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| **WASH Benefits Rapid Uptake Assessment** | | | |
| **Instructions to Field Staff:** Proceed to the household on your list and identify the baseline respondent if possible. If the baseline respondent is not available, then you can speak with another adult of the compound. | | | |
| **Verbal Consent:**  Hello. My name is [name]. I am from Innovations for Poverty Action (IPA) in [KAKAMEGA/BUNGOMA] Town. You may remember that someone from our team visited your household to ask you some questions a few months ago. To assess our program, I would like to ask you a few questions and make some observations of the items that were provided to you as part of the program.  As a reminder, some of the questions I would like to ask you may seem private or personal since they touch on your life and health. All your answers will be kept as confidential as possible, and we do not anticipate any risks from participating in this survey. Any information that identifies you will be separated from your other answers, so that only our researchers will be able to track your answers back to you. We will never identify you in any report, and we will not tell anyone that you have spoken with us. Your answers will not affect the assistance that IPA may or may not provide to you or your community.  We would appreciate your assistance in completing our survey, but if there are any questions you do not want to answer, just let me know and we can skip to the next question. You are also free to end the survey completely at any time.  If you have any questions or concerns at a later time, you may contact the WASH Benefits hotline at 0728-716-661.  If you have additional questions about your rights as a research subject , you can contact KEMRI Ethics Review Committee on 0722-205901 or 0733-400003  The survey should take about 20 minutes to complete. Do you agree to participate?  Habari. Jina langu ni [jina]. Nimetoka Innovations for Poverty Action (IPA) iliyo mjini [Kakamega/Bungoma]. Unaweza kumbuka kuwa mtu kutoka kikundi chetu alitembelea nyumba yako na kuuliza maswali miezi chache zilizopita. Ili kufahamu muradi wetu ningependa kukuuliza maswali machache na kutazama vifaa ulivyopewa kama hatua katika mradi..  Kama kumbusho, baadhi ya maswali ningependa kukuuliza yanaweza kuwa ya siri au ya kibinafsi kwa sababu yanaguzia afya na maisha yako. Majibu yako yote yatawekwa kwa siri iwezekanavyo, na hatutarajii hatari yoyote kutokana na kushiriki kwako katika mahojiano haya. Habari yoyote ambayo inakutambulisha itawekwa mbali na majibu mengine, ili watafiti wetu pekee ndio wataweza kufwatilia majibu yako nawe.. Hatutakutambulisha katika ripoti yoyote, na pia hatutamwelezamtu yeyote kwamba umeongea nasi. Majibu yako hayata athiri usaidizi ambao IPA yaweza ama yawezakosa kukupa wewe binafsi au jamii yako.  Tutashukuru kwa usaidizi wako kwa kukamilisha mahojiano haya,, iwapo kuna maswali ambayo hutaki kujibu, nijulishe alafu tuendelee na maswali mengine . uko huru kusimamisha mahojiano haya wakati wowote.  Ukiwa na maswali yoyote au jambo lolote baadaye, unaweza kuwasiliana na IPA kwa nambari hii 0728 716 661.  Ukiwa na maswali zaidi kuhusu haki yako kama mhusika wa utafiti unaweza kuwasiliana na kamati ya kuchunguza itikadi huko KEMRI kwa nambari zifwatazo 0722 205 901au 0733 400 003  Mahojiano haya yanatarajiwa kuchukuwa takriban muda wa dakika ishirini kumalizika. Unakubali kushiriki?  WAIT FOR VERBAL ACCEPTANCE OR DENIAL. INDICATE RESPONDENT’S PREFERENCE BELOW. | | | |
|  | | Does the respondent/other compound member consent to the rapid assessment? | 1. YES 2. NO – REASON:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**🡪SKIP TO NEXT RESPONDENT** |
| F.1a | | Block: | |\_\_| |
| F.1b | | Supervision Month | |\_\_|\_\_| |
|  | | Cluster ID: | |\_\_|\_\_|\_\_|\_\_|\_\_| |
|  | | Arm: | 1. Active Control 2. Water 3. Sanitation 4. Hygiene 5. Nutrition 6. WASH 7. WASH+ |
|  | | Village ID: | |\_\_|\_\_|\_\_|\_\_| |
|  | | HOUSEHOLD ID | |\_\_|\_\_|\_\_|\_\_|-|\_\_|\_\_|-|\_\_| |
|  | | Interviewer Name / ID | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| / |\_\_|\_\_|\_\_|\_\_| |
|  | | Any other IPA Officer present? | 1. YES 2. NO **🡪SKIP TO F.11** |
|  | | Other IPA Officer name/ID | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| / |\_\_|\_\_|\_\_|\_\_| |
|  | | Any other IPA Officer present? | 1. YES 2. NO **🡪SKIP TO F.11** |
|  | | Other IPA Officer name/ID | |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_| / |\_\_|\_\_|\_\_|\_\_| |
|  | | Interview Date (DD/MM/YYYY): | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| |
|  | | Interview START time (HH:MM): | |\_\_|\_\_|:|\_\_|\_\_| 24 HOUR TIME |
|  | | Baseline Respondent name: | /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_/  (NAME 1) (NAME 2) (LAST NAME) |
|  | | OBSERVE: Who are you talking to?  PROBE TO DETERMINE AGE | 1. BASELINE RESPONDENT **🡪 SKIP TO NEXT MODULE** 2. OTHER COMPOUND MEMBER, Specify Name:   /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_/  (NAME 1) (NAME 2) (LAST NAME)  Age of other compound member: |\_\_|\_\_| **🡪 IF LESS THAN 14 YEARS OLD, SKIP TO END.** |
|  | | OBSERVE: What is their relationship to the study child? | 1. Father 2. Grandparent 3. Aunt 4. Uncle 5. Other Specify: |
| F.15a | | Is the study child currently in the compound?  Je, mtoto wa mradi yuko kwenye boma kwa sasa? | 1. YES **🡪 SKIP TO F.15D** 2. NO 3. CHILD DECEASED **🡪 SKIP TO NEXT RESPONDENT** 4. NOT APPLICABLE/CHILD NOT BORN **🡪 SKIP TO IPAA SPECIFIC QUESTIONS** |
| F.15b | | Who is [NAME OF STUDY CHILD] currently with?  Kwa wakati huu (JINA LA MTOTO WA MRADI) ako na nani? | 1. Primary Caretaker 2. Other individual, Specify:   /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_/  (NAME 1) (NAME 2) (LAST NAME) |
| F.15c | | Where is [NAME OF STUDY CHILD] currently?  Kwa sasa (JINA LA MTOTO WA MRADI) ako wapi?  PROBE TO DETERMINE THE CORRECT ANSWER | 1. INSIDE THE VILLAGE 2. OUTSIDE THE VILLAGE |
| F.15d | Is the study child still residing in the compound?  Je, mtoto aliye katika mradi bado anaishi katika boma hili? | 1. YES **🡪 SKIP TO IPAA SPECIFIC QUESTIONS** 2. NO | |
| F.15e | | Where is [NAME OF STUDY CHILD] currently residing?  Kwa sasa, (JINA LA MTOTO WA MRADI) anaishi wapi?  PROBE TO DETERMINE THE CORRECT ANSWER  IF DON’T KNOW, MARK 99 | Village Name: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Village ID: |\_\_|\_\_|\_\_|\_\_|  Sublocation: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Location: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Division: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  District: |\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_|  Compound Head Name:  /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/ /\_\_\_\_\_\_\_\_\_\_\_\_\_\_/  (NAME 1) (NAME 2) (LAST NAME)  Compound Head Phone number or any phone there:  |\_\_|\_\_|\_\_|\_\_|-|\_\_|\_\_|\_\_|-|\_\_|\_\_|\_\_| |
| F.15f | Is the study child going to return to this compound?  Je, mtoto aliye katika mradi atarudi katika boma hili? | 1. YES 2. NO **🡪 SKIP TO NEXT RESPONDENT** 3. DON’T KNOW **🡪 SKIP TO NEXT RESPONDENT** | |
| F.15g | When is the study child likely to return?  Ni lini mtoto aliye katika mradi anatarajiwa kurudi? | 1. WITHIN THE NEXT WEEK 2. WITHIN THE NEXT MONTH 3. WITHIN THE NEXT 3 MONTHS 4. WITHIN THE NEXT 6 MONTHS 5. WITHIN THE NEXT YEAR 6. DON’T KNOW | |

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| **IPAA SPECIFIC QUESTIONS**  Administer to all arms. | | |
|  | Do you know your current IPAA’s name?  Je, wajua jina la IPAA wako wa sasa?  DO NOT READ FROM CODE SHEET.  PROBE IF THE RESPONDENT IS UNSURE. | [1] YES, SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [2] NO |
|  | Assigned IPAA Name: | /\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/  (LAST NAME) (NAME 1) ) |
|  | Assigned IPAA ID: | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| |
|  | Has [NAME OF IPAA] visited your compound within the last month to meet with you or other members of your compound?  Je, [JINA LA IPAA] wako amewahi tembelea boma lako katika mwezi uliopita kukutana na wewe au watu wengine kwa boma lako? | 1. YES 2. NO **🡪 SKIP TO F.21** 3. DON’T KNOW **🡪 SKIP TO F.21** |
| F.19a | Has [NAME OF IPAA] visited your compound TODAY?  Je, [JINA LA IPAA] ametembelea boma lako leo? | 1. YES 2. NO 3. DON’T KNOW |
|  | What did [NAME OF IPAA] discuss at his/her last visit?  Je, ni nini [JINA LA IPAA] aliongelea katika tembezi lake la mwisho?  CIRCLE ALL THAT APPLY  DO **NOT** READ RESPONSES | 1. WATER TREATMENT WITH CHLORINE 2. HANDWASHING WITH SOAP 3. SANITATION PRACTICES 4. EXCLUSIVE BREASTFEEDING/NUTRITIONAL PRACTICES 5. OTHER, SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. DON’T KNOW/DON’T REMEMBER |
|  | OBSERVE: Are IPAA provided wall hangings visible in the respondent’s household/compound?  CIRCLE ALL THAT APPLY | 1. IPA CALENDAR IS PRESENT 2. PLEDGE IS PRESENT 3. CUE CARDS ARE PRESENT 4. NONE OF THE ABOVE OBSERVED 5. OBSERVATION NOT POSSIBLE |
|  | Can I please see your ‘Mama Tracking/yellow Booklet?’  Je, Tafadhali naweza kuona kitabu chako cha kufuatilia mama / kitabu cha manjano? | 1. YES 2. NO, Refused observation **🡪 SKIP TO F.24** 3. NO, Mama Tracking Booklet not in household , ASK: Where is it / Iko wapi?   [1] IPAA’s HOUSE  [2] OTHER, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,  **🡪 SKIP TO F.24**   1. DON’T KNOW/DON’T REMEMBER **🡪 SKIP TO F.24** |
|  |  OBSERVE THE MAMA TRACKING BOOKLET AND COPY THE INFORMATION FOR THE TWO MOST RECENT VISITS | [1] Visit date |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|  DD MM YY  Visit Number: |\_\_|\_\_|  MUAC RECORDED? [1] YES [2] NO  BELLY CIRCUMFERECE RECORDED [1] YES [2] NO [88] N/A  [2]Visit date |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|  DD MM YY  Visit Number: |\_\_|\_\_|  MUAC RECORDED? [1] YES [2] NO  BELLY CIRCUMFERECE RECORDED [1] YES [2] NO [88] N/A  **AFTER ANSWERING 🡪 SKIP TO NEXT MODULE** |
|  | Did [NAME OF IPAA] conduct any measurements on you/your child during his/her last visit?  Je, [JINA LA IPAA] alichukua vipomo vyoyote kwako / mtoto wako katika tembezi lake la mwisho? | 1. MOTHER ABDOMEN CIRCUMFERENCE 2. CHILD MUAC 3. NO MEASUREMENT TAKEN 4. DON’T KNOW/DON’T REMEMBER |
| Comments on this section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **WATER ASSESSMENT**  Administer to Water, WASH, and WASH+ arms | | | | |
|  | | Is there a child 0-36 months in this household who drinks water?  Katika nyumba hii kuna mtoto kati ya miezi 0-36 ambaye hunywa maji? | | 1. YES 2. NO |
|  | | **IF YES** 🡪 ASK: If your child 0-36 months wanted a drink of water right now, could you show me how you would give it to him/her?  ASK: Ikiwa mtoto wako wa miezi 0-36 anataka kunywa maji sasa hivi, unaweza kunionyesha jinsi utampa?  **IF NO** 🡪 ASK: If you wanted a drink of water right now, could you show me how you would get it?  Ikiwa unataka maji ya kunywa sasa hivi, unaweza kunionyesha jinsi utakavyoyapata? | | |
|  | | IS WATER FOR DRINKING CURRENTLY AVAILABLE IN THE HOUSEHOLD? | | 1. YES 2. NO **🡪 SKIP TO F.31** |
| F.27a | | Where did you collect this water?  Je, uliyachota wapi maji haya?  ENTER THE WATER SOURCE ID FROM WATER SOURCE LIST | | |\_\_|\_\_|\_\_|\_\_|\_\_|  Enter 88888 if rainwater collection **🡪 SKIP TO F.27c** |
| F.27b | | Is there a chlorine dispenser at that water source?  Je, kuna dispensa la klorini katika chemichemi lenu la maji? | | 1. YES 2. NO 3. DON’T KNOW |
| F.27c | | OBSERVE: HOW WAS THE WATER STORED? | | 1. IN PLASTIC OR METAL CONTAINERS 2. IN CLAY POTS 3. ROOF TANK OR CISTERN 4. DO NOT STORE WATER 5. DID NOT OBSERVE |
|  | | Have you done anything to make this water less cloudy or safer to drink?  Je umefanya chochote ili kupunguza rangi ya maji haya au kuyafanya kuwa salama ya kunywa? | | 1. YES 2. NO **🡪 SKIP TO F.30** 3. DON’T KNOW **🡪 SKIP TO F.30** |
|  | | What methods did you use to make this water less cloudy or safer to drink?  Ni mbinu gani ulizotumia kupunguza rangi ya maji haya au kuyafanya kuwa salama ya kunywa?  CIRCLE ALL THAT APPLY  DO NOT READ RESPONSES | | 1. CHLORINE FROM DISPENSER 2. CHLORINE FROM BOTTLE 3. VESTERGAARD FRANDSEN LIFESTRAW 4. OTHER METHOD MENTIONED 5. COULD NOT NAME A METHOD **🡪 SKIP TO F.30** |
| F.29a | | When did you last treat this water?  Ni lini mwisho ulitibu maji haya? | | 1. TODAY 2. YESTERDAY 3. DAY BEFORE YESTERDAY 4. 3 OR MORE DAYS AGO |
| F.29b | | Have you added water to the same storage container since treating it?  Je, umeongeza maji mengine katika chombo kile kile cha kuhifadhi maji tangu uyatibu? | | 1. YES 2. NO 3. DON’T KNOW |
|  | | May I collect a small sample of your drinking water?    Naweza kuchukua sampuli kidogo ya maji yako?  **COLLECT FROM SAME CUP OF WATER THAT WAS BROUGHT TO YOU** | | 1. YES, SAMPLE COLLECTED **🡪 TEST THIS WATER ONCE YOU HAVE LEFT THE HOUSEHOLD** 2. NO/REFUSED |
|  | | Were you given a bottle of chlorine by the IPAA? May I see it?  Je, ulipewa chupa ya klorini na IPAA? Je, naweza kuiona? | | 1. YES, PRODUCED IPA-PROVIDED CHLORINE 2. YES, PRODUCED NON-IPA-PROVIDED CHLORINE **🡪 SKIP TO F.32** 3. YES, DID NOT PRODUCE A BOTTLE OF CHLORINE **🡪 SKIP TO F.32** 4. NO **🡪 SKIP TO F.32** 5. DON’T KNOW/DON’T REMEMBER **🡪 SKIP TO F.32** |
| F.31a | | OBSERVE: How much chlorine is left in the bottle? | | 1. Greater than 3/4 full 2. Between 3/4 and 1/2 full 3. Between 1/2 and 1/4 full 4. Less than 1/4 full |
| F.31b | | OBSERVE: Is the clear inner cap present in/with the bottle? | | 1. YES 2. NO |
|  | | Why is water treatment with chlorine important?  Kuna umuhimu gani kutibu maji kwa klorini?  DO NOT READ RESPONSES  CIRCLE ALL THAT APPLY | | 1. PROTECTS HEALTH 2. CHLORINE KILLS GERMS IN WATER 3. EVEN IF WATER LOOKS CLEAN, IT CAN HAVE GERMS 4. GERMS CAN CAUSE DISEASES LIKE DIARRHEA, etc 5. CHLORINE KEEPS WATER SAFE FOR UP TO 3 DAYS AFTER TREATMENT 6. NOT IMPORTANT 7. INCORRECT RESPONSE, SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. OTHER CORRECT RESPONSE, SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. DON’T KNOW/DON’T REMEMBER |
| F.32a | What are the steps for use of the chlorine dispenser for treating clear water (maji safi)?  Ni hatua zipi za kufuata ili kutibu maji safi wka katumia dispensa ya klorini?  CIRCLE ALL THAT ARE MENTIONED.  DO NOT READ RESPONSES.  *% of individuals in target areas who can list the correct steps for Dispenser use* | 1. Wash your jerry can. 2. Add chlorine before adding water / Add chlorine after if jerry can is submerged in source 3. Turn the valve once in a clockwise direction for a 20 L jerry can 4. Let chlorine mix (shake if necessary) 5. Wait 30 minutes before drinking. 6. Use the water within 1-3 days if you are using a plastic jerry can. Use within 1 day if you are using a clay pot for water storage 7. Don’t Know/ Don’t remember how to use dispenser | | |
| Comments on this section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

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| **SANITATION ASSESSMENT**  Administer to Sanitation, WASH, and WASH+ arms | | |
|  | Is there a child 0-36 months in this household?  Katika nyumba hii kunaye mtoto kati ya miezi 0-36? | 1. YES 2. NO **🡪 SKIP TO F.36** |
|  | Where did your youngest child defecate the last time?  Mara ya mwisho, Mtoto wako wa mwisho alienda haja kubwa wapi?  DO NOT READ RESPONSES.  CIRCLE ONLY ONE OPTION. | 1. POTTY (IN COURTYARD) 2. POTTY (IN HOUSE) 3. IN THE COURTYARD (WITHOUT POTTY) 4. INSIDE THE HOUSE (WITHOUT POTTY) 5. OPEN SPACE OUTSIDE THE FRONT YARD 6. BUSH/FOREST/FIELD 7. IN TOILET **🡪 SKIP TO F.36** 8. IN NAPPY/DIAPER 9. OTHER (SPECIFY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. NOT APPLICABLE **🡪 SKIP TO F.36** 11. DON’T KNOW/NOT SURE [PROBE TO SEE IF SOMEONE IN HOUSEHOLD KNOWS] **🡪 SKIP TO F.36** |
|  | Was anything done with the feces?  Kinyesi hicho kilifanyiwa nini?  DO NOT READ RESPONSES  CIRCLE ONLY ONE OPTION | 1. LEFT THERE 2. PUT/RINSED INTO TOILET/LATRINE 3. PUT/RINSED INTO DRAIN OR DITCH 4. THROWN INTO BUSH/FOREST/FIELD 5. THROWN INTO GARBAGE 6. THROWN INTO PIT FOR CHILD FECES 7. BURIED 8. OTHER (SPECIFY): \_\_\_\_\_\_\_\_\_ 9. DON’T KNOW/NOT SURE |
|  | Were you given a POTTY by the IPAA? May I see it?  Je, ulipewa poti na IPAA? Je naweza kuiona?  TIME THIS ACTIVITY USING A STOPWATCH | 1. YES, PRODUCED IPA-PROVIDED POTTY 2. YES, PRODUCED NON-IPA-PROVIDED POTTY 3. YES, DID NOT PRODUCE POTTY **🡪 SKIP TO F.38** 4. NO **🡪 SKIP TO F.38** 5. DON’T KNOW/DON’T REMEMBER **🡪 SKIP TO F.38** |
|  | OBSERVE: Was the POTTY accessible? | 1. EASILY ACCESSIBLE TO A CHILD 2. EASILY ACCESSIBLE TO RESPONDENT 3. NOT EASILY ACCESSIBLE 4. COULD NOT OBSERVE |
| F.37a | OBSERVE: Record the amount of time it takes to retrieve the potty. | |\_\_|\_\_|:|\_\_|\_\_|  MM:SS |
|  | Were you given a KIPUPU by the IPAA? May I see it?  Je, ulipewa kupupu na IPAA? Naweza kuiona?  TIME THIS ACTIVITY USING A STOPWATCH | 1. YES, PRODUCED IPA-PROVIDED KIPUPU 2. YES, PRODUCED NON-IPA-PROVIDED SANI-SCOOPER 3. YES, DID NOT PRODUCE KIPUPU **🡪 SKIP TO F.40** 4. NO **🡪 SKIP TO F.40** 5. DON’T KNOW/DON’T REMEMBER **🡪 SKIP TO F.40** |
|  | OBSERVE: Was the KIPUPU accessible? | 1. EASILY ACCESSIBLE TO A CHILD 2. EASILY ACCESSIBLE TO RESPONDENT 3. NOT EASILY ACCESSIBLE 4. COULD NOT OBSERVE |
| F.39a | OBSERVE: Record the amount of time it takes to retrieve the kipupu. | |\_\_|\_\_|:|\_\_|\_\_|  MM:SS |
|  | Can I observe the toilet facility you use most often?  Naweza kutazama choo unachotumia mara kwa mara? | 1. YES 2. NO, REFUSED **🡪 SKIP TO F.44** |
|  | OBSERVE: Is a latrine cover present in or near the latrine? | 1. YES 2. NO **🡪 SKIP TO F.42a** |
|  | OBSERVE: Is the latrine cover placed over the hole so that flies cannot enter or exit the hole? | 1. FULLY COVERED 2. PARTIALLY COVERED 3. NOT COVERED AT ALL |
| F.42a | OBSERVE: Is stool visible on the slab or floor? | 1. YES 2. NO 3. DON’T KNOW |
|  | Why is proper feces disposal important?  Kuna umuhimu gani wa kutupa kinyesi kwa njia mwafaka?  DO NOT READ RESPONSES  CIRCLE ALL THAT APPLY | 1. PROTECTS HEALTH 2. FECES HAVE GERMS 3. IMPROPER DISPOSAL CAN LEAD TO FECES ON HANDS/IN WATER 4. IMPROPER DISPOSAL CAN LEAD TO INGESTION OF FECES 5. INGESTION OF FECES CAN MAKE A FAMILY SICK 6. NOT IMPORTANT 7. OTHER INCORRECT RESPONSE, SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. OTHER CORRECT RESPONSE (SPECIFY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. DON’T KNOW/DON’T REMEMBER |
| Comments on this section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **HYGIENE ASSESSMENT**  Administer to Hygiene, WASH, and WASH+ arms | | | | | |
| READ: Now I am going to observe the Tippy Taps that were installed a few months ago. Can I see them?  READ: Kwa sasa naenda kutazama chomboa chako cha kunawa mikono ambazo zilijengwa miezi michache iliyopita. Naweza kuziona?  INSTRUCTIONS: FIRST COMPLETE COLUMN A AND THEN PROCEED TO COLUMN B. | | | | | |
| **Observation** | | | 1. **TIPPY TAP 1** | | 1. **TIPPY TAP 2** |
|  | | OBSERVE: Is the tippy tap present? | 1. YES 2. NO **🡪 SKIP TO F.53** | | 1. YES 2. NO **🡪 SKIP TO F.53** |
|  | | OBSERVE: Where is this tippy tap?  CIRCLE ALL THAT APPLY | 1. IN/NEAR MAIN HOUSE (≤2M TO ENTRANCE) 2. IN/NEAR LATRINE (≤2M TO ENTRANCE) OR ALONG THE PATH TO THE LATRINE 3. IN/NEAR COOKING AREA (≤2M TO ENTRANCE) 4. >2M AWAY FROM MAIN HOUSE, LATRINE AND COOKING AREA | | 1. IN/NEAR MAIN HOUSE (≤2M TO ENTRANCE) 2. IN/NEAR LATRINE (≤2M TO ENTRANCE) OR ALONG THE PATH TO THE LATRINE 3. IN/NEAR COOKING AREA (≤2M TO ENTRANCE) 4. >2M AWAY FROM MAIN HOUSE, LATRINE AND COOKING AREA |
| F.45a | Have you or someone in your compound ever moved your tippy tap since it was installed by IPA?  Je wewe au mtu katika boma lako amewahisongeza tippy taps tangu zijengwe na IPA? | 1. YES 2. NO **🡪 SKIP TO F.46** 3. DON’T KNOW **🡪 SKIP TO F.46** | | 1. YES 2. NO **🡪 SKIP TO F.46** 3. DON’T KNOW **🡪 SKIP TO F.46** | |
| F.45b | How often do you move your tippy tap?  Ni baada ya muda gani wewe husongeza tippy taps? | 1. MOVED IT ONCE ONLY 2. MOVE IT A FEW TIMES PER MONTH 3. MOVE IT A FEW TIMES PER WEEK 4. MOVE IT EVERY DAY/NIGHT | | 1. MOVED IT ONCE ONLY 2. MOVE IT A FEW TIMES PER MONTH 3. MOVE IT A FEW TIMES PER WEEK 4. MOVE IT EVERY DAY/NIGHT | |
| F.45c | OBSERVE: Is the tippy tap functional? | 1. YES 2. NO | | 1. YES 2. NO | |
|  | | OBSERVE: Does the tippy tap have soapy water? | 1. YES 2. NO **🡪 SKIP TO F.47a** | | 1. YES 2. NO **🡪 SKIP TO F.47a** |
|  | | OBSERVE: How much soapy water does the tippy tap have? | 1. Less than 1/4 of a jerry can 2. Between 1/4 and 1/2 of a jerry can 3. Greater than 1/2 of a jerry can | | 1. Less than 1/4 of a jerry can 2. Between 1/4 and 1/2 of a jerry can 3. Greater than 1/2 of a jerry can |
| F.47a | | ASK: When did you last add water to the soapy water jerry can?  ASK: Ni lini mwisho uliongeza maji kwa kibuyu cha maji ya sabuni? | 1. TODAY 2. YESTERDAY 3. DAY BEFORE YESTERDAY 4. WITHIN THE LAST WEEK 5. BETWEEN 1 AND 2 WEEKS AGO 6. BETWEEN 2 WEEKS AND 1 MONTH AGO 7. MORE THAN 1 MONTH AGO 8. DON’T KNOW/DON’T REMEMBER | | 1. TODAY 2. YESTERDAY 3. DAY BEFORE YESTERDAY 4. WITHIN THE LAST WEEK 5. BETWEEN 1 AND 2 WEEKS AGO 6. BETWEEN 2 WEEKS AND 1 MONTH AGO 7. MORE THAN 1 MONTH AGO 8. DON’T KNOW/DON’T REMEMBER |
|  | | OBSERVE: Does the tippy tap have plain water? | 1. YES 2. NO **🡪 SKIP TO F.49a** | | 1. YES 2. NO **🡪 SKIP TO F.49a** |
|  | | OBSERVE: How much plain water does the tippy tap have? | 1. Less than 1/4 of a jerry can 2. Between 1/4 and 1/2 of a jerry can 3. Greater than 1/2 of a jerry can | | 1. Less than 1/4 of a jerry can 2. Between 1/4 and 1/2 of a jerry can 3. Greater than 1/2 of a jerry can |
| F.49a | | ASK: When did you last add water to the plain water jerry can?  ASK: Ni lini mwisho uliongeza maji kwa kibuyu cha maji bure? | 1. TODAY 2. YESTERDAY 3. DAY BEFORE YESTERDAY 4. WITHIN THE LAST WEEK 5. BETWEEN 1 AND 2 WEEKS AGO 6. BETWEEN 2 WEEKS AND 1 MONTH AGO 7. MORE THAN 1 MONTH AGO 8. DON’T KNOW/DON’T REMEMBER | | 1. TODAY 2. YESTERDAY 3. DAY BEFORE YESTERDAY 4. WITHIN THE LAST WEEK 5. BETWEEN 1 AND 2 WEEKS AGO 6. BETWEEN 2 WEEKS AND 1 MONTH AGO 7. MORE THAN 1 MONTH AGO 8. DON’T KNOW/DON’T REMEMBER |
|  | | OBSERVE: Does the tippy tap hardware have any problems? | 1. YES 2. NO **🡪 SKIP TO F.52** | | 1. YES 2. NO **🡪 SKIP TO F.52** |
| F.51a | OBSERVE: Are one or both poles missing? | 1. YES **🡪 SKIP TO F.51e** 2. NO | | 1. YES **🡪 SKIP TO F.51e** 2. NO | |
| F.51b | OBSERVE: Are the poles unstable?  ASK: Why are the poles unstable?  ASK: Kwa nini miti/fito haziko imara?  CIRCLE ALL THAT APPLY | 1. YES, Rain/Muddy ground 2. YES, Tippy tap was moved by compound members 3. YES, Children played with tippy tap 4. Yes, Something struck/fell on tippy tap 5. Yes, Termites 6. Yes, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. NO **🡪 SKIP TO F.51e** 8. DON’T KNOW | | 1. YES, Rain/Muddy ground 2. YES, Tippy tap was moved by compound members 3. YES, Children played with tippy tap 4. Yes, Something struck/fell on tippy tap 5. Yes, Termites 6. Yes, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. NO **🡪 SKIP TO F.51e** 8. DON’T KNOW | |
| F.51c | OBSERVE: Is the instability of the poles causing any other problems?  CIRCLE ALL THAT APPLY | 1. Pedals do not tilt jerry cans properly **🡪 SKIP TO F.51e** 2. Male-female joint not functioning 3. NO OTHER ISSUES CAUSED BY POLE INSTABILITY **🡪 SKIP TO F.51e** | | 1. Pedals do not tilt jerry cans properly **🡪 SKIP TO F.51e** 2. Male-female joint not functioning 3. NO OTHER ISSUES CAUSED BY POLE INSTABILITY **🡪 SKIP TO F.51e** | |
| F.51d | OBSERVE: Which male-female joint(s) are not functioning because of pole instability?  CIRCLE ALL THAT APPLY  NOTE: Look at the tippy tap from the side you would use it. | 1. Left zoo joint nonfunctional due to pole instability 2. Center male-female joint nonfunctional due to pole instability 3. Right zoo joint nonfunctional due to pole instability | | 1. Left zoo joint nonfunctional due to pole instability 2. Center male-female joint nonfunctional due to pole instability 3. Right zoo joint nonfunctional due to pole instability | |
| F.51e | OBSERVE: Is there excessive rusting? Where is rusting?  CIRCLE ALL THAT APPLY  NOTE: Look at the tippy tap from the side you would use it. | 1. YES, Left zoo joint 2. YES, Center male-female joint 3. YES, Right zoo joint 4. YES, Right pedal 5. YES, Left pedal 6. NO **🡪 SKIP TO F.51h** | | 1. YES, Left zoo joint 2. YES, Center male-female joint 3. YES, Right zoo joint 4. YES, Right pedal 5. YES, Left pedal 6. NO **🡪 SKIP TO F.51h** | |
| F.51f | OBSERVE: Is the excessive rusting causing any other problems? | 1. Pedals do not tilt jerry cans properly **🡪 SKIP TO F.51h** 2. Male-female joint not functioning 3. NO OTHER ISSUES CAUSED BY RUSTING **🡪 SKIP TO F.51h** | | 1. Pedals do not tilt jerry cans properly **🡪 SKIP TO F.51h** 2. Male-female joint not functioning 3. NO OTHER ISSUES CAUSED BY RUSTING **🡪 SKIP TO F.51h** | |
| F.51g | OBSERVE: Which male-female joint(s) are not functioning because of rust?  CIRCLE ALL THAT APPLY  NOTE: Look at the tippy tap from the side you would use it. | 1. Left zoo joint nonfunctional due to rust 2. Center male-female joint nonfunctional due to rust 3. Right zoo joint nonfunctional due to rust | | 1. Left zoo joint nonfunctional due to rust 2. Center male-female joint nonfunctional due to rust 3. Right zoo joint nonfunctional due to rust | |
| F. 51h | OBSERVE: Are the strings broken, missing, or non-functional?  ASK: What happened to the strings?  ASK: Nini kilitendekea kamba?  CIRCLE ALL THAT APPLY | 1. Yes, Broken 2. Yes, Stolen/missing 3. Yes, Re-purposed 4. YES, Strings not tied well 5. No **🡪 SKIP TO F.51j** 6. DON’T KNOW | | 1. Yes, Broken 2. Yes, Stolen/missing 3. Yes, Re-purposed 4. YES, Strings not tied well 5. No **🡪 SKIP TO F.51j** 6. DON’T KNOW | |
| F.51i | OBSERVE: Is the metal sharp where the strings were tied? | 1. YES 2. NO 3. DON’T KNOW | | 1. YES 2. NO 3. DON’T KNOW | |
| F.51j | OBSERVE: Are one or both pedals missing?  ASK: What happened to the pedal/pedals?  ASK: Nini kilitendekea vikanyagio?  CIRCLE ALL THAT APPLY | 1. Yes, Stolen 2. Yes, Broken 3. Yes, Re-purposed 4. Yes, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. NO 6. DON’T KNOW | | 1. Yes, Stolen 2. Yes, Broken 3. Yes, Re-purposed 4. Yes, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. NO 6. DON’T KNOW | |
| F.51k | OBSERVE: Are there any issues with the metal components of the tippy tap? What issues?  CIRCLE ALL THAT APPLY | 1. YES, Lack of grease on joints 2. YES, Shape of joint is abnormal 3. YES, Shape of U-bar is abnormal 4. YES, Missing components 5. YES, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. NO | | 1. YES, Lack of grease on joints 2. YES, Shape of joint is abnormal 3. YES, Shape of U-bar is abnormal 4. YES, Missing components 5. YES, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. NO | |
| F.51l | ASK: When is the last time the joints were greased?  Ni lini mara ya mwisho sehemu zilizo unganishwa zilipakwa grisi? | 1. WITHIN THE LAST WEEK 2. BETWEEN 1 AND 2 WEEKS AGO 3. BETWEEN 2 WEEKS AND 1 MONTH AGO 4. MORE THAN 1 MONTH AGO 5. NEVER GREASED | | 1. WITHIN THE LAST WEEK 2. BETWEEN 1 AND 2 WEEKS AGO 3. BETWEEN 2 WEEKS AND 1 MONTH AGO 4. MORE THAN 1 MONTH AGO 5. NEVER GREASED | |
| F.51m | OBSERVE: Is the jerry can missing/punctured/damaged?  ASK: What happened to the jerry can(s)?  ASK: Nini kilitendekea vibuyu?  CIRCLE ALL THAT APPLY | 1. YES, Stolen/Missing 2. YES, Punctured 3. YES, Crushed/Misshaped 4. YES, Re-purposed 5. YES, Hole(s) in the top or handles 6. Yes, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. NO 8. DON’T KNOW | | 1. YES, Stolen/Missing 2. YES, Punctured 3. YES, Crushed/Misshaped 4. YES, Re-purposed 5. YES, Hole(s) in the top or handles 6. Yes, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 7. NO 8. DON’T KNOW | |
| F.51n | OBSERVE: Are the fasteners missing/broken?  ASK: What happened to the fastener(s)?  ASK: Nini kilitendeka kwa sehemu za kukaza?  CIRCLE ALL THAT APPLY | 1. YES, Stolen/Missing 2. YES, Removed intentionally 3. YES, Broken 4. YES, Re-purposed 5. YES, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. NO 7. DON’T KNOW | | 1. YES, Stolen/Missing 2. YES, Removed intentionally 3. YES, Broken 4. YES, Re-purposed 5. YES, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. NO 7. DON’T KNOW | |
| F.51o | OBSERVE: Are the stoppers missing/broken?  ASK: What happened to the stopper(s)?  ASK: Nini kilitendekea sehemu za kukaza?  CIRCLE ALL THAT APPLY | 1. YES, Stolen/Missing 2. YES, Removed intentionally 3. YES, Broken 4. YES, Re-purposed 5. YES, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. NO 7. DON’T KNOW | | 1. YES, Stolen/Missing 2. YES, Removed intentionally 3. YES, Broken 4. YES, Re-purposed 5. YES, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. NO 7. DON’T KNOW | |
| F.51p | OBSERVE: Are the nails missing/broken?  ASK: What happened to the nail(s)?  ASK: Nini kilitendekea misumari?  CIRCLE ALL THAT APPLY | 1. YES, Stolen/Missing 2. YES, Removed intentionally 3. YES, Broken 4. YES, Re-purposed 5. YES, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. NO 7. DON’T KNOW | | 1. YES, Stolen/Missing 2. YES, Removed intentionally 3. YES, Broken 4. YES, Re-purposed 5. YES, Other, Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. NO 7. DON’T KNOW | |
| F.51q | OBSERVE: Are the holes in jerry can too small?  Which jerry can(s) has/have holes that are too small to allow the liquid to get out? | 1. YES, Soapy Water 2. YES, Plain Water 3. YES, Both Jerry Cans 4. NO | | 1. YES, Soapy Water 2. YES, Plain Water 3. YES, Both Jerry Cans 4. NO | |
|  | | OBSERVE: Is there mud/visible water underneath the tippy tap indicating use? | 1. YES 2. NO 3. DON’T KNOW | | 1. YES 2. NO 3. DON’T KNOW |
|  | |  | **AFTER ANSWERING,🡪 SKIP TO COLUMN B** | |  |
|  | | Please tell me the critical times to wash your hands with soap.  Tafadhali nielezenyakati muhimu za kuosha mikono kwa sabuni?  MARK ALL THAT APPLY  DO NOT READ RESPONSES | | 1. BEFORE EATING FOOD 2. BEFORE PREPARING FOOD 3. AFTER DEFECATING 4. AFTER CLEANING A CHILD’S FECES 5. OTHER SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 6. DON’T KNOW/DON’T REMEMBER | |
| Comments on this section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

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| **NUTRITION ASSESSMENT**  Administer to Nutrition and WASH+ arms | | |
|  | OBSERVE: Is the study child born?  PROBE TO CONFIRM. | 1. YES 2. NO **🡪 SKIP TO F.59** |
|  | What is [study child]’s date of birth?  Tarehe ya kuzaliwa ya mtoto anayehusishwa kwenye mradi?  (DD/MM/YYYY) | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  IF Day, Month, or Year is unknown, enter 99 (or 9999) |
|  | Did you feed your baby (<6 months) any water, milk, or other food or liquid in addition to breast milk yesterday?  Je, ulimpa mtoto (chini ya miezi sita) wako maji, maziwa, kinywaji au kumlisha chakula kingine kwa kuongezea maziwa ya mama jana? | 1. YES 2. NO 3. NOT APPLICABLE 4. DON’T KNOW |
|  | ASK: Can I please see all of the LNS packets that you currently have?  Tafadhali, naweza kuona paketi zote za mwanzo bora ulizo nazo kwa sasa?  COUNT ALL LNS PACKETS AND REPORT THE NUMBER HERE | |\_\_|\_\_|\_\_| NUMBER OF LNS PACKETS  ENTER 000 IF NONE HAVE BEEN DELIVERED  ENTER 999 IF YOU COULD NOT OBSERVE |
|  | OBSERVE: Record information recorded about LNS packets in the Mama Tracking Booklet. Are there any deliveries marked? | 1. YES   Date Packets were last delivered (DD/MM/YYYY): |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_|  Number of packets at household: |\_\_|\_\_|\_\_|  Number of packets delivered: |\_\_|\_\_|\_\_|   1. NO |
|  | How soon should you begin to breastfeed your child after birth?  Je, unapaswa kumnyonyesha mtoto wako baada ya muda gani baada ya kujifungua?  DO NOT READ RESPONSES | 1. Within the first hour 2. Between 1 hour and 24 hours 3. Between 1 day and 3 days 4. Greater than 3 days 5. DON’T KNOW/ DON’T REMEMBER |
|  | For how long after birth should you feed your child only breast milk?  Baada ya kujifungua,ni kwa muda upi unapaswa kumnyonyesha mtoto bila ya kumpa vyakula au vinywaji vingine.  CIRCLE ONLY ONE OPTION. | 1. |\_\_|\_\_| DAYS 2. |\_\_|\_\_| WEEKS 3. |\_\_|\_\_| MONTHS |
|  | What are the three food groups for a balanced diet?  Vikundi vitatu vya lishe bora ni vipi?  CIRCLE ALL THAT APPLY  DO NOT READ RESPONSES | 1. Energy giving 2. Body building 3. Protective foods. 4. OTHER 5. DON’T KNOW/ DON’T REMEMBER |
| Comments on this section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **RESIDUAL CHLORINE TEST**  Administer to Water, WASH, and WASH+ arms if water sample was collected. | | |
|  | TEST FOR **FREE RESIDUAL CHLORINE ONCE YOU HAVE LEFT THE HOUSEHOLD AFTER SURVEY HAS ENDED**  LEVEL OF **FREE** CHLORINE  MARK “99.9” IF COULD NOT TEST | |\_\_|\_\_|.|\_\_| mg / L |
|  | TEST FOR **TOTAL RESIDUAL CHLORINE ONCE YOU HAVE LEFT THE HOUSEHOLD AFTER SURVEY HAS ENDED**  LEVEL OF **TOTAL** CHLORINE  MARK “99.9” IF COULD NOT TEST | |\_\_|\_\_|.|\_\_| mg / L |
|  | Record time chlorine was measured. | |\_\_|\_\_|:|\_\_|\_\_| 24 HOUR TIME |
| Comments on this section:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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|  | Interview END time (HH:MM): | |\_\_|\_\_|:|\_\_|\_\_| 24 HOUR TIME |