improper garbage disposal causes diseases, and 1% does not know. This has significantly changed since ACF’s 2018 KAP, when 83% reportedly did not believe that improper garbage disposal could cause diseases. Perhaps this is due to efforts made by UNICEF and its WASH partners in better communicating hazards associated with improper SWM.

Among those who reportedly believe that the garbage has caused diseases for household members, 88% reported that it has caused diarrhoea, 74% reported skin diseases, 55% respiratory diseases (see Figure 20). In ACF’s 2018 KAP, the primary reported diseases perceived to be caused by the garbage were skin diseases (73%), respiratory diseases (52%) and diarrhoea (8%).

Ninety-nine per cent (99%) of households reported at least one consequence of improper garbage disposal. The primary reported consequences were bad smell (86%), increase in the presence of insects (80%), health risks and concerns (78%), and adverse environmental impact (47%) (see Figure 21). Similar perceived consequences of improper garbage disposal were reported in ACF’s 2018 KAP, when 70% of respondents reported that improper garbage disposal will affect human health and cause diseases, while 14% of respondents recognized it may affect the environment.

---

65 Multiple answers could be selected.
66 1% reportedly don’t know or said nothing.
67 Multiple answers could be selected.
When asked to identify measures they use to prevent the presence of rats, insects and flies, the majority of households reported avoiding leaving food scraps outside the shelter (81%), while 71% reported maintaining the kitchen’s cleanliness all the time, 63% used insect repellent spray, while 26% reported various other measures, as outlined in Figure 22 below.69

A follow-up question was asked to assess households’ possible attitude toward the presence of insects, rats and flies in their households, and found that a vast majority of the households reportedly will put out poison (97%), while 76% will spray repellent, 13% would set up a trap to catch them (see Figure 23).

---

68 1% reportedly don’t know or said nothing.
69 Additionally, 1 household did not know what could be done and 1 household believed there was no solution.
70 1% reportedly don’t know or said nothing.
71 1% reportedly don’t know or do nothing.
Hygiene knowledge and practice

During the 3 months prior to the assessment\textsuperscript{72} 26\% of households reportedly heard hygiene/health awareness messages\textsuperscript{73}, while 74\% reported they didn’t hear any. This has significantly decreased since ACF’s 2018 KAP, when 54\% of the respondents reportedly heard health/hygiene messages during the 3 months prior to the assessment and 46\% in REACH’s 2017 KAP.

Among the households who reportedly heard hygiene awareness messages, as illustrated in Figure 24 below, 54\% of them heard messages on the importance of hand washing using soap, 41\% reportedly heard messages on food covering, 33\% heard messages on food preparation safety and hygienic practices, 32\% heard messages on water container safety practices, 30\% heard messages on practices of safely disposing faeces, 18\% received messages related to the water conservation and efficient usage, 9\% received messages on protection from vandalism of water and sanitation facilities and 5\% reportedly received other messages, including garbage separation and recycling (3\%) and general messages about cleanliness (2\%). Of the households who reportedly heard hygiene messages, 86\% reportedly applied at least one of the methods presented, while 14\% have not. The percentage has decreased slightly since ACF’s 2018 KAP, when 94\% of the respondents reported they’ve tried some or all of the messages they heard.

Figure 24. Reported hygiene and health related messages that were heard and applied by the assessed households\textsuperscript{74}

When asked about their perception of hygiene promotion messages, the majority reportedly felt the messages were clear (76\%), though only 33\% understood what they meant, while 23\% felt they were useful and 1\% (three households) reportedly don’t have any perception of the messages. This represents a considerable change from ACF’s 2018 KAP. While the perception of clarity was similar (71\%), both understanding (77\%) and usefulness (55\%) were reported to be considerably higher.

\textsuperscript{72} The question was asked about the past 3 months, which represent June, July and August, since all the interviews were conducted in September

\textsuperscript{73} Health and hygiene specific messages could be standardized heard from the community mobilization teams in the camp, or from different sources such as a clinic, hygiene promotion campaigns, at the community center or from neighbors.

\textsuperscript{74} Multiple answers could be selected.
All households reportedly use soap to bathe and to wash their hands by all members, including children aged 5 years and younger (100%). In nearly all households (98%), the enumerators observed soap at the hand washing sink or place. This has increased since ACF’s 2018 KAP, when 93% reported observing soap at the hand washing sink.

Households identified critical handwashing times to be before preparing food (97%), before eating (87%), and after using the latrine (83%) (see Figure 25). In ACF’s 2018 KAP, respondents identified similar critical handwashing times, when 88% reported washing their hands before eating, 81% after eating, 69% after using the latrine, 51% reported washing their hands whenever they seem dirty, 32% before preparing food, 23% before feeding children, 9% after taking care of pets and farm animals.

![Figure 25. Reported critical handwashing times for adult members identified by households](#)

<table>
<thead>
<tr>
<th>Handwashing Time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before preparing food</td>
<td>97%</td>
</tr>
<tr>
<td>Before eating</td>
<td>87%</td>
</tr>
<tr>
<td>After using latrine</td>
<td>83%</td>
</tr>
<tr>
<td>After coughing and sneezing</td>
<td>9%</td>
</tr>
<tr>
<td>Before Breastfeeding/feeding your children</td>
<td>8%</td>
</tr>
<tr>
<td>After taking care of pets or farm animals</td>
<td>6%</td>
</tr>
</tbody>
</table>

Sixty-six per cent (66%) of households with children aged 5 years or younger reportedly expect children to wash their hands before they eat, 60% after they use the latrine, 45% after they play outdoors, 7% after coughing, 2% after taking care of pets or farm animals and 1% reportedly don’t know (see Figure 23).

![Figure 26. Reported expected handwashing times for children identified by household respondents](#)

<table>
<thead>
<tr>
<th>Handwashing Time</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before eating</td>
<td>66%</td>
</tr>
<tr>
<td>After using latrine</td>
<td>60%</td>
</tr>
<tr>
<td>After playing outdoor</td>
<td>45%</td>
</tr>
<tr>
<td>After coughing and sneezing</td>
<td>7%</td>
</tr>
<tr>
<td>After taking care of pets or farm animals</td>
<td>2%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>1%</td>
</tr>
</tbody>
</table>

As shown in Figure 27, the primary reported prevention methods against diarrhoea include handwashing before eating (89%), eating safe food (61%), washing hands after using the toilet (59%), washing food before cooking (33%), covering food to protect from insects and flies (11%). In total, 70% of respondents were able to identify three or more prevention practices, 18% identified two, while 9% identified one, 1% thought of another (non-official) practice and 3% could not think of any.

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75 The question was directed to the enumerators to report if they observed soup or not.
76 The question was asked about the household members except children 5 years and below.
77 Multiple answers could be selected.
78 Multiple answers could be selected.
Forty-four per cent (44%) of the households reportedly will consume prepared food they purchase within six hours to ensure food safety, while 39% will keep it in the fridge, 20% will keep it in closed containers, when 14% reportedly don’t buy pre-prepared food.

In total, 97% of households reportedly would go to the clinic in the case of a household member suffering from diarrhoea, while 64% would eat starches, 60% would drink safe fluids, and 11% would use an oral rehydration solution from the pharmacy or hospital (see Figure 28 for all reported actions).

To prevent head lice, 71% per cent of the households reported maintaining their personal hygiene, while 52% keep the shelter clean, 35% avoid congested areas, 23% apply an anti-lice lotion if they have any suspicion of head lice presence (see Figure 29).

---

79 Multiple answers could be selected.
80 They normally don’t buy pre-prepared food, not due to the ensure the safety.
81 Multiple answers could be selected.
82 Multiple answers could be selected.
When asked how often children 5 and younger brush their teeth, only 50% reportedly their children brush their teeth at least once every day, with 15% brush their teeth three times every day, 12% twice every day, 23% once every day. Thirty-three per cent of households reported their young children don’t brush their teeth at all, and 17% brush their teeth less than once every day\textsuperscript{84} (see Figure 30).

Sixty-Eight per cent of the households reported wanting to hear additional hygiene and health related messages, including the importance of personal hygiene (55%), the importance of hand washing using soap (21%), feminine hygiene care (14%), and diseases caused by poor WASH practices (13%) (see Figure 31).

\textsuperscript{83} Multiple answers could be selected

\textsuperscript{84} The question was asked only for households with children aged 5 years or younger. In some cases, children within the households may be too young to have teeth.

\textsuperscript{85} Multiple answers could be selected.
Ninety-nine per cent (99%) of the female respondents indicated using sanitary towels during their periods, while 1% preferred not to answer and only one woman reportedly didn’t use anything. The female respondents were asked additional questions about their practices and preferences regarding menstrual hygiene management, and found the vast majority (94%) of women whom reportedly use sanitary towels, enclosing them in a separate bag before disposal in the household waste, while 4% throw them directly in the household regular garbage bin and 1% throw them directly into the communal garbage bin, while 1% preferred not to answer the question. Only 4% of women reported a preference to dispose of their feminine hygiene products in a different way than they currently practice, while 83% are comfortable with the current way and 12% don’t know. Among the 3% (12 women) who would prefer another way, seven would prefer to throw their feminine hygiene products directly in the household waste, two prefer to burn it and one prefer to have a special bin for feminine products in the toilet.

Community mobilization

The community mobilization team in Azraq camp was created to provide information to residents on WASH related topics. In the three months prior to the assessment, 42% of households reported receiving some information directly from the community mobilization team.

Among the 42% of households who reported receiving information from the community mobilization teams in the last three months, the most common messages included solid waste management (65%), tap stands and water safety (31%), grey water network (17%), water conservation (16%), food safety related messages (12%), information about hands washing (12%) (see Figure 32 for all reported messaging).

Figure 32. Community mobilization messages received by households

Those who indicated they had received information, reported primarily receiving it through home visit by the community mobilization teams (90%), while 8% reported that their neighbours passed on this information to them, 4% reported receiving it in a session conducted by the community mobilization team in their residential area, 3%

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*Multiple answers could be selected.*
received the information while they were in the community centre, and 1 household was not certain how the information was received.

Among all households, 97% are interested in receiving messages from the community mobilization teams, and among them, with 38% reportedly interested in receiving messages about water and tap stands safety, 22% about grey water network, 19% about food safety, 28% are not certain about the message contents but interested in receiving messages in general (see Figure 33 for all reported practices).

Figure 33. Desired messages to be spread by community mobilization team reported by households 87

<table>
<thead>
<tr>
<th>Message Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water points safety</td>
<td>38%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>28%</td>
</tr>
<tr>
<td>grey water network</td>
<td>22%</td>
</tr>
<tr>
<td>Food safety</td>
<td>19%</td>
</tr>
<tr>
<td>Water conservation</td>
<td>16%</td>
</tr>
<tr>
<td>Hand washing</td>
<td>15%</td>
</tr>
<tr>
<td>Pest control</td>
<td>15%</td>
</tr>
<tr>
<td>Scabies and lice</td>
<td>13%</td>
</tr>
<tr>
<td>Solid waste management</td>
<td>12%</td>
</tr>
<tr>
<td>Other hygiene related messages</td>
<td>9%</td>
</tr>
<tr>
<td>Diarrhoea prevention and risk exposure</td>
<td>8%</td>
</tr>
<tr>
<td>I don’t want to answer</td>
<td>4%</td>
</tr>
<tr>
<td>Water reuse</td>
<td>3%</td>
</tr>
<tr>
<td>Nothing</td>
<td>3%</td>
</tr>
<tr>
<td>Community ownership</td>
<td>2%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
</tr>
</tbody>
</table>

Among those who indicated a desire to receive or continue to receive messaging hygiene promotion messaging through the community mobilization teams, 86% of them prefer to be visited in their homes, while 17% prefer to attend community sessions held in their residential areas, 5% prefer to receive the messages while they are in the community centres and 2% prefer receiving the message content via SMS.88

Each village in Azraq camp has community centres operated by CARE.89 In total, 65% of respondents reportedly went to community centres. Among those who reportedly visit the centres, 35% reported going there several times every week, while 28% at least once every week, 20% go once every month, 13% go once every two weeks and 4% only go to the community centre less than once every month. The primary reason for going to the community centre is registration (93%), while 63% go to the community centres seeking Cash for Work opportunities, 55% go to attend community sessions, 27% go to the community centre when they need information on specific matters or services, 25% to issue a complaint, and 2% go to attend global days celebration.

A majority of those who indicated they had never been to the community centre reportedly had no reason for not going (82%), while 8% aren’t interested in the services, 4% indicated that they have never been invited to any

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87 Multiple answers could be selected.
88 Multiple answers could be selected.
89 Information from WASH partners in Azraq camp
session or event at the centre, 3% said that they don’t have enough time to go, 2% don’t feel safe traveling to the community centre, while 2% don’t believe the centre is a safe place, 1% reported the lack of facilities suitable for people with disability and 2% reported other reasons, including personal reason and due to mobility restriction.90

Early childhood programmes

Sixty-nine per cent (69%) of households have children aged 5 years or below. Among these, 61% have at least one young child enrolled in early childhood programmes, with 47% attending day care programmes, 5% enrolled in Kindergarten 1 (KG1), 5% in Kindergarten 2 (KG2) and 4% are attending nurseries (see Figure 34).

Figure 34. Reported early childhood programmes that children aged 5 years or below attend in the camp91

Only 18% reportedly participated in the parenting support programmes offered throughout the camp. Among the attendees, 48% reported participating in child development programming, 26% attend better parenting programming, and 26% attend parent-and-child programming. The vast majority of the respondents reportedly attend these programmes in NGOs community centres (93%), with 7% going to Al-Kawakeb & Al-Njoum Makani centres.

Accountability and complaints mechanisms

In Azraq camp there are several complaints mechanisms operated by UNICEF and its WASH partners to provide accountability of service providers to the affected population residing in the camp. REACH asked a series of questions to test residents’ understanding of who to register their complaints with, as well as their satisfaction with the complaints’ mechanism overall.

When asked who to contact if they have a complaint about water supply, 38% of the households indicated they would contact ACF to register their complaint, 27% don’t know who they should contact, 22% will contact UNICEF, 10% will contact UNHCR, 2% will approach their community focal point, and 1% will contact CARE (see Figure 35).

Figure 35. Household knowledge on who to contact regarding complaints about water supply

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90 Multiple answers could be selected.
91 Multiple answers could be selected.
If they come across water contamination or poor water quality, a majority of residents indicated that their first action would be to contact the WAS hotline (61%), while 22% reported that they don’t know what to do, 7% will inform the community mobilization teams, 6% will do nothing, 2% believe that they can’t determine the contamination or poor water quality, 1% will contact any complaints number, 1% will inform the camp coordination and 1% will inform CARE.

In general, 55% of the households are either satisfied or very satisfied with the complaint mechanisms in the camp, 27% are neutral and 19% are either dissatisfied or very dissatisfied (see Figure 36). The reported reasons for dissatisfaction of the complaint mechanisms included not receiving an answer on the complaint or feedback submitted (32%), the long process to register a complaint (26%), and 11% reported not receiving an answer on the complaint or feedback that they have submitted.

**Figure 36. Households’ level of satisfaction on the available complaints mechanisms**

Despite 55% of the households reporting they were at least satisfied with the complaint mechanisms, 85% reportedly would prefer to have different types of mechanisms available. Preferred methods include submitting feedback at the community centre (55%), at an NGO or UN agency office (31%), while 13% prefer to send SMS message to a complaints number, 6% prefer to use a feedback box, 1% prefer to use WhatsApp and 1% prefer to communicate their feedback to a specialized field complaints team (see Figure 37).

**Figure 37. Desired feedback and complaints methods reported by households**

Nearly all households feel that UNICEF and its partners are willing, open, and interested in listening to them (99%). The majority of the households perceive to be well respected and treated by UNICEF and its contracted partners’ staff (90%), while those that do not indicates lack of respect to the IBV hiring procedures and SOPs, lack of job ads, lack of CFW opportunities and bad treatment from staff as key issues.

Forty-five per cent (45%) of households reportedly had no concerns related to the delivery of WASH services. Within 55% of households with concerns, a large percentage indicated provision of water in sufficient water quantity.
as an issue (54%), while 30% had concerns about the wastewater, 30% cited water quality as an issue, 20% were concerned about the cleanliness of their village, and 10% had concerns about safety of greywater drainage ditches and system in their village (see Figure 38).

Figure 38. Concerns about the WASH services reported by households

<table>
<thead>
<tr>
<th>Concern</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient water quantity provision</td>
<td>54%</td>
</tr>
<tr>
<td>Wastewater</td>
<td>30%</td>
</tr>
<tr>
<td>Water quality</td>
<td>30%</td>
</tr>
<tr>
<td>Village cleanliness</td>
<td>20%</td>
</tr>
<tr>
<td>Grey water drainage system</td>
<td>10%</td>
</tr>
<tr>
<td>Water leakages</td>
<td>9%</td>
</tr>
<tr>
<td>Illegal water connections</td>
<td>5%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>2%</td>
</tr>
</tbody>
</table>

In total, 90% reportedly don’t have any recommendations that UNICEF and its WASH partners should do differently. Among the 10% who had recommendations, the primary recommendation reported was installing private toilets inside each shelter (32%), while 16% recommended to install a full water network with sub-connections at the shelter level, 16% recommended install septic tank for each WASH block, 14% recommend increasing the water pumping hours (see Figure 39 for full responses).

Figure 39. Recommendations for UNICEF and its WASH partners reported by households

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private toilets inside the shelter</td>
<td>32%</td>
</tr>
<tr>
<td>Install full water network for the shelters</td>
<td>16%</td>
</tr>
<tr>
<td>Install Septic tank for each wash block</td>
<td>16%</td>
</tr>
<tr>
<td>Increase the water pumping hours</td>
<td>14%</td>
</tr>
<tr>
<td>Install full wastewater network</td>
<td>3%</td>
</tr>
<tr>
<td>Distribute water containers</td>
<td>3%</td>
</tr>
<tr>
<td>Distribute more sanitizers</td>
<td>3%</td>
</tr>
</tbody>
</table>

Among all the households, 94% reportedly have community goals for this year including: improve access to the electricity (38%), improve shelters (31%), and improve transportation services within the camp (30%) (see Figure 40 for full responses).

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93 Multiple answers could be selected.
94 Multiple answers could be selected.
As indicated in Figure 41 below, the vast majority of households (91%) were reportedly either very satisfied or satisfied with WASH services, while 8% of households were either dissatisfaction or very dissatisfied, and 1% (3 households) were neutral.

Figure 41. Household overall satisfaction with WASH services
Conclusion

This assessment sought to evaluate and update the current knowledge, attitude, and practices of Azraq camp residents in regards to WASH. The purpose was to understand the extent to which residents feel represented in terms of WASH services provision, as well as to evaluate the effectiveness of UNICEF’s efforts to strengthen customer satisfaction and accountability perceived by camp residents. In doing so, it aims to inform the WASH services provided by humanitarian actors and early education programming providers, as well as to inform UNICEF’s programming to increasing water conservation practices and enhance customer service satisfaction and enhance the accountability in Azraq camp.

The assessment found that Azraq camp residents have access to safely managed and improved sources of drinking water, according to the JMP’s criteria of drinking water classification. All households have fairly equal access to a communal water tap stand to get drinking, cleaning, washing and cooking water, when considering the distance from shelters to the water tap stands and wait time. Small portion of Azraq camp population (ten per cent) purchase bottled drinking water from the markets inside the camp. Additionally, all households reported storing water inside their shelters using several types of containers, with total storage capacity ascending with the household size (range between 20 and 620 litres).

In terms of knowledge of water availability, to achieve the condition of water availability when needed, 97% of the households are aware of the water pumping cycle in their village. Only 18% of the camp population are aware of the amount of water they are entitled to daily according to Azraq camp policies (35 litres per person per day). Half of the respondents indicated a larger amount. The larger amount of water the camp population thought they are entitled to is perhaps explained by the fact that UNHCR’s Azraq camp fact sheet reports refugees are entitled to 44 litres per person per day. Moreover, the Azraq camp population is getting an amount of water higher than the minimum quantity recommended by the SPHERE and JMP guidelines. Further awareness raising massages are needed to clarify the amount of water each person is entitled to, to ensure that the provided water is sufficient to meet household needs. Moreover, the vast majority of the households reported positive attitudes towards the water quality provided through the communal tap stands. A large percentage of households reportedly have seen illegal connections at the communal tap stands (59%), with 41% of them considering it as a serious problem which can potentially affect water supply efficiency in the camp.

The survey findings indicate that 10% of the households don’t have access to a fully functioning WASH block within their residential plot. Seven per cent (7%) of households, reportedly having members who don’t use the communal latrine at the WASH blocks, and 65% of the households have members who don’t use the shower facility due to the lack of safety and privacy. Of those households who reported not using the communal showers due to lack of safety and privacy, most of the households use private showers located inside their shelters. Regarding who is perceived as responsible of cleaning the latrines, most of the households reported that plot residents are responsible of this action; however, 94% of the households are cleaning the latrines themselves. The respondent attitude toward the desludging issue, found to be primarily to contact the UNICEF hotline or other WASH NGO (86%). The majority of households have their kitchens connected to the grey water network, and nearly all households with private showers, have their shower’s outlets connected to the grey water network as well.

Nearly all households perceive their surrounding environment is clean, and when it was observed by the enumerators during the course of the survey, 92% of the places where the interviews were conducted were found to be clean. Gathering the garbage inside the shelter in a container before disposing it to the community dumps is being practiced by all households, and the most common garbage container type used for disposal are plastic bags and plastic bins. A significant increase was noticed in the awareness of consequences of the improper garbage disposing practices, when 74% of the respondents reportedly believe that the garbage has caused them disease, compared to 17% in ACF’s 2018 KAP. The Majority of respondents reported effective practices to prevent the presence of rats, insects and flies, along with efficient methods of pest removal.

In general, the majority of households reported more than one critical time when the adult members and children are expected to wash their hands. All households use soap for hand washing and bathing, showing an increase from 93% since ACF’s 2018 KAP Survey. Overall, households have knowledge about appropriate measures and practices necessary to prevent cases of diarrhoea and head lice, and are generally well able to report correct hygiene practices. These findings are similar to those in 2018. A minority of households expressed interest in learning more about different hygiene behaviours, while the majority said they were not interested in receiving such
messages. Further awareness is required, when almost a third of the households reported that their young children don’t brush their teeth at all, and only half of the children practice teeth brushing at least once every day.

Households interact with the community mobilization team frequently through home visits, and while they are in the community centres, they’ve received messages on several topics. Additionally, households expressed a number of desired messages to receive from the community mobilization teams, through preferred mechanisms. In total, sixty-one per cent of the households with children aged 5 years or younger, have at least one child enrolled in early childhood programme, primarily day care, KG1 and KG2, while only eighteen per cent of their parents participate or attend parenting support programmes offered in the camp.

The majority of the respondents reported they are aware of at least one complaint mechanism to contact if they wish to register a complaint or feedback on any of the WASH services, which the primary reported mechanisms were the UNICEF’s and ACF’s hotlines. The attitude toward the availability and efficiency of the complaint mechanisms are found to be fairly positive. Nearly all households feel that UNICEF and its partners are willing and interested in listening to them. Generally, the vast majority of respondents are satisfied with the WASH services provided in the camp.
Annex 1: Household Questionnaire

Location Information:
1.2 Record Village number: ________
1.3 Record block number: _________
1.4 Record Plot number: _________
1.4.1 Record Other Plot number: ________
1.5 Record the HH number _______
1.5 Record Other HH number ________

Introduction and demographics:
Introduction:
Hello, my name is ____________ and I am working for REACH. Which REACH is an organization working with humanitarian actors in Jordan, to provide them with accurate information about the characteristics and needs of refugees and of Jordanian host communities.

We are currently conducting an assessment in partnership with UNICEF so as to assess the water, sanitation and hygiene knowledge, attitudes and practices of Azraq camps’ residents and highlight the satisfaction of the refugees in the camp as regards to WASH services. The data will be collected in an anonymous way and your name will not be associated with it. At the end of the survey we will also be asking if we can see your WASH infrastructure to verify that you have been provided what you need.

1.2.6 Are you willing to take part in this interview?
  o Yes
  o No

Demographics
2.1 Gender of respondent
  o Male
  o Female

2.2 Age of respondent has to be 18 and above: ________
2.3 Is the respondent the head of household?
  o Yes
  o No
2.4 What is the gender of HoHH?
  o Male
  o Female
2.5 What is the age of HoHH? _______
2.6 how many members are living in this HH in total (including yourself)? _______
2.7 Including HoHH and respondent, how many people in the following age brackets live in this HH:
  o From 0 to 5 years
  o From 6 to 17 years
  o From 18 to 59 years
  o over 60 years

2.8 We would like to ask you a few questions concerning your/ your household’s health and ability to do everyday tasks. Would you be willing to answer these questions?
  o Yes
  o No

Health Questions:
2.8.1 Do you and/or any Other member of your household have any health concerns which impacts your/ their ability to do everyday tasks?
  o Yes, me personally
  o Yes, another member of my household
2.8.2 What kind of health concerns do you face?
- Difficulties seeing even when wearing glasses
- Difficulties hearing even when using hearing aid
- Difficulties walking or climbing stairs
- Difficulties remembering or concentrating
- Difficulties washing all over or dressing
- Difficulties communicating even in native language
- Other (Please Specify): _______

2.8.3 What kind of health concerns does your household member(s) face?
- Difficulties seeing even when wearing glasses
- Difficulties hearing even when using hearing aid
- Difficulties walking or climbing stairs
- Difficulties remembering or concentrating
- Difficulties washing all over or dressing
- Difficulties communicating even in native language
- Other (Please Specify): _______

**Water Source:**

3.1.1 What is the main source of water for washing?
- Directly from the Communal Water Points
- Purchased water/bottled water
- Other (Please Specify): _______

3.1.2 What is the main source of water for cleaning?
- Directly from the Communal Water Points

3.1.3 What is the main source of water for cooking?
- Directly from the Communal Water Points
- Purchased water/bottled water
- Other (Please Specify): _______

3.1.4 What is the main source of water for drinking (including children's age from 6 years old and above)?
- Directly from the Communal Water Points
- Purchased water/bottled water
- Other (Please Specify): _______

3.1.5 What is the main source of drinking water for children’s less or equal 5 years old?
- Directly from the Communal Water Points
- Purchased water/bottled water
- Other (Please Specify): _______

3.2.1 How do you store the water you use excluding drinking water?
- Jerrycan
- Bucket
- Empty bottles
- Basin
- Other (Please Specify): _______

3.2.2 How satisfied are you with the water containers that you have and use?
- Very satisfied
- satisfied
- neutral
- unsatisfied
- Very unsatisfied

3.2.3 (If somewhat unsatisfied or Very Unsatisfied) Why? _______

3.2.4 How do your household store the drinking water container? (excluding children less than 5 years old)
3.2.5 What container used to store drinking water for children?
- Jerry can
- Bucket
- Empty bottles
- Basin
- Other (Please Specify): _______

3.2.7 Is the water container covered or opened?
- Observed Open
- Observed Covered
- UnObserved Open
- UnObserved Covered

3.2.8 What is the total capacity (in liters) of the water container/s do you have in your household? _______

3.2.9 Where did you get them from?
- I bought myself
- Provided by NGO
- Provided by neighbours
- Reusing a container
- Other (Please Specify): _______

3.2.10 When was last time the water container used for storage was cleaned?
- Never
- From day to two days
- From three days to week
- More than one week
- Don’t remember

3.2.11 What do you use to clean the water container?
- Rinse with water only
- Sand and water
- Soap/other detergents
- Salt and water
- Replace it when it gets dirty
- Other (Please Specify): _______

3.3.1 Are you aware of the water running cycle for your Village/Block (i.e. When does the water runs through the water points/tap stands?)
- Yes
- No

3.3.2 How often do you refill your household water storage?
- More than once every day
- Once every day
- Once every two days
- Other (Please Specify): _______

3.3.3 Who among your household members is usually collects water for the household?
- Men
- Women
- Young girls
- Young boys

3.3.4 How much time (in minutes) does it take to fetch water round trip Not excluding waiting time?
- Less than 15 minutes
- From 15 to 30 minutes
- From 31 minutes to 1 hour
- More than 1 hour

3.3.5 How long (in minutes) is the waiting time in the queue to collect water?
- No waiting time
- Less than 15 minutes
- From 15 to 30 minutes
- From 31 minutes to 1 hour
- Other (Please Specify): _______

3.3.6 Do you carry the filled water containers from the water points to the house or uses a wheeled equipment?
- Carry it out
- Using the wheeled equipment owned by the household
- By using a barrowed wheeled equipment
- Using a hose
3.4.1 Do you store and wait for some time before you drink the water from tap stands?
- Yes
- No

3.4.2 How long do you store water before drinking it?
- Few hours
- Less than 1 day
- Between 1 and 2 days
- Other (Please Specify): _______

3.4.3 What are your main reasons to store and wait for some time before drinking the water?
- To let chlorine evaporate
- To let residuals settle
- To let the taste of water change
- Other (Please Specify): _______

3.4.4 How do you usually withdraw (get) drinking water from the container/storage?
- Tilt & pour into a cup/mug
- Using bottle
- Using water scooper exclusively
- Dip the hand with any available mug/glass
- Other (Please Specify): _______

3.5.1 During the past 2 weeks, have you faced a water cut in the water points for a full day or more?
- Yes
- No

3.5.2 For how many days? _______

3.5.3 How did you cope with that situation?
- Relied on the stored water at the shelter
- Approached neighbours asking for water
- Bought bottled water from the market/mall
- Walked to another village to collect water from the water points
- Other (Please Specify): _______

3.6.1 How much water (in litres) is each person per day, in Azraq supposed to receive?
- Below 35 litres
- 35 litres
- More than 35 litres
- I don't know

3.6.2 How satisfied are you with the amount of water you receive?
- Very satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very unsatisfied

3.6.3 Do you think that you often get 35 liters of water per person? (For all daily uses)
- Always
- Often
- Sometimes
- Rarely

3.6.4 If sometimes, or rarely, why not?
- WASH service is not reliable
- Illegal connections to the water points prevents others of getting water
- The water running duration through the water points is not enough
- The water pumping is weak through the water points
- Leaking of the water points/taps
- The water points are overcrowded always
- Other (Please Specify): _______

3.6.5 What do you do to ensure that there is enough water to meet your needs?
- I limit water usage
- I do my laundry less often
- I do laundry only if there is water running
- I purchase more water
- I reuse water
- HHs members try to limit the number of showers they are taking
- I don't do anything
- Other (Please Specify): _______
3.6.6 What could be done/system could be set up to ensure that the amount of water that is currently provided to you is enough to meet your basic HH needs?
- Ensure the maintenance of water points (e.g. that there is no leakage, all the taps are functional)
- Install rainwater harvesting tanks
- Provision of better water containers
- Reuse/recycle water
- Control the illegal connections attached to the water points
- No system could enable the amount of water that is currently provided to my household to be enough to meet our needs
- I don't know
- Other (Please Specify): _______

3.7.1 How satisfied are you with the water quality?
- Very satisfied
- satisfied
- neutral
- unsatisfied
- Very unsatisfied

3.7.2 If dissatisfied or very dissatisfied, why?
- Bad taste
- Bad smell
- Poor quality/high chlorine level
- Water turbidity
- Other (Please Specify): _______

3.8.1 Have you ever seen any leakages in the water points?
- Yes
- No

3.8.2 If Yes, what did you do about the leakage in the water point?
- Called the WASH hotline
- Contacted NGO
- Fixed it myself
- Nothing
- Other (Please Specify): _______

3.8.3 If called WASH hotline, how long did it take for them to respond?
- Call was not answered
- More than 24 hours to answer my call or call back
- Call was answered immediately to lodge complaint
- Other (Please Specify): _______

3.8.4 If called WASH hotline, how satisfied were you with the response you received?
- Very satisfied
- satisfied
- neutral
- unsatisfied
- Very unsatisfied

3.8.5 If dissatisfied or very dissatisfied, why?
- I did not receive an answer/solution to the problem
- I did not like the answer/solution I received
- It takes a long time to take any action on the complaints (more than 48 hours)
- Other (Please Specify): _______

3.9.1 Based on your knowledge of what are the reasons for leaking water points inside a camp?
- Overuse
- Poor maintenance
- Illegal tapping/connections
- I don't know
- Other (Please Specify): _______

3.9.2 According to you, what could be the consequence of a leakage in the water points?
Health concerns
- Drop in the quantity of water provided to HHs
- Requirement to undertake maintenance work
- I don't know
- Wasting water
- Other (Please Specify): _______

3.10.1 Do you think illegal connections to the water points is a problem?
- Yes, a big problem
- Yes, somewhat of a problem
- No, not a problem
3.10.2 If Yes, why do you believe it is a problem?
Health concerns
- Drop in the quantity of water provided to HHs
- Necessity to undertake maintenance work
- Other households won’t get enough water due to the crowding
- Wasting water
- Other (Please Specify): _______

3.10.3 What types of illegal connections to the water points have you seen?
- hoses connected from the tapes to the HHs
- Water pumps
- Extra storage
- Other (Please Specify): _______

3.11 According to you, is Jordan a water scarce country?
- Yes
- No
- Don’t know

3.12 According to you, what are water conservation practices? (Do not read answers)
- Close taps after filling your container
- Do not waste/overuse water when showering
- Use pots to hold water to wash hands in
- Reuse water
- Other (Please Specify): _______

Sanitation Facilities:

4.1 Are the WASH blocks in your plot functional?
- Yes
- No

4.1.1 Does every HH member use the WASH Blocks’ latrines (including children)?

4.1.2 Which members don’t use the WASH blocks?
- Adult male
- Adult Female
- Members with disability
- Children

4.1.3 If No, what is the major reason?
- Don’t feel safe
- Don’t feel privacy
- The WASH Blocks’ latrines are not comfortable for people with disabilities
- Other (Please Specify): _______

4.1.4 If you don’t feel privacy, Are these reasons during
- The day only
- The night only
- Both day and night

4.1.4 If you don’t feel safe, Are these reasons during
- The day only
- The night only
- Both day and night

4.1.5 If you do not feel safe, why?
- Holes in the wall/doors/windows
- Outside
- No light
- far from the house
- Rodents/snake/spider
- Other (Please Specify): _______

4.1.6 If you do not feel privacy, why?
4.1.7 If some HH member(s) do Not use the WASH Blocks’ latrines, where are the alternatives they use located?

- Inside the shelter
- Outside in open area
- Other (Please Specify): _______

4.2 (If children < 5 in the HH) Where do children under the age of five defecate? (select many)

- Use the toilet
- Use washable diapers
- Use disposable diapers
- Go in house /yard
- Go outside the premises
- Other (Please Specify): _______
- I Don’t know

4.2.1 Where do you dispose your children’s faeces?

- at the trash container in the plot
- bury it
- behind the shelter
- Washed away into the grey water pipe
- Other (Please Specify): _______
- I Don’t know

4.3 according to your Knowledge, who is responsible of cleaning the WASH blocks in your plot?

- WASH committee
- WASH NGOs
- Plot residents
- Other (Please Specify): _______

4.3.1 who is actually cleaning the wash blocks latrines?

- WASH committee
- WASH NGOs
- Plot residents
- Other (Please Specify): _______

4.3.2 Do you feel that latrines are clean enough?

- very clean
- clean
- moderately clean
- unclean
- I don’t know

4.3.3 How many times in a day do you clean it?

- More than once a day
- once everyday
- twice a day
- Other (Please Specify): _______

4.3.4 Do you have any suggestion to improve the cleanliness of the latrines?

- Yes
- No

4.3.5 If Yes, Specify: _______

4.4 Does every HH member use the WASH Blocks’ shower facility (including children)?

- Yes
- No

4.4.1 If No, which family member do not use the shower?

- Children
- Women
- Men
- People with disability
- Other (Please Specify): _______
- All
4.4.2 If No, why they don’t use the showers?
  o don’t feel safe
  o don’t feel privacy
  o the showers are not comfortable for people with disabilities
  o no water inside the shower facility
  o the showers are not clean
  o Other (Please Specify): _______

4.4.3 If you do not feel safe, why? (select many)
  o Holes in the wall/doors/windows
  o Outside
  o No light
  o far from the house
  o Rodents/snake/spider
  o Other

4.4.4 If you do not feel privacy, why? (select many)
  o Anyone can see you
  o No door
  o No lock
  o Holes in the wall/doors/windows
  o Other (Please Specify): _______

4.4.5 If some HH member(s) do Not use the WASH Blocks’ showers, where are located the alternatives they use?
  o Inside the shelter
  o Outside in open area
  o Other (Please Specify): _______

4.5 Do you have a private shower facility inside your shelter?
  o Yes
  o No

4.5.1 If Yes, is your shower drainage connected to the grey water network?
  o Yes
  o No

4.5.2 Is your kitchen wastewater drainage connected to the greywater network?
  o Yes
  o No

4.5.3 Have you faced any desludging issues, with the septic tanks connected to the WASH blocks?
  o Yes
  o No

4.5.4 Who would/do you contact if you had a problem with the desludging service?
  o I would call the WASH (UNICEF) hotline number
  o I would call the hotline for NGO
  o I would go to the community centre I would speak to someone directly
  o I don’t know
  o I don’t want to answer
  o Other (Please Specify): _______

Recycling and solid waste management:

5.1 Based on your observation, How clean is your environment (waste-free)
  o very clean
  o mostly clean
  o dirty
  o very dirty

5.2 In your shelter, how do you usually dispose of garbage?
  o Store it in bins inside the households
  o Put it directly into the garbage barrels
  o Throw it out close to shelter
  o Throw it out far from shelter
  o Throw it in community dump bins
5.2.1 Do you segregate garbage at shelter level?
- o Yes always
- o Yes sometimes
- o Never
- o Don’t know

5.2.2 If Yes, what are the segregations form?
- o Biodegradable
- o Recyclable
- o Bread
- o Diapers and sanitary pads
- o Other (Please Specify): ______

5.2.3 Do you segregate garbage at plot level?
- o Yes, all households
- o Yes, some households
- o Never
- o I don’t know

5.2.4 If Yes, what are the segregations form?
- o Biodegradable
- o Recyclable
- o Bread
- o Diapers and sanitary pads
- o Other (Please Specify): ______

5.2.5 Do you face any challenge when you segregate?
- o Yes
- o No

5.2.6 What challenges do you face when segregating?
- o There are no recycling barrels in my plot
- o The recycling service is not reliable
- o I face challenge understanding the sorting system
- o The garbage collection frequency isn’t enough to remain the recycling
- o Other (Please Specify): ______

5.3 What type of bins do you use to collect garbage inside your house?
- o Metallic bins
- o Plastic bins
- o Plastic bag
- o Oil drum
- o Does not exist
- o Other (Please Specify): ______

5.3.1 If at least one of the above containers is mentioned, how many of them do you have?
- o One
- o Two
- o More than two
- o Other (Please Specify): ______

5.3.2 If they do have some of the above-mentioned containers, where did they get them from?
- o I bought myself
- o Provided by NGO
- o Provided by neighbours
- o A non-waste and reuse tool for waste
- o Reusing a container.
- o Does not exist
- o Other (Please Specify): ______

5.4 Is there a communal garbage bins in your area?
- o Yes
- o No

5.4.1 If Yes, what type of dump site is it?
- o Community bins in designated area
- o Designated open space
5.4.2 How frequent is garbage from a community dump site emptied?
- Everyday
- Every two days
- Weekly
- Other (Please Specify): _______
- I don't know

5.5 Do you believe that the garbage has caused disease(s) in your household?
- Yes
- No

5.5.1 If Yes, what disease(s) has it caused in your opinion?
- Diarrhoea
- Respiratory diseases
- Skin diseases
- Typhoid
- Other (Please Specify): _______

5.5.2 What are the consequences of not disposing of waste from residential areas in the right ways?
- Health risks/Disease spread increase
- Adverse environmental impact
- Bad smell
- Increase of insects
- Other (Please Specify): _______
- Nothing will happen
- Don't know

5.5.3 How do you prevent the presence of insects/rats/flies in your household?
- Do not leave food scraps out
- I spray insect repellent

5.5.4 What do you do if you face the presence of insects/rats/flies in your household?
- Put out poison
- I spray insect repellent
- I set up a trap to catch them
- There is nothing that can prevent them
- Nothing
- I don't want to answer
- Other (Please Specify): _______

Hygiene promotion:
6.1 Have you heard any health/hygiene messages for the last 3 months?
- Yes
- No

6.1.1 If Yes, can you tell me which Awareness messages you can recall?
- Bury faeces or dispose it safely
- Cover food
- Prepare food hygienically
- Wash hands with water & soap
- Clean & cover water containers
- Use your water efficiently,
- Protect the water and sanitation facilities from vandalism
- Other (Please Specify): _______
6.1.2 Do you feel that the messages you received from community volunteers were clear, understandable, and useful to you?
  - Clear
  - Understandable
  - Useful
  - None of the above

6.1.3 Did you try out any of the recommendations in the message?
  - Yes
  - No

6.1.4 Which recommendation did you try out among the message you heard? (Please don’t read the answers)
  - Bury faeces or dispose it safely
  - Cover food
  - Prepare food hygienically
  - Wash hands with water & soap
  - Clean & cover water containers
  - Use your water efficiently,
  - Protect the water and sanitation facilities from vandalism
  - Other (Please Specify): _______

6.2 When you buy pre-prepared (cooked) food from the market, how do you make sure that it is safe to eat?
  - I keep it in the fridge
  - I consume it within 6 hours
  - I keep it in a closed container
  - I keep it out of direct sunlight
  - Eat it immediately
  - I do not buy cooked food from the market
  - I don’t do anything
  - I don’t know
  - Other (Please Specify): _______

6.3 If somebody in your household had diarrhoea (which is 3 or more loose watery stools in the last 24 hours), what would be the first three things that you would do?
  - Go to the clinic
  - Drink safe fluids
  - Use oral rehydration solution from the pharmacy/hospital
  - Make sugar salt solution at home
  - Stop eating
  - Eating starches
  - I don’t know
  - I don’t want to answer
  - Other (Please Specify): _______

6.3.1 Was there any cases of recurrent diarrhea between children < 5 (pre-school age children) in the past 3 months?
  - Yes
  - No

6.3.2 How can people prevent themselves and their children from getting diarrhoea?
  - Wash hands before eating
  - Eat safe food
  - Wash food before cooking
  - Cover food from flies
  - Cook food correctly
  - Wash hands before breastfeeding + feeding babies and children
  - Wash hands after going to the toilet
  - Ensure drinking water is clean
  - I don’t know
  - Other (Please Specify): _______

6.3.3 How can people prevent themselves and their children from getting head lice?
  - Avoid congested areas
  - Take affected family member to hospital
  - Apply anti-lice lotion
  - Use a lice comb
  - Keeping the caravan cleaned
  - Maintaining Personal Hygiene
  - I don’t know
  - Other (Please Specify): _______

6.4 Name 3 occasions, when you are expected to wash your hands?
6.4.1 What do you usually use to wash your hands in your household?
- Soap (this includes liquid soap and sanitizers)
- Water only
- Other (Please Specify): _______

6.4.2 If Not soap, why don't you use soap?
- I don't see the use of it
- I cannot afford it
- Other (Please Specify): _______

6.4.3 (Observation) is there a soap at the handwashing sink/place in the household?
- Yes
- No

6.5.1 How often do your children <5 years old or below) brush their teeth?
- More than two times every day
- Two times every day
- 1 time every day
- Less than that
- Never
- I don't see the use of it
- I cannot afford it

6.6 What do you usually use to bathe in your household?
- Soap (this includes liquid soap and sanitizers)
- Water only
- Other (Please Specify): _______

6.6.1 If Not soup, Why don't you use soap?
- I don't see the use of it
- I cannot afford it
- Other (Please Specify): _______

6.7 Which feminine hygiene products do you use during your period?
- Sanitary towels
- Reusable cloth
- Tissue
- I don't use anything
- I don't want to answer
- Other (Please Specify): _______

6.7.1 Once used, how do you dispose of your feminine hygiene products?
- Regular household waste
- Toilet
- Main garbage bin
- Wash and re-use
- Enclosed in separate bag/material before disposal in HH waste
- I don't know
- I don't want to answer
- Other (Please Specify): _______
6.7.2 Would you prefer disposing of your feminine hygiene products in another way?
- Yes
- No
- Don’t know

6.7.3 If Yes, how?
- Regular household waste
- Toilet
- Main garbage bin
- Wash and re-use
- I don’t know
- I don’t want to answer
- Other (Please Specify): _______

6.8 Is there any hygiene related information that you would like to know about?
- Importance of personal hygiene
- Importance handwashing using soap during Key times
- Diseases caused by poor WASH practices
- Practices to ensure water safety at the HH level (role of chlorine in water disinfection, water tank maintenance, proper use of water filtration units).
- Importance of proper solid waste disposal
- Importance of material recycling
- Feminine hygiene care
- No
- I don’t know
- I don’t want to answer
- Other (Please Specify): _______

7.1.1 What kind of activities/messages have you already been provided in the last 3 months by the community mobilization team?
- Water points safety
- Grey water network
- Solid waste management
- Water conservation
- Hand washing
- Food safety

Diarrhoea prevention and risk exposure
- Pest control
- Scabies and lice
- Other hygiene related messages
- Water reuse
- Community ownership
- Nothing
- I don’t know
- I don’t want to answer
- Other (Please Specify): _______

7.1.2 How did you get this information?
- Home visit
- Provided by neighbours
- Through a session with community research teams within my residential area
- During my stay in social centers
- Through SMS
- Other (Please Specify): _______

7.1.3 What Other activities/messages would you like to be provided by the community mobilization team?
- Water points safety
- Grey water network
- Solid waste management
- Water conservation
- Hand washing
- Food safety
- Diarrhoea prevention and risk exposure
- Pest control
- Scabies and lice
- Other hygiene related messages
7.1.4 How you would like to get these information?

- Home visit
- Through a session with community research teams within my residential area
- During my stay in social centers
- Through SMS
- Other (Please Specify): _______

7.2 Do you ever go to NGO’s community centre?

- Yes
- No

7.2.1 How frequently do you go to NGO’s community centre?

- Several times a week
- Weekly
- Bi-weekly
- Monthly
- Less frequently than every month

7.2.2 What is the purpose of going to community centre?

- Community sessions
- Issuing complaints
- Registrations for cash for work programmes
- Getting information
- Celebration of global days
- Other (Please Specify): _______

7.2.3 If you do Not go, why?

- I am not feeling safe there
- I don’t feel safe going there
- I don’t see the use of it/I am not interested in it
- There is no access for differently abled people
- Without any reason
- We have not been invited to the community centre before
- Other (Please Specify): _______

Accountability:

8.1 If you had a complaint about water supply, who would you contact?

- UNICEF
- ACF
- UNHCR
- Community focal point
- Private contractors
- I don’t know
- Other (Please Specify): _______

8.2 If you come across water contamination or poor water quality, what would be your first action?

- Contact WASH complaints hotline
- Contact any other complaint number
- Inform camp coordination
- Complaint box
- Inform community mobilization teams
- I don’t know
- Nothing
- I don’t know how to determine contamination or poor water quality
- Other (Please Specify): _______

8.2.1 Are you satisfied with these complaint mechanisms?

- Very satisfied
- satisfied
- neutral
- unsatisfied
- Very unsatisfied
8.2.2 If unsatisfied or very unsatisfied, why?
- I submitted a complaint/gave feedback and received no answer
- I submitted a complaint/gave feedback and got an answer but no follow up
- The process of getting an answer took too long
- Other (Please Specify): _______

8.2.3 Are there any Other methods which you would like to see available for complaining and/or feeding back in the future?
- Feedback at community centre
- Feedback box
- At the office
- SMS
- What's app
- Other (Please Specify): _______
- No

8.3 Do you feel agency (UNICEF/contracted partners) is willing, open, and interested in listening to you?
- Yes
- No

8.3.1 If No, why Not?
- I already had a bad experience with the agency
- I know someone who already had a bad experience with the agency
- I already submitted a complaint/giving feedback with no answer
- I already submitted a complaint/giving feedback and got an answer but no follow up
- I don’t know
- Other (Please Specify): _______

8.3.2 Do you feel well respected and treated by UNICEF, their partners’ or contractor’s staff?
- Yes
- No
- I don’t know

8.3.3 Why Not?
- There are no CFW opportunity/projects
- There are no ads for jobs/projects
- IBV hiring system and rules (SoPs) are not respected.
- Other (Please Specify): _______

Closing questions

9.1 What is your main concern as regards to WASH services in your Village?
- We don’t have any concern
- Sufficient water quantity provision
- The wastewater network
- The Grey water network
- Illegal water connections
- Water leakages
- Water quality
- The Village is not clean
- I don’t know
- Other (Please Specify): _______

9.2 What is your main community goal for 2019?
- I don’t have any
- Electricity (including accessing this service longer hours)
- Go back to Syria
- Leave the camp
- Work (including equality in distribution of work)
- Improved public space (malls, paved street, gardens)
- Improved education services
- Better access to entertainment services
- More security/peace/stability
- Improved transport
- Improved health services
- Improve my shelter
- More security/peace/stability
- Improved transport
- I don’t know
9.3 What is your general satisfaction with the WASH work in your Village?

- Very satisfied
- Satisfied
- Neutral
- Unsatisfied
- Very unsatisfied

9.4 Do you have any recommendations for things the WASH agencies should do differently in 2019?

- Yes
- No

9.5 If Yes, what recommendations do you have? ______

Questions for enumerators

10.1 Is there garbage lying in the open in the shelter or in the plot?

- Yes
- No

10.2 Please ask the respondent to show you the latrine and shower he/she uses and record what you observe

- Not currently used
- Clear signs of current usage but dirty
- Clear signs of current usage and clean
- Could not observe

10.3 What is the condition of the water containers for storage?

- Clean
- Not clean
- Others are clean while others are Not
- Was not observed

Questions about children

11.1. Which of the following of the early childhood development services do your children attend?

- Day care
- KG1
- KG2
- Nurseries
- Other (Please Specify): ______

11.1.1 Do parents and caretakers of children under 5 (pre-school age children) participate in any parenting support program?

- Yes
- No

11.1.2 Which programme are you participating in?

- 0-3 child development program
- Parent-child
- Better Parenting Program
- Other (Please Specify): ______

11.1.3 Where do you participate in these programmes?

- Makani Centre
- Another NGO (Specify)
- Other (Please Specify): ______

11.1.4 If at Makani Centre, Which one: ______