

## Mini-survey for baseline data

N.B This is intended for people living in camps or temporary shelters

This format has been made in sections so easy cut and pasting – although there are 45 questions, you can adapt to suit your own environment.

| Demographics |   |              |           |                      |                     |
|--------------|---|--------------|-----------|----------------------|---------------------|
| 1            | Name of village from which the household originates                         |              |           |                      |                     |
| 2            | Total number in household   | Adult Male   | <5 Male   | 5-15 year old Male   |                     |
|              |   | Adult Female | <5 Female | 5-15 year old Female |                     |
| 3            | Female-headed or male headed?   | Female       |           | Male                 |                     |
| 4            | How many people in your family can read and write?                          | Female       |           | Male                 |                     |
| 5            | Date of interview   |              |           |                      |                     |
| 6            | Interviewer   |              |           |                      |                     |
| Water        |   |              |           |                      |                     |
| 7            | From where do you get your drinking water?                                  |              |           |                      |                     |
| 8            | How long did you have to wait to collect water yesterday                    |              |           |                      |                     |
| 9            | How many containers for water collection do you have                        |              |           | Total L's            |                     |
| 10           | How many containers do you use every day for your whole family              |              |           | Total L's            |                     |
| 11           | Do you have a separate container for storing drinking water                 |              |           | Yes<br>No            |                     |
| 12           | Can you show me how you take water from that container if you want a drink? |              |           | Uses a clean utensil | Uses dirty utensil  |
|              |   |              |           | Uses hand            | Container has a tap |
| 13           | Do you consider your drinking water to be safe for drinking?                |              |           | Yes<br>No            |                     |
| Observations |   |              |           |                      |                     |
| 14           | Is the drinking water container   | Clean        | Yes       | No                   |                     |
|              |   | Covered      | Yes       | No                   |                     |

| Hygiene          |   |                                  |           |               |                                   |              |
|------------------|---|----------------------------------|-----------|---------------|-----------------------------------|--------------|
| 15               | When do you think are the important times to wash your hands  | After the toilet                 |           |               | Before eating                     |              |
|                  |   | Before preparing food            |           |               | After handling children's excreta |              |
|                  |   | After feeding & watering animals |           |               |                                   |              |
| 16               | With what do you wash your hands?   | Soap                             | Ash       | Only water    | Other                             |              |
| Observations     |   |                                  |           |               |                                   |              |
| 17               | Are there flies in the house  | Yes                              | Many      | Few           | None                              |              |
| 18               | Is there rubbish lying around either in or near the house   | Yes<br>No                        |           |               |                                   |              |
| 19               | Is left over food covered   | Yes<br>No                        |           |               |                                   |              |
| 20               | Is there a household drying rack for utensils   | Yes<br>No                        |           |               |                                   |              |
| 21               | Are there faeces seen lying around the outside of house   | Yes<br>No                        |           |               |                                   |              |
| 22               | Ask to wash your hands – were you offered soap  | Yes<br>No                        |           |               |                                   |              |
| 23               | Where do the adults in your family defecate?  |                                  |           |               |                                   |              |
|                  | During the day  | Latrine                          | Bushes    | River         | Other                             |              |
|                  | During the night  | Latrine                          | Bushes    | River         | Other                             |              |
| 24               | Where do the small children (under five) defecate?  |                                  |           |               |                                   |              |
|                  | During the day  | Latrine                          | Bushes    | River         | Other                             |              |
|                  | During the night  | Latrine                          | Bushes    | River         | Other                             |              |
| 25               | What do you do with the faeces of small babies?   | Put them in latrine              | Bury them | Dog eats them | Other                             |              |
| Household Health |   |                                  |           |               |                                   |              |
| 26               | .Has anyone in your household had diarrhoea (more than 3 loose stools a day) over the past two weeks? |                                  |           | Yes<br>No     |                                   |              |
| 27               | If yes, who was it?   |                                  |           | Men           | Women                             | Children < 5 |
| 28               | How can you prevent it?<br>List ways  |                                  |           |               |                                   |              |
| 29               | Is anyone sick in your household at the moment  |                                  |           | Yes<br>No     |                                   |              |
| 30               | If yes, list illness  | Men                              | Women     | Children < 5  |                                   |              |
|                  |   |                                  |           |               |                                   |              |
|                  |   |                                  |           |               |                                   |              |
|                  |   |                                  |           |               |                                   |              |
|                  |   |                                  |           |               |                                   |              |
| 31               | What do you think causes skin problems  |                                  |           |               |                                   |              |
| 32               | What do you think causes eye infections   |                                  |           |               |                                   |              |

|  |  |               |                                    |
|--|--|---------------|------------------------------------|
|  |  |               |                                    |
| 33                                     | The last time your child had diarrhoea, what did you do to treat it? |               |                                    |
| 34                                     | Have you heard of ORS?   | Yes<br>No     |                                    |
| 35                                     | Have you heard of sugar and salt solution?                           | Yes<br>No     |                                    |
| 36                                     | Can you tell me how to make sugar and salt solution?                 | Pinch of salt | Handful of sugar<br>Liter of water |
| <b>Refuse/Environmental Sanitation</b> |  |               |                                    |
| 37                                     | 39. What do you do with your rubbish from the house?                 |               |                                    |
| 38                                     | 40. Are the animals kept near the house?                             | Yes<br>No     |                                    |
| <b>General Observations</b>            |  |               |                                    |
| 39                                     | <b>Cleanliness of the communal latrines - if present:</b>            |               |                                    |
|  | No smell   |               | Yes/no                             |
|  | No flies   |               | Yes/no                             |
|  | No faeces around the hole  |               | Yes/no                             |
| 40                                     | <b>Cleanliness around the communal water collection point:</b>       |               |                                    |
|  | No standing water  |               | Yes/no                             |
|  | No animals drinking from the puddles                                 |               | Yes/no                             |
|  | No flies   |               | Yes/no                             |

|                             |  |  |   |
|-----------------------------|--|--|---|
| <b>Vector-borne disease</b> |  |  |   |
| 41                          | Have you or any of your family suffered from malaria in the past three months? | Yes<br>No  |   |
| 42                          | If yes, where did you go for the first line treatment?                         | Self-treated   | Clinic/Hospital                             |
|                             |  | Local herbalist/traditional healer                   | Pharmacy                                    |
|                             |  | Health post  | No treatment                                |
|                             |  | Other  |   |
| 43                          | Have you or any of your family ever used an insecticide-treated net?           | Yes<br>No  |   |
| 44                          | If yes, what are the important points to remember when using a net?            | Pregnant women and children under five have priority | Don't wash too often (minimum once a month) |
|                             |  | Net should be tucked in                              | Insecticide lasts too years                 |
|                             |  | No holes or tears                                    | Don't hang out in the sun                   |
|                             |  | Other  |   |
| 45                          | How do you prevent malaria?  | Sleeping under a net                                 | Coils<br>Cutting/burning grass              |
|                             |  | Indoor spraying                                      | Lotions/body sprays<br>Other                |