

KAP Survey on WaSH and Household Water Treatment Methods

INFORMED CONSENT

Good morning/good afternoon. My name is _____. I am part of a team of people who are assessing water practices in your community. Our team will be interviewing different households in your area. Your local leaders have granted us permission to conduct this study, and your house has been randomly selected to participate. You have been asked to participate in this study because your personal views and experiences as a community member are important to us. If you participate, I will ask you questions about your drinking water and water use habits. The interview will take approximately 30 minutes. No one except me will know that it was you who answered these questions. Would you like to participate?

A	Interviewer	
B	Date	
C	Time	
D	Location (Woreda, Kebele, Town/Village)	

Section 1: HOUSEHOLD DEMOGRAPHICS

1.	Gender of the respondent	1[<input type="checkbox"/>] Female		2[<input type="checkbox"/>] Male	
2.	What is your marital status?	1[<input type="checkbox"/>] Single		2[<input type="checkbox"/>] Married	
		3[<input type="checkbox"/>] Separated/Divorce		4[<input type="checkbox"/>] Widow/er	
3.	How old are you now?	_____ years			
4.	Age bracket of the respondent	1[<input type="checkbox"/>] 12-17 yo		2[<input type="checkbox"/>] 18-40 yo	
		3[<input type="checkbox"/>] 41-59 yo		4[<input type="checkbox"/>] 60 yo and above	
5.	Who is the respondent? (<i>relationship within the household</i>)	1[<input type="checkbox"/>] Wife		2[<input type="checkbox"/>] Husband	
		3[<input type="checkbox"/>] Daughter		4[<input type="checkbox"/>] Son	
		5[<input type="checkbox"/>] Grandparent		6[<input type="checkbox"/>] Other:	
6.	How many people are living in the household?	_____ people			
	Age Bracket	Male	Female	Total	
7.	0 – 5 years old				
8.	6 – 17 years old				
9.	18 – 59 years old				
10.	60+ years old				
11.	Can the male head of household read?	1[<input type="checkbox"/>] Yes		2[<input type="checkbox"/>] No	
12.	Can the female head of household read?	1[<input type="checkbox"/>] Yes		2[<input type="checkbox"/>] No	
13.	What is your educational background?	1[<input type="checkbox"/>] Can't read/write		2[<input type="checkbox"/>] 1 – 6 years	
		3[<input type="checkbox"/>] 7 – 9 years		4[<input type="checkbox"/>] 10 – 12 years	
		5[<input type="checkbox"/>] College and above			

Section 2: HOUSEHOLD WATER SUPPLY AND PRACTICES

14.	Who usually collects water for the family?	1[<input type="checkbox"/>] Adult men	2[<input type="checkbox"/>] Boys	3[<input type="checkbox"/>] Delivered
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		4[] Adult women	5[] Girls	6[] Other:
15.	How far from your dwelling is the source of your drinking water?	1[] within 500 m		2[] 500m – 1km
		3[] 1km – 3 km		4[] More than 3 km
16.	How many minutes do you spend collecting water from the source (back and forth)?	1[] within 30 mins		2[] 3- mins – 1 hour
		3[] 1 hour – 2 hours		4[] More than 2 hours
17.	How many liters of water does the entire household consume per day? (<i>Jerry can=20 L</i>)	1[] Less than 20 L		2[] 20 – 37 L
		2[] 38 – 75 L		4[] more than 75 L

Section 3: HOUSEHOLD WATER TREATMENT AND STORAGE

18.	Can you tell me all the ways you know to make water safe to drink in your home? <i>(Multiple answer, ask "Any others?")</i>	1[] Boiling	2[] Settling	3[] Solar disinfection
		4[] Chlorine tablets	5[] Membrane filter	6[] Ceramic filter
		7[] Liquid Chlorine	8[] Biosand filter	9[] Coagulant/flocculant
		10[] Cloth filter	11[] None	12[] Other:
19.	May I observe you giving me a cup of your current drinking water for children from this household?	1[] Yes		2[] No
		3[] Do not have		
20.	OBSERVE: Was sample collected safely (not touching water with hands)?	1[] Yes		2[] No
21.	What source did this water come from?	1[] Piped connection in hh	2[] Public standpipe	3[] Protected dug well
		4[] Borehole	5[] Rainwater	6[] Tanker
		7[] Protected spring	8[] Unprotected dug well	9[] Bottled water
		10[] Unprotected spring	11[] Other:	
22.	OBSERVE: Is the container covered/closed?	1[] Yes		2[] No
23.	OBSERVE: Is the container clean?	1[] Yes		2[] No
24.	OBSERVE: Is the container out of reach of animals?	1[] Yes		2[] No
25.	OBSERVE: What container is used for drinking water?	1[] Bucket		2[] Jerry can
		3[] Collapsible bucket		4[] Gallon jug
		5[] Bucket with tap		6[] Ceramic pot
		7[] Large drum		8[] Other:
26.	Did you do anything to make the water safer to drink?	1[] Yes		2[] No
		3[] Do not know		
27.	How did you make this water safer to drink?	1[] Boiling	2[] Settling	3[] Solar disinfection
		4[] Chlorine tablets	5[] Membrane filter	6[] Ceramic filter

		7[] Liquid Chlorine	8[] Biosand filter	9[] Coagulant/flocculant
		10[] Cloth filter	11[] Other:	
28.	If filter , OBSERVE: is the filter assembled correctly?	1[] Yes	2[] No	
29.	If filter , OBSERVE: is the filter wet?	1[] Yes	2[] No	
30.	If filter , OBSERVE: is the filter clean?	1[] Yes	2[] No	
	How often do:			
31.	-adult men drink untreated water?	1[] Always	2[] Sometimes	3[] Never
32.	-adult women drink untreated water?	1[] Always	2[] Sometimes	3[] Never
33.	-children drink untreated water?	1[] Always	2[] Sometimes	3[] Never
34.	-sick/elderly drink untreated water?	1[] Always	2[] Sometimes	3[] Never
35.	When do you NOT treat your water?	1[] Dry season	2[] Rainy season	3[] When no money
		4[] When no time	5[] I always treat water	6[] Other:
36.	Why do you NOT treat your water?	1[] Bad taste	2[] Bad smell	3[] Forgot
		4[] Requires too much money	5[] Do not know how	6[] Takes too much time
		7[] Broken	8[] Do not have a method to	9[] Other:
37.	Why do you treat your water?	1[] Makes water safe	2[] Prevents disease	3[] Someone told me to
		4[] Free	5[] Other:	

Section 4: SANITATION PRACTICES

38.	Does your family own a latrine?	1[] Yes	2[] No (if NO, proceed to Q43)	
39.	If YES, who helped you construct the latrine?	1[] Self	2[] Local authority/Govt	
		3[] NGO	4[] SHG	
		5[] Other:		
40.	If YES, which type of latrine do you have?	1[] Flush/pour flush	2[] Composting latrine	
		3[] Pit latrine with slab	4[] Pit latrine without slab	
		5[] Latrine draining to canal/creak/river	6[] Other:	
41.	If YES, how far is the latrine from your house? (Then, proceed to Q45)	1[] Within 50 meters	2[] More than 50 meters	
42.	If sharing latrine with others, how many families are sharing?	1[] 2-4 families	2[] 5-7 families	
		3[] More than 7 families		
43.	If NO latrine, where do your family members go for defecation? (Tick the one that the family usually practices)	1[] Neighbor's latrine	2[] Public latrine	
		3[] Plastic bag	4[] Dig a hole	
		4[] Bush/backyard/field	5[] Creak/canal/river	
		6[] Other:		

44.	If NO latrine, what could be the MAIN reason why your family cannot construct a latrine? <i>(Tick the one main reason)</i>	1[<input type="checkbox"/>] Too expensive	2[<input type="checkbox"/>] Not a priority
		3[<input type="checkbox"/>] No space for construction	4[<input type="checkbox"/>] A lot of space to defecate here
		5[<input type="checkbox"/>] Defecation is not an issue	6[<input type="checkbox"/>] Other:
45	Do the women in your household feel safe using the latrine?		

Section 5: DISEASE MORBIDITY/MORTALITY AND MANAGEMENT

46.	In the last 2 weeks, has anyone in your family had diarrhea? <i>(Note that diarrhea is defined as the passing of stool 3 times or more in 24 hours whether it is watery, bloody, mucoid, or water-wash like)</i>	1[<input type="checkbox"/>] Yes	2 [<input type="checkbox"/>] No <i>(If no, go straight to Q47)</i>		
47.	If YES, how old is the family member who had diarrhea? _____	1[<input type="checkbox"/>] 0-5 years old	2[<input type="checkbox"/>] 6-17 years old		
		3[<input type="checkbox"/>] 18-59 years old	4[<input type="checkbox"/>] 60 and above		
48.	Has anyone in your household died due to diarrhea for the last 1 month?	1[<input type="checkbox"/>] Yes	2[<input type="checkbox"/>] No <i>(If no, proceed to Q49)</i>		
49.	If YES, how old was that member of the household? _____	1[<input type="checkbox"/>] 0-5 years old	2[<input type="checkbox"/>] 6-17 years old		
		3[<input type="checkbox"/>] 18-59 years old	4[<input type="checkbox"/>] 60 and above		
50.	What do you think can be the cause of diarrhea? <i>(Tick all that the respondent mentions but do not influence)</i>	1[<input type="checkbox"/>] Rain	2[<input type="checkbox"/>] Dirty hands	3[<input type="checkbox"/>] Witchcraft	
		4[<input type="checkbox"/>] Flies	5[<input type="checkbox"/>] Dirty food	6[<input type="checkbox"/>] Dirty water	
		7[<input type="checkbox"/>] Germs	8[<input type="checkbox"/>] Part of child's growth	9[<input type="checkbox"/>] Poor hygiene	
		10[<input type="checkbox"/>] Open defecation	11[<input type="checkbox"/>] Do not know	12[<input type="checkbox"/>] Other:	
51.	How do you think diarrhea can be prevented? <i>(Tick all what respondent mentions but never influence his/her responses)</i>	1[<input type="checkbox"/>] Prayer	2[<input type="checkbox"/>] Latrine use	3[<input type="checkbox"/>] Treat water	
		4[<input type="checkbox"/>] Do not know	5[<input type="checkbox"/>] Covering food	6[<input type="checkbox"/>] Drink clean water	
		7[<input type="checkbox"/>] No open defecation	8[<input type="checkbox"/>] Store water safely	9[<input type="checkbox"/>] Wash hands with soap	
		10[<input type="checkbox"/>] Prepare food properly (cooking, washing)	11[<input type="checkbox"/>] Go to traditional healer	12: Other:	
52.	In the last 2 weeks, has anyone in your family had malaria?	1[<input type="checkbox"/>] Yes	2 [<input type="checkbox"/>] No <i>(If no, go straight to Q53)</i>		
53.	If YES, how old is the family member who had malaria? _____	1[<input type="checkbox"/>] 0-5 years old	2[<input type="checkbox"/>] 6-17 years old		
		3[<input type="checkbox"/>] 18-59 years old	4[<input type="checkbox"/>] 60 and above		
54.	Has anyone in your household died due to malaria for the last 1 month?	1[<input type="checkbox"/>] Yes	2[<input type="checkbox"/>] No <i>(If no, proceed to Q55)</i>		
55.	If YES, how old was that member of the household? _____	1[<input type="checkbox"/>] 0-5 years old	2[<input type="checkbox"/>] 6-17 years old		
		3[<input type="checkbox"/>] 18-59 years old	4[<input type="checkbox"/>] 60 and above		

56.	What do you think is the cause of malaria? <i>(Tick all that the respondent mentions but do not influence)</i>	1[<input type="checkbox"/>] Rain/water	2[<input type="checkbox"/>] Sunshine	3[<input type="checkbox"/>] Witchcraft
		4[<input type="checkbox"/>] Flies	5[<input type="checkbox"/>] Dirty food	6[<input type="checkbox"/>] Dirty water
		7[<input type="checkbox"/>] Mosquito bites	8[<input type="checkbox"/>] Bush/grasses	9[<input type="checkbox"/>] Other:
57.	What do you think is the best way to protect yourself from malaria? <i>(Tick all what respondent mentions but never influence his/her responses)</i>	1[<input type="checkbox"/>] Proper hygiene	2[<input type="checkbox"/>] Use of smoke	3[<input type="checkbox"/>] Stop witchcraft
		4[<input type="checkbox"/>] Use oil/lotion/herbs on skin	5[<input type="checkbox"/>] Not taking dirty water/food	6[<input type="checkbox"/>] Eliminate mosquito breeding site
		7[<input type="checkbox"/>] Use of bed nets	8[<input type="checkbox"/>] Other:	

Section 6: HANDWASHING AND BATHING PRACTICES

58.	Please tell me the times you usually wash your hands? <i>(ONLY tick what the respondent says.)</i>	1[<input type="checkbox"/>] Before eating	2[<input type="checkbox"/>] After latrine use	3[<input type="checkbox"/>] Before feeding child
		4[<input type="checkbox"/>] After eating	5[<input type="checkbox"/>] After defecation	6[<input type="checkbox"/>] After handling trash
		7[<input type="checkbox"/>] Before food preparation	8[<input type="checkbox"/>] After handling baby's diaper/feces	9[<input type="checkbox"/>] After handling animals
		10[<input type="checkbox"/>] Other:		
59.	What do you usually use in washing hands? <i>(Tick the most commonly practiced)</i>	1[<input type="checkbox"/>] Water only	2[<input type="checkbox"/>] Water & soap	3[<input type="checkbox"/>] Water and sand/leaves
		4[<input type="checkbox"/>] Water and ash	5[<input type="checkbox"/>] Other:	
60.	If the answer is 1 (water only), What is the MAIN factor that prevents your family from using soap?	1[<input type="checkbox"/>] Washing with soap takes time		2[<input type="checkbox"/>] Soap is not a common practice here
		3[<input type="checkbox"/>] Negligence/laziness		4[<input type="checkbox"/>] Too expensive
		5[<input type="checkbox"/>] Water alone cleanses the hand		6[<input type="checkbox"/>] Other:
61.	OBSERVATION ONLY: Is there any hand washing facility available around the home?	1[<input type="checkbox"/>] There are water and soap near or within the latrine		2[<input type="checkbox"/>] There is ONLY water near or within the latrine
		3[<input type="checkbox"/>] There are water and soap at a designated hand washing area		4[<input type="checkbox"/>] There is ONLY water at a designated hand washing area
		5[<input type="checkbox"/>] There is no available washing station		
62.	Where do you bathe?	1[<input type="checkbox"/>] Emergency bathing facilities		
		2[<input type="checkbox"/>] Using buckets in my own shelter		
		3[<input type="checkbox"/>] In the open (at the river/lake/stream)		
63.	Do the women in your household have sufficient access to menstrual hygiene materials?			
64.	Are menstrual hygiene materials available in a local market?			



one well, one village, one life at a time.

NOTES:

- ✓ Review the questionnaire
- ✓ Ensure that you did not skip/forget any of the required fields
- ✓ Thank the respondent for this/her participation