



Baseline Survey Report

***ESTABLISHMENT OF A SUSTAINABLE SYSTEM OF DRINKING WATER
SUPPLY IN SMALL TOWNS OF SIDAMA ZONE, SNNPR, ETHIOPIA***



April, 2012

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Abbreviations

AWD	Acute Watery diarrhoea
FGD	Focus Group Discussion
KAP	Knowledge, Attitude and Practise
NGOs	Non-Governmental Organisations
ORS	Oral Rehydration Salts
O&M	Operation and Maintenance
SNNPR	Southern Nation and Nationalities Peoples Region
SSS	Sugar and Salt Solution
UHEW	Urban Health Extension Workers
VHP	Volunteer Health Promoters
WASH	Water, Sanitation and Health promotion

I. Executive Summary

An initial baseline survey consisting of a survey and focus group discussions was conducted from 24 February - 2 March, 2012 to measure the hygiene and sanitation knowledge, attitudes and practices of communities associated with the Czech Development Agency funded project, *Water Supply in Small Towns of Sidama Zone*. The project communities are located in urban centers of the following Bensa, Bona Zuria and Hula Woredas.

- A majority of households surveyed (69%) had already received hygiene and sanitation awareness information, primarily through the work of health extension workers, with mixed success. Many respondents could recall hand-washing and proper latrine use messaging but *could not* recall other critical messages such as safe water storage, proper food preparation, and the benefits of safe drinking water.
- At the time of the survey, access to water was good (around 1 hour fetching time) with an average household use of 58 liters per day. Respondents prioritized *quality* as the primary reason for selecting their principal source of drinking water.
- A large majority of households surveyed (99%) had proper access to latrines. However, many observed latrines were not receiving proper maintenance and evidence of associated hygiene practices was found to be deficient. Many pits were observed to be in poor condition, non-functional and generating a high density of flies. Furthermore, 63% of latrines lacked any sort of hand-washing facility.
- Many respondents were successfully able to identify basic hand-washing practices and general hygiene principles however, knowledge about specific water-borne disease transfer mechanisms was found to be absent.
- A large majority of households surveyed (85%) correctly identified how malaria is transmitted but there are opportunities for increasing awareness of mitigation techniques such as the use of mosquito nets and keeping a clean and stagnant water free compound.

II. Background

Sidama is one of fifteen administrative zones in Southern Nations, Nationalities and Peoples Region (SNNPR) of Ethiopia. Administratively, the zone is organized in twenty one Woredas of which three have been targeted for project activities. Though the majority of the zone's population lives in rural, agricultural areas, the targeted communities are located in the following urban town centers: Bensa (Daye town), Bonazuria (Bona town) and Hula (Hageresalam town). The climatic condition of the region ranges from alpine cold to semi-arid.

The following baseline evaluation will support the hygiene and sanitation awareness campaign associated with overall project objectives. The primary purpose of the project is increase access to safe drinking water in the target communities. The hygiene and sanitation campaign will complement the primary project objectives and promote improved health related to water borne disease amongst the target communities.

III. Objectives

- To assess the existing level of knowledge, Attitude and Practice of the target communities with regard to water, hygiene and sanitation
- To establish baseline information that will be used to measure the project achievements at the end of the intervention

IV. Methodology

The baseline evaluation consisted of a comprehensive quantitative and qualitative baseline survey consisting of knowledge, attitudes, and practice (KAP) survey (Annex 1) and focus group discussions (FGD, Annex 2) consist of open ended and observational questions.

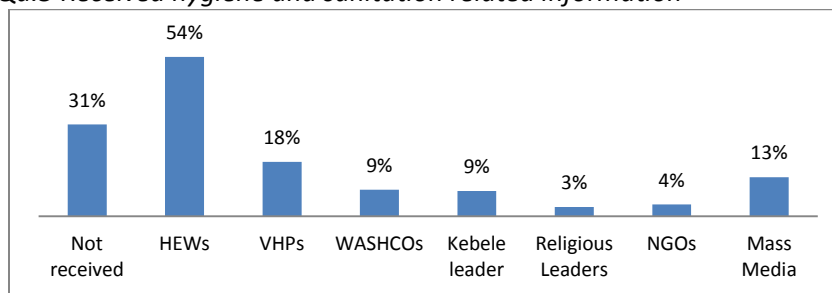
- The survey targeted 10% of the community in the areas of intervention (1,324 households). Participants were selected using a random sampling methodology known as the ‘spin a ball point pen’ technique on a cluster basis (See Annex 3, Sampled Clusters).

The FGDs were designed to collect ideas, perceptions and experiences of the target community regarding to water, hygiene and sanitation issues in order to identify constraints, coping mechanisms and potential solutions. In total, three FGDs were conducted in each town, (men, women, and children) for a total of nine. Each session included 6-8 members of the community purposively selected to extract a wide demographic range of opinions.

V. KAP Survey Results

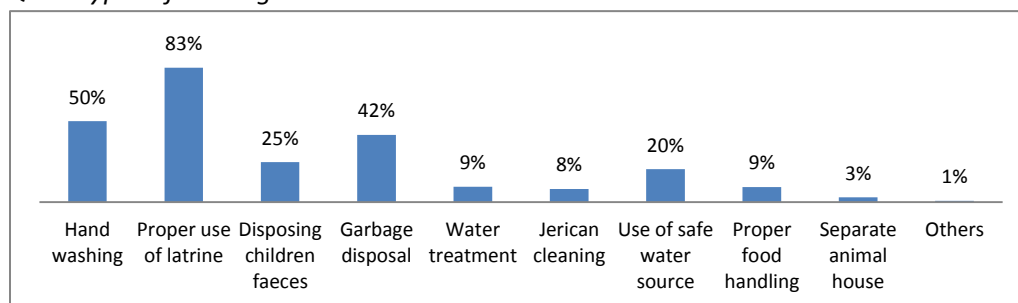
Previous Hygiene and Sanitation Campaigns

Qu.5 Received hygiene and sanitation related information



The majority of the respondents reported receiving hygiene and sanitation messages from health extension workers and volunteer health promoters.

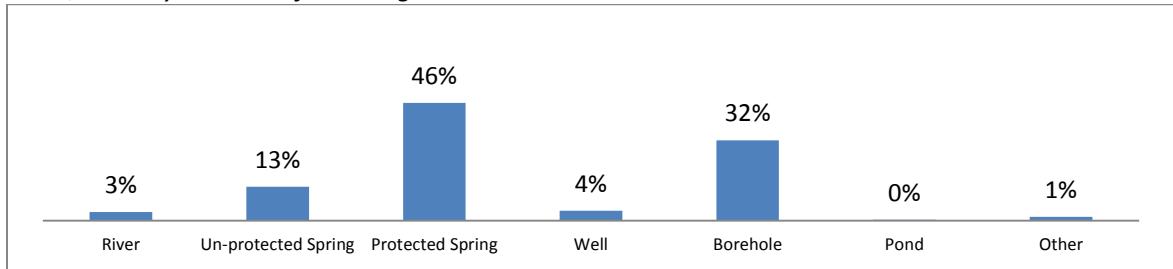
Qu. 6 Types of messages received



Hand washing and latrine use were the only messages that 50% or more of the respondents could recall.

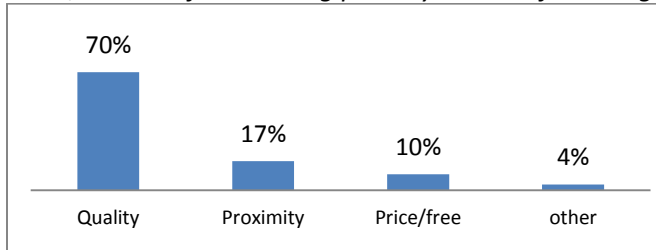
Access to Water, Use and Storage

Qu. 7, Primary Sources of Drinking Water



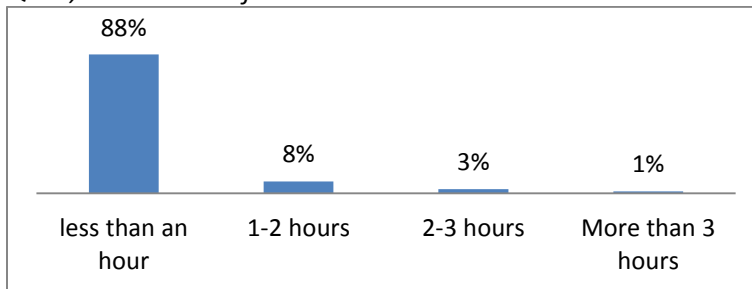
The majority of respondents (78%) reported having access to safe drinking water.

Qu. 8, Reasons for choosing primary source of drinking water



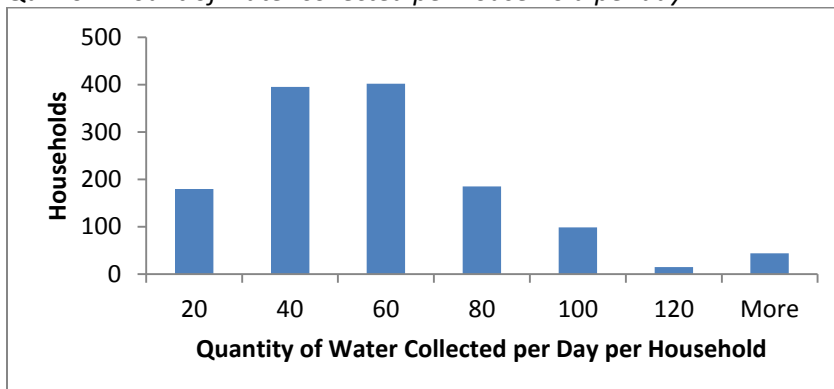
The majority of respondents chose quality over other reasons for choosing their source of drinking water.

Qu. 9, Time needed for water collection



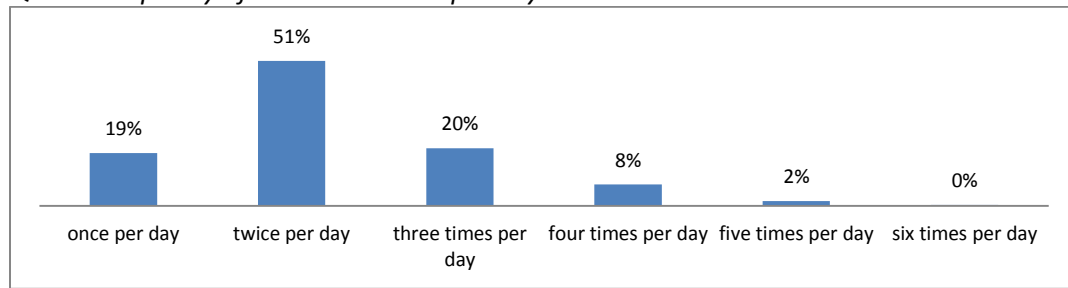
A large majority of respondents reported the ability to access their primary source of drinking water in less than one hour.

Qu. 10 Amount of water collected per house hold per day



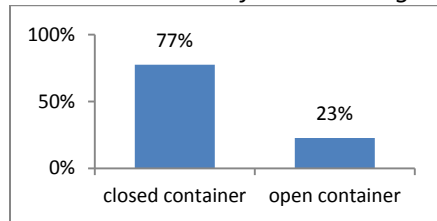
The average reported daily quantity of water collected per household was 58 litres.

Qu. 11 Frequency of water collection per day



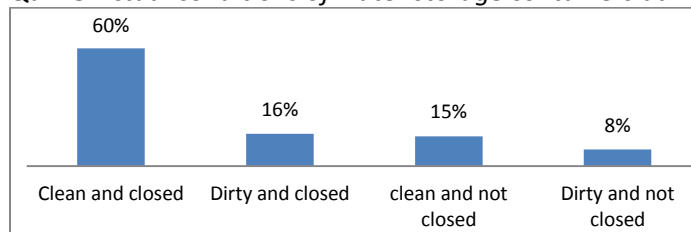
More than 80% of the sampled population reported collecting water multiple times per day.

Qu. 12 Conditions of water storage containers at household



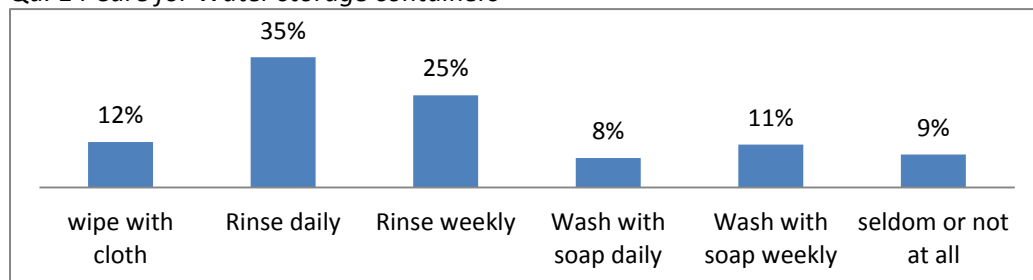
More than three-quarters of respondents reported keeping their water in a closed container.

Qu. 13 Actual conditions of water storage containers at HH



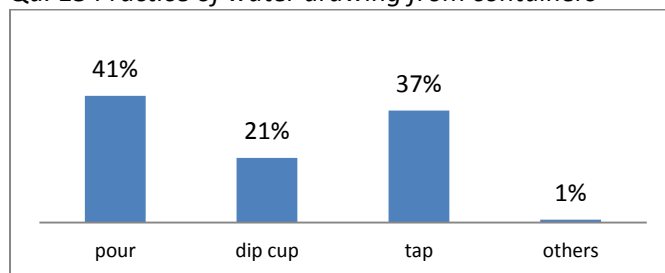
40% of observed households would benefit from improved water storage practices.

Qu. 14 Care for Water storage containers



81% of respondents would benefit from improved water storage practices.

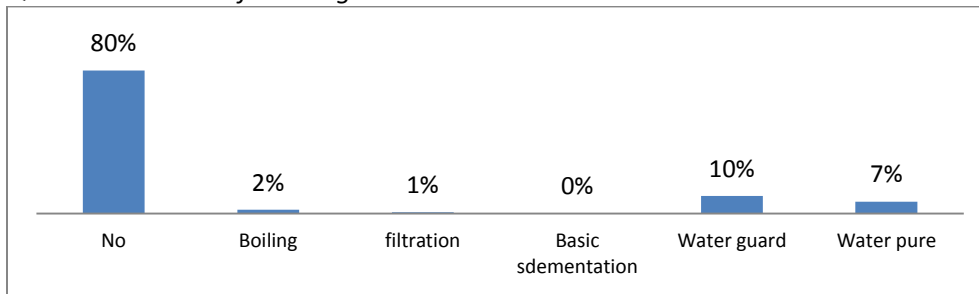
Qu. 15 Practice of water drawing from containers



The survey indicates 78% of the respondents have safe water drawing practice.

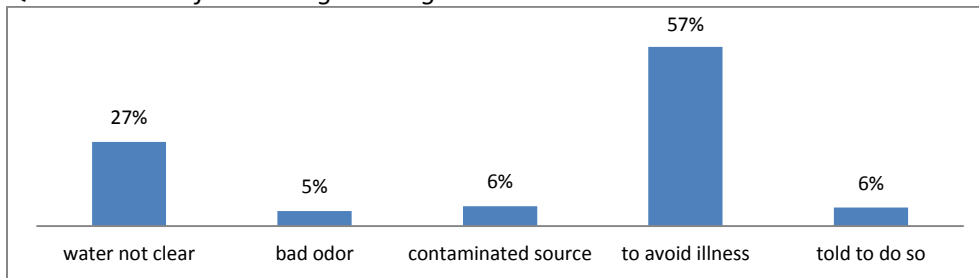
Knowledge of water treatment

Qu. 16 Treatment of drinking water

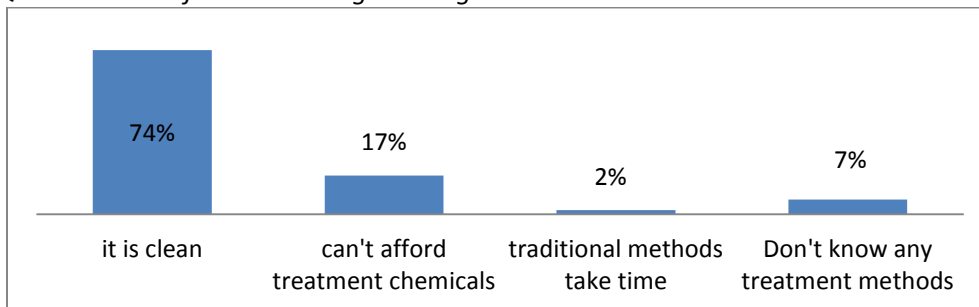


The majority of households do not treat their drinking water.

Qu. 17 Reasons for treating drinking water



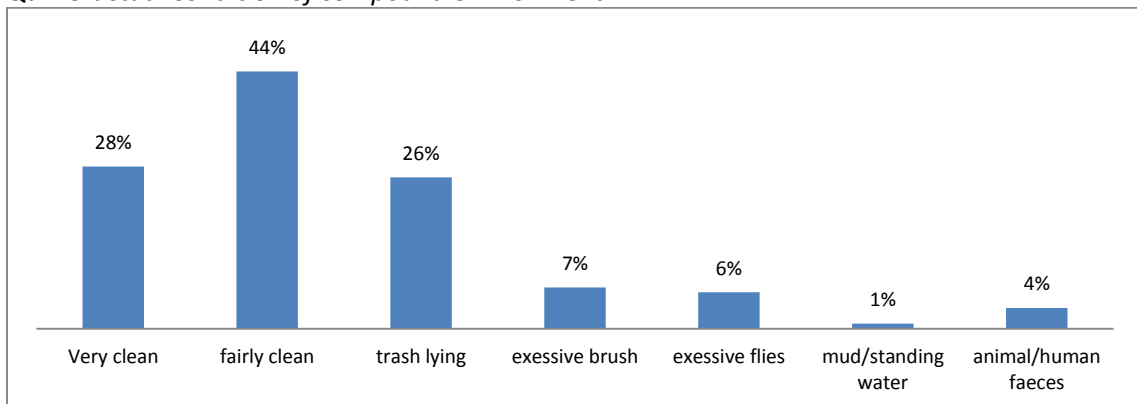
Qu. 18 Reasons for not treating drinking water



The large majority of surveyed households believe their drinking water to be clean.

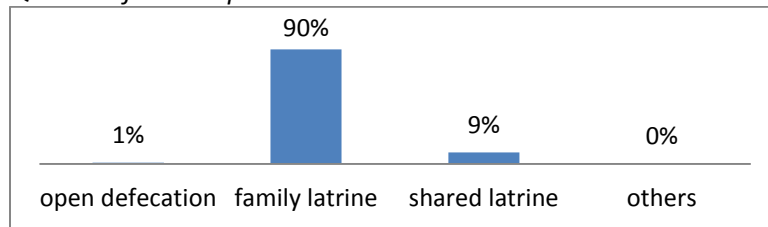
Sanitation Practices

Qu. 19 actual condition of compound environment



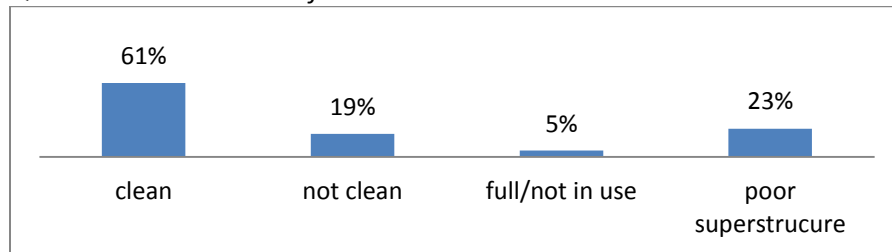
72% of surveyed household compounds were observed to be in clean condition.

Qu. 20 defecation practices



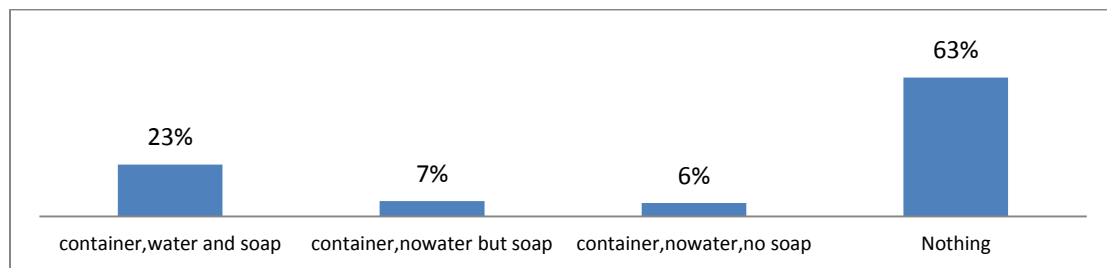
Almost all (99%) of the sampled household have access to sanitation facilities.

Qu. 21 Actual condition of latrines



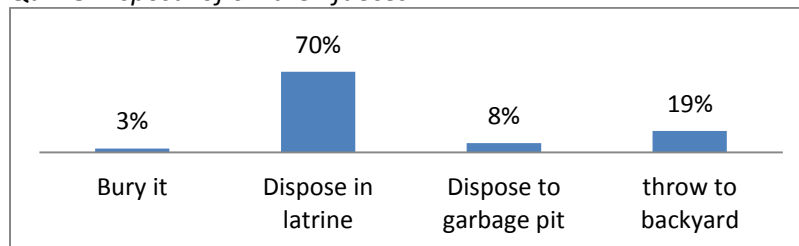
39% of the latrines observed were in poor condition.

Qu. 22 Availability of hand washing facility nearby latrine



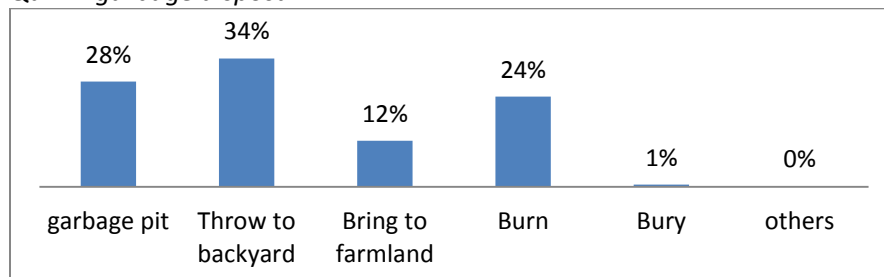
63% of surveyed households were observed to have no hand washing facilities near their latrine.

Qu. 23 Disposal of children faeces



70% of surveyed households reported discarding children's faeces in an appropriate manner.

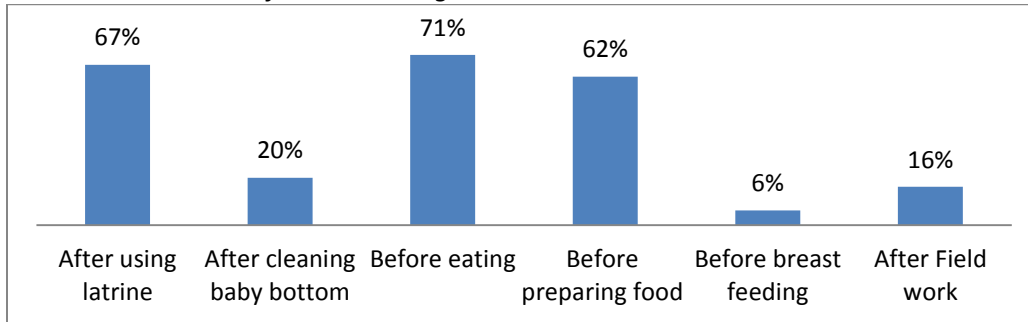
Qu. 24 garbage disposal



Nearly half of the surveyed population (46%) reported poor waste disposal practices.

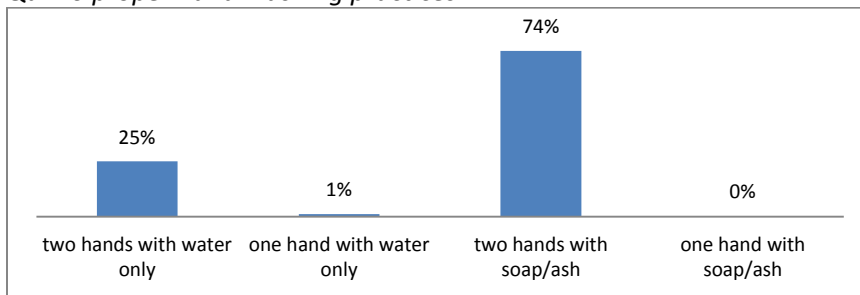
Hygiene Practices

Qu. 25 Critical times of hand washing



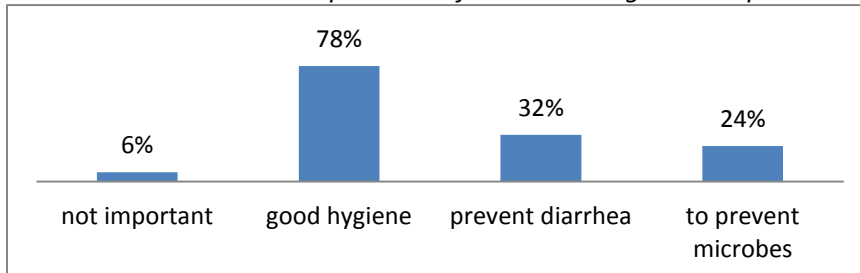
There is a poor level of awareness of hand washing practices connected with care for infants.

Qu. 26 proper hand washing practices



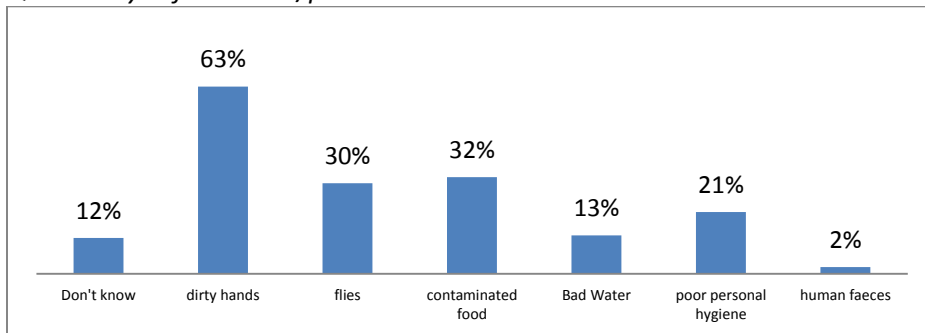
A quarter of the sampled population reported poor hand-washing practices.

Qu. 27 Attitude towards importance of hand washing with soap



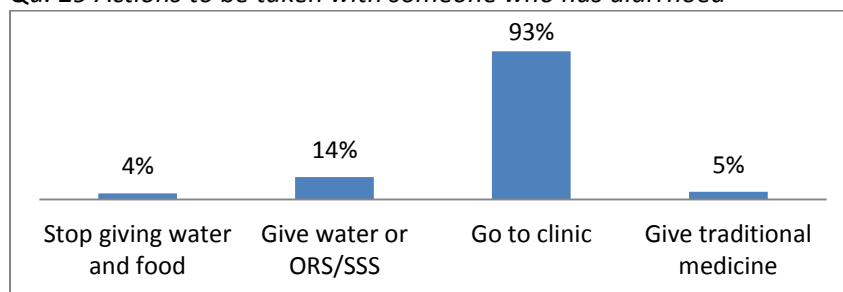
The majority of sampled households believe hand washing is important to keep good personal hygiene.

Qu. 28 ways of diarrheal/parasite transmission



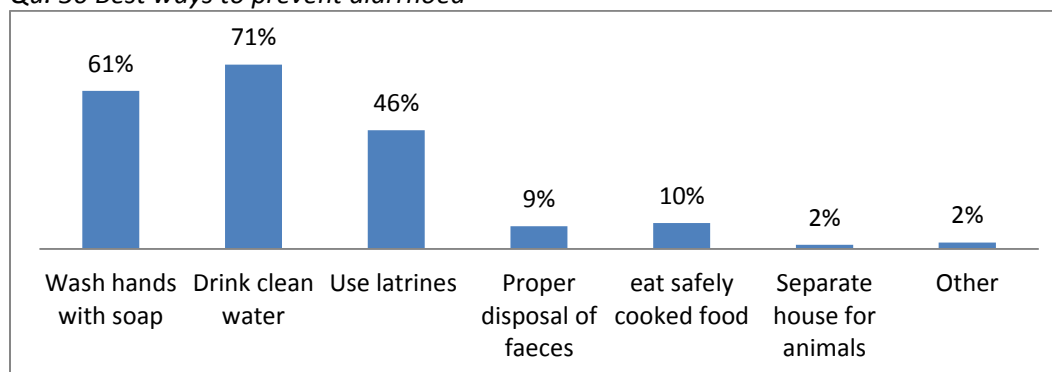
'Dirty Hands' was the only method of transmission that more than 50% of respondents could name.

Qu. 29 Actions to be taken with someone who has diarrhoea



The vast majority of respondents could name an adequate action to take for someone with diarrhoea.

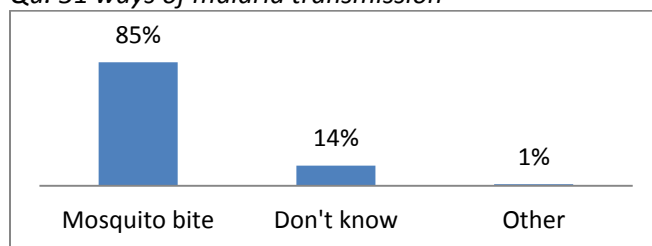
Qu. 30 Best ways to prevent diarrhoea



Few respondents could identify proper disposal of faeces, safe food preparation, and animal care a method for preventing diarrhoea.

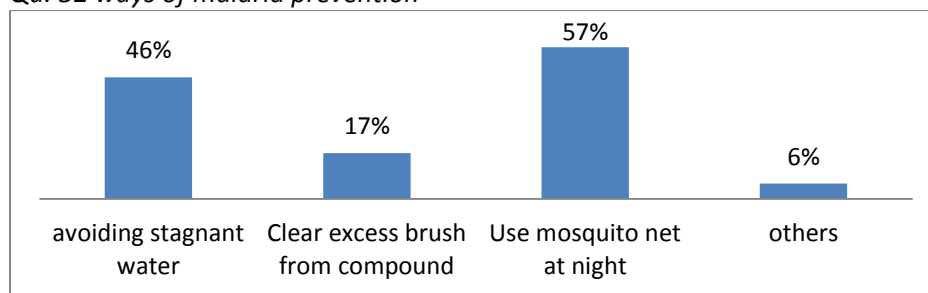
Malaria

Qu. 31 ways of malaria transmission



Most respondents correctly indicated that malaria is transmitted through a mosquito bite.

Qu. 32 ways of malaria prevention



More than half of the sampled household could identify important ways to mitigate the spread of Malaria.

VI. FGD Key findings

Water availability and access

Though there is safe drinking water supply in all urban centers of intervention woredas the availability fall short. As results of the FGD conducted in all the three groups reveal, most of the inhabitants regularly move to alternative non-safe secondary water source such as rivers and unprotected springs during times of shortage. They are regularly exposed to different water-borne diseases including amoeba, typhoid and even recalled acute watery diarrhea (AWD) within recent memory. Children mentioned that during extended periods of water scarcity, they must travel farther and wait in longer queue to fetch water from alternative sources which results in greater absenteeism from school. These water sources are also contaminated with coffee production waste which causes skin infection.

Knowledge of diarrhea transmission

Knowledge of diarrheal transmission is generally found to be good. Children groups mentioned the main causes of diarrhea are poor hygiene practices, dirty materials, contaminated and uncovered food, contaminated water and inadequate clothing. Dirt under fingers, different solid wastes, poor personal hygiene and environmental sanitation, eating already prepared foods without reheating and flies are among the main causes of diarrhea mention by women and men groups.

There is also good level of knowledge regarding how to deal with a person with diarrhea. Most of the participants in all the FGD discussions mentioned they will take the patient to health facilities such as clinics, health centers and hospitals. Apart from this, they would give traditional medicine called “Dingetegna” synonymous with “Emergency” which is fluid made of smashed root of a plant and given primarily to adults. And, some would give ORS and homemade fluid.

Hygiene behavior and knowledge

Residents reported maintaining their personal hygiene by washing their faces regularly and taking shower. Participants from the women’s and men’s group mentioned they are maintaining their personal hygiene by taking shower three times a week and using latrines, wearing clean clothes, drinking safe water, washing their hands after visiting latrine and by eating food that have nutritional value. There are some places that provide bathing service so that people have access to take shower with cheap price that help them to improve their personal hygiene.

Pressing problem with regard to WASH

As it could be possible to say in all the FGDs the pressing problems with regard to WASH are lack of enough safe water and lack of good latrines. Children reported spend most of their time fetching drinking water from sources which has impact on their school attendance. Whenever the town’s water supply is interrupted, they reported goin to fetch water from unprotected springs and sometimes it took them half a day waiting longer queue and sometimes buy one jerrycan of 20 liter for 4 birr. The existing water sources are not enough for the increasing population in towns. For example in Bona zuria woreda there exists one hand dug well which was initially constructed considering 12,000 people. Though the number of population increased many folds, the water

source remains the same. So it created burden on the existing water sources and shortage in the community.

Although most people in town have latrines, they are not properly constructed as they do not have any superstructure and provide no privacy, harbor for flies and become source of disease and no hand washing facility nearby. The open pits pose danger especially on children. Furthermore, there is an established practice of open defecation along rivers and other water sources associated with absence or poor functionality of public latrines.

Role of participants in improving communal health

Children expressed an interest in playing a greater role in improving communal hygiene and sanitation through helping their families by keeping water safe at home, keeping themselves from dirty places and cleaning their compound environment.

Women participants mentioned they could participate by transferring knowledge of hygiene and sanitation to others through the health development army and while drinking coffee (coffee ceremony) and encourage the community to construct and use latrines and wash hands after visiting latrines by placing hand washing facility nearby.

As the intervention is focused on urban centers of Sidama zone, water facilities are administered directly by the government. However, from the various FGDs, women have a great opportunity to play many roles in the community with regard to WASH due to their responsibilities at the household level such as taking care of their children personal hygiene, preparing food, fetching water from available sources.

Cultural and/or religious beliefs have an impact on WASH

Most community members use narrow necked storage containers with screwed lids which help to prevent water contamination during transport. They also normally pour water instead of dipping which is a good practice. They also have cultural water preservation techniques called "Korasuma". This consists of washing water storages with leaves from the "korasuma" tree to give water an improved taste. Contrary to this there is a wide spread attitude of "yewuhana yentat metfo yelewim" meaning, "there is nothing bad about mother and water". In this regard, people drink any water that is locally available regardless of its potability.

Community members in special need of improved WASH

As mentioned in the FGDs children and women are the most vulnerable to water-borne disease. In addition to these, peoples with different kinds of disease, pregnant mothers, disabled persons and elderly are also considered vulnerable.

VII. Discussion

Previous Hygiene and Sanitation Campaigns

Survey results show the two primary sources of hygiene and sanitation information have been health extension workers and volunteer health promoters. Of the various messaging done during previous campaigns, those surveyed primarily recalled messages regarding proper latrine use and hand washing. These results indicate further capacity building and regular community conversations will benefit the efficacy of government health office led efforts.

Water Supply, use and storage

The majority of Households reported collecting their drinking water primarily from improved sources including tap stand/pipe water (borehole) and protected springs. Total travel time was reported to be less than one hour. In addition to this, these water sources were selected because of their quality. This showed there is good level of awareness on the benefits of drinking water from safe sources.

Though people have access to safe water sources in short distance and majority of them fetched twice a day, the average water collected per household (with average family size 5 members) remains 58 liters which is below the sphere standard; 15l/c/d. There is shortage of water in the urban centers as the existing water sources initially designed and constructed to serve small number of population than today. As a result, it is distributed every two or three days a week for residents to fetch water with all available containers and use it until the next distribution time.

There is a good practice of storing water in clean and closed containers in majority of the sampled households. On the other side, a considerable portion of respondents keep their water with open and dirty storage which may pose risk of contamination at any point in this regard.

More than half of the respondents care for their water storage containers by simply rinsing them, as a result contamination of water at point of source is relatively high. In contrary, there is better water drawing practice which leads to low risk of contamination at point of use in the water chain.

The Majority of respondents do not treat their drinking water. It is because they considered it clean as it is piped water. Of those who think their primary source of drinking water is not safe, they do it to avoid illness. In either case knowledge of consuming safe water is generally found good.

Sanitation

Observation on the household environment showed, nearly half of the sampled compounds were found dirty with poor practice of waste disposal. This implies, there is low level awareness on compound cleaning and proper waste disposal demanding hygiene and sanitation promotion intervention.

The survey showed, almost all the sampled household observed had sanitation facility to dispose human waste. There was evidence of latrine use as indicated through the clear paths leading to the latrines, presence of faeces on the slab and flies. But nearly half of the latrines are found to be dirty with poor or no superstructure and in some cases full. These pits are being used as latrine and have been included in our survey. It is important to note that these open pits are posing a great danger to the community especially for children as it is mentioned in focus group discussions. Only adult can use them and during the night as they do not provide any privacy. The pits are producing and harboring high density of flies. So, this is the fact that reported latrine pits are incomplete and human waste containment is not being properly maintained. People are ashamed of telling real practices of open defecation. This may bias the results of the survey which is recorded 1%. There is good level of understanding on the best appropriate method of depositing children faeces such as scooping to drop in the latrine.

Hygiene behaviors, knowledge and practices

As the results indicate, there is good level of knowledge with regard to hand washing in three of the critical times; after using latrine, before eating and before preparing food. Although half of the sampled households recalled hand washing message and respond they washed their hands after visiting latrine, majority of the latrines had no hand washing facility nearby. This implies they may wash their hands drawing water from the storage containers that pose risk of cross contamination at the household level.

Hand washing practices in relation with babies; before breast feeding and after cleaning baby bottom is general poor. This increases the chance of small children affected by different water and hygiene related diseases. Although more than half of the households mentioned the importance of hand washing is to prevent diarrhea and microbes, 25% of the respondents do not practice proper hand washing that increase the risk contamination.

Knowledge on the causes of diarrhea was found to be generally good. Accordingly, there exists good level of understanding on how to deal with someone with diarrhea. Though large number of the households mentioned they will take to clinics, level of knowledge on how to deal with a person using ORS/SSS at the household is still very low.

Knowledge on malaria prevention and control

Majority of interviewed households knew that mosquitoes transmit malaria and use of mosquito net at night would prevent malaria. They have also mentioned that avoiding stagnant water and clearing excessive brush from the compound are good methods of controlling mosquitoes and thus preventing malaria. Although level of knowledge in the transmission and prevention of malaria is good, there is an opportunity to increase level of awareness in proper and regular usage of mosquito nets and other related issues.

VIII. Recommendation

Access to hygiene and sanitation information

The relatively high population identified in the intervention areas that had no access to hygiene and sanitation information calls for an attention. In areas where appropriate hygiene and sanitation education is not disseminated, communities become vulnerable to water borne diseases like diarrhoea, typhoid, AWD etc. Necessary actions include:

- Giving hygiene education on WASH related diseases transmission routes and methods of prevention so as to improve community knowledge to take charge of their own health at institution level.
- Conduct and maintain regular house to house visits to disseminate information and improve WASH related practices through VHPs and UHEW.

Water quantity and quality

Most households have access to safe drinking water yet, the average water collected per household is low. There is great need to improve water quantity to 15litres/p/d. There are several water points which have broken down and not repaired. Actions that need to be taken to improve water quantity include:

- Construction of new water sources and rehabilitation of non-functional water points is a priority. There is a huge potential of constructing new boreholes to improve the quantity and quality of water for the community.
- Improving on the existing Operation and Maintenance (O&M) system. Strengthening capacity of water technicians in each woreda, supplying them with tools and spare parts would ensure repairs are done within the shortest time possible; ultimately ensuring sustainability.
- Promoting safe drinking water handling from the point of source to the point of use would ensure none or less cross contamination of safe water from protected sources.
- Promoting cleaning of water collection and storage vessels would also ensure the quality of water from safe sources is not compromised.

Knowledge on hygiene practises

The real practice of hand washing at critical times which has an association to diarrhoea related diseases is very low. It is possible that in an event where people don't wash hands with disinfectant at critical times, diarrhoea prevalence would be high. To avert all these and reduce incidence of diarrhoea, it is recommended that:

- Promoting hand washing at critical times with soap or any other local substitutes during mass hygiene campaigns and linking hygiene promotion activities of the project with the existing health extension program for long-term continuity.
- Educating communities on primary and secondary transmission routes of diarrhoea e.g. using the F-diagram during community conversation sessions
- Improve community knowledge on diarrhoea prevention through organised hygiene promotion messages touching on hand washing at critical times.
- Train communities to prepare locally made Sugar and Salt Solution (SSS) to manage diarrhea at household level.

Sanitation

Sanitation coverage was found to be high but majority of the facilities are inappropriate for safe management of human waste. There was a significant use of existing sanitation facilities at household level but a big concern on the open pits used as latrines. Poles are laid on the pit and people are using the pits without covering. The pits are harbouring high density of flies and provide no privacy at all.


To reduce the risk of these pits acting like routes of transmission and improve on environmental sanitation the following are recommended:

- Working closely with UHEW, VHPs and selected community representatives to educate latrine users on keeping latrines clean, free of flies and proper maintenance.
- Encourage community to construct and use latrines through the government health development army strategy(team up model household with other 5 less performing households)
- Educate community to place hand washing facility nearby latrine and promote hand washing after visiting latrine
- Organizing cleaning campaign through UHEWs and VHPs and promoting safe solid waste management

Malaria prevention

The survey focused more on the knowledge the communities had on malaria transmission and prevention methods. Malaria intervention is not priority focus for PIN at the moment. But it is possible to link the findings in this survey with the sanitation aspect of the project to educate communities on malaria transmission routes and prevention methods such as clearing of excess brush and avoiding stagnant water which could serve as breeding site for mosquitoes.

Annex 1: KAP survey questionnaire

People In Need, Ethiopia							
<i>Water supply in Small towns of Sidama Zone Project, Knowledge, Attitudes, and Practices Survey</i>							
Woreda: _____			Town: _____		Kebele: _____		
Surveyor Name: _____			Date: _____			No: _____	
1	Name: _____						
2	Gender:	1. Male:		2. Female			
3	Age	1. <18 Years	2. 18-35 years	3. 35-50 years	4. >50 years		
4	Number of members of household	<5 years					
		5 < years < 15					
		>15 years					
5	Have you ever received hygiene or sanitation information? If yes, from which source(s)? MULTIPLE ANSWERS	1. no	2. HEW	3. VHP	4. WASHCO		
		5. Kebele Leader	6. Religious Leader	7. NGO	8. Mass Media		
6	If yes, which messages do you remember? MULTIPLE ANSWERS	1. Hand washing	2. Proper use of latrine	3. Disposing children's faeces	4. Disposal of garbage		
		5. Water treatment	6. Jerry can cleaning	7. Use safe water source	8. Proper Food Handling		
		9. Separate animal house	10. Other				
7	Where do you primarily get your drinking and cooking water from?	1. River	2. Un-protected spring	3. Protected spring	4. Well		

		5. Borehole (taps)	6. Ponds/pools	7. Other		
8	Why did you primarily choose this water source?	1. Quality	2. Proximity	3. Price (free)	4. Other	
9	How long does it take to collect the water?	1. <1 hour	2. 1 to 2 hours	3. 2-3 hours	4. >3 hours	
10	How much water you collect per day?					
11	How often do you collect water on average (in days)?					
12	How do you store your water at home?	1. Closed Container		2. Open Container		
13	OBSERVE condition of water storage containers	1. Water containers are clean and closed		2. Water containers are dirty but closed		
		3. Water containers are clean but not closed		4. Water containers are dirty and not closed		
14	How do you normally care for the containers?	1. Wipe with cloth	2. Rinse daily	3. rinse weekly	4. wash with soap daily	
		5. wash with soap weekly	6. clean less often or not at all			
15	How do you normally take water from the containers?	1. Pour	2. Dip cup	3. Tap	4. Other	
16	Do you treat your drinking water? If yes how?	1. No	2. Boiling	3. Filter	4. Basic sedimentation	
		5. Water guard	6. Water pure	7. Other		
17	If yes, why do you treat your drinking water?	1. Water is not clear	2. Water has an odor	3. Source is contaminated	4. To be safe/avoid illness	
		5. Someone told me to do	6. I don't know	7. Other		
18	If no, why don't you treat it?	1. it is clean	2. we can't afford treatment	3. traditional treatment methods	4. we don't know any treatment	

			chemicals	take time	method	
		5. others				
19	OBSERVE condition of the compound environment. MULTIPLE ANSWERS	1. Very clean	2. Fairly clean	3. Trash is lying about	4. Excessive brush	
		5. Excessive flies	6. mud/standing water	7. Animal or human faeces		
20	Where do you defecate?	1. Open Field	2. Family Latrine	3. Shared Latrine	4.others	
21	OBSERVE Latrine (if present)	1. Clean	2. Not Clean	3. Full (not in use)	4.have poor super structure	
22	OBSERVE if washing area is near latrine	1. Container water and soap/ash	2. Container, no water, no soap/ash	3. Container with water, no soap/ash	4. Nothing	
23	How do you dispose children's faeces?	1. Burry	2. Dispose in latrine	3. Dispose in garbage pit	4. Throw away to the backyard	
24	How do you primarily dispose of your garbage?	1. Dispose to garbage pit	2. Throw to backyard	3. Bring to farmland	4. Burn	
		5. Bury	6. Other			
25	When do you wash your hands? MULTIPLE ANSWERS	1. After using latrine	2. After cleaning baby bottom	3. Before eating	4. Before preparing food	
		5. Before breast feeding	6. After Field work	7. Other		
26	How do you normally wash your hands?	1. water only	2. Soap on 1 hand	3. Soap on 2 hands	4. With Ash	

27	Do you think it is important to wash your hands with soap? If yes, Why? MULTIPLE ANSWERS	1. No	2. Good hygiene	3. Prevent diarrhea	4. Prevent microbes	
28	How do you get diarrhea or parasites? MULTIPLE ANSWERS	1. Don't know	2. dirty hands	3. flies	4. contaminated food	
		5. Bad Water	6.poor personal hygiene	7.human faeces	8. Other	
29	What do you do if someone has diarrhea? MULTIPLE ANSWERS	1. Stop giving water and food	2. Give water or ORS/SSS	3. Go to clinic	4. Give traditional medicine	
30	List are the best way to prevent diarrhea? MULTIPLE ANSWERS	1. Wash hands with soap	2. Drink clean water	3. Use latrines	4. Proper disposal of faeces	
		5. eat safely cooked food	6. Separate house for animals	7. Other		
31	How do you get Malaria?	1. Mosquito bite	2. Don't know	3. Other		
32	What things can you do to help prevent Malaria? MULTIPLE ANSWERS	1. No stagnant water near compound	2. Clear excess brush from compound	3. Use mosquito net at night	4. Other	
33	Which diseases have people in your family had in the last month?		<5 years	5 to 15 years	>15 years	
		Diarrhea				
		Parasite				
		Malaria				
		Typhoid				

Annex 2: FGD questions

Sidama zone drinking water supply and hygiene promotion project

MALE FEMALE CHILD

-Circle One-

FOCUS GROUP DISCUSSION in: _____

I. Introduction

❖ Welcome

We are going to talk today about drinking water, hygiene, and sanitation in your community.

Introduction of facilitator

Let participants introduce themselves (names, age, responsibility etc.). Put the participants at ease and explain the purpose of the focus group discussion, the kind of information needed, and how the information will be used. Ask permission to use a tape-recorder/to take notes, allow some informal discussion before the actual session starts.

❖ Objective of the focus group discussion

The purpose of this discussion is for you to share your ideas, perceptions and experiences concerning the source of drinking water in your community, hygiene, and sanitation. There is no right or wrong answers to the questions that I will be asking you. Please feel free to answer exactly as you feel.

Anything you say here will be kept private and confidential. Your name will never be mentioned outside of this session. If you prefer not to answer any particular question, that's fine.

II. Questions

1. What are the consequences of non- functional water schemes in your community?
2. What is the cause of diarrhea in your community? What do you do when someone in your family has diarrhea?
3. In which ways do you currently maintain good personal hygiene?

4. In which way could you improve your personal hygiene?
5. What are the most pressing problems in your community with regards to safe drinking water, hygiene, and sanitation?
6. What role can you and the community play in improving communal hygiene and sanitation?
7. What roles and responsibilities are taken by women in the use of your community's water supply, hygiene, and sanitation?
8. How could women play a bigger role in improving continuous access to safe drinking water, communal hygiene and sanitation?
9. What alternate sources of water are available to the town water supply and if used, are there any effects on the health of the community? How often do you use them (specify)?
10. What cultural and/or religious beliefs have an impact on water supply, hygiene, and sanitation?
11. Which particular groups (or locations) in the community are in special need of improved water supply, hygiene, or sanitation practice?

Wrap Up: Explore feelings during discussion

How did you see our discussion today? Have you ever talked with anyone before about the subjects we discussed today? How did you feel it?

Thank you for sharing your thoughts, perceptions and experiences!

Annex 3: Sampled Clusters

Sr.no	Name of woreda	Town	Cluster name	No of sampling
1	Bensa	Daye	Huro tibiyo	64
			Market area	90
			Mekane yesus	120
			Alaka coffee site	120
			Reservoir site	90
			Sub total	484
2	Hula	Hagereselam	Meadin	118
			Sheko market	116
			Arada	118
			Chefe	148
			Sub total	500
3	Bona Zuria	Bona	Ketene 1	100
			Ketene 2	100
			Ketena 3	60
			Ketena 4	80
			Sub total	340
Total				1324