# ENDLINE Questionnaire

**WASHplus Kenya**

**December, 2014**

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| **Identification** |
| **No.** | **Question** | **Coding Categories** | **SKip** |
| 01 | Sex of respondent | Female 1Male 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | 12 |  |
| 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | 123456789101112 |  |
| 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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  | 123456789 |  |
| 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)\_\_\_\_\_\_\_\_\_\_\_\_\_**  | 123456789 |  |

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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*.)**

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| 106 | How many are men? | ***(Write in the number*.)**

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| 107 | Is there anybody in this household that is chronically ill receiving home-based care? | Yes ………………………………….1No …………………………………..2 |  | →Skip to 110 |
| 108 | Is this person a man or a woman? | Man ………………………….…… 1Woman……………………….….. 2 |  |  |
| 109 | How old is that person?***(Write down the person’s age)*** |  |  |  |
| 110 | Are there people over 65 living in the household? | Yes …………………………….……1No ………………………………….2 |  |  |
| 111 | Are there any children 5 years old or less living in the household? | Yes ……………………… …….…1No ……………………………….…2 |  |  |
| 112 | How old are you?*(****Write directly the age)*** |  |  |  |

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| 113 | Did you ever attend school? | Yes ……………………………No……………………………. | 12 | → Skip to Q115 |
| 114 | What was the last grade of school that you completed?***(Write in the number.)***  |

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| 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 ….. | 1234 |  |
| 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……………………………..1Yes…………………………….2 |  | → Skip to Q120 |
| 119 | Do you work in agriculture? | No……………………………..1Yes…………………………….2 |  |  |

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| 120 | Does your household have***(Read choices and circle answer provided)*** |  No YesElectricity…………… 1 2Solar panel………… 1 2Radio………………. 1 2Television …………… 1 2Mobile phone ……… 1 2Landline phone 1 2Kerosene lamp……… 1 2 |  |  |
| 121 | Does your household |  No YesOwn the house you live in 1 2Own crop land 1 2Own cattle/ 1 2 Own horses, mules or donkeys 1 2Own 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 YesA bicycle? 1 2A motorcycle or scooter 1 2A car or truck? 1 2A 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 water02= Tube well or borehore03= Dug well (Protected Dug well) 04= Unprotected Dug Well05= Rainwater06= Tanker Truck07=Surface Water(River/Dam/Lake/Ponds/Stream/Canal/Irrigation Channel)09= Bottled Water or Water from Sachet10= 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 minutes02= 30 minutes or below03= On premises  |  |
| 203 | Do you use that source all year round? | 01= Yes02= No | If yes skip to 205 |
| 204 | Where else do you get it from during that time? | 01= Piper water02= Tube well or borehore03= Dug well (Protected Dug well) 04= Unprotected Dug Well05= Rainwater06= Tanker Truck07=Surface Water(River/Dam/Lake/Ponds/Stream/Canal/Irrigation Channel)09= Bottled Water or Water from Sachet10= 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 older03= Boys under to 15 years old04- 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 allowed02= Allowed |  |
| 209 | What type of container is it?***(Observe and if mobiles phones are used take a picture)*** | 01= Jerrycan02= Clay pot03= Bucket04= 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= Yes02= 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 Dwelling02= Piped Water From A Neighbor03= Piped Water Into Yard/Plot 04= Public Tap/Standpipe05= Tube Well Or Borehole06= Protected Dug Well 07= Unprotected Dug Well08= Water From Protected Spring09= Water From Unprotected Spring 10= Rainwater11= Tanker Truck12= Cart With Small Tank13= 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= Observed02= 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= Yes02= No |  |
| 215 | What container is used for drinking-water?***OBSERVE*** | 01= Bucket02= Jerry can03= Collapsible bucket04= Gallon jug05- bucket with tap06= Ceramic pot07= Large drum08= Other (specify)\_\_\_\_\_ |  |
| 216 | Is the container covered/closed?***OBSERVE*** | 01= Yes02= No |  |
| 217 | Does it have a tight fitting lid?***OBSERVE*** | 01= Yes02= No |  |
| 218 | Does it have a spigot?***OBSERVE*** | 01= Yes02= No |  |
| 219 | Is the container out of the reach of animals?***OBSERVE*** | 01= Yes02= 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= Yes02= 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 filter10= 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 water03= I had water treatment kit this time04= The source makes it unsafe for drinking without treating it05= 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= Yes02= No |  |
| 225 | How often do you treat drinking water this way? | 01= Daily02= Weekly03= When there is somebody ill in the house04= During emergencies05=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= Yes02= No |  |
| 227 | What prevents you from treating your drinking water? Anything else?(Multiple responses are possible). | 01= Not aware water should be treated02= Standard practice in household not to treat water03= 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= Always02 =Sometimes03= Never |  |
| 229 | How often do the elderly in your family drink treated water: always, sometimes, never? | 01= Always02 =Sometimes03= Never |  |
| 230 | How often do children less than five years of age drink treated water? Always, sometimes or never?  | 01= Always02 =Sometimes03= Never |  |

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| **Hand Washing with Soap** (Questions 301-318) |
| 301 | Do you have any type of soap in your house? | 01= Yes02= No |  |
| 302 | For what purpose do you commonly use soap for?  | 01= Washing02= Clothes03= Washing My Body 04= Washing My Children05= Washing Child’s Bottoms…06= Washing My Children’s Hands07= Washing My Hands After Defecating08= Washing My Hands After Cleaning A Child09= Washing My H Ands Before Feeding A Child10= Washing My Hands Before Preparing Food11= Washing My Hands Before Eating12= Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 303 | Do you use the same bar of soap for everything? | 01= Yes02= 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 | SomeTimes | 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 facility02= Inside/near cooking palce03= Elsehwere in yard04= Outside yard05= No specific palce06= 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= Faucet02= Tippy tap03= Basin/bucket with plastic kettle 04= Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 307 | ***(OBSERVE)***Was water available at time of interview? | 01= Yes02= 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= None02= Soap03= Detergent04= Ash05= Mud06= Sand07= 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= Wife02= Daughter03= Husband04= Son05= Somebody else, specify \_\_\_\_\_\_\_\_\_\_ |  |
| 310 | Do you have a handwashing station here or near the area where you cook? | 01= Yes02= No | **🡪316** |
| 311 | May I see this station? | 01= Yes02= No | **🡪316** |
| 312 | (***Observe)*** What is the handwashing device used? | 01= Faucet02= Tippy tap03= Basin/bucket with plastic kettle 04= Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 313 | ***(Observe)*** Was water available at the time of the interview? | 01= Yes02= No |  |
| 314 | ***(Observe)*** Was soap available at the time of the interview? | 01= Yes02= 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 visit02= After defecation03= Before eating04= After cleaning a child/washing diaper05= After cleaning the latrine06= After handling any materials for household chores07= After cleaning a potty08=Before food preparation09= Before feeding a child10= After handling a sick person11= *After* eating12= Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_13= Does not know |  |
| 317 | What are the reasons for washing hands with Soap/Ash?***RECORD ALL MENTIONED*** | 01= Prevent diarrhea02= Prevent other diseases03= Remove germs04= Prevent dirt getting into mouth 05= Prevent dirt from getting into food06= 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 contact03= No handwashing with soap before food handling04= Drinking contaminated water 05= Eating contaminated food06= Sucking/putting dirty fingers in your mouth07= 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 facility02= Used potty03= Used washable diapers04= Used disposable diapers05= Went in house/yard06= Went outside the premises07= Went in his/her clothes08= Don’t know09= Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 403 | The last time your youngest child under your care passed stools, where were the feces disposed of? | 01= Dropped into toilet facility02= Buried03= Solid waste/trash04= In yard05= Outside premises06= Public latrine07= Into sink or tub08=Thrown into waterway09= 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 toilet03= Ventilated Improved Pit Latrine04= Pit latrine with slab05= Pit latrine without slab/open pit06= Composting toilet07= Hanging toilet/latrine08= Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **🡪Skip to 407** |
| 405 | Do all members of the family use it? | 01= Yes02= No |  |
| 406 | Is it acceptable for men and women to use the same latrine? | 01= Yes02= No |  |
| 407 | Do you keep a bedpan or potty in the household? | 01= Yes02= No | ->Skip to 409 |
| 408 | Who uses the bedpan or potty? | 01=Chronically ill02=Elderly in household 03=Children under 504=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.)* |

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| 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……………………………………… 1Changed to a new pit………………………..2Emptied 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? |

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 (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 latrineNot 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………………………. 1Improve the current private latrine family has. 2Help build a community latrine………………3Request government/outside assistance for  Improving situation………………………4Nothing, satisfied……………………………5Other.Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_6Do 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 it02= Not allowed | **>Q701** |
| 431 | ***(OBSERVE*)**Distance of the facility from the house? | 01= Within house 02= 02= In yard03= 1-20 meters from house.04= 21+ meters from house  |  |
| 432 | Is path clear to the latrine?***(OBSERVE*)** | 01= Yes02= No |  |
| 433 | Is there a rope/ support structure to facilitate holding on to walk on path to the latrine***(OBSERVE*)** | 01= Yes02= No |  |
| 434 | Does it have an entrance wider than normal as to allow two people to go in at the same time? | 01= Yes02= No |  |
| 435 | Does it have a raised seat? | 01= Yes02= No |  |
| 436 | Is there a rope or pole to permit squatting? | 01= Yes02= No |  |
| 437 | Does it have any child friendly features? |  |  |
| 438 | *(****OBSERVE*)**Does the toilet superstructure have walls? | 01= Yes02= No |  |
| 439 | ***(OBSERVE)***Does the toilet have a roof? | 01= Yes02= No |  |
| 440 | ***(OBSERVE)***Does toilet allow privacy?(It has a curtain or door or entrance is L shaped) | 01= Yes02= No |  |
| 441 | ***Is the squat hole safe for a child to use it?******(OBSERVE)*** | 01= Yes02= No |  |
| 442 | **(*OBSERVE)***Is the pit covered? | 01= Yes02= 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 flashlight02= Observed anal cleansing materials in latrine03= Detectable path to the latrine04= Slab is wet05= Slab is grey color06= Smelly07= Flies around it |  |
| 444 |  **(*OBSERVE)***Is there a broom nearby? | 01= Yes02= No |  |
| 445 | **(*OBSERVE)***Is there hand washing station inside or near the latrine*(not more than 10 paces away from the latrine)?* | 01= Yes02= No | → Q701 |
| 446 | **(*OBSERVE)***Is there water at that hand washing station near the latrine? | 01= Yes02= No | → Q701 |
| 447 | **(*OBSERVE)***What container is used for water at the HW station? | 01= Tap02= Tippy tap03= Bucket04= Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 448 | ***(OBSERVE)***Is there a cleansing agent at this hand washing station inside/near the latrine?***RECORD ALL PRESENT*** | 00= None01=Soap03= Detergent04= Ash05= Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 449 | ***ASK:*** Who cleans the latrine?  | 01= Wife02= Daughter03= Husband04= Son05= Somebody else, specify\_\_\_\_\_\_\_\_\_\_ |  |
| 450 | **ASK** Who brings the water the hand washing station here? | 01= Wife02= Daughter03= Husband04= Son05= Somebody else, specify\_\_\_\_\_\_\_\_\_\_ |  |
| 451 | **ASK:** Who makes sure there is a cleansing agent available? | 01= No such agent02= Wife03= Daughter04= Husband05= Son06= Somebody else, specify\_\_\_\_\_\_\_\_\_\_ |  |

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| **701-708 Menstrual Hygiene Management** |
| 701 | Do you clean this person during her menstrual period? | NO 1YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 | **->Skip Q703** |
| 702 | What supplies did you use to clean her during her last period?***(Check all that apply)*** | Soap………………………………………………….1Water………………………………………………..2Gloves/Plastic bags……………………………….3Other. Specify \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 |  |
| 703 | What menstrual hygiene products did she use during her last period? | Rags…………………………………………………1Pads………………………………………………….2Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3Does 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…………………………………………1Through them in garbage………………………..2Burn them …………………………………………3Burry them………………………………………………4Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5 | **Skip to 709** |
| 707 | What supplies did you use to wash them?***(Check all that apply.)*** | Water………………………………………………1Soap………………………………………………2Bleach……………………………………………3Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 |  |
| 708 | Did you recently change the sheets she used? | NO 1YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 | **->Skip to 801** |
| 709 | What P What products did you use to get those sheets cleaned?***(Check those that apply.)*** | Water………………………………………………1Soap………………………………………………2Bleach……………………………………………3Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 |  |
| 710 | How did How do you get the sheets dry? | Left them in bucket/ container…………………..1Hid them in house………………………………2Hung out to dry in sun………………………………3Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 |  |

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| **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)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |