

Post KAP Survey
Community Led Total Sanitation (CLTS) with integrated
approach of DRR
District Bhakkar - Punjab



Submitted to: Doaba Foundation/Oxfam Novib - Pakistan

By



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INTRODUCTION

Background

Doaba Foundation is a humanitarian organization working in flood disaster prone areas envisions the “Disaster Prone Communities Becoming Self-Reliant in Pursuit of Their Common Interests”. Doaba mission is to improve the quality of life among rural people and, true to its name, concentrates on communities prone to flood disasters. It believes in achieving the goal through optimal utilization of available resources i.e. physical-biological, moral and human. It seeks to build capacity of such communities incorporating even the relief activities into program of preparedness interventions, facilitating emergence of self-reliant communities.

Doaba Foundation’s Vision

Disaster prone communities becoming Self-reliant in pursuit of their common interests

Doaba Foundation’s Mission

Doaba Foundation’s mission is to improve the quality of life among rural people and, true to its name, **concentrates on communities prone to flood disasters**. It believes in achieving the goal through optimal utilization of available resources: physical-biological, moral and human. It seeks to build capacity of such communities incorporating even the relief activities into programmes of development intervention, **facilitating Emergence of self-reliant Communities**.

The Project

The Project titled “Community Led Total Sanitation (CLTS) with integrated approach of DRR” is being implemented by Doaba Foundation with the financial support of Oxfam Novib. This Project “CLTS with integrated approach of DRR” is implemented/ tested by Doaba Foundation in two flood effected Union Councils Yousaf shah and Dhandla of Bhakkar district. Now this project is at ending stage as per agreed time period. Organization is interested to conduct Post KAP survey in 27 villages of project area. Basic aim for conducting Post KAP survey is to find out achievements/ Results as per set Targets.

Objectives of the study

The main objectives of this activity were as under;

1. To identify the intended changes in the Knowledge, Attitude and Practices around Sanitation and Flood Disaster Risk Reduction among women, children, men, opinion

leaders, local level decisions makers and other relevant stakeholders of two Union Councils of District Bhakkar in result of implemented project.

2. In post KAP, the focus was on the actual changes came among the beneficiaries. Making it “collateral” with the pre KAP not the interventions but what has been done in pre-KAP about knowledge, Attitude and practices.
3. To find and suggest the appropriate ways and methodologies for future CLTS and DRR programs based on KAP surveys, observations of communities problems and consultation process with Multi-Stakeholders during Post-KAP survey.

APPROACH AND METHODOLOGY

Approach

The KAP Survey was a comprehensive exercise, covering a wide range of information but relating primarily with the following categories, which were refined according to information needs of the organization derived from the project logic model, Performance Monitoring Framework, project proposal, and monitoring and evaluation plan:

- a) Safe Drinking water
- b) Sanitation
- c) Health & Hygiene
- d) Environment
- e) WASH related Livelihoods
- f) Disaster Risk Management

A multidimensional approach was used to conduct the survey, which was initial discussion with project staff and other experts to best plan the survey including development of indicators; review of the available secondary information; household and community interviews; and observation by the researchers.

Methodology

Methodology adopted for the KAP survey involved multiple techniques:

- i. Desk research
- ii. Household survey
- iii. Involvement of project partners/ staff

Desk Research

This involved collection and review of secondary data and material already available with the project. The possible sources sought included the project staff at head office and at field level. On the basis of these, field survey plan including indicators were finalized and further discussed with relevant staff and stakeholders.

KAP Survey

A comprehensive questionnaire was developed to understand the household perception about the water and sanitation, health and hygiene, environment and disaster risk management practices.

Involvement of project partners/ staff

All the activities of the KAP survey were carried out in consultation and with the approval of Doaba team and with coordination of project partners.

Sample Design

In the given project areas multi-staged sampling techniques were used. In the first stage, all 27 villages were selected (list of villages given as Annex-I). List of beneficiary households were obtained from the client, and based on those lists, a representative sample of appropriate number of households were randomly selected from each village. These constituted the ultimate sampling units.

The sample size which was 1244 represented 62.5% of the total households of the target villages. Random sampling was applied for the selection of household. To ensure homogeneity, the surveyors were instructed to cover the whole village by following systematic random sampling

Gender wise household Sample

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Male	771	92.00	363	91.67
Female	67	8.00	33	8.33

Instruments for Data Collection

Two types of instruments were developed for collected primary data from the field; a Household Questionnaire for conducting beneficiary interview and a FGD Guideline to facilitate the Focus Group Discussions. Both the instruments are annexed as Annex-II and Annex-III respectively.

Field Team and Task

Team Leader, a senior experienced research expert was responsible for designing and developing indicators/questionnaires, analysis of data and report writing etc. Data Collection Team comprising 12 young educated, experienced, enthusiastic, skillful and motivated Field

Investigators (6 male and 6 female), who were conversant with the area and fluent in local language. The team was supervised by a field supervisor, who was also responsible for providing guidance to the Field Investigators on various problems, and ensured that the overall strategy for the research was being followed. MEAL Unit of Doaba Foundation gave technical feedback during the instruments development and data collection. They conducted field visits to verify that data was being collected in a dignified manner.

Data Entry/ Analysis/Interpretation

The data collected from various locations were coded in the Head Office in Islamabad to facilitate data entry in computers. Data was first entered in MS Access and then converted into SPSS for analysis. An expert was hired for the said purpose. After data entry, a careful and thorough editing was followed. Before performing data analysis, the data was cleaned and proper measures were taken to remove any discrepancy, if observed.

Report Presentation

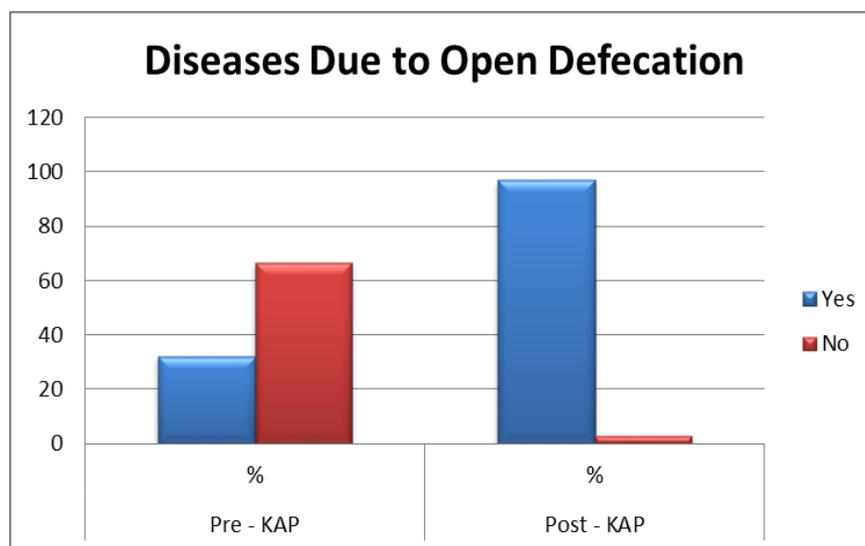
First part of each section/heading gives an overview of the findings of Pre-KAP study, in italics. Then the table gives data for the Post-KAP with analytical write-up under each section. This will help to see the change brought about in the Knowledge, Attitude and Practice w.r.t. CLTS among the beneficiary communities.

FINDINGS

Latrines

Awareness

Analyzed Data shows that 33.20% households are aware on harms of open defecation while other 66.80% are unaware.



Post KAP findings showed positive change in awareness regarding harms of open defecation. Awareness had been increased from 33.2% to 97% and when compared UC wise, 96.66% households in Dhandla and 98.22% in Yousuf Shah were aware that open defecation causes diseases. The overall situation of the area was clean and ultimately people were living in a more hygienic environment.

Open Defecation

People going for open defecation

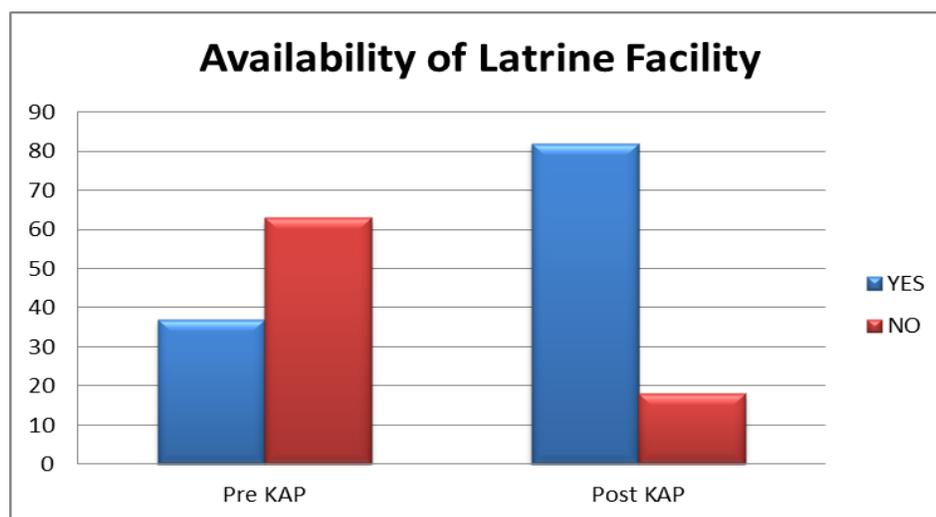
	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Yes	250	30.64	67	17.63
No	566	69.36	313	82.37

The Post KAP survey findings indicated Improvement in the overall situation, compared to 63% open defecation reported during Pre- KAP, there was 31% in Dhandla and 18% open defecation in Yousuf Shah during the Post KAP survey, which was still high because the aim was to reduce open defecation to 0% and achieve the target of “Open Defecation Free Villages”.

When compared to latrines facility availability in the UCs, 88% in Yousuf Shah and 78% household in Dhandla had latrine facility available, so there were households who didn’t have access to latrine facility and were going for open defecation (around 33% of the households in both the UCs had no access to latrine facility or didn’t have latrine facility at all).

Availability and types of Latrine Facility

37.14% households in all twenty villages have access to latrine facility while only 23.87% households are using latrines and 76.13% households are practicing open defecation.



The Post KAP data analysis showed that overall situation had changed in the area; latrine facility was available to 88.32% households in Yousuf Shah and 78.01% of the households in Dhandla, whereas during the Pre KAP only 37% households had latrine facility. Furthermore, the Post KAP findings showed that flush latrine was used by most of the households, around 81% households in Yousuf Shah and around 66% households in Dhandla use flush latrine. This showed that communities were aware of the benefits of using proper latrine facility and were also practicing it. Although there was improvement in the environment but still the need of raising awareness among communities regarding harms of open defecation was felt because in many places the field teams observed that latrines were available but were not used properly.

Latrine Type

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
No latrine	181	21.99	46	11.68
Flush Latrine	541	65.74	319	80.96
Pit Latrine	57	6.93	9	2.28
Latrine connected to sewerage	37	4.50	17	4.31
Other	7	0.85	3	0.76

Use of Latrine

Who Uses Latrine

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Men	4	0.61		
Women	8	1.22	3	0.86
Men, women	9	1.37	2	0.57
Men, Children			1	0.29
Women, Children	16	2.44	4	1.15
Men, women & Children	619	94.36	338	97.13

The analysis revealed that in both the UCs more than 90% of the households members were using latrine facility. In union council Dhandla 94.36% of households used latrine facility where in union council Yousuf Shaha it is 97.13%. It is encouraging that all members of the family including men, women, and children were using latrine facility. It was also noticed that women and children preferred the use of latrine over open defecation compared to male members of the family because it is safer and easy access for them, yet there were some male members of the households who still go for open defecation.

Latrine Conditions

Latrine Conditions

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Functional	552	88.46	316	92.94
Partially Damaged	60	9.62	23	6.76

Totally Damaged	12	1.92	1	0.29
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In most of the places latrines were found functional, for instance; 92.94% households were using latrines in Yousuf Shah and 88.46% in Dhandla. This signified that communities were aware of the benefits of using latrine facility. Only around 10% and 7% latrines were found partially damaged in the respective UCs. Where a small number of latrines were found totally damaged e.g. 1.92% in Dhandla and 0.29% in Yousuf Shah.

Reasons for no Latrine

45.09% households in four villages (Malana, Tirkhan, Basti Awan Mochi, Marhala (Dhandla) have access of latrine while 54.91% have no access, the cumulative figure of access to latrine is 37.14% in all the villages and 62.86% of households have no access of latrine.

Reasons for no Latrine

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
No space	9	4.43	2	3.77
No money	173	85.22	47	88.68
Not needed	3	1.48		
No tradition	1	0.49		
Other	1	0.49		
No space, No money	1	0.49		
No money, Non - availability of construction material	15	7.39	4	7.55

From the findings of the Post KAP survey, the main reason for no latrine was lack of financial resources or no money, in union council Yousuf Shah 88.68% of the households reported that they cannot construct latrine because they don't have financial resources for that and the same reason was reported by 85.22% of the households in union council Dhandla. Other reasons for no latrine were reported in the heads of no space available (4.43% in Dhandla and 3.77% in Yousuf Shah).

Latrine Cleaning

Latrine Cleaning

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Twice a day	120	18.81	65	18.90
Once a day	451	70.69	264	76.74

Weekly	64	10.03	14	4.07
Other	3	0.47	1	0.29

The survey findings showed that people in both the UCs mostly clean their latrines everyday as around 75% in Yousuf Shah and 71% in Dhandla households have once a day schedule were 18.81% in Dhandla and 18.90% households in Yousuf Shah had twice a day cleaning schedule. It was observed that in many places latrines were found very clean as majority of the households clean the latrines everyday but in few places overall cleanliness was almost zero, those are the areas which need more attention from the organization.

Source of Water in the toilet

Source of Water in Toilet

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Tap water	56	8.63	29	8.63
Buckets	566	87.10	288	85.71
None	5	0.77	2	0.60
Other	20	3.08	17	5.06
Tap water, Buckets	2	0.31		

During the Post KAP survey, the main water source of water in the toilet was buckets, around 87% households in UC Dhandla and 86% in Yousuf Shah used bucket water for flush latrines. Tap water was available to around 9% of the households in both the UCS

Hand Washing

Hand wash before eating - Men

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
No	5	0.60	1	0.25
Yes	833	99.40	395	99.75

Hand wash before eating - Women

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Yes	834	99.52	396	100.00
No	3	0.36		

Washing hands before eating - Children

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Yes	802	95.70	391	98.74
No	15	1.79		
No Response	21	2.51	5	1.26

The survey results showed that 99.4% male, 99.52% female and 95.70% children practice hand washing before meal in union council Dhandla and almost 100% male and female and 99% children wash their hands before eating in Yousuf Shah.

Hand Washing Practices

Washing hands with soap - Women

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Water	69	8.14	8	2.03
Ash	27	3.23	8	2.03
Soap and water	738	88.26	378	95.70

Washing hands with soap – Men

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
0	5	0.60	1	0.25
Water	71	8.49	12	3.04
Ash	43	5.12	7	1.77
Soap and water	717	85.77	373	94.43

Washing hands with soap – Children

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Water	94	11.69	23	5.90
Ash	35	4.35	8	2.05
Soap and water	674	83.84	359	92.05

96% male, 94% female and 92% children in Yousuf Shah Wash hands with soap; whereas, 88.26 Male, 86% female and 84% children in UC Dhandla practice hand wash with soap. Among the

two UCs people seemed more aware and practicing in Yousuf Shah regarding usage of soap for hand wash.

Drinking Water

Source of Drinking Water

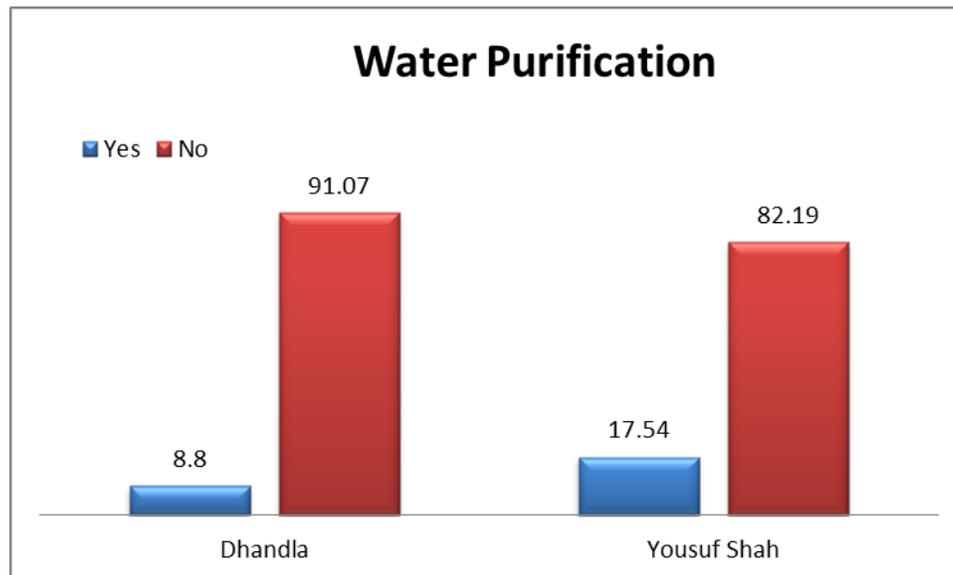
	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Tap water inside	23	2.75	3	0.76
Hand pump inside	745	89.11	370	93.67
Tube well/bore hole	1	0.12	1	0.25
Well	3	0.36		
Tap water outside	47	5.62	16	4.05
Tap water inside and Hand pump inside	10	1.20	1	0.25
Hand pump inside and Tube Well/bore hole	3	0.36	2	0.51
Hand pump inside and Tap water outside	4	0.48		
Tap water outside, hand pump outside			2	0.51

The main source of drinking water for the communities was hand pumps inside. The survey report showed 94% households in Yousuf Shah and 89.11% in Dhandla had hand pumps as their prime source for drinking water.

Time required for collecting water

As for majority of the households the main source of drinking water was hand pumps inside so ultimately time required for collecting water had reduced and reported 91% water source inside in both the UCs Dhandla and Yousuf Shah. Maximum time required for water collection was report 10- 15 minutes.

Water Purification



The post KAP findings showed that majority of the households believe that the water source available to them is pure and was being used without purification. As 91% in Dhandla and 82% households in Yousuf Shah reported that they don't purify the water. The main source of drinking water in the project area was hand pumps, and it was observed that some hand pumps were labeled red meaning that people shouldn't use it for drinking but because there was no other source available to them so people tend to use those red labeled hand pumps.

Water Purification Methods

95.7 of the households used drinking water direct from the source untreated, only three household filtered water, and 0.6% used other water purification methods. 95% normally utensil (glass, cup etc)for drinking water, 1.29% used their hands for this. 90% of the households cleaned the water storage utensil daily, while 6.4% washed it twice a week. The remaining 3.6% households had other frequencies

Methods of Water Purification

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Don't purify	756	91.07	324	82.19
Boil	28	3.38	48	12.21
Filter	2	0.24		
Chlorine tablets	13	1.57	12	3.05
Store in silver jug	1	0.12	1	0.25
Use Musaffa packet	3	0.36	5	1.27
Keep in sunlight	18	2.17	2	0.51
Other	3	0.36		
Boil, Chlorine tablets			1	0.25
Boil, Keep in sunlight	5	0.60		

As shown in the chart above, majority of the households (91% and 82%) used drinking water without purification; small number 9% and 18% households in the respective UCs purify drinking water. During the Pre KAP it was reported that around 96% of the households used drinking water without purification; although, the number had decreased by a small percentage but there is still long way to go. If communities are mobilized to use safe drinking water that will also prevent them from disease like diarrhea etc.

During the Post KAP it was seen that different methods for water purification were used i.e. 12.2% households in Yousuf Shah and 3.38% in Dhandla boil water whereas 3% in Yousuf Shah and around 2% households in Dhandla used Chlorine tablets for water purification.

Water Storage

Water Storage

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Drum	34	4.19	8	2.06
Pitcher	444	54.68	165	42.53
Bucket	92	11.33	33	8.51
Over ground tank	4	0.49	3	0.78
Jerry Cane	13	1.60	31	7.99
Water Cooler	99	12.19	94	24.23
Other	53	6.53	42	10.82
Drum, Pitcher	3	0.37		

Drum, Water cooler	2	0.25		
Pitcher, Bucket	13	1.60	1	0.26
Pitcher, Jerry Cane	12	1.48	3	0.77
Pitcher, Water Cooler	21	2.59	8	2.06
Bucket, Jerry cane	4	0.49		
Bucket, Water Coller	16	1.97		
Jerry Cane, Water Cooler	2	0.25		

As reported during the Post KAP survey, around 57% households in Dhandla and 43% households in Yousuf Shah used pitchers for water storage. Water coolers, buckets, drums, over ground tank, jerry canes and other storages were also being used in the area.

Using Stored Water

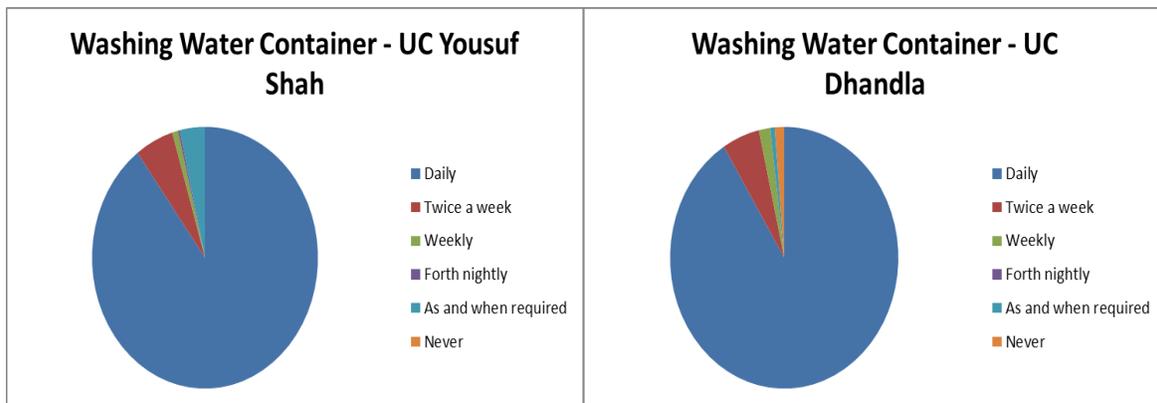
95% normally use utensil (glass, cup etc) for drinking water, 1.29% used their hands for this

Using Stored Water				
	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
By using a mug	145	18.81	52	14.4
By pouring from the container	474	61.48	204	56.51
Container has a tap	76	9.86	83	22.99
By immersing the glass or mug directly into the water	25	3.24	7	1.94
Other	18	2.33	2	0.55
By using a mug, By pouring from the container	7	0.91		
By using a mug, Container has a tap	2	0.26		
By pouring from the container, container has a tap	9	1.17		
By using mug, Container has a tap	6	0.78	6	1.66
By using a mug, By pouring from the container, container has a tap	1	0.13		

The Post KAP data showed that 61% and 57% households in Dhandla and Yousuf Shah UCs respectively used water by pouring from the container. Other practices included using a mug, direct from container tap, immersing the glass or mug directly into the water and others.

Washing Water Containers

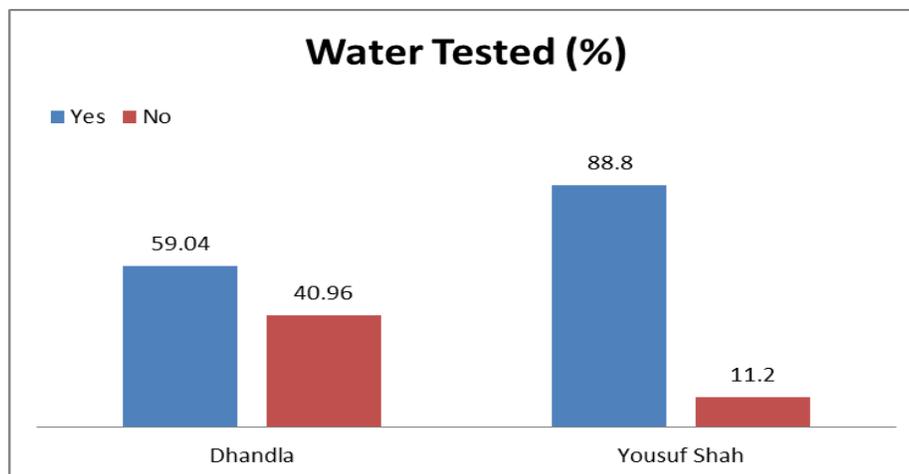
90% of the households cleaned the water storage utensil daily, while 6.4% washed it twice a week. The remaining 3.6% households had other frequencies



91% households in Dhandla and around 90% households in Yousuf Shah used to clean water container on daily basis, when compared to the Pre KAP it was almost the same, around 90% households had the schedule of washing water containers daily. This showed that there was no change in the practice of cleaning water containers.

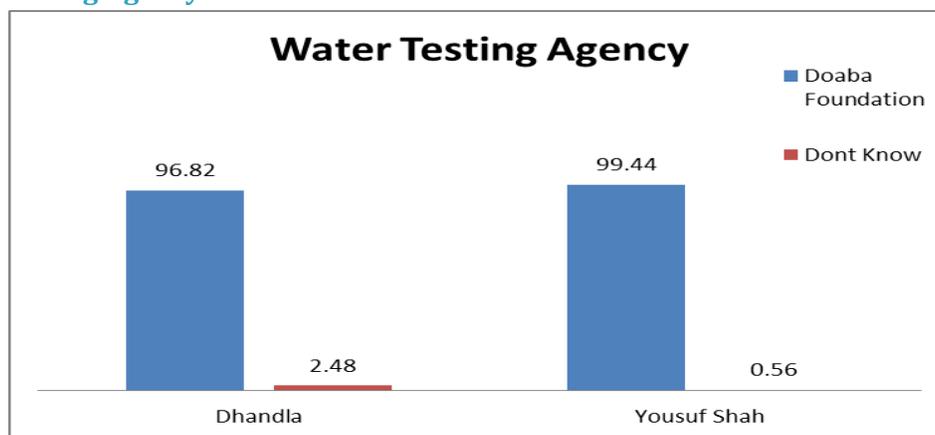
Water Testing

24.3% of the respondent household either had their water tested or had planned to do so while 75.7% never thought of it.



There were 24.3% households during the Pre KAP who either had water tested or had plan to do so, while looking at the Post KAP survey findings it showed that around 89% households in Yousuf Shah and 59% in union council Dhandla had their water facility tested. It was also observed during the field visits that the process was still on and after the test results hand pumps were colore green and red. Green for safe and healthy water where red signified water that was not healthy for drinking but many of the community members were still using it.

Water Testing Agency

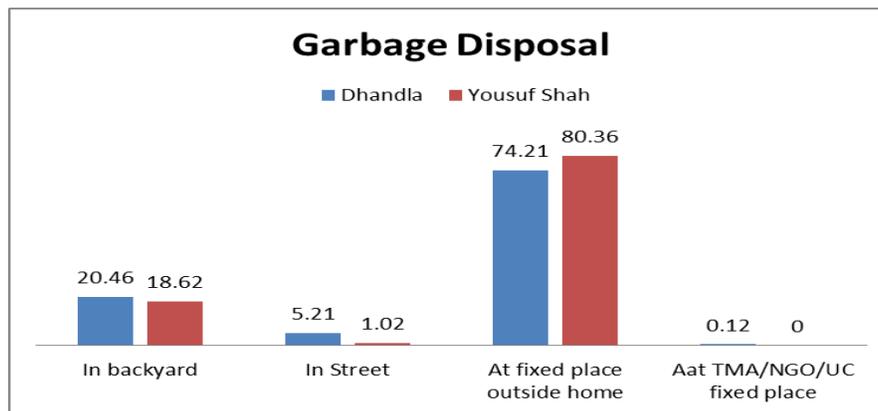


As shown in the chart above Doaba Foundation was the only organization working in the area on water testing. There were some other NGOs but had minor contribution to the community. Community members seemed aware of the importance of water testing and were concerned with the water testing reports that were pending at that time.

Garbage Disposal

36% respondents said that they throw garbage out in the streets, 19% thrown in any part of house, 17% throw in agric. Fields, while 24% adopted other means of this purpose.

Surprisingly, 48.4% of the respondent household separate organic water system from other. That probably is because they are aware of its value for the agricultural crops/soil fertility.



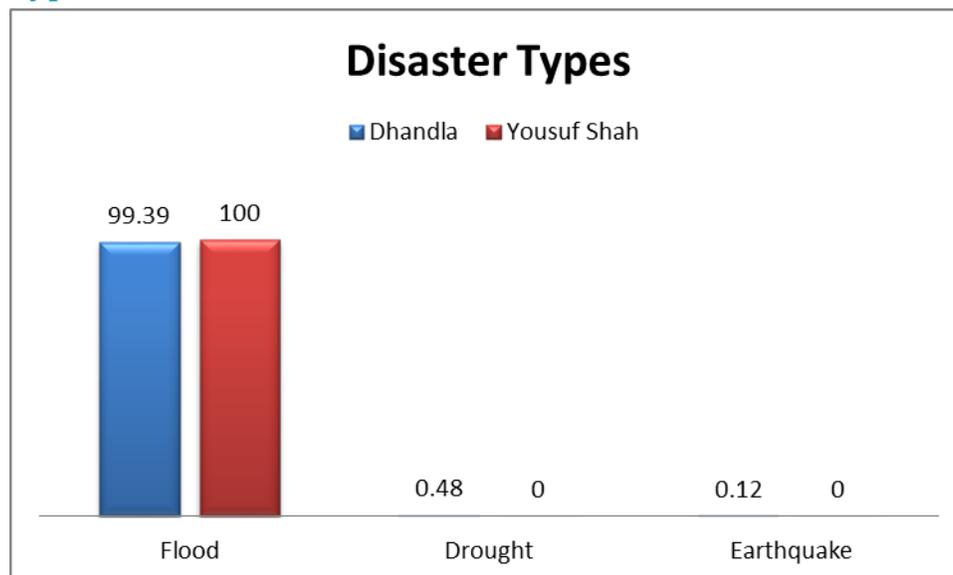
There was a visible change in the situation of pre and post KAP. During the Pre - KAP it was reported that 36% of the households threw garbage in the streets which had now reduced to 5% and 1% in the two targeted UCs. The Post – KAP survey findings showed that majority of the households; 80.36% in Yousuf Shah and 74.21% in had a fixed place outside their home for garbage disposal. Furthermore, 20% respondents in Dhandla and 19% Yousuf Shah reported that they dispose off their garbage in the backyard. It was encouraging that the situation had improved but still the need for raising awareness about proper solid waste disposal and enforcing the practice in many villages was felt.

Toile Waste Disposal



The Post KAP data analysis showed that 52.6% households in Dhandla and 51.3% households in Yousuf Shah had separate sewerage system for toilet waste disposal whereas 39% and 24% had other sources.

Disaster Type



Flood was reported as the only natural disaster hit the area in last few years . i.e. 100% respondents in Yousuf Shah and 99% respondent in Dhandla reported floods as the main disaster type in the area.

Damage to Life

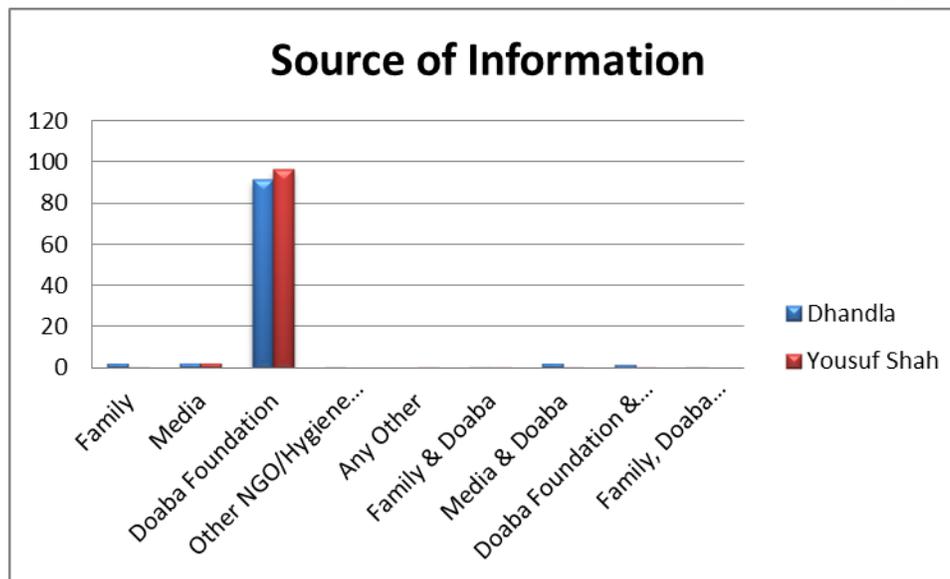
Damage to Life

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Nil	824	98.33	388	97.98
Yes	14	1.67	8	2.02

During the floods damage to human life union council Yousuf Shah was 2.02% and in Dhandla it was 1.67% reported during the Post KAP survey. Around 98% of the populations were safe but in a vulnerable condition.

Source of Information

Family elders were the major source of information/inspiration regarding personal hygiene for 85% of the respondents. The remaining 15% had heard about personal hygiene from other sources including school (32%), mosque (2.2%) community meetings (5.7%) and hygiene awareness/promotional activities (2.2%).



During the Post KAP survey above 90% respondents in both the UCs reported that Doaba Foundation was the main source of information to them. Communities seemed well aware of Doaba Foundation’s interventions in the area and were also familiar with their field staff in most of the places. Where the situation was different when we looked at the Pre KAP findings; for around 85% of the households family elders were the main source of information and inspiration.

Observations

Observation 1: Overall Cleanliness in the house

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
1	115	13.74	73	18.53
2	412	49.22	198	50.25
3	208	24.85	78	19.80
4	75	8.96	32	8.12
5	27	3.23	13	3.30

Observation 2: Cleanliness inside the toilet

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
1	68	9.70	27	7.54
2	288	41.08	164	45.81
3	263	37.52	129	36.03

4	65	9.27	35	9.78
5	16	2.28	3	0.84
45	1	0.14		

Observation 3: Solid waste inside the house

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
1	86	10.30	28	7.11
2	228	27.31	178	45.18
3	304	36.41	108	27.41
4	145	17.37	52	13.20
5	70	8.38	28	7.11
34	2	0.24		

Observation 4: Liquid waste inside and around the house

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
1	113	13.53	55	14.07
2	265	31.74	175	44.76
3	276	33.05	109	27.88
4	124	14.85	30	7.67
5	57	6.83	22	5.63

Observation 5: Hand Washing Facility

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
1	244	29.29	133	34.02
2	387	46.46	189	48.34
3	155	18.61	62	15.86
4	32	3.84	3	0.77
5	15	1.70	4	1.02

Prevention from Diseases

	Dhandla		Yousuf Shah	
	Count	Col %	Count	Col %
Always use safe drinking water	413	50.12	243	62.63
Wash hands with soap after use of latrine	312	37.86	117	30.15
Adopt hands washing habit	52	6.31	19	4.90
Adopt teeth hygiene habit	5	0.61		
Adopt safe cooking practices	13	1.58		
Keep eating things covered	2	0.24	1	0.26
Wear appropriate cloth	1	0.12	2	0.52
Avoid unhygienic surroundings	3	0.36	1	0.26
Other	3	0.36		
Always use safe drinking water & Wash hands with soap after use of latrine	19	2.31	5	1.29
Wash hands with soap after use of latrine, adopt hands washing habits	1	0.12		

School Children's Perception

Two FGDs were conducted with students; one at Moeen Public School, Basti Bhatian Wali, UC Yousuf Shah and another one at Government Primary School Bhir Rashid Shah, UC Dhandla. In both the schools, students were found aware of the benefits of health and hygiene programs and many of the students demonstrated hand washing steps properly. Schools had toilet and hand washing facility available for children, and students wash their hands with soap before eating and after defecation.

Children/students were also part of the sanitation committees at village level. There was a campaign against open defecation where children played key role; whenever they would see someone going for open defecation they would whistle and raise a red flag to try to embarrass that person in the community and especially it was against those who had the habit of going for open defecation, even they had toilet facility available at the household. This practice had helped in controlling open defecation in the area.

CONCLUSION AND RECOMMENDATIONS

Conclusion

This Post-KAP Survey was conducted in order to compare its results with the results of Pre-KAP Survey, to identify whether the WASH and DRR activities conducted under the ON funded project had been effective.

The Pre-KAP Survey was conducted in December 2011-January 2012 and the Post-KAP Survey was conducted in August 2012. In the period between two surveys, a number of activities covering water, sanitation and hygiene were implemented as part of the project implementation.

At the completion of the project implementation, some good improvements could be observed in the knowledge, attitude and practice of the target communities with respect to WASH and DRR.

Some of the attributes where major improvement was recorded and supported by the data include awareness on harms of open defecation; practice of open defecation, availability and access to latrine; practice of washing hands before eating food in children, men and women; and use of soap/detergent for washing hands. Availability and access to drinking water and sanitation facilities also improved remarkably.

A positive change was also observed in knowledge and practice of water testing; and proper disposal of solid and liquid waste.

There were certain areas where no significant change could be attributed to the project. Major areas include water purification; and washing the water containers. Habit of washing the water container on daily basis was already prevalent in the target communities since 90% of the respondents in pre-KAP were already practicing it. But the concept of water treatment/purification could not be induced in the community. 95.7% of the respondents of Pre-KAP Survey were using untreated water, while this figure was reduced to 91%, with a minor difference of 4.7%.

Another important fact to be looked into is the practice of open defecation. Although percentage of people going for open defecation reduced from 63% in pre-KAP survey to 31% in post-KAP. But still this figure is quite high when we compare it with the target of ODF (open defecation free) society.

Recommendations

1. Much more needs to be done in order to attain ODF (Open Defecation Free) Society. Advocacy and awareness coupled with provision of latrine facilities seems to be a viable package, since only awareness and advocacy may not be as effective.
2. Another area which needs focus is awareness raising on use of safe drinking water, and then training on water treatment/ purification techniques.

Serial # _____

Post KAP Survey

Community Led Total Sanitation (CLTS) with Integrated Approach of DRR

HOUSEHOLD/ BENEFICIARIES

Name of Interviewer _____ Signature _____

Date (filled)

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Supervisor's Name _____

Supervisor's Signature _____

Village _____ Union Council _____ Respondent's name _____

Name of Household Head _____ Gender? 1=male, 2=female

Drinking Water

1. What is the source of water for your HH? *1=Tap water inside; 2=Hand pump inside; 3=tube well/bore hole; 4=well; 5=Tap water outside; 6=Hand pump outside; 7=river/canal/stream*
2. How much time your HH spends on fetching water? *1= No of minutes_____ 2= Water Source inside; 3= don't know*
3. How do you purify the drinking water at household level? *1=Don't purify; 2=Boil; 3= Filter; 4= Chlorine tablets.; 5= Clean with sand or cloth; 6= store in sliver jug; 7= Use Musaffa packet; 8= keep in sunlight; 9= Any other (specify)_____*
4. Where do you store drinking water? *1= Drum; 2=Pitcher; 3=Bucket; 4=Over ground tank; 5=underground tank; 6= Jerry Cane; 7= Water Cooler; 8=other (specify) _____*
5. How do you take the water from the storage containers? *1= By using mug; 2= By pouring from container; 3= Containers has a tap; 4= By immersing the glass or mug directly into the water container; 5 = Other (please specify)_____*
6. How often do you wash the container? *1=Daily; 2=Twice a week; 3=Weekly; 4=Fortnightly; 5=As and when required; 6=Never*
7. Did you ever get your drinking water tested? *1=Yes; 2=No*
8. If yes, from which agency/department? _____
9. Why is water testing important? _____

Toilet Use

10. Type of latrine facilities available: _____ Code:1=No latrine; 2= Flush Latrine;3=Pit Latrine; 4=Latrine connected to sewerage; 5= Other (please specify) _____
11. Who uses the latrine? _____ Code: 1= Men; 2=Women; 3=children
12. What is the present condition of the latrine? _____ Code: 1= Functional; 2=partially damaged; 3= totally damaged.
13. How often do you clean your latrine? _____ Code: 1 = Twice a day; 2 = Once a day;3= Weekly; 4= Any Other _____

14. If no latrine, what is the reason? _____ **Code:** 1=No space; 2=No money; 3= Not needed; 4= No tradition; 5= Problem in digging; 6= Non availability of construction material; 7= Other _____
15. Is any member of your family still going for open defecation? _____ **Code:** 1= Yes ; 2=No
16. If yes how many persons? _____
17. What is source of water in toilet? _____ **Code:** 1=Tap water; 2= Buckets; 3= None 4= Other (specify) _____
18. Do you think open defecation causes diseases? _____ **Code:**1=Yes; 2=No
19. If yes which type of diseases? _____ **Code:**1=Diarrhea; 2=Cholera; 3= Skin (Scabies) 4= Dengue fever;5 = Worms; 6= Hepatitis; 7= Eye infection; 8= Any Other (specify) _____
20. What should be done to prevent from these diseases? (tick all that apply)
Code: 1= Always use safe drinking water; 2= Wash hands with soap after use of latrine; 3= Adopt hands washing habit; 4= Adopt teeth hygiene habit; 5= Adopt safe cooking practices; 6= Keep eating things covered; 7= Take fresh and clean diet; 8= Wear appropriate cloths; 9= Keep immunizations up to date; 10= Avoid unhygienic surroundings; 11= Use insect repellents; 12= Other (specify) _____ 13= Don't know

Hygiene

21. Do all persons in your household wash hands before the following activities:

S.No	Activity	Men		Women		Children	
		1=Yes, 2=No	Method	1=Yes, 2=No	Method	1=Yes, 2=No	Method
1	Before eating						
2	Before cooking						
3	After defecation						
4	Before feeding the baby						

Method code: 1=Water; 2=Ash; 3=Soap and water; 4=Any other (specify) _____

Waste Management

22. Where do you through your garbage? _____ **Code:** 1= In backyard; 2= In street; 3= At fixed place outside home; 4= Near stream/ canal; 5= At TMA/NGO/UC fixed place
23. Where the wastes from toilets of this household are being disposed off? _____ **Code:** 1= Separate sewerage system; 2= Combined in same drainage line; 3= Thrown outside; 4= other (specify) _____

Disaster Risk Reduction

24. What types of disasters did you experience during past few years? _____ **Code:** 1=Flood; 2=Drought; 3= Earthquake; 4= Any other (specify) _____
25. What damage was caused to you and your property?
- a. Life: _____
- b. Property: _____
- c. Livestock: _____
26. What measures did you adopt to overcome the losses? (e.g. village plans, DRM committees, linkages)

27. What preventive measures have you adopted to cope with similar situation in future?

- a. _____
b. _____
c. _____

Source of Information

28. How did you learn about safe water, hygiene, use of toilet etc? _____ Code: 1=Family; 2=Media;
3=Doaba Foundation; 4=Other NGO/hygiene promotion program; 5=Any other (specify)

Observations Checklist

Indicator	1	2	3	4	5
• Overall cleanliness in the house					
• Cleanliness inside toilet					
• Solid waste inside the home					
• Liquid waste in and around the house					
• Hand washing facility					

Serial # _____

Post KAP Survey
Community Led Total Sanitation (CLTS) with Integrated Approach of DRR
FGD Guidelines

Name of Facilitator: _____ Date: _____

Village: _____ Union Council: _____

No of Participants: **Total** _____ **Male** _____ **Female** _____

Drinking Water

- What is general source of drinking water in the village?
- What is their understanding of safe drinking water?
- How do they purify and store drinking water?

Toilet Use

- What is general trend of defecation?
- Have the villagers constructed latrines on their own?
- Is there any concept of shared latrines in the community?
- Is somebody trained in the community for construction of toilets?
- What percentage of villagers go for open defecation and why?
- What are the benefits of using toilet over open defecation?
- What are disadvantages of open defecation?

Hygiene

- When do they wash their hands?
- How do they wash their hands? e.g. with or without soap?
- Why is it important to wash hands?

Disaster Risk Reduction

- What types of disasters did you experience during past few years
- What damages were caused?
- What measures did you adopt?
- What preventive measures have you adopted to cope with similar situation in future?

Linkages and Source of Information

- Linkages and coordination with Line Departments, their status, change over time
- Any programs being run on water sanitation and hygiene.
- Impact of such programs.

Names of respondents:
