Market Assessment Community Survey

My name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; a volunteer/staff working with NGO called \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. We are gathering information about household water practices.

You can ask questions about anything you do not understand at any time during our conversation. All information you provide will be kept confidential. This survey is intended to evaluate how best we can respond to your community needs.

Are you ready for the interview? ⬜ Yes ⬜ No

# Personal Information and Residency

Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Male ⬜ Female ⬜ Preferred not to identify ⬜

Age of Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your occupation?

* Farming
* Local business
* Employment
* Not Working

Total monthly household income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Family members \_\_\_\_\_\_\_\_\_\_\_ Adults \_\_\_\_\_\_\_\_\_\_ Children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there persons with Disabilities in this household? ⬜ Yes ⬜ No

Village Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe village establishment; ⬜ Established village ⬜ Urban area ⬜ Temporary

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province/state \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parish/Boma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Water Collection and Storage

|  |  |  |
| --- | --- | --- |
| **Questions** | **Coding/Answers** | **Comments** |
| **B1.** Where do you currently get water for your household?***(Check one Primary water source)***  | * Spring
* Borehole
* Open well
* Tap at home
* River/Stream
* Tanker truck
* Pond
* Bottle Water
* Public tap
* Unprotected springs
* Others
* Don’t know
 |  |
| **B2.** What is the Secondary water source for your household?***(check one secondary source)*** | * Spring
* Borehole
* Open well
* Tap at home
* River/Stream
* Tanker truck
* Pond
* Bottle Water
* Public tap
* Unprotected springs
* Others
* Don’t know
 |  |
| **B3.** What is the distance of the preferred water source from your Home?***(Check one box)*** | * Less 500 meters
* 500 meters
* 1 Kilometer
* 2 and above KM
 |  |
| **B4.** How long do you wait at the water source to get water | * 15 minutes
* 30 minutes
* 1 hour
* More
 |  |
| **B5.** How does the water look? ***(visit the source or check the one in the container then check one box)*** | * Dirty
* Muddy
* Milky
* Others \_\_\_\_\_\_\_\_\_\_
* Don’t know
 |  |
| **B6.** May I see all your water storage and collecting drinking water containers? ***(Observe and Check for all of the containers. Do not include broken, leaking, or non-functional containers.)*** | * No
* Yes 20-liters Jerry can
* Yes 10-liter Jerry can
* Yes Pots
* 15 and above
* Not available
 |  |
| **B7.** Do you collect enough water to meet all your households’ needs?***(Check one but do not prompt with responses; Select the main reason only)***  | * Yes
* No water is far
* Not sure
* It’s dangerous
* Wait longer at the source
* Few storage container
* Don’t know
 |  |
| **B8.** Have you consumed water directly from the river or canal within the last 7 days? ***(Check one box) If YES; Q.B9*** | * Yes
* No
* Don’t know
 |  |
| **B9.** What happened after drinking the water | * The water makes me sick
* Water test good
* Water test Bad
* Nothing
 |  |
| **B10.** Who usually collects water for your household? ***(Check one)*** | * Adult female
* Adult male
* Child (11-18 years)
* Child (10 years or younger)
* Don’t know
 |  |
| **B11.** Do you pay for your drinking water? ***(Check one and indicate the amount and currency)*** | * Yes, How much \_\_\_\_\_\_\_\_\_\_\_
* No
* Don’t know
 |  |
| **B12.** Do you have separate container for water storage? | * Yes
* No
* Don’t know
 |  |
| **B13.** How often do you clean your storage water containers? | * Every time we use them
* Every day
* Once a week
* Twice a month
* Once a month
* Once a year
* Don’t clean
 |  |
| **B14.** What do you use for cleaning your drinking water containers? ***(Check all that apply)*** | * The family have soap
* Detergent or bleach
* Ash
* Rinse with water
* Use sponge
* Don’t know
 |  |

1. Drinking Water Quality (*All optional questions*)

|  |  |  |
| --- | --- | --- |
| **Questions** | **Codes/Answers** | **Comments** |
| **C1.** May I have a small sample of drinking water? ***(observe how they remove water from the container and Check one box then comment)***  | * Yes
* No water
* Not willing
 |  |
| **C2.** Do you or someone else do anything to make your water safe for drinking? ***(Observe how they treat and then Check one box or comment)*** | * Yes, always treat it before drinking
* Yes, sometimes treat it before drinking
* No, do not treat it
* Don’t know
 |  |
| **C3.** What do you or someone else use to treat this water safe for drinking?***(check all that apply)*** | * Let it stand and settle
* Boil it
* Expose it to sunlight
* Aqua tabs/water purification tablets
* Liquid chlorine
* Powder or granular chlorine
* PuR or Water maker sachets
* Biosand Filter
* Ceramic Pot Filter
* Candle Filter/Bucket Filter
* Don’t know
 |  |
| **C4.** When did you or someone in this household last treat water? ***(check one, treatment consist of boiling, filtering, disinfection, others)*** | * Today
* Yesterday
* Before yesterday
* Don’t know
 |  |

1. Economics (*All optional questions*)

|  |  |  |
| --- | --- | --- |
| **D1.** How much do you spend per month to treat your water? *For example, if you boil your water, how much does the fire wood of charcoal cost?****(check all that apply)*** | * Monthly estimated cost is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| **D2.** How many times per year is someone in your household sick from a water related illness? | * Number of cases per year: \_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| **D3.** How much money do you spend each year on treatment of water related illnesses in your household? | * Estimated annual cost is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| **D4.** How many days of work are missed in one year because of water related illnesses in your household? | * Number of days of missed work in one year: \_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |