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BASELINE SURVEY

**SANITATION AND HYGIENIC PRACTICES AND RELATED DISEASES IN
NAKALANGA VILLAGE, BUKATUBE SUB COUNTY, MAYUGE DISTRICT
EASTERN UGANDA.**



nourish
INTERNATIONAL

**NOURISH INTERNATIONAL: PENN STATE
207 HETZEL UNION BUILDING
UNIVERSITY PARK, PA 16802**

**BASELINE SURVEY INDICATORS FOR PIT LATRINE PROJECT
MAY 2014**

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List of Abbreviations

CAO	: Chief Administrative Officer
CCUg	: Community Concerns Uganda
CDO	: Community Development Officer
LC	: Local Council
SPSS	: Statistical Package for Social Sciences

Executive Summary

In early 2014, Nourish International, through a partnership formed with CCUG awarded the organization a grant, which among other things was to implement a Pit Latrine Project in Nakalanga Village, Bukatube Sub County, Mayuge district. The major aim of the project was to increase on latrine coverage in the village, improve community awareness about sanitation and hygiene and foster practices aimed at reducing related diseases. As part of the project monitoring and evaluation process, a baseline survey to determine current sanitation and hygiene facilities, practices, diseases and household spending was conducted. The survey will be compared with end-line-survey which will be conducted 6 months after the project implementation and hand over.

Survey results revealed that out of 50 respondents, (78%) did not have pit latrines in their households and of these (66.7%) were defecating in the bush, (30.7%) in a polythene bags while (2.6%) were sharing with neighbours. Furthermore, less than half (48%) of respondents were not washing their hands after defecating, (12%) after handling children's faecal matter, (18%) before preparing food (24%) before serving food while those who were not washing their hands after breast feeding contributed to (30%).

In addition, respondents accounting for (86%) did not have rubbish pits and they were disposing household refuse in the ditch (79.1%), bush (18.6%) and anywhere convenient (2.3%).

The biggest number of respondents (48%) reported that their water source was both the lake shores and borehole followed by (32%) who said only the bore hole while (20%) indicated only lake shores. Jerricans without lids (72%) were the most mentioned storage utensils for water for home use as majority of respondents (76%) were not preparing water for drinking in any way.

Diarrhoea (88%), malaria (72%) and typhoid (36%) were the sanitation and hygiene related diseases mentioned by respondents and it was observed that they were as a result of poor faecal disposal, poor storage of water for home use and not preparing it for drinking, not washing hands after defecating, after handling children's faecal matter, preparing or serving food and breast feeding children. These diseases not only hindered some respondents from engaging in monthly savings but reduced savings of those who carried out the practice.

1.0 Background of Nakalanga Village

Nakalanga village is situated in Bukaleba Parish, Bukatube Sub County, Mayuge district, approximately 35 km from Musita, on the Iganga-Jinja High Way. Nakalanga, a name that symbolizes dried or dreadful bones is sandwiched between Lake Victoria and Bukaleba Forest Reserve, totally isolated from other villages. The village is home to about 3,500 people whose major source of income is fishing and subsistence farming. However, these two sources of income are declining as the fish stocks reduce due to poor fishing methods and restrictions about farming from Busoga Forest Company (a Norwegian company).

No single clinic is available in the village, with only drug shops manned by untrained personnel. To seek health care services, one has to travel for more than 5 km to Bukalebe Health Centre which is not only understaffed but lacks the necessary equipments, drugs or protective gears to offer meaningful health care services.

Regarding education, there is only 1 primary school which stops at Primary Six, so pupils sit for their Primary Seven from Buyemba (about 6 km away).

Keeping law and order in the village is not easy. There is only 1 police post, housed in a mud and wattle house, with neither windows, nor doors.

1.2 Sanitation and Hygiene facilities in Nakalanga Village

Due to its remoteness, sanitation and hygiene in this village is not an issue many people take seriously. With the lowest safe water coverage in Busoga region, Mayuge district has a latrine coverage of 62%. However, for Nakalanga Village, the latrine coverage stands at less than 40%. There is only 1 public latrine, serving more than 3,000 people, which got filled up in 2012. Open defecation and dumping of rubbish everywhere is very common among community members. With only 1 bore hole serving the whole village, some community members draw water from the lake shores to avoid lining up for water from the borehole.



A bathroom



A community member drawing water from the lake shores

In other cases, community members ease themselves in bushes or defecate in polythene bags which are thrown in a ditch near the lake.

1

¹ The ditch or 'olutaawo' as referred to in Lusoga by respondents is situated about 500 meters from the nearest household though less than 200 meters away from the only borehole in the village. It is about 500 meters away from the lake shores.

2.0 Survey Implementation

2.1 Background of the Pit latrine Project

As one way of reducing poverty through reduction of poor sanitation and hygiene related diseases, a partnership between Community Concerns Uganda (CCUg) and Nourish International sought to construct community pit latrines in Nakalanga Village A and B.

2.2 Objectives

2.2.1 Project Objectives

- (a) To improve on the latrine coverage of Nakalanga Village A and B.
- (b) To increase on community knowledge and encourage practices related to good hygiene and sanitation.

2.2.2 Baseline Survey Objectives

- (a) To establish the sanitation and hygiene facilities among 50 households
- (b) To determine practices related to sanitation and hygiene among 50 households
- (c) To establish most common illnesses/conditions and related spending among 50 households.

2.3 Sample Size

A total of 68 community members from Nakalanga Village A and B were approached to participate in the study and 50 respondents (which was the target number) were involved. All community members who were available during the days of data collection and consented to participate were eligible and included in the survey.

2.4 Survey Instrument

The survey used a pre-coded and open ended questionnaire which were individually administered and collected a few minutes after data collection. Translation was conducted for participants who could not read and write English and their responses recorded in the data collection tool.

2.5 Community Mobilization

Prior to data collection, awareness of the survey was raised through the Local Council Chairpersons (LC) of both Nakalanga Village A and B. CCUg staff introduced themselves to the LCs who later briefed the community members about the survey activities.



2.6 Data Collection, Processing and Analysis

At the end of each data collection day, questionnaires were collected and cross-checked for completeness and coded. Data was entered into SPSS version 17.0 and was analyzed using descriptive statistics (frequencies and cross tabulations) while correlations were done using bivariate analysis at a confidence interval of 95%.

2.7 Ethical Considerations

Ethical clearance was sought from the Mayuge district administration notably Chief Administrative Officer (CAO) and Community Development Officer (CDO).

A written informed consent was sought from participants and only those who consented were included in the study.

3.0 Survey Results

3.1 Socio-demographic data

Table 1: Demographic characteristics of respondents

Item	Frequency	Valid Percent	Cumulative Percent
Age range in Years			
15-24	07	14.0	14.0
26-34	22	44.0	58.0
35-44	12	24.0	82.0
45-54	09	18.0	100.0
Gender			
Male	11	22.0	22.0
Female	39	78.0	100.0
Marital Status			
Married	45	90.0	90.0
Single	02	4.0	94.0
Separated	02	4.0	98.0
Widow	01	2.0	100.0
Educational level			
None	14	28.0	28.0
Primary	31	62.0	90.0
Secondary	05	10.0	100.0
Type of employment			
None	4	8.0	8.0
Subsistence farmer	35	70.0	78.0
Business woman/man	08	16.0	94.0
Teacher	02	4.0	98.0
Causal Labourer	01	2.0	100.0
Number of dependents			
1-5	8	16.0	16.0
6-10	32	64.0	80.0
11 and above	10	20.0	100.0

Majority of respondents (44%) were in the age bracket of 26-34 years and of a female gender (78%). An overwhelming majority (90%) were married, attained primary level of education (62%), engaging in subsistence farming (70%) and living with 6-10 dependents (64%).

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² Subsistence farming was defined as the self-sufficient farming in which farmers focus on growing enough crops for household consumption and the surplus is sold.

3.2 Sanitation and hygiene facilities in households

Table 2: Availability of Pit latrine, Bathroom, Rubbish Pit and dish drying rack in Households

Item	Frequency	Valid Percent	Cumulative
Pit Latrine			
Available	11	22.0	22.0
Not Available	39	78.0	100.0
Place where respondents dispose faecal matter in absence of a latrine (n=39)			
In the bush	26	66.7	66.7
Polythene bags and throw it in the ditch	12	30.7	97.4
Share with the neighbours	01	2.6	100.0
Bathroom			
Available	14	28.0	28.0
Not Available	36	72.0	100.0
Rubbish Pit			
Present	7	14.0	14.0
Not Present	43	86.0	100.0
Place where respondents dispose household refuse in absence of rubbish pits (n=43)			
In the ditch	34	79.1	79.1
In the bush	08	18.6	97.7
Any where	01	2.3	100.0
Dish Drying Rack			
Present	08	16.0	16.0
Not Present	42	84.0	100.0

Most respondents who participated in the survey (78%) did not have pit latrines in their households and said they defecate in the bush (66.7%), polythene bags and throw it in the ditch (30.7%) or share with the neighbours (2.6%).

The biggest number of respondents (72%) had no bathroom or rubbish pits (86%). It was reported that

respondents dispose household refuse in the ditch (79.1%), bush (18.6%) and anywhere convenient (2.3%).

An overwhelming majority of respondents (84%) did not have dish drying racks in their households and stated that they use the 'alternative' of basins.

3.3 Sanitation and hygiene practices of respondents

Table 3: Hand washing practices by respondents

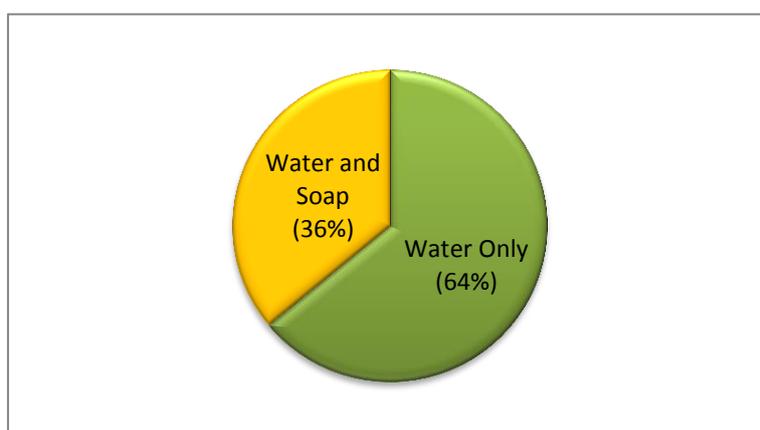
Item	Frequency (n=50)	Valid Percent	Cumulative
After defecating or visiting a latrine			
Yes	26	52.0	52.0
No	24	48.0	100.0
After handling faecal matter of a child			
Yes	28	56.0	56.0
No	06	12.0	68.0
Not Applicable	16	24.0	100.0
Before preparing food			
Yes	30	60.0	60.0
No	09	18.0	78.0
Not applicable	11	22.2	100.0
Before serving or eating food			
Yes	38	76.0	76.0
No	12	24.0	100.0
Before breast feeding a child			
Yes	11	22.0	22.0
No	15	30.0	52.0
Not applicable	24	48.0	100.0

More than half of respondents said they wash their hands after defecating or visiting a latrine (52%) or handling faecal matter of a child (56%).

The biggest number of respondents stated that they wash their hands before preparing (60%), serving or eating food (76%).

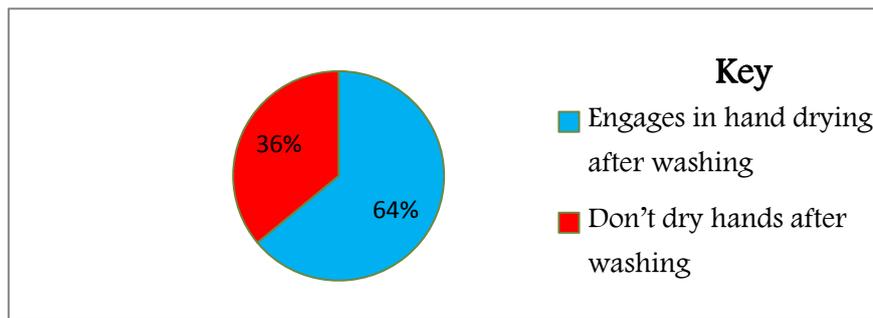
However, majority of respondents (30%) who were breast feeding said they don't wash their hands before they breast feed the child.

Figure 1: Agents used in hand washing and circumstances



Most respondents (64%) said they use water only when practicing hand washing while (36%) use water and soap after defecating, visiting a latrine or handling faecal matter of children.

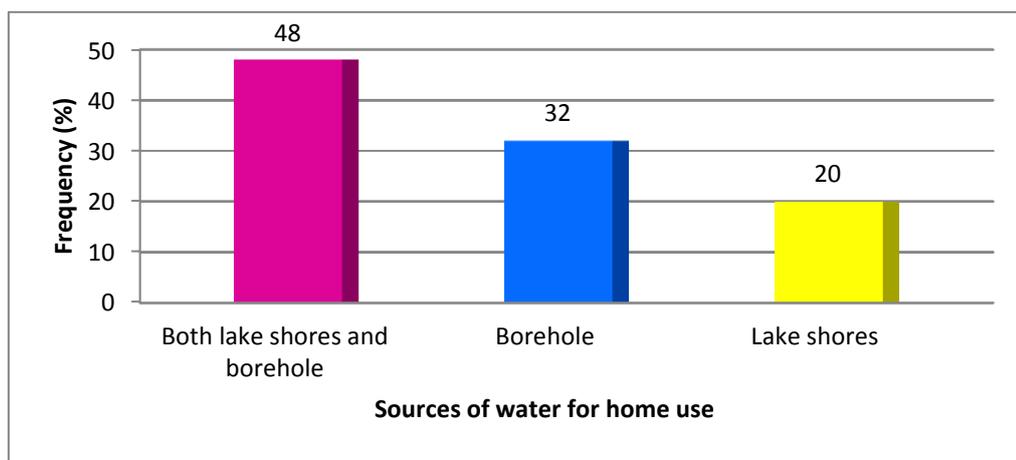
Figure 2: Drying of hands after washing



Majority of survey respondents (64%) reported to participating in drying of their hands after washing. Towels (36%) followed by current clothes that respondents are dressed in

(32%), a clean dry cloth (22%) and handkerchiefs were the materials used for hand drying.

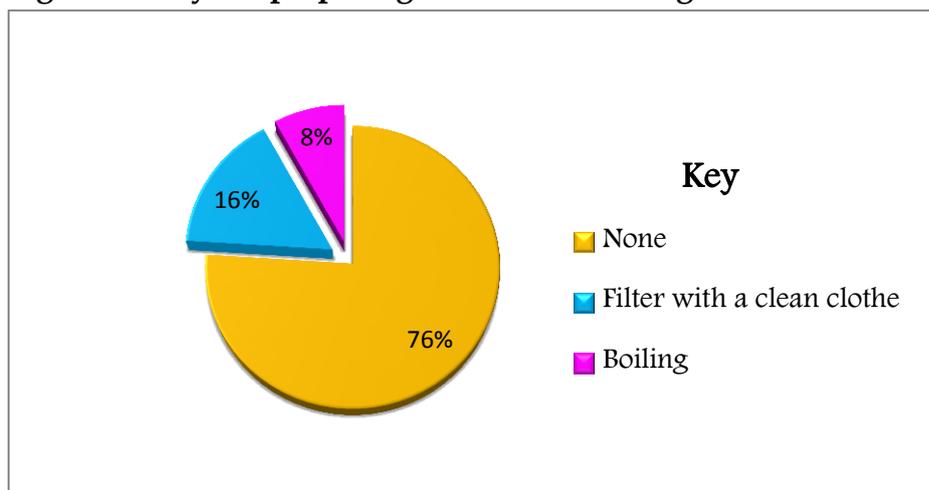
Figure 3: Source of water for home use and utensils where it is kept



The biggest number of respondents (48%) reported that their water source was both the lake shores and borehole. Jerricans without lids (72%) were

the most mentioned storage utensils followed by Jerricans with lids (22%) and the least used were the buckets (6%).

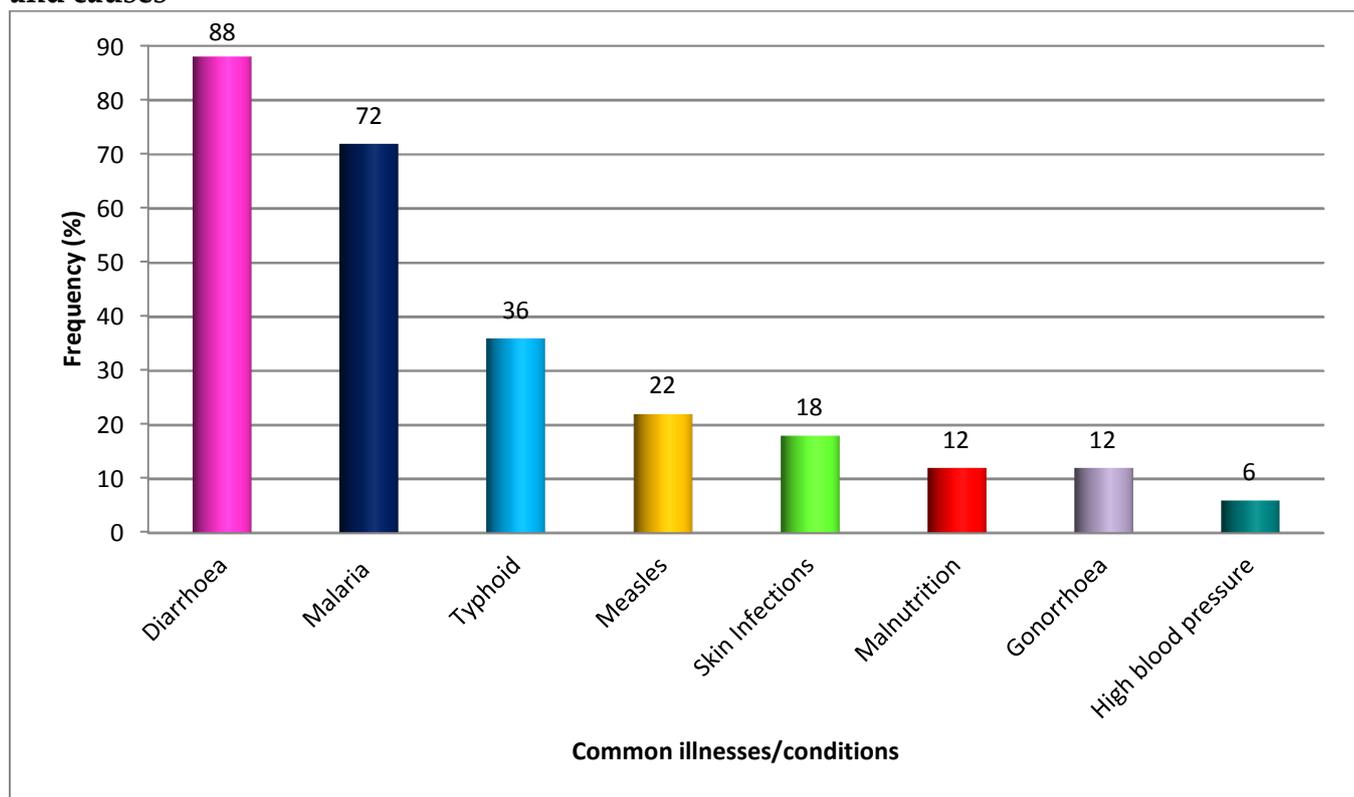
Figure 4: Ways of preparing water for drinking



Majority of respondents (76%) reported that they don't prepare water for drinking in any way.

3.4 Household Health and spending

Figure 1: Most common illnesses/conditions affecting respondent's household members and causes



The most common illness/condition was diarrhoea (88%) while high blood pressure was mentioned least by (6%) of respondents.

On the causes of the above illnesses and conditions, the highest number of respondents (44%) did not know, (26%) indicated poor sanitation and hygiene only followed by (12%) who said they are caused by both poor sanitation and hygiene and not sleeping in a mosquito net. In addition, respondents accounting for (8%) said the diseases are caused by witch craft and bad luck, not sleeping in a mosquito net only (6%) and bad weather (4%).

Table 4: Number of times respondents have fallen ill in the past 2 months prior to the survey and household spending.

Item	Frequency	Valid Percent	Cumulative
None	7	14.0	14.0
1 time	15	30.0	44.0
2 times	19	38.0	82.0
3 times	7	14.0	96.0
4 times	2	4.0	100.0
Amount of money spent on health care in a month			
None	02	4.0	4.0
Less than 10,000	06	12.0	16.0
10,000-20,000	32	64.0	80.0
21,000-30,000	08	16.0	96.0
31,000-40,000	02	4.0	100.0
Whether respondents engage in monthly saving			
Yes	31	62.0	62.0
No	19	38.0	100.0
Reasons for not engaging in saving			
Lack of money to save	17	89.5	89.5
Inadequate knowledge about saving	02	10.5	100.0
Items that respondents spend on the most in a month			
Health care	23	46.0	46.0
Food	02	4.0	50.0
Health care and food	25	50.0	100.0

Most respondents (38%) reported that they fell ill 2 times in the past 2 months.

More than half of respondents (64%) said they spend 10,000-20,000 in a month while (62%) engage in monthly saving. Of those who don't save, reasons advanced included lack of money (89.5%) and lack of knowledge on how best to save (10.5%). The items respondents spend on the most in a month were health care and food (50%) while (46%) said health care only.

3.5 Correlations

3.5.1 Availability of Pit latrines in household and number of times respondents fell ill in the past 2 months

		Availability of Pit latrine in Household	Number of times respondents fell ill in past 2 month
Availability of Pit latrine in Household	Pearson Correlation	1	-.631**
	Sig. (2-tailed)		.000
	N	50	50
Number of times respondents fell ill in the past 2 months	Pearson Correlation	-.631**	1
	Sig. (2-tailed)	.000	
	N	50	50
**. Correlation is significant at the 0.01 level (2-tailed).			

There was a negative correlation between availability of a pit latrine in the household and number of times respondents fell ill in the past 2 months. This inverse relationship means that if more respondents construct pit latrines, there will be a reduction in the number of times that respondents fall ill.

Cross tabulations revealed that of the 50 respondents, 11 had pit latrines in their households. Of these, 7 (64%) did not experience any illnesses in the past 2 months prior to the survey while 4 respondents (36%) fell ill 4 times.

All respondents who lacked pit latrines reported to falling ill in the past 2 months prior to the survey. 17 respondents (44%) fell ill 2 times followed by 14 (36%) who fell ill once, 6 (15%) fell ill 3 times while 2 (5%) fell ill 4 times. Having a pit latrine in the household can therefore be said to have been a part time buffer against falling ill of respondents in the past 2 months.

3.5.2 Relationship between presence of a pit latrine in household, washing hands after defecating, way of preparing water for drinking and causes of diseases affecting the household.

		Availability of Pit latrine in Household	Washing hands after defecating	Ways of preparing water for drinking	Causes of diseases affecting the household
Availability of Pit latrine in Household	Pearson Correlation	1	.224	.238	-.238
	Sig. (2-tailed)		.118	.097	.097
	N	50	50	50	50
Washing hands after defecating	Pearson Correlation	.224	1	.132	-.202
	Sig. (2-tailed)	.118		.359	.160
	N	50	50	50	50
Ways of preparing water for drinking	Pearson Correlation	.238	.132	1	-.374**
	Sig. (2-tailed)	.097	.359		.008
	N	50	50	50	50
Causes of diseases affecting the household	Pearson Correlation	-.238	-.202	-.374**	1
	Sig. (2-tailed)	.097	.160	.008	
	N	50	50	50	50

** . Correlation is significant at the 0.01 level (2-tailed).

There is an anticorrelation between presence of a pit latrine in household, washing hands after defecating, way of preparing water for drinking and causes of diseases affecting the household. This indicates that if more households construct pit latrines and wash hands after defecating there will be a change in the causes of the diseases affecting households.

Cross tabulations showed that of the 11 who had pit latrines in their households, 3 (27.3%) boil their water for drinking, 2 (18.2%) filter it with a clean cloth while 6 (54.5%) do nothing about it.

Of those without pit latrines, 3 (7.7%) boil it, 6 (15.4%) filter with a clean cloth while 30 (76.9%) don't prepare their drinking water in any way.

In addition, when related to causes of diseases in the household, out of the 11 respondents who had pit latrines, 5 (45.5%) did not know the causes, 3 (27.3%) said it is due to poor sanitation, hygiene and not sleeping in a mosquito net. Respondents accounting for 1 (9.1%) said it was due to bad weather, not sleeping in a mosquito net and witch craft respectively.

Out of the 39 who did not have pit latrines in their households, 17 (43.4%) attributed the causes of illness to poor sanitation and hygiene and not sleeping in a mosquito net, 13 (33.3%) said it is due to poor sanitation and hygiene only, 3 (7.7%) said it was due to witchcraft and bad luck while the same number did not know the cause. In addition, 2 (5.1%) said it was due to not sleeping in a mosquito net only while 1 (2.6%) mentioned bad weather as the cause.

Of the 6 who said they prepare their water for drinking through boiling, 3 (50%) had latrines in their households while 4 (66.7%) reported to washing their hands after defecating. Of the 8 who stated that they prepare water for drinking through filtering with a clean cloth, 2 (25%) had latrines while 7 (87.5%) reported to washing their hands after defecating.

Out of the 36 who didn't prepare their water for drinking, 30 (83.3%) did not have latrines while 20 (55.6%) of them mentioned that they don't wash their hands after defecating. There was an identified significant relationship between lack of a pit latrine in the household, practices like hand washing, preparing water for drinking and causes of illnesses affecting respondents. Households without pit latrines experienced more diseases related to poor sanitation and hygiene than their counterparts with latrines.

3.5.3 Number of times respondents fell ill in past 2 months and their engagement in any form of saving.

Correlations			
		Number of times respondents have fallen ill in 2 past months	Whether respondents engage in any form of saving
Number of times respondents fell ill in past 2 months	Pearson Correlation	1	-.295*
	Sig. (2-tailed)		.037
	N	50	50
Whether respondents engage in any form of saving	Pearson Correlation	-.295*	1
	Sig. (2-tailed)	.037	
	N	50	50
*. Correlation is significant at the 0.05 level (2-tailed).			

There was a negative correlation between the number of times respondents fell ill in the past 2 months and engaging in saving. This means that if the number of respondents who fall ill monthly reduces, there would be an increase in the number of households engaging in monthly saving. It can be asserted that household savings were partly determined by the number of times respondents fell ill in the past 2 months.

4.0 Survey Discussions and Conclusions

4.1 Discussions

Out of the 50 respondents who participated in the survey, 39 (78%) did not have pit latrines in their households and of these (66.7%) said they defecate in the bush, (30.7%) said they defecate in a polythene bag and throw the faeces in a ditch about 500 meters away from the borehole and 200 meters from the lake shores while 1 (2.6%) said she shares with her neighbours.

Furthermore, 24 (48%) of respondents don't wash their hands after defecating, 6 (12%) after handling children's faecal matter, 9 (18%) before preparing food 12 (24%) before serving food while 15 (30%) before breast feeding their children.

In addition, 43 (86%) did not have rubbish pits and it was reported that respondents dispose household refuse in the ditch (79.1%), bush (18.6%) and anywhere convenient (2.3%).

The biggest number of respondents 24 (48%) reported that their water source was both the lake shores and borehole followed by 16 (32%) who said only the bore hole while 10 (20%) indicated only lake shores. Jerricans without lids (72%) were the most mentioned storage utensils for water for home use as majority of respondents 38 (76%) reported that they don't do prepare water for drinking in any way.

Diarrhoea (88%), malaria (72%), typhoid (36%), measles (22%), skin infections (18%) and malnutrition (12%) were the most common diseases/illnesses reported. Out of the 50 respondents, 43 of them fell ill 88 times in the 2 months prior to the survey with an average of 1.9 times per respondent.

In addition, the biggest share of respondents' household income was spent on health care and food (50%) and health care only (46%). Though more than half 31 (62%) of respondents were engaged in monthly saving, 17 (34%) did not have money to save while 2 (4%) lacked knowledge on how best to save.

4.2 Conclusion

Poor faecal disposal, poor storage of water for home use and not preparing it for drinking, not washing hands after defecating, after handling children's faecal matter, preparing or serving food and breast feeding children predisposed respondents to poor sanitation and hygiene related diseases which included diarrhoea (88%), malaria (72%) and typhoid (36%). These diseases not only hindered some respondents from engaging in monthly savings but reduced savings of those who carried out the practice.

Appendices

Appendix I: Consent Form

Survey Title: *Sanitation & Hygienic Practices & Related Diseases in Nakalanga Village, Bukatube Sub County, Mayuge District.*

Investigation Team: Staff of Community Concerns Uganda (CCUg).

Study Procedure: As part of the project implementations that will be carried out here, CCUg staff is conducting a baseline survey. If you accept to participate in this study, you will be asked questions about your household, practices, spending and health. This survey will not affect you or your household members in any way, apart from taking a little of your time.

Rights of the respondent: You have the right not to participate or withdraw from this survey at any time you feel like.

Risks: There are no risks or harm that you or your household might experience as a result of this survey. However, you may experience some anxiety or discomfort as you answer some questions.

Potential Benefits: This survey will give a better insight to CCUg about sanitation, hygiene and health and form a basis for future projects in this village. Results from the survey will be shared with stakeholders like District Health Officer, Mayuge district, which might use it to design strategies and interventions to improve on household sanitation and hygiene here.

Confidentiality: The results of this survey will be kept with utmost confidentiality and only particular individuals working on this survey will be able to see your personal information.

In case of Problems or Questions: If you have any questions, you may contacton (+2567.....) andon (+2567.....)

Consent:..... has explained to me the purpose, nature and procedure of this survey, risks and benefits involved. I therefore sign below to show my consent to participate in the survey and understand that my decision will not in any way cause risk or harm to me or my household.

Signature/Thumbprint:.....

Date:.....

I have explained to the best of my knowledge the purpose and nature of this study and what it completely entails to the participant and his/her consent has been without force or any other form of coercion.

Name of CCUg staff: Signature.....

Date:.....

Appendix II: Questionnaire

Instructions: Fill in the following questions appropriately by answering in the spaces provided or by circling the most correct alternative provided.

Name of CCUG Officer:..... **Date:**..... **Code:**.....

Section A: Demographic Data

01. Name.....
02. Village
 - a) Nakalanga Village A
 - b) Nakalanga Village B
03. Age
 - a) 15-24 years
 - b) 25-34 years
 - c) 35-44 years
 - d) 45-54 years
 - e) 55-64 years
04. Sex
 - a) Male
 - b) Female
05. Marital Status
 - a) Married
 - b) Single
 - c) Divorced
 - d) Separated
 - e) Others (Specify).....
06. Educational Level
 - a) None
 - b) Primary
 - c) Secondary
 - d) Tertiary
 - e) Others (Specify).....
07. Type of employment
 - a) None
 - b) Farmer
 - a) Businessman/woman
 - b) Others (Specify).....
08. Number of dependants
 - a) 1-5 dependants
 - b) 6-10 dependants
 - c) 11 and above

Section B: Household Sanitation, Hygiene, Health and Economic status.

09. Does this household have the following:
 - A. Pit latrine
 - a) Yes
 - b) No
 - B. If No, where do you go to ease yourself?.....
 - C. Bathroom
 - a) Yes
 - b) No

- D. Dust Bin
 - a) Yes
 - b) No
- E. If No, where do you throw the rubbish generated by this household?

.....
- F. Do you have a dish drying rack?
 - a) Yes
 - b) No
- G. If Yes, (request to see it).....
- H. If No, where do you keep utensils after washing?.....

10. Do you wash your hands:
- A. After visiting a latrine
 - a) Yes
 - b) No
 - B. After cleaning a child who has defecated
 - a) Yes
 - b) No
 - C. Before preparing food.
 - a) Yes
 - b) No
 - c) Not applicable (for men or respondents without young children)
 - D. Before serving food
 - a) Yes
 - b) No
 - c) Not Applicable
 - E. Before eating food
 - a) Yes
 - b) No
 - F. Before breast feeding a child
 - a) Yes
 - b) No
 - c) Not Applicable (for men and non-breast feeding women).
 - G. For the above, what do you often use to wash your hands?
 - a) Water only
 - b) Water and Soap
 - H. Under which circumstances do you use
 - a) Water only

.....

.....

.....
 - b) Water and soap

.....

.....

.....
 - I. Do you often dry your hands after washing them?
 - a) Yes
 - b) No
 - J. If Yes, what do you use?.....
11. How often do you sweep this house in a week?.....

12. Where do you draw water for home use?
- a) Lake shores
 - b) Borehole
 - c) Both lake shores and borehole
 - d) Others (Specify).....
- A. Where do you keep water for home use?
- a) Jerrican with lid
 - b) Bucket with a lid
 - c) Bucket without lid
 - d) Jerrican without lid
 - e) Others (Specify).....
- B. Do you do anything to water before drinking?
- a) Yes
 - b) No
- C. If Yes, what do you do?
- c) Boiling
 - d) Filtering with a clean clothe
 - e) Add water purifiers (water guard or others)
 - f) Other methods (Specify).....
- D. Where do you keep water for drinking?.....
13. What are the most common diseases/illnesses that often affect members of this household?
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
 - 6.
 - 7.
14. What do you think are the major causes of those illnesses?
- 1.
 - 2.
 - 3.
 - 4.
 - 5.
15. How often did you fall ill in the past 2 months?
- a) None
 - b) Once
 - c) 2 times
 - d) 3 times
 - e) 4 times
 - f) Others (Specify).....
- A. Where do you often access health care services when ill?
- a) Health Centre (Let him/her name it).....
 - b) Village Health Team
 - c) Private Clinic
 - d) Drug Shop
 - e) Traditional Healer
 - f) Others (Specify).....

B. How much do you averagely spend on accessing health care services and treatment in a month?

- a) None
- b) Less than 10,000
- c) 10,000-20,000
- d) 21,000-30,000
- e) 31,000-40,000
- f) Others (Specify).....

16. Who is the bread winner of this household?.....

A. Do you or the bread winner engage in some form of monthly saving?

- a) Yes
- b) No
- c) I don't know

B. If Yes, how much is the monthly saving?.....

C. In your own view, what things do you or the household head spend most in a month?

- a) Health care
- b) Food
- c) School fees
- d) Rent
- e) Both health care and food
- f) Both school fees and health care
- g) Both rent and food
- h) Both rent and health care

Thank you for your cooperation and participation