Tools

Photo Credit: Dr. Corinne Schuster-Wallace
APPENDIX VII:

KAPE Questionnaire: Community Leader

Used in Kenya, translated into Kiswahili

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 in your community are children <16 years of age?

_________________________________________________________________________________________________________

4. *How many of the people in your community are children <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 do for work?

_________________________________________________________________________________________________________

9. *How long have you lived here in your community?

_________________________________________________________________________________________________________

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

_________________________________________________________________________________________________________

11. *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?

_________________________________________________________________________________________________________

12. *Who are the vulnerable people in your community?

_________________________________________________________________________________________________________

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

_________________________________________________________________________________________________________

14. *How are these challenges different from the challenges you’ve faced in the past?

_________________________________________________________________________________________________________

15. *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.

16. *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?

_________________________________________________________________________________________________________

* 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?

_________________________________________________________________________________________________________
17. *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?

18. *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?

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

20. *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.

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

<table>
<thead>
<tr>
<th>SOURCE OF WATER</th>
<th>YES/NO</th>
<th># OF COMMUNITY MEMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piped water into a dwelling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Piped water into a yard/plot</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public tap/standpipe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tubewell/borehole</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protected dug well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unprotected dug well</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protected spring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unprotected spring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rainwater collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bottled water</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
22. *a) Have these water sources changed from the past? □ Yes □ No

*b) If so, how and why?

23. *In your community, what do you think most of the water is used for?
(Prompt: for farming, for drinking, for house cleaning)

24. In your community, what is your priority use for water?
(Prompt: agriculture, domestic, business)

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 village, position of power)

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

27. *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

28. *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?
29. *Do you feel that these things (programs or activities) are effective in promoting health, safe drinking water and/or sanitation? Why or why not?

_________________________________________________________________________________________________________

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

_________________________________________________________________________________________________________

31. *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?)

_________________________________________________________________________________________________________

**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?

* identifies questions which form the core of the KAPE Assessment tool and should be included in any design.
APPENDIX VIII:

KAPE Questionnaire: Community Member

Used in Kenya and Sierra Leone, translated into Kiswahili.

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 <5 years of age?

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

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

5. 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

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?
    (Prompt: jobs, health, corruption, school, electricity, crime)

    □ □ □ □
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 weekly household income in your community?  

15. *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 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/describe the health of your community?

☐ Very Good  ☐ Good  ☐ Moderate  ☐ Bad  ☐ Very Bad

17. *In general, how would you rate/describe 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 in your community?  
(Prompt: pregnancy, diarrhoea, fever)

_________________________________________________________________________________________________________

20. *What are the main health problems that your children and other children in your community face?  
(Prompt: diarrhoea, fever, rash)

_________________________________________________________________________________________________________
21. *What do you believe are the main causes of health problems in your community?*  
(Prompts: water, mosquitoes, accidents, working too hard)

_________________________________________________________________________________________________________

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

_________________________________________________________________________________________________________

23. *a) 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

*b) If yes, how many?* [ ]

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

Please fill in the following table:

<table>
<thead>
<tr>
<th>CHILD</th>
<th>AGE</th>
<th>TREATMENT FOR DIARRHOEA (Yes, No, DK)</th>
<th>WHAT KIND OF TREATMENT? [traditional medicine/healer; buy medicine from pharmacy/kiosk; visit the health care/doctor; other (specify)]</th>
<th>HAS YOUR CHILD HAD ANY OTHER ILLNESSES? (Yes, No, DK) If yes, please explain.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child #1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child #2</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Child #3</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child #4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child #5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**WATER NEEDS**

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

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

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

a) *Have these water sources changed from the past? If so, how and why?* □ Yes □ No

b) *If so, how and why?*
25. *What is the main source of water used by your household for other domestic purposes, such as cooking and hand washing etc.? (Fill in all that apply.)*

<table>
<thead>
<tr>
<th>SOURCE OF WATER</th>
<th>CHECK YES OR NO</th>
<th>FREQUENCY (# of times per week)</th>
<th>USED IN DRY OR WET SEASON (Check which apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piped water into a dwelling</td>
<td>YES</td>
<td>NO</td>
<td>DRY</td>
</tr>
<tr>
<td>Piped water into a yard/plot</td>
<td></td>
<td></td>
<td>WET</td>
</tr>
<tr>
<td>Public tap/standpipe</td>
<td></td>
<td></td>
<td>DRY</td>
</tr>
<tr>
<td>Tubewell/borehole</td>
<td></td>
<td></td>
<td>WET</td>
</tr>
<tr>
<td>Protected dug well</td>
<td></td>
<td></td>
<td>DRY</td>
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<tr>
<td>Unprotected dug well</td>
<td></td>
<td></td>
<td>WET</td>
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<td>WET</td>
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<td></td>
<td></td>
<td>DRY</td>
</tr>
<tr>
<td>Tanker-truck</td>
<td></td>
<td></td>
<td>WET</td>
</tr>
<tr>
<td>Surface water (river, dam, lake, pond, stream, canal, irrigation channels)</td>
<td></td>
<td></td>
<td>DRY</td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td>WET</td>
</tr>
</tbody>
</table>

26. 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

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


b) How many round trips are made in total by your household each day to collect water?
27. In your community, what do you think most of the water is used for?
(Prompt: for farming, for drinking, for house cleaning)

28. In your household, what is your priority use for water?
(Prompt: bathing, drinking, laundry)

a) How do you know when the water you use is clean and/or safe?
(Prompt: color, odor, particles, told it is safe by others)

b) If you do not think it is clean and/or safe, what things have you done to try to deal with it?
(Prompt: boil; add bleach/chlorine; strain it through a cloth; use a water filter; solar disinfection; let it stand and settle)

OR

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

29. 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)

a) Describe what your ideal access would be.

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

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

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

_________________________________________________________________________________________________________

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

_________________________________________________________________________________________________________

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

_________________________________________________________________________________________________________

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

_________________________________________________________________________________________________________

34. How do you dispose of your urine?

_________________________________________________________________________________________________________

35. How do you dispose of your feces?

_________________________________________________________________________________________________________

36. How far away is the disposal site from your home?

_________________________________________________________________________________________________________

37. 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
  - without slab/open pit
- Composting toilet
- Bucket
- Hanging toilet/hanging latrine
- Other (specify) ____________________
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?

_________________________________________________________________________

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

☐ Yes    ☐ No    ☐ Don’t Know

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

☐ Very Good    ☐ Good    ☐ Moderate    ☐ Bad    ☐ Very Bad

35. 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)

_________________________________________________________________________

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?
(Prompt: 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.

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

37. 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).

38. Do you regularly use soap? □ Yes □ No
   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.

39. 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.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>NEVER</th>
<th>RARELY</th>
<th>SOMETIMES</th>
<th>MOSTLY</th>
<th>ALWAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After eating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before cooking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After urinating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After defecating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before sleeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upon waking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When hands are dirty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When bathing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
40. Do you currently have a cake of soap on the premises?

☐ Yes  ☐ No  ☐ Don’t Know

a) If so, where do you keep it?

____________________________________________________________________________________

LOCAL PERCEPTIONS AND BEHAVIOURS RELATED TO WATER AND HEALTH

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

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

____________________________________________________________________________________

42. Have you ever received any information regarding diarrhoea?

☐ Yes  ☐ No  ☐ Don’t Know

a) If Yes, what was the source of the information?

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

____________________________________________________________________________________

43. Has your child/children received any teachings about diarrhoea at school?

☐ Yes  ☐ No  ☐ Don’t Know

44. Do you know what causes diarrhoea?

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

____________________________________________________________________________________

45. 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)

____________________________________________________________________________________

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

☐ Yes  ☐ No  ☐ Don’t Know
47. 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

48. 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

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 IX:

KAPE Focus Group

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

1. Can you please introduce yourselves to us?
   
   **Participant 1:**
   Name ____________________________________________________________________________________
   Age ____________________________________________________________________________________
   Family Status ___________________________________________________________________________
   How many people live in your household? _________________________________________________
   How many children do you have? __________________________________________________________
   What is your favourite leisure activity? ______________________________________________________

   **Participant 2:**
   Name ____________________________________________________________________________________
   Age ____________________________________________________________________________________
   Family Status ___________________________________________________________________________
   How many people live in your household? _________________________________________________
   How many children do you have? __________________________________________________________
   What is your favourite leisure activity? ______________________________________________________

   **Participant 3:**
   Name ____________________________________________________________________________________
   Age ____________________________________________________________________________________
   Family Status ___________________________________________________________________________
   How many people live in your household? _________________________________________________
   How many children do you have? __________________________________________________________
   What is your favourite leisure activity? ______________________________________________________

   **Participant 4:**
   Name ____________________________________________________________________________________
   Age ____________________________________________________________________________________
   Family Status ___________________________________________________________________________
How many people live in your household? _________________________________________________

How many children do you have? __________________________________________________________

What is your favourite leisure activity? ____________________________________________________

Participant 5: Name ____________________________________________________________________
Age ________________________________________________________________________________
Family Status __________________________________________________________________________
How many people live in your household? _________________________________________________
How many children do you have? __________________________________________________________
What is your favourite leisure activity? ____________________________________________________

Participant 6: Name ____________________________________________________________________
Age ________________________________________________________________________________
Family Status __________________________________________________________________________
How many people live in your household? _________________________________________________
How many children do you have? __________________________________________________________
What is your favourite leisure activity? ____________________________________________________

Participant 7: Name ____________________________________________________________________
Age ________________________________________________________________________________
Family Status __________________________________________________________________________
How many people live in your household? _________________________________________________
How many children do you have? __________________________________________________________
What is your favourite leisure activity? ____________________________________________________
2. Tell me about your community.

What are the major challenges facing your community right now?

Are they different from the challenges you have faced in the past?
» How are they different?

How does the community cope with these challenges?
» What do you do about them?

How is health in this community?
» Your health?
» Your family’s health?
» The community’s health?

What’s the major health concern in this community right now?
» For adults?
» For children?

Is this different than it’s been in the past?
» How?
» In what way?

In what ways has this community addressed these health issues?

What happens when someone gets sick….
» You?
» Your husband / wife?
» Your mother?
» Your children?

Who teaches you how to stay healthy? (mum/parents; school; community health workers; community elder/leader; other)
» Do you teach your children how to stay healthy? What do you tell them?
Where do you get your water from?
» Why?
» How?
» How often?

Do you use different sources of water at different times? Tell me about that.
» Is this different from where you’ve taken water from in the past?
» Why?
» How?

Are some water sources better than others?
» Cleaner?
» Safer?
» Better for you?
» Better for the children?

How do you know when the water is clean and/or safe?
» (If not clean/safe) What things have you done to try to fix this?
» If nothing, why not? (What are the barriers to action)

Are there things this community could do to improve local water supplies? (Refer back to barriers, if appropriate.)

Do you have latrines in this community?
» Why not if they say no
» Where are they?
» Are they used?
» By adults? (If not used, ask why not)
» By the children? (If not used, ask why not)
### PURPOSE OF CHECKLIST:
This checklist will guide in the collection of perceptions related to water, sanitation and health, and the current attitudes and practices in the community.

<table>
<thead>
<tr>
<th>CONSTRUCT</th>
<th>QUESTION</th>
<th>PROBES</th>
</tr>
</thead>
</table>
| PERCEPTION OF THE COMMUNITY SPACE      | To start out with, I am going to ask you to draw for me a map of your community. Please highlight areas in your community such as latrines, water collection areas, and anything else that you think is important. | Please feel free to add anything within your community that you feel is important.
<p>|                                        |                                                                          | Which of the places found on your map is the most important to your? Why? |
| SOCIO-ECONOMIC STATUS                  | Ok, now I am going to ask a few questions about your home and daily life.  | 1a. If yes, do you use it for cooking? If no, what do you use for cooking your food? |
|                                        | 1. Do you have electricity?                                               | 4a. If some children do not attend school, why not? Is it age, gender, money? |
|                                        | 2. Does your family have a radio?                                         |                                                                       |
|                                        | 3. What is your house made of? Is this typically what houses are made of in your community? How many rooms do you have? |                                                                       |
|                                        | 4. How many children do you have? Do they all attend school?              |                                                                       |
|                                        | 5. What are the goals for your children? What do you want them to be when they grow up? |                                                                       |</p>
<table>
<thead>
<tr>
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<th>QUESTION</th>
<th>PROBES</th>
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</thead>
</table>
Thank you! I now would like to discuss the health of the community, and any health issues that you or your family have.

1. Firstly, do you have access to a health clinic? Where is it? Is it free?
2. Do you use the clinic when you or your family gets sick?
3. Where do you get medicine from? Do you have to pay for it?
4. What are the main health issues for you? Your family? Your community? Does this change during different times of the year?
5. How often are your children sick? What are their symptoms?
6. What makes them sick? What do you do with them when they are sick?
7. How does your daily routine change when you have a sick family member?
8. How often is your child sick from diarrhoea? Does it cause them to miss school? How often? Do you see this as a problem?
9. How do you respond when your child is sick?
10. How often in a month does your child have loose stools more than three times a day?
11. How do you try to prevent diarrhoea? Other diseases?
12. Do these preventions help?

**PROBES**

2a. If no, why not? Economics, distance, time? What stops you?
4a. If yes, why do you think that these issues would change?
7a. Less time to do normal activities? Do you try to be more careful about sanitation when you/family are sick?
8a. Why is this a problem?
9a. Do you change what they eat/drink? Use medication? Do you go to a doctor?
12a. If yes, how? If no, why do you think they do not help?
<table>
<thead>
<tr>
<th>CONSTRUCT</th>
<th>QUESTION</th>
<th>PROBES</th>
</tr>
</thead>
</table>
| EDUCATION AND SOLUTIONS | Thank you. There is just one more area that I would like to discuss with you today. First I will ask about how you keep yourself and your family healthy, and then I will discuss what you would do about the problems in your community.  
1. Who taught you how to be healthy?  
2. Who taught your children how to stay healthy? Did your children teach you anything about health that you didn’t know?  
3. What other things would you like to see in your community to help make you healthy? Do you think that community members can teach each other about health and health problems?  
4. If you were in charge of the community, how would you make sure the children/community stay healthy?  
5. What would you like to see done with the resources your community currently has?  
6. How do you think the community can make this happen? Where would you go for additional resources? | 1a. Was it your parents, media, elders, women’s group, church, teachers?  
2a. You? School programs?  
3s. Why/Why not? What stops community members from teaching each other?  
4s. If they don’t mention water, ask “what about the water, what would you do about it?” |
| CONCLUSION | Thank you very much for your time. Is there anything else you would like to tell me about your water and health in your community? Would you like to add or expand on anything that you put into your map? |
This script has been adapted from Levison (2013). This is an instrument that you may be able to use during a community meeting to deliver information about the information you have collected and to learn more about the community.

**SCRIPT TEXT:**

“Welcome and thanks (for attending; for providing the opportunity).

Why you are here (to share some of the things that peoples shared with you when you were in the community talking with them about things that were important to them).

Share the findings (this is what you told me OR this is what we talked about):

» Water
» Sanitation
» Health
» Education
» Solutions

Final thanks and opportunity to ask questions and start a discussion.”

**NOTE:**

If there are issues raised through your findings, you may want to consider linking with other NGOs and/or government partners to explain and demonstrate some solutions which may help improve health and wellbeing.
APPENDIX XII:

Example Key Informant Interview Questions

These interview questions have been adapted from Newton (2013).

<table>
<thead>
<tr>
<th>BACKGROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you do for work?</td>
</tr>
<tr>
<td>What are your responsibilities?</td>
</tr>
<tr>
<td>For how long have you had this job?</td>
</tr>
<tr>
<td>What is your connection to the community?</td>
</tr>
<tr>
<td>Do you have any responsibilities within the community?</td>
</tr>
<tr>
<td>If YES, what are they?</td>
</tr>
<tr>
<td>If NO, do you have any responsibilities within another community?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WATER ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are all the different water needs for the community?</td>
</tr>
<tr>
<td>Which uses require the most water?</td>
</tr>
<tr>
<td>Which use is most important?</td>
</tr>
<tr>
<td>What would you say are the key water issues in this area?</td>
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<tr>
<td>Are there any plans to solve any of these problems?</td>
</tr>
<tr>
<td>What are they and what timeline is associated with them?</td>
</tr>
<tr>
<td>What has been done to date?</td>
</tr>
<tr>
<td>What obstacles have you encountered or do you expect to encounter?</td>
</tr>
<tr>
<td>Are any of these goals or achievements written in any documents, plans, reports? If so, may we have a copy?</td>
</tr>
<tr>
<td>DRINKING WATER AND SANITATION</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>In your experience, what are the success factors for water and sanitation development?</td>
</tr>
<tr>
<td>In your experience, what hinders community water resource development?</td>
</tr>
<tr>
<td>What is challenging about hygiene and sanitation improvement in the community?</td>
</tr>
<tr>
<td>Are there plans for hygiene and sanitation improvement? Yes No</td>
</tr>
<tr>
<td>If yes… What are they? If no… Why not?</td>
</tr>
<tr>
<td>How does current legislation impact upon the work you are doing?</td>
</tr>
<tr>
<td>What are the implications for rural water supply and development?</td>
</tr>
<tr>
<td>How difficult is it to access financial support?</td>
</tr>
<tr>
<td>What sources of financial support are available?</td>
</tr>
<tr>
<td>HEALTH</td>
</tr>
<tr>
<td>In your opinion, what are the health challenges facing this community?</td>
</tr>
<tr>
<td>What is being done to deal with them?</td>
</tr>
<tr>
<td>What do you see as the ideal solution?</td>
</tr>
<tr>
<td>ANY OTHER THOUGHTS YOU WOULD LIKE TO SHARE</td>
</tr>
</tbody>
</table>