

## X. Annexes

### 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 - District:

I3 - Settlement:

I4 - Zone:

I5 - Village:

I6 - GPS:

I7 - Team ID #:

I8 - Name of person collecting data:

I9 - Household number:

## II/ Questionnaire

### A - General Information and Demographics

Questions	Comments
<b>A1/ Did the household give its consent to be interviewed? (Check one)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>A2.a/ How many people slept in this house last night? _____ people</b>  <b>A2.b/ How many children less than 5 years old sleep in this house?</b> _____ children under 5 years old	

### B - Water Collection and Storage

Questions	Comments
<b>B1.a/ What is your main source of drinking water (Check <u>one</u> but do not prompt with responses. Use visual aid.)</b> <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	
<b>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.)</b> <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																						
<b>Start of Observation Section</b>																						
<p><b>B2.a/ May I see <u>all</u> the containers you have for storing and collecting drinking water?</b>          (Check for all of the containers. Do not include broken, leaking, or non-functional containers.)</p> <p><input type="checkbox"/> Yes → Complete box below (Use visual aid)  <input type="checkbox"/> No → Continue to B4</p> <table border="1"> <thead> <tr> <th>Type and size of container</th> <th># of containers</th> <th>Protected*</th> </tr> </thead> <tbody> <tr> <td>Example: 10Liters Jerry can</td> <td>3</td> <td>Yes/No</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type and size of container	# of containers	Protected*	Example: 10Liters Jerry can	3	Yes/No																
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<p><b>B2.b/ Which containers were used to collect potable water yesterday? This includes all water collected morning, afternoon, and evening (Complete box below)</b></p> <table border="1"> <thead> <tr> <th>Type and size of container</th> <th># of times it was filled that day</th> </tr> </thead> <tbody> <tr> <td>Example: 10 Liters Jerry can 1</td> <td>2 times</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Type and size of container	# of times it was filled that day	Example: 10 Liters Jerry can 1	2 times																		
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<p><b>B3 (Op)/ Do you collect enough water to meet all your households' needs – not for animal use, brickmaking, agriculture, gardening, etc.? (Check one)</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → Why not?</p> <div style="margin-left: 40px;"> <input type="checkbox"/> There are water shortages  <input type="checkbox"/> Water is too far  <input type="checkbox"/> It is too dangerous to get water  <input type="checkbox"/> Can't afford to buy enough  <input type="checkbox"/> Waiting time at the water point is too long  <input type="checkbox"/> Don't have enough storage containers  <input type="checkbox"/> Other  <input type="checkbox"/> Don't know         </div>																						

## C - Hygiene

Questions	Comments
<b>C1/ Please show me the soap or other rubbing agent you have in the household.</b> <i>(Check one)</i> <input type="checkbox"/> Presented within one minute → <i>Continue to D2 if selected / or D5</i> <input type="checkbox"/> Not presented within one minute → <i>Continue to D3 if selected / or D5</i>	
<b>C2/ Please name at least 3 of the most important times when someone should wash their hands</b> <i>(Check all that apply but do not prompt)</i> <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	
<b>C3/ Is there a specific hand washing device/station in your house where your household washes their hands?</b> <i>(Check one)</i> <input type="checkbox"/> Yes → <i>Continue to D7 if selected / or D8</i> <input type="checkbox"/> No → <i>Continue to D10 if selected / or next Section</i>	
<b>Observation Section</b> <i>(Observe and record answers below. Do not ask these questions aloud)</i>	
<b>C4 (Op)/ What type of hand-washing device?</b> <i>(Check one)</i> <input type="checkbox"/> Basin or bucket <input type="checkbox"/> Pouring device <input type="checkbox"/> Other	
<b>C5/ Is there water in the hand washing device/station?</b> <i>(Check one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>C6/ Is there soap or other rubbing agent in the area of the hand washing device/station?</b> <i>(Check one)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>End of Observation Section</b>	

## D - Sanitation

Questions	Comments
<b>D1/ Where do you and your household members (excluding children under 5) usually go to defecate?</b> <i>(Check one)</i> <input type="checkbox"/> Household latrine <input type="checkbox"/> Communal latrine <input type="checkbox"/> Open defecation → <i>Skip E5 to E15</i> <input type="checkbox"/> Plastic bag → <i>Skip E5 to E15</i>	

<input type="checkbox"/> Bucket Toilet → <i>Skip E5 to E15</i> <input type="checkbox"/> Other → <i>Skip E5 to E15</i> <input type="checkbox"/> Don't know → <i>Skip E5 to E15</i>	
<b>D2/ Where do children under-5 living in this household usually go to defecate?</b> <i>(Check one)</i> <input type="checkbox"/> Household latrine <input type="checkbox"/> Communal latrine <input type="checkbox"/> Open defecation <input type="checkbox"/> Plastic bag <input type="checkbox"/> Other <input type="checkbox"/> Don't know <input type="checkbox"/> No child under-5 → <i>Continue to E4</i>	
<b>D3/ If there are children U5 that don't use the latrine, what is done with their faeces? (Check one)</b> <input type="checkbox"/> Collected and disposed in latrine <input type="checkbox"/> Collected and disposed of elsewhere <input type="checkbox"/> Nothing is done with it <input type="checkbox"/> Buried it <input type="checkbox"/> Other <input type="checkbox"/> Don't know	
<b>D4/ Do adult members of your household sometimes defecate in the bush (for example at night)? (Check one)</b> <input type="checkbox"/> Yes → <b>Why?</b> <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="checkbox"/> No latrine available  <input type="checkbox"/> Latrine is too far  <input type="checkbox"/> Too dark at night  <input type="checkbox"/> Too tired  <input type="checkbox"/> Not sure  <input type="checkbox"/> Other (specify): _____ </div> <input type="checkbox"/> No <input type="checkbox"/> Don't know/not sure	
<b>D5/ The facility where your household members <u>usually</u> defecate is a: (Check only one)</b> <input type="checkbox"/> Single household facility (used only by this household) <input type="checkbox"/> Shared household facility used by a number of households → <b>How many HHs, including this one, share this facility?</b> _____ <input type="checkbox"/> Public/communal latrine <input type="checkbox"/> Other: _____	
<b>Observation questions (Observe and record answers below. Do not ask these questions aloud)</b> <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><b>D6/ Please show me the facility where you and your family members bathe?</b>  <i>(Observe and check one)</i></p> <p><input type="checkbox"/> Do not have a designated bathing facility</p> <p><input type="checkbox"/> Have designated shower/bathing facility</p> <p><input type="checkbox"/> Don't know / can't observe</p>	
<p><b>End of Observation Section</b></p>	
<p><b>D7/ Where does your household dispose of domestic waste? (Check one)</b></p> <p><input type="checkbox"/> Household pit</p> <p><input type="checkbox"/> Communal pit</p> <p><input type="checkbox"/> Bin in the household/streets</p> <p><input type="checkbox"/> Designated open area</p> <p><input type="checkbox"/> Undesignated open area</p> <p><input type="checkbox"/> Bury it</p> <p><input type="checkbox"/> Burn it</p> <p><input type="checkbox"/> Other</p>	