



## **ABUJA IDP COMMUNITY SURVEY REPORT 2019**

### **WATER SANITATION & HYGIENE-WaSH**

Knowledge, Attitude and Practices (KAP) survey

## **REPORT**

**February 2019**

## **Acknowledgement**

We would like to send a heartfelt appreciation to the camp chairmen of Wassa, Darumi and Kuchingoro IDP camps for their continued support and advice they have provided throughout the time of conducting this WASH needs assessment. Completing this work would have been all the most difficult if it were not for the supportive assistance we continue to receive from them. We are and forever will be grateful for everything they have done for us.

Words are no place to be found to express how much we profoundly appreciate the efforts of the staffs of Freehearts Africa Reach Out Foundation for their diligence in gathering quality information which has enriched the report.

## **1. Executive Summary**

FAROF conducted Knowledge, Attitude and Practices (KAP) survey to track key practices of hand washing, safe disposal of excreta and adequate water storage and usage at three Internally Displaced Persons (IDPs) communities, namely: (Wassa, Darumi, and Kuchingoro IDP community) located in FCT-Abuja from 4<sup>th</sup> January 2019 to 3<sup>rd</sup> February 2019.

The objective of this WaSH Need Assessment was primarily to collect detailed, accurate and credible information on water, Sanitation and Hygiene (WaSH) gaps of the three IDPs communities of FCT-Abuja (Wassa, Darumi, Kuchingoro), with a special focus on the access of safe drinking water, hygiene behaviours and sanitation.

Recent conflict escalation in the north eastern part of Nigeria has forced many families to abandon their homes and migrated into other regions and communities, including Wassa, Darumi and Kuchingoro communities and has become the host place for IDPs. The high influx of IDPs into the 3 different sites due to the continued conflicts in the northeast has increased pressure on the existing facilities.

The poor condition of the water, sanitation and hygiene in the IDP communities, poses a major threat to residents and health issues in relation to water such as

Cholera, Diarrhea, Typhoid Fever are of prevalence.70-80% of the displaced persons are at one time or the other down with this health challenges.

Malaria also is a very serious disease that spreads by infected mosquitoes, which live on stagnant water and opened water containers as well. This aggressive disease is considered an epidemic in Kuchigoro IDP camp, where a total of 60-65 of the person come down due to Malaria, Typhoid, HIV, Tuberculosis among others.

In Wassa IDP camp, 40-50% of the children have scalp ring worms among others which includes Hepatitis B, HIV, Typhoid, Tuberculosis, Malaria etc, resulting to poor hygiene and poor access to water supply.

Clearly, the assessment data has been collected from household questionnaires, and key informant. Household surveys covered 100 HHs. This survey/assessment exercise includes the methodology of assessment, key findings and recommendations.

## **2. Methodology and Coverage Area**

For the purpose of credibility and reliability, this survey was conducted by using quantitative and qualitative approaches where quantitative and qualitative data was collected in various forms including key informant interviews, observations and households' surveys.

A training has been conducted for the Survey Team, explaining the main objectives of the needs assessment, how to use these tools to collect the data.

This survey covered three main components. Each component was composed of specific data and information that are essential to achieve the objective of the assessment. Different tools were used to collect the data that would be presented in the following sections of this report.

1. Key informant interviews were conducted with the camp coordinators of the three IDP camps.

The key informants gave general information on the vulnerability of the areas which was a main reason behind conducting this needs assessment. They provided information the dominant Water /Sanitation/ Hygiene borne disease in their areas

2. The household survey questionnaire was conducted by using a random sampling of 100 HouseHold HHs from the three IDP communities. The questionnaire focused on collecting data of the knowledge and main water source for HHs and ways of water treatment, time spent to get water, hygienic behaviors, availability of latrines and garbage disposal.

3. Observation: An observation checklist was developed to capture additional information and to corroborate information gathered from key informants and FGDs. These included physical state of water infrastructure, cleanliness of the sites

and villages, queuing time at water points, and distances covered to the nearest water points.

### **3. FINDINGS**

This Chapter gives a summative reflection and interpretation of the assessment findings based on the qualitative data, quantitative data and responses from the field including household interviews

#### **3.1 Water**

From the field assessment and, the following are key findings regarding water resources:

- The management of water sources by communities is inadequate as most systems are having operation and management (O&M) problems and the committees managing them cannot sustain the systems.
- The main sources of water across the three IDP camps are borehole. Wassa community specifically has five boreholes but only two are functional. Source: key informant.
- Darumi IDP community lacks proper source of clean water and possesses only one water borehole by. Source: key informant.

- Majority of the respondents in Darumi and Kuchingoro, stated that the distance between water points and their homes is less than a kilometer, indicating that water availability may not be the big problem only in Kuchingoro IDP community, but the maintenance skill of the existing facility is required. Although this was not the case in Wassa IDP community as the only functional water source was inadequate to serve the growing population, some have to walk a long distance away from their community to fetch water.

- 60% respondent said: Water system maintenance knowledge is poorest in Wassa Community,

- 73% respondent said Community members walk over 1km to fetch drinkable water in Wassa and Darumi IDP community.

- Cholera, Diarrhea, Typhoid Fever are of prevalence in all three IDP community by key informant.

- 67% of respondent illustrated that the only way for Wassa community members to cope with water shortage is by reducing water consumption for hygiene practices (bathe less, etc...).

- Most households sampled in the three IDP camps neither treat nor boil the water.

- Over 60% have once treated for cholera, fever and/or typhoid in all three IDP community

## 3.2 SANITATION

Sanitation coverage in the three IDP communities is low. Sanitation situation is worse as open defecation by adults and children is rampant in most areas. The camps lack garbage disposal sites; hence the IDP communities are litter with waste.

- 32.61% of House Holds-HHs stated that there is always visible wastewater in the vicinity of their houses.
- 29% of HHS do not have soap in their houses.
- 88% of HHS do not have hand washing facilities
- Most areas of the community/site have many piles of garbage everywhere in the street.
- 71% of children in these communities have treated for ringworm in all three IDP communities, while 45% still have symptoms of ringworms.

## 4. Recommendations

The following activities are recommended for humanitarian interventions:

- Rehabilitation of faulting water source at Wassa and Darumi IDP communities.

- Provision of basic hygiene kits and /or trainings/sensitization to keep the IDP communities clean.
- Conduct awareness sessions on key hygiene messages.
- Conduct cleaning campaigns/interventions in public places.
- Conduct trainings on Community Led Total Sanitation (CLTS) activities for HHs and community members.