

# Research Terms of Reference

Azraq WASH KAP Assessment

JOR 1901a

Jordan

July 2019  
Version 1

**REACH** Informing  
more effective  
humanitarian action

## 1. Executive Summary

<b>Country of intervention</b>	Jordan				
<b>Type of Emergency</b>	<input type="checkbox"/>	Natural disaster	<input checked="" type="checkbox"/>	Conflict	
<b>Type of Crisis</b>	<input type="checkbox"/>	Sudden onset	<input type="checkbox"/>	Slow onset	<input checked="" type="checkbox"/> Protracted
<b>Mandating Body/ Agency</b>	UNICEF				
<b>Project Code</b>	13iAIT				
<b>Overall Research Timeframe</b> (from research design to final outputs / M&E)	01/01/2019 to 31/12/2019				
<b>Research Timeframe</b>  <i>Add planned deadlines (for first cycle if more than 1)</i>	1. Start data collection: 18/8/2019		5. Preliminary presentation: 22/9/2019		
	2. Data collected: 29/8/2019		6. Outputs sent for validation: 22/9/2019		
	3. Data analysed: 5/9/2019		7. Outputs published: 3/10/2019		
	4. Data sent for validation: 8/9/2019		8. Final presentation: 6/10/2019		
<b>Number of assessments</b>	<input checked="" type="checkbox"/>	Single assessment (one cycle)			
	<input type="checkbox"/>	Multi assessment (more than one cycle)			
<b>Humanitarian milestones</b> <i>Specify what will the assessment inform and when</i> <i>e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;</i>	<b>Milestone</b>		<b>Deadline</b>		
	<input checked="" type="checkbox"/>	Donor plan/strategy	2019-2020		
	<input type="checkbox"/>	Inter-cluster plan/strategy	-- / / --		
	<input type="checkbox"/>	Cluster plan/strategy	-- / / --		
	<input type="checkbox"/>	NGO platform plan/strategy	-- / / --		
	<input checked="" type="checkbox"/>	Other (Specify): UNICEF's WASH Implementing Partners' (namely ACTED and ACF) plans in Azraq camp		2019-2020	
	<b>Audience type</b>			<b>Dissemination</b>	

<b>Audience Type &amp; Dissemination</b> Specify <i>who</i> will the assessment inform and <i>how</i> you will disseminate to inform the audience	<input type="checkbox"/> Strategic <input checked="" type="checkbox"/> Programmatic <input checked="" type="checkbox"/> Operational <input type="checkbox"/> [Other, Specify]	<input type="checkbox"/> General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) <input type="checkbox"/> Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting <input checked="" type="checkbox"/> Presentation of findings (e.g. at HCT meeting; Cluster meeting) <input checked="" type="checkbox"/> Website Dissemination (Relief Web & REACH Resource Centre) <input type="checkbox"/> [Other, Specify]
<b>Detailed dissemination plan required</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>General Objective</b>	To inform the (1) WASH services provided by humanitarian actors as well as (2) UNICEF'S efforts to increase water conservation, customer service satisfaction and accountability, in Azraq camp. To assess the current knowledge, attitude and practices of the camp residents towards the water, hygiene and sanitation.	
<b>Specific Objective(s)</b>	<ol style="list-style-type: none"> <li>1. Assess: <ol style="list-style-type: none"> <li>a. The extent to which residents feel represented in terms of WASH services provision, particularly in relation to mechanisms of accountability like hotlines.</li> </ol> </li> <li>2. Evaluate <ol style="list-style-type: none"> <li>a. Camp residents' current knowledge, attitudes and practices towards water, hygiene and sanitation</li> </ol> </li> <li>3. Provide a thorough understanding of the camp residents' perceptions of (1) UNICEF's WASH implementing partners' effectiveness in delivering WASH related information and WASH services and (2) camp residents' relationships with UNICEF's WASH implementing partners' staff</li> </ol>	
<b>Research Questions</b>	<ol style="list-style-type: none"> <li>1. What is the current water, sanitation and hygiene knowledge, attitudes <sup>1</sup>and practices of Azraq camp residents?</li> <li>2. How are UNICEF's efforts to strengthen customer satisfaction and accountability perceived by camp residents and what are the results of this strategy so far? <ol style="list-style-type: none"> <li>a. Do residents have a clear understanding of complaint mechanisms and to what extent do they use these mechanisms? Are they satisfied with these mechanisms?</li> </ol> </li> <li>3. How effective are UNICEF's hygiene and water conservation related messages in increasing camp residents' knowledge and in informing their behaviour?</li> </ol>	
<b>Geographic Coverage</b>	Azraq refugee camp	
<b>Secondary data sources</b>	Knowledge, Attitudes and Practices (KAP) survey in Azraq camp conducted by ACF, 2018 (for informing the tool and for data comparison purposes)	
<b>Population(s)</b>  <i>Select all that apply</i>	<input type="checkbox"/> IDPs in camp	<input type="checkbox"/> IDPs in informal sites
	<input type="checkbox"/> IDPs in host communities	<input type="checkbox"/> IDPs [Other, Specify]
	<input checked="" type="checkbox"/> Refugees in camp	<input type="checkbox"/> Refugees in informal sites
	<input type="checkbox"/> Refugees in host communities	<input type="checkbox"/> Refugees [Other, Specify]
	<input type="checkbox"/> Host communities	<input type="checkbox"/> [Other, Specify]

<sup>1</sup> Attitudes that are commonly held by the camp residents toward the WASH related services and facilities.

<b>Stratification</b> <i>Select type(s) and enter number of strata</i>	<input checked="" type="checkbox"/>	Geographical #:_ 1 Population size per strata is known? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	Group #: ___ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<i>[Other Specify] #:</i> __ Population size per strata is known? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Data collection tool(s)</b>	<input checked="" type="checkbox"/>	Structured (Quantitative)	<input type="checkbox"/>	Semi-structured (Qualitative)		
		<b>Sampling method</b>		<b>Data collection method</b>		
<b>Structured data collection tool # 1</b>		<input type="checkbox"/> Purposive <input checked="" type="checkbox"/> Probability / Simple random <input type="checkbox"/> Probability / Stratified simple random <input type="checkbox"/> Probability / Cluster sampling <input type="checkbox"/> Probability / Stratified cluster sampling <input type="checkbox"/> <i>[Other, Specify]</i>		<input type="checkbox"/> Key informant interview (Target #):_____ <input type="checkbox"/> Group discussion (Target #):_____ <input checked="" type="checkbox"/> Household interview (Target #):_ 372 <input type="checkbox"/> Individual interview (Target #):_____ <input type="checkbox"/> Direct observations (Target #):_____ <input type="checkbox"/> <i>[Other, Specify]</i> (Target #):_____		
<b>Target level of precision if probability sampling</b>		95% level of confidence		5+/- % margin of error		
<b>Data management platform(s)</b>	<input checked="" type="checkbox"/>	IMPACT		<input type="checkbox"/>	UNHCR	
	<input type="checkbox"/>	<i>[Other, Specify]</i>				
<b>Expected output type(s)</b>	<input type="checkbox"/>	Situation overview #: __	<input checked="" type="checkbox"/>	Report #: 1	<input type="checkbox"/>	Profile #: __
	<input type="checkbox"/>	Presentation (Preliminary findings) #: __	<input checked="" type="checkbox"/>	Presentation (Final) #: 1	<input checked="" type="checkbox"/>	Factsheet #: 1
	<input type="checkbox"/>	Interactive dashboard #_	<input type="checkbox"/>	Web map #: __	<input type="checkbox"/>	Map #: __
	<input type="checkbox"/>	Preliminary findings document #:				
<b>Access</b>	<input checked="" type="checkbox"/>	Public (available on REACH resource centre and other humanitarian platforms)				
	<input type="checkbox"/>	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
<b>Visibility</b> <i>Specify which logos should be on outputs</i>		UNICEF, REACH				

## 2. Rationale

### 2.1. Rationale

As of July 2019, 39,924 Syrian refugees were registered in Azraq camp, in Zarqa governorate.<sup>1</sup>

<sup>1</sup> [UNHCR Operational Portal 4<sup>th</sup> July 2019, Accessed in July 11](#)

In total there are seven villages in Azraq camp, however only four are inhabited villages (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.<sup>3</sup> 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.

The KAP survey is a frequent study course, normally conducted once every year, which aims to inform the programming of the WASH services provided in the camp, by assessing the current knowledge, attitude and practices of the camp residents towards the water, hygiene and sanitation. Also, to inform UNICEF's efforts to increase water conservation, customer service satisfaction and accountability.

## 3. Methodology

### 2.1. Methodology overview

The study will be quantitative, with data collected through randomly selecting households to complete household level surveys in all the inhabited villages of the camp. The sampling of households will be weighted by population density across the camp, so as to ensure representability of all villages. Data will be collected by both REACH enumerators and trained Cash For Workers (CFWs).

### 2.2. Population of interest

The population of interest includes Syrian refugees living in Azraq camp, in all four inhabited villages across the camp. Wherever possible, the head of household will be interviewed. However, if the household head is not available, only household individuals over the age of 18 will be asked to participate in the survey.

### 2.3. Secondary data review

The questionnaire used for the KAP survey 2018 by ACF will serve as a foundation for the questionnaire of the KAP survey 2019.<sup>4</sup>

#### 2.4.1. Primary Data Collection

At an initial stage, the questionnaire of the 2018 KAP survey conducted by ACF will be used to design the first draft of the 2019 questionnaire in order to enable data tracking and comparisons. Representatives from UNICEF and the WASH working group will review the survey tool to ensure that the 2019 KAP survey can effectively inform UNICEF and WASH IPs' current plans/strategies.

#### Sampling strategy

As of July 2019, UNHCR operational portal shows that 39,924 individuals are living in Azraq camp and there are currently 8,950 inhabited shelters. Based on this figure, a random sample of 372 households will provide results that are generalizable to the population within the camp with a 95% level of confidence and a 5% margin of error. An additional buffer of 5% will be added to allow the discarding of incomplete cases and errors while still attaining the planned confidence level and confidence interval. The number of houses selected per village will be proportional to the number of inhabited households in each village, to ensure the representativeness of the sample.

The KAP survey will rely on a random sampling approach developed by REACH to identify the survey respondents. This approach will employ randomized spatial sampling which takes household density data in the camp and uses R scripts to randomly select household points weighted by this density data (data sourced from the last population census conducted by REACH). During the data collection, data collectors will navigate to the generated GPS point, by using the OSM mobile application, preloaded with an GPX file, contain the GPS coordinates of each randomly generated point, and conduct an interview with an adult member within the closest household to the point. Where this household is empty, unresponsive, or

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<sup>3</sup> [Azraq Camp factsheet. UNHCR, April 2019](#)

<sup>4</sup> Received from UNICEF WASH department via email. July 11

refuses to participate in the survey, data collectors will have to replace the initial GPS point with another one taken from the 10% additional buffer points will be generated while the preparing the initial sample, provided for that purpose.

Wherever possible, the head of household will be interviewed. In case where the head of household is not available and there is more than one adult within the household, the data collectors will introduce the assessment and then ask household members who they think among themselves would be best able to provide information given the nature of the assessment. While the sampling will not be disaggregated by gender, it is expected that a large enough sample of both male and female respondents will be captured in the survey to allow for findings to be representative of the male and female population of the camp, albeit at a lower level of confidence. Questions will also be included to identify respondents with a disability, again with a lower level of confidence.

### Data collection method

The REACH assessment team (including 1 senior field manager and 1 project assistant) will administer the KAP survey with the support of 5 cash for work (CFW)<sup>5</sup> staff from the camp residents. Given the sensitivity of some of the questions that are included in the KAP survey questionnaire, female data collectors will conduct interviews with female respondents and male data collectors with male respondents. Prior to the beginning of the data collection, one day will be dedicated to the training on the questionnaire and interview conduction, and another day will be dedicated for both (1) the training of the data collectors on how to collect data using KOBO (an Android-based mobile application) as well as communications and interview techniques, and (2) the pilot of the tool, in order to test the form in the field prior to final use and to ensure that data collectors are fully familiar with it. Data collected during the course of the survey will be stored directly on IMPACT's secure internal server.

## 2.5. Data Processing & Analysis

To ensure the quality of the data collected, the following checks will be implemented:

- Daily cleaning will be done at the end of each day to address errors, if any, and outliers in data entry.
- Regular spot checks will be conducted by the REACH Senior Field Manager during data collection, so to ensure data collectors are properly administering survey questionnaire.
- Data cleaning logs and the respective raw will be kept allowing all steps of the process to be replicated

Once all data has been collected and cleaned, data will then be analysed by a review of descriptive statistics in addition to more advanced statistical analysis where appropriate, through Excel and SPSS. The final report will include the disaggregation of KAP survey variables by population subgroups (household size and disability within the household), geographical distribution, and data/findings comparisons with the past years. A list of the main indicators that will guide the analysis have been outlined in Annex 6: Data Analysis Plan.

## 4. Roles and responsibilities

Table 3: Description of roles and responsibilities

<b>Task Description</b>	<b>Responsible</b>	<b>Accountable</b>	<b>Consulted</b>	<b>Informed</b>
<i>Research design</i>	Assessment Officer	Assessment Officer	Country Coordinator, HQ Research Design Unit, Senior Field Manager, UNICEF focal point (WASH expert) and	HQ Data Unit, HQ Reporting Unit

<sup>5</sup> The cash for work (CFW) scheme in Azraq camp has been utilized to provide incentives and capacity development to refugees who volunteer for various organizations in the camp, which the process of hiring CFWs goes through CARE.

	WASH IPs M&E Managers			
<i>Supervising data collection</i>	Senior Field Manager	Senior Field Manager	Assessment Officer	Country Coordinator
<i>Data processing (checking, cleaning)</i>	Assessment Officer	Assessment Officer	Database Officer, Senior Field Manager, HQ Data Unit	Country Coordinator
<i>Data analysis</i>	Assessment Officer	Country Coordinator	Country Coordinator, HQ Data Unit	
<i>Output production</i>	Assessment Officer	Country Coordinator	Country Coordinator, HQ Reporting Unit	
<i>Dissemination</i>	Assessment Officer	Country Coordinator	UNICEF focal point, (WASH expert) and WASH IPs' M&E Managers	WASH Partner focal points
<i>Monitoring &amp; Evaluation</i>	Assessment Officer	Country Coordinator	HQ Research Design Unit	
<i>Lessons learned</i>	Assessment Officer	Country Coordinator	Senior Field Manager	HQ Research Design Unit

Research questions	IN #	Data collection method	Indicator group / sector	Indicator / Variable	Questionnaire Question	Instructions	Questionnaire Responses
NA (introductory information and demographics)	A.1	HH Interview	Key characteristics	Enumerator ID	Enumerator ID	Enter name	
	A.1.1	HH Interview	Key characteristics	Introduction	Hello, my name is _____ and I am working for REACH. 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.	Read	
	A.2	HH Interview	Key characteristics	Willing to be interviewed	Are you willing to take part in this interview?	Select one	Yes; No
	A.3	HH Interview	Key characteristics	village	What is the number of the village you live in?	Enter number	Admin list (of Villages)
	A.4	HH Interview	Key characteristics	Block number	What is the number of the block you live in?	Enter number	Admin list (blocks)
A.5	HH Interview	Key characteristics	Household number	Do you know the house number?	Select one	Yes; No	

A.6	HH Interview	Key characteristics	Household number	What is your household number/	Enter number	
A.7	HH Interview	Key characteristics	Respondent gender	Gender of respondent	Select one	Male; Female
A.8	HH Interview	Key characteristics	Respondent age	How old are you?	Enter number	
A.9	HH Interview	Key characteristics	Is head of household?	Is the respondent the head of household?	Select one	Yes; No
A.10	HH Interview	Key characteristics	Gender of head of household	What is the gender of the head of household?	Select one	Male; Female
A.11	HH Interview	Key characteristics	Age of head of household	What is the age of HH?	Enter number	
A.12	HH Interview	Key characteristics	Number of residents age 1 –5	Without head of HH and respondent, how many people in the following age brackets live in this household	Enter number	
A.13	HH Interview	Key characteristics	Number of residents age 6 –18	Number of residents age 6 –18	Enter number	
A.14	HH Interview	Key characteristics	Number of residents age 19 – 59	Number of residents age 19 – 59	Enter number	
A.15	HH Interview	Key characteristics	Number of residents age 60+	Number of residents age 60+	Enter number	
A.16	HH Interview	Key characteristics	Willing to comment on household's health and ability to do everyday tasks	We would like to ask you a few questions concerning your household's health and ability to do everyday tasks. Would you be willing to answer these questions?	Select one	Yes; No
A.17	HH Interview	Key characteristics	family health concerns	Do you and/ or any other member of your household have any health concerns which impacts your/their ability to do everyday tasks?	Select one	Yes me personally; Yes, another member of my household; No; Prefer not to answer
A.18	HH Interview	Key characteristics	type of health concerns	What kind of health concerns do you face?	Select any or all	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

1. What is the current water, sanitation and hygiene knowledge, attitudes and practices of Azraq camp residents?

<b>B.1</b>	<i>HH Interview</i>	<i>Water practices</i>	<i>Water container</i>	<i>What type of water containers do you have?</i>	<i>Select one</i>	<input type="checkbox"/> <i>Jerrycan</i> <input type="checkbox"/> <i>Bucket</i> <input type="checkbox"/> <i>Empty bottles</i> <input type="checkbox"/> <i>Basin</i> <input type="checkbox"/> <i>Other (Specify)</i>
<b>B.1</b>	<i>HH Interview</i>	<i>Water practices</i>	<i>Satisfaction on Water container</i>	<i>How satisfied are you with the water containers that you have?</i>	<i>Select one</i>	<input type="checkbox"/> <i>Very satisfied</i> <input type="checkbox"/> <i>somewhat satisfied</i> <input type="checkbox"/> <i>neutral</i> <input type="checkbox"/> <i>somewhat unsatisfied</i> <input type="checkbox"/> <i>very unsatisfied.</i>
<b>B.1.1</b>	<i>HH Interview</i>	<i>Water practices</i>	<i>Satisfaction on Water container</i>	<i>(If somewhat unsatisfied or Very Unsatisfied for) Why?</i>	<i>Text</i>	
<b>B.1.2</b>	<i>HH Interview</i>	<i>Water practices</i>	<i>Storing drinking water</i>	<i>How do your household store the drinking water container?</i>	<i>Select one</i>	<input type="checkbox"/> <i>Jerrycan</i> <input type="checkbox"/> <i>Bucket</i> <input type="checkbox"/> <i>Empty bottles</i> <input type="checkbox"/> <i>Basin</i> <input type="checkbox"/> <i>Other (Specify)</i>
<b>B.1.3</b>	<i>HH Interview</i>	<i>Water practices</i>	<i>Water containers safety</i>	<i>is the water container covered or opened?</i>	<i>(Observation) Select one</i>	<input type="checkbox"/> <i>(Observed)Open</i> <input type="checkbox"/> <i>(Observed) Covered</i> <input type="checkbox"/> <i>(Observed)Open</i> <input type="checkbox"/> <i>(Unobserved) Covered</i>
<b>B.1.4</b>	<i>HH Interview</i>	<i>Water practices</i>	<i>Source of water container</i>	<i>(If they do have water containers) where did you get them from?</i>	<i>Select one</i>	<input type="checkbox"/> <i>I bought myself</i> <input type="checkbox"/> <i>Provided by NGO</i> <input type="checkbox"/> <i>Provided by neighbors</i> <input type="checkbox"/> <i>Reusing a container.</i> <input type="checkbox"/> <i>Others, specify</i>
<b>B.1.5</b>	<i>HH Interview</i>	<i>Water practices</i>	<i>Water containers capacity</i>	<i>What is the total capacity (In litres) of the water container/s do you have in your household?</i>	<i>Enter number</i>	
<b>B.1.6</b>	<i>HH Interview</i>	<i>Water practices</i>	<i>Water containers safety, cleaning transportation container</i>	<i>When was last time the water container used for transportation cleaned?</i>	<i>Select one</i>	<input type="checkbox"/> <i>Never</i> <input type="checkbox"/> <i>Today or yesterday</i> <input type="checkbox"/> <i>Less than one week ago</i> <input type="checkbox"/> <i>Several weeks ago</i> <input type="checkbox"/> <i>Other (specify</i> <input type="checkbox"/> <i>Don't remember</i>
<b>B.1.7</b>	<i>HH Interview</i>	<i>Water practices</i>	<i>Water containers safety, cleaning</i>	<i>When was last time the water container used for storage was cleaned?</i>	<i>Select one</i>	<input type="checkbox"/> <i>Never</i> <input type="checkbox"/> <i>Today or yesterday</i> <input type="checkbox"/> <i>Less than one week ago</i>

			storing container			<input type="checkbox"/> More than one week ago (but less than one month ago) <input type="checkbox"/> Other (specify) <input type="checkbox"/> Don't remember
<b>B.1.8</b>	HH Interview	Water practices	How to clean water containers	What do you use to clean the water container?	Select many	<input type="checkbox"/> Rinse with water only <input type="checkbox"/> Sand and water <input type="checkbox"/> Soap/other detergents <input type="checkbox"/> Salt and water <input type="checkbox"/> Replace it when it gets dirty <input type="checkbox"/> Other (specify) <input type="checkbox"/> Don't know
<b>B.2</b>	HH Interview	Source of Water	Source of drinking water	What is the main source of water for drinking?	Select one	<input type="checkbox"/> Communal Water Points <input type="checkbox"/> Purchased water/bottled water <input type="checkbox"/> Other (Specify)
<b>B.2.1</b>	HH Interview	Source of Water	Source of children under 5 years old drinking water	what is the main source of drinking water for children under 6 years old?	Select one	<input type="checkbox"/> Communal Water Points <input type="checkbox"/> Purchased water/bottled water <input type="checkbox"/> Other (Specify)
<b>B.2.2</b>	HH Interview	Source of Water	Source of cooking water	What is the main source of water for cooking?	Select one	<input type="checkbox"/> Communal Water Points <input type="checkbox"/> Purchased water/bottled water <input type="checkbox"/> Other (Specify)
<b>B.2.3</b>	HH Interview	Source of Water	Source of water for washing	What is the main source of water for washing?	Select one	<input type="checkbox"/> Communal Water Points <input type="checkbox"/> Purchased water/bottled water <input type="checkbox"/> Other (Specify)
<b>B.3</b>	HH Interview	Water knowledge	Water refilling/running hours	Are you aware of the water running cycle for your Village/Block (i.e. When does the water run through the water points/tap stands?)	Select one	Yes No
<b>B.3.1</b>	HH Interview	Water practices	Water refilling frequency	how often do you refill your household water storage?	Select one	<input type="checkbox"/> Once every two days <input type="checkbox"/> Once every day <input type="checkbox"/> More than once every day <input type="checkbox"/> Other
<b>B.3.2</b>	HH Interview	Water knowledge	Water collection/refilling person	who among your household members usually	Select one	<input type="checkbox"/> Men <input type="checkbox"/> Women

				collects water for the household?		<input type="checkbox"/> Young Girls <input type="checkbox"/> Young Boys <input type="checkbox"/> Other (Specify)
<b>B.3.2</b>	HH Interview	Water knowledge	Duration to reach the water point	How much time (in minutes) does it take to fetch water round trip?	select one	<input type="checkbox"/> Less than 15 minutes <input type="checkbox"/> 15 to 30 minutes <input type="checkbox"/> Half hour to 1 hour <input type="checkbox"/> 1 to 2 hours <input type="checkbox"/> More than 2 hours
<b>B.3.3</b>	HH Interview	Water knowledge	waiting at the water point	How long (in minutes) is the waiting time in the queue to collect water?	Select one	<input type="checkbox"/> No waiting time <input type="checkbox"/> Less than 15 minutes <input type="checkbox"/> 15 to 30 minutes <input type="checkbox"/> Half hour to 1 hour <input type="checkbox"/> 1 to 2 hours <input type="checkbox"/> More than 2 hours
<b>B.4</b>	HH Interview	Water knowledge	How to transport water to the house	Do you usually carry the filled water containers from the water points to the house or use wheeled equipment?	Select one	<input type="checkbox"/> Carry it <input type="checkbox"/> Use wheeled equipment owned by the household <input type="checkbox"/> Use borrowed wheeled equipment <input type="checkbox"/> Other (Specify)
<b>B.5.1</b>	HH Interview	Water Practices	Storing drinking water before drinking	Do you store and wait for some time before you drink the water from tap stands?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.5.2</b>	HH Interview	Water Practices	Duration Storing drinking water before drinking	how long do you store water before drinking it?	Select one	<input type="checkbox"/> Few hours <input type="checkbox"/> Less than 1 day <input type="checkbox"/> Between 1 and 2 days <input type="checkbox"/> Other (Specify)
<b>B.5.3</b>	HH Interview	Water Practices	Storing drinking water before drinking	What are your main reasons to store and wait for some time before drinking the water?	Select one	<input type="checkbox"/> To let chlorine evaporate <input type="checkbox"/> To let residuals settle <input type="checkbox"/> To let the taste of water change <input type="checkbox"/> Other, please specify
<b>B.5.4</b>	HH Interview	Water Practices	Getting water from the drinking water storage	How do you usually withdraw (get) drinking water from the container/storage?	Select one	<input type="checkbox"/> Tilt & pour into a cup/mug <input type="checkbox"/> Using a bottle <input type="checkbox"/> Using a water scooper exclusively <input type="checkbox"/> Dip hand with any available mug/glass <input type="checkbox"/> Other, please specify

<b>B.6</b>	HH Interview	Water Practices	Water cut	During the past 2 weeks, have you faced a water cut in the water points for a full day or more?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<b>B.6.1</b>	HH Interview	Water Practices	Water cut duration	for how many days?	Enter Number	
<b>B.6.2</b>	HH Interview	Water Practices	Coping with water cut	how did you cope with that situation?	Select many	<input type="checkbox"/> Relied on stored water at the shelter <input type="checkbox"/> Approached neighbors asking for water <input type="checkbox"/> Bought bottled water from the market/mall <input type="checkbox"/> Walked to another village to collect water from the water points
<b>B.7</b>	HH interview	Water knowledge	Water quality satisfaction	How satisfied are you with the water quality?	Select one	Very satisfied Satisfied Acceptable Dissatisfied Very dissatisfied
<b>B.7.1</b>	HH interview	Water knowledge	Reasons for dissatisfaction	If dissatisfied or very dissatisfied, why?	Select all that apply	<input type="checkbox"/> Bad taste <input type="checkbox"/> Bad smell <input type="checkbox"/> Poor quality/high chlorine level <input type="checkbox"/> Water turbidity <input type="checkbox"/> Other please specify
<b>B.7.2</b>	HH Interview	Water Knowledge	Water quantity satisfaction	How satisfied are you with the amount of water you receive?	Select one	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied
<b>B.8</b>	HH interview	Water knowledge	Water quantity per person	How much water (in liters) is each person in Azraq supposed to receive per day? (Do not read answers!)	Select one	<input type="checkbox"/> Below 35 liters <input type="checkbox"/> 35 liters <input type="checkbox"/> More than 35 liters <input type="checkbox"/> I don't know
<b>B.8.1</b>	HH Interview	Water Knowledge	Water quantity satisfaction	How satisfied are you with the amount of water you receive?	Select one	<input type="checkbox"/> Very satisfied <input type="checkbox"/> Satisfied <input type="checkbox"/> Neutral <input type="checkbox"/> Dissatisfied <input type="checkbox"/> Very dissatisfied
<b>B.8.2</b>	HH Interview	Water Knowledge	Perception on the Actual amount of water	Do you think people are indeed receiving 35 liters at the camp?	Select one	<input type="checkbox"/> Yes, everyone <input type="checkbox"/> Some are, and some are not <input type="checkbox"/> No

						<input type="checkbox"/> I don't know
<b>B.8.3</b>	HH Interview	Water Knowledge	Perception on the Actual amount of water	How often do you think they received this much water?	Select one	<input type="checkbox"/> Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely
<b>B.8.4</b>	HH Interview	Water Knowledge	Reasons for not receiving the amount of water	If sometimes, or rarely, why?	Select many	<input type="checkbox"/> WASH service is not reliable <input type="checkbox"/> Illegal connections to the water points prevents others of getting water <input type="checkbox"/> The water running duration through the water points is not enough <input type="checkbox"/> The water pumping is weak through the water points <input type="checkbox"/> Leaking of the water points/taps <input type="checkbox"/> The water points are overcrowded always <input type="checkbox"/> Other please specify
<b>B.8.5</b>	HH Interview	Water practices	Ensure getting the enough amount of water	What do you do to ensure that 35 liters per person per day is enough to meet your needs?	Select one	<input type="checkbox"/> I limit water usage <input type="checkbox"/> I do my laundry less often <input type="checkbox"/> I do laundry only if there is water running <input type="checkbox"/> I purchase more water <input type="checkbox"/> I reuse water <input type="checkbox"/> HHs members try to limit the number of showers they are taking <input type="checkbox"/> I don't do anything <input type="checkbox"/> Other please specify
<b>B.8.6</b>	HH Interview	Water Knowledge	Ensure getting the enough amount of water	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?	Select many	<input type="checkbox"/> Ensure the maintenance of water points (e.g. that there is no leakage, all the taps are functional) <input type="checkbox"/> Install rainwater harvesting tanks <input type="checkbox"/> Provision of better water containers <input type="checkbox"/> Reuse/recycle water <input type="checkbox"/> Control the illegal connections attached to the water points

						<input type="checkbox"/> No system could enable the amount of water that is currently provided to my household to be enough to meet our needs <input type="checkbox"/> I don't know <input type="checkbox"/> Other please specify
<b>B.9.5</b>	HH Interview	Water Knowledge	reasons of leakages	From your experience living in Azraq, what could be the cause of a leakage in the water points?	Select many	<input type="checkbox"/> Overuse <input type="checkbox"/> Poor maintenance <input type="checkbox"/> Illegal tapping/connections <input type="checkbox"/> I don't know <input type="checkbox"/> Other please specify
<b>B.10</b>	HH Interview	Water Knowledge	consequences of leakages	According to you, what could be the consequence of a leakage in the water points?	Select one	<input type="checkbox"/> Health concerns <input type="checkbox"/> Drop in the quantity of water provided to HHs <input type="checkbox"/> Requirement to undertake maintenance work <input type="checkbox"/> I don't know <input type="checkbox"/> Wasting water <input type="checkbox"/> other please specify
<b>B.10.1</b>	HH Interview	Water Knowledge	Perception of illegal connection	Do you think illegal connections to the water points are a problem?	Select one	<input type="checkbox"/> Yes, a big problem <input type="checkbox"/> Yes, somewhat of a problem <input type="checkbox"/> No, not a problem
<b>B.10.2</b>	HH Interview	Water Knowledge	Why is illegal connection is a problem	If yes, why do you believe it is a problem?	Select many	<input type="checkbox"/> Health concerns <input type="checkbox"/> Drop in the quantity of water provided to HHs <input type="checkbox"/> Necessity to undertake maintenance work <input type="checkbox"/> Other households won't get enough water due to the crowding. <input type="checkbox"/> Create issues and clashes between the community members <input type="checkbox"/> Wasting water <input type="checkbox"/> I don't know <input type="checkbox"/> Other please specify
<b>B.10.3</b>	HH Interview	Water Knowledge	Types of illegal connection	What types of illegal connections to the water points have you seen?	Select many	<input type="checkbox"/> hoses connected from the taps to the HHs <input type="checkbox"/> Water pumps <input type="checkbox"/> Extra storage

						<input type="checkbox"/> Other (please specify)
<b>B.11</b>	HH Interview	Water Knowledge	Knowing if Jordan is a water scarce country	According to you, is Jordan a water scarce country?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
<b>B.12</b>	HH Interview	Water Knowledge	Water conservation practices	According to you, what are water conservation practices?	Select many	<input type="checkbox"/> Close taps after filling your container <input type="checkbox"/> Do not waste/overuse water when showering <input type="checkbox"/> Use pots to hold water to wash hands in <input type="checkbox"/> Reuse water
<b>B.13</b>	HH Interview	waste practices	Perception	How would you describe your environment in terms of litter	Select one	<input type="checkbox"/> very clean <input type="checkbox"/> mostly clean <input type="checkbox"/> dirty <input type="checkbox"/> very dirty
<b>B.14</b>	HH Interview	waste practices	Garbage disposal	In your shelter, how do you usually dispose of garbage? (select many)	Select one	<input type="checkbox"/> No garbage produced <input type="checkbox"/> Store it in bins inside the households <input type="checkbox"/> Put it directly into the garbage barrels <input type="checkbox"/> Throw it out close to shelter <input type="checkbox"/> Throw it out far from shelter <input type="checkbox"/> Throw it in community dump bins <input type="checkbox"/> Bury it <input type="checkbox"/> Burn it <input type="checkbox"/> Other(specify) <input type="checkbox"/> Don't know
<b>B.15</b>	HH Interview	waste practices	Garbage segregation in the household	Do you separate garbage at shelter level?	Select one	<input type="checkbox"/> Yes always <input type="checkbox"/> Yes sometimes <input type="checkbox"/> Never
<b>B.15.1</b>	HH Interview	waste practices	Garbage segregation in the plot	Do you separate garbage at plot level?	Select one	<input type="checkbox"/> Yes, all households <input type="checkbox"/> Yes, some households <input type="checkbox"/> Never
<b>B.15.2</b>	HH Interview	waste practices	segregation forms	If yes, what types of materials do you separate?	Select many	<input type="checkbox"/> Biodegradable <input type="checkbox"/> Recyclable <input type="checkbox"/> Bread <input type="checkbox"/> Diapers and sanitary pads. <input type="checkbox"/> Others, specify <input type="checkbox"/> I don't know

B.15.3	HH Interview	waste practices	Challenges in segregation	Do you face any challenge when you separate?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.15.4	HH Interview	waste practices	Challenges in segregation	What challenges do you face when separating materials?	Select many	<input type="checkbox"/> there are no recycling barrels in my plot <input type="checkbox"/> The recycling service is not reliable <input type="checkbox"/> I face challenge understanding the sorting system <input type="checkbox"/> The garbage collection frequency isn't enough to remain the recycling <input type="checkbox"/> Other
B.16	HH Interview	waste practices	Garbage bins	What type of containers/bins do you use to collect garbage inside your house? (select many)	Select one	<input type="checkbox"/> Metallic bins <input type="checkbox"/> Plastic bins <input type="checkbox"/> Plastic bag <input type="checkbox"/> Oil drum <input type="checkbox"/> other, specify
B.16.1	HH Interview	waste practices	number of garbage bins	If at least one of the above containers is mentioned, how many of them do you have?	Select one	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> More than two <input type="checkbox"/> Other, specify
B.16.2	HH Interview	waste practices	Source of garbage bins	If they do have some of the above-mentioned containers, where did you get them from?	Select one	<input type="checkbox"/> I bought myself <input type="checkbox"/> Provided by NGO <input type="checkbox"/> Provided by neighbors <input type="checkbox"/> illegally taken from the street <input type="checkbox"/> Others, specify
B.16.3	HH Interview	waste practices	Community garbage dump	Do you have a community garbage dump site in the camp?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.16.4	HH Interview	waste practices	Type of dump	If yes, what type of dump site is it?	Select one	<input type="checkbox"/> Community bins in designated area <input type="checkbox"/> Designated open space <input type="checkbox"/> Pair of bins for the garbage segregation <input type="checkbox"/> There isn't a specific area to gather the waste, people throw it any place <input type="checkbox"/> Other, please specify

<b>B.16.5</b>	HH Interview	Solid waste services received	Collection frequency	How frequent is garbage from a community dump site emptied?	Select one	<input type="checkbox"/> Everyday <input type="checkbox"/> Every two days <input type="checkbox"/> Weekly <input type="checkbox"/> Others, specify <input type="checkbox"/> I don't know
<b>B.17</b>	HH Interview	Knowledge	Consequences of garbage	Do you believe that the presence of garbage has caused disease(s) in your household?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
<b>B.17.1</b>	HH Interview	Knowledge	Diseases caused by garbage	If Yes, what disease(s) has it caused in your opinion?	Select many	<input type="checkbox"/> Diarrhea <input type="checkbox"/> Respiratory diseases <input type="checkbox"/> Skin diseases <input type="checkbox"/> Typhoid <input type="checkbox"/> Other (specify) <input type="checkbox"/> Don't know
<b>B.17.2</b>	HH Interview	waste practices	Wrong garbage disposal consequences	What will happen if solid waste is not properly (i.e. timely, thrown in designated bins etc.) disposed?	Select many	<input type="checkbox"/> Health risks/Disease spread increase <input type="checkbox"/> Adverse environmental impact <input type="checkbox"/> Bad smell <input type="checkbox"/> Increase of insects <input type="checkbox"/> Other
<b>B.18</b>	HH Interview	waste practices	Prevent insects, rates and flies	How do you prevent the presence of insects/rats/flies in your household?	Select many	<input type="checkbox"/> Do not leave food scraps out <input type="checkbox"/> I spray insect repellent <input type="checkbox"/> I set up protection nets on my windows and /or doors <input type="checkbox"/> Do not dry bread where pests can access it <input type="checkbox"/> Put food in metal containers <input type="checkbox"/> Hang food containers <input type="checkbox"/> Keep the caravan or kitchen very clean <input type="checkbox"/> Ensure that solid waste is properly disposed <input type="checkbox"/> Not keeping pets <input type="checkbox"/> There is nothing that can prevent them <input type="checkbox"/> I don't want to answer <input type="checkbox"/> Nothing

						<input type="checkbox"/> Other
<b>B.18.1</b>	HH Interview	waste practices	How to deal with insects, rats and flies	What do you do if you face the presence of insects/rats/flies in your household?	Select many	<input type="checkbox"/> Put out poison <input type="checkbox"/> I spray insect repellent <input type="checkbox"/> I set up a trap to catch them <input type="checkbox"/> There is nothing that can prevent them <input type="checkbox"/> Nothing <input type="checkbox"/> I don't want to answer
<b>B.19</b>	HH Interview	hygiene practice	Received Hygiene messages	Have you received any health/hygiene messages for the last 3 months from community volunteers?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.19.1</b>	HH Interview	hygiene practice	Which hygiene messages	If YES, can you tell me what messages you have received?	Select many	<input type="checkbox"/> Bury faeces or dispose it safely <input type="checkbox"/> Cover food <input type="checkbox"/> Prepare food hygienically <input type="checkbox"/> Wash hands with water & soap <input type="checkbox"/> Clean & cover water containers <input type="checkbox"/> Use your water efficiently, <input type="checkbox"/> Protect the water and sanitation facilities from vandalism <input type="checkbox"/> I don't know <input type="checkbox"/> Other, specify
<b>B.19.2</b>	HH Interview	hygiene practice	Hygiene messages clear	Do you feel that the messages you received from community volunteers were clear, understandable, and useful to you?	Select one	<input type="checkbox"/> Clear, <input type="checkbox"/> Understandable, <input type="checkbox"/> Useful, <input type="checkbox"/> None of the above <input type="checkbox"/> Don't know
<b>B.19.3</b>	HH Interview	hygiene practice	Applying the hygiene messages	Did you try out any of the recommendations from the messages?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.19.4</b>	HH Interview	recommendation	Applying which hygiene messages	If yes, Which recommendation did you try out among the message you heard?	Select one	<input type="checkbox"/> Bury faeces or dispose it safely <input type="checkbox"/> Cover food <input type="checkbox"/> Prepare food hygienically

						<input type="checkbox"/> Wash hands with water & soap <input type="checkbox"/> Clean & cover water containers <input type="checkbox"/> Use your water efficiently, <input type="checkbox"/> Protect the water and sanitation facilities from vandalism <input type="checkbox"/> I don't know <input type="checkbox"/> Other, specify
<b>B.20</b>	HH Interview	hygiene practice	Cooked food	When you buy pre-prepared (cooked) food from the market, how do you make sure that it is safe to eat?	Select many	<input type="checkbox"/> I keep it in the fridge <input type="checkbox"/> I consume it before 6 hours <input type="checkbox"/> I keep it in a closed container <input type="checkbox"/> I keep it out of direct sunlight <input type="checkbox"/> I do not buy cooked food from the market <input type="checkbox"/> I don't do anything <input type="checkbox"/> I don't know <input type="checkbox"/> Other
<b>B.21</b>	HH Interview	hygiene practice	Diarrhea response	Were there any cases of recurrent diarrhea between children under five (pre-school age children) in the past 3 months?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.21.1</b>	HH Interview	hygiene practice	Diarrhea response	If somebody in your household had diarrhea (which is 3 or more loose watery stools in the last 24 hours), what would be the first three things that you would do?	Select many	<input type="checkbox"/> Go to the clinic <input type="checkbox"/> Drink safe fluids <input type="checkbox"/> Use oral rehydration solution from the pharmacy/hospital <input type="checkbox"/> Make sugar salt solution at home <input type="checkbox"/> Stop eating <input type="checkbox"/> Eating starches <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer <input type="checkbox"/> Other
<b>B.21.2</b>	HH Interview	hygiene practice	Prevent diarrhea	How can people prevent themselves and their children from getting diarrhea? Please	Select many	<input type="checkbox"/> Wash hands before eating <input type="checkbox"/> Eat safe food <input type="checkbox"/> Wash food before cooking

				<i>list at least three ways, if you can.</i>		<input type="checkbox"/> Cover food from flies <input type="checkbox"/> Cook food correctly <input type="checkbox"/> Wash hands before breastfeeding + feeding babies and children <input type="checkbox"/> Wash hands after going to the toilet <input type="checkbox"/> Ensure drinking water is clean <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer <input type="checkbox"/> Other
<b>B.21.3</b>	HH Interview	hygiene practice	Prevent head lice	How can people prevent themselves and their children from getting head lice?	Select many	<input type="checkbox"/> Avoid congested areas <input type="checkbox"/> Take affected family member to hospital <input type="checkbox"/> Apply anti-lice lotion <input type="checkbox"/> Use a lice comb <input type="checkbox"/> Keeping the caravan clean <input type="checkbox"/> Maintaining Personal Hygiene <input type="checkbox"/> I don't know <input type="checkbox"/> Other
<b>B.22</b>	HH Interview	hygiene practice	Hand washing for adults	Name 3 occasions, when you are expected to wash your hands?	Select many	<input type="checkbox"/> Before preparing food <input type="checkbox"/> Before eating <input type="checkbox"/> Before Breastfeeding/feeding your children <input type="checkbox"/> After using latrine <input type="checkbox"/> After coughing and sneezing <input type="checkbox"/> After taking care of pets or farm animals <input type="checkbox"/> Other <input type="checkbox"/> I don't know
<b>B.22.1</b>	HH Interview	hygiene practice	Existence of soap	is there a soap at the handwashing sink/place in the household?	(Observation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.22.2</b>	HH Interview	hygiene practice	Washing hand with soap or not	What do you usually use to wash your hands in your household?	Select one	<input type="checkbox"/> Soap (this includes liquid soap and sanitizers) <input type="checkbox"/> Water only

						<input type="checkbox"/> Other
<b>B.22.3</b>	HH Interview	hygiene practice	Why not soap	Why don't you use soap?	Select one	<input type="checkbox"/> I don't see the use of it <input type="checkbox"/> I cannot afford it <input type="checkbox"/> Other
<b>B.23</b>	HH Interview	hygiene practice	Children wash hands	Name 3 occasions, when your children (5 years old or below) wash their hands? (Don't read the answers)	Select many	<input type="checkbox"/> Before eating <input type="checkbox"/> After using latrine <input type="checkbox"/> After coughing and sneezing <input type="checkbox"/> After taking care of pets or farm animals <input type="checkbox"/> After playing outdoor <input type="checkbox"/> Other <input type="checkbox"/> I don't know
<b>B.24</b>	HH Interview	hygiene practice	Children brush teeth	How often do your children (5 years old or below) brush their teeth?	Select one	<input type="checkbox"/> More than two times every day every day <input type="checkbox"/> Two times every day <input type="checkbox"/> 1 time every day <input type="checkbox"/> Less than 1 time every day <input type="checkbox"/> Never
<b>B.25</b>	HH Interview	hygiene practice	What to use in bathing	What do you usually use to bathe in your household?	Select one	<input type="checkbox"/> Soap (this includes liquid soap and sanitizers) <input type="checkbox"/> Water only <input type="checkbox"/> Other
<b>B.25.1</b>	HH Interview	hygiene practice	Why not soap	Why don't you use soap?	Select one	<input type="checkbox"/> I don't see the use of it <input type="checkbox"/> I cannot afford it <input type="checkbox"/> Other
<b>B.26</b>	HH Interview	hygiene practice	Feminine products	Which feminine hygiene products do you use during your period?	Select one	<input type="checkbox"/> Sanitary towels <input type="checkbox"/> Reusable cloth <input type="checkbox"/> Tissue <input type="checkbox"/> I don't use anything <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer
<b>B.26.1</b>	HH Interview	hygiene practice	Feminine products disposal	Once used, how do you dispose of your feminine hygiene products?	Select one	<input type="checkbox"/> Regular household waste <input type="checkbox"/> Toilet <input type="checkbox"/> Main garbage bin outside of HH

						<input type="checkbox"/> Wash and re-use <input type="checkbox"/> Enclosed in separate bag/material before disposal in HH waste <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer <input type="checkbox"/> Other
<b>B.26.2</b>	HH Interview	hygiene practice	Feminine products disposal	Would you prefer disposing of your feminine hygiene products in another way, other than the one you currently practice?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't want to answer
<b>B.26.3</b>	HH Interview	hygiene practice	Feminine products disposal	If yes, how?	Select one	<input type="checkbox"/> Regular household waste <input type="checkbox"/> Toilet <input type="checkbox"/> Main garbage bin <input type="checkbox"/> Wash and re-use <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer <input type="checkbox"/> Other
<b>B.27</b>	HH Interview	hygiene practice	Hygiene information needed	Is there any hygiene related information that you would like to know about?	Select many	<input type="checkbox"/> Importance of personal hygiene <input type="checkbox"/> Importance handwashing using soap during Key times <input type="checkbox"/> Diseases caused by poor WASH practices <input type="checkbox"/> Practices to ensure water safety at the HH level (role of chlorine in water disinfection, water tank maintenance, proper use of water filtration units). <input type="checkbox"/> Importance of proper solid waste disposal <input type="checkbox"/> Importance of material recycling <input type="checkbox"/> Feminine hygiene care <input type="checkbox"/> No <input type="checkbox"/> I don't want to answer <input type="checkbox"/> I don't know <input type="checkbox"/> Other
<b>B.28</b>	HH Interview	Knowledge		What are ways to prevent against diarrhea? Try to	Select many	<input type="checkbox"/> Wash hands before eating <input type="checkbox"/> Eat safe food

				<i>think of at least three.</i>		<input type="checkbox"/> Wash food before cooking <input type="checkbox"/> Cover food from flies <input type="checkbox"/> Cook food correctly <input type="checkbox"/> Wash hands before breastfeeding + feeding babies and children <input type="checkbox"/> Wash hands after going to the toilet <input type="checkbox"/> Ensure that drinking water is clean <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer <input type="checkbox"/> Other <input type="checkbox"/>
<b>B.29</b>	<i>HH Interview</i>	<i>Knowledge</i>	<i>personal or food hygiene messages</i>	<i>What personal or food hygiene messages have you learned about through community mobilizers in the last three months?</i>	<i>Select many</i>	<input type="checkbox"/> Water network and facilities safety <input type="checkbox"/> Solid waste management <input type="checkbox"/> Water conservation <input type="checkbox"/> Hand washing <input type="checkbox"/> Food safety <input type="checkbox"/> Diarrhoea prevention and risk exposure <input type="checkbox"/> Pest control <input type="checkbox"/> Scabies and lice <input type="checkbox"/> Other hygiene related messages <input type="checkbox"/> Water reuse <input type="checkbox"/> Community ownership <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer <input type="checkbox"/> Other <input type="checkbox"/>
<b>B.30</b>	<i>HH Interview</i>	<i>Sanitation facilities</i>	<i>WASH block functionality</i>	<i>Are the WASH blocks in your plot functional?</i>	<i>Select one</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.31</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Using WASH Blocks</i>	<i>Does every HH member use the WASH Blocks' latrines</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>B.31.1</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Using WASH Blocks</i>	<i>Which members don't use the WASH blocks?</i>	<i>Select many</i>	<input type="checkbox"/> Adult male <input type="checkbox"/> Adult Female <input type="checkbox"/> Members with disability <input type="checkbox"/> Children <input type="checkbox"/> Other (Specify)
<b>B.31.2</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Why not using WASH blocks</i>	<i>If no, what is the major reason</i>	<i>Select many</i>	<input type="checkbox"/> Don't feel safe <input type="checkbox"/> Don't feel privacy <input type="checkbox"/> The WASH Blocks' latrines are not

						comfortable for people with disabilities <input type="checkbox"/> Other (specify)
<b>B.31.3</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>when don't feel safe or privacy</i>	(If "Don't feel safe" or "don't feel privacy") During what time of day do you typically feel unsafe?	<i>Select one</i>	<input type="checkbox"/> The day only <input type="checkbox"/> The night only <input type="checkbox"/> Both day and night
<b>B.31.4</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Why don't feel safe</i>	If you do not feel safe, why?	<i>Select many</i>	<input type="checkbox"/> Holes in the wall/doors/windows <input type="checkbox"/> Outside <input type="checkbox"/> No light <input type="checkbox"/> far from the house <input type="checkbox"/> Rodents/snake/spider <input type="checkbox"/> Other (Specify)
<b>B.31.5</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Why don't feel safe</i>	If you do not feel privacy, why?	<i>Select many</i>	<input type="checkbox"/> Anyone can see you <input type="checkbox"/> No door <input type="checkbox"/> No lock <input type="checkbox"/> Holes in the wall/doors/windows <input type="checkbox"/> other (specify)
<b>B.31.6</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>alternatives latrine they use</i>	If some HH member(s) do not use the WASH 'Blocks' latrines, where are the alternatives they use located?	<i>Select one</i>	<input type="checkbox"/> Inside the shelter <input type="checkbox"/> Outside in open area <input type="checkbox"/> Other (specify)
<b>B.31.7</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Latrines used by &lt;5 children</i>	(If children < 5 in the HH) Where do children under the age of five defecate? (select many)	<i>Select many</i>	<input type="checkbox"/> Use the toilet <input type="checkbox"/> Use washable diapers <input type="checkbox"/> Use disposable diapers <input type="checkbox"/> Go in house /yard <input type="checkbox"/> Go outside the premises <input type="checkbox"/> Other (specify)_____ <input type="checkbox"/> Don't know <input type="checkbox"/>
<b>B.31.8</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>children's faeces disposal</i>	Where do you dispose your children's faeces?	<i>Select one</i>	<input type="checkbox"/> latrine <input type="checkbox"/> at the trash container in the plot <input type="checkbox"/> bury it <input type="checkbox"/> behind the shelter <input type="checkbox"/> Washed away into the grey water pipe <input type="checkbox"/> Other (specify)_____ <input type="checkbox"/> Don't know

<b>B.32</b>	<i>HH Interview</i>	<i>Sanitation Knowledge</i>	<i>WASH blocks cleaning responsibility</i>	According to your knowledge, who is responsible of cleaning the WASH blocks in your plot?	<i>Select one</i>	<input type="checkbox"/> WASH committee <input type="checkbox"/> WASH NGOs <input type="checkbox"/> Plot residents <input type="checkbox"/> Other Specify
<b>B.32.1</b>	<i>HH Interview</i>	<i>Sanitation facilities</i>	<i>If latrines are clean</i>	Normally, how clean are the latrines?	<i>Select one</i>	<input type="checkbox"/> very clean <input type="checkbox"/> clean <input type="checkbox"/> moderately clean <input type="checkbox"/> unclean <input type="checkbox"/> Other, specify
<b>B.32.2</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>How to clean latrines</i>	How do you usually clean the latrines?	<i>Select one</i>	<input type="checkbox"/> water only <input type="checkbox"/> water with soap <input type="checkbox"/> water with chemical material <input type="checkbox"/> don't clean <input type="checkbox"/> I don't know <input type="checkbox"/>
<b>B.32.3</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Latrines cleaning frequency</i>	How many times in a day do you clean them?	<i>Select one</i>	<input type="checkbox"/> Less than once <input type="checkbox"/> once <input type="checkbox"/> twice <input type="checkbox"/> three <input type="checkbox"/> four times <input type="checkbox"/> I don't know <input type="checkbox"/> Other, specify <input type="checkbox"/>
<b>B.33</b>	<i>HH Interview</i>	<i>Sanitation knowledge</i>	<i>Suggestion to improve latrines cleanness</i>	Do you have any suggestion to improve the cleanness of the latrines?	<i>Select one</i>	<input type="checkbox"/> yes <input type="checkbox"/> no  If Yes, Specify
<b>B.34</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Using WASH blocks showers</i>	Does every HH member use the WASH Blocks' shower facility (including children)?	<i>Select one</i>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>B.34.1</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Which members don't use showers</i>	If no, which family members do not use the shower?	<i>Select many</i>	<input type="checkbox"/> Children <input type="checkbox"/> Women <input type="checkbox"/> Men <input type="checkbox"/> People with disability <input type="checkbox"/> Other (specify)  <input type="checkbox"/> Don't know <input type="checkbox"/> All <input type="checkbox"/>
<b>B.34.2</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Why not using WASH blocks shower</i>	If no, why they don't use the showers?	<i>Select many</i>	<input type="checkbox"/> don't feel safe <input type="checkbox"/> don't feel privacy <input type="checkbox"/> the showers are not comfortable for people with disabilities

						<input type="checkbox"/> no water inside the shower facility <input type="checkbox"/> the showers are not clean <input type="checkbox"/> other (specify)	
<b>B.34.3</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Why don't feel safe</i>	If you do not feel safe, why?	<i>Select many</i>	<input type="checkbox"/> Holes in the wall/doors/windows <input type="checkbox"/> Outside <input type="checkbox"/> No light <input type="checkbox"/> far from the house <input type="checkbox"/> Rodents/snake/spider <input type="checkbox"/> other (specify)	
<b>B.34.4</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Why don't feel privacy</i>	If you do Not feel privacy, why?	<i>Select many</i>	<input type="checkbox"/> Anyone can see you <input type="checkbox"/> No door <input type="checkbox"/> No locker <input type="checkbox"/> Holes in the wall/doors/windows <input type="checkbox"/> other (specify)	
<b>B.34.5</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	alternatives shower they use	If some HH member(s) do not use the WASH Blocks' showers, where are located the alternatives they use?	<i>Select one</i>	<input type="checkbox"/> Inside the shelter <input type="checkbox"/> Outside in open area <input type="checkbox"/> Other (specify)	
<b>B.35</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Private latrine and shower</i>	Do you have a private shower/Latrine facility inside your shelter?	<i>Select one</i>	<input type="checkbox"/> latrine and shower <input type="checkbox"/> Shower only <input type="checkbox"/> Latrine only <input type="checkbox"/> None	
<b>B.35.1</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>shower connected to drainage</i>	If shower, is your shower drainage connected to the grey water network?	<i>Select one</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>B.35.2</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Kitchen connected to drainage</i>	Is your kitchen wastewater drainage connected to the greywater network?	<i>Select one</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>B.36</b>	<i>HH Interview</i>	<i>Sanitation Practices</i>	<i>Desludging issues</i>	Have you faced any desludging issues, with the septic tanks connected to the WASH blocks?	<i>Select one</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2. How are UNICEF's efforts to strengthen customer satisfaction and accountability perceived by</b>	<b>C.1</b>	<i>HH Interview</i>	<i>General customer satisfaction</i>	<i>do you feel respected by UNICEF/partners staff</i>	<i>Do you feel well respected and treated by UNICEF, their partners' or contractor's staff?</i>	<i>Select one</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	<b>C.1.1</b>	<i>HH Interview</i>	<i>General customer satisfaction</i>	<i>do you feel respected by</i>	<i>Why not?</i>	<i>Select many</i>	<input type="checkbox"/> There are no CFW opportunity/projects

<p><i>camp residents and what are the results of this strategy so far</i></p>			UNICEF/partners staff			<input type="checkbox"/> There are no ads for jobs/projects <input type="checkbox"/> IBV hiring system and rules (SoPs) are not respected. Other, please specify	
	C.2	HH Interview	complaint mechanisms satisfaction	Listened to you	Do you feel agency (UNICEF/contracted partners) is willing, open, and interested in listening to you?	Select one No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C.2.1	HH Interview	complaint mechanisms satisfaction	Checked if not open for complaints	If no, why not?	Select many	<input type="checkbox"/> I already had a bad experience with the agency <input type="checkbox"/> I know someone who already had a bad experience with the agency <input type="checkbox"/> I already submitted a complaint/giving feedback with no answer <input type="checkbox"/> I already submitted a complaint/giving feedback and got an answer but no follow up <input type="checkbox"/> I don't know Other
<p><i>2.a. Do residents have a clear understanding of complaint mechanisms and to what extent do they use these mechanisms? Are they satisfied with these mechanisms?</i></p>	D.1	HH Interview	complaint mechanisms	seen leakages	Have you ever seen any leakages in the water points?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No
	D.1.1	HH Interview	Water practices	Response to the leakages	If yes, what did you do about the leakage in the water point?	Select one	<input type="checkbox"/> Called the WASH hotline <input type="checkbox"/> Contacted NGO <input type="checkbox"/> I assume that someone else will report it <input type="checkbox"/> Fixed it myself <input type="checkbox"/> Nothing <input type="checkbox"/> other please specify
	D.1.2	HH Interview	Hotline usage	Hotline Response	If called WASH hotline, how long did it take for them to respond?	Select one	<input type="checkbox"/> Call was not answered <input type="checkbox"/> More than 24 hours to answer my call or call back <input type="checkbox"/> Call was answered immediately to lodge complaint <input type="checkbox"/> Other

<b>D.2</b>	<i>HH Interview</i>	<i>Hotline satisfaction</i>	<i>Satisfaction of the hotline response</i>	<i>If called WASH hotline, how satisfied were you with the response you received?</i>	<i>Select one</i>	<input type="checkbox"/> <i>Very satisfied</i> <input type="checkbox"/> <i>Satisfied</i> <input type="checkbox"/> <i>Dissatisfied</i> <input type="checkbox"/> <i>Very dissatisfied</i>
<b>D.2.1</b>	<i>HH Interview</i>	<i>Hotline satisfaction</i>	<i>Reason of dissatisfaction</i>	<i>If dissatisfied or very dissatisfied, why?</i>	<i>Select many</i>	<input type="checkbox"/> <i>I did not receive an answer/solution to the problem</i> <input type="checkbox"/> <i>I did not like the answer/solution I received</i> <input type="checkbox"/> <i>It takes a long time to take any action on the complaints (more than 48 hours)</i> <input type="checkbox"/> <i>Other</i>
<b>D.3</b>	<i>HH Interview</i>	<i>complaint mechanisms</i>	<i>Complaint on water supply</i>	<i>If you had a complaint about water supply, who would you contact?</i>		<input type="checkbox"/> <i>UNICEF</i> <input type="checkbox"/> <i>ACF</i> <input type="checkbox"/> <i>UNHCR</i> <input type="checkbox"/> <i>Community focal point</i> <input type="checkbox"/> <i>Private contractors</i> <input type="checkbox"/> <i>I don't know</i> <i>other (specify)</i>
<b>D.4</b>	<i>HH Interview</i>	<i>complaint mechanisms</i>	<i>Complaint on water quality</i>	<i>If you come across water contamination or poor water quality, what would be your first action?</i>	<i>Select one</i>	<input type="checkbox"/> <i>Contact WASH complaints hotline</i> <input type="checkbox"/> <i>Contact any other complaint number</i> <input type="checkbox"/> <i>Inform camp coordination</i> <input type="checkbox"/> <i>Complaint box</i> <input type="checkbox"/> <i>Inform community mobilization teams</i> <input type="checkbox"/> <i>I don't know</i> <input type="checkbox"/> <i>Nothing</i> <input type="checkbox"/> <i>I don't know how to determine contamination or poor water quality</i>
<b>D.4.1</b>	<i>HH Interview</i>	<i>complaint mechanisms</i>	<i>Which mechanism</i>	<i>What mechanism would you use to get in touch with them?</i>	<i>Select many</i>	<input type="checkbox"/> <i>WASH complaints hotline</i> <input type="checkbox"/> <i>Other complaint number</i> <input type="checkbox"/> <i>In person</i> <input type="checkbox"/> <i>Complaint box</i> <input type="checkbox"/> <i>I don't know</i> <input type="checkbox"/> <i>other please specify</i>

	<b>D.4.2</b>	HH Interview	complaint mechanisms satisfaction	complaint mechanisms satisfaction	Are you satisfied with these complaint mechanisms?	Select one	<input type="checkbox"/> Yes, very satisfied <input type="checkbox"/> Somewhat satisfied <input type="checkbox"/> Unsure <input type="checkbox"/> Somewhat unsatisfied <input type="checkbox"/> Very unsatisfied
	<b>D.4.3</b>	HH Interview	complaint mechanisms satisfaction	Checked dissatisfaction	If unsatisfied why?	Select many	<input type="checkbox"/> I submitted a complaint/gave feedback and received no answer <input type="checkbox"/> I submitted a complaint/gave feedback and got an answer but no follow up <input type="checkbox"/> The process of getting an answer took too long <input type="checkbox"/> Other
	<b>D.5</b>		complaint mechanisms	desludging service Complaints	Who would/do you contact if you had a problem with the desludging service?		<input type="checkbox"/> I would call the WASH (UNICEF) hotline number <input type="checkbox"/> I would call the hotline for NGO <input type="checkbox"/> I would go to the community center I would speak to someone directly <input type="checkbox"/> I assumed that someone else will report it <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer <input type="checkbox"/> Other (specify)
	<b>D.6</b>	HH Interview	complaint mechanisms	Other mechanisms	Are there any other methods which you would like to see available for complaining and/or feeding back in the future?	Select many	<input type="checkbox"/> Feedback at community center <input type="checkbox"/> Feedback box <input type="checkbox"/> At the office <input type="checkbox"/> SMS <input type="checkbox"/> What's app <input type="checkbox"/> Other No
3. How effective are UNICEF's hygiene and water conservation related messages in increasing camp residents' knowledge	<b>E.1</b>	HH Interview	Community mobilization knowledge	Received information	Have you received any information from the community mobilization team in the last 3 months?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer
	<b>E.1.1</b>	HH Interview	Community mobilization knowledge	Kind of information received	What kind of activities/messages have you already been provided in the last 3 months by	Select many	<input type="checkbox"/> Water points safety <input type="checkbox"/> grey water network <input type="checkbox"/> Solid waste management <input type="checkbox"/> Water conservation

<i>and in informing their behavior</i>				the community mobilization team?		<input type="checkbox"/> Hand washing <input type="checkbox"/> Food safety <input type="checkbox"/> Diarrhea prevention and risk exposure <input type="checkbox"/> Pest control <input type="checkbox"/> Scabies and lice <input type="checkbox"/> Other hygiene related messages <input type="checkbox"/> Water reuse <input type="checkbox"/> Community ownership <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer <input type="checkbox"/> Other	
	<b>E.1.2</b>	HH Interview	Community mobilization access	Information needed	What other activities/messages would you like to be provided by the community mobilization team?	Select many	<input type="checkbox"/> Water points safety <input type="checkbox"/> grey water network <input type="checkbox"/> Solid waste management <input type="checkbox"/> Water conservation <input type="checkbox"/> Water reuse <input type="checkbox"/> Water distribution <input type="checkbox"/> Hand washing <input type="checkbox"/> Food safety <input type="checkbox"/> Diarrhea prevention and risk exposure <input type="checkbox"/> Pest control <input type="checkbox"/> Scabies and lice <input type="checkbox"/> Other hygiene related messages <input type="checkbox"/> None <input type="checkbox"/> I don't know <input type="checkbox"/> I don't want to answer <input type="checkbox"/> Other
	<b>E.2</b>	HH Interview	Community mobilization access	Access community center	Do you ever go to NGO's community center?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>E.2.1</b>	HH Interview	Community mobilization access	Access frequency	How frequently do you go to NGO's community center?	Select one	<input type="checkbox"/> Several times a week <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less frequently than every month
	<b>E.2.2</b>	HH Interview	Community mobilization access	The use of the community center	What do you use the community center for?	Select many	<input type="checkbox"/> Community sessions <input type="checkbox"/> Issuing complaints <input type="checkbox"/> Registrations <input type="checkbox"/> Getting information

						<input type="checkbox"/> Celebration of global days <input type="checkbox"/> Other
<b>E.2.3</b>	HH Interview	Community mobilization access	Why not accessing community center	If you do not go, why?	Select many	<input type="checkbox"/> I am not feeling safe there <input type="checkbox"/> I don't feel safe going there <input type="checkbox"/> I don't see the use of it/ am not interested in it <input type="checkbox"/> There is no access for differently abled people <input type="checkbox"/> Without any reason <input type="checkbox"/> We have not been invited to the community center before <input type="checkbox"/> Other
<b>E.3</b>	HH Interview	Early Childhood Development	early childhood development services	Which of the following of the early childhood development services do your children attend?	Select many	<input type="checkbox"/> Day care <input type="checkbox"/> KG1 <input type="checkbox"/> KG2 <input type="checkbox"/> Nurseries
<b>E.3.1</b>	HH Interview	Early Childhood Development	participating in any parenting support program	Do parents and caretakers of children under 5 (pre-school age children) participate in any parenting support program?	Select one	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>E.3.2</b>	HH Interview	Early Childhood Development	Which parenting programs	which program are you participating in?	Select many	<input type="checkbox"/> 0-3 child development program <input type="checkbox"/> parent-child <input type="checkbox"/> Better Parenting Program <input type="checkbox"/> Other (Specify) <input type="checkbox"/>
<b>E.3.3</b>	HH Interview	parenting programs	Where are the parenting programs being attended	Where do you participate in these programs?	Select one	<input type="checkbox"/> Makani Centre <input type="checkbox"/> Another NGO (Specify)
<b>E.3.4</b>	HH Interview	parenting programs		If at Makani Centre, Which one	Enter center number	
<b>E.4</b>	HH Interview	Makani education	Access Makani center	Do you go to a Makani center after school?	For Children	<input type="checkbox"/> Yes, sometimes <input type="checkbox"/> Yes, almost always <input type="checkbox"/> No

	<b>E.4.1</b>	HH Interview	Makani education	Which center	If yes, which Makani center? (enter number)	Enter Center number	
	<b>E.5</b>	HH Interview	water conservation	Benefits of water reuse	Can you name three benefits of water reuse?	Select many	<input type="checkbox"/> Ensuring that the water allocated per person is enough to meet needs <input type="checkbox"/> Reused water can be used to flush toilets <input type="checkbox"/> Reused water can be used to water plants <input type="checkbox"/> Preserving the environment <input type="checkbox"/> Preserving Jordan's water as it is a water scarce country

## 6. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
<b>Humanitarian stakeholders are accessing IMPACT products</b>	Number of humanitarian organisations accessing IMPACT services/products  Number of individuals accessing IMPACT services/products	# of downloads of WASH knowledge, attitude and practices (KAP) survey in Azraq camp from Resource Center	Country request to HQ	User_log	X Yes
		# of downloads of WASH knowledge, attitude and practices (KAP) survey in Azraq camp from Relief Web	Country request to HQ		X Yes
		# of downloads of WASH knowledge, attitude and practices (KAP) survey in Azraq camp from Country level platforms	Country team		X Yes
		# of page clicks on WASH knowledge, attitude and practices (KAP) survey in Azraq camp product from REACH global newsletter	Country request to HQ		X Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		No

		# of visits to x webmap/x dashboard	Country request to HQ		No
<b>IMPACT activities contribute to better program implementation and coordination of the humanitarian response</b>	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	TBD with UNICEF
		# references in single agency documents			
<b>Humanitarian stakeholders are using IMPACT products</b>	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery  Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback and Usage_Survey template	Usage and feedback survey to be conducted in August 2019, after the release of key findings
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			
		Recommendations to strengthen IMPACT programs			
<b>Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle</b>	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs ( <i>providing resources, participating to presentations, etc.</i> )	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement_log	X No
		# of organisations/clusters inputting in research design and joint analysis			X Yes
		# of organisations/clusters attending briefings on findings;			X Yes