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Quantitative Household Baseline Survey Report for the Central West Cluster

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UGANDA SANITATION FOR HEALTH ACTIVITY

Quantitative Household Baseline Survey Report for the Central West Cluster

VERSION: SEPTEMBER 2019

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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
MWE	Ministry of Water and Environment
N/A	Not Applicable
NPHC	National Population and Housing Census
OD	Open Defecation
ODF	Open Defecation Free
PCA	Principal Component Analysis
PPS	Probability Proportional to Size
RA	Research Assistant
SD	Standard Deviation
SDA	Seventh Day Adventist
SDG	Sustainable Development Goals
STH	Soil Transmitted Helminths
SPR	Sector Performance Report
SRS	Stratified Random Sampling
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
USHA	Uganda Sanitation for Health Activity
VHT	Village Health Team
VSLA	Village Savings and Loans Association
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

GLOSSARY OF TERMS

The USAID/Uganda Sanitation for Health (USHA) baseline survey presents the household water, sanitation, and hygiene (WASH) status using the World Health Organization (WHO) and United Nations Children's Fund (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 that 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 that 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 faeces in fields, forests, bushes, open bodies of water, beaches and other open spaces, or with solid waste

[1] *Improved 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 that is located on premises, available when needed, and free from faecal 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 appreciate the existing status and conditions of Water, Sanitation and Hygiene (WASH) services in eight districts enumerating a sample of 2,692 housholds of the Central West (CW) cluster that include: Mpigi, Bukomansimbi, Lwengo, Sebambule, Butambala, Gomba, Kalungu and Kyotera. This report details the methods and findings from this survey.

Scientific methods were employed during the various stages of the 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, but however, the districts of Central West are skewed towards a more rural setting, and therefore can be interpreted as rural. Districts in the Central West cluster had low coverage of desirable sanitation and water practices with approximately 25% having basic sanitation services, and 9.8% still practicing open defecation. The drinking water services were equally poor with only 26.3% having basic drinking water services. A substantial proportion of the population in Central West still use surface water as their main source of drinking water. The handwashing services were alarmingly low with only 6.3% of the households in this cluster having basic handwashing services. Over 70% of the households have no handwashing facility.

Overall the WASH practices in the USHA Central West cluster are way below the national and regional levels for the year 2017/18 except for basic sanitation and open defection status. This comparison is shown in table 1 below. The survey also highlighted interesting behavioral dynamics with regard to the knowledge and attitudes on WASH and their translation into practice. In this population of Central West, neither wealth nor exposure to information on WASH influenced WASH practices. Overall, 34.2% of the CW population lie is 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 that there was no significant variation of WASH practices across the wealth quintiles. Further still, the population in this cluster had very good exposure to WASH information commonly relayed through media, but this didn't improve their WASH practices especially with regards to handwashing services. Some of the possible reasons for the poor and inequitable WASH practices in the Central West districts can be attributed to:

- Some districts have very poor areas where households have inadequate incomes to invest in sanitation facilities.
- It is possible that certain strong cultural or occupational practices conflict with the norms associated with good WASH practices. In addition, many of the districts in this cluster are along the cattle corridor.

The findings described in this report will be utilized to guide the USHA project in planning and implementation activities on WASH for the Central West 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 the 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. Summary of the findings for core WASH indicators against appropriate national rural/ urban indicator values;

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

Performance Indicators	†USHA CW 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	26.8%	ND	ND	ND
Safely managed Water: Percentage of the population using safely managed drinking water services located on the premises[1]	3.4%	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	24.5%	32.9%	ND	36.3%
Open Defecation: Percentage of the population practicing open defecation	10.1%	1.4%	8%	12.6%
HYGIENE SERVICE				
Hand Washing: Percentage of the population with hand washing facilities with Water and Soap at home	6%	58.2%	36.50%	39.6%

N/A = Not available; ND = No data; __* = small sample size of 29 households
† Average of results from districts sampled in the SW cluster
††Central II 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 minimized 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. Priority areas of intervention are summarized below, by district.

[1] Excluding water quality testing

Table 2: Summary of high-level findings for Central West cluster districts

DISTRICT	SANITATION	WATER	HYGIENE
BUKOMANSIMBI	1. High OD (12.1%) 2. High percent of latrines/open pits without slabs (57.6%)	1. High access to unimprovement main water source (35.4%)	1. No handwashing facility (57.6%)
BUTAMBALA	1. High lack of toilet ownership (34.2%)		1. No handwashing facility (66%)
GOMBA	1. High percent of latrines/open pits without slabs (56.1%)	1. High access to surface water as main source (18.3%)	1. No handwashing facility (79%)
KALUNGU	1. High OD (13.6%) 2. High percent of latrines/open pits without slabs (49.0%)		1. No handwashing facility (74%)
KYOTERA	1. High lack of toilet ownership (28.1%) 2. High percent of latrines/open pits without slabs (51.8%)	1. High access to unimprovement main water source (37.7%)	1. No handwashing facility (78%)
LWENGO	1. High OD (16.1%) 2. High percent of latrines/open pits without slabs (51.6%)	1. High access to surface water as main source (22.8%)	1. No handwashing facility (89%)
MPIGI	1. High lack toilet ownership (34.5%)		1. No handwashing facility (73.0%)
SEMBABULE	1. High lack of toilet ownership (27.8%) 2. High percent of latrines/open pits without slabs (60.8%)	1. High access to surface water as main source (46.1%)	1. No handwashing facility (80%)

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 in collaboration with international nongovernmental organizations SNV, BRAC, and FSG and Ugandan small business Sanitation Solutions Group (SSG).

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 levels that will lead to the following 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
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 districts and provide a baseline against which to measure behavioral and service delivery changes over the life of the activity. Among other information, the survey will be used to 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 aims of the baseline survey are to:

1. Establish current levels and conditions of WASH services and behaviors in the eight USHA intervention districts in the CW cluster and
2. Provide a baseline against which to measure behavioral and service delivery changes over the life of the activity.

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 1.

2.0 SURVEY DESIGN, METHODS, AND RESPONSE RATES

2.1 DESIGN

The USHA household WASH baseline sample was designed to be representative of each target district. The smallest unit of sampling for survey is a fixed number of households in an Enumeration Area (EA)[2] as provided by the Uganda Bureau of Statistics (UBOS). USHA used the 2014/5 list of EAs from the National Population and Housing Census (NPHC) prepared by UBOS.

2.2 SAMPLE SIZE AND SAMPLING

A sample of 2,816 households was selected for the survey, drawn from a total of 176 EAs in the eight districts that make up the Central West (CW) cluster: Bukomansimbi, Butambala, Gomba, Kalungu, Kyotera, Lwengo, Mpigi, and Sembabule (Appendix 2). **Error! Reference source not found.** shows t he details of the sample by cluster and district.

The team used a two-stage approach to identify sample households (HH). Firstly, USHA selected EAs from each district using a proportionate sampling methodology. The sampling frame was made up of all EAs contained in the 2014/15 NPHC list. The sampling frame included a complete list of all active households, excluding households in the EA that were not occupied. The team then selected 16 households from each EA based on the results of a household listing exercise conducted as part of this baseline survey. The team stratified a selected random sample from the listing based on the gender of the household head (determined at household listing) and whether the HH had access to a toilet. For sampling purposes, the team considered four strata: female-headed HH without toilet, male-headed HH without toilet, female-headed HH that had a toilet, and male-headed HH that had a toilet. Simple random sampling without replacement was used to select households from each of the stratum 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 representativeness of HH headship gender and latrine ownership status in the population being surveyed. Furthermore, stratifying the households into homogeneous groups of household units reduces sampling error and estimates generated have higher precision 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.

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[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

	Bukomansimbi	Butambala	Gomba	Kalungu	Kyotera	Lwengo	Mpigi	Sembabule
Households selected	352	352	352	352	352	352	352	352
Households that were occupied	345	352	345	345	341	350	345	340
EAs surveyed	314	354	337	333	334	347	341	332
Response rate	91%	101%	98%	97%	98%	99%	99%	98%

The overall response rate was 97 percent, and results ranged from 91 percent in Bukomansimbi to 101 percent in Butambala. The response rate in Butambala exceeded 100 percent because one additional EA was included in the sample. This was because the originally estimated number of EAs to be sampled was reduced by one. However, given that this EA had already been included in the listing exercise, the team retained it in the main survey.

2.3 DATA COLLECTION

2.3.1 IDENTIFICATION, TRAINING, AND DEPLOYMENT OF RESEARCH ASSISTANTS

USHA identified Research Assistants (RAs) from a pool of individuals with whom the consultants had previously engaged on other assignments. The skills, abilities, and experience sought included experience in data collection; field experience in the geographical areas where the survey was to be implemented; proficiency in English, Luganda, or Lusoga (the languages spoken the survey areas); and experience in use of tablets for data collection.

To ensure that the RAs were empowered to collect quality data, the team provided them with a three-day training. The survey team developed the training curriculum to cover the purpose of the survey, the technical concepts of the data to be collected, a review of the questionnaire, practical experience administering the questionnaire in class and in the field, use of tablets, and ethical conduct of research. The USHA survey team deployed a total of five teams to collect data in approximately two districts each. Each team was led by a Team Leader and contained between six and nine people.

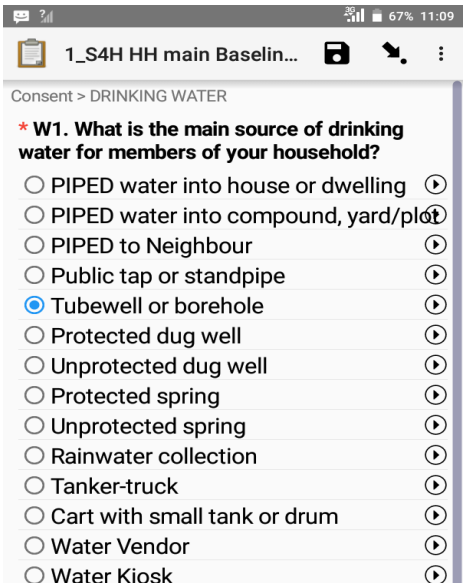
2.3.2 ENGAGEMENT OF DISTRICT AND VILLAGE LEADERSHIP

The USHA team announced the planned baseline interventions during district entry activities undertaken in the activity's start-up phase. During these interventions, the team informed district stakeholders of the upcoming baseline and related timelines. Thereafter, the activity's Chief of Party (COP) formally notified district leadership about the planned baseline survey through letters sent to district Chief Administrative Officers. During delivery of the letters, the team took the opportunity to explain further the purpose of the survey and invite representatives to be present at the RA training. Each district nominated a focal person to support the baseline activity. From that point onward, these individuals served as contacts for any baseline matters. District representatives attended the three-day baseline survey training where they supported the RAs in adapting the WASH questionnaire to district-specific scenarios and gave suggestions regarding practical community entry approaches. They even sat for the RAs' competence assessment and obtained impressive test scores. During actual baseline data collection, district representatives participated in support supervision and audit of the research assistants. At the EA level, the USHA team always contacted village leaders (local council chairpersons or their designees) prior to entry to notify EAs of the teams' schedules and request support. This included locating the selected households and introducing the teams to the households.

2.3.3 DATA COLLECTION TOOLS

The baseline survey team used a quantitative, structured questionnaire to track the household WASH status. The team translated the questionnaire into Luganda and Lusoga and adapted the content as needed to suit each district context. Prior to administration, the team piloted all the tools to enhance their suitability (Appendices 2 and 3). The household WASH survey questionnaire captured household-level information on: demographic characteristics, household assets, sanitation, hygiene, water, psycho-social determinants of latrine/toilet ownership and handwashing, and modes of WASH information exposure. To minimize data collection errors, the team programmed the questionnaires using Open Data Kit (ODK), an open-source mobile data collection software, onto the tablets. Programming provided for legal values, expected ranges, and logic skips. Figure 2.1 presents a screenshot of the data collection software as shown on a tablet.

FIGURE 2.1. Screenshot of Tablet with Data Collection in ODK



2.3.4 INTERVIEWS

Respondents were eligible if they were the head of the household, the spouse of the head of the household, or an adult member of the household best able to answer the questionnaire. The teams informed prospective respondents about the purpose of the survey and requested that those who agreed to participate sign an electronic consent form (on the tablets). Teams carried out interviews in a 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.

FIGURE 2.2. Interview Being Conducted in a Homestead

2.3.5 QUALITY ASSURANCE AND CONTROL

In order to ensure quality data, the USHA baseline survey team took several measures. They carefully selected RAs, taking into consideration their ability to comprehend the substance of the survey as well as their experience in similar settings. All RAs received training prior to the data collection. The training covered in-class didactic sessions, formal tests, and hands-on practical interviews—initially mock interviews among trainees and then through a pre-test. The pre-test was conducted in actual EAs (but not included in the sample). RAs had an opportunity to conduct two full interviews in real-life settings.

These trainings were followed by a debrief to reinforce learning experiences. The baseline survey team used results from the in-class test to identify areas within the questionnaire for further training. They also used results to identify and further support individuals in areas of weakness. Similarly, the team formally analyzed the data from the pre-tests and used them to strengthen the RAs' ability to collect quality data. The team conducted weekly data quality spot checks using audit forms (Appendix 3) provided by USHA, generated weekly summary quality control reports, and provided real-time feedback

to the RAs on areas for improvement. In addition, the USHA team and district representatives made routine field visits to ensure compliance with the set baseline survey implementation guidelines.

The team arranged for translation of the questionnaires ahead of the training. All RAs and district representatives present at the training had an opportunity to review and improve the quality of the translations prior to data collection. During data collection, interviewers were instructed to read questions verbatim to ensure consistency across 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. Data are presented by district, gender, and wealth quintile as appropriate in the next sections.

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

By 2017, the population of Uganda was 37.7 million (UBOS NHPC, 2017) with majority being female. About 31 percent of households in Uganda are headed by women with an average household size of five. The majority (74%) of Ugandans above the age of 10 years are literate, with more males (78%) than females (70%) being able to read and write. About 72 percent of Ugandans live in their own dwellings, 22 percent have rented accommodation, and 6 percent live in free dwellings (UBOS NHPC, 2017). Of those that own their dwellings, 41 percent are jointly owned by the head of the household and their spouse, and men mostly own the substantive household assets such as bicycles, radios, and cars. The main source of these household earnings was from subsistence farming, indicating that a large number of the country's population is based 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 acquired 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

The CW Cluster survey included a total of 2,692 households. The number of participating households in each district ranged from 332 in Sembabule to 354 in Butambala. In this survey, a household is 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 are considered as household members even though they have lived in the dwelling for less than 6 months in the past 12 months: infants who are less than six months old; newly married couples who have been living together for less than six months; students and seasonal workers who have not been living in or as part of another household; and other persons living together for less than six months but who are expected to live in the household permanently (or for a longer duration).

Female-headed households constituted 34.3 percent of the respondent households (see Table 3.1). The average age of the household head was 44.2 (SD: 16.2). In the majority of households (54.1%), the highest level of education completed by the household head was primary school education. Overall, most household heads (77.5%) were Christians. However, in Butambala District household heads in 55.4 percent households were Muslim.

The average household size was 4.6 (SD: 2.8), which is consistent with the standard Ugandan household average size of 4.7 people as reported by the NPHC and similar to the CW Cluster (UBOS NHPC, 2017). Children aged 18 or less constituted 58.1 percent of the population in the households included in the survey (see the population pyramid in Figure 3.1).

FIGURE 3.1. Distribution of the Resident Population by Age and Sex

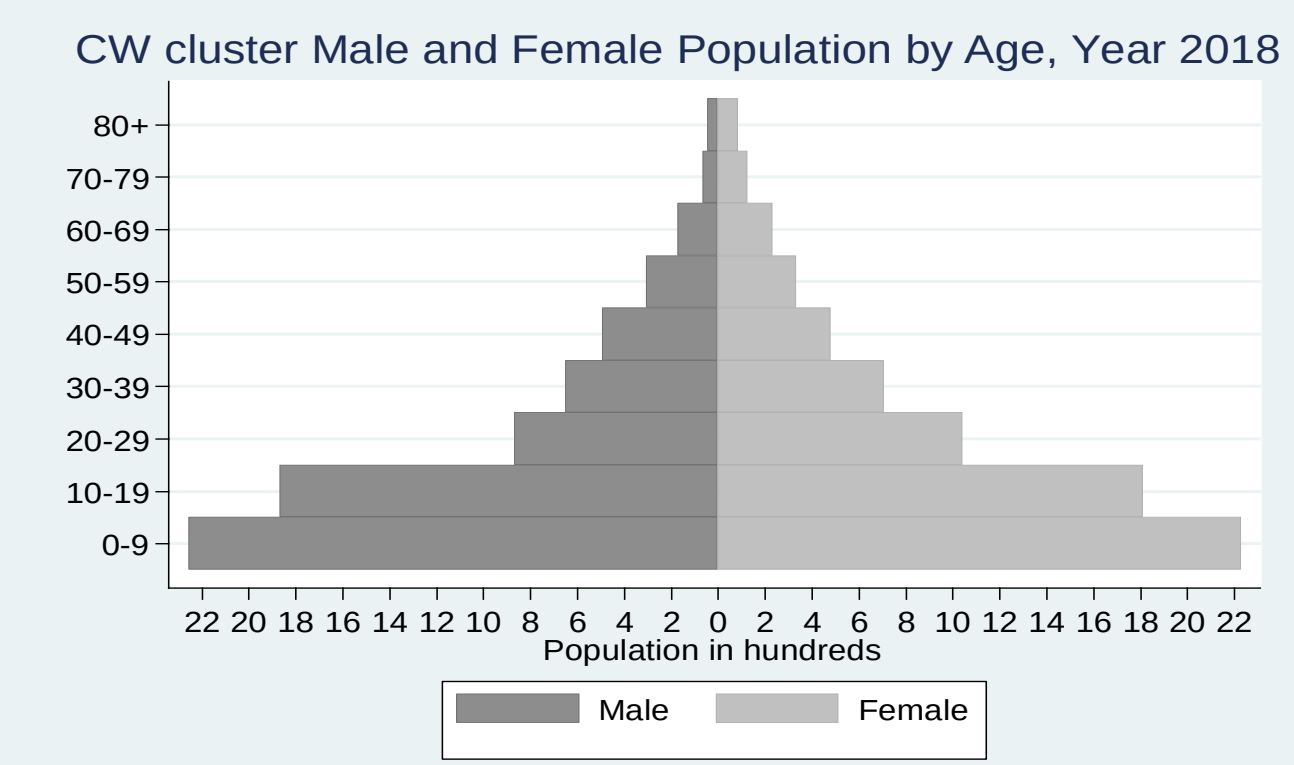


TABLE 3.1. Characteristics of Residents of the Respondent Households by Percentage

	Bukomansimbi N=314	Butambala N=354	Gomba N=337	Kalungu N=333	Kyotera N=334	Lwengo N=347	Mpigi N=341	Sembabule N=332
Female Head of HH	36.3	35.6	30.9	36.3	37.1	37.2	27.0	33.7
Mean Age of HH Head	48	43	44	45	45	44	42	43
Education of HH Head								
No education attained	11.5	9.9	19.3	9.6	8.4	15.0	9.7	21.1
Pre-primary	1.6	5.1	6.2	2.1	4.5	0.9	2.1	5.1
Primary	63.1	48.9	50.7	59.8	53.9	59.7	50.4	47.3
O-level	18.2	24.6	14.5	18.3	20.4	16.7	25.8	13.9
A-level	1.9	2.8	2.1	3.0	2.4	2.0	4.1	1.8
Vocational	1.6	3.1	2.4	0.6	1.8	2.0	1.5	2.1
Tertiary	1.3	4.0	3.3	4.2	7.5	2.3	4.4	4.2
Unknown	1.0	1.7	1.5	2.4	1.2	1.4	2.1	4.5
Religion of HH Head								
Catholic	64.0	27.1	47.8	58.0	65.9	48.1	57.8	46.1
Anglican	15.6	11.9	27.6	10.2	13.5	18.4	15.5	21.4
Muslim	14.3	55.4	10.1	26.7	13.2	20.7	16.7	19.7
Born Again	4.8	4.5	11.0	3.6	6.0	11.2	8.2	11.5
Seventh Day Adventist	1.3	1.1	3.6	0.9	0.9	0.9	1.8	2.1
Other	0.0	0.0	0.3	0.6	0.6	0.6	0.0	0.6
Number of adults living in household (Mean)	2	2	1	1	2	1	2	2
Number of children <18 in household (Mean)	4	4	4	4	4	4	4	5
Number of children <3 in household (Mean)	3	3	3	3	3	4	4	4
Number of people with disability*	1	1	1	1	1	1	1	1

* Difficulty seeing, walking, or managing self-care (e.g., dressing and washing)

3.3 HOUSEHOLD STRUCTURES

As shown in Table 3.2, most households are semi-detached3 (70.6%) and owned by the residents (74.3%). The materials used to make the floor were predominantly earth/sand/dung (47.5%) or cement/concrete (49.2%), which is not consistent with most Ugandan houses (59% earth and 37% cement) (UBOS, 2017). Earth/sand/dung floors were most frequently used in Bukomansimbi (57.3%) and Gomba (63.5%). The material used to for roofs was iron sheets in 96.6 percent of the houses; most of the roof types among Ugandan houses are iron sheet (75%) and grass thatch (24%) (UBOS, 2017). Thatch was uncommon and used in only 2.2 percent of the houses surveyed. Thatch was most frequently used in Kyotera (4.2%) and Sembabule (7.2%). The material used to make walls was burnt/stabilized bricks in 80.2 percent of the houses. Mud and wattle were used in 9.5 percent of the households (67% brick and 28% mud and poles) (UBOS, 2017) and were most frequently used in Gomba (18.3%), Kyotera (15.3%), and Sembabule (14.0%). Most households who owned their house also owned the land on which the house was built (96.6%).

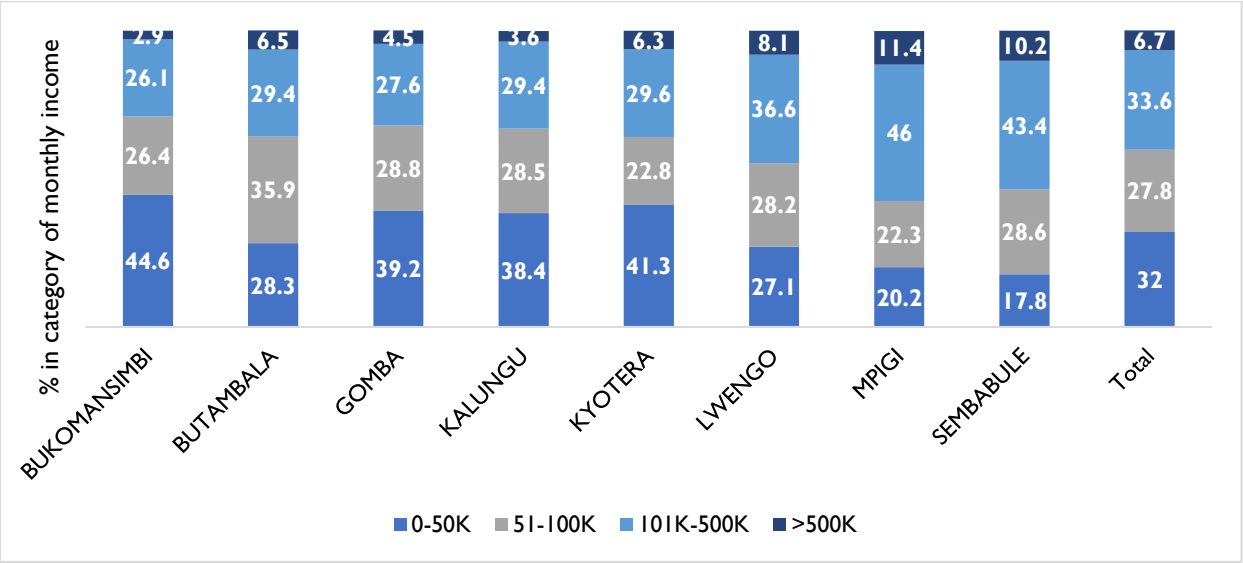
FIGURE 3.2. A Typical House in Butambala District

3.4 HOUSEHOLD INCOME

Overall, 75.5 percent of the households in the CW Cluster own agricultural land, either alone or jointly with others. However, a substantial number of households do not own any agricultural land, ranging from one in ten households in Bukomansimbi to one in three households in Butambala. The main source of income was subsistence farming (56.1%) overall (Table 3.3). However, wages and non-agricultural enterprises were strong alternative sources, particularly in Butambala (wages: 21.5%) and Kalungu (non-agricultural enterprises: 25.2%). The monthly income was 50,000 shillings or less for 32.0 percent of the households, just over 50,000 shillings to 100,000 shillings for 27.8 percent of the population, and just over 100,000 shillings to 500,000 shillings for 33.6 percent as shown in Figure 3.3.

[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

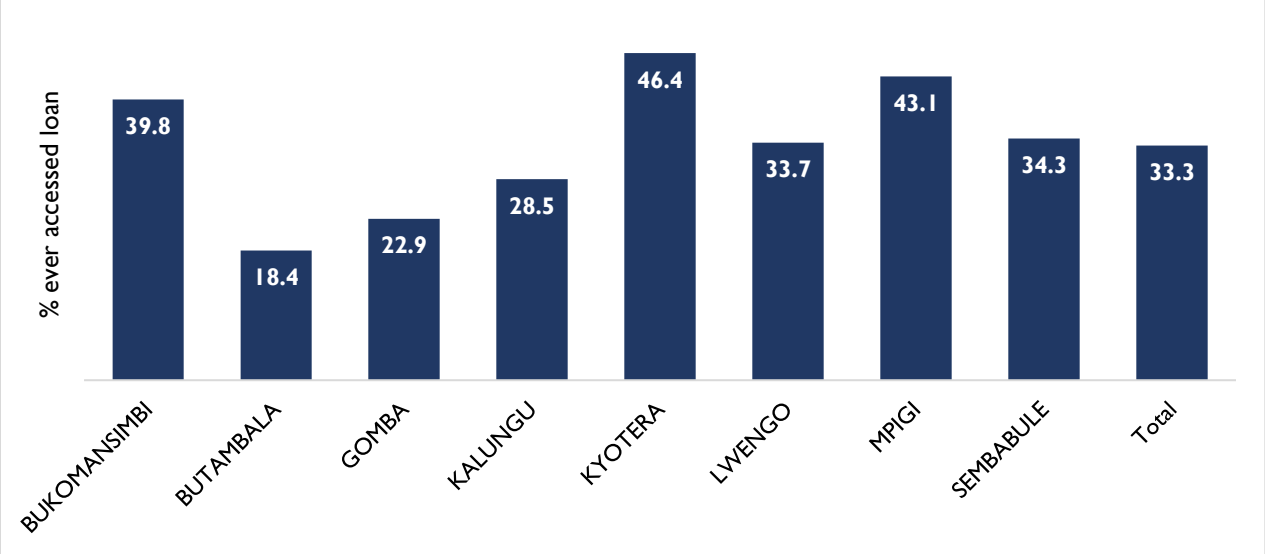


Note: The "TOTAL" column is an average of the entire cluster. This report aims to assess district-specific variations.

5.5 ACCESS TO FINANCIAL SERVICES

Access to mobile money was high in the Central West districts. Overall, 73.2 percent of respondents had used mobile money services (Table 3.3). A small percentage of respondents (24.2%) had an account in a bank or financial institution. Overall, only 33.3 percent had ever accessed a loan. Access to loans ranged from 18.4 percent in Butambala to 46.4 percent in Kyotera (Figure 3.4).

FIGURE 3.2. Access to Loans



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

3.6 WEALTH QUINTILE

Overall, 34.2 percent of the CW population lies in the lowest two poverty quintiles. The proportions are highest in Gomba (46.3%) and Sembabule (46.4%) where nearly half of the population is in the lowest two poverty quintiles. The distribution of wealth in the population is shown in

FIGURE 3.3. Overall, less than 20 percent of the population are in the lowest quintile. The exceptions to this were Gomba 22.95%) and Sembabule (21.4%).

FIGURE 3.3. Wealth Quintile Distribution by District

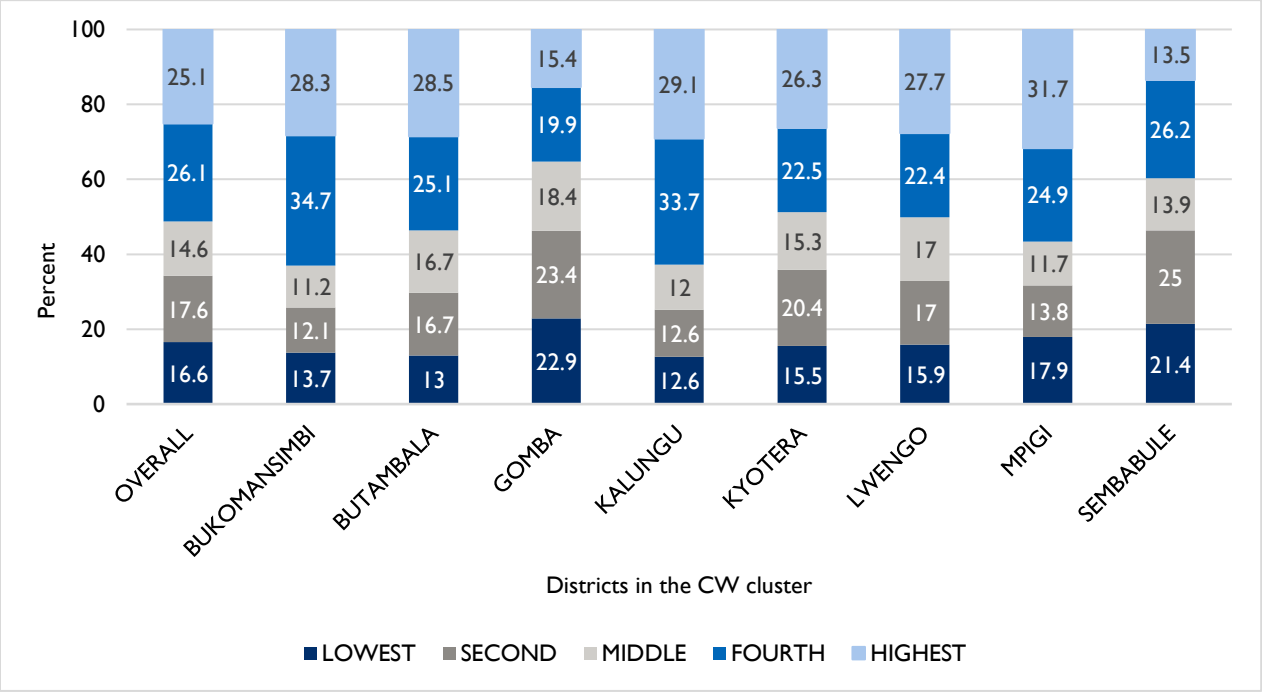


TABLE 3.2. Household Structure (Percent of Households with Given Characteristic, by District)

	Bukomansimbi	Butambala	Gomba	Kalungu	Kyotera	Lwengo	Mpigi	Sembabule
Type of dwelling unit								
Detached*	75.2	63.3	81.6	72.7	67.4	73.5	65.4	66.3
Semi-detached**	16.6	29.1	7.4	23.1	23.4	24.5	6.5	25.9
Tenement (Muzigo)***	8.0	7.1	0.6	4.2	9.0	1.4	3.8	7.5
Other	0.3	0.6	10.4	-	0.3	0.6	24.3	0.3
Is house owned								
Owned by family	85.7	67.8	78.3	74.8	73.1	77.0	66.0	72.9
Rented	10.8	28.0	16.3	19.8	20.1	17.6	30.8	24.4
Other	3.5	4.2	5.3	5.4	6.9	5.5	3.2	2.7
Material of floor								
Earth/sand/dung	57.3	36.4	63.5	49.0	42.8	51.3	29.9	50.9
Cement/concrete	36.6	57.9	33.8	48.1	54.5	46.7	68.0	46.7
Other	6.1	5.7	2.7	3.0	2.7	2.0	2.1	2.4
Material of the roof								
Thatch	0.6	0.3	2.4	1.8	4.2	1.4	-	7.2
Iron sheets	95.9	98.3	97.0	98.2	95.8	98.0	97.1	92.5
Other	3.5	1.4	0.6	-	-	0.6	2.9	0.3
Material of wall								
Burnt/stabilized bricks	64.8	84.5	75.7	80.2	77.0	86.4	89.8	80.8
Unburnt bricks	10.2	5.2	2.8	6.5	4.4	3.0	3.0	2.0
Mud and wattle	10.2	2.3	18.3	6.5	15.3	8.3	3.0	14.0
Other	14.9	8.1	3.2	6.8	3.4	2.4	4.2	3.3

* 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 run down

TABLE 3.3. Household Income (Percent of Households with Given Income Source, by District)

	Bukomansimbi	Butambala	Gomba	Kalungu	Kyotera	Lwengo	Mpigi	Sembabule
Main source of income								
Subsistence farming	70.7	33.3	58.2	48.4	54.2	68.0	44.0	73.8
Commercial farming	7.3	12.4	2.4	9.9	5.4	2.6	2.4	2.1
Wage/employment	10.2	21.5	15.1	13.2	14.1	7.5	18.2	6.6
Agricultural enterprises	1.6	8.8	6.2	0.6	2.4	1.2	7.3	-
Non-agricultural enterprises	7.0	11.9	16.3	25.2	17.4	17.3	20.2	12.4
Other	3.2	12.2	1.8	2.7	6.6	3.5	7.9	5.1
Average monthly income								
0-50,000	44.6	28.3	39.2	38.4	41.3	27.1	20.2	17.8
51,000-100,000	26.4	35.9	28.8	28.5	22.8	28.2	22.3	28.6
101,000-500,000	26.1	29.4	27.6	29.4	29.6	36.6	46.0	43.4
>500,000	2.9	6.5	4.5	3.6	6.3	8.1	11.4	10.2
Use mobile money services								
Yes	68.2	77.7	66.8	67.3	75.2	70.6	83.9	75.3
No	31.9	22.3	33.2	32.7	24.9	29.4	16.1	24.7
HH has account in bank or financial institution								
Yes	16.2	19.2	12.8	21.3	36.8	27.1	30.2	29.5
No	83.8	80.8	87.2	78.7	63.2	72.9	69.8	70.5
Ever accessed loan								
Yes	39.8	18.4	22.9	28.5	46.4	33.7	43.1	34.3
No	60.2	81.6	77.2	71.5	53.6	66.3	56.9	65.7
Agricultural land ownership								
Alone only	79.3	46.9	68.3	66.4	65.0	71.5	59.8	72.0
Jointly only	5.4	11.6	5.3	6.6	7.8	5.8	10.0	7.5
Both alone and jointly	0.6	4.5	1.2	0.3	1.8	2.3	4.7	0.6
Does not own	14.6	37.0	25.2	26.7	25.5	20.5	25.5	19.9

4.0 SANITATION: ACCESS, TYPE, CONDITION, AND USAGE OF TOILETS

4.1 INTRODUCTION

Sanitation is intended to sequester human feces and prevent exposure to fecal pathogens such as viruses, bacteria, protozoa that can directly cause diarrheal diseases, poor nutritional status, and neglected tropical diseases such as soil transmitted helminths (STH) and trachoma (USAID, 2016). Uganda is continually registering better access to sanitation services among the rural population with approximately 79 percent of the national population having access to at least basic sanitation services (MWE, 2018). The basic sanitation services in the urban communities remains low at 36.3 percent. Pit latrines are the most common type of toilets in Uganda, with 83 percent of the population owning one (UBOS, 2017). Approximately 4 million Ugandans still practice open defection, which is about 10 percent of the national population. This practice is surprisingly higher among urban dwellings at 12.6 percent than rural households at 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 & Nsubuga-Mugga, 2018), (UBOS, 2017). Other reasons for low toilet use include ignorance of the practice and a negative attitude toward toilet use, particularly pit latrines. These are mostly influenced by cultural beliefs. A recent analysis of 2016 Uganda Demographic and Health Survey (UDHS) WASH data for the Central West region showed that 32.9 percent of the households in this region accessed basic sanitation services, 35.7 percent accessed limited sanitation services, 30.0 percent accessed unimproved sanitation services, and 1.4 were still practicing open defecation (USAID, 2016).

Adriko et al., 2018 carried out a national survey on STH among school-going children and assessed the effects of the STH on their health. The burden of STH reflects the quality of sanitation conditions. Using the Mpigi District to represent the Central West region, 16.8 percent of these children had STH, mainly hookworm infestation. About 6.7 percent of the children suffered from anemia, 1.1 percent severely.

Figure 4.1 shows examples of latrines and their slabs. Panels A and B show examples of latrines with slabs covered with cement (A) or an assortment of ceramic tiles (B). Panels C and D show examples of latrines that do not have slabs.

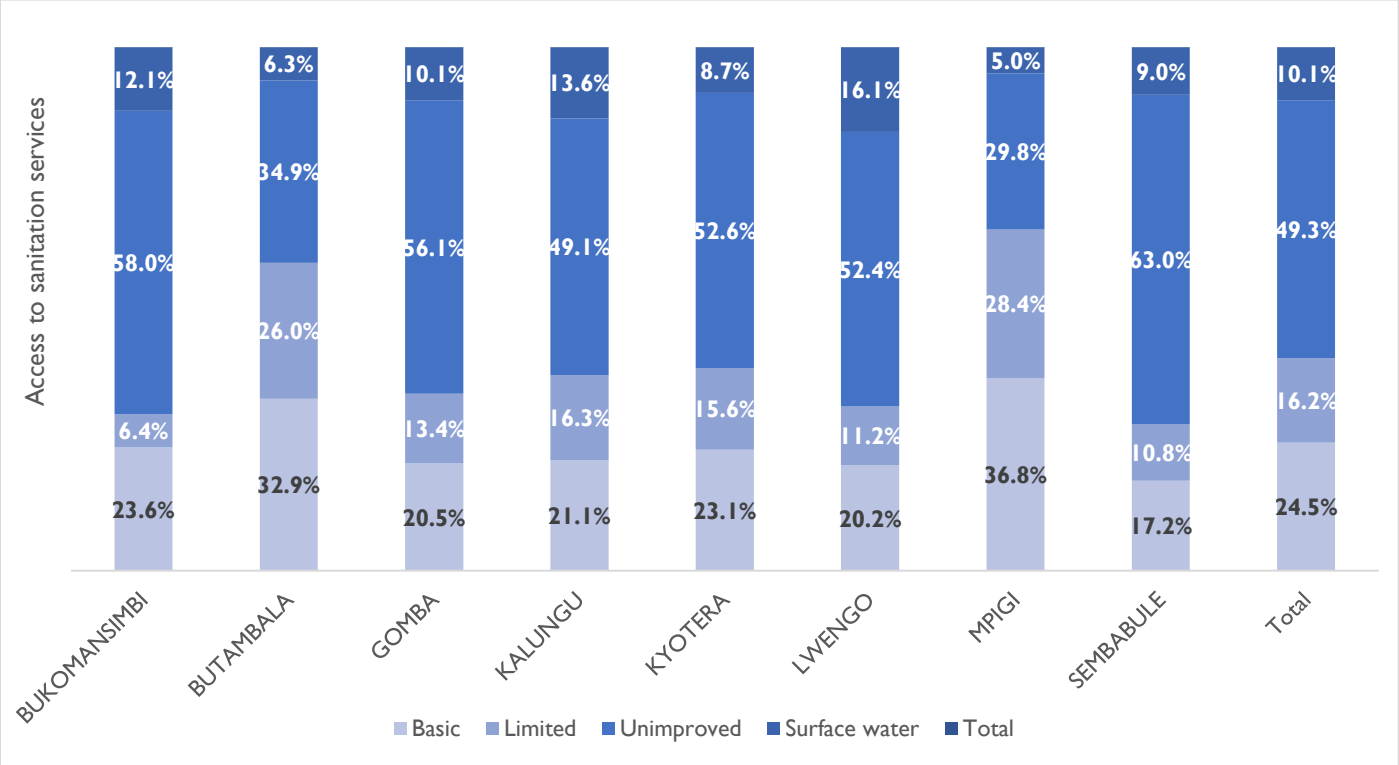
FIGURE 4.1. Examples of Latrines with Slabs (A and B) and without Slabs (C and D)

4.2 ACCESS TO SANITATION SERVICES

The following section presents data on access to sanitation services by JMP ladder standards. There were insufficient data in the Central West districts to evaluate safely managed sanitation services at the household level. Close to 25 percent of households have access to basic sanitation services (FIGURE 4.2) while access to limited and unimproved sanitation services was 16.2 percent and 49.3 percent, respectively. The rate of households practicing open defecation was 10.1 percent. Mpigi had the highest access to basic services (37.0%), followed by Butambala (33%). The lowest was Sembabule (17.2%), followed by Lwengo (20.2%) and Gomba (20.5%).

The majority of households (91.7%) had never emptied their toilets. In the 29 households where emptying had been done, the emptying was carried out by a household member (17.2%), someone other than a household member (37.9%), municipal truck (10.3%), private truck (27.6%), or other means (6.9%). The contents were buried on site in 14 cases (48.3%), openly disposed of in 2 cases (6.9%), transported to a gazetted treatment place in 3 cases (10.3%), and transported to an unknown site in 10 cases (34.5%).

FIGURE 4.2. Access to Sanitation Services



* *Insufficient data to further estimate safely managed sanitation services.*

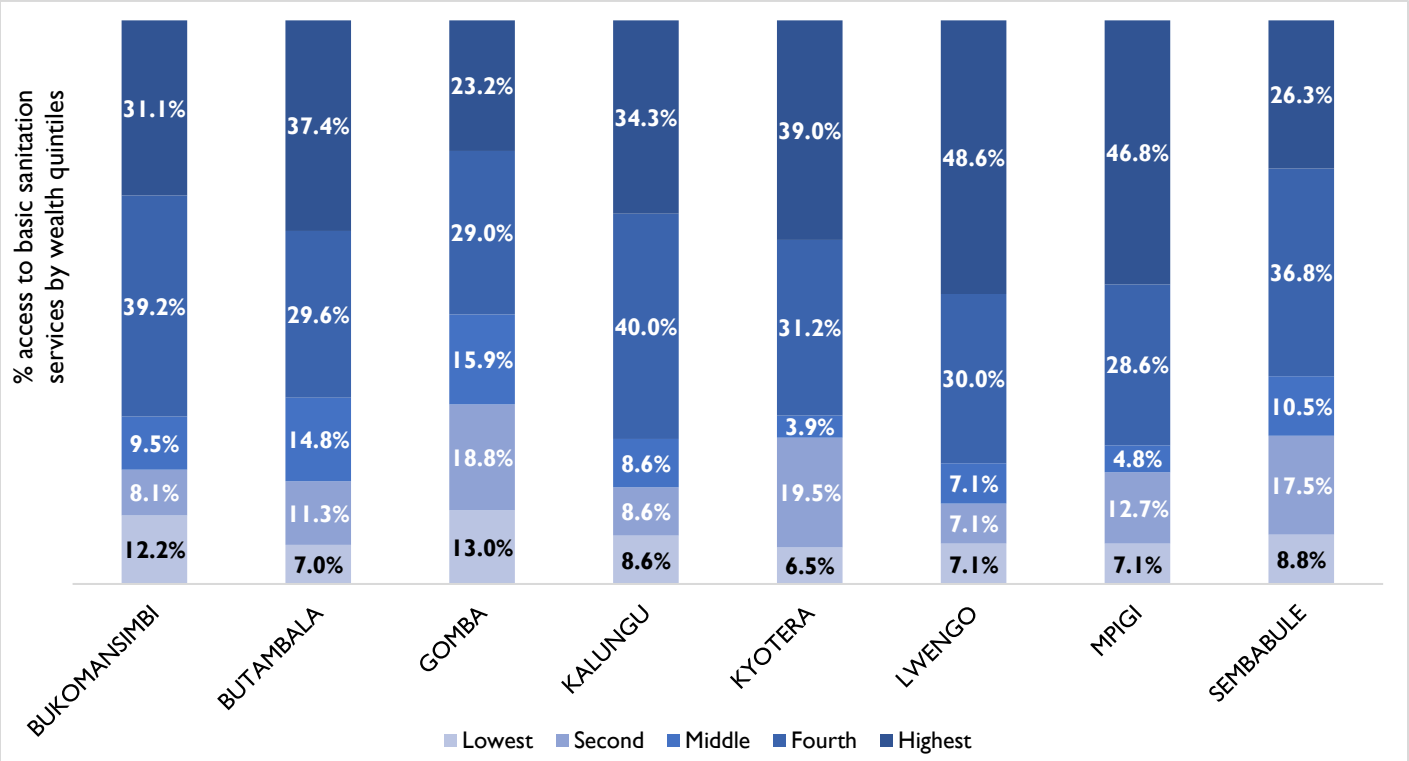
Note: The "TOTAL" column is an average of the entire cluster. This report aims to assess district-specific variations.

The technologies that contributed to basic sanitation services were distributed as follows: pit latrine with slab (94.6%), flush to biodigester (0.1%), flush to pit (0.9%), flush to piped sewer (0.1%), flush to septic tank (1.1%), flush to pit latrine (0.3%), composting toilet (0.4%), and twin pit with slab (2.6%). The technologies contributing to unimproved services were distributed as follows: pit latrines without slabs/open pits (99.2%); flush to open drain (0.2%); twin pit without slab (0.3%); and hanging toilet (0.3%).

4.3 ACCESS TO SANITATION SERVICES BY WEALTH QUINTILE

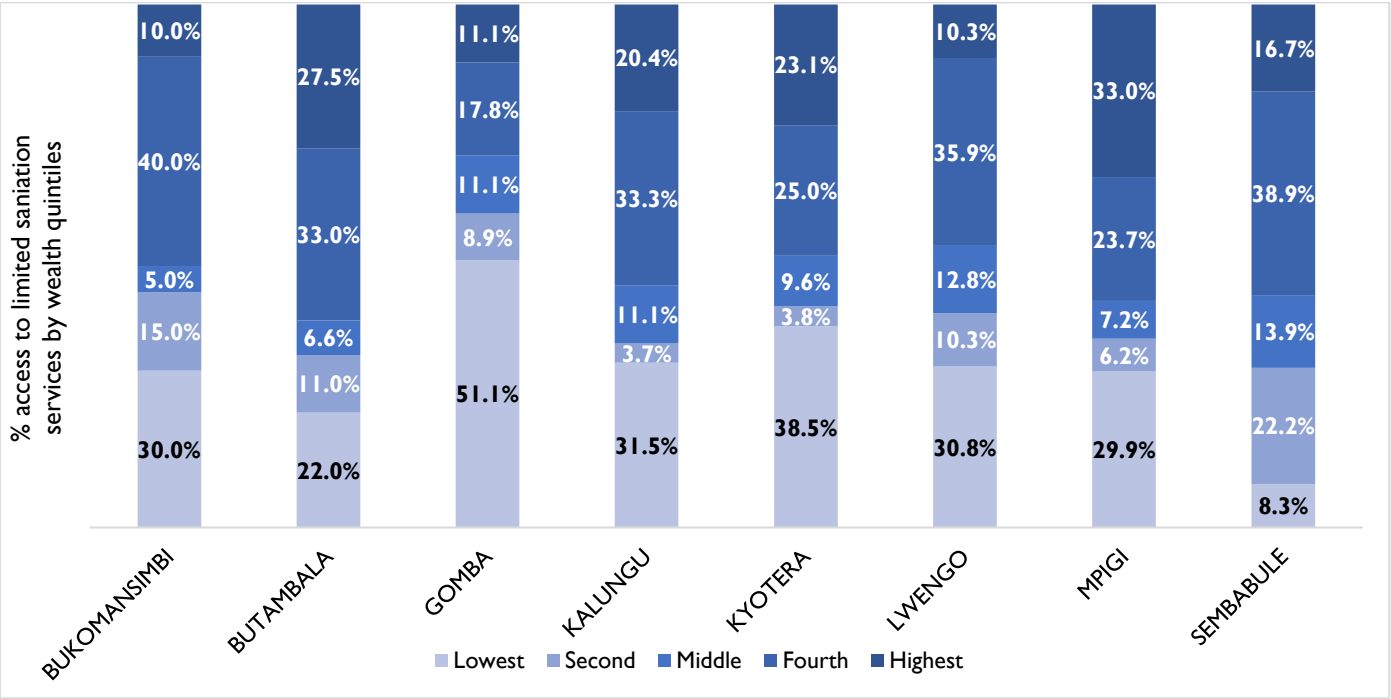
The following section presents information regarding access to sanitation services according to the JMP ladder and wealth quintile. Figure 4.3 shows access to basic sanitation services by district and wealth quintile. For example, in Mpigi District, access to basic sanitation was at 7.1% among those in the lowest quintile, while it was 12.7%, 4.8%, 28.6%, and 46.8% in the second, middle, fourth, and highest quintiles, respectively. In Mpigi, therefore, access to basic sanitation varied by wealth quintile, with a tendency of higher access in the fourth and highest quintiles. This pattern appears even when all districts are seen together. In Bukomansimbi, overall access to basic sanitation was 23.6 percent and did not vary substantially by wealth quintile.

FIGURE 4.3. Access to Basic Sanitation Services, by District and Wealth Quintile



On the other hand, access to limited sanitation services tended to be highest in the lowest wealth quintile (Figure 4.4). For example, in Mpigi, access to limited sanitation services was 29.9 percent in the lowest wealth quintile as compared to 6.2 percent, 7.2 percent, 23.7 percent, and 33 percent in the second, middle, fourth, and highest wealth quintiles, respectively. Sembabule was an exception, with access to limited sanitation services being lowest in the lowest wealth quintile (i.e., 8.3%). Together, these results suggest that access to the preferred level on the sanitation ladder (i.e., basic sanitation) is better in the higher wealth quintile, while the lower quintiles have higher access to the less preferred levels on the ladder (i.e., limited sanitation).

FIGURE 4.4. Access to Limited Sanitation Services, by District and Wealth Quintile



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

As shown in Figure 4.5, prevalence of open defecation was highest in the second and middle wealth quintiles. In Mpigi, for example, open defecation was highest in the second (41.2%) and middle (29.4%) wealth quintiles. This pattern was seen in each of the districts.

FIGURE 4.5. Prevalence of Open Defecation, by District and wealth Quintile

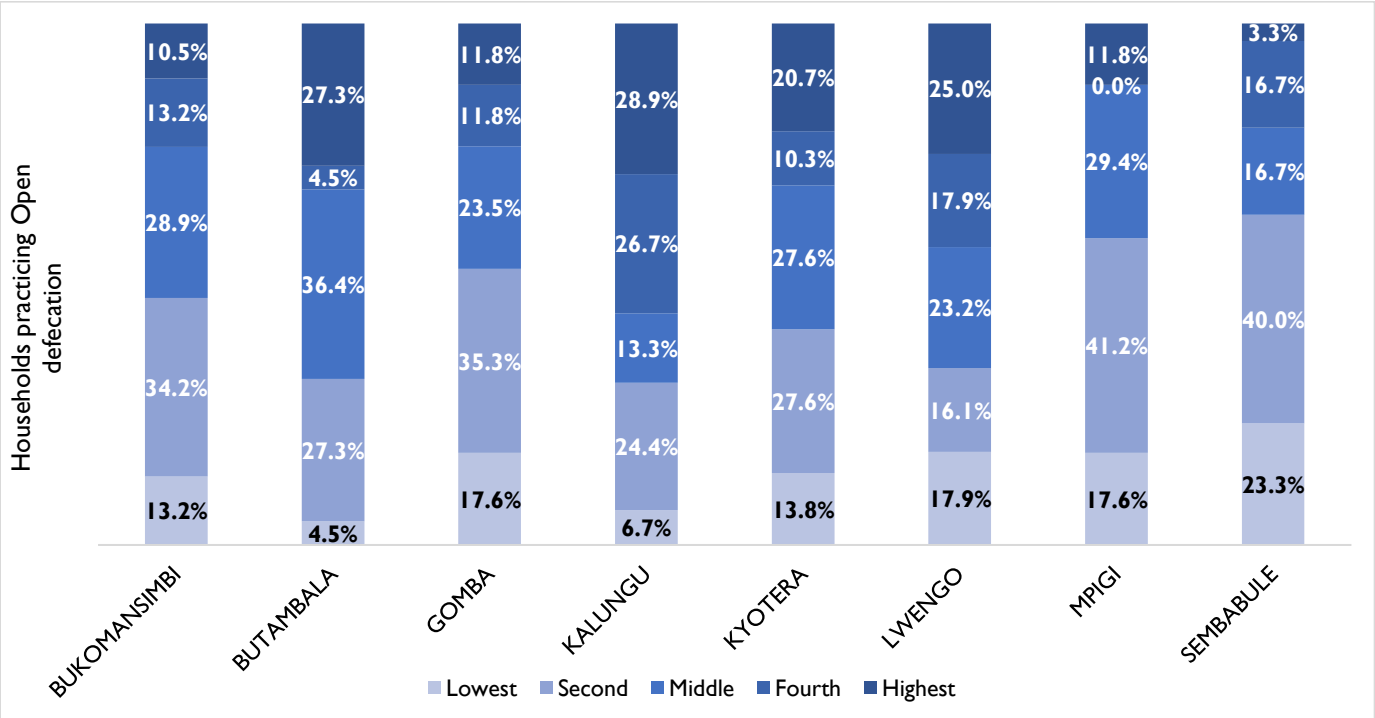


FIGURE 4.6. Proportion of Households without Access to Toilets, by District

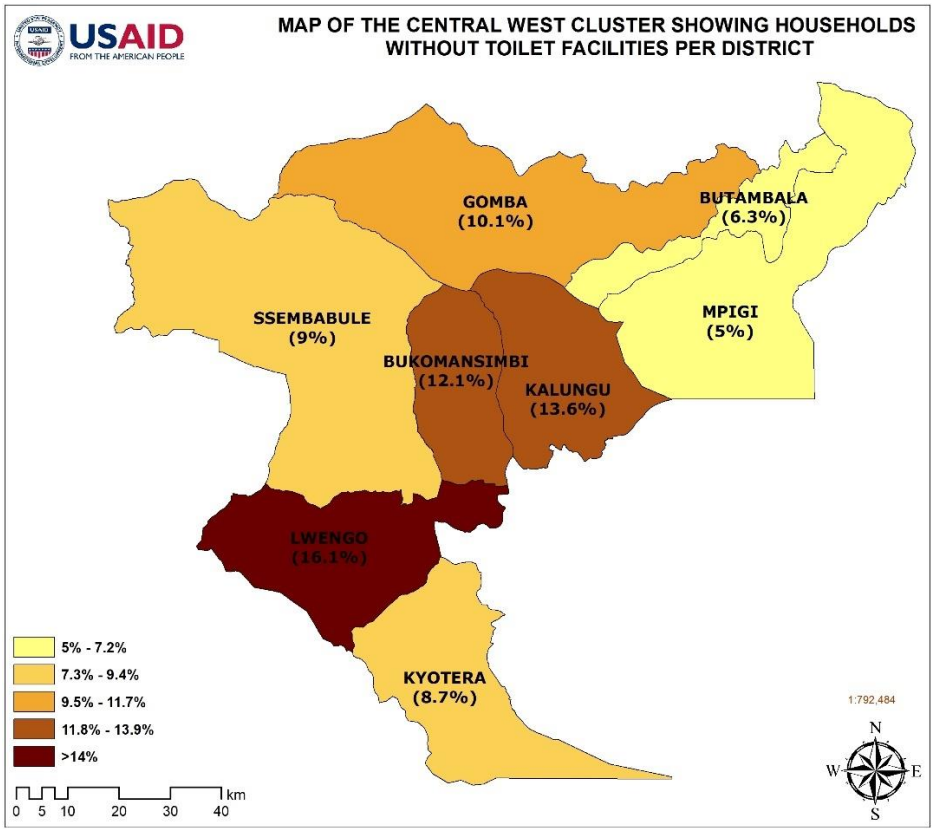
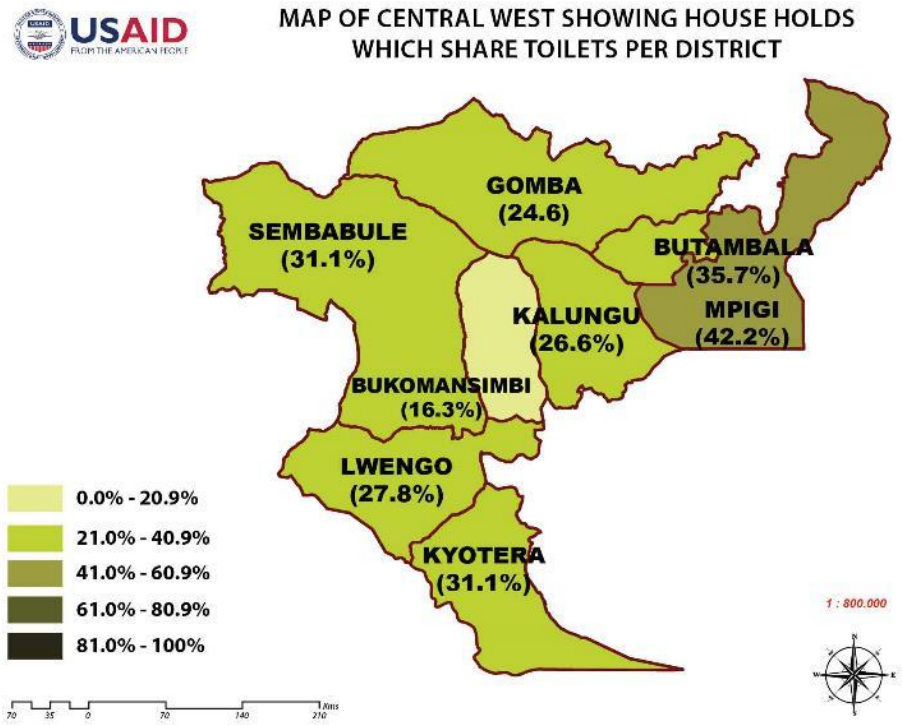


FIGURE 4.7. Proportion of Households that Share Toilets, by District



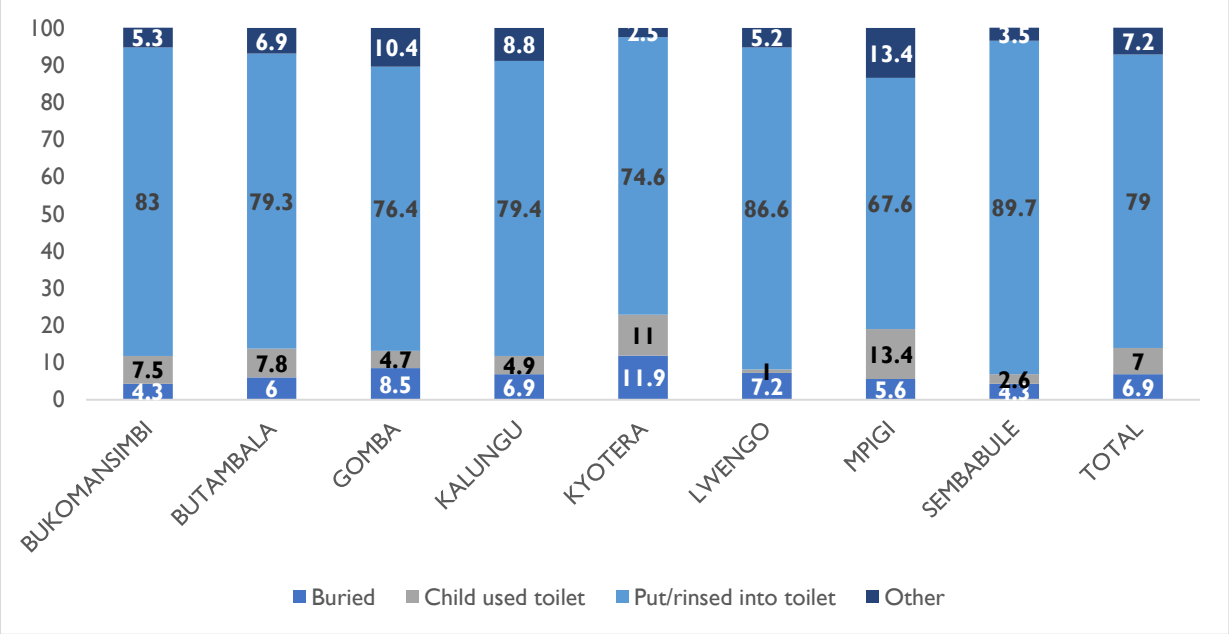
4.4 TOILET TYPE, OWNERSHIP, SHARING, AND USE

The largest section of the population (50.0%) in the Central West districts only has access to unimproved services. This implies that they use latrines without slabs or open pits without slabs, as described below. Overall in the Central West districts, 38.7 percent of households had pit latrines with slabs. As suggested above, 48.3 percent had latrines without slabs or open pits without slabs, while 3.2 percent had other toilet types (Table 4.1). Notably, 9.8 percent of households did not have access to any type of toilet and were therefore practicing open defecation (Figure 4.6 and Table 4.1). In most districts, the toilets were almost universally of the squat type and were accessible to 95.2 percent of the household members. Overall, and across all districts, based on visual inspection, it was evident that the majority (99.4%) of the toilets were in use.

Among those with access to it, the toilet was located in the homestead in 93.4 percent of the households, was accessible day and night in 94.3 percent, and was owned by the household in 74.0 percent. However, the toilet allowed for privacy[4] in only 44.8 percent of the households. Of worth noting, about a third of households shared the toilet with at least one other household (FIGURE 4.7). These households, even if they were to have access to an improved sanitation facility, would be categorized as having limited service on the JMP ladder. On average, a toilet was shared among three households.

The majority of households disposed of the stool of children aged less than three into the toilet (Figure 4.8). Rates of disposal of children's stool into the toilet were 79.0 percent overall and ranged between 67.6 percent in Mpigi and 86.6 percent in Lwengo.

FIGURE 4.8. Disposal of Most Recent Stool of Child Aged Less than Three Years



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

[4] Privacy means a latrine/toilet has a curtain, door or the Entrance is L shaped

TABLE 4.1. Access, Condition, Type and Usage of all Households (%)

	Bukomansimbi	Butambala	Gomba	Kalungu	Kyotera	Lwengo	Mpigi	Sembabule
Type of toilet								
Latrine with slab	29.6	50.9	32.3	36.0	36.8	31.1	64.2	27.1
Latrine/open pit without slab	57.6	31.4	56.1	49.0	51.8	51.6	29.6	60.8
No toilet	12.1	5.9	9.5	13.2	8.4	16.1	4.7	9.0
Other	0.6	11.9	2.1	1.8	3.0	1.2	1.5	3.0
Location of toilet								
Inside house	0.4	1.5	-	0.7	4.3	-	2.5	1.3
In own compound	90.9	89.2	96.1	87.9	90.5	93.8	94.8	92.4
Elsewhere	8.7	9.3	3.9	11.4	5.2	6.2	2.8	6.3
Toilet access day and night								
Yes	95.3	95.5	95.1	96.5	90.5	96.2	89.2	96.4
No	4.7	4.5	4.9	3.5	9.5	3.8	10.8	3.6
Toilet allowing for privacy								
Yes	54.4	36.3	50.8	47.8	44.4	46.1	31.7	49.3
No	45.7	63.7	49.2	52.3	55.6	54.0	68.3	50.7
Household owns the toilet								
Yes	88.4	65.8	77.1	75.4	71.9	78.7	65.5	72.2
Do not own	11.6	34.2	23.0	24.6	28.1	21.3	34.5	27.8
Share toilet with another household								
Yes	16.3	35.7	24.6	26.6	31.1	27.8	42.2	31.1
No	83.7	64.3	75.4	73.4	69.0	72.2	57.9	68.9

TABLE 4.2. Construction and Maintenance of Toilets (%)

	Bukomansimbi	Butambala	Gomba	Kalungu	Kyotera	Lwengo	Mpigi	Sembabule
Made decision to construct toilet								
HH head	92.2	84.0	92.3	90.8	87.7	92.6	82.2	89.9
Spouse	2.1	2.7	1.3	2.3	2.3	2.6	6.6	6.4
Child	4.9	5.9	2.6	2.8	3.6	0.9	3.3	1.4
Other	0.8	7.3	3.8	4.1	6.4	3.9	8.0	2.3
Professional services to construct toilet								
Yes	73.8	69.9	68.9	81.2	69.6	76.9	76.5	83.0
No	26.2	30.1	31.1	18.8	30.5	23.1	23.5	17.0
Material surrounding drop hole								
Mud/clay	23.2	12.3	24.3	24.2	25.5	30.2	6.5	33.8
Wood	31.5	12.6	34.4	27.0	20.6	21.7	15.7	18.5
Concrete/cement	39.1	72.1	40.7	47.1	51.0	45.7	77.2	46.4
Other	6.2	3.0	0.7	1.7	2.9	2.4	0.6	1.3
Latrine has a drop hole cover								
Yes	9.4	5.7	16.7	10.7	17.7	9.6	7.1	8.0
No	89.9	91.9	83.3	87.9	80.7	89.7	92.3	91.1
N/A (no latrine)	0.7	2.4	-	1.4	1.6	0.7	0.6	1.0
Add products to the toilet against smell, flies								
Yes	80.4	66.7	67.9	74.1	77.8	80.8	67.1	79.1
No	19.6	33.3	32.1	26.0	22.2	19.2	32.9	20.9

4.5 CONSTRUCTION AND MAINTENANCE OF TOILETS

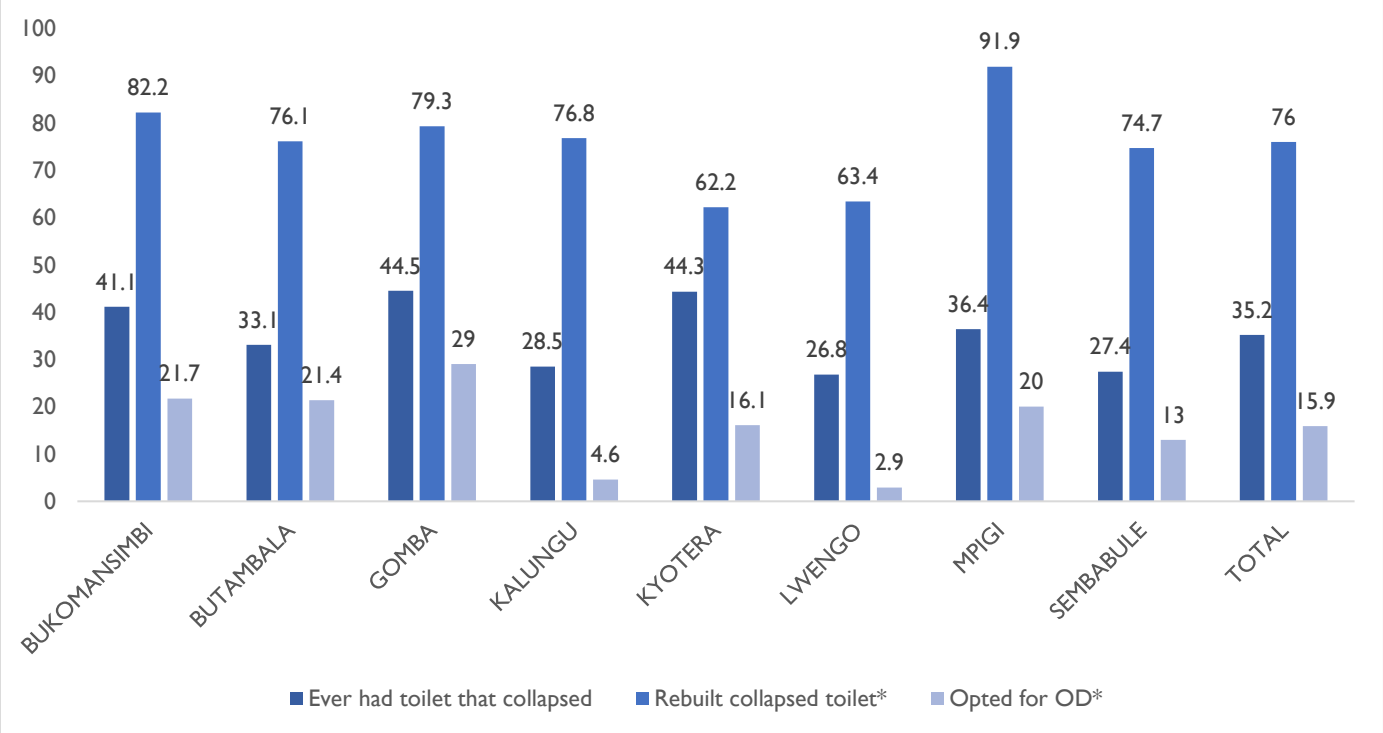
In the majority of households (89.1%), the decision to construct the toilet was made by the head of the household (Table 4.2). In many cases, professional services were sought to assist with the construction. The most frequent reasons for engaging professional help were to dig the pit (45.1%), make the slab or drop hole (32.9%), and build the superstructure (25.3%) or roof (20.4%).

The material surrounding the drop hole was predominantly cement/concrete (53.1%), wood (22.5%), or mud/clay (22.2%). The rate of cement/concrete use was highest in Mpigi District (77.2%), followed by Butambala District (72.1%). Use of mud/clay was highest in Sembabule District (33.8%) and Lwengo District (30.2%). Most latrines had a drop hole cover (88.4% overall). The plastic materials remain a new material for most of the districts.

Seventy-four percent of households 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, mentioned in 73.0 percent and 26.6 percent of households, respectively. Interviewees mentioned many other products, including dry cell, used motor oil, bleach, and insecticide. Many households (35.2%) reported that their toilet had collapsed at least once in the past (Figure 4.9). Of these, 76.0 percent of households surveyed rebuilt the collapsed toilet, while 15.9% opted for open defecation as an interim measure (this includes some households that eventually rebuilt their toilet).

FIGURE 4.9. Prevalence and Actions on Collapsed Toilet

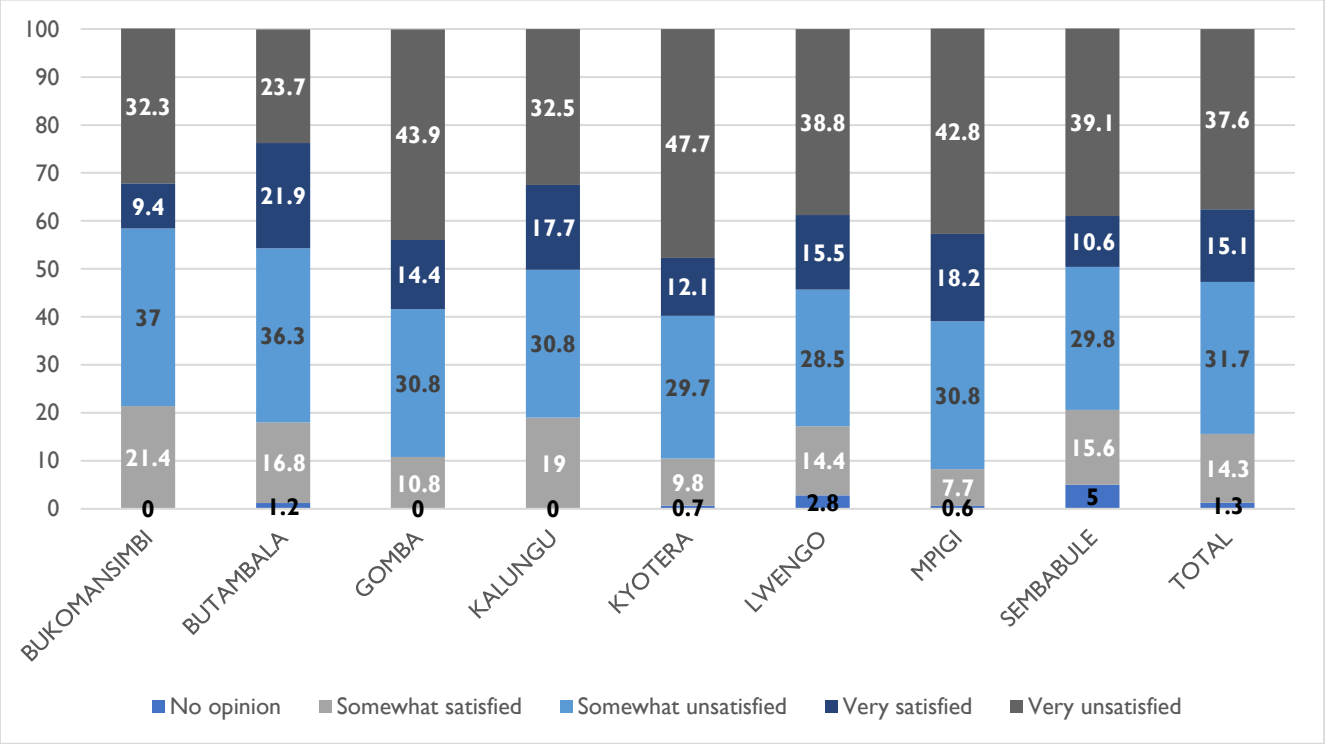


* *Not mutually exclusive.*

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

4.6 PSYCHOSOCIAL DETERMINANTS OF TOILET USE

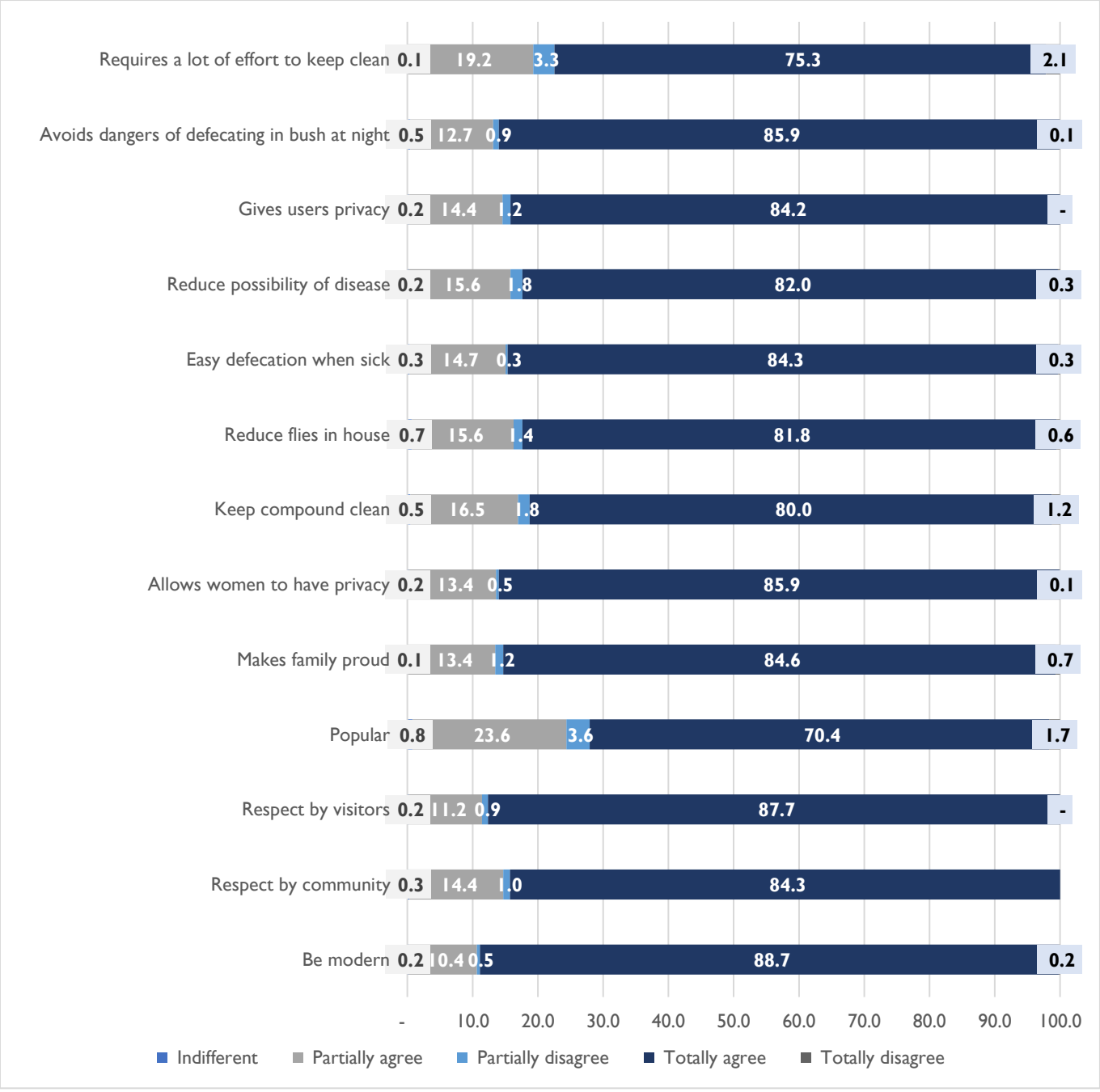
FIGURE 4.10. Satisfaction with Quality of Toilet



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

Overall, 37.6 percent of households were very unsatisfied, and a further 31.7 percent were somewhat unsatisfied with the condition of their toilet (Figure 4.10). When asked what they would change about their toilet, 35.8 percent overall said they would construct a new one, 49.6 percent would improve the existing one, and 14.6 percent would do nothing about it as they were satisfied with it. Further, the majority of households had positive attitudes toward ownership of toilets (Figure 4.11).

FIGURE 4.11. Psychosocial Determinants of Latrine Ownership



5.0 MAIN SOURCE OF DRINKING WATER AND WATER TREATMENT

5.1 INTRODUCTION

Ensuring access to safe water is part of the sixth 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, and about 663 million remain without safe drinking water (UNICEF, 2015). Sources of drinking water 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 30 minutes or less. Basic drinking water services can be further classified as safely managed when available on the premises and provided high-quality water. 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 services(MWE, 2018) while 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 West region also revealed a similar finding of 71.2 percent households accessing improved water services (USAID, 2016).

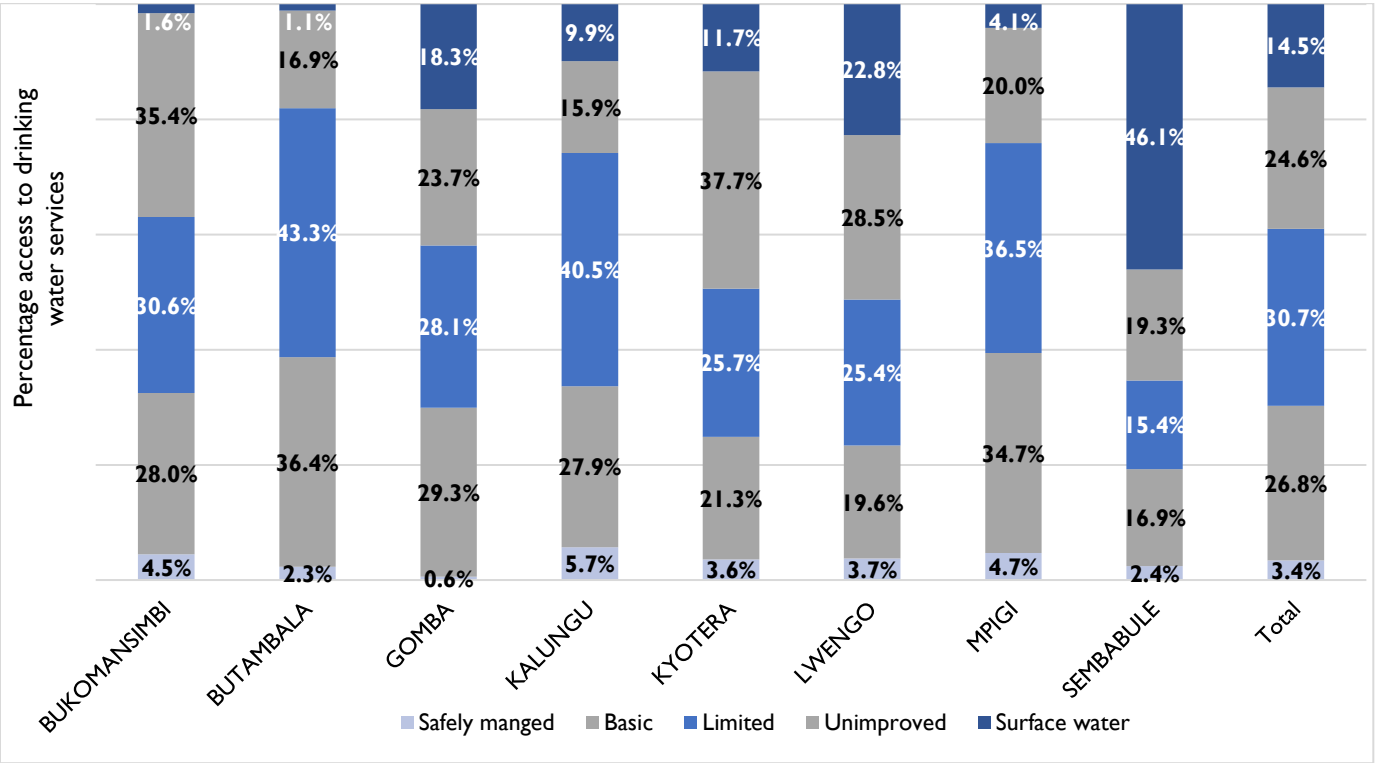
The main sources of drinking water in Uganda vary as follows: 0.8 percent use protected springs; 37.8 percent use shallow wells; 60.6 percent use deep boreholes; 0.1 percent use rainwater harvest tanks; and 0.7 percent use a public tap (MWE, 2017). These statistics could be informed by more urban and peri-urban communities. The Ugandan Ministry of Water and Environment Fiscal Year 2017/18 Sector Performance Report, however, shows that in the rural areas of the country, 44 percent of the population 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 only in the urban settings, which presents a challenge in achieving the SDG 6 target by 2030. In rural areas, the sector is transitioning away from point sources (i.e. boreholes) to promote piped water services in a bid to enhance services on premise. Currently, only 11 percent of rural households have piped water

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 WEST DISTRICTS

In this survey, 60.7 percent of households in the Central West districts had access to improved drinking water services and 39.3 percent had unimproved drinking water services. The main sources of drinking water in the Central West districts were categorized according to the JMP service ladder for drinking water (Figure 5.1). Overall, only 14.5 percent of the households use surface water as their main source of drinking water, 24.6 percent use unimproved drinking water sources, 30.7 percent have limited drinking water sources, 26.8 percent have at least basic drinking water sources, and only 3.4 percent of the population in the Central West districts have access to safely managed drinking water[5] (Figure 5.1). Among those with access to a safely managed drinking water source, only 1.78 percent truly have access to safely managed drinking water throughout the month while the remaining 3.4 percent experience at least one episode of drinking water shortage in a month.

FIGURE 5.1. Percentage Access to Drinking Water Services by District



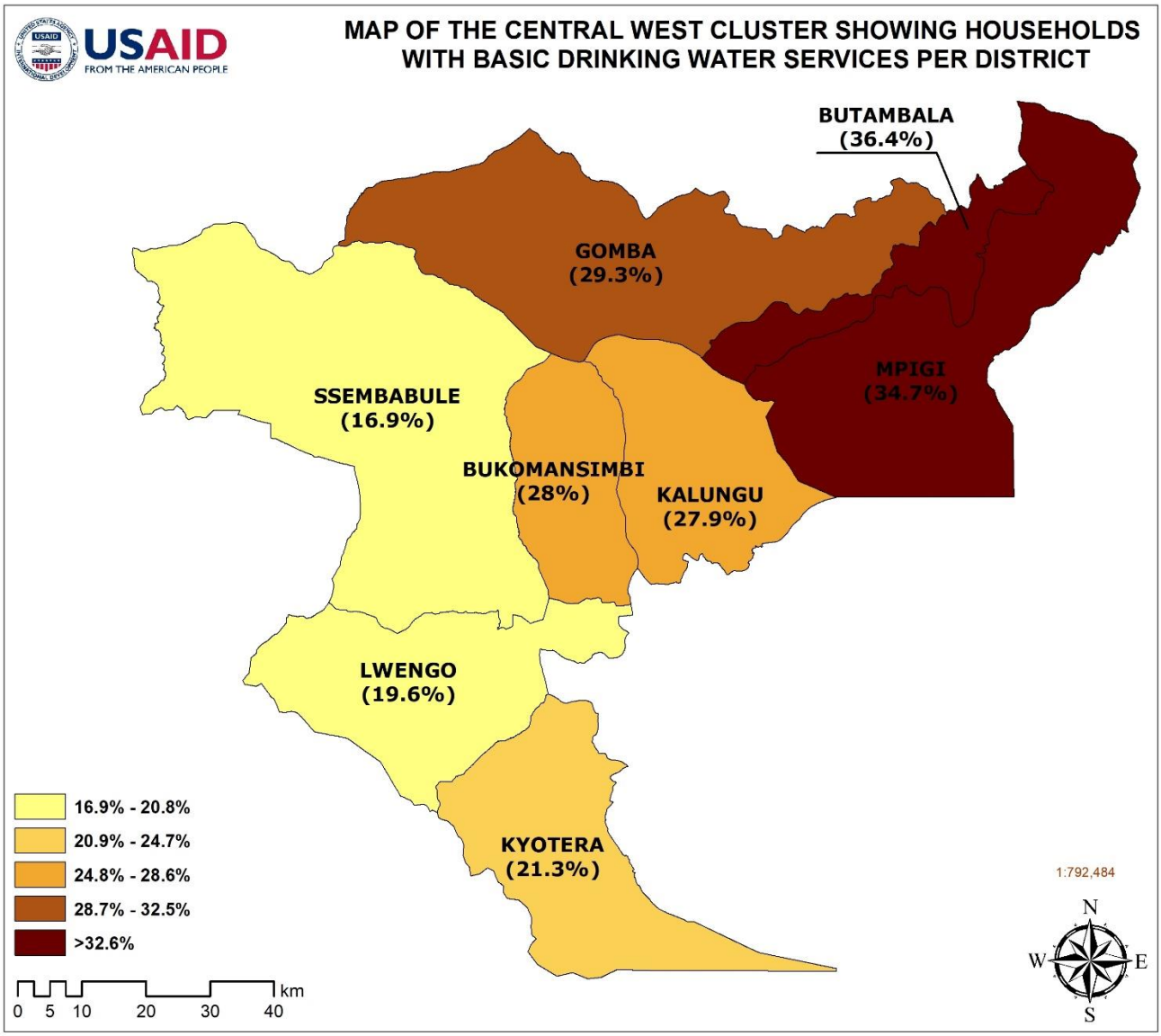
Note: The "TOTAL" column is an average of the entire cluster. This report aims to assess district-specific variations.

At least 30 percent of households surveyed in Butamabala, and Mpigi districts have access to basic drinking water services, while Gomba (29.3%), Lwengo (19.6%), and Sembabule (17%) have the least access to basic drinking water services. These latter three districts are in the cattle corridor and mainly use surface water as their main source of drinking water. The distribution of basic drinking water services is further illustrated in the map below (Figure 5.2). The majority of the households in this population have limited access to drinking water service, which is can be attributed to water scarcity in

[5] Excluding water quality testing

this region as demonstrated by the fact that people spend more than 30 minutes a day fetching water. Most of this time is spent queuing for the water rather than travelling to and from the homesteads.

FIGURE 5.2. Proportion of Basic Drinking Water Service in Central West Districts

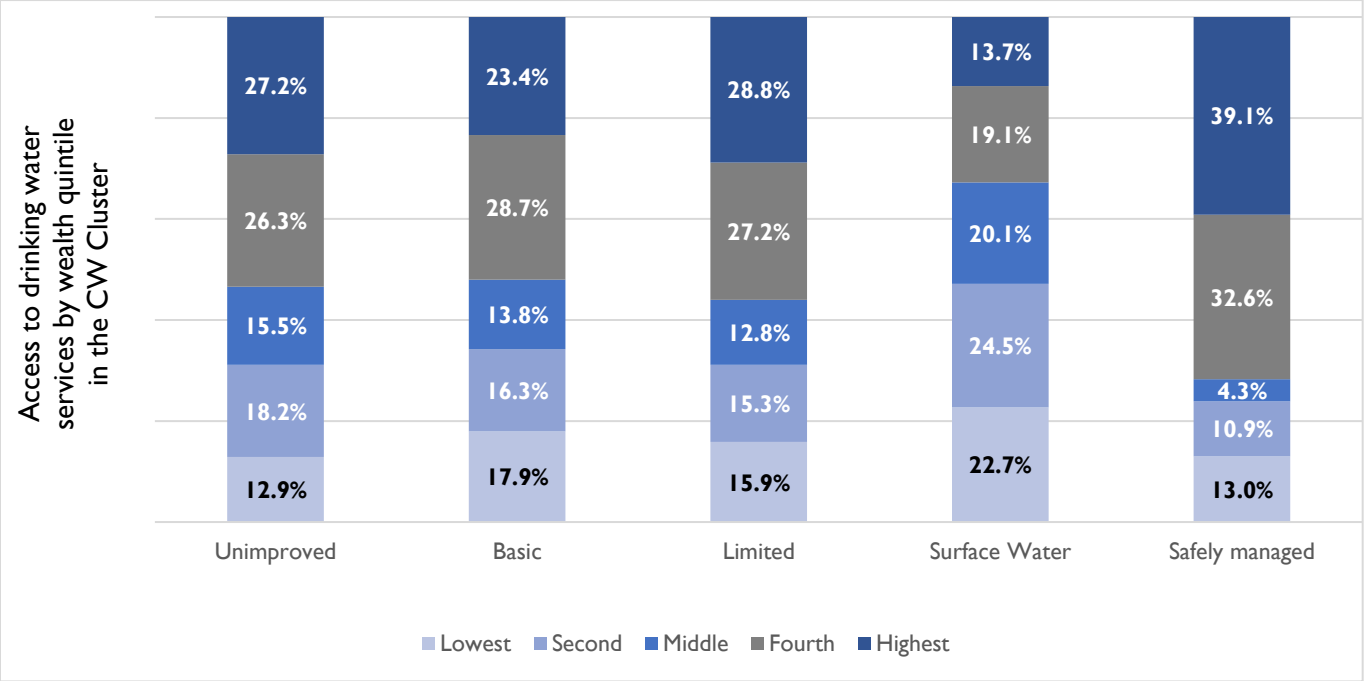


5.3 MAIN DRINKING WATER SERVICES BY WEALTH QUINTILE

In the Central West Cluster, the districts along the cattle corridor have the highest number of households in the lowest wealth quintiles. Access to drinking water services did not show much variation across the different wealth quintiles (Figure 5.3) except for the households in the fourth quintile that barely had any basic or safely managed drinking water services. It is good to note that households in the highest quintile had the best drinking water conditions (39.1 percent have access to safely managed drinking water and 23.4 percent have access to basic drinking water services). Therefore, access to safe water in this region is not related to poverty but rather could be influenced by cultural

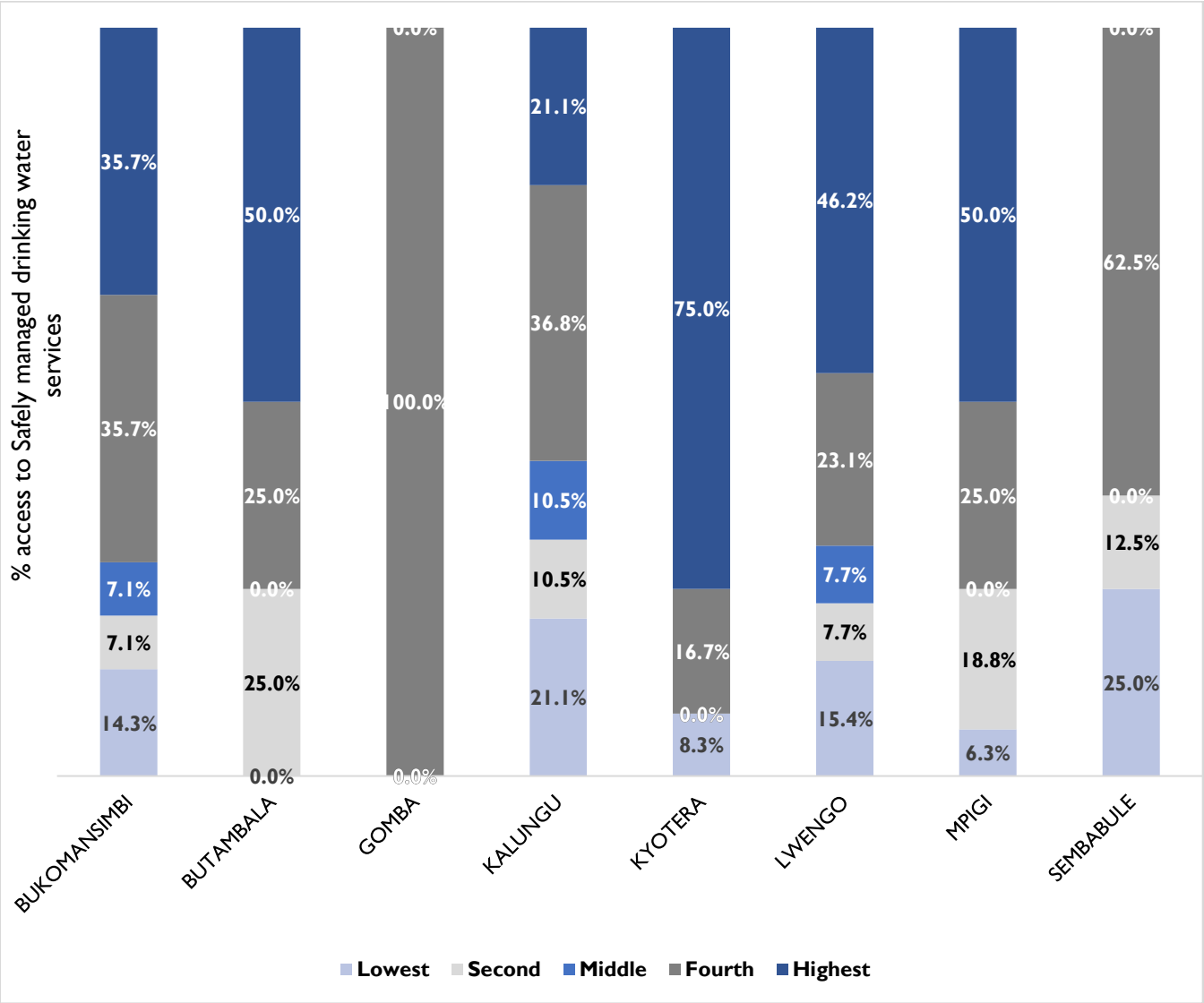
practices, the arid nature of the land, or use of valley dams for both human and animal drinking water consumption.

FIGURE 5.3. Percentage with Access to Drinking Water Services by Wealth Quintile



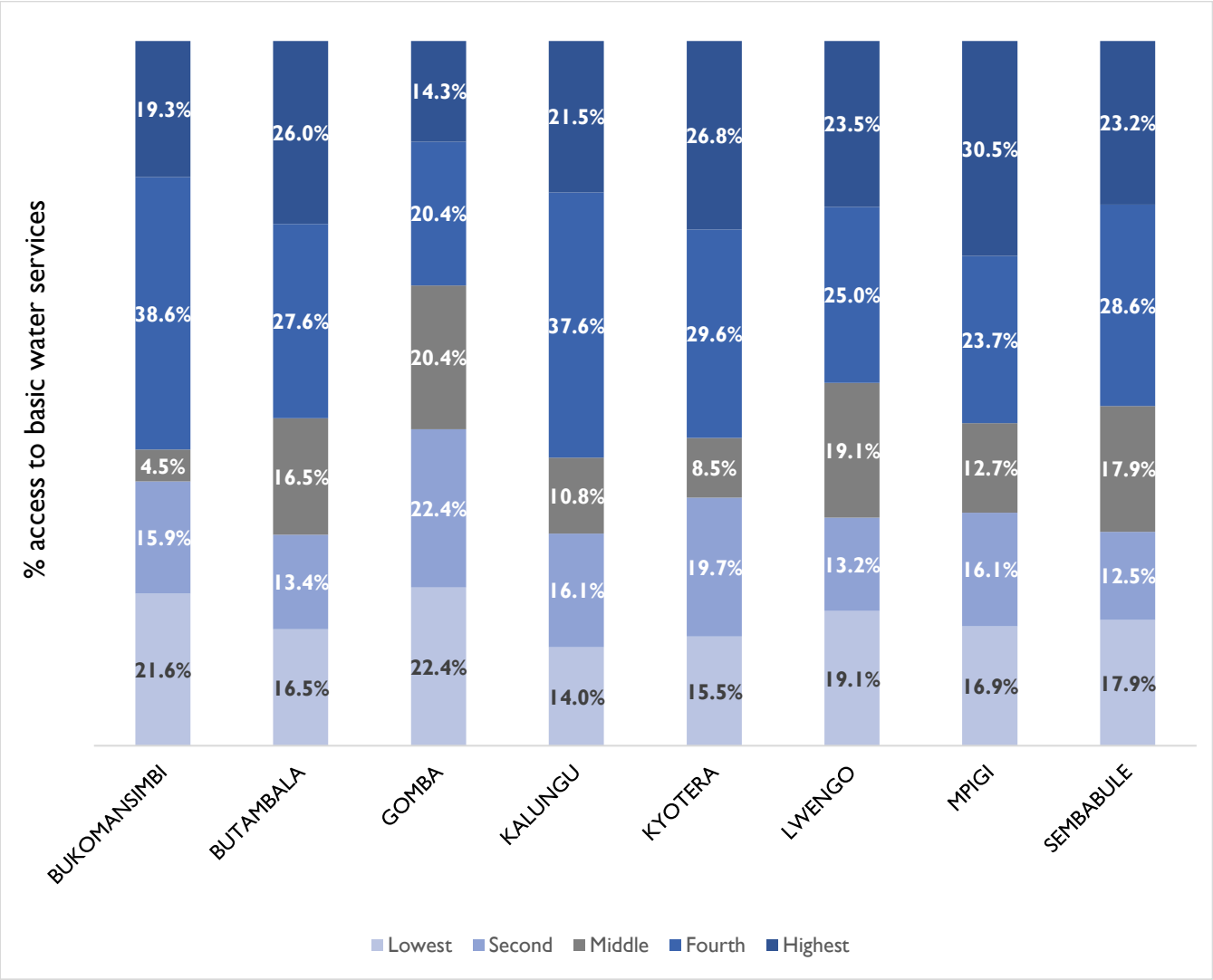
In Kyotera District, the households in the highest quintile had the best drinking water services, with 75 percent of these households having safely managed drinking water services, as compared to Gomba and Sembabule Districts where all the households in the same highest quintile had no safely managed drinking water services (Figure 5.4). Kalungu and Sembabule Districts, on the other hand, had households in the lowest quintile with the best drinking water services (21% and 25% respectively) (Figure 5.4).

FIGURE 5.4. Percentage of Households with Access to Safely Managed Drinking Water Services by Wealth Quintile



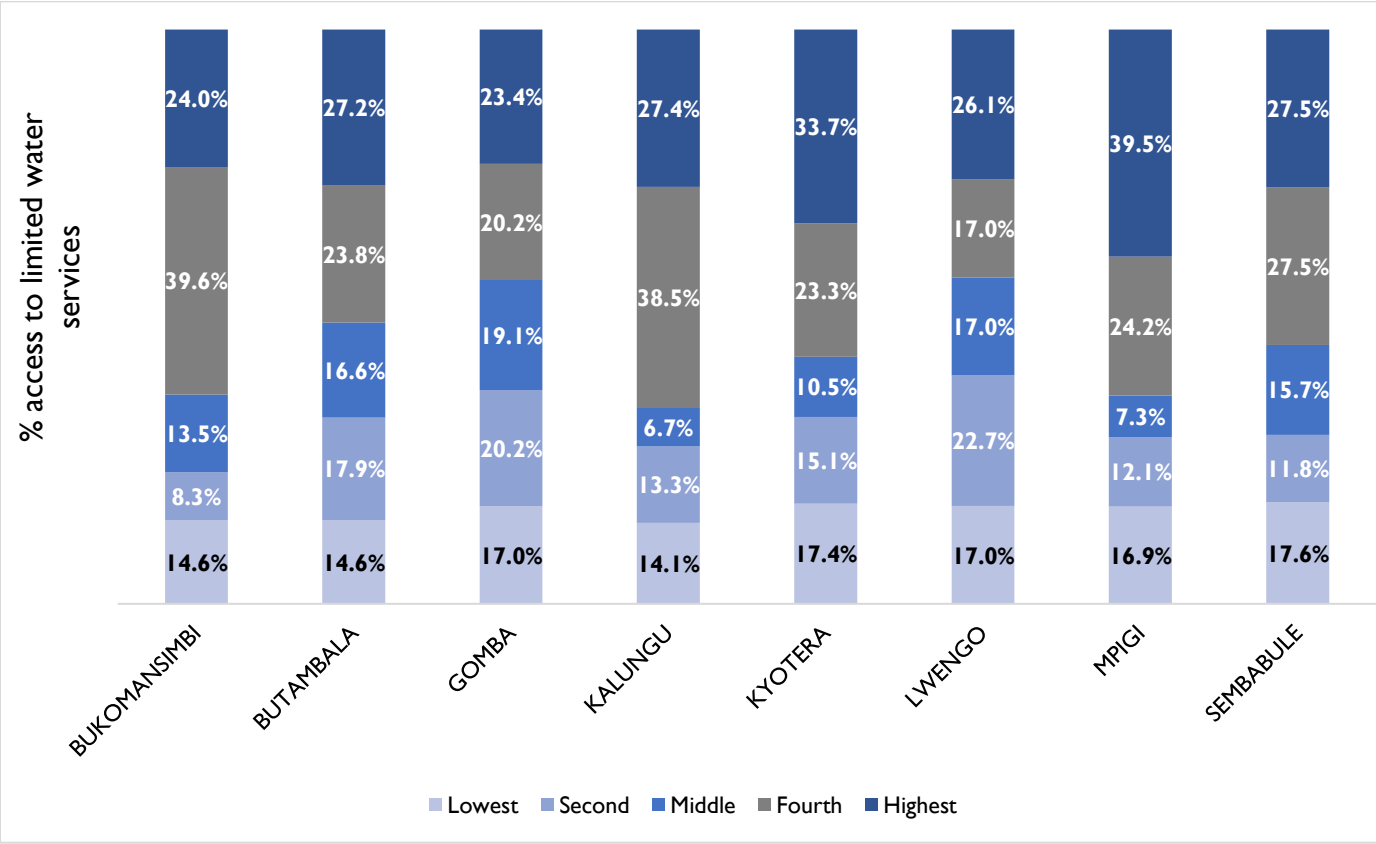
Regarding basic drinking water services, generally, most of the quintiles had similar conditions. The households in the highest quintile in Mpigi (53.7%) and Sembabule (51.1%) Districts had the highest access to basic drinking water, while Gomba District had the least (25%) (Figure 5.5). Among the households in the lowest wealth quintile, Bukomansimbi and Gomba Districts had the highest number accessing basic drinking water services (22%) followed by Lwengo District (19%); the lowest number of households accessing basic drinking water services was in the middle quintile of Bukomansimbi District (5%).

FIGURE 5.5. Percent of Households with Access to Basic Drinking Water Services by Wealth Quintile



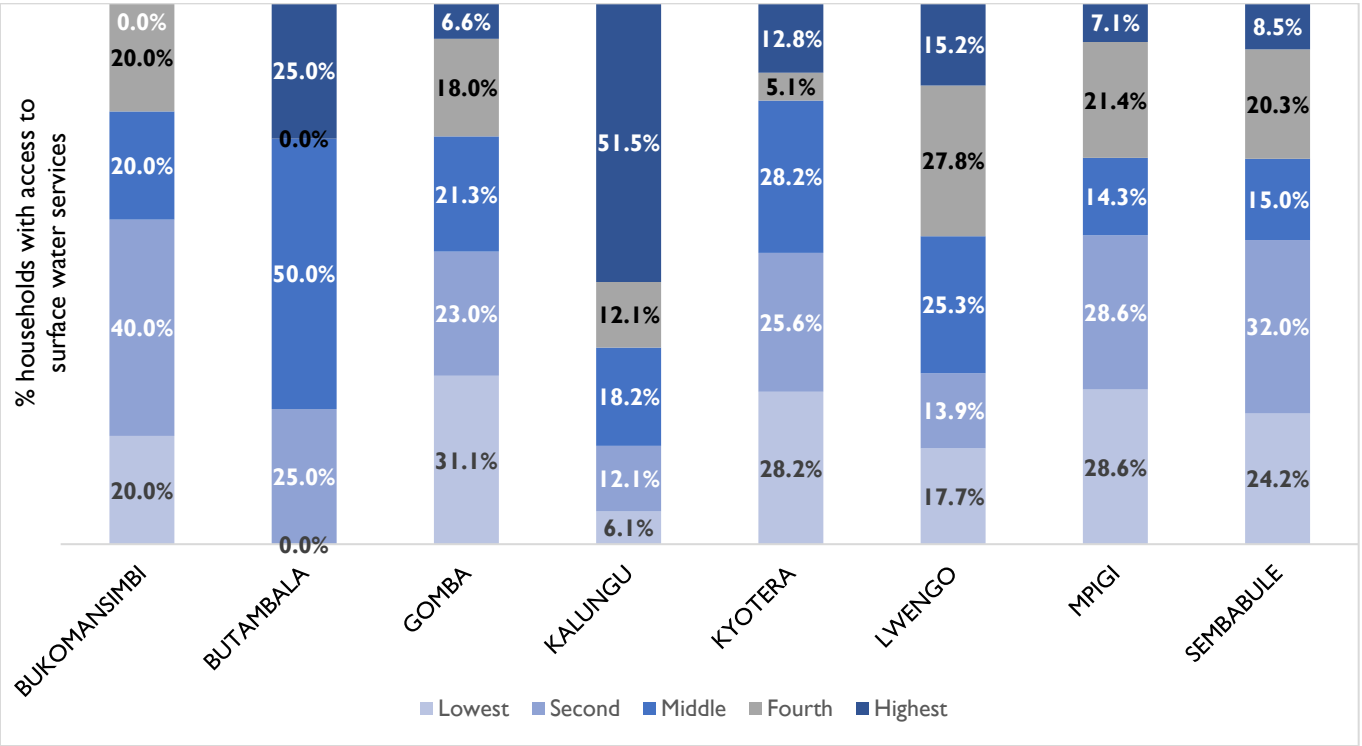
Limited water services were evenly distributed across the different wealth quintiles (Figure 5.6). However, among the households with limited sanitation services in Mpigi District, 40 percent were in the highest wealth quintile as compared to only 23 percent in the similar highest quintile in GombaDistrict.

FIGURE 5.6. Percentage with Access to Limited Drinking Water Services by Wealth Quintile



The use of surface water as the main source of drinking water is very common in six out of the eight Central West districts (Butambala [1.1%] and Bukomansimbi [1.6%] districts were the exceptions to this; Figure 5.7). Sembabule District had the highest percentage use of surface water as their source of drinking water at 46.1 percent, followed by Lwengo District at 22.8 percent. Most of the households accessing surface water in the Central West districts were in the lower three wealth quintiles, with the exception of Kalungu District.

FIGURE 5.7. Percentage Accessing Surface Water Use as a Main Source for Drinking Water, by Wealth Quintile



5.4 CHARACTERISTICS OF MAIN SOURCES OF DRINKING WATER

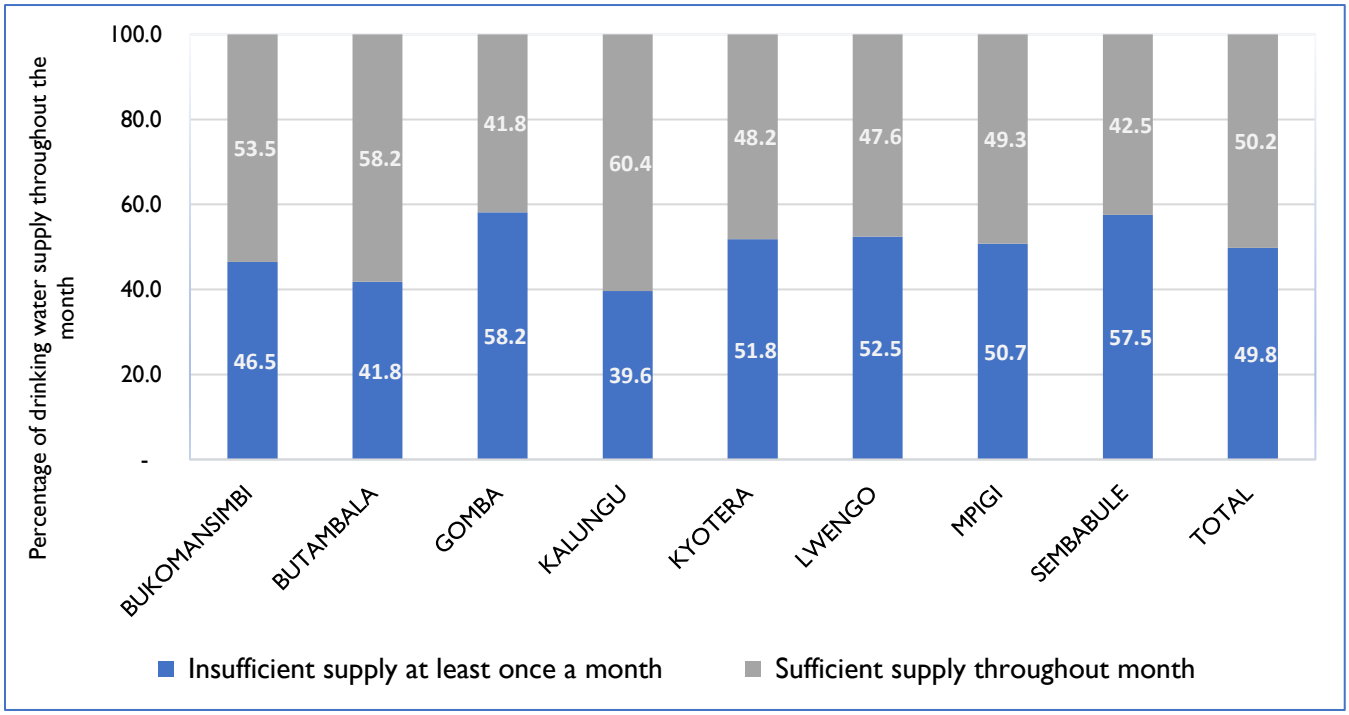
Overall, among households accessing improved water services, the majority use boreholes as their main source of water (27.8%). Few households had access to piped water to their premises (5.2%). Mpigi District had the highest number of households with access to piped water at 7.6 percent compared to only 0.6 percent of households in Gomba District. This trend was similar to what is reported in the Uganda National Household Survey, which found 80 percent of households in Uganda have improved drinking water sources (2). Butambala District had the highest proportion of the population accessing improved drinking water services at 81 percent, while Sembabule District had the least access to improved drinking water service at 34 percent.

TABLE 5.1. Descriptive Characteristics of Drinking Water Services

	Bukomansimbi	Butambala	Gomba	Kalungu	Kyotera	Lwengo	Mpigi	Sembabule
Main source for drinking water								
Piped to premises	2.2	7.3	0.6	6.6	6.3	3.8	7.6	6.9
Piped to neighbor/public	2.6	13.0	0.6	12.9	19.5	6.3	13.8	6.9
Borehole	29.3	29.9	37.4	39.0	13.5	32.9	25.5	14.5
Protected well/spring	16.2	29.1	17.2	11.7	8.7	2.0	24.9	2.1
Rain/bottle/tank	13.1	4.5	3.9	4.5	2.7	6.6	5.0	6.3
Unprotected well/spring	35.0	15.0	22.3	15.3	37.4	25.7	18.5	17.2
Surface water	1.6	1.1	18.1	9.9	12.0	22.8	4.7	46.1
Time to bring water for those that fetch								
30 min or less	39.8	49.2	39.2	47.7	55.2	40.8	47.1	49.5
31 to 60 min	46.0	38.7	45.0	39.9	37.6	42.6	38.6	35.8
61 to 90 min	4.0	2.5	4.0	3.2	0.3	4.7	4.1	3.1
91 to 120 min	9.1	7.0	7.6	7.8	6.2	9.4	8.9	6.8
121 to 240 min	1.1	2.5	4.3	1.4	0.7	2.5	1.4	4.8
Who fetches the water								
Boys in HH, aged <15	15.4	21.6	18.8	15.1	17.0	12.9	18.7	13.3
Girls in HH, aged <15	8.4	11.3	10.2	11.5	10.4	12.5	8.7	7.0
Female in HH, aged 15+	47.6	35.5	35.8	36.2	29.4	36.7	26.0	38.5
Male in HH, aged 15+	18.7	23.6	24.4	24.0	34.3	28.3	28.4	29.0
Not HH member	9.9	8.1	10.8	13.3	9.0	9.7	18.3	12.2
How water is transported								
Bicycle	26.0	16.8	24.1	25.8	28.7	24.8	22.5	23.4
Carried by person	62.3	77.7	66.7	67.4	68.9	70.4	69.2	63.6
Motorcycle	11.0	5.5	9.0	6.5	2.1	4.8	6.6	12.6
Other	0.7	-	0.3	0.4	0.4	-	1.7	0.4

An average of 46 percent of households in the eight districts in Central West spent 30 minutes or less collecting water per trip. However, in Bukomansimbi (46%), Lwengo (45%), and Gomba (43.6%) Districts, most households spend between 30- and 60-minutes fetching water. Sembabule and Gomba Districts registered the highest number of households that take between two and four hours to fetch water. Most of the households in Central West had sufficient quantities of drinking water (Figure 5.8).

FIGURE 5.8. Percentage of Drinking Water Supply throughout the Month

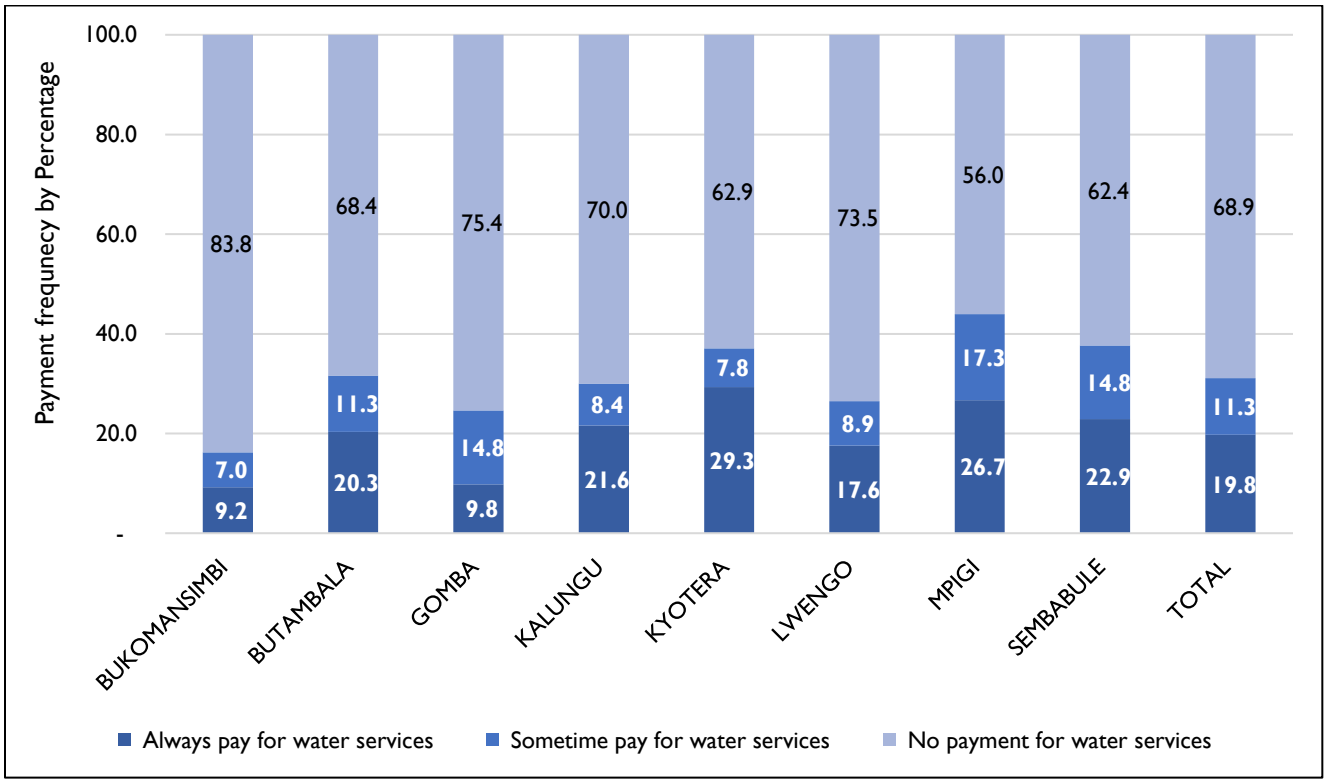


Note: The "TOTAL" column is an average of the entire cluster. This report aims to assess district-specific variations.

Surprising, most of the water fetched among households in Central West was mostly carried out by males above 15 years old, except in Kyotera (34.3%) and Mpigi (28.4%) Districts where adult women were the predominant group. In circumstances where adult males are found to be responsible for fetching water for the household, these males also fetch water for non-domestic use such as resale (Asaba, Fagan, Kabonesa, & Nugumya, 2016). This practice is more common in urban settings than rural settings, as is mostly the case for the Central West region. Over 60 percent of homes carried their water on foot from the water sources to their houses, as opposed to using bicycles or other transportation.

The majority of the households (68.9%) did not pay any fees for the water they use (Figure 5.9). The households in urban areas often paid for their water daily while those in the rural settings paid monthly as part of community initiatives to keep the water sources clean.

FIGURE 5.9. Payment for Water Services by Percentage

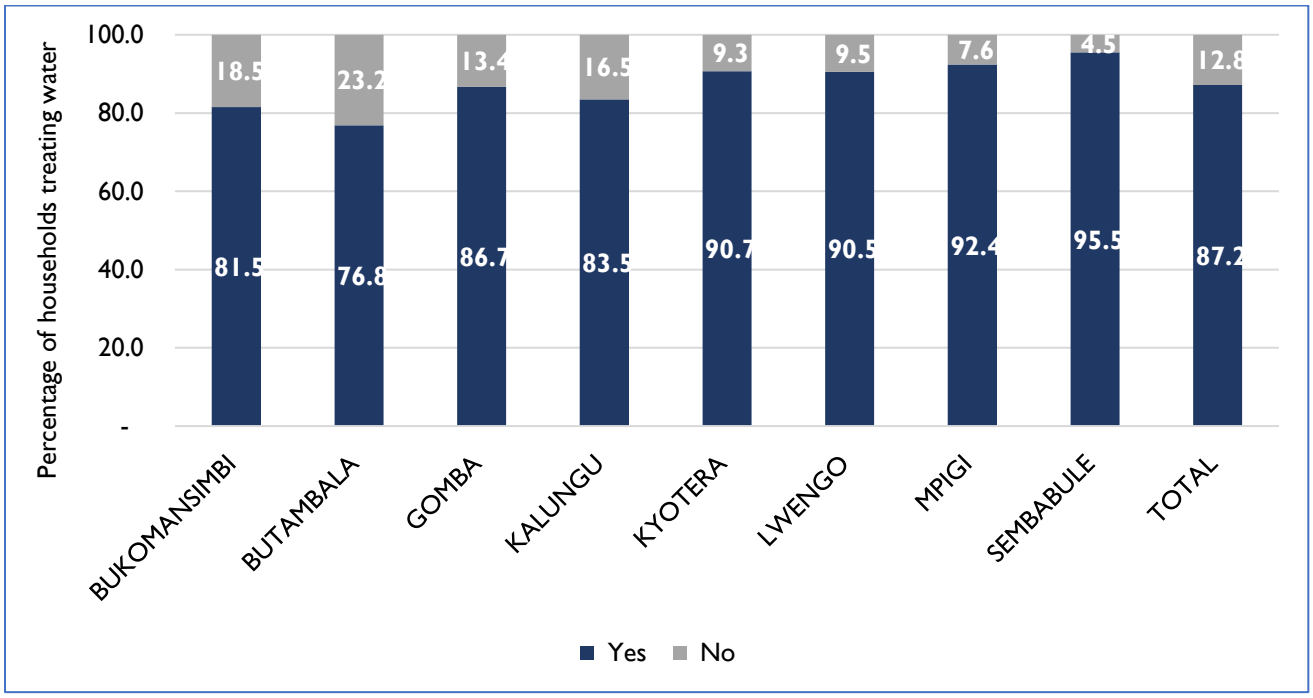


Note: The "TOTAL" column is an average of the entire cluster. This report aims to assess district-specific variations.

5.5 WATER TREATMENT

Among the Central West districts, over 70 perecent of the household reported to treat their drinking water to make it safer with highest number in Sembabule with 95.5 percent homes treating their water and the least in Butambala with only 76.8 percent homes treating their water (Figure 5.10). Among the homes that treated their water to make it safe, 98.4 percent boiled the water to make it safe to drink.

FIGURE 5.10. Proportion of Households Practicing Water Treatment



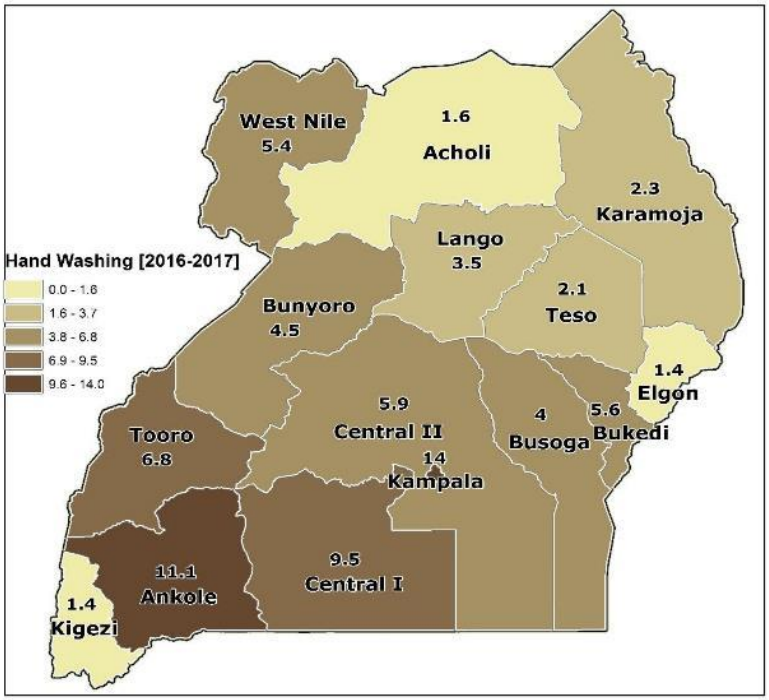
Note: The "TOTAL" column is an average of the entire cluster. This report aims to assess district-specific variations.

6.0 HANDWASHING

6.1 INTRODUCTION

Handwashing with soap is one of the best ways to prevent diarrheal diseases and certain respiratory diseases, especially among children below the age of five. The burden of diarrheal disease remains high in Uganda (MOH, 2017). To prevent disease through handwashing with soap, best practices emphasize critical moments such as: 1) after toilet use; 2) after cleaning babies' bottoms; 3) before preparing and eating food; and 4) before feeding babies (WSP, 2012). Unfortunately only 6.2 percent of households in Uganda have handwashing facilities with soap and water (UBOS, 2016) (Figure 6.1). As shown on the map below, the Central West region has the highest proportion of households with handwashing facilities at 9.5 percent. However, the 2016 UDHS analysis 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 (USAID, 2016). It should be noted that previous surveys used a slightly different definition, based on presence or absence rather than service ladder levels, that are in present use.

FIGURE 6.1. Ugandan Population with Basic Handwashing Facilities

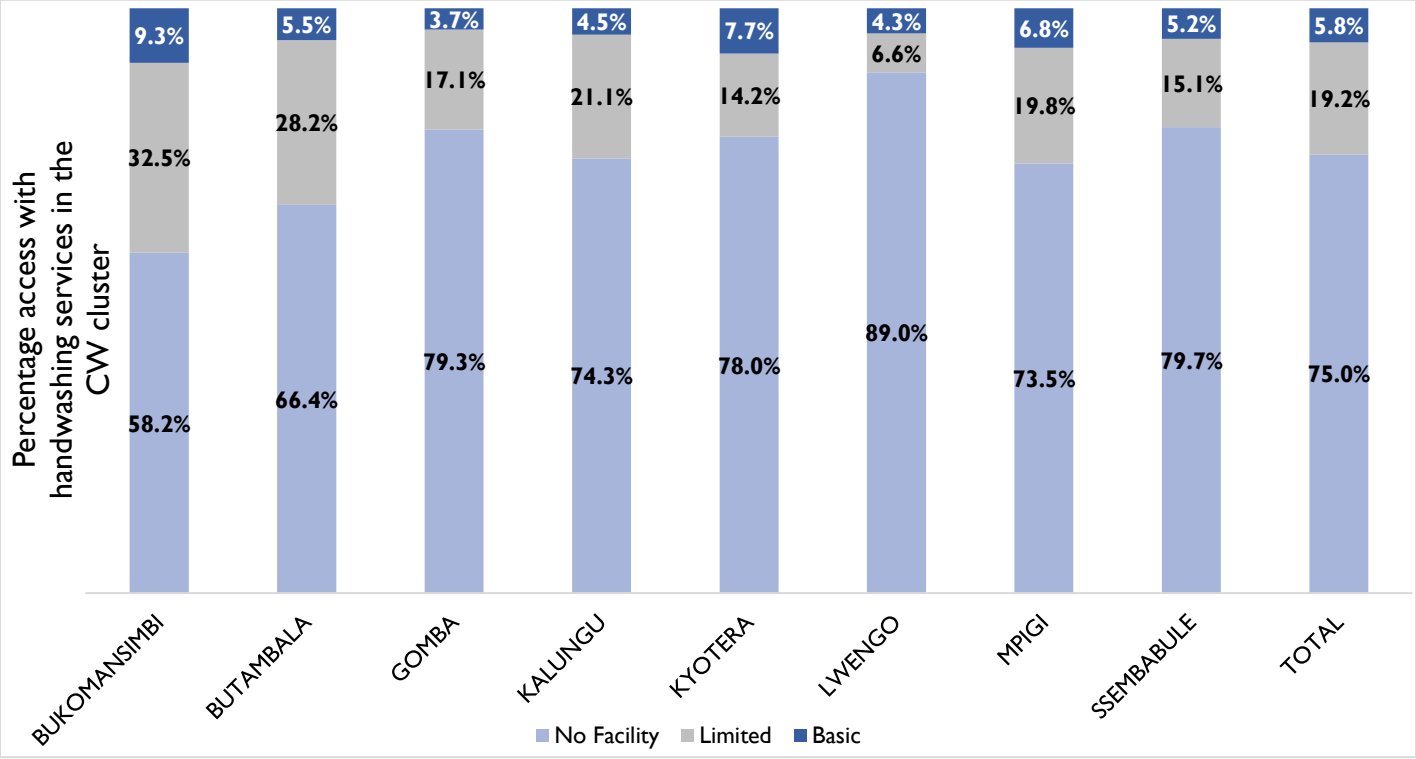


Based on the 2017/18 Sector Perfomance Report, handwashing with soap practices remain poor, with only 38 percent of the national population using soap for handwashing, particularly after toilet use (MWE, 2018). This is an improvement, however, over 2012 data indicating that only 25 percent of Ugandans washed their hands after toilet use, 31 percent after cleaning babies' bottoms, and 8 percent before feeding babies (WSP, 2012). The National Handwashing Initiative is promoting "wash your hands and save" messages with the aims of saving households time, money, and hospital visits resulting from poor handwashing practices (SNV Uganda, 2016).

6.2 HANDWASHING SERVICES IN CENTRAL WEST DISTRICTS

Handwashing is considered a hygiene practice, along with food and menstrual hygiene. The handwashing service ladder constitutes "at least basic handwashing practices" where soap and water are available at the handwashing facility and "limited handwashing practices" where there is a handwashing facility on the premise but with either no soap or no water. A handwashing service ladder was constructed for Central West districts that showed that less than 10 percent of households have basic handwashing services available (Figure 6.2). This is further illustrated in the map of the Central West districts shown below in Figure 6.3. Figure 6.4 presents examples of handwashing technologies.

FIGURE 6.2. 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 6.3. Basic Handwashing Services in Central West Districts

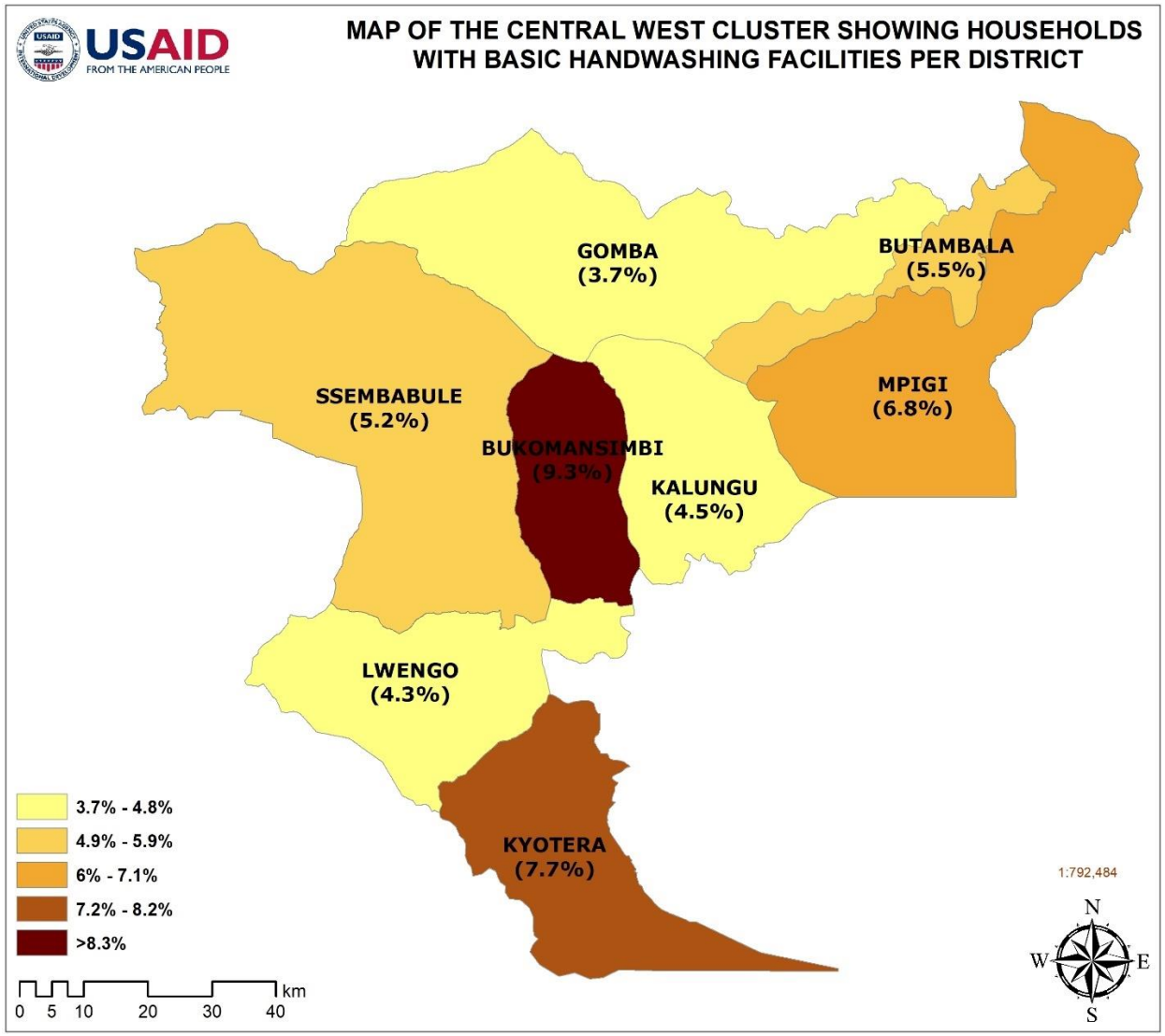


FIGURE 6.4. Examples of Handwashing Technologies from the Survey by Service Ladder Standard

Basic handwashing services

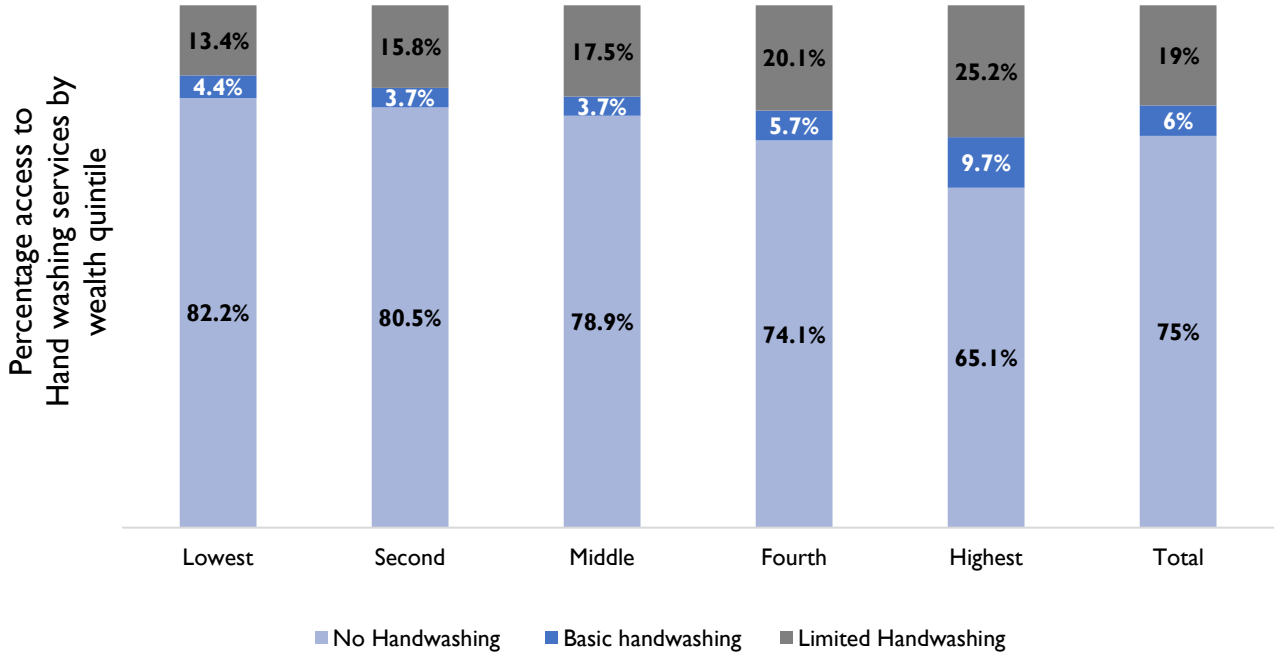
Limited handwashing service using a kadomola

6.3 HANDWASHING SERVICES BY WEALTH QUINTILES

The team analyzed handwashing across the different wealth quintiles to assess the influence of socio-economic determinants on handwashing practices and found not much variation. Most households did not have handwashing facilities, irrespective of wealth quintile, although the lowest quintile had the highest number of homes with no handwashing facilities (82.2%) and the highest quintile the lowest (65.1%) (Figure 6.5). This showed that poorer communities had poor handwashing practices. For example, in Kalungu District, approximately 29.4 percent of the households in the lowest wealth quintile lacked handwashing facilities. Interestingly, the households in this lowest quintile in Kalungu had good access to main water sources with 14 percent of households accessing basic water services and 21 percent safely managing water services—one of the best rankings for this region. Therefore, availability of safe water is not an incentive for handwashing in this district. In Sembable District, 26.6 percent and 24.8 percent of households in the highest and fourth quintiles respectively had no handwashing facilities. This demonstrates that wealth has little to no influence on handwashing habits in Sembabule District.

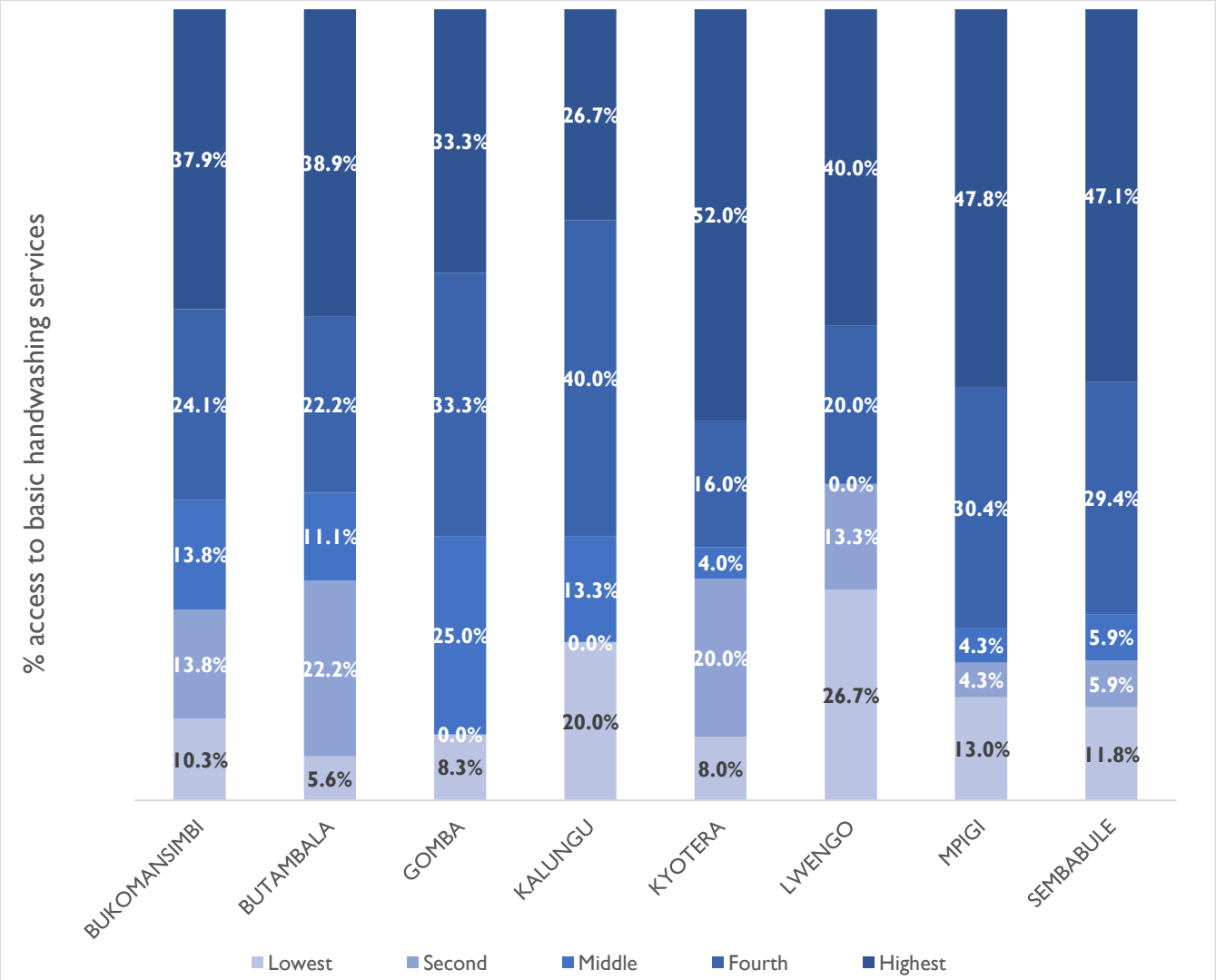
Overall, Lwengo District (89%) had the highest number of households with no handwashing facilities and Bukomansimbi (58.2%) the lowest. In addition, Bukomansimbi had the highest number of households with highest limited (32.5%) and basic (9.3%) handwashing services in this region.

FIGURE 6.5. Percentage of Households with Access to Handwashing Services, by Wealth Quintile



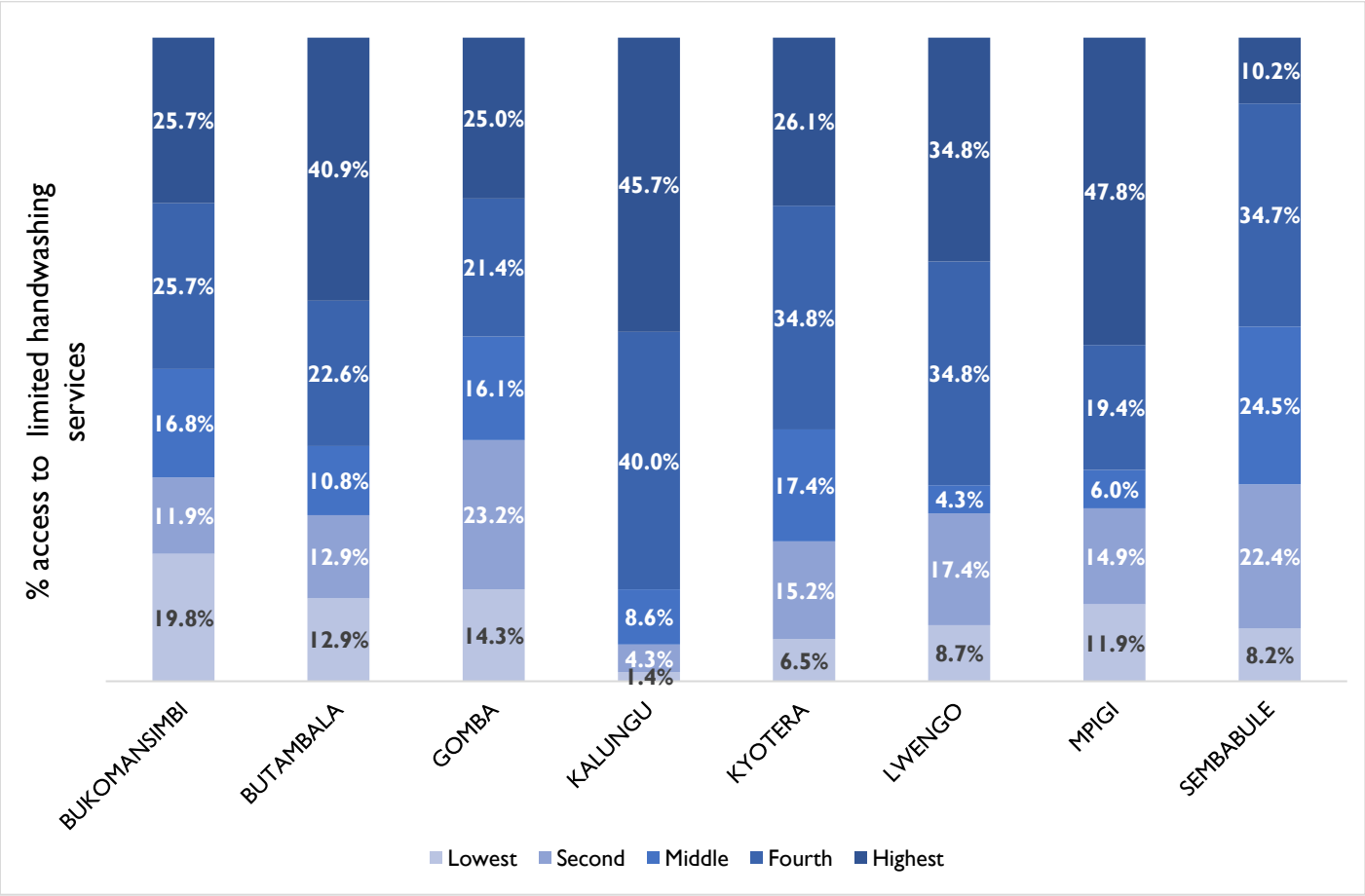
With regards to basic handwashing services in the Central West districts (Figure 6.6), the highest wealth quintile had the highest average number of households (9.7%) that practice basic handwashing compared to those in the middle quintile (3.7%), second (3.7%) and in the lowest quintile (4.4%). In the case of Kalungu (20%) and Lwengo (26.7%) Districts, the population in the lowest quintile had better handwashing practices than the other quintiles, showing that households with handwashing facilities with both soap and water were practicing basic handwashing. Therefore, the performance of the service ladder indicators for handwashing differs by district as well as per quintile. Overall, Bukomansimbi District had the highest total number of households that had basic handwashing practices at 9.3 percent while Gomba District had the least at 3.7 percent.

FIGURE 6.6. Percentage of Households with Basic Handwashing Services by Wealth quintile District



In most districts surveyed, there were no clear differences in limited handwashing services across the wealth quintiles. The highest quintile had the largest number of households with limited handwashing services; Mpigi District had the overall highest ranking of limited handwashing services in the highest quintiles at 47.8 percent, while Kalungu District had the least at 1.4 percent in the lowest wealth quintile (Figure 6.7).

FIGURE 6.7. Percentage of Households with Limited Handwashing Services, by Wealth Quintile



In general, most of the households in the Central Western districts lacked handwashing facilities, markedly so among the homes in the lowest wealth quintile in Bukomansimbi, Lwengo and Kalungu Districts (Figure 6.8). This indicates that poor socio-economic status is associated with poor handwashing practices. The distribution is reflected in the map below (Figure 6.9).

FIGURE 6.8. Percentage of Households with No Handwashing Facility, by Wealth Quintile

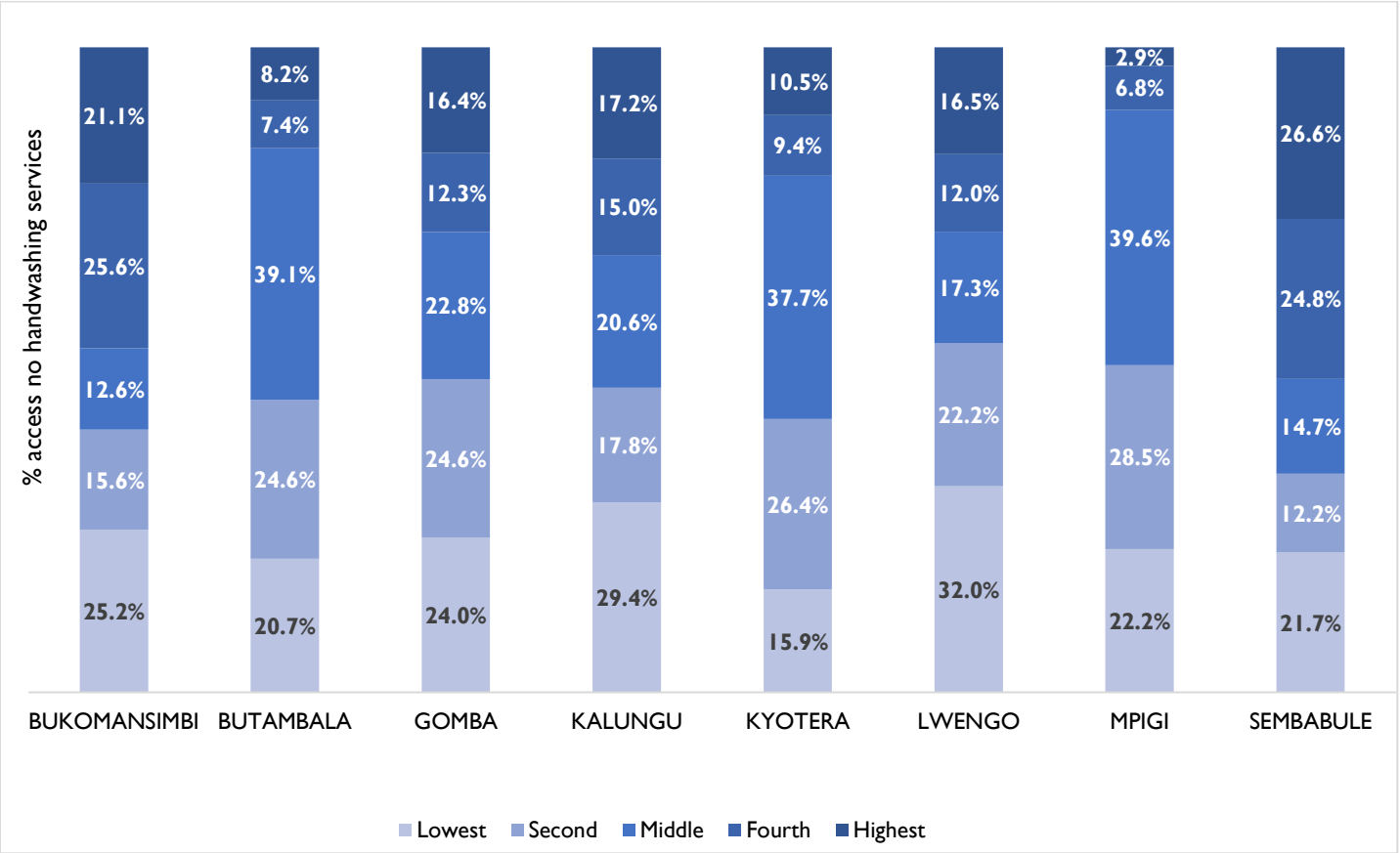
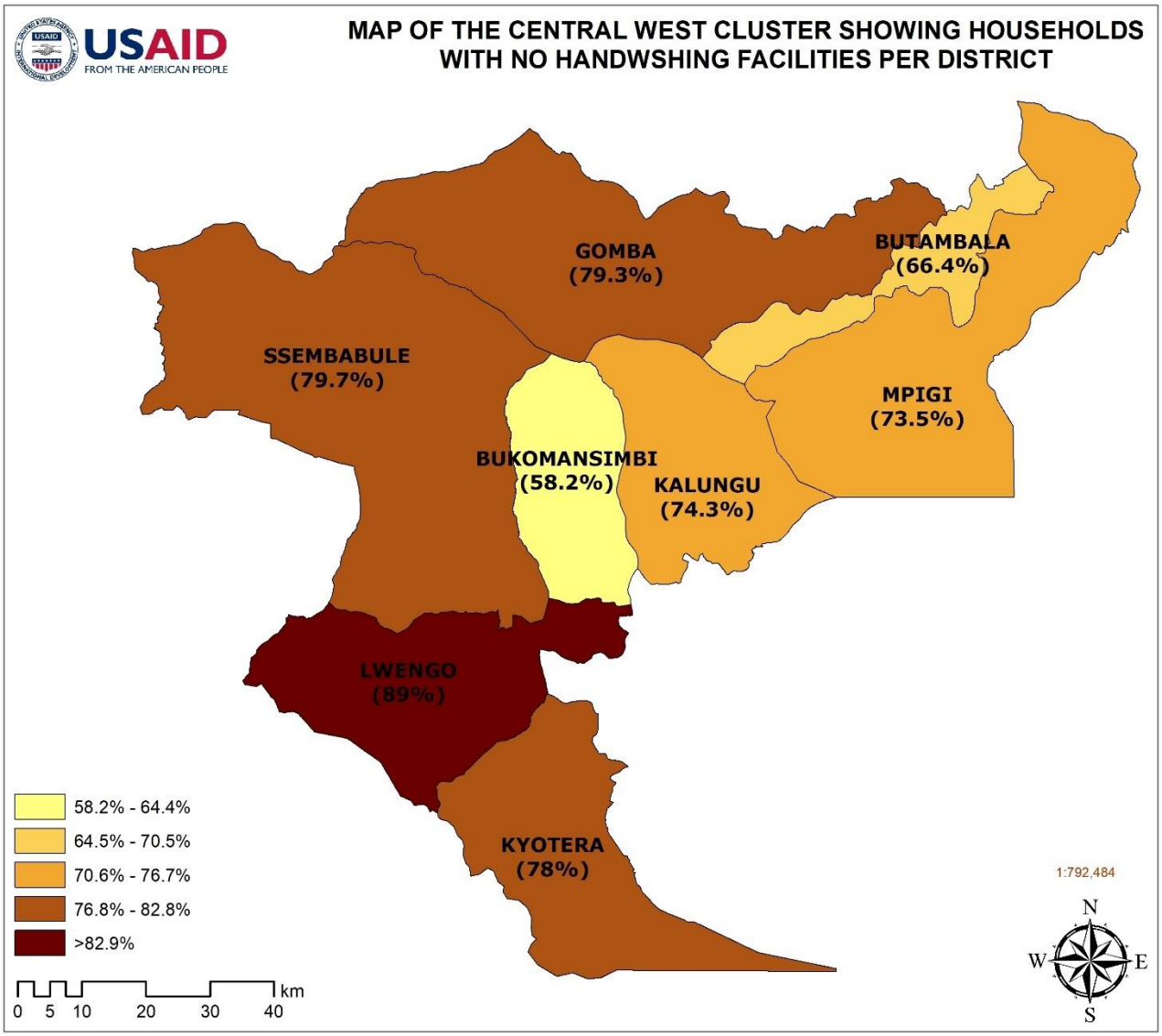


FIGURE 6.9. Percentage of Households with No Handwashing Facility



6.4 USES OF SOAP

Over 95 percent of households surveyed in the Central West districts had soap, and household heads were responsible for buying the soap at all times, irrespective of gender (Table 6.1). Only about 38 percent of the households used the same piece of soap for everything, from after-toilet use to washing utensils. This practice was marked in Butambala District where over 50 percent of the homes used the same piece of soap for everything, and least practiced in Bukomansimbi District where only 19 percent of the homes used the same piece of soap for all events. During the survey, households were asked what purposes they commonly used soap for; the most cited uses were to: 1) wash clothes; 2) wash dishes; and 3) bathe adult bodies (Figure 6.10). Washing children's bottoms ranked low on the list of soap use in homes.

FIGURE 6.10. Uses of Soap among Households in the Central West Districts

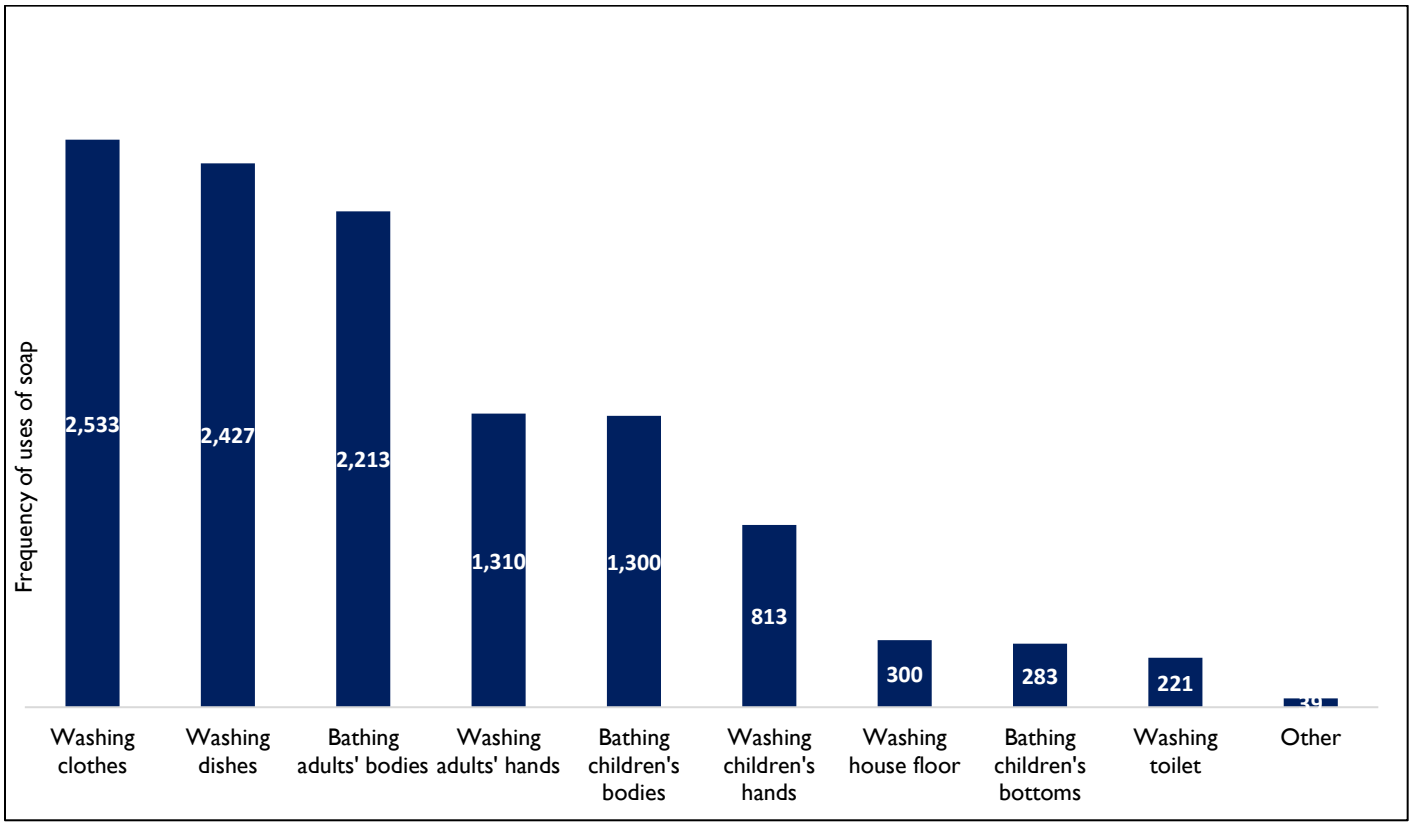


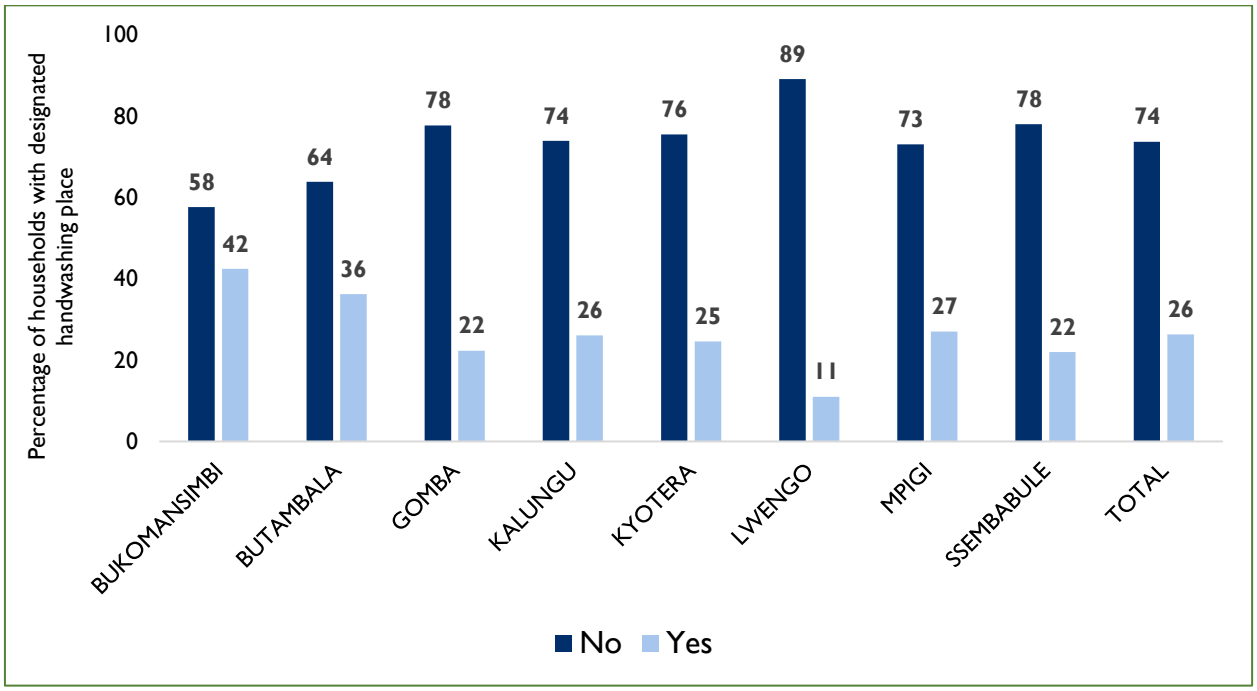
TABLE 6.1. Handwashing Characteristics among Central West District

	Bukomansimbi	Butambala	Gomba	Kalungu	Kyotera	Lwengo	Mpigi	Sembabule
Have soap in house								
Yes	98.4	91.0	92.6	97.0	94.3	97.4	97.4	97.9
No	1.6	9.0	7.4	3.0	5.7	2.6	2.6	2.1
Who decides to buy soap								
Household head	89.3	82.6	73.4	79.0	78.1	82.3	64.2	81.2
Spouse	5.8	13.4	22.4	17.0	20.0	16.0	30.1	16.9
Other	4.9	4.0	4.2	4.0	1.9	1.8	5.7	1.9
Use same soap for everything								
No	80.6	47.8	63.5	74.9	50.8	58.3	61.1	50.5
Other	0.3	1.2	-	-	0.3	-	0.9	-
Yes	19.1	50.9	36.5	25.1	48.9	41.7	38.0	49.5
Observed that water is available								
Available	68.4	61.7	80.0	79.3	81.7	89.5	71.7	64.4
Not available	31.6	38.3	20.0	20.7	18.3	10.5	28.3	35.6
Who adds water to the handwashing facility								
Household head	75.2	53.9	48.0	65.5	48.8	57.9	35.9	57.5
Spouse	21.8	32.8	40.0	25.3	41.5	36.8	47.8	38.4
Other	3.0	13.3	12.0	9.2	9.8	5.3	16.3	4.1
Hand washing place located within 10 meters								
No	18.0	19.5	6.7	13.8	28.1	2.6	26.1	17.8
Yes	82.0	80.5	93.3	86.2	72.0	97.4	73.9	82.2

6.5 HANDWASHING DEVICES AND PRACTICES

Many households in the Central West districts lack designated handwashing facilities, and only 26 percent of the households surveyed had an identifiable handwashing facility (Figure 6.11). Lwengo District had the highest number of homes with no handwashing places at 89 percent.

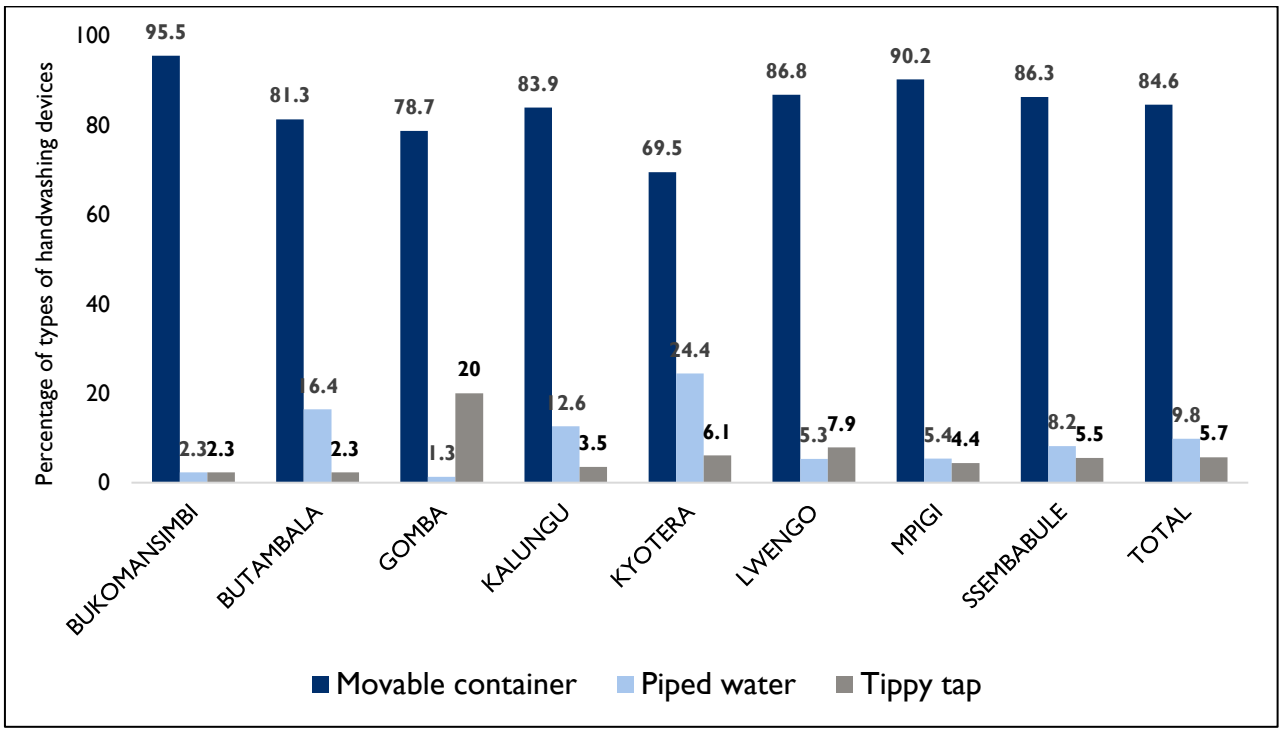
FIGURE 6.11. Proportion of Households with Handwashing Facilities



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

The most frequently used type of handwashing device varied across the region. Figure 6.12 presents the distribution of the three most common types of handwashing devices cited by households surveyed. The majority of households used a movable container known as "kadomola/jerrican" as the handwashing device (over 95 percent of the households surveyed in in Bukomansimbi District used this method), and the least used facility was a tippy tap. Households in Kyotera District had the highest use of piped water (24%) for handwashing and the lowest possession of movable container rate. Gomba District had the highest use of tippy taps at 20 percent.

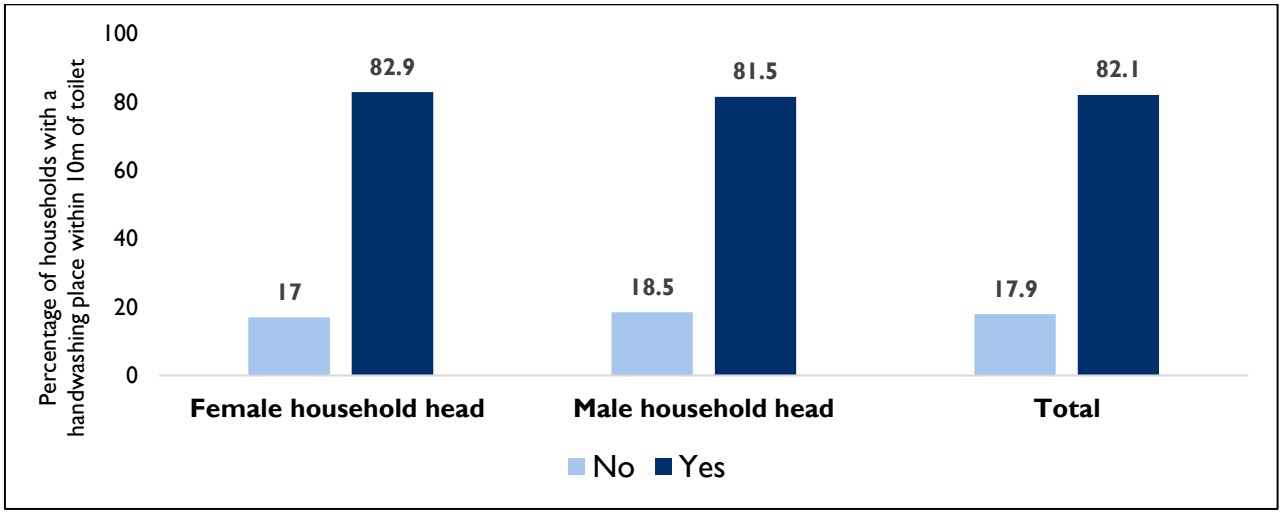
FIGURE 6.12. Percentage Use of Types of Handwashing Devices



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

The presence of a handwashing device within 10 meters of a toilet serves as a surrogate marker with which to measure a critical moment for handwashing—after toilet use. The survey found that for households with a toilet, over 80 percent of the homes had their handwashing devices located within 10 meters of the toilets, irrespective of the gender of the household head (Figure 6.13). The majority of the households had water present in the handwashing device, the highest being in Lwengo District at about 90 percent and the lowest being in Butambala District at about 62 percent. The household heads were those persons responsible for making sure that there was water in the handwashing device at the handwashing facilities (Table 6.1).

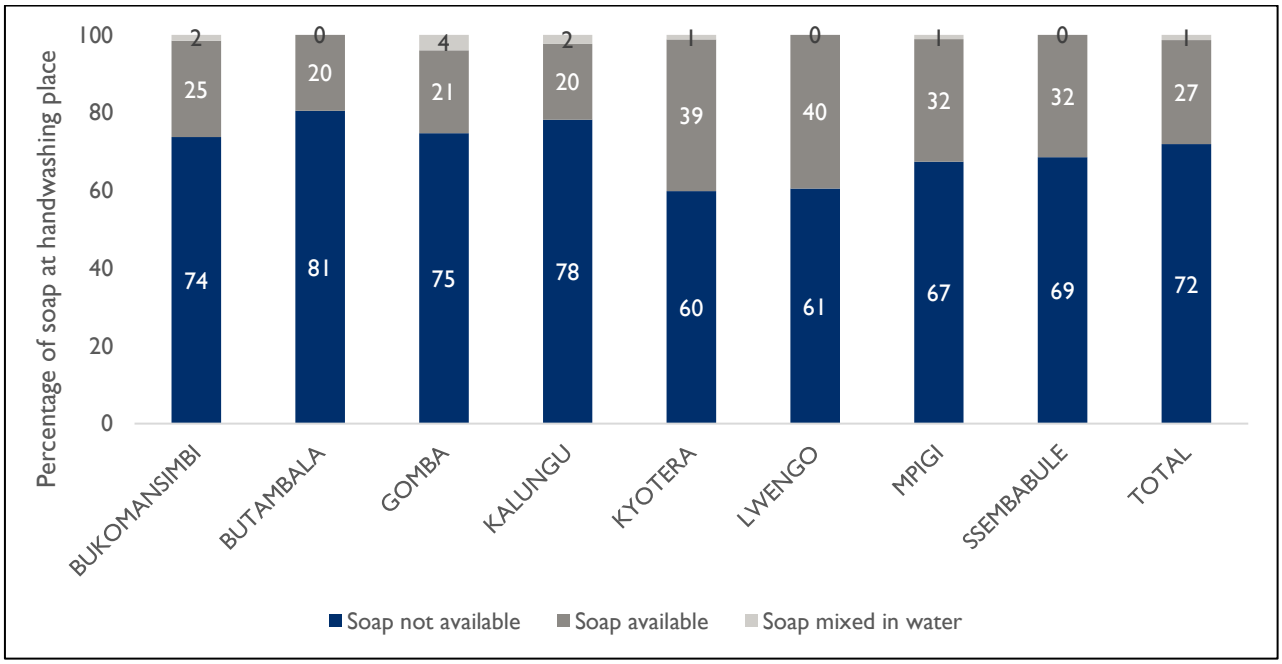
FIGURE 6.13. Percentage of Households with a Handwashing Place within 10 Meters of the Toilet



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

Contrary to the good practice of having observable water at the handwashing facility, most of the households did not have soap available (Figure 6.14) despite most of the households having soap in their houses at the time of the survey.

FIGURE 6.14. Percentage with Availability of Soap at Handwashing Facility

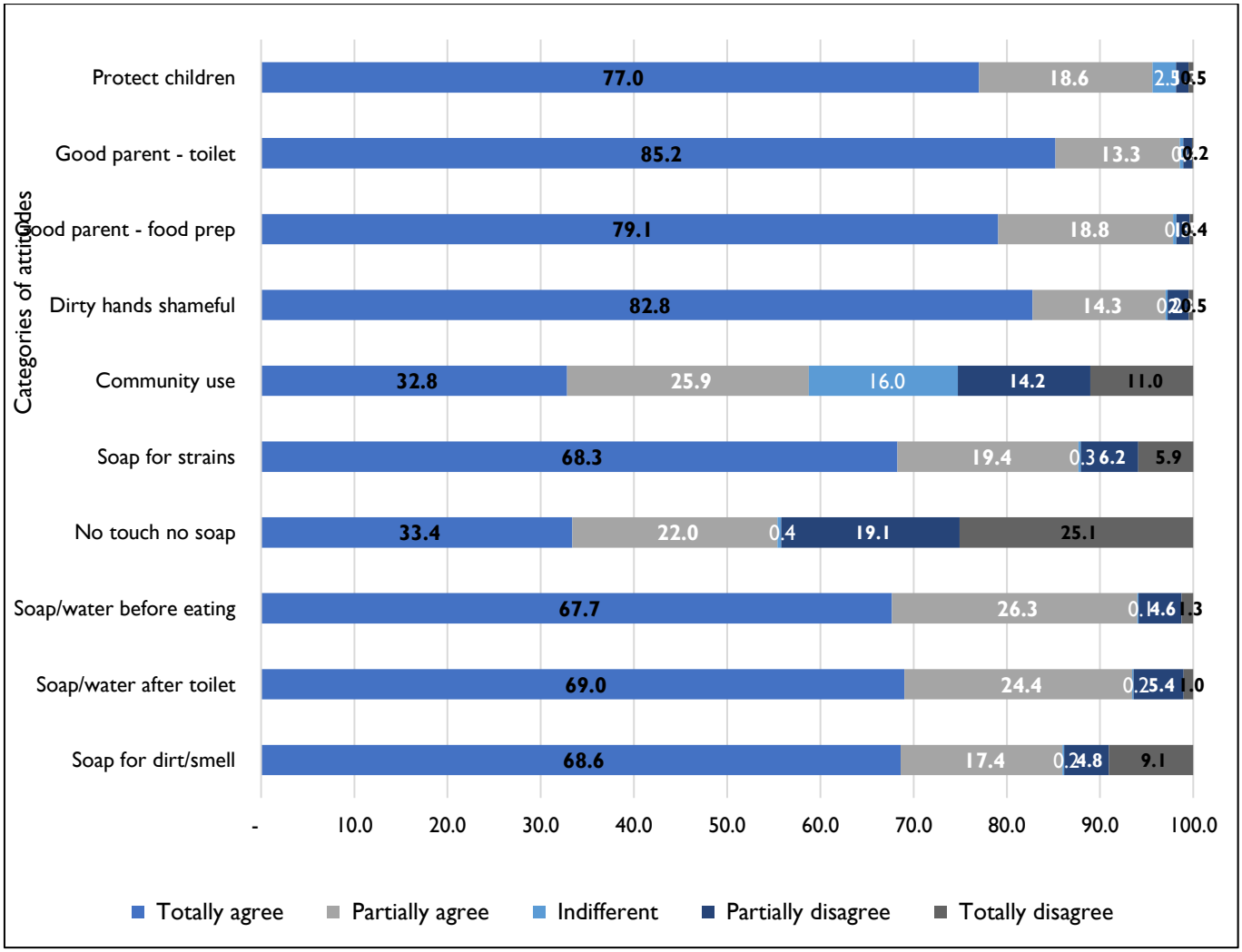


Note: The "TOTAL" column is an average of the entire cluster. This report aims to assess district-specific variations.

6.6 ATTITUDES ON HANDWASHING

The survey assessed respondents' attitudes regarding handwashing practices using a five-point Likert scale (Figure 6.15). The majority of households understood that soap was very important in handwashing to protect their children from disease or before preparing food. Only about 50 percent of the households thought it important to use soap for handwashing after using the toilet; this clearly reflected practice, as over 70 percent of the households did not have soap at the handwashing facility. It was interesting to find that about 44 percent of households surveyed did not think it necessary to use soap to wash hands if they had not touched anything dirty. This implies that the use of soap was not prioritized for after toilet use.

FIGURE 6.15. Attitudes toward Handwashing Services



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 prep	Good parents make sure to wash their hands with soap before preparing food.
Dirty hands shameful	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

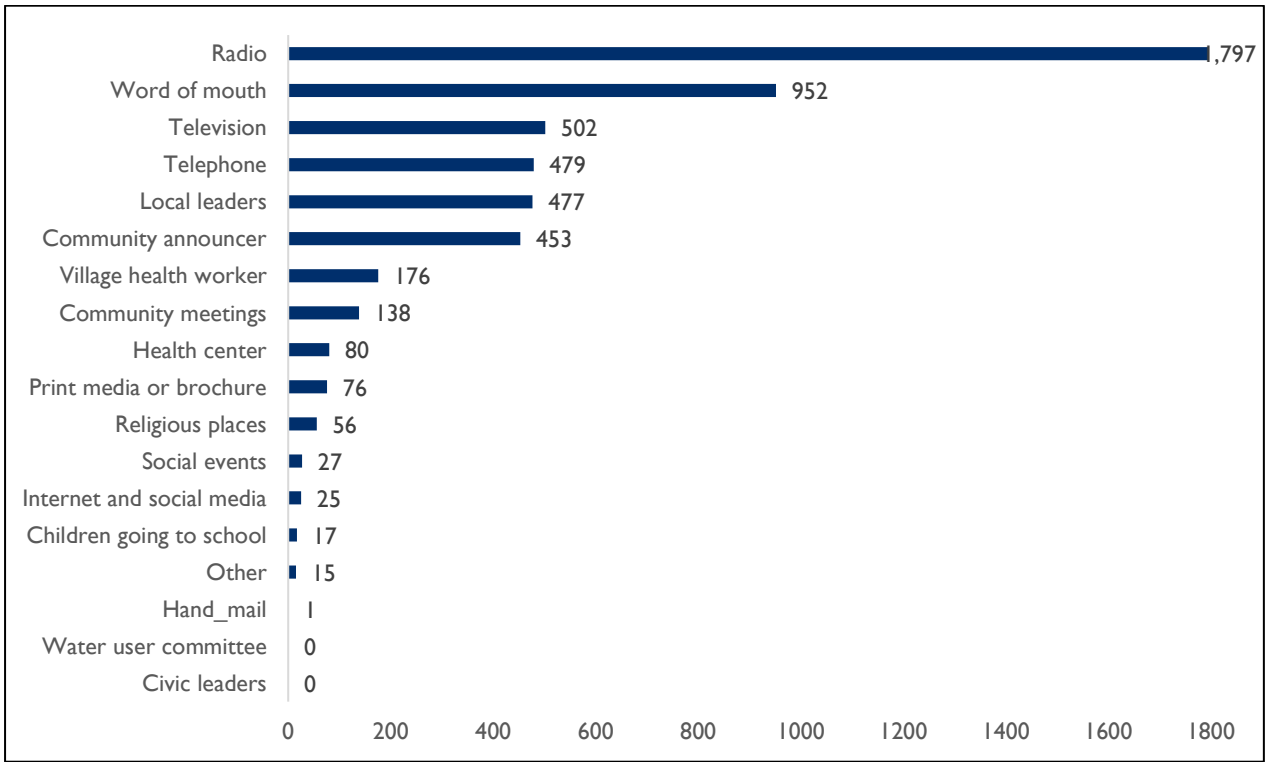
7.1 INTRODUCTION

Access to health information is an essential element in socio-economic development of a community (Musoke, 2001) and is regarded as a basic human right. In addition, access to and utilization of health information influence health behavior and practices. In most communities in Uganda, media is the most common source of health information, especially radio and television. Another common source of health information is village health teams (VHTs) or local civic leaders (especially the local council 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 (Adriko et al, 2018). Many of these children are aware that they can get diseases from walking barefoot, eating contaminated food, or 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) and television (Figure 7.1).

FIGURE 7.1. Types of sources of information on WASH



Of the 1,797 households that had received information on WASH via radio, 81.2 percent owned radios and 18.8 percent did not. This implies that the households without radios must be passively receiving this information from their surroundings. Surprisingly, information dissemination through the VHT or health centers did not rank very high from a public health point of view. Over half of the population surveyed in Central West was exposed to some form of information on WASH in the 30 days leading up to the survey on the following topics: handwashing (62.7%), treating drinking water (57.9%), and sanitation (71.8%) (Table 7.1). It should be noted that this information may have been subjected to recall or social desirability bias.

TABLE 7.1. Household Exposure to Information on WASH

	Bukomansimbi	Butambala	Gomba	Kalungu	Kyotera	Lwengo	Mpigi	Sembabule
Has any household member heard or seen any information on handwashing in the past 30 days?								
Yes	70.7	50.3	58.5	72.4	60.2	66.3	62.2	62.1
No	29.3	49.7	41.5	27.6	39.8	33.7	37.8	38.0
Has any household member heard or seen any information about treating drinking water in the past 30 days?								
Yes	64.0	43.2	53.7	61.0	58.4	59.9	62.2	61.8
No	36.0	56.8	46.3	39.0	41.6	40.1	37.8	38.3
Has any household member heard or seen any information about sanitation in the past 30 days?								
Yes	71.7	65.3	69.7	76.0	76.4	72.6	73.0	69.9
No	28.3	34.8	30.3	24.0	23.7	27.4	27.0	30.1
Has any household member heard or seen any information about sanitation in the past 12 months?								
Yes	78.7	73.5	86.7	84.4	88.6	78.7	87.4	75.6
No	21.3	26.6	13.4	15.6	11.4	21.3	12.6	24.4
Has any household member ever participated in an activity to "stop open defecation"?								
Yes	36.6	12.2	17.2	21.0	29.6	28.5	35.5	32.2
No	63.4	87.9	82.8	79.0	70.4	71.5	64.5	67.8

Approximately 62.7 percent of the households had received recent information on handwashing in the preceding month, but the desirable handwashing practices remain low across the Central West districts. A similar proportion (58%) received recent information on water treatment. However, over 90 percent of the households boiled their drinking water irrespective of the exposure to this information, which implies that either these communities value the practice of boiling water to prevent diseases or that this information is widely disseminated. The survey further revealed that exposure to information on sanitation is consistently spread throughout the year across the eight districts of Central West. It is worth noting that Butambala District registered the lowest proportion of households receiving information on sanitation at 65.3 percent compared to an overall average of 71.8 percent.

Over 70 percent of the households had participated in "stop open defecation" activities. This explains why over 90 percent of those households that had participated in these activities did not practice open defecation. About 6.7 percent of the households surveyed still practice open defecation despite participating in the "stop open defecation" campaigns (Figure 7.2). Less than 50 percent of the households had been visited by VHTs to teach them about steps to take to stop open defecation (Figure 7.3).

FIGURE 7.2. Percentage of Households Visited by a VHT, by Type of Toilet Facility

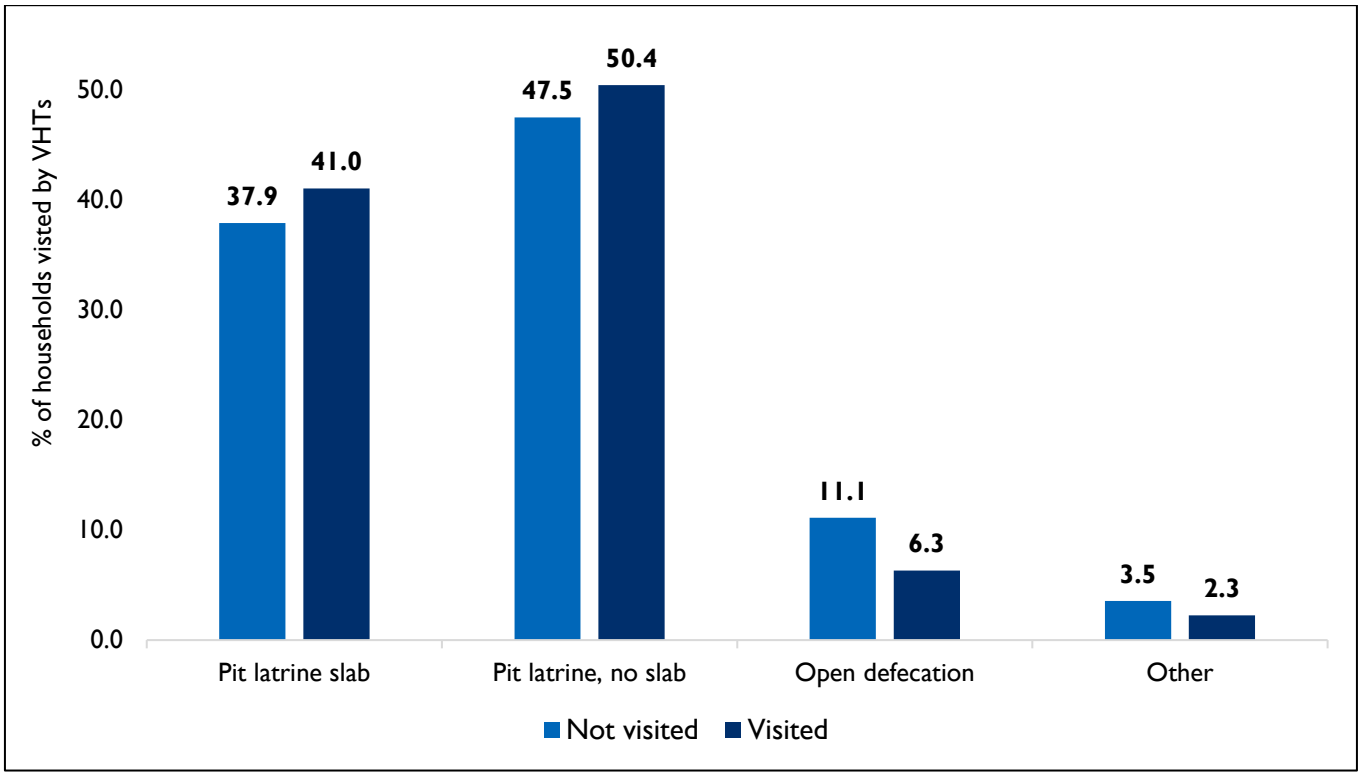
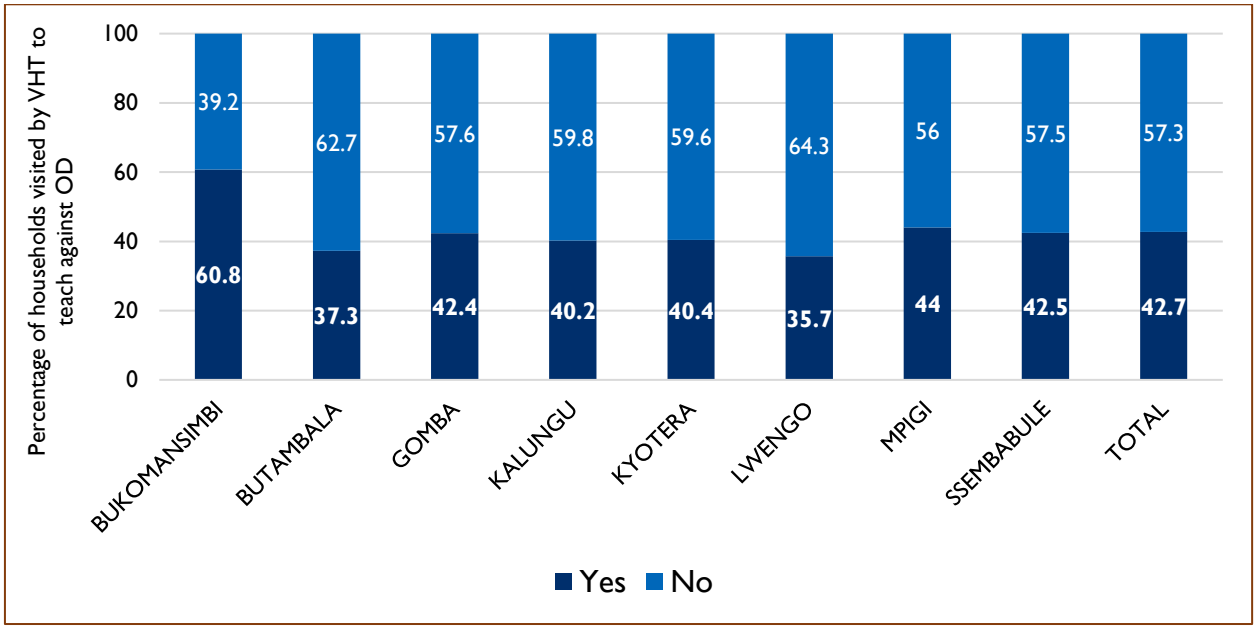


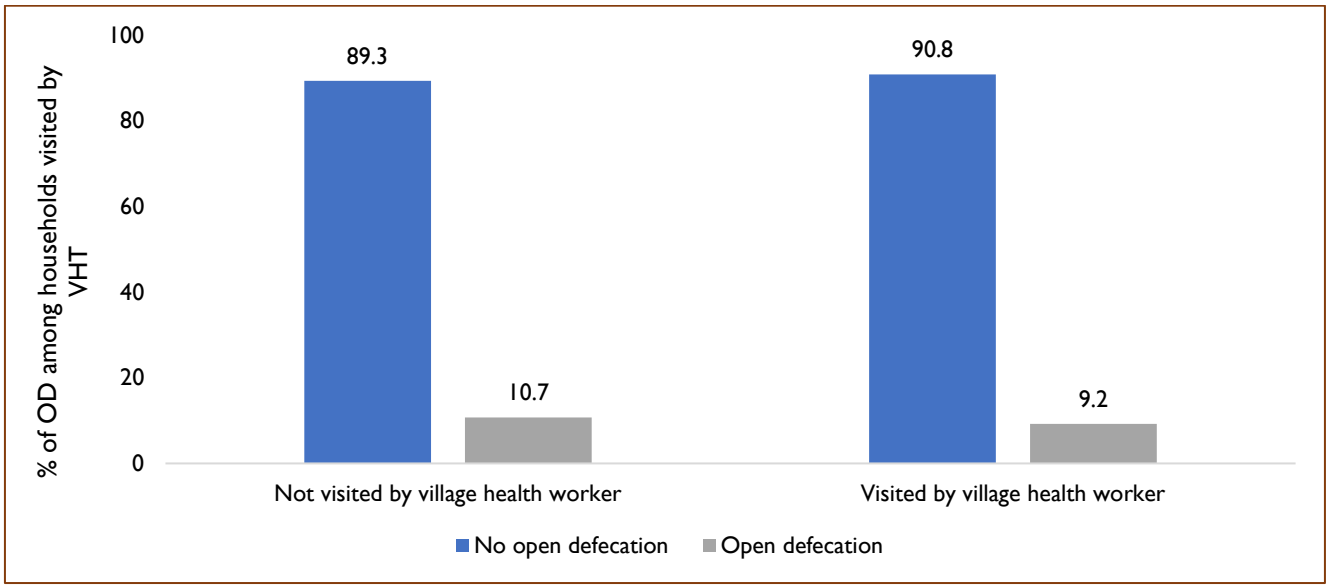
FIGURE 7.3. Percentage of Households Visited by VHT to Teach About Open Defecation Practices



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

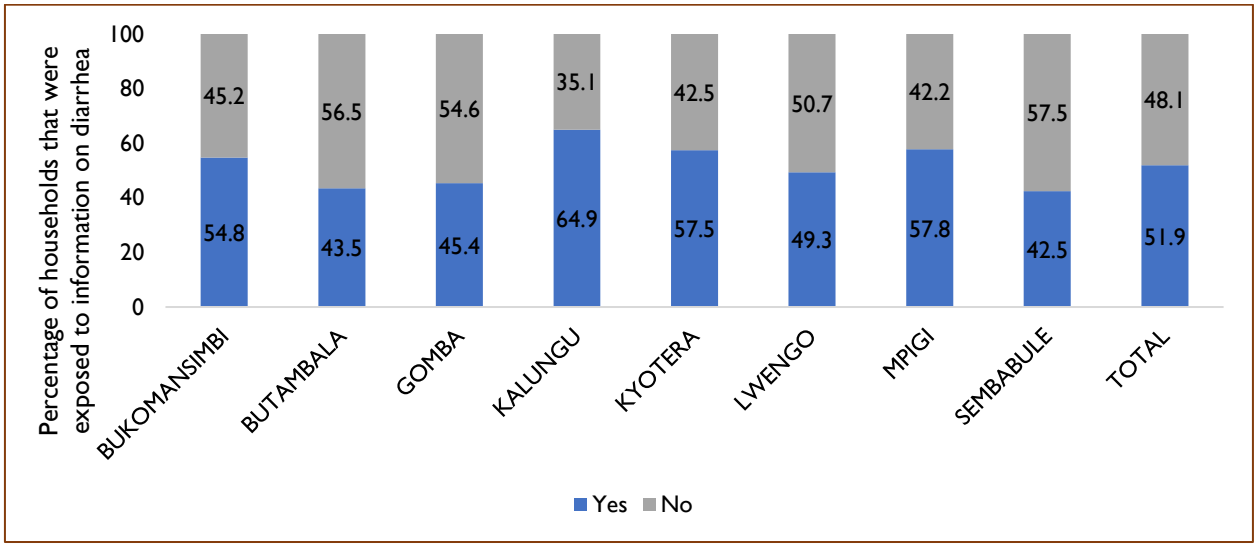
Despite efforts by VHTs to reach out to the households about stopping open defecation, approximately 9.2 percent of households in Central West districts still practiced open defecation, compared to 10.7 percent that had not been visited (Figure 7.3). This signifies that VHT home educational visits had no impact. The reasons for persisting with this practice despite efforts to sensitize these households to the perils of this practice need to be explored to focus the health messages in these communities.

FIGURE 7.4. Open Defecation Practiced among Households Visited by VHTs



Many households across the eight districts of Central West had received recent information[6] on diarrhea (Figure 7.4). Unfortunately, 70.9 percent of the households that received this information did not have handwashing facilities at their premises. There is need to understand the barriers to handwashing despite good exposure to such important information.

FIGURE 7.5. Percentage of Households Recently Exposed to Information on Diarrhea



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

[6] Information refers to messages accessed through radio, tv, posters, brochures, medical workers, CHWs

8.0 APPENDICES

APPENDIX 1: AMELP AND JMP BASELINE INDICATORS

TABLE 1-1. AMELP and JMP Indicators on Access to Improved and Unimproved Sanitation services†

	Quintile	BUKOMANSIMBI	BUTAMBALA	GOMBA	KALUNGU	KYOTERA	LWENGO	MPIGI	SSEMBABULE
Access to improved sanitation services[1]	**Lowest**	16.0%	13.6%	28.1%	18.5%	19.4%	15.6%	17.0%	8.6%
	Second	9.6%	11.2%	14.9%	6.5%	13.2%	8.3%	9.9%	19.4%
	Middle	8.5%	11.2%	14.0%	9.7%	6.2%	9.2%	5.8%	11.8%
	Fourth	39.4%	31.1%	24.6%	37.1%	28.7%	32.1%	26.5%	37.6%
	Highest	26.6%	33.0%	18.4%	28.2%	32.6%	34.9%	40.8%	22.6%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Access to unimproved sanitation services[2]	**Lowest**	12.6%	13.1%	20.6%	8.6%	14.9%	15.4%	18.6%	26.3%
	Second	8.8%	24.6%	23.3%	15.3%	24.0%	22.5%	19.6%	25.4%
	Middle	8.2%	22.1%	22.2%	12.9%	19.4%	19.8%	19.6%	14.8%
	Fourth	37.4%	18.9%	19.0%	32.5%	19.4%	19.2%	26.5%	22.5%
	Highest	33.0%	21.3%	14.8%	30.7%	22.3%	23.1%	15.7%	11.0%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Access to basic sanitation services[3]	**Lowest**	12.2%	7.0%	13.0%	8.6%	6.5%	7.1%	7.1%	8.8%
	Second	8.1%	11.3%	18.8%	8.6%	19.5%	7.1%	12.7%	17.5%
	Middle	9.5%	14.8%	15.9%	8.6%	3.9%	7.1%	4.8%	10.5%
	Fourth	39.2%	29.6%	29.0%	40.0%	31.2%	30.0%	28.6%	36.8%
	Highest	31.1%	37.4%	23.2%	34.3%	39.0%	48.6%	46.8%	26.3%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Access to limited saniation services[4]	**Lowest**	30.0%	22.0%	51.1%	31.5%	38.5%	30.8%	29.9%	8.3%
	Second	15.0%	11.0%	8.9%	3.7%	3.8%	10.3%	6.2%	22.2%
	Middle	5.0%	6.6%	11.1%	11.1%	9.6%	12.8%	7.2%	13.9%
	Fourth	40.0%	33.0%	17.8%	33.3%	25.0%	35.9%	23.7%	38.9%
	Highest	10.0%	27.5%	11.1%	20.4%	23.1%	10.3%	33.0%	16.7%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Households practicing Open defecation[5]	**Lowest**	13.2%	4.5%	17.6%	6.7%	13.8%	17.9%	17.6%	23.3%
	Second	34.2%	27.3%	35.3%	24.4%	27.6%	16.1%	41.2%	40.0%
	Middle	28.9%	36.4%	23.5%	13.3%	27.6%	23.2%	29.4%	16.7%
	Fourth	13.2%	4.5%	11.8%	26.7%	10.3%	17.9%	0.0%	16.7%
	Highest	10.5%	27.3%	11.8%	28.9%	20.7%	25.0%	11.8%	3.3%
	Total	**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/latrine not shared and toilet/latrine/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 compositing).*

[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.*

[3] *Defined as access to improved sanitation and not shared.*

[4] *Limited sanitation services defined as accessing improved but shared sanitation services.*

[5] *Open defecation defined as disposal of human feces in fields, bushes, open bodies of water, or other open spaces, or with solid waste.*

TABLE 1-2. AMELP and JMP Indicators on Access to Drinking Water Services

	Quintile	BUKOMANSIMBI	BUTAMBALA	GOMBA	KALUNGU	KYOTERA	LWENGO	MPIGI	SSEMBABULE
Access to improved water services[1]	**Lowest**	17.7%	15.0%	19.6%	14.6%	16.1%	17.8%	16.3%	17.7%
	Second	11.6%	16.1%	21.1%	14.2%	16.1%	17.8%	14.3%	12.4%
	Middle	9.1%	16.1%	19.6%	8.5%	8.9%	17.2%	9.3%	15.9%
	Fourth	38.9%	25.5%	21.1%	38.1%	25.0%	20.7%	24.0%	30.1%
	Highest	22.7%	27.3%	18.6%	24.7%	33.9%	26.6%	36.0%	23.9%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Access to unimproved water services[2]	**Lowest**	6.3%	5.1%	25.3%	5.7%	12.7%	11.1%	19.1%	18.8%
	Second	11.7%	13.6%	22.8%	9.4%	23.8%	18.2%	11.8%	31.3%
	Middle	13.5%	15.3%	17.7%	22.6%	19.0%	10.1%	17.6%	9.4%
	Fourth	28.8%	28.8%	20.3%	26.4%	23.0%	23.2%	30.9%	32.8%
	Highest	39.6%	37.3%	13.9%	35.8%	21.4%	37.4%	20.6%	7.8%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Access to basic water services[3]	**Lowest**	21.6%	16.5%	22.4%	14.0%	15.5%	19.1%	16.9%	17.9%
	Second	15.9%	13.4%	22.4%	16.1%	19.7%	13.2%	16.1%	12.5%
	Middle	4.5%	16.5%	20.4%	10.8%	8.5%	19.1%	12.7%	17.9%
	Fourth	38.6%	27.6%	20.4%	37.6%	29.6%	25.0%	23.7%	28.6%
	Highest	19.3%	26.0%	14.3%	21.5%	26.8%	23.5%	30.5%	23.2%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Access to limited saniation services[4]	**Lowest**	14.6%	14.6%	17.0%	14.1%	17.4%	17.0%	16.9%	17.6%
	Second	8.3%	17.9%	20.2%	13.3%	15.1%	22.7%	12.1%	11.8%
	Middle	13.5%	16.6%	19.1%	6.7%	10.5%	17.0%	7.3%	15.7%
	Fourth	39.6%	23.8%	20.2%	38.5%	23.3%	17.0%	24.2%	27.5%
	Highest	24.0%	27.2%	23.4%	27.4%	33.7%	26.1%	39.5%	27.5%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
No drinking water services[5]	**Lowest**	20.0%	0.0%	31.1%	6.1%	28.2%	17.7%	28.6%	24.2%
	Second	40.0%	25.0%	23.0%	12.1%	25.6%	13.9%	28.6%	32.0%
	Middle	20.0%	50.0%	21.3%	18.2%	28.2%	25.3%	14.3%	15.0%

	Fourth	20.0%	0.0%	18.0%	12.1%	5.1%	27.8%	21.4%	20.3%
	Highest	0.0%	25.0%	6.6%	51.5%	12.8%	15.2%	7.1%	8.5%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Safely managed drinking water services[6]	**Lowest**	14.3%	0.0%	0.0%	21.1%	8.3%	15.4%	6.3%	25.0%
	Second	7.1%	25.0%	0.0%	10.5%	0.0%	7.7%	18.8%	12.5%
	Middle	7.1%	0.0%	0.0%	10.5%	0.0%	7.7%	0.0%	0.0%
	Fourth	35.7%	25.0%	100.0%	36.8%	16.7%	23.1%	25.0%	62.5%
	Highest	35.7%	50.0%	0.0%	21.1%	75.0%	46.2%	50.0%	0.0%
	Total	**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.*
[4] *Defined as any of: water from an improved source and collection time of ≤30 minutes or source located within the dwelling or nearby.*
[5] *Defined as drinking water from an improved source with collection time of >30 minutes for a round trip including queuing.*
[6] *Defined as drinking water directly from a river, dam, lake, pond, stream, canal, or irrigation canal.*

TABLE 1-3. AMELP and JMP Indicators on Access to Hygiene Services

	Quintile	BUKOMANSIMBI	BUTAMBALA	GOMBA	KALUNGU	KYOTERA	LWENGO	MPIGI	SSEMBABULE
Access to No handwashing services[1]	**Lowest**	25.2%	20.7%	24.0%	29.4%	15.9%	32.0%	22.2%	21.7%
	Second	15.6%	24.6%	24.6%	17.8%	26.4%	22.2%	28.5%	12.2%
	Middle	12.6%	39.1%	22.8%	20.6%	37.7%	17.3%	39.6%	14.7%
	Fourth	25.6%	7.4%	12.3%	15.0%	9.4%	12.0%	6.8%	24.8%
	Highest	21.1%	8.2%	16.4%	17.2%	10.5%	16.5%	2.9%	26.6%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Access to basic handwashing services[2]	**Lowest**	10.3%	5.6%	8.3%	20.0%	8.0%	26.7%	13.0%	11.8%
	Second	13.8%	22.2%	0.0%	0.0%	20.0%	13.3%	4.3%	5.9%
	Middle	13.8%	11.1%	25.0%	13.3%	4.0%	0.0%	4.3%	5.9%
	Fourth	24.1%	22.2%	33.3%	40.0%	16.0%	20.0%	30.4%	29.4%
	Highest	37.9%	38.9%	33.3%	26.7%	52.0%	40.0%	47.8%	47.1%
	Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Access to Limited handwashing services[3]	**Lowest**	19.8%	12.9%	14.3%	1.4%	6.5%	8.7%	11.9%	8.2%
	Second	11.9%	12.9%	23.2%	4.3%	15.2%	17.4%	14.9%	22.4%
	Middle	16.8%	10.8%	16.1%	8.6%	17.4%	4.3%	6.0%	24.5%
	Fourth	25.7%	22.6%	21.4%	40.0%	34.8%	34.8%	19.4%	34.7%
	Highest	25.7%	40.9%	25.0%	45.7%	26.1%	34.8%	47.8%	10.2%
	Total	**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 handwashing facility.*

[2] *Defined as observed presence of handwashing facility in the household without soap and water.*

[3] *Defined as no handwashing facility in the household or no permission to see a handwashing place at the time of the interview.*

APPENDIX 2: SAMPLING METHODOLOGY FOR THE USHA CW HOUSEHOLD BASELINE

The USAID Sanitation for Health Activity (USHA) conducted a baseline survey to assess the status of water, sanitation, and hygiene (WASH) conditions in up to eight USHA target districts in the CW cluster.[7] 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: 1) the effectiveness of its activities and 2) the significance of changes brought about by those WASH activities in its target districts. For USHA to adequately detect effects of its interventions, the team conducted a power analysis 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 (UDHS). 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.

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). USHA used the 2016 list of Enumeration Areas from the National Population and Housing Census (NPHC) prepared by the Uganda Bureau of Statistics (UBOS).

USHA deployed a ***two-stage sampling design***:

Stage 1: UBOS selected 176 sample EAs in the CW cluster from the total number of EAs in the eight target districts using stratified random sampling (SRS) and probability proportional to size (PPS) sampling methods.[8] The team used SRS to divide Uganda into non-overlapping sub-groups. Each sub-group is referred to as a stratum (EA), and two or more subgroups form a strata. PPS further ensured that the selection of EAs was directly proportional to a size measure. The team listed all sample EAs to generate a sampling frame for the main baseline survey and categorized them into four categories by gender and toilet ownership (Tables A, excluding households that were not occupied at the time of household listing.

Stage 2: The team randomly selected 16 households from within each sample EA, from within each category. To keep the fixed number of households to be selected from each EA at 16, the team included households in the sample from each EA in approximate ratio A:B:C:D (Table A and B) of 1:5:2:8. USHA adapted the 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 selection.[9] Household selection bias was further prevented by not encouraging enumerators to conduct household replacements while in the field. SRS was preferred to outright simple random sampling because it accurately guarantees representativeness of household headship gender and latrine ownership status in the population being surveyed. These characteristics are

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[7] CW districts included were: Bukomansimbi, Butambala, Gomba, Lwengo, Mpigi, Sembabule, Kalungu, and Kyotera.

[8] The Department of Methodology at the Uganda Bureau of Statistics supported USHA's review and generation of the final sample.

[9] USAID Sampling and Household Listing Manual, Demographic and Health Survey Methodology, 2008-2013.

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 have higher precision than simple random samples drawn from the same population.

Table A: The CW Sampling Frames

No	Category	Count	Percentage
A	Female-headed HH without toilet	405	2
B	Female-headed HH who had a toilet	5,645	31
C	Male-headed HH without toilet	946	5
D	Male-headed HH and had a toilet	11,094	61
	Total	**18,090**	**100**

Source: USHA household listing exercise in the CW Cluster.

1. Hypothesis Testing:

By statistical convention, any effect observed in the WASH status of the USHA target districts at end line 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 evidence[10]. 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 regional specific Sanitation figures from the 2016 Uganda Demographic and Housing Census (UDHS) Sanitation Coverage statistics[11]. 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 end-line 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%), implying that it is acceptable to have a 5% probability of incorrectly

[10] Goodman (2008)

[11] Uganda Demographic and Housing Census (UDHS) 2016 Coverage Data – by Region

rejecting the null hypothesis. On the other hand, type II errors state will lead to a false negative for USHA end-line results, hence concluding that any effect observed is due to chance and therefore there is no true effect of the intervention, but 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). In the same fold, the probability of correctly rejecting H0 is denoted (1 − β) and is called power.

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's no prediction whether the intervention will have a positive or negative impact, but they expect that there will be an impact on the USHA target district.

For 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):

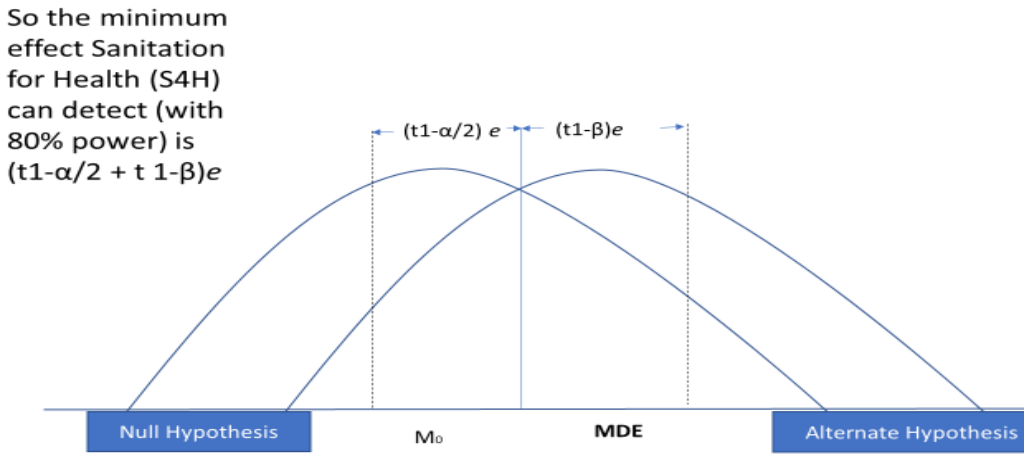
The MDE represents the relative minimum improvement over the baseline that USHA is willing to detect through its interventions, to a certain degree of statistical significance (Figure 2-1). MDE is a function of t-values and standard error (e) of the estimated effect. These t-values are pre-set as in table 1 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, β = 10%-20% while Power = 90-80%	1-β:
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 B Table of Normal Deviates t

Probability	Valor t	
	1 tail	2 tails
1-γ	t1-γ	t1-γ/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 2-1: Descripting of the MDE for the Sanitation for Health Baseline Survey



7. Sanitation for Health Power Calculation

The USHA Baseline survey formulae therefore required a minimum sample (n) of 2,680 households in the CW cluster within 176 EAs as shown in Table C below.

Table C: Sample Allocation for the Sanitation for Health Household Baseline Survey – Central West 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
BUKOMANSIMBI	CW	118	375	34,282	80%	0.84	1.96	0.31	0.69	0.2139	330	0.101	0.100	335	**22**
BUTAMBALA	CW	119	200	20,819	80%	0.84	1.96	0.31	0.69	0.2139	330	0.101	0.100	335	**22**
GOMBA	CW	121	354	35,051	80%	0.84	1.96	0.31	0.69	0.2139	330	0.101	0.100	335	**22**
LWENGO	CW	124	581	61,443	80%	0.84	1.96	0.31	0.69	0.2139	330	0.101	0.100	335	**22**
MPIGI	CW	106	495	58,314	80%	0.84	1.96	0.31	0.69	0.2139	330	0.101	0.100	335	**22**
SSEMBABULE	CW	111	561	55,316	80%	0.84	1.96	0.31	0.69	0.2139	330	0.101	0.100	335	**22**
KALUNGU	CW	TBD	TBD	TBD	80%	0.84	1.96	0.31	0.69	0.2139	330	0.101	0.100	335	**22**
KYOTERA	CW	125	536	53,142	80%	0.84	1.96	0.31	0.69	0.2139	330	0.101	0.100	335	**22**
TOTAL			**3,102**	**318,367**							**2,640**			**2,680**	**176**

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: _____

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 1: 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 1 = P.7 4=0-Level Education (1-4) Junior II= S.1 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 eg: 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 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	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2
12	Does any member of your household own a functional:	a) WATCH	YES NO 1 2

		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	1 1 1 1 1 1 1 1 1	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) eg: FINCA, BRAC. 3= Micro-Finance Institutions (MFIs) eg: MED-NET 4=Credit Institutions eg: FAULU 5=SACCOs 6=Informal Providers eg: VSLA, ASCA, ROSCA		
17	Has any member of your household ever accessed a loan?	Yes ……1 No ……..2 → S1		
18	Where was the loan accessed from? (Circle any top three)	1= Commercial Banks 2= Micro-Deposit Taking Institutions (MDIs) eg: FINCA, BRAC. 3= Micro-Finance Institutions (MFIs) eg: MED-NET 4=Credit Institutions eg: FAULU 5=SACCOs 6=Informal Providers eg: VSLA, ASCA,R OSCA 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

S1	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	What problems with your toilet/latrine do you or any member in the household have? (Circle all top three problems)	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
21	What materials do you and your household members usually use for anal cleaning after defecation? (Circle all top three)	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
22	Does your household OWN this toilet/latrine facility?	1=Yes 2=No→ S2
23	In which year was your <u>current</u> toilet/latrine facility constructed? *Record 9999 if household cannot recall the year the toilet/latrine was constructed.*	_____ (YEAR)
24	Who made the decision for your household to construct your <u>current</u> toilet/latrine?	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
25	What were the top three reasons for your household building the <u>current</u> latrine/toilet facility? *(Circle a maximum of 3 options only)*	1=Status/Pride 2=Comfort 3=Convenience 4=Privacy 5=Avoid sharing with others 6=Security 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</u> services (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? *(Circle all that apply)*	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/rehabilited?	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 HOUSEHOLD MEMBER CONTRIBUTION]	_____ UGX
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 off?	1=Buried in a covered pit on the property 2=Disposed in un covered pit, Open ground, water body or else where (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=Metalic/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 FECES 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 WEBS.	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 off 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

90-102 Psycho social determinants of latrine/toilet ownership

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.

OK. Let's get started. Tell me how your opinion about the following statements.
HAVING A LATRINE…….:

90	HAVING A LATRINE makes owners be modern	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 0
91	HAVING A LATRINE Makes owners be respected members of their communities	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 0
92	HAVING A LATRINE makes owners be respected by visitors that come to their house	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 0

93	HAVING A LATRINE makes owners popular	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 0
94	HAVING A LATRINE makes family members proud	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 0
95	HAVING A LATRINE allows women to have privacy any time of the day	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 0
96	HAVING A LATRINE helps keep the family compound clean	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 0
97	HAVING A LATRINE helps to reduce the number of flies in the house	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 0
98	HAVING A LATRINE allows you to defecate easily when you are sick	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 0
99	HAVING A LATRINE reduces the possibility of disease in your family	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 0
100	HAVING A LATRINE gives latrine users more privacy	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 0
101	HAVING A LATRINE avoids the dangers of defecating in the bush at night	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 0
102	HAVING A LATRINE requires a lot of effort to keep it clean	Totally agree .. Partially agree Partially disagree…… Totally disagree…… Indifferent, no opinion……	4 3 2 1 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)_____

HANDWASHING

Now, I would like to talk to you about handwashing

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) DON'T READ OUT /PROMPT OPTIONS FOR RESPONSES	1=Washing dishes 2=Washing clothes 3=Washing adult's hands 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	FIXED FACILITY OBSERVED 1 = In Household/Dwelling/House 2 = In Compound, Plot or yard MOBILE OBJECT OBSERVED 3=Bucket/Jug/Kettle/Jerrican close to food preparation area 4= Bucket/Jug/Kettle/Jerrican close to toilet

	MOST OFTEN BY THE RESPONDENT OR HOUSEHOLD.)	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?	1 = Water is available

	[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".]	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 (LC1, 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? *Anywhere else*? (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 (LC1, 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	What was the source of information on treating the water you Drink? (Circle main3)	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 (LC1, 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	
135	In the past 30 DAYS have you heard or seen anything about sanitation?	YES NO	1 2→137

136	What was the source of the SANITATION information? *Anywhere else*? (Circle main3)	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 (LC1, 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	
137	And in the past 12 MONTHS, have you heard or seen anything about sanitation?	YES NO	1 2→139
138	What was the source of the information? *Anywhere else*? RECORD ALL MENTIONED	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 (LC1, 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	
139	Has your household ever participated in an activity to "stop open defecation" in your village?	NO YES	1 2
140	Has your Village ever been granted "Open Defecation Free Status"?	NO YES DK…….	1 2 3
141	Has your household ever been visited by a village health team (VHT) worker/LC1/NGO who taught you on how to "stop open defecation"?	NO YES	1 2
142	Has your household ever been visited by a village health team (VHT) worker /LC1/NGO who taught you on how to "improve your toilet"?	NO YES	1 2

143	In the past 30 days, have you received information about diarrhea?	YES 1 NO 2→END
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 (LC1, 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

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**
Nkulamusizza, ammanya gange nze ${enum_name} nga nkola n'ekitongole eky'ebyobuyonjo ku lw'obulamu mu Uganda (Sanitation for Health Activity in Uganda). Mu myaaka etaano egijja, ekitongole ky'ebyobuyonjo Ku lw'obulamu (USHA) kijja kuteeka munkola emilimu egimu egijja okuyamba ku mazzi n'ebyobuyonjo mu kitundu kino. Nga ekyo tekinnaba kussibwa mu'nkola, Ekitongole ky'ebyobuyonjo ku lw'obulamu (USHA) kyandyaagadde okumanya bwemuyimiridde mu by'amazzi n'eby'obuyonjo, ku mibiri gyaffe n'ebyetukozesa (WASH) mu kitundu kino. Ebirowoozo gwe ne banno byemunaatuwa, bijja kusobozesa Ekitongole ky'eby'Obuyonjo ku lw'Obulamu okusalawo oba enkola ezigonjoola obuzibu zitegekebwa zisobole okuyamba mukwongera okutumbula Eby'mazzi n'obuyonjo. Tukusaba 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 kuumibwa 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 byebatuzzeemu tusobole okufunamu ebirowoozo ebyawamu. Olinayo ekibuuzo kyonna? Wandyagadde okwetaba mukunoonyereza kuno?	Osibyotya eyo nnyabo/ssebo! Amaina gange ninze ${enum_name} Ndikukola n'ekitongole kyebeta Sanitation for Health (USHA). 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 (USHA) 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'ebyobulamu 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 kukumibwa 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 okubuuza? Wandyenze okwetaba mu musomo guno?
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	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

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
this interview as indicated by the instructions and inform my supervisor of any issues or concerns.	this interview as indicated by the instructions and inform my supervisor of any issues or concerns.
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 (USHA) Activity Household Baseline survey:	**Uganda Sanitation for Health (USHA) 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**
Kati njagala kukubuuza ku bantu abasula mu maka gano	
3 Muli bameka abebeera 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**

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
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'okwooza 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]**
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?

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
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?
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 dhemwakozesa mumaka gano, dhavawa okusinga?
Specify Other	**Specify Other**
14. Gwe n'abomu makaago muyingiza 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 lwemukozesa 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?

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
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	S1. 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?
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 kukozesaaki 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 yasasula abazimba Kabuyonjo yammwe?	28. Nhaani eyasasulila emirimo egy'okuzimba Kabuyondho yaimwe?
Specify Other	**Specify Other**
28b. Kabuyonjo yo/ toilet yo bajiddabirizako okuva lwe bajizimba?	**28b. Laturini yaimwe/ toileti/omuganwa yaimwe bajiddabirizako okuva lwe bajizimba?**

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
28c. Bintu ki ku laturini/toileti/muganwa gwaimwe bye mwadabiriza?	**28c. Bintu ki ku kabuyonjo yamwe bye mwadabiriza?**
Other Specify	**Other Specify**
29. Amaka gano gaatoola ssente 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 okukinnyulula?	S4. Laturini/Toileti/Ekiina ekijamu obubukyaffu/Obubi , Waliwo lwebakinuunamuku/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 yamwe mwe'yali, okuginnyulula/okugigogola?	39. Ghebayoleramu 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 okujinnyulula, ebyaalimu baabiyiwa wa?	S5. Omulundi ogwasembayo okuyoolamu Obukyaffu byebayoolamu babiyuwa wa?
Specify Other	**Specify Other**

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
42. Olina ekintu kyonna kyoogatta mu kabuyonjo eno okutangira okuwunya obubi oba okugoba ensowera?	42. Waliwo ekintu kyonakyona kyemukozesa mu latrine/toilet okulekeza omuka omubi okuwunha oba okuziyiza ensowera okwidha?
Specify Other	**Specify Other**
43. Otela kukozesaaki? (Circle all that apply)	43. Mutera kukozesa 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 mutoileti 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 kulukozesaaki?	49. Olwiiji lwa toileti yaimwe balukola muki?
Specify Other	**Specify Other**
50. Does your pit have a drop hole cover? [OBSERVE]	50. Is the pit covered? [OBSERVE]
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?

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
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 yafuluma/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 kukubuza ebibuuzo nfune ndowoozayo. Nenda ondiremu oba nga oikiriza oba toikiriza oba ozira kyokoba kunsonga eno. Aye bwoba nga oikiriza mbanenda onkobere oba okirririza irala oba oikiriza ku kitundu. Ate bwoba toikiriza nenda onkobela oba nga toikirririza irala oba toikirririza ku kitundu.**
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 gaibwe
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 abakyala obutawemuka misaana
96. Okubeera ne kabuyonjo kiyamba okukuuma olugya lwa waka nga lutukula.	96. Okuba ni toileti/latulini kiyambaku okukuma waka (oluya) ngawayondho

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
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 munsiiko 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?
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**

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
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 okunnywa?	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 kyonakyona munumba yo?
69. Ani mu maka gano asiinga okusalawo okugula ssabbuuni/atukuza ono?	69. Mumaka gano nhaani asalawo kubyokugula sabuuni?
69b. Ani mu maka gano nhaani asasulila ssabuuni ono?	69b. Ani mu maka gano asasulila ssabuuni ono?
70. Ssabuuni/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?**

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
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
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 kubuuza ku oba okiriziganya oba tokiriziganya nabino wa'manga	**Buti nenda kubuuza oba oikirizigania oba oyikirizigania na'bino w'amanga**
110. Olina okunaaba ne ssabuuni yekka singa engalo zilabika nga nkyaafu oba nga ziwunya bubi (reverse coding)	110. Tolina kunaba ngalo ni sabuuni okutoolaku ng Dhiboneka nga ngubbu oba nga dhiwuna bubi

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
111. Ssabuuni n'amazzi bibeerawo lubeerela mu maka gammwe okunaaba engalo nga mu maze okugenda mu kabuyonjo.	111. Amadhi ni sabuuni bibawo munhumba yo bulikasera okunaba mungaloo ng'ova mutoileti/latulini
112. Ssabuuni n'amazzi bibeerawo lubeerela mu maka gammwe okunaaba engalo nga temunnalya.	112. Amadhi ni sabuuni bibawo munhumba yaimwe bulikasera okunaba mungalo nga mukali kulya
113. Teweetaaga kunaaba ngalo zo na ssabuuni ssinga obeera tokutte ku kintu kyonna kiddugala (reverse coding)	113. Tiwetega kunaba mungaloo nisabuuni woba nga togemye kubintu bikyafuu
114. Ssabuuni yekka yasobola okujjawo okuwunya kw'ebyennyanja oba ebiddugala ebiyinza okugaanira mu ngalo.	114. Sabuuni yenka na'sobola okumulamungalo oluusu lwebyenandha na'amabala amazibu.
115. Mu maka agasinga mu kitundu kyammwe, ssabuuni n'amazzi bibeerawo okunaabisa engalo omuntu nga avuddeyo mu kabuyonjo.	115. Mumaka agasinga obunji mukintundu kyo, sabuuni n'amadhi bibawo okunaba mungaloo nga omuntu ava mutoileti
116. Kiswaaza okulya n'engalo eziddugala mu maaso ga mikwano gyo.	116. .Kiswaaza okulya nga engalo nkyafuu mumaiso gamikwano gyo
117. Abazadde abalungi bafaayo okunaaba engalo ne ssabuuni nga tebannajjula mmere.	117. Abazaire abalungi basooka kunaba mungalo ni sabuuni memale bategeka emeere
118. Abazadde abalungi bafaayo okunaaba engalo zaabwe ne ssabuuni nga bavudde mu kabuyonjo.	118.Abazaire abalungi banaba mungaloo nasabuuni buli lwebava mutoileti/latulini
119. Abaana bange be nnennyumirizaamu ne ssanyu era nnaaba engalo zange ne ssabuuni okubakuuma.	119. 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 Handwashing Practises in your Household	**Nsaba twogereku kubintu ebindi buti**
130.Amawulire/obubaka mu maka gano mu' gajja/mubujja wa? (Circle the main 3)	130. Amaka go gatoolawa amawulire ? (Circle the main 3)
Specify Other	**Specify Other**
131. Mu nnaku amakumi asatu eziyise wali owuliddeko oba olabye ku mawulire/obubaka Obukwaata ku kunaaba engalo?	131. Mu nnaku amakumi asatu edibise mwawuliramuku oba okubonamuku amawulire agagema kuku nabamungaloo
132. Amawulire ago wagajjawa? (Circle the main 3)	132. Amawulire ago mwagatolawa? (Circle the main 3)
Specify Other	**Specify Other**
133. Mu nnaku amakumi asatu eziyisse, wali owuliddeko oba olabyeeko ku mawulire /obubaka obusomesa kukussa eddagala mu mazzi neligafuula amalungi okunywa.	133. Mu nnaku amakumi asatu edibise muwuliremuku oba Okubona ku amawulire agagema kukolongosa amadhi agokunhwa?
134. Wagalaba wa era wagawulira wa? (Circle the main 3)	134. Wagabonera wa oba wagawulilira wa? (Circle the main 3)
Specify Other	**Specify Other**
135. Mu nnaku amakumi asatu eziyisse wali owulidde oba wali olabye ku mawulire gonna agakwata ku buyonjo?	135. Mu nnaku amakubi asatu edibise wawulira muku oba okubonamuku amawulire goonagona agagema ku by'obuyondho??
136. Amawulire ago wagalaba oba wagasanga wa? Wa awalala wonna? (Circle the main 3)	136. Wawulira wa oba wabonera kuki? (Circle the main 3)

LUGANDA VERSION OF QUESTIONNAIRE	LUSOGA VERSION OF QUESTIONNAIRE
Specify Other	**Specify Other**
137. Ate mu myezi ekumi nebiri egiyise, wali owulidde oba wali olabye ku mawulire gonna agakwata ku by'obuyonjo?	137. Ate mu myezi ekumi nebiri egibise wawulira muku oba okuboona muku ekintu kyonakyona ekigema ku buyondho?
138. Amawulire ago wagajjawa? Waliwo awalala wonna? (Circle the main 3)	138. Ghawulirira wa oba ghagabonera wa? (Circle the main 3)
Specify Other	**Specify Other**
139. Amakaago gaali geetabyeeko mu kaweefube "akugira okweyamba buli wosanze/mulujjudde"?	139. Amaka go getabaku mu kawefube owo'kulekeza okweyamba munsiko?
140. Ekyaalo kino kyaali kilangiriddwa okuba ekyo awatali basasaanya bubi"?	140. Ekitundu kya'imwe kino kyalangirirwaku nti ezira muntu yena yena asasanya obubi?
141. Amaka gammwe gaali gakyaaliddwaako omusawo w'ekyaalo oba LC eyabasomesa okulekeraawo okweyamba mulujjudde/ buli wosanze?	141. Amaka gano gakyazaku omusaawo w'ekyalo oba LC ya basomeesa kubulabe obuli mukweyamba kuluya wa toileti/latulini
142. Amaka gammwe gaali gakyaaliddwaako omusawo w'ekyaalo eyabasomesa kukuddaabulula/okutereeza kabuyonjo yammwe?	142. Mumaka gano mwakyalamuku omusaawo Webyobulamu mukyalo kino oba LC ya basomesaku okwongera kumutindo gwa toileti/Latulini?
143. Mu nnaku amakubi asatu eziyisse, wali ofunnye ku mawulire/obubaka obukwaata Ku kuddukkana?	143. Mu nnaku amakumi asatu edibise, mwafunamuku amawulire agagema ku Kidhukano/embiro?
144. Amawulire ago gaavaawa? Olina awalala wonna? (Circle the main 3)	144. 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

1. General Guidelines

1.1 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) in order to ascertain they are collecting data in accordance with standard data collection principles and specific instructions given by USHA.

1.2 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 Clock Works research firm 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. The baseline firm is expected to share a list of supervisors and RAs and their respective phone numbers with USHA MEL-A.

1.3 Process: The Team Leader of the baseline firm will monitor the audit schedule and share a weekly report to 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 for on the day of the audit. From the list of RAs provided by the field supervisor, the USHA auditor should randomly select three RAs who they will audit per group. On reaching the district, the process to be followed will differ depending on whether the USHA auditor is auditing the household (HH) listing survey or the HH main survey. This is explained below:

HH main survey: On 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 in the first RA, the auditor should move to the second RA identified and repeat the process.

1.4 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. The section below 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.

1.5 Reporting: The supervisors/USHA auditors are required to type up their notes from each interview in the format given below and share them through the team leader or USHA MEL-A for

the household listing and 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	S1 & 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	For the HH with children under 3years and those with a disability, find out if these categories of people are able 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 3 years.	
9	W1 VS QN 14	It is not possible that the HH earnings/economic status is minimal yet uses bottled water.	

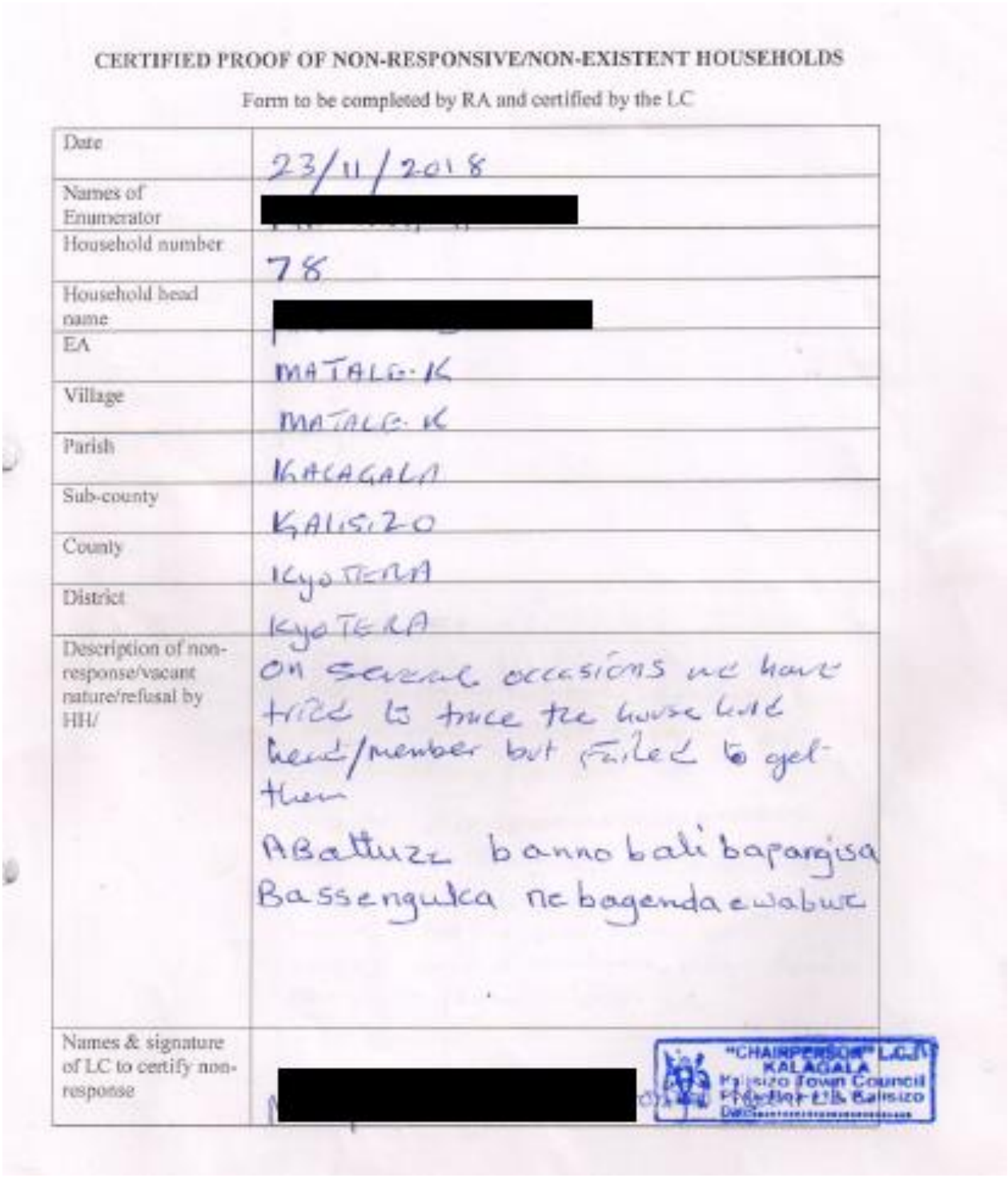
Was the RA's performance satisfactory?

- 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 such as visual aids, power bank, etc.)*

……
……
……

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	23/11/2018
Names of Enumerator	[redacted]
Household number	78
Household head name	[redacted]
EA	MATALO K
Village	MATALO K
Parish	KALAGALA
Sub-county	KALISIZO
County	KYOTERA
District	KyoTERA
Description of non-response/vacant nature/refusal by HH/	On Several occasions we have tried to trace the household head/member but failed to get them ABattuzz banno bali baparigisa Bassengulka ne bagenda ewabwe
Names & signature of LC to certify non-response	[redacted] "CHAIRPERSON" LC.I KALAGALA Kalisizo Town Council Kyotera Dist.

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