End Line Survey Report

Project Title: Integrated Wash, Health And Protection Response To Covid-19 In West And East Hararghe Zones Of Oromia Region, Ethiopia

Location

East Kersa and Babile Woredas of East Hararghe and Mieso Woreda of West Hararghe

The Project Funded by: OFDA

December 2020

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Acknowledgements

We would like to thank the following unit/departments or individuals who made a great contribution to the realization of this end line survey.

We would like to thank OFDA for funding this project.

Thanks to CARE West and East Hararghe field office staff who directly or indirectly take part in this assessment.

Thanks to data collectors and supervisors for all their determination to collect quality data in challenging circumstances.

Last but not least, we would like to extend our gratitude to respondents of this assessment for taking their time to answer all our questions.

List of Acronyms and abbreviations

BL	Baseline
EL	End Line
GBV	Gender Based Violence
HH	Household
NGO	Non-Governmental Organization
OFDA	Office for Foreign Disaster Assistance
SPSS	Statistics Package for Social Science
USAID	United States Agency for International Development
WASH	Water, Sanitation & Hygiene

1. Introduction

The repot presented findings of end line survey findgs compared with baseline data for the same project.East and West Hararghe zones are located within Oromia region, one of the largest and most populated regions of Ethiopia. Like many parts of Oromia and the country, over 80% of the people in East and West Hararghe rely on agricultural livelihoods. This baseline survey target districts are Babile, and Kersa in East Hararghe, and Mieso woreda in West Hararghe zone. Babile woreda has a population of 117,682 residing in 22 kebeles. The woreda hosts 14, 545 displaced households from neighboring region Somali. Kersa woreda bordered on the south by Bedeno, on the west by Meta, on the north by Dire Dawa, on the northeast by Haro Maya, and on the southeast by Kurfa Chele. The woreda has a population of 243,544 peoples residing in 38 kebeles and it has hosted 874 household IDPs displaced from Somali region. Mieso woreda is bordered on the south by Guba Koricha, on the west by the Afar Region, on the north by the Somali Region, on the east by Doba and on the southeast by Chiro. It has a total population of 130,709[1].

Aimed at addressing the fatal threats of COVID-19 among the target communities, CARE has been implementing a five-month emergency project entitled *Integrated WASH, Health and Protection response to COVID-19 in West and East Hararghe Zones of Oromia Region, Ethiopia*. The main activities of the project are hygiene promotion, provision of hygiene supplies, hand washing facilities installation at health centers and integrating protection actions. The project period is from July 1 2020 to Nov 30, 2020 and funded by OFDA. The project implemented in Kersa and Babile Woredas of East Hararghe Zone and Meiso and Gumbibordode Woredas of West Hararghe Zone[1].

Project Objective:

- Help the target communities understand COVID-19 transmission and prevention to curtail transmission of the virus to mainstream populations
- Protect health workers health service providers and the community from COVID-19 pandemic through provision of protective materials and building local capacities on COVID-19 control and prevention measures
- Improved access to information and GBV services through capacity building of GBV actors

2. End Line Survey Objectives

The main objective of this end line survey was to assess impact of the intervention among targeted community.

Specific objectives:

- To see improvement in awareness level of target community on COVID-19 pandemic ways of transmission and prevention practices

[1] CSA 2007; Wikipedia, Woreda Office

- To assess knowledge and hand washing practice among targeted community
- To see improvement in the trends of SGBV in the community following our intervention

3. Methodology and Sampling

3.1. Survey Design, Population and Sampling Unit

Survey Design: the survey design used for this end line survey was community based cross-sectional study and quantitative data collection method used to collect data from beneficiary households.

Survey Population: The survey population for this assessment was community in the project target locations.

Survey Unit: Households living in the project area and targeted for this project were survey unit for this end line survey.

3.2. Sampling Procedure and Sample Size

The sampling procedure used for this survey was two stage sampling. At first stage of sampling, the geographical location (Woredas) for this survey purposively selected focusing on Woredas and kebeles which were selected for the baseline survey of this project. . Accordingly, Kersa and Babile Woredas from East Hararghe Zone and Meiso Woredas from West Hararghe Zone selected for this survey. Under Second stage sampling villages and households for interview selected using random sampling method.

Sample Size Determination:

For consistency and better comparison of baseline and end line survey findings, the same sample size which used for baseline survey used for this end line survey. A total of 186 randomly selected Households were interviewed.

3.3. Data Collection and Analysis:

Baseline survey questionnaire was reviewed and designed into Koo toolbox for digital data gathering. Data collection was done using mobile data collection. Training provided to data collectors and supervisors on concept of each questions, how to state the questions and ethics and procedures need to be followed in the process of data collection and data collection done by CARE field office staff.

Data exported from kobo toolbox into excel and data cleaning done ahead of data analysis. Data analysis was done using SPSS.

4. Findings and Discussion

4.1. Demographic Characteristics of Respondents

Out of the total 186 respondents, two-third 123 (66%) were female whereas one-third 63 (33.9%) were male. Almost three-fourth (74%) of respondent households were male headed and 26% reported they were female headed households. The age of respondents ranging from 16 minimum age to 80 maximum age with average age of 33.4.

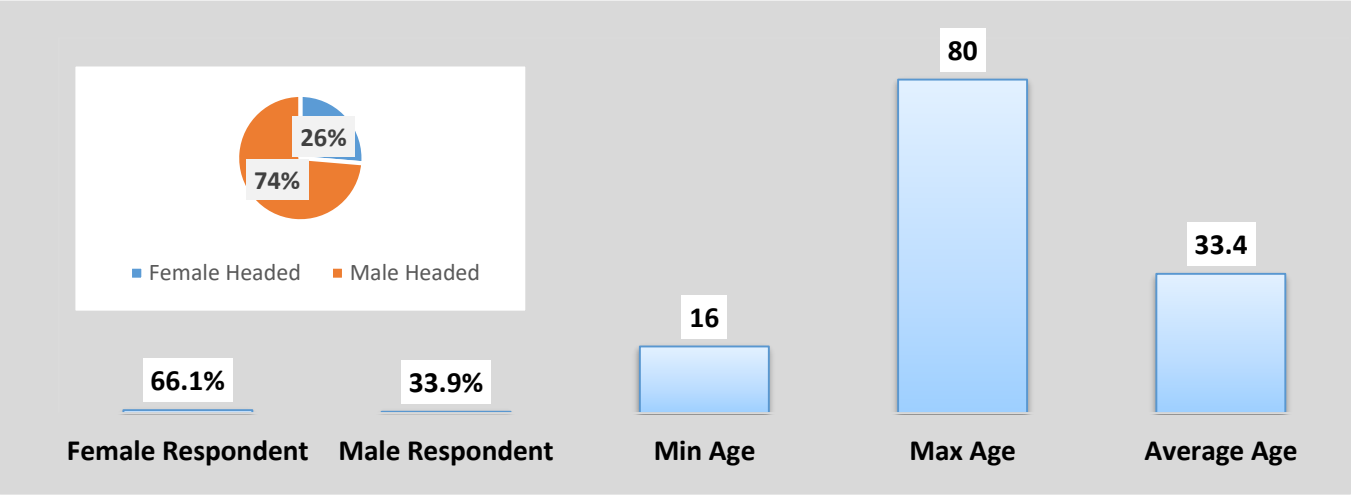

Figure 1: Sex and Age of Respondents

The majority (58.6%) of the respondents not able to read and write while the rest 37.6%, 3.2% and 0.5% reported some primary, high school/preparatory and college/university educational status, respectively

Table 1: Educational Status of Respondents

No	Educational status	Frequency	Percentage
1	Not able to read and write	109	58.6%
2	Some Primary	70	37.6%
3	High school/Preparatory	6	3.2%
4	College/University	1	0.5%
Total		186	100.0

Aimed at understanding the existence of family members with special need in the respondent households, respondents were asked to indicate whether there was such group of people in their

household. Under five children reported by three-fourth of respondent households followed by households with pregnant and lactating women with 12.9%. Elders and people with impairment also reported by 8.6% and 8.1 % of households respectively (table 2).

Table 2: People with Special Need in Respondent HHs

Family member with special needs	Frequency	Percentage
Under five Children	139	74.7
People with impairment	15	8.1
Elders	16	8.6
Pregnant and lactating women	24	12.9

4.2. Awareness on COVID-19 Pandemic

One of the variables captured during the bassline and similarly for end line survey was awareness of respondents on COVID-19 pandemic focusing on whether they heard about it and that their knowhow on its transmit ion. The percentage of respondents who know about COVID showed increase compared to baseline data. As presented under table 3 below, percentage of respondents who reported they knew about COVDID increased by 3.8 % from baseline (from 95.7% to 99.5%) whereas percentage of respondents who reported they knew COVID is transmittable showed 10.9% increase from the bas2line (from 88% to 98.9%). Similarly, the percentage of respondents who knew about ways of transmission showed increase from baseline specially percentage change on touching surface contaminated with the viruses and touching their face (eyes, nose, mouth) showed higher increase (10.3% increase) from baseline.

Table 3: Respondents who know about COVID 19 and ways of transmission

Respondents' know	Baseline (BL)		End Line (EL)	
	Frequency	%	Frequency	%
About COVID	178	95.7%	185	99.5%
Who know COVID transmit/spread	163	88%	184	98.9%
COVID19 transmission ways				
Direct contact with respiratory droplets of infected person	163	88%	169	90.9%
Touching surface contaminated with the viruses and touching their face (eyes, nose, mouth)	155	83%	174	93.5%

Percentage of respondents who know different symptoms of COVID shared higher improvement from the baseline for some type of symptoms like fever (18.9% increase from baseline), headache (13.3% increase from baseline), joint pain (17.9% increase from baseline) and fatigue (14.1% increase from baseline). But percentage of respondents who indicated cough and shortage of breath and breathing difficulties/pneumonia showed decrease from baseline.

Table 4: Respondents know how on symptoms of COVID-19

Symptoms	Baseline (BL)		End Line (EL)	
	Frequency	Percent	Frequency	Percent
Fever	136	73%	171	91.9%
Headache	143	77%	168	90.3%
Joint Pain	96	52%	130	69.9%
cough and shortness of breath	167	90%	131	72%
Fatigue	96	52%	123	66.1%
Breathing difficulties /pneumonia	129	69%	124	66.7%

Respondents were also asked what type of preventive measures they do know to protect themselves from risk of COVID-19 infection. The percentage of respondents indicated stay at home, washing hands often with soap and water (before touching eye, mouse and nose) or using sanitizer, using face masks (covering mouth and nose properly) and glove at gatherings and covering with soft tissue/clothes, or flexed elbow during coughing/sneezing showed increase from baseline with higher increase for stay at home (16% increase from baseline) followed by using face mask (12% increase from baseline). In other hands, percentage of respondents who indicated keep physical distancing and frequent travel showed decrease from baseline. All (100%) respondent households indicated at least two protective measures (table 5)

Table 5: Respondents knowing preventive measures

COVID19 preventive measures	Baseline (BL)		End Line (EL)	
	Frequency	Percent	Frequency	Percent
Stay Home	130	70%	160	86%
Washing hands often with soap and water (before touching eye, mouse and nose) or Using sanitizer	165	89%	168	90.3%
Using face masks (covering mouth and nose properly) and glove at gatherings	142	76%	164	88.2%
Covering with soft tissue/clothes, or flexed elbow during coughing/sneezing, dispose of used tissues immediately	99	53%	108	58.1%
Keeping Physical distance of 2 metre from peoples	161	87%	137	73.7%

Cleaning frequently touched surfaces and objects	106	57%	45	24.2%
Percent of target population who can recall 2 or more protective measures			186	100%

4.3. Access to hand washing practices

Findings of this end line survey on respondents' hand washing practice during critical hand washing times showed improvement from the baseline in all critical hand washing times. Percentage of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands was one of indicators intended to measure under this response, accordingly findings from the end line survey revealed that near to all respondents reported they wash their hands at least during three critical hand washing times (table 6).

Table 6: Hand washing practice during critical hand washing times and Hand washing facility

Hand washing practices	Baseline (BL)		End Line (EL)	
	Frequency	Percent	Frequency	Percent
Before preparing food	151	81%	181	97.3%
After visiting toilet	171	92%	184	98.9%
After cleaning child bottom	142	76%	153	82.3%
Before eating food/feeding child or oneself	165	89%	171	91.9%
After collecting any dirty materials	135	73%	82	44.1%
Critical Handwashing time				
% of HHs know at least 3 critical hand washing			183	98.4%

Table 7 below presented household access to hand washing facility and availability of water and soap at hand washing facilities. The percentage change from baseline was significant, where more than 50% increase in having hand washing facility near toilet (53.9% increase from 38%BS to 76.6%EL) and 45.3% (from 45% to 90.9%) increase for households who have water and soap at hand washing facility confirmed from this end line findings.

Table 7: Access to hand washing facility

Hand washing Facilities	Baseline (BL)		End Line (EL)	
	Frequency	Percent	Frequency	Percent
Functional hand washing facilities near toilet	71	38%	148	79.6%
Have water and soap	32	45%	169	90.9%

4.4. Protection/Gender Based Violence Situations of sample participants

Protection/SGBV cases in the community in the survey area was one of areas addressed under this end line as well as baseline survey. The result from this survey depicted existence of GBV in the community where near to one-third (30.6%) of respondents reported there was GBV cases in the community which is higher by 14.6% from baseline (increased from 18% BL to 30.6% EL). The percentage of respondents who reported functional GBV reporting pathways known by the community showed huge (36%) increase from the baseline (from 32% BL to 68% EL.) The respondents were also asked whether there was increase in GBV since the outbreak of COVID-19, where near to half (48.4%) of respondents (with 28.4% increase from baseline data) reported increase in GBV since outbreak of COVID (table 8).

Table 8:SGBV cases and reporting pathway

Protections/SGBV situation/cases	Baseline (BL)		End Line (EL)	
	Frequency	Percent	Frequency	Percent
GBV cases in the community	33	18%	57	30.6%
Functional GBV reporting pathways known by the community	59	32%	112	68%
Increase of GBV in your community since the outbreak of COVID-19	38	20%	90	48.4%
Health centres or WCYA offices have trained social workers or psychosocial counsellors staff	63	34%	99	53.2%

5. Conclusion

This project implemented after four months of first case of COVID-19 reported in Ethiopia with high possibility of community in the project location hearing about COVID. However, findings of this end line survey compared to baseline data revealed that the project was relevant.

Some findings like physical distancing as one of preventive measures against COVID infection risk showed decrease from the baseline. This result complies with the current practices on the ground where physical distancing seems overlooked everywhere in Ethiopia.

It can possibly be concluded that the approaches adapted (awareness creation activities backed by provision of soap in this project), contributed for positive progress in some variables especially access in community hand washing practice and access to water and soap at hand washing facilities.

6. Annex- Household Survey Questionnaire

Introduction and Consent			
Hello, my name is _____and I work for CARE Ethiopia. We are asking some baseline questions about the WASH NFI (SOAP) you received. We ask for your honest answers – we welcome suggestions, all the information will be confidential and your input will not be used against you in any way. This interview is voluntary – you do not have to answer a question if you don't want to and we can stop at any time. Would you like to continue? Consent received 1. Yes 2. No			
1. General Information			
1.1.Name of Zone Woreda:		1.2.Name of Woreda	
1.3. Name of Kebele			
1.4.Name of Respondent:		1.5.Sex of respondent	1.Male 2.Female
1.6.Age of respondent (in years):		1.7.Sex of Head of HH	1.Male 2.Female
1.8. Educational status of the respondent:	1. Illiterate (not able to read & write) 2. Some Primary 3. High school/ Preparatory 4. College/university		
1.9.Number of people living in the HH	1. Male_____ 2. Female_____ 3. <5Children Male _____ 4. <5Children Female _____		
1.10. Do you have members with special needs in the HH	1. Children <5 2. People with disability 3. Elderly 4. PLWs		

2. COVID-19 Pandemic Questions		
2.1.	Do you know about COVID-19 epidemic diseases?	1. Yes 2. No 3. Do not know
2.2	If yes for Q2.1, do you know how does it transmit/spread?	1. Yes 2. No 3. Do not know
2.3	What are means/ways of COVID-19 transmission/spreading? (if no for Q2.2, skip Q2.3)	1. Direct contact with respiratory droplets of an infected person (generated through coughing/sneezing)

		2. Touching surface contaminated with the viruses and touching their face (eyes, nose, mouth)
2.4.	If yes for Q-2.1., What are the signs and symptoms of COVID-19?	1. Fever 2. Headaches 3. Joint pain 4. Cough and shortness of breath 5. Fatigue 6. Breathing difficulties/pneumonia
2.5.	Do you know/think COVID-19 is preventable diseases?	1. Yes 2. No 3. Do not know
2.6.	If yes for Q.2.5, What are the preventive measures? (tick the responses)	1. Staying home 2. Washing hands often with soap and water (before touching eye, mouse and nose) or Using sanitizer with 95% of alcohol) 3. Using face masks (covering mouth and nose properly) and glove at gatherings 4. Covering with soft tissue/clothes, or flexed elbow during coughing/sneezing, dispose of used tissues immediately 5. Keeping Physical distance of 2 metre from peoples 6. Cleaning frequently touched surfaces and objects
1. WaSH Questions (Water , Sanitation and Hygiene)		
3.1	Do you have water sources near to your home or within your village? (protected Spring, water points or others)	1. Yes 2. No 3. Do not know
3.2	Do you know benefits of washing hands often?	1. Yes 2. No
3.3	When do you wash your hands?	1. Before preparing food 2. After visiting toilet 3. Before eating/feeding oneself & child 4. After cleaning of child bottom 5. After collecting any dirty materials

		6. Others, specify_____
3.4.	Do you have private latrine	1. Yes 2. No 3. Do not want to mention
3.4	Do you have functional hand washing facility near by your toilet/house	1. Yes 2. No (If No, skip to 4.5)
3.5	If yes, check the availability of the hand washing facility /Observe	1. Yes 2. No 3. 3. Do not know
3.6	What detergents you use during hand washing, mostly (hint: guide on critical times)	1. Soap (any type) 2. Omo (Powder soap) 3. Ash 4. Other (Specify) ------
3.7	Check or see if there are soap and water at the hand washing facilities (ask him/her)	1. Water and soap 2. Water only 3. No water
2. Protection Questions		
4.1	What are the risks of violence (including domestic violence) in the area? Multiple Response Possible	1. Displacement 2. Loss of family/death 3. Loss of Asset 4. Restricted movement 5. Restricted access to basic services (food, water, health service, market etc) 6. Other (specify)_____
4.2	Have there been SGBV cases in your community	1. Yes 2. No 3. 3. Do not know
4.3	How are SGBV cases addressed in your community?	1. Legal protection/services through police/court 2. Through cultural procedures/acts 3. Through local elders (kebele, village leaders) 4. Elders/religious leaders arbitration

		5. Other (specify)_____
4.4	Are there functional GBV reporting pathways known by the community?	1. Yes 2. No 3. Do not know
4.5	If yes for Q4.4, what type of services are available for survivors of GBV (in the Woreda/kebele)? _____, _____,_____	
4.6	Have you seen an increase of GBV in your community since the outbreak of COVID-19?	1. Yes 2. No 3. Do not know
4.7	What are the significant challenges faced in service provision? and GBV service providers' institutional gaps? (such as WCYA, hospitals/ health centers, police and legal) _____, _____, _____, _____, _____	
4.8	Do your health centres or WCYA offices have trained social workers or psychosocial counsellors on staff?	1. Yes 2. No 3. Do not know