

Supplementary material

STUDY QUESTIONNAIRE

Assessment of adequacy of improved sources of drinking water, sanitation, and hygiene practice for the reduction of diarrheal disease among people live with HIV/AIDS, Harar region, Ethiopia.

1	Name of the district -----	4	Interviewer name and signature -----
2	Name of the kebele -----	5	Supervisor Name and signature -----
3	Day /Month /Year of data collection -----/-----/-----	6	Completed ----- 1 Not completed ----- 2

Part I: Socio-demographic characteristics

No	Question	Alternatives
7	Sex	Male-----1 Female -----2
8	Age of the interviewee(in complete years)	-----
9	Marital status of the interviewee	Married -----1 Single -----2
10	Family size	One-----1 Two-----2 Three-----3 Four-----4 Five and above-----5
11	Educational status of the interviewee	No schooling -----1 Primary school -----2 Secondary school -----3 Post-secondary school-----4
12	Religion of the interviewee	Muslim -----1 Orthodox -----2 Protestant -----3 Other religion (specify)----4
13	Ethnicity of the interviewee	Oromo -----1 Amhara -----2 Gurage -----3 Harari-----4 Other (specify) -----5
14	Occupation of the interviewee	Self-employed -----1 Government employed -----2 Other (specify) -----3
15	Monthly income of the interviewee	-----[in, birr]

Part II: Household questionnaire related to Sources of Drinking Water

16	What is the main source of drinking water for members of your house hold?	Pipe water -----1 Public tap -----2 Protected well-----3 Unprotected well -----4
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		Protected spring -----5 Unprotected spring -----6 Surface water (river, stream, pond) -----7 Other (specify)----- 8
17	What is the main source of water used by your household for other purposes such as cooking and washing?	Piped water -----1 Public tap /standpipe -----2 Protected well -----3 Unprotected well -----4 Protected spring -----5 Unprotected spring -----6 Surface water (river, stream, Pond)-----7 Other (specify)----- .8
18	where is that water source located?	In own dwelling -----1 In own yard /plot -----2 Elsewhere -----3
19	How long does it take to go there to get the water and come back? (mention minute and distance)	Number of minutes -----1 Number of meter/Km-----2
20	What container is used to fetch water?	Type of containers----- 1
21	How many of it used per day(measure its volume)	Number of containers----- 1
22	Quantity of water consumption per capita per day?(ask the frequency of use and measure their material before fill quantity of water)	For drinking only ----- lcd
23	Basic water service level	For general hygiene-----lcd
24	Do you think that disease can be transmitted through contaminated water	Yes ----- 1 No ----- 2
25	Do you think that your water is safe?	Yes ----- 1 No ----- 2
26	Do you know methods used to treat water at home?	yes1 No..... , 2
27	Have you ever treated your water with household water treatment?	yes..... , 1 No..... , 2
28	If Q28 yes, which method did you use? Probe: Anything Else? Record all items mentioned.	Boil----- 1 Add weha agar----- 2 Strain it through a cloth----- 3 Use water filter (ceramic, sand, etc) ----- 4 Let it stand and settle----- 5 Other (specify) ----- 6
29	If Q28 yes, the last 24 hours did you treat the drinking water you are currently using?	yes 1 No..... 2
30	If Q30 yes, what did you use to treat the water you are currently using with? Probe: Anything Else? Record all items mentioned.	Add bleach /chlorine----- 1 Boil----- 2 Strain it through a cloth----- 3 Use water filter (ceramic, sand, etc) ----- 4

		Let it stand and settle----- 5 Other (specify) ----- 6
31	Why household water treatment important?	To make drinking water safe..... 1 Kills germs..... 2 remove turbidity ----- 3 No use ----- 4 don't know 5 Other (specify)..... 6
32	Do you store water at home?	Yes ----- 1 No ----- 2
33	If Q33 yes, what type of water storage do you use at home?	Jerrican 1 Wide mouth Clay pot 2 Bucket-----3 Other..... 4
34	Was it covered? (during the time of data collection Observe)	Yes ----- 1 No ----- 2
35	How did you remove drinking water from the storage container?	dipping ----- 1 pouring ----- 2 other (specify)----- 3
36	Where did you place the cups used for removing of water?	On the floor ----- 1 On the storage container ----- 2 Place prepared to put it ----- 3 Other (specify) ----- 4
37	Source of drinking water	Protected -----1 Unprotected -----2

Part III: Household questionnaire related to Sanitation Facility

38	Do you have sanitation facility for member of your household? (ask permission to observe it)	Yes, observed -----1 No -----2 Not permitted by the owner-----3
39	If yes, for Q38, have you experience diarrhea in the last 2 weeks?	Yes -----1 No -----2
40	If yes, for Q38, how many times you experience diarrhea in the last 2 weeks?	≤ 1 times.....1 ≥ 2 times 2
41	What kind of toilet facility do members of your house use? ask permission to observe the facility.	Pit latrine with slab.....1 Pit latrine without slab / Open pit.....2 Ventilated Improved Pit latrine (VIP).3 Bucket facility..... 4 Other (specify)..... 5
42	Do you share this sanitation facility with others who are not member of your household?	Yes-----1 No ----- 2
43	Do children feces observe in the compound? Please, Observe	Yes.....1 No2
44	Do you maintain cleanliness of your latrine? (observe)	Yes -----1 No -----2
45	How does your household primarily dispose of household solid wastes disposal?	Dumped in street /open space -----1 Dump in waste pit -----2 Attached to sewer line-----3 Septic tank -----4

		Other(specify) -----5
46	Do your household have solid waste disposal pit in your vicinity?	Yes, appropriate.....1 No, inappropriate.....2
47	How does your household primarily dispose of household solid waste wastes?	Dumped in street /open space -----1 Dump in waste pit -----2 Burned -----3 Composted-----4 Other(specify) -----5
48	How does your household primarily dispose of household liquid wastes?	Dumped in street /open space -----1 Dump in waste pit -----2 Attached to sewer line-----3 Septic tank -----4 Other(specify) -----5
49	Do your households have liquid waste disposal pit or system in your vicinity?	Yes, appropriate.....1 No, inappropriate.....2
50	What was the sanitation status?	Improved -----1 Unimproved -----2

Part VI: Household questionnaire related to Hygiene Practice

51	Do you have hand washing facility? (ask permission to observe& see it)	Yes -----1 No -----2
52	Do members of your household often wash their hands, attached to the toilet?	Yes -----1 No -----2
53	Observe presence of water of the specific place for hand washing. Verify by checking	Water is available -----1 Water is not available -----2
54	Record if soap or detergent is present at the specific place for hand washing.	Bar soap-----1 Detergent(Powder/Liquid/Paste) -----2 Liquid soap-----3 Ash/Sand-----4
55	Do you washed your hands with soap during the past 24 hours of a day	Yes.....1 No2
56	Do you wash your hands at such a critical time?	<u>Handwashing at critical time</u> Yes No Before preparing food -----1 2 Before eating -----1 2 Before feeding Children-----1 2 After Visiting toilet----- -1 2 After helping Children's defecation--1 2 After handling of wastes -----1 2
57	Do you attended hygiene education in the past one year	Yes.....1 No2
58	IF yes Q56, who had given hygiene education	voluntary home care givers-----1 health institutions -----2 health extension workers-----3 NGOs -----4
59	How was the hygiene practice status	Good-----1 Poor -----2

Part V: Household questionnaire related to Diarrheal Disease

60	Do you know the method of diarrheal disease transition?	Yes -----1 No -----2
61	If yes, Q60 mention the methods	----- -----
62	Have you experience diarrhea in the last 2 weeks?	Yes -----1 No -----2
63	If yes, Q62 how many times you experience diarrhea in the last 2 weeks?	≤ 1 times.....1 ≥ 2 times2
64	Do your families experienced diarrheal diseases in the last 2 weeks?	Yes -----1 No -----2
65	What do you do when you experience diarrheal disease	Visit health facility-----1 Home treatment-----2 Do nothing -----3
66	What method you used when you experienced diarrheal disease at home	Use ORS-----1 More food consumption -----2 Taking antibiotics-----3 Other specify -----4

Thank you very much for your cooperation!!