

## **CHOLERA/WASH RAPID ASSESSMENT- HOUSEHOLD**

*INTRODUCTION - Out of respect for the interviewee please complete this section before arriving at the household.*

### **Preliminary questions**

**PRE1. County (to be filled)**

Garissa  
Kiambu

Mandera  
Nairobi City

Tana River  
Wajir

**PRE2. Sub – County (to be filled)**

*To be completed p-code*

**PRE3. Ward (optional)**

*If needed*

**PRE4. Date**

**PRE5. ID/Name of the collector**

### **CONSENT**

IMPORTANT. Please be aware of any disabilities the respondent might present. This questionnaire is made to be read out loud and the person should provide an answer. If the respondent is not able to do so, make sure you have at least one alternative like one copy of the printed questionnaire so the person can read it or the questionnaire printed in big letters.

Don't discard a person as a possible responder due to some kind of disability.

The following statement is to be read to the head of the household or, if they are absent, another adult member of the house before the interview.

• Hello, my name is \_\_\_\_\_ and I work with [organization/institution]. We would like to invite your household to participate in a survey that is looking at the needs related to water, sanitation and hygiene of people living in this [camp / survey area]. Taking part in this survey is totally your choice. You can decide to not participate, or if you do participate you can stop taking part in this survey at any time for any reason. If you stop being in this survey, it will not have any negative effects on how you or your household is treated or what assistance you receive.

If you agree to participate, we will ask you some questions about your access to water, sanitation, hygiene and cholera. Be assured that any information that you will provide will be kept strictly confidential.

You can ask me any question that you have about this survey before you decide to participate or not. If you do not understand the information or if your questions were not answered to your satisfaction, do not declare your consent on this form. Thank you.

I agree to participate and give my consent that the data collected during this is being used for research purposes.

- ☐ **Yes**
- ☐ **No**

*\*If the person doesn't consent, you can't continue with the questionnaire*

## SURVEY

<b>GENERAL</b>		
<b>Age:</b> Child lead household /+18 – 25 / 25 – 55 /55 – 99/ Don't know		
<b>Gender:</b> Female/Male/Others		
<b>Disability: Does anyone in the household have any problems with the following:</b> <i>Type the number of household member with the different disabilities</i>		
Difficulty hearing: Difficulty walking or climbing steps: Difficulty remembering or concentrating: Difficulty with self-care, such as washing all over or dressing: Difficulty communicating, for example understanding or being understood: No difficulties (add total number of household members):		
<b>Water</b>		
<b>Main drinking water source</b>		
W1	What is the main source of DRINKING water for members of your household?  <i>Please emphasize that you are interested in the source for DRINKING WATER, not other purposes.</i>	<input type="checkbox"/> Public tap <input type="checkbox"/> Piped water <input type="checkbox"/> River <input type="checkbox"/> Lake/Pond <input type="checkbox"/> Rainwater <input type="checkbox"/> Protected Spring <input type="checkbox"/> Unprotected spring <input type="checkbox"/> Borehole <input type="checkbox"/> Protected well <input type="checkbox"/> Unprotected well <input type="checkbox"/> Water trucking distribution points <input type="checkbox"/> Water kiosk <input type="checkbox"/> Bottled water <input type="checkbox"/> <b>Other</b>
W1a	If <b>Other</b> , specify	
W2	Do you find any problems accessing your main water source?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/> I don't know
W2a	If <b>Yes</b> , specify	<input type="checkbox"/> Water points are too far <input type="checkbox"/> Risk of sexual exploitation or abuse <input type="checkbox"/> Water points are difficult to reach <input type="checkbox"/> Fetching water is a dangerous activity <input type="checkbox"/> Insufficient number of functioning water points <input type="checkbox"/> Have to share with animals/livestock <input type="checkbox"/> Not enough containers to store the water <input type="checkbox"/> Water is not available at the market <input type="checkbox"/> Water is too expensive <input type="checkbox"/> Don't like the taste/quality of water <input type="checkbox"/> No one can assist me <input type="checkbox"/> I don't know how to access <input type="checkbox"/> Cannot stand for long/no priority lane <input type="checkbox"/> Negative attitudes toward me when I went <input type="checkbox"/> Can't carry water home

		<input type="checkbox"/> Family did not want me to go to the water point <input type="checkbox"/> Other
W2b	If <b>Other</b> , specify	
<b>Location of drinking water source</b>		
W3	Where is that water collected from?	<input type="checkbox"/> In own dwelling <input type="checkbox"/> In own yard / plot <input type="checkbox"/> Elsewhere
<b>Time to collect drinking water</b>		
W4	Who is responsible in the household for collecting water?	<input type="checkbox"/> Adult woman <input type="checkbox"/> Adult man <input type="checkbox"/> Female child <input type="checkbox"/> Male child <input type="checkbox"/> Elderly woman <input type="checkbox"/> Elderly man <input type="checkbox"/> Don't know
W5	How long does it take to go there (walking), get water, and come back?	<input type="checkbox"/> 0-5 minutes <input type="checkbox"/> 5-10 minutes <input type="checkbox"/> 10-30 minutes <input type="checkbox"/> more than 30 minutes <input type="checkbox"/> more than 1 hour <input type="checkbox"/> Don't know
W5a	Please specify if the time is not walking distance and it is with another transport method	<input type="checkbox"/> Motorbike <input type="checkbox"/> Bicycle <input type="checkbox"/> Car <input type="checkbox"/> Other
<b>Availability of drinking water</b>		
W6	In the LAST MONTH, has there been any time when your household did not have enough DRINKING WATER when needed?  <i>Please emphasize that you are interested in DRINKING WATER, not water for other purposes.</i>	<input type="checkbox"/> Yes, at least once <input type="checkbox"/> No, always sufficient <input type="checkbox"/> Don't know
<b>Household water treatment and safe storage</b>		
W7	Have you or any other household members done anything to the water to make it safer to drink?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/> I want but I can't due to difficulties <input type="checkbox"/> I want but I am not allowed <input type="checkbox"/> Don't know
W7a	If <b>Yes</b> , what do you usually do to the water to make it safer to drink?	<input type="checkbox"/> Boil <input type="checkbox"/> Add bleach / chlorine <input type="checkbox"/> Strain it through a cloth <input type="checkbox"/> Use water filter (ceramic, sand, composite, reverse osmosis, etc.) <input type="checkbox"/> Solar disinfection <input type="checkbox"/> Let it stand and settle <input type="checkbox"/> Don't know <input type="checkbox"/> <b>Other</b>
W7b	If <b>Other</b> , specify	
W8	What do you use to transport water?	<input type="checkbox"/> Jerry can <input type="checkbox"/> Bucket <input type="checkbox"/> Basin <input type="checkbox"/> Plastic bag <input type="checkbox"/> <b>Other</b>
W8a	If <b>Other</b> , specify	
W9	How do you or other members of your household store the drinking water?	<input type="checkbox"/> Container with lid <input type="checkbox"/> Container

		<input type="checkbox"/> Plastic water bottles <input type="checkbox"/> I can't store it <input type="checkbox"/> <b>Other</b>
W9a	If <b>Other</b> , specify	
<b>Sanitation</b>		
<b>Sanitation facility</b>		
S1	Where do you go to defecate (adapt to context)	<input type="checkbox"/> <b>Latrine/toilet in my household</b> <input type="checkbox"/> Public latrine <input type="checkbox"/> No facility/Bush/Field <input type="checkbox"/> <b>Other</b>
S1a	If <b>Other</b> , specify	
S1b	Is the <b>latrine/toilet in your household</b> shared with other people from the community?	<input type="checkbox"/> Is for the members of the household <input type="checkbox"/> Is shared with others
<b>Location of sanitation facility</b>		
S2	Do you find any problems to access the latrine?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
S2a	If <b>Yes</b> , specify	<input type="checkbox"/> Difficulty in physically accessing (stairs, vegetation in the middle...) <input type="checkbox"/> Feeling insecurity <input type="checkbox"/> Latrine/toilet area is not safe <input type="checkbox"/> Latrines/toilets are not gender separated <input type="checkbox"/> Latrines/toilets are not functioning <input type="checkbox"/> Latrines/toilets have no lock <input type="checkbox"/> Latrines/toilets have no light <input type="checkbox"/> Nobody to assist me <input type="checkbox"/> Latrines/toilets are too far <input type="checkbox"/> Negative attitudes toward me when I went <input type="checkbox"/> Latrine/Toilet uncleanliness <input type="checkbox"/> I have restrictions due to my period <input type="checkbox"/> <b>Other</b>
S2b	If <b>Other</b> , specify	
S3	Do you experience problems regarding the latrine when it rains?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/> I don't know
	If <b>Yes</b> , specify	
S4	<b>(Observation)</b> Is the distance between the latrine and a water source at least 30m?  <i>You can assess this distance by walking doing big steps 30 times.</i>	<input type="checkbox"/> Is less than 30m <input type="checkbox"/> Is more than 30m <input type="checkbox"/> No possibility to measure <input type="checkbox"/> <b>Other</b>
S4a	If <b>Other</b> , specify	
<b>Waste management</b>		
WM1	<b>(Observation)</b> Can you observe stagnant water around the household? Are there appropriate drainages? Is there enough slope to act as drainage?	
WM2	<b>(Observation)</b> Can you observe waste around the household? Inadequate smell?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No
WM2a	If <b>Yes</b> please specify what type and what you can observe	
WM3	What do you do with waste disposal?	<input type="checkbox"/> Bring to a collection place <input type="checkbox"/> Burn it at household <input type="checkbox"/> Burn it elsewhere

		<input type="checkbox"/> Buried at household <input type="checkbox"/> Buried elsewhere <input type="checkbox"/> Random place <input type="checkbox"/> <b>Other</b>
WD3a	If <b>Other</b> , specify	
<b>Hygiene</b>		
H1	Do you have a handwashing station at home?  <i>If the handwashing station is situated outside the household, ask if you can observe it and mark the answer</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Other</b>
H1a	If <b>Other</b> , specify	
H2	Do you have soap available?  <i>If the handwashing station is situated outside the household, ask if you can observe it and mark if there is soap available</i>	<input type="checkbox"/> Yes <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Other</b>
H2a	If <b>No</b> , why?	<input type="checkbox"/> Soap is too expensive <input type="checkbox"/> I am not allowed to use it <input type="checkbox"/> The I use another method to clean my hands <input type="checkbox"/> I don't think I need it <input type="checkbox"/> I don't know
H2b	If <b>Other</b> , specify	
<b>Food hygiene</b>		
FH1	What hygiene practices do you observe when you handle food?  <i>Don't read the answers, mark all that apply</i>	<input type="checkbox"/> Wash the food with water <input type="checkbox"/> Peel the food <input type="checkbox"/> Cover it from flies <input type="checkbox"/> Eat it when hot <input type="checkbox"/> Store it safely <input type="checkbox"/> I can't practice food hygiene <input type="checkbox"/> Others
FH1a	If <b>Other</b> , specify	
<b>Cholera</b>		
<b>Cholera risk perception</b>		
C1	Is diarrhoea/cholera a problem in your neighborhood / community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
C2	Do you think diarrhoea/cholera is a health risk to you and your family?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<b>Health Seeking Behavior</b>		
C3	Please tell me all the ways to prevent you or your household members from getting diarrhoea / cholera.	<input type="checkbox"/> Store water safely <input type="checkbox"/> Boil or treat your water/drink clean water <input type="checkbox"/> Wash hands with soap and water <input type="checkbox"/> Wash fruits and vegetables <input type="checkbox"/> Cook food well <input type="checkbox"/> Cover food <input type="checkbox"/> Breastfeeding babies <input type="checkbox"/> Cleaning cooking utensils <input type="checkbox"/> Clean home with broom / water <input type="checkbox"/> Clean home with disinfectant / bleach / detergent <input type="checkbox"/> Use toilet/latrine facility to defecate

		<input type="checkbox"/> Dispose of children's faeces in toilet/latrine <input type="checkbox"/> Bury faeces <input type="checkbox"/> Receive a vaccine <input type="checkbox"/> Prayers <input type="checkbox"/> I don't know <input type="checkbox"/> <b>Other</b>
C3a	If <b>Other</b> , specify	
C4	<p>If you suspected that a member of your household had diarrhoea/cholera, what would you do?</p> <p><i>Do not read out loud, tick each answer mentioned</i></p>	<input type="checkbox"/> Nothing, because I don't know <input type="checkbox"/> Nothing, because I can't <input type="checkbox"/> Give the sick person water to drink <input type="checkbox"/> Give the sick person Oral Rehydration Solution (ORS) to drink <input type="checkbox"/> Call or go to traditional healer / unlicensed drug shop <input type="checkbox"/> Go to the nearest doctor / health center / pharmacy <input type="checkbox"/> Go to the Oral Rehydration Point (ORP) <input type="checkbox"/> Don't know <input type="checkbox"/> <b>Other</b>
C4a	If <b>Other</b> , specify	
C5	Do you know what is Oral Rehydration Solution?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/> Don't know
C5a	<p>If <b>Yes</b>, do you know how to prepare it?</p> <p><i>When the person explains, mark all that are mentioned</i></p>	<input type="checkbox"/> Water <input type="checkbox"/> Safe water <input type="checkbox"/> Sugar <input type="checkbox"/> Salt <input type="checkbox"/> 6 teaspoons of sugar <input type="checkbox"/> ½ teaspoon of salt <input type="checkbox"/> <b>Other</b>
C5b	If <b>Other</b> , specify	
<b>Community resilience</b>		
C6	How long does it take (walking one way) you to get to the nearest health post/clinic/hospital?	<input type="checkbox"/> Less than 30 min <input type="checkbox"/> Between 30-59 min <input type="checkbox"/> 1-2 hours <input type="checkbox"/> 2-3 hours <input type="checkbox"/> More than 3 hours <input type="checkbox"/> Don't know
C6a	Indicate if the distance is collected for another method that is not walking	<input type="checkbox"/> Motorbike <input type="checkbox"/> Bicycle <input type="checkbox"/> Car <input type="checkbox"/> Public transport <input type="checkbox"/> Other
C7	Do you have to pay to receive health services at the health center?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> <b>Other</b>
C7a	If <b>Other</b> , specify	
C8	Does distance, payment or something else prevent you from going to the health center when suspicion of diarrhoea/cholera?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> No <input type="checkbox"/> <b>Sometimes</b>

C8a	If <b>Yes or Sometimes</b> , specify	<input type="checkbox"/> The distance <input type="checkbox"/> The payment <input type="checkbox"/> No female staff in HCF <input type="checkbox"/> The route is too dangerous <input type="checkbox"/> Assaults happened to other members of the community accessing the HCF <input type="checkbox"/> Inadequate, wrong, aggressive behavior in the HCF <input type="checkbox"/> Other
C8b	Specify the health post/health center	
C9	In the last month, have you received information on how to prevent and treat diarrhea/cholera?  <i>Probe: Has there ever been any health promotion initiative in your neighbourhood / community?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes but I couldn't understand/not appropriate for me <input type="checkbox"/> No
C10	What was the source of information you received health related information?  <i>Do not read. Check all that are mentioned</i>	<input type="checkbox"/> Radio <input type="checkbox"/> Clinician/Healthcare worker <input type="checkbox"/> Family member <input type="checkbox"/> Community health worker visiting home <input type="checkbox"/> TV <input type="checkbox"/> Neighbour/friend <input type="checkbox"/> Community meeting <input type="checkbox"/> Religious leader <input type="checkbox"/> <b>Other</b>
C10a	If <b>Other</b> , specify	
C11	What source of information do you trust the most?  <i>Do not read. Check all that are mentioned</i>	<input type="checkbox"/> Radio <input type="checkbox"/> Clinician/Healthcare worker <input type="checkbox"/> Family member <input type="checkbox"/> Community health worker visiting home <input type="checkbox"/> TV <input type="checkbox"/> Neighbour/friend <input type="checkbox"/> Community meeting <input type="checkbox"/> Religious leader <input type="checkbox"/> <b>Other</b>
C11a	If <b>Other</b> , specify	

**Don't forget to thank the responder for her/his time.  
Thank you so much for you collaboration and have a nice day.**

*DON'T READ We should have a feedback method, for example that the results are shared (no GPS) with community leaders, chiefs of ward etc.*

**Please collect a GPS point of the household interviewed (please step outside (no roof/tree))**

**OPTIONAL – Water quality testing**

Drinking Water Quality		
Drinking water quality in the household		
WQ1	Can you please show me where the members of your household STORE/FETCH drinking water AT HOME so that I can test the water quality?	<i>Sample collected</i> <i>Sample NOT collected</i>

WQ1a	Why were you not able to collect a water sample?	<i>No permission / unavailable No testing kit available</i>
WQ2	Which of the following water samples have you collected?	<i>Residual Chlorine (DPD 1) H2S (DPD 4) E. Coli None</i>
WQ2a	What is the result of the test for residual chlorine (if test performed) in mg/L?	<i>0 &lt; 0.2mg/L 0,2 – 0,5 mg/L 0,5 – 1 mg/L &gt; 1mg/L</i>
WQ2b	What is the result of the H2S test?	<i>Present Absent Don't know</i>
WQ2c	What is the result of the test for E.Coli (if test performed) in FCU/100ml? <i>Conduct tests within 30 mins of collecting samples. Record 3 digit count of colonies If 101 or more colonies counted, record 101 If not possible to read/results lost, record 998.</i>	
<b>Drinking water quality at the source</b>		
WQ3	Can you please show me the SOURCE where the members of your household collect drinking water so that I can test the water quality?  <i>Record 3 digit count of colonies If 101 or more colonies counted, record 101 If not possible to read/results lost, record 998.</i>	<i>Sample collected Sample NOT collected</i>
WQ3a	Take a picture of the water source (ask for permission if needed)	
WQ4	Which of the following water samples have you collected?	<i>Residual Chlorine (DPD 1) H2S (DPD 4) E. Coli None</i>
WQ4a	What is the result of the test for residual chlorine (if test performed) in mg/L?	<i>0 &lt; 0.2mg/L 0,2 – 0,5 mg/L 0,5 – 1 mg/L &gt; 1mg/L</i>
WQ4b	What is the result of the H2S test?	<i>Present Absent Don't know</i>
WQ4c	What is the result of the test for E.Coli (if test performed) in FCU/100ml? <i>Conduct tests within 30 mins of collecting samples. Record 3 digit count of colonies If 101 or more colonies counted, record 101 If not possible to read/results lost, record 998.</i>	