**WATER, SANITATION AND HYGIENE (WASH) SURVEY**

**For Households in**

**………….. District, ……………… Province, Vietnam**

|  |  |  |
| --- | --- | --- |
| **District** |  | Remarks |
| **Town** |  |  |
| **Hamlet** |  |  |
| **Surveyor** |  |  |
| **House No.** |  |  |
| **GPS position** |  | Must provide using mobile phone app |
| **Survey No./ Reference** |  |  |
| **Date** |  |  |

IFC

Dear Mr / Mrs

The purpose of the interview was to find out the living conditions and needs of the community for water supply, sanitation and hygine, thereby researching to improve/build the water supply and drainage and sanitation systems to best suit the needs of the community. Your opinion is very important to us because it is necessary information to help us develop a project that meets the needs of the people. Therefore, we are looking forward to your help and cooperation.

Sincerely,

*Note : The surveyor circled the selected options .*

*Surveyor shall take pictures of the interview and pictures of the houses, particularly focusing on pictures of water supply sources (e.g., well, pumps, storages) and sanitation facilities (e.g., toilets, sewage pipe and connection).*

# **General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **A1** | **Respondent’s Name** |  | |
|  |  |  | |
| **A2** | **Age** |  | |
|  |  |  | |
| **A3** | **Gender** | 1. Male | 2. Female |
|  |  |  |  |
| **A4** | **Academic Level** |  |  |
|  | 1. Illiterate | 3. Secondary school | 5. Vocational school |
|  | 2. Primary school | 4. High school | 6. College/University or above |
|  |  |  |  |
| **A5** | **Occupation** |  |  |
|  | 1. Government employee | 4. Skill laborer | 7. Retirement |
|  | 2. Farmers/Fishman | 5. Un-skill laborer | 8. Housewife/househusband |
|  | 3. Self-employed as sale/service | 6. Student | 9. Other ……………………. |
|  |  |  |  |
| **A6** | **Relationship with the household head** | | |
|  | 1. Household Head | 4. Parents | 7. Relatives |
|  | 2. Spouse | 5. Grandparents | 8. Housekeeper |
|  | 3. Child | 6. Sibling | 9. Other ……………………. |
|  |  |  |  |
| **A7** | **Total family members currently living in this house** | | **…………………………** |
|  | of which how many are | A7.1 | Female ………………… |
|  |  | A7.2 | Male ………………… |
| *Note: These members should live and share meals together for a minimum of six (6) months (including helper). Other members who are away and have registered temporary residence elsewhere shall not be counted.* | | | |
|  |  |  |  |
| **A8** | **Does your family have the following assets? And how many** | | |
| A8.1 | Motorcycle | If Yes, please select 1, if No, please select 2. | If Yes, please indicate how many (in numbers) |
| A8.2 | Car | 1 2 | ………… |
| A8.3 | Television | 1 2 | ………… |
| A8.4 | Fridge | 1 2 | ………… |
| A8.5 | Air conditioner | 1 2 | ………… |
| A8.6 | Washing machine | 1 2 | ………… |
| A8.7 | Water heater for bath | 1 2 | ………… |
| A8.8 | Computer/Laptop | 1 2 | ………… |
| A8.9 | Landline/Mobile | 1 2 | ………… |
| A8.10 | ADSL internet for home connection | 1 2 | ………… |
| A8.11 | Expensive furniture | 1 2 | ………… |
|  |  |  |  |
| **A9** | **The surveyor observes and classifies types and conditions of the house**  *The surveyor should take picture/video of the house and save the records properly for post-validation* | | |
|  | **Type of houses** | **Conditions of houses**  *1 - Newly constructed house with no sign of damage*  *2 - House constructed about 5 years with minor damages*  *3 - House constructed about 10 years old with considerable damages that need frequent maintenance*  *4 - House constructed more than 10 years old and have significant damages/deteriorations*  *5 – House is very old and with severe damages/deteriorations* | |
| A9.1 | Cottage or Soil Wall | 1 2 3 4 5 | |
| A9.2 | Traditional Vietnamese Wooden house | 1 2 3 4 5 | |
| A9.3 | Traditional brick house 1 floor (level 4) | 1 2 3 4 5 | |
| A9.4 | RC frame with brick wall 1 floor | 1 2 3 4 5 | |
| A9.5 | RC frame with brick wall 2 floor or above | 1 2 3 4 5 | |
| A9.6 | Others ………………….. | 1 2 3 4 5 | |
|  |  |  |  |
| **A10** | **Ownership of the house** |  |  |
|  | 1. Owned | 3. Care taking |  |
|  | 2. Rented | 4. Others ………………… |  |
|  |  |  |  |
| **A11** | **Household Expenses** | **Monthly Estimate (VND)** | **Yearly Estimate (VND)** |
|  | Note: It is important for the surveyor to ask the respondent appropriately this type of question to extract data. Respondents might not completely remember or have records on expenses; thus, the Surveyors shall discuss with the respondent in a way that information/data can be extracted (e.g., from daily date 🡪 monthly data, or vice versa) | | |
| **A11.1** | **Total monthly expense** |  |  |
| A11.2 | House rental |  |  |
| A11.3 | Food/Groceries |  |  |
| A11.4 | Education |  |  |
| A11.5 | Health Care |  |  |
| A11.6 | Energy and power consumption (gas, electricity, coal) |  |  |
| A11.7 | Communication (phone/mobile) |  |  |
| A11.8 | Bottled/mineralized water |  |  |
| A11.9 | Clean water excluding bottled/mineralized water) |  |  |
| A11.10 | Cleaning services |  |  |
| A11.11 | House repairmen/ maintenance |  |  |
| A11.12 | Investment in farming/gardening |  |  |
| A11.13 | Investment in business |  |  |
| A11.14 | Transportation |  |  |
| A11.15 | Entertainments (Drinking, smoking, partying) |  |  |
| A11.16 | Others ………………… |  |  |
|  |  |  |  |
| **A12** | **Family Financial Sources** |  |  |
|  | *Note: It is necessary to convert additional sources of self-sufficiency for household meals such as vegetables, chickens, ducks, etc., into money to calculate the total income. (ii) The objective of this question is only to calculate the percentage of payments from sewerage services to total household income and expenditure per month. (iii)* ***Income is always equal to or greater than expenditure*** *(including household borrowing...this is included in total income)* | | |
|  |  | In one Month (VND) | In one crop season/year (then converting to month) (VND) |
| **A12.1** | **Total Income** |  |  |
| A12.2 | Family-owned Agriculture Works (e.g., rice, crops, farming, animal husbandry) |  |  |
| A12.3 | Fixed wage paid by the employer |  |  |
| A12.4 | Pension |  |  |
| A12.5 | Self-business (sale/service) |  |  |
| A12.6 | Saving |  |  |
| A12.7 | Gifted by children/relatives |  |  |
| A12.8 | Off crop season part time works |  |  |
| A12.9 | Other (…………… ) |  |  |
|  |  |  |  |
| **A13.1** | **How do you rank your household financial situation/incomes in comparison with neighboring families** | | |
|  | Criteria | Self-rated household | Surveyor’s Rating |
|  | 1. Poor | 1 | 1 |
|  | 2. Average | 2 | 2 |
|  | 3. Well-off | 3 | 3 |
|  | 4. Rich | 4 | 4 |
|  |  |  |  |
| A13.2 | Does your family live affordably with the current income? | | |
|  | 1. Yes | 2. No |  |
|  | If you answer No, please indicate how much total income (VND) per month that you will think your family can live affordably?  ……………………………………………………VND | | |

# **Current situation/condition of existing water supply**

|  |  |  |
| --- | --- | --- |
| **B1** | **Which of the following water sources are being utilized in your family? (*you can select more than one option*)**  **and does your family use filter for them** | |
|  | **Water sources** | **Using additional Filter**  1 – Yes 2 - No |
| B1.1 | 1. Bottled water (10 litters, 0.5 litter) |  |
| B1.2 | 2. Clean water (non-bottled water) provided via a supply network | 1 2 |
| B1.3 | 3. Rainwater | 1 2 |
| B1.4 | 4. Well water | 1 2 |
| B1.5 | 5. Dug well water | 1 2 |
| B1.6 | 6. Surface water (pond, river, lake) | 1 2 |
| B1.7 | 7. Clean water supplied by bulk tank (transported by vehicles) | 1 2 |
| B1.8 | 8. Others ……………………………………………. | 1 2 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **B2** | **Which of the following purposes are used for different sources of water?**  **Tick X in the corresponding Cells of the table** | | | | | |
|  | **Water Sources** | **Purposes** | | | | **Quality** |
| 1. Cooking | 2. Drinking | 3. Bathing | 4. Washing |  |
| 1 | Bottled water (10 litters, 0.5 litter) |  |  |  |  |  |
| 2 | Clean water (non-bottled water) provided via a supply network |  |  |  |  |  |
| 3 | Rainwater |  |  |  |  |  |
| 4 | Well water |  |  |  |  |  |
| 5 | Dug well water |  |  |  |  |  |
| 6 | Surface water (pond, river, lake) |  |  |  |  |  |
| 7 | Clean water supplied by bulk tank (transported by vehicles) |  |  |  |  |  |
| 8 | Others…………………………. |  |  |  |  |  |
| *Water quality code*  *1. Water is clear and clean*  *2. The water is clear but smells*  *3. Not clear and smell/color*  *4. Dust*  *5. Other ( write clear )* | | | | | | |

|  |  |
| --- | --- |
| **B3** | **How much (in cubic meter – m3) on average is the volume of water used for domestic consumption?** |
|  | ………………………………………..m3 |
|  | (A unit of measure can be used locally, such as a bucket to help respondents estimate the amount of water.) |

|  |  |  |  |
| --- | --- | --- | --- |
| **B4** | **Is that volume sufficient/enough for domestic consumption?** | | |
|  | 1. Enough |  |  |
|  | 2. Not enough | 🡪 go to B5 |  |
|  |  |  |  |
| **B5** | **If not enough, kindly specify the volume of water that you think to be enough**  ……………………………………m3/month | | |
|  |  |  |  |
| **B6** | **Which of the following storage facilities do you have in your house?** | | |
|  | 1. Overhead tank | 3. Bucket | 5. Others …………….. |
|  | 2. Underground tank | 4. Drum |  |
| **B7** | **Did you experience any contaminant of your water sources** | | |
|  | **Water sources** | **1 – Yes 2- No** | **Remarks (if any)** |
| 1 | Bottled water (10 litters, 0.5 litter) | 1 2 |  |
| 2 | Clean water (non-bottled water) provided via a supply network | 1 2 |  |
| 3 | Rainwater | 1 2 |  |
| 4 | Well water | 1 2 |  |
| 5 | Dug well water | 1 2 |  |
| 6 | Surface water (pond, river, lake) | 1 2 |  |
| 7 | Clean water supplied by bulk tank (transported by vehicles) | 1 2 |  |
| 8 | Others…………………………. | 1 2 |  |
| **B8** | **Are you aware of any source of risk/hazard in your area that might affect the quality of the existing water sources**  Note: many industrial plants and manufacturing businesses might discharge harmful substances and chemicals into the environment. Overuse of insecticides and pesticides might lead to high concentration of non-organic substances in the surface water and ground table water. Surveyors need to explain these risks to respondents in case they are not familiar with technical terms. | | |
|  | 1. Yes | Please describe the risk/hazard ………………………… | |
|  | 2. No | ………………………………………………………… | |
| **B9** | **Over the last 10 years, how much did you spend on constructing/developing your existing water sources, connection, equipment and storage tanks?**  Note: in case the investment is more than 10 years, surveyor shall make a remark on the answer. Escalation rate shall be considered later during the data analysis phase. | | |
|  | 1. less than 2 million VND | 5. 8 million -10 million VND | |
|  | 2. 2 million - 3 million VND | 6. 10 million to 15 million VND | |
|  | 3. 3 million – 5 million VND | 7. 15 million to 20 million VND | |
|  | 4. 5 million – 8 million VND | 8. More than 20 million | |

|  |  |  |  |
| --- | --- | --- | --- |
| **B10** | **Availability and Reliability of Water Sources** | | |
|  | **Water sources** | **1 – Reliable  2- Not Reliable** | **Remarks (if any)** |
| 1 | Bottled water (10 litters, 0.5 litter) | 1 2 |  |
| 2 | Clean water (non-bottled water) provided via a supply network | 1 2 |  |
| 3 | Rainwater | 1 2 |  |
| 4 | Well water | 1 2 |  |
| 5 | Dug well water | 1 2 |  |
| 6 | Surface water (pond, river, lake) | 1 2 |  |
| 7 | Clean water supplied by bulk tank (transported by vehicles) | 1 2 |  |
| 8 | Others…………………………. | 1 2 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **B11** | **Time of the day when water is available**  Tick X on the cells | | | | | | |
|  | **Water sources** | 1-4 AM | 4-8AM | 8-12PM | 12PM-4PM | 4-8PM | 8-12AM |
| 1 | Bottled water (10 litters, 0.5 litter) |  |  |  |  |  |  |
| 2 | Clean water (non-bottled water) provided via a supply network |  |  |  |  |  |  |
| 3 | Rainwater |  |  |  |  |  |  |
| 4 | Well water |  |  |  |  |  |  |
| 5 | Dug well water |  |  |  |  |  |  |
| 6 | Surface water (pond, river, lake) |  |  |  |  |  |  |
| 7 | Clean water supplied by bulk tank (transported by vehicles) |  |  |  |  |  |  |
| 8 | Others…………………………. |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **B12** | **Duration of Daily Water Services (Choose only for Water Source that you think this question is for)**  Tick X on the cells | | | | | |
|  | **Water sources** | 24 hours | 18-23 hours | 12-17 hours | 6-11 hours | < 6 hours |
| 1 | Bottled water (10 litters, 0.5 litter) |  |  |  |  |  |
| 2 | Clean water (non-bottled water) provided via a supply network |  |  |  |  |  |
| 3 | Rainwater |  |  |  |  |  |
| 4 | Well water |  |  |  |  |  |
| 5 | Dug well water |  |  |  |  |  |
| 6 | Surface water (pond, river, lake) |  |  |  |  |  |
| 7 | Clean water supplied by bulk tank (transported by vehicles) |  |  |  |  |  |
| 8 | Others…………………………. |  |  |  |  |  |

# **Current situation/condition of drainage**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C1** | **Do you know where the domestic wastewater of households in the community is drained?** | | | |
|  | 1. Yes | 🡪 go to C2 | |  |
|  | 2. No | 🡪 go to C3 | |  |
| **C2** | **Where is the wastewater of households in your group/family area being drained? (Choose 1 option)** | | | |
|  | 1. to the common sewage drain | | 3. Surface run-off and self-permeable (pond/garden) | |
|  | 2. to the rain water drain | | 4. Others. ………. | |
| **C3** | **In the community where you live (in the group/cluster), Has there ever been a flood?** | | | |
|  | 1. Yes | 🡪 go to C4 | |  |
|  | 2. No | 🡪 go to C5 | |  |
| **C4** | **On average, how many times does flooding happen a year? (choose 1 option)** | | | |
|  | 1. 1-2 times | | 3. More than 5 times | |
|  | 2. 3-4 times | |  | |
| **C5** | **When a flood occurs, how long does it take for the water to recede? (choose 1 option)** | | | |
|  | 1. less than 1 hour | 3. 4-5 hours | | 5. 2 days |
|  | 2. 2-3 hours | 4. >5 hours to 1 day | | 6. >3 days |
| **C6** | **What is the cause of the flooding?** | | | |
|  | 1. Intense long heavy rain | 3. Poor and insufficient drainage system | | 5. Others ….. |
|  | 2. Low terrain/elevation | 4. No drainage system | |  |
| **C7** | **Which of the following options do you think the best solution for short to medium development of community drainage system?** | | | |
|  | 1. Build a new system | | | 3. Do Nothing |
|  | 2. Major renovate existing system | | | 4. Others …………… |

# **Current situation/condition of sanitation and hygine**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **D1** | **Does your family have its own toilet?** | | | | | |
|  | 1. Yes | 🡪 go to D2 | | |  | |
|  | 2. No | 🡪 go to D3 | | |  | |
| **D2** | **What is the reason for not having owned toilet in your family?** | | | | | |
|  | 1. No footprint | | | 3. Can use with other houses or use community toilet | | |
|  | 2. Can poo in nearby pond/ river, field, sea | | | 4. Others …. | | |
| **D3** | **What is the type of toilet in your house?** | | | | | |
|  | 1. Single compartment/digging toilet | | 3. Septic toilet (2 compartments - 3 compartments) | | | 5. Toilet with 2 compartments for agriculture |
|  | 2. Toilet flushing (feces. directly discharged into ponds/lakes/rivers | | 4. Absorbent/flushing toilets | | | 6. Others …………………. |
| **D4** | **How old is your toilet?** | | | | | |
|  | 1. <3 years | 3. 5-8 years | | | 5. 10 years plus | |
|  | 2. 3-5 years | 4. 8-10 years | | | 6. Others …………. | |
| **D5** | **Does your family make compost of fertilizer for crops?** | | | | | |
|  | 1. Yes | 2. No | | |  | |
| **D6** | **If Yes, how long do you usually compost before bringing it out to fertilize?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_days | | | | | |
| **D7** | **Have you ever applied fresh (un-composted) fertilizer directly to plants? (Choose 1 option)** | | | | | |
|  | 1. Regularly | 2. Sometimes | | | 3. Never | |
| **D8** | **Surveyor evaluates the level of hygiene as he observes the house.** | | | | | |
|  | 1. Not Clean | 3. Clean | | | 5. Super clean | |
|  | 2. Somewhat clean | 4. Very clean | | |  | |

# **Waste and Solid Waste management**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **E1** | **How is your household's household garbage collected and treated? (Can choose more than one option)** | | | | |
|  |  | | Yes | | No |
| E1.1 | 1. Burn/bury in your garden | | 1 | | 2 |
| E1.2 | 2. Brought to public landfill | | 1 | | 2 |
| E1.3 | 3. Pour into barns | | 1 | | 2 |
| E1.4 | 4. Throw in the field/bush/crown/pond/canal | | 1 | | 2 |
| E1.5 | 5. The cleaning team collects garbage every day | | 1 | | 2 |
| **E2** | **Does your family separate solid waste and general waste before taking it out for dumping/burning/burial? (Choose 1 option)** | | | | |
|  | 1. Often | 2. Sometimes | | 3. Never | |

*Questions E3 to E4 are only for households currently using waste collection*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E3** | **Does your family have to pay for garbage collection?** | | | |
|  | 1. Yes | The amount is ………………………. VND/household/month | | |
|  | 2. No |  | |  |
| **E4** | **How often is the waste collected?** | | | |
|  | 1. Do not know | | 2. 2-3 days |  |
|  | 2. Daily | | 3. Others …………. |  |
| **E5** | **Approximately how far is the distance from your family to the garbage collection point** \_\_\_\_\_\_\_\_km? | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **E6** | **In your opinion, does the garbage collection site meet hygienic standards in the community?** | | |
|  | 1. Hygiene | 3. Contaminating the living environment for the surrounding households | 5. Others ………. |
|  | 2. Water often stagnates at the garbage collection point when it rains | 4. Pollution of underground water |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **E7** | **In your opinion, are there any outstanding environmental problems in the community?** | | |
|  | 1. Yes | 2. No |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **E8** | **If yes, what are the most prominent environmental issues in your opinion? (select up to 5 options only)** | | |
|  |  | Yes | No |
| E8.1 | Flooding in the rainy season | 1 | 2 |
| E8.2 | Garbage is not collected and thrown indiscriminately | 1 | 2 |
| E8.3 | Don't provide clean water | 1 | 2 |
| E8.4 | Pollution of domestic water from underground wells/river water | 1 | 2 |
| E8.5 | There is no proper, hygienic latrine | 1 | 2 |
| E8.6 | Pollution from wastewater | 1 | 2 |
| E8.7 | Lack of drainage system | 1 | 2 |
| E8.8 | Air pollution /smog | 1 | 2 |
| E8.9 | Noise pollution | 1 | 2 |
| E8.10 | Vegetables contaminated with drugs | 1 | 2 |
| E8.11 | Other ……………………………….. | 1 | 2 |

# **Awareness and behaviors in the community of health and sanitation**

|  |  |  |  |
| --- | --- | --- | --- |
| **F1. According to you, which of the following diseases often occur in the community/family?** You can choose more than one choice, select 1 if YES and 0 if No. | | | |
| 1. Flu | 1 2 | 10. Gynecological | 1 2 |
| 2. Headache | 1 2 | 11. Helminths | 1 2 |
| 3. Diarrhea | 1 2 | 12. Hepatitis A | 1 2 |
| 4. Dysentery | 1 2 | 13. Dermatology | 1 2 |
| 5. Malaria | 1 2 | 14. Stomach diseases | 1 2 |
| 6. Dengue | 1 2 | 15. Cancer | 1 2 |
| 7. Cholera | 1 2 | 16. Food poisoning | 1 2 |
| 8. Eye diseases | 1 2 | 17. Amoebiasis | 1 2 |
| 9. Respiratory diseases | 1 2 | 18. Others ………. | 1 2 |

|  |  |
| --- | --- |
| **F2.** | **In the past month, has anyone in your family suffered from the diseases mentioned above?** *(The investigator records the code of diseases that the family member has.)*…………………………………………………. |

|  |  |  |  |
| --- | --- | --- | --- |
| **F3.** | **In your opinion, is the water source used by the household for eating/drinking contaminated/poisonous?** | | |
|  | 1. Do not know | 2. I think it might contain but I don’t know exact what it is | 3. I know exactly what they are |

|  |  |  |  |
| --- | --- | --- | --- |
| **F4.** | **In your opinion, what kind of water is called good/clean/safe water, please name those standards?**  *(no suggestions for respondents - Multiple options can be selected)* | | |
|  | 1. Do not know | 4. No unusual taste | 7. Others …………. |
|  | 2. Clear and colorless | 5. No toxins and pathogenic bacteria |  |
|  | 3. Odorless | 6. Has been inspected by MoH/Stage agency |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **F5.** | **Do you think about the benefits if the locality is invested in building a centralized portable water treatment plant and a distribution system?** | | |
|  | 1. Do not know | 5. Clean environment | 9. Have a business/service opportunity |
|  | 2. Health protection | 6. Reduce cost for water use | 10. No water borne disease |
|  | 3. Convenient | 7. Better living conditions | 11. Others …………. |
|  | 4. Quality of water can be guaranteed without harmful contaminants | 8. Sufficient amount of water can be delivered continuously |  |

# **Demand and Willingess to pay**

|  |  |
| --- | --- |
| **G1.** | **Are you willing to connect to the network if the charge is affordable? Or you still prefer to use the existing water source.** |
|  | 1. I am willing to connect to the network |
|  | 2. I still can use my existing water source because I have already invested in it |
|  | 3. I am unsure and uncertain as there can be a lot of change in policies and service charges, which already happened in other provinces in Vietnam. |

|  |  |  |  |
| --- | --- | --- | --- |
| **G2.** | **For having more reliable water supply and better quality of water, are you willing to pay additional expenses on top of existing expense for water consumption?** | | |
|  | 1. Yes | 2. No |  |

|  |  |
| --- | --- |
| **G3.** | **If No, what is the reason leading to your decision?** |
|  | ………………………………………………………………………………….. |

|  |  |  |
| --- | --- | --- |
| **G4.** | **If Yes, how many percentage of increase that you can afford and willing to pay for?** | |
|  | 1. 1-5% of increase in existing expense |  |
|  | 2. 5-10% of increase in existing expense |  |
|  | 3. 10-15% of increase in existing expense |  |
|  | 4. 15-20% of increase in existing expense |  |
|  | 5. More than 20% |  |

|  |  |  |
| --- | --- | --- |
| **G5.** | **Specifically, what will be the affordable service charge for you to pay for 1 cubic of treated water? Or per month** | |
|  | For 1 cubic meter of water (in VND) | Per month |
|  | …………………………VND | ……………………………………VND |

|  |  |  |
| --- | --- | --- |
| **G6.** | **Aside from paying for monthly water fee, are you willing to pay for initial investment cost for connection pipes, pumps, and new storage tank (if required) to the nearest new water distribution pipe, which will be likely located in nearby road or pathway?** | |
|  | 1. Yes | 2. No |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **G7.** | **If Yes, what will be the maximum amount of investment that you think you can invest?** | |
|  | 1. less than 2 million VND | 5. 8 million -10 million VND |
|  | 2. 2 million - 3 million VND | 6. 10 million to 15 million VND |
|  | 3. 3 million – 5 million VND | 7. 15 million to 20 million VND |
|  | 4. 5 million – 8 million VND | 8. More than 20 million |

|  |  |
| --- | --- |
| **G8.** | **If the WTP is selected to be in your farm/agriculture land, are you willing to collaborate with the developer and local authority for site compensation and clearance?** |
|  | 1. No, I want to keep my land for farm/agriculture purpose |
|  | 2. I might consider if the compensation fee is about right |