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UGANDA SANITATION FOR HEALTH ACTIVITY

Quantitative Household Baseline Survey Report for the Central East Cluster



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East Cluster

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ACRONYMS AND ABBREVIATIONS

AMELP	Activity Monitoring Evaluation and Learning Plan
CE	Central East
CW	Central West
EA	Enumeration Area
GOU	Government of Uganda
HH	Household
JMP	Joint Monitoring Programme
LC	Local Council
MOH	Ministry of Health
MOWE	Ministry of Water and Environment
N/A	Not Applicable
NPHC	National Population and Housing Census
OD	Open Defecation
ODK	Open Data Kit
ODF	Open Defecation Free
PCA	Principal Component Analysis
RA	Research Assistant
USHA	Sanitation for Health
SD	Standard Deviation
SDA	Seventh Day Adventist
SDG	Sustainable Development Goals
SNV	SNV Netherlands Development Organisation
SSG	Sanitation Solutions Group
STH	Soil Transmitted Helminths
SPR	Sector Performance Report
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UNICEF	United Nations International Children's Emergency Fund
USHA	Uganda Sanitation for Health Activity
USAID	United States Agency for International Development
VHT	Village Health Team
VSLA	Village Savings and Loans Association
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

GLOSSARY OF TERMS

The Sanitation for Health baseline survey presents the household water, sanitation and hygiene (WASH) status using the World Health Organization (WHO) and United Nations Children’s Fund’s (UNICEF) Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) standards. The WASH service ladder standards below respond to Sustainable Development Goal (SDG) targets 6.1 and 6.2.

Household Sanitation Service Ladder

Safely managed	Use of improved ¹ facilities which are not shared with other households and where excreta are safely disposed in situ or transported and treated off-site
Basic	Use of improved ¹ facilities which are not shared with other households
Limited	Use of improved ¹ facilities shared between two or more households
Unimproved	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines
Open defecation	Disposal of human feces in fields, forests, bushes, open bodies of water, beaches and other open spaces or with solid waste

¹Improved sanitation facilities are those designed to hygienically separate excreta from human contact.

Household Water Service Ladder

Safely managed	Drinking water from an improved water source which is located on premises, available when needed and free from fecal and priority chemical contamination
Basic	Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing
Limited	Drinking water from an improved source for which collection time exceeds 30 minutes for a roundtrip including queuing
Unimproved	Drinking water from an unprotected dug well or unprotected spring
Surface water	Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal

Household Hand Washing Service Ladder

Basic	Availability of a handwashing facility on premises with soap and water
Limited	Availability of a handwashing facility on premises without soap and water
No Facility	No handwashing facility on premises

Comparison of sanitation Definitions

JMP/UNICEF Definitions	USAID Definitions for USHA	Government of Uganda Definitions
Safely managed	Safely managed	Safely managed
Basic	Basic	Basic + fly management
Limited	Limited	Limited + fly management
Unimproved	Unimproved	Unimproved
Open defecation	Open defecation	Open defecation

EXECUTIVE SUMMARY

The Uganda Sanitation for Health Activity (USHA) project carried out a baseline survey from October to December 2018 to assess the status of water, sanitation, and hygiene (WASH) services in nine districts sampling a total of 2,877 households in the Central East (CE) cluster: Jinja, Iganga, Luuka, Namutumba, Buyende, Kaliro, Buikwe, Luwero, and Kayunga. This report details the methods and findings from this survey.

The survey data was collected using quantitative techniques. The survey took approximately 45 days from the time of training of research assistants, through data collection and analysis, to documentation of the findings. Findings in this report are mainly described as proportions. The data in the report are not disaggregated by either rural or urban, however, the districts of Central East had more enumeration areas in the urban suburbs.

The survey found that districts in the CE cluster have low sanitation coverage; approximately 21.7% of residents have basic sanitation services, and 10.1 percent still practice open defecation. Drinking water services are better; only 3.2 percent of residents use surface water as their main source of drinking water and 37.5 percent have basic drinking water services. Access to handwashing services in CE is poor; only 4.4 percent of households have basic handwashing services and 74.9 percent lack handwashing facilities.

WASH practices among the USHA CE districts are below the national and regional levels except for basic sanitation and open defecation indicators (Table 1). The survey also highlighted interesting behavioral dynamics regarding the knowledge and attitudes about WASH and their translation into practice. In this population of Central East, neither wealth nor exposure to information on WASH influenced WASH practices. Overall, 45.4 percent of the CE population lie in the lowest two poverty quintiles. Normally, households in the highest wealth quintiles are anticipated to have better WASH practices than the lower wealth quintiles. However, the survey revealed no significant variation of WASH practices across the wealth quintiles of Basic Sanitation and Open defecation practices across the wealth quintiles. There was very good exposure to WASH information among households in Central East that was most commonly relayed through media. However, but this didn't affect WASH practices especially with regards to handwashing services.

Some of the possible reasons for the poor and inequitable WASH practices in the Central East districts can be attributed to:

- Several densely populated urban dwellings with a dynamic population that are unwilling to set up proper sanitation facilities or infrastructure. In addition, most of these dwellings are rented with limited WASH services as many of the facilities are shared among several tenants.
- Some districts have very poor areas where households have inadequate incomes to invest in sanitation.
- It is possible that certain strong cultural or occupational practices conflict with the norms associated with good WASH practices.

The findings described in this report will be utilized to guide the USHA project in planning and implementation activities on WASH for the Central East districts. The baseline indicators will be considered for monitoring using the Activity Monitoring Evaluation and Learning Plan (AMELP).

These findings will also inform policies and programs in the sanitation and water sector of the three governing Ministries of interest: Ministry of Water and Environment; Ministry of Health; and Ministry of

Education and Sports. These baseline statistics will feed into the national and international WASH indicator reporting for Uganda, which has been credited for having model monitoring and evaluation systems on WASH, despite the limitation of having varying WASH statistics reported by various stakeholders.

Table 1: Summary of the findings for core WASH indicators against appropriate national rural/ urban indicator values

Performance Indicators	†USHA CE Baseline 2018	††UDHS 2016	†††Uganda Rural 2018	†††Uganda Urban 2018
WATER SUPPLY				
Basic Water: Percentage of the population using an improved drinking water source, provided collection time is not more than 30 minutes for a round trip including queuing	46.4%	ND	ND	ND
Safely managed Water: Percentage of the population using safely managed drinking water services located on the premises ¹	2.6%	ND	ND	20%
SANITATION SERVICE				
Safely managed Sanitation: Percentage of the population using improved facilities which are not shared with other households and where excreta are safely disposed in situ or transported and treated off-site	N/A*	ND	ND	26%
Basic Sanitation: Percentage of the population using improved facilities which are not shared with other households	21.7%	18.2%	ND	36.3%
Open Defecation: Percentage of the population practicing open defecation	10.1%	7.2%	8%	12.6%
HYGIENE SERVICE				
Hand Washing: Percentage of the population with hand washing facilities with Water and Soap at home	5%	21.7%	36.50%	39.6%

N/A = Not available; ND = No data; *__ = small sample size of 27 households

† Average from districts covered in the survey

†† Busoga Sub-Region, Uganda Demographic and Health Survey, 2016 (UDHS)

††† Uganda Water and Environment Sector Performance Report 2018

Finally, use of community led total sanitation and home improvement campaigns could be employed to deliver household focused interventions to improve sanitation and hygiene in these districts. Use of media messages could be designed to enhance impact, since there is already good exposure to information on WASH. Recognizing the disparity between the access to information and translation to practice implies a need for a thorough researched evidence-based behavior change campaign around the HWWS and investing in an improved latrine.

¹ Excluding water quality analysis

Table 2: Baseline Finding Highlights from Central East Cluster Districts

DISTRICT	SANITATION	WATER	HYGIENE
BUIKWE	1. High OD (14.3%) 2. High percent do not own toilet (43.2%)	1. High access unimproved main water source (10.2%)	1. No handwashing facility (80%)
BUYENDE	1. High OD (14.0%)	1. High access unimproved main water source (5.5%) 2. High lack of treating drinking water (84.2%)	1. No handwashing facility (79%)
IGANGA		1. High lack of treating drinking water (64.6%)	1. No handwashing facility (58%)
JINJA	1. High percent do not own toilet (44.7%)		1. No handwashing facility (88.2%)
KALIRO	1. High OD (19.5%) 2. High percent of latrines/open pits without slab (61.0%)	1. High access to surface water sources (11.2%) 2. High lack of treating drinking water (82.8%)	1. No handwashing facility (62%)
KAYUNGA		1. High access unimproved main water source (7.1%) 2. High access to surface water as main source (7.7%) 3. High lack of treating drinking water (60.9%)	1. No handwashing facility (88%)
LUUKA	1. High percent of latrines/open pits without slab (48.0%)	1. High lack of treating drinking water (72.6%)	1. No handwashing facility (63%)
LUWERO	1. High percent do not own toilet (32.7%)	1. High access unimproved main water source (4.7%) 2. High access to surface water as main source (4.1%)	1. No handwashing facility (85%)
NAMUTUMBA	1. High OD (13.7%) 2. High percent of latrines/open pits without slab (54.6%)	1. High lack of treating drinking water (67.4%)	1. No handwashing facility (77%)

1.0 INTRODUCTION

1.1 BACKGROUND

The Uganda Sanitation for Health Activity (USHA) is a five-year program financed by the United States Agency for International Development (USAID) and implemented by Tetra Tech. USHA collaborates with a Uganda small-business partner, Sanitation Solutions Group (SSG), and a cadre of distinguished nongovernmental organizations (NGOs): SNV Netherlands Development Organisation (SNV), BRAC, and FSG.

USHA aims to accelerate sustainable improvement in quality, access, and supply of water and sanitation services and improve hygiene behaviors in up to 25 districts in Uganda. This will be accomplished through a series of contemporary and integrated water, sanitation, and hygiene (WASH) interventions at the community and household (HH) levels that will lead to three intermediate results:

1. Increased household access to sanitation and water services;
2. Key hygiene behaviors at home, school, and health facilities adopted and expanded; and
3. Strengthened district water and sanitation governance for sustainable services.

The USHA contract requires that the Activity conduct a quantitative WASH baseline assessment in each of its intervention districts. The purpose of the baseline survey is to establish current levels and conditions of WASH services and behaviors in the USHA intervention districts against which to measure behavioral and service delivery changes over the life of the Activity. Combined with other information, the survey will also generate a wealth index for populations in each of the target districts and to assess the percentage of the population in the lowest two poverty quintiles.

1.2 AIMS OF THE BASELINE SURVEY

The baseline survey aimed to:

1. Assess current levels and conditions of WASH services and behaviors in the nine USHA intervention districts in the CE cluster; and
2. Provide a baseline against which to measure behavioral and service delivery changes over the life of the Activity.

Among others, a key aim of the survey was to generate a wealth index for populations in each of the target districts and to assess the WASH service ladders by quintiles. The detailed list of indicators is provided in Appendix I.

2.0 SURVEY DESIGN, METHODS, AND RESPONSE RATES

2.1 DESIGN

The USHA household WASH baseline survey results are representative at the district level. The smallest unit of sampling for the survey is a fixed number of households in an Enumeration Area (EA)². USHA is using the 2014/5 list of Enumeration Areas from the National Population and Housing Census (NPHC) prepared by the Uganda Bureau of Statistics (UBOS).

2.2 SAMPLE SIZE AND SAMPLING

A sample of 3,120 households were selected for the survey. These were drawn from a total of 195 EAs across the nine districts. The number of EAs in each district ranged between 21 and 23. The sample size was estimated to allow for district-level estimates for the key indicators. The districts included in the Central East (CE) cluster were: Buikwe, Buyende, Iganga, Jinja, Kaliro, Kayunga, Luuka, Luwero, and Namutumba. Table 2.1 shows the details of the sample by district.

A two-stage approach was used to select the sample. First, UBOS selected EAs from each district using proportionate sampling methodology. The sampling frame was all EAs based on the 2014/5 NPHC. At the second stage, 16 households were selected from each EA. The second stage sampling frame was the complete list of all occupied households visited during a listing exercise done as part of this baseline survey. It excluded households that were not occupied at the time of the listing exercise. The selected random sample was stratified by the gender of the HH head (determined at household listing) and whether the HH had access to a toilet. For sampling purposes, four strata were considered: female-headed HH without toilet, male-headed HH without toilet, female-headed HH with a toilet and, and male-headed HH with a toilet. Simple random sampling without replacement was used to select households from each of the strata in a given EA and district. The contribution of each stratum to the final sample was proportionate to stratum size and each household within a given stratum had an equal chance of being selected into the final sample. Stratified random sampling was preferred to simple random sampling because it accurately guarantees representation of HH headship by gender and latrine ownership status in the population being surveyed. Furthermore, stratifying the households into homogeneous groups of HH units reduces sampling error and estimates are more precise than simple random samples drawn from the same population. A detailed description of the methodology is attached in Appendix 2.

2.2.1 RESPONSE RATE

The response rate, provided as a percentage, was calculated as the number of eligible households for which an interview was completed out of all household structures listed/sampled excluding vacant households. For all households categorized as vacant or unreachable, team leaders obtained certified proof of vacant/unreachable status from the village leadership. An example is provided in Appendix 4. Table 2.1 provides the detail of the number of response rates.

² In Uganda, an Enumeration Area (EA) is a geographic area that covers an average of 130 households.

Table 2.1: Final Baseline Sample, Selected, and Surveyed

Households (HH)	Buikwe	Buyende	Ganga	Jinja	Kaliro	Kayunga	Luuka	Luwero	Namutumba	Total
Households selected	368	336	336	336	336	368	336	368	336	3,120
Households that were occupied	365	335	325	330	333	355	334	365	329	3,071
Household that were surveyed	343	328	299	297	313	325	321	338	313	2,877
Response rate	94%	98%	92%	90%	94%	92%	96%	93%	95%	94%

The overall response rate at household level was 94 percent. It ranged from 90 percent in Jinja to 98 percent in Buyende. Jinja, Kayunga, and Iganga had several EAs where households worked for extended periods away from their residences, hence the low response. One EA in the selected sample (Namayoby, supposedly in Kiranga parish and Namwiwa sub-county in Kaliro district) was not found. This EA was not replaced. Subsequent investigation revealed that Namwiwa existed in Madibira parish and did not have household listing data.

2.3 DATA COLLECTION

2.3.1 IDENTIFICATION, TRAINING, AND DEPLOYMENT OF RESEARCH ASSISTANTS

Research assistants (RA) were identified from a pool of individuals with whom the consultants had previously engaged on other assignments. The skills, abilities, and experience required included experience in data collection; field experience in the geographical areas where the survey was going to be implemented; proficiency in English, Luganda, or Lusoga, the languages spoken the survey areas; as well as experience in use of tablets for data collection. RAs underwent a three-day training. The training curriculum included: the purpose of the survey, the technical concepts of the data to be collected, a question-by-question review of the questionnaire, and practical experience administering the questionnaire in a classroom setting and in the field during a pre-test exercise using the tablets.

There was also a session on the ethical conduct of research. Five teams were deployed to collect data. Each team comprised one team leader and six to nine RAs. Each team was assigned approximately two districts for a period of two-to-three weeks.

2.3.2 ENGAGEMENT OF DISTRICT AND VILLAGE LEADERSHIP



Figure 2.1: District Representative from Kayunga Auditing an Interview

The baseline survey and timeline were explained to district stakeholders during the district entry activities as part of the USHA start-up interventions. Thereafter, district leaders were formally notified about the baseline survey via letters from the USHA Chief of Party to the Chief Administrative Officers. Delivering the letters gave the opportunity to explain further about the survey, and to invite representatives to be present at the RA training. Each district nominated a focal person to support the baseline activity.

District representatives attended the three-day baseline survey training where they supported the RAs to adapt the WASH questionnaire to district specific scenarios and gave practical advice on approaches to community entry. Most took the competence assessment designed for the RAs and obtained impressive test scores. During baseline data collection, district representatives supported supervision and

audit of the RAs. At the EA level, village leaders (the Local Council chairpersons or their designees) were always contacted prior to entry of the EA and requested to support the teams' work. Local leaders were involved in locating the selected households and introducing the teams to the households.

2.3.3 DATA COLLECTION TOOLS

A quantitative questionnaire was developed in English and translated into Luganda and Lusoga (Appendices 2 and 3). The questionnaire captured HH-level information on demographic characteristics, HH assets, sanitation, hygiene, water, psychosocial determinants of latrine/toilet ownership and handwashing, and modes of WASH information exposure. The questionnaires were pre-loaded onto the tablets to minimize errors. The questionnaires were programmed in Open Data Kit (ODK), an open-source mobile data collection software (Figure 2.2). ODK provided legal values, expected ranges, and logic skips. All data from each individual team member were reviewed by their team leader daily before uploading onto the USHA ONA server. Prior to administration, the tool was piloted and adaptations made to enhance its usability.

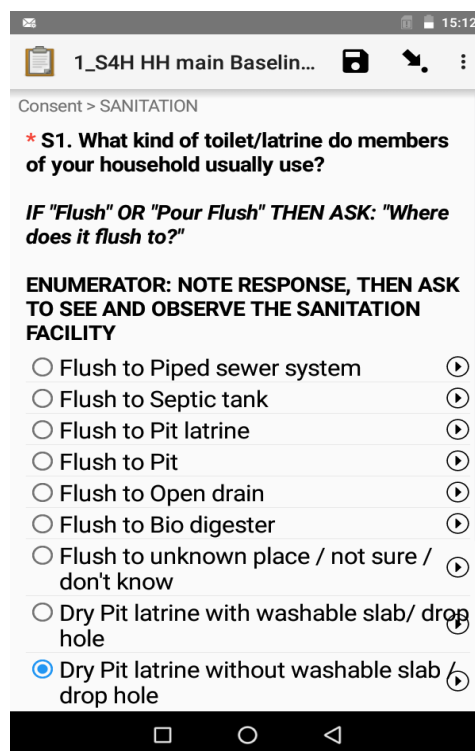


Figure 2.2: Screenshot of Tablet with Data Collection in ODK

2.3.4 INTERVIEWS

Respondents were eligible if they were the head of the household or their spouse, or an adult member of the household best able to answer the questionnaire. Prospective respondents were first informed about the purpose of the survey and those who accepted to participate were requested to sign an

electronic consent form on the tablets. Interviews were carried out within the household setting allowing privacy but within sight of other team or household members. Where possible, responses were physically verified by the interviewers through direct observation and validated by taking pictures, including housing materials, toilet floor, and presence of handwashing facilities.

2.3.5 QUALITY ASSURANCE AND CONTROL



Figure 2.3: An Interview Being Conducted in a Homestead

Several measures were taken to ensure quality data collection. RAs were selected carefully, considering their ability to comprehend the substance of the survey and their experience in similar settings. All RAs were well trained prior to the data collection. The RA's training covered in-class didactic sessions, formal tests, and hands-on practical interviews—initially mock interviews among RAs and then through a pre-test. The pre-test was conducted in actual EAs (but with households not included in the sample). RAs had an opportunity to conduct two full interviews in a real-life setting. This was followed by a debrief to reinforce learning experiences. The results from

the written test were utilized to identify areas within the questionnaire that needed further training. The results were also used to identify and further support individuals with notable areas of weakness. Similarly, the pre-test results were formally analyzed and used to strengthen the RA's ability to collect high-quality data.

During data collection, data quality spot checks were done weekly using audit forms (see Appendix 3) provided by USHA. Weekly summary quality control reports were generated, and real-time feedback was given to the RAs on areas for improvement. In addition, the USHA team and district representatives conducted routine field supervision visits to ensure compliance with the survey implementation guidelines. The questionnaires were translated ahead of training by a professional firm. All RAs and district representatives present at the training had an opportunity to provide input to improve the quality of the translation prior to data collection. During data collection, questions were read verbatim to ensure consistency across the RAs.

2.3.6 DATA PROCESSING AND ANALYSIS

Data were uploaded daily to the ONA database provided and managed by USHA. Uploaded data was analyzed (initially daily) to check quality and provide real-time feedback to the team leaders to improve the quality of subsequent data collection. As the quality improved, the analysis and feedback became less frequent. Data were cleaned and analyzed using STATA and are summarized by percent, means, and medians. In the next sections, data are presented by district, gender, and wealth quintile as appropriate.

2.3.7 WEALTH QUINTILE ANALYSIS

The wealth quintile calculations are based on household asset data using a three-step approach.

- **Step 1:** Select variables from those in the survey questionnaire pertaining to source of drinking water, type of toilet facilities, house construction material, ownership of agricultural land, livestock, and household possessions such as electricity. More specifically, the variables chosen in Step 1 included house ownership status; main material of the household floor, walls, and roof; ownership of agricultural or non-agricultural land; livestock; kind of toilet used by household members; main

source of drinking water; and ownership of items such as electricity, radio, television, chair, sofa, table, and car/truck.

- Step 2: Create dummies for each of the identified variables, i.e. assigning value 1 if owned or a 0 otherwise.
- Step 3: Apply the principal component analysis (PCA) in STATA version 14.0 to generate the overall wealth quintiles by assigning a score to each household, maintaining components with variance greater than 1 and dividing the distribution into five equal categories (Lowest, Second, Middle, Fourth, and Highest), each comprising 20 percent of the households.

3.0 CHARACTERISTICS OF RESPONDENT HOUSEHOLDS

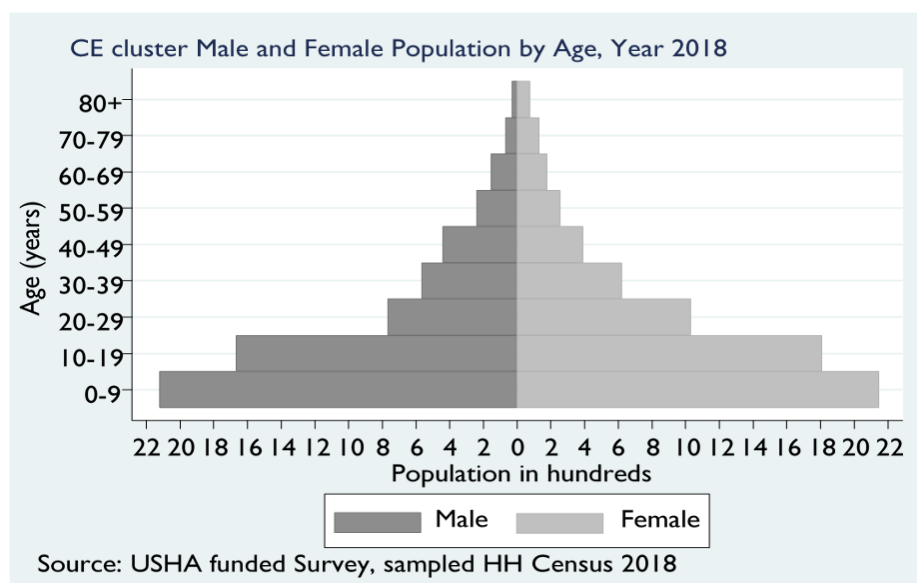
3.1 INTRODUCTION

According to UBOS (2017), the population of Uganda is 37.7 million and the majority (51%) of the population is female. About 31 percent of Ugandan households are female-headed and the average household size is five. The majority (74 percent) of Ugandans are above the age of 10. Literacy is higher among males (78 percent) than females (70 percent). About 72 percent of Ugandans own their dwellings, 22 percent rent accommodation and 6 percent live in free dwellings (UBOS NHPC, 2017). Of those who own their dwellings, 41 percent are jointly owned by the head of the household and their spouse and the substantive household assets (such as bicycles, radios, or cars) are mostly owned by men. The main source of household earnings is subsistence farming; most of the country's population (75%) lives in rural settings. Nationally, about one in four Ugandans above the age of 18 years accessed credit in the form of loans, and most of these loans were through informal sources such as village savings and loan associations (VSLAs). Approximately 75 percent of the population above the age of 16 years is informed about mobile money services.

3.2 HOUSEHOLD CHARACTERISTICS IN THE CENTRAL EAST

The survey included a total of 2,887 households in the Central East. The number of participating households in each district ranged from 297 in Jinja to 343 in Buikwe. A household was defined as a person or group of people who have been living and eating their meals together for at least 6 of the 12 months preceding the interview. The following categories of people were considered household members even though they lived in the household for less than 6 months in the past 12 months: infants younger than 6 months old, newly married couples living together for less than six months, students and seasonal workers who have not been living in or as part of another household, and persons living in the household for less than 6 months who are expected to live in the household permanently (or for a longer duration).

Figure 3.1: Distribution of Population by Age and Sex



Female-headed households constituted 34.3 percent of the respondent households (Table 3.1). The average age of the household head was 43.5 years (standard deviation [SD]: 16.3). In many households (45.1 percent), primary school education was the highest level of education completed by the household head. Overall, most household heads (75.3 percent) were Christian. However, in Iganga district 40.5 percent of households were Muslim.

The average household size was 5.0 (SD: 2.9) people, which is consistent with the average household size of 4.7 people reported by the NPHC, (UBOS NHPC, 2017) and similar to findings from the Central West (CW) cluster. As shown in Figure 3.1, children under 18 constitute 59.4 percent of the population in the surveyed households.

Table 3.1: Characteristics of Residents of the Respondent Households

	Buikwe N=343	Buyende N=338	Iganga N=299	Jinja N=297	Kaliro N=313	Kayunga N=325	Luuka N=321	Luwero N=338	Namutumba N=313
Female Head of Household	32.4	33.5	32.4	34.3	32.9	32	32.7	32.8	34.2
Mean Age of Household Head	41.6	43.7	43.1	41.9	44.6	46.4	44.7	41.6	44.1
Education Household Head									
No education attained	7.6	25.7	16.1	11.8	27.2	15.7	18.7	10.5	25.2
Pre-Primary	4.1	7	2	3.7	3.5	5.2	5.9	6.2	7.4
Primary	40.8	47.9	46.5	38.1	45.4	49.2	46.4	45.9	45.7
O-level	33.2	13.7	24.8	26.8	18.5	21.5	25.6	24	19.2
A-Level	5	2.1	3.3	8.8	0.3	3.7	1.9	3.3	0.3
Vocational	2.3	0.6	0.7	2.7	0.3	0.3	0.3	2.4	0.6
Tertiary	4.7	1.5	5.3	7.4	1.9	2.2	0.9	5.9	1
Unknown	2.3	1.5	1.3	0.7	2.9	2.2	0.3	1.8	0.6
Religion of Household Head									
Catholic	32.1	26.8	10.7	26.9	18.2	25.9	14	29.3	11.2
Anglican	26	38.1	36.1	34.3	51.1	41.5	57.6	30.5	53.4
Muslim	23.9	16.5	40.5	26.3	15.7	23.4	21.8	21.3	29.1
Born Again	14	16.2	10	10.1	11.5	8	5.6	14.8	5.4
Seventh Day Adventist	2.9	0.9	2	2	3.5	0.9	0.3	3.3	0.6
Other	1.2	1.5	0.7	0.3	0	0.3	0.6	0.9	0.3
Number of adults living in household (Mean)	3.9	3.7	4.4	4.5	4.2	4.2	4.4	3.3	4.3
Number of children <18 in household (Mean)	5.3	6.7	5.9	5.9	6.2	5.9	6.4	5.8	6.5
Number of children <3 in household (Mean)	4.3	6.1	5.4	4.5	5.1	5.4	5.5	5.5	5.9
Number of people with disability* (Mean)	1.2	1.4	1.2	1.1	1.4	1.2	1.2	1	1.1

* Difficulty seeing, walking, or selfcare, such as dressing or washing

3.3 HOUSEHOLD STRUCTURES

As shown in Table 3.2, most households in the Central East are semi-detached³ (72.8 percent) and owned by their residents (75.4 percent). The flooring materials are predominantly earth/sand/dung (53.3 percent) or cement/concrete (44.6 percent). This is consistent with typical Ugandan houses, 59 percent of which are reported to have earth floors and 37 percent cement floors (UBOS, 2017). Earth/sand/dung floors were most frequently used in Buyende (74.7 percent), Kaliro (77.0 percent), and Namutumba (67.7 percent). Iron sheets were the most common roofing material (88.1 percent), which is consistent with national statistics (UBOS, 2017). Thatch was used on 10.3 percent of the houses and was most frequent in Buyende (28.1 percent) and Kaliro (30.4 percent). Most house walls (74.8 percent) were made from burnt/stabilized bricks. Unburnt bricks were used for walls in 11.4 percent of the houses, most frequently in Buyende (32.1 percent) and Kaliro (33.2 percent). Most of the households (96.7 percent) that own their houses also own the land on which the house is built.



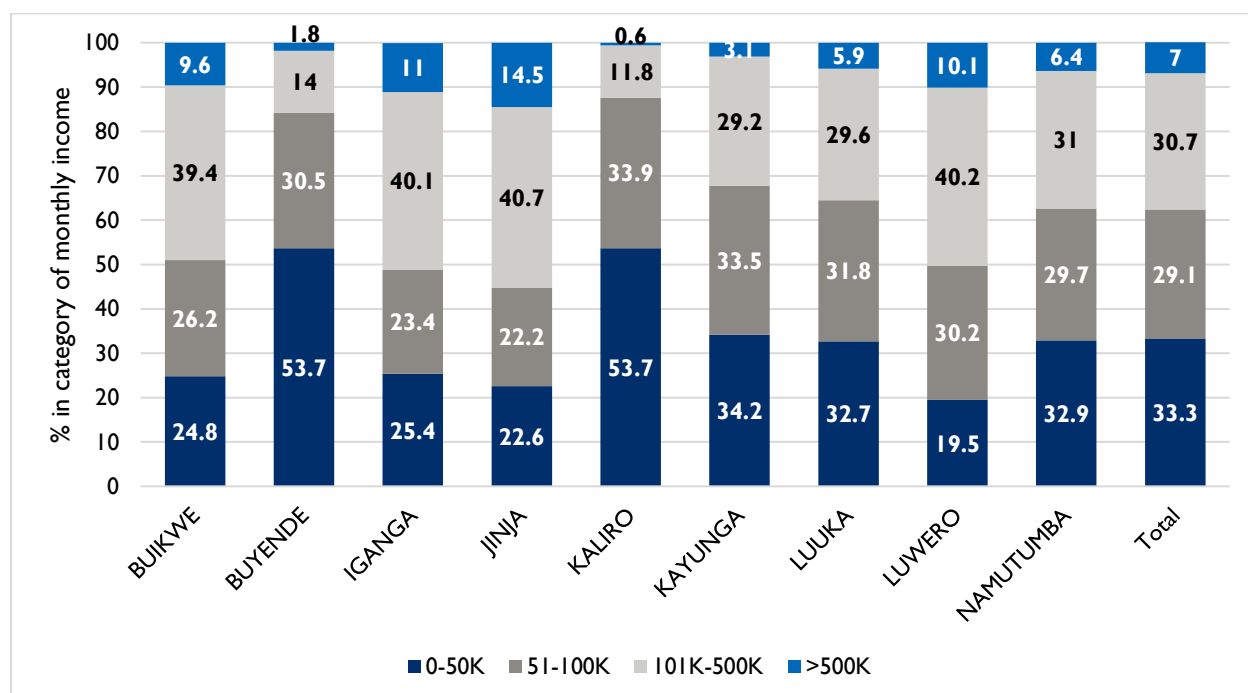
Figure 3.2: Household in Galiraya, Kayunga District

5.4 HOUSEHOLD INCOME

Overall, 71.5 percent of Central East households own agricultural land, either alone or jointly with others. This ranges from one in five households in Buyende to one in two households in Buikwe and in Jinja. The main source of income was subsistence farming (48.4 percent) overall. However, wages and non-agricultural enterprises were strong alternative sources, particularly in Buikwe, and Jinja. As shown in Table 3.3 and Figure 3.3, the monthly income was 50,000 shillings or less for 33.3 percent of the households, just over 50,000–100,000 shillings for 29.1 percent of the population, and just over 100,000–500,000 shillings for 30.7 percent of the population.

³ A semi-detached house commonly refers to two or more separate residences, attached side-by-side.

Figure 3.3: Average Household Monthly Income by District

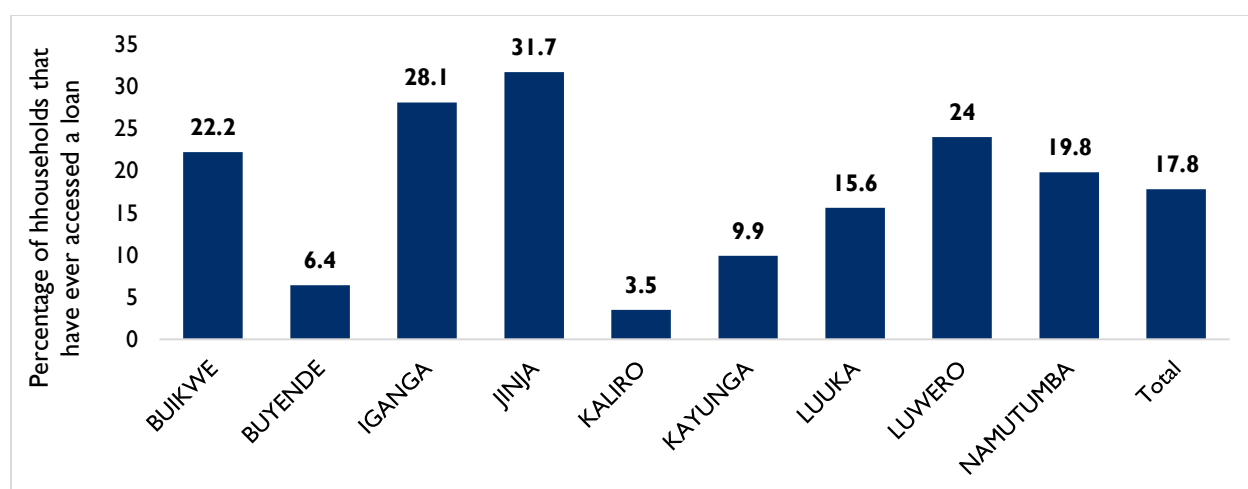


Note: The “Total” column is an average of the entire cluster. This report aims to assess district-specific variations.

5.5 ACCESS TO FINANCIAL SERVICES

Overall, 68.8 percent of households had used mobile money services (Table 3.3). Access to mobile money was lowest in Buyende (48.2 percent) and Kaliro (37.7 percent) and highest in Buikwe (81.1 percent), Jinja (83.5 percent), and Luwero (83.4 percent). Only 18.4 percent of households reported having an account in a bank or financial institution (Table 3.3). Access to loans in the Central East varied substantially, as shown in Figure 3.4. In Buyende and Kaliro only 6.4 percent and 3.5 percent of households had ever accessed loans. Access to loans was highest in Iganga (28.1 percent) and Jinja (31.7 percent). Overall, only 17.8 percent of the residents in the Central East had ever accessed a loan.

Figure 3.4: Proportion of Households that Ever Accessed a Loan



Note: The “Total” column is an average of the entire cluster. This report aims to assess district-specific variations.

5.6 WEALTH QUINTILE

The distribution of wealth in the population is shown in Figure 3.5. Overall, 45 percent of the Central East population are in the lowest two poverty quintiles. The proportions are highest in Namutumba (55.9 percent) and Kayunga (54.8 percent) where over half of the population is in the lowest two poverty quintiles. Kaliro (26.5 percent) and Luuka (29.6 percent) have large proportions in the second wealth quintile, despite the high percentage living in the middle quintile or above, indicating that a substantial portion of the population is poor. Buikwe (24.5 percent), Jinja (23.6 percent), and Luwero (26.7 percent) have a more favorable wealth distribution with higher percentages of the population in the fourth and in the highest quintile (see Figure 3.5).

Figure 3.5: Wealth Quintile Distribution by District

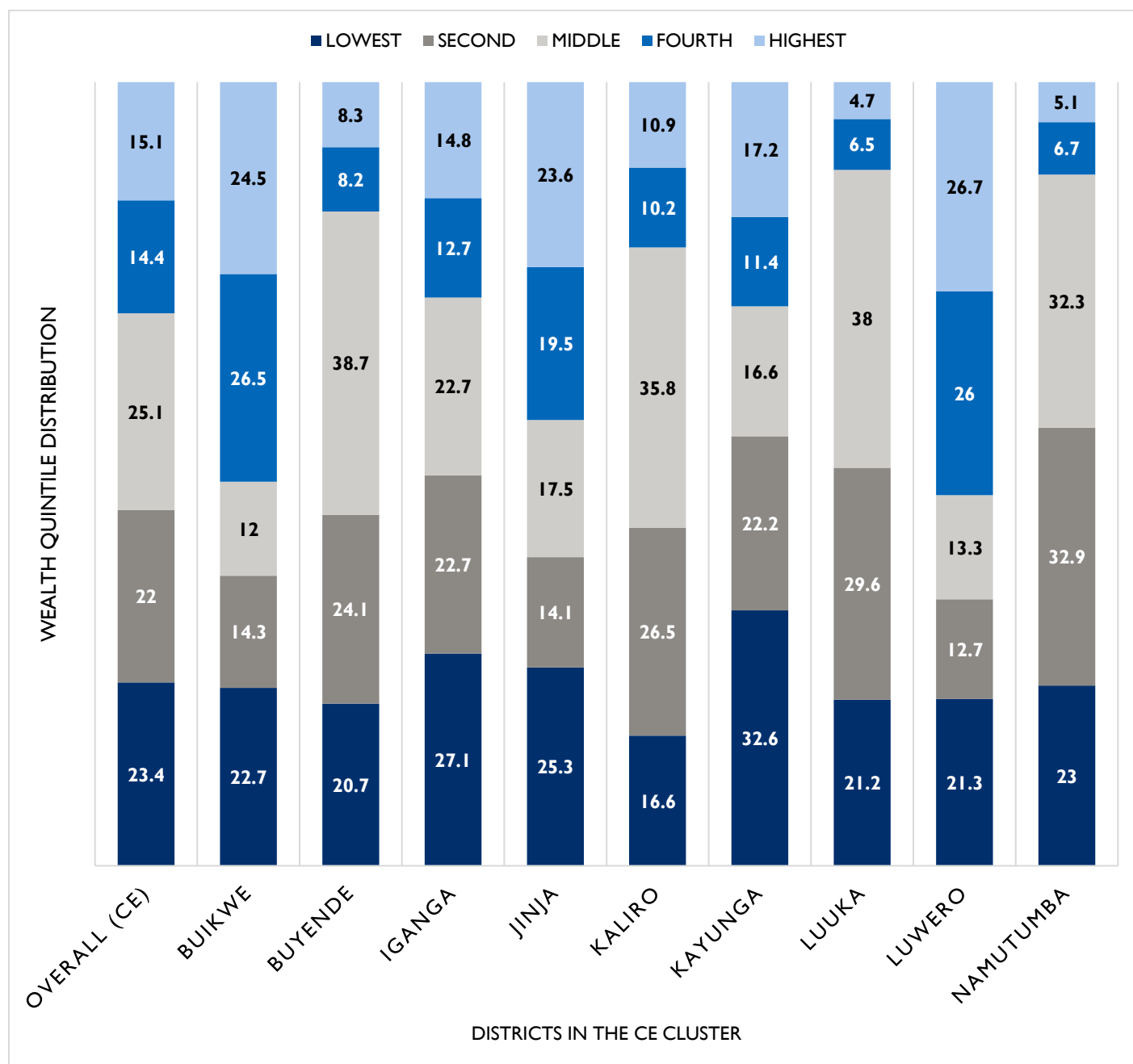


Table 3.2: Percentage of Households with Given Characteristics by District

	Buikwe	Buyende	Iganga	Jinja	Kaliro	Kayunga	Luuka	Luwero	Namutumba
Type of dwelling unit									
Detached*	51.9	82.3	77.3	53.5	84	84.6	78.2	65.4	78.3
Semi-detached*	24.5	10.1	9	14.1	10.9	4.3	4.7	26	8.3
Tenement (Muzigo)**	19.8	6.7	13	31.3	4.5	8.9	17.1	3.6	12.8
Other	3.8	0.9	0.7	1	0.6	2.2	–	5	0.6
Household Ownership									
Owned by family	56.6	82.9	77.6	59.9	81.8	79.4	83.8	68.9	88.5
Rented	40.8	13.4	19.1	38.4	8	15.1	14.6	26.6	10.9
Other	2.6	3.7	3.3	1.7	10.2	5.5	1.6	4.4	0.6
Material of floor									
Earth/Sand/Dung	35	74.7	48.2	36.7	77	54.8	61.1	26.3	67.7
Cement/concrete	61.8	21.7	51.5	56.6	22.7	44.3	37.7	71.6	32
Other	3.2	3.7	0.3	6.7	0.3	0.9	1.3	2.1	0.3
Material of the roof									
Thatch	1.8	28.1	2.7	–	30.4	12	1.9	1.8	14.1
Iron sheets	95.9	68.6	95.7	96.6	68.7	87.4	97.2	97.9	85
Other	2.3	3.4	1.7	3.4	1	0.6	0.9	0.3	1
Material of wall									
Burnt/stabilized bricks	78.9	59.1	79.5	77.5	58.6	62.4	93.1	90.2	73
Unburnt bricks	2.1	32.1	10.6	1.5	33.2	3.1	5.4	–	15.6
Other	8.2	6.4	3.1	10.9	6.6	29.8	1	6.4	4.9

* Stands alone without being attached in any way to another building

** Two or more separate residences, attached side-by-side

*** Rented to tenants and may be rundown

Table 3.3: Percent of Households with Given Income Source by District

	Buikwe	Buyende	Iganga	Jinja	Kaliro	Kayunga	Luuka	Luwero	Namutumba
Main source of income									
Subsistence farming	20.4	67.1	43.1	20.9	66.8	64.6	51.1	31.7	70.6
Commercial farming	6.7	4.9	0.3	5.4	0.3	1.2	6.9	6.2	1
Wage/employment	29.5	4.6	10.7	33.3	2.9	7.1	14.6	17.2	5.1
Agricultural enterprises	2.9	4.6	6.4	6.4	8.6	1.9	5.9	4.4	2.2
Non-agricultural enterprises	35	10.1	24.8	22.9	15	19.1	17.1	37.3	13.1
Other	5.5	8.8	14.7	11.1	6.4	6.2	4.4	3.3	8
Average monthly income									
0–50,000	24.8	53.7	25.4	22.6	53.7	34.2	32.7	19.5	32.9
51,000–100,000	26.2	30.5	23.4	22.2	33.9	33.5	31.8	30.2	29.7
101,000–500,000	39.4	14	40.1	40.7	11.8	29.2	29.6	40.2	31
>500,000	9.6	1.8	11	14.5	0.6	3.1	5.9	10.1	6.4
Use mobile money services									
Yes	81.1	48.2	73.9	83.5	37.7	70.2	79.1	83.4	61
No	19	51.8	26.1	16.5	62.3	29.9	20.9	16.6	39
Households whose member(s) has an account in a bank or a financial institution									
Yes	29.4	7	20.1	33.3	5.8	10.1	15.3	29.6	15
No	70.6	93	79.9	66.7	94.2	89.9	84.7	70.4	85
Households whose member(s) has ever accessed loan									
Yes	22.2	6.4	28.1	31.7	3.5	9.9	15.6	24	19.8
No	77.8	93.6	71.9	68.4	96.5	90.2	84.4	76	80.2
Own Agricultural land									
Alone Only	40.5	68.3	63.6	40.7	78.6	62.2	70.4	49.7	78.9
Jointly Only	10.2	10.1	12	5.1	2.2	10.2	3.7	17.2	9.9
Both alone and jointly	–	2.4	0.3	0.7	1.6	1.2	1.9	0.6	2.2
Does not own	49.3	19.2	24.1	53.5	17.6	26.5	24	32.5	9

4.0 SANITATION

4.1 INTRODUCTION

Sanitation is intended to sequester human feces and prevent exposure to fecal pathogens such as viruses, bacteria, and protozoa that can directly cause diarrheal diseases, poor nutritional status, and tropical diseases such as soil transmitted helminths (STH) and trachoma (Adriko et al., 2018). Uganda is continually registering better access to sanitation services among the rural population; approximately 79 percent of the national population has access to at least basic sanitation services². Basic sanitation services in urban communities remains low at 36.3 percent. Pit latrines are the most common type of toilet in Uganda, with 83 percent owning pit latrines (UBOS, 2017). Approximately 4 million Ugandans still practice open defecation, about 10 percent of the national population. This practice is higher among urban dwellers (12.6 percent) than rural households (8 percent). One of the biggest hindrances to good sanitation in Uganda is low household income, which is associated with low willingness and ability to invest in sanitation facilities (Gibson and Nsubuga-Mugga, 2018; UBOS, 2017). Other reasons for low toilet use include ignorance about the practice and a negative attitude associated with toilet use, particularly use of pit latrines. These attitudes mostly derive from cultural beliefs, for instance, discouraging pregnant women from using pit latrines for fear of their babies falling in the pits. An analysis of Uganda Demographic and Health Survey (UDHS) WASH data for the Central East region carried out in 2016 showed that only 18.2 percent of the households in this region still accessed basic sanitation services, 28.8 percent limited sanitation services, 45.8 percent unimproved sanitation services, and 7.2 percent were still practicing open defecation (UBOS, 2016).

Adriko et al. (2018) carried out a national survey on STH among school-going children and assessed the effects of the STH on children's health. The burden of STH reflects the quality of sanitation conditions. Using Kaliro district to represent the Central East region, 21.9 percent of children had STH, mainly hookworm. About 24.8 percent of the children suffered from anemia.

Figure 4.1: Examples of Sanitation Technologies by Service Ladder

Basic sanitation service



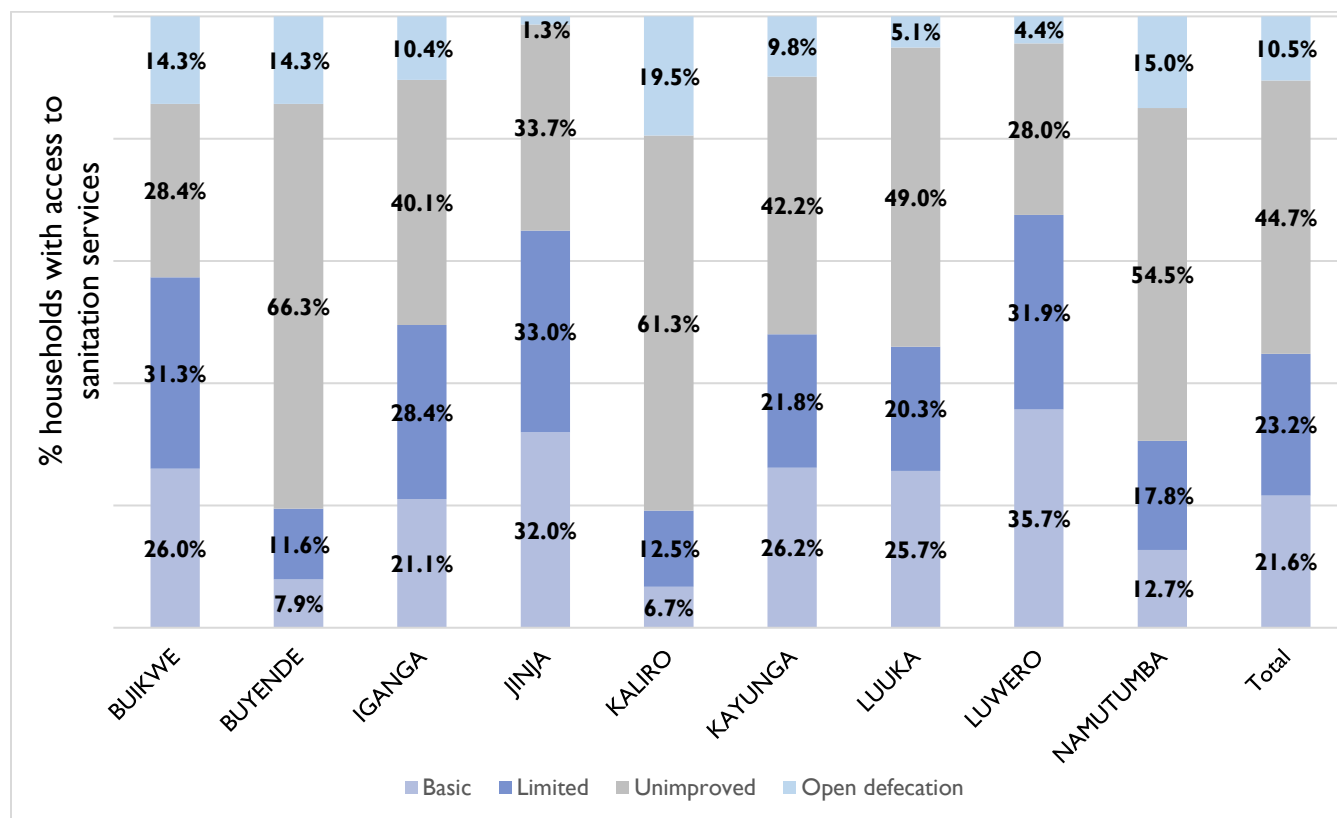
Unimproved sanitation service



4.2 ACCESS TO SANITATION SERVICES

The survey assessed access to sanitation services according to the Joint Monitoring Programme (JMP) standards. In the nine Central East districts, access to sanitation services as per the JMP ladder was: Basic, 21.6 percent; Limited, 23.2 percent; Unimproved, 44.7 percent; and Open Defecation, 10.5 percent (see Figure 4.2).

Figure 4.2: Access to Sanitation Services



Note: The "Total" column is an average of the entire cluster. This report aims to assess district specific variations.

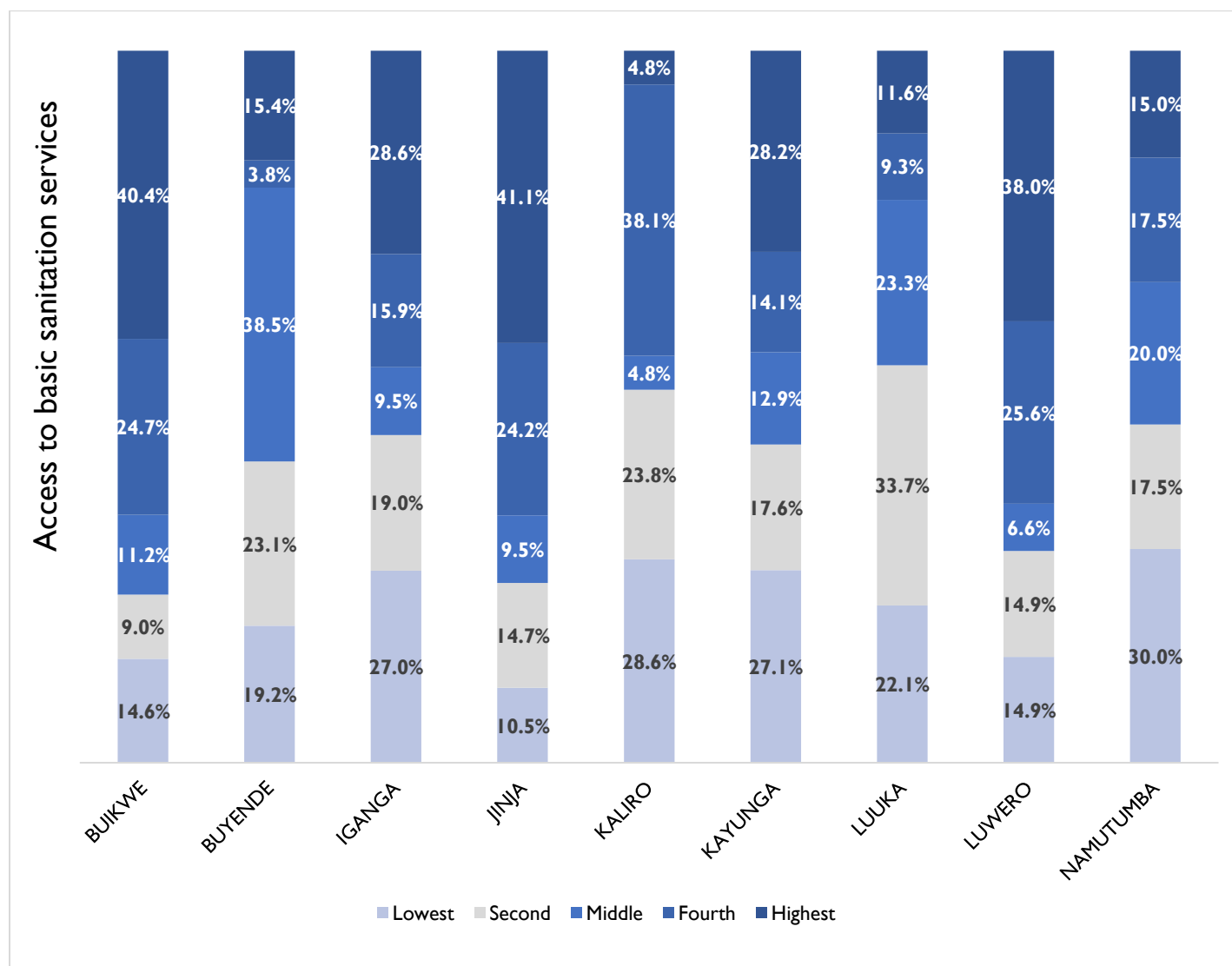
* Insufficient data to estimate Safely Managed sanitation services.

The districts with the highest prevalence of Open Defecation were: Buikwe (14.3 percent), Buyende (14.3 percent), Kaliro (19.5 percent), and Namutumba (15 percent). Open Defecation was lowest in Jinja at 1.4 percent, followed by Luuka at 5.1 percent (Figure 4.2). There were insufficient data to further refine the service into Safely Managed. Only 27 households reported having ever emptied their latrine; where emptying was done, it was done by someone who was not a member of the household (70.3 percent), a municipal truck (7.4 percent), a private truck (14.8 percent), gulper services (3.7 percent), or by other means (3.7 percent). In 44.4 percent of these 27 households (12 households), the respondent did not know to where the contents had been disposed. In another 44.4 percent of households (12 cases), it had been buried onsite. The removed contents from three additional households were disposed of in a gazetted treatment plant, burned, or used for composting (3.7 percent each).

4.3 ACCESS TO SANITATION SERVICES BY WEALTH QUINTILE

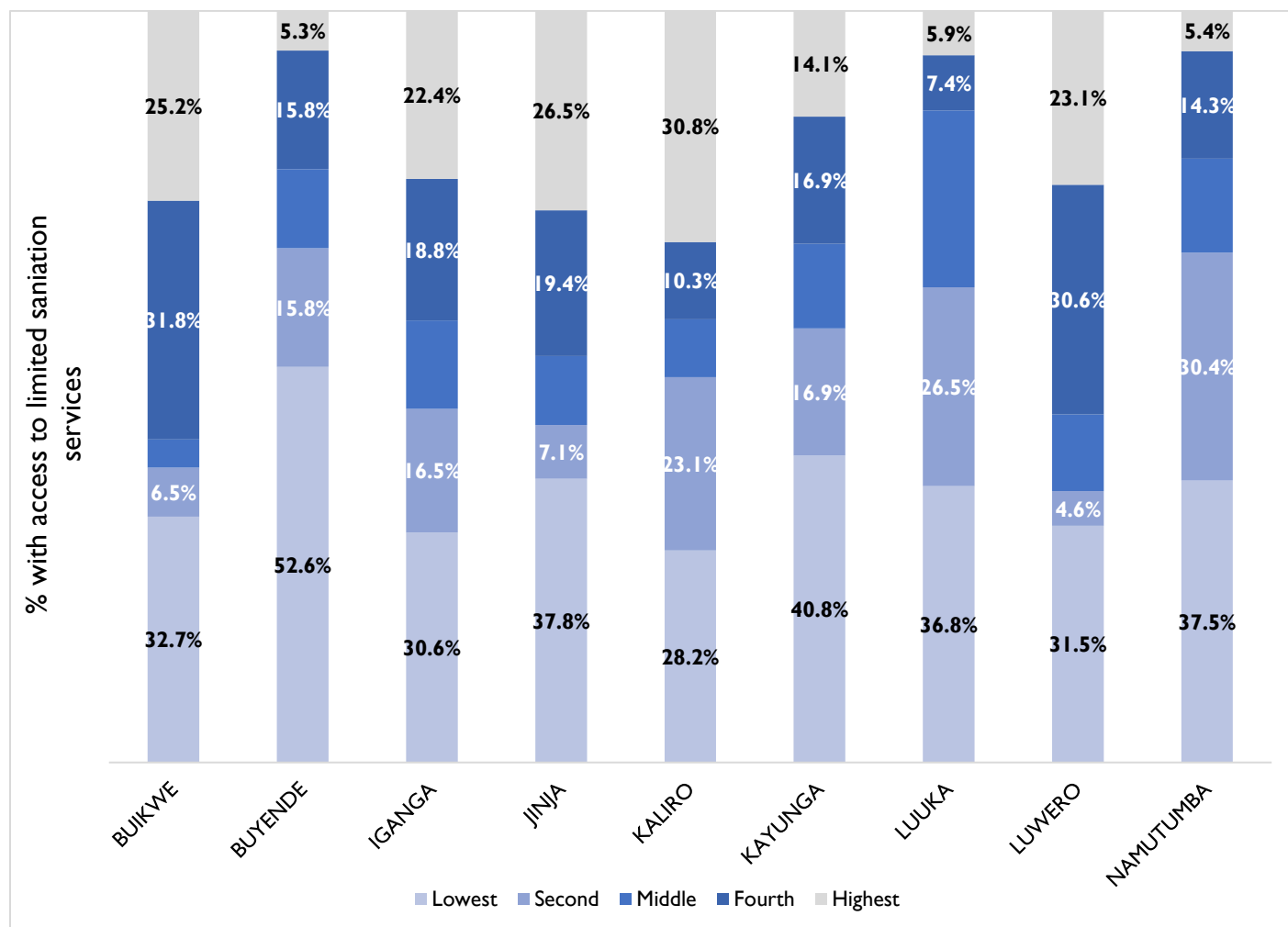
In general, access to basic sanitation services was highest in the highest wealth quintile, followed by the fourth wealth quintile (see Figure 4.3), ranging between 38 percent in Luwero, 40.4 percent in Buikwe and 41.1 percent in Jinja. As seen in Figure 4.3, the lowest access to basic sanitation services was in the fourth quintile of Buyende district (3.8 percent), middle and highest quintiles of Kaliro district (4.8 percent and 4.8 percent, respectively), and the middle quintile of Luwero district (6.6 percent).

Figure 4.3: Access to Basic Sanitation Services by Wealth Quintile



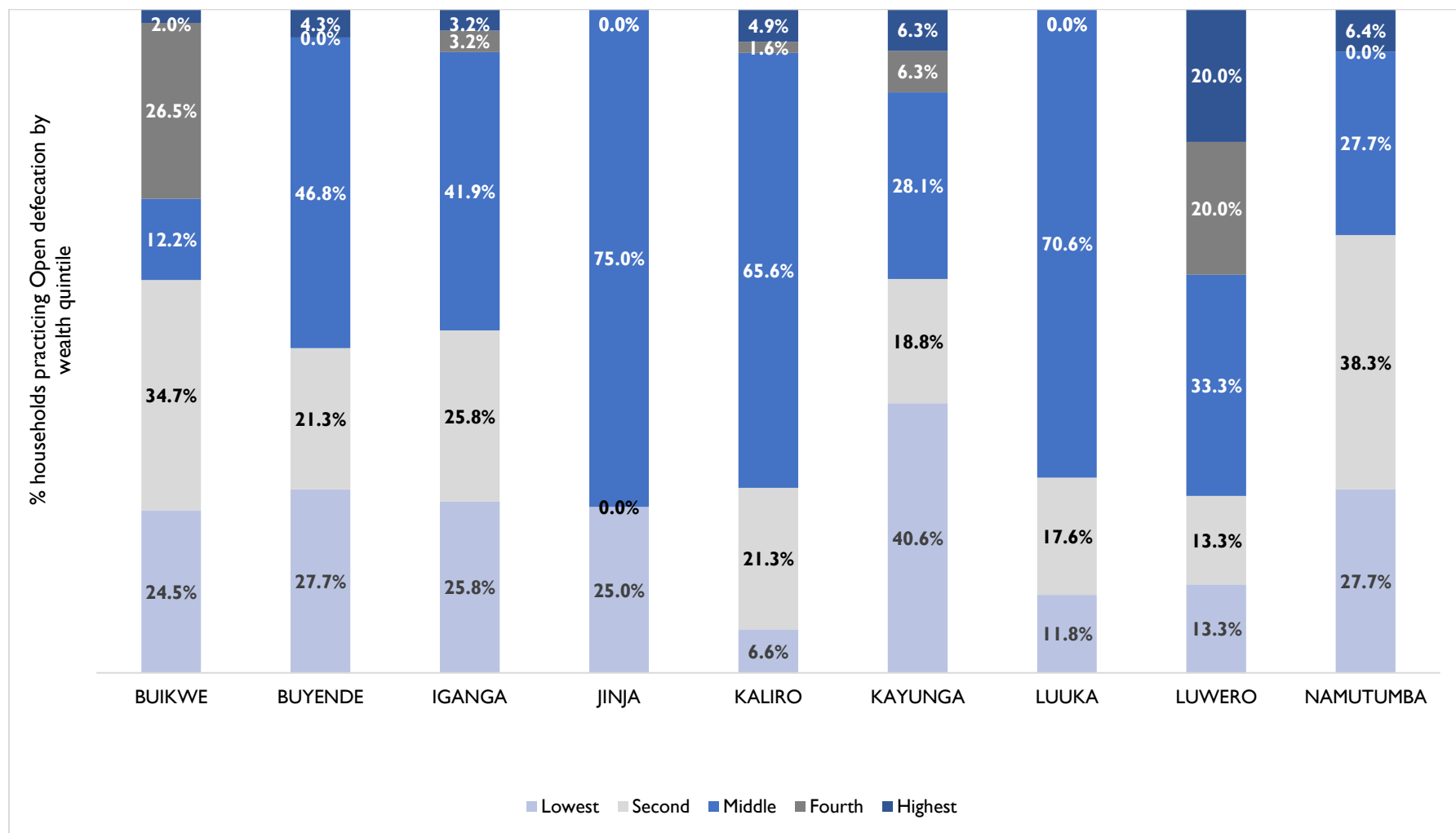
On the other hand, access to Limited sanitation services was highest in the lowest wealth quintile in Buyende (52.6 percent), Kayunga (40.8 percent), Jinja (37.8 percent), Namutumba (37.5 percent) and Luuka (36.8 percent); yet lowest in the in the highest wealth quintile in Buyende (5.3 percent), Luuka (5.9 percent), and Namutumba (5.4 percent) (see Figure 4.4). Therefore, there was no consistent pattern of access to limited sanitation services by district. Access to limited services implies that households have access to a facility that hygienically separates excreta from human contact, but these facilities are shared by two or more households.

Figure 4.4: Access to Limited Sanitation Services by Wealth Quintile



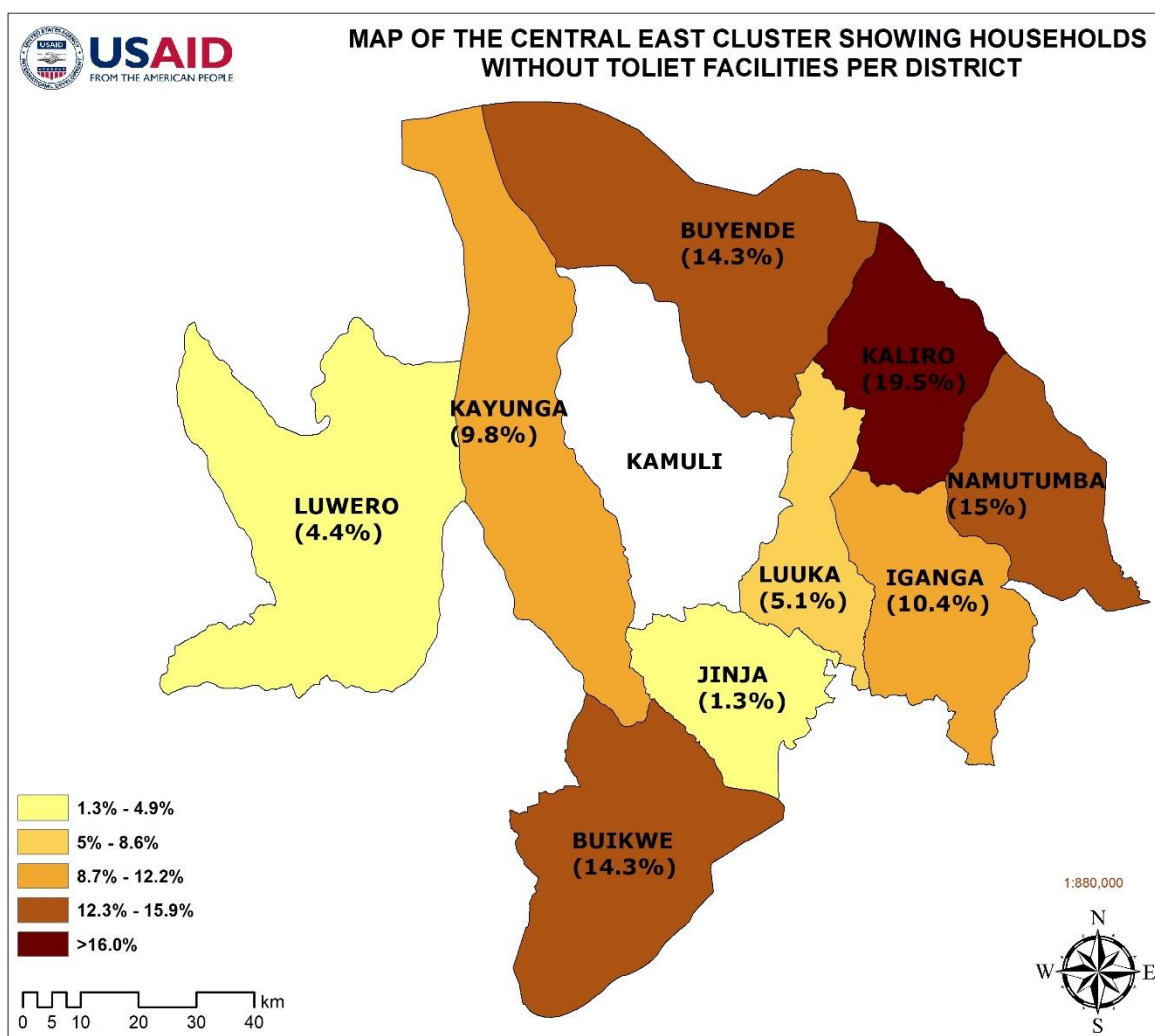
Open defecation was common (see Figures 4.5 and 4.6) and highest in the lowest three wealth quintiles. The proportions were highest in the second wealth quintile in Buikwe (34.7 percent) and in the middle quintile in Buyende, Iganga, Jinja, Kaliro and Luuka (46.8 percent, 41.9 percent, 75 percent, 65.6 percent, and 70.6 percent respectively). Wealth quintiles appears to have limited effect on open defecation prevalence.

Figure 4.5: Prevalence of Open Defecation by Wealth Quintile



Note: The “Total” column is an average of the entire cluster. This report aims to assess district-specific variations.

Figure 4.6: Proportion of Households without Access to Toilets/Latrines



4.4 TOILET TYPE, OWNERSHIP, SHARING, AND USE

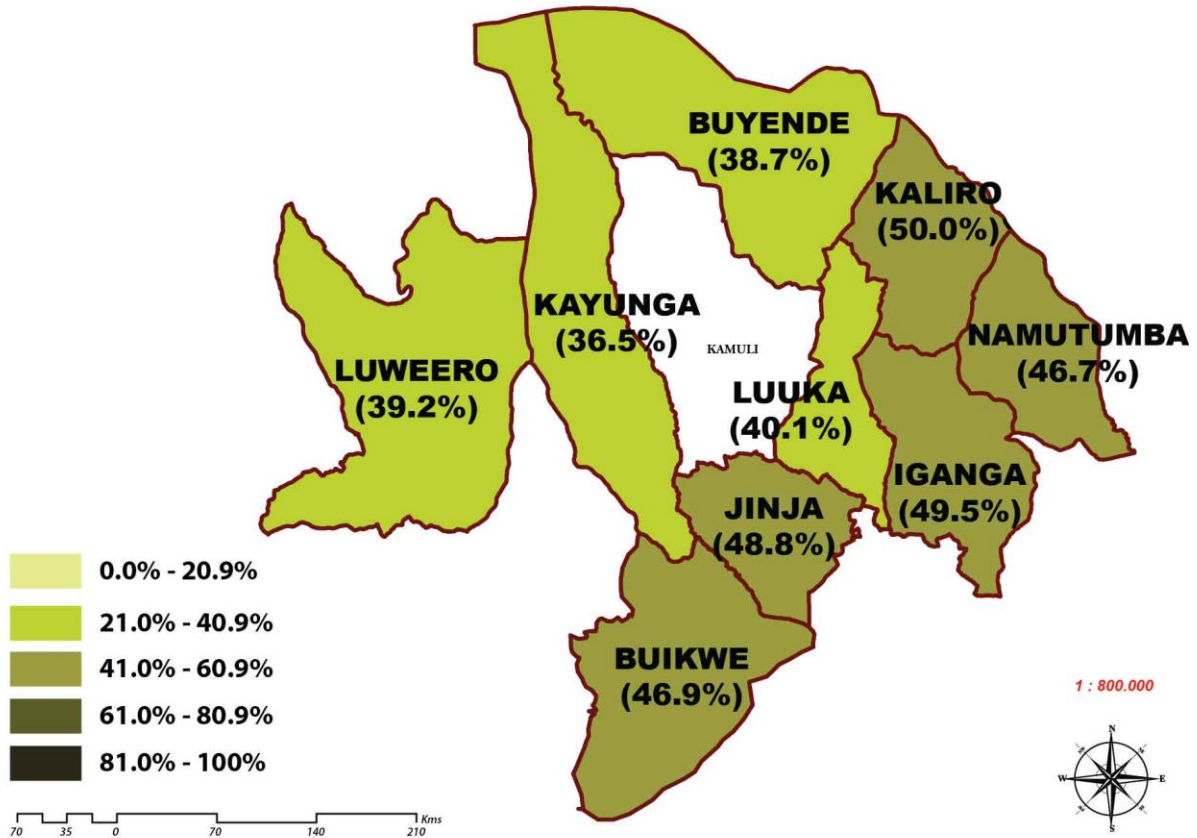
When access to sanitation services was examined by toilet type (Table 4.1), a large proportion of households in the Central East districts had a pit latrine or open hole without slabs (43.9 percent), or pit latrine with slab (43.3 percent). The materials surrounding the drop hole included the following: mud/clay (35.5 percent), wood poles/plank (6.8 percent), concrete/cement (54.3 percent), tiles/terrazzo (2.0 percent), plastic pan (0.6 percent), or other materials (0.8 percent). Several households (10.1 percent) did not have access to a toilet and therefore practiced open defecation (see Figure 4.6). Among households that had access to toilets, the toilet was located on the premises in 90.3 percent of cases, the household members had day and night access to the toilet in 98.1 percent of cases, toilets provided privacy⁴ in 53.7 percent of the cases, and households owned the toilets in 68.8 percent. Toilets were shared among two or more households in 43.8 percent of cases (see Figure 4.7). Toilets used by more than one household were, on average, shared by three households. Further, 98 percent of the shared toilets were privately owned.

⁴ Privacy means a latrine/toilet has a curtain, door or the entrance is 'L shaped'

Figure 4.7: Proportion of Households that Share Toilets/Latrines

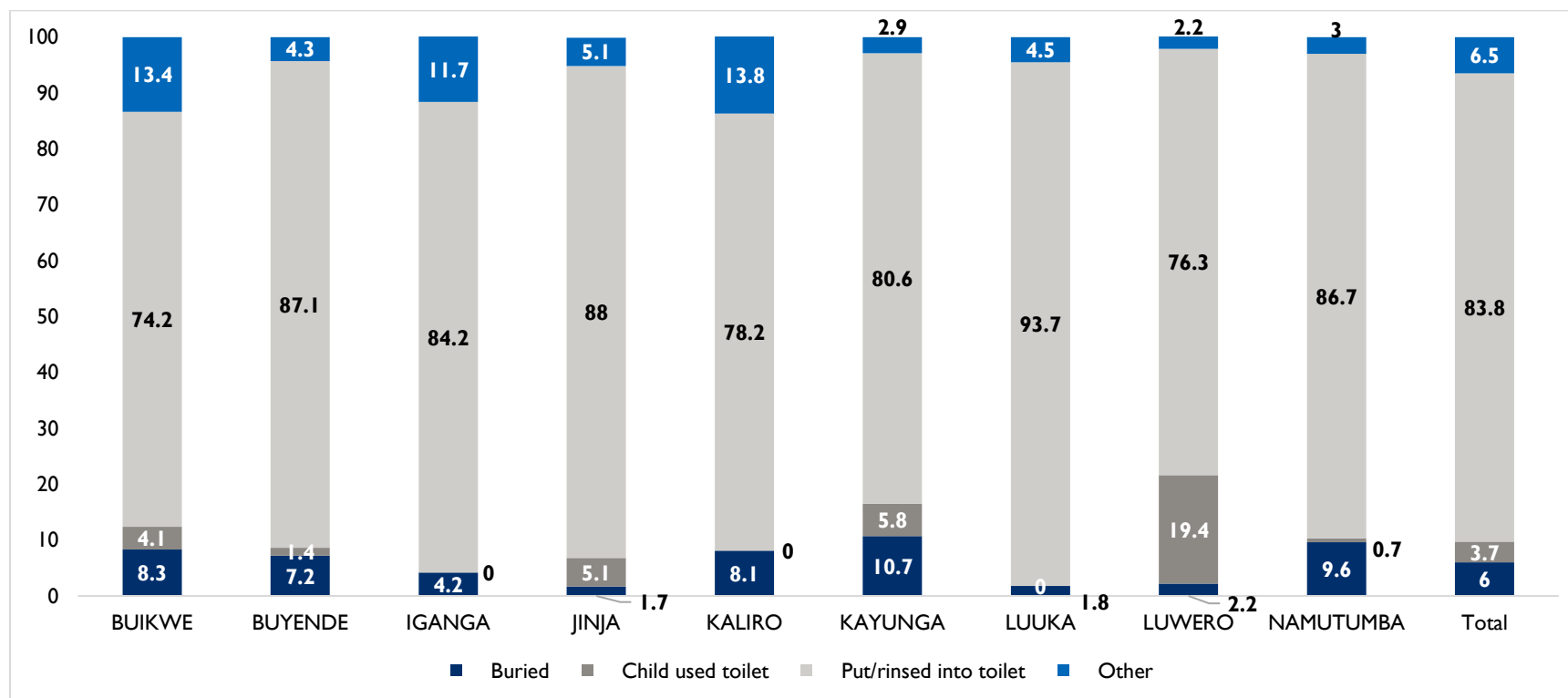


MAP OF CENTRAL EAST SHOWING HOUSE HOLDS WHICH SHARE TOILETS PER DISTRICT



Among households with toilets, there was evidence (based on visual inspection), that the majority of toilets were in use (99.1 percent). This was consistent across districts. Most households disposed of children’s stool in the toilet (see Figure 4.8).

Figure 4.8: Disposal Method of Stool for Children Less than Three Years Old



Note: The "Total" column is an average of the entire cluster. This report aims to assess district specific variations.

Table 4.1: Access, Condition, Type and Usage of all Households

	Buikwe	Buyende	Iganga	Jinja	Kaliro	Kayunga	Luuka	Luwero	Namutumba
Type of toilet owned by household									
Latrine with slab	56	19.5	46.5	56.6	19.2	48	45.8	66.6	30.7
Latrine/Open pit without slab	26.8	66.5	39.1	31.7	61	40.3	48	27.8	54.6
No toilet	14.3	14	9.4	1.4	19.5	9.9	4.4	4.1	13.7
Other	2.9	–	5	10.4	0.3	1.9	1.9	1.5	1
Location of toilet									
Inside house	1.4	1.1	9.6	4.4	–	2.7	0.3	1.5	–
In own compound	89.5	84.4	81.9	89.4	86.9	85.7	88.9	93.8	90
Elsewhere	9.2	14.5	8.5	6.1	13.1	11.6	10.8	4.6	10
Households with toilet allowing for privacy									
Yes	68.4	30.5	55.7	73.7	40.1	55	42.7	70.1	32.6
No	31.6	69.5	44.3	26.3	59.9	45	57.3	29.9	67.4
Toilet access during day and night									
Yes	96.9	97.2	98.2	97.6	98.4	98.6	98.4	98.2	99.3
No	3.1	2.8	1.9	2.4	1.6	1.4	1.6	1.9	0.7
Households that own their toilet/latrine									
Yes	56.8	74.1	70.9	55.3	70.6	73.4	73	67.3	78.9
Do not own	43.2	25.9	29.2	44.7	29.4	26.6	27	32.7	21.1
Households that share their toilet/latrine with one or more households									
Yes	46.9	38.7	49.5	48.8	50	36.5	40.1	39.2	46.7
No	53.1	61.4	50.6	51.2	50	63.5	59.9	60.8	53.3

Table 4.2: Construction and Maintenance of Toilets by Percentages

	Buikwe	Buyende	Iganga	Jinja	Kaliro	Kayunga	Luuka	Luwero	Namutumba
Who made the decision to construct the household toilet/latrine?									
Household Head	89.8	86.6	82.3	84.6	92.7	89.3	86.2	88.5	86.9
Spouse	6	4.3	7.3	9.9	2.3	3.3	7.1	3.2	6.1
Child	1.8	6.2	3.1	2.5	4.5	3.7	2.2	2.8	2.8
Other	2.4	2.9	7.3	3.1	0.6	3.7	4.5	5.5	4.2
Professional services to construct toilet									
Yes	78.4	69.9	84.9	86.4	70.8	78.1	91.5	79.4	68.1
No	21.6	30.1	15.1	13.6	29.2	21.9	8.5	20.6	31.9
Material surrounding toilet/latrine drop hole									
Mud/clay	11.9	63.5	30.3	20.8	70.2	29.4	38.4	12.7	51.1
Wood	13.6	7.5	4.1	3.8	1.6	10.6	5.5	6.5	7.4

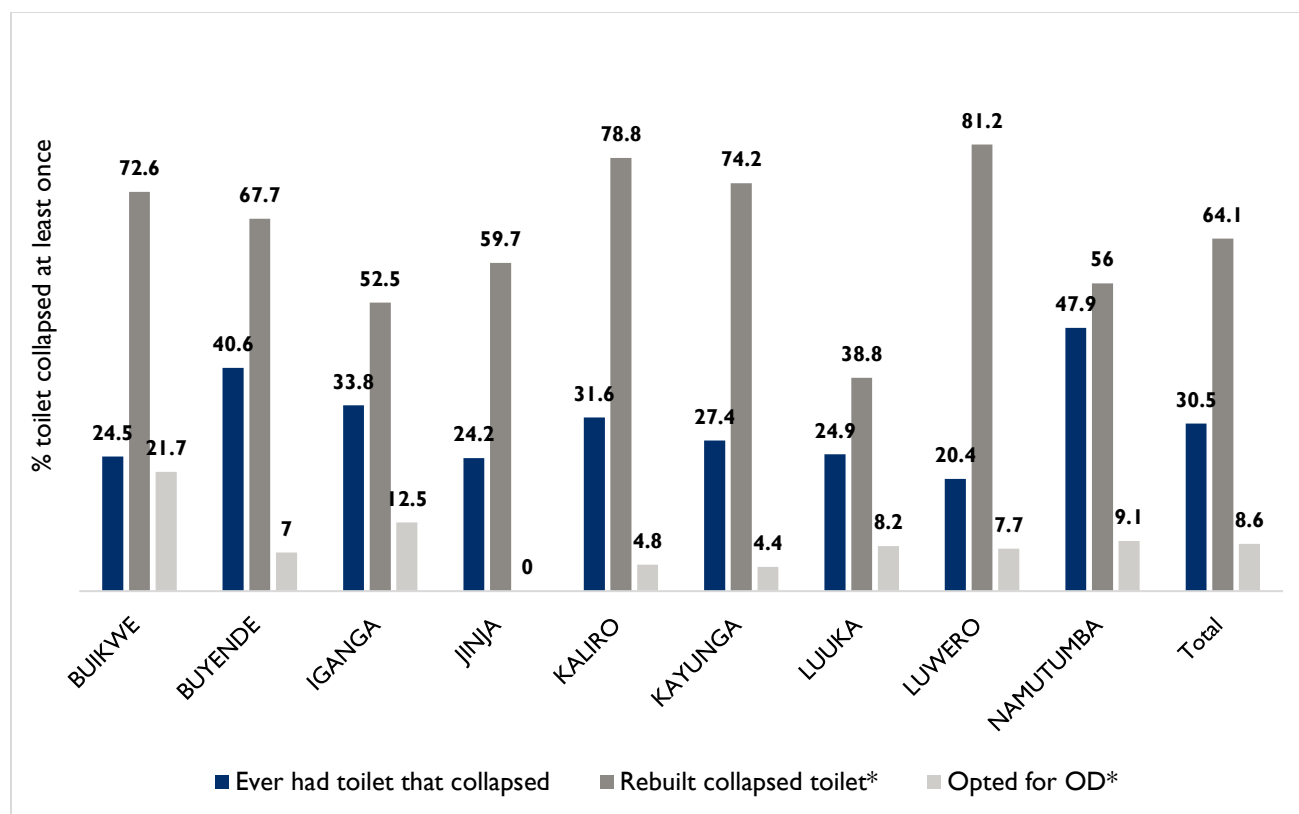
	Buikwe	Buyende	Iganga	Jinja	Kaliro	Kayunga	Luuka	Luwero	Namutumba
Concrete/cement	68.7	28.4	60.5	63.8	27.4	59	54.7	77.5	41.1
Other	5.8	0.7	5.2	11.6	0.8	1	1.3	3.4	0.4
Toilets/Latrine that had a drop hole cover									
Yes	14.6	15.3	10.3	8.2	11.1	12.3	4.6	9.3	3.7
No	84.4	84.8	88.6	89.8	87.7	86.7	95.4	89.2	96.3
N/A (not latrine)	1	–	1.1	2.1	1.2	1	–	1.5	–
Households that reported adding products to the toilet/latrine to reduce bad smell and flies									
Yes	56.8	59.9	67.9	72.4	71.4	38.9	79.8	58.6	74.8
No	43.2	40.1	32.1	27.7	28.6	61.1	20.2	41.4	25.2

4.5 CONSTRUCTION AND MAINTENANCE OF TOILETS

In the majority of the households (87.4 percent), the decision to construct the toilet was made by the head of the household (

Table 4.2). Several households (78.6 percent) contracted professional services to assist with the construction. Overall, the drop hole was surrounded by mud or clay (35.5 percent), or by cement or concrete (54.3 percent). However, this varied across districts, with Buyende (28.4 percent) and Kaliro (27.4 percent) having the lowest prevalence of cement or concrete around the drop hole. In the majority of cases (89.1 percent) the drop hole had a cover. Most households (64.3 percent) reported adding products to control the flies or the smell of the toilet. Adding ash and smoking of the toilet/latrine were the most common and were mentioned in 58.1 percent and 39.2 percent of households respectively. Several other products were mentioned, including dry cell, motor oil, bleach, and insecticide. Only a small percentage (1.0 percent) of households reported emptying their latrine at least once. This ranged from 0 percent in Buyende to 3.1 percent in Jinja. As detailed in Section 4.2, only 27 households had ever emptied their latrine. Approximately one-third of households reported their toilet having collapsed at least once in the past (see Figure 4.9). Of these, 64.1 percent rebuilt their toilets while 8.6 percent (including those who eventually reconstructed) opted for open defecation as an interim measure.

Figure 4.9: Prevalence and Actions on Collapsed Toilet



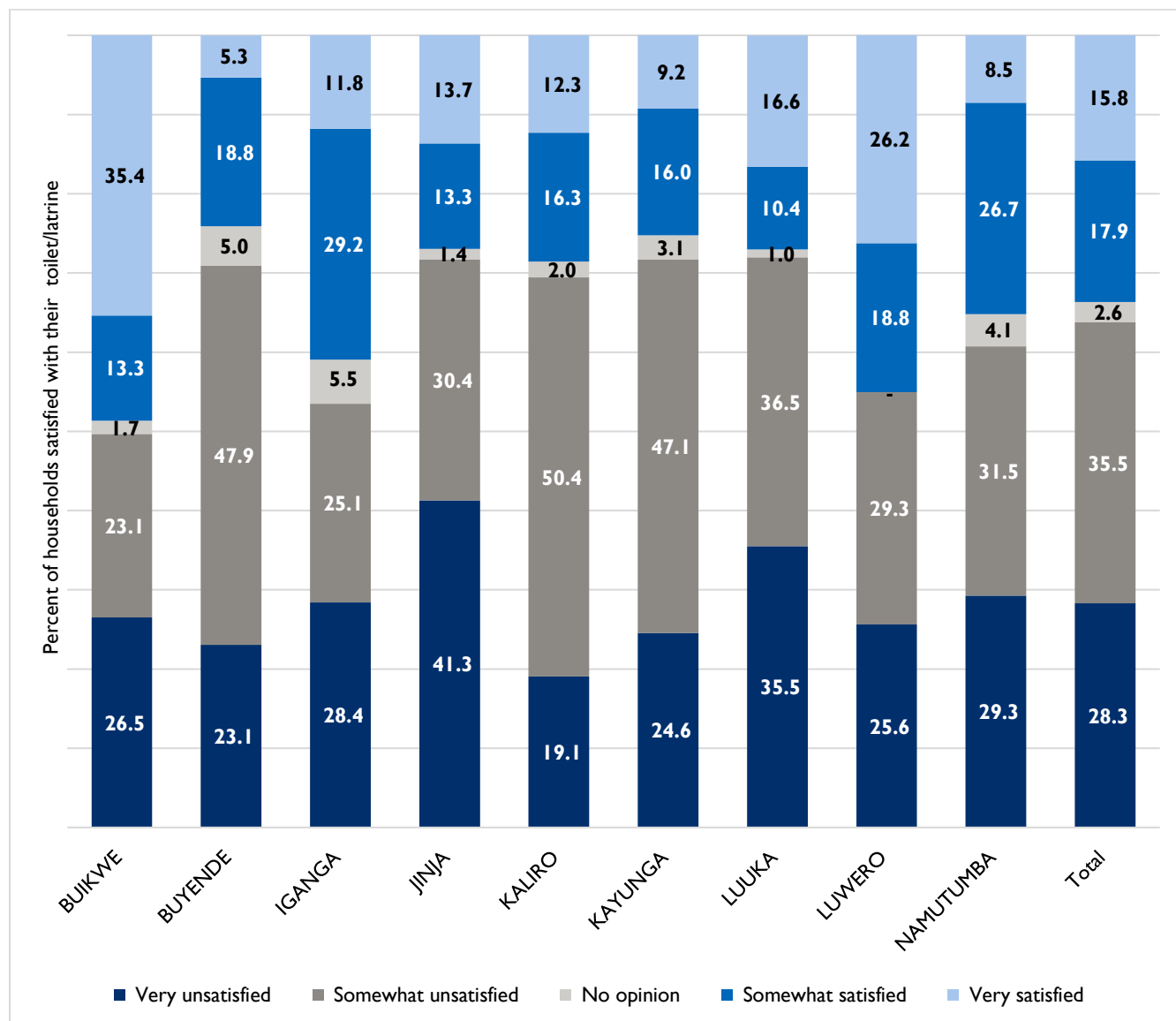
Note: The "Total" column is an average of the entire cluster. This report aims to assess district-specific variations.

* Not mutually exclusive

4.6 PSYCHOSOCIAL DETERMINANTS OF TOILET/LATRINE USE

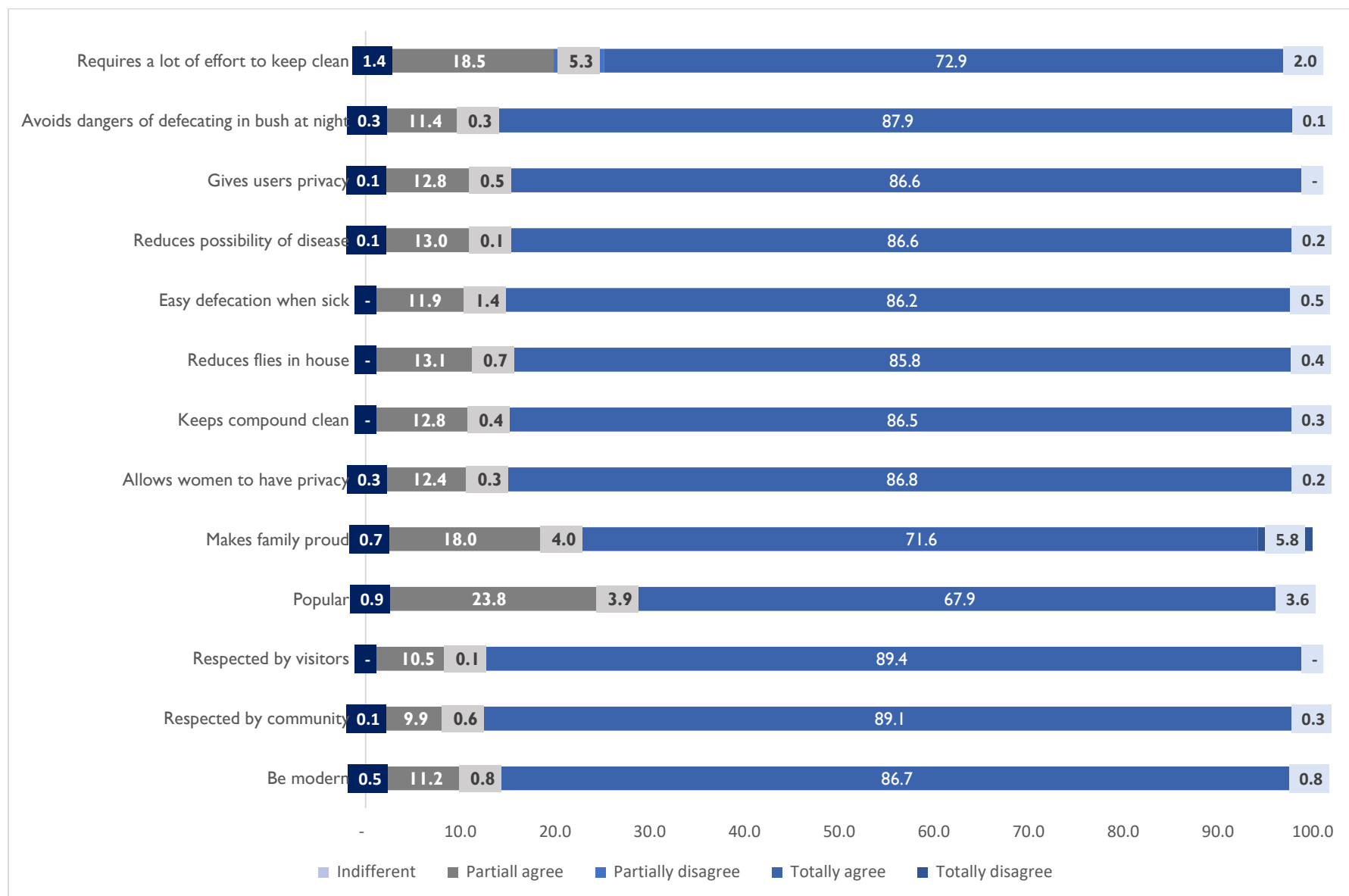
In the Central East districts, 28.3 percent of households were very unsatisfied with the quality of their toilets, 35.5 percent were somewhat unsatisfied, 17.9 percent were somewhat unsatisfied, and 15.8 percent were very satisfied (see Figure 4.9). When asked what they wanted to change about their current latrine, 31.3 percent wanted to construct another, 25.2 percent wanted to improve the current toilet, and 10.2 percent wanted to improve the existing slab. In general, the respondents had positive attitudes toward latrines (see Figure 4.11).

Figure 4.10: Satisfaction with Quality of Toilet/Latrine



Note: The “Total” column is an average of the entire cluster. This report aims to assess district-specific variations.

Figure 4.1: Psychosocial Determinants of Latrine Ownership



5.0 MAIN SOURCE OF DRINKING WATER, AND WATER TREATMENT

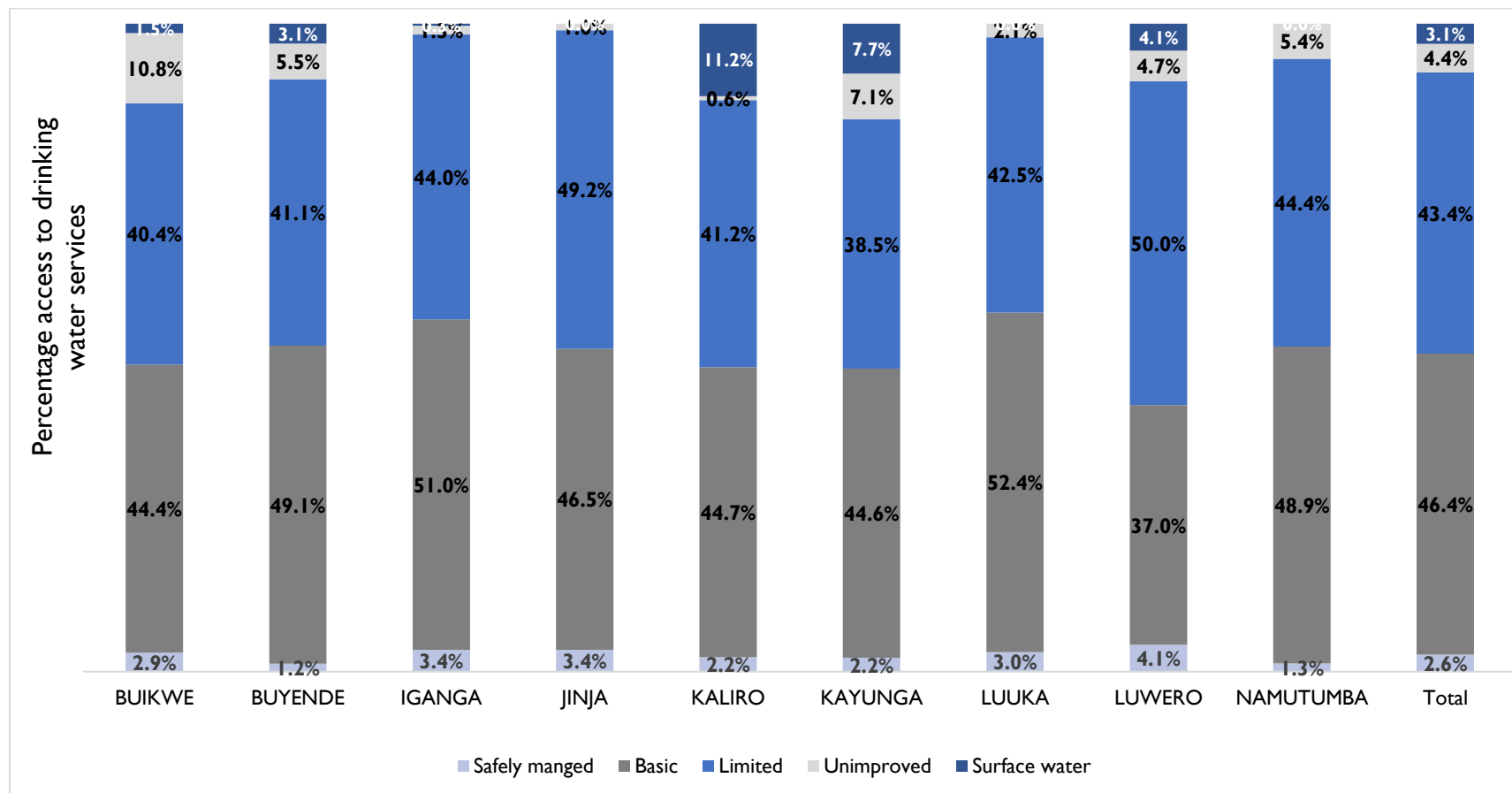
5.1 INTRODUCTION: NATIONAL PERSPECTIVE

Ensuring access to safe water is part of the sixth Sustainable Development Goal (SDG). Since the inception of the JMP WASH monitoring in 1990, approximately 2.6 billion people have gained access to an improved drinking water source, but about 663 million remain without safe drinking water (UNICEF, 2017). Improved drinking water sources are important because unsafe drinking water contains waterborne germs. Basic drinking water services are defined as drinking water from an improved source with a collection time of less than 30 minutes. Basic can be further classified as basic plus, when the quality of the drinking water is assessed. The water should be truly safe and free from pathogens or chemical contamination. In 2018, approximately 70 percent of the rural population in Uganda had access to improved drinking water (Gibson and Nsubuga-Mugga, 2018). In the urban settings, 77 percent of the population had access to improved drinking water services. Further analysis of the UDHS 2016 WASH data for the Central East region revealed that 90.5 percent of households had access to improved water services (Adriko et al., 2018). The main sources of drinking water in Uganda vary, from 0.8 percent using protected springs, 37.8 percent using shallow wells, 60.6 percent using deep boreholes, 0.1 percent using rainwater harvest tanks, and 0.7 percent using public taps (Uganda Water Supply, 2017). These statistics could be informed by more urban and peri-urban communities. However, in rural parts of the country, the Fiscal Year 2017/18 Sector Performance Report for Ministry of Water and Environment states that 44 percent of households use deep borehole technology as their main source of drinking water, 23.6 percent use shallow wells, 21 percent use protected springs, 11 percent use tap stands, and only 0.4 percent use rainwater harvest tanks (Gibson and Nsubuga-Mugga, 2018). Access to safely managed drinking water remained low at 20 percent, and that was only in the urban settings, presenting a challenge in achieving the SDG 6 target by 2030. The sector is transitioning to promoting piped water services on the premise, available whenever needed and free from contamination. Currently, only 11 percent of rural households have piped water. The sector will require a significant increase in financing from the government and other stakeholders to reach this desired gold standard. A financing strategy for a source per village was developed as part of the Ministry of Water strategic investment plan (Water and Environment Sector Investment Plan, 2018). Almost all households in Uganda (97 percent) are within one kilometer of their main source of drinking water. The average time to fetch water is 24 minutes, which is within the recommended 30 minutes (Uganda National Household Survey, 2017). Women remain responsible for fetching water in most households in Uganda, with 41 percent of adult females fetching water daily, followed by the girl child at 22 percent. Approximately, 78 percent of urban households in Uganda pay for their water services compared to 25 percent in the rural areas; the most common reason for paying for water in rural areas was to maintain the water source.

5.2 MAIN DRINKING WATER SERVICES IN CENTRAL EAST DISTRICTS

Over 93.0 percent of the homes in Central East districts accessed improved drinking water services; only 6.3 percent used unimproved drinking water services and 3.2 percent did not have a main source of drinking water. The main sources of drinking water in the Central East districts were analyzed according to the JMP service ladder for drinking water (see Figure 5.1). A map illustrating the distribution of basic drinking water services is shown below (see Figure 5.2).

Figure 5.1: Percentage Access of Drinking Water Service Ladder.

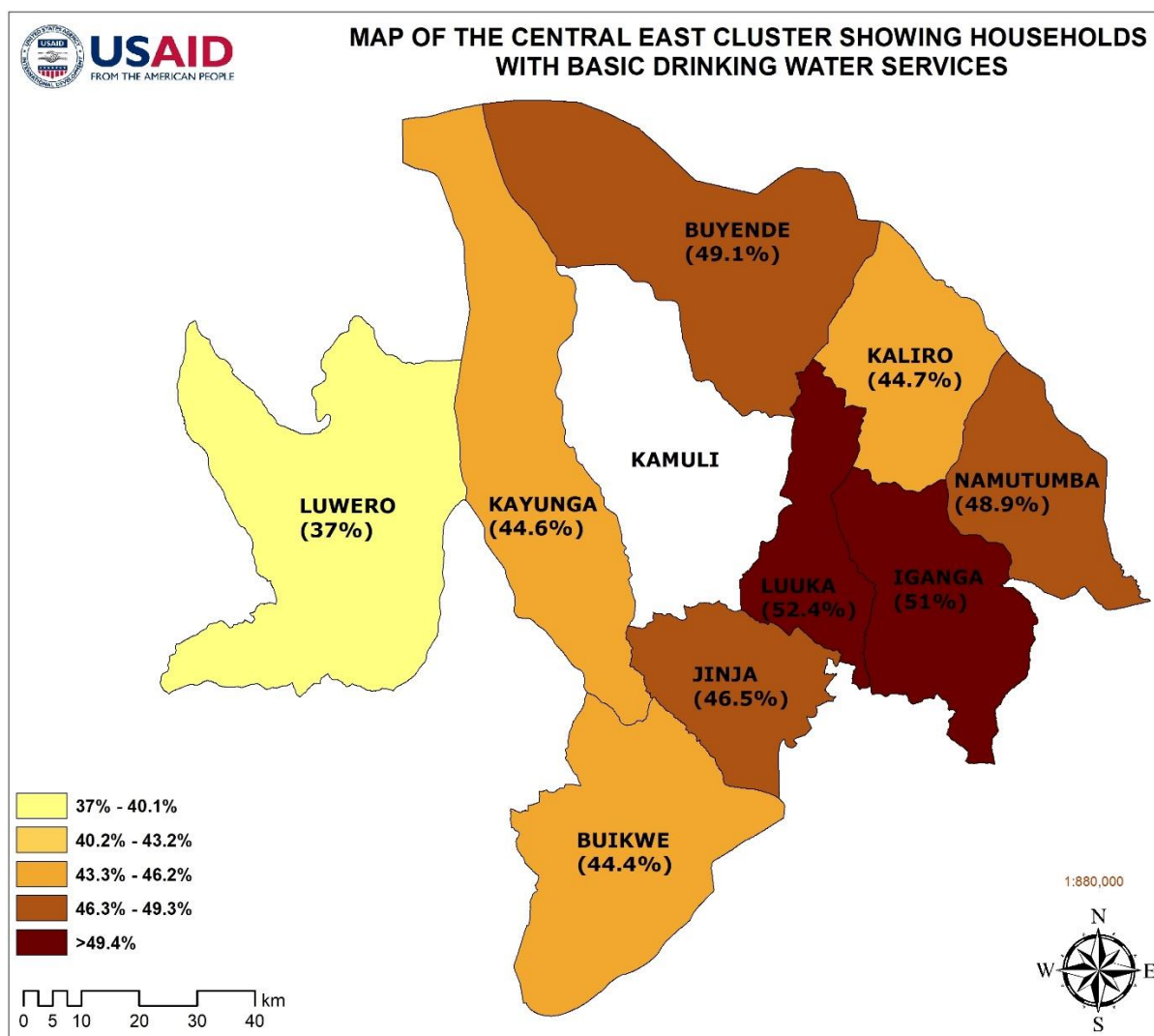


Note: The "Total" column is an average of the entire cluster. This report aims to assess district-specific variations.

Overall, only 2.6 percent of households in the Central East had a safely managed water source⁵, 46.4 percent had basic drinking water sources, and 43.4 percent had limited drinking water sources. Among those households with access to a safely managed drinking water source, only 1 percent have consistent access to safely managed drinking water throughout the month; the remaining experience at least one episode of a drinking water shortage in a month. Most Central East region districts had limited access to drinking water sources.

Nearly all districts had high proportions of households with limited access to water, with the highest in Luwero at 50 percent, followed by Jinja district at 49.2 percent. Kaliro district also had the highest number of households with surface water sources at 11.2 percent, followed by Kayunga at 7.7 percent. In Jinja district, 46.5 percent of households have basic access to drinking water sources, with the highest coverage in Luuka at 52.4 percent. The districts that had the highest access to safely managed water were Luwero district at 4.1 percent, followed by Jinja and Iganga at 3.4 percent respectively.

Figure 5.2: Proportion of Basic Drinking Water Service

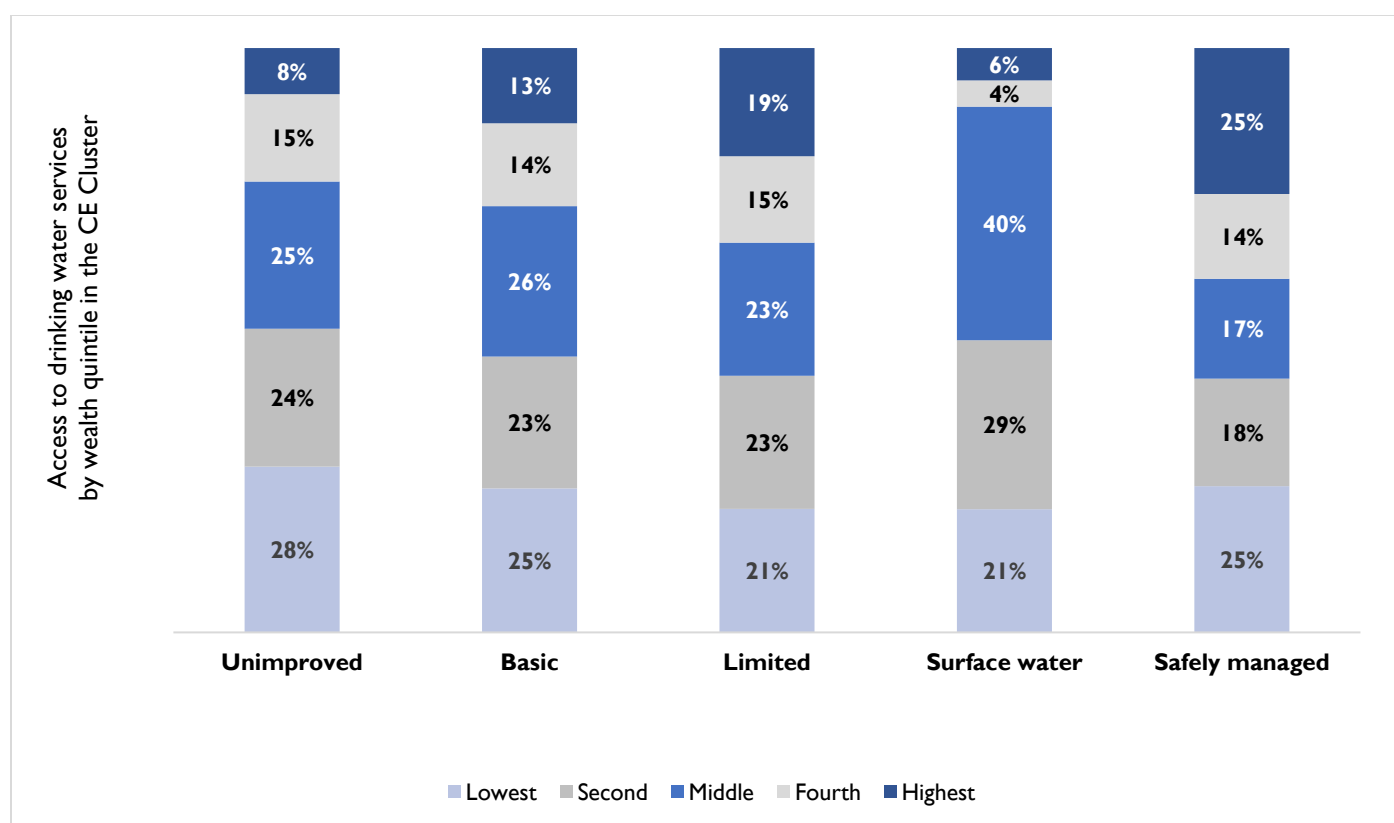


⁵ Excluding water quality testing.

5.3 MAIN DRINKING WATER SERVICES BY WEALTH QUINTILE AND DISTRICT

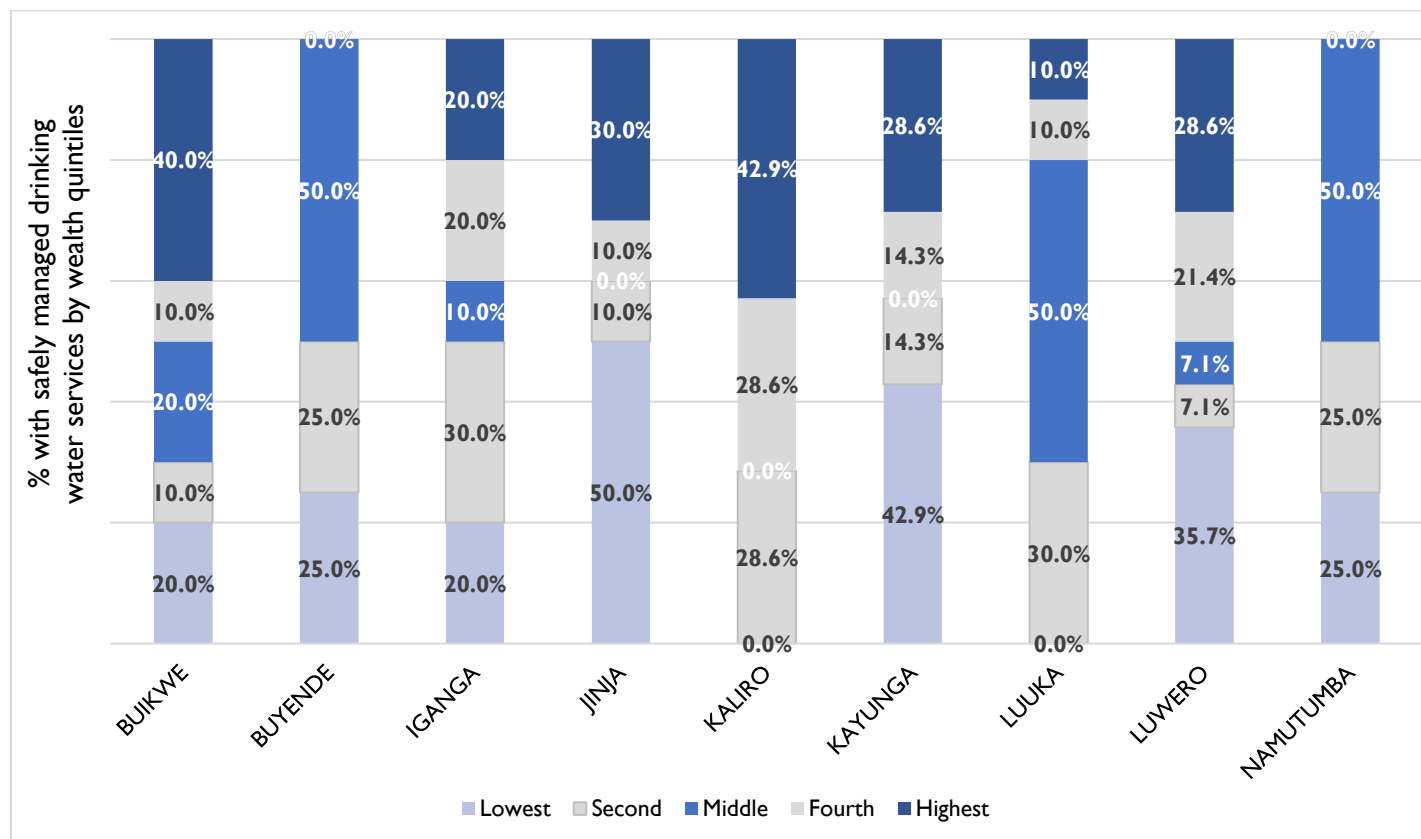
Most households in Central East districts are in the middle wealth quintile, except for the predominately urban districts of Jinja, Iganga, and Kayunga, where most of the households are in the lowest wealth quintile. There were no significant differences in type of access to drinking water services across the wealth quintiles (see Figure 5.3). Households in the highest quintile had the best drinking water conditions and had the highest proportion of using safely managed drinking water services; few households in that quintile accessed unimproved and surface water as a main source of drinking water, demonstrating that wealth has some positive influence on drinking water access.

Figure 5.3: Access to Drinking Water Services by Wealth Quintile



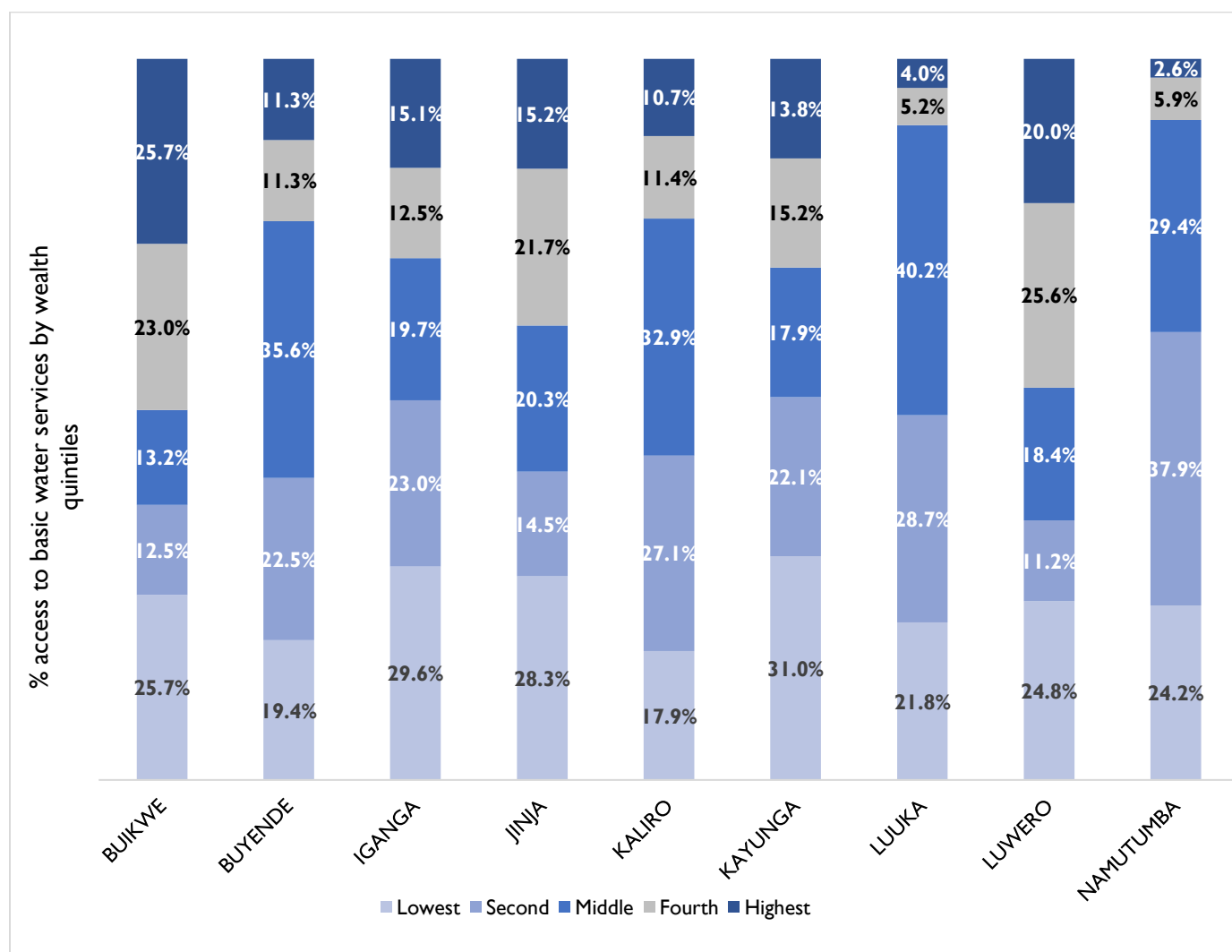
Households in the highest quintiles in Kaliro and Buikwe districts had the best drinking water services with 43 percent of the homes in Kaliro and 40 percent of the homes in Luuka accessing safely managed drinking water services (see Figure 5.4). This was contrary to Kayunga (43 percent) and Jinja (50 percent) districts, where the households in the lowest wealth quintiles had the highest proportion of safely managed drinking water services.

Figure 5.4: Safely Managed Drinking Water Services by Wealth Quintile



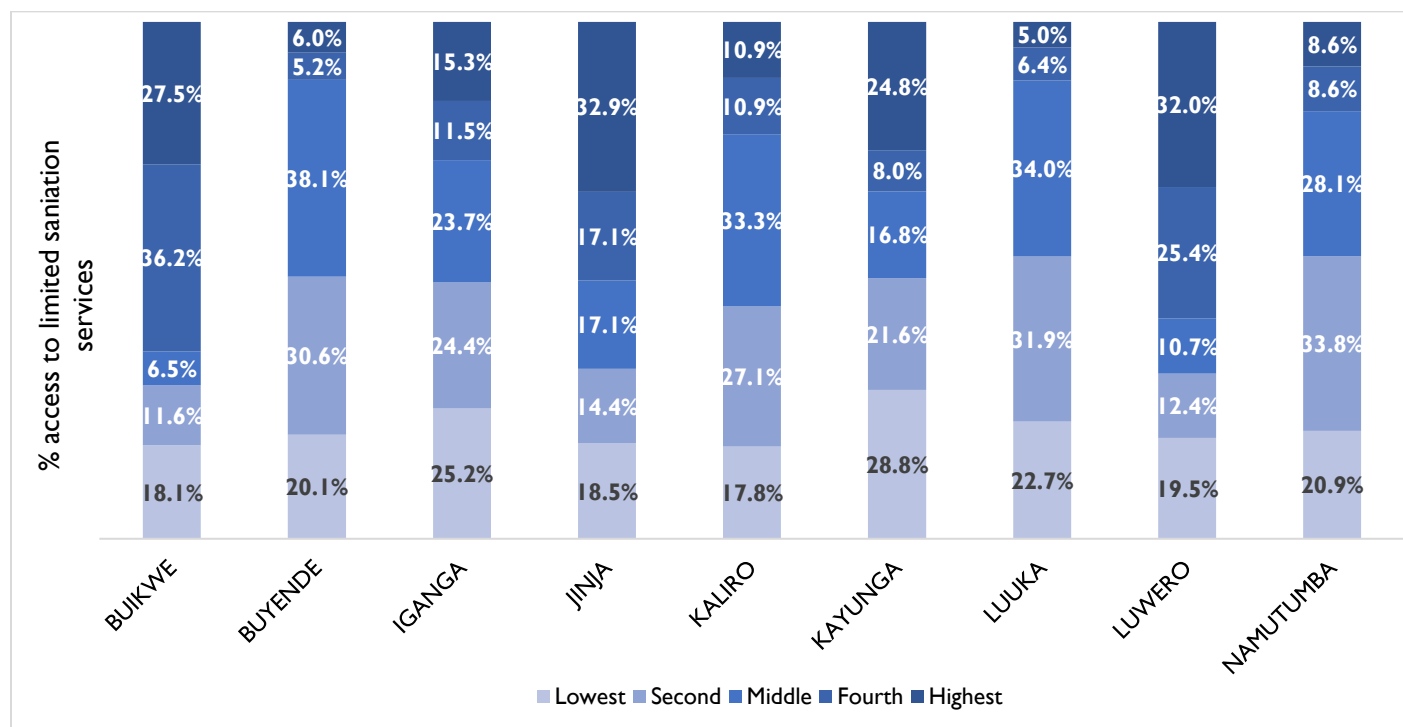
Households in the third and fourth wealth quintile had the highest proportion of basic drinking water services (see Figure 5.5). Among the highest quintiles, Buikwe district had the highest proportion of households with basic drinking water services at 25.7 percent while Namutumba had the least at 2.6 percent.

Figure 5.5: Basic Drinking Water Services by Wealth Quintile



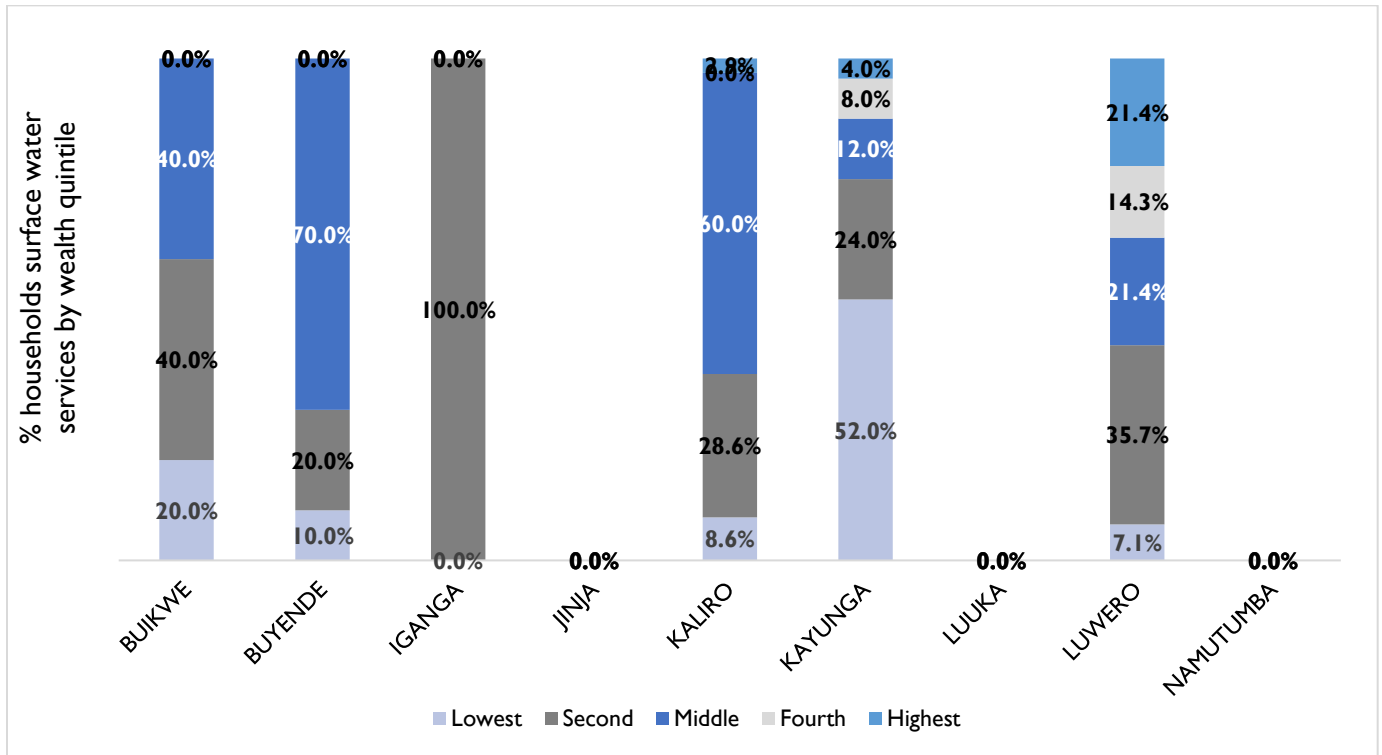
Limited water services were mostly accessed by the second and middle wealth quintiles (see Figure 5.6). Among the households in the highest quintile, Namutumba district had the largest proportion of households with limited drinking water access (81.3 percent) and Jinja district had the lowest proportion (12.9 percent). Therefore, in Namutumba district, wealth does not appear to influence access to drinking water sources.

Figure 5.6: Limited Drinking Water Services by Wealth Quintile



Households in the middle wealth quintile had the highest use of surface water as their main source of drinking water (see Figure 5.7) with Namutumba, Jinja and Luuka having no access to surface water reported. In Buyende district, 70 percent of the households in the middle quintile had no water access, followed by Kaliro district (60 percent). Almost none of the households in the highest wealth quintile used surface water as a drinking water source except in Luwero (21 percent), Kaliro (2.9 percent), and Kayunga (4 percent) districts.

Figure 5.7: Surface water services by Wealth Quintile



5.4 CHARACTERISTICS OF MAIN SOURCES OF DRINKING WATER

Over 90 percent of the households in the Central East cluster had access to improved drinking water sources. These very encouraging results were more aligned with the national standard, which is 80 percent of households having improved drinking water sources (UBOS, 2017). Almost every household sampled (98.3 percent) in Iganga district was accessing improved drinking water services. Kayunga had the fewest homes (85.2 percent) accessing improved drinking water service. This trend was similar for main source of water for other domestic uses. Across districts, boreholes remained the main source of water (67.3 percent) and water piped to the premises were the least-utilized source at 4.5 percent (Table 5.1). Only 10 percent of the population in the Central East districts used protected wells/springs, which is unlike most communities in Uganda. Figure 5.8 shows an example of a protected spring well used by a densely populated village in Buikwe district. Luwero district had the highest number of homes with piped water to their premises while Buyende district had no home with piped water. A majority of the households in the Central East (43.3 percent) spend less than 30 minutes fetching water. The largest number of households that spend over two hours to collect water were found in Buyende district (16.5 percent). In 56 percent of the homes of this cluster, the adult females were responsible for fetching water, followed by adult males at 18.9 percent. The girl child was used to fetch water in only 10.1 percent of the households in the Central East cluster. Most often, the water collected is carried by the person fetching the water. There was a sufficient supply of drinking water throughout the whole month in over 57 percent of the households per district, except for Buyende and Kaliro, which also fall under the northern cattle corridor (see Figure 5.9). These districts have several unimproved water sources that often dry out during the dry seasons. A majority of the households (60.1 percent) did not pay for water services, especially in Kaliro (81.2 percent), Namutumba (78.6 percent), Buyende (74.7 percent), and Luuka (74.1 percent) districts. However, Luwero (37.0 percent), Buikwe (33.2 percent), and Jinja (59.9 percent) districts have the largest proportion of households that always pay for their water service every month (Figure see 5.10). Community Protected Spring is also known as “Mudumu” in Buikwe. Members pay a monthly service charge to access water. Those unable to pay in cash offer manual labor to clean the well.



Figure 5.8: A Protected Spring in Buteme-A Parish, Buikwe District

Table 5.1: Descriptive Characteristics of Drinking Water Service

	Buikwe	Buyende	Iganga	Jinja	Kaliro	Kayunga	Luuka	Luwero	Namutumba
Main source for drinking water									
Piped to premises	5.8	–	2	17.2	1.3	3.7	1.9	8	1
Piped to neighbor/public	14.6	4	10	35	4.5	4.9	4.1	11	0.6
Borehole	21.3	85.7	81.6	26.9	81.2	69.2	81.9	69.2	90.1
Protected well/spring	44.9	1.5	4	14.8	1.3	7.1	10.3	1.5	2.2
Rain/bottle/tank	4.1	0.6	1	5.7	–	1.5	1.6	4.4	0.6
Unprotected well/spring	7.9	5.2	1	0.3	0.6	5.5	0.3	1.8	5.4
Surface water	1.5	3.1	0.3	–	11.2	8	–	4.1	–
Time to bring water for those that fetch									
30 min or less	55.5	29.9	44.3	64.9	20.7	43.6	47.5	45.9	42.8
31–60 min	31.8	30.8	33.2	21.5	34.2	34.3	38	43.1	37.5
61–90 min	7.5	10	7.5	4.8	10.2	7.6	3.6	3.1	6.9
91–120 min	3.9	12.8	7.9	6.6	24.1	10.2	5.3	4.8	8.6
121–240 min	1.3	16.5	7.1	2.2	10.9	4.3	5.6	3.1	4.3
Who fetches the water									
Boys in HH, aged<15	13.3	9.4	8.6	10.4	6.1	11	11.6	12.1	5.9
Girls in HH, age<15	10	11.3	9.7	7.6	9.5	9	10.9	12.9	9.9
Male in HH, aged 15+	21.7	19.1	13.6	16.5	14.2	22.7	17.8	30.4	13.5
Male in HH, aged 15+	46.7	55.6	63.8	61.3	64.4	49.3	57.1	39.3	67.4
Not HH member	8.3	4.7	4.3	4.3	5.8	8	2.6	5.4	3.3
How water is transported									
Bicycle	8	45.3	18.3	24.1	23.4	37.7	27.4	31.1	23.7
Carried by person	89.3	53.8	80.3	75.9	75.9	61	72	66.1	76
Motorcycle	1.3	0.9	0.4	–	0.3	1	0.3	2.5	–
Other	1.3	–	1.1	–	0.3	0.3	0.3	0.4	0.3

Figure 5.9: Percentage of Drinking Water Supply throughout the Month

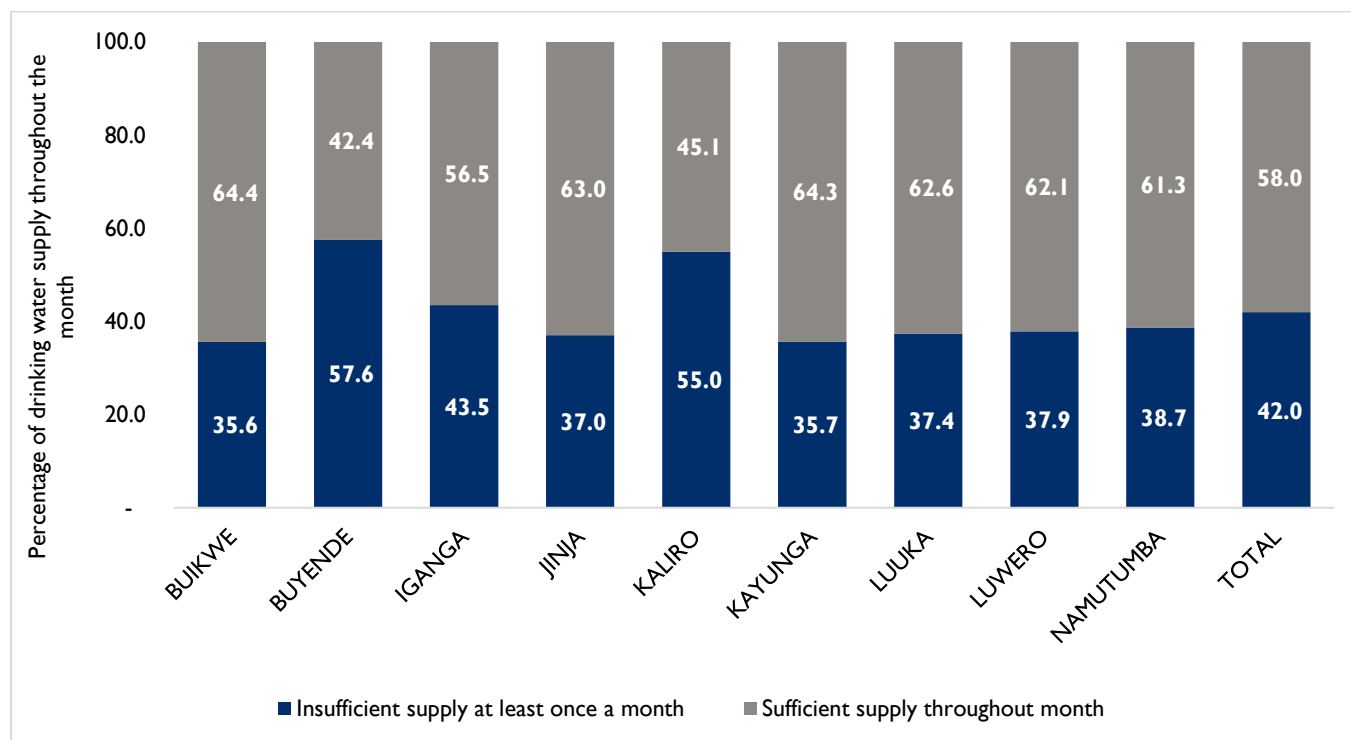
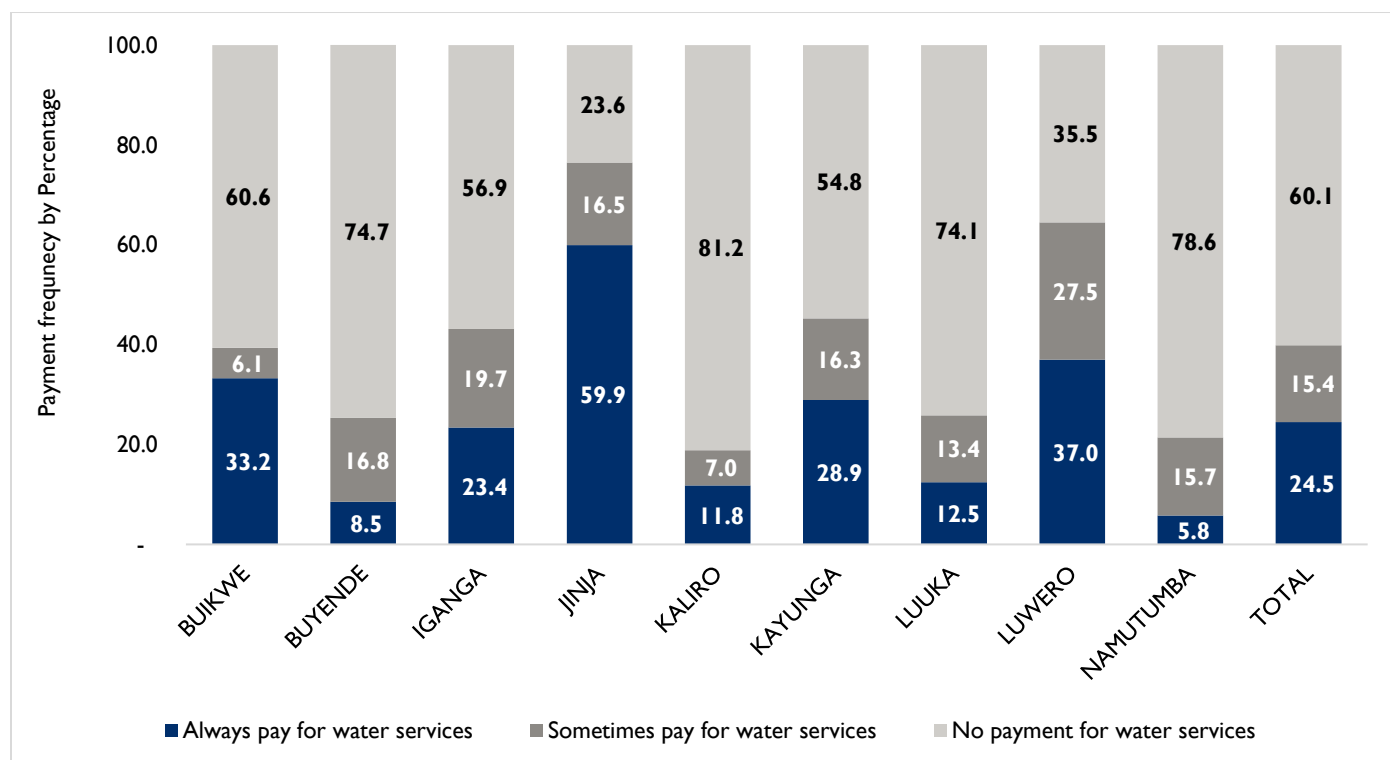


Figure 5.10: Payment for Water Services by Percentage

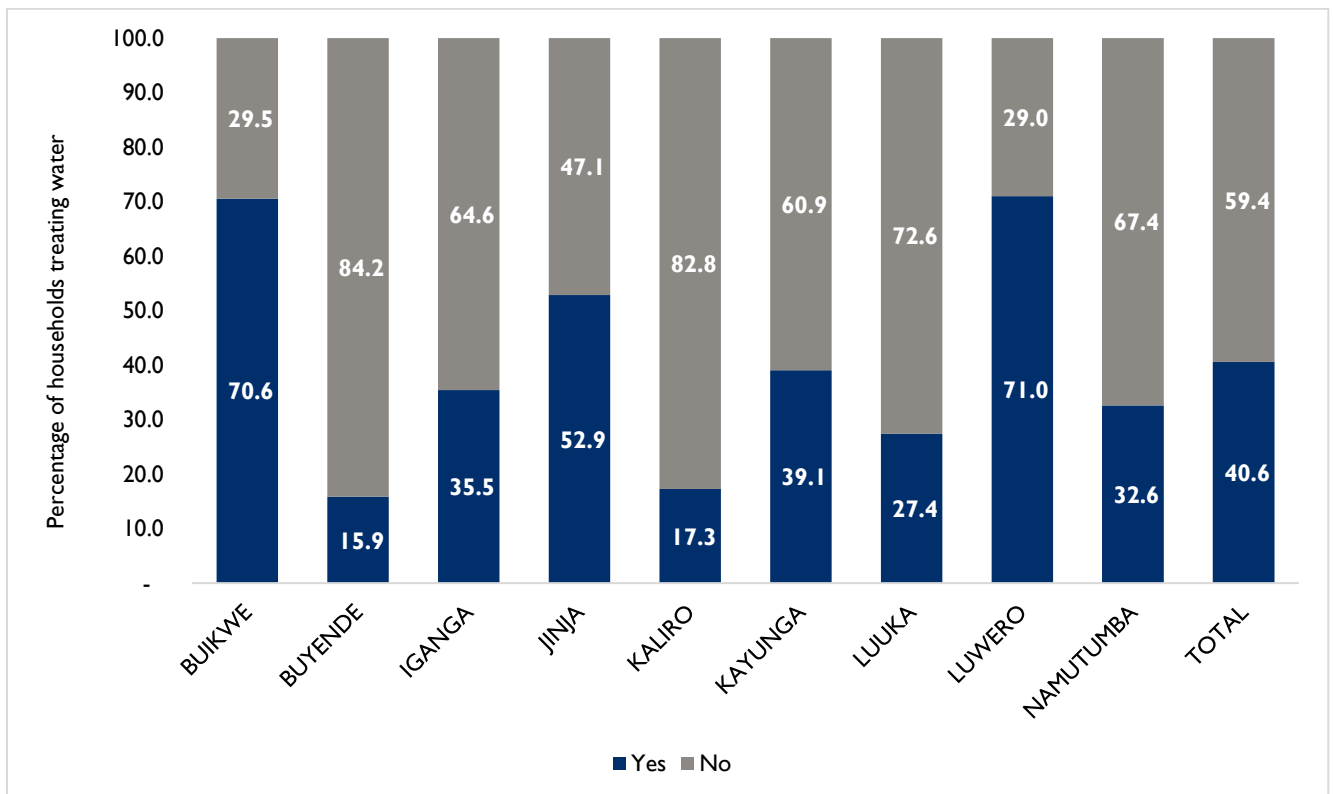


Note: The "Total" column is an average of the entire cluster. This report aims to assess district-specific variations.

5.5 WATER TREATMENT METHODS

Approximately 59.4 percent of households in the Central East districts treat their drinking water to make it safer, which is a lower proportion than desired (see Figure 5.11). Only Buikwe and Luwero districts have over 70 percent of the households treating their water, while Buyende and Kaliro districts have less than 20 percent of their population treating water. Boiling was used as the method to treat water to make it safe in 90.8 percent of the households.

Figure 5.11: Proportion of Households Practicing Water Treatment



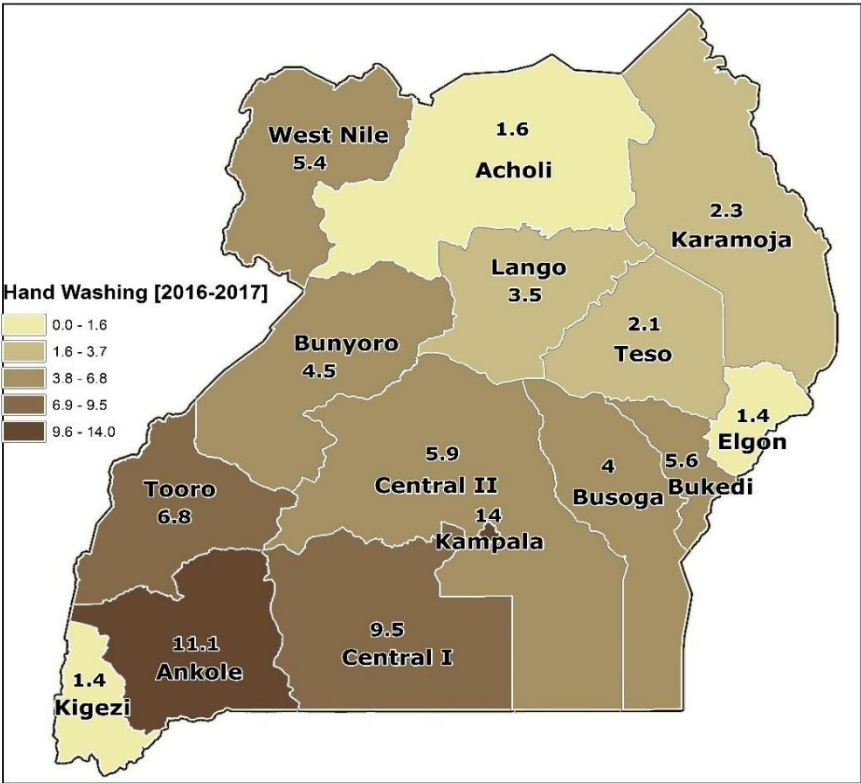
Note: The "Total" column is an average of the entire cluster. This report aims to assess district-specific variations.

6.0 HANDWASHING

6.1 INTRODUCTION

Handwashing with soap is one of the best practices of preventing diarrheal diseases and certain respiratory diseases, especially among children under five years of age. The burden of diarrheal disease remains high in Uganda (Uganda Ministry of Health, 2017). Campaigns for using soap for disease prevention emphasize critical moments for handwashing with soap: after toilet use, after cleaning a baby’s bottom, before preparing and eating food, and before feeding a baby (Uganda National Handwashing Campaign, 2012). Only 6.2 percent households in Uganda have a handwashing facility with water and soap (Uganda Ministry of Water and Environment, 2018) (see Figure 6.1); the Central West region (labeled “Central I” in Figure 6.1) has the highest proportion at 9.5 percent. However, recent analysis of the UDHS 2016 data on WASH revealed that 57.4 percent of households in the Central West cluster had basic handwashing services, which is significantly higher than previously reported (Andriko et al., 2018). (It should be noted that previous surveys used a slightly different definition, based on presence or absence of handwashing stations rather than service ladder levels). Interventions such as “tippy taps” have been promoted to increase handwashing after toilet use. An example of a local “tippy tap” is shown in Figure 6.2 below. The ideal handwashing facility should have water available in a device, in this case a jerry can, and a piece of soap beside the handwashing device. In this example, the piece of soap is missing from the designated place and there was no water in the jerry can; therefore classifying this handwashing service as limited. In addition, having a handwashing facility within 10 meters of the toilet is interpreted as proxy indicator for after toilet use hygiene practices.

Figure 6.1: Ugandan Population with Basic Handwashing Facilities



Based on the 2018 Sector performance Report, handwashing with soap remains poor, with only 38 percent of the national population using soap for handwashing, particularly after toilet use (Uganda Ministry of Water and Environment, 2018). This is an improvement since 2012, when only 25 percent of Ugandans washed their hands after toilet use, 31 percent after cleaning a baby’s bottom, and 8 percent before feeding babies (Uganda National Handwashing Campaign, 2012). The National handwashing initiative is promoting “wash your hands and save” messages with the aim of saving households time, money, and hospital visits as a result of poor handwashing practices (Uganda National Handwashing Initiative, 2016).

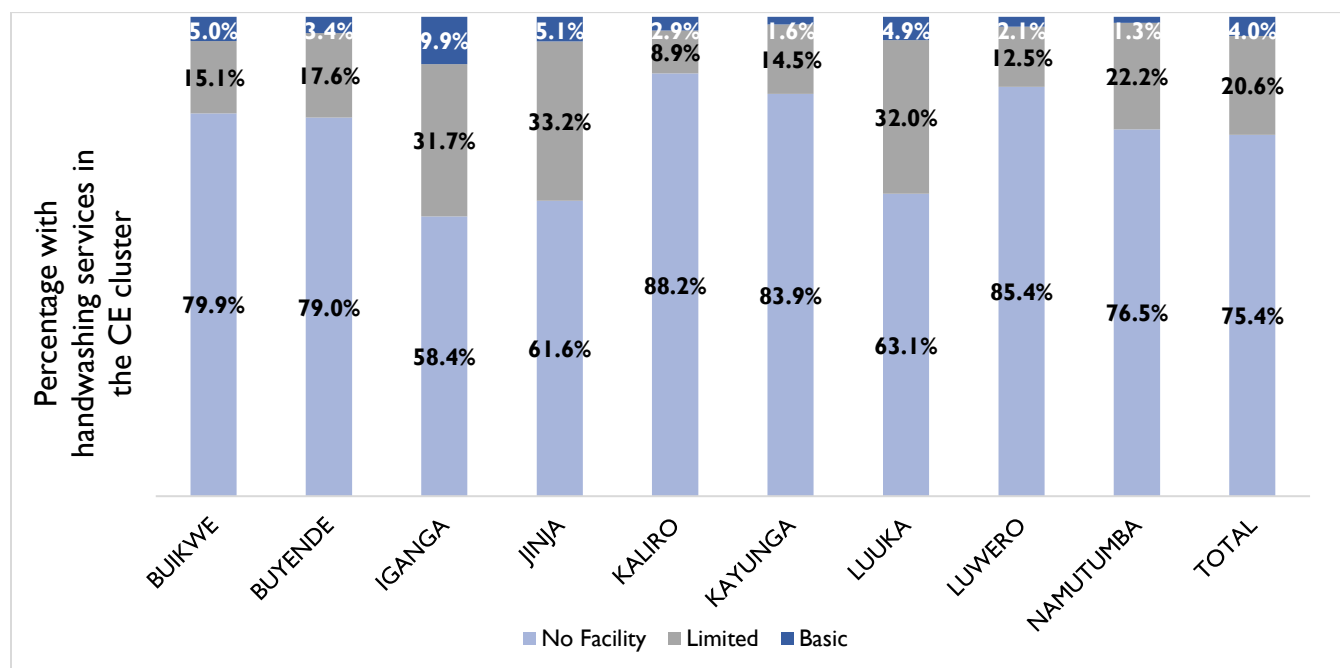
6.2 HANDWASHING SERVICES IN THE CENTRAL EAST CLUSTER

The handwashing service ladder defines basic handwashing practices as having soap and water available at the handwashing facility, and limited handwashing practices are where there is a handwashing facility on the premises but has neither soap nor water. The Central East handwashing service ladder is shown in Figure 6.3 below. Over 70 percent of the households lack a handwashing facility, and less than 5 percent have access to basic handwashing services. The distribution of the basic handwashing services is reflected in the map below (see Figure 6.4). Some household use the same handwashing facility to wash their hands after toilet use and for other core household activities including washing utensils (see Figure 6.5).



Figure 6.2: “Tippy Tap” Handwashing Facility within 10 Meters of the Toilet

Figure 6.3: Percentage of Households with Access to Handwashing Services



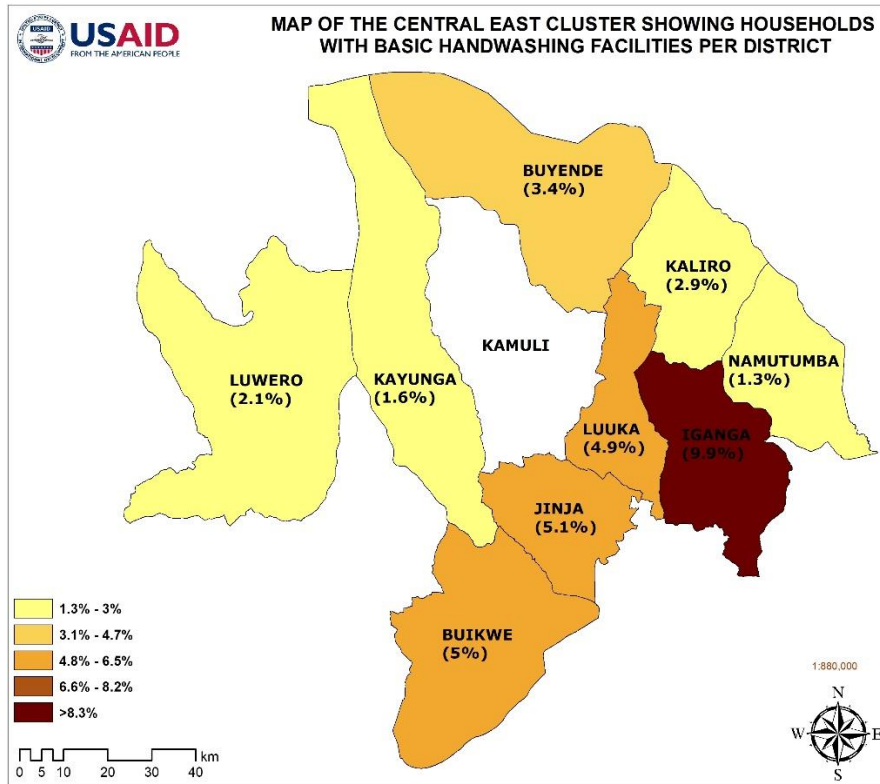
Note: The “Total” column is an average of the entire cluster. This report aims to assess district-specific variations.

Figure 6.4 shows a handwashing place that is not ideal, but it has the components of a basic handwashing facility (the availability of water in the handwashing device and soap at the handwashing place).



FIGURE 6.4: Handwashing Facility Used after Toilet Use and for Washing Household Utensils

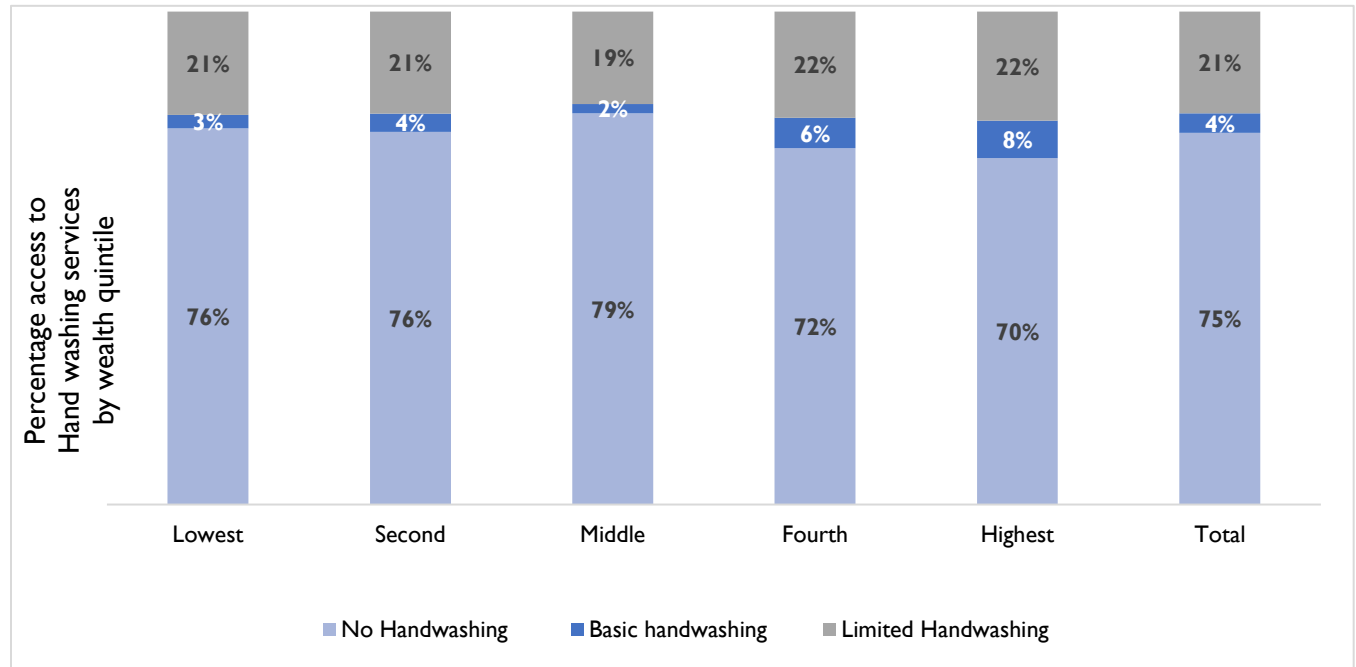
Figure 6.5: Map Showing Basic Handwashing Services



6.3 HANDWASHING SERVICES BY WEALTH QUINTILES

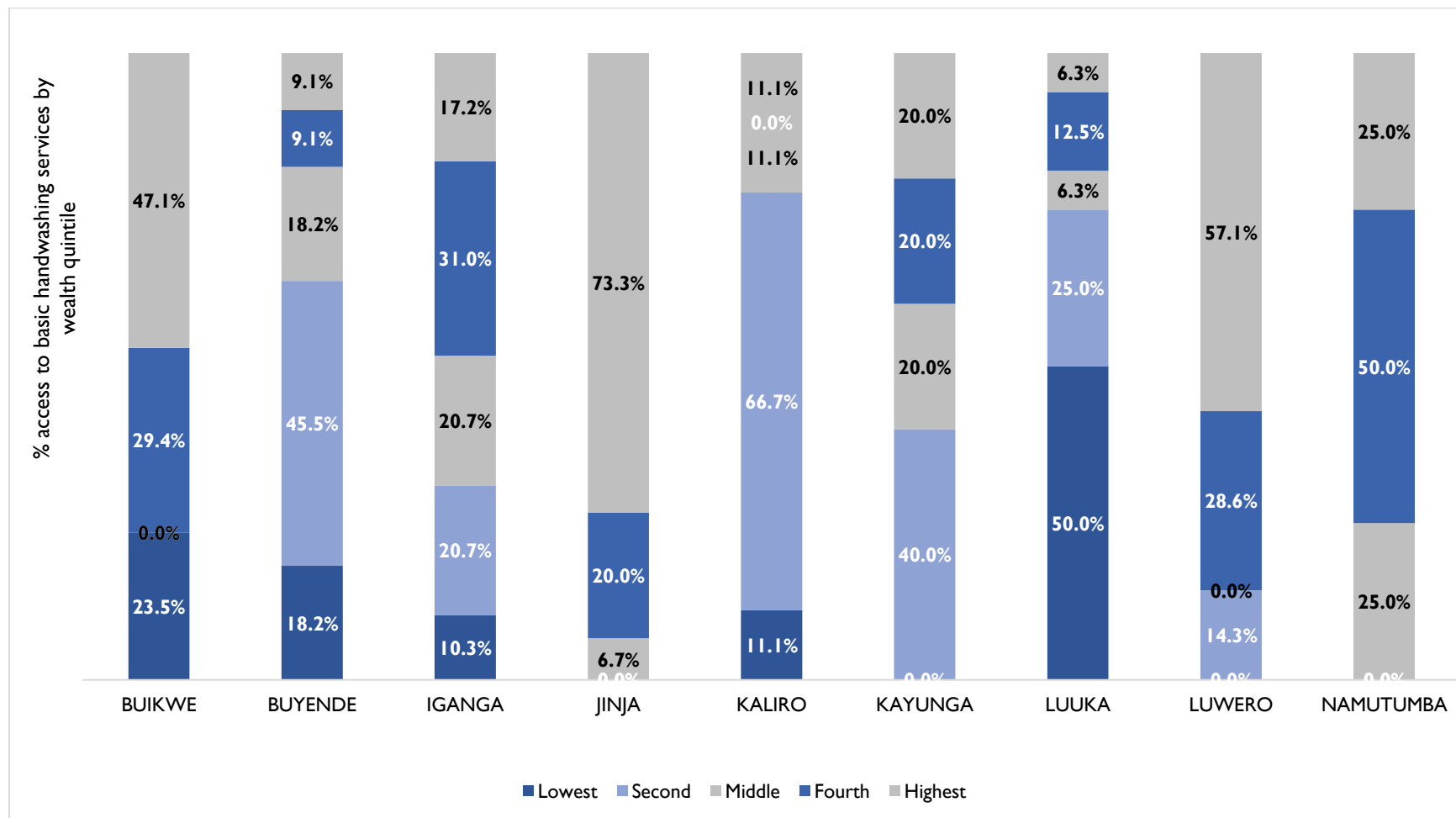
Handwashing services according to the JMP service ladder were analyzed across the different wealth quintiles to assess the influence of wealth on handwashing practices. There was no significant variation in the practices across the five wealth quintiles (see Figure 6.6). The households in the highest quintile had the highest number of homes with basic handwashing services despite having a fairly large proportion of homes with no handwashing facilities.

Figure 6.6: Percentage of Households with Access to Handwashing Services by Wealth quintile



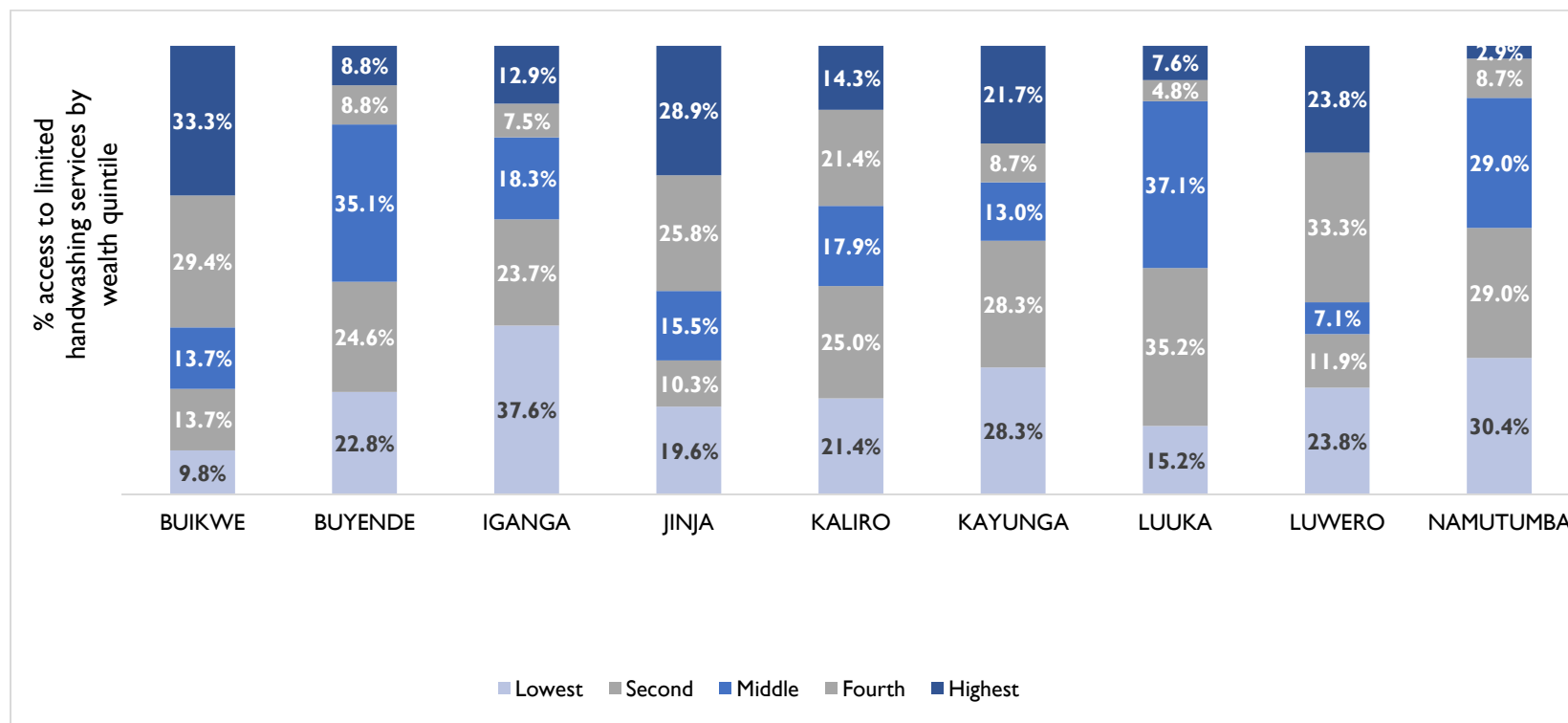
Basic handwashing services were analyzed by wealth quintile (see Figure 6.7). In the highest wealth quintile, Jinja (73.3 percent), Buikwe (47.1 percent) and Luwero (57.1 percent) had the highest number of households with access to basic handwashing services; while Luuka (6.3 percent) and Buyende (9.1 percent) had the lowest.

Figure 6.7: Percentage of Basic Handwashing Services by Wealth Quintile



There was less variation across the five wealth quintiles with regard to limited handwashing services (see Figure 6.8). The lowest quintile had the largest number of households with limited handwashing services in Iganga (37.6 percent), Kayunga (28.3 percent) and Namutumba (30.4 percent) districts. Among the households in the highest quintile, Buikwe (33.3 percent) and Jinja (28.9 percent) districts had the highest proportion of household with limited handwashing services while Namutumba district had the lowest (2.9 percent).

Figure 6.8: Percentage of Limited Handwashing Services by Wealth Quintile



In general, most of the households in the nine districts lacked handwashing facilities, especially among the households in the middle wealth quintile (see Figure 6.9). In the highest quintile, Luwero (26.6 percent) district followed by Buikwe district (21.1 percent) had the highest number of households without any handwashing facility; while Luuka district had the least (2.9 percent). This indicates that poor socio-economic status is not associated with poor handwashing practices in districts such as Iganga. Poor handwashing practices by wealth quintile are illustrated in Figure 6.10.

Figure 6.9: Percentage of Households without Handwashing Services by Wealth Quintile

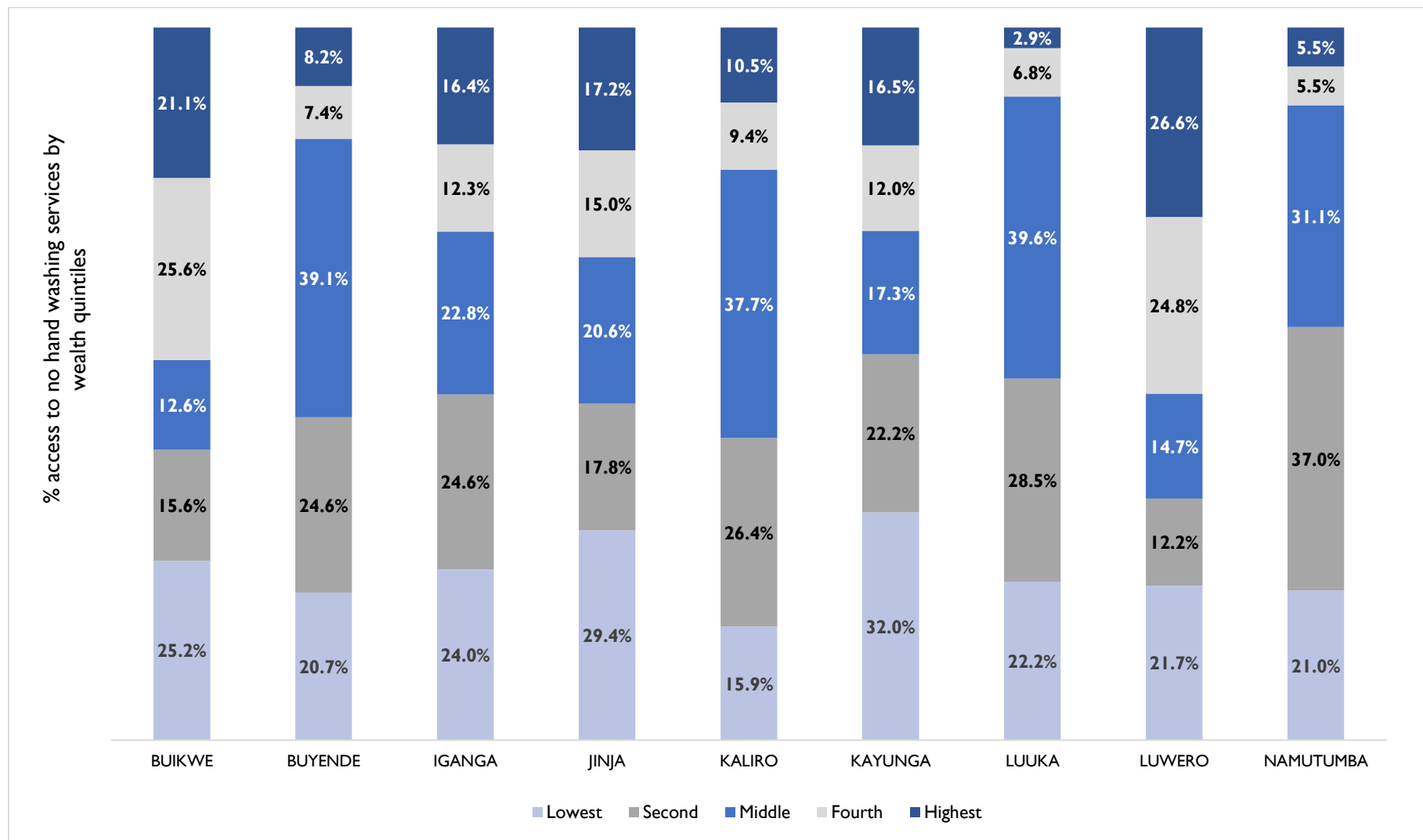
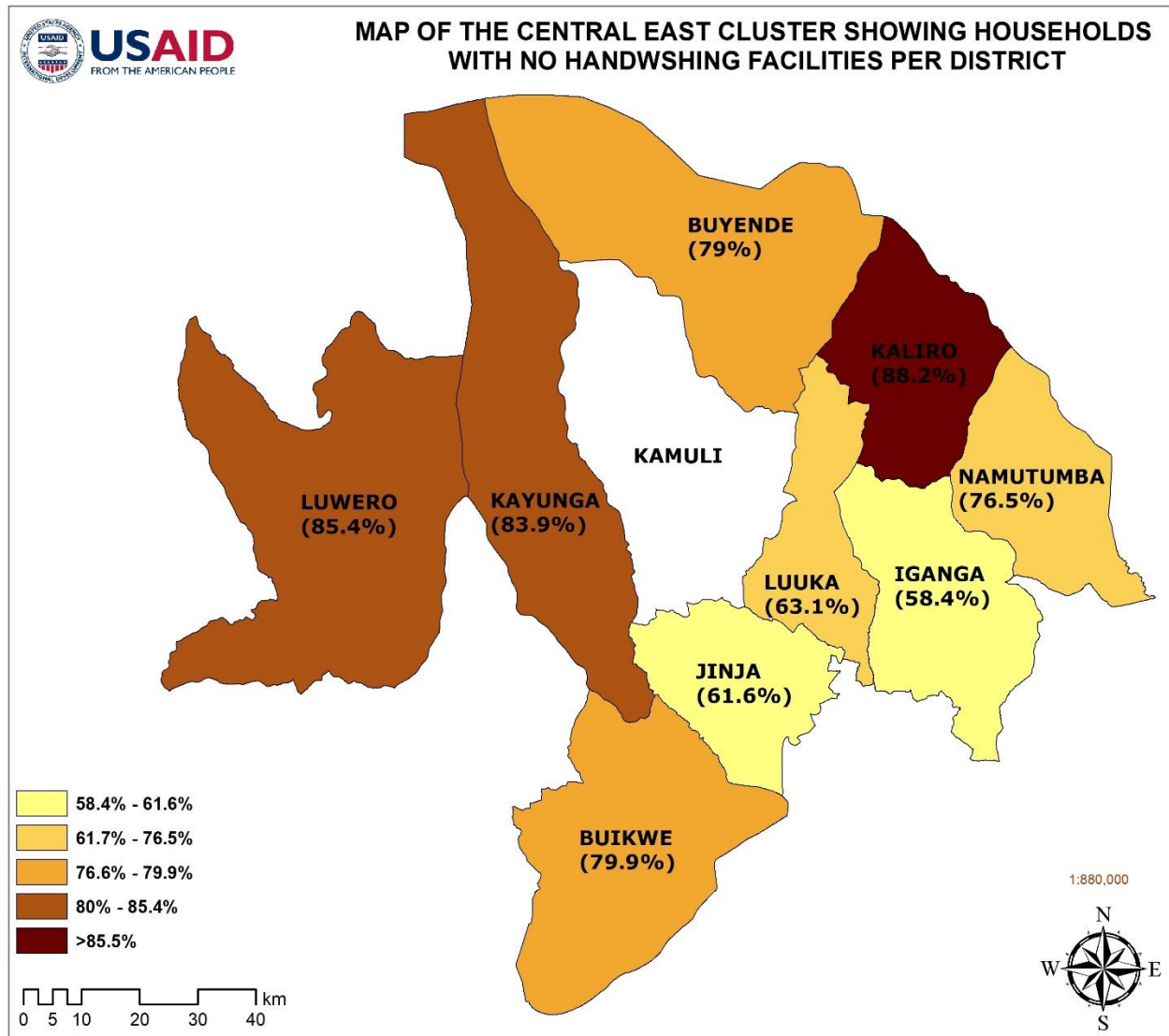


Figure 6.10: Households with No Handwashing Facility



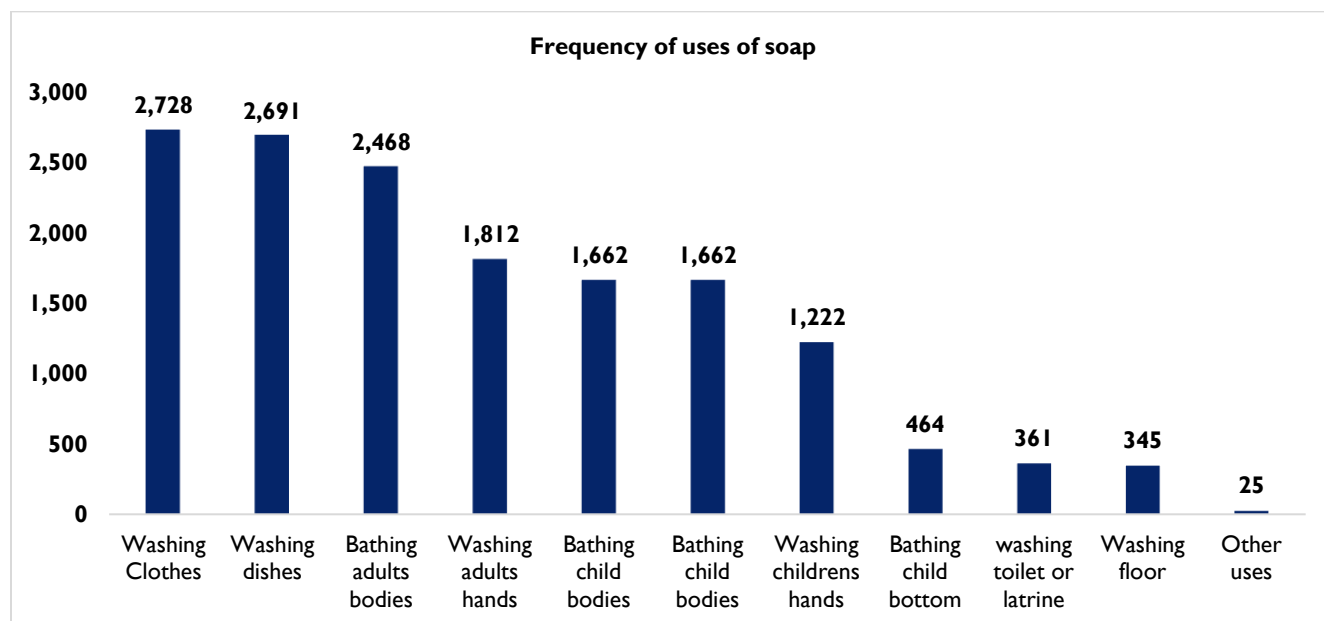
6.4 USES OF SOAP

In Central East districts, 96.2 percent had soap available in their households (Table 6.1). The household heads were responsible for making the decision to buy the soap at all times, regardless of gender of the household head. Only about 36.1 percent of the households used the same piece of soap for everything ranging from after toilet use to washing of utensils. In Kaliro district, 54.8 percent of households used the same piece of soap for all needs; in Namutumba district, only 20.4 percent of households used this practice. Soap was mostly used to wash clothes, dishes and adult bodies (see Figure 6.12). Washing children’s hands and bottoms ranked low on the list of soap use in homes.

Table 6.1: Characteristics of Handwashing Services

	Buikwe	Buyende	Iganga	Jinja	Kaliro	Kayunga	Luuka	Luwero	Namutumba
Households that had soap in house									
Yes	98.8	91.2	94.7	98.3	96.8	93.2	99.4	97.9	95.5
No	1.2	8.8	5.4	1.7	3.2	6.8	0.6	2.1	4.5
Who decides to buy soap in the household?									
HH Head	87.9	79.9	76.7	79.5	81.9	87.1	79.3	87.3	82.6
Spouse	10.6	17.7	20.9	18.2	15.8	10.2	18.2	10.9	13.4
Other	1.5	2.3	2.5	2.4	2.3	2.6	2.5	1.8	4
Households that use the same soap for everything									
Yes	33	55.5	36.8	28.1	54.8	46.9	27.9	23.3	20.4
No	67	44.5	62.9	71.9	45.2	53.1	72.1	76.7	79.6
Other	–	–	0.4	–	–	–	–	–	–
Households whose observed hand washing facilities had water available									
Available	67.1	62.9	47.2	69	81.1	50.9	82.5	78.9	42.7
Not available	32.9	37.1	52.8	31	18.9	49.2	17.5	21.2	57.3
Who is majorly responsible for adding water to the handwashing facility?									
HH Head	35.6	40	37	40.5	70.3	39	48.3	57.7	44
Spouse	54.8	50	57.5	48.3	29.7	39	39.5	36.5	44
Other	9.6	10	5.5	11.2	–	22	12.3	5.8	12
Households that had a handwash place within 10 meters to the toilet/latrine									
Yes	90.4	81.4	76.4	88.8	97.3	84.8	95.6	98.1	77.3
No	9.6	18.6	23.6	11.2	2.7	15.3	4.4	1.9	22.7

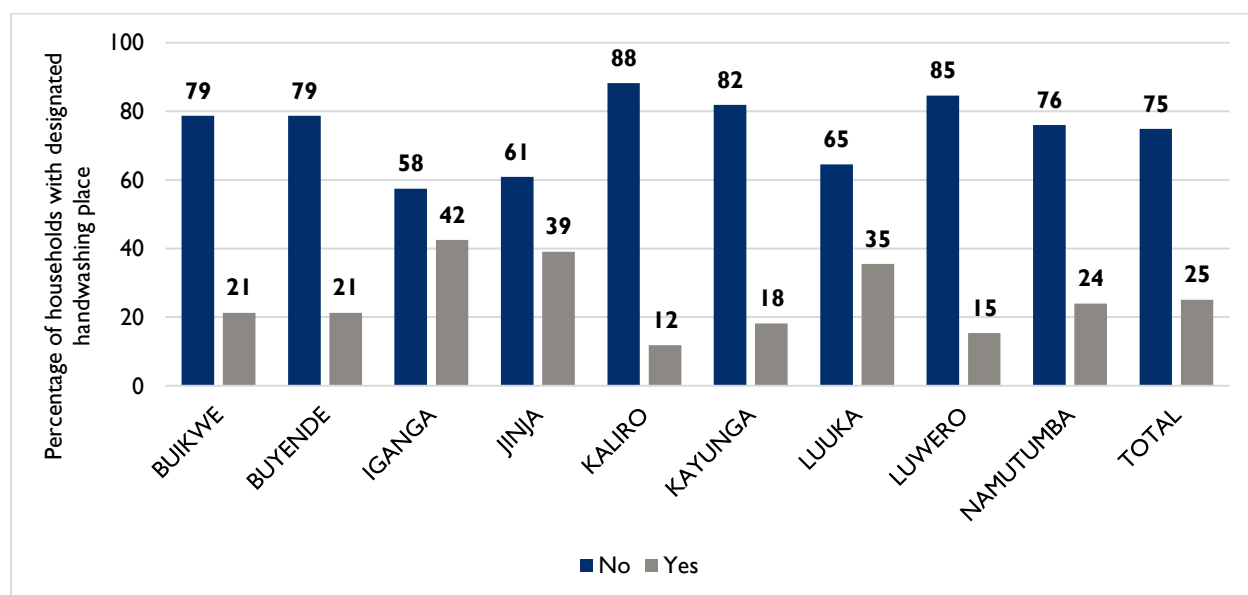
Figure 6.11: Major Uses of Soap among Households by Frequency



6.5 HANDWASHING DEVICES AND PRACTICES

Over 75 percent of the households in the Central East districts lacked designated handwashing facilities and only 25 percent of the households had identifiable handwashing place (see Figure 6.12). Kaliro district has the highest number of homes with no handwashing places at 88 percent.

Figure 6.12: Proportion of Households with Handwashing Facilities

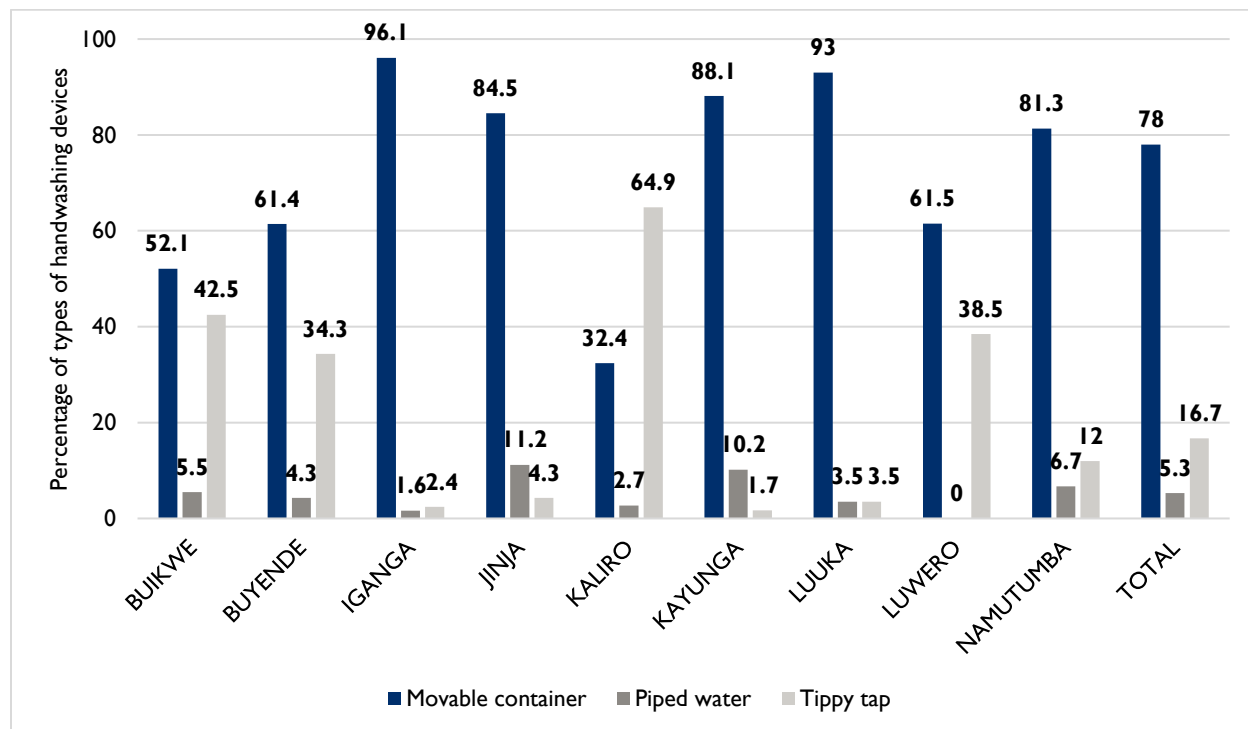


Note: The "Total" column is an average of the entire cluster. This report aims to assess district-specific variations.

Many of the households had a movable container also known as "kadamola/jerrican" as the handwashing device, especially in Iganga district, where over 96.1 percent of the households had this device (see

Figure 6.13). Jinja district, which is urban, had the highest access to piped water (24 percent). The use of “tippy taps” were common in Buikwe (42.5 percent), Buyende (34.3 percent), and Luwero (38.5 percent) districts.

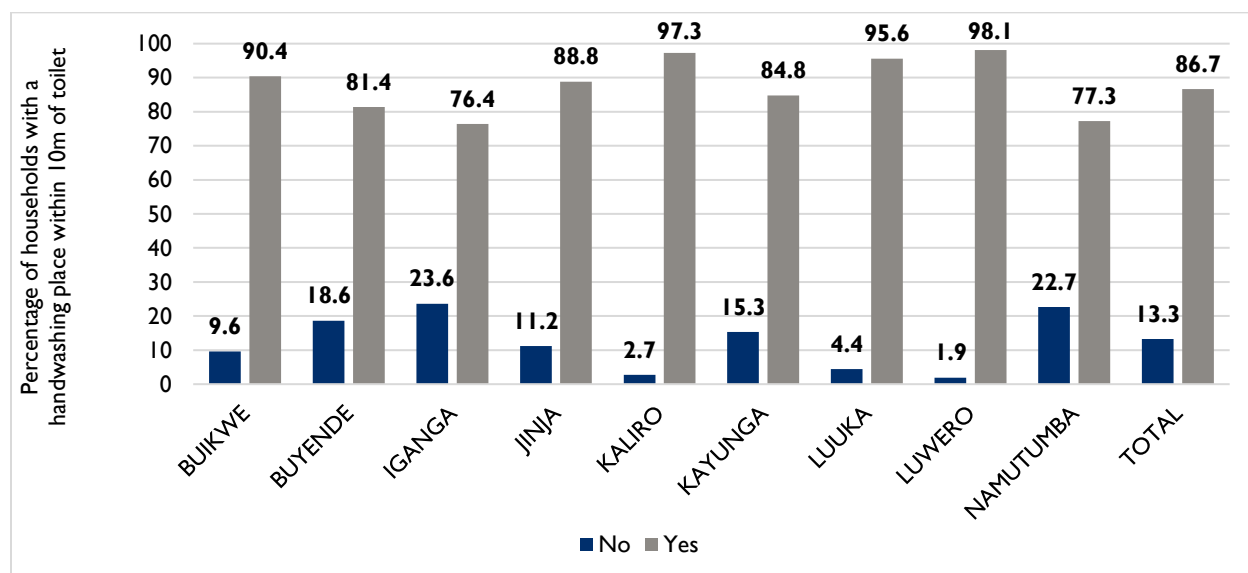
Figure 6.13: Percentage of Types of Handwashing Devices Used



Note: The “Total” column is an average of the entire cluster. This report aims to assess district-specific variations.

Having a handwashing facility within 10 meters of a toilet is a proxy for measuring handwashing after toilet use. In the Central East districts, 86.7 percent of the homes had a handwashing facility within 10 meters of the toilet (see Figure 6.14). However, despite this high statistic, most facilities are present but not being used. This is reflected in the lack of soap at most handwashing facilities (see Figure 6.15). Only 19 percent of the households had soap present at the facility despite having soap in the dwelling.

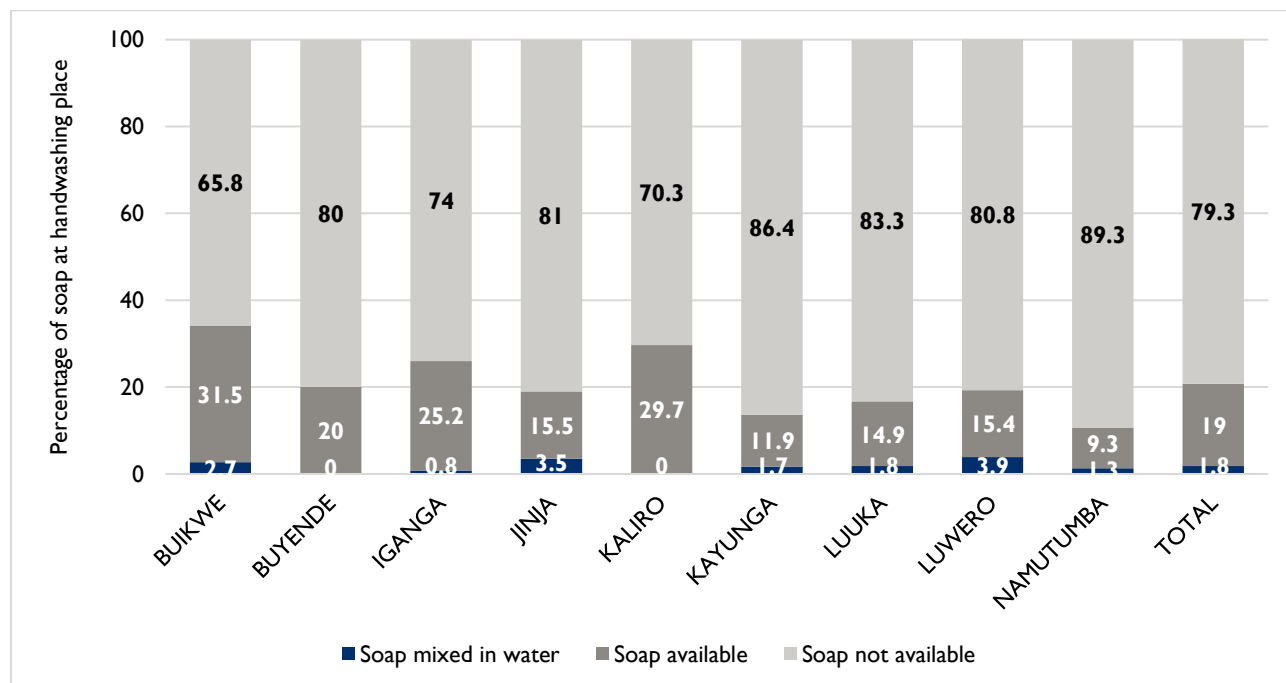
Figure 6.14: Percentage of Households with a Handwashing Place within 10 Meters of Toilet/Latrine



Note: The “Total” column is an average of the entire cluster. This report aims to assess district-specific variations.

Almost all households (96.0 percent) had soap present in the house (Table 6.1); in most cases, the household head decided to buy the soap. In only 36.1 percent of households was soap being used for everything. This practice was highest in Buyende (55.5) and Kaliro districts (54.8 percent). In spite most households having soap, only 19 percent had soap present at the handwashing place (see Figure 6.15). The districts with the highest proportion of households lacking soap at the handwashing places were Namutumba (89.3 percent) and Kayunga (86.4 percent).

Figure 6.15: Percentage with Soap Available at Handwashing Facility

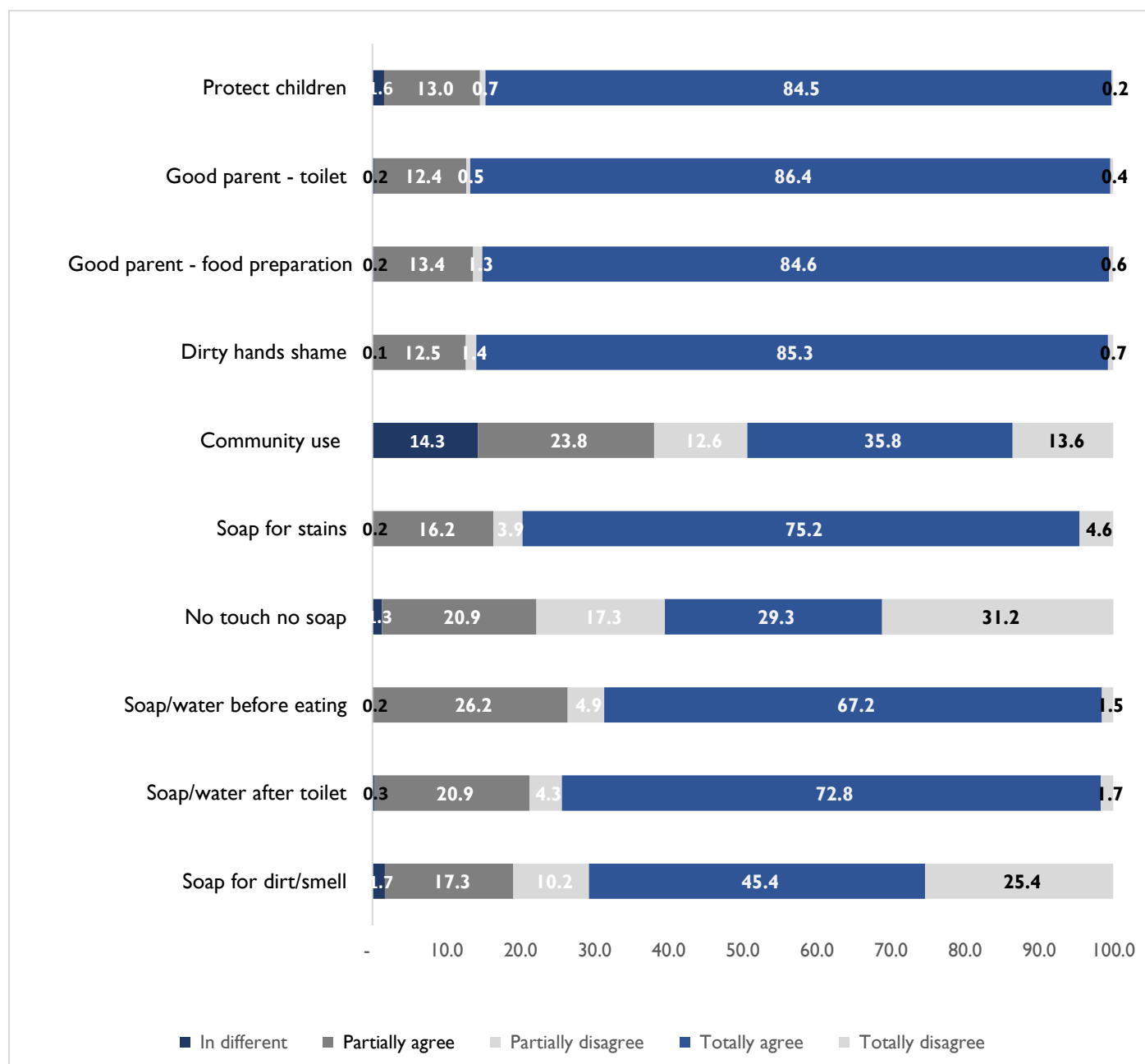


Note: The “Total” column is an average of the entire cluster. This report aims to assess district-specific variations.

6.6 ATTITUDES TOWARD HANDWASHING

The survey assessed the attitudes of the respondents regarding handwashing practices. A five-point Likert scale was used for this assessment (see Figure 6.16). The majority of households understood that soap was very important in handwashing for parents to protect their children from disease or before preparing food. Half of the households thought it important to use soap for handwashing after toilet, but that contradicted their practice. A significant proportion did not think it necessary to use soap to wash hands if they had not touched anything dirty.

Figure 6.16: Psychosocial Determinants of Handwashing



Categories of Attitudes	Full Statements Asked During Interview
Protect children	My children are my pride and joy and I wash my hands with soap to protect them.
Good parent - toilet	Good parents make sure to wash their hands with soap after going to the toilet.
Good parent - food preparation	Good parents make sure to wash their hands with soap before preparing food.
Dirty hands shame	It is shameful to be eating with dirty hands in front of your friends.
Community use	In most homes in your community, soap and water are available to wash hands after going to the toilet.
Soap for stains	Only soap can remove the smell of fish or stubborn hand stains.
No touch no soap	You don't need to wash your hands with soap if you have not touched anything dirty.
Soap/water before eating	Soap and water are always available in your house to wash hands before eating.
Soap/water after toilet	Soap and water are always available in your house to wash hands after going to the toilet.
Soap for dirt/smell	You only need to wash your hands with soap if they look dirty or smell bad.

7.0 EXPOSURE TO INFORMATION ABOUT WATER SANITATION AND HYGIENE

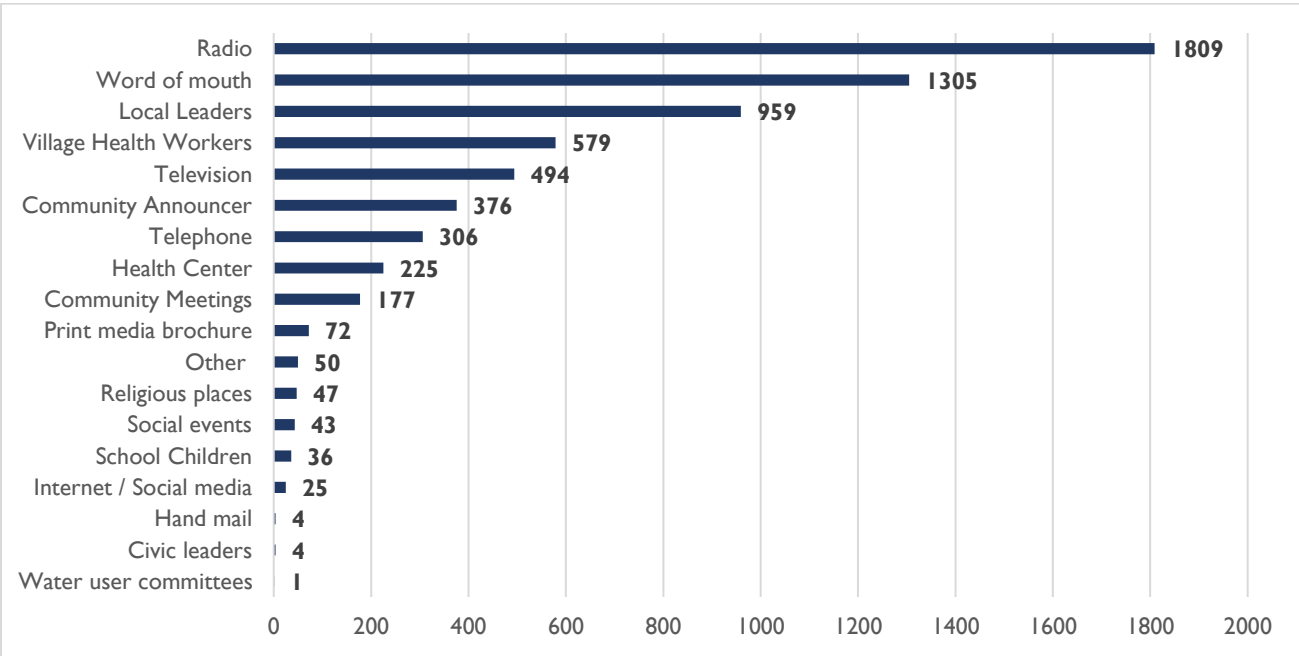
7.1 INTRODUCTION

Access to health information is an essential element for socio-economic development of a community (Musoke M.G, 2001) and is also regarded as a basic human right. In addition, access to and utilization of health information influences health behavior and practices. In most communities in Uganda, media is the most common source of health information, especially radios and televisions. The other common source of health information is through village health teams (VHTs) or the local civic leaders, especially the local council (LC) one chairpersons. Exposure to information on WASH has enhanced community-led total sanitation programs that have been used to address pertinent WASH problems such as open defecation. In addition, information on WASH is also enhanced in schools (UNICEF, 2017). Many children are aware that they can get diseases from walking barefoot, eating contaminated food, and drinking contaminated water. However, the knowledge of disease transmission from dirty hands remains low among this age group.

7.2 ACCESS TO INFORMATION ON WASH

The survey showed that radios were the most common source of information on WASH, followed by word of mouth mostly from neighbors or family or friends (see Figure 7.1). The third source was through local leaders, followed by the VHTs, which indicates active participation of these important grassroots health cadres in WASH activities in this region. The use of the community announcer⁶ was also common. This method of disseminating health information is on the rise, particularly in urban settings. However, using print media to relay health information remains low.

Figure 7.1: Frequency of Sources of Information on WASH



⁶ A community announcer broadcasts messages in the community using Public address systems

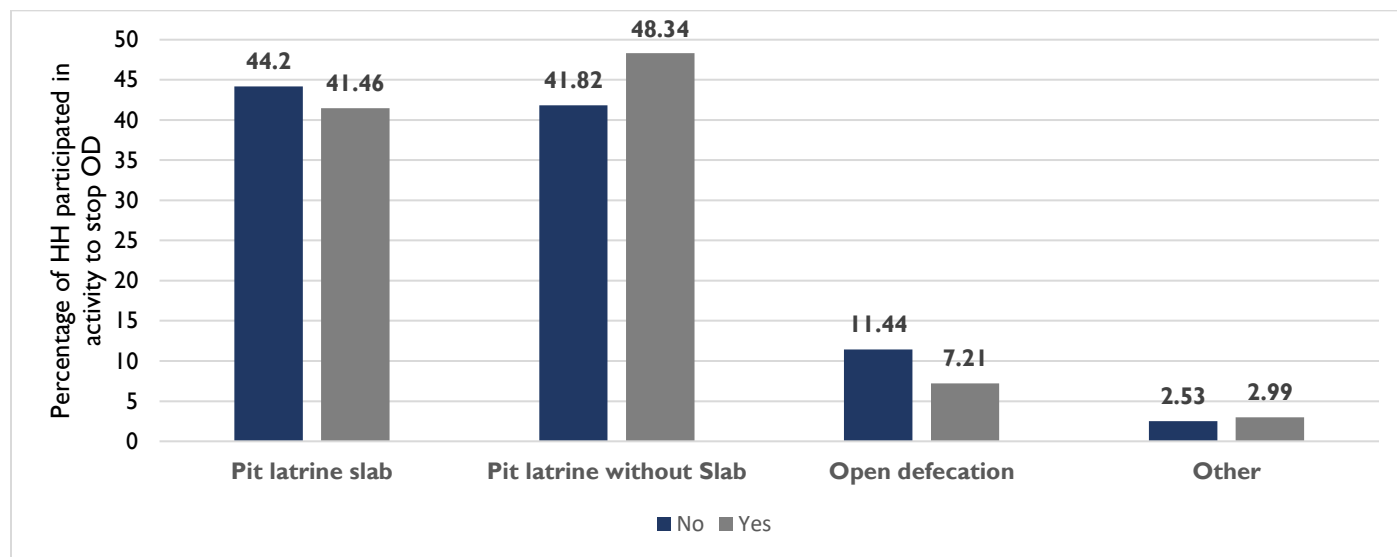
Overall, a large proportion of households in the Central East region were exposed to some form of information on WASH in the 30 days preceding the survey (Table 7.1). About 58.4 percent of these households were exposed to information on handwashing, 58.8 percent were exposed to information about treating drinking water, and 71.5 percent were exposed to information about sanitation (7.1 percent).

Table 7.1: Exposure to WASH Information in the Central East Districts

	Buikwe	Buyende	Iganga	Jinja	Kaliro	Kayunga	Luuka	Luwero	Namutumba
Has any household member heard or seen any information on hand washing in past 30 days?									
Yes	56	47	59.2	71.4	69	39.4	74.1	49.1	63.3
No	44.3	53.1	40.8	28.6	31	60.6	25.9	50.9	36.7
Has any household member heard or seen any information about treating drinking water in past 30 days?									
Yes	59.5	39.3	67.6	65.7	63.9	41.9	71	53.9	68.7
No	40.5	60.7	32.4	34.3	36.1	58.2	29	46.2	31.3
Has any household member heard or seen any information about sanitation in past 30 days?									
Yes	72.6	70.1	74.9	79.1	78	56	83.2	65.1	65.5
No	27.4	29.9	25.1	20.9	22	44	16.8	34.9	34.5
Has any household member heard or seen any information about sanitation in past 12 months?									
Yes	84.8	80.5	88.3	86.5	86.3	77.5	88.5	84.6	80.8
No	15.2	19.5	11.7	13.5	13.7	22.5	11.5	15.4	19.2
Has any household member ever participated in an activity to “stop open defecation”?									
Yes	19.2	42.1	33.4	41.4	31.3	11.7	47	15.1	43.8
No	80.8	57.9	66.6	58.6	68.7	88.3	53	84.9	56.2

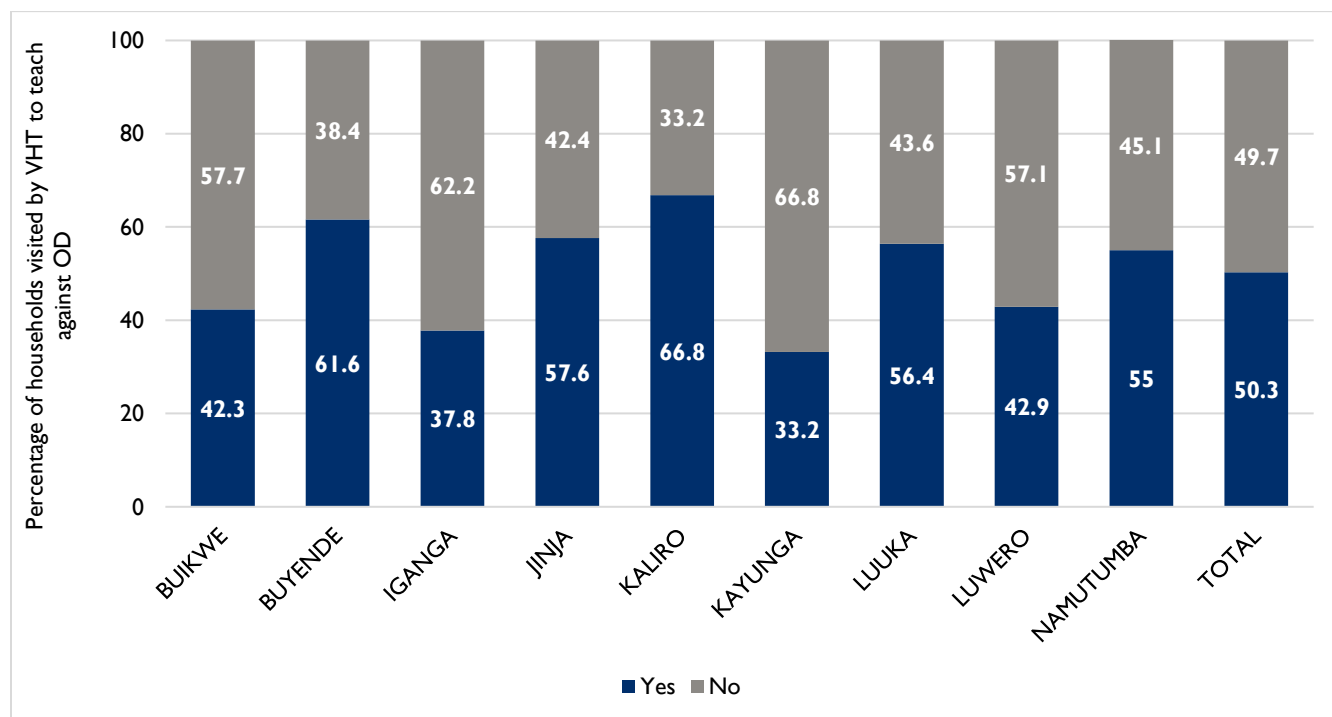
In Central East districts, 58.4 percent of the households received recent information on handwashing in the preceding month, but only 4.4 percent of these households practiced basic handwashing. With regards to information on treating drinking water to make it safer, 58.8 percent of the Central East population were exposed to information on water treatment. This almost corresponded to the number of households that were treating their drinking water (59.4 percent). This implies that it might be helpful to increase exposure of households to information on treating drinking water to improve the practice. Approximately 84.2 percent of households also received information on sanitation but despite this, a majority of the households in these districts still had unimproved sanitation facilities (44.8 percent). Kayunga district had the lowest proportion of households exposed to information on sanitation (56.0 percent). A total of 31.4 percent of households in the Central East region participated in “stop open defecation” activities. Among those households that participated in this exercise, 7.2 percent were still practicing open defecation (see Figure 7.2).

Figure 7.2: Percentage of Households that Ever Participated in an Activity to Stop OD by type of Toilet/Latrine Facility



On average, 50.3 percent of the households were visited by village health workers discussing the dangers of open defecation (Figure 7.3).

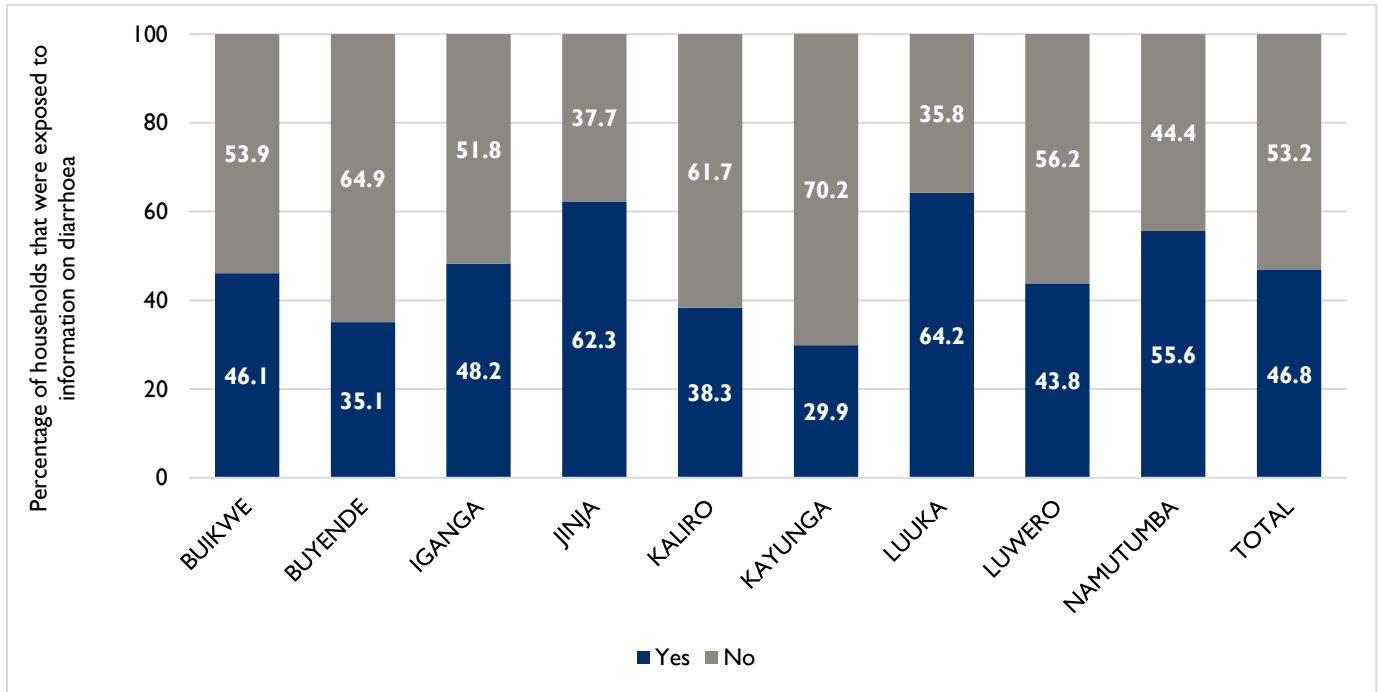
Figure 7.3: Percentage of Households Ever Visited by Village Health Workers to Teach Against Open Defecation Practices



Note: The "Total" column is an average of the entire cluster. This report aims to assess district-specific variations.

Only 46.8 percent of households across the nine districts of the Central East received recent information⁷ on diarrhea (see Figure 7.5). Unfortunately, 74.9 percent of the households that received this information did not have handwashing facilities at their premises and 59.4 percent did not treat their drinking water to make it safer. More information is needed to understand why exposure to information about handwashing does not always translate to better practices.

Figure 7.4: Exposure to Recent Information on Diarrhea by District



Note: The “Total” column is an average of the entire cluster. This report aims to assess district-specific variations.

⁷ Information refers to messages accessed through radio, tv, posters, brochures, medical workers, CHWs.

8.0 APPENDICES

APPENDIX I: ACTIVITY MONITORING EVALUATION AND LEARNING PLAN (AMELP) AND JMP BASELINE INDICATORS

Table I-1: AMELP and JMP Indicators on Access to Improved and Unimproved Sanitation services

	Quintile	BUIKWE	BUYENDE	IGANGA	JINJA	KALIRO	KAYUNGA	LUUKA	LUWERO	NAMUTUMBA
Access to improved sanitation services ¹	Lowest	24.5%	39.1%	29.1%	24.4%	28.3%	33.3%	28.6%	22.7%	34.4%
	Second	7.7%	18.8%	17.6%	10.9%	23.3%	17.3%	30.5%	10.0%	25.0%
	Middle	7.1%	21.9%	10.8%	9.3%	6.7%	12.2%	23.4%	8.3%	15.6%
	Fourth	28.6%	10.9%	17.6%	21.8%	20.0%	15.4%	8.4%	27.9%	15.6%
	Highest	32.1%	9.4%	25.0%	33.7%	21.7%	21.8%	9.1%	31.0%	9.4%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Access to unimproved sanitation services ²	Lowest	18.6%	13.8%	26.7%	25.0%	15.6%	28.5%	15.9%	18.9%	14.6%
	Second	17.5%	28.4%	30.0%	22.0%	30.7%	30.7%	31.1%	17.9%	39.8%
	Middle	21.6%	39.4%	30.0%	32.0%	34.4%	18.2%	47.6%	23.2%	39.8%
	Fourth	21.6%	8.7%	7.5%	14.0%	9.9%	8.0%	4.9%	22.1%	2.9%
	Highest	20.6%	9.6%	5.8%	7.0%	9.4%	14.6%	0.6%	17.9%	2.9%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

¹ Defined as any of: Pit latrine with slab, Flush bio digester, Flush to piped sewer, Flush to septic tank, Flush to pit latrine, Composting toilet, Twin pit slab.

² Defined as any of: Flush to or pour/flush toilets without a sewer connection or connection to a septic system, pit latrines without slab/open pit; bucket latrines or hanging toilets latrines etc.

Table I-2: AMELP and JMP Indicators on Access to basic and limited Sanitation services; and Open defecation†

	Quintile	BUIKWE	BUYENDE	IGANGA	JINJA	KALIRO	KAYUNGA	LUUKA	LUWERO	NAMUTUMBA
Access to basic sanitation services ¹	Lowest	14.6%	19.2%	27.0%	10.5%	28.6%	27.1%	22.1%	14.9%	30.0%
	Second	9.0%	23.1%	19.0%	14.7%	23.8%	17.6%	33.7%	14.9%	17.5%
	Middle	11.2%	38.5%	9.5%	9.5%	4.8%	12.9%	23.3%	6.6%	20.0%
	Fourth	24.7%	3.8%	15.9%	24.2%	38.1%	14.1%	9.3%	25.6%	17.5%
	Highest	40.4%	15.4%	28.6%	41.1%	4.8%	28.2%	11.6%	38.0%	15.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Access to limited	Lowest	32.7%	52.6%	30.6%	37.8%	28.2%	40.8%	36.8%	31.5%	37.5%
	Second	6.5%	15.8%	16.5%	7.1%	23.1%	16.9%	26.5%	4.6%	30.4%
	Middle	3.7%	10.5%	11.8%	9.2%	7.7%	11.3%	23.5%	10.2%	12.5%

sanitation services ²	Fourth	31.8%	15.8%	18.8%	19.4%	10.3%	16.9%	7.4%	30.6%	14.3%
	Highest	25.2%	5.3%	22.4%	26.5%	30.8%	14.1%	5.9%	23.1%	5.4%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Households practicing Open defecation ³	Lowest	24.5%	27.7%	25.8%	25.0%	6.6%	40.6%	11.8%	13.3%	27.7%
	Second	34.7%	21.3%	25.8%	0.0%	21.3%	18.8%	17.6%	13.3%	38.3%
	Middle	12.2%	46.8%	41.9%	75.0%	65.6%	28.1%	70.6%	33.3%	27.7%
	Fourth	26.5%	0.0%	3.2%	0.0%	1.6%	6.3%	0.0%	20.0%	0.0%
	Highest	2.0%	4.3%	3.2%	0.0%	4.9%	6.3%	0.0%	20.0%	6.4%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

[†] Insufficient data to estimate Safely managed sanitation (i.e. Accessing improved sanitation services and toilet/latrines not shared and toilet/latrines/septic tank ever been emptied and excreta either buried in a covered pit on the property or disposed to gazetted treatment plant or burned or used for composting)

¹ Defined as access to improved sanitation and not shared

² Limited sanitation services defined as; accessing improved but shared sanitation services.

³ Open defecation defined as; Disposal of human feces in fields, bushes, open bodies of water, or other open spaces, or with solid waste

Table I-3: AMELP and JMP Indicators on Access to improved, unimproved and safely managed Drinking Water Services

	Quintile	BUIKWE	BUYENDE	IGANGA	JINJA	KALIRO	KAYUNGA	LUUKA	LUWERO	NAMUTUMBA
Access to improved water services ¹	Lowest	22.0%	19.8%	27.3%	24.1%	17.4%	30.3%	21.5%	22.4%	22.6%
	Second	12.0%	26.2%	23.9%	14.3%	27.2%	21.7%	30.2%	11.7%	35.8%
	Middle	10.3%	36.9%	21.2%	18.0%	32.2%	17.0%	37.8%	13.6%	29.1%
	Fourth	28.7%	8.4%	12.3%	19.0%	11.6%	11.9%	5.8%	25.3%	7.1%
	Highest	27.0%	8.7%	15.4%	24.5%	11.6%	19.1%	4.6%	26.9%	5.4%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Access to unimproved water services ²	Lowest	29.7%	44.4%	25.0%	66.7%	0.0%	30.4%	14.3%	12.5%	23.5%
	Second	29.7%	16.7%	0.0%	33.3%	50.0%	39.1%	28.6%	6.3%	11.8%
	Middle	21.6%	27.8%	50.0%	0.0%	0.0%	13.0%	28.6%	6.3%	64.7%
	Fourth	13.5%	5.6%	25.0%	0.0%	0.0%	8.7%	28.6%	50.0%	0.0%
	Highest	5.4%	5.6%	0.0%	0.0%	50.0%	8.7%	0.0%	25.0%	0.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Safely managed drinking water services ³	Lowest	20.0%	25.0%	20.0%	50.0%	0.0%	42.9%	0.0%	35.7%	25.0%
	Second	10.0%	25.0%	30.0%	10.0%	28.6%	14.3%	30.0%	7.1%	25.0%
	Middle	20.0%	50.0%	10.0%	0.0%	0.0%	0.0%	50.0%	7.1%	50.0%
	Fourth	10.0%	0.0%	20.0%	10.0%	28.6%	14.3%	10.0%	21.4%	0.0%

	Highest	40.0%	0.0%	20.0%	30.0%	42.9%	28.6%	10.0%	28.6%	0.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

¹ Defined as any of: use of piped water, public tap or boreholes or tube wells, protected dug wells, springs, rainwater, and bottled water

² Defined as use of drinking water from unprotected sources

³ Defined as Drinking water from an improved source that is located on the premises, and available when needed

Table I-4: AMELP and JMP Indicators on Access to basic and limited Drinking Water Services, and households without drinking water services

	Quintile	BUIKWE	BUYENDE	IGANGA	JINJA	KALIRO	KAYUNGA	LUUKA	LUWERO	NAMUTUMBA
Access to basic water services¹	Lowest	25.7%	19.4%	29.6%	28.3%	17.9%	31.0%	21.8%	24.8%	24.2%
	Second	12.5%	22.5%	23.0%	14.5%	27.1%	22.1%	28.7%	11.2%	37.9%
	Middle	13.2%	35.6%	19.7%	20.3%	32.9%	17.9%	40.2%	18.4%	29.4%
	Fourth	23.0%	11.3%	12.5%	21.7%	11.4%	15.2%	5.2%	25.6%	5.9%
	Highest	25.7%	11.3%	15.1%	15.2%	10.7%	13.8%	4.0%	20.0%	2.6%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Access to limited sanitation services²	Lowest	18.1%	20.1%	25.2%	18.5%	17.8%	28.8%	22.7%	19.5%	20.9%
	Second	11.6%	30.6%	24.4%	14.4%	27.1%	21.6%	31.9%	12.4%	33.8%
	Middle	6.5%	38.1%	23.7%	17.1%	33.3%	16.8%	34.0%	10.7%	28.1%
	Fourth	36.2%	5.2%	11.5%	17.1%	10.9%	8.0%	6.4%	25.4%	8.6%
	Highest	27.5%	6.0%	15.3%	32.9%	10.9%	24.8%	5.0%	32.0%	8.6%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No drinking water services³	Lowest	20.0%	10.0%	0.0%	0.0%	8.6%	52.0%	0.0%	7.1%	0.0%
	Second	40.0%	20.0%	100.0%	0.0%	28.6%	24.0%	0.0%	35.7%	0.0%
	Middle	40.0%	70.0%	0.0%	0.0%	60.0%	12.0%	0.0%	21.4%	0.0%
	Fourth	0.0%	0.0%	0.0%	0.0%	0.0%	8.0%	0.0%	14.3%	0.0%
	Highest	0.0%	0.0%	0.0%	0.0%	2.9%	4.0%	0.0%	21.4%	0.0%
	Total	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%	0.0%

¹ Defined as any of: Water from an improved source and collection time of ≤30 minutes or source located within the dwelling or nearby

² Defined as drinking water from an improved source with collection time of >30 minutes for a round trip including queuing

³ Defined as drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal.

Table I-5: AMELP and JMP Indicators on Access to Hygiene Services

	Quintile	BUIKWE	BUYENDE	IGANGA	JINJA	KALIRO	KAYUNGA	LUUKA	LUWERO	NAMUTUMBA
Access to No handwashing services¹	Lowest	25.2%	20.7%	24.0%	29.4%	15.9%	32.0%	22.2%	21.7%	21.0%
	Second	15.6%	24.6%	24.6%	17.8%	26.4%	22.2%	28.5%	12.2%	37.0%
	Middle	12.6%	39.1%	22.8%	20.6%	37.7%	17.3%	39.6%	14.7%	31.1%
	Fourth	25.6%	7.4%	12.3%	15.0%	9.4%	12.0%	6.8%	24.8%	5.5%
	Highest	21.1%	8.2%	16.4%	17.2%	10.5%	16.5%	2.9%	26.6%	5.5%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Access to basic handwashing services²	Lowest	23.5%	18.2%	10.3%	0.0%	11.1%	0.0%	50.0%	0.0%	0.0%
	Second	0.0%	45.5%	20.7%	0.0%	66.7%	40.0%	25.0%	14.3%	0.0%
	Middle	0.0%	18.2%	20.7%	6.7%	11.1%	20.0%	6.3%	0.0%	25.0%
	Fourth	29.4%	9.1%	31.0%	20.0%	0.0%	20.0%	12.5%	28.6%	50.0%
	Highest	47.1%	9.1%	17.2%	73.3%	11.1%	20.0%	6.3%	57.1%	25.0%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Access to Limited handwash³	Lowest	9.8%	22.8%	37.6%	19.6%	21.4%	28.3%	15.2%	23.8%	30.4%
	Second	13.7%	24.6%	23.7%	10.3%	25.0%	28.3%	35.2%	11.9%	29.0%
	Middle	13.7%	35.1%	18.3%	15.5%	17.9%	13.0%	37.1%	7.1%	29.0%
	Fourth	29.4%	8.8%	7.5%	25.8%	21.4%	8.7%	4.8%	33.3%	8.7%
	Highest	33.3%	8.8%	12.9%	28.9%	14.3%	21.7%	7.6%	23.8%	2.9%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

¹ Defined as observed presence of fixed or mobile handwashing facility and availability of water and soap or detergent at the hand wash facility

² Defined as observed presence of handwashing facility in the household without soap and water

³ Defined as no hand wash facility in the household or no permission to see a hand wash place at the time of the interview

APPENDIX 2: SAMPLING METHODOLOGY FOR THE USHA CE HOUSEHOLD BASELINE

USAID Sanitation for Health (USHA) conducted a baseline survey to assess the status of Water, Sanitation and Hygiene (WASH) conditions in up to 17 USHA target districts (9 districts in the CE⁸ Cluster). The methodology and sample size of the baseline survey allows for an external evaluation of the Activity's impact after five years through an endline survey that measures the (1) effectiveness of its activities and (2) the significance of changes brought about by those WASH activities in its target districts. For Sanitation for Health to adequately detect effects of its interventions, a power analysis was conducted to determine the sample size required to detect changes in the number of households using a basic toilet facility based on values reported in the 2015 Uganda Demographic Health Survey. This indicator was selected as being the most accurate benchmark of the Activity's impact. The power analysis ensures USHA uses a baseline sample size that can detect the minimum detectable effect (MDE) of interest at endline. On the other hand, USHA is mindful that data collection is expensive, and any extra unit of observation comes at a cost. To mitigate this, USHA ensured cost efficiency and value-for-money by not using a larger sample size than is required to reach the MDE (Annex C).

Sampling Design:

The USHA household WASH baseline sample was designed to be representative of each target district. The smallest unit of sampling for the USHA baseline survey is a fixed number of households in an Enumeration Area (EA)⁹. USHA used the 2016 list of Enumeration Areas from the National Population and Housing Census (NPHC) prepared by the Uganda Bureau of Statistics (UBOS). A **two-stage sampling design** was deployed where at:

Stage 1: 195 Sample of the CE cluster out of total EAs in the 9 target districts were selected by UBOS¹⁰ using stratified random sampling and probability proportional to population size (PPS) sampling methods. Stratified random sampling (SRS) was done to divide Uganda into no-overlapping sub-groups. Each sub-group is referred to as a stratum (EA) and two or more sub-groups form a strata. PPS further ensured that the selection of EAs is directly proportional to a size measure. A 100 percent listing exercise of the sample EAs was done to generate a sampling frame for the main baseline survey, categorized into 4 categories by gender and toilet ownership (table A and B), excluding households that were not occupied at the time of household listing.

Stage 2: Sixteen households were randomly selected in each sample EA, in each category. To keep the fixed number of households to be selected from each EA at 16, households were included in the sample from each EA in approximate ratio A:B:C:D (see Table A of 1:5:2:8. USHA adapted the Uganda Demographic and Health Survey (UDHS) standard procedure that recommends that households be listed and randomly pre-selected prior to the start of the baseline activity; rather than by the enumeration teams in the field who may have pressures to bias the selection¹¹. Household selection bias was further prevented by not encouraging enumerators to conduct household replacements while in the field. Stratified random sampling was preferred to outright simple random sampling because it accurately guarantees representativeness of household headship gender and latrine ownership status in the population surveyed. These characteristics are important as they typically impact sanitation and hygiene behaviors within the household. Furthermore, stratifying the households into homogeneous groups of household units reduces sampling error and estimates generated are more precise than simple random samples drawn from the same population.

⁸ CE districts included were: Buikwe, Buyende, Iganga, Jinja, Kaliro, Kayunga, Luuka, Luwero, and Namutumba.

⁹ In Uganda, an Enumeration Area (EA) is a geographic area that covers an average of 130 households.

¹⁰ The Department of Methodology at the Uganda Bureau of Statistics supported S4H to review and generate the final sample.

¹¹ USAID-Sampling and Household listing manual – Demographic and Health Survey Methodology, 2008-2013.

Table A: The CE Sampling Frames

No	Category	Count	Percentage
A	Female-headed HH without toilet	383	2
B	Female-headed HH who had a toilet	5,996	29
C	Male-headed HH without toilet	1,154	6
D	Male-headed HH and had a toilet	13,261	64
	Total	20,794	100

Source: USHA CE household listing exercise

1. Hypothesis Testing:

By statistical convention, any effect observed in the WASH status of the USHA target districts at endline is by chance hence the **null hypothesis (H_0)**. However, this may not be true. The **alternative hypothesis** therefore states that the effect observed from the USHA WASH interventions did not occur just by chance alone but is also attributed to the USHA program interventions. The null hypothesis for USHA is that “*The WASH scenario in all USHA will improve by the end of the project*”.

2. Significance Levels and Confidence Intervals:

The significance level (α), is the probability of detecting an effect that is not present while the confidence level ($1 - \alpha$) is the probability that we do not find a statistically significant effect if the treatment effect is zero.

3. P-Value:

P-value is a measure of statistical evidence¹². It is defined as the probability of the observed result, or a more extreme result, if the null hypothesis were true. With a smaller p-value than the significance level, the null hypothesis for USHA will be rejected, while a p-value larger than the significance level will lead to the USHA null hypothesis being accepted. P-values for USHA are specific to the sanitation coverage of each region with in which each target district is located. The USHA baseline sample is calculated using region-specific sanitation figures from the 2016 Uganda Demographic and Housing Survey (UDHS) Sanitation Coverage statistics¹³. These figures account for the variations and uniqueness in regional/district sanitation coverage statistics as opposed to using the national sanitation figure.

4. Type I and Type II Errors:

There two types of errors when deciding whether to accept or reject the null hypothesis: either H_0 is wrongly rejected (type I error) or it is wrongly accepted (type II error). Type I errors will lead to false positives of the USHA endline assessment or that an effect or relationship does exist and does not occur just by chance, when in reality, the observed effect took place only by chance. Often, the significance level is set to 0.05 (5 percent), implying that it is acceptable to have a 5 percent probability of incorrectly rejecting the null hypothesis. On the other hand, type II errors will lead to a false negative for USHA endline results, hence concluding that any effect observed is due to chance and therefore there is no true effect of the intervention. In reality, the intervention does cause an effect that cannot be attributed to chance. Therefore, α indicates the significance level, and it denotes the probability of making a type I error; while the probability of making a type II error is denoted by beta (β). At the same time, the probability of correctly rejecting H_0 is denoted ($1 - \beta$) and is called power.

¹² Goodman (2008)

¹³ Uganda Demographic and Housing Census (UDHS) 2016 Coverage Data – by Region

5. Statistical tests:

One-sided statistical tests: is used when the alternative hypothesis is expected to be uni-directional for USHA. This implies that the USHA interventions are expected to either raise or lower the value or occurrence of the outcome of interest.

Two-sided statistical tests: is used when the alternative hypothesis is non-directional for USHA. In other words, when there is no prediction whether the intervention will have a positive or negative impact, but that there will be an impact on the USHA target district.

In the case of Sanitation for Health, a One-sided statistical test will be used to generate the appropriate baseline sample size.

6. Minimum Detectable Effect (MDE):

Minimum Detectable Effect (MDE) represents the relative minimum improvement over the baseline that USHA is willing to detect through its interventions, to a certain degree of statistical significance (Figure 1). MDE is a function of t-values and standard error (e) of the estimated effect. These t-values are pre-set as in Table C below. Other relevant sample calculation formulas include:

Minimum Detectable Effect (MDE)

$$(t_{1-\alpha/2} + t_{1-\beta}) e$$

Rate of Type I errors (false positives). Typically, $\alpha/2=2.5\%$

$$\alpha/2:$$

Rate of Type II errors (False negatives). Typically, $\beta = 10\%-20\%$ while Power = 90-80%

$$1-\beta:$$

Standard error of the estimated effect (e)

$$e = \sqrt{\frac{2\sigma^2}{n}}$$

Sample size of each group

$$n = \left(\frac{t_{1-\alpha/2} + t_{1-\beta}}{MDE} \right)^2 2\sigma^2$$

Outcome for prevalence

$$P$$

Variance of the outcome for a prevalence (σ^2)

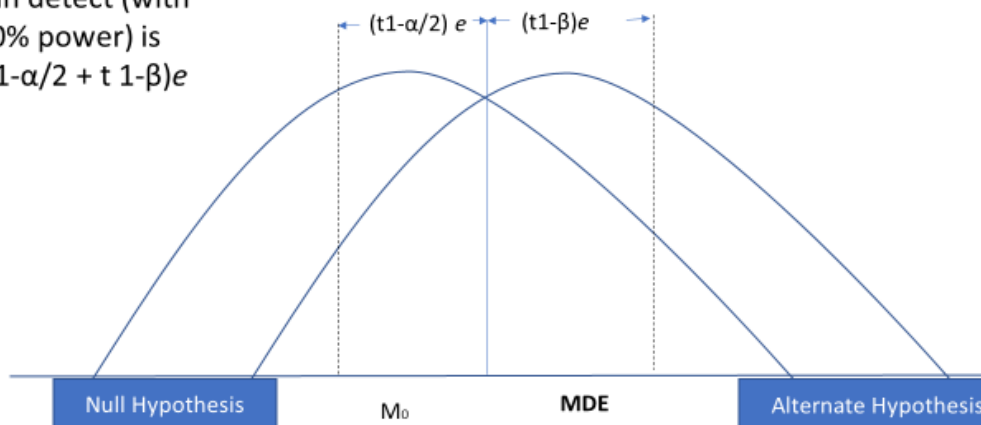
$$P(1-P)$$

Table C: Table of Normal Deviates t

Probability	Valor t	
	1 tail	2 tails
1- γ	$t_{1-\gamma}$	$t_{1-\gamma/2}$
80%	0.84	1.28
90%	1.28	1.64
95%	1.64	1.96
98%	2.05	2.33
99%	2.33	2.58

Figure I: Description of the MDE for the Sanitation for Health Baseline Survey

So the minimum effect Sanitation for Health (S4H) can detect (with 80% power) is $(t_{1-\alpha/2} + t_{1-\beta})e$



7. Sanitation for Health power Calculation

The Sanitation for Health Baseline survey formula required a minimum sample (n) of 2,964 households in the CE cluster within 195 EA's as shown in Table D below.

Table D: Sample Allocation for the Sanitation for Health Household Baseline Survey– Central East Cluster

District Name	S4H Cluster	DISTRICT CODE	Total Number of EAs in each district	Total Number of households per district	Reference Power (1-β)	Normal deviates (t1-β)	Level of Confidence Measure (95%) (t1-α/2)	Baseline levels of the indicators (p)	1-p	p(1-p)	Sample size (n)	Minimum Detectable Effect as (MDE)	mini	Minimum sample	Sample EAs for final Baseline Sample
BUIKWE	CE	117	879	97,086	80%	0.84	1.96	0.33	0.67	0.2208	330	0.102	0.100	346	23
KAYUNGA	CE	112	765	75,786	80%	0.84	1.96	0.33	0.67	0.2208	330	0.102	0.100	346	23
LUWERO	CE	104	975	103,701	80%	0.84	1.96	0.33	0.67	0.2208	330	0.102	0.100	346	23
BUYENDE	CE	226	562	61,199	80%	0.84	1.96	0.29	0.71	0.2051	330	0.099	0.100	321	21
IGANGA	CE	203	870	101,012	80%	0.84	1.96	0.29	0.71	0.2051	330	0.099	0.100	321	21
JINJA	CE	204	894	102,712	80%	0.84	1.96	0.29	0.71	0.2051	330	0.099	0.100	321	21
KALIRO	CE	222	452	42,876	80%	0.84	1.96	0.29	0.71	0.2051	330	0.099	0.100	321	21
LUUKA	CE	229	452	44,315	80%	0.84	1.96	0.29	0.71	0.2051	330	0.099	0.100	321	21
NAMUTUMBA	CE	224	494	45,239	80%	0.84	1.96	0.29	0.71	0.2051	330	0.099	0.100	321	21
TOTAL			6,343	673,926							2,970			2,964	195

APPENDIX 3: WASH HOUSEHOLD QUESTIONNAIRE

WASH HOUSEHOLD QUESTIONNAIRE - USAID Uganda Sanitation for Health Activity (Edited: 2018_10_18)

ENUMERATOR: Please seek consent from the household head/spouse before commencing the interview. Has the household head/member consented to participate in the survey?

INFORMED CONSENT - Greetings, my name is _____. I am working for the Sanitation for Health Activity in Uganda. During the next five years, Sanitation for Health (USHA) will be implementing certain Water, Sanitation and Hygiene activities in your community. Prior to this, USHA would like to know about the current status of WASH in your community. The information that you and other people will provide will enable USHA to determine how to structure its interventions. We have invited you to participate in this survey about the status on WASH and CLTS in your household. We are trying to learn about the extent to which your household members are involved and contributing to improve WASH in your household/community. If you agree to participate in the survey it will take about one hour. Your participation in the survey is voluntary and there is no penalty for refusing to take part. The information you provide will be treated with utmost confidentiality. Your name will not appear anywhere in the report. Your responses cannot be traced back to you because they will be combined with the responses of others to establish common trends. Do you have any questions so far? Would you like to participate?

1 = YES: RESPONDENT AGREES TO INTERVIEW

2 = NO: RESPONDENT DOES NOT AGREE → END INTERVIEW

Respondent Signature: _____	
Signature or thumb print	Date

I _____, the enumerator for the interview taking place on ____/____/____, certify that I have read the above statement to the participant and they have consented to participation in this evaluation. I pledge to conduct this interview as indicated by the instructions and inform my supervisor of any issues or concerns.

Signature: _____

In case you have any questions, you may contact: **Patricia Namakula of Sanitation for Health** on phone number: **0393225529**

HOUSEHOLD LOCATION DETAILS

SECTION I: PRE-INTERVIEW INFORMATION

DISTRICT:	
COUNTY NAME:	
SUB COUNTY NAME:	
PARISH NAME	
VILLAGE NAME:	
ENUMERATION AREA NAME	
AREA NAME:	
HOUSEHOLD NUMBER:	
HOUSEHOLD HEAD NAME:	
HOUSEHOLD HEAD SEX:	1 = MALE 2 = FEMALE
Highest formal Education attended by the Household Head	1=No formal Education attained 2=Pre-Primary Education (1-3) 3=Primary Education (1-7) Junior I = P.7 4=0-Level Education (1-4) Junior II= S.I 5=A-Level Education (5-6) 6=Vocational/ Technical Education (1-3) 7=College (1-2) 8=University level (1-5) 9= Don't Know (If spouse doesn't Know HH head education level)
Highest level of Education level attained e.g.: 6 if Primary 6 was highest attained (Number 0 – 7)
Relationship of respondent to household head	1= Head 2=Spouse 3=Child 4= Son/Daughter in law 5=Grand Child 6=Parent 7=Parent in law 8=Brother/Sister 9=Other Relative 10=Other Non-relative
Religious affiliation of the Household	1= Roman Catholic 2=Anglican 3=Muslim 4=Born Again 5=Seventh Day Adventists 6=None 96=Other Specify

SECTION 2: INTERVIEW SET UP

DATE (DD/MM/YYYY)	
ENUMERATORS NAME	
ENUMERATORS ID	
START TIME: _ _ : _ _ → am / pm	

SECTION A: HOUSEHOLD DETAILS

Now, I would like to talk with you about assets that are owned by you or any member in your household.

1	Enter GPS location of this household (TO BE CAPTURED AT END OF QUESTIONNAIRE)	
2	What type of dwelling unit does this household occupy?	1 = Detached House (single) 2 = Semi-detached house 3 = Flat in a block of flats 4 = Room or rooms of a main house 5 = Servants quarters 6= Tenement (run down) 7= Garage 8=Go down basement 9=Store 10=Other
3	How many people currently live in this household? [if child is less than one year, write Zero]	Total Persons _____ Total Males _____ Total Females _____ 0 - 2 years: Males: _____ Females: _____ 3 - 4 years: Males: _____ Females: _____ 5 - 14 years: Males: _____ Females: _____ 15 – 50 years: Males: _____ Females: _____ >50 years: Males: _____ Females: _____
4	How many people with difficulty seeing, walking or selfcare such as dressing and washing currently live in your household? Physical disabilities can affect a person's ability to move about, to use arms and legs effectively, to swallow food, and to breathe unaided In case the person has more than one disability, probe to assess the major hinderance in access to WASH	Record total number of people with special needs (RECORD ZERO IF NONE) RECORD TYPE OF DISABILITY Difficulty seeing: Difficulty hearing: Difficulty walking or climbing steps: Difficulty washing all over or dressing:

5	Is this house owned, rented or free occupancy?	1=Owned by family 2=Rented public → 7 3=Rented Private → 7 4=Free Public → 7 5=Free Private → 7 6=Subsidized Public → 7 7=Subsidized Private → 7 96=Other → 7	
6	If family owns house, do you also own the land on which the house is built?	1 = Yes 2 = No	
7	What is the main material of the floor of your house? [OBSERVE ONLY]	11=Earth/Sand 12=Dung 21=Wood Planks/Logs 31=Polished Wood 32=Concrete 33=Ceramic Tiles 34=Cement Screed 35=Carpet 36=Stones 37=Bricks 96=Other	
8	What is the main material of the roof of your house? [OBSERVE ONLY]	11=No Roof 12=Thatch/Palm Leaf/Papyrus 13=Mud 21=Rustic Mat 22=Tins 23=Wood Planks/Logs 25=Tarpaulin 31=Iron Sheets 33=Asbestos 34=Tiles 35=Concrete 96=Other	
9	What is the main material of the walls of your house? [OBSERVE ONLY]	40=No Walls 16=Poles With Mud (Wattle) 16b=Poles With Mud (Wattle) & plastered 10=Concrete/Stones 11=Cement Blocks 12=Burnt/Stabilized Bricks 12b=Burnt/Stabilized Bricks 13=Unburnt Bricks With Cement 14=Unburnt Bricks With Mud / Molasses 15=Wood 17=Tin/Iron Sheet 96=Other	
10	Do you or any member of your household own any agricultural or non-agricultural land either alone or jointly with someone else?	1=Alone Only 2=Jointly Only 3=Both alone and jointly 4=Does not own	
11	Does your household currently have functional items of?	a) ELECTRICITY/Solar b) RADIO	<u>YES</u> <u>NO</u> 1 2

		c) TELEVISION d) NON-MOBILE TELEPHONE/LAND LINE (WIRELESS) e) COMPUTER/LAPTOP f) REFRIGRATOR g) PLAYER-CD/DVD h) Table i) CHAIR j) SOFA k) BED l) CUP BOARD j) CLOCK k) LIVESTOCK	2 2 2 2 2 2 2 2 2 2 2 2 2 2
12	Does any member of your household own a functional:	a) WATCH b) MOBILE PHONE c) BICYCLE d) MOTORCYCLE/SCOOTER e) ANIMAL DRAWN CART f) CAR/TRUCK g) BOAT WITH MOTOR h) BOAT WITHOUT MOTOR i) FIXED PHONE-WIRED j) GENERATOR	<u>YES</u> <u>NO</u> 2 2 2 2 2 2 2 2 2
13	What was the household's most important source of income/earnings during the last 12 months?	1=Subsistence farming (Household feeding) 2=Commercial farming (Large scale for sale) 3=Wage employment 4=Non-agricultural enterprises 5=Agricultural Enterprises 6=Property income 7=Transfers (pension, allowances, social security benefits) 8=Remittances 9=Organizational support (e.g. UN WFP, NGOs, Gov't etc.) 96=Other, specify...	
14	How much income do you and your household members earn per month in Uganda shillings (includes: what your family members earn, wages, rent, support from government or NGOs, insurance, help from relatives or neighbors or any other sources)?	0 - 50,000 UGX 51,000 - 100,000 UGX 101,000-500,000 UGX 501,000-900,000 UGX 1,000,000 - 5,000,000 UGX Above 5,000,000 UGX	
15	Do you use mobile money services for any financial transactions?	1=Yes 2=No	
16	Does any member of your household have a functional account in the bank or with a financial institution?	1=Yes 2=No → 17	

16b.	If yes, specify the institution where your family member holds their functional bank account.	1= Commercial Banks 2= Micro-Deposit Taking Institutions (MDIs) e.g.: FINCA, BRAC. 3= Micro-Finance Institutions (MFIs) e.g.: MED-NET 4=Credit Institutions e.g.: FAULU 5=SACCOs 6=Informal Providers e.g.: VSLA, ASCA, ROSCA
17	Has any member of your household ever accessed a loan?	Yes 1 No 2 → SI
18	Where was the loan accessed from? (Circle any top three)	1= Commercial Banks 2= Micro-Deposit Taking Institutions (MDIs) e.g.: FINCA, BRAC. 3= Micro-Finance Institutions (MFIs) e.g.: MED-NET 4=Credit Institutions e.g.: FAULU 5=SACCOs 6=Informal Providers e.g.: VSLA, ASCA, ROSCA 7=Money lenders (Shylock) 8=Relative or friend 9=Cooperate Company 96=Other Specify

Section S: SANITATION

SANITATION: Now, I would like to talk to you about sanitation

SI	What kind of toilet/latrine do members of your household usually use? * [IF “Flush” OR “Pour Flush” THEN ASK: “Where does it flush to?”] ENUMERATOR: NOTE RESPONSE, THEN ASK TO SEE AND OBSERVE THE TOILET/LATRINE FACILITY	95 = No facilities or bush or field or bucket → 54 Flush / Pour flush to: 11 = Flush to Piped sewer system 12 = Flush to Septic tank 13 = Flush to Pit latrine 17 = Flush to Pit 14 = Flush to Open drain 19= Flush to Bio digester 18 = Flush to unknown place / not sure / don’t know PIT Latrine 22 = Dry pit latrine with washable slab/drop hole 23 = Dry pit latrine without washable slab / drop hole OTHERS 31 = Composting toilet/latrine /Eco san 32 = Twin pit with Slab 33 = Twin pit without slab 41 = Bucket toilet 51 = Hanging toilet/latrine 96 = Other (specify)___
19	What sort of toilet/latrine is it?	1=Squat on toilet/latrine 2=Sit on toilet/latrine
19b	Do all household members use the toilet/latrine? Consider household members aged 3 years and above.	1=Yes → 21 2=No

20	<p>What problems with your toilet/latrine do you or any member in the household have? (Circle all top three problems)</p>	<p>1=Lack of privacy 2=Difficulty in squatting 3=Afraid of falling, tripping or sliding 4=Difficulty in cleaning self 5=Difficult to flush 6=Toilet/latrine too small 7=Drop hole too small 8=Drop hole too large 9=Toilet/latrine not clean 10=Smelly toilet/latrine 11=Too many flies and insects 12=No water inside toilet/latrine 13=Not easy to reach toilet/latrine (long distance, no path) 14=Too dark 15=Difficulty in washing the floor 16=Fear of children falling in pit 17=Cultural norms (pregnancy, bareness) 96=Other problem specify</p>
21	<p>What materials do you and your household members usually use for anal cleaning after defecation? (Circle all top three)</p>	<p>1=Nothing 2=Water alone 3=Water and soap 4=Office/old Paper/ Newspaper 5=Toilet Paper 6=Ash 7=Soil/Mud 8=Grass/leaves 9=Sticks 10=Stones 96=Other specify</p>
22	<p>Does your household OWN this toilet/latrine facility?</p>	<p>1=Yes 2=No → S2</p>
23	<p>In which year was your <u>current</u> toilet/latrine facility constructed? <i>Record 9999 if household cannot recall the year the toilet/latrine was constructed.</i></p>	<p>_____ (YEAR)</p>
24	<p>Who made the decision for your household to construct your <u>current</u> toilet/latrine?</p>	<p>1= Head 2=Spouse 3=Child 4= Son/Daughter in law 5=Grand Child 6=Parent 7=Parent in law 8=Brother/Sister 9=Other Relative 10=Other Non-relative</p>
25	<p>What were the top three reasons for your household building the <u>current</u> latrine/toilet facility? (Circle a maximum of 3 options only)</p>	<p>1=Status/Pride 2=Comfort 3=Convenience 4=Privacy 5=Avoid sharing with others 6=Security</p>

		7=Disease prevention 8=Shame of environmental contamination 9=To help develop my community 10=Government Enforcement (VHTs) 11= Access to a sanitation loan facility 96=Other specify
26	Did you, your household members or someone else <u>pay for any professional services</u> (exclude services provided freely) while you were constructing your <u>current</u> toilet/latrine?	1=Yes 2=No → 29
27	What professional services were paid for? <i>(Circle all that apply)</i>	1= Pit digging for Latrine/toilet 2= Construction of latrine/toilet floor/slab/drop hole 3= Construction of latrine/toilet Super structure (door and roof) 4= Construction of latrine/toilet roof 5= Construction of latrine/toilet door 96=Other specify
28	Who paid for the services during construction of your <u>current</u> toilet/latrine facility?	1=Household Member 2= Other Family member 3= Subsidy with government project 4=Subsidy with Community project 5= Local Artisan 6= NGO Project 7=Government Project 8=Community Project 10=Subsidy with NGO project 11=Subsidy with Other family member 12= Accessed a Loan 96=Other specify
28b	Has your toilet/latrine been upgraded/rehabilitated since the time of construction?	1=Yes 2=No→ 29
28c	What component of your toilet/latrine was upgraded/rehabilitated?	1=Roof 2=Walls 3=Slab 4=Drop hole 5=Door 6=Hand Washing facility 7=Anal cleansing holder 8=Connection to a new sewerage system 96=Other Specify
29	How much did your household contribute to the construction your <u>current</u> toilet/latrine (materials and labor)? [If any upgrades, add the cost on construction Plus that of upgrades to date] [EXCLUDE CONTRIBUTIONS FROM ELSE WHERE AND CONSIDER ONLY	_____ UGX

	HOUSEHOLD MEMBER CONTRIBUTION]	
S2	Do you Share this toilet/latrine with other households?	1 = Yes 2 = No → S3
30	If a shared toilet/latrine, is it public/private owned?	1=Public Owned (community toilet) 2=Private Owned (shared with neighboring households)
31	How many other households, not including your own household, use this toilet/latrine facility?	____ ____ Households
S3	Where is this toilet/latrine facility located?	1 = In Own dwelling/house 2 = In Own yard / plot / compound 3 = Elsewhere
33	Is everyone in the household able to access and use the toilet/latrine at all times, both day and night?	1=Yes → S4 2=No
34	What is the main reason that household members were unable to access and use the toilet at all time during day or night?	1=Unable to use toilet 2=Unable to access the toilet 3=Toilet not always available 4=Toilet not safe 96=Other Specify
S4	Has your toilet, latrine or Septic tank ever been emptied?	1= Yes, has been emptied 2= Never been emptied → 42 98= Don't Know → 42
35	When was your toilet/latrine facility or septic tank last emptied? (YEAR)	_____ (Year) Don't know
36	The last time it was emptied, who emptied it?	1 = Self/Household member (free) 2 = Someone else (manual emptying) 3 = Contracted the municipal service (truck) 4 = Contracted private company (truck) 5= Gulper services 96= Other specify
37	Why did you go with that method?	1=Best Price/Affordable 2=Availability 3=Known contact 4=Reputation / quality of service 5=Advertising 6=No service provider 7=Can't afford 96=Other (Specify)
38	How satisfied are you with the emptying service or method you normally use?	1= Fully satisfied 2= Satisfied 3= Not satisfied 4= Completely unsatisfied
39	In what state was your toilet/latrine or septic tank at the time of emptying?	1=Toilet/latrine was full 2= Toilet/latrine was almost full 3= Toilet/latrine had burst/ was leaking 4=When service is available 5= Toilet/latrine was smelling 96=Other (specify)

40	Do you think this service is affordable?	1=Yes 2=No
41	The last time it was emptied, how much did you pay for the service?	_____UGX
S5	The last time it was emptied, where were the contents disposed of?	1=Buried in a covered pit on the property 2=Disposed in uncovered pit, Open ground, water body or elsewhere (Open disposal) 3=Gazetted treatment plant 4=Burned it 5=Used it for composting 6=don't know 7=Agricultural field. 96=Other(specify)
42	Do you usually add any products to the latrine/toilet pit to control the smell or flies?	1=Yes 2=No → 44
43	What do you usually add? (Circle all that apply)	1=Ash 2=Bleach / Chlorine (jik)/jezz 3=Insecticide 4=Motor Oil 5=Dry Cells 6=Smoking toilet 96=Other specify
44	PLEASE ASK TO TAKE TWO PICTURES OF THE TOILET/LATRINE FACILITY DO NOT READ THIS OUT: ENUMERATOR TAKE PICTURES OF THE TOILET 1=Yes 2=No → 45 Picture 1: Outside Front, but capture roof Picture 2: Inside, looking at the slab/drop hole	
45	What is the main material surrounding the drop hole of your toilet/latrine? [OBSERVE]	1=Mud/Clay 2=Wood poles 3=Wood planks 4=Concrete/Cement 5= Tiles/terrazo 6=Plastic pan 7=Metallic pan 96=Other
46	What is the main material of the wall of your toilet/latrine? [OBSERVE]	1=Concrete blocks 2=Mud burnt bricks only 3=Mud burnt bricks with cement plastering 4=Mud un burnt bricks only 5=Mud un burnt bricks cement plastering 6=Mud & poles 7=Grass 8=Plastic sheet (Kaveera) 9=Tarpaulin (Tundubale) 10=Metallic/Iron sheet 11=No walls 96=Other

47	What is the main material of the roof of your toilet/latrine? [OBSERVE]	1=No roof 2=Corrugated Iron sheets 3=Tiles 4=Grass Thatch/Plant material 5=Wooden 6=Plastic Sheet 7=Tarpaulin 96=Other
48	Does the toilet/latrine allow for privacy? (It has a door/ Entrance is L shaped or S shaped) Don't include curtains/polythene as these don't offer full privacy	1=Yes 2=No → 50
49	What is the main material of the door of your toilet/latrine?	1=No door but latrine designed for privacy 2=Wood 3=Reeds/Poles 4=Plastic sheet (Kaveera) 5=Tarpaulin (Tundubale/Kadeya) 6=Fabricated Metals 7=Iron sheet/Tin 8=Plastic 9=Cloth Material/curtain 96=Other specify
50	Does your toilet/latrine have a drop hole cover? [OBSERVE]	1=Yes, if a pit latrine 2=No, if a pit latrine 3=N/A, if other improved type
51	Is the toilet/latrine being used? [OBSERVE] OBSERVE IF THERE ARE FEACES IN THE PIT, THROW A ROCK AND LISTEN IF IT SEEMS WET; DOES PATH TO LATRINE SEEM TO HAVE BEEN WALKED ON, DOES IT HAVE LOTS OF COB WEB.	1=Yes 2=No
52	Are you satisfied with the quality of your household toilet/latrine?	1=Very unsatisfied 2=Somewhat unsatisfied 3=No opinion 4=Somewhat satisfied 5=Very satisfied
53	What would you like to do to change your current toilet/latrine?	1=Nothing, satisfied → 55 2=Construct a new latrine→ 55 3=Improve existing Roof→ 55 4=Improve existing Slab→ 55 5=Improve existing Walls→ 55 6=Improve the existing Door→ 55 7=Improve existing latrine→ 55 8=Request government/NGO for assistance→ 55 96=Other specify→ 55
54	What are the three top reasons for not using/building a toilet/latrine facility? (Circle a maximum of three options that apply)	1=Not having adequate plot of land/no land to construct toilet 2=Soil is loose 3=Not having adequate construction materials 4=No one to construct the toilet 5=Construction cost prohibitive

		6=Not having knowledge on how to construct latrine 7=Not being able to get permission from local authorities to construct the toilet 8=We have other priorities 9= Soil is rocky 10=Cultural norms 11=High water table 96=Other specify
55	Did you ever own a latrine that collapsed in the past?	1=Yes 2=No → 59
56	If latrine collapsed, did you ever rebuild it?	1=Yes → 59 2=No
57	What prevented you from rebuilding it? (Circle any top 3)	1=Not having adequate plot of land/no land to construct toilet 2=Soil is loose 3=Not having adequate construction materials 4=No one to construct the toilet 5=Construction cost is expensive 6=Not having knowledge on how to construct latrine 7=Not being able to get permission from local authorities to construct the toilet 8=We have other priorities 9= Soil is rocky 10=Cultural norms 11=High water table 96=Other specify
58	Did you opt to defecate in the open after it collapsed?	1=Yes 2=No
59	Do you have children under three years old living in your household?	1 = Yes 2 = No → W1
60	The Last time [NAME OF YOUNGEST CHILD] passed stools, what was done to dispose of the stools?	01 = Child used toilet/latrine 02 = Put/rinsed into toilet/latrine 03 = Buried 04 = Thrown into garbage (outside) 05 = Put/rinsed into drain or ditch 06 = Left in the open 07= Kept in house (pampers) 96 = Other Specify

<p>90-102 Psycho social determinants of latrine/toilet ownership</p> <p>Now, I am going to ask a series of questions to get a sense of your opinions. I would appreciate it if you answered by telling me if you agree, if you disagree or if you have no opinion on the matter. However, if you agree or disagree, I would like you to let me know if you totally or partially agree or if you totally disagree or you Partially disagree.</p> <p>OK. Let's get started. Tell me how your opinion about the following statements. HAVING A LATRINE.....:</p>
--

90	HAVING A LATRINE makes owners be modern	Totally agree .. 4 Partially agree 3 Partially disagree..... 2 Totally disagree..... 1 Indifferent, no opinion..... 0
91	HAVING A LATRINE Makes owners be respected members of their communities	Totally agree .. 4 Partially agree 3 Partially disagree..... 2 Totally disagree..... 1 Indifferent, no opinion..... 0
92	HAVING A LATRINE makes owners be respected by visitors that come to their house	Totally agree .. 4 Partially agree 3 Partially disagree..... 2 Totally disagree..... 1 Indifferent, no opinion..... 0
93	HAVING A LATRINE makes owners popular	Totally agree .. 4 Partially agree 3 Partially disagree..... 2 Totally disagree..... 1 Indifferent, no opinion..... 0
94	HAVING A LATRINE makes family members proud	Totally agree .. 4 Partially agree 3 Partially disagree..... 2 Totally disagree..... 1 Indifferent, no opinion..... 0
95	HAVING A LATRINE allows women to have privacy any time of the day	Totally agree .. 4 Partially agree 3 Partially disagree..... 2 Totally disagree..... 1 Indifferent, no opinion..... 0

96	HAVING A LATRINE helps keep the family compound clean	Totally agree .. 4 Partially agree 3 Partially disagree..... 2 Totally disagree..... 1 Indifferent, no opinion..... 0
97	HAVING A LATRINE helps to reduce the number of flies in the house	Totally agree .. 4 Partially agree 3 Partially disagree..... 2 Totally disagree..... 1 Indifferent, no opinion..... 0
98	HAVING A LATRINE allows you to defecate easily when you are sick	Totally agree .. 4 Partially agree 3 Partially disagree..... 2 Totally disagree..... 1 Indifferent, no opinion..... 0
99	HAVING A LATRINE reduces the possibility of disease in your family	Totally agree .. 4 Partially agree 3 Partially disagree..... 2 Totally disagree..... 1 Indifferent, no opinion..... 0
100	HAVING A LATRINE gives latrine users more privacy	Totally agree .. 4 Partially agree 3 Partially disagree..... 2 Totally disagree..... 1 Indifferent, no opinion..... 0
101	HAVING A LATRINE avoids the dangers of defecating in the bush at night	Totally agree .. 4 Partially agree 3 Partially disagree..... 2 Totally disagree..... 1 Indifferent, no opinion..... 0

102	HAVING A LATRINE requires a lot of effort to keep it clean	Totally agree ..	4
		Partially agree	3
		Partially disagree.....	2
		Totally disagree.....	1
		Indifferent, no opinion.....	0

Section W: MAIN SOURCE OF DRINKING WATER

Now, I would like to talk with you about the water source your household uses for drinking. If someone else in the household is responsible for fetching and treating water, would it be possible for them to join the interview?

W1	What is the main source of drinking-water for members of your household?	PIPED WATER 11 = Piped water into house/dwelling → W5 12 = Piped water into compound, yard/plot → W5 13 = Piped to Neighbor → W3 14 = Public tap / standpipe → W3 21 = Tube Well / borehole → W3 DUG WELL 31 = Protected dug well → W3 32 = Unprotected dug well → W3 WATER FROM SPRING 41 = Protected spring → W3 42 = Unprotected spring → W3 51 = Rainwater collection → W3 61 = Tanker-truck → W4 62 = Cart with small tank / drum → W4 63=Water vendor→ W4 72 = Water Kiosk → W4 81 = Surface water (river, dam, lake, pond, stream, canal, irrigation channels) → W3 PACKAGED WATER 91 = Bottled water → W2 92 = Sachet water → W2 96 = Other (specify) _____ → W3
W2	What is the <u>main</u> source of water used by members of your household for other purposes, such as cooking and hand washing?	PIPED WATER 11 = Piped water into house/dwelling → W5 12 = Piped water into compound, yard/plot → W5 13 = Piped to Neighbor → W3 14 = Public tap / standpipe → W3 21 = Tube Well / borehole → W3 DUG WELL 31 = Protected dug well → W3 32 = Unprotected dug well → W3 WATER FROM SPRING 41 = Protected spring → W3 42 = Unprotected spring → W3 51 = Rainwater collection → W3 61 = Tanker-truck → W4

		62 = Cart with small tank / drum → W4 72 = Water Kiosk → W4 81 = Surface water (river, dam, lake, pond, stream, canal, irrigation channels) → W3 PACKAGED WATER 91 = Bottled water → W4 92 = Sachet water → W4 96 = Other (specify) _____ → W3
W3	Where is the Water Source located?	1 = In Own dwelling → W5 2 = In Own yard / plot → W5 3 = Elsewhere
61	Who usually goes to this source to fetch water for your household? (Consider all water not just drinking water)	1= Household Adult Women > 15 yrs 2= Household Adult Men > 15 yrs 3=Household Girls < 15 yrs 4=Household Boys < 15 yrs 5= Non Household Adult Women > 15 yrs 6= Non Household Adult Men > 15 yrs 7= Non Household Girls < 15 yrs 8= Non Household Boys < 15 yrs
62	How many trips did the person in Q61 above make in the last seven days?	_____ Trips in last Seven days
63	How is the water normally transported?	1=Carried by person 2=Bicycle 3=Motor Cycle 4=Wheel barrow 5=Motor Vehicle/truck 6=Cart 96=other
W4	How long does it take to go there, get water (including waiting for your turn and collecting the water), and come back?	00 = Members do not collect → W5 98 = Don't Know → W5 ____ ____ ____ MINUTES → W5
W5	In the last 30 days, has there been any time when your household did not have enough quantities of drinking water when needed?	1 = Yes, at least once 2 = No, Always enough 98 = Don't Know
64	Do you pay for/buy the water you use in your household?	1=Yes, Always 2=Yes, Sometime 3 = No → 66
65	How much money on average does the household pay/buy per week for the water?	_____ UGX per week
65b	Does your household pay any monthly service fee for the water?	1 = Yes 2 = No --→ 66
65c	If Yes, how much monthly service fee does your household pay?	_____ UGX Per month

Section U: WATER TREATMENT

Now, I would like to talk to you about water treatment.

66	Do you treat your water in any way to make it safer to drink?	1 = Yes 2 = No → 68
67	What do you usually do to the water to make it safer to drink?	1 = Boil 2 = Add bleach / chlorine 3 = Strain it through a cloth 4 = Use a water filter (ceramic, sand, composite, etc.) 5 = Solar disinfection 6 = Let it stand and settle 90 = Don't Know 96 = Other (specify) _____

HAND WASHING

Now, I would like to talk to you about hand washing

68	Has your household bought/used any type of soap/detergent for household needs in the past 12 months? EXCLUDE SOAP/DETRGENT USED FOR COMMERCIAL PURPOSES AND ONLY CONSIDER SOAP BOUGHT/USED FOR HOUSEHOLD NEEDS	1=Yes 2=No → H1
69	Who in the family mainly prompts the need to buy/use the soap/detergent?	1= Head 2=Spouse 3=Child 4= Son/Daughter in law 5=Grand Child 6=Parent 7=Parent in law 8=Brother/Sister 9=Other Relative 10=Other Non-relative
69b	Who actually pays for the soap/detergent used in the household?	1= Head 2=Spouse 3=Child 4= Son/Daughter in law 5=Grand Child 6=Parent 7=Parent in law 8=Brother/Sister 9=Other Relative 10=Other Non-relative
70	For what purposes do you commonly use soap/detergent for? (circle all that apply)	1=Washing dishes 2=Washing clothes 3=Washing adult's hands

	DON'T READ OUT /PROMPT OPTIONS FOR RESPONSES	4=Washing children's hands 5=Bathing adult's bodies 6=Bathing children's bodies 7=Bathing children's bottoms 8=Washing Toilet/Latrine 9= Washing floor 10=Others (e.g. Washing Car, Boda boda)
71	Do you use the same piece of soap/detergent for everything else?	1=Yes 2=No 96=Other Specify
H1	Can you please show me where you and your household members <u>most often</u> wash hands? (ASK TO SEE AND OBSERVE. RECORD ONLY ONE HAND WASHING PLACE. THIS IS THE HAND WASHING PLACE THAT IS USED MOST OFTEN BY THE RESPONDENT OR HOUSEHOLD.)	FIXED FACILITY OBSERVED 1 = In Household/Dwelling/House 2 = In Compound, Plot or yard MOBILE OBJECT OBSERVED 3=Bucket/Jug/Kettle/Jerrycan close to food preparation area 4= Bucket/Jug/Kettle/Jerrycan close to toilet 5 = No hand-washing place in house/compound→ 110 6 = No permission to see hand-washing place → 110 96=Other Specify _____
72	What type of hand washing device do you use? [OBSERVE]	1=Tippy tap 2=Piped water 3=Movable Container (Jerrycan, Bucket, Bottle, etc.) 4=Plastic container on fabricated metal 5=Aluminum container on fabricated metal 96=Other specify
H2	OBSERVE: IS WATER PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING? [IF THERE IS A TAP OR PUMP PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING, OPEN THE TAP OR OPERATE THE PUMP TO SEE IF WATER IS COMING OUT. IF THERE IS A BUCKET, BASIN, OR OTHER TYPE OF WATER CONTAINER, EXAMINE IT TO SEE WHETHER WATER IS PRESENT IN THE CONTAINER. RECORD OBSERVATION AS CODES "1" OR "2".]	1 = Water is available 2 = Water is NOT available
H3	OBSERVE: IS ANY SOAP or DETERGENT PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING?	1 = Soap or Detergent available 2 = Soap or Detergent NOT available 3=Soap or detergent mixed in the water
73	Who in the family makes sure that there is water at this hand washing facility?	1= Head 2=Spouse 3=Child 4= Son/Daughter in law 5=Grand Child 6=Parent 7=Parent in law 8=Brother/Sister

		9=Other Relative 10=Other Non-relative
74	Is this hand washing station within 10 meters from the household latrine/toilet? ENUMERATOR OBSERVE – DON'T ASK	1=Yes →80 2=No
75	If not, does the household have another hand washing station near or within 10 meters of the household latrine/toilet?	1=Yes 2=No →80
76	What type of hand washing device is near the household latrine/toilet?	1=Tippy tap 2=Piped water 3=Movable Container (Jerrycan, Bucket, Bottle, etc.) 4=Plastic container on fabricated metal 5=Aluminum container on fabricated metal 96=Other specify
77	OBSERVE: IS WATER PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING NEAR THE LATRINE/TOILET? [IF THERE IS A TAP OR PUMP PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING, OPEN THE TAP OR OPERATE THE PUMP TO SEE IF WATER IS COMING OUT. IF THERE IS A BUCKET, BASIN, OR OTHER TYPE OF WATER CONTAINER, EXAMINE IT TO SEE WHETHER WATER IS PRESENT IN THE CONTAINER. RECORD OBSERVATION AS CODES "1" OR "2".]	1 = Water is available 2 = Water is NOT available
78	OBSERVE: IS ANY SOAP or DETERGENT PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING?	1 = Soap or Detergent available 2 = Soap or Detergent not available
79	Who mostly/mainly in the family makes sure that there is water at this hand washing facility near your latrine/toilet?	1=Wife 2=Daughter 3=Husband 4=Son 5=Grand parent 6=Somebody else, specify _____
80	PLEASE ASK TO TAKE A PICTURE OF THE HAND WASHING FACILITY	

110-119 Psycho social determinants of handwashing		
Now, I am going to ask similar questions about handwashing. As before, I would appreciate it if you answered by telling me if you agree, if you disagree or if you have no opinion on the matter. However, if you agree or disagree, I would like you to let me know if you totally or partially agree or if you totally disagree or you Partially disagree.		
110	You only need to wash your hands with soap if they look dirty or smell bad	Totally agree 4 Partially agree 3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0

111	Soap and water are always available in your house to wash hands after going to the toilet.	Totally agree 4 Partially agree 3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0
112	Soap and water are always available in your house to wash hands before eating.	Totally agree 4 Partially agree 3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0
113	You don't need to wash your hands with soap if you have not touched anything dirty	Totally agree 4 Partially agree 3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0
114	Only soap can remove the smell of fish or stubborn hand stains	Totally agree 4 Partially agree 3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0
115	In most homes in your community, soap and water are available to wash hands after going to the toilet	Totally agree 4 Partially agree 3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0
116	It is shameful to be eating with dirty hands in front of your friends.	Totally agree 4 Partially agree 3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0
117	Good parents make sure to wash their hands with soap before preparing food.	Totally agree 4 Partially agree 3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0
118	Good parents make sure to wash their hands with soap after going to the toilet	Totally agree 4 Partially agree 3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0
119	My children are my pride and joy and I wash my hands with soap to protect them.	Totally agree 4 Partially agree 3 Partially disagree.....2 Totally disagree.....1 Indifferent, no opinion.....0

130-144 Exposure Information Please let us talk about something else now			
130	What is the Household's source of information? (Circle main 3)	1=Radio 2=Word of mouth 3=Telephone 4=Print Media/Brochure/ Posters/News Paper 5=Post Mail 6=Hand Mail 7=Television 8=Community meetings (Formal, Bulungi bwansi) 9= Internet/Social media 10=Community Announcer (Mizindalo) 11=Health Center 12=Village Health Worker (VHT/CHEW) 13=Local Leaders (LC I, II, III) 14=Children going to school 15=Religious places (Mosques, Churches) 16=Civic Leaders (CDO, HAs etc.) 17=Social Events (Burials, Wedding) 17b= Water User Committee 96=Other	
131	In the past 30 days, have you heard or seen any information on hand washing?	YES NO	1 2→133
132	What was the source of that hand washing information? <i>Anywhere else?</i> (Circle all top 3)	1=Radio 2=Word of mouth 3=Telephone 4=Print Media/Brochure/ Posters/News Paper 5=Post Mail 6=Hand Mail 7=Television 8=Community meetings (Formal, Bulungi bwansi) 9= Internet/Social media 10=Community Announcer (Mizindalo) 11=Health Center 12=Village Health Worker (VHT/CHEW) 13=Local Leaders (LC I, II, III) 14=Children going to school 15=Religious places (Mosques, Churches) 16=Civic Leaders (CDO, HAs etc.) 17=Social Events (Burials, Wedding) 17b= Water User Committee 96=Other	
133	In the past30 days, have you heard or seen any information about treating the water you drink?	YES NO	1 2→135

134	<p>What was the source of information on treating the water you Drink?</p> <p>(Circle main3)</p>	<p>1=Radio 2=Word of mouth 3=Telephone 4=Print Media/Brochure/ Posters/News Paper 5=Post Mail 6=Hand Mail 7=Television 8=Community meetings (Formal, Bulungi bwansi) 9= Internet/Social media 10=Community Announcer (Mizindalo) 11=Health Center 12=Village Health Worker (VHT/CHEW) 13=Local Leaders (LC I, II, III) 14=Children going to school 15=Religious places (Mosques, Churches) 16=Civic Leaders (CDO, HAs etc.) 17=Social Events (Burials, Wedding) 17b= Water User Committee</p> <p>96=Other</p>	
135	<p>In the past 30 DAYS have you heard or seen anything about sanitation?</p>	<p>YES NO</p>	<p>1 2→137</p>
136	<p>What was the source of the SANITATION information?</p> <p>Anywhere else?</p> <p>(Circle main3)</p>	<p>1=Radio 2=Word of mouth 3=Telephone 4=Print Media/Brochure/ Posters/News Paper 5=Post Mail 6=Hand Mail 7=Television 8=Community meetings (Formal, Bulungi bwansi) 9= Internet/Social media 10=Community Announcer (Mizindalo) 11=Health Center 12=Village Health Worker (VHT/CHEW) 13=Local Leaders (LC I, II, III) 14=Children going to school 15=Religious places (Mosques, Churches) 16=Civic Leaders (CDO, HAs etc.) 17=Social Events (Burials, Wedding) 17b= Water User Committee</p> <p>96=Other</p>	
137	<p>And in the past 12 MONTHS, have you heard or seen anything about sanitation?</p>	<p>YES NO</p>	<p>1 2→139</p>

138	<p>What was the source of the information?</p> <p><i>Anywhere else?</i></p> <p>RECORD ALL MENTIONED</p>	<p>1=Radio 2=Word of mouth 3=Telephone 4=Print Media/Brochure/ Posters/News Paper 5=Post Mail 6=Hand Mail 7=Television 8=Community meetings (Formal, Bulungi bwansi) 9= Internet/Social media 10=Community Announcer (Mizindalo) 11=Health Center 12=Village Health Worker (VHT/CHEW) 13=Local Leaders (LC I, II, III) 14=Children going to school 15=Religious places (Mosques, Churches) 16=Civic Leaders (CDO, HAs etc.) 17=Social Events (Burials, Wedding) 17b= Water User Committee</p> <p>96=Other</p>	
139	<p>Has your household ever participated in an activity to “stop open defecation” in your village?</p>	<p>NO YES</p>	<p>1 2</p>
140	<p>Has your Village ever been granted “Open Defecation Free Status”?</p>	<p>NO YES DK.....</p>	<p>1 2 3</p>
141	<p>Has your household ever been visited by a village health team (VHT) worker/LC I/NGO who taught you on how to “stop open defecation”?</p>	<p>NO YES</p>	<p>1 2</p>
142	<p>Has your household ever been visited by a village health team (VHT) worker /LC I/NGO who taught you on how to “improve your toilet”?</p>	<p>NO YES</p>	<p>1 2</p>
143	<p>In the past 30 days, have you received information about diarrhea?</p>	<p>YES NO</p>	<p>1 2→END</p>

144	What was the source of that information? (Circle all top 3)	1=Radio 2=Word of mouth 3=Telephone 4=Print Media/Brochure/ Posters/News Paper 5=Post Mail 6=Hand Mail 7=Television 8=Community meetings (Formal, Bulungi bwansi) 9= Internet/Social media 10=Community Announcer (Mizindalo) 11=Health Center 12=Village Health Worker (VHT/CHEW) 13=Local Leaders (LC I, II, III) 14=Children going to school 15=Religious places (Mosques, Churches) 16=Civic Leaders (CDO, HAs etc.) 17=Social Events (Burials, Wedding) 17b= Water User Committee 96=Other
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The survey is now over. Thank you very much for your assistance. We really appreciate your time.

END TIME: |_|_| : |_|_| → am / pm

ENUMERATOR COMMENTS

APPENDIX 4: LUGANDA AND LUSOGA QUESTIONNAIRE

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
Consent	Consent
Uganda Sanitation for Health (USHA Activity Household Baseline survey):	Uganda Sanitation for Health (USHA) Activity Household Baseline survey:
Enumerators Name	Enumerators Name
Enumerators ID	Enumerators ID
Team ID	Team ID
<p>Nkulamusizza, ammanya gange nze \${enum_name} nga nkola n'ekitongole eky'ebuyonjo ku lw'obulamu mu Uganda (Sanitation for Health Activity in Uganda). Mu myaaka etaano egijja, ekitongole ky'ebuyonjo Ku lw'obulamu (S4H) kijja kuteeka munkola emilimu egimu egijja okuyamba ku mazzi n'ebuyonjo mu kitundu kino. Nga ekyo tekinnaba kussibwa mu'nkola, Ekitongole ky'ebuyonjo ku lw'obulamu(S4H) kyandyaagadde okumanya bwemuyimiridde mu by'amazzi n'ebuyonjo, ku mibiri gyaffe n'ebetukozesa (WASH) mu kitundu kino. Ebirowoozo gwe ne banno byemunaatuwa, bijja kusobozesa Ekitongole ky'ebuyonjo ku lw'Obulamu okusalawo oba enkola ezigonjoola obuzibu zitegekebwa zisobole okuyamba mukwongera okutumbula Eby'mazzi n'obuyonjo. Tukasaba otwegatteko mu kunoonyereza kuno ngo otutegeeza bwe muyimiridde ku bikwatagana n'amazzi ne by'obuyonjo mu maka gano (WASH and CLTS). Tugezaako okumanya abomumakaago kyebakoze okwongera okuyimusa omutindo kubikwatagana na mazzi n'obuyonjo mu maka gano n'ekitundu kino okutwaaliza awamu.Ssinga okiriza okwetaba mukunoonyereza kuno, kijja kutwaala essawa eemu (one hour) yokka. Okwetaba kwo mukunoonyereza kuno kwa kyeyagalire era tewali kijja kukolebwaako ssinga ogaana. Byo tuddammu bijja kuumbwa nga bya kyaama ddala era n'erinnya lyo terilina weligenda kulabikako mubinaava mukunoonyereza kuno. Ebirowoozo byonootuddammu tebisobola kukuddira oba gwe obbilabako kuba bigenda kugattibwa nebirala banno byebatuzeemu tusobole okufunamu ebirowoozo ebyawamu. Olinayo ekibuuzo kyonna? Wandyagadde okwetaba mukunoonyereza kuno?</p>	<p>Osibyoty eyo nnyabo/ssebo! Amaina gange ninze \${enum_name} Ndikukola n'ekitongole kyebeta Sanitation for Health (S4H). Mumyaka etaano ejiri kwidha, ekitongole kino kigya kuta munkola amadhi amayondho, obuyondho mubitundu n'amaka nga ogaiseku n'obuyondho, okwefaku n'okwerabirira mu maka gaife. Amawulire n'ebirowoozo byemunatuwa biidha kuyamba kino ekitongole (S4H) mungeri gyekinategekamu emitendera egy'okubitamu okulongosa embeera ya madhi, obuyondho mu maka n'okwerabirira nga tutaireku n'engeri gyetunagemamu kazambi mubitundu byaife. N'olwekyo olondeibwa kukalulu okwetaba mu musomo guno okutukoberaku embeera y'amadhi n'obuyondho mukitundu kyaimwe kino. Kino kidhakutuyamba okusitula omutindo gw'ebuyobulamu mumaaka gaimwe ni' mukitundu mwemuba. Woikiriza okwetaba mumusomo guno kidhakututwalira esaawa oti ndala yonka (1hr). Okwetaba kwo mumusomo guno kwa kyeyendere era wazira kyetujja kukutanza nibwoba nga toyenda kugwetabamu. Ebirowoozo byo byonabyona byonatuwa bidha kukumbwa nga byakyama era erina lyo tirija kubonekaku waire mu'alipoota. Ate byoiramu ezira asobola kubizura kubanga biba ghalala n'ebya abantu abandhi. Olinayo ekibuuzo kyona kyona kyoyenda okubuuzo? Wandyenze okwetaba mu musomo guno?</p>
Respondent Signature:	Respondent Signature:
I \${enum_name}, the enumerator for the interview taking place on \${today} certify that I have read the above statement to the participant and they have consented to participation in this evaluation. I pledge to conduct this interview as indicated by the instructions and inform my supervisor of any issues or concerns.	I \${enum_name}, the enumerator for the interview taking place on \${today} certify that I have read the above statement to the participant and they have consented to participation in this evaluation. I pledge to conduct this interview as indicated by the instructions and inform my supervisor of any issues or concerns.

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
Bwoba olina ekibuzo kyona, osobola okutukirira Patricia Namakula o'wa Sanitation for Health ku ssimu eno wamanga: 0393225529	Bwoba olina ekibuzo kyona, osobola okutukirira Patricia Namakula o'wa Sanitation for Health ku ssimu eno wamanga: 0393225529
PRE-INTERVIEW INFORMATION	PRE-INTERVIEW INFORMATION
Uganda Sanitation for Health (S4H) Activity Household Baseline survey:	Uganda Sanitation for Health (S4H) Activity Household Baseline survey:
Ntandiike okukubuuza ebibuuzo?	Ntandiike okukubuuza ebibuuzo?
Date of data collection and start time of interview	Date of data collection and start time of interview
District	District
County Name	County Name
Sub County Name	Sub County Name
Parish Name	Parish Name
Village Name	Village Name
Area Name	Area Name
Household Number assigned by Enumerator	Household Number assigned by Enumerator
Household Head Name	Household Head Name
Household Head Sex	Household Head Sex
Obuyigirize omukulu w'amaka gano bweyakomako	Wakoma kwi idalla ki mukusoma kwo?
Highest level of Education level attained eg: 6 if Primary 6 was highest attained	Highest level of Education level attained eg: 6 if Primary 6 was highest attained
Oyo addammu ebibuuzo ayita atya omukulu wamaka gano (Nnyinimu)	Omukulu wamaka gano omweta otya?
Why isn't it the household head or wife to household head responding to the questionnaire?	Why isn't it the household head or wife to household head responding to the questionnaire?
Osaba diini ki? (to the household head)	Mwikiliriza mu diini ki mu maka gano?
Specify	Specify
HOUSEHOLD ASSETS	HOUSEHOLD ASSETS
Kati njagala kwogera naawe ku bintu byemulinako obwannannyini, nga bibyo oba nga bya muntu yenna omulala mumaka gano.	Kati njagala kwogera naawe ku bintu byemulinako obwannannyini, nga bibyo oba nga bya muntu yenna omulala mumaka gano.
2. Ennyumba eeno y'akikaaki?	2. Ennyumba eeno y'akikaaki?
Specify Other	Specify Other

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
Kati njagala kukubuuza ku bantu abasula mu maka gano	
3 Muli bameka abebeerera mu maka gano mu kiseera kino?	3. Bantu Bameka, ababa muka gano?
Osobola okumbulira amanya, ne'myaka gya gabantu abasula mu maka gano	Buti Ogya kumpa abantu okusinzira ku maina ne kumyaka Gyaibwe:
Household member details	Household member details
Hosuehold member district	Hosuehold member district
Household member EA	Household member EA
household number	household number
amanya (initials)	amainha (initials)
musajja oba mukazi?	musadhaa oba mukazi?
emyaka?	emyaka?
ayita atya omukulu wamaka gano (Nnyinimu)	ayita atya omukulu wamaka gano (Nnyinimu)
4. Abantu bameka abalina obuzibu okulaba, okutambula oba okwelabirira/ okwefaako okugeza nga okweyambaza n'okwoza nga babeera mu maka gano?	4. Bantu bameka abalina obuzibu mukubona, mukutambula oba mukwelabirira, okugeza nga okwambala, okunaba oba okwoza nga baba mumakago muno?
Disability Section	Disability Section
4a. Abantu bameka abalina obuzibu okulaba?	4a. Abantu bameka abalina obuzibu okubona?
4b. Abantu bameka abalina obuzibu okuwulira?	4b. Abantu bameka abalina obuzibu okuwulira?
4c. Abantu bameka abalina obuzibu okutambula oba okulinya amadaala?	4c. Abantu bameka abalina obuzibu mukutambula oba okunina amadaala?
5. Amaka gano ga bwa'nnannyini, mapangise, oba mugasuliramu bwereere?	5. Enho enhumba yaimwe kubwaimwe, Mujipangisa oba mujisulamu kubwerere?
Specify Other	Specify Other
6. Ab'omumaka gano bwemuba nga mmwe bannyini go, era mwe bannyini ttaka enju eno kweyazimbibwa?	6. Enhumba oba nga yaimwe ne'ittaka kweyaizibibwa lyona lyaimwe?
7. What is the main material of the floor of your house? [OBSERVE ONLY]	7. What is the main material of the floor of your house? [OBSERVE ONLY]
Specify Other	Specify Other
8. What is the main material of the roof of your house? [OBSERVE ONLY]	8. What is the main material of the roof of your house? [OBSERVE ONLY]

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
Specify Other	Specify Other
9. What is the main material of the wall of your house? [OBSERVE ONLY]	9. What is the main material of the wall of your house? [OBSERVE ONLY]
Specify Other	Specify Other
10 . Gwe oba omuntu yenna mu maka muno mulina ettaka erilimirwaako wamu n'okulunda oba elikolwaako ekirala kyonna nga lyammwe lya bwannannyini, nga lilyo wekka oba nga lilyo n'omuntu yenna omulala?	10. Mumaka gano mulimu omuntu alina eittaka Ly'okulimiraku oba waire nga tiryakulimiraku Nga lirye oba nga lyaibwe no'muntu owundi?
11.a. Amakaago/gammwe galina Amasanyalaze oba solar nga gaaka?	11.a. Ehnumba yo erimu Amasanalaze oba solar nga gakola?
11.b. Amakaago/gammwe galina Radio nga nnamu?	11.b. Ehnumba yo erimu Radio ng'ekola??
11.c. Amakaago/gammwe galina TV nga nnamu?	11.c. Ehnumba yo erimu TV nga'ekola?
11.d. Amakaago/gammwe galina Essimu etali ya mungalo nga nnamu?	11.d. Ehnumba yo erimu eisimu etali yamungalo nga'ekola?
11.e. Amakaago/gammwe galina Computer oba laptop n ga nnamu?	11.e. Ehnumba yo erimu Computer nga ekola?
11.f. Amakaago/gammwe galina firiji nga nnamu?	11.f. Ehnumba yo erimu fridge nge'kola?
11.g. Amakaago/gammwe CD/DVD player nga nnamu?	11.g. Ehnumba yo erimu DVD/CD Player nge'kola?
11.h. Amakaago/gammwe galina emeeza nga nnamu?	11.h. Ehnumba yo erimu emeeza nga mugikozesa?
11.j. Amakaago/gammwe galina entebe ya sofa-set nga nnamu?	11.i. Ehnumba yo erimu entebe nga mujikozesa?
11.i. Amakaago/gammwe galina entebe nga si menyefu?	11.k. Amakaago/gammwe galina entebe ya sofa nga mugikozesa?
11.k. ekitanda nga kikozesebwa?	11.k. ekitanda nga mukikozesa?
11.l.kabada nga ekozesebwa?	11.l.kabada n ga mujikozesa?
11.m. essawa yokukisenge nga ekola?	11.m. essawa yokukisenge ngekola?
11.m. ebisolo ebyobulunzi	11.m. ebisolo ebyobulunzi
12.a. waliwo omuntu yena mumaka gano alina essawa yokumukono nga ekola?	12.a. waliwo omuntu yena yena mumaka gano alina essawa yokumukono nga ekola?
12.b. waliwo omuntu yena mumaka gano alina akasimu komungalo nga kakola?	12.b. waliwo omuntu yena mumaka gano alina akasimu komungalo nga kakola?
12.c. waliwo omuntu yena mumaka gano alina eggaali nga namu?	12.c. waliwo omuntu yena mumaka gano alina eggaali nga ekola?
12.d. waliwo omuntu yena mumaka gano alina piki piki nga namu?	12.d. waliwo omuntu yena mumaka gano alina piki piki nga ekola?
12.e. waliwo omuntu yena mumaka gano alina ekigaali ekisikibwa ensolo nga kikola?	12.e. waliwo omuntu yena mumaka gano alina ekigaali nga kilamu?
12.f. waliwo omuntu yena mumaka gano alina emotoka nga ekola?	12.f. waliwo omuntu yena mumaka gano alina emotoka nga ekola?

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
12.g. waliwo omuntu yena mumaka gano alina elyaato lya engine nga lilamu?	12.g. waliwo omuntu yena mumaka gano alina elyaato lya engine nga lilamu?
12.h. waliwo omuntu yena mumaka gano elyato elitalina engine nga lilamu?	12.h. waliwo omuntu yena yena mumaka gano elyato eliziira engine nga lilamu?
12.j. Waliwo Omuntu yena mumaka gano alina essimu y'okuluwaya nga ekola?	12.j. Waliwo Omuntu yena mumaka gano alina eissimu eya wire nga ekola?
12.k. Waliwo Omuntu yena mumaka gano alina genereta nga nnamu ?	12.k. Waliwo Omuntu yena mumaka gano alina genereta nga ekola ?
13. Mu myeezi 12 (ekumin'ebiri) egiyise, kiki kyemukola mwe musiinga okujja Ssente ezibabeezaawo?	13. Mumyezi eikumi ne'biri ejibise esente dhemwakozeza mumaka gano, dhavawa okusinga?
Specify Other	Specify Other
14. Gwe n'abomu makaago musingiza ssente meka buli mweezi mu ssilingi ya Uganda. (twalilamu- bonna abenju eno zebafuna, okuva mu misaala, ezobupangisa, obuyambi mu gavumenti, oba ebitongole ebyo bwannakyeewa, Yinsuwa, obuyambi mu benganda oba alirwaana na'walala wonna weziva?	14. Ighe ng'otaileku n'abomumakago bonabona mufuna sente imeka omwezi mwenamwena aghalala (ugx – rent, wages, support from Government or NGOs, insurance, help from relatives or neighbors e.t.c)
15. Okozesaako ku nkola ey'okuweereza oba okufuna ssente ku ssimu za buli wendi nkufuna?	15. Waliwo lwemukozeza enkola ya Mobile money Mukufuna sente, mukugula ebintu oba okuwereza omuntu owundi sente?
16. Waliwo omuntu yenna mu maka muno alina akawunta mu tterekero lya ssente eddene (Bbanka), oba obuterekero obutono tono obwensimbi?	16. Kubantu ababa mumakago waliwo omuntu Yennayenna alina accounta mubanka oba Mukitongole ekindi?
16b. Oba ye, banka ki oba kibiina ki kyolinamu account gyokozessa buti?	16b. Oba ye, banka ki oba kibiina ki kyolinamu account gyokozessa kati?
17. Waaliwo omuntu yenna mu maka gano eyali yewoze ku ssente?	17. Waliwo omuntu yennayenna eyali yewoze ku sente mumakago munno?
18. Essente ezo zewolebwa wa? (Circle any 3 sources)	18. Yewola wa? (Circle any 3 sources)
Specify Other	Specify Other
SANITATION	SANITATION
Kati njagala kwogera naawe ku bikwatagana n'obuyonjo.	Buti, tuja kwogera kubyabuyondo
Kabuyonjo yakikaaki abantu mu maka gano gye mutera okukozesa? *IF "Flush" OR "Pour Flush" THEN ASK: "Where does it flush to?" * ENUMERATOR: NOTE RESPONSE, THEN ASK TO SEE AND OBSERVE THE SANITATION FACILITY	SI. Abantu bomumaka gano bakozesa kabuyondho (omugwana/toilet/latrine)Kika ki? * [IF "Flush" OR "Pour Flush" THEN ASK:"Where does it flush to?"] ENUMERATOR: NOTE RESPONSE, THEN ASK TO SEE AND OBSERVE THE TOILET/LATRINE FACILITY
Specify Other	Specify Other
19. Kikaaki eky'akabuyonjo?	19. Kabuyondho (omugwana/toilet/latrine) gwa kyikaki?

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
19B. Abantu bona abomumaka gano Bakozesa kabuyonjo? (Consider household members aged 3 years and above.)	19B. Abantu bonabona abomumaka gano Bakozesa kabuyondho/Omugwana? (Consider household members aged 3 years and above.)
20. Buzibu ki bwe mulina ku kabuyonjo oba omuntu yenna mu maka gano bwalina? (Circle top three problems)	20. Ghaliwo ensonga yonayona lwaki abantu Abandi mumaka gano tibakozesa toileti/Latrine? (probe) waliwo eyindi? (Circle top three problems)
Specify Other	Specify Other
21. Otela kukozeesaki gwe nab'omumakaago okwesiimuula bwemuba mumalirizza okweyamba? (Circle any top three)	21. Male abantu webamala okweyamba Berongokezaki? Ndikoba okwebiya. (Circle any top three)
Specify Other	Specify Other
22. Amakaago gano ge gannannyini kabuyonjo eno?	22. Eno toyileti/omugwana yaimwe kubwayimwe?
23. Kabuyonjo eno yazimbibwa mwaaka ki?	23. laturini/toyileti/omugwana yaimwe Bajizimba mwaka ki?
24. Ani yasalawo ku lw'amaka gano okuzimba kabuyonjo yammwe?	24. Nhaani eyaleta ekirowozo okyokuzimba Kabuyondho yaimwe?
25. Nsonga ki enkulu essatu ezaaleetera amaka gano okuzimba Kabuyonjo eno?	25. Nsonga ki enkulu dhemwasinziraku okuzimba laturini/toyileti/omugwana? (Circle a maximum of 3 options only)
Specify Other	Specify Other
26. Nga amaka gano/oba omuntu yenna omulala mwasasulira obumanyirivu/okuyambibwaako kwonna (nga ojeeko obwa baweebwa obwereere) nga muzimba kabuyonjo eno?	26. Mumirimo ejakolebwa mukuzimba laturini/toyileti/omugwana ghaliwo emirimo Ejekikugu Gyemwasasurira?
27. Bumanyirivu bwa kikaaki bwe mwasasulira? (Circle all that apply)	27. Mirimo ki egyo? (Circle all that apply)
Specify Other	Specify Other
28. Ani yasalula abazimba Kabuyonjo yammwe?	28. Nhaani eyasulila emirimo egy'okuzimba Kabuyondho yaimwe?
Specify Other	Specify Other
28b. Kabuyonjo yo/ toilet yo bajiddabirizako okuva lwe bajizimba?	28b. Laturini yaimwe/ toileti/omugwana yaimwe bajiddabirizako okuva lwe bajizimba?
28c. Bintu ki ku laturini/toileti/mugwana gwaimwe bye mwadabiriza?	28c. Bintu ki ku kabuyonjo yamwe bye mwadabiriza?
Other Specify	Other Specify

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
29. Amaka gano gaatoola sseente mmeka ku kuzimba kabuyonjo yammwe? (ebikozesebwa n'abakozi)? (EXCLUDE CONTRIBUTIONS FROM ELSE WHERE AND CONSIDER ONLY HOUSEHOLD CONTRIBUTION)	29. Amaka gaimwe gonka gataku sente imeka Mukuzimba latulini/toileti yaimwe Materials and labor)? [EXCLUDE CONTRIBUTIONS FROM ELSE WHERE AND CONSIDER ONLY HOUSEHOLD CONTRIBUTION]
s2. Mukozesa Kabuyonjo eno n'amaka amalala gonna?	S2. Waliwo amaka agandi agakozesa toileti eno ng'otwoileku agaimwe?
30. Bwe muba mugikozesa n'amaka amalala, buli muntu yenna asobola okugikozesa (ya lukale)/ oba mwe mwekka mugikozesa?	30. Toileti eno yaimwe oba yalukale?
31. Amaka ameka amalala agakozesa kabuyonjo eno? nga togasseeko gammwe?	31. Maka ameka agakozesa toileti eno Ng'otwoireku agaimwe?
S3. Kabuyonjo eno esangibwa wa?	S3. Toileti/Laturini eno eri luuyi ki?
33. Buli muntu mu maka gano asobola okugenda mu kabuyonjo eno n'okugikozesa ekiseera kyonna, emisana n'ekiro?	33. Buli muntu yenayena mumaka gano asobola Okutuka toileti oba latulini eno yeeri era Yajikozesa esawa yonayona wayendera?
34. Mpa esonga enkulu lwaaki abantu b'omumaka gano tebasobola kugenda mu kabuyonjo eno wadde okugikozesa ekiseera kyonna emisana n'ekiro?	34. Nsonga ki ebalobera okukozesa/Laturine eno Wonawona wemwendera?
Specify Other	Specify Other
S4. Kabuyonjo yammwe baali bagikisiseemu ku bubi oba ekinnya ekitereka amazzi amakyaafu okuginnyulula?	S4. Laturini/Toileti/Ekiina ekijamu obubukyaffu/Obubi , Waliwo lwebakuunamuku/okusenamu obukyaffu/Obubi?
35. Ddi Kabuyonjo yammwe oba ekinnya ekitereka amazzi amakyaafu lwe basemba okuginnyulula/okugigogola? (Omwaaka)	35. Omulundi gwebasembayo okusenamu Obukyaffu/Obubi gwali mwaka ki? (YEAR)
36. Lwe basemba okuginnyulula/okugigogola, ani yakola omulimu ogwo?	36. Omulundi ogusembyeyo Nnaani eyakisenamu obukyaffu?
Specify Other	Specify Other
37. Lwaaki eyo enkola gyewakozesa?	37. Lwaki mwasalawo okukozesa enkola eyo?
Specify Other	Specify Other
38. Oli mumativu n'enkola y'okunnyulula / okugogola oba enkola yonna gyotera okukozesa?	38. Eyo enkola jemukozesa ebakorera etya?
39. Mbeera ki kabuyonjo yammwe mwe'yali, okuginnyulula/okugigogola?	39. Ghebayeramu Obukyafu/obubi toileti/ ekiina kyali mumbera ki?
Specify Other	Specify Other
40. Olowooza enkola eno ebbeeyi yaayo nsaamusaamu?	40. Olowooza enkola eno nangu yakwetusaku?
41. Lwewasembayo okuginnyulula, wasasula?	41. Omulundi gwebasembayo okuyoolamu obukyaffu/obubi wasasula sente imeka?
S5. Omulundi gwe basemba okuginnyulula, ebyaalimu baabiyiwa wa?	S5. Omulundi ogwasembayo okuyoolamu Obukyaffu byebayoolamu babiyuwa wa?

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
Specify Other	Specify Other
42. Olina ekintu kyonna kyogatta mu kabuyonjo eno okutangira okuwunya obubi oba okugoba ensowera?	42. Waliwo ekintu kyonakyona kyemukozeza mu latrine/toilet okulekeza omuka omubi okuwunha oba okuziyiza ensowera okwidha?
Specify Other	Specify Other
43. Otela kukozezaaki? (Circle all that apply)	43. Mutera kukozeza ki? (Circle all that apply)
Specify Other	Specify Other
PLEASE ASK TO TAKE TWO PICTURES OF THE TOILET/LATRINE FACILITY DO NOT READ THIS OUT: ENUMERATOR TAKE PICTURES OF THE TOILET	PLEASE ASK TO TAKE TWO PICTURES OF THE TOILET/LATRINE FACILITY DO NOT READ THIS OUT: ENUMERATOR TAKE PICTURES OF THE TOILET
44.1 PLEASE ASK TO TAKE PICTURE (1): Picture 1: Outside Front of SANITATION FACILITY but capture roof	44.1 PLEASE ASK TO TAKE PICTURE (1): Picture 1: Outside Front of SANITATION FACILITY but capture roof
44.2 PLEASE ASK TO TAKE PICTURE (2): Picture 2: Inside, looking at the slab/drop hole of SANITATION FACILITY	44.2 PLEASE ASK TO TAKE PICTURE (2): Picture 2: Inside, looking at the slab/drop hole of SANITATION FACILITY
45. What is the main material surrounding the drop hole of your toilet/latrine?[OBSERVE]	45. What is the main material surrounding the drop hole of your toilet/latrine?[OBSERVE]
Specify Other	Specify Other
46. What is the main material of the wall of your toilet/latrine? [OBSERVE]	46. What is the main material of the wall of your toilet/latrine? [OBSERVE]
Specify Other	Specify Other
47. What is the main material of the roof of your toilet/latrine? [OBSERVE]	47. What is the main material of the roof of your toilet/latrine? [OBSERVE]
Specify Other	Specify Other
48. Kabuyonjo eno erina obwekusifu? (It has a curtain/door/ Entrance L shaped or S shaped) Don't include curtains/polythene as these don't offer full privacy	48. Aye wooba nga oli mukayumba munda eyo mutoleti ng'olikweyamba, tibakubona? (It has a curtain/door/ Entrance L shaped or S shaped) Don't include curtains/polythene as these don't offer full privacy
49. Oluggi lwa kabuyonjo yammwe baasiinga kulukozezaaki?	49. Olwiji lwa toleti yaimwe balukola muki?
Specify Other	Specify Other
50. Does your pit have a drop hole cover? [OBSERVE]	50. Is the pit covered? [OBSERVE]

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
51. Kabuyonjo eno ekozesebwa? (OBSERVE) OBSERVE IF THERE ARE FEACES IN THE PIT, THROW A ROCK AND LISTEN IF IT SEEMS WET; DOES PATH TO LATRINE SEEM TO HAVE BEEN WALKED ON.	Is the toilet/latrine being used? [OBSERVE] OBSERVE IF THERE ARE FEACES IN THE PIT, THROW A ROCK AND LISTEN IF IT SEEMS WET; DOES PATH TO LATRINE SEEM TO HAVE BEEN WALKED ON.
52. Oli mumativu n'omutindo gwa kabuyonjo yammwe?	52. Olimumativu n'omutindo gwa kabuyondho/toileti yomumakago?
53. Kiki kyewandyaagadde okukola okukyuusa kabuyonjo yammwe okuva ku nfaanana yaayo kati? (Please ask for the most pressing item they want to change)	53. Kiki kyewandyeze okukola okukyusaku embera ya toileti/latulini yo? (Please ask for the most pressing item they want to change)
Specify Other	Specify Other
54. Nsonga ki enkulu essattu zemulina ez'obutakozesa /obutazimba kabuyonjo? (circle a maximum of three options that apply)	54. Nsonga ki enkolu ebalobera Okuba ni toileti/latulini? (Circle a maximum of three options that apply)
Specify Other	Specify Other
55. Mwali mubaddeko ne kabuyonjo eyagwa mubiseera eby'emabega?	55. Mwaliku ni toileti/Latulini ebisera ebyabita eyaggwa obuggwe?
56. Bweeba kabuyonjo yagwa, mwaddammu n'emugizimba?	56. Aye bweyaggwa mwairamu mwajizimba?
57. Kiki ekyaabalemesa okuddammu okugizimba? (Circle any top 3)	57. Lwaki timwairamu kujizimba? (Circle any top 3)
Specify Other	Specify Other
58. Mwasalawo kweyamba nga tewali bwekusifu bwe yagwa?	58. Nga emaze okuggwa mwaja mumaiso n'okujikozesa waire nga eziraku kayumba?
59. Mulina abaana abali wansi w'emyaaka esatu nga babeera mu maka gano?	59. Mu maka gano mulimu abaana abato abali wansi wemyaka esaatu?
60. Omulundi ogwasembayo (NAME OF YOUNGEST CHILD) lwe yafulumu/lweyeyamba, kiki ekyaakolebwa okujjawo/okusuulayo obubi?	60. Omulundi [Nankani] gweyasambayo Okufuluma/okweyamba, obubi mwabusulawa?
Specify Other	Specify Other
Add any notes here:	Add any notes here:
90-102 PSYCHO SOCIAL DETERMINANTS OF LATRINE OWNERSHIP	90-102 PSYCHO SOCIAL DETERMINANTS OF LATRINE OWNERSHIP
Kati njagala kukubuuza oba okiriziganya oba tokiriziganya ku bino wa manga. Osobola era okumbulira oba okiriziganya kitono oba tokiriziganya kitono	Saawa eno ndija kukubuuza ebibuuzo nfone ndwoozayo. Nenda ondiremu oba nga oikiriza oba toikiriza oba ozira kyokoba kunsonga eno. Aye bwoba nga oikiriza mbanenda onkobere oba okiriza irala oba oikiriza ku kitundu. Ate bwoba toikiriza nenda onkobela oba nga toikiriza irala oba toikiriza ku kitundu.

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
90. Okubeera n'ekabuyonjo kifuula abagilina okubeera ab'omulembe.	90. Okuuba ni toilet kifula beneyo okuba abomulembe
91. Okubeera n'ekabuyonjo kiweesa abagilina ekitiibwa mu bitundu mwe babeera	91. Okuuba ni latulini (omugwana) kiretera beneyo okuwebwa ekitiibwa abantu bomukitundu kyaibwe
92. Okubeera ne kabuyonjo kiweesa abagilina ekitiibwa eri abagenyi aba bazze okubakyaalirako mu maka gaabwe.	92. Okuuba ni latulini (omugwana) kiretera beneyo okuwebwa ekitiibwa abageni bebakyaza mumaka gaabwe
93. Okubeera ne kabuyonjo kiwa abagilina ettutumu.	93. Okuba nitoileti/latulini kiretera beneyo okumanhika
94. Okubeera ne Kabuyonjo kyeyagaza ab'omu maka ago.	94. Okuba ni toileti/latulini kyeretera abantu bo'mumaka okwewulira
95. Okubeera ne kabuyonjo kisobozesa abakyaala okubeera n'obwekusifu ekiseera kyonna mu lunaku.	95. Okuba ni toileti/latulini kiyamba abakyaala obutawemuka misaana
96. Okubeera ne kabuyonjo kiyamba okukuuma olugya lwa waka nga lutukula.	96. Okuba ni toileti/latulini kiyambaku okukuma waka (oluya) ngawayondho
97. Okubeera ne kabuyonjo kiyamba okukendeeza ku bungi bwensowera mu munnyumba.	97. Okuba ni toileti/latulini kiyambaku omuwendo gwensowera edhidha munhumba
98. Okubeera ne kabuyonjo kikusobozesa okweyamba amangu ssinga oba oli mulwadde.	98. Okuba ni toileti/latulini kiyambaku okwetewuluza mubwangu wobanga olimulwaire
99. Okubeera ne kabuyonjo kikendeeza obusobozi bw'okufuna endwadde mu b'oluganda.	99. Okuba ni toileti/latulini kikendezaku emikisa gyendwaire mumakago
100. Okubeera ne kabuyonjo kyongera abagikozesa obwekusifu.	100. Okuba ni toileti/latulini kyongera abajikozesa emikisa gy'obutawemuka
101. Okubeera ne kabuyonjo kitangila obuzibu bw'okweyamba mu nsiko ekiro.	101. Okuba ni toileti/latulini kiziyiza obulabe obuva mu kweyamba munsiiiko obwiire
102. Okubeera ne kabuyonjo kyetaaga okufaayo kungi okugikuuma nga nnyonjo.	102. Okuba ni toileti/latulini kyenda okufuba einho okujikuma nga nhondho
DRINKING WATER	DRINKING WATER
Kati Njagala kukubuuza ku bikwata ku gyemujja amazzi g'okunywa	Buti nenda kubuuza ku gyemutoola amadhi genunwa
W1. Ab'omumakaago basinga kujjawa amazzi ag'okunywa?	W1. Amadhi gemunwa mumaka gano mugatoola gha?
Please specify other	Please specify other
W2. Ab'omumakaago basinga kujjawa amazzi g'ebakozesa kubilala nga okufumba n'okwooza?	W2. Amadhi gemukozesa emirimo egyindi ngaokufumba n'okunaba mungalo musinga kugatola gha?

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
Please specify other	Please specify other
W3. Amazzi gy'emugajja, wasangibwa wa?	W3. Ekifo kino yemutoola amadhi agokukola emilimo egyindi kiri luuyi ki?
61. Ani atera okugenda okubakimira amazzi mu maka gammwe mu kifo kino?(consider all water not just drinking water)	61. Nhaani atera okubanonela/okuja amadhi mumaka gano?
62. Mirundi emeka omuntu gwetwoogeddeko mu Q61 gye yagenda okukima amazzi mu nnaku omusanvu eziyise?	62.. Munaku omusanvu edhibise oyo gwonkobeire anona amadhi emirundi emeka?
63. Amazzi gano mutera gakima mutya?	63. Amadhi muganonera ku ki?
Please specify other	Please specify other
W4. Kitwaala banga ki okugendayo okukima amazzi (TIME IN MINUTES) (Including waiting for your turn and collecting the water) and come back?	w4. Kitwara dakiika imeka okugya amadhi n'okwiira nga otayireku n'okulindaku n'osena, n'okutambula okwira nga olina amadhi? [IN Minutes]
W5. Mu nnaku amakumi asatu eziyise, waali wabaddewo ekiseera nga amaka gammwe tegalina mazzi gamala ag'okunywa nga mugeetaaga?	W5. Mu nnaku makumi asatu edibise waliwo ebisera byemwali nga amadhi gokunwa gemwali nago mumaka gano tigabamala bulungi Wemwayendera okuganwa?
64. Amazzi gemukozesa mu maka gammwe mu mugasasulira?	64. Amadhi gemukozesa mumaka gano mugasasulira?
65. Okutwaaliza awamu amaka gano gasasula ssente meka buli Ssabbiiti (Per week)	65. Mukutwaliza aghawala amadhi gemukozesa musande enamba mugasasula sente imeka (per week)?
65b. Musassula ebisale byamazzi buli mwezi?	65b. Musasula ebisale (monthly bill) ebyamadhi buli mwezi?
65C. Musassula sente mmeka omwezi mu bisale bya mazzi?	65C. Musassula sente imeka omwezi mu bisale ebya madhi?
Add any comments about the water issues in the household	Add any comments about the water issues in the household
WATER TREATMENT	WATER TREATMENT
Now I would like to talk to you about Water Treatment	Now I would like to talk to you about Water Treatment
66. Mulina engeri yonna gye muteeka eddagala elitta obuwuka mu mazzi gammwe gafuuke amalungi okunnya?	66. Amadhi gano waliwo kyemugakolaku okugafula amalungi memuganwe?
67. Kiki kyemutera okukola ku mazzi ago negafuuka amalungi okunnya?	67. Kiki kyemugakolaku okugalekeza okuba Agobulabe memuganwe?
Please specify other	Please specify other
HAND WASHING	HAND WASHING
Kati njagala kukubuuza ku bikwatagana nokunaaba mu'ngalo	Buti, tujakwogera kubyokunaba mungalo:
68. Mulina yo ekika kyonna ekya ssabbuni /atukuza okusingawo oba akyamusa mu maka gammwe?	68. Olinayo ekika kyasabuuni kyonakyoona munumba yo?

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
69. Ani mu maka gano asiinga okusalawo okugula ssabbuuni/atukuza ono?	69. Mumaka gano nhaani asalawo kubyokugula sabuuni?
69b. Ani mu maka gano nhaani asaulila ssabuuni ono?	69b. Ani mu maka gano asaulila ssabuuni ono?
70. Ssabuni/atukuza ono mutera mukozesaaki? (circle all that apply) DON'T READ OUT /PROMPT OPTIONS FOR RESPONSES	70. Sabuuni musinga kumukozesa migaso ki? (circle all that apply) DON'T READ OUT /PROMPT OPTIONS FOR RESPONSES
71. Mukozesa ssabbuni y'omu mu buli kimu?	71. Mukozesa sabuuni mulala oyo mubuli kintu?
Specify other	Specify other
H1. Nsaba ondage wa abantu b'omumakaago webatera okunaabira engalo? (ASK TO SEE AND OBSERVE. RECORD ONLY ONE HAND WASHING PLACE. THIS IS THE HAND WASHING PLACE THAT IS USED MOST OFTEN BY THE RESPONDENT OR HOUSEHOLD.)	H1. Osoboola okundagaku abantu bomumakago webatera okunabira mungaloo? (ASK TO SEE AND OBSERVE. RECORD ONLY ONE HAND WASHING PLACE. THIS IS THE HAND WASHING PLACE THAT IS USED MOST OFTEN BY THE RESPONDENT OR HOUSEHOLD.)
Please specify other	Please specify other
72. Kiki kyemukozesa okunaaba mungalo? [OBSERVE]	72. What type of hand washing device do you use? [OBSERVE]
Please specify other	Please specify other
H2. OBSERVE: IS WATER PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING? [IF THERE IS A TAP OR PUMP PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING, OPEN THE TAP OR OPERATE THE PUMP TO SEE IF WATER IS COMING OUT. IF THERE IS A BUCKET, BASIN, OR OTHER TYPE OF WATER CONTAINER, EXAMINE IT TO SEE WHETHER WATER IS PRESENT IN THE CONTAINER. RECORD OBSERVATION AS CODES "1" OR "2".]	H2. OBSERVE: IS WATER PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING? [IF THERE IS A TAP OR PUMP PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING, OPEN THE TAP OR OPERATE THE PUMP TO SEE IF WATER IS COMING OUT. IF THERE IS A BUCKET, BASIN, OR OTHER TYPE OF WATER CONTAINER, EXAMINE IT TO SEE WHETHER WATER IS PRESENT IN THE CONTAINER. RECORD OBSERVATION AS CODES "1" OR "2".]
H3. OBSERVE: IS ANY SOAP or DETERGENT PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING?	H3. OBSERVE: IS ANY SOAP or DETERGENT PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING?
73. Ani mu maka gano afaayo okulaba nti waliwo amazzi awo we munaabira engalo?	73. Nhaani afaayo okubona nga webanabira engalo wabawo amadhi bulikisera?
Please specify other	Please specify other
74. Is this hand washing station within 10 meters from the household latrine/toilet? ENUMERATOR OBSERVE – DON'T ASK	74. Is this hand washing station within 10 meters from the household latrine/toilet? ENUMERATOR OBSERVE – DON'T ASK

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
75. Bwekitaba kityo, amaka gammwe galina ekifo ekirala wemunaabira engalo ekiri okumpi ne kabuyonjo oba ekiri wakati wa mmita ekkumi ne kabuyonjo ya maka gammwe?	75. Aye nga amakagano galinayo ekifo ekindhi wenabira Mungalo ekiri okumpi ne toileti/latulini ngakiri mumita ng'oti kumi okuva ku toileti/latulini?
76. Nkola yakikaaki eyekyo kyonna ekitegekeddwa okukozesebwa okunaaba mungalo ekiri okumpi ne kabuyonjo yamaka gammwe?	76. Ekinaba mungalo ekiri okumpi nitoileti kyankola ki?
Please specify other	Please specify other
77. OBSERVE: IS WATER PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING NEAR THE LATRINE/TOILET? [IF THERE IS A TAP OR PUMP PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING, OPEN THE TAP OR OPERATE THE PUMP TO SEE IF WATER IS COMING OUT. IF THERE IS A BUCKET, BASIN, OR OTHER TYPE OF WATER CONTAINER, EXAMINE IT TO SEE WHETHER WATER IS PRESENT IN THE CONTAINER. RECORD OBSERVATION AS CODES "1" OR "2".]	77. OBSERVE: IS WATER PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING NEAR THE LATRINE/TOILET? [IF THERE IS A TAP OR PUMP PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING, OPEN THE TAP OR OPERATE THE PUMP TO SEE IF WATER IS COMING OUT. IF THERE IS A BUCKET, BASIN, OR OTHER TYPE OF WATER CONTAINER, EXAMINE IT TO SEE WHETHER WATER IS PRESENT IN THE CONTAINER. RECORD OBSERVATION AS CODES "1" OR "2".]
78. OBSERVE: IS ANY SOAP or DETERGENT PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING?	78. OBSERVE: IS ANY SOAP or DETERGENT PRESENT AT THE SPECIFIC PLACE FOR HAND WASHING?
79. Ani mu maka gammwe asinga okufaayo okulaba nti waliwo amazzi mw'ekyo ekitegeddwa okunaaba engalo ekiri okumpi ne kabuyonjo yammwe.	79. Nhaani atwaala obuvunanizibwa okuboona nga ghebanabira mu ngalo wabawo amadhi buli kiseera?
PLEASE ASK TO TAKE A PICTURE OF THE HAND WASHING FACILITY (DO NOT READ THIS OUT)	PLEASE ASK TO TAKE A PICTURE OF THE HAND WASHING FACILITY (DO NOT READ THIS OUT)
80. PLEASE ASK TO TAKE A PICTURE OF THE HAND WASHING FACILITY	80. PLEASE ASK TO TAKE A PICTURE OF THE HAND WASHING FACILITY
Add any comments about the handwashing of the household	Add any comments about the handwashing of the household
HAND WASHING PSYCHO-SOCIAL DETERMINANTS OF LATRINE OWNERSHIP	HAND WASHING PSYCHO-SOCIAL DETERMINANTS OF LATRINE OWNERSHIP
Kati ngenda kubuuzza ku oba okiriziganya oba tokiriziganya nabino wa'manga	Buti nenda kubuuzza oba oikirizigania oba oyikirizigania na'bino w'amanga
I 10. Olina okunaaba ne ssabuuni yekka singa engalo zilabika nga nkyaaфу oba nga ziwunya bubi (reverse coding)	I 10. Tolina kunaba ngalo ni sabuuni okutoolaku ng Dhiboneka nga ngubbu oba nga dhiwuna bubi
I 11. Ssabuuни n'amazzi bibeerawo lubeerela mu maka gammwe okunaaba engalo nga mu maze okugenda mu kabuyonjo.	I 11. Amadhi ni sabuuni bibawo munhumba yo bulikasera okunaba mungaloo ng'ova mutoileti/latulini
I 12. Ssabuuни n'amazzi bibeerawo lubeerela mu maka gammwe okunaaba engalo nga temunnalya.	I 12. Amadhi ni sabuuni bibawo munhumba yaimwe bulikasera okunaba mungalo nga mukali kulya

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
I 13. Teweetaaga kunaaba ngalo zo na ssabuuni ssinga obeera tokutte ku kintu kyonna kiddugala (reverse coding)	I 13. Tiwetega kunaba mungaloo nisabuuni woba nga togemye kubintu bikyafuu
I 14. Ssabuni yekka yasobola okujjawo okuwunya kw'ebyenyanja oba ebiddugala ebiyinza okugaanira mu ngalo.	I 14. Sabuuni yenka na'sobola okumulamungalo oluusu lwebyenandha na'amabala amazibu.
I 15. Mu maka agasinga mu kitundu kyammwe, ssabuuni n'amazzi bibeerawo okunaabisa engalo omuntu nga avuddeyo mu kabuyonjo.	I 15. Mumaka agasinga obunji mukintundu kyo, sabuuni n'amadhi bibawo okunaba mungaloo nga omuntu ava mutoileti
I 16. Kiswaaza okulya n'engalo eziddugala mu maaso ga mikwano gyo.	I 16. .Kiswaaza okulya nga engalo nkyafuu mumaiso gamikwano gyo
I 17. Abazadde abalungi bafaayo okunaaba engalo ne ssabuuni nga tebannajjula mmere.	I 17. Abazaire abalungi basooka kunaba mungalo ni sabuuni memale bategeka emeere
I 18. Abazadde abalungi bafaayo okunaaba engalo zaabwe ne ssabuuni nga bavudde mu kabuyonjo.	I 18. Abazaire abalungi banaba mungaloo nasabuuni buli lwebava mutoileti/latulini
I 19. Abaana bange be nnennyumirizaamu ne ssanyu era nnaaba engalo zange ne ssabuuni okubakuuma.	I 19. Abaana bange baneyagaza era neisanhu lyange era nnaba mungaloo dhange ni sabuuni okubatangira endwaire
Information Exposure	Information Exposure
Now I would like to talk to you about the Hand Washing Practises in your Household	Nsaba twogereku kubintu ebindi buti
I 30. Amawulire/obubaka mu maka gano mu' gajja/mubujja wa? (Circle the main 3)	I 30. Amaka go gatoolawa amawulire ? (Circle the main 3)
Specify Other	Specify Other
I 31. Mu nnaku amakumi asatu eziyise wali owuliddeko oba olabye ku mawulire/obubaka Obukwaata ku kunaaba engalo?	I 31. Mu nnaku amakumi asatu edibise mwawuliramuku oba okubonamuku amawulire agagema kuku nabamungaloo
I 32. Amawulire ago wagajjawa? (Circle the main 3)	I 32. Amawulire ago mwagatolawa? (Circle the main 3)
Specify Other	Specify Other
I 33. Mu nnaku amakumi asatu eziyisse, wali owuliddeko oba olabyeeko ku mawulire /obubaka obusomesa kukussa eddagala mu mazzi neligafuula amalungi okunywa.	I 33. Mu nnaku amakumi asatu edibise muwuliremuku oba Okubona ku amawulire agagema kukolongosa amadhi agokunhwa?
I 34. Wagalaba wa era wagawulira wa? (Circle the main 3)	I 34. Wagabonera wa oba wagawulilira wa? (Circle the main 3)
Specify Other	Specify Other
I 35. Mu nnaku amakumi asatu eziyisse wali owulidde oba wali olabye ku mawulire gonna agakwata ku buyonjo?	I 35. Mu nnaku amakubi asatu edibise wawulira muku oba okubonamuku amawulire goonagona agagema ku by'obuyondho??
I 36. Amawulire ago wagalaba oba wagasanga wa? Wa awalala wonna? (Circle the main 3)	I 36. Wawulira wa oba wabonera kuki? (Circle the main 3)

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
Specify Other	Specify Other
I37. Ate mu myezi ekumi nebiri egiyise, wali owulidde oba wali olabye ku mawulire gonna agakwata ku by'obuyonjo?	I37. Ate mu myezi ekumi nebiri egibise wawulira muku oba okuboona muku ekintu kyonakyona ekigema ku buyondho?
I38. Amawulire ago wagajjawa? Waliwo awalala wonna? (Circle the main 3)	I38. Ghawulirira wa oba ghagabonera wa? (Circle the main 3)
Specify Other	Specify Other
I39. Amakaago gaali geetabyeeko mu kawefube “akugira okweyamba buli wosanze/mulujjudde”?	I39. Amaka go getabaku mu kawefube owo'kulekeza okweyamba munsiko?
I40. Ekyaaloo kino kyaali kilangiriddwa okuba ekyo awatali basasaanya bubu”?	I40. Ekitundu kya'imwe kino kyalangirirwaku nti ezira muntu yena yena asasanya obubi?
I41. Amaka gammwe gaali gakyaaliddwaako omusawo w'ekyaalo oba LC eyabasomesa okulekeraawo okweyamba mulujjudde/ buli wosanze?	I41. Amaka gano gakyazaku omusaawo w'ekyalo oba LC ya basomesa kubulabe obuli mukweyamba kuluya wa toileti/latulini
I42. Amaka gammwe gaali gakyaaliddwaako omusawo w'ekyaalo eyabasomesa kukuddaabulula/okutereeza kabuyonjo yammwe?	I42. Mumaka gano mwakyalamuku omusaawo Webyobulamu mukyalo kino oba LC ya basomesaku okwongerera kumutindo gwa toileti/Latulini?
I43. Mu nnaku amakubi asatu eziyisse, wali ofunnye ku mawulire/obubaka obukwaata Ku kuddukkana?	I43. Mu nnaku amakumi asatu edibise, mwafunamuku amawulire agagema ku Kidhukano/embiro?
I44. Amawulire ago gaavaawa? Olina awalala wonna? (Circle the main 3)	I44. Mwagatoola wa? (Circle the main 3)
Specify Other	Specify Other
ENUMERATOR, Thank the respondent	ENUMERATOR, Thank the respondent
OKUNONYEREZA KUKOMYE AWO: Webale nnyo okutuyambako. Tusiimye Nnyo obudde bwo.	Omusomo gukomye wano, wabale inho obuyambi bwotuwaire. Tusimira irala ebisera byaimwe.
Record Endtime of interview	Record Endtime of interview
Please take the GPS point of this Household	Please take the GPS point of this Household

APPENDIX 5: AUDIT FORM

Guidelines for Auditing the Household WASH Baseline Main Survey

I. General guidelines

I.1 Objective: The audit exercise is one of the key measures put in place to ensure that reliable, good quality data is collected during the WASH baseline survey. The objective is to monitor the research assistants (RAs) appointed by the research firm (Clock Works Research Company) in order to ascertain they are collecting data in accordance with standard data collection principles and specific instructions given by USHA.

I.2 Coverage: The audit exercise will cover each of the 17 research districts. The Team Leader for each of the field teams will be expected to audit interviews of two RAs per day; or ten RAs per week. The Clockworks supervisors will also be expected to audit two RAs on each of the days they are conducting field support supervisory visits – for up to three days. A team of USHA auditors will also conduct parallel spot checks on all RAs randomly. Clock Works Research Company is expected to share a list of Supervisors and RA's and their respective phone numbers with USHA MEL-A.

I.3 Process: The Team Leader of Clock Works Research Company will monitor the audit schedule and share a weekly report with USHA. Before reaching an audit district, the USHA auditor will coordinate with the field supervisor in that district to ascertain the EAs in which data collection is planned on the day of the audit. From the list of RAs provided by the field supervisor, the USHA auditor should randomly select three RAs to audit per group. Upon reaching the district, the process to be followed will differ depending on whether the USHA auditor is auditing the HH listing survey, or the HH main survey. This is explained below:

HH main survey: Upon reaching the district, the auditor should go to one of the three identified audit RAs and select one RA at random to monitor. The auditor should shadow the RA for one consecutive household visit. It is possible that the RA visits a household but is not able to complete an interview with the household; e.g., if the correct respondent is not available. In such cases, as long as the auditor is able to observe at least one full interview, they do not need to accompany the RA for more than two household visits. However, if the RA is not able to complete even one interview from the first two household visits, the auditor should accompany the RA until they complete a full interview. As the HH main questionnaire is longer, the auditor may need to spend two-to-three hours with an RA. After completing work with the first RA, the auditor should move to the second RA identified and repeat the process.

I.4 Method: During the interview, the auditor should play the role of a silent observer, and not interject in the interview even if the RA is carrying out the interview incorrectly. The auditor should only observe how the RA is conducting the interview and take note of any issues/challenges that arise. Section 2 provides a checklist to guide the auditor on what to look out for during an interview. However, the auditor should feel free to make note of additional points that are not covered by the checklist.

I.5 Reporting: The Supervisors/USHA auditors are required to type up their notes from each interview in the format given below and share them with the team leader or USHA MELA for the Household Baseline survey respectively. For any queries regarding the technical aspects of the audit process, please contact the MEL Advisor at: 0772861334.

Household Baseline Survey Audit Sheet

District Name	
EA Name	
RA Name/ID	
Supervisor/Auditor Name	
Household ID	

2. General Checklist

#	Area of observation	HH Main	Supervisor/Auditors Comments
1	Introduction and consent	The RA should read out the script provided and seek the respondent's consent	
2	Following instructions	Observe and record whether the RA is following the instructions given in the questionnaire; e.g., are questions asked correctly; does the RA read out scripts when indicated; does the RA read out instructions meant for the RA	
3	Probing vs. prompting	Observe and record if the RA asks leading questions; and/ or suggests answers to respondents	
4	Understanding of concepts and research tool	Observe and note whether the RA is able to clarify questions/ doubts raised by the respondent. When asked to repeat/ clarify a question, is the RA able to re-ask the question without changing its meaning	
5	Recording responses	Observe and note whether the RA is entering answers before the respondent finishes asking; and/ or is skipping questions and entering answers without asking the question to the respondent	
6	Use of show card	Observe and record whether the respondent used the Show Card provided	
7	Reading out options	Observe and record whether the RA read out options to questions when they were not meant to	
8	Likert scale questions	The RA should read out the instructions and not ask the respondent only if they agreed or disagreed	
9	Permission for observation	Observe and note whether the RA seeks permission to observe the toilet and take photographs	
10	Photographs	Observe and note whether the RA captures the two photographs required; i.e., outside-front; and inside looking at the interface	

3. Specific Question Checklist

SN	Area of observation	HH Main	Supervisor/Auditors Comments
1	QN 10 VS S1	A respondent cannot own a toilet or latrine yet does not own any kind of land	
2	SI & QN 22 VS Listing	If a respondent owned a toilet during listing what happened if they claim that they do not have toilet /latrine.	

SN	Area of observation	HH Main	Supervisor/Auditors Comments
3	QN 19 VS QN 3 & QN 4	The HH with children under 3years and those with disability, find out if these categories of people are cable to use a toilet/ latrine or not.	
4	QN 22 VS QN 5	If a respondent is renting or is living in a free occupancy, then they do not own any toilet/ latrine.	
5	S3 VS S2	A HH cannot have toilet/latrine in own dwelling (inside the household structure) yet it is shared with other HH members. Probe if otherwise	
6	QN 41VS QN 36	If the HH emptied the toilet/ latrine by self, they did not then incur any costs. Probe if otherwise	
7	S5 VS QN 36	A HH has to know where the content was disposed if the toilet/ latrine was emptied by self.	
8	QN 59 VS QN 4	Cross check with your HH roster if there are children under 3years.	
9	WI VS QN 14	It is not possible that the HH earnings/economic status is minimal yet uses bottled water.	

Was the RA's performance satisfactory?

- Yes
- No


A. Other observations *Fill in other observations you may have that are not specific to the RA; e.g., whether certain questions were difficult to understand, whether the RA was provided with all resources required e.g., visual aids, power bank etc.*

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.....
.....
.....

APPENDIX 6: EXAMPLE OF CERTIFIED PROOF OF NON-RESPONSE

CERTIFIED PROOF OF NON-RESPONSIVE/NON-EXISTENT HOUSEHOLDS

Form to be completed by RA and certified by the LC

Date	29/11/2018
Names of Enumerator	[REDACTED]
Household number	022
Household head name	[REDACTED]
EA	NAWANSUDE
Village	NAWANSUDE
Parish	KIWEKYAMBURI
Sub-county	LUUKA TOWN COUNCIL
County	Luuka
District	LUUK
Description of non-response/vacant nature/refusal by HH/	The gentleman who lives here only stays in this house alone since he lost his wife. The chairman told us that he is never at home and he rarely entertains any visitors. We did not find him at home and efforts to contact him were in vain.
Names & signature of LC to certify non-response	[REDACTED] 

CHAIRMAN L.C.I
 NAWANSUDE ZONE
 29 NOV 2018
 LUUKA TOWN COUNCIL

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