



KAPE

Questionnaire
Variations

APPENDIX XIII:

KAPE Questionnaire Variations: Maternal and Newborn Health (Practitioners)

COMMUNITY ASSESSMENT SURVEY ON HEALTH CARE FACILITY QUESTIONNAIRE
FOR COMMUNITY PROFESSIONALS/PRACTITIONERS

INTRODUCTION AND INSTRUCTIONS:

Hello. I am _____ and this is _____ (translator/facilitator). Thank you for agreeing to participate in this questionnaire. Today I will ask you some general questions about yourself and your community. You do not have to answer any questions that you do not want to. We know you are very busy. Participation is your choice, and it is okay to say no. We do not have money to give you. Would you like to participate in the survey?

Was the participant informed? **Please circle:** **Yes** **No**
Is he/she willing to participate? **Please circle:** **Yes** **No**

Signature (Interviewer): _____

Signature (Interviewee): _____

GENERAL BACKGROUND

I would like to begin by asking you some general questions about you and your health care facility.

1. What service level is this health care facility?

2. How many departments are in your facility?

3. In total, how many staff are in your facility/department? (*circle either facility or department*)

4. How many patients come to your facility per day?

5. Are they usually accompanied by family members?

6. What distance do patients travel to get to your facility?

7. What is the basic fee for a clinic visit?

8. What is the cost for an anti-natal visit?

9. What is the cost for a delivery?

10. What is the cost for a caesarian-section?

11. What is your position?

12. What is the highest level of education that you have?

13. How long have you worked here?

14. What are you proud of about your facility/department? *(circle either facility or department)*

15. What are the major health challenges facing your patients right now?

16. What are the major challenges facing your facility/department right now? *(circle either facility or department)*

17. How are these challenges different from the challenges you've faced 5 years ago?

18. How do you cope with these challenges?

RECORD KEEPING

19. Do you chart records? Yes No

20. Who records the information?

21. What data do you collect?

(Prompt: births; deaths; HIV/AIDS; acute illnesses; pregnancy related complications)

22. Are records reported out? Yes No

23. If yes, who reports them and to who?

24. How do you access records of the patient's prior visit(s) to the facility?

25. Do you register births? Yes No

- a) Do you record deaths? Yes No
- b) Do you record neo-natal deaths? Yes No
- c) Are they also registered as births? Yes No

MATERNAL/NEONATAL HEALTH INFORMATION

26. In general, how would you rate/describe the condition of your facility?

Very Good Good Moderate Bad Very Bad

27. In general, how would you rate/describe access to potable water at your facility?

Very Good Good Moderate Bad Very Bad

28. In general, how would you rate/describe access to sanitation at your facility?

Very Good Good Moderate Bad Very Bad

29. a) In general, how would you rate/describe the health of your incoming patients?

Very Good Good Moderate Bad Very Bad

b) What are the main health problems of incoming patients?
(Prompt: malnutrition; anemia; acute illness — diarrhea, malaria; HIV/AIDS; pregnancy related complications)

30. What percentage of women coming for delivery have had any prenatal care?

31. What percentage of women from your area do you think come to give birth rather than at home?

32. a) In general, how would you rate/describe the health of the babies when born?

- Very Good
 Good
 Moderate
 Bad
 Very Bad

b) What are the main health problems that the babies face?
 (Prompt: premature; low birth weight; APCAR; jaundice; HIV/AIDS)

33. What working equipment do you have in your facility/department? (circle either facility or department) Please fill in the chart below:

EQUIPMENT	ALWAYS	SOMETIMES	NEVER
Delivery gloves with long sleeves			
Incubators (how many?)			
Blood			
Drugs			
Beds			
Ultrasound			
Weighing scale for baby			
Mosquito nets			
Other (please indicate)			

WATER, SANITATION AND HYGIENE NEEDS

Thank you. The next set of questions relates to current water and sanitation needs in your facility.

34. What are the main sources of water for staff in your facility/department? (circle either facility or department)

SOURCE OF WATER	YES/NO	DISTANCE FROM THE FACILITY/DEPARTMENT
Piped water into each department		
Piped water into a central location		
Public tap/standpipe		
Tubewell/borehole		
Protected dug well		
Unprotected dug well		
Protected spring		
Unprotected spring		
Rainwater collection		
Bottled water		
Cart with small tank/drum		
Tanker-truck		
Surface water (river, dam, lake, pond, stream, canal, irrigation channels)		
Other (specify)		

44. How often do they have clean water?

Always Mostly Sometimes Rarely Never

45. Do the hand washing stations have soap? Always Sometimes Never

46. Do you use non-water based hand washing? Please circle: Yes No

If yes, please describe: _____

47. How would you describe hygiene in the facility/department? (circle either facility or department)

Very Good Good Moderate Bad Very Bad

48. a) Do you think hygiene impacts on the health of the patients? Yes No

If so how? _____

b) Does the level of access to water and sanitation impact on this? Yes No

If so how? _____

49. a) Do you think hygiene impacts on the health of the staff? Yes No

If so how? _____

b) Does the level of access to water and sanitation impact on this? Yes No

If so how? _____

50. In your experience, can you please tell me some of the things (programs or activities) that your facility/department does to promote health, safe drinking water and/or sanitation? (circle either facility or department)

51. Do you feel that these things (programs or activities) are effective in promoting health, safe drinking water and/or sanitation? Why or why not?

52. What do you see as the biggest accomplishment your facility/department has made in improving access to water and/or sanitation? (circle either facility or department)

53. What do you see as the most important priority for your department/facility as you seek to improve access to water and sanitation? (Prompt: why is this important?)

CONCLUSION

Thank you so much for your time and contributions. This is the end of our questions, but we would still welcome any additional comments, ideas, or concerns that you have. Is there anything we forgot or anything you would like to add?

APPENDIX XIV:

KAPE Questionnaire Variations: Health Care (Patients)

INTRODUCTION AND INSTRUCTIONS:

Hello. I am _____ and this is _____ (translator/facilitator). Thank you for agreeing to participate in this questionnaire. Today I will ask you some general questions about yourself and your community. You do not have to answer any questions that you do not want to. We know you are very busy. Participation is your choice, and it is okay to say no. We do not have money to give you. Would you like to participate in the survey?

Was the participant informed?	Please circle:	Yes	No
Is he/she willing to participate?	Please circle:	Yes	No

Signature (Interviewer): _____

Signature (Interviewee): _____

GENERAL BACKGROUND

I would like to begin by asking you some general questions about you and your household.

1. How many people live in your household?

2. How many children who live in your household are <1 years of age?

3. How many children who live in your household are between 1 and 5 years of age?

4. How many children who live in your household are between 5 and 16 years of age?

5. How many of your children go to school?

6. a) Have you been to school? Yes No

b) If yes, how far did you go in school?

- Some primary
- Complete primary
- Some secondary
- Complete secondary
- Beyond secondary

7. What do you do for work?

8. How long have you had this job?

9. Were you born in the city/village/tribe where you currently live?

- Yes No Don't Know

10. How long have you lived here?

COMMUNITY AND HOME HEALTH INFORMATION

11. In general, how would you rate/describe the health of your community?

- Very Good Good Moderate Bad Very Bad

12. In general, how would you rate/describe your family's health?

- Very Good Good Moderate Bad Very Bad

13. In general, how would you rate/describe the health of your children <1 years of age?

- Very Good Good Moderate Bad Very Bad

14. In general, how would you rate/describe the health of your children between 1 and 5 years of age?

- Very Good Good Moderate Bad Very Bad

15. In general, how would you rate/describe the health of your children between 5 and 16 years of age?

- Very Good Good Moderate Bad Very Bad

16. What are the main health problems in your community face?

(Prompts: pregnancy, diarrhea, fever)

17. What are the main health problems that your children and other children in your community face?

(Prompts: diarrhea, fever, rash)

18. a) Have any of your household members, including children, have suffered from diarrhea in the past 2 weeks?

Diarrhoea is defined as the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual.

- Yes No

b) If yes, how many?

c) If yes, how many were children < 5 years of age?

d) Please fill in the following table:

CHILD	AGE	TREATMENT FOR DIARRHEA (Yes , No or DK)	WHAT KIND OF TREATMENT? [traditional medicine/healer; buy medicine from pharmacy/kiosk; visit the health care/doctor; other (specify)]	HAS YOUR CHILD HAD ANY OTHER ILLNESSES? (Yes, No, DK) If yes, please explain.
Child #1				
Child #2				
Child #3				
Child #4				
Child #5				

19. From whom do you learn about health information, such as ways to keep your children healthy or ways to ensure that you are healthy and can work?

(Prompt: health practitioner, public information, NGO, relative)?

20. From whom would you prefer to learn about health information?

(Prompt: head mama, women's group leader, public health nurse, someone from outside the community)

21. How regularly, to the best of your knowledge, do your neighbours use soap? If they do use soap, what do they use it for?

(Prompt: dish washing, laundry, hand washing, bathing)

22. Do you regularly use soap? Yes No Don't Know

a) If yes, what do you use it for?

(Prompts: dish washing, laundry, hand washing, bathing)

b) If no, why not?

I would like to ask you a few questions about how children in your household use soap for hand washing.

23. Please indicate in the following chart how often and when your children <5 years of age use soap for hand washing at the following times.

ACTIVITY	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS
Before eating					
After eating					
Before cooking					
After urinating					
After defecating					
Before sleeping					
Upon waking					
When hands are dirty					
When bathing					
Other (specify)					

24. a) Do you currently have a cake of soap in your home?

Yes No Don't Know

b) If so, where do you keep it?

25. a) Do you currently have liquid soap for handwashing in your home?

Yes No Don't Know

b) If so, where do you keep it?

HEALTH CARE FACILITY

26. How long does it take you to get to the closest health care provider?

27. How long have you used this health care provider?

28. What have you used this health care provider for?

(Prompt: anemia; acute illnesses; prenatal care; pregnancy related complications; HIV/AIDS)

29. What health care providers have you see in the past year? (Prompts: physician, nurse, traditional healer, herbalist)

30. Do the health care professionals record the information from your visit?

Yes No

31. What information do the health care professionals ask you for?

32. In general, how would you rate/describe the condition of this facility and why?

Very Good Good Moderate Bad Very Bad

Please explain: _____

33. In general, how would you rate/describe the services of this facility and why?

Very Good Good Moderate Bad Very Bad

Please explain: _____

34. What additional services do you think should be provided?

MATERNAL/NEONATAL HEALTH INFORMATION

35. a) Have you used this health care facility for prenatal care in your last pregnancy?

Yes No

b) Why or why not?

If yes was answered for Question 34, please answer the following. Otherwise go to Question 41.

36. a) What care did you receive?

b) Why or why not?

37. How would you rate this care?

Very Good Good Moderate Bad Very Bad

38. In general, how would you rate/describe the health of your baby when born?

Very Good Good Moderate Bad Very Bad

39. a) Do you think that most women in your community use the health care facility for prenatal care?

Yes No

b) Why or why not?

40. What percentage of women do you think come to give birth here at the facility rather than at home?

41. Why do you think that women choose to give birth at home instead of at the clinic?

WATER, SANITATION, AND HYGIENE AT HEALTH CARE FACILITY

42. What are the main sources of water at this health care facility?

SOURCE OF WATER	YES/NO	DISTANCE FROM THE FACILITY/DEPARTMENT
Piped water into each department		
Piped water into a central location		
Public tap/standpipe		
Tubewell/borehole		
Protected dug well		
Unprotected dug well		
Protected spring		
Unprotected spring		
Rainwater collection		
Bottled water		
Cart with small tank/drum		
Tanker-truck		
Surface water (river, dam, lake, pond, stream, canal, irrigation channels)		
Other (specify)		

43. Have these water sources changed from the past? If so, how and why?

44. What is the water used for?

(Prompts: medical; hand washing; food preparation)

45. Is safe water accessible for patients and families? Yes No

46. Is safe water accessible for the local community? Yes No

47. Are there hand washing stations at the health care facility? Yes No

48. How often do they have running water?

Very Good Good Moderate Bad Very Bad

49. Do the hand washing stations have soap?

- Always** **Mostly** **Sometimes** **Rarely** **Never**

50. a) Does the health care facility use non-water based hand washing? **Yes** **No**

If yes, please describe:

b) How would you describe hygiene at the health care facility?

- Very Good** **Good** **Moderate** **Bad** **Very Bad**

51. a) Do you think hygiene impacts on the health of the patients? **Yes** **No**

If so, how?

b) Does the level of access to water and sanitation affect hygiene? **Yes** **No**

If so how?

52. a) Do you think hygiene is import to the health of the staff? **Yes** **No**

If so how?

b) Does the level of access to water and sanitation affect the health of staff on this? **Yes** **No**

If so how?

LOCAL PERCEPTIONS AND BEHAVIOURS RELATED TO WATER AND HEALTH

53. Where do you get information from on health, water, and sanitation?

(Prompt: medical practitioners, community resource persons, child in school, radio/TV, newspapers, community meetings, posters, neighbours, aid workers, religious leaders)

54. Have you ever received any information regarding diarrhea?

Yes No Don't Know

If yes, what was the source of the information?

(Prompt: medical practitioners, community resource persons, child in school, radio/TV, newspapers, community meetings, posters, religious leaders, neighbor)

55. Has your child/children received any teachings about diarrhea at school?

Yes No Don't Know

56. What did they learn about preventing diarrhoea?

(Prompt: treat drinking water; wash hands after visiting the latrine; wash hands before eating; use the latrine)

57. Do you know what causes diarrhoea?

(Prompt: drinking Bad water; eating Bad food; flies/insects; poor hygiene; spirits/curse/Bad omen)

58. How can you prevent you or your family from getting sick/diarrhoea?

(Prompt: cannot prevent; herbs; wash hands; cook food thoroughly; boil and treat water; clean cooking utensils/vessels)

CONCLUSION

Thank you so much for your time and contributions. This is the end of our questions, but we would still welcome any additional comments, ideas, or concerns that you have. Is there anything we forgot or anything you would like to add?

APPENDIX XV:

KAPE Questionnaire Variations: Anaerobic Digestion (Community Leader)

Used in Uganda; translated into Lugandan and Runyankore

INTRODUCTION AND INSTRUCTIONS:

Hello. I am _____ and this is _____ (translator/facilitator). Thank you for agreeing to participate in this questionnaire. Today I will ask you some general questions about yourself and your community. You do not have to answer any questions that you do not want to. We know you are very busy. Participation is your choice, and it is okay to say no. We do not have money to give you. Would you like to participate in the survey?

Was the participant informed?	Please circle:	Yes	No
Is he/she willing to participate?	Please circle:	Yes	No

Signature (Interviewer): _____

Signature (Interviewee): _____

GENERAL BACKGROUND

I would like to begin by asking you some general questions about you and your community.

1. *How many people live in your community?
2. *How many households are in your community?
3. *How many of the people are children are <16 years of age?
4. *How many children in your community are <5 years of age?
5. *How many schools are in your community?
6. *How many people are educated? What is the highest level of education?

7. *What types of jobs are available in your community?

8. What do you estimate is the average daily income in your community?

9. What do you do for work?

10. How long have you lived here in your community?

11. What are you proud of about your community?

12. You have been identified as a respected leader in this community.

- a) How long have you had this job?
 - b) What is your role in this community?
-

c) How are you involved in community activities?

13. Who are the vulnerable people in your community?

14. What are the major challenges facing your community right now?

15. How are these challenges different from the challenges you've faced in the past?

16. How does the community cope with these challenges?

COMMUNITY HEALTH INFORMATION

Through these questions, we hope that your community can begin to understand the health concerns of you and your children. These questions will help us to work with you in achieving your community's goals.

17. a) *In general, how would you rate the health of your community?

Very Good Good Moderate Bad Very Bad

b) *What are the main health problems that people in your community face?

18. a) *In general, how would you rate the health of men in your community?

Very Good Good Moderate Bad Very Bad

b) *What are the main health problems that men in your community face?

19. a) *In general, how would you rate the health of women in your community?

Very Good Good Moderate Bad Very Bad

b) *What are the main health problems that women in your community face?

20. a) *In general, how would you rate the health of your children <5 years of age?

Very Good Good Moderate Bad Very Bad

b) *What are the main health problems that children <5 years of age in your community face?

21. *What are the main causes of health problems in your community?

22. a) Where is the closest health care provider?

b) What services do they provide?

HEALTH, WATER AND SANITATION NEEDS

Thank you. The next set of questions relates to current water and sanitation needs in your community.

23. *What are the main sources of drinking water for members in your community?

SOURCE OF WATER	YES/NO	# OF COMMUNITY MEMBERS
Piped water into a dwelling		
Piped water into a yard/plot		
Public tap/standpipe		
Tubewell/borehole		
Protected dug well		
Unprotected dug well		
Protected spring		
Unprotected spring		
Rainwater collection		
Bottled water		
Cart with small tank/drum		
Tanker-truck		
Surface water (river, dam, lake, pond, stream, canal, irrigation channels)		
Other (specify)		

24. Have these water sources changed from the past? If so, how and why?

25. What uses the most water in your community
(Prompt: crops, Animals, drinking water for people)

26. *What is the priority water use in your community?

27. In your opinion, what are the main factors that determine whether families have access to safe water in your community?
(Prompt: wealth, location in village, position of power)

28. a) How would you rate any current community sanitation and toilet facilities in this area?

Very Good Good Moderate Bad Very Bad

b) Please describe these facilities:

29. In your opinion, what are the main factors that determine whether families have access to sanitation in your community?

30. *Please rate your community on the following statements:

(1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = Moderately agree, 5 = strongly agree)

a) **Community members are interested in becoming involved in water related issues**

b) **Community members are aware about water related issues in your community**

c) **Community members have knowledge about water related issues in your community**

31. In your experience, can you please tell me some of the things (programs or activities) that your community does to promote health, safe drinking water and/or sanitation?

32. Do you feel that these things (programs or activities) are effective in promoting health, safe drinking water and/or sanitation? Why or why not?

33. What do you see as the biggest accomplishment your community has made in improving access to water and/or sanitation?

34. What do you see as the most important priority for your community as you seek to improve access to water and sanitation? (Prompt: why is this important?)

SANITATION AND ENERGY NEEDS: BEHAVIORS AND PERCEPTIONS

35. Please rank (hi, medium or low) the current energy sources in your community:

	USE (Hi/Med/Low)	AVAILABILITY (Hi/Med/Low)	PURPOSE (Hi/Med/Low)
Charcoal			
Firewood			
Electricity			
Natural gas			
Kerosene			

36. a) Have you ever heard of anaerobic digestion and its by-products (Biogas, sludge pellets, etc.)?

Yes No

b) If yes, what was the source of this information?

37. In your opinion, what do you think are some of the preconceived perceptions your community has about the use of human waste by-products as fertiliser?

38. In your opinion, what do you think are some of the preconceived perceptions your community has about the use of treated human waste by-products (i.e., fuel pellets or briquettes) as a fuel resource in domestic settings?

39. In your opinion, what do you think are some of the preconceived perceptions your community has about the use of biogas from human waste by-products for lighting?

40. In your opinion, what do you think are some of the preconceived perceptions your community has about the use of biogas from human waste by-products for cooking?

41. Would you promote the use of the human waste by-products (Biogas, sludge pellets) as a source of domestic fuel in your community if it proved to be (choose all that apply):

- Cheaper than your current source of energy**
- More efficient than the currently popular energy sources**
- Better for trees, the environment in general, sustainable**
- Meant improved sanitation facilities for your community**
- Safe and not harmful to health**
- Easy to use and time efficient**
- The norm/popular**
- Provided an income source to improve water and sanitation access for your community**

If not, why not?

42. What information would you need to change your mind?

43. Would you support the introduction of community anaerobic digestion toilet facilities?

- Yes** **No**

If not, why not?

CONCLUSION

Thank you so much for your time and contributions. This is the end of our questions, but we would still welcome any additional comments, ideas, or concerns that you have. Is there anything we forgot or anything you would like to add?

APPENDIX XVI:

KAPE Questionnaire Variations: Anaerobic Digestion (Community Member)

INTRODUCTION AND INSTRUCTIONS:

Hello. I am _____ and this is _____ (translator/facilitator). Thank you for agreeing to participate in this questionnaire. Today I will ask you some general questions about yourself and your community. You do not have to answer any questions that you do not want to. We know you are very busy. Participation is your choice, and it is okay to say no. We do not have money to give you. Would you like to participate in the survey?

Was the participant informed?	Please circle:	Yes	No
Is he/she willing to participate?	Please circle:	Yes	No

Signature (Interviewer): _____

Signature (Interviewee): _____

GENERAL BACKGROUND

I would like to begin by asking you some general questions about you and your community.

1. *How many people live in your household?

2. *How many of the people who live in your household are children <16 years of age?

3. *How many children who live in your household are <5 years of age?

4. *How many of your children go to school?

5. *Have you been to school? (If so: how far did you go in school?)

6. *What do you do for work?

7. *How long have you had this job?

8. *Were you born in the city/village/tribe where you currently live?

Yes No Don't Know

9. *How long have you lived here?

10. *What are you proud of about your community?

11. *What are the major challenges facing your community right now?

12. *How are these challenges different from the challenges you've faced in the past?

13. *How does the community cope with these challenges?

14. *What do you estimate is the average daily income in your community?

15. *Based on this average daily income estimation in your community, would you rank your household income as:

- Above Average Average Below Average

COMMUNITY HEALTH INFORMATION

Through these questions, we hope that your community can begin to understand the health concerns of you and your children. These questions will help us to work with you in achieving your community's goals.

16. *In general, how would you rate the health of your community?

- Very Good Good Moderate Bad Very Bad

17. *In general, how would you rate your family's health?

- Very Good Good Moderate Bad Very Bad

18. *In general, how would you rate the health of your children <5 years of age?

- Very Good Good Moderate Bad Very Bad

19. *What are the main health problems that people in your community face?

20. *What are the main health problems that your children and other children in your community face?

21. *What are the main causes of health problems in your community?

22. *How long does it take you to get to the closest health care provider?

23. *Have any of your children below 5 years suffered from diarrhea in the past 2 weeks?

Note: diarrhea is defined as the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual

- Yes No

24. Fill in the following table:

CHILD	AGE	TREATMENT FOR DIARRHEA (Yes , No or DK)	WHAT KIND OF TREATMENT? [traditional medicine/healer; buy medicine from pharmacy/kiosk; visit the health care/doctor; other (specify)]	HAS YOUR CHILD HAD ANY OTHER ILLNESSES? (Yes, No, DK) If yes, please explain
Child #1				
Child #2				
Child #3				
Child #4				
Child #5				

WATER NEEDS

Thank you. The next set of questions relates to current water and sanitation needs in your community.

25. *What are the main sources of drinking water for members in your household?

SOURCE OF WATER	CHECK Yes OR No		FREQUENCY (# of times per week)	USED IN DRY OR WET SEASON (Check which apply)	
	YES	NO		DRY	WET
Piped water into a dwelling					
Piped water into a yard/plot					
Public tap/standpipe					
Tubewell/borehole					
Protected dug well					
Unprotected dug well					
Protected spring					
Unprotected spring					
Rainwater collection					
Bottled water					
Cart with small tank/drum					
Tanker-truck					
Surface water (river, dam, lake, pond, stream, canal, irrigation channels)					
Other (specify)					

26. *Have these water sources changed from the past? If so, how and why?

27. *What is the main source of water used by your household for other purposes, such as cooking and hand washing etc.?

SOURCE OF WATER	YES/NO	FREQUENCY (# OF TIMES PER WEEK)
Piped water into a dwelling		
Piped water into a yard/plot		
Public tap/standpipe		
Tubewell/borehole		
Protected dug well		
Unprotected dug well		
Protected spring		
Unprotected spring		
Rainwater collection		
Bottled water		
Cart with small tank/drum		
Tanker-truck		
Surface water (river, dam, lake, pond, stream, canal, irrigation channels)		
Other (specify)		

28. *Who has the major responsibility for water collection for your household?

- Adult woman
- Adult man
- Female child (<15 years)
- Male child (<15 years)
- Don't know

29. *How long does it take one person to go to your water source, get water, and come back?

30. a) *How many trips round trips are made in total by your family each day to collect water?

b) *How many people make these trips?

31. *What uses the most water in your community?

32. *What is the priority water use in your household?

33. a) *How do you know when the water you use is clean and/or safe?

34. *If it is not clean and/or safe, what things have you done to try to deal with it?

35. *Do you treat your water in any way to make it safer to drink?

Yes No Don't Know

36. a) *What do you usually do to the water to make it safer to drink?

(Prompts: boil; add bleach/chlorine; strain it through a cloth; use a water filter; solar disinfection; let it stand and settle)

b) *Why do you treat it?

37. *In your opinion, what are the main factors that determine whether families have access to safe water in your community?

(Prompt: wealth, location in village, position of power)

38. In your opinion, what are the main factors that determine whether families have access to sanitation in your community?

39. Are you currently a member of an environmental, conservation or watershed organisation?

Yes No Don't Know

40. Please rate yourself on the following statements:

(1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = Moderately agree, 5 = strongly agree)

a) I am interested in becoming involved in water related issues

b) I am aware about water related issues in my community

c) I have knowledge about water related issues in my community

41. How much do you agree with the following statements:

(1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = Moderately agree, 5 = strongly agree)

- a) **My community is a place that I feel a strong connection with**
- b) **My community is a place that I care a lot about**
- c) **There are places in my community that are special to me**
- d) **Community members have an emotional and physical bond with our community**
- e) **My community has a sense of togetherness**
- f) **Mistrust/suspicion of others is an issue in my community**

SANITATION

Thank you. Now we have a few questions about sanitation in your community.

42. a) *Where does your family most often go to the toilet?

b) How far is this away from where you collect water?

43. *If applicable, what kind of toilet facility do members of your household use?

- flush/pour flush to:**
 - piped sewer system
 - septic tank
 - pit latrine
 - elsewhere
 - unknown place/not sure/DK where
- ventilated improved pit latrine
- pit latrine with slab
- pit latrine without slab/open pit
- composting toilet
- bucket
- hanging toilet/hanging latrine
- other (specify)

44. *Where do your young children <5 years of age go to the toilet?

45. a) *Do you share this facility with other households?

Yes No Don't Know

b) *If so, how many households use/share this toilet facility?

46. *If you don't share these facilities, would you be willing to share toilet facilities?

Yes No Don't Know

47. *In general, how would you rate your sanitation and toilet facilities?

Very Good Good Moderate Bad Very Bad

48. Briefly describe your ideal sanitation toilet facility

49. a) Do you own your current sanitation/toilet facilities? Yes No

b) If yes, how did you acquire them?

(Prompt: Paid cash, loan, donated by NGO (give specific name), government, family etc.)

c) If no, who owns them?

d) Do you pay for them?

e) How much do you pay to use these facilities?

50. What estimated percentage of your income would you say goes to sanitation management and use?

51. Would you be willing to pay for improved alternative sanitation facilities/toilet facilities?
(Improved meaning: septic tank? flushing? shared? Described ideal sanitation toilet facility?)

Yes No

52. If yes, what percentage of your income would you put towards this sanitation facility?

53. Would you pay for the construction of this facility?

Yes No

54. Would you pay for maintenance of these facilities?

Yes No

55. Would you prefer to own the facility or pay for every use?

Own Pay

56. a) If you would pay for use, how much would you be willing to pay?

Per Use:

Per Month:

b) If no, why not?

(Prompts for financial barriers? Convenient toilet facility alternatives already present? Never thought about it before)

57. Would you use a community toilet facility, if:

- The facility was free
- If the facility was free for children
- The facility was shared
- If you received human waste by-products back such as fertiliser or fuel briquettes

58. Please describe your ideal shared community toilet facilities:

(Prompt: distance; shower facilities; hand washing facilities; lighting for safety at night; would you use it at night)

HEALTH AND HYGIENE

59. *From whom do you learn about health information, such as ways to keep your children healthy or ways to ensure that you are healthy and can work?

60. *From whom would you prefer to learn about health information?

(Prompts: head mama, women's group leader, public health nurse, someone from outside the community)

61. *How regularly, to the best of your knowledge, do your neighbors use soap? If they do use soap, what do they use it for?

(Prompts: dish washing, laundry, hand washing, bathing)

62. a) *Do your children <5 years of age use soap for hand washing?

Yes No Don't Know

b) If yes, how often? Please circle:

Never Rarely Sometimes Mostly Always

63. *When do your children <5 years of age wash their hands? Please circle all that apply:

- Before eating
- After eating
- Before cooking
- After toilet
- Before sleeping
- Upon waking
- When hands are dirty
- When bathing
- oOher (specify)

64. a) *Do you currently have a cake of soap on the premises?

Yes No Don't Know

b) *If so, where do you keep it?

LOCAL PERCEPTIONS AND BEHAVIORS RELATED TO WATER AND HEALTH

65. *Where do you get information from on health, water and sanitation, water? Please check all that apply:

- Medical practitioners
 - Community resource persons
 - Child in school
 - Radio/TV
 - Newspapers
 - Community meetings/chief's barazas
 - Posters
 - Neighbor/family/friends
 - Other (specify)
-

66. Have you ever received any information regarding diarrhea?

- Yes No Don't Know

67. What was the source of the information? Please check all that apply:

- Medical practitioners
 - Community resource persons
 - Child in school
 - Radio/TV
 - Newspapers
 - Community meetings/chief's barazas
 - Posters
 - Neighbor/family/friends
 - Other (specify)
-

68. Has your child/children received any teachings about diarrhea at school?

- Yes No Don't Know

69. What did they learn about preventing diarrhea?

(Prompts: treat drinking water; wash hands after visiting the latrine; wash hands before eating; use the latrine)

70. Do you know what causes diarrhea?

(Prompts: drinking Bad water; eating Bad food; flies/insects; poor hygiene; spirits/curse/Bad omen)

71. How can you prevent you or your family from getting sick/diarrhea?

(Prompts: cannot prevent; herbs; wash hands; cook food thoroughly; boil and treat water; clean cooking utensils/vessels)

ENERGY AND FUEL NEEDS: BEHAVIORS AND PERCEPTIONS

Thank you. The next set of questions relates to current energy and fuel needs in your community.

72. Are you using any of the following energy sources for your household's daily domestic needs?

(Needs such as cooking, light, heat, electricity, etc. as applicable)

ENERGY SOURCE	YES/ NO	DISTANCE/ TIME NEEDED TO COLLECT ENERGY SOURCE (KM/hours)	COST OF ENERGY SOURCE (approx.% of income)	AMOUNT OF ENERGY REQUIRED WEEKLY (units/week)	USE OF ENERGY (e.g. for cooking, light, heat, electricity)	DURATION OF USE OF ENERGY SOURCE (# of hours per day)
Firewood						
Charcoal						
Electricity (grid)						
Solar						
Natural gas						
Kerosene						
Other						

73. In general, how satisfied are you with your current energy sources for domestic purposes?

Very satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

74. Briefly describe any health concerns you have about your current energy sources.

75. In your opinion, what do you think are some of the preconceived perceptions your community has about the use of human waste by-products as fertiliser?

76. In your opinion, what do you think are some of the preconceived perceptions your community has about the use of treated human waste by-products (i.e., fuel pellets or briquettes) as a fuel resource in domestic settings?

77. In your opinion, what do you think are some of the preconceived perceptions your community has about the use of biogas from human waste by-products for lighting?

78. In your opinion, what do you think are some of the preconceived perceptions your community has about the use of biogas from human waste by-products for cooking?

79. Would you use treated sludge pellets/briquettes made from human waste as an alternative source of fuel and energy for domestic purposes?

Yes No

80. Why or why not?

(Prompts: personal preferences; cleanliness; fear of diseases; financial barriers; lack of information)

81. Would you use biogas made from human waste as an alternative source of fuel and energy for domestic purposes?

Yes No

82. Why or why not?

(Prompts: personal preferences; cleanliness; fear of diseases; financial barriers; lack of information)

83. Would you engage in the production of these by-products for a living?

84. Would you be willing to make the switch to using human waste biogas and products as a source of domestic fuel if it proved to be *(choose all that apply)*:

- Cheaper than your current source of energy - (If so, how much cheaper?)
- More efficient than your current energy source
- Better for trees, the environment in general, sustainable
- Meant improved sanitation facilities for your community
- Safe and not harmful to your health
- Easy to use and time efficient
- The norm/popular

a) If not, why not?

85. What information would you need to change your mind?

86. Have you ever received any information regarding anaerobic digestion?

- Yes No Don't Know

87. What was the source of this information?

88. Are you interested in any additional information?

CONCLUSION

Thank you so much for your time and contributions. This is the end of our questions, but we would still welcome any additional comments, ideas, or concerns that you have. Is there anything we forgot or anything you would like to add?

APPENDIX XVII:

KAPE Questionnaire Variations: Post Disaster Transitioning (Community Leader)

INTRODUCTION AND INSTRUCTIONS:

Hello. I am _____ and this is _____ (translator/facilitator). Thank you for agreeing to participate in this questionnaire. Today I will ask you some general questions about yourself and your community. You do not have to answer any questions that you do not want to. We know you are very busy. Participation is your choice, and it is okay to say no. We do not have money to give you. Would you like to participate in the survey?

Was the participant informed?	Please circle:	Yes	No
Is he/she willing to participate?	Please circle:	Yes	No

Signature (Interviewer): _____

Signature (Interviewee): _____

Gender: _____

Age: _____

GENERAL BACKGROUND

I would like to begin by asking you some general questions about you and your community.

1. How many people live in your community?
2. How many households are in your community?
3. How many men in your community?
4. How many women in your community?
5. How many of the people are children are <16 years of age?
6. How many children in your community are <5 years of age?
7. How many schools are in your community?
8. What is the highest level of education?

9. What types of jobs are available in your community?

10. What do you do for work?

11. How long have you lived here in your community?

12. What are you proud of about your community?

13. You have been identified as a respected leader in this community.

- a) How long have you had this job?
- b) What is your role in this community?

c) How are you involved in community activities?

14. Who are the vulnerable people in your community?

15. What are the major challenges facing your community right now?

16. How are these challenges different from the challenges you've faced in the past?

17. How does the community cope with these challenges?

COMMUNITY HEALTH INFORMATION

Through these questions, we hope that your community can begin to understand the health concerns of you and your children. These questions will help us to work with you in achieving your community's goals.

18. a) In general, how would you rate the health of your community?

Very Good Good Moderate Bad Very Bad

b) What are the main health problems that people in your community face?

19. a) In general, how would you rate the health of men in your community?

Very Good Good Moderate Bad Very Bad

b) What are the main health problems that men in your community face?

20. a) In general, how would you rate the health of women in your community?

Very Good Good Moderate Bad Very Bad

b) What are the main health problems that women in your community face?

21. a) In general, how would you rate the health of your children <5 years of age?

Very Good Good Moderate Bad Very Bad

b) What are the main health problems that children <5 years of age in your community face?

22. What are the main causes of health problems in your community?

23. a) Where is the closest health care provider?

b) What services do they provide?

HEALTH, WATER AND SANITATION NEEDS

Thank you. The next set of questions relates to current water and sanitation needs in your community.

1. What are the main sources of drinking water for members in your community?

SOURCE OF WATER	WAS THIS A SOURCE OF WATER <i>BEFORE</i> [DISASTER]? (Y or N)	HAS THIS BEEN A SOURCE OF WATE <i>AFTER</i> [DISASTER]? (Y or N)
Piped water (i.e. 'line water')		
Public tap/standpipe		
Protected dug well		
Unprotected dug well		
Springs		

SOURCE OF WATER	WAS THIS A SOURCE OF WATER <i>BEFORE</i> [DISASTER]? (Y or N)	HAS THIS BEEN A SOURCE OF WATE <i>AFTER</i> [DISASTER]? (Y or N)
Surface water (dam, stream, swamp, canal, reservoir)		
Rain water collection system		
Purchase from vendor		
Bottled water		
Tanker-truck		
Bladder		
Other (specify): _____		

24. What uses the most water in your community (prompt: crops? Animals? Drinking water for people?)

25. What is the priority water use in your community?

26. In your opinion, what are the main factors that determine whether families have access to safe water in your community? (Prompt: wealth, location in village, position of power)

27. In your opinion, what are the main factors that determine whether families have access to sanitation in your community?

28. Please rate your community on the following statements:

(1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = moderately agree, 5 = strongly agree)

- a) Community members are interested in becoming involved in water related issues
- b) Community members are aware about water related issues in your community
- c) Community members have knowledge about water related issues in your community

29. In your experience, can you please tell me some of the things (programs or activities) that your community does to promote health, safe drinking water and/or sanitation?

30. Do you feel that these things (programs or activities) are effective in promoting health, safe drinking water and/or sanitation? Why or why not?

31. What do you see as the biggest accomplishment your community has made in improving access to water and/or sanitation?

32. What do you see as the most important priority for your community as you seek to improve access to water and sanitation? (Prompt: *why is this important?*)

33. Which aid agencies have assisted your community since the [Disaster] on water, sanitation and hygiene issues and in what ways?

34. What did you like about the help you received?

35. What didn't you like about the help you received?

36. If you ever needed help in another disaster or emergency situation, what sorts of things would you like to have first?

37. How would you like to interact with aid agencies regarding this help?

CONCLUSION

Thank you so much for your time and contributions. This is the end of our questions, but we would still welcome any additional comments, ideas, or concerns that you have. Is there anything we forgot or anything you would like to add?

APPENDIX XVIII:

KAPE Questionnaire Variations: Post Disaster Transitioning (Community Member)

INTRODUCTION AND INSTRUCTIONS:

Hello. I am _____ and this is _____ (translator/facilitator). Thank you for agreeing to participate in this questionnaire. Today I will ask you some general questions about yourself and your community. You do not have to answer any questions that you do not want to. We know you are very busy. Participation is your choice, and it is okay to say no. We do not have money to give you. Would you like to participate in the survey?

Was the participant informed?	Please circle:	Yes	No
Is he/she willing to participate?	Please circle:	Yes	No

Signature (Interviewer): _____

Signature (Interviewee): _____

GENERAL BACKGROUND

I would like to begin by asking you some general questions about you and your community.

1. How many people live in your household?

2. How many of the people who live in your household are children <16 years of age?
(List gender and age of children)

3. a) Have you been to school?

Yes No

- b) If so, how far did you go in school?

4. What are you proud of about your community?

HEALTH INFORMATION

Thank you. Now we have some questions about the health of your family.

5. a) In general, how would you rate the health of your community?

Very Good Good Moderate Bad Very Bad

- b) Please explain (if Moderate, Bad or Very Bad):

6. a) In general, how would you rate your family's health?

Very Good Good Moderate Bad Very Bad

- b) Please explain (if Moderate, Bad or Very Bad):

7. a) In general, how would you rate the health of your children <5 years of age?

- Very Good Good Moderate Bad Very Bad

b) Please explain why/how you rate it at this level:

8. What are the main causes of health problems in your community?

9. a) Have any of your family members suffered from diarrhea in the past 2 weeks?

Note: diarrhea is defined as the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual

- Yes No Don't Know

b) If Yes, please fill in the following table:

PERSON	AGE [Only for Children]	DID THIS PERSON GET TREATMENT FOR DIARRHEA (Yes, No, or DK)	WHAT KIND OF TREATMENT? [buy medicine from pharmacy/kiosk; visit the health care/doctor; traditional medicine/healer; other (specify)]
Person #1			
Person #2			
Person #3			

WATER NEEDS

Thank you. The next set of questions relates to water availability and treatment before and after [Disaster].

Water Availability

10. Do you have access to line (piped) water?

- Yes No Don't Know

11. What are the main sources of **drinking water** for members in your household (fill in all that apply)?

SOURCE OF WATER	WAS THIS A SOURCE OF WATER <i>BEFORE</i> [DISASTER]? (Y or N)	HAS THIS BEEN A SOURCE OF WATER <i>AFTER</i> [DISASTER]? (Y or N)	CURRENTLY, HOW MANY TIMES PER WEEK DO YOU GET WATER FROM THIS SOURCE?
Piped water (i.e. 'line water')			
Public tap/standpipe			
Protected dug well			
Unprotected dug well			
Springs			
Surface water (dam, stream, swamp, canal, reservoir)			
Rain water collection system			
Purchase from vendor			
Bottled water			
Tanker-truck			
Bladder			
Other (specify): _____			

12. a) Currently, what is the cost (php) to obtain and transport this drinking water?

b) What distance is this source of drinking water from your home (in m or km)?

c) How long (hours) does it take one person to go to your drinking water source, get water, and come back?

d) How do you transport this drinking water to your home
(Prompt: *jerry cans, pots*)

e) Is this water safe to drink?

- Yes No Don't Know

13. What are the main sources of water used by your household for **other domestic purposes**, such as cooking, hand washing, bathing and cleaning etc. (fill in all that apply)?

SOURCE OF WATER	WAS THIS A SOURCE OF WATER <i>BEFORE</i> [DISASTER]? (Y or N)	HAS THIS BEEN A SOURCE OF WATER <i>AFTER</i> [DISASTER]? (Y or N)	CURRENTLY, HOW MANY TIMES PER WEEK DO YOU GET WATER FROM THIS SOURCE?
Piped water (i.e. 'line water')			
Public tap/standpipe			
Protected dug well			
Unprotected dug well			
Springs			
Surface water (dam, stream, swamp, canal, reservoir)			
Rain water collection system			
Purchase from vendor			
Bottled water			
Tanker-truck			
Bladder			
Other (specify): _____			

14. a) Currently, what is the cost (php) to obtain and transport this drinking water?
- b) What distance is this source of drinking water from your home (in m or km)?
- c) How long (hours) does it take one person to go to your drinking water source, get water, and come back?
- d) How do you transport this drinking water to your home
(Prompt: jerry cans, pots)

15. Who has the major responsibility for water collection for your household?:

- Adult woman
- Adult man
- Female child (<15 years)
- Male child (<15 years)
- Don't know

16. What is the most important water use in your household?

(Prompt: drinking, cooking, bathing, washing)

17. a) In your opinion, what are the main factors that determine whether families have access to safe water in your community?

(Prompt: wealth, location in community, position of power)

b) Describe what your ideal access would be?

c) How does this differ from pre-[Disaster]?

d) What would you be willing to pay for this per month?

18. Please rate yourself on the following statements:

(1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = Moderately agree, 5 = strongly agree)

a) **I am interested in becoming involved in water related issues**

b) **I am aware about water related issues in my community**

c) **I have knowledge about water related issues in my community**

19. How much do you agree with the following statements:

(1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = Moderately agree, 5 = strongly agree)

a) **My community is a place that I care a lot about**

b) **There are places in my community that are special to me**

c) **My community has a sense of togetherness**

d) **Mistrust/suspicion of others is an issue in my community**

e) **Community leaders understand the needs of my community**

Water Treatment

The following questions relate to your current water treatment practices since [Disaster].

20. a) How do you know when the water you use for domestic purposes (other than drinking) is clean and/or safe?

b) If it is not clean and/or safe, what things have you done to try to deal with it?

21. a) Do you currently treat the water you use for drinking in any way to make it safer?

Yes No Don't Know

b) If Yes, what do you usually do to the water to make it safer to drink?

(Prompt: boil; use a water filter; add bleach/chlorine; water tablets; strain it through a cloth; solar disinfection; let it stand and settle)

c) Why do you treat it?

22. What is your preferred way to treat or purify water for your household?

23. Did you or your family receive a Rainfresh water purification unit from Global Medic or Léger Foundation?

Yes No Don't Know

24. Did you or your family member receive training on how to use it?

Yes No Don't Know

25. Do you use the Rainfresh unit for drinking purposes only?

Yes No Don't Know

26. How many times per week do you use it?

27. How many days ago was the last time you used it?

28. a) How do you know when the ceramic filter needs cleaning?

b) Have you had to clean the ceramic filter yet?

Yes No Don't Know

29. a) How do you clean the Rainfresh Unit?

b) How often do you clean it?

c) Have you had any trouble with it?

Yes No Don't Know

d) If Yes, please describe the problem:

e) What is your overall feedback on the Rainfresh unit?

Very Good Good Moderate Bad Very Bad

f) Other comments:

SANITATION

Thank you. Now we have a few questions about the current state of sanitation and latrines in your community.

30. a) Do you have any toilets at home?

Yes No Don't Know

b) Do you use a public toilet?

Yes No Don't Know

31. a) Where does your family most often go to the toilet?

b) How far away is this from where you collect water?

32. a) In your opinion, what are the main factors that determine whether families have access to sanitation in your community?

(Prompt: wealth, location in community, position of power)

b) Describe what your ideal access would be?

c) How does this differ from pre-[Disaster]?

d) What would you be willing to pay for this?

33. If applicable, what kind of toilet facility do members of your household use?

34. a) Do children 5 years or younger use a toilet?

Yes No Don't Know

b) If yes, where is that toilet in relation to your home?

35. a) Do you share your toilet facility with other households?

Yes No Don't Know

b) If so, how many households use/share this toilet facility?

HEALTH AND HYGIENE

Thank you. The next set of questions deal with health and hygiene in your community.

36. From whom do you learn about health information, such as ways to keep your children healthy or ways to ensure that you are healthy and can work?

(Prompts: older family members, health care providers, at school, on the radio)

37. From whom would you prefer to learn about health information?

(Prompt: women's group leader, public health nurse, someone from outside the community)

38. a) To the best of your knowledge, how regularly do your neighbours use soap? If they do use soap, what do they use it for?

(Prompt: dish washing, laundry, hand washing, bathing)

- b) Is this more or less often than you do?

More Often **Less Often**

39. a) Do your children <5 years of age use soap for hand washing?

Yes **No** **Don't Know**

- b) If yes, how often? Please circle:

Never **Rarely** **Sometimes** **Mostly** **Always**

40. When do your children <5 years of age wash their hands? Please check all that apply:

- Before eating**
 - After eating**
 - Before food preparation / cooking**
 - After toilet**
 - Before sleeping**
 - Upon waking**
 - When hands are dirty**
 - When bathing**
 - Other (specify**
-

41. Did you or your family receive a hygiene kit from Global Medic or Léger Foundation?

Yes No Don't Know

42. a) Have you had any trouble with the hygiene kit?

Yes No Don't Know

b) If Yes, please describe the problem:

43. a) What is your overall feedback on the hygiene kit?

Very Good Good Moderate Bad Very Bad

b) Other comments:

44. Did you or your family receive hygiene promotion training from Global Medic or Léger Foundation?

Yes No Don't Know

45. a) What is your overall feedback on the hygiene promotion training you received?

Very Good Good Moderate Bad Very Bad

b) Other comments:

LOCAL PERCEPTIONS AND BEHAVIOURS RELATED TO WATER AND HEALTH

Thank you. The last set of questions deal with perceptions and behaviour related to water and health in your community.

46. Where do you get information from on health, water and sanitation?

(Prompt: medical practitioners, community resource persons, community meetings/Barangay captains, neighbours/family/friends, etc.)

47. Have you ever received any information regarding diarrhea?

Yes No Don't Know

48. What was the source of the information?

(Prompt: medical practitioners, community resource persons, child in school, community meetings/Barangay captains, neighbours/family/friends etc.)

49. Has your child/children received any teachings about diarrhea at school?

Yes No Don't Know

50. What did they learn about preventing diarrhea?

(Prompt: treat drinking water; wash hands after visiting the latrine; wash hands before eating; use the latrine)

51. Do you know what causes diarrhea?

(Prompt: drinking Bad water; eating Bad food; flies/insects; poor hygiene)

52. How can you prevent you or your family from getting sick/diarrhea?

(Prompt: cannot prevent; wash hands; cook food thoroughly; boil and treat water; clean cooking utensils/vessels)

CONCLUSION

Thank you so much for your time and contributions. This is the end of our questions, but we would still welcome any additional comments, ideas, or concerns that you have. Is there anything we forgot or anything you would like to add?

APPENDIX XIX:

KAPE Questionnaire Variations: Ceramic Filter (Community Member)

Used in Dominican Republic; translated into Spanish

Date:

Location:

Identifier Code:

GENERAL BACKGROUND

I would like to begin by asking you some general questions about you and your community.

1. How many people live in your household?
2. How many of the people who live in your household are children <5 years of age?
3. How many of the people who live in your household are children <16 years of age?
4. a) Have you been to school?

Yes No

b) If yes, how far did you go in school?

- Some primary
- Complete primary
- Some secondary
- Complete secondary
- Beyond secondary

5. How many years have you lived in Dona Maria/Angeleta?

- <1 year
 - >1 year (specify)
-

6. What are you proud of about your community?

7. What are the major challenges facing your community right now
(Prompts: jobs, health, corruption, school, electricity, crime)

8. a) What do you estimate is the average weekly household income in your community?

b) Based on this average, would you rank your household income as:

- Above Average
- Average
- Below Average

COMMUNITY HEALTH INFORMATION

Through these questions, we hope that we can begin to understand the health concerns of you and your children. These questions will help us to work with you in achieving your community's goals.

9. In general, how would you rate/describe the health of your community?

- Very Good
- Good
- Moderate
- Bad
- Very Bad

10. In general, how would you rate/describe your household health?

- Very Good
 - Good
 - Moderate
 - Bad
 - Very Bad
-

11. In general, how would you rate/describe the health of your children <5 years of age?

- Very Good
 Good
 Moderate
 Bad
 Very Bad

12. What are the main health problems in your community?

(Prompts: pregnancy, diarrhea, fever)

13. What are the main health problems that your children and other children in your community face?

(Prompts: diarrhea, fever, rash)

14. What do you believe are the main causes of health problems in your community?

(Prompts: water, mosquitoes, accidents, working too hard)

15. Have any of your household members, including children, have suffered from diarrhoea in the past 2 weeks?

Diarrhoea is defined as the passage of 3 or more loose or liquid stools per day, or more frequently than is normal for the individual.

- Yes
 No

WATER NEEDS

Thank you. The next set of questions is about how **you** see water needs in **your community**.

16. What are the main sources of **drinking** water for your household (fill in all that apply)?

SOURCE OF WATER	CHECK YES OR NO		FREQUENCY (# of times per week)	USED IN DRY OR WET SEASON (Check which apply)	
	YES	NO		DRY	WET
Piped water into a dwelling					
Piped water into a yard/plot					
Public tap/standpipe					
Tubewell/borehole					
Rainwater collection					
5 Gallon (Bottled Water)					
Surface water (river, dam, lake, pond, stream, canal, irrigation channels)					
Other (specify)					

17. a) Have these water sources changed from the past?

Yes No

b) If so, how and why?

18. What are the main sources of water used by your household for **other domestic purposes**, such as cooking and hand washing etc. (fill in all that apply)?

SOURCE OF WATER	CHECK YES OR NO		FREQUENCY (# of times per week)	USED IN DRY OR WET SEASON (Check which apply)	
	YES	NO		DRY	WET
Piped water into a dwelling					
Piped water into a yard/plot					
Public tap/standpipe					
Tubewell/borehole					
Rainwater collection					
5 Gallon (Bottled Water)					
Surface water (river, dam, lake, pond, stream, canal, irrigation channels)					
Other (specify)					

19. a) How long does it take one person to go to your water source, get water, and come back?

b) How many total round trips are made by your household each day to collect water?

c) How many people in your household make these trips?

20. Who has the major responsibility for water collection for your household?

- Adult woman
- Adult man
- Female child (<16 years)
- Male child (<16 years)

21. In your community, what do you think most of the water is used for?

(Prompt: for farming, for house cleaning)

22. In your household, what is your priority use for water?

(Prompt: bathing, drinking, laundry)

23. How do you know when the water you use is clean and/or safe?

(Prompt: color, odor, particles, told it is safe by others)

24. a) If you do not think it is clean and/or safe, what things have you done to try to deal with it?

(Prompts: boil; add bleach/chlorine; strain it through a cloth; use a water filter; solar disinfection; let it stand and settle)

OR

b) If you do not think it is clean and/or safe, why have you not done anything to deal with it?

25. In your opinion, what are the main factors that determine whether families have access to safe water in your community?

(Prompt: wealth, location in community, position of power)

26. a) Describe what your ideal access would be.

b) What would you be willing to pay for this?

I would like to ask you a few questions about your FilterPure ceramic filter.

27. Is there a working FilterPure ceramic water filter in your household?

Yes No

If yes, answer the following questions. If no, please proceed to question #36.

28. a) Where did you get the water filter?

b) How much did you pay for it?

c) How long have you had it?

29. Did you or another household member receive training on how to use it?

Yes No Don't Know

30. a) How many times per week is the filter used to fill the bucket?

b) How many days ago was the last time the filter was used to fill the bucket?

31. a) Do you clean the membrane?

Yes No

b) If yes, how did you clean the membrane?

c) How often do you clean the membrane?

32. a) Do you clean the bucket?

Yes No

b) If yes, how did you clean the bucket?

c) How often do you clean the bucket?

33. a) Do you clean the tap?

Yes No

b) If yes, how did you clean the tap?

c) How often do you clean the tap?

34. a) Have you had any trouble with the ceramic filter?

Yes No

b) If Yes, please describe the problem:

35. a) Have you ever had the ceramic filter replaced?

Yes No

b) If yes, why?

c) How often and at what cost?

SANITATION

Thank you. Now we have a few questions about the current state of sanitation in your community.

36. Where do your young children <5 years of age go to urinate?

37. Where do your young children <5 years of age go to defecate?

38. Where do people over the age of 5 in your household most often go to urinate?

39. How do you dispose of your urine?

40. Where do people over the age of 5 in your household most often go to defecate?

41. a) How do you dispose of your feces?

b) How far away is the disposal site from your home?

42. If applicable, what kind of toilet facility do members of your household normally use?

Flush/pour flush to (specify: piped sewer system, septic tank, pit latrine, elsewhere, DK where):

- Ventilated improved pit latrine
- Pit latrine with slab
- Pit latrine without slab/open pit
- Composting toilet
- Hanging toilet/hanging latrine
- Other (specify)

43. a) Do you share this facility with other households?

Yes No

b) If so, how many households use/share this toilet facility?

c) If you don't share these facilities, would you be willing to share toilet facilities?

Yes No Don't Know

44. In general, how would you rate/describe your sanitation and toilet facilities?

Very Good Good Moderate Bad Very Bad

45. In your opinion, what are the main factors that determine whether families have access to sanitation facilities in your community?
(Prompt: *wealth, location in community, position of power*)

46. a) Briefly describe what your ideal access would be.

b) Would you be willing to pay for this access?

Yes No Don't Know

c) If yes, how much would you be willing to pay per week?

d) If no, why not?

(Prompts: *for financial barriers, a convenient toilet facility is already present, never thought about it before*)

HEALTH AND HYGIENE

Thank you. This set of questions deals with health and hygiene in your community.

47. From whom do you learn about health information, such as ways to keep your children healthy or ways to ensure that you are healthy and can work?

(Prompts: *health practitioner, public information, NGO, relative*)

48. From whom would you prefer to learn about health information?

(Prompts: *women's group leader, public health nurse, someone from outside the community*)

49. Do you regularly use soap?

Yes No

50. a) If yes, what do they use it for? (Prompts: *dish washing, laundry, hand washing, bathing*).

b) If no, why not?

I would like to ask you a few questions about how children in your household use soap for hand washing.

51. Please indicate in the following chart how often and when your children <5 years of age use soap for hand washing at the following times.

ACTIVITY	NEVER	RARELY	SOMETIMES	MOSTLY	ALWAYS
Before eating					
After eating					
Before cooking					
After urinating					
After defecating					
Before sleeping					
Upon waking					
When hands are dirty					
When bathing					
Other (specify)					

LOCAL PERCEPTIONS AND BEHAVIOURS RELATED TO WATER AND HEALTH

This is the last section of questions that I need to ask you and it concerns what you think about how information is shared in your community.

52. Where do you get information from on health, water and sanitation?

(Prompts: medical practitioners, community resource persons, community meetings/Barangay captains, neighbours/family/friends etc.)

53. a) Have you ever received any information regarding diarrhoea?

Yes No

b) If yes, what was the source of the information?

(Prompt: medical practitioners, community resource persons, child in school, community meetings/Barangay captains, telecommunications neighbours/family/friends etc.)

54. a) Has your child/children received any teachings about diarrhoea at school?

Yes No Don't Know

-
- b) If yes, what did they learn about preventing diarrhoea?
(Prompts: treat drinking water; wash hands after urinating or defecating; wash hands before eating)

55. Do you know what causes diarrhoea?
(Prompts: drinking Bad water; eating Bad food; flies/insects; poor hygiene; spirits/curse/Bad omen)

56. How can you prevent you or your family from getting sick/diarrhoea?
(Prompts: cannot prevent; herbs; wash hands; cook food thoroughly; boil and treat water; clean cooking utensils/vessels)

57. How much do you agree with the following statements:
(1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = Moderately agree, 5 = strongly agree)

- | | | |
|----|---|----------------------|
| a) | My community is a place that I feel a strong connection with | <input type="text"/> |
| b) | My community is a place that I care a lot about | <input type="text"/> |
| c) | There are places in my community that are special to me | <input type="text"/> |
| d) | Community members have an emotional and physical bond with our community | <input type="text"/> |
| e) | My community has a sense of togetherness | <input type="text"/> |
| f) | Mistrust/suspicion of others is an issue in my community | <input type="text"/> |

CONCLUSION

Thank you so much for your time and contributions. This is the end of our questions, but we would still welcome any additional comments, ideas, or concerns that you have. Is there anything we forgot or anything you would like to add?

APPENDIX XX:

KAPE Questionnaire Variations: Social Capital Questions¹⁸

58. How much do you agree with the following statements:

(1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = Moderately agree, 5 = strongly agree)

- | | | |
|----|---|----------------------|
| a) | My community is a place that I feel a strong connection with | <input type="text"/> |
| b) | My community is a place that I care a lot about | <input type="text"/> |
| c) | There are places in my community that are special to me | <input type="text"/> |
| d) | Community members have an emotional and physical bond with our community | <input type="text"/> |
| e) | My community has a sense of togetherness | <input type="text"/> |
| f) | Mistrust/suspicion of others is an issue in my community | <input type="text"/> |
| g) | People only worry about themselves | <input type="text"/> |
| h) | People have prospered in this community over the past 5 years | <input type="text"/> |

59. How much do you agree with the following statements:

(1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = Moderately agree, 5 = strongly agree)

- | | | | |
|----|--|------------------------------|-----------------------------|
| a) | I know someone I can confide in | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) | I know someone who listens to what I have to say | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) | I know someone who would help me with chores | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) | I know someone who would lend me money | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

30 From Barber (2013), Newton (2013) and modified from the World Bank Social Capital Assessment Tool (SOCAT)
<http://siteresources.worldbank.org/INTSOCIALCAPITAL/Resources/Social-Capital-Assessment-Tool--SOCAT--annex1.pdf>

- e) I know someone who would help me if I was sick Yes No
- f) I don't pay attention to what other people say Yes No

60. How many years have you lived in the community?

- <1 year
- >1 year (specify)

61. What are you proud of about your community?

62. What are the major challenges facing your community right now?
(Prompts: jobs, health, corruption, school, electricity, crime)

63. a) Are you a member of a community or faith-based group or organisation?

b) If so, how long have you been a member?

- <1 year >1 year (specify)

c) What is your role? (Prompt: Leader, active member, inactive member)

64. In the last 12 months, have you personally:

- | | | | |
|----|---|------------------------------|-----------------------------|
| a) | Actively participated in an association or club | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) | Actively participated in educating others on an issue | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) | Made the media interested in a problem | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) | Contacted your community leaders or political representatives | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) | Run for office somewhere | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) | Made a monetary donation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) | Made an in-kind donation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) | Volunteered for a charitable organisation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

65. a) Has your community applied for funding to support any water, drinking water, sanitation or hygiene initiatives in the past year?

- Yes No

b) If so, how many?

c) How many were successful?

c) Who led the proposal?

d) Were there any external partners?

Yes No

e) If so, who were they?

66. a) Do you trust the leaders in your community?

b) If not, why not?

67. a) If your community had a problem that affected everyone, who do you think would work together to find a solution?
(Prompts: everyone individually, neighbours, local government, political leaders, community leaders together, the entire community)

b) Who would take the initiative to lead?

68. What are the main ways to earn a living in your community for:

a) Men?

b) Women?

c) Youth?

69. Which of the following organisations exist in this community?

-
- | | | | |
|----|---------------------------------|------------------------------|-----------------------------|
| a) | Water Committee | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) | Health Committee | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) | Women's Group | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) | Community Development Committee | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) | Co-operative | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) | Sports Club | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) | Parent-Teacher Association | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) | Other: | | |
-

70. Which members of the community participate most in solving community problems?

- | | | | |
|----|---------------------|------------------------------|-----------------------------|
| a) | Young men | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) | Young women | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) | Young men and women | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) | Men | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) | Women | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) | Men and women | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) | Elders (men) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) | Elders (women) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) | Elders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

71. What are the main problems experienced in your community and who do they affect the most?

(Prompt: Robbery, assault, gangs, violence, domestic violence, alcohol abuse, substance abuse, pregnancy in young girls, prostitution)

72. What are the main reasons why people in your community are treated differently?

- | | | | |
|----|---------------|------------------------------|-----------------------------|
| a) | Wealth | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) | Education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) | Social Status | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) | Landholdings | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) | Gender | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) | Age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) | Politics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) | Religion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) | Culture | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j) | Language | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CONCLUSION

Thank you so much for your time and contributions.
