Red Cross and Red Crescent

PHAST base-line survey

Example of a Red Cross/Red Crescent base-line survey at household level

A. Information on household members

1) Household Nos: ____________________  2) Male/Female: ____________________
3) Education level: ____________________  4) Household status: ____________________
5) Length of time lived in house: ____________  6) Total number of people living in the house: ____________
7) Number of persons living in house (according to age):
   children (0-5): ____________________  children (6-15): ____________________
   female adults (16 and over): ____________  male adults (16 and over): ____________
8) Name of head of household: ____________

B. Water

1) Which water sources do you use now for which purposes? (please tick)

Water uses

- drinking
- washing body
- washing clothes
- household items
- nappies
- livestock

Water sources

- Red Cross/Red Crescent hand pump
- communal tap
- well-protected
- stream
- gravity schemes
- small dams/ponds
- other hand pump
- well-shallow
- river
- spring protection
- rainwater harvesting
- other
2) **Does your source of drinking water change according to different seasons?**
- ☐ yes
- ☐ no
  *if yes (please tick)*

**Water seasons**
- ☐ hot season
- ☐ cold season
- ☐ rainy season (1 only)
- ☐ rainy season (short)
- ☐ rainy season (long)

**Water sources**
- ☐ Red Cross/Red Crescent
- ☐ other hand pump
- ☐ hand pump
- ☐ communal tap
- ☐ well-shallow
- ☐ well-protected
- ☐ river
- ☐ stream
- ☐ spring protection
- ☐ gravity schemes
- ☐ rainwater harvesting
- ☐ small dams/ponds
- ☐ other

3) **How far do you have to go to collect water?**
- ☐ less than 20 m
- ☐ over 500 m
- ☐ 1-1.5 km
- ☐ 2 km
- ☐ 3 km
- ☐ over 3 km

4) **Who collects water for the family?**
   - **Sex**
     - ☐ female
     - ☐ male
   - **Persons**
     - ☐ children 5-10
     - ☐ children 11-167
     - ☐ adult (s)
     - ☐ purchased from water vendors

5) **Do you treat your drinking water?**
- ☐ yes
- ☐ no
  *If yes how?*
- ☐ boil
- ☐ chlorinate
- ☐ sand filtration
- ☐ other

6) **If you don’t treat your water what is the reason:**
- ☐ it is expensive
- ☐ no need
- ☐ it is safe
- ☐ other ________________________________

7) **What are the benefits of your drinking water supply?**
- ☐ saved collection time
- ☐ reduced walking distance to collect
- ☐ improved quality of water
- ☐ decreased diarrhoea
- ☐ more water for domestic use
Affect on other health problems

If yes, what? Tick water related problems

☐ scabies  ☐ eye infections

☐ guinea worm  

☐ more time for other activities

☐ family economic situation improved

☐ other ________________________________

8) Are there any problems with your water supply?

☐ yes  ☐ no

If yes, what are they?

☐ it is dirty  ☐ it is irregular  ☐ it is a long way

☐ it is expensive  ☐ periods when it dries up

☐ management issues

☐ caretaker  ☐ water treatment

☐ breakdown of hand pump

☐ are the beneficiaries at any security risk when they collect water?

☐ wildlife  ☐ crime  ☐ risk of rape  ☐ other

☐ other ________________________________

9) How many of litres of water does each household member use per day?

Note: estimate capacity of each container (litres) and number of trips per day, divide by number of household members (refer to Section A: Information on household members)

☐ 6-9  ☐ 10-19  ☐ 20-39

☐ 40-59  ☐ 60-79  ☐ 80 and over

10) Do you store water separately for drinking and washing or cleaning?

☐ yes  ☐ no  ☐ don’t know

11) What do you clean your drinking water container with?

☐ soap and water  ☐ water  ☐ ash

☐ sand  ☐ don’t clean  ☐ don’t know

☐ other ________________________________

Observation for water

12) Observation:

Is drinking water stored separately from water for other purposes?  ☐ yes  ☐ no

13) Observation:

Is the drinking water container covered?  ☐ yes  ☐ no

14) Observation:

Is there a dish rack?  ☐ yes  ☐ no
Financing water supplies

15) How much do you pay for using water from the installed water point?
16) How much did you contribute towards the initial cost of the water point?
17) How much did/do you contribute towards the repairs of the water point?

C. Sanitation

18) Does your household have a latrine?
   - yes  - no

19) Do you use your latrine?
   - yes  - no
   if not, why not?________________________________________

20) Do you use the latrine at night?
   - yes  - no

21) What age do children start to use the latrines?

22) What happens to the stools of young children?
   - left on courtyard  - thrown in the latrine
   - other________________________________________

23) Where do different people defecate? (please tick)
People
   - women  - men
   - children over 5  - children under 5
Place of defecation
   - latrine in house  - communal latrine
   - bush  - cat method
   - other ____________________________________________

24) What are the benefits of your latrine?
   - less time to walk to defecate  - more privacy
   - increase in status  - decrease in diarrhoea

25) How often do you clean your latrine?
   - daily  - twice weekly
   - once a week  - once a month
   - it is safe  - other ______________________________________

26) Are you happy with your latrine?
   - yes  - no –
   if not, why not?________________________________________

27) This week did you use soap for washing clothes?
   - yes  - no  - don’t know
28) This week did you use soap for washing dishes?
   ○ yes          ○ no          ○ don’t know

Observation for sanitation

29) Observation: How far is the latrine from the house?
   ○ inside the house  ○ directly behind the house
   ○ directly behind the house  ○ other

30) Observation: Is the latrine clean (no faecal matter/urine on the floor)
   ○ yes          ○ no

31) Observation: Does the latrine have a sanplat (concrete slab)?
   ○ yes          ○ no
   If not what does it have? __________________________________________
   ________________________________________________________________

32) Observation: Is there any sign of animal or human defecation in the courtyard?
   ○ yes          ○ no

D. Household waste

33) Where do you dispose of your household waste?
   ○ refuse pit     ○ bush
   ○ burning        ○ burying
   ○ other ____________________________

34) Is waste disposal a problem?
   ○ yes – if yes, why? ____________________________________________
   ○ no

Observation for household waste

35) Observation: Does the house have a refuse pit?
   ○ yes          ○ no

36) Observation: Is the surrounding courtyard clean?
   ○ yes          ○ no

E. Vector control

37) What causes malaria
   ○ mosquitoes  ○ germs
38) **What can you do to prevent malaria**
- cover up body
- spraying
- clearing grass/scrub
- clearing stagnant water
- don’t know
- other

(Note for Red Cross/Red Crescent programme implementers: modify this and identify vectors according to Red Cross Red Crescent programme)

39) **Do you have treated mosquito nets in your household?**
- yes
- no
- If yes, how many: 1 2 3 4

40) **What do you use for vector control in your community/village?**
- nothing
- larviciding
- indoor residual spraying
- other

F. **Handwashing**

41) **When do you wash your hands?**
- before eating
- before cooking
- after defecation
- after wiping children’s bottoms
- other

42) **Why do you wash your hands?**
- keep free of germs
- don’t know
- other

43) **What do you use to wash your hands?**
- use water only
- ash
- soap
- other

44) **How do you wash your hands?**
- under a running tap
- in a bowl
- water poured over hands from a container
- other

Observation for hand washing

45) **Observation: Is there a hand washing facility in the house?**
- yes
- no

46) **Observation: Is there a bathing facility in the house?**
G. Knowledge, attitude and practice

47) What are the three diseases that your family has suffered from in the last 3 months? (Please tick)
- diarrhoea
- malaria
- respiratory infection
- HIV
- any other

(Note: note for programme implementers – modify this according to Red Cross Red Crescent programme)

48) What causes diarrhoea?
- germs
- dirty objects
- dirty food
- dirty fingers
- dirty fluid
- flies
- open defecation
- other

49) What is the best way to prevent diarrhoea?
- washing hands
- use of latrines
- use of safe drinking water
- other

50) What do you do when your child (under 5) gets diarrhoea?
- give ORS
- give more fluids
- given more food based fluids
- more breastfeeding
- refer to health service
- other

51) When was the last time a member of your family got diarrhoea?
- within the last 2 weeks
- within the last 1 month
- within the last 3 months
- other

Optional

52) How do you make ORS (Please tick)
- correct
- incorrect

H. Other

53) Have you received any health information about water and sanitation?
- yes
- no

If, yes: ________________________________________________________________

54) What was it about? ___________________________________________________
55) Who did you receive it from?

56) How often did you receive it?

57) What did you learn?

58) Where do you generally get your information about health from?
  - media (TV/radio/newspaper)
  - place of worship
  - your family
  - your neighbour
  - health worker
  - your neighbour
  - other

59) What is the hardest hygiene behaviour for you to change?
  - use of clean drinking water
  - use of latrines
  - hand washing at key times
  - disposal of children’s stools
  - other

60) And why?