

Kakuma Refugee Camp Rapid Sanitation KAP Survey

CHW Name: _____ Date: _____

Zone: _____ Group: _____ Size-of-Family (number slept at house last night):

Either circle responses OR indicate numbers in the blank spaces.

1. Where do you pass stool? LATRINE BUSH DIG-SMALL-HOLE-AND-COVER(CAT METHOD)

2. Do you have your own latrine? YES NO

If yes, ask to observe the latrine:

Is it in use? YES NO

If no, why? NO-SLAB NO-SUPERSTRUCTURE PIT-FULL

How far is the latrine from the house? _____ paces

How far is the latrine from an open water source? _____ paces

How many families share the latrine with you? _____

Type of structure: MUDBRICK WOOD GRASS/STICKS IRONSHEETS ROOF

Type of slab: CONCRETE OTHER

Cleanliness: Feces present? YES NO
 Lid for latrine present and over hole? YES NO
 Standing water present? YES NO
 Flies swarming in latrine? YES NO
 Is the latrine full? YES NO

If no, ask the following:

Would having a latrine improve the health of your family? YES NO
 Do you want to have your own latrine? YES NO
 Would you build your own latrine if you were given a slab? YES NO

3. Is it culturally acceptable for: Women and men to share latrines? YES NO
 Adults and children to share latrines? YES NO
 For different families to share latrines? YES NO

4. Do you wash your hands with soap: Before you eat? YES NO
 After you eat? YES NO
 Before you defecate? YES NO
 After you defecate? YES NO

If yes to any of the above, ask to observe the handwashing location.

Is soap present? YES NO

Are there visible signs of handwashing? YES NO
 (soap, water on ground, water container, etc.)

5. How many cases of diarrhea has your family had in the past week? _____
 (3 watery stools within a 24-hour period)

6. How many times do you bathe each week? _____

7. Do you have your own bath shelter separate from a latrine? YES NO

If yes, ask to observe: Is there standing water present? YES NO
Is there a wall providing privacy? YES NO

8. Do you have your own dish rack? YES NO

9. How do you dispose of your rubbish? PIT BURNING IN-THE-OPEN

10. Do you have your own rubbish pit? YES NO
If yes, ask to observe: Is the area fenced or protected? YES NO
Is there evidence of recent use? YES NO
How far from the household? _____ paces

11. **General observations of the compound:**

Are feces present?	YES	NO
Is there standing water present?	YES	NO
Is there rubbish on the ground?	YES	NO
Are animals untied and roaming around freely?	YES	NO

12. Have you received any *health education* since the beginning of the year? YES NO

13. Do you think the cleanliness and sanitation measures in the camp are adequate? YES NO

If no: Would you be willing to actively participate in a cleanup campaign? YES NO

14. What do you feel is the most important need in the camp in the area of sanitation?

15. How best can you assist in improving this situation?
