

BASELINE AND ENDLINE SURVEY OF GADAN, TUDUN FULANI, UNGOGO LOCAL GOVERNMENT AREA, KANO ON HYGIENE IMPROVEMENT ACTIVITIES

Baseline Survey

A total of 100 households were randomly selected and interviewed for the survey on hygiene and sanitation awareness all conducted in the local language, pre and post training. All respondents were adult female household members; about one third were aged 30-39 years and a similar proportion aged between 20-29 years. Only 61 of them reported having any formal education; 45 out of which completed primary school and 16 reached up to secondary school level. The average household size was 8 persons and two thirds of the women surveyed have 2 -3 children aged 5 years and under. Two thirds of the households were located in homes in individual compounds while 20% shared a compound with other families.

The household access to a latrine or other sanitation facilities was quite low. Results showed that 54.5% have latrines while 34.5% practice open defecation. The breakdown of improved and unimproved latrines was 50-50 and 30% had hand washing station close to the latrines, only 6 households had water in them and just 1 household had soap. The gender roles of men and women were examined in hygiene, data showed that most men made and took the decisions involving hygiene and was only active in hygiene for some period of time yet the women and other members of the household are saddled with the day to day responsibilities of hygiene and sanitation activities.

The respondents' level of awareness about the importance of hand washing using soap and water or an alternative cleansing agent such as ash at critical junctures was found to be very low. 63% were aware of the importance of washing hands before eating, 20% before preparing food, 10% after defecation and 5% after washing the buttocks of a child. The hand washing practice of the respondents using soap at one critical juncture a day before the survey was low as only 2% reported using soap to wash their hands at one or two critical juncture.

74% out of the sampled households had access to water from protected sources. The five hand pumps and three tube wells built in addition to the available one hand pump sited by the local council are the major sources of water for the households sampled and it takes them approximately 10 minutes now to source water due to the close proximity. They were also asked what they did to make water safe for drinking and 77% said storage instead of treatment and that keeping water in a closed container was sufficient. When asked what water treatment method was used; 7% said boiling, use of cloth filter 4%, use of ceramic filter and letting the water stand and settle 1%; when asked what products could be used to make water safe; 37% said none existed, 23% said the use of Alum and 35% said they did not know.

Findings on household's exposure to different sources of information on hygiene and sanitation showed that less than one third of respondents could mention their main source of information on hand washing. A significant high proportion mentioned health centres as their source of information.

Step Down trainings

As a result of the households surveyed, we decided to conduct trainings and hygiene awareness advocacy using behaviour change strategy to achieve results to 100 households and 200 women

which spanned over a period of sixteen weeks. The respondents were taught on the importance of hand washing practices using soap and water or ash and water at every critical juncture such as after defecating, after cleaning the bottom of a child, before cooking e.t.c. They were also encouraged to set up hand washing stations with water and soap close to the latrines; they were shown how important this would be in reducing the number of cases of diarrhoea occurring. They were also taught on the importance of water treatment as against storage using water guard (how to apply the usage) or alum, boiling at high temperatures, using cloth filters e.t.c. The women trained during antenatal and immunization days were chosen because we aimed at reaching a high percentage of women who would be taught as the health centre was used not only by tofa community but neighbouring communities as well so that they can be peer communicators to other women and also because of their precarious conditions then. They were also taught on the importance of setting up a latrine within their compound instead of open defecation for those who were practising it, knowing that owning a latrine would improve their health and community health and development; also on the need to clear up this waste at the end of three months such that the manure could be used during the planting season as fertilizers. At the end of each training session, the women were given washing soap, bathing soap and water guard. One particular question a trainee asked was in the continuity of them being availed water guard which we responded that they will have to be buying it themselves but we were looking at advocating for the local council to subsidize the amount at which to purchase the item, however in the event that the one supplied to them were finished then they should use alum pending the local council approval.

End line Survey

This survey is currently on going but we have been able to attain some level of achievement following our trainings. At the household level, substantial gains in sanitation coverage was recorded and this could be linked to the behaviour change strategy the project adopted. There was a significant 24% decrease in open defecation and a 40% increase in environmental sanitation and waste management, the relative number (17%) of hand washing stations near the latrines remained the same. Knowledge of hand washing at critical juncture crucial to reduce diarrheal disease increased significantly but promoting the practice is still a challenge as most households still wash hands with soap after feeding and not after using the latrines.

Considerable gains were thus far observed regarding the adoption of water treatment at the household level from 8% at baseline to 36%. The use of Water Guard and Alum, Moringa seeds and Alum to treat water; a practice the project promoted increased by 18 points. Changes regarding appropriate household storage of drinking water seem to be going in the right direction, even if limited. More reports will be sent as the survey is being concluded.

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