**WASH KAP Survey in Refugee Sites**

**Standardized Questionnaire**

**April 2018**

***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**

**A - General Information and Demographics**

|  |  |
| --- | --- |
| **Questions** | **Comments** |
| **A1/ Did the household give its consent to be interviewed?** *(Check one)*  🞅 Yes  🞅 No |  |
| **A2 (Op)/ Sex of the respondent** *(Check one)*  🞅 Male  🞅 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 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. |
| **A4 (Op)/ Are there any persons with disabilities and / or elders in this household?**  🞅 Yes  🞅 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 the principal source of domestic drinking water for members of your household?** (*Check one but do not prompt with responses. Consider water for drinking, cooking, bathing, personal hygiene, laundry and cleaning only – NOT for non-domestic use.*)  🞅 Public tap/standpipe  🞅 Handpumps/boreholes  🞅 Unprotected hand-dug well  🞅 Water seller/kiosks  🞅 Piped connection to house (or neighbour’s house)  🞅 Surface water (lake, pond, dam, river)  🞅 Protected spring  🞅 Unprotected spring  🞅 Rain water collection  🞅 Bottled water, water sachets  🞅 Tanker truck  🞅 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞅 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. |
| **B1.b (Op)/ 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 prompt with responses. Consider water for drinking, cooking, bathing, personal hygiene, laundry and cleaning only – NOT for non-domestic use.*)  🞅 Public tap/Standpipe  🞅 Handpumps/boreholes  🞅 Unprotected hand-dug well  🞅 Water seller/kiosks  🞅 Piped connection to house (or neighbour’s house)  🞅 Surface water (lake, pond, dam, river)  🞅 Protected spring  🞅 Unprotected spring  🞅 Rain water collection  🞅 Bottled water, water sachets  🞅 Tanker trucks  🞅 Other  🞅 Did not collect water from another source  🞅 Don’t know | 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.  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. |
| **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.)*  ☐ Public tap/Standpipe  ☐ Handpumps/boreholes  ☐ Unprotected hand-dug well  ☐ Water seller/kiosks  ☐ Piped connection to house (or neighbour’s house)  ☐ Surface water (lake, pond, dam, river)  ☐ Protected spring  ☐ Unprotected spring  ☐ Rain water collection  ☐ Bottled water, water sachets  ☐ Tanker trucks  ☐ Other  ☐ Don’t know | 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.).  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. Do not include broken, leaking, or non-functional containers.)*  🞅 Yes 🡪 *Complete box below*  🞅 No 🡪 *Continue to B4*   |  |  |  | | --- | --- | --- | | **Type and size of container** | **# of containers** | **Protected\*** | | **Example: 10Liters Jerry can** | **3** | **Yes/No** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | See example: HH has three 10L jerry cans.  **\***Protected: The container needs to be covered.  A visual aid showing different types of containers may be useful. |
| ***End of Observation Section*** |  |
| **B3.d/ Which containers were used to collect drinking 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?** *(Check one but do not prompt with 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 | 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. |
| **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 | 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 | 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?** (*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* | 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 | Question to be added if you need to know more about the water storage container’s hygiene of the population. |

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

|  |  |
| --- | --- |
| **Questions** | **Comments** |
| **C1 (Op)/ May I have a small sample of drinking water?** (*Check one*)  🞅 Yes 🡪 *Continue to C2*  🞅 No (water unavailable) 🡪 *Continue to C3 if selected*  🞅 No (refuse participation) 🡪 *Continue to C3 if selected* | Question to be added if you need to check how people pour water or get water from storage container.  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?** *(Check one)*  🞅 Cup dipped (fingers did not touch the water)  🞅 Cup dipped (fingers touched the water)  🞅 Hose/tap  🞅 Poured  🞅 Other  🞅 Unable to observe | Question to be added if you have selected C1.  Can’t be selected if question C1 is not selected. |
| ***End of Observation Section*** |  |
| **C3 (Op)/ Do you or someone else in the household do anything to your water to make it ready for drinking?** *(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* | Question to be added if you need to know the part of households practicing household water treatment.  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?** *(Check all that apply*)  ☐ 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 | Question to be added if you need to know what types of household treatment are favoured in the camp.  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 | 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.  Can’t be selected if question C3 is not selected. |

**D - Hygiene**

|  |  |
| --- | --- |
| **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* |  |
| ***End of Observation Section*** |  |
| **D2 (Op)/ From where did you get your soap?** *(Check one)*  🞅 Purchased  🞅 Traded  🞅 Gifted  🞅 Distributed by a NGO  🞅 Other | 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 prompt)*  🞅 Ran out of soap/Used it  🞅 Cannot afford soap  🞅 Soap is unavailable/cannot find soap  🞅 Soap is unnecessary  🞅 Don’t like soap  🞅 Other  🞅 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). |
| **D4 (Op)/ When there is no soap in your household, what do you use for hand-washing?** *(Check one but do not prompt)*  🞅 Water only  🞅 Ash  🞅 Sand  🞅 Do not use anything  🞅 Other  🞅 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). |
| **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*)  ☐ 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  ☐ 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)*  🞅 Yes 🡪 *Continue to D7 if selected / or D8*  🞅 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)** |  |
| **D7 (Op)/ What type of hand-washing device?** *(Check one)*  🞅 Basin or bucket  🞅 Pouring device (e.g. tipi tap)  🞅 Bouta  🞅 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. |
| **D8/ Is there water in the hand washing device/station?** *(Check one)*  🞅 Yes  🞅 No |  |
| **D9/ Is there soap in the area of the hand washing device/station?** *(Check one)*  🞅 Yes  🞅 No |  |
| **D10 (Op)/ Is food covered and protected from flies?** *(Check one)*  🞅 Yes  🞅 No  🞅 Unable to observe | Question to be added if you need to know more about knowledge/practices of population regarding disease barriers. |
| ***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*)  🞅 Household latrine  🞅 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* | 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*)  🞅 Household latrine 🡪 *Skip E3*  🞅 Communal latrine 🡪 *Skip E3*  🞅 Open defecation  🞅 Plastic bag  🞅 Plastic pot  🞅 Other  🞅 Don’t know  🞅 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*)  🞅 Collected and disposed in latrine  🞅 Collected and disposed of elsewhere  🞅 Nothing is done with it  🞅 Buried it  🞅 Other  🞅 Don't know |  |
| **E4/ Do adult members of your household sometimes defecate in the open (for example at night)?** (*Check one*)  🞅 Yes 🡪 **Why?**  ☐ There is no latrine available  ☐ Latrine is too far  ☐ Too dark at night  ☐ Too tired  ☐ Don’t know/not sure  ☐ Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_  🞅 No  🞅 Don’t know/not sure |  |
| **E5/ The facility where your household members usually defecate is a:**(*Check only one*)  🞅 Single household facility (used only by this household)  🞅 Shared facility used by a number of households 🡪 **How many HHs, including this one, share this facility?** *\_\_\_\_\_*  🞅 Communal latrine  🞅 Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Only for those who responded ‘Household latrine’ or ‘Communal latrine’ in E1 |
| **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 | 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. |
| **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  🞅 Pit latrine  🞅 VIP Toilet  🞅 Composting toilet  🞅 Bucket toilet  🞅 Hanging toilet/latrine  🞅 Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞅 None | 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.  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 | 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*)  🞅 Bricks  🞅 Plastic sheeting  🞅 Fabric  🞅 Metal  🞅 Wood  🞅 Thatch/leaves  🞅 None  🞅 Don’t know | 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.  Please note that a latrine survey might be more effective. |
| **E10 (Op)/ Observetype of slab present** *(Verify whether in its current state – slab and superstructure – the latrine is usable.* *Check one*)  🞅 Wood  🞅 Logs  🞅 Plastic  🞅 Concrete  🞅 Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞅 None  🞅 Don’t know | 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.  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 | Question to be added if you need to know the part of latrines in camp that are full. |
| **E12 (Op)/ Is there a lid on the drophole?** (*Check one*)  🞅 Yes  🞅 No | Question to be added if you need to know the part of surveyed latrines that are safe regarding vectors (flies etc.). |
| **E13 (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* | Question to be added if you need to know the part of latrines in camp equipped with hand-washing stations. |
| **E14 (Op)/ Indicate whether there is water in the handwashing station** (*Check one*)  🞅 Yes  🞅 No | Question to be added if you need to know if those hand-washing stations are used properly or not. |
| **E15 (Op)/ Is soap present at the hand washing station?** *(Check one)*  🞅 Yes  🞅 No | Question to be added if you need to know if those hand-washing stations are used properly or not. |
| **E16/ Please show me the facility where you and your family members bathe?** *(Observe if they have a designated facility at home and check one)*  🞅 Do not have a designated bathing facility  🞅 Have a designated shower/bathing facility  🞅 Don’t know or can’t observe |  |
| ***End of Observation Section*** |  |
| **E17/ 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **Observation question (Observe and record answers below. Do not ask this question aloud)** |  |
| **E18 (Op)/ Is the courtyard clean? (No apparent trash scattered around)** *(Check one)*  🞅 Yes  🞅 No | Question to be added if you need to know more regarding habits of waste disposal in the surveyed population. |
| ***End of Observation Section*** |  |
| **E19 (Op)/ Did you or anyone in your household complain of or observe any abnormal presence of vectors recently?** *(Check one)*  🞅 Yes 🡪 **What vectors?** ☐ Rodents  ☐ Mosquitoes  ☐ Flies  ☐ Cockroaches  ☐ Other  🞅 No | 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**

|  |  |
| --- | --- |
| **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 | 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 | 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. |
| **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 | 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 | 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 | 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 | 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**

|  |  |
| --- | --- |
| **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 | 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. |

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

|  |  |
| --- | --- |
| **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 | 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 | 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 prompt with 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 | 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 prompt with 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 your 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 | 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.a (Op)/ How many women of reproductive age (15-49 years old) are in this household? \_\_\_\_\_** | Question to be added if you are going to add any of the other questions in this section.  If answer is ‘0’, skip any other selected optional questions of that section. |
| **I1.b (Op)/ Would one of these women of reproductive age accept to answer some questions relative to menstrual hygiene management?** *(Check one)*  🞅 Yes  🞅 No | Question to be added if you are going to add any of the other questions in this section.  If answer is ‘No’, skip any other selected optional questions of that section. |
| ***Request to talk privately to that woman of the household*** |  |
| **I2 (Op)/ 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Question to be added if you need to know the breakdown of materials used by women in camp (e.g. to see if distributions are effective).  Can’t be selected if question F1 is not selected.  Need to find out the local term for period or menstruation |
| **I3 (Op)/ Would you have rather used something else?** *(Check one)*  🞅 Yes 🡪 **What?** 🞅 Disposable pad  🞅 Reusable pad  🞅 Reusable cloth  🞅 Tampon  🞅 Cotton  🞅 Menstrual cup  🞅 Layers of underwear  🞅 Other  🞅 No | Question to be added if you need to know the eventual needs of women in the camp regarding menstrual hygiene, to adapt distributions if necessary.  Can’t be selected if question F2 is not selected. |
| **I4 (Op)/ Where do the women of the household change their menstrual hygiene management products?** *(Check one)*  🞅 Latrine  🞅 Home  🞅 Other | Question to be added if you need to know if women in the camp are comfortable in terms of privacy regarding their menstrual hygiene. Question related to protection aspects. |
| **I5 (Op)/ Is toilet paper/cleansing water available where the women change their menstrual hygiene management products?** *(Check one)*  🞅 Yes  🞅 No | Question to be added if you need to know if women have access to adequate material at home for proper menstrual hygiene. |
| **I6 (Op)/ How do the women in this household dispose of their menstrual hygiene management products?** *(Check one)*  🞅 In the latrine  🞅 Trash  🞅 Burn them  🞅 Wash/reuse  🞅 In the open  🞅 Other / Don’t know | Question to be added if you need to know if women are disposing of their menstrual hygiene management products in the appropriate manner or if that should be reinforced through hygiene promotion. |
| **I7 (Op)/ What materials did the women in this household use before you came to the camp/settlement?** *(Check all that apply)*  ☐ Disposable pad  ☐ Reusable pad  ☐ Reusable cloth  ☐ Tampon  ☐ Cotton  ☐ Menstrual cup  ☐ Layers of underwear  ☐ Nothing/bleed into clothes  ☐ Other  ☐ Was not needed at the time | Question to be added if you want to learn what women’s habits are in terms of menstrual hygiene, and to adapt distributions if necessary. Alternate question to F3. |