


BASELINE SURVEYS IN TAABO –SUDAC/COFER WASH/CSRS PROJECT

Titre : Water, sanitation and hygiene in primary schools in Taabo, Côte d'Ivoire : Assessment of infrastructures, knowledge and practices of management

1. Questionnaire Information (to be filled by the surveyor)								
1.1	Survey conducted by :	Name : _____						
1.2	Survey start time :							
1.3	Date of today :	___ / ___ / ___ Day Month Year						
1.4	<i>Insert codes-ID of the respondent</i> Site Individu(e)	<table border="1"> <tr> <td>Code - ID:</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Site</td> <td>Individual</td> </tr> </table>	Code - ID:				Site	Individual
Code - ID:								
	Site	Individual						
1.5	Did the child give consent ?	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> → End of the survey						
1.6	If the interview is not possible, specify the reason	_____						

2. Demographic issues		
2.1	Educational level: What grade/year?	Classe : _____
2.3	Your sex :	<input type="checkbox"/> Male <input type="checkbox"/> Female
2.4	What is your date of birth?	___ / ___ / ___ Day month year <input type="checkbox"/> I don't know.
2.5	How old are you?	Age : _____ <input type="checkbox"/> I don't know.

3. Water, sanitation and hygiene (WASH)	
A. PRACTICES / BEHAVIOUR (WASH)	
4.1	When do you wash your hands with soap (detergent)? <i>(Several answers possible)</i> <input type="checkbox"/> Befor eating <input type="checkbox"/> Don't wash my hands <input type="checkbox"/> After eating <input type="checkbox"/> I don't know <input type="checkbox"/> After playing <input type="checkbox"/> No response

	<input type="checkbox"/> After defecation <input type="checkbox"/> Other : _____
4.2	Pourquoi tu te laves les mains ? _____
4.3	What do you usually use to wash your hands? (Several answers possible) <input type="checkbox"/> Water <input type="checkbox"/> Autre : _____ <input type="checkbox"/> The ash <input type="checkbox"/> I don't know <input type="checkbox"/> Mud <input type="checkbox"/> No response <input type="checkbox"/> Water with soap
4.4	When should you wash your hands with soap (detergent)? (Several answers possible) <input type="checkbox"/> Before eating <input type="checkbox"/> Don't wash my hands <input type="checkbox"/> After eating <input type="checkbox"/> I don't know <input type="checkbox"/> After playing <input type="checkbox"/> No response <input type="checkbox"/> After defecation <input type="checkbox"/> Other : _____
4.5	Do you drink the water provided at school? <input type="checkbox"/> Yes, drilling <input type="checkbox"/> No <input type="checkbox"/> Yes, from the filter <input type="checkbox"/> Other : _____ <input type="checkbox"/> Yes, from the well <input type="checkbox"/> I don't know <input type="checkbox"/> Yes, from the tap <input type="checkbox"/> No response
4.6	Do you bring drinking water from home to school? <input type="checkbox"/> Yes <input type="checkbox"/> Other : _____ <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/> No response
4.7	The drinking water you brought today, where does it come from? <input type="checkbox"/> Not brought drinking water today <input type="checkbox"/> From home <input type="checkbox"/> At school <input type="checkbox"/> Other : _____
4.8	Do you usually ... in a river, a marsh, a lake? <div style="display: flex; justify-content: space-between;"> <div> ... play ? ... fish ? ... do the laundry? ... work ? </div> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No response </div> <div>  </div> </div>
4.9	Are there latrines at the school ? <input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No → <i>continue to 4.13</i> <input type="checkbox"/> No response
4.10a	Are the latrines always open (not closed)? <input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> No response
4.10b	Are the latrines clean / well cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> No response
4.11	Do you use the latrines at school? <input type="checkbox"/> Yes → <i>continue to 4.14</i> <input type="checkbox"/> I don't know <input type="checkbox"/> No <input type="checkbox"/> No response

4.12	Why don't you use the latrine at school? <i>(Several answers possible)</i> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Dirty <input type="checkbox"/> No water <input type="checkbox"/> No soap <input type="checkbox"/> Smell <input type="checkbox"/> Does not work </div> <div> <input type="checkbox"/> Not enough latrine facilities <input type="checkbox"/> No privacy <input type="checkbox"/> They are not clean/dirty <input type="checkbox"/> Other : _____ <input type="checkbox"/> No response </div> </div>
4.13	Where do you relieve yourself if you are in class/school? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> In the bush <input type="checkbox"/> Behind the latrines <input type="checkbox"/> At the latrine </div> <div> <input type="checkbox"/> At home <input type="checkbox"/> Other : _____ <input type="checkbox"/> No response </div> </div>
B. KNOWLEDGE / ATTITUDES WASH	
4.14a	Can water cause disease? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <div> <input type="checkbox"/> I don't know <input type="checkbox"/> No response </div> </div>
4.14b	If you said yes à 14.4a, what are the water-related diseases? <i>(You can write down several answers)</i> <div style="display: flex; justify-content: space-between;"> <div> <hr/><hr/><hr/><hr/><hr/> </div> <div> <hr/><hr/><hr/><hr/><hr/> </div> </div>
4.16	Do you think that if you don't wash your hands you might get sick, for example a stomach ache or diarrhoea? <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other : _____ </div> <div> <input type="checkbox"/> I don't know <input type="checkbox"/> No response </div> </div>