

BASELINE STUDY REPORT ON BASIC HYGIENE KNOWLEDGE AND BEHAVIOR IN THE ZINDER REGION OF NIGER**EXECUTIVE SUMMARY**

One of the objectives of the USAID West Africa Water Supply, Hygiene and Sanitation (USAID WA-WASH) Program is to support catalytic approaches to accelerate regional access to improved water supply, sanitation services and hygiene behavior. In line with this goal, USAID WA-WASH through Winrock, one of the Program's implementing partners, conducted a study to gather baseline data on community knowledge, attitudes and practices in relation to maintenance of water services and hygiene behavior. Specific objectives of the study were to: (1) gather information on community health and water points; (2) gather information on latrines and hand washing stations; (3) identify the major diseases related to poor hygiene and water; and (4) determine the functionality of community health structures.

Data collection was conducted by Winrock staff in eight of the 43 villages targeted in four municipalities of the Zinder region. Two villages were selected in each of the municipalities of Bande, Goudimouni, Gouna, and Wacha. The data was collected through a survey of 533 people (245 men and 288 women) in addition to focus group discussions with community members to collect qualitative data. The number of participants in the focus groups varied from one village to another depending on the availability of the community members. Despite the field work during the study period, community members effectively participated in the focus group discussions as mobilization was conducted through the support of the village chiefs and the MUS committee members. Secondary data on latrines and hand washing stations from a previous study by MAPTECH, a consulting firm, was used to complement the data collected in this study. The high level participation of the community members indicated their motivation and interest to take part in the Program activities. Data on sanitation and hygiene related illnesses such as parasites and malaria were collected from four community health centers in Bande, Riga Peulh, Wacha, and Yakananeyeye in the intervention area.

The study aimed to better understand hygiene practices at the community level. This was done by investigating the knowledge, attitudes, and practices of communities on sanitation around water points and the existence of hygiene facilities and their functionality within the villages. The findings of the study showed that the communities had put up mechanisms to mobilize finances to cover repairs and maintenance costs of water points. The mechanisms were put in place either by the communities' own initiative or with the support of the government and other development partners. The mobilization of finances from community members enhances the sustainability of the water points, ensures reliable availability of water and allows further investments in water facilities funded by the community. The study showed that in two villages among the villages surveyed, the maintenance costs of water points were paid from community contributions by women as compared to the remaining villages where the maintenance costs were paid by men.

In the study villages, the main sources of water are wells and boreholes acquired through the support of the government and development partners. The quality of water is related to the type of the water point and the commitment of the community to its protection. The study analysis indicated that the boreholes were better protected by superstructures and hedges as compared to the wells. The lack of protection of the water points contributes to the degradation of the structures and contamination of water used for domestic purposes. In addition to physical protection (superstructures and hedges), hygiene around water points is ensured by hygiene promoters.

Data analysis revealed the existence of health committees in four out of the eight villages surveyed. The health committees were set up with technical support of partners such as GOAL (a local NGO), UNICEF, the Regional Water Directorate and the Public Health Department (DRSP). In terms of capacity levels of the committee members, only 60% were trained on basic themes of hygiene such as supervising hygiene at water points and in the community and water revenue collection. These courses were taught between 1998 and 2010 by UNICEF, GOAL and the government through the Regional Water Directorate. The health committees sensitized community members on basic hygiene. The major challenges facing the health committees were the lack of training or retraining, lack of awareness raising materials and inadequate monitoring and follow up of activities initiated by development partners. The health committees recommended refresher courses on their roles, hygiene, and management of water points.

All the eight villages did not have appropriate waste disposal sites. Waste was disposed of in public spaces in two villages, on farmland in five villages and by burning in one village. Data from the MAPTECH study showed that 18 out of 43 villages had a total of 202 latrines constructed with support from organizations such as the Carter Centre, UNICEF, GOAL, and Water Aid. The MAPTECH data also showed that out of the 43 intervention villages, only one village (Riga) had hand washing stations at the school. Data collected from the health centers showed that malaria was the most common disease related to water in the study area. Other diseases included stomach problems such as diarrhea and vomiting.

Based on the findings of the study, the recommendations include: (1) train hygiene and health committees on the management and maintenance of the water points; (2) strengthen community awareness on sustainability of water facilities and safe drinking water, (3) train health committees on hygiene and provide materials for awareness raising, (4) organize thematic debates on hygiene through mass media e.g. radio, (5) encourage schools to introduce hygiene related topics to their curriculum, (7) strengthen enforcement of laws that protect water points and address waste disposal, (8) strengthen monitoring activities by the health committees.

The full report is available (in French) upon request via our website. For more details about our program activities and other reports please visit <http://wawash.fiu.edu/>.

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