# ENDLINE Questionnaire

**WASHplus Kenya**

**December, 2014**

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| **Identification** | | | |
| **No.** | **Question** | **Coding Categories** | **SKip** |
| 01 | Sex of respondent | Female 1  Male 2 |  |
| 02 | Date of Interview | \_\_\_\_Day \_\_\_\_Month \_\_\_\_ YEAR |  |
| 03 | Code of the Interviewer |  |  |
| 04 | Interviewer Sampling Stratum | Nyanza …….. …………………………….. 2 |  |
| 05 | Name of village/clustery  ***(Write name directly)*** |  |  |
| 06 | Name of District  ***(Write name directly)*** |  |  |
| 07 | Supervisor |  |  |
| 08 | Date questionnaire reviewed | \_\_\_\_Day \_\_\_\_Month \_\_\_Year |  |

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|  | **0100 – 121 Dwelling and Family Characteristics** | | | |  |
| **No.** | **Question** | **Coding Categories** | | | **SKip** |
| 101 | What type of dwelling are you visiting?  ***OBSERVE:*** *(****Observe only.)*** | House located in a separate compound  House located in a communal compound  **Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | 1  2 | |  |
| 102 | What is the material for the walls of the main living area?  ***OBSERVE: (Observe only.)*** | No walls ………………………  Cane/trunk/bamboo/reed….  Bamboo/wood with mud……  Stone with mud……………..  Uncovered adobe…… ……  Plywood………………… ….  Carton………………… …….  Cement………………… ……  Stone with lime/cement……..  Bricks…………… …………  Cement Blocks…………… ..  **Other Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | 1  2  3  4  5  6  7  8  9  10  11  12 |  |
| 103 | What is the material for the roof of the main living area?  ***OBSERVE: (Observe only.)*** | Grass/Thatch/Makuti……..…..  Rustic mat/Plastic sheets…….  Roof tiles /………… ………….  Wood planks…………………..  Corrugated iron………………..  Tin cans………………………….  Calamine/Cement fiber……….  Cement/concrete ……………..  **Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | 1  2  3  4  5  6  7  8  9 |  |
| 104 | What is the material for the floor of the main living area?  ***OBSERVE: (Observe only.)*** | Earth/sand……………………  Dung…………………………  Wood planks………………  Reed/Bamboo …………….  Polished wood ……………  Vinyl ……………………...  Ceramic tiles ……………..  Cement brick …………….  **Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_** | | 1  2  3  4  5  6  7  8  9 |  |

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| **No.** | | **Question** | **Coding Categories** | | **SKip** | |
| We would like to talk about different activities in your household. Let’s first start with some of the characteristics of the family | | | | | | |
| 105 | How many people live permanently in your house? | | ***(Write in the number*.)**   |  | | --- | |  | |  | |  |
| 106 | How many are men? | | ***(Write in the number*.)**   |  | | --- | |  | |  | |  |
| 107 | Is there anybody in this household that is chronically ill receiving home-based care? | | Yes ………………………………….1  No …………………………………..2 |  | | →Skip to 110 |
| 108 | Is this person a man or a woman? | | Man ………………………….…… 1  Woman……………………….….. 2 |  | |  |
| 109 | How old is that person?  ***(Write down the person’s age)*** | |  |  | |  |
| 110 | Are there people over 65 living in the household? | | Yes …………………………….……1  No ………………………………….2 |  | |  |
| 111 | Are there any children 5 years old or less living in the household? | | Yes ……………………… …….…1  No ……………………………….…2 |  | |  |
| 112 | How old are you?  *(****Write directly the age)*** | |  |  | |  |

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| 113 | Did you ever attend school? | Yes ……………………………  No……………………………. | 1  2 | → Skip to Q115 |
| 114 | What was the last grade of school that you completed?  ***(Write in the number.)*** | |  | | --- | |  | |  |  |
| 115 | Can you read and write? | Yes I can read and write ……  Yes I can read but not write…  No I cannot read and write …  Declined to answer ….. | 1  2  3  4 |  |
| 116 | How many rooms in your house are used for sleeping?  (***Write in number.)*** |  |  |  |
| 117 | How many family members bring income to this family?  ***(Write directly the number reported.)*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 118 | Are you currently employed? | No……………………………..1  Yes…………………………….2 |  | → Skip to Q120 |
| 119 | Do you work in agriculture? | No……………………………..1  Yes…………………………….2 |  |  |

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| 120 | Does your household have  ***(Read choices and circle answer provided)*** | No Yes  Electricity…………… 1 2  Solar panel………… 1 2  Radio………………. 1 2  Television …………… 1 2  Mobile phone ……… 1 2  Landline phone 1 2  Kerosene lamp……… 1 2 |  | |  |
| 121 | Does your household | No Yes  Own the house you live in 1 2  Own crop land 1 2  Own cattle/ 1 2  Own horses, mules or donkeys 1 2  Own sheep/goats 1 2  Own an animal drawn cart 1 2  Grow cash crops 1 2 | |  |  |
| 122 | Does any member of your household own | No Yes  A bicycle? 1 2  A motorcycle or scooter 1 2  A car or truck? 1 2  A horse/mule for human transport only 1 2 | |  |  |

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| **Drinking Water**  (Questions 201-228) | | | | | |
| **NO.** | **QUESTIONS AND FILTERS** | | **CODING CATEGORIES** | | **SKIP** |
| 201 | What is (currently) the main source of drinking water for your family? Does it look like any of these?  ***(Show pictures)*** | | 01= Piped water  02= Tube well or borehore  03= Dug well (Protected Dug well)  04= Unprotected Dug Well  05= Rainwater  06= Tanker Truck  07=Surface Water  (River/Dam/Lake/Ponds/Stream/Canal/Irrigation Channel)  09= Bottled Water or Water from Sachet  10= Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| 202 | How long does it take to go there, get water, and come back?  ***(Use categories, above and under 30 minutes).*** | | 01= Over 30 minutes  02= 30 minutes or below  03= On premises | |  |
| 203 | Do you use that source all year round? | | 01= Yes 02= No | | If yes skip to 205 |
| 204 | Where else do you get it from during that time? | | 01= Piper water  02= Tube well or borehore  03= Dug well (Protected Dug well)  04= Unprotected Dug Well  05= Rainwater  06= Tanker Truck  07=Surface Water  (River/Dam/Lake/Ponds/Stream/Canal/Irrigation Channel)  09= Bottled Water or Water from Sachet  10= Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| 205 | If there no water source on premises, who usually goes to the source to fetch the water for the household?  ***Probe***. Is this person under 15 years of age? What is that person’s sex?  ***(Circle the code that best describes this person.)*** | | 01= Men 15 years old or older  02= Women 15 years old or older  03= Boys under to 15 years old  04- Girls under to 15 years old | |  |
| 206 | On a typical day, how many trips do family members take to haul water?  ***(Write the number of trips provided.)*** | | |\_\_|\_\_| | |  |
| 207 | How many containers are carried per trip?  ***(Write the amount of containers provided.)*** | | |\_\_|\_\_| | |  |
| 208 | May I see one of those containers? | | 01= Not allowed  02= Allowed | |  |
| 209 | What type of container is it?  ***(Observe and if mobiles phones are used take a picture)*** | | 01= Jerrycan  02= Clay pot  03= Bucket  04= Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |
| 210 | How much water can a typical water hauling container hold?  ***(Estimate it. Write the amount in liters.)*** | | |\_\_|\_\_| | |  |
| 211 | Is water from the same source used for other things besides drinking? | | 01= Yes 02= No | | Skip to 213 |
| 212 | What are the sources of water you use for other purposes than drinking (such as cooking, handwashing, and other household chores)? Anything else?  (MULTIPLE RESPONSES ARE POSSIBLE.) | | 01=Piped Water Into Dwelling  02= Piped Water From A Neighbor  03= Piped Water Into Yard/Plot  04= Public Tap/Standpipe  05= Tube Well Or Borehole  06= Protected Dug Well  07= Unprotected Dug Well  08= Water From Protected Spring  09= Water From Unprotected Spring  10= Rainwater  11= Tanker Truck  12= Cart With Small Tank  13= Surface Water(River/Dam/Lake/ Ponds/ Stream/Canal/Irrigation Channel)  14= Bottled Water  **15= Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  |
| 213 | Could you please serve me a cup of drinking water from the source commonly used for satisfy children’s thirst? | | 01= Observed  02= NOT OBSERVED | |  |
| ***Use the time to make some observations about how water is obtained from the container and characteristics of the container.*** | | | | | |
| 214 | | ***OBSERVE***  Was sample collected safely with a ladle (not touching water with hands)? | 01= Yes 02= No | |  |
| 215 | | What container is used for drinking-water?  ***OBSERVE*** | 01= Bucket  02= Jerry can  03= Collapsible bucket  04= Gallon jug  05- bucket with tap  06= Ceramic pot  07= Large drum  08= Other (specify)\_\_\_\_\_ | |  |
| 216 | | Is the container covered/closed?  ***OBSERVE*** | 01= Yes 02= No | |  |
| 217 | | Does it have a tight fitting lid?  ***OBSERVE*** | 01= Yes 02= No | |  |
| 218 | | Does it have a spigot?  ***OBSERVE*** | 01= Yes 02= No | |  |
| 219 | | Is the container out of the reach of animals?  ***OBSERVE*** | 01= Yes 02= No | |  |
|  | | ***Thank you for the water. Let me proceed with the questions.*** | | | |
| 220 | | Did you do anything to make the water safer to drink? | | 01= Yes 02= No | -> q301 |
| 221 | | How did you make this water safer to drink? | | 01= Boiling  02= Liquid chlorine solution  03= Chlorine tablets  05= Coagulant/flocculant  06= Ceramic filter  07= Biosand filter  08= Membrane filter  09= Cloth filter  10= Settling  11= Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 222 | | What motivated you to treat the water to drink? | | 01= Health promotion received (School, health centre, CHW, mass media etc)  02= Standard practice in household to treat water  03= I had water treatment kit this time  04= The source makes it unsafe for drinking without treating it  05= Someone is currently sick in the family so we must use treated water  06= Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
| 223 | | How many hours ago were it treated?  (***WRITE NUMBER OF HOURS*)** | | |\_\_|\_\_| |  |
| 224 | | Did you mix treated water with any other drinking water that had not been treated? | | 01= Yes 02= No |  |
| 225 | | How often do you treat drinking water this way? | | 01= Daily  02= Weekly  03= When there is somebody ill in the house  04= During emergencies  05=Others. Specify \_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | How many days in a row do you keep drinking water that you have treated?  ***(WRITE THE NUMBER OF DAYS DIRECTLY***) | |  |  |
| 226 | | Do you know where to buy chlorine? | | 01= Yes 02= No |  |
| 227 | | What prevents you from treating your drinking water? Anything else?  (Multiple responses are possible). | | 01= Not aware water should be treated  02= Standard practice in household not to treat water  03= I lacked water treatment kit this time  04= The source is safe for drinking without treating it  05= Nobody fell sick so we are just OK using this water  06= Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
| 228 | | How often do the chronically ill family members drink treated water: always, sometimes, never? | | 01= Always  02 =Sometimes  03= Never |  |
| 229 | | How often do the elderly in your family drink treated water: always, sometimes, never? | | 01= Always  02 =Sometimes  03= Never |  |
| 230 | | How often do children less than five years of age drink treated water? Always, sometimes or never? | | 01= Always  02 =Sometimes  03= Never |  |

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| **Hand Washing with Soap**  (Questions 301-318) | | | |
| 301 | Do you have any type of soap in your house? | 01= Yes 02= No |  |
| 302 | For what purpose do you commonly use soap for? | 01= Washing  02= Clothes  03= Washing My Body  04= Washing My Children  05= Washing Child’s Bottoms…  06= Washing My Children’s Hands  07= Washing My Hands After Defecating  08= Washing My Hands After Cleaning A Child  09= Washing My H Ands Before Feeding A Child  10= Washing My Hands Before Preparing Food  11= Washing My Hands Before Eating  12= Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 303 | Do you use the same bar of soap for everything? | 01= Yes 02= No |  |

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| 304 | Now, I am going **to read** a list and this time you will tell me how frequently would you **WASH** your hands **using soap** at each one of those occasions. For each one of those circumstances, I will need you to tell me if you engage in that practice: never, sometimes, often or always. OK? Here we go. | | | | | | | | |
|  |  | | | Never | Some  Times | Often | Always | | |
| When washing your face after you get up | | | 1 | 2 | 3 | 4 | | |
| After going to the toilet | | | 1 | 2 | 3 | 4 | | |
| Before eating | | | 1 | 2 | 3 | 4 | | |
| Before cooking | | | 1 | 2 | 3 | 4 | | |
| Before feeding a child | | | 1 | 2 | 3 | 4 | | |
| After work | | | 1 | 2 | 3 | 4 | | |
| After touching an animal | | | 1 | 2 | 3 | 4 | | |
| After cleaning a kid’s bottom | | | 1 | 2 | 3 | 4 | | |
| After cleaning a toilet | | | 1 | 2 | 3 | 4 | | |
| After taking care of a sick person | | | 1 | 2 | 3 | 4 | | |
| 305 | Can you show me where you usually wash your hands and what you use to wash hands?  ***ASK TO SEE AND OBSERVE*** *(Indicate all that are mentioned, if more than one*) | | 01= Inside/near toilet facility  02= Inside/near cooking palce  03= Elsehwere in yard  04= Outside yard  05= No specific palce  06= No permission to see | | | | → Q309 | |
| Great. Thank you. Let me take a couple of notes to remember what you are showing me. | | | | | | | | |
| 306 | **(*OBSERVE)***  What is the hand washing device used? | | 01= Faucet  02= Tippy tap  03= Basin/bucket with plastic kettle  04= Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
| 307 | ***(OBSERVE)***  Was water available at time of interview? | | 01= Yes 02= No | | | |  | |
| 308 | ***OBSERVATION ONLY:***  Is there soap or detergent or other locally used cleansing agent?  This item should be either in place or brought by the interviewee within 2 minutes. If the item is not present within that time, check none, even if provided later. | | 01= None  02= Soap  03= Detergent  04= Ash  05= Mud  06= Sand  07= Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | |
| **OK. Let me ask some other questions.** | | | | | | | | | |
| 309 | Who in the family makes sure that there is water at this hand washing station? | 01= Wife  02= Daughter  03= Husband  04= Son  05= Somebody else, specify \_\_\_\_\_\_\_\_\_\_ | | | | | |  | |
| 310 | Do you have a handwashing station here or near the area where you cook? | 01= Yes 02= No | | | | | | **🡪316** | |
| 311 | May I see this station? | 01= Yes 02= No | | | | | | **🡪316** | |
| 312 | (***Observe)*** What is the handwashing device used? | 01= Faucet  02= Tippy tap  03= Basin/bucket with plastic kettle  04= Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  | |
| 313 | ***(Observe)*** Was water available at the time of the interview? | 01= Yes 02= No | | | | | |  | |
| 314 | ***(Observe)*** Was soap available at the time of the interview? | 01= Yes 02= No | | | | | |  | |
| 315 | How many months ago did you set up this handwashing station?  (***Write the amount of time in months. If respondent does not know, write 99)*** | |\_\_|\_\_| | | | | | |  | |
| **WHEN HOW WASH** | | | | | | | | | |
| 316 | Sometimes people wash their hands before or after doing certain activities. What do you think are the most important occasions to wash your hands?  ***MULTIPLE RESPONSES ARE POSSIBLE. RECORD ALL MENTIONED*** | 01= After any toilet visit  02= After defecation  03= Before eating  04= After cleaning a child/washing diaper  05= After cleaning the latrine  06= After handling any materials for household chores  07= After cleaning a potty  08=Before food preparation  09= Before feeding a child  10= After handling a sick person  11= *After* eating  12= Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  13= Does not know | | | | | |  | |
| 317 | What are the reasons for washing hands with Soap/Ash?  ***RECORD ALL MENTIONED*** | 01= Prevent diarrhea  02= Prevent other diseases  03= Remove germs  04= Prevent dirt getting into mouth  05= Prevent dirt from getting into food  06= Smells good  07= Others (specify) | | | | | |  | |
| 318 | What is the main cause of diarrhea in children?  (**Record multiple answers if provided)** | 01= Does not know  02= No handwashing with soap after fecal contact  03= No handwashing with soap before food handling  04= Drinking contaminated water  05= Eating contaminated food  06= Sucking/putting dirty fingers in your mouth  07= Other reasons. Specify \_\_\_\_\_\_\_\_\_\_ | | | | | |  | |

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| **Management of Human Feces**  Questions 402-446 | | | | | | | |
| **NO.** | | **QUESTIONS AND FILTERS** | | **CODING CATEGORIES** | | **SKIP** | |
| 402 | | The last time the youngest child passed a stool, where did he/she defecate? | | 01= Used sanitation facility  02= Used potty  03= Used washable diapers  04= Used disposable diapers  05= Went in house/yard  06= Went outside the premises  07= Went in his/her clothes  08= Don’t know  09= Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 403 | | The last time your youngest child under your care passed stools, where were the feces disposed of? | | 01= Dropped into toilet facility  02= Buried  03= Solid waste/trash  04= In yard  05= Outside premises  06= Public latrine  07= Into sink or tub  08=Thrown into waterway  09= Thrown elsewhere (specify)\_\_\_\_\_\_\_\_ | |  | |
| 404 | | Where do members of your household usually go to defecate?  **(Show pictures to help make a decision).** | | 01- Field, bush, (open defecation)………  02= Flush or pour flush toilet  03= Ventilated Improved Pit Latrine  04= Pit latrine with slab  05= Pit latrine without slab/open pit  06= Composting toilet  07= Hanging toilet/latrine  08= Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **🡪Skip to 407** | |
| 405 | | Do all members of the family use it? | | 01= Yes 02= No | |  | |
| 406 | | Is it acceptable for men and women to use the same latrine? | | 01= Yes 02= No | |  | |
| 407 | | Do you keep a bedpan or potty in the household? | | 01= Yes 02= No | | ->Skip to 409 | |
| 408 | | Who uses the bedpan or potty? | | 01=Chronically ill 02=Elderly in household  03=Children under 5  04=Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 409 | | Who in the family decided to install the toilet/latrine? | | 01=Wife………………………………………….  02=Daughter……………………………………..  Husband……………………………………..  Son………………………………………….  Somebody else, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 410 | | Who installed the latrine? | | Husband …………………………………….  Mason……………………………………….  Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 411 | | Who decided where to locate the latrine? | | Wife………………………………………….  Daughter……………………………………..  Husband……………………………………..  Son………………………………………….  Somebody else, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 412 | | Where is your toilet facility? | | Inside/attached to dwelling  Elsewhere on premises  Outside premises  Public latrine…………………………………. | |  | |
| 413 | | How long have you had that toilet?  *(Write information in months.)* | | |  |  |  | | --- | --- | --- | |  |  |  | | |  | |
| 414 | | Do you share this facility with other households? | | NO…………………………………………..  YES…………………………………………. | | **->Skip to 416** | |
| 415 | | How many households share this facility?  ***Write number of households*** | | Number of households | |  | |
| 416 | | What were the top three reasons for building the facility?  (*Multiple choice, Do not read answers, record all answers - Up to 3 - provided.)* | | Status/Pride …………………………………  Comfort………………………………………  Convenience………………………………….  Privacy……………………………………….  Avoid sharing with others……………………  Security………………………………………  Disease prevention…………………………..  Shame of environmental contamination …….  Other. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 417 | | Do you add any product to the pit to control the smell or the flies? | | NO……………………………………………  YES…………………………………………. | | →**Skip to Q418** | |
| 418 | | What do you add? | | Ash…………………………………………..  Bleach………………………………………..  Insecticide…………………………………….  Motor oil……………………………………..  Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 419 | | Did you do any recent maintenance work on this toilet since it was constructed? | | NO……………………………………………  YES………………………………………….. | | →Skip to Q420 | |
| 420 | | What did you do? | | Changed an element of the structure above the ground……………………………………… 1  Changed to a new pit………………………..2  Emptied the pit …………………………….3 | |  | |
| 421 | | Was your toilet emptied recently? | | NO……………………………………………  YES………………………………………….. | | →Skip to Q429 | |
| 422 | | If emptied pit, where did you dispose of the contents of the pit? | | Disposed in waterway……………………….  Disposed in field far away from house………  Buried it elsewhere…………………………..  Burned it…………………………………….  Used it for composting………………………  Other. (Specify) ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 423 | | If emptied pit, is that emptied pit still being used? | | NO……………………………………………  YES………………………………………….. | |  | |
| 424 | | Have you closed it permanently or temporarily? | | Permanently…………………………………  Temporarily………………………………… | |  | |
| 42510a | | How long has it been closed for? | | |  |  |  | | --- | --- | --- | |  |  |  |   (Write answer in months) | |  | |
| 426 | | What were the top three reasons for your household for not having/building the toilet facility?  (Multiple choice, Do not read answers, record up to 3 answers provided.) | | Not havinga dequate polt of land/no land to cosntruct the toilet ………………………….  Soil is loose …………………………..…….  Not having adequate construction materials .  No one to construct the toilet (No mason) …  Construction cost is expensive ……………….  Not having knweodge on how to construct latrine  Not being able to get permssion from local authorities to construct the toilet …………….  We have other priorities …………………………  Other. (Specify) ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 427 | | How satisfied are you with the place where your family defecates?  (*Read answers*) | | Very unsatisfied………………………………  Somewhat unsatisfied………………………..  No opinion……………………………………  Somewhat satisfied…………………………...  Very satisfied…………………………………  Other. (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
| 428 | | What would you like to do to change your current sanitation situation? | | Build a private latrine………………………. 1  Improve the current private latrine family has. 2  Help build a community latrine………………3  Request government/outside assistance for  Improving situation………………………4  Nothing, satisfied……………………………5  Other.Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6  Do not know…………………………………7 | |  | |
| 429 | | Do you intend to install/change a sanitation facility in the next six months? | | NO……………………………………………  YES………………………………………….. | |  | |

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| **0430 – 0446 Sanitation Observations and Gender Roles**  **(Only for Families with a Facility on the Premises)** | | | |
| 430 | Can I see the sanitation facility? | 01= Allowed to see it  02= Not allowed | **>Q701** |
| 431 | ***(OBSERVE*)**  Distance of the facility from the house? | 01= Within house  02= 02= In yard  03= 1-20 meters from house.  04= 21+ meters from house |  |
| 432 | Is path clear to the latrine?  ***(OBSERVE*)** | 01= Yes 02= No |  |
| 433 | Is there a rope/ support structure to facilitate holding on to walk on path to the latrine  ***(OBSERVE*)** | 01= Yes 02= No |  |
| 434 | Does it have an entrance wider than normal as to allow two people to go in at the same time? | 01= Yes 02= No |  |
| 435 | Does it have a raised seat? | 01= Yes 02= No |  |
| 436 | Is there a rope or pole to permit squatting? | 01= Yes 02= No |  |
| 437 | Does it have any child friendly features? |  |  |
| 438 | *(****OBSERVE*)**  Does the toilet superstructure have walls? | 01= Yes 02= No |  |
| 439 | ***(OBSERVE)***  Does the toilet have a roof? | 01= Yes 02= No |  |
| 440 | ***(OBSERVE)***  Does toilet allow privacy?  (It has a curtain or door or entrance is L shaped) | 01= Yes 02= No |  |
| 441 | ***Is the squat hole safe for a child to use it?***  ***(OBSERVE)*** | 01= Yes 02= No |  |
| 442 | **(*OBSERVE)***  Is the pit covered? | 01= Yes 02= No |  |
| 443 | **(*OBSERVE)***  Is it being used?  *(OBSERVE IF THERE ARE FECES IN THE PIT, THROW A ROCK AND LISTEN IF IT SEEMS WET, IF THERE IS EVIDENCE OF ANAL CLEANSING, AND/OR IF THE PATH TO THE LATRINE SEEMS TO HAVE BEEN WALKED ON. CHECK ALL THAT APPLY.)* | 01= Detected feces in pit using a flashlight  02= Observed anal cleansing materials in latrine  03= Detectable path to the latrine  04= Slab is wet  05= Slab is grey color  06= Smelly  07= Flies around it |  |
| 444 | **(*OBSERVE)***  Is there a broom nearby? | 01= Yes 02= No |  | |
| 445 | **(*OBSERVE)***  Is there hand washing station inside or near the latrine  *(not more than 10 paces away from the latrine)?* | 01= Yes 02= No | → Q701 | |
| 446 | **(*OBSERVE)***  Is there water at that hand washing station near the latrine? | 01= Yes 02= No | → Q701 | |
| 447 | **(*OBSERVE)***  What container is used for water at the HW station? | 01= Tap  02= Tippy tap  03= Bucket  04= Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| 448 | ***(OBSERVE)***  Is there a cleansing agent at this hand washing station inside/near the latrine?  ***RECORD ALL PRESENT*** | 00= None  01=Soap  03= Detergent  04= Ash  05= Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| 449 | ***ASK:***  Who cleans the latrine? | 01= Wife  02= Daughter  03= Husband  04= Son  05= Somebody else, specify\_\_\_\_\_\_\_\_\_\_ |  | |
| 450 | **ASK**  Who brings the water the hand washing station here? | 01= Wife  02= Daughter  03= Husband  04= Son  05= Somebody else, specify\_\_\_\_\_\_\_\_\_\_ |  | |
| 451 | **ASK:**  Who makes sure there is a cleansing agent available? | 01= No such agent  02= Wife  03= Daughter  04= Husband  05= Son  06= Somebody else, specify\_\_\_\_\_\_\_\_\_\_ |  | |

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| **701-708 Menstrual Hygiene Management** | | | |
| 701 | Do you clean this person during her menstrual period? | NO 1  YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 | **->Skip Q703** |
| 702 | What supplies did you use to clean her during her last period?  ***(Check all that apply)*** | Soap………………………………………………….1  Water………………………………………………..2  Gloves/Plastic bags……………………………….3  Other. Specify \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 |  |
| 703 | What menstrual hygiene products did she use during her last period? | Rags…………………………………………………1  Pads………………………………………………….2  Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3  Does not know …………………………………………..4 |  |
| 704 | How long did you keep the blood soaked materials?  ***(Write in number of days.)*** |  |  |
| 705 | What did you do with those materials after they were used? | Wash them…………………………………………1  Through them in garbage………………………..2  Burn them …………………………………………3  Burry them………………………………………………4  Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5 | **Skip to 709** |
| 707 | What supplies did you use to wash them?  ***(Check all that apply.)*** | Water………………………………………………1  Soap………………………………………………2  Bleach……………………………………………3  Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 |  |
| 708 | Did you recently change the sheets she used? | NO 1  YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 | **->Skip to 801** |
| 709 | What P What products did you use to get those sheets cleaned?***(Check those that apply.)*** | Water………………………………………………1  Soap………………………………………………2  Bleach……………………………………………3  Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 |  |
| 710 | How did How do you get the sheets dry? | Left them in bucket/ container…………………..1  Hid them in house………………………………2  Hung out to dry in sun………………………………3  Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EXPOSURE** | | | | |
| 801 | In the past month, have you heard or seen any information on hand washing? | NO  YES |  | |
| 802 | What was the source of that information?  ***Anywhere else***?  *RECORD ALL MENTIONED* | Through health center  Through village health educator…………………  Through the area chiefs public meeting………  Through children that go to school……………….  Through the radio  Through other channels (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |
| 803 | In the past month, have you heard or seen any information about treating the water you drink? | NO  YES |  | |
| 804 | Where did you see it or hear it?  ***Anywhere else***?  RECORD ALL MENTIONED | Through health center  Through village health educator………………….  Through the area chiefs public meeting………  Through children that go to school …………….  Through the radio  Through other channels (specify) \_\_\_ |  | |
| 805 | In the past month have you heard or seen anything about sanitation? | NO  YES |  | |
| 806 | What was the source of the information?  ***Anywhere else***?  RECORD ALL MENTIONED | Through health center  Through village health educator…………………  Through the area chiefs public meeting………  Through children that go to school  Through the radio  Through other channels (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 807 | And in the past year, have you heard or seen anything about sanitation? | NO  YES |  |
| 808 | What was the source of the information?  ***Anywhere else***?  RECORD ALL MENTIONED | Through health center  Through village health educator …………………  Through the area chiefs public meeting………  Through children that go to school …………….  Through the radio  Through other channels (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 809 | Did your village participate in any activity to stop open defecation? | NO  YES |  |
| 810 | Have you ever been visited by a village health educator to stop open defecation? | NO  YES |  |
| 811 | Have you ever been visited by s village health educator to improve your toilet? | NO  YES |  |
| 8012 | In the past month, have you received information about diarrhea? | NO  YES |  |
| 813 | What was the source of that information?  *Anywhere else*?  RECORD ALL MENTIONED | Through health center  Through village health educator  Through the area chiefs public meeting………  Through children that go to school  Through the radio  Through other channels (specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |