

→ 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 householdmembers (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

- don't know other _____

→ 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?

yes

no

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 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?**
