# Delegated Management Model Study: Household Questionnaire

Date: \_\_/\_\_/\_\_\_ (dd /mm/yyyy)

Respondent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent Cell no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household\_ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview start time \_\_\_\_:\_\_\_

Interview end time \_\_\_\_:\_\_\_

EA ID / NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water service type: DIRECT PIPED CONNECTION / KIOSK / HANDCART OPERATOR

*If KIOSK or HANDCART OPERATORS, record the following two items (skip if DIRECT PIPED CONNECTION).*

Serving Vendor ID : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serving vendor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of interview:

GPS coordinates (picked from SurveyCTO)

## Interview result:

*Record the result of the interview:*

COMPLETED / NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT ADULT RESPONDENT AT HOME AT TIME OF VISIT / ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD / POSTPONED / REFUSED / / OTHER – SPECIFY: \_\_\_\_\_\_

## Respondent characteristics

1. **Gender of respondent**

MALE / FEMALE

1. **Respondent age (years):** 18-30 YEARS / 31-40 YEARS / 41-50 YEARS / 51 OR OLDER
2. **What is the relationship of the respondent to the household head?**

HEAD / WIFE OR HUSBAND / SON OR DAUGHTER / SON-IN-LAW OR DAUGHTER-IN-LAW / GRANDCHILD / PARENT / PARENT-IN-LAW / BROTHER OR SISTER / OTHER RELATIVE / ADOPTED, FOSTER, STEPCHILD / NOT RELATED / DON’T KNOW

1. **Is the respondent responsible for buying and looking after the household’s water for drinking or cooking?**

YES – RESPONDENT LOOKS AFTER WATER / NO – RESPONDENT DOES NOT LOOK AFTER WATER / DO NOT KNOW

1. **How many people currently live with you in your household?**

FEMALE ADULTS (16 years and older): \_\_\_\_\_\_\_\_\_\_\_

MALE ADULTS (16 years and older): \_\_\_\_\_\_\_\_\_\_\_

CHILDREN (aged 0 to 5 years): \_\_\_\_\_\_\_\_\_\_\_\_

CHILDREN (aged 6 to 15 years): \_\_\_\_\_\_\_\_\_\_\_\_

## Housing

1. **Does your household own this dwelling, do you rent it, or do you live here without paying?**

OWNS / PAYS RENT OR LEASES / NO RENT WITH CONSENT OF OWNER / NO RENT, SQUATTING

1. **How many habitable rooms does this household occupy?**

*[do not count bathrooms, toilets, storerooms or garages]*

No. of Rooms: \_\_\_\_\_\_

1. **What is the predominant wall material of the main dwelling unit? [Observe, do not ask]**

NO WALLS / CANE, PALM, TRUNKS / GRASS OR REEDS / BAMBOO WITH MUD / STONE WITH MUD / UNCOVERED ADOBE / PLYWOOD / CARDBOARD / REUSED WOOD / CORRUGATED IRON SHEETS / CEMENT / STONE WITH LIME OR CEMENT / BRICKS / COVERED ADOBE / WOOD PLANKS OR SHINGLES / OTHER Specify: \_\_\_\_\_\_

1. **What is the predominant roof material of the main dwelling unit? [Observe, do not ask]**

GRASS, THATCH OR MAKUTI / DUNG OR MUD / CORRUGATED IRON SHEETS / TIN CANS / ASBESTOS SHEET / CONCRETE / TILES / OTHER Specify: \_\_\_\_\_\_

1. **What is the predominant floor material of the main dwelling unit? [Observe, do not ask]**

EARTH OR SAND / DUNG / WOOD PLANKS OR SHINGLES / PALM OR BAMBOO / PARQUET OR POLISHED WOOD / VINYL OR ASPHALT STRIPS / CERAMIC TILES / CEMENT / CARPET / OTHER Specify: \_\_\_\_\_

1. **How does this household primarily dispose of household solid waste that is not composited (for the garden), recycled, sold, or fed to animals?**

COLLECTED BY COUNTY GOVERNMENT / COLLECTED BY COMMUNITY ASSOCIATION / COLLECTED BY PRIVATE COMPANY / DUMPED IN THE COMPOUND / DUMPED IN THE STREET, VACANT PLOT OR DRAIN / DUMPED IN THE LATRINE / BURNT / BURIED / OTHER – SPECIFY: \_\_\_\_

*If waste is collected, ask the following question:*

1. **If household waste is collected, how often is this done?**

DAILY / TWICE A WEEK / WEEKLY / MONTHLY / LONGER THAN THIS / OTHER specify: \_\_\_\_\_\_\_\_\_\_\_

1. **Do you separate any of your waste?**

YES / NO / DO NOT KNOW

*If yes, answer following two questions.*

1. **What waste do you separate? [multi-select]**

PLASTIC / GLASS / WOOD OR PAPER / METALS

1. **Who (if anyone) collects your separated waste? [multi-select]**

COLLECTED BY COUNTY GOVERNMENT / COLLECTED BY COMMUNITY ASSOCIATION / COLLECTED BY PRIVATE COMPANY / WASTE COLLECTOR NOT WORKING FOR COMPANY / NOBODY COLLECTS – WE BURN IT / NOBODY COLLECTS – BURY / NOBODY COLLECTS – DUMP ELSEWHERE

*If household uses waste collection service of some sort, ask the following four questions.*

1. **What do you look for when choosing a waste collector?** *[multi-select]*

CHEAPNESS / REGULARITY OR CONVENIENCE OF COLLECTION / OTHER SPECIFY: \_\_\_\_\_\_\_\_\_

1. **Do you always use the same waste collector?**

YES / NO / DON’T’ KNOW

*If yes, always use same waste collector, ask the next question:*

1. **How long have you used that waste collector for?**

LESS THAN A MONTH; 1 MONTH TO A YEAR; LONGER THAN THIS; DON’T KNOW

1. **Do you pay each time your waste is collected, or do you pay weekly or monthly?**

EACH TIME WASTE IS COLLECTED / WEEKLY / MONTHLY / DON’T KNOW

*If EACH TIME WASTE IS COLLECTED, ask the following question, otherwise skip next question.*

1. **How much do you pay each time your waste is collected?**

Price: KSh: \_\_\_\_\_\_\_

1. **How much do you pay for waste collection per month?**

Price: KSh: \_\_\_\_\_\_\_\_\_\_

## Waste, sanitation, hygiene and domestic water management

### Waste:

1. **Can you show me where you store your waste / rubbish?**

YES – PERMISSION GRANTED / NO – PERMISSION NOT GRANTED / NO WASTE IN HOME AT TIME OF INTERVIEW

*If observable, make the following observations for Qs 30 to 34*

1. **Is all waste stored mixed together, or has any waste been separated? [Observe, do not ask]**

SEPARATED / UNSEPARATED

1. ***If separated, tick what has been separated [observe, do not ask]***

GLASS / ORGANIC / PLASTICS / WOOD, PAPER, CARDBOARD / METAL / OTHER specify: \_\_\_\_\_\_\_\_\_\_\_

*[observe if possible for each type of waste]*

1. ***Where is waste stored: [observe, do not ask]***

RUBBISH PIT / KITCHEN / OTHER INSIDE / OTHER OUTSIDE

1. ***How is waste stored? [observe, do not ask]***

COVERED / UNCOVERED / CANNOT OBSERVE

1. ***In total, roughly how much waste is stored at home now? [observe, do not ask]***

UNSORTED WASTE: \_\_\_\_\_\_\_\_\_\_ Litres

PLASTIC WASTE: \_\_\_\_\_\_\_\_\_\_ Litres

GLASS: \_\_\_\_\_\_\_\_\_\_ Litres

METALS: \_\_\_\_\_\_\_\_\_\_ Litres

CARD / PAPER / WOOD \_\_\_\_\_\_\_\_\_\_ Litres

OTHER: \_\_\_\_\_\_\_\_\_\_ Litres Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_

1. **When was the last time waste was disposed of (either by waste collector, burning, burial or removal)?**

Number: \_\_\_\_\_\_\_\_\_\_ UNITS: DAYS / WEEKS

### Sanitation

1. **What kind of toilet facility do members of your household usually use?** *[select all that apply]*

FLUSH TO PIPED SEWER SYSTEM

FLUSH TO SPETIC TANK

FLUSH TO PIT LATRINE

FLUSH TO OPEN DRAIN

FLUSH TO DON’T KNOW WHERE

PIT LATRINE WITH SLAB

PIT LATRINE WITHOUT SLAB / OPEN PIT

COMPOSTING TOILET

BUCKET

CONTAINER BASED SANITATION

NO FACILITY / FLYING TOILET

OTHER SPECIFY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you share this facility with others who are not members of your household?**

YES / NO

1. **Where is this facility located? [observe if in dwelling or yard/plot]**

IN OWN DWELLING / IN OWN YARD OR PLOT / ELSEWHERE

## Hygiene

1. **Can you please show me where members of your household most often wash their hands?**

FIXED FACILITY OBSERVED (SINK / TAP) – IN DWELLING

FIXED FACILITY OBSERVED (SINK / TAP) – IN YARD / PLOT

MOBILE OBJECT OBSERVED (BUCKET / JUG / KETTLE)

NO HANDWASHING PLACE IN DWELLING / YARD / PLOT

NO PERMISSION TO SEE

OTHER REASON (SPECIFY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How long have you used this place for washing your hands?**

BEFORE CORONAVIRUS / ONLY SINCE CORONAVIRUS / DO NOT KNOW

1. ***Observe availability of water at the place for handwashing. Verify by checking the tap/pump, or basin, bucket, water container or similar objects for presence of water.***

WATER IS AVAILABLE / WATER IS NOT AVAILABLE

1. ***Observe availability of soap or detergent at the place for handwashing***

SOAP OR DETERGENT AVAILABLE / SOAP OR DETERGENT NOT AVAILABLE

## Water services:

1. **What are the sources of drinking water for members of your household?** *[Select all that apply]*

PIPED WATER INTO DWELLING / PIPED INTO COMPOUND, YARD OR PLOT / PIPED TO NEIGHBOUR / PUBLIC TAP OR STANDPIPE / BOREHOLE / PROTECTED WELL / UNPROTECTED WELL / PROTECTED SPRING / UNPROTECTED SPRING / RAINWATER COLLECTION / TANKER-TRUCK / HAND-CART VENDOR / WATER KIOSK / BOTTLED WATER / SACHET WATER IN BAGS / SURFACE WATER, E.G. RIVER, STREAM, DAM, LAKE / OTHER Specify: \_\_\_\_\_\_

1. **What are the sources of water used by members of your household for cooking and preparing food?** *[Select all that apply]*

PIPED WATER INTO DWELLING / PIPED INTO COMPOUND, YARD OR PLOT / PIPED TO NEIGHBOUR / PUBLIC TAP OR STANDPIPE / BOREHOLE / PROTECTED WELL / UNPROTECTED WELL / PROTECTED SPRING / UNPROTECTED SPRING / RAINWATER COLLECTION / TANKER-TRUCK / HAND-CART VENDOR / WATER KIOSK / BOTTLED WATER / SACHET WATER IN BAGS / SURFACE WATER, E.G. RIVER, STREAM, DAM, LAKE / OTHER Specify: \_\_\_\_\_\_

1. **What are the sources of water used by members of your household for hygiene, bathing, and washing?** *[Select all that apply]*

PIPED WATER INTO DWELLING / PIPED INTO COMPOUND, YARD OR PLOT / PIPED TO NEIGHBOUR / PUBLIC TAP OR STANDPIPE / BOREHOLE / PROTECTED WELL / UNPROTECTED WELL / PROTECTED SPRING / UNPROTECTED SPRING / RAINWATER COLLECTION / TANKER-TRUCK / HAND-CART VENDOR / WATER KIOSK / BOTTLED WATER / SACHET WATER IN BAGS / SURFACE WATER, E.G. RIVER, STREAM, DAM, LAKE / OTHER Specify: \_\_\_\_\_\_

1. **What are the sources of water used by members of your household for other purposes?** *[Select all that apply]*

PIPED WATER INTO DWELLING / PIPED INTO COMPOUND, YARD OR PLOT / PIPED TO NEIGHBOUR / PUBLIC TAP OR STANDPIPE / BOREHOLE / PROTECTED WELL / UNPROTECTED WELL / PROTECTED SPRING / UNPROTECTED SPRING / RAINWATER COLLECTION / TANKER-TRUCK / HAND-CART VENDOR / WATER KIOSK / BOTTLED WATER / SACHET WATER IN BAGS / SURFACE WATER, E.G. RIVER, STREAM, DAM, LAKE / OTHER Specify: \_\_\_\_\_\_

*If the answer to any of the four previous questions was HAND-CART VENDOR / WATER KIOSK* */ PIPED TO NEIGHBOUR / PUBLIC TAP OR STANDPIPE,* *then ask the following questions 35 to 40:*

1. **Do you always use the same kiosk or hand-cart water seller?**

YES – ALWAYS / YES – MOSTLY OR SOMETIMES / NO / DON’T KNOW

If yes

1. **Why do you use the same kiosk or hand-cart water seller?**

*Select all that apply*

CHEAPNESS / REGULARITY OR CONVENIENCE OF DELIVERY / WATER QUALITY / WATER TASTE / WATER SMELL / WATER APPEARANCE / MORE REASONS / OTHER SPECIFY: \_\_\_\_\_\_\_\_\_

1. **How long have you used that kiosk or hand-cart water seller for?**

LESS THAN A MONTH; 1 MONTH TO A YEAR; LONGER THAN THIS; DON’T KNOW

*If no :*

1. **What do you look for when choosing a kiosk or hand-cart water seller?** *[multi-select]*

CHEAPNESS / REGULARITY OR CONVENIENCE OF DELIVERY / WATER QUALITY / WATER TASTE / WATER SMELL / WATER APPEARANCE / MORE REASONS / OTHER SPECIFY: \_\_\_\_\_\_\_\_\_

1. **How much do you pay for your water from the kiosk or hand-cart seller?**

Price: KSh\_\_\_\_\_\_\_\_\_\_\_\_

Unit: PER 20 litre JERRYCAN / LITRE / OTHER specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How many jerrycans do you usually buy in a day?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If any of Q31 to Q34 was PIPED WATER INTO DWELLING / PIPED INTO COMPOUND, YARD OR PLOT then ask the following questions Q41 to Q46 :*

1. **Who charges you for the piped or standpipe water?**

KIWASCO DIRECTLY / MASTER OPERATOR

1. **How much piped water do you use in a month?**

----------------litres DON’T KNOW

1. **How much does it cost per month?**

KSh:\_\_\_\_\_ DON’T KNOW

1. **How many hours per day is water supplied on average?**

24 HOURS PER DAY / 18-24 HOURS PER DAY / 12-17 HOURS PER DAY / 6-11 HOURS PER DAY / <6 HOURS PER DAY / DON’T KNOW

1. **Does your household have a large storage tank?**

YES / NO

1. **How many litres does that storage tank hold?**

Number of litres \_\_\_\_ DON’T KNOW

*Questions for everyone:*

1. **In the last month, has there been any time when your household did not have sufficient quantities of drinking water when needed?**

YES, AT LEAST ONCE / NO ALWAYS SUFFICIENT / DON’T KNOW

*If yes, ask the following question otherwise skip it.*

1. **What was the reason you were unable to access sufficient quantities of water?**

WATER IS NOT AVAILABLE FROM VENDOR OR PIPED NETWORK / WATER TOO EXPENSIVE / OTHER – specify: \_\_\_\_\_

1. **Do you have any water from the vendor or piped network available right now?**

YES / NO

*If Yes, go to Q50, then skip Q51. If No, go to Q51:*

1. **Can you please provide me with a glass of water from the vendor or piped network?**

YES / NO

*If no water from the piped system or vendor available:*

1. **Can you please provide me with a glass of water that members of your household usually drink?**

YES / NO

1. **Have you or any other household members done anything to this water to make it safer to drink?**

YES / NO / DON’T KNOW.

*If No to Q52, then finish interview. Otherwise continue.*

1. **What do you usually do to the water to make it safer to drink? Anything else?** *Record all methods used.*

BOIL / ADD BLEACH OR CHLORINE OR WATERGUARD / STRAIN IT THROUGH A CLOTH / USE WATER FILTER (CERAMIC, SAND COMPOSITE, ETC) / SOLAR DISINFECTION / LET IT STAND TO SETTLE / OTHER (SPECIFY): \_\_\_\_\_\_\_\_\_\_ / DON’T KNOW

1. **Was the water taken straight from a tap or a container?**

TAP / CONTAINER / NOT SURE

*If taken from a CONTAINER, then ask Q55 and Q56. Otherwise skip to Q57.*

1. **Observe whether containers are bigger than 20 litre jerrycan (large) and covered or uncovered.**

WATER STORED IN LARGE COVERED CONTAINER(S)

WATER STORED IN LARGE UNCOVERED CONTAINER(S)

WATER STORED IN SMALL COVERED CONTAINER(S)

WATER STORED IN SMALL UNCOVERED CONTAINER(S)

*If permission is granted for taking water sample:*

1. **When did you last replace one of your water containers?**

IN THE LAST WEEK / IN THE LAST MONTH / IN THE LAST 6 MONTHS / IN THE LAST YEAR / LONGER THAN THIS / DO NOT KNOW

1. **FREE CHLORINE LEVEL (mg/L):**

\_\_\_\_\_\_\_\_\_

1. **Sample observations:**

CLEAR / CLOUDY / WITH PARTICLES

1. **Barcode for sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**