**WASH KAP Survey in Refugee Sites**

**Standardized Questionnaire**

**December 2020**

***Note:*** *Optional questions (highlighted in light blue) should be added to the final questionnaire if and only if their results will serve a purpose in terms of programming, changing strategies or adapting WASH activities. Every additional question means more time and resources required for the survey, so optional questions should be selected with extra care.*

**I/ Questionnaire Details**

*Please ensure the “Questionnaire Details” section is completed before arriving at the household.*

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| I1 - Date: |  |
| I2 - Site/camp name: | *Survey manager instructions:* You will need to specify the possible options |
| I3 – Zone (Op): | *Survey manager instructions:* You will need to specify if numerical or alphabetical as well as the possible options based on the local context (if relevant to keep this variable in your context). |
| I4 – Block (Op): | *Survey manager instructions:* You will need to specify if numerical or alphabetical as well as the possible options based on the local context (if relevant to keep this variable in your context). |
| I5 – Section (Op): | *Survey manager instructions:* You will need to specify if numerical or alphabetical as well as the possible options based on the local context (if relevant to keep this variable in your context). |
| I5a – Cluster (Op): | *Survey manager instructions:* For surveys using a cluster sampling only. Should be removed for other cases |
| I7 - Team number: |  |
| I8 - Name of person collecting data: |  |
| I9 - Household sampling number: | *Survey manager instructions:* The assignment of numbers to households depends on the survey design, household listing process and survey manager preferences |
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**II/ Questionnaire**

The following statement is to be read to the head of the household or, if they are absent, another adult member of the house before the interview.

* Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_ and I work with *[organisation/institution*]. We would like to invite your household to participate in a survey that is looking at the water and sanitation knowledge and access of people living in this [*camp / survey area*].
* UNHCR is sponsoring this survey.
* Taking part in this survey is totally your choice. You can decide to not participate, or if you do participate you can stop taking part in this survey at any time for any reason. If you stop being in this survey, it will not have any negative effects on how you or your household is treated or what assistance you receive.
* If you agree to participate, we will ask you some questions about your family and your water access. Be assured that any information that you will provide will be kept strictly confidential.
* You can ask me any question that you have about this survey before you decide to participate or not.
* If you do not understand the information or if your questions were not answered to your satisfaction, do not declare your consent on this form. Thank you.

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| **Did the household give its consent to be interviewed?** *(Check one)*🞅 Yes🞅 No🞅 Absent household |  |

**A - General Information and Demographics**

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| **Questions** | **Comments** |
| **A2 (Op)/ Sex of the respondent** *(Check one)*🞅 Male🞅 Female | *Survey manager instructions:* Question to be added if you need to segregate answers by the sex of respondent.  |
| **A3.a/ How many people live and slept in this house last night?**\_\_\_\_\_ people**A3.b/ How many children less than 5 years old live and slept in this house last night?** \_\_\_\_\_\_\_\_\_\_\_\_ children under 5 years old | *Extra information:* Fill in number of people and number of less than 5 years old children.*Survey manager instructions:* Definition of ‘Household’ needs to be specified in context of the camp in which the survey is conducted.  |
| **A4 (Op)/ Are there any persons with disabilities and / or elders in this household?**🞅 Yes🞅 No | *Survey manager instructions:* Question to be added if you need to segregate answers from households with persons with disabilities or elders. *Extra information:* A disability is considered to be difficulty seeing, hearing, walking or climbing steps, difficulty remembering or concentrating, difficulty washing all over or dressing, using your usual language |
| **A5 (Op)/ Please tell me what your country of origin is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Survey manager instructions:* Question to be added if you need to segregate answers by origin of respondent. |

**B - Water Collection and Storage**

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| **Questions** | **Comments** |
| **B1.a/ What is the principal source of domestic drinking water for members of your household?** (*Check one but do not read out the list of possible responses. Consider water for drinking, cooking, bathing, personal hygiene, laundry and cleaning only – NOT for non-domestic use.*)🞅 Public tap/standpipe🞅 Handpumps/boreholes🞅 Water seller/kiosks🞅 Piped connection to house (or neighbour’s house)🞅 Protected spring🞅 Bottled water, water sachets🞅 Tanker truck from a protected source🞅 Tanker truck from an unprotected source🞅 Unprotected hand-dug well🞅 Surface water (lake, pond, dam, river)🞅 Unprotected spring🞅 Rain water collection🞅 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞅 Don’t know | *Survey manager instructions:* You can modify responses for your context to a certain extent: * you can remove options if that type of source does not exist in your context
* you can relabel existing options to make them more explicit in your context by using the local vocabulary but you should keep the original answer codes.

**Do not make more structural changes as these will then not function in the automatic indicator calculations of the global analysis tools.***Extra information:* A visual aid showing different types of water sources may be useful. |
| **B1.b Aside from this main source, what is the second most used source of domestic drinking water for members of your household?**(*Check one but do not read out the list of possible responses. Consider water for drinking, cooking, bathing, personal hygiene, laundry and cleaning only – NOT for non-domestic use.*) 🞅 Public tap/standpipe🞅 Handpumps/boreholes🞅 Water seller/kiosks🞅 Piped connection to house (or neighbour’s house)🞅 Protected spring🞅 Bottled water, water sachets🞅 Tanker truck from a protected source🞅 Tanker truck from an unprotected source🞅 Unprotected hand-dug well🞅 Surface water (lake, pond, dam, river)🞅 Unprotected spring🞅 Rain water collection🞅 Other🞅 Did not collect water from another source🞅 Don’t know | *Survey manager instructions:* Question to be added if many different types of source are available on camp and some have irregular supply. In this case you may want to know what the back-up source of households is. You can modify responses for your context to a certain extent: * you can remove options if that type of source does not exist in your context
* you can relabel existing options to make them more explicit in your context by using the local vocabulary but you should keep the original answer codes.

*Extra information:* A visual aid showing different types of water sources may be useful. |
| **B2 (Op)/ What sources of water do you use for the other activities (non-drinking water: animal water, gardening, bricks, etc.)?** *(Check all that apply but do not read out the list of possible responses.)*☐ Public tap/Standpipe☐ Handpumps/boreholes☐ Water seller/kiosks☐ Piped connection to house (or neighbour’s house)☐ Protected spring ☐ Bottled water, water sachets☐ Tanker truck from a protected source ☐ Tanker truck from an unprotected source☐ Unprotected hand-dug well☐ Surface water (lake, pond, dam, river)☐ Unprotected spring☐ Rain water collection☐ Other☐ Don’t know | *Survey manager instructions:* Question to be added if it has any programmatic added value to know what source is used for non-drinking water (e.g. if there are regular cholera epidemics, or if you have a project focusing on water for livestock etc.).*Extra information:* A visual aid showing different types of water sources may be useful. |
| **Start of Observation Section** |  |
| **B3/ May I see all the containers you have for storing and collecting drinking water?** (*Check for all of the containers* *used for water collection and storage.)*🞅 Yes 🡪 *Complete box below*🞅 No 🡪 *Continue to B4* **B3.a/ How many containers are there?**\_\_\_\_\_

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| Type container | Volume container (L) | Protected \*? (y/n) | Nb of journeys to water point yesterday\*\* |
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 | *Survey manager instructions:* This question is essential for the calculation of different indicators, therefore please do not modify it.*Extra information:* Observe each jerrican one by one, specify its type, volume and whether it is protected and ask the interviewee how many times it went to the water point **the previous day**.**\***Protected: The container needs to be covered.\*\* This includes all water collected morning, afternoon, and eveningA visual aid showing different types of containers may be useful. |
| ***End of Observation Section*** |  |
| **B.4.a. Is there a water source available directly on the premises (in the courtyard, close to the house)?**🞅Yes 🡪 **Skip B4.b.**🞅 No🞅 Don’t know |  |
| **B4.b. How long does it take to go one direction to get water?** (On the way to the source, not the way back. Not including time spent socializing) *(Check one)*🞅\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of minutes 🞅 Don’t know | *Extra information:* Average walking speed is 80 metres per minute. If necessary and if the water point is not too far, the enumerator can walk to it to calculate the approximate time.   |
| **B.4.c. How long does it take in total to get water?** (In minutes – including walking in both directions and queuing for water but not including time spent socialising)🞅\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of minutes 🞅 Don’t know |  |
| **B.5.a. In the last month has there been any time when your household didn't have sufficient quantities of drinking water when needed?**🞅 Yes🞅 No 🡪 **Why not?** *(Check one but do not read out the list of possible responses; Select the main reason only)* 🞅 There are water shortages 🞅 Water is too far 🞅 It is too dangerous to get water 🞅 Can’t afford to buy enough 🞅 Waiting time at the water point is too long 🞅 Don’t have enough storage containers 🞅 limitation of volume of water that can be collected at water point 🞅 Other 🞅 Don’t know🞅 Don’t know |  |
| **B5.c. (Op)/ Do you collect enough water to meet all your households’ needs – not for animal use, brickmaking, agriculture, gardening, etc.?** *(Check one)*🞅 Yes🞅 No 🡪 **Why not?** *(Check one but do not read out the list of possible responses; Select the main reason only)* 🞅 There are water shortages 🞅 Water is too far 🞅 It is too dangerous to get water 🞅 Can’t afford to buy enough 🞅 Waiting time at the water point is too long 🞅 Don’t have enough storage containers 🞅 limitation of volume of water that can be collected at water point 🞅 Other 🞅 Don’t know🞅 Don’t know | *Survey manager instructions:* Question to be added if you need to know the perception of people regarding the amount of water collected every day (which is already calculated in B3), or if you need to know what are the main causes for people not collecting enough water. |
| **B6 (Op)/ Did you drink water directly from the river or canal (or any other source of surface water) within the last 7 days? For example, you may have drank water from the river or canal (or any source of surface water) when you were away from your home.** (*Check one*)🞅 Yes🞅 No🞅 Don’t know | *Survey manager instructions:* Question to be added if you need to know more about habits of the population regarding drinking unsafe water, or if that has any added value to your activities.  |
| **B7 (Op)/ Who usually collects water for your household?** (*Check one*)🞅 Adult female🞅 Adult male🞅 Child (11-18 years) 🞅 Child (10 years or younger)🞅 Don’t know | *Survey manager instructions:* Question to be added if it is useful for your programming to know what demographic groups usually spend time collecting water or are affected by this activity.  |
| **B8 (Op)/ Do you pay for your drinking water?** (*Check one*)🞅 Yes 🡪 **How much?** 🞅 \_\_\_\_\_ [Currency] per \_\_\_\_\_ litres 🞅 \_\_\_\_\_ [Currency] per \_\_\_\_\_ days🞅 No🞅 Don’t know | *Survey manager instructions:* Question to be added if you need to know if and how much people pay for water in the camp. Currency must be adapted to the setting. |
| **B9.a (Op)/ How often do you clean drinking water containers that are used for storage?** (*Check one*)🞅 Every time we use them🡪 *Continue to B9.b*🞅 At least once a week 🡪 *Continue to B9.b*🞅 At least once a month 🡪 *Continue to B9.b*🞅 At least once a year 🡪 *Continue to B9.b*🞅 Don’t know 🡪 *Continue to next section*🞅 Never or less than once a year 🡪 *Continue to next section* | *Survey manager instructions:* Question to be added if you need to know more about the container hygiene of the population.  |
| **B9.b (Op)/ How do you clean drinking water containers?** (*Check one*)🞅 Wash them with a specific product (such as Omo detergent or bleach, soap powder, etc.)🞅 Rinse them with water🞅 Wash them with a piece of tissue/sponge🞅 Wash them by using rocks/sand and shaking🞅 Other🞅 Don’t know | *Survey manager instructions:* Question to be added if you need to know more about the water storage container’s hygiene of the population. |
| **B.10.a Will a sample be taken for water quality testing at this household today?**🞅 Yes🞅 No🞅 Don’t know |  |
| **B.10.b Please ask the respondent to allow for a sample of the water to be taken. Is it possible to take a sample?**🞅 Yes🞅 No |  |
| **B.10.c Please enter the ID code displayed on the water sample container:** 🞅 \_\_\_\_\_\_\_\_\_\_\_ |  |

**C - Drinking Water Hygiene (All Optional questions)**

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| **Questions** | **Comments** |
| **C1 (Op)/ May I have a small sample of drinking water?** (Let the interviewee pour water himself). (*Check one*)🞅 Yes 🡪 *Continue to C2*🞅 No (water unavailable) 🡪 *Continue to C3 if selected*🞅 No (refuse participation) 🡪 *Continue to C3 if selected* | *Survey manager instructions:* Question to be added if you need to check how people pour water or get water from storage container.*Extra information:* If selected, C2 must also be selected. |
| **Observation Section (Observe and record the answer below. Do not ask this question aloud)** |  |
| **C2 (Op)/ How did the respondent remove water from the container?** *(Poured here means that the water is let fall into a cup or container. The cup or container is not lowered into the water. Check one.)*🞅 Cup dipped (fingers did not touch the water)🞅 Cup dipped (fingers touched the water)🞅 Hose/tap 🞅 Poured 🞅 Other 🞅 Unable to observe | *Survey manager instructions:* Question to be added if you have selected C1. *Extra information:* Can’t be selected if question C1 is not selected. |
| ***End of Observation Section*** |  |
| **C3 (Op)/ Do you or anyone else in the household do anything to your water to make it ready for drinking?** *(“Treat” means “make the water drinkable”. Check one)*🞅 Yes, always treat it before drinking 🡪 *Continue to C4*🞅 Yes, sometimes treat it before drinking 🡪 *Continue to C4*🞅 No, do not treat it before drinking 🡪 *Continue to next section*🞅 Don’t know 🡪 *Continue to next section* | *Survey manager instructions:* Question to be added if you need to know the part of households practicing household water treatment. *Extra information:* Preferably to be inserted with question C4 as well. |
| **C4 (Op)/ What do you or someone else in the household do to this water to make it ready for drinking?** (*Do not read out the list of possible responses, allow respondent to list and tick those that were listed*)☐ Let it stand and settle☐ Boil it☐ Expose it to sunlight☐ Use disinfection products:☐ Aquatabs/water purification tablets ☐ Liquid chlorine ☐ Powder or granular chlorine ☐ PuR or Watermaker sachets ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Filter it:☐ Biosand Filter ☐ Ceramic Pot Filter ☐ Candle Filter/Bucket Filter ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Don’t know | *Survey manager instructions:* Question to be added if you need to know what types of household treatment are favoured in the camp. *Extra information:* Can’t be selected if question C3 is not selected. |
| **C5 (Op)/ When did you or someone else in the household last treat water for drinking?** *(Check one. Treating consists of boiling, filtering, disinfecting, and/or other actions taken to clean water.)*🞅 Today🞅 Yesterday🞅 Before yesterday🞅 Don’t know | *Survey manager instructions:* Question to be added if you need to know more about the frequency with which people treat their water, or if they do it right. *Extra information:* Can’t be selected if question C3 is not selected. |

**D - Hygiene**

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| **Questions** | **Comments** |
| **Observation Section (Observe and record answers below)** |  |
| **D1/ Please show me the soap you have in the household.** *(Check one)*🞅 Presented within one minute 🡪 *Continue to D2 if selected / or D5; Skip D3*🞅 Not presented within one minute 🡪 *Continue to D3 if selected / or D5* | *Survey manager instructions:* This question is essential for the calculation of an indicator, therefore please do not modify it, except to modify the label to make it more explicit to your local context.*Extra information:* Do not consider soap as presented if it is obvious that the soap is not in use (still in its wrapping for example) |
| ***End of Observation Section*** |  |
| **D2 (Op)/ From where did you get your soap?** *(Check one)*🞅 Purchased (e.g. from a market or shop)🞅 Traded🞅 Gifted🞅 Distributed by a NGO🞅 Other | *Survey manager instructions:* Question to be added if you need to know what are the main sources of soap in the camp, and whether or not you need to adapt you strategy accordingly (e.g. regarding distribution).  |
| **D3 (Op)/ Please tell me the main reason why your household does not have soap?** *(Check one but do not read out the question)* 🞅 Ran out of soap/Used it🞅 Cannot afford soap🞅 Soap is unavailable in the area/cannot find soap in the market🞅 Soap is unnecessary🞅 Don’t like soap🞅 Other🞅 Don’t know | *Survey manager instructions:* Question to be added if you want to know the main reasons for lack of soap in the households, and maybe adapt your strategy accordingly (e.g. regarding distribution). |
| **D4 (Op)/ When there is no soap in your household, what do you use for hand-washing?** *(Check one but do not read out the question)*🞅 Water only🞅 Ash🞅 Sand🞅 Do not use anything🞅 Other🞅 Don’t know | *Survey manager instructions:* Question to be added only if you need to know the part of households using alternative ways of hand-washing, or the favoured method for this (e.g. if you want to adapt your hygiene promotion messages accordingly).  |
| **D5/ Please name at least 3 of the most important times when someone should wash their hands** (*Check all that apply but do not read out the question*) ☐ Before eating☐ Before cooking/meal preparation☐ After defecation☐ Before breastfeeding☐ Before feeding children☐ After handling a child’s stool/changing a nappy/cleaning a child’s bottom☐ Other non hygiene reason / Before prayer☐ Don’t know or less than 3 responses given | *Survey manager instructions:* This question is essential for the calculation of an indicator, therefore please do not modify it, except to modify the label to make it more explicit to your local context. |
| **D6/ Is there a specific hand washing device/station in your house where your household washes their hands?** *(Check one)*🞅 Yes 🡪 *Continue to D7 if selected / or D8*🞅 No 🡪 *Continue to D10 if selected / or next Section* | *Survey manager instructions:* This question is essential for the calculation of an indicator, therefore please do not modify it, except to modify the label to make it more explicit to your local context.*Extra information:* You will need to train data collectors on what should be considered as a hand washing station in that context (consider the type, the location in relation to the latrine…). |
| **Observation Section (Observe and record answers below. Do not ask these questions aloud)** |  |
| **D7 (Op)/ What type of hand-washing device?** *(Check one)*🞅 Basin or bucket🞅 Pouring device (e.g. tipi tap)🞅 Bouta🞅 Other | *Survey manager instructions:* Question to be added if you need to know the main types of hand-washing devices used.Answers to be adapted based on what types of hand-washing stations available in specific setting.  |
| **D8/ Is there clean water in the hand washing device/station?** *Untreated water can be counted as “yes” if it looks like it’s changed after being used or is running water. (Do not ask this question aloud, observe and record the answer.*🞅 Yes 🞅 No 🞅 Unable to observe |  |
| **D9a/ Is there soap in the area of the hand washing device/station?** *(Check one)*🞅 Yes 🡪 *Skip D9b*🞅 No🞅 Unable to observe |  |
| **D9b/ Is there ash in the area of the hand washing device/station?** *(Check one)*🞅 Yes 🞅 No🞅 Unable to observe |  |
| **D10 (Op)/ Is food covered and protected from flies?** *(Check one)*🞅 Yes🞅 No🞅 Unable to observe | *Survey manager instructions:* Question to be added if you need to know more about knowledge/practices of population regarding disease barriers.  |
| ***End of Observation Section*** |  |

**E - Sanitation**

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| **Questions** | **Comments** |
| **E1/ Where do you and your household members (excluding children under 5) usually go to defecate?***(Is considered communal – or shared – a latrine used by more than one household. Note only the original location of defecations is relevant. Even if faeces are later transferred to a latrine or other location, the original location should be recorded. (Check one)*🞅 Household latrine🞅 Shared household latrine (used by several households)🞅 Communal latrine 🞅 Open defecation 🡪 *Skip E5 to E15* 🞅 Plastic bag 🡪 *Skip E5 to E15* 🞅 Bucket Toilet 🡪 *Skip E5 to E15* 🞅 Other 🡪 *Skip E5 to E15* 🞅 Don’t know 🡪 *Skip E5 to E15*  | *Survey manager instructions:* This question is essential for the calculation of an indicator, therefore please do not modify it, except to modify the label to make it more explicit to your local context. |

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| **E2/ Where do children under-5 living in this household usually go to defecate?** *(Is considered communal – or shared – a latrine used by more than one household. Note only the original location of defecations is relevant. Even if faeces are later transferred to a latrine or other location, the original location should be recorded. (Check one)*🞅 Household latrine🞅 Shared household latrine (used by several households)Communal latrine🞅 Open defecation 🞅 Plastic bag 🞅 Plastic pot 🞅 Other🞅 Don’t know  🞅 No child under-5 🡪 *Skip E4*   | *Survey manager instructions:* This question is essential for the calculation of an indicator, therefore please do not modify it, except to modify the label to make it more explicit to your local context.*Extra information:* Only the location of defecation is relevant. Even if faeces are later transferred to a latrine or other location, the original location should be recorded. |
| **E.3. How many households including this one, use the shared household latrine?** *\_\_\_\_\_* | *Extra information:* Only for those who responded ‘Shared household latrine’ in E1 or E2 |
| **E4/ For the children under-5 that don’t use the latrine, what is usually done with their faeces?** (*Check one*)🞅 Collected and disposed in latrine or trash🞅 Collected and disposed of in the environment🞅 Nothing is done with it🞅 Buried it🞅 Other🞅 Don't know | *Survey manager instructions:* This question is essential for the calculation of an indicator, therefore please do not modify it, except to modify the label to make it more explicit to your local context.*Extra information:* Only the location of defecation is relevant. Even if faeces are later transferred to a latrine or other location, the original location should be recorded. |
| **E5/ Do adult members of your household sometimes defecate in the open (for example at night)?** (*Check one*)🞅 Yes 🡪 **Why?**  ☐ Latrine is too far☐ Too dark at night☐ Too tired☐ There is no latrine available ☐ Don’t know/not sure ☐ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_🞅 No🞅 Don’t know/not sure | *Survey manager instructions:* This question is essential for the calculation of an indicator, therefore please do not modify it, except to modify the label to make it more explicit to your local context. |
| **E6 (Op)/ Does this latrine provide adequate privacy for you and your household members?** *(Check one)*🞅 Yes🞅 No 🡪 **Why not?** 🞅 Infrastructure/door is poor or damaged 🞅 Lock missing/not working 🞅 Too close to the house 🞅 Other🞅 No latrine🞅 Don’t know | *Survey manager instructions:* Question to be added if you need to know (e.g. for protection issues) if latrines are perceived by the population as offering enough privacy, and main reasons why they might now.  |
| **E6.a (Op)/ Is this latrine adequate for persons with disabilities or elders?** *(Check one)*🞅 Yes🞅 No 🡪 **Why?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞅 Don’t know | *Extra information:* This question is only applicable to households that answered that there were elderly or disabled people in question A4. |
| **Observation questions (Observe and record answers below. Do not ask these questions aloud)****In case the latrine usually used is far from the household (e.g. a communal latrine), this observation part should be saved for the end of the interview. Skip to E16 and come back to this part once the questionnaire is finished and the respondent has brought you to their usual latrine for observation.** |  |
| **E7 (Op)/ Observe the type of latrine** *(Check one)*🞅 Flush or pour/flush toilet **🡪** *Skip E13 and E144a*🞅 Pit latrine**🡪** *Skip E14b*🞅 VIP Toilet **🡪** *Skip E14b*🞅 Composting toilet **🡪** *Skip E14b* 🞅 Hanging toilet/latrine **🡪** *Skip E14b*🞅 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **🡪** *Skip E14b*🞅 None  | *Survey manager instructions:* Question to be added if you need to know the breakdown of types of latrines in the camp, or the most used type. Change the options based on the context. Only use this question if multiple types of latrines are possible in the specific camp.*Extra information:* If answer is ‘None’, skip the following optional questions, if any have been selected. |
| **E8 (Op)/ Is the latrine in use?** *(Check one)*🞅 Yes🞅 No | *Survey manager instructions:* Question to be added if you need to know the percentage of latrines in use in the camp. |
| **E9 (Op)/ Observe the main material used for the superstructure** (*Check one*) 🞅 Wood🞅 Metal🞅 Plastic sheeting🞅 Thatch/leaves🞅 Fabric🞅 Bricks🞅 None🞅 Don’t know | *Survey manager instructions:* Question to be added if you need to know more about material used to build latrines, or if latrines in the camp are durable or not. *Extra information:* Please note that a latrine survey might be more effective.  |
| **E10 (Op)/ Observetype of slab present** *(Check one*)🞅 Wood 🞅 Logs 🞅 Plastic 🞅 Concrete🞅 Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞅 None🞅 Don’t know | *Survey manager instructions:* Question to be added if you need to know the breakdown of types of slabs used in the camp, and if they are safe or not. *Extra information:* Please note that a latrine survey might be more effective. Change the options based on the context. |
| **E11 (Op)/ Is the latrine full?** (*Check one*)🞅 Yes🞅 No | *Survey manager instructions:* Question to be added if you need to know the part of latrines in camp that are full. |
| **E12 (Op)/ Is there a cover on the drophole?** (*Check one*)🞅 Yes🞅 No | *Survey manager instructions:* Question to be added if you need to know the part of surveyed latrines that are safe regarding vectors (flies etc.). |
| **E.13. Has your (pit latrine or septic tank) ever been emptied?**🞅 Yes, emptied🞅 No, never emptied **🡪** *Skip E14a*🞅 Don't know **🡪** *Skip E14a* |  |
| **E.14.a. The last time it was emptied, where were the contents emptied to? Was it removed by a service provider?**🞅 Removed by service provider to a treatment plant🞅 Removed by service provider (buried in a covered pit)🞅 Removed by service provider to an unknown location🞅 Emptied by household buried in a covered pit🞅 Other🞅 Unable to observe🞅 Don’t know |  |
| **E.14.b. Where do the contents flush to?**🞅 to piped sewer system🞅 to septic tank🞅 to pit🞅 to open drain🞅 Other🞅 Don’t know |  |
| **E15 (Op)/ Is there a handwashing station at the latrine?** *(Check one)* 🞅 Yes 🡪 *Continue to E14 and E15 if they have been selected*🞅 No **🡪** *Continue to E16*🞅 Unable to observe | *Survey manager instructions:* Question to be added if you need to know the part of latrines in camp equipped with hand-washing stations. |
| **E16 (Op)/ Indicate whether there is water in the handwashing station** (*Check one*)🞅 Yes🞅 No🞅 Unable to observe | *Survey manager instructions:* Question to be added if you need to know if those hand-washing stations are used properly or not. |
| **E17 (Op)/ Is soap present at the hand washing station?** *(Check one)* 🞅 Yes🞅 No🞅 Unable to observe | *Survey manager instructions:* Question to be added if you need to know if those hand-washing stations are used properly or not. |
| **E18/ Please show me the facility where you and your family members bathe?** *(A "designated facility" is one that allows for privacy while bathing. Check one)*🞅 Do not have a designated bathing facility 🞅 Have a designated shower/bathing facility🞅 Don’t know or can’t observe | *Survey manager instructions:* This question is essential for the calculation of an indicator, therefore please do not modify it, except to modify the label to make it more explicit to your local context.*Extra information:* A "designated facility" is one that allows for privacy while bathing. |
| ***End of Observation Section*** |  |
|  |  |
| **E19/ Where does your household dispose of domestic waste?** *(Check one)*🞅 Household pit🞅 Communal pit🞅 Street bin/container for garbage collection🞅 Designated open area🞅 Undesignated open area🞅 Bury it🞅 Burn it🞅 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Survey manager instructions:* This question is essential for the calculation of an indicator, therefore please do not modify it, except to modify the label to make it more explicit to your local context. |
| **Observation question (Observe and record answers below. Do not ask this question aloud)** |  |
| **E20 (Op)/ Is the courtyard/concession clean (no apparent trash scattered around)?** *(The “Courtyard/concession” refers to the outside areas of the shelter/premises which belong to the responding household. Check one)*🞅 Yes🞅 No🞅 Unable to observe | *Survey manager instructions:* Question to be added if you need to know more regarding habits of waste disposal in the surveyed population. |
| ***End of Observation Section*** |  |
| **E21 (Op)/ Did you or anyone in your household complain of or observe any abnormal presence of vectors (like rats or insects) recently?** *(Check one)* 🞅 Yes 🡪 **What vectors?** ☐ Rodents (e.g. rats or mice) ☐ Mosquitoes ☐ Flies ☐ Cockroaches ☐ Other 🞅 No | *Survey manager instructions:* Question to be added if you need to find more about vector control, or if you have activities related to that aspect of sanitation.  |

**F - Messaging**

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| --- | --- |
| **Questions** | **Comments** |
| **F1 (Op)/ Out of all the communication means available, What’s the best way for your household members to receive health and hygiene messages ?** *(Read the possible responses; check only one response.)*🞅 Radio🞅 SMS🞅 Printed flyers🞅 Home visits from CHWs🞅 Community meetings🞅 Focus Group Discussions🞅 Other | *Survey manager instructions:* Question to be added if you want to adapt your hygiene promotion activities in the most effective way possible.  |
| **F2 (Op)/ In the last month did your household receive a visit from a community health worker to discuss any health or hygiene messages** *(Check one)*🞅 Yes🞅 No 🞅 Don’t know/don’t remember | *Survey manager instructions:* Question to be added if you want to check the effectiveness of hygiene promotion door-to-door campaigns. *Extra information:* Insert appropriate name of CHW to reflect program. |
| **F3 (Op)/ In the last month, have you or anyone in your household attended a health or hygiene community meeting?** *(Check one)*🞅 Yes🞅 No 🞅 Don’t know | *Survey manager instructions:* Question to be added if you want to find out whether hygiene community meetings attract a large population or not (check effectiveness).  |
| **F4 (Op)/ Are you able to read?** *(Check one)*🞅 Yes, easily🞅 Yes, but with difficulty🞅 No, cannot read🞅 Refused to answer | *Survey manager instructions:* Question to be added if you plan to use flyers or posters for hygiene promotion, and need to find out whether that will be effective or not.  |
| **F5 (Op)/ Do you have a functioning radio in your household?** *(Check one)*🞅 Yes🞅 No 🞅 Don’t know | *Survey manager instructions:* Question to be added if you plan to do hygiene promotion via radio emissions and need to find out whether that will be effective or not. |
| **F6 (Op)/ Do you have a mobile phone in your household?** *(Check one)*🞅 Yes🞅 No 🞅 Don’t know | *Survey manager instructions:* Question to be added if you plan to do hygiene promotion via sms and need to find out whether that will be effective or not. |

**G - Distribution**

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| --- | --- |
| **Questions** | **Comments** |
| **G1 (Op)/ In the past month, did you or someone in your household receive (\*\* soap, ORS, jerrycans, basins, sanitary pads, hygiene kits, Aquatabs, etc.) through a distribution?** *(Check one)*🞅 Yes🞅 No 🞅 Don’t know | *Survey manager instructions:* Question(s) to be added if you need to monitor the effectiveness of NFI distributions. Question to be duplicated as many times as necessary for different items.  |

**H - Diarrhoea Prevalence, Knowledge and Health Seeking Behaviour**

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| --- | --- |
| **Questions** | **Comments** |
| **H1 (Op)/ How many children less than 5 years of age have had 3 or more loose or watery stools in the last 14 days?** *(check one)*🞅 0🞅 1🞅 2🞅 3 | *Survey manager instructions:* Question to be added if you want more information at household level on diarrhoea prevalence of kids aged less than 5 years old, as not all cases go seek treatment at the health centres.  |
| **H2 (Op)/ How many persons 5 years of age or older have had 3 or more loose or watery stools in the last 14 days?** *(check one)*🞅 0🞅 1🞅 2🞅 3🞅 4🞅 5🞅 6🞅 7 | *Survey manager instructions:* Question to be added if you want more information at household level on diarrhoea prevalence of persons over 5 years old, as not all cases go seek treatment at the health centres. |
| **H3 (Op)/ Can you tell me all the ways that people can get diarrhoea?** (*Do not read out the list of possible responses, allow respondent to list and check those that are listed*)☐ Through contaminated water☐ Through contaminated or undercooked food☐ From unpleasant odours☐ From flies☐ From contact with someone sick with diarrhoea or someone who died from diarrhoea☐ From swimming/bathing in surface water☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Don’t know | *Survey manager instructions:* Question to be added if you need to find out more about disease transmission knowledge within the surveyed population, in order to adapt your hygiene promotion strategy if necessary.  |
| **H4 (Op)/ Please tell me all the ways to prevent you or your household members from getting diarrhoea** (*Do not read out the list of possible responses, allow respondent to list and check those that are listed*)☐ Boil or treat your water/drink clean water☐ Wash hands with soap and water☐ Cook food well☐ Wash fruits and vegetables☐ Cover food☐ Cleaning cooking utensils☐ Clean home with bleach☐ Use toilet/latrine facility to defecate☐ Dispose of children’s faeces in toilet/latrine☐ Bury faeces☐ Receive a vaccine☐ Store water safely☐ Breastfeeding babies☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_☐ Don’t know | *Survey manager instructions:* Question to be added if you need to find out more about disease transmission knowledge within the surveyed population, in order to adapt your hygiene promotion strategy if necessary. |

**I - Menstrual Hygiene (Female interviewers will be required for these questions)**

|  |  |
| --- | --- |
| **Questions** | **Comments** |
| **I1 / How many women of reproductive age are in this household? \_\_\_\_\_** | *Extra information:* If answer is ‘0’, skip any other questions of that section. |
| ***Request to talk privately with a woman of reproductive age in the household. Is it possible to do so?*** *(Check one)*🞅 Yes🞅 No | *Extra information:* If answer is ‘No’ or ‘She is unavailable’, skip any other questions of that section. |
| **I1.a / Do you accept to answer some questions related to menstrual hygiene?** *(Check one)*🞅 Yes🞅 No | *Extra information:* If answer is ‘No’, skip any other selected questions of that section. |
| **I2 / What materials did you use during your last monthly period?** *(Check all that apply)* ☐ Disposable pad☐ Reusable pad☐ Reusable cloth ☐ Tampon ☐ Cotton☐ Menstrual cup ☐ Layers of underwear ☐ Nothing/bleed into clothes ☐ Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *Extra information:* Can’t be selected if question F1 is not selected.*Survey manager instructions:* Need to find out the local term for period or menstruation  |
| **I3 / Would you rather have used something else?** *(Check one)* 🞅 Yes 🡪 **What?** 🞅 Disposable pad 🞅 Reusable pad 🞅 Reusable cloth 🞅 Tampon  🞅 Cotton 🞅 Menstrual cup  🞅 Layers of underwear  🞅 Other🞅 No | *Extra information* Can’t be selected if question F2 is not selected. |
| **I4.a / During your last menstrual period were you able to wash and change in privacy while at home?** *(Check one)* 🞅 Yes🞅 No |  |
| **I4.b / During your last menstrual period were you able to wash and change in privacy while at work/school?** *(Check one)* 🞅 Yes🞅 No🞅 Not applicable |  |
| **I5 / Is toilet paper/cleansing water available where the women change their menstrual hygiene management products?** *(Check one)* 🞅 Yes🞅 No |  |
| **I6 (Op) / During your last menstrual period, did you miss any of the following activities due to your period?** *(Check one for each activity)* * Attending school:

🞅 Yes🞅 No🞅 Not applicable* Paid work:

🞅 Yes🞅 No🞅 Not applicable* Participating in social activities:

🞅 Yes🞅 No🞅 Not applicable* Cooking food:

🞅 Yes🞅 No🞅 Not applicable* Eating with others:

🞅 Yes🞅 No🞅 Not applicable* Bathing in regular place:

🞅 Yes🞅 No🞅 Not applicable |  |
| GPS (Op): | *Survey manager instructions:* It is not mandatory to keep the GPS location in the form if you think the mapping of indicators will not be useful to you / if culturally inappropriate to take a GPS point, or if you are using paper based data collection.An additional application can be install to calibrate the GPS (GPS TEST+) in case of long waiting time. |
|  |  |

Please thank the interviewee for their time and their contribution to this survey.