

WASH KAP Survey in Refugee Sites

Standardized Questionnaire

April 2018

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

A - General Information and Demographics

Questions	Comments
A1/ Did the household give its consent to be interviewed? (Check one) <input type="radio"/> Yes <input type="radio"/> No	
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	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.

B - Water Collection and Storage

Questions	Comments
B1.a/ What is the principal source of domestic drinking water for members of your household? (Check <u>one</u> but do not prompt with responses. Consider water for drinking, cooking, bathing, personal hygiene, laundry and cleaning only – NOT for non-domestic use.) <input type="radio"/> Public tap/standpipe <input type="radio"/> Handpumps/boreholes <input type="radio"/> Unprotected hand-dug well <input type="radio"/> Water seller/kiosks <input type="radio"/> Piped connection to house (or neighbour's house) <input type="radio"/> Surface water (lake, pond, dam, river) <input type="radio"/> Protected spring <input type="radio"/> Unprotected spring <input type="radio"/> Rain water collection <input type="radio"/> Bottled water, water sachets <input type="radio"/> Tanker truck <input type="radio"/> Other (please specify): _____ <input type="radio"/> 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.

Start of Observation Section																							
<p>B3/ May I see all 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> <p><input type="radio"/> Yes → Complete box below</p> <p><input type="radio"/> 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																<p>See example: HH has three 10L jerry cans.</p> <p>*Protected: The container needs to be covered.</p> <p>A visual aid showing different types of containers may be useful.</p>	
Type and size of container	# of containers	Protected*																					
Example: 10Liters Jerry can	3	Yes/No																					
End of Observation Section																							
<p>B3.d/ Which containers were used to collect drinking water yesterday? This includes all water collected morning, afternoon, and evening (Complete box below)</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											<p>Instructions: List size and type of all containers used to collect water. Quantify the number of time each container was used.</p> <p>See example: one 10L jerry can was used twice to collect water.</p>								
Type and size of container	# of times it was filled that day																						
Example: 10 Liters Jerry can 1	2 times																						

D - Hygiene

Questions	Comments
Observation Section (Observe and record answers below)	
<p>D1/ Please show me the soap you have in the household. (Check one)</p> <p><input type="radio"/> Presented within one minute → Continue to D2 if selected / or D5; Skip D3</p> <p><input type="radio"/> Not presented within one minute → Continue to D3 if selected / or D5</p>	
End of Observation Section	
<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> <p><input type="checkbox"/> Before eating</p> <p><input type="checkbox"/> Before cooking/meal preparation</p> <p><input type="checkbox"/> After defecation</p> <p><input type="checkbox"/> Before breastfeeding</p> <p><input type="checkbox"/> Before feeding children</p> <p><input type="checkbox"/> After handling a child's stool/changing a nappy/cleaning a child's bottom</p> <p><input type="checkbox"/> Other</p>	

<input type="checkbox"/> Don't know or no response given	
D6/ Is there a specific hand washing device/station in your house where your household washes their hands? (Check one) <input type="radio"/> Yes → Continue to D7 if selected / or D8 <input type="radio"/> 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
Observation Section (Observe and record answers below. Do not ask these questions aloud)	
D8/ Is there water in the hand washing device/station? (Check one) <input type="radio"/> Yes <input type="radio"/> No	
D9/ Is there soap in the area of the hand washing device/station? (Check one) <input type="radio"/> Yes <input type="radio"/> No	
End of Observation Section	

E - Sanitation

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. Check one) <input type="radio"/> Household latrine <input type="radio"/> Communal latrine <input type="radio"/> Open defecation → Skip E5 to E15 <input type="radio"/> Plastic bag → Skip E5 to E15 <input type="radio"/> Bucket Toilet → Skip E5 to E15 <input type="radio"/> Other → Skip E5 to E15 <input type="radio"/> Don't know → Skip E5 to E15	Add additional responses as necessary
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. Check one) <input type="radio"/> Household latrine → Skip E3 <input type="radio"/> Communal latrine → Skip E3 <input type="radio"/> Open defecation <input type="radio"/> Plastic bag <input type="radio"/> Plastic pot <input type="radio"/> Other <input type="radio"/> Don't know <input type="radio"/> No child under-5 → Continue to E4	
E3/ For the children under-5 that don't use the latrine, what is done with their faeces? (Check one) <input type="radio"/> Collected and disposed in latrine <input type="radio"/> Collected and disposed of elsewhere <input type="radio"/> Nothing is done with it <input type="radio"/> Buried it <input type="radio"/> Other <input type="radio"/> Don't know	
E4/ Do adult members of your household sometimes defecate in the open (for example at night)? (Check one) <input type="radio"/> Yes → Why? <input type="checkbox"/> There is 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"/> Don't know/not sure <input type="checkbox"/> Other (please specify): _____ <input type="radio"/> No <input type="radio"/> Don't know/not sure	
Observation questions (Observe and record answers below. Do not ask these questions aloud) <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>	
E16/ Please show me the facility where you and your family members bathe? (Observe if they have a designated facility <u>at home</u> and check one) <input type="radio"/> Do not have a designated bathing facility <input type="radio"/> Have a designated shower/bathing facility <input type="radio"/> Don't know or can't observe	
End of Observation Section	
E17/ Where does your household dispose of domestic waste? (Check one) <input type="radio"/> Household pit <input type="radio"/> Communal pit <input type="radio"/> Street bin/container for garbage collection <input type="radio"/> Designated open area <input type="radio"/> Undesignated open area <input type="radio"/> Bury it <input type="radio"/> Burn it <input type="radio"/> Other (please specify): _____	