|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **PROJECT WASH KILIFI COUNTY** **ACTIVITY 1: House Hold Interview** Good morning / afternoon. Hello, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am working for TIFA Research Limited. Currently, the organization is collecting information regarding water, sanitation and hygiene practices in Kilifi County. This information will be used to improve WASH programming In Kilifi County. Your participation is voluntary and your name will not appear in any of the survey documents. The information you share will be kept confidential and will be shared only with research team for purpose of reporting. This discussion will take about 30-45 minutes. Subsequently, i request for your participation, respect, honesty, and audibility. Do agree to participate?

|  |
| --- |
| **SECTION A : QUALITY CHECKS** |
| **Interviewer’s Name** |  |
| **Supervisor Name**  |  |
| **Date** |  | **Time: Start** |  **Time End:** |

|  |
| --- |
| **SECTION B : RESPONDENT DETAILS** |

 |

|  |  |
| --- | --- |
| County  | **KILIFI** |
| Constituency/Sub-County |  |
| Ward  |  |
| Village |  |
| Gender | Male | 1 | Female | 2 |
| Setting | Rural | 1 | Urban | 2 |
| Respondent’s Name |  |
| Physical Address |  | Email: |  |
| Mobile Phone:  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **SECTION C: DEMOGRAPHICS** |

**I now need to ask you a few questions about yourself for statistical purposes. All information will be confidential**

1. Please tell me what age bracket you fall in? (Show card) SINGLE CODE

|  |  |  |
| --- | --- | --- |
| **AGE CATEGORY** | **CODE** | **INSTRUCTION** |
| Below 18 years | 1 | **TERMINATE** |
| 18 - 20 years | 2 |  |
| 21 – 24 years | 3 |
| 25 - 29 years | 4 |
| 30 - 34years | 5 |
| 35 - 39 years | 6 |
| 40 - 44 years | 7 |
| 45 - 49 years | 8 |
| 50+ years | 10 |

1. What is your marital status? **SINGLE CODE**

|  |  |
| --- | --- |
| **MARITAL STATUS** | **CODE** |
| Never Married | 1 |
| Married  | 2 |
| Living together | 3 |
| Divorced /Separated  | 4 |
| Widowed  | 5 |
| Other (Specify) | 6 |

1. Which religion do you belong in?

|  |  |
| --- | --- |
| **RELIGION**  | **CODE** |
| Roman Catholic | 1 |
| Protestant/Other Christian  | 2 |
| Muslim | 3 |
| Traditional | 4 |
| No Religion | 5 |
| Other (Specify) | 6 |

1. And what is the highest level of education that you have attained so far?

|  |  |
| --- | --- |
| **COMPLETED LEVEL OF EDUCATION**  | **CODE** |
| None | 1 |
| Primary | 2 |
| Secondary | 3 |
| College/ University | 4 |

1. Please tell me your employment / work status

|  |  |
| --- | --- |
| **EMPLOYMENT/WORK STATUS** | **CODE** |
| Still in school/Student | 1 |
| Employed/working in the formal sector | 2 |
| Employed/working in the informal sector | 3 |
| Self employed | 5 |
| Unemployed but worked in the past 12 months | 6 |
| Unemployed but did not work for the past 12 months | 7 |
| Incapacitated/unable to work | 8 |

1. What is your occupation? **RECORD VERBATIM**

|  |
| --- |
|  |

1. Please tell me:
	1. How many people of the following ages live in this household? How many are male and how many are female? **READ OUT AGE BANDS**

|  |  |
| --- | --- |
|  | **HOW MANY?** |
| **MALE** | **FEMALE** |
| Children 0-1 years  |  |  |
| Children 1-5 years  |  |  |
| Children 6-14 years |  |  |
| Children 15-17 years |  |  |
| Adults 18+ years |  |  |

1. **SHOWCARD:** Can you please tell me where your gross **monthly** personal income falls (before any taxes and deductions) for statistical purposes? **SINGLE CODE**

|  |  |
| --- | --- |
| Below Ksh 1000 | 1 |
| Ksh 1,001 – 5,000 | 2 |
| Ksh 5,001 – 10,000 | 3 |
| Ksh 10,001 - 20,000 | 4 |
| Ksh 20,001- 40,000 | 5 |
| Ksh 40,001-60,000 | 6 |
| Ksh 60,001-80,000 | 7 |
| Ksh 80,001-100,000 | 8 |
| Ksh 100,001+ | 18 |
| Don’t know / refused to answer | 99 |

|  |
| --- |
| **SECTION D : EXAMINING COMMUNITY SANITATION AND HYGIENE NEEDS AND PREFERENCES AND PRACTICES** |

1. **WATER**
2. Please tell me: What is you main source of water for members of your household? **SINGLE CODE**

|  |  |
| --- | --- |
| **WATER SOURCE** | **CODE** |
| Piped water into house/dwelling  | 1 |
| Piped water in compound/plot | 2 |
| Piped water –Public Tap | 3 |
| Tubewell/Borehole | 4 |
| Protected well | 5 |
| Unprotected well | 6 |
| Rainwater | 7 |
| Water from a spring-Protected | 8 |
| Water from a spring-Unprotected | 9 |
| Tanker truck | 10 |
| Cart with a small tank | 11 |
| Surface water(River/stream/dam/ lake/canal etc) | 12 |
| Bottled water | 13 |
| Other **SPECIFY** |  |

1. On average how long does it take to get water and come back? **RECORD TIME IN MINUTES**

|  |  |
| --- | --- |
|  | **CODE** |
| Less than 15 minutes | 1 |
| 15 - 30 minutes | 2 |
| 31 minutes – 1 hour | 3 |
| 1-2 hours | 4 |
| 2-4 hours | 5 |
| 4-6 hours | 6 |
| Over 6 hours | 7 |
| Don’t know  | 99 |

1. Who in your household usually goes to collect/fetch water? **SINGLE CODE**

|  |  |
| --- | --- |
|  | **CODE** |
| Male Adult  | 1 |
| Female Adult  | 2 |
| Male child (Under 18 years) | 3 |
| Female child (Under 18 years) | 4 |
| Don’t Know | 99 |

1. How many litres of water does the entire household consume per day?

|  |  |
| --- | --- |
|  | **CODE** |
| Less than 20 liters | 1 |
| 21- 40 litres | 2 |
| 41-60 litres | 3 |
| 61-80 litres | 4 |
| 81-100 litres | 5 |
| Over 100 litres | 6 |
| Don’t Know | 99 |

1. How satisfied are you with the quality of your drinking water? **SINGLE CODE**

| **VERY UNSATISFIED** | **UNSATISFIED** | **NEITHER UNSATISFIED NOR SATISFIED** | **SATISFIED** | **VERY SATISFIED** |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. Please tell me:
	1. What do you usually do to make the water safer to drink? **MULTIPLE CODES. DO NOT PROMPT**

|  |  |
| --- | --- |
|  | **CODE** |
| Boiling | 1 |
| Adding bleach/Chlorine ( Aqua tabs, Chlorofloc) | 2 |
| Filtering it through a cloth, Composite, sand, ceramic etc | 3 |
| Solar disinfection | 4 |
| Let it stand and settle (Decantation) | 5 |
| Does not treat | 6 |
| Don’t know | 7 |
| Other **SPECIFY** | 99 |
|  |  |

* 1. How often do you treat your drinking water? **SINGLE CODE**

| **RARELY** | **SOMETIMES**  | **ALWAYS** |
| --- | --- | --- |
| 1 | 2 | 3 |

* 1. How important to you is treating your water for drinking? SINGLE CODE.

| **VERY UNIMPORTANT** | **UNIMPORTANT** | **NEITHER UNIMPORTANT NOR IMPORTANT** | **IMPORTANT** | **VERY IMPORTANT** |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

1. **SANITATION**
2. a) Do you practice open defecation?

|  |  |
| --- | --- |
|   | **CODE** |
| Yes  | 1 |
| No  | 2 |

b) If yes, what drives you to this practice?

|  |
| --- |
|  |

1. Please tell me:
	1. Does your household own a Latrine or Toilet? **SINGLE CODE**

|  |  |  |
| --- | --- | --- |
|  | **CODE** | **INSTRUCTIONS** |
| Toilet | 1 | **CONTINUE** |
| Latrine | 2 |
| None | 3 | **GO TO Q 13** |

**INTERVIEW LATRINE/TOILET OWNERS ONLY**

* 1. Is your latrine/toilet functioning now? **IF NO ASK** - Why?

|  |  |  |
| --- | --- | --- |
|  | **CODE** | **INSTRUCTIONS** |
| Yes  | 1 | **CONTINUE** |
| No | 2 | **REASON:**  |

* 1. How far is your latrine /toilet from your household?

|  |  |
| --- | --- |
|  | **CODE** |
| It is inside the house | 1 |
| 1-5 meters  | 2 |
| 6-10 Meters | 3 |
| 11-15 meters | 4 |
| 16-20 meters | 5 |
| 21-25 meters | 6 |
| Over 25 meters | 7 |
| Don’t know  | 99 |

1. Do you share your facility with any other household?

|  |  |
| --- | --- |
|  | **CODE** |
| Yes  | 1 |
| No  | 2 |

b) If yes, how many households use this facility?

|  |
| --- |
|  |

1. Please tell me, what kind of toilet facility do adults in your household usually use:
	1. Go for a long call/Defecate? **SINGLE CODE**
	2. Go for a short call/Urinate? **SINGLE CODE**
2. What kind of toilet facility do children 2-5 years old usually use:
	1. Go for a long call/Defecate? **SINGLE CODE**
	2. Go for a short call/Urinate? **SINGLE CODE**

|  |  |  |
| --- | --- | --- |
|  | **ADULTS** | **CHILDREN** |
| **Q9a.** | **Q9b.** | **Q10a.** | **Q10b.** |
| No facility/ field/forest/bush | 1 | 1 | 1 | 1 |
| Composting toilet | 2 | 2 | 2 | 2 |
| Pit latrine-Improved/ Ventilated | 3 | 3 | 3 | 3 |
| Pit latrine-With slab | 4 | 4 | 4 | 4 |
| Pit Latrine –Without Slab/Open pit | 5 | 5 | 5 | 5 |
| Flush to piped sewer system | 6 | 6 | 6 | 6 |
| Flush to septic tank | 7 | 7 | 7 | 7 |
| Flush to pit Latrine | 8 | 8 | 8 | 8 |
| Flush to unknown place | 9 | 9 | 9 | 9 |
| In plastic bag/paper | 10 | 10 | 10 | 10 |
| Bucket/container | 11 | 11 | 11 | 11 |
| Mobilet  | 12 | 12 | 12 | 12 |
| Ecosan toilet | 13 | 13 | 13 | 13 |
| Urine diversion toilet | 14 | 14 | 14 | 14 |
| Improved Pit Latrine (IP) (air-vent, proper superstructure) | 15 | 15 | 15 | 15 |
| Other **SPECIFY** |  |  |  |  |

1. For children aged 0-2 years, where do you usually dispose of their feaces? **SINGLE CODE**

|  |  |
| --- | --- |
|  | **CODE** |
| In the bush | 1 |
| In the garbage | 2 |
| In the toilet/latrine | 3 |
| Bury it | 4 |
| Leave it anywhere in the homestead | 5 |
| Other **(SPECIFY)** |  |
|  |  |

1. Please tell me:
	1. Give me times in which you wash your hands

|  |  |
| --- | --- |
|  | **CODE** |
| Before Eating | 1 |
| After Eating  | 2 |
| After defecation | 3 |
| After latrine use | 4 |
| Before feeding child  | 5 |
| After handling rubbish  | 6 |
| After handling baby diaper/feces | 7 |
| Before food preparation | 8 |
| After handling animals | 9 |
| Other **(SPECIFY)** | 10 |
|  |  |

* 1. Do you have a water point for handwashing outside your latrine/toilet?

|  |  |
| --- | --- |
|  | **CODE** |
| Yes  | 1 |
| No  | 2 |

* 1. What do you use to clean your hands after defecation? **MULTIPLE CODES.**

|  |  |
| --- | --- |
|  | **CODE** |
| Water only | 1 |
| Water plus soap | 2 |
| Sand | 3 |
| Leaves/Grass | 4 |
| Ash | 5 |
| Other **SPECIFY** |  |
|  |  |

* 1. How often would you say you use soap when washing your hands after defecation? SINGLE CODE

| **NEVER** | **RARELY** | **MOST TIMES** | **ALWAYS** |
| --- | --- | --- | --- |
| 1 | 2 | 3 | 4 |

* 1. IF NEVER or RARELY in what is the MAIN factor that prevents you from using soap?

|  |  |
| --- | --- |
|  | **CODE** |
| Washing with soap takes time | 1 |
| Soap is not a practice even before | 2 |
| Negligence/Laziness | 3 |
| Water alone cleanses the hand | 4 |
| It is expensive to buy soap  | 5 |
| Not applicable  | 6 |
| Other **(SPECIFY)** |  |
|  |  |

|  |
| --- |
| **SECTION E : COMMUNITY SANITATION DEMAND DRIVERS, PURCHASING POWER AND WILLINGNESS TO PAY FOR SANITATION** |

**INTERVIEW NON TOILET/LATRINE OWNERS.**

1. a) Are there instances you feel you need a latrine?

|  |  |
| --- | --- |
|  | **CODE** |
| Yes  | 1 |
| No  | 2 |

b) For what reasons/purpose would you need to have a latrine?

|  |  |
| --- | --- |
|  | **CODE** |
| Family well being  | 1 |
| Visitors use | 2 |
| Sick to use | 3 |
| At night | 4 |
| Rainy season | 5 |
| The elderly | 6 |
| Other people don’t openly defecate | 7 |
| Not comfortable with open defecation | 8 |

1. Please tell me:
	1. Would you like to have your own toilet in the household?

|  |  |
| --- | --- |
|  | **CODE** |
| Yes  | 1 |
| No  | 2 |

* 1. What might have prevented you from building a toilet/latrine in your homestead?

|  |  |
| --- | --- |
|  | CODE |
| Cost of latrine | 1 |
| Hard to find a mason  | 2 |
| Hard to find the building material | 3 |
| Water Table | 4 |
| No access to credit | 5 |
| Don’t have the money | 6 |
| Nothing  | 7 |
| Don’t know | 8 |
| Other(SPECIFY) |  |
|  |  |

* 1. Has your household ever thought about/discussed building a toilet or latrine? **SINGLE CODE**

|  |  |  |
| --- | --- | --- |
|  | **CODE** | **INSTRUCTIONS** |
| Toilet | 1 | **CONTINUE** |
| Latrine | 2 |
| None | 3 | **GO TO SECTION G** |

* 1. When was the last time you discussed building a toilet/latrine? **SINGLE CODE**

|  |  |
| --- | --- |
|  | **CODE** |
| Less than week ago | 1 |
| 1 – 3 weeks ago | 2 |
| 1-3 months ago | 3 |
| 3 – 6 months ago | 4 |
| 6 – 12 months ago | 5 |
| More than a year ago | 6 |
| Can’t remember | 99 |

* 1. Who in our household would make the final decision to build a toilet or latrine? **SINGLE CODE**

|  |  |
| --- | --- |
|  | **CODE** |
| Husband | 1 |
| Wife(s) | 2 |
| Son | 3 |
| Daughter | 4 |
| Relative | 5 |
| Don’t Know | 99 |

* 1. When do you think this latrine or toilet will be constructed? **SINGLE CODE**

|  |  |
| --- | --- |
|  | **CODE** |
| Within a week | 1 |
| 1-4 weeks | 2 |
| 1-3 months | 3 |
| 3 – 6 months | 4 |
| 6 -12 Months | 5 |
| More than a year | 6 |
| Not sure/undefined | 7 |

* 1. How much do you think would be the cost of building an improved toilet or latrine? **RECORD VERBATIM**

|  |
| --- |
|  |

1. a) How satisfied are you with the current place of defecation? SINGLE CODE

| **VERY UNSATISFIED** | **UNSATISFIED** | **NEITHER UNSATISFIED NOR SATISFIED** | **SATISFIED** | **VERY SATISFIED** |
| --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 |

b) If unsatisfied, why do you say so?

|  |  |
| --- | --- |
|  | **CODE** |
| Dirty | 1 |
| Smelly | 2 |
| Distance | 3 |
| Lack of privacy | 4 |
| Other Specify |  |

1. a) FOR THOSE WHO PRACTICE OPEN DEFECATION, do you think open defecation is a good practice?

|  |  |
| --- | --- |
|  | **CODE** |
| Yes  | 1 |
| No  | 2 |

b) Assuming the cost of improved toilet was (READ THROUGH) -will you be willing to pay for it?

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| Less than Ksh 5,000 | 1 | 2 |
| Ksh 5,000-ksh10,000 | 1 | 2 |
| Ksh 10,000- Ksh 20,000 | 1 | 2 |
| Ksh 20,000- Ksh 30,000 | 1 | 2 |
| Over Ksh 30,000 | 1 | 2 |

1. If you were given an incentive to build a toilet/latrine, what would motivate you most to get a latrine?

|  |  |
| --- | --- |
| **INCENTIVES** | **CODE** |
| Materials | 1 |
| Labour | 2 |
| Transport  | 3 |
| Loan | 4 |
| Material subsidy | 5 |

**INTERVIEW LATRINE OWNERS ONLY**

1. What made you decide to have your own latrine/toilet? MULTIPLE CODES

|  |  |
| --- | --- |
|  | **CODE** |
| There was a program that was offering a subsidy | 1 |
| Had enough money | 2 |
| Sick/Old relative | 3 |
| Social pressure | 4 |
| Event (Wedding/funeral/Party etc.) | 5 |
| Avoid sharing/Privacy | 6 |
| For security | 7 |
| Shame of environmental contamination | 8 |
| For comfort | 9 |
| To prevent myself from getting diseases | 10 |
| Help/Develop community | 11 |
| Higher pride and status for my family | 12 |
| My family is thought to have more cultural values | 13 |
| Can become a good host when guests visit | 14 |
| Other **SPECIFY** |
|  |

1. Where did you know about different options for the toilet, such as the features, the types and other information before you make your latrine/toilet?

|  |  |
| --- | --- |
| **SOURCE OF INFORMATION**  | **CODE** |
| Neighborhood | 1 |
| Friends | 2 |
| Mason  | 3 |
| Building Supplier | 4 |
| Environment Health  | 5 |
| Television | 6 |
| Newspaper | 7 |
| Radio | 8 |
| Trade shows | 9 |
| Demonstrations | 10 |
| Guided Tours | 11 |
| Sports Matches | 12 |
| Health facilities | 13 |
| Market places  | 14 |
| Public latrines | 15 |
| Barazas | 16 |
| Point of sale e.g Hardware stores | 17 |
| Manufacturer | 18 |
| Other SPECIFY |  |

1. How much did you pay to build your latrine/toilet? RECORD VERBATIM

|  |
| --- |
|  |

1. How long did it take to build that latrine/toilet?

|  |  |
| --- | --- |
|  | **CODE** |
| Within a week | 1 |
| 1-2 weeks | 2 |
| 3-4 weeks | 3 |
| 1-2 months | 4 |
| 2-4 Months | 5 |
| 4-6 months | 6 |
| More than 6 Months | 7 |

1. What changes or improvements do you plan to make to your latrine/toilet?
2. How much money would you be willing to spare if you intend to make the changes or improvements to your toilet?

|  |  |  |
| --- | --- | --- |
|  | **Changes/Improvement**  | **Amount to spent (KSH)**  |
| Line the pit | 1 |  |
| Improve the walls | 2 |  |
| Improve the roof | 3 |  |
| Improve the slab | 4 |  |
| Add ventilation  | 5 |  |
| Build hand washing area | 6 |  |
| Improve/build door | 7 |  |
| Other **SPECIFY** |  |  |
|  |  |  |

|  |
| --- |
| **SECTION F: WASH PRODUCTS AVAILABLE AND POTENTIAL AREAS FOR INVESTING IN SANITATION COMMUNITY PREFERENCE** |

1. a) What sanitation products are you aware of? UNPROMPTED /TOM

b) Are you aware of the following products? PROMPTED

c) Which one do you have? HAVING

d) How would you rate the functionality of the product you have? FUNCTIONALITY

e) Which one would you intent to have?

f) How much do you plan to spend in purchasing the mentioned product in Q25e?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Q25a TOM**  | **Q25b PROMPTED** | **Q25c HAVING** | **Q25d FUNCTIONALITY** | **Q25e INTEND TO GET** | **Q25f****AMOUNT TO SPEND(KSH)** |
| **GOOD** | **BAD** |
| Plastic Slab | 1 | 1 | 1 | 1 | 2 | 1 |  |
| Precast Slab | 2 | 2 | 2 | 1 | 2 | 2 |  |
| Super structural Plastic toilet | 3 | 3 | 3 | 1 | 2 | 3 |  |
| Toilet hole lid | 4 | 4 | 4 | 1 | 2 | 4 |  |
| Ventilation pipe | 5 | 5 | 5 | 1 | 2 | 5 |  |
| Housing plastic | 6 | 6 | 6 | 1 | 2 | 6 |  |
| Housing Iron sheets | 7 | 7 | 7 | 1 | 2 | 7 |  |
| Steel/iron bar | 8 | 8 | 8 | 1 | 2 | 8 |  |
| Wire mesh | 9 | 9 | 9 | 1 | 2 | 9 |  |
| Disinfectant | 10 | 10 | 10 | 1 | 2 | 10 |  |
| Ecosan toilet | 11 | 11 | 11 | 1 | 2 | 11 |  |
| Urine diversion toilet  | 12 | 12 | 12 | 1 | 2 | 12 |  |
| Mobilet toilet  | 13 | 13 | 13 | 1 | 2 | 13 |  |
| Other (SPECIFY) | 14 | 14 | 14 | 1 | 2 | 14 |  |

1. What do you use (Sanitation product) to clean your latrine /toilet?
2. How much does it cost?

|  |  |
| --- | --- |
|  | **PRODUCT** |
| Water only | 1 |
| Disinfectant | 2 |
| Deodorant detergent  | 3 |
| Other (SPECIFY) |  |

1. a) Would you invest in making modifications or improvements to your latrine /toilet if it’s old and unsafe for use?

|  |  |
| --- | --- |
|  | **CODE** |
| Yes  | 1 |
| No  | 2 |

 **b**) Why not?

|  |
| --- |
|  |

1. Who is responsible for maintain ace of the latrine/toilet?

|  |  |
| --- | --- |
|  | **CODE** |
| Male household head | 1 |
| Female household head | 2 |
| Children  | 3 |
| Employee  | 4 |
| Provider | 5 |
| No one | 6 |
| Other (SPECIFY) |  |

1. a) Are there professionals who build latrines in this community?

|  |  |
| --- | --- |
|  | **CODE** |
| Yes  | 1 |
| No | 2 |

Q 29 b) How much in KSHS did they charge you for building your latrine?

|  |  |
| --- | --- |
|  | KES |
| Cost of building latrine toilet |  |

Q 29 c) On a scale of 1 to 5 where 1 is very cheap and 5 is very expensive, how you would rate the cost of building latrine that you were charged

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very cheap | Cheap | Average | Expensive | Very expensive |
| 1 | 2 | 3 | 4 | 5 |

|  |
| --- |
| **SECTION G: FINANCING OPTIONS, GAPS, OPPORTUNITIES MODES FOR FINANCING AND PAYMENT FOR HOUSEHOLDS WITHIN THE SUB COUNTIES IN KILIFI.** |

**ASK LATRINE/TOILET OWNERS:**

1. a) Have you ever received any assistance in the construction of latrine? SINGLE CODE

|  |  |  |
| --- | --- | --- |
|  | **CODE** | **INSTRUCTIONS** |
| Yes , Technical assistance with the design | 1 | Go TO Q31 |
| Yes , Financial assistance | 2 | CONTINUE |
| Yes, Materials | 3 | Go TO Q31 |
| No assistance | 4 |

1. Who provided you with the assistance?

|  |  |
| --- | --- |
|  | **CODE** |
| Relatives/friends | 1 |
| Bank | 2 |
| Chama | 3 |
| Grants from NGOs &CBOs | 4 |
| Support from the county government  | 5 |
| Support from the ministry of Health  | 6 |
|  International Donors | 7 |
| Others (specify) | 8 |
| Don’t Know | 9 |

1. When building your latrine, how did you make your payments for the construction materials?

|  |  |
| --- | --- |
|  | **CODE** |
| Paying in full - cash | 1 |
| Paying in stages or installments | 2 |
| Others (specify) | 3 |
| Don’t Know | 4 |

**NON LATRINE OWNERS**

1. a) If you are to build a latrine/toilet would you use the following financing options? READ

|  |  |  |
| --- | --- | --- |
|  | **CODE** | **INSTRUCTIONS** |
| Self-financing  | 1 | Go TO Q33 |
| Loan | 2 | CONTINUE |
| Share the cost | 3 | Go TO Q33 |
| Other Specify |  | Go TO Q33 |

1. Who will you borrow the money from?

|  |  |
| --- | --- |
|  | **CODE** |
| Relative  | 1 |
| Bank | 2 |
| Chama  | 3 |
| Other Specify |  |

1. Which of the following modes of payment would you prefer when making payments for latrine construction?

|  |  |
| --- | --- |
|  | **CODE** |
| Paying in full -cash | 1 |
| Paying In stages or installments | 2 |
| Others (specify) | 4 |
| Don’t Know | 5 |

**ASK ALL: LATRINE AND NON LATRINE OWNERS**

1. Please tell me;
	1. Are you aware of any SAVING AND LOAN SYSTEM that provides financial assistance to build toilet or latrine?

|  |  |  |
| --- | --- | --- |
|  | **CODE** | **INSTRUCTIONS** |
| Yes | 1 | **CONTINUE** |
| No | 2 | **Go to D** |
| Don’t Know | 3 |

* 1. Does the SAVING AND LOAN SYSTEM provide financial assistance to build a toilet or latrine in your neighborhood?

|  |  |
| --- | --- |
|  | **CODE** |
| Yes | 1 |
| No | 2 |
| Don’t Know | 3 |

* 1. Would you be interested in using this SAVING AND LOAN SYSTEM that provide financial assistance to build a toilet or latrine?
	2. Why do you say so?

|  |  |  |
| --- | --- | --- |
|  | **CODE** | **Reason**  |
| Yes | 1 |  |
| No | 2 |  |
| Don’t Know | 3 |  |

1. a) Is there a community group dealing with sanitation products and services in this community?

 b) What is the name of the group?

|  |  |  |
| --- | --- | --- |
|  | **CODE** | **GROUP NAME** |
| Yes | 1 |  |
| No | 2 |  |
| Don’t Know | 3 |  |

|  |
| --- |
| **SECTION H: SUPPLY CHAIN MANAGEMENT SYSTEM FOR SANITATION PRODUCTS** |

1. a) Who supplies you with the following sanitation products and services?
	1. Construction materials
	2. Components of latrines/toilets
	3. Pit emptying services
	4. Mobile toilets

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **CONSTITUTION MATERIALS** | **COMPONENTS OF LATRINE/TOILET** | **MOBILE TOILETS** | **PIT EMPTYING SERVICES** |
| Hardware shop | 1 | 1 | 1 | 1 |
| Wholesalers/retailer shops | 10 | 10 | 10 | 10 |
| Sales agent -Distributers | 2 | 2 | 2 | 2 |
| Concrete producer | 3 | 3 | 3 | 3 |
| The contractor  | 4 | 4 | 4 | 4 |
| Importers | 5 | 5 | 5 | 5 |
| Manufactures | 6 | 6 | 6 | 6 |
| Donors | 7 | 7 | 7 | 7 |
| County Government | 8 | 8 | 8 | 8 |
| Ministry of Health  | 9 | 9 | 9 | 9 |
| Cement distributors | 11 | 11 | 11 | 11 |
| Masons/carpenters | 12 | 12 | 12 | 12 |
| Pit emptying service providers | 13 | 13 | 13 | 13 |
| Pit diggers | 14 | 14 | 14 | 14 |
| Don’t know | 15 | 15 | 15 | 15 |
| Other (SPECIFY) |  |  |  |  |

1. How are the sanitation products and services marketed?
2. How can the sanitation products and services be marketed better?

|  |  |  |
| --- | --- | --- |
|  | **MARKET** | **BETTER MARKETING** |
| Advertisements in Televisions  | 1 | 1 |
| Advertisements in Radio stations | 2 | 2 |
| Advertisements in Daily or weekly newspaper | 3 | 3 |
| House-to-house campaigns | 4 | 4 |
| Have trade shows | 5 | 5 |
| Trials or promotional giveaways | 6 | 6 |
| Guided tours | 7 | 7 |
| Community or popular events | 8 | 8 |
| Campaigns in places where people frequently visit on regular basis | 9 | 9 |
| Having leaflets | 10 | 10 |
| Posters and bill boards  | 11 | 11 |
| Print media at point of sale e.g. hardware stores | 12 | 12 |
| SMS  | 13 | 13 |
| Celebrity or influential spokesperson  | 14 | 14 |
| Barraza’s  | 15 | 15 |
| Other Specify | 16 | 16 |
| Don’t Know | 17 | 17 |

1. a) Have the following institutions supplied sanitation materials in this area in the last few years?

 b) What materials have they provided to the community?

|  |  |  |
| --- | --- | --- |
|  | **Yes/No** | **MATERIALS PROVIDED** |
| Donors  |  |  |
| County Government |  |  |
| Ministry of Health |  |  |

1. What do you...?
2. LIKE about the local supply chain of latrine/toilet construction, maintenance and cleaning materials?

|  |
| --- |
|  |

1. Dislike about the local supply chain of latrine/toilet construction, maintenance and cleaning materials?

|  |
| --- |
|  |

1. a) In your opinion, do you think the sale points (Outlets) of latrine/toilet construction products are easily assessable for consumers?

|  |  |
| --- | --- |
|  | **CODE** |
| Yes | 1 |
| No | 2 |
| Don’t Know | 3 |

b) What would be your recommendation for easy accessibility of sanitation products?

|  |
| --- |
|  |

|  |
| --- |
| **SECTION I: GAPS, WEAKNESSES AND OPPORTUNITIES IN THE LOCAL SANITATION MARKETS** |

1. How satisfied are you with the following:-

| **ATTRIBUTE** | **VERY UNSATISFIED** | **UNSATISFIED** | **NEITHER UNSATISFIED NOR SATISFIED** | **SATISFIED** | **VERY SATISFIED** | **REASON** |
| --- | --- | --- | --- | --- | --- | --- |
| Availability of latrine construction materials | 1 | 2 | 3 | 4 | 5 |  |
| Prices for construction materials | 1 | 2 | 3 | 4 | 5 |  |
| Payment and credit system for payment of products and services | 1 | 2 | 3 | 4 | 5 |  |

1. What needs to be done better to improve the following?

|  |  |
| --- | --- |
|  | **RECOMMENDATION**  |
| Availability of sanitation products |  |
| Prices for construction materials |  |
| Payment and credit system for payment of products and services |  |

|  |
| --- |
| **SECTION J: MEDIA CONSUMPTION** |

1. Please tell me which of the following things have you done in the last 7 days: READ OUT

|  |  |
| --- | --- |
| **ACTIVITIES** | **CODE** |
| a. Watch TV | 1 |
| b. Surfed the internet  | 2 |
| c. Read newspapers | 3 |
| d. Read magazines | 4 |
| e. Listened to the radio | 5 |
| h. Attended a political rally | 8 |
| i. Attend Church or Mosque | 9 |
| NONE OF THE ABOVE | 99 |

1. ASK ALL WHO LISTEN TO THE RADIO. Which radio stations do you listen to?

|  |  |
| --- | --- |
| **RADIO STATIONS** | **CODE** |
| Citizen Radio | 1 |
| Classic 105 | 2 |
| Capital FM | 3 |
| Kiss 100 | 4 |
| Milele | 5 |
| KBC | 6 |
| DSTV | 7 |
| Bahari FM | 8 |
| SIFA FM | 9 |
| Hope FM  | 10 |
| Kubamba FM  | 11 |
| Others(SPECIFY) | 12 |

1. ASK THOSE WHO READ NEWSPAPERS. Now thinking about newspapers, which newspapers you usually read. Any other?

|  |  |
| --- | --- |
| **NEWSPAPER** | **CODE** |
| Daily Nation  | 1 |
| Standard Newspapers  | 2 |
| The Star | 3 |
| The People | 4 |
| Business Daily  | 5 |
| Other (SPECIFY)......... |  |

1. ASK THOSE WHO WATCH TV. Please tell me which TV stations you watch often? Any other? MULTIPLE CODE

|  |  |
| --- | --- |
| **TV STATIONS** | **CODE** |
| KBC  | 1 |
| Citizen | 2 |
| NTV | 3 |
| KTN | 4 |
| EbruTv | 5 |
| K24 | 6 |
| Other(SPECIFY) |  |

1. ASK THOSE WHO SURF THE INTERNET. Please tell me
	1. Which devices you use to access the internet. **MULTIPLE CODE**

|  |  |
| --- | --- |
| **DEVICE** | **CODE** |
| Personal Desktop Computer (at home) | 1 |
| Personal laptop (at home) | 2 |
| Computer at school/work/other institution | 3 |
| Tablet | 4 |
| Mobile phone | 5 |
| Internet café | 6 |
| Smart TV | 7 |

b. What online or internet services have you accessed in the last 7 days? **READ OUT**

|  |  |
| --- | --- |
|  | **CODE** |
| WhatsApp | 1 |
| Facebook | 2 |
| Twitter | 3 |
| Youtube | 4 |
| Instagram | 5 |
| Others specify  | 6 |

**THANK RESPONDENT AND CLOSE INTERVIEW**

**ACTIVITY 2: OBSERVATION CHECKLIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Insert serial number – same as household survey** |  |  |  |  |

This is an observation checklist that will be done in each household by the interviewer. The observation is to be done after the face to face interview is completed.

**SECTION 1: WATER SOURCES**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. What is the source of water at the household?
 |  |  |
| Piped water into house/dwelling Piped water in compound/plotPiped water –Public TapTubewell/BoreholeProtected wellUnprotected wellRainwaterWater from a spring-ProtectedWater from a spring-UnprotectedTanker truckCart with a small tankSurface water(River/stream/dam/ lake/canal etc)Bottled water |  |  |

**SECTION 2: GENERAL HANDWASHING**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Is there hand washing facility in the homestead?
 |   |  |
| 1. Where hands are normally washed, where is the water stored?
* Faucet/tap
* Tippy tap
* Bucket
* Bottles

 Others specify…………………. |  |  |
| 1. Is water available in the container at the time for the interview?
 |  |  |
| 1. Is there any cleaning agent?
 |  |  |
| 1. If yes, what is the cleaning component?
* Soap
* Detergent
* Ash
* Mud
* Sand
* Others specify…………..
 |  |  |
| 1. Does the area for washing hands have drainage?
 |  |  |

**SECTION 3: TOILET/LATRINE HANDWASHING FACILITY**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Is there hand washing station dedicated for the toilet?
 |  |  |
| 1. Is water available at the time for the interview
 |  |  |
| 1. Is there any cleaning agent?
 |  |  |
| 1. If yes, what is the cleaning component?
* Soap
* Detergent
* Ash
* Mud
* Sand
* Others specify…………………
 |  |  |
| 1. Does the area for washing hand have drainage?
 |  |  |

**SECTION 4: TOILET/LATRINE HANDWASHING FACILITY**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. What type of toilet/latrine facility does household have?
* VIP Latrine (with slab & vent pipe)
* Simple pit latrine
* Toilet with working flush
* Toilet without working flush
* Others specify………..
 |  |  |
| 1. What is the location of toilet/latrine facility?
* Private (used by one household)
* Communal (share by more than one household)
* Others specify………..
 |  |  |
| 1. What is the distance of toilet/latrine from the house?
* Less than 10 meters
* 11 – 20 meters
* 20+ meters
 |  |  |
| 1. Is there a clear path to the toilet/latrine?
 |  |  |

**SECTION 5: TOILET/LATRINE STRUCTURE & CLEANLINESS**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Structure:** |  |  |
| 1. Are the pit walls visibly cracked / broken / leaking / flooded?
 |  |  |
| 1. Does the toilet/latrine has a step around the hole?
 |  |  |
| 1. Does the toilet/latrine have a superstructure?
 |  |  |
| 1. Is toilet door shut?
 |  |  |
| 1. Does the toilet/latrine hole have a lid?
 |  |  |
| 1. Does the toilet/latrine have ventilation? i.e. has a vent pipe
 |  |  |
| **Structure type** |  |  |
| 1. Does the toilet/latrine have a roof?
 |  |  |
| 1. Type of roof
	* Wooden + Iron sheet
	* Grass thatched
	* Fabric/plastic sheet
	* No roof
	* Others specify………….
 |  |  |
| 1. Type of floor
	* Cemented/Slab
	* Wooden
	* Earthen
	* Plastic slab
	* Others specify ……………
 |  |  |
| 1. Type of wall
	* Wooden + iron sheets
	* Wooden + woven grass mat
	* Wooden rafters
	* Wood only
	* Wooden + Earthen
	* Stones
	* Others specify……….
 |  |  |
| 1. Does the toilet structure look safe?
 |  |  |
|  |  |  |
| **Cleanliness**  |  |  |
| 1. Is the toilet pit full? (Less than 0.5m remaining space in the pit)?
 |  |  |
| 1. Is the toilet block unsanitary? (Traces of faeces anywhere inside the toilet facilities)?
 |  |  |
| 1. Is there any evidence of fly infestation? (Presence of one or more flies in the cubicle during the assessment period)?
 |  |  |
| 1. Are there any drinking water sources within 10m of the toilet facility?
 |  |  |
| 1. Is there evidence of open defecation anywhere around the toilet block?
 |  |  |

|  |  |  |
| --- | --- | --- |
| **Vulnerable groups:**  |  |  |
| 1. Is there a lack of handrails/ropes for vulnerable groups (elderly / infirm / disabled) to permit squatting
 |  |  |
| 1. Is there space for manoeuvring space for wheel chairs for disabled
 |  |  |
| 1. Is there a child friendly features
* Pit latrine with smaller hole
* Lower seat
 |  |  |
|  |  |  |
| **Gender segregation:** |  |  |
| 1. Number of toilet/latrines cubicles
 |  |  |
| 1. Are there designated toilet facilities for men and women
 |  |  |

**NB: CAPTURE GPS**

* + - **End -**