

KPC SURVEY Dec, 2017

- Coverage of communal waste pit is 1% and planning communal waste pit according to the UNHCR post emergency standard is important

Annex survey questionnaire

WASH KAP and Coverage Survey in Refugee Sites

Standardized Questionnaire

August 2016

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

I1 - Date:

I2 - Site/camp name:

I3 - Zone:

I4 - Block:

I5 - Section:

I6 - GPS:

I7 - Team ID #:

I8 - Name of person collecting data:

I9 - Household number:

II/ Questionnaire

KPC SURVEY Dec, 2017

A - General Information and Demographics

Questions	Comments
A1/ Did the household give its consent to be interviewed? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
A2 (Op)/ Sex of respondent (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	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 sleep in this house? _____ children under 5 years old	Fill in number of people and number of less than 5 years old children. Definition of 'House' needs to be defined 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Question to be added if you need to segregate answers from households with persons with disabilities or elders.
A5 (Op)/ Please tell me what your country of origin is: _____	Question to be added if you need to segregate answers by origin of respondent.

B - Water Collection and Storage

Questions	Comments
B1.a/ What is your main source of drinking water (Check <u>one</u> but do not prompt with responses. Use visual aid.) <input type="checkbox"/> Public tap/Standpipe <input type="checkbox"/> Handpumps/boreholes <input type="checkbox"/> Unprotected hand-dug well <input type="checkbox"/> Water seller/kiosks <input type="checkbox"/> Piped connection to house (or neighbour's house) <input type="checkbox"/> Surface water (lake, pond, dam, river) <input type="checkbox"/> Protected spring <input type="checkbox"/> Unprotected spring <input type="checkbox"/> Rain water collection <input type="checkbox"/> Bottled water, water sachets <input type="checkbox"/> Tanker trucks <input type="checkbox"/> Other (please list) _____ <input type="checkbox"/> Don't know	Modify responses for your context. e.g. if that type of source does not exist do not keep it. If it is rare consider omitting it as it will be captured under other. Add/delete options as needed A visual aid showing different types of water sources may be useful.

KPC SURVEY Dec, 2017

<p>B1.b (Op)/ Aside from this main source, what is the second most used source of drinking water for members of your household?(Check one but do not prompt with responses. Use visual aid.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Public tap/Standpipe <input type="checkbox"/> Handpumps/boreholes <input type="checkbox"/> Unprotected hand-dug well <input type="checkbox"/> Water seller/kiosks <input type="checkbox"/> Piped connection to house (or neighbour's house) <input type="checkbox"/> Surface water (lake, pond, dam, river) <input type="checkbox"/> Protected spring <input type="checkbox"/> Unprotected spring <input type="checkbox"/> Rain water collection <input type="checkbox"/> Bottled water, water sachets <input type="checkbox"/> Tanker trucks <input type="checkbox"/> Other <input type="checkbox"/> Did not collect water from another source <input type="checkbox"/> Don't know 	<p>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.</p> <p>Modify responses for your context. e.g. if that type of source does not exist do not keep it. If it is rare consider omitting it as it will be captured under other. Add/delete options as needed.</p>
<p>B2 (Op)/ What source of water do you use for the other activities (non-drinking water: bathing, cleaning, animal water, bricks, etc.)? (Check all that apply. Use visual aid.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Public tap/Standpipe <input type="checkbox"/> Handpumps/boreholes <input type="checkbox"/> Unprotected hand-dug well <input type="checkbox"/> Water seller/kiosks <input type="checkbox"/> Piped connection to house (or neighbour's house) <input type="checkbox"/> Surface water (lake, pond, dam, river) <input type="checkbox"/> Protected spring <input type="checkbox"/> Unprotected spring <input type="checkbox"/> Rain water collection <input type="checkbox"/> Bottled water, water sachets <input type="checkbox"/> Tanker trucks <input type="checkbox"/> Other <input type="checkbox"/> Don't know 	<p>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.).</p>
<p>Start of Observation Section</p>	
<p>B3/ May I see <u>all</u> the containers you have for storing and collecting drinking water? (Check for all of the containers. Do not include broken, leaking, or non-functional containers.)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes → Complete box below (Use visual aid) <input type="checkbox"/> No → Continue to B4 	<p>See example: HH has three 10L jerry cans.</p> <p>*Protected: The container needs to be covered.</p>

KPC SURVEY Dec, 2017

Type and size of container	# of containers	Protected*
Example: 10Liters Jerry can	3	Yes/No

End of Observation Section

B3.d/ Which containers were used to collect potable water yesterday? This includes all water collected morning, afternoon, and evening (Complete box below)

Type and size of container	# of times it was filled that day
Example: 10 Liters Jerry can 1	2 times

Instructions: List size and type of all containers used to collect water. Quantify the number of time each container was used.
See example: one 10L jerry can was used twice to collect water.

B4/ 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
 Water is available on premises
 Don't know

Average walking speed is 80 metres per minute.

B5 (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?**

- 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
- Other
- Don't know

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

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.

KPC SURVEY Dec, 2017

<p>C3 (Op)/ Do you or someone else do anything to your water to make it ready for drinking? (Check one)</p> <p><input type="checkbox"/> Yes, always treat it before drinking → <i>Continue to C4</i></p> <p><input type="checkbox"/> Yes, sometimes treat it before drinking → <i>Continue to C4</i></p> <p><input type="checkbox"/> No, do not treat it before drinking → <i>Continue to next section</i></p> <p><input type="checkbox"/> Don't know → <i>Continue to next section</i></p>	<p>Question to be added if you need to know the part of households practicing household water treatment.</p> <p>Preferably to be inserted with question C4 as well.</p>
<p>C4 (Op)/ What do you or someone else in the household do to this water to make it ready for drinking? (Check all that apply)</p> <p><input type="checkbox"/> Let it stand and settle</p> <p><input type="checkbox"/> Boil it</p> <p><input type="checkbox"/> Expose it to sunlight</p> <p><input type="checkbox"/> Use disinfection products:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Aquatabs/water purification tablets</p> <p style="padding-left: 20px;"><input type="checkbox"/> Liquid chlorine</p> <p style="padding-left: 20px;"><input type="checkbox"/> Powder or granular chlorine</p> <p style="padding-left: 20px;"><input type="checkbox"/> PuR or Watermaker sachets</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Filter it:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Biosand Filter</p> <p style="padding-left: 20px;"><input type="checkbox"/> Ceramic Pot Filter</p> <p style="padding-left: 20px;"><input type="checkbox"/> Candle Filter/Bucket Filter</p> <p style="padding-left: 20px;"><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Don't know</p>	<p>Question to be added if you need to know what types of household treatment are favoured in the camp.</p> <p>Can't be selected if question C3 is not selected.</p>
<p>C5 (Op)/ When did you or someone else in the household last treat water for drinking? (Check one)</p> <p><input type="checkbox"/> Today</p> <p><input type="checkbox"/> Yesterday</p> <p><input type="checkbox"/> Before yesterday</p> <p><input type="checkbox"/> Don't know</p>	<p>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.</p> <p>Can't be selected if question C3 is not selected.</p>

D - Hygiene

Questions	Comments
<p>D1/ Please show me the soap or other rubbing agent you have in the household. (Check one)</p> <p><input type="checkbox"/> Presented within one minute → <i>Continue to D2 if selected / or D5</i></p> <p><input type="checkbox"/> Not presented within one minute → <i>Continue to D3 if selected / or D5</i></p>	
<p>D2 (Op)/ From where did you get your soap? (Check one)</p> <p><input type="checkbox"/> Purchased</p> <p><input type="checkbox"/> Traded</p>	<p>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</p>

KPC SURVEY Dec, 2017

<input type="checkbox"/> Gifted <input type="checkbox"/> Distributed by a NGO <input type="checkbox"/> Other	accordingly (e.g. regarding distribution).
<p>D3 (Op)/ Please tell me the main reason why your household does not have soap? (Check one but do not prompt)</p> <input type="checkbox"/> Ran out of soap/Used it <input type="checkbox"/> Cannot afford soap <input type="checkbox"/> Soap is unavailable/cannot find soap <input type="checkbox"/> Soap is unnecessary <input type="checkbox"/> Don't like soap <input type="checkbox"/> Other <input type="checkbox"/> Don't know	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).
<p>D4 (Op)/ When there is no soap in your household, what do you use for hand-washing? (Check one but do not prompt)</p> <input type="checkbox"/> Water only <input type="checkbox"/> Ash <input type="checkbox"/> Sand <input type="checkbox"/> Do not use anything <input type="checkbox"/> Other <input type="checkbox"/> Don't know	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).
<p>D5/ Please name at least 3 of the most important times when someone should wash their hands (Check all that apply but do not prompt)</p> <input type="checkbox"/> Before eating <input type="checkbox"/> Before cooking/meal preparation <input type="checkbox"/> After defecation <input type="checkbox"/> Before breastfeeding <input type="checkbox"/> Before feeding children <input type="checkbox"/> After handling a child's stool/changing a nappy/cleaning a child's bottom <input type="checkbox"/> Other <input type="checkbox"/> Don't know or no response given	
<p>D6/ Is there a specific hand washing device/station in your house where your household washes their hands? (Check one)</p> <input type="checkbox"/> Yes → Continue to D7 if selected / or D8 <input type="checkbox"/> No → Continue to D10 if selected / or next Section	Must train data collectors what will be determined as a hand washing station and whether it will count or not
<p><i>Observation Section (Observe and record answers below. Do not ask these questions aloud)</i></p>	
<p>D7 (Op)/ What type of hand-washing device? (Check one)</p> <input type="checkbox"/> Basin or bucket <input type="checkbox"/> Pouring device <input type="checkbox"/> Other	Question to be added if you need to know the main types of hand-washing devices used. Answers based on what types of hand-washing stations available in specific setting.
<p>D8/ Is there water in the hand washing device/station? (Check one)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	

KPC SURVEY Dec, 2017

<p>D9/ Is there soap or other rubbing agent in the area of the hand washing device/station? (Check one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>D10 (Op)/ Is food covered and protected from flies? (Check one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unable to observe</p>	<p>Question to be added if you need to know more about knowledge/practices of population regarding disease barriers.</p>
<p>End of Observation Section</p>	

E - Sanitation

Questions	Comments
<p>E1/ Where do you and your household members (excluding children under 5) usually go to defecate? (Check one)</p> <p><input type="checkbox"/> Household latrine</p> <p><input type="checkbox"/> Communal latrine</p> <p><input type="checkbox"/> Open defecation → <i>Skip E5 to E15</i></p> <p><input type="checkbox"/> Plastic bag → <i>Skip E5 to E15</i></p> <p><input type="checkbox"/> Bucket Toilet → <i>Skip E5 to E15</i></p> <p><input type="checkbox"/> Other → <i>Skip E5 to E15</i></p> <p><input type="checkbox"/> Don't know → <i>Skip E5 to E15</i></p>	<p>Add additional responses as necessary</p>
<p>E2/ Where do children under-5 living in this household usually go to defecate? (Check one)</p> <p><input type="checkbox"/> Household latrine</p> <p><input type="checkbox"/> Communal latrine</p> <p><input type="checkbox"/> Open defecation</p> <p><input type="checkbox"/> Plastic bag</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> No child under-5 → <i>Continue to E4</i></p>	
<p>E3/ If there are children U5 that don't use the latrine, what is done with their faeces? (Check one)</p> <p><input type="checkbox"/> Collected and disposed in latrine</p> <p><input type="checkbox"/> Collected and disposed of elsewhere</p> <p><input type="checkbox"/> Nothing is done with it</p> <p><input type="checkbox"/> Buried it</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Don't know</p>	

KPC SURVEY Dec, 2017

<p>E4/ Do adult members of your household sometimes defecate in the bush (for example at night)? (Check one)</p> <p><input type="checkbox"/> Yes → Why?</p> <p><input type="checkbox"/> No latrine available</p> <p><input type="checkbox"/> Latrine is too far</p> <p><input type="checkbox"/> Too dark at night</p> <p><input type="checkbox"/> Too tired</p> <p><input type="checkbox"/> Not sure</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know/not sure</p>	
<p>E5/ The facility where your household members <u>usually</u> defecate is a: (Check only one)</p> <p><input type="checkbox"/> Single household facility (used only by this household)</p> <p><input type="checkbox"/> Shared household facility used by a number of households → How many HHs, including this one, share this facility? _____</p> <p><input type="checkbox"/> Public/communal latrine</p> <p><input type="checkbox"/> Other: _____</p>	<p>Only for those who responded 'Household latrine' or 'Communal latrine' in E1</p>
<p>E6 (Op)/ Does this latrine provide adequate privacy for you and your household members? (Check one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → Why not?</p> <p><input type="checkbox"/> Infrastructure/door damaged</p> <p><input type="checkbox"/> Lock missing/not working</p> <p><input type="checkbox"/> Too close to the house</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> No latrine</p> <p><input type="checkbox"/> Don't know</p>	<p>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 not.</p>
<p><i>Observation questions (Observe and record answers below. Do not ask these questions aloud)</i></p> <p><i>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.</i></p>	
<p>E7 (Op)/ Observe type of latrines (Check one)</p> <p><input type="checkbox"/> Flush or pour/flush toilet</p> <p><input type="checkbox"/> Pit latrine</p> <p><input type="checkbox"/> VIP Toilet</p> <p><input type="checkbox"/> Composting toilet</p> <p><input type="checkbox"/> Bucket toilet</p> <p><input type="checkbox"/> Hanging toilet/latrine</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> None</p>	<p>Question to be added if you need to know the breakdown of types of latrines in the camp, or the most used type.</p> <p>Change the options based on the context.</p> <p>Only use this question if multiple types of latrines are possible in the specific camp.</p> <p>If answer is 'None', skip the following optional questions, if any have been selected.</p>

KPC SURVEY Dec, 2017

<p>E8 (Op)/ Is the latrine in use? (Check one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Question to be added if you need to know the percentage of latrines in use in the camp.</p>
<p>E9 (Op)/ Observe the main material used for the superstructure (Check one)</p> <p><input type="checkbox"/> Bricks</p> <p><input type="checkbox"/> Plastic sheeting</p> <p><input type="checkbox"/> Fabric</p> <p><input type="checkbox"/> Metal</p> <p><input type="checkbox"/> Wood</p> <p><input type="checkbox"/> Thatch/leaves</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Don't know</p>	<p>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.</p> <p>Please note that a latrine survey might be more effective.</p>
<p>E10 (Op)/ Observe type of slab present (Check one)</p> <p><input type="checkbox"/> Wood</p> <p><input type="checkbox"/> Logs</p> <p><input type="checkbox"/> Plastic</p> <p><input type="checkbox"/> Concrete</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Don't know</p>	<p>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.</p> <p>Please note that a latrine survey might be more effective.</p> <p>Change the options based on the context.</p>
<p>E11 (Op)/ Is the latrine full? (Check one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Question to be added if you need to know the part of latrines in camp that are full.</p>
<p>E12 (Op)/ Is there a lid on the drophole? (Check one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Question to be added if you need to know the part of surveyed latrines that are safe regarding vectors (flies etc.).</p>
<p>E13 (Op)/ Is there a handwashing station at the latrine? (Check one)</p> <p><input type="checkbox"/> Yes → Continue to E14 and E15 if they have been selected</p> <p><input type="checkbox"/> No → Continue to E16</p>	<p>Question to be added if you need to know the part of latrines in camp equipped with hand-washing stations.</p>
<p>E14 (Op)/ Indicate whether there is water in the handwashing station (Check one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Question to be added if you need to know if those hand-washing stations are used properly or not.</p>
<p>E15 (Op)/ Is soap or any other rubbing agent present with the hand washing station? (Check one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Question to be added if you need to know if those hand-washing stations are used properly or not.</p>
<p>E16/ Please show me the facility where you and your family members bathe? (Observe and check one)</p> <p><input type="checkbox"/> Do not have a designated bathing facility</p> <p><input type="checkbox"/> Have designated shower/bathing facility</p>	

KPC SURVEY Dec, 2017

<input type="checkbox"/> Don't know / can't observe	
End of Observation Section	
E17/ Where does your household dispose of domestic waste? (Check one)	
<input type="checkbox"/> Household pit <input type="checkbox"/> Communal pit <input type="checkbox"/> Bin in the household/streets <input type="checkbox"/> Designated open area <input type="checkbox"/> Undesignated open area <input type="checkbox"/> Bury it <input type="checkbox"/> Burn it <input type="checkbox"/> Other	
Observation questions (Observe and record answers below. Do not ask these questions aloud)	
E18 (Op)/ Is the courtyard clean? (No apparent trash scattered around) (Check one)	Question to be added if you need to know more regarding habits of waste disposal in the surveyed population.
<input type="checkbox"/> Yes <input type="checkbox"/> No	
End of Observation Section	
E19 (Op)/ Do you or anyone in your household complain of or observe any abnormal presence of vectors recently? (Check one)	Question to be added if you need to find more about vector control, or if you have activities related to that aspect of sanitation.
<input type="checkbox"/> Yes → What vectors? <input type="checkbox"/> Rodents <input type="checkbox"/> Mosquitoes <input type="checkbox"/> Flies <input type="checkbox"/> Cockroaches <input type="checkbox"/> Other <input type="checkbox"/> No	

G - Messaging

Questions	Comments
G1 (Op)/ Out of all the ways to receive health and hygiene messages, What's the best way for your household members to receive health and hygiene messages ? (Read the list; check only <u>one</u> response.) <input type="checkbox"/> Radio <input type="checkbox"/> SMS <input type="checkbox"/> Printed flyers <input type="checkbox"/> Home visits from CHWs	Question to be added if you want to adapt your hygiene promotion activities in the most effective way possible.

KPC SURVEY Dec, 2017

<input type="checkbox"/> Community meetings <input type="checkbox"/> Other	
G2 (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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know/don't remember	Question to be added if you want to check the effectiveness of hygiene promotion door-to-door campaigns. Insert appropriate name of CHW to reflect program.
G3 (Op)/ In the last month, have you or anyone in your household attended a health or hygiene community meeting? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Question to be added if you want to find out whether hygiene community meetings attract a large population or not (check effectiveness).
G4 (Op)/ Are you able to read? (Check one) <input type="checkbox"/> Yes, easily <input type="checkbox"/> Yes, but with difficulty <input type="checkbox"/> No, cannot read <input type="checkbox"/> Refused to answer	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.
G5 (Op)/ Do you have a functioning radio in your household? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	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.
G6 (Op)/ Do you have a mobile phone in your household? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	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.

H - Distribution

Questions	Comments
H1 (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 NFI distribution? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Question(s) to be added if you need to monitor the effectiveness of NFI distributions. To be repeated as many times as necessary for different items.

KPC SURVEY Dec, 2017

I - Diarrhoea Prevalence, Knowledge and Health Seeking Behaviour

Questions	Comments
<p>I1 (Op)/ How many children less than 5 years old have had 3 or more loose watery stools in the last 14 days? (check one)</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p>	<p>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.</p>
<p>I2 (Op)/ How many persons 5 years of age or older have had 3 or more loose watery stools in the last 14 days? (check one)</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p>	<p>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.</p>
<p>I3 (Op)/ Can you tell me all the ways that people can get diarrhoea? (Do not read aloud, allow respondent to list and check those that are listed)</p> <p><input type="checkbox"/> Through contaminated water</p> <p><input type="checkbox"/> Through contaminated or uncooked food</p> <p><input type="checkbox"/> From unpleasant odours</p> <p><input type="checkbox"/> From flies</p> <p><input type="checkbox"/> From contact with someone sick with diarrhoea or someone who died from diarrhoea</p> <p><input type="checkbox"/> From swimming/bathing in surface water</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Don't know</p>	<p>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.</p>
<p>I4 (Op)/ Please tell me all the ways to prevent you or your household members from getting diarrhoea (Do not read aloud, allow respondents to list symptoms and check those that are listed)</p> <p><input type="checkbox"/> Boil or treat your water/drink clean water</p> <p><input type="checkbox"/> Wash hands with soap and water</p> <p><input type="checkbox"/> Cook food well</p> <p><input type="checkbox"/> Wash fruits and vegetables</p> <p><input type="checkbox"/> Cover food</p> <p><input type="checkbox"/> Cleaning cooking utensils</p>	<p>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.</p>

KPC SURVEY Dec, 2017

<ul style="list-style-type: none"><input type="checkbox"/> Clean your home with bleach<input type="checkbox"/> Use toilet/latrine facility to defecate<input type="checkbox"/> Dispose of children's faeces in toilet/latrine<input type="checkbox"/> Bury faeces<input type="checkbox"/> Receive a vaccine<input type="checkbox"/> Store water safely<input type="checkbox"/> Breastfeeding babies<input type="checkbox"/> Other: _____<input type="checkbox"/> Don't know	
---	--