## **Sanitation**

Collection date of sanitation information:	
	(DD-MM-YYYY)
SANITATION	
Where is the participant's household's toilet facility located?	<ul><li>Inside the household dwelling</li><li>In the household's yard/plot</li><li>Outside the household plot</li></ul>
What is the main type of toilet facility used by the participant's household?	<ul> <li>○ Bucket</li> <li>○ Composting toilet</li> <li>○ Container-based sanitation</li> <li>○ Dry pit toilet</li> <li>○ Flush toilet</li> <li>○ Hanging toilet</li> <li>○ None/Bush/Field</li> </ul>
Does the participant's household share this facility with others who are not members of their household?	○ Yes ○ No
Does the participant's household have a sewage connection?	○ Yes ○ No
(If No) How is the participant's household waste/rubbish removed?	<ul><li>Removed by service provider</li><li>Emptied by household</li><li>Other</li></ul>
(If Other) Specify method of waste removal:	

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