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HIP HYGIENE IMPROVEMENT
PROJECT

**Assessment of Hygiene Promotion in Madagascar
2007-2008 Comparisons
for Households, Schools, and Health Facilities**

USAID Hygiene Improvement Project

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Acronyms

CSB	Centre de Santé de Base
FANTA	Food and Nutrition Technical Assistance Project
HIP	Hygiene Improvement Project
HW	Hand Washing
HWTS	Household Water Treatment and Storage
LQAS	Lot Quality Assurance Sampling
OM	Outcome Monitoring
PAFI	Petites Actions Faisables Importantes (Small Doable Actions)
PMA	Program Management Area
POU	Point of Use
PPS	Proportional Probability to Size
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene

Executive Summary

This report presents comparative findings of the Hygiene Improvement Project's (HIP) annual behavioral outcome monitoring of hygiene practices measured in 2007 and again in 2008 in the four regions in central, south central, and eastern Madagascar where HIP is operational: Amoron'i Mania, Analamanga, Atsinanana, and Haute Matsiatra. The practices, including hand washing, drinking water and storage, and hygienic disposal of human feces, were measured at randomly selected households that had children seven to 23.9 months of age since this is the cohort with the largest diarrheal incidence according to the latest Demographic and Health Survey figures. This report also presents information about the water and sanitation characteristics of randomly selected sample schools and basic health facilities (Types 1 and 2) in the same geographic areas.

Findings suggest a significant increase in awareness about critical hand washing junctures for preventing diarrheal disease, even though more work needs to be done to increase awareness of the need to wash hands after coming in contact with fecal matter. Findings also indicate that more hand washing stations/devices are being placed at locations that would facilitate hand washing when handling food or after defecation, yet needed supplies to practice hand washing at these locations are not always available. One message that needs to be hammered home is that water and soap must be available at hand washing stations set up in households. A qualitative study may be warranted to understand what barriers prevent supplies from being readily available and how promotional hand washing messages could be adjusted.

Household data also indicate an increased awareness among families that different methods can be used to treat drinking water. The water treatment methods most frequently mentioned as options tend to be traditional ones—boiling and preparing rice water, two related practices. Yet, when asked about what products may be used to treat water, statistically significant increases in the mention of Sur'Eau are detected between the 2007 and 2008 measurements. Knowledge about the correct dosage of Sur'Eau for water treatment has also increased at a statistically significant level from one year to the next. An 8 percent increase in the practice of water treatment has been detected; however, this difference is not statistically significant. No improvements regarding water storage have been detected between measures. Further promotional efforts in household water treatment and storage (HWTS) are warranted.

The drop in open defecation detected is very encouraging. Yet, unimproved latrines that may be shared between two households on average continue to be the first choice when moving up the sanitation ladder. There are some incipient changes regarding the presence of hand washing stations near latrines. However, this practice needs to be expanded and consolidated.

None of the schools visited could be classified as WASH-friendly based on the new classification criteria developed by the Ministry of Education with HIP's assistance. Yet, the presence of school latrines is almost universal, and a considerable percentage of schools have staff trained in hygiene promotion. Hand washing stations with needed supplies and hand washing practice should continue to be encouraged. The availability of necessary educational and promotional materials for schools needs to be ensured and expanded. Neither teachers nor school children are spontaneously mentioned by respondents as sources of information for hygiene messages. Outreach activities geared toward parents and the community at large on the part of schools and teachers should be encouraged.

Most health facilities have latrines for clients that are operational. However, only half of them were clean during the visit, one-third had a hand washing station near the latrine, and less than one-fifth had soap at this station. Over half of Community Health Centers (Centre de Santé de Base or CSBs) visited had drinking water available, and water obtained from unimproved sources was not always treated. Hygiene promotional activities more commonly targeted facility clients than the catchment area of the facility. Advocating for the cleanliness of latrines and making hand washing supplies available in health facilities should become priorities for HIP in the next work plan. Installing slabs could become a second priority, and outreach promotional activities reaching the facilities' catchment area could become the third.

Introduction

This document presents the findings of research conducted in 63 communes in the four regions where the Hygiene Improvement Project (HIP) is operational in Madagascar: Amoron'i Mania, Analamanga, Atsinanana, and Haute Matsiatra. A map of Madagascar indicating where HIP operates may be found on page 4. The findings presented in this report include data collected from households, health facilities, and schools.

Household and health facility data were collected in conjunction with the USAID-funded Food and Nutrition Technical Assistance (FANTA) Project, which implements an annual Behavioral Outcome Monitoring (OM) activity on behalf of USAID/Madagascar to track results of programs and projects implemented by USAID's partners in the health sector. FANTA's sampling is based on the Lot Quality Assurance Sampling (LQAS) approach described summarily in Annex 1 of this report. The research firm PENSER, hired by FANTA, collected the data for households and health facilities in July and August 2008. Research staff coordinated by HIP's Monitoring and Evaluation Specialist in Madagascar, Clement Randriantelomanana, collected the data for schools in October and November 2008, when the schools were in session.

The findings discussed in this report represent the first follow-up measure to baseline data collected in 2007. Comparisons between data collected in 2007 and 2008 are presented when the methodology used to gather the information makes it possible.

This report contains the following sections: background, methodology, findings, and programmatic implications. Names of communities visited during the 2008 measurement and the instruments used to collect data can be found in the annexes.

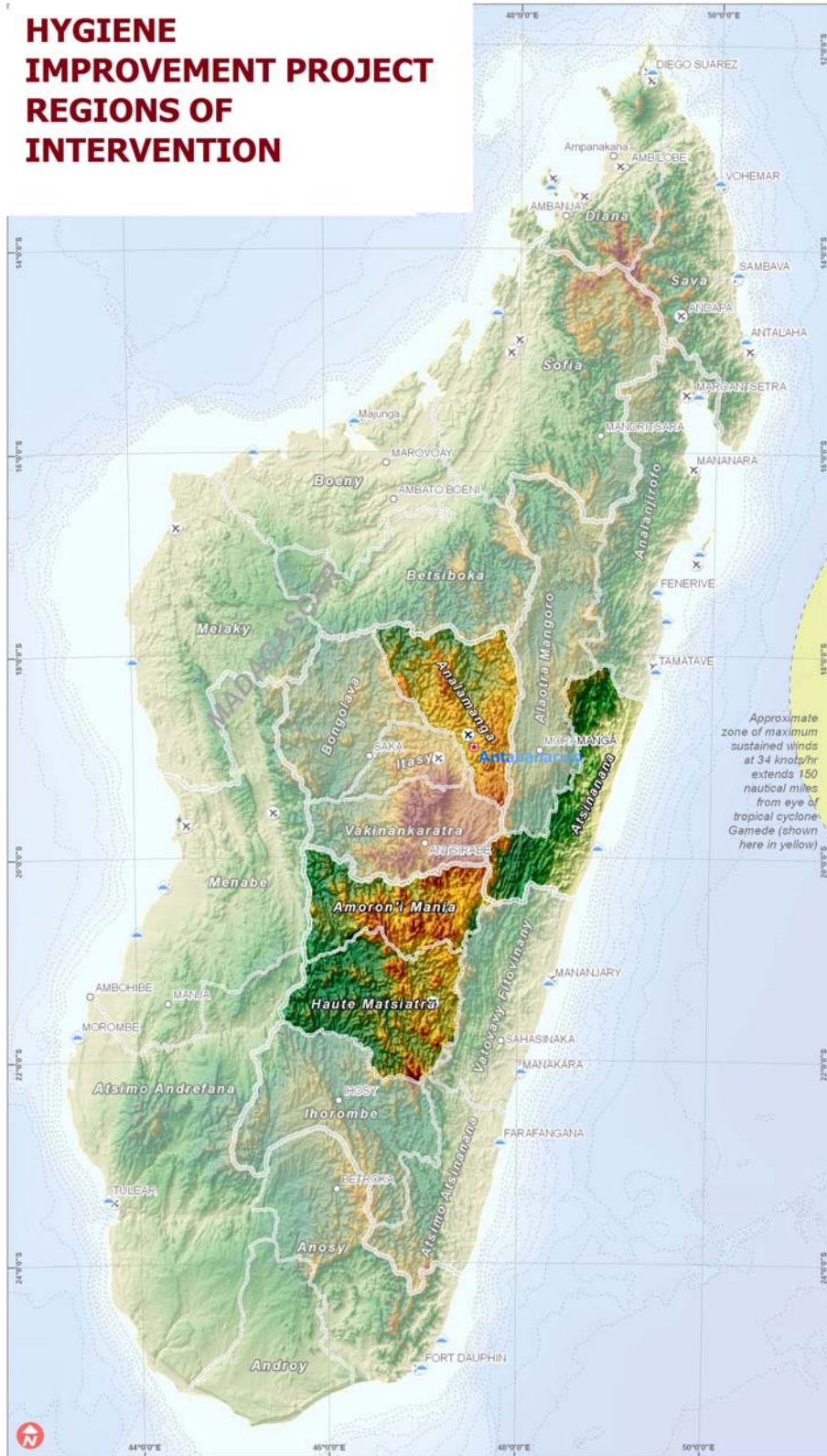
The Hygiene Improvement Project in Madagascar

The USAID funded Hygiene Improvement Project has been operating in Madagascar since 2006. HIP seeks to influence hygiene practices among families, especially with children under five years of age, where the highest incidence of morbidity and mortality resulting from diarrheal disease usually occurs. HIP focuses on three hygiene practices at the household level known to reduce diarrheal disease: point-of-use (POU) water treatment and storage, hand washing with soap at critical junctures by child caretakers, and hygienic disposal of human feces. HIP operates at scale in four regions, working on the principle of multiples to ensure broad reach: multiple levels, ministries,

partners, and communication channels. HIP promotes small doable actions as a pathway to adopting improved hygiene practices and connects practices with enabling technologies.

HIP also seeks to influence: a) access to hygiene infrastructure (e.g., sanitation and hand washing facilities, hand washing basins, protected water sources, solid waste management) and b) hygiene promotion programs implemented by schools and basic health facilities targeting their respective client base as well as communities at large. In this regard, throughout 2008 HIP supported the Government of Madagascar's initiative to promote both WASH-(water, sanitation, and hygiene) friendly schools and basic health facilities. In close collaboration with the Madagascar WASH platform Diorano-WASH and the ministries of Water, Health, and Education, HIP was instrumental in defining criteria to classify schools and health facilities as WASH-friendly and has provided support to enable schools and health facilities in its project zones to become certified as such.

HYGIENE IMPROVEMENT PROJECT REGIONS OF INTERVENTION



Methodology

Samples

Households

In accordance with the LQAS requirements for collecting information on population-based indicators and to ensure population point estimates were made, a total of 96 households were visited—24 households per region targeted by HIP interventions. Households were selected if they had a child seven to 23.9 months old as, per 2005 Demographic and Health Survey figures, this is the cohort among children under five with the highest prevalence of diarrheal disease.

Each one of the regions where HIP is operating was considered to be a Program Management Area (PMA). Twenty-four communes per region were selected at random using Proportional Probability to Size (PPS). Fokontany (villages) were randomly chosen within the selected communes via a weighted simple random selection process. Following the PPS methodology, more than one fokontany may have been chosen per commune. Once in a village, a “spin the bottle” procedure was used to select the first set of four households to visit. Enumerators went to these houses to identify one that would meet the selection criterion. If these households did not meet that criterion, an additional set of four households located in proximity to the first set were visited until a household with a child seven to 23.9 months was identified in that village.

Data were collected by interviewing one household per village. This procedure represents a departure from the cluster sampling approach used in 2007 where three households per village were visited. Analysis of the 2007 data conducted by FANTA revealed that cluster sampling led to higher than desired intra-cluster correlations. The latter increased the probability of misclassifying PMAs when using the pass-fail classification associated with LQAS. Although this does not affect the overall point estimates, FANTA decided that the OM should use simple random sampling rather than cluster sampling until further analyses are done. Since HIP piggybacks its household data collection with FANTA’s, HIP had to use the same methodology FANTA used in both 2007 and 2008.

Schools and Health Facilities

The sample also included 45 schools and 63 health facilities drawn randomly from a sampling universe of 829 schools and 127 health centers (CSB1s and CSB2s) located in HIP’s priority intervention communes in the four regions where the project is operational.

The sample size for both schools and health facilities was established by seeking a change on a given criterion measured at Time 1 and Time 2. For this calculation, the criterion selected was the indicator tracked for which frequencies would be lowest and thus harder to detect. Both for schools and health facilities, this criterion was the presence of hand washing stations near latrines. Baseline data collected in 2007 indicated that hand washing stations near latrines had been observed in 30 percent and 20 percent of the schools and health facilities visited, respectively. For sample calculation purposes, an increase to 55 percent was expected in the case of schools and an increase of 40 percent was expected for health facilities.

The formula used to make the sample size calculation may be found in Annex 2.

Annex 3 contains the list of selected communities visited to collect information at the household level as well as from schools and health centers.

Indicators and Instruments

Tables 1-3 below present the indicators tracked for households, schools, and health facilities, respectively.

Table 1: HIP Household Indicators by Topic Area

Hygiene Practice	Indicator
Hand Washing	% of respondents knowing the five critical junctures for hand washing recommended to prevent diarrheal disease
	% of households with soap
	% of households with dedicated hand washing (HW) station
	% of households with soap at commonly used hand washing station
	% of caretakers of children 7-23 months that reported using soap for HW for at least one critical juncture
POU	% of caretakers aware of different water treatment options, including: Boiling Sur'Eau SODIS Ceramic Filters Biosand filters
	% of caretakers demonstrating correct mixing of Sur'Eau
	% of households that provided evidence for household water treatment method used
	% of households with narrow neck containers that have hard covers
	% households using only hard covers on wide mouth drinking water storage containers
Sanitation	% of households with sanitary facility
	% of households with sanitary facility that has a slab
	% of households with sanitary facility with protected door entry
	% of households with HW station near toilet facility
	% of households with HW station near toilet facility that also has soap
	% of households with sanitary facilities to dispose of child feces hygienically

Table 2: Indicators for WASH-Friendly Schools

Hygiene Practice	Indicator
Water	Schools with access to safe drinking water
Sanitation and Hand Washing	Schools with latrines for students
	Schools with separate latrines for boys and girls
	Schools with separate latrines for boys and girls that have slabs
	Schools with separate latrines for boys and girls that are operational
	Schools with separate latrines for boys and girls that are clean
	Schools with latrines for students with nearby HW station
	Schools with HW stations near student latrines supplied with soap

Table 3: Indicators for WASH-Friendly Basic Health Centers

Hygiene Practice	Indicator
Water	Centre de Santé de Base (CSBs) with access to safe drinking water
Sanitation and Hand Washing	CSBs with latrines for clientele
	CSBs with clientele latrines that have slabs
	CSBs with operational clientele latrines
	CSBs with clean clientele latrines
	CSBs with HW station near latrines
	CSBs with HW stations near latrines supplied with soap

One instrument per population studied was developed. The instruments reflect the indicators listed above and can be found in Annexes 4-6.

The instruments were developed in English and translated first into French and then into Malagasy. They were field pretested during the training of enumerators and include some modifications compared to instruments used in 2007. Changes introduced either add precision to the topics explored or were adjusted to reflect WASH-friendly criteria that were modified by the Malagasy Ministry of Education with HIP's involvement.

Data Collection and Analysis

Personal Digital Assistants were used to collect the information from all study groups. Instruments were converted into Pocket Creations format, the software used by the devices. Data entered were exported to Excel and then into Statistical Package for the Social Sciences for analysis.

Findings

Following the general rationale of this report, findings pertaining to households are presented first, those pertaining to schools are presented second, and those for health facilities are presented last. Findings presented compare 2007 and 2008 data. The tables offer findings in terms of percentage values for all variables reported for each one of the years considered, the value of the statistical tool to make the comparison (usually Chi²), and statistical significance of the difference. The statistical values for the comparisons are offered based on the premise that each measure is a population estimate for the years considered, even though it is recognized that LQAS accepts large confidence intervals. Usually, LQAS is used to detect relatively large changes. The 2007-2008 outcome comparison can help HIP/Madagascar to set targets for the project's final year 2009-2010.

Households

The presentation of findings for households starts with a discussion of measures of exposure to hygiene promotion messages, followed by findings pertaining to hand washing practices, household water treatment and storage, and sanitation.

Exposure

Table 4 suggests increments in exposure from 2007 to 2008 for the different content areas of interest: hand washing, water treatment, and sanitation. The largest exposure difference was observed for hand washing where reported exposure to messages addressing this content shows almost a threefold increase.

Table 4: Exposure to Hygiene Promotion during Month Prior to Survey, 2007-2008 Comparison (Percentages)

Topic	2007	2008	Chi²	p
Hand washing	13	31	8.73	.00*
Water treatment	23	35	4.05	.03*
Sanitation	25	35	2.38	.08

*Statistically significant

Table 5 presents findings on the source of hygiene promotion messages by topic of interest. The role played by radio as a channel of hygiene messages increased significantly for hand washing and sanitation, and it almost reached a level of statistical significance for water treatment. The health center, on the other hand, played an increasingly larger role for hand washing and water treatment messages, but not for sanitation. There was a significant drop from 2007 to 2008 in sanitation

messages being channeled through “other” information sources. However, it is important not to over-interpret these results because of the wide margin of error associated with LQAS sampling.

Table 5: Exposure to Hygiene Promotion Messages by Source of Information and Topic, 2007-2008 Comparison

(Percentages)

Topic	Source of Information	2007	2008	Chi ²	p
Hand Washing	Health center	2	10	.015	.01*
	Community promoter	2	6	.15	.10
	School children	1	0	1.0	.52
	Radio	4	14	.2	.01*
	Other sources	4	4	1.0	.58
Water Treatment and Storage	Health center	2	9	.03	.02*
	Community promoter	7	9	.60	.32
	School children	0	1	.47	.47
	Radio	11	20	.12	.07
	Other sources	5	5	1.0	.56
Sanitation	Health center	4	9	.15	.09
	Community promoter	9	18	.06	.04*
	School children	0	0	1	.52
	Radio	4	13	.03	.02*
	Other sources	7	1	.07	.04*

*Statistically significant

Hand Washing

Table 6 indicates that there were increases in awareness about the important junctures when respondents should be washing their hands. There are significant increases in all five critical junctures promoted: after defecation, after cleaning a child’s bottom, before preparing a meal, before feeding a child, or eating. No increase in awareness was detected about other junctures not promoted by the project: after cleaning a potty or after cleaning a latrine. Despite these increases, awareness of the need to wash hands after cleaning a child’s bottom and before feeding a child was less common in 2007 and continued to be so in 2008. By the same token, awareness of the importance of hand washing before eating was more frequently mentioned in 2007 than other junctures and continued to be so in 2008.

Given the sensitivity of reporting hand washing practices, the hygiene sector accepts that one of the best indicators for tracking them is a proxy: existence of a hand washing station/device with needed supplies (water and soap) in targeted households. The methodology used by the survey is based on spot checks and not on self reports. As such, enumerators asked respondents to show the most commonly used hand washing device/station and recorded: 1) if there was one, 2) if present, where it was located, and 3) if it had the needed supplies to practice hand washing. Significant changes

were detected between 2007 and 2008 regarding the location of hand washing devices. Despite the fact that movable buckets or pails are the main containers used for hand washing, respondents in both years indicated that these containers tend to be placed at specific locations. The alternative of having no specific location dropped from 6 percent to 0 percent from 2007 to 2008. Drops were also observed in two locations: near/inside toilets (a drop from 9 percent to 3 percent) and outside of yard/compound from 9 percent to 0 percent. However, having the device in the kitchen increased from 16 percent to 25 percent and having the device in the yard increased from 60 percent to 68 percent. From one year to the next, the availability of soap at the hand washing device increased slightly from 43 percent to 46 percent, but this increase is not statistically significant. The availability of water, however, decreased from 61 percent to 21 percent. And this drop is statistically significant.

Table 6: Hand Washing at the Household Level: Awareness of Critical Junctures and Presence of Enabling Conditions for Hand Washing, 2007-2008 Comparison (Percentages)

Domain	Specific Indicators	2007	2008	Chi ²	P	
Knowledge	After defecation	32	59	14.2	.00*	
	After cleaning a child's bottom	15	28	5.1	.02*	
	After cleaning a potty	1	0	.90	.52	
	After cleaning a latrine	1	1	.00	.73	
	Before meal preparation	36	52	4.8	.02*	
	Before feeding a child	24	39	5.3	.02*	
	Before eating	68	83	6.4	.01*	
Enabling Conditions for HW Practices to Happen	Location of HW Device Most Commonly Used	Near/inside toilet	9	3	20.34	.00*
		Near/inside kitchen	16	25		
		Yard	60	68		
		Outside of yard/compound	9	0		
		House entrance	0	2		
		No specific place	6	0		
	Type of HW Device	Bucket/pail	65	96	40.7	.00*
		Tap	1	4		
		Other	34	0		
	Presence of HW Supplies	Water available	61	21	25.9	.00*
Soap available		43	46	.24	.67	

* Statistically significant

Household Water Treatment and Storage

Table 7 presents findings concerning household water treatment and storage, including both knowledge and practices.

Regarding water treatment, two different questions were asked under the assumption that they would be complementary and provide a fuller picture of the respondents' level of awareness about this issue. One question asked what families could do to improve drinking water to capture practices that would not require products or devices (e.g., boiling, rice water preparation). The second

question asked specifically about what products may be used to treat water. Multiple unprompted responses were recorded for each one of these questions.

Data in Table 7 indicate that in response to the first question, there was a significant drop in the frequency of respondents indicating that nothing could be done to improve drinking water—from 35 percent in 2007 to 3 percent in 2008. That would mean that in 2007, 65 percent considered that something could be done and in 2008 that number increased to 97 percent. A similar finding was detected with respect to the second question. That is, the percent of respondents unaware of specific water treatment products available to improve drinking water quality also dropped from 27 percent to 12 percent. Or said differently, the percent of respondents who could name one specific drinking water treatment product increased from 73 percent to 88 percent.

In response to the first question, data presented in Table 7 also indicate that the gain in awareness of water treatment methods is captured by one method commonly used in Madagascar: the cooking of rice water locally known as “*ranon’ampango*.” Water is boiled in a pot that has been used to prepare rice and has a burnt rice crust on the bottom. This method is included as one of the small doable actions (*petites actions faisables importantes*, or PAFIs) promoted by the project to treat water. The frequency of this response increased from 0 percent to 32 percent from 2007 to 2008.

The data in Table 7 indicate that there was also a nominal increase from 61 percent to 65 percent with respect to water boiling, but this increase is not statistically significant.

In response to the second question, the percent of respondents mentioning Sur’Eau as a water treatment product increased significantly from 65 percent to 87 percent. This is of course a method HIP has promoted as have other USAID-funded health sector projects. This finding is consistent with a second knowledge measure of Sur’Eau: correct mixing of the solution with water. The percent of respondents that provided the correct dosage of Sur’Eau to treat drinking water increased significantly from 14 percent to 40 percent. In contrast, the data also show no increase in awareness of other product-based water treatment methods that HIP did not promote, such as PUR and permanganate.

Regarding practices, Table 7 indicates that the number of respondents who do not treat their water dropped eight points from 43 percent to 35 percent. The treatment methods mentioned are boiling and Sur’Eau, practiced in isolation or in combination. Whereas 57 percent of respondents practiced one or the other in 2007, 65 percent did so in 2008. The percent of respondents who used both of these treatments was 2 percent in 2007 and 4 percent in 2008. These changes were not statistically significant, undoubtedly due to the weak progression and the limitations of LQAS.

The self reported frequency of use of these water treatment methods dropped from one year to the next. Whereas in 2007, 90 percent reported that they treated their drinking water daily, only 81 percent reported the same in 2008. This drop, however, is not statistically significant.

Regardless of the year, just over half of the respondents allowed enumerators to see the storage containers they use to store treated drinking water. There is an increase in the percent of households with water storage containers that have hard covers from 39 percent in 2007 to 52 percent in 2008. This increase, however, is not statistically significant.

**Table 7: Household Water Treatment and Storage at the Household Level: Knowledge and Practices, 2007-2008 Comparison
(Percentages)**

Questions	Response Options	2007	2008	Chi ²	P	
What can families do to make water better for drinking? (Unprompted, multiple responses)	Boil	61	65	.39	.31	
	Use Sur'Eau	3	7	2.1	.13	
	Strain water through cloth	0	2	NA	NA	
	Solar disinfection	0	1	NA	NA	
	Prepare rice water	0	32	NA	NA	
	Nothing	35	3	32.08	.00*	
What products can families use to make water safe for drinking? (Unprompted, multiple responses)	Sur'Eau	65	87	49.1	.00*	
	PUR	0	1	NA	NA	
	Permanganate	0	1	NA	NA	
	Nothing	8	0	NA	NA	
	Does not know	27	12		.00*	
Skill Demonstration	Correct mixing of Sur'Eau	14	40	107.9	.00*	
Drinking Water: Treatment Method	Treatment Method Used	Only boiling	55	59	4.06	.25
		Only Sur'Eau	2	6		
		Boiling and Sur'Eau	2	4		
		None	43	35		
	Frequency of Use of Treatment Method Among Treaters	Daily	90	81	2.6	.27
Drinking Water: Storage Method	Water storage vessel observed		51	54	.10	.78
	Characteristics of Drinking Water Storage Containers	Narrow neck				
		Hard covers	39	52	3.16	.08
	Taps					

* Statistically significant

Sanitation

Table 8 presents the findings regarding sanitation practices. The data indicate statistically significant differences between 2007 and 2008 in sanitation access with open defecation reduced by more than half, dropping from 38 percent to 18 percent. Most of the gains are due to the increases in access to unimproved sanitation; access to simple/bucket latrines increased from 58 percent to 75 percent. There was also an increase in access to improved sanitation (flush toilets or latrines with a slab) from 3 percent to 7 percent. All of these differences are statistically significant.

The data in Table 8 indicate that it is common practice to share latrines. There was a drop in reported latrine sharing from 72 percent to 63 percent between 2007 and 2008. However, that drop is not statistically significant. The number of households among which the latrine is shared remained stable at 1.81 both years.

The location of the latrine has changed significantly over time as the percentage of latrines on house premises increased from 41 percent to 61 percent between 2007 and 2008. By the same token, the percent of latrines off premises decreased from 59 percent to 36 percent in the same years. These changes are statistically significant.

Enumerators checked to see if the latrine in the household was being used. For this purpose, up to four signs of latrine use were employed: path to latrine is walked on, latrine pit is not empty, presence of anal cleansing materials, and smell. According to the findings reported in Table 8, 95 percent of visited latrines had some sign of the latrine being used in 2007. That number dropped to 69 percent in 2008. This change is statistically significant.

The data indicate a statistically significant increase in the percentage of households that have a hand washing station near the latrine, even though the overall percent remains low in 2008 (9 percent). An increase in the percentage of households with water at this hand washing station was also detected as it changed from 2 percent to 9 percent. This change was almost statistically significant. The presence of soap, however, remains very low (3 percent in 2008) and shows no statistically significant variation from one year to the next.

Table 8: Sanitation Practices: Household Level, 2007 and 2008 Comparison (Percentages)

Components	Variables	2007	2008	Chi ²	p
Sanitation Access	Open defecation	39	18	15.8	.00*
	Flush toilets or latrines with slab	3	7		
	Simple latrines with no slab or bucket latrines	58	75		
Sharing	Latrine is shared	72	63	1.30	.17
	Average number of households shared with	1.8	1.8	0.31	.97
Location of Sanitation Facility	Attached to house	0	3	8.4	.01*
	On premises	41	61		
	Off premises	59	36		
Latrine Use	Any sign latrine is being used	95	69	15.8	.01*
Hand washing device/station observed		3	10	4.8	.03*
Hand Washing Supplies at	Existence of HW station/device near latrine	3	10	12.5	.00*
Hand Washing Device/Station Near Latrine	With water	2	9	5.5	.06
	With soap	0	3	3.4	.10
	With soap and water	0	3	3.4	.10

*Statistically significant

Table 9 presents findings regarding the self-reported household practices of disposing of children’s feces. The data presented in that table are responses to the question: “How did you dispose of your child’s feces last time (s)he passed a stool?” The data indicate a statistically significant difference in practices from 2007 to 2008. The data indicate an increase from 26 percent to 43 percent in the use of toilets, a drop from 22 percent to 7 percent among those reporting they dispose of the feces outside the premises, and a drop from 35 percent to 23 percent among those that reported throwing it elsewhere.

Table 9: Place of Disposal of Child Feces, 2007 and 2008 Comparison (Percentages)

Place of Disposal	2007	2008	Chi ²	p
Dropped in toilet facility	26	43	21.46	.00*
Buried	4	14		
Put it with solid waste/trash	3	3		
In yard	9	5		
Outside premises	22	7		
Thrown into waterway	2	2		
Elsewhere	35	23		

*Statistically significant

Schools

Given the differences in sampling strategies for schools in 2007 and 2008, only results for 2008 are presented here. No percentages should be calculated with the data collected in 2007 as only 19 schools were visited that year. The reader is reminded that the 2008 sample represents schools from the communes where HIP is operational.

Sanitation

Table 10 indicates that 95 percent of visited schools had a latrine. Of these, 53 percent had unisex latrines and 42 percent had separate latrines for boys and girls. Findings also indicate that 40 percent of the same schools had urinals for boys and 20 percent had urinals for girls.

The mean ratio of students per latrine was 135 among schools with unisex latrines, 120 among schools with latrines for girls, and 137 in the case of latrines for boys. These ratios are not compliant with UNICEF norms for Madagascar that suggest one latrine per 100 enrolled students, regardless of their gender. The ratios identified in the visited schools surpass the established norm by 35 percent in the case of unisex latrines, by 20 percent in the case of girl latrines, and by 37 percent in the case of boy latrines.

Enumerators were authorized by school officials to inspect sanitary facilities in all the schools visited, except for one. In the vast majority of cases, facilities observed were operational, with a roof and walls and dimensions compliant with prevailing specifications. According to the enumerators' observations, more than 80 percent of the schools had latrines with a protected entry allowing privacy, almost half of the observed latrines had an inside lock, and less than 60 percent had a slab.

The data indicate that 42 percent of the latrines used by boys and girls, 53 percent of the latrines used only by boys, and 56 percent of those used only by girls had a hand washing station nearby. The availability of soap at these stations varied widely from a low 26 percent near latrines for girls to 67 percent in schools with unisex latrines. On the other hand, toilet paper was observed in less than 10 percent of the visited latrines. Finally, even though the vast majority of latrines visited are ventilated, cleanliness of latrines was as low as 54 percent in unisex latrines and as high as 74 percent in latrines used only by girls.

Table 10: School Sanitation in HIP Priority Communes
(%, unless otherwise indicated)

Criteria	Schools with unisex latrines	Schools with girls latrines	Schools with boys latrines	Schools without latrines	Schools with boys urinals	Schools with girls urinals
N (frequencies)	24	19	18	1	18	9
% of sample	53%	42%	42%	5%	40%	20%
Ratio of students/latrine/urinal	135	120	137		196	185
Mean number of latrines	2.8	1	1.17		1.3	1.9
Authorized observation of infrastructure	100	95	100		100	100
Latrine has: Walls	92	100	100			
Roof	96	94	100			
Protected entry	83	83	79			
Inside lock	50	50	53			
Slab	58	56	58			
Official dimensions	92	100	100			
Toilet paper	0	6	10			
Trash can	12	17	16			
Hand washing station/device	42	56	53		56	67
Available soap	67	26	40		70	67
Latrine is: Operational	100	94	95			
Locked	37	33	37			
Clean	54	72	63			
Recently cleaned	29	40	37			
Ventilated	96	100	95			

Access to Safe Water

Regarding access to water, 54 percent of the visited schools obtain their water from an improved water supply source, 44 percent from an unimproved source, and 2 percent do not have access to water at all. Thirty-eight percent treat their drinking water. Among them, they treat on average one-fourth of a liter per day per student. Fifty-three percent of the treaters said they used Sur'Eau, and 70 percent of the declared Sur'Eau users were able to show the water treatment product to enumerators. In 53 percent of the schools, the drinking water storage container was not a recommended jerry can, ceramic pot, or barrel. (See Table 11 below.)

Table 11: Access to Safe Water, and Drinking Water Treatment and Storage

Descriptive Variables	N	%/ Average
Water supply source		
Tap	12	27
Covered well/borehole	3	7
Protected spring	6	13
Surface water	15	33
Rainwater	3	7
Bottled water	4	9
Other source	1	2
No water	1	2
Schools that treat drinking water	17	38
Average number of liters of water treated among water treaters	17	93.50 (Average)
Average number of liters treated per student among schools treating water	17	.25 (Average)
Treatment method		
Sur'Eau	9	53
Only boiling	6	35
Sur'Eau + boiling	2	12
Sur'Eau users with unexpired solution	7	70
Storage vessel among those that store water		
Barrel	1	5
Jerry can	4	21
Ceramic pot	4	21
Another vessel	0	53

Hygiene Promotion

According to Table 12, 82 percent of the visited schools had personnel trained in hygiene promotion. In 78 percent of the schools, the staff received HIP training directly or indirectly via a cascade training approach. Yet, only 44 percent of those schools have established a WASH School Committee.

Table 12: Institutional Capacity Development in Hygiene Promotion

Criteria	N	%
Schools with staff trained in hygiene promotion	37	82
Schools with staff trained by HIP (directly or indirectly)	29	78
WASH School Committee organized	20	44

Concerning hygiene promotion activities, Table 13 indicates that all schools visited conduct activities that target children, 82 percent have similar activities targeting parents, but only 56 percent target communities at large. Awareness development activities for students are integrated into the school curriculum and focus on the following topics, in order of frequency: 1) hand washing; 2) diverse hygiene issues including body and dental hygiene; 3) house cleanliness; 4) water treatment; and 5) water storage. The content of awareness development activities targeting parents and communities at large follows this general pattern.

Teachers use different channels to develop awareness among parents. They include: group talks, interpersonal communication, celebrations of hygiene-related world days, or messages communicated via correspondence notebooks, which the education system uses to convey school related messages to parents.

It is evident from the data collected that schools do not always have available promotional materials needed to develop hygiene awareness and promote the adoption of hygiene practices. Findings indicate that no school had any materials promoting sanitation, and only 4 percent had materials that address household water treatment and storage.

Table 13: Method and Content of Hygiene Promotion Activities by Schools, 2008 (Percentages)

Criteria		Target audiences:		
		Students	Parents	Community
Implement activities to promote hygiene targeting:		100	82	56
Via:	Curriculum-based activities/content	93	0	0
	After-school events	2	0	0
	Group talks	0	46	40
	“Open doors”	0	5	0
	Correspondence notebook	0	3	0
	Interpersonal communication	0	19	20
	Fairs	0	0	4
	Community parades	0	0	8
Other activities (world days, community projects, social events, etc.)	0	11	20	

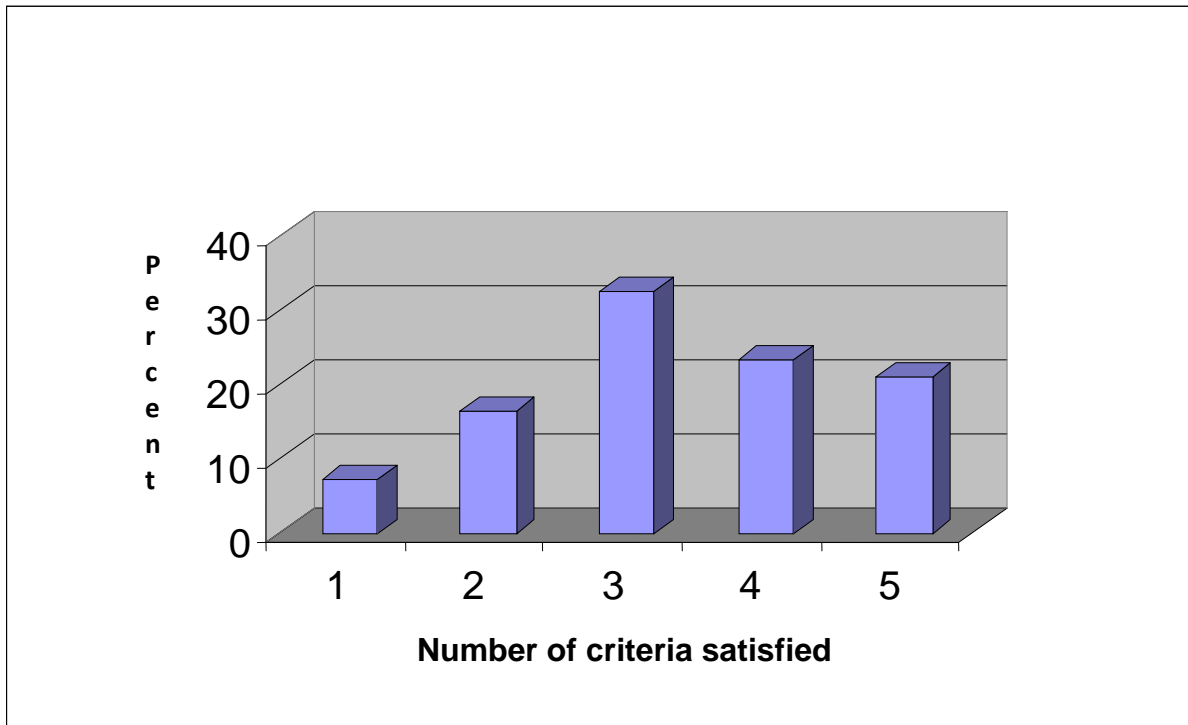
With the following content (multiple responses possible):	Hand washing	87	62	68
	Household water treatment	40	46	32
	Household drinking water storage	7	11	8
	House cleaning	31	35	44
	Other hygiene topics (body hygiene, dental hygiene, school and home cleanliness, etc.)	58	43	56
Content of educational/promotional material available at school	Hand washing with soap	70		
	Household water treatment and storage	4		
	Sanitation	0		
Using the following tools:	Storytelling, songs, poems	7	8	NA
	Group discussions	7	14	NA
	Videos	2	0	NA
	School books	11	6	NA
	Teacher's manual	40	21	NA
	Demonstrations	45	27	NA
	Posters	60	32	NA
Other printed material	73	73	NA	

Classification of Schools as WASH-Friendly

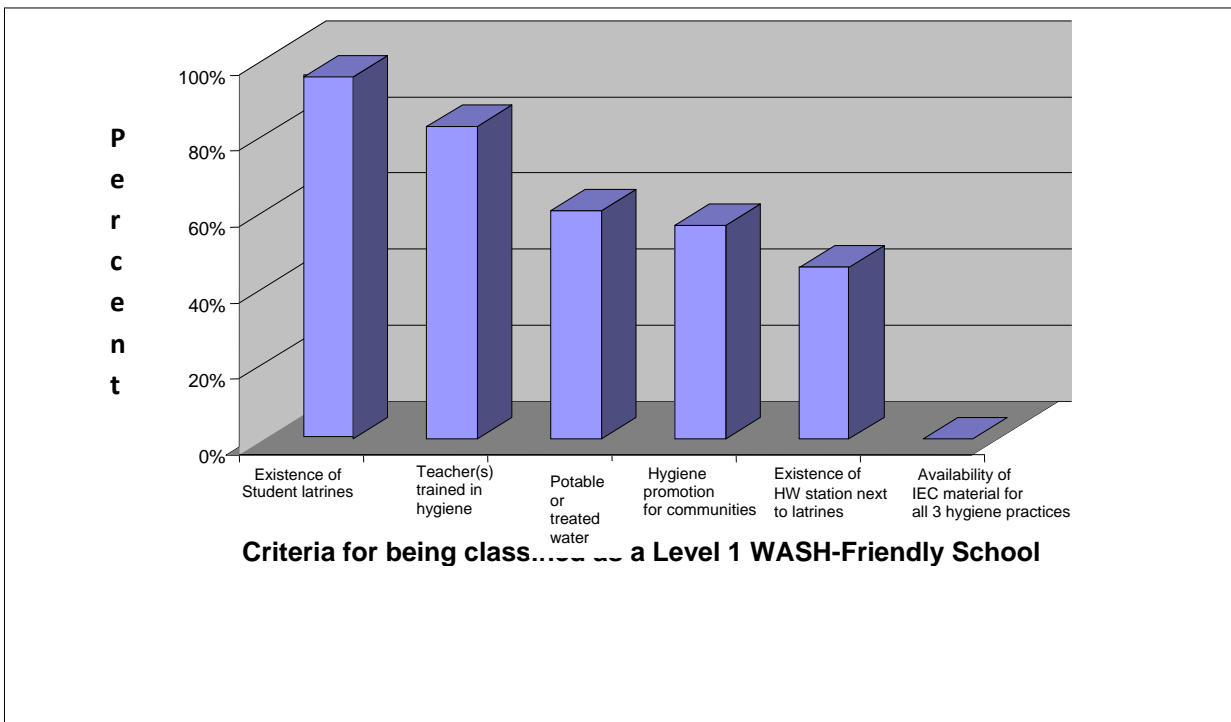
According to the WASH-Friendly School Manual (not yet finalized by the Ministry of National Education but used as a guideline here), six criteria need to be satisfied to earn the classification as a Level 1 School. Even though all schools satisfy at least one of those criteria, none of them satisfy all six (see Graph 1).

The most common classification criterion is “existence of a latrine.” As indicated earlier, 95 percent of visited schools satisfy this criterion even if a high number of them have latrines without slabs. By order of frequency, the second most common criterion present is the existence of school staff trained in hygiene promotion, followed by availability of potable or treated water, hygiene promotion activities targeting nearby community, and finally the existence of a hand washing station next to the latrine(s). It must be pointed out that in certain cases, the differences in the percentage of schools that meet the various criteria are rather large. For example, 81 percent of the visited schools had staff trained in hygiene promotion, but only half of the schools had hand washing stations near latrines. (See Graph 2.)

Graph 1: Distribution of WASH-Friendly Criteria Satisfied in Visited Schools, 2008



Graph 2: Distribution of Number of WASH-Friendly Criteria in Order of Frequency Schools, 2008



Health Facilities

Table 14 presents findings regarding WASH characteristics of health facilities visited. The 2008 sample is representative of health centers in communes where HIP is operational.

Regarding water, 56 percent have drinking water on the premises. Among them, 22 percent of the facilities do not treat their water, which they consider safe given the fact that the source is either a public tap or a standpipe. Yet, 24 percent use Sur'Eau and 34 percent use other treatment methods.

Regarding sanitation, 91 percent of CSBs have latrines accessible to clients, and in 98 percent of these cases they are operational. Ninety-one percent of these latrines have a protected entry permitting privacy. However, only 60 percent of them have slabs, 56 percent were clean the day of the visit, 35 percent had a hand washing station nearby and soap at this station was only observed in 18 percent of the cases.

Almost all of the facilities organize hygiene promotion events targeting clients visiting the facility and only about two-thirds have outreach activities in which hygiene promotion messages reach surrounding communities.

Table 14: WASH Related Practices by Health Facilities, 2008

Variables	Indicator	2008 Results
Availability	Drinking water on premises	56%
Treatment of Drinking Water for Clients	No treatment, public tap/standpipe	22%
	Non-tap water treated with Sur'Eau	24%
	Drinking water for clients treated in other ways	34%
Coverage	Health facilities with latrines for clients	91%
Characteristics of CSB latrines	With slabs	60%
	Operational	98%
	Allowing privacy	91%
	Kept clean	56%
	With hand washing station nearby	35%
	With soap at nearby hand washing station	18%
Hygiene Promotion	CSBs with hygiene promotion activities targeting clients visiting facility	98%
	CSBs with hygiene promotion activities targeting communities	64%

Programmatic Implications

Households

- ◆ Continue to promote hand washing at critical junctures stressing the importance of hand washing after coming in contact with fecal matter (e.g., after cleaning a child's bottom). Connect sanitation and hand washing interventions. Knowledge about hand washing at these junctures has not progressed as rapidly as other junctures.
- ◆ Conduct a qualitative study to understand the impact that: a) increased hand washing, and b) the installation of additional hand washing stations has on water fetching and water availability for hand washing purposes. The drop in availability of water that was observed at commonly used hand washing stations needs to be understood more clearly to determine what changes in the promotional strategy may be needed.
- ◆ Consolidate gains to date with further promotion of HWTS technologies and practices. Expanded awareness of household water treatment options is not translating into corresponding increases in practices.
- ◆ Consolidate changes in sanitation and explore ways to have latrine slabs installed.
- ◆ Research the reduction in the use of constructed latrines. Qualitative research needs to be conducted to explore what barriers prevent latrine use among latrines owners.

Schools

Sanitation

Based on the findings, HIP/Madagascar could:

- ◆ Ensure that available latrines have slabs, making it easier to keep them clean and maintain them;
- ◆ Discuss with school principals the possibility of installing inside locks on latrine doors or further securing entries to increase privacy;
- ◆ Promote the installation of hand washing stations near latrines;
- ◆ Insist on the availability of soap and water permitting children to practice hand washing after using toilets;
- ◆ Promote long term commitment to keep student latrines clean to encourage use
- ◆ Promote the availability of sufficient treated drinking water for the school population. WHO recommends 5 liters per person per day in schools.

Safe Water

- ◆ Since only 54 percent of schools have access to improved water sources, treatment of drinking water should expand or become more generalized, if not universal.
- ◆ Treatment of water with unexpired treatment solutions must remain a priority and is an area that merits attention.

- ◆ Drinking water is often stored in containers other than jerry cans. HIP should promote: the use of solid covers on commonly used storage vessels, the practice of pouring water when serving or at least retrieving water from the storage vessel with a clean utensil, and ways to prevent students putting their hands in the treated water.

Hygiene Promotion

- ◆ Findings suggest that teachers may not always have the needed materials to perform their educational and promotional role properly. HIP should help expand the availability of hygiene materials that can assist teachers in conducting hygiene promotional activities in school and beyond.
- ◆ HIP should help schools improve their hygiene related community outreach using school staff trained in hygiene promotion. Teachers should be encouraged to be creative about how to reach parents and communities at large.
- ◆ School children are not mentioned by respondents as sources of information on hygiene practices so HIP could encourage more student-to-home messages and activities.
- ◆ Furthermore, HIP should help establish a better balance on topics addressed through promotional efforts so that the three practices advocated by HIP are equally emphasized when targeting students, their parents, or the community at large.

Hardware and Software

Given HIP's limited resources and the need to have both adequate WASH infrastructure and adequate hygiene education in schools, HIP must decide whether to invest limited resources on improving sanitation facilities so that latrines have slabs and handwashing facilities or ensuring that adequate promotional materials for any hygiene promotion efforts are available in all participating schools. HIP should seek out partnerships with others to address gaps in hardware or software provision to schools according to national guidelines set forth for WASH friendly Schools.

Health Facilities

Based on the findings, HIP should consider three priority areas for health facilities in the next work plan:

1. Advocating for the cleanliness of latrines and the availability of hand washing supplies;
2. Installing washable latrine slabs;
3. Targeting outreach promotional activities to households in the facilities' catchment area.

Annexes

Annex 1 – LQAS

Lot Quality Assurance Sampling (LQAS) is a stratification sampling approach based on binary decision-making that originated in the manufacturing industry for quality control purposes to determine if a particular lot of goods meets desired specifications. Instead of checking each item in the lot to determine which items do not meet standards, a sample of the items is chosen and the person in charge of quality control defines the level of risk taken for not inspecting every single item in the lot. Based on this approach, a given lot of goods is then accepted or rejected. The only decision that can be made with this type of sampling is “acceptable” or “not acceptable.” No measure of different levels of unacceptability is possible. The sample size is the number of units selected from each lot. “The decision value is the number of “defective” items that need to be found before the lot is deemed unacceptable” (Hoshaw-Woodard 2001).¹

Information from lots can be combined to obtain the overall proportion of defects. This requires that the population be divided into a complete set of non-overlapping lots. Samples are selected from each lot, and the proportion of defective items is calculated. An overall proportion of defects in the population of items is estimated by taking the weighted average of defects from each lot. A confidence interval is calculated in addition. Hoshaw-Woodard (2001) has argued that LQAS is an example of stratified sampling because the overall proportion of defects is determined by combining the information from each lot, and the lots play the role of the strata.

Because the decision-making is binary, a small sample size per lot or per strata can be used. Typically, the sample size per lot varies between 19 and 21 cases.

Different sub-samples are required depending on the topic that needs to be investigated. The monitoring of exclusive breastfeeding practices, for example, would need to be conducted in a sample of households with children less than six months of age, as the practice of exclusive breastfeeding is suggested for children from zero to five months. Tracking reproductive health indicators would require obtaining reproductive health information from a set of informants 14 to 49 years of age. By the same token, if the hygiene practices promoted are targeting households with children from newborn to 59 months of age, the LQAS approach requires that a sub-sample of households for each one of these cohorts be drawn. If the focus is on households with the highest diarrhea prevalence in children under five, which in the case of Madagascar is the seven to 23 month cohort, a specific sample for that cohort is required.

¹ Hoshaw-Woodard, Stacy. 2001. *Description and comparison of the methods of cluster sampling and lot quality assurance sampling to assess immunization coverage*. Geneva: World Health Organization, Department of Vaccines and Biologicals.

Annex 2 – Formula Used to Calculate Sample Size

$$n = (Z_{\alpha} + Z_{\beta})^2 * (P_1(1-P_1) + P_2 (1-P_2)) / (P_2 - P_1)^2$$

n = required minimum sample size for each survey;

P₁ = the estimated level of an indicator measured as a proportion at the time of the first survey;

P₂ = the expected level of the indicator either at some or for some project area such that quantity (P₂ - P₁), is the size of the magnitude of change that is desire to be able to detect;

Z_α = the Z-score corresponding to the degree of confidence with which it is desired to be able to conclude that an observed change of size (P₂ - P₁) would not have occurred by chance (α – statistical significance level)[A value of Z_α = 1.65 corresponds to a 95% degree of confidence (one-tailed test)];

Z_β = the Z-score corresponding to the degree of confidence with which it is desired to be certain of detecting a change of size (P₂ - P₁), if one actually occurred (β - statistical power). [A value of 1.282 corresponds to 90% power; A value of Z_β=0.840 corresponds to 80% power.]

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P1=.5

P2=.7

Z<sub>α</sub> = 1.645 (95% level of significance)

Z<sub>β</sub> = .840 (80% power)

## Annex 3 – List of Communities and/or Facilities Visited for Collecting Data from Households, Schools and Health Centers

Table 1: List of Communities Visited to Collect Household Data

| <b>ANALAMANGA</b>  | <b>ATSINANANA</b>     | <b>AMORON' I MANIA</b> | <b>HAUTE MATSIATRA</b> |
|--------------------|-----------------------|------------------------|------------------------|
| Alarobia           | Ambalakininina        | Ambohibary I           | Ambohibory Moralina    |
| Ambanitsena        | Ambalamangahazo       | Ambohimanato           | Ambohijafy             |
| Ambanivohitra      | Ambodiara             | Ambohipiaonana         | Ambohimpiaonana        |
| Ambatobe           | Ambohimarina          | Ambohipierenana        | Ambohipaha             |
| Ambatonikala       | Ampanalana            | Amboniarivo            | Andreamboasary         |
| Ambohitrarimo      | Ampapanambo           | Analakely              | Androy                 |
| Ambohimiadana I    | Ampasimbe             | Anjoman'Akona          | Ankifafa               |
| Ambohitrangano     | Anivorano Est         | Ankorombe              | Antotohazo             |
| Ambohitrolomahitsy | Antetezambaro         | Enimpolahy             | Antsororokavo          |
| Ambohitsiroa       | Antongobato           | Ialasora               | Fenoarivo Ilafa        |
| Ampahamasina       | Centre Ville          | Ikatelo                | Isorana                |
| Andrefambohitra    | Foulpointe Mahavelona | Lovasoatsiadinio       | Ivory                  |
| Anjozoro           | Isokatra              | Manarintsoa            | Miarinarivo            |
| Ankazondandy       | Maintinandry          | Marosoa                | Mokana                 |
| Ankazotoho         | Maitinandry           | Miadanimerina          | Sahalava               |
| Ankorona           | Mangarivotra          | Miarinavaratra         | Sahamasy               |
| Anosy              | Mangarivotra Sud      | Soatsiahana            | Sendrisoa              |
| Antanana ambony    | Maroaomby             | Soavina                | Soafandry              |
| Antanetibe         | Maromamy              | Tranolava              | Talata                 |
| Fiakarana          | Marosiky              | Tsararay               | Talatamaty             |
| Fierenana          | Menagisa              | Vatomitsangana         | Tamboho be             |
| Soamanandray       | Ranomafana Est        | Vatovory               | Tsimaitohasoa Est      |
|                    |                       | Voainana               |                        |
|                    |                       | Zanabahona             |                        |

**Table 2: List of Sample Schools Visited by Region**

| Regions         | Schools Selected in 2009                                                                                                                                                                                                                                                     |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Amoron'i Mania  | EPP TSARARIVOTRA<br>EPP TANETIBE<br>EPP ANTANIFOTSY<br>EPP AN TSAHAVITA<br>EPP TSARAZAZA<br>EPP MANATOTSARAFENO<br>EPP VOHIBATO<br>EPP AMPARIHILAVA<br>EPP AMBOHIPERIVOANA                                                                                                   |
| Analamanga      | EPP ANTANETIBE<br>EPP D'ANTANANARIVOKELY<br>EPP ANALAKELY_SUD<br>ANKORONDRANO<br>AMBOHIMIADANA NORD<br>EPP AMBATOMITSANGANA<br>EPP ANKAZOBE-VILLE<br>EPP AN TSAHAMASINA<br>EPP ANTANETIBE<br>EPP ANTOKOMARO<br>EPP TSARAMANDROSO NAMONTANA<br>EPP AMBOHIDRATRIMO             |
| Atsinanana      | EPP RANOMAINTY<br>EPP ANDOVOMENA<br>EPP AMPITSAHANA II<br>EPP AHEVY<br>EPP AMBINANISASIKA<br>EPP AMBALAKONDRO<br>EPP VOHITRANDIANA<br>EPP MAROTANDRAZANA<br>EPP ANTETEZAMBARO<br>EPP AMBONIVATO<br>EPP AVILONA                                                               |
| Haute Matsiatra | EPP IDANDA<br>EPP TANAMBAO<br>EPP CENTRE I<br>EPP AMBALAMAHATSINJO/ANKAZOMBATO<br>EPP TSARANORO<br>EPP MAHATSANDA<br>EPP TAMBOHOMANDREVO<br>EPP AMBALANIERANA<br>EPP AMBOHIDRAKANGA<br>EPP DE SOATANANA ANDASY<br>EPP SAHAVONDRONANA<br>EPP IAMBARA<br>EPP SABOTSY ITOMBOANA |

**Table 3: List of CSBs Visited by Region**

| Regions        | CSBs Selected in 2009                                                                                                                                                                                                                                                                                                        |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Amaron'i Mania | CSB II Fiadanana<br>CSB II Fandriana<br>CSB I Antanifotsy<br>CSB I Zanabahona<br>CSB I Ilampy<br>CSB II Lakandrano<br>CSB I Analakely<br>CSB II Miarinavaratra<br>CSB I Antsahakely<br>CSB II Voenana<br>CSB I Miadakofeno<br>CSB I Ankafoalo<br>CSB II Tsarasaotra                                                          |
| Analamanga     | CSB2 Ambohidrabiby<br>CSB2 Ambohitratso<br>CSB1 Ampahitrizina<br>CSB2 Ankazondandy<br>CSB2 Ambanitsena<br>CSB2 Anjepy<br>CSB1 Anjozoro<br>CSB II Ambohimiadana<br>CSB II Ambohimiadana Nord<br>CSB II Soavina<br>CSB II Anjeva gara<br>CSB II Anosiala<br>CSB II Mahitsy<br>CSB I Aminampanga                                |
| Atsinanana     | CSB1 Antongobato<br>CSB2 Ampasimbe<br>CSB2 Ranomafana-Est<br>CSB1 Ampitabe<br>CSB1 Manambonitra<br>CSB1 Ranomainty<br>CSB2 Brickaville<br>CSB2 Foulpointe<br>CSB1 Vohitrandiana<br>CSB1 Analamangahazo<br>CSB2 Ambohijafy<br>CSB2 Ankirihiry<br>CSB1 Marosiky<br>CSB2 Ilaka Est<br>CSB2 Antanambao Manampotsy<br>CSB2 Mahela |



|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Haute Matsiatra | CSBII Andriamboasary<br>CSB II Andalatery<br>CSB II Antsororokavo<br>CSB II Manaotsara<br>CSB II Mahazengy<br>CSB II du Zoma<br>CSB II Anjoma<br>CSB II Antsaharoa<br>CSB II Miarinarivo Mahazony<br>CSB II Ambohimahamasina<br>CSBI Ambalamanandray<br>CSB II Ambohimahasoa<br>CSB II Ampitana<br>CSB II Andranovorivato<br>CSB I Ambatovaky<br>CSB II Mahaditra<br>CSB I Andranolava<br>CSB II Nasandratrony<br>CSB II Rainisoalambo |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Annex 4 – Instrument used for Interviewing Households

| NO.                                                         | QUESTIONS ET FILTRES                                                                                                                | CODES                                                                                                                                                                                                                                                                                                                                                                                                                          | SAUT |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>TRAITEMENT, STOCKAGE ET UTILISATION DE L'EAU A BOIRE</b> |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| 701                                                         | Quelle est la source principale d'eau à boire pour les membres de ce ménage ?                                                       | Eau de surface .....0<br>(Rivière, étang, lac, réservoir)<br>Source non protégée ..... 1<br>Eau de pluie ..... 2<br>Ouverture d'eau ..... 3<br>(dans la maison, dans le composé, en dehors de ces lieux)<br>Camion citerne ..... 4<br>Eau bouillie ..... 5<br>Bien couverte ou forage ..... 6<br>(dans la maison, dans le composé, en dehors de ces lieux)<br>Ressort protégé ..... 7<br>Eau de robinet dans la maison. .... 8 |      |
| W<br>701b                                                   | Qui est le responsable de l'approvisionnement d'eau à cet endroit/source?                                                           | Je ne sais pas.....1<br>Organisme de l'état.....2<br>Comité communautaire.....3<br>ONG.....4<br>Vendeur prive.....5<br>Puits familial/personnel.....6<br>De l'eau de pluie.....7<br>De l'eau de surface.....8                                                                                                                                                                                                                  |      |
| 702                                                         | Combien de temps prend-il pour prendre l'eau et revenir ?<br><i>NOTEZ LE NOMBRE DE MINUTES</i>                                      | Minutes: <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/><br><br>Sur place ..... 1                                                                                                                                                                                                                            |      |
| 703                                                         | Quelle est la source principale de l'eau employée par votre ménage pour d'autres buts tels que faire la cuisine et laver les mains? | Eau de surface .....0<br>(Rivière, étang, lac, réservoir)<br>Source non protégée ..... 1<br>Eau de pluie ..... 2<br>Ouverture d'eau ..... 3<br>(dans la maison, dans le composé, en dehors de ces lieux)<br>Camion citerne ..... 4<br>Eau bouillie ..... 5<br>Bien couverte ou forage ..... 6<br>(dans la maison, dans le composé, en dehors de ces lieux)<br>Ressort protégé ..... 7<br>Eau de robinet dans la maison ..... 8 |      |

| NO. | QUESTIONS ET FILTRES                                                                                                              | CODES                                                                                                                                                                                                                                                                                                                                                                                                                          | SAUT |
|-----|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| 704 | Quelle autre source utilisez-vous quand la source principale n'a pas suffisamment d'eau ? (De façon saisonnière ou occasionnelle) | Eau de surface .....0<br>(Rivière, étang, lac, réservoir)<br>Source non protégée ..... 1<br>Eau de pluie ..... 2<br>Ouverture d'eau ..... 3<br>(dans la maison, dans le composé, en dehors de ces lieux)<br>Camion citerne ..... 4<br>Eau bouillie ..... 5<br>Bien couverte ou forage ..... 6<br>(dans la maison, dans le composé, en dehors de ces lieux)<br>Ressort protégé ..... 7<br>Eau de robinet dans la maison ..... 8 |      |

| NO.                                                         | QUESTIONS ET FILTRES                                                                                                           | CODES                                                                                                                                                                                                                                                                                                                                                                                                                 | SAUTS |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <b>TRAITEMENT, STOCKAGE ET UTILISATION DE L'EAU A BOIRE</b> |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                       |       |
| 705                                                         | Qu'est-ce que les familles peuvent faire pour améliorer la qualité de l'eau à boire?<br><br>NOTEZ TOUTES LES REPONSES FOURNIES | 1. Bouillir l'eau<br>2. Ajouter de l'eau de Javel<br>3. Ajouter une solution chlorée (Sur'Eau)<br>4. Ajouter des comprimés de chlore (Aquatabs)<br>5. La passer à travers un Tissu<br>6. La laisser reposer<br>7. Utiliser un filtre en Céramique<br>8. Utiliser un filtre bio-Sable<br>9. Désinfection solaire<br>10. Garder l'eau dans un récipient couvert<br>11. Autre (spécifier)<br>12. Rien<br>99. Ne sait pas |       |

| NO.     | QUESTIONS ET FILTRES                                                                                           | CODES                                                                                                                                                                                                                                                                                                                                                                                           | SAUTS       |
|---------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| 706     | Quels produits peuvent être ajoutés à l'eau pour la rendre sûre pour boire?<br><br>NOTEZ TOUTES LES REPONSES   | Chlore liquide (Sur'Eau)..... 1<br>Tablette de chlore (aquatabs)..... 2<br>Floculant au chlore ..... 3<br>(pur, watermaker)<br>D'autres produits a base de chlore ... 4<br>(granule HTH, chlore, agent de blanchiment de blanchisserie, autres)<br>Iode (baisses ou comprimés)..... 5<br>Permanganate ..... 6<br>Autres ..... 7<br>(Décrivez: _____)<br>Aucun ..... 8<br>Je ne sais pas ..... 9 |             |
| 707     | Connaissez-vous un produit appelé Sur'Eau ?                                                                    | Non ..... 0 →<br>Oui ..... 1                                                                                                                                                                                                                                                                                                                                                                    | <b>710</b>  |
| 708     | Pouvez-vous me montrer comment employer le Sur'Eau ?                                                           | Incorrect ..... 0<br>Correct..... 1                                                                                                                                                                                                                                                                                                                                                             |             |
| 709     | Où pouvez-vous vous procurer du Sur'Eau (à moins de 5 Km) si vous en voulez ?<br><br>NOTEZ TOUTES LES REPONSES | Centre de Santé de Base ..... 1<br>AVBC..... 2<br>Magasin ..... 3<br>Dépôt de médicament ..... 4<br>Autre endroit..... 5<br>Nulle part..... 6<br>Je ne sais pas ..... 7 →                                                                                                                                                                                                                       |             |
| W 709 a | Préparez vous du ranon'ampango?                                                                                | NO.....0 →<br>OUI.....1                                                                                                                                                                                                                                                                                                                                                                         | <b>W710</b> |
| W 709 b | L'avez-vous préparé aujourd'hui?                                                                               | NON .....0<br>OUI.....1                                                                                                                                                                                                                                                                                                                                                                         |             |
| W 709 c | Au moment de la préparation, l'avez vous laisse bouillir?                                                      | Mangotra-tokana.....0<br>Mangorovitsika.....1<br>Mafana fotsiny.....2<br>Hangotraka.....3<br>Do not remember/ do not know . . . . . 4                                                                                                                                                                                                                                                           |             |
| 710     | Traitez vous l'eau a domicile pour la purifier avant la consommation?                                          | Non.....0 →<br>Oui.....1                                                                                                                                                                                                                                                                                                                                                                        | <b>757</b>  |

| NO.             | QUESTIONS ET FILTRES                                                                                                                                                                                                                                    | CODES                                                                                                                                                                                                                                                                                                               | SAUTS                                                                                                                                              |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 711             | Quelle(s) méthode(s) ou produit(s) utilisez-vous actuellement pour traiter l'eau à boire ? Y a-t-il encore d'autres méthodes ou produits à signaler? <i>(Vérifiez toutes les réponses mentionnées et procédez aux différentes sections par méthode)</i> | 1. Bouillir l'eau<br>2. Ajouter de l'eau de javel<br>3. Ajouter une solution de chlore (Sur'Eau)<br>4. Ajoutez des pastilles de chlore (Aquatabs)<br>5. PuR<br>6. Utiliser un filtre céramique<br>7. Utiliser un filtre bio sable<br>8. Désinfection solaire<br>9. Autre (spécifier)<br>10. Rien<br>99- Ne sait pas | <b>W717</b><br><b>W717</b><br><b>W717</b><br><b>W717</b><br><b>W725</b><br><b>W732</b><br><b>W738</b><br><b>W757</b><br><b>W757</b><br><b>W757</b> |
| <b>BOUILLIR</b> |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                    |
| 712             | Quand avez vous fait bouillir cette eau?                                                                                                                                                                                                                | Jour de l'entretien en cuisant .....1<br>Jour de l'entretien une fois la cuisine faite2<br>Autres moments (A préciser ____ ) 3<br><b>W712a</b>                                                                                                                                                                      |                                                                                                                                                    |
| W 712 b         | Quel type d'eau bouillie avez-vous préparé : avela hangotraka ve , sa mangotra-tokana, sa mangorovitsika, sa mafana fotsiny ?                                                                                                                           | Mangotraka.....1<br>Mangotra-tokana.....2<br>Mangorovitsika.....3<br>Autres (a préciser nombre de minutes)4 <b>W 712 c</b><br>Ne se rappelle pas/ ne sais pas . . . . . 5                                                                                                                                           |                                                                                                                                                    |
| W 712 d         | Est-ce que la marmite pour bouillir l'eau est utilisée à d'autres fins une fois l'ébullition terminée ?                                                                                                                                                 | NON .....0<br>OUI .....1                                                                                                                                                                                                                                                                                            |                                                                                                                                                    |
| W 712 e         | Avez vous transféré l'eau bouillie dans un autre récipient pour le stockage?                                                                                                                                                                            | NO.....0<br>OUI .....1                                                                                                                                                                                                                                                                                              |                                                                                                                                                    |
| 713             | Est-ce que je peux voir le récipient où vous gardez votre eau bouillie ?                                                                                                                                                                                | Non .....0 →<br>Oui ..... 1                                                                                                                                                                                                                                                                                         | <b>W716</b>                                                                                                                                        |
| W 713 a         | OBSERVEZ : Y a-t-il de l'eau dans le récipient?                                                                                                                                                                                                         | Non.....0<br>Oui .....1                                                                                                                                                                                                                                                                                             |                                                                                                                                                    |
| 714             | Observez : <i>Est-ce que le récipient contient un couvercle dur?</i>                                                                                                                                                                                    | Non ..... 0<br>Oui ..... 1                                                                                                                                                                                                                                                                                          |                                                                                                                                                    |
| 715             | Comment prenez-vous l'eau de ce récipient ?                                                                                                                                                                                                             | Verre/tasse avec hanse ..... 1<br>Poche..... 2<br>Verser dans verre/tasse ..... 3<br>Autre mécanisme ..... 4<br>(Spécifiez: _____) W715a                                                                                                                                                                            |                                                                                                                                                    |

| NO.                                                                                                                                                   | QUESTIONS ET FILTRES                                                                                                                                                                                       | CODES                                                                                                                                                                                                                  | SAUTS                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| W715b                                                                                                                                                 | Est-ce que ce recipient contient du ranon'ampango ?                                                                                                                                                        | NO ..... 0<br>OUI ..... 1                                                                                                                                                                                              |                            |
| W715c                                                                                                                                                 | Stockez vous du ranon'ampango ?                                                                                                                                                                            | NON ..... 0 →<br>OUI ..... 1                                                                                                                                                                                           | <b>W716</b>                |
| W715d                                                                                                                                                 | Puis-je voir le récipient où vous le stockez?                                                                                                                                                              | Pas autorisé.....1 →<br>Autorisé.....2                                                                                                                                                                                 | <b>W716</b>                |
| W715e                                                                                                                                                 | OBSERVEZ: Est-ce le même récipient où on garde l'eau boullie?                                                                                                                                              | NON ..... 0<br>OUI ..... 1                                                                                                                                                                                             |                            |
| W716                                                                                                                                                  | VERIFIEZ 711 ET VERIFIER S'IL EXISTE D'AUTRES METHODES POUR LESQUELLES DES DONNEES SPECIFIQUES DOIVENT ETRE COLLECTEES.                                                                                    | <p style="text-align: right;"> <b>Si 2 OU 3 OU 4 OU 5 → W717</b><br/> <b>Si 6 aller à → W725</b><br/> <b>Si 7 aller à → W732</b><br/> <b>Si 8 aller à → W738</b><br/> <b>Si 9, 10, 99 ou aucun aller à → W757</b> </p> |                            |
| <b>La section sur l'utilisation de la solution de chlore, de l'eau de Javel, des pastilles de chlore, telles qu'Aquatabs ou bien PuR commence ici</b> |                                                                                                                                                                                                            |                                                                                                                                                                                                                        |                            |
| W717                                                                                                                                                  | Depuis combien de temps utilisez vous ce produit (à base de chlore)?                                                                                                                                       | Moins d'un an.....1<br>Entre 13 et 24 mois .....2<br>Plus de deux ans.....3<br>Ne sais pas, ne se rappelle pas .....4                                                                                                  |                            |
| W717a                                                                                                                                                 | Est-ce que je peux prendre un échantillon de votre eau à boire pour tester la chlorine ?                                                                                                                   | Pas autorisé .....0 →<br>Autorisé ..... 1<br>Non applicable, méthode pas utilisée2                                                                                                                                     | <b>W724</b>                |
| W718                                                                                                                                                  | VERIFIEZ Résultats d'essai résiduel de chlore (orthotolidine). NIVEAU ACCEPTABLE EST .05.                                                                                                                  | <b>Négatif (n'est pas devenu rose) ..... 0</b><br><b>Positif (devenu rose) ..... 1</b><br><b>Non applicable, méthode pas utilisée2</b>                                                                                 |                            |
| W719                                                                                                                                                  | Combien de temps s'est ecoule depuis que vous avez traité l'eau avec le produit mentionné? (ESTIMEZ LE NOMBRE D'HEURES ECOULE DEPUIS QUE LE TRAITEMENT A ETE EFFECTUE. Ecrire ce chiffre en arrondissant.) | <input type="text"/> <input type="text"/>                                                                                                                                                                              |                            |
| W721                                                                                                                                                  | Avez-vous encore la bouteille/emballage qui contient le produit?                                                                                                                                           | NON ..... 0 →<br>OUI ..... 1<br>NOT APPLICABLE, USED BLEACH ..... 2 →                                                                                                                                                  | <b>W724</b><br><b>W724</b> |
| W722                                                                                                                                                  | Pouvez vous me la montrer?                                                                                                                                                                                 | Pas autorisé ..... 0 →<br>Autorisé ..... 1                                                                                                                                                                             | <b>W724</b>                |
| W723                                                                                                                                                  | VERIFIEZ LA DATA DE PEREMPTION DE LA SOLUTION DE CHLORE (SUR'EAU OU AUTRES)                                                                                                                                | Périmée.....0<br>Non périmée .....1                                                                                                                                                                                    |                            |

| NO.                                                    | QUESTIONS ET FILTRES                                                                                                                                                                         | CODES                                                                                                                                                       | SAUTS                                           |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| W724                                                   | VERIFIEZ 711 ET VERIFIER S'IL EXISTE D'AUTRES METHODES POUR LESQUELLES DES DONNEES SPECIFIQUES DOIVENT ETRE COLLECTEES.                                                                      | <p>Si 6 aller à →</p> <p>Si 7 aller à →</p> <p>Si 8 aller à →</p> <p>Si 9, 10, 99 ou aucun aller à →</p>                                                    | <p>W725</p> <p>W732</p> <p>W738</p> <p>W757</p> |
| <b>Section sur le Filtre en Céramique commence ici</b> |                                                                                                                                                                                              |                                                                                                                                                             |                                                 |
| W725                                                   | Depuis quand utilisez vous ce filtre?                                                                                                                                                        | <p>Moins d'un an.....1</p> <p>Entre 13 et 24 mois .....2</p> <p>Plus de deux ans.....3</p> <p>Ne sais pas, ne se rappelle pas .....4</p>                    |                                                 |
| W725a                                                  | Quand avez-vous nettoyé ce filtre la dernière fois?<br>(Le personnel de HIP à Madagascar doit aider déterminer quelle sont les recommandations techniques pour les filtres vendus sur place) | <p>Ne satisfait pas aux recommandations du fabricant.....0</p> <p>Satisfait aux recommandations du fabricant....1</p> <p>Ne l'a jamais nettoyé..... 2 →</p> | W727                                            |
| W726                                                   | Comment l'avez-vous nettoyé?                                                                                                                                                                 | <p>Ne satisfait pas aux recommandations du fabricant.....0</p> <p>Satisfait aux recommandations du fabricant....1</p> <p>Ne l'a jamais nettoyé ..... 2</p>  |                                                 |
| W727                                                   | Est-ce que je peux voir votre filtre d'eau potable ?                                                                                                                                         | <p>Pas autorisé ..... 0 →</p> <p>Autorisé ..... 1</p>                                                                                                       | W731                                            |
| W728                                                   | OBSERVEZ : LE FILTRE DISPOSE-T-IL D'UN COUVERCLE                                                                                                                                             | <p>Non ..... 0</p> <p>Oui ..... 1</p>                                                                                                                       |                                                 |
| W729                                                   | OBSERVEZ : L'UNITE INFERIEURE DU FILTRE CONTIENT-ELLE DE L'EAU ?                                                                                                                             | <p>Non ..... 0</p> <p>Oui ..... 1</p>                                                                                                                       |                                                 |
| W730                                                   | OBSERVEZ : LE FILTRE A-T-IL UN FILTRE EN CERAMIQUE INSTALLE DANS L'UNITE ?                                                                                                                   | <p>Non ..... 0</p> <p>Oui ..... 1</p>                                                                                                                       |                                                 |
| W730a                                                  | OBSERVEZ: L'ELEMENT QUI FONCTIONNE COMME FILTRE, EST-IL SEC OU MOUILLE?                                                                                                                      | <p>MOUILLE.....0</p> <p>SEC .....1</p>                                                                                                                      |                                                 |
| W731                                                   | VERIFIEZ 711 ET VERIFIER S'IL EXISTE D'AUTRES METHODES POUR LESQUELLES DES DONNEES SPECIFIQUES DOIVENT ETRE COLLECTEES.                                                                      | <p>SI 7 ALLER A →</p> <p>SI 8 ALLER A →</p> <p>Si 9, 10, 99 ou aucun aller a →</p>                                                                          | <p>W732</p> <p>W738</p> <p>W757</p>             |

| <b>Section sur Filtres Bio-Sable Commence Ici</b>       |                                                                                                                                       |                                                                                                                                                                                                                              |                            |
|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| W732                                                    | Depuis quand utilisez vous ce filtre?                                                                                                 | Moins d'un an.....1<br>Entre 13 et 24 mois .....2<br>Plus de deux ans.....3<br>Ne sais pas, ne se rappelle pas .....4                                                                                                        |                            |
| W732a                                                   | Quand avez-vous nettoye ce filtre la derniere fois?                                                                                   |                                                                                                                                                                                                                              | <b>W734</b>                |
| W733                                                    | Comment l'avez-vous nettoyé?<br>(A verifier avec Freres St. Jacques)                                                                  | Ne satisfait pas aux recommandations du fabricant.....0<br>(N'a pas changé les cailloux, le carbone ou le sable)<br>Ne satisfait pas recommandations du fabriquant .....1<br>(A changé les cailloux, le carbone ou le sable) |                            |
| W734                                                    | Est-ce que je peux voir votre filtre d'eau potable bio sable ?                                                                        | Non ..... 0 →<br>Oui ..... 1                                                                                                                                                                                                 | <b>W737</b>                |
| W735                                                    | OBSERVEZ : LE FILTRE DISPOSE-T-IL D'UN COUVERCLE                                                                                      | Non ..... 0<br>Oui ..... 1                                                                                                                                                                                                   |                            |
| W736                                                    | OBSERVEZ: est-ce que la partie superieure de l'interieur du filtre a des algues ou une pellicule de salete?                           | Non ..... 0<br>Oui ..... 1                                                                                                                                                                                                   |                            |
| W737                                                    | REVENIR A LA QUESTION 711 ET VERIFIER S'IL EXISTE D'AUTRES METHODODES POUR LESQUELLES DES DONNEES SPECIFIQUES DOIVENT ETRE COLLECTEES | Si 8 aller à →<br>Si 9, 10, 99 ou aucun aller à →                                                                                                                                                                            | <b>W738</b><br><b>W757</b> |
| <b>Section sur la desinfection solaire commence ici</b> |                                                                                                                                       |                                                                                                                                                                                                                              |                            |
| W738                                                    | Depuis quand utilisez –vous la desinfection solaire pour traiter a domicile l'eau a boire?                                            | Moins d'un an.....1<br>Entre 13 et 24 mois .....2<br>Plus de deux ans.....3<br>Ne sais pas, ne se rappelle pas .....4                                                                                                        |                            |
| W738a                                                   | Est-ce que je peux voir vos bouteilles SODIS exposées au soleil ?                                                                     | Pas autorisé ..... 0 →<br>Autorisé ..... 1                                                                                                                                                                                   | <b>W740</b>                |
| W739                                                    | OBSERVEZ: Si l'on vous permet de voir les bouteilles SODIS, indiquez le nombre de bouteilles.                                         | Nombre de bouteilles <input type="text"/> <input type="text"/>                                                                                                                                                               |                            |



|         |                                                                                           |                                                                   |                           |
|---------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------|
| W740    | SI PAS AUTORISE, DEMANDEZ:<br>Combien de bouteilles sont actuellement exposées au soleil? | Nombre de bouteilles<br><input type="text"/> <input type="text"/> |                           |
|         |                                                                                           | Si 0 SAUTEZ A..... →                                              | <b>W745</b>               |
| W741    | Avez vous mis au soleil toutes ces bouteilles le même jour?                               | NON ..... 0<br>OUI ..... 1 →                                      | <b>W743</b>               |
| W 742 a | Combien de bouteilles ont été exposées au soleil pendant un jour?                         | Nombre de bouteilles <input type="text"/>                         | <b>Si 0 aller à W742c</b> |
| W742 b  | Combien de jours supplémentaires vont-elles continuer à être exposées au soleil?          | Nombre de jours <input type="text"/>                              |                           |
| W742 c  | Combien de bouteilles ont été exposées au soleil pendant deux jours ?                     | Nombre de bouteilles <input type="text"/>                         | <b>Si 0 aller à W742e</b> |
| W742d   | Combien de jours supplémentaires vont-elles continuer à être exposées au soleil?          | Nombre de jours <input type="text"/>                              |                           |
| W 742e  | Combien de bouteilles ont été exposées au soleil pendant trois jours ou plus ?            | Nombre de bouteilles <input type="text"/>                         | <b>Si 0 aller à W745</b>  |
| W 742f  | Combien de jours supplémentaires vont-elles continuer à être exposées au soleil?          | Nombre de jours <input type="text"/>                              |                           |

|       |                                                                                                                                                                                                   |                                                                |             |
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| W743  | Depuis combien de jours ces bouteilles ont-elles été exposées au soleil ?<br>ECRIRE REPONSE EN NOMBRE DE JOURS. SI PLUS DE 7 JOURS ECRIVEZ 8. SI LA PERSONNE NE CONNAIT PAS LA REPONSE ECRIVEZ 9. | Nombre de jours..... <input type="text"/>                      |             |
| W744  | Combien de jours supplémentaires comptez-vous les exposer au soleil avant de boire l'eau ?                                                                                                        | Nombre de jours <input type="text"/>                           |             |
| W744a | Disposez-vous encore de combien de bouteilles en plus pour traiter l'eau de cette façon ?<br>NOTEZ LE NOMBRE DE BOUTEILLES INDIQUEES                                                              | Nombre de bouteilles <input type="text"/> <input type="text"/> |             |
| W744b | Est-ce que je peux les voir ?                                                                                                                                                                     | NO ..... 0 →<br>OUI ..... 1                                    | <b>W745</b> |

|                                                                                                     |                                                                                                                                                                                  |                                                                                                                                                                                        |             |
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| W744c                                                                                               | <b>Notez le nombre de bouteilles additionnelles</b>                                                                                                                              | Nombre de bouteilles <input type="text"/> <input type="text"/>                                                                                                                         |             |
| <b>STOCKAGE DE L'EAU A BOIRE</b>                                                                    |                                                                                                                                                                                  |                                                                                                                                                                                        |             |
| <b>Réponses à être fournies par tout foyer, indépendamment de la façon de traiter l'eau à boire</b> |                                                                                                                                                                                  |                                                                                                                                                                                        |             |
| W745                                                                                                | Avec quelle fréquence traitez vous l'eau de cette façon ?                                                                                                                        | Chaque jour .....1<br>Régulièrement, mais pas tous les jours 2<br>Quand quelqu'un est malade dans le ménage .....3<br>Pendant la saison des pluies.....4<br>Occasions spéciales .....5 |             |
| W746                                                                                                | Qui sont les personnes du ménage qui boivent l'eau traitée ?                                                                                                                     | Tous les membres du ménage.....1<br><br>Uniquement les enfants .....2<br>Uniquement les malades .....3<br>Uniquement les personnes âgées ....4<br>Autres (spécifiez: _____) ....5      |             |
| W747                                                                                                | Est-ce que vous stockez l'eau à boire du ménage dans d'autres récipients que je n'ai pas encore vu ?                                                                             | Non .....0 →<br>Oui .....1                                                                                                                                                             | <b>W754</b> |
| W748                                                                                                | Est-ce que je peux voir ces récipients, s'il vous plaît ?                                                                                                                        | Non .....0 →<br>Oui .....1                                                                                                                                                             | <b>W754</b> |
| W748a                                                                                               | Comptez le # de récipients utilisés, et l'écrire                                                                                                                                 | Nombre de récipients <input type="text"/> <input type="text"/>                                                                                                                         |             |
| W749                                                                                                | Quels sont les types de récipients utilisés ?                                                                                                                                    |                                                                                                                                                                                        |             |
| W750                                                                                                | OBSERVEZ : EST-CE QUE LE RECIPIENT EST/SONT COUVERT(S) OU FERME(S) AVEC UN COUVERCLE SOLIDE ?                                                                                    | Non (pas de couvercle) .....0<br>Oui, couvercle solide .....1<br>Oui mais pas de couvercle dur (tissu, etc.) .....2                                                                    |             |
| W750a                                                                                               | OBSERVEZ SI LE RECIPIENT DISPOSE D'UNE OUVERTURE ETROITE (MAXIMUM 3 CMS).                                                                                                        | Non .....0<br>Oui .....1                                                                                                                                                               |             |
| W751                                                                                                | OBSERVEZ : EST-CE QUE LE RECIPIENT DISPOSE D'UN ROBINET                                                                                                                          | Non .....0<br>Oui .....1                                                                                                                                                               |             |
| W751a                                                                                               | DEMANDEZ : Est-ce ce que parmi ces récipients y a-t-il quelqu'un qui sont utilisés pour stocker de l'eau bouillie ?                                                              | Non .....0<br>Oui .....1                                                                                                                                                               |             |
| W751b                                                                                               | OBSERVEZ : Est-ce que le récipient qui a de l'eau bouillie est-il couvert ?                                                                                                      | Non .....0<br>Oui .....1                                                                                                                                                               |             |
| W751c                                                                                               | OBSERVEZ : S'agit-il d'un couvercle dur ?                                                                                                                                        | Non .....0<br>Oui .....1                                                                                                                                                               |             |
| W752                                                                                                | Combien de jours sont passés depuis que vous avez nettoyé le récipient la dernière fois?<br>(ECRIVEZ LE NOMBRE DE JOURS. SI LE JOUR DE L'ENQUETE, ECRIVEZ 1, SI HIER, ECRIVEZ 2) | Jamais.....0 →<br><br>Nombre de jours <input type="text"/>                                                                                                                             | <b>W754</b> |

|                                                                                                                                                        |                                                                      |                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|
| 753                                                                                                                                                    | Tous les combien de jours nettoyez vous ces récipients?              | Tous les jours .....1<br>Tous les deux jours .....2<br>Une fois par semaine .....3<br>Autres (A préciser_____) .....4<br>Jamais .....5 |  |
| <b>REPONSES AUX QUESTIONS 754 A 756 DOIVENT ETRE FOURNIES PAR TOUTE PERSONNE INTERVIEWEE, INDEPENDEMMENT DE SI ELLES TRAITENT OU PAS L'EAU A BOIRE</b> |                                                                      |                                                                                                                                        |  |
| 754                                                                                                                                                    | Avez-vous préparé de la nourriture hier matin?                       | NON .....0<br>OUI .....1                                                                                                               |  |
| 755                                                                                                                                                    | Avez-vous donné à manger à un enfant hier matin?                     | NON .....0<br>OUI .....1                                                                                                               |  |
| 756                                                                                                                                                    | Avez-vous nettoyé un enfant hier matin après qu'il/elle ait défequé? | NON .....0<br>OUI .....1                                                                                                               |  |

| NO.                                       | QUESTIONS ET FILTRES                                                                                                                                                                                                      | CODES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | SAUTS       |
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| <b>Lavage de Mains</b>                    |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |
| Permettez moi de changer un peu de sujet. |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |
| Y801                                      | Avez vous du savon dans votre ménage?                                                                                                                                                                                     | NON.....0 →<br>OUI ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Y812</b> |
| Y802                                      | Avez-vous utilisé du savon à un moment quelconque hier matin ?                                                                                                                                                            | NON ..... 0 →<br>OUI ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Y812</b> |
| Y803                                      | La première fois que vous avez utilisé du savon hier, c'était pour quel usage ?<br>(Si on mentionne pour se laver les mains ou laver les celles de mon enfant, demandez à quelle occasion mais ne lisez pas les réponses) | 1. pour laver le linge<br>2. pour laver mon corps<br>3. pour laver mes enfants<br>4. pour laver les fesses de mes enfants<br>5. pour laver les mains de mes enfants<br>6. pour me laver les mains après avoir défèque<br>7. pour me laver les mains après avoir lave les fesses d'un enfant<br>8. pour me laver les mains avant de donner à manger aux enfants<br>9. me laver les mains avant de préparer à manger<br>10. me laver les mains avant de manger<br>11. autres raisons. indiquez lesquelles |             |
| Y804                                      | Avez-vous utilisé du savon à une autre occasion?                                                                                                                                                                          | Non ..... 0 →<br>Oui ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Y812</b> |
| Y805                                      | Pour quelle raison avez vous utilise du savon?<br>(Si on mentionne pour se laver les mains ou laver les celles de mon enfant, demandez à quelle occasion mais ne lisez pas les réponses)                                  | 1. pour laver le linge<br>2. pour laver mon corps<br>3. pour laver mes enfants<br>4. pour laver les fesses de mes enfants<br>5. pour laver les mains de mes enfants<br>6. pour me laver les mains après avoir défèque<br>7. pour me laver les mains après avoir lave les fesses d'un enfant<br>8. pour me laver les mains avant de donner à manger aux enfants<br>9. me laver les mains avant de préparer à manger<br>10. me laver les mains avant de manger<br>11. autres raisons. indiquez lesquelles |             |
| Y806                                      | A une autre occasion?                                                                                                                                                                                                     | Non ..... 0 →<br>Oui ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Y812</b> |
| Y807                                      | Pour quelle usage?                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |

| NO.  | QUESTIONS ET FILTRES                      | CODES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | SAUTS       |
|------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Y808 | A une autre occasion?                     | NON .....0 →<br>OUI ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Y812</b> |
| Y809 | Pour quelle usage?                        | <ol style="list-style-type: none"> <li>1. pour laver le linge</li> <li>2. pour laver mon corps</li> <li>3. pour laver mes enfants</li> <li>4. pour laver les fesses de mes enfants</li> <li>5. pour laver les mains de mes enfants</li> <li>6. pour me laver les mains après avoir défèque</li> <li>7. pour me laver les mains après avoir lave les fesses d'un enfant</li> <li>8. pour me laver les mains avant de donner à manger aux enfants</li> <li>9. me laver les mains avant de préparer à manger</li> <li>10. me laver les mains avant de manger</li> <li>11. autres raisons. indiquez lesquelles</li> </ol> |             |
| Y810 | A une autre occasion?                     | NO ..... 0 →<br>OUI ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Y812</b> |
| Y811 | Pour quelle usage?                        | <ol style="list-style-type: none"> <li>1. pour laver le linge</li> <li>2. pour laver mon corps</li> <li>3. pour laver mes enfants</li> <li>4. pour laver les fesses de mes enfants</li> <li>5. pour laver les mains de mes enfants</li> <li>6. pour me laver les mains après avoir défèque</li> <li>7. pour me laver les mains après avoir lave les fesses d'un enfant</li> <li>8. pour me laver les mains avant de donner à manger aux enfants</li> <li>9. me laver les mains avant de préparer à manger</li> <li>10. me laver les mains avant de manger</li> <li>11. autres raisons. indiquez lesquelles</li> </ol> |             |
| Y812 | D'habitude, où vous lavez-vous les mains? | A la cuisine..... 1<br>A la salle de bain / la latrine ..... 2<br>A l'entrée de la maison/composé ..... 3<br>Jardin ..... 4<br>Robinet public ..... 5<br>Autres (a préciser) ..... 6<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                         |             |

| NO.     | QUESTIONS ET FILTRES                                                              | CODES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SAUTS         |
|---------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Y813    | Pouvez vous me montrer l'endroit, SVP?                                            | Pas autorisé.....0<br>Autorisé.....1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | → <b>Y818</b> |
| Y 813 a | Observez : Verifier si la réponse pour l'emplacement est valable.                 | Pas valable .....0<br>Valable .....1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |
| Y814    | OBSERVEZ : QUEL EST LE DISPOSITIF DE LAVAGE DES MAINS                             | Robinet ..... 1<br>Tippy tap..... 2<br>Bassin/Seau .....3<br>Autres (a spécifier) ..... 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |
| Y815    | OBSERVEZ : L'EAU EST-ELLE DISPONIBLE AU MOMENT DE L'INTERVIEW                     | Non ..... 0<br>Oui ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |               |
| Y816    | DEMANDEZ: Aviez-vous de l'eau ici hier?                                           | NO ..... 0<br>OUI ..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |               |
| Y817    | OBSERVEZ : Y A-T-IL UN AGENT DE NETTOYAGE A L'EMPLACEMENT DE LAVAGE DE MAINS?     | Aucun ..... 0<br>Savon ..... 1<br>Détergent ..... 2<br>Cendre ..... 3<br>Autres ( a préciser) ..... 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |
| Y 817a  | Avez vous utilisez du savon pour vous laver les mains depuis hier a ce moment la? | NON .....0<br>OUI .....1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |
| Y 818   | Dans quelles circonstances avez vous utilisez du savon pour vous laver les mains? | Avant la préparation d'un repas.....1<br>Avant de donner a manger aux enfants .2<br>Pendant mon bain/douche .....3<br>Au moment de baigner un enfant.....4<br>Au moment de laver les mains d'un enfant 5<br>Après avoir utilise les toilettes .....6<br>Après avoir defeque.....,7<br>Après avoir nettoyé un enfant qui avait defeque<br>Après avoir nettoyé la latrine .....9<br>Après avoir nettoyé la maison .....10<br>Après avoir fait la vaisselle .....11<br>Au moment de faire le linge.....12<br>Après être rentre de l'extérieur.....13<br>Parce que mes mains sentait/avait l'air être sales 14<br>Je ne sais pas.....15<br>Autres (A préciser) <b>Y 818 a</b> .....16 |               |

| NO.   | QUESTIONS ET FILTRES                                                                                                          | CODES                                                                                                                                                                                                                                                                                                                                                                                     | SAUTS |
|-------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Y819  | <p>D'après vous, quel est le moment le plus important pour se laver les mains ?</p> <p>NOTEZ TOUTES LES REPONSES FOURNIES</p> | <p>Après défécation ..... 1</p> <p>Avant de manger ..... 2</p> <p>Après avoir lavé les enfants/et les couches-culottes..... 3</p> <p>Après le nettoyages de latrine ..... 4</p> <p>Après le nettoyage de pot..... 5</p> <p>Avant la préparation du repas ..... 6</p> <p>Avant le repas de l'enfant ..... 7</p> <p>Après le repas..... 8</p> <p>Autres (spécifiez)..... 9</p> <p>_____</p> |       |
| Y820  | <p>Pour quelles raisons doit-on se laver les mains avec du savon?</p>                                                         | <p>Prévenir la diarrhée..... 1</p> <p>Prévenir d'autres maladies ..... 2</p> <p>Retirer les germes ..... 3</p> <p>Empêcher la saleté de rentrer dans la bouche 4</p> <p>Empêcher la saleté dans la nourriture5</p> <p>Sentir bon ..... 6</p> <p>Autres (A préciser) ..... 7</p> <p>_____</p>                                                                                              |       |
| Y 821 | <p>Généralement, à quelles occasions est-ce que vous vous lavez les mains?</p> <p>NOTEZ TOUTES LES REPONSES FOURNIES</p>      | <p>Après avoir été aux toilettes.....1</p> <p>Après avoir change les couches d'un enfant ou avoir nettoyé son derrière.....2</p> <p>Après avoir prépare a manger.....3</p> <p>Avant de manger.....4</p> <p>Avant de donner a manger aux autres (y compris un enfant) .....5</p> <p>Jamais/ je ne sais pas.....6</p>                                                                       |       |
| Y822  | <p>Est-ce que vous vous lavez les mains avec de l'eau traitée avec de l'eau de javel ou Sur'Eau?</p>                          | <p>Non.....1</p> <p>Oui .....2</p>                                                                                                                                                                                                                                                                                                                                                        |       |

| NO.                   | QUESTIONS ET FILTRES                                                                                          | CODES                                                                                                                                                                                                                                                                                                                            | SAUTS       |
|-----------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>Assainissement</b> |                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |             |
| S901                  | La dernière fois où l'enfant le moins âgé sous votre soin a fait ses besoins, où a-t-il déféqué ?             | a utilisé la latrine ..... 1<br>a utilisé un pot..... 2<br>a utilisé une couche-culotte lavable . 3<br>a utilisé une couche-culotte jetable.. 4<br>est venu dans la maison/cour ..... 5<br>est allé hors des lieux ..... 6<br>a fait dans ses vêtements ..... 7<br>Autres (spécifiez) ..... 8<br>_____<br>Je ne sais pas ..... 0 |             |
| S902                  | La dernière fois où l'enfant le moins âgé sous votre soin a fait ses besoins, où a-t-on jété ses excréments ? | débarrassé dans la latrine ..... 1<br>enterré..... 2<br>déchets solides/détritus..... 3<br>dans la cour ..... 4<br>hors des lieux ..... 5<br>latrine publique..... 6<br>dans l'évier ou le baquet ..... 7<br>jeté dans la conduite d'eau..... 8<br>jeté ailleurs (spécifiez)..... 9<br>_____                                     |             |
| S903                  | Quelle sorte de toilette ce ménage utilise-t-il ?                                                             | aucun, brousse, sac en plastique ..... 1 →<br>latrine séché..... 2<br>latrine suspendue..... 3<br>Latrine avec sanplat ..... 4<br>Latrine publique..... 5                                                                                                                                                                        | <b>1001</b> |
| S904                  | Est-ce que vous partagez ces toilettes avec d'autres ménages?                                                 | Non..... 0 →<br>Oui..... 1                                                                                                                                                                                                                                                                                                       | <b>906</b>  |
| S905                  | Combien de ménages partagent ces toilettes ?<br>ECRIRE LE NOMBRE DE MENAGES                                   | Nombre de ménages <input type="text"/> <input type="text"/>                                                                                                                                                                                                                                                                      |             |
| S906                  | Où se trouvent ces toilettes ?                                                                                | A l'intérieur/attendant au logement... 1<br>N'importe où sur les lieux ..... 2<br>Hors des lieux ..... 3<br>Latrine publique..... 4                                                                                                                                                                                              |             |
| S907                  | Est-ce que je peux voir ces toilettes ?                                                                       | Pas autorisé ..... 0 →<br>Autorisé ..... 1                                                                                                                                                                                                                                                                                       | <b>1001</b> |
| <b>OBSERVE:</b>       |                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |             |
| S908                  | Est-ce que ces toilettes ont des murs?                                                                        | NON..... 0<br>OUI ..... 1                                                                                                                                                                                                                                                                                                        |             |



| NO.  | QUESTIONS ET FILTRES                                                                                                                                                                                                                                       | CODES                                                                                                                                  | SAUTS       |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------|
| S909 | Est-ce que ces toilettes ont un toit ?                                                                                                                                                                                                                     | NON.....0<br>OUI ..... 1                                                                                                               |             |
| S910 | Observez : Est-ce que ces toilettes procurent l'intimité ?                                                                                                                                                                                                 | NON.....0<br>OUI ..... 1                                                                                                               |             |
| S911 | Est-ce que ces toilettes sont fermées à clé?                                                                                                                                                                                                               | NON.....0<br>OUI ..... 1 →                                                                                                             | <b>914</b>  |
| S912 | Y a-t-il des caractéristiques qui rendent plus facile son emploi aux enfants, telles que:                                                                                                                                                                  | Latrine avec trou plus petit ..... 1<br>Siège plus bas ..... 2<br>Ne peut pas déterminer ..... 3<br>Aucun des éléments susmentionnés 0 |             |
| S913 | Est-ce la latrine utilisée ?<br>(OBSERVEZ S'IL Y A DES EXCREMENTS DANS LE TROU, LANCEZ UNE PIERRE POUR DETERMINER S'IL Y A DES LIQUIDES A L'INTERIEUR, S'IL Y A DU PAPIER TOILETTE ET/OU SI LE CHEMIN POUR ACCEDER A LA LATRINE SEMBLE AVOIR ETE UTILISE.) | Non .....0<br>Oui ..... 1                                                                                                              |             |
| S914 | Y a-t-il un balai tout près ?                                                                                                                                                                                                                              | Non .....0<br>Oui ..... 1                                                                                                              |             |
| S915 | Y a-t-il un endroit pour le lavage des mains près de la latrine ?                                                                                                                                                                                          | Non .....0<br>Oui ..... 1                                                                                                              |             |
| S916 | OBSERVEZ : Y a-t-il de l'eau à cet endroit près de la latrine ?                                                                                                                                                                                            | Non .....0 →<br>Oui ..... 1                                                                                                            | <b>1001</b> |
| S917 | OBSERVEZ : Quel récipient est utilisé pour l'eau près de la latrine?                                                                                                                                                                                       | Robinet ..... 1<br>Tippy tap..... 2<br>Seau ..... 3<br>Autres (a préciser) ..... 4<br>_____                                            |             |
| S918 | OBSERVEZ : a-t-il un agent de nettoyage à cet endroit près de la latrine ?<br>NOTEZ TOUTES LES REPONSES FOURNIES                                                                                                                                           | Aucun .....0<br>Savon ..... 1<br>Détergent ..... 2<br>Cendre ..... 3<br>Autres (a préciser) ..... 4<br>_____                           |             |

| NO.                                         | QUESTIONS ET FILTRES                                                                                            | CODES                                                                                                                                                                                             | SAUTS       |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| <b>Contact avec l'Information/Promotion</b> |                                                                                                                 |                                                                                                                                                                                                   |             |
| I1001                                       | Au cours du mois dernier, avez-vous reçu des informations sur le lavage des mains ?                             | Non ..... 0 →<br>Oui ..... 1                                                                                                                                                                      | <b>1003</b> |
| I1002                                       | Quelle est la source de cette information ? –<br>SOLLICITEZ : où encore ?<br>NOTEZ TOUTES LES REPONSES FOURNIES | Par le centre de santé ..... 1<br>Par l'animateur communautaire ..... 2<br>Par les enfants qui vont à l'école ..... 3<br>Par la radio ..... 4<br>Par d'autres canaux (a préciser)..... 5<br>_____ |             |
| I1003                                       | Au cours du mois dernier, avez-vous reçu des informations sur le traitement de l'eau à boire ?                  | Non ..... 0 →<br>Oui ..... 1                                                                                                                                                                      | <b>1005</b> |
| I1004                                       | Où les avez-vous vues ou entendues ?<br>Où encore ?<br>NOTEZ TOUTES LES REPONSES FOURNIES                       | Par le centre de santé ..... 1<br>Par l'animateur communautaire ..... 2<br>Par les enfants qui vont à l'école ..... 3<br>Par la radio ..... 4<br>Par d'autres canaux (a préciser)..... 5<br>_____ |             |
| I1005                                       | Au cours du mois dernier, avez-vous entendu ou vu quoi que ce soit au sujet de l'assainissement ?               | Non ..... 0 →<br>Oui ..... 1                                                                                                                                                                      | <b>1007</b> |
| I1006                                       | Quelle était la source de cette information ?<br><i>Où encore?</i><br>NOTEZ TOUTES LES REPONSES FOURNIES        | Par le centre de santé ..... 1<br>Par l'animateur communautaire ..... 2<br>Par les enfants qui vont à l'école ..... 3<br>Par la radio ..... 4<br>Par d'autres canaux (a préciser)..... 5<br>_____ |             |
| I1007                                       | Au cours du mois dernier, avez-vous reçu des informations au sujet de la diarrhée ?                             | Non ..... 0 →<br>Oui ..... 1                                                                                                                                                                      | <b>FIN</b>  |
| I1008                                       | Quelle était la source de cette information ?<br>Où encore ?<br>NOTEZ TOUTES LES REPONSES FOURNIES              | Par le centre de santé ..... 1<br>Par l'animateur communautaire ..... 2<br>Par les enfants qui vont à l'école ..... 3<br>Par la radio ..... 4<br>Par d'autres canaux (a préciser)..... 5<br>_____ |             |

## Annex 5 – Instrument Used for Visiting Schools

### Enquête Ecoles Version Définitive Etude 2008

| Identification du Lieu d'Observation |                                                                                      |                             |    |
|--------------------------------------|--------------------------------------------------------------------------------------|-----------------------------|----|
| Nom de l'Ecole                       |                                                                                      |                             |    |
| Village                              |                                                                                      |                             |    |
| District                             |                                                                                      |                             |    |
| Commune                              |                                                                                      |                             |    |
| Région                               | 1. AMORON'IMANIA<br>2. ANALAMANGA<br>3. HAUTE MATSIATRA<br>4. ATSIANANA              |                             |    |
| Enquêteur                            | 1.<br>2.<br>3.<br>4.                                                                 |                             |    |
| Chef d'Equipe                        | 1.<br>2.<br>3.                                                                       |                             |    |
| Date de l'Observation/<br>VISITE     |                                                                                      |                             |    |
| Assainissement                       |                                                                                      |                             |    |
| 1.                                   | Combien des garçons sont inscrits à cette école ?<br>(Ecrivez directement le nombre) |                             |    |
| 2.                                   | Et combien de filles ?<br>(Ecrivez directement le nombre)                            |                             |    |
| 3.                                   | Cette école, a-t-elle une/des latrine(s) accessible(s) aux enfants ?                 | NON .....0 →<br>OUI ..... 1 | 31 |
| 4.                                   | Y a-t-il des latrines exclusivement pour les filles ?                                | NON .....0 →<br>OUI ..... 1 | 17 |
| 5.                                   | Combien des latrines pour filles y a-t-il ?<br>(Ecrivez directement le nombre)       |                             |    |
| 6.                                   | Est-ce que je peux la/les voir ?                                                     | NON .....1 →<br>OUI ..... 2 | 17 |
|                                      | OBSERVEZ : CETTE LATRINE A-T-ELLE :                                                  |                             |    |
| 7.                                   | DES MURS ?                                                                           | NON .....0<br>OUI ..... 1   |    |
| 8.                                   | UNE PORTE/UN RIDEAU ?                                                                | NON .....0<br>OUI ..... 1   |    |
| 9.                                   | UN TOIT ?                                                                            | NON .....0<br>OUI ..... 1   |    |
| 10.                                  | UNE DALLE ?                                                                          | NON .....0                  |    |

|                   |                                                                                           |                                                                                                                                                                                                                     |    |
|-------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|                   |                                                                                           | OUI . . . . . 1                                                                                                                                                                                                     |    |
| 11.               | EST-ELLE OPERATIONNELLE?                                                                  | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                  |    |
| 12.               | EST-ELLE FERME A CLE ?                                                                    | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                  |    |
| 13.               | EST-ELLE PROPRE ?                                                                         | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                  |    |
| 13a.              | <b>EST-ELLE LAVEE ?</b>                                                                   | <b>NON . . . . . 0</b><br><b>OUI . . . . . 1</b>                                                                                                                                                                    |    |
| 13b.              | <b>EST-ELLE AEREE ?</b>                                                                   | <b>NON . . . . . 0</b><br><b>OUI . . . . . 1</b>                                                                                                                                                                    |    |
| 13c.              | <b>Y A-T-IL UN BALAI ?</b>                                                                | <b>NON . . . . . 0</b><br><b>OUI . . . . . 1</b>                                                                                                                                                                    |    |
| 13d.              | <b>Y A T-IL UNE SERRURE INTERIEURE?</b>                                                   | <b>NON . . . . . 0</b><br><b>OUI . . . . . 1</b>                                                                                                                                                                    |    |
| 13 <sup>e</sup> . | <b>A-T-ELLE DES DIMENSIONS ACCEPTABLES ?</b>                                              | <b>NON . . . . . 0</b><br><b>OUI . . . . . 1</b>                                                                                                                                                                    |    |
| 13f.              | <b>A-T-ELLE DU PAPIER HYGIENIQUE ?</b>                                                    | <b>NON . . . . . 0</b><br><b>OUI . . . . . 1</b>                                                                                                                                                                    |    |
| 13g.              | <b>A-T-ELLE UN BAC A PAPIER USE ?</b>                                                     | <b>NON . . . . . 0</b><br><b>OUI . . . . . 1</b>                                                                                                                                                                    |    |
| 13h.              | <b>A-T-ELLE UN RECIPIENT D'EAU OU GOBELET ?</b>                                           | <b>NON . . . . . 0</b><br><b>OUI . . . . . 1</b>                                                                                                                                                                    |    |
| 14.               | <b>OBSERVEZ : Y A –T-IL UN DISPOSITIF DE LAVAGE DE MAIN A PROXIMITE DE CETTE LATRINE?</b> | <b>NON . . . . . 0</b><br><b>OUI . . . . . 1</b>                                                                                                                                                                    |    |
| 15.               | <b>DE QUEL TYPE DE DISPOSITIF S'AGIT IL ?</b>                                             | Tippy Tap . . . . . 0<br>Lavabo avec un robinet opérationnel. . . . . 1<br>Basin avec un robinet opérationnel.....2<br>Récipient avec un robinet (jerrycan, seau).....3<br>Récipient (seau, cuvette) avec zinga...4 |    |
| 16.               | <b>OÙ EST-IL ?</b>                                                                        | <b>A proximité de la latrine . . . . . 1</b><br><b>Autres (à spécifier).....2</b>                                                                                                                                   |    |
| 17.               | OBSERVER : DISPOSE CE DISPOSITIF DE SAVON ?                                               | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                  |    |
| 18.               | DEMANDEZ : Y a-t-il une/des latrine exclusivement pour les garçons ?                      | NON . . . . . 0 →<br>OUI . . . . . 1                                                                                                                                                                                | 31 |
| 19.               | Combien des latrines pour garçons y a-t-il ?<br>(Ecrivez directement le nombre)           |                                                                                                                                                                                                                     |    |
| 20.               | DEMANDEZ : Est-ce que je peux la voir ?                                                   | NON . . . . . 0 →                                                                                                                                                                                                   | 31 |

|                   |                                                                                       |                                                                                                                                                                                                                                    |  |
|-------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                   |                                                                                       | OUI . . . . . 1                                                                                                                                                                                                                    |  |
|                   | OBSERVEZ : CETTE LATRINE A-T-ELLE :                                                   |                                                                                                                                                                                                                                    |  |
| 21.               | DES MURS ?                                                                            | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 22.               | UNE PORTE/UN RIDEAU ?                                                                 | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 23.               | UN TOIT ?                                                                             | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 24.               | UNE DALLE ?                                                                           | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 25.               | EST- ELLE OPERATIONNELLE?                                                             | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 26.               | EST- ELLE FERMEE À CLE?                                                               | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 27.               | EST- ELLE PROPRE ?                                                                    | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 27a.              | EST-ELLE LAVEE ?                                                                      | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 27b.              | EST-ELLE AEREE ?                                                                      | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 27c.              | Y A-T-IL UN BALAI ?                                                                   | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 27d.              | Y A T-IL UNE SERRURE<br>INTERIEURE?                                                   | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 27 <sup>e</sup> . | A-T-ELLE DES DIMENSIONS<br>ACCEPTABLES (A DEFINIR)?                                   | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 27f.              | A-T-ELLE DU PAPIER<br>HYGIENIQUE ?                                                    | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 27g.              | A-T-ELLE UN BAC A PAPIER<br>USE ?                                                     | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 27h.              | A-T-ELLE UN RECIPIENT<br>D'EAU OU GOBELET ?                                           | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 27i.              |                                                                                       |                                                                                                                                                                                                                                    |  |
| 28.               | OBSERVEZ : Y A –T-IL UN DISPOSITIF DE LAVAGE DE MAIN A<br>PROXIMITE DE CETTE LATRINE? | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                 |  |
| 29.               | DE QUEL TYPE DE DISPOSITIF<br>S’AGIT IL ?                                             | Tippy Tap . . . . . 0<br>Lavabo avec un robinet<br>opérationnel. . . . . 1<br>Basin avec un robinet<br>opérationnel.....2<br>Récipient avec un robinet<br>(jerrycan,<br>seau).....3<br>Récipient (seau, cuvette)<br>avec zinga...4 |  |
| 30.               | OÙ EST-IL ?                                                                           | A proximité de la latrine .                                                                                                                                                                                                        |  |

|                               |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                          |    |
|-------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|                               |                                                                                   | .....1<br>Autres (à spécifier).....2                                                                                                                                                                                                                                                                                                                                                     |    |
|                               | OBSERVER : DISPOSE CE DISPOSITIF DE SAVON ?                                       | NON ..... 0<br>OUI ..... 1                                                                                                                                                                                                                                                                                                                                                               |    |
| 31.                           | DEMANDEZ : Y A- T- IL DES URINOIRS POUR LES GARCONS ?                             | NON ..... 0<br>OUI ..... 1                                                                                                                                                                                                                                                                                                                                                               |    |
| 32.                           | DEMANDEZ : EST- CE QUE JE PEUX LES VOIR ?                                         | NON ..... 0 →<br>OUI ..... 1                                                                                                                                                                                                                                                                                                                                                             | 38 |
| 33.                           | QUEL EST LE NOMBRE D'URINOIRS A L'ECOLE ?<br>(Ecrivez directement le nombre)      |                                                                                                                                                                                                                                                                                                                                                                                          |    |
| 34.                           | OBSERVEZ : Y A –T- IL UN DISPOSITIF DE LAVAGE DE MAIN A PROXIMITE DE CET URINOIR? | NON ..... 0<br>OUI ..... 1                                                                                                                                                                                                                                                                                                                                                               |    |
| 35.                           | DE QUEL TYPE DE DISPOSITIF S'AGIT IL ?                                            | Tippy Tap ..... 0<br>Lavabo avec un robinet opérationnel. . . . . 1<br>Basin avec un robinet opérationnel.....2<br>Récipient avec un robinet (jerrycan, seau).....3<br>Récipient (seau, cuvette) avec zinga...4                                                                                                                                                                          |    |
| 36.                           | OÙ EST-IL ?                                                                       | A proximité de l'urinoir .1<br>Autres (à spécifier).....2                                                                                                                                                                                                                                                                                                                                |    |
| 37.                           | OBSERVEZ : DISPOSE CE DISPOSITIF DE SAVON ?                                       | NON ..... 0<br>OUI ..... 1                                                                                                                                                                                                                                                                                                                                                               |    |
| Accès a l'Eau Potable/Traitée |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                          |    |
| 37a.                          | DEMANDEZ :<br>Comment l'école s'approvisionne-t-elle d'eau ?                      | Robinet dans la court.....1<br>Borne fontaine.....2<br>Puit a forage.....3<br>Puit couvert protégé.....4<br>Puits ouvert non protégé...5<br>Source protégée .....6<br>Source non protégée.....7<br>Eau de pluie.....8<br>Camion citerne.....9<br>Charrette avec petit réservoir ...10<br>Eau de surface.....11<br>Eau en bouteille.....12<br>Autre. Spécifier.....13<br>Pas d'eau.....14 |    |
| 38.                           | DEMANDEZ : Dispose l'école de l'eau à boire pour les élèves?                      | NON ..... 0 →<br>OUI ..... 1                                                                                                                                                                                                                                                                                                                                                             | 56 |
| 39.                           | Est-ce que cette eau a été purifiée pour être consommée par les élèves?           | NON ..... 0 →<br>OUI ..... 1                                                                                                                                                                                                                                                                                                                                                             | 52 |
| 40.                           | Comment a-t-elle été purifiée ?                                                   | APPROVISIONNEE PAR BORNE-FONTAINE. . . 1                                                                                                                                                                                                                                                                                                                                                 |    |

|      |                                                                                                                                                                 |                                                                                                                                      |                   |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------|
|      |                                                                                                                                                                 | SUR' EAU ..... 2                                                                                                                     | →41               |
|      |                                                                                                                                                                 | SODIS.....3                                                                                                                          | →46               |
|      |                                                                                                                                                                 | AUTRES METHODES,<br>SPECIFIEZ _____ . .<br>..4                                                                                       |                   |
| 41   | Pouvez-vous me montrer la bouteille de SUR'Eau?                                                                                                                 | NON .....0<br>OUI .....1                                                                                                             | → 51              |
| 42   | OBSERVER LA DATE DE VALIDITE DU SUR'EAU. EST-CE QUE LE SUR'EAU EST PERIME?                                                                                      | NON .....0<br>OUI .....1                                                                                                             |                   |
| 43   | QUEL NOMBRE DE CAPSULES EST-IL NECESSAIRE POUR TRAITER UN SEAU DE DIX A QUINZE LITRES?                                                                          | No. de capsules ____                                                                                                                 |                   |
| 44   | COMBIEN DE TEMPS APRES L'UTILISATION DU SUR'EAU FAUT-IL LAISSER PASSER AVANT DE POUVOIR CONSOMMER L'EAU TRAITEE?                                                | _____                                                                                                                                |                   |
| 45.. | Comment école s'approvisionne-t-elle des produits pour traiter l'eau à boire, y compris le SUR' eau ?<br><br>RETENEZ TOUTES LES REPONSES FOURNIES               | BUDGET DE FONCTIONNEMENT . 1<br>CONTRIBUTIONS DE LA COMMUNAUTE . 2<br>PROJET SPECIFIQUE ... 3<br>AUTRE SOURCES,<br>SPECIFIEZ _____ 4 | →52<br>→52<br>→52 |
|      | Questions pour faire le suivi de la desinfection solaire                                                                                                        |                                                                                                                                      |                   |
| 46   | EST-CE QUE LES BOUTEILLES TRANSPARENTES UTILISEES SONT EN PET?                                                                                                  | NON .....0<br>OUI .....1                                                                                                             |                   |
| 47   | EST-CE QUE LE PRESTATAIRE RINCE LA BOUTEILLE AVANT D'Y REMETTRE L'EAU A PURIFIER?                                                                               | NON .....0<br>OUI .....1                                                                                                             |                   |
| 48   | EST-CE QUE LE PRESTATAIRE REMPLIT LA BOUTEILLE D'ABORD AU 3/4, PUIS, AGITE JUSQU'A APPARITION DES BULLES, PUSI REMPLIT JUSQU'A DEBORDER, ET FERME LA BOUTEILLE? | NON .....0<br>OUI .....1                                                                                                             |                   |
| 49   | EST-CE QUE LE PRESTATAIRE MET LA/LES BOUTEILLES SUR LE TOIT OU A PLAT, OU LA OU LE SOLEIL TAPE?                                                                 | NON .....0<br>OUI .....1                                                                                                             |                   |
| 50   | EST-CE QUE LE PRESTATAIRE EXPOSE LA/LES BOUTEILLES PENDANT SIX HEURES AU SOLEIL; JUSQU'A 2 JOURS S'IL N'Y A PAS DE SOLEIL?                                      | NON .....0<br>OUI .....1                                                                                                             |                   |
| 51   | EST-CE QUE LE PRESTATAIRE CHANGE DE BOUTEILLE LORSQU'ELLE EST ABIMEE, SALE, OPAQUE?                                                                             | NON .....0<br>OUI .....1                                                                                                             |                   |
| 52.  | Quel système de stockage d'eau à boire est utilisé par école?<br><br>RETENEZ TOUTES LES REPONSES FOURNIES                                                       | FUT .....1<br>JERRYCAN ..... 2<br>POT EN TERRE CUITE . . 3<br>BOUTEILLES PET AVEC<br>EAU DISINFECTEE PAR                             |                   |

|                              |                                                                                                                                              |                                                                                                                                                                                                            |    |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
|                              |                                                                                                                                              | SODIS.....4<br>AUTRE RECIPIENT,<br>SPECIFIEZ _____ 5                                                                                                                                                       |    |
| 53.                          | Veuillez me le(s) montrer SVP ?                                                                                                              | ACCES PAS ACCORDE 0 →<br>ACCES ACCORDE.....1                                                                                                                                                               | 56 |
| 54.                          | OBSERVEZ : Le(s) récipient(s) pour stocker l'eau à boire disposent-ils d'un couvercle rigide ?                                               | AUCUN N'A COUV.<br>RIGIDE.....1<br>TOUS AVEC COUV.RIGIDE<br>.....2<br>CERTAINS AVEC COUV.<br>RIGIDE.....3<br>TOUS AVEC COUV.<br>SOUPLE (PIECE DE<br>TISSUS). . . . . 4                                     |    |
| 55.                          | OBSERVEZ : Comment est-ce qu'on se sert à boire ?                                                                                            | RECIPIENT DISPOSE D'UN<br>ROBINET . . . . 1<br>OUTIL DEDIE EXCLUSIVEMENT<br>POUR OBTENIR DE L'EAU . . . 2<br>AUTRE METHODE, SPECIFIEZ<br>_____ 3                                                           |    |
| Sensibilisation pour enfants |                                                                                                                                              |                                                                                                                                                                                                            |    |
| 56.                          | (A partir d'ici, vous posez des questions)<br>L'école, réalise-t-elle des activités de sensibilisation sur l'hygiène adressées aux enfants ? | NON . . . . . 0 →<br>OUI. . . . . 1                                                                                                                                                                        | 62 |
| 57.                          | Lesquelles?<br><br>(Réponses multiples, RETENEZ TOUTES LES REPONSES FOURNIES)                                                                | INTEGREES AU CURRICULUM . . .<br>. . 1<br>EXTRA CURRICULUM . . 2<br>(CLUBS D'HYGIENE)<br>AUTRES, SPECIFIEZ<br>_____ 3                                                                                      |    |
| 58.                          | Quels sujets sont adressés par ces activités ?<br><br>(Réponses multiples, RETENEZ TOUTES LES REPONSES FOURNIES ).                           | LAVAGE DES MAINS AVEC DU<br>SAVON.....1<br>TRAITEMENT A DOMICILE DE L'EAU<br>A BOIRE .....2<br>STOCKAGE À DOMICILE DE L'EAU A<br>BOIRE.....3<br>LATRINISATION.....4<br>AUTRES SUJETS, SPECIFIEZ<br>_____ 5 |    |
| 59.                          | Quel matériel éducatif utilisent les maîtres pour faire cette sensibilisation ?<br>(RETENEZ TOUTES LES REPONSES FOURNIES)                    | 1. Livre du maître<br>2. Cahier d'exercices pour enfants<br>3. Affiches<br>4. Autre matériel. Spécifiez                                                                                                    |    |
| 59a.                         | Pouvez vous me montrer ce materiel educatif                                                                                                  | 1. Montre<br>2. Pas montre                                                                                                                                                                                 |    |



|                                    |                                                                                                                           |                                                                                                                                                                                                           |    |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 60.                                | Les maîtres évaluent-ils l'apprentissage des élèves sur les pratiques d'hygiène ?                                         | NON . . . . .1→<br>OUI . . . . .2                                                                                                                                                                         |    |
| 61.                                | Quels contenus ont été évalués en matière d'hygiène cette année ?<br><br>(RETENEZ TOUTES LES REPONSES FOURNIES)           | Lavage mains avec du savon<br>.....1<br>Traitement d'eau a<br>Domicile.....2<br>Stockage d'eau à boire<br>a domicile.....3<br>Assainissement . . . . .4<br>Autres sujets,<br>Spécifiez .....5             |    |
| 61.                                | Quels contenus ont été évalués en matière d'hygiène cette année ?<br><br>(RETENEZ TOUTES LES REPONSES FOURNIES)           | Lavage mains avec du savon<br>.....1<br>Traitement d'eau a<br>Domicile.....2<br>Stockage d'eau à boire<br>a domicile.....3<br>Assainissement . . . . .4<br>Autres sujets,<br>Spécifiez .....5             |    |
| Sensibilisation pour la communauté |                                                                                                                           |                                                                                                                                                                                                           |    |
| 62.                                | L'école, organise-t-elle des activités de sensibilisation sur l'hygiène adressées aux parents d'élèves ?                  | NON . . . . . 0→<br>OUI . . . . . 1                                                                                                                                                                       | 66 |
| 63.                                | Si oui, lesquelles ?<br><br>(Réponses multiples. RETENEZ TOUTES LES REPONSES FOURNIES)                                    | Foires/kermesse.....1<br>Séances d'information.2<br>Défilés communautaires 3<br>Autres actions, spécifiez<br>_____4                                                                                       |    |
| 64.                                | Quels sujets sont adressés par ces activités ?<br><br>( Réponses multiples. RETENEZ TOUTES LES REPONSES FOURNIES).        | LAVAGE DES MAINS AVEC DU<br>SAVON.....1<br>TRAITEMENT A DOMICILE DE L'EAU<br>A BOIRE .....2<br>STOCKAGE À DOMICILE DE L'EAU A<br>BOIRE.....3<br>LATRINISATION.....4<br>AUTRES SUJETS, SPECIFIEZ<br>_____5 |    |
| 65.                                | Quel matériel éducatif utilisent les maîtres pour faire cette sensibilisation ?<br>(RETENEZ TOUTES LES REPONSES FOURNIES) | 5. Livre du maître<br>6. Cahier d'exercices pour<br>enfants<br>7. Affiches<br>8. Autre matériel. Spécifiez                                                                                                |    |
| 66.                                | L'école, organise-t-elle des activités de sensibilisation sur l'hygiène adressées à la communauté en général ?            | NON . . . . . 1<br>OUI . . . . . 2                                                                                                                                                                        |    |
| 67.                                | Si oui, lesquelles ?<br><br>(Réponses multiples. RETENEZ TOUTES LES REPONSES FOURNIES )                                   | Foires/kermesse..... 1<br>Séances d'information.2<br>Défiles communautaires 3<br>Autres actions, spécifiez                                                                                                |    |

|                      |                                                                                                                                                  |                                                                                                                                                                                                    |     |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                      |                                                                                                                                                  | <u>4</u>                                                                                                                                                                                           |     |
| 68.                  | Quels sujet sont adressés par ces activités>                                                                                                     | LAVAGE DES MAINS AVEC DU SAVON.....1<br>TRAITEMENT A DOMICILE DE L'EAU A BOIRE .....2<br>STOCKAGE À DOMICILE DE L'EAU A BOIRE.....3<br>LATRINISATION.....4<br>AUTRES SUJETS, SPECIFIEZ<br><u>5</u> |     |
| 69.                  | L'école dispose-t-elle d'un Comité Scolaire pour la promotion de l'hygiène ?                                                                     | NON ..... 1<br>OUI .....2                                                                                                                                                                          | →71 |
| 70.                  | Si oui, quelles sont les activités en promotion d'hygiène que les membres ont mené ?                                                             | Rien.....0<br>Sensibilisation/Animation...1<br>Entretien, réparation.....2<br>Autres, spécifiez : <u>3</u>                                                                                         |     |
| 71.                  | L'école dispose-t-elle des enseignants formés en promotion de l'hygiène ?                                                                        | NON ..... 1<br>OUI .....2                                                                                                                                                                          |     |
| 72.                  | Ont-ils été formés par le Projet d'Amélioration de l'Hygiène ou ces partenaires ?                                                                | NON ..... 1<br>OUI .....2                                                                                                                                                                          |     |
| 73.                  | OBSERVEZ : L'école dispose-t-elle des matériels IEC affichés pour la promotion de l'hygiène ?                                                    | NON ..... 1<br>OUI .....2                                                                                                                                                                          |     |
| 74.                  | Si oui, lesquels                                                                                                                                 | Lavage des mains avec du savon.1<br>Traitement de l'eau.....2<br>Utilisation Latrine.....3                                                                                                         |     |
| Traitement d'Ordures |                                                                                                                                                  |                                                                                                                                                                                                    |     |
| 75.                  | Est-ce que l'école sépare les ordures bio-dégradables des ordures non dégradables ?                                                              | NON ..... 1<br>OUI .....2                                                                                                                                                                          |     |
| 76.                  | Quel mécanisme utilise-t-elle pour faire cette séparation ?                                                                                      | ?????????                                                                                                                                                                                          |     |
| 77.                  | L'école est équipée des dispositifs de tri d'ordures (ordures bio-dégradables et ordures non-dégradables, ex: fosses) fonctionnels et entretenus | NON ..... 1<br>OUI .....2                                                                                                                                                                          |     |
| 78.                  | Y a-t-il des ordures non pas ramassées dans l'enceinte de l'école ?                                                                              | NON ..... 1<br>OUI .....2                                                                                                                                                                          |     |

## Annex 6 – Instrument Used for Visiting Health Facilities

Version Définitive Etude 2008

| Identification du Lieu d'Observation |                                                                                             |                             |    |
|--------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------|----|
| Nom de l'Ecole                       |                                                                                             |                             |    |
| Village                              |                                                                                             |                             |    |
| District                             |                                                                                             |                             |    |
| Commune                              |                                                                                             |                             |    |
| Région                               | 3. AMORON'IMANIA<br>4. ANALAMANGA<br>3. HAUTE MATSIATRA<br>4. ATSINANANA                    |                             |    |
| Enquêteur                            | 1.<br>2.<br>3.<br>4.                                                                        |                             |    |
| Chef d'Equipe                        | 1.<br>2.<br>3.                                                                              |                             |    |
| Date de l'Observation/<br>VISITE     |                                                                                             |                             |    |
| Assainissement                       |                                                                                             |                             |    |
| 1.                                   | Combien des garçons sont inscrits à cette école ?<br><i>(Ecrivez directement le nombre)</i> |                             |    |
| 2.                                   | Et combien de filles ?<br><i>(Ecrivez directement le nombre)</i>                            |                             |    |
| 3.                                   | Cette école, a-t-elle une/des latrine(s) accessible(s) aux enfants ?                        | NON .....0 →<br>OUI ..... 1 | 31 |
| 4.                                   | Y a-t-il des latrines exclusivement pour les filles ?                                       | NON .....0 →<br>OUI ..... 1 | 17 |
| 5.                                   | Combien des latrines pour filles y a-t-il ?<br><i>(Ecrivez directement le nombre)</i>       |                             |    |
| 6.                                   | Est-ce que je peux la/les voir ?                                                            | NON .....1 →<br>OUI ..... 2 | 17 |
|                                      | OBSERVEZ : CETTE LATRINE A-T-ELLE :                                                         |                             |    |
| 7.                                   | DES MURS ?                                                                                  | NON .....0<br>OUI ..... 1   |    |
| 8.                                   | UNE PORTE/UN RIDEAU ?                                                                       | NON .....0<br>OUI ..... 1   |    |
| 9.                                   | UN TOIT ?                                                                                   | NON .....0<br>OUI ..... 1   |    |
| 10.                                  | UNE DALLE ?                                                                                 | NON .....0<br>OUI ..... 1   |    |
| 11.                                  | EST-ELLE OPERATIONNELLE?                                                                    | NON .....0<br>OUI ..... 1   |    |

|                   |                                                                                    |                                                                                                                                                                                                                |    |
|-------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| 12.               | EST-ELLE FERME A CLE ?                                                             | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |
| 13.               | EST-ELLE PROPRE ?                                                                  | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |
| 13a.              | EST-ELLE LAVEE ?                                                                   | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |
| 13b.              | EST-ELLE AEREE ?                                                                   | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |
| 13c.              | Y A-T-IL UN BALAI ?                                                                | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |
| 13d.              | Y A T-IL UNE SERRURE INTERIEURE?                                                   | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |
| 13 <sup>e</sup> . | A-T-ELLE DES DIMENSIONS ACCEPTABLES ?                                              | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |
| 13f.              | A-T-ELLE DU PAPIER HYGIENIQUE ?                                                    | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |
| 13g.              | A-T-ELLE UN BAC A PAPIER USE ?                                                     | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |
| 13h.              | A-T-ELLE UN RECIPIENT D'EAU OU GOBELET ?                                           | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |
| 14.               | OBSERVEZ : Y A –T-IL UN DISPOSITIF DE LAVAGE DE MAIN A PROXIMITE DE CETTE LATRINE? | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |
| 15.               | DE QUEL TYPE DE DISPOSITIF S'AGIT IL ?                                             | Tippy Tap .....0<br>Lavabo avec un robinet opérationnel. . . . . 1<br>Basin avec un robinet opérationnel.....2<br>Récipient avec un robinet (jerrycan, seau).....3<br>Récipient (seau, cuvette) avec zinga...4 |    |
| 16.               | OÙ EST-IL ?                                                                        | A proximité de la latrine . . . . .<br>. . . . .1<br>Autres (à spécifier).....2                                                                                                                                |    |
| 17.               | OBSERVER : DISPOSE CE DISPOSITIF DE SAVON ?                                        | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |
| 18.               | DEMANDEZ : Y a-t-il une/des latrine exclusivement pour les garçons ?               | NON .....0 →<br>OUI ..... 1                                                                                                                                                                                    | 31 |
| 19.               | Combien des latrines pour garçons y a-t-il ?<br>(Ecrivez directement le nombre)    |                                                                                                                                                                                                                |    |
| 20.               | DEMANDEZ : Est-ce que je peux la voir ?                                            | NON .....0 →<br>OUI ..... 1                                                                                                                                                                                    | 31 |
|                   | OBSERVEZ : CETTE LATRINE A-T-ELLE :                                                |                                                                                                                                                                                                                |    |
| 21.               | DES MURS ?                                                                         | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |    |

|                   |                                                                                    |                                                                                                                                                                                                                |  |
|-------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 22.               | UNE PORTE/UN RIDEAU ?                                                              | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 23.               | UN TOIT ?                                                                          | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 24.               | UNE DALLE ?                                                                        | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 25.               | EST- ELLE OPERATIONNELLE?                                                          | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 26.               | EST- ELLE FERMEE À CLE?                                                            | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 27.               | EST- ELLE PROPRE ?                                                                 | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 27a.              | EST-ELLE LAVEE ?                                                                   | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 27b.              | EST-ELLE AEREE ?                                                                   | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 27c.              | Y A-T-IL UN BALAI ?                                                                | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 27d.              | Y A T-IL UNE SERRURE INTERIEURE?                                                   | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 27 <sup>e</sup> . | A-T-ELLE DES DIMENSIONS ACCEPTABLES (A DEFINIR)?                                   | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 27f.              | A-T-ELLE DU PAPIER HYGIENIQUE ?                                                    | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 27g.              | A-T-ELLE UN BAC A PAPIER USE ?                                                     | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 27h.              | A-T-ELLE UN RECIPIENT D'EAU OU GOBELET ?                                           | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 27i.              |                                                                                    |                                                                                                                                                                                                                |  |
| 28.               | OBSERVEZ : Y A –T-IL UN DISPOSITIF DE LAVAGE DE MAIN A PROXIMITE DE CETTE LATRINE? | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 29.               | DE QUEL TYPE DE DISPOSITIF S'AGIT IL ?                                             | Tippy Tap .....0<br>Lavabo avec un robinet opérationnel. . . . . 1<br>Basin avec un robinet opérationnel.....2<br>Récipient avec un robinet (jerrycan, seau).....3<br>Récipient (seau, cuvette) avec zinga...4 |  |
| 30.               | OÙ EST-IL ?                                                                        | A proximité de la latrine . . . . .<br>. . . . .1<br>Autres (à spécifier).....2                                                                                                                                |  |
|                   | OBSERVER : DISPOSE CE DISPOSITIF DE SAVON ?                                        | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |
| 31.               | DEMANDEZ : Y A- T- IL DES URINOIRS POUR LES GARCONS ?                              | NON .....0<br>OUI ..... 1                                                                                                                                                                                      |  |

|                                      |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                          |                |
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| 32.                                  | DEMANDEZ : EST- CE QUE JE PEUX LES VOIR ?                                         | NON . . . . . 0 →<br>OUI . . . . . 1                                                                                                                                                                                                                                                                                                                                                     | 38             |
| 33.                                  | QUEL EST LE NOMBRE D'URINOIRS A L'ECOLE ?<br>(Ecrivez directement le nombre)      |                                                                                                                                                                                                                                                                                                                                                                                          |                |
| 34.                                  | OBSERVEZ : Y A –T- IL UN DISPOSITIF DE LAVAGE DE MAIN A PROXIMITE DE CET URINOIR? | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                                                                                                                                                                       |                |
| 35.                                  | DE QUEL TYPE DE DISPOSITIF S'AGIT IL ?                                            | Tippy Tap . . . . . 0<br>Lavabo avec un robinet opérationnel. . . . . 1<br>Basin avec un robinet opérationnel.....2<br>Récipient avec un robinet (jerrycan, seau).....3<br>Récipient (seau, cuvette) avec zinga...4                                                                                                                                                                      |                |
| 36.                                  | OÙ EST-IL ?                                                                       | A proximité de l'urinoir .1<br>Autres (à spécifier).....2                                                                                                                                                                                                                                                                                                                                |                |
| 37.                                  | OBSERVEZ : DISPOSE CE DISPOSITIF DE SAVON ?                                       | NON . . . . . 0<br>OUI . . . . . 1                                                                                                                                                                                                                                                                                                                                                       |                |
| <b>Accès a l'Eau Potable/Traitée</b> |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                          |                |
| 37a.                                 | DEMANDEZ :<br>Comment l'école s'approvisionne-t-elle d'eau ?                      | Robinet dans la court.....1<br>Borne fontaine.....2<br>Puit a forage.....3<br>Puit couvert protégé.....4<br>Puits ouvert non protégé...5<br>Source protégée .....6<br>Source non protégée.....7<br>Eau de pluie.....8<br>Camion citerne.....9<br>Charrette avec petit réservoir ...10<br>Eau de surface.....11<br>Eau en bouteille.....12<br>Autre. Spécifier.....13<br>Pas d'eau.....14 |                |
| 38.                                  | DEMANDEZ : Dispose l'école de l'eau à boire pour les élèves?                      | NON . . . . . 0 →<br>OUI . . . . . 1                                                                                                                                                                                                                                                                                                                                                     | 56             |
| 39.                                  | Est-ce que cette eau a été purifiée pour être consommée par les élèves?           | NON . . . . . 0 →<br>OUI . . . . . 1                                                                                                                                                                                                                                                                                                                                                     | 52             |
| 40.                                  | Comment a-t-elle été purifiée ?                                                   | APPROVISIONNEE PAR BORNE-FONTAINE. . . 1<br><br>SUR' EAU . . . . . 2<br><br>SODIS.....3<br><br>AUTRES METHODES, SPECIFIEZ<br>_____ . . . . 4                                                                                                                                                                                                                                             | →41<br><br>→46 |

|                                                                 |                                                                                                                                                                 |                                                                                                                                                        |                           |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| 41                                                              | Pouvez-vous me montrer la bouteille de SUR'Eau?                                                                                                                 | NON .....0<br>OUI ..... 1                                                                                                                              | → 51                      |
| 42                                                              | OBSERVER LA DATE DE VALIDITE DU SUR'EAU. EST-CE QUE LE SUR'EAU EST PERIME?                                                                                      | NON .....0<br>OUI ..... 1                                                                                                                              |                           |
| 43                                                              | QUEL NOMBRE DE CAPSULES EST-IL NECESSAIRE POUR TRAITER UN SEAU DE DIX A QUINZE LITRES?                                                                          | No. de capsules ____                                                                                                                                   |                           |
| 44                                                              | COMBIEN DE TEMPS APRES L'UTILISATION DU SUR'EAU FAUT-IL LAISSER PASSER AVANT DE POUVOIR CONSOMMER L'EAU TRAITEE?                                                | _____                                                                                                                                                  |                           |
| 45..                                                            | Comment école s'approvisionne-t-elle des produits pour traiter l'eau à boire, y compris le SUR' eau ?<br><br>RETENEZ TOUTES LES REPONSES FOURNIES               | BUDGET DE FONCTIONNEMENT . 1<br>CONTRIBUTIONS DE LA COMMUNAUTE . 2<br>PROJET SPECIFIQUE ... 3<br>AUTRE SOURCES, SPECIFIEZ _____ 4                      | →52<br><br>→52<br><br>→52 |
| <b>Questions pour faire le suivi de la desinfection solaire</b> |                                                                                                                                                                 |                                                                                                                                                        |                           |
| 46                                                              | EST-CE QUE LES BOUTEILLES TRANSPARENTES UTILISEES SONT EN PET?                                                                                                  | NON .....0<br>OUI ..... 1                                                                                                                              |                           |
| 47                                                              | EST-CE QUE LE PRESTATAIRE RINCE LA BOUTEILLE AVANT D'Y REMETTRE L'EAU A PURIFIER?                                                                               | NON .....0<br>OUI ..... 1                                                                                                                              |                           |
| 48                                                              | EST-CE QUE LE PRESTATAIRE REMPLIT LA BOUTEILLE D'ABORD AU 3/4, PUIS, AGITE JUSQU'A APPARITION DES BULLES, PUIS REMPLIT JUSQU'A DEBORDER, ET FERME LA BOUTEILLE? | NON .....0<br>OUI ..... 1                                                                                                                              |                           |
| 49                                                              | EST-CE QUE LE PRESTATAIRE MET LA/LES BOUTEILLES SUR LE TOIT OU A PLAT, OU LA OU LE SOLEIL TAPE?                                                                 | NON .....0<br>OUI ..... 1                                                                                                                              |                           |
| 50                                                              | EST-CE QUE LE PRESTATAIRE EXPOSE LA/LES BOUTEILLES PENDANT SIX HEURES AU SOLEIL; JUSQU'A 2 JOURS S'IL N'Y A PAS DE SOLEIL?                                      | NON .....0<br>OUI ..... 1                                                                                                                              |                           |
| 51                                                              | EST-CE QUE LE PRESTATAIRE CHANGE DE BOUTEILLE LORSQU'ELLE EST ABIMEE, SALE, OPAQUE?                                                                             | NON .....0<br>OUI ..... 1                                                                                                                              |                           |
| 52.                                                             | Quel système de stockage d'eau à boire est utilisé par école?<br><br>RETENEZ TOUTES LES REPONSES FOURNIES                                                       | FUT .....1<br>JERRYCAN ..... 2<br>POT EN TERRE CUITE .. 3<br>BOUTEILLES PET AVEC EAU DISINFECTEE PAR SODIS.....4<br>AUTRE RECIPIENT, SPECIFIEZ _____ 5 |                           |
| 53.                                                             | Veuillez me le(s) montrer SVP ?                                                                                                                                 | ACCES PAS ACCORDE 0→<br>ACCES ACCORDE.....1                                                                                                            | 56                        |
| 54.                                                             | OBSERVEZ : Le(s) récipient(s) pour stocker l'eau à boire disposent-ils d'un couvercle rigide ?                                                                  | AUCUN N'A COUV. RIGIDE.....1<br>TOUS AVEC COUV.RIGIDE .....2<br>CERTAINS AVEC COUV. RIGIDE.....3                                                       |                           |

|                                           |                                                                                                                                                 |                                                                                                                                                                                                           |    |
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|                                           |                                                                                                                                                 | TOUS AVEC COUV. SOUPLE<br>(PIECE DE TISSUS). . . . . .4                                                                                                                                                   |    |
| 55.                                       | OBSERVEZ : Comment est-ce qu'on se sert à boire ?                                                                                               | RECIPIENT DISPOSE D'UN<br>ROBINET . . . . 1<br>OUTIL DEDIE EXCLUSIVEMENT<br>POUR OBTENIR DE L'EAU . . . 2<br>AUTRE METHODE, SPECIFIEZ<br>_____3                                                           |    |
| <b>Sensibilisation pour enfants</b>       |                                                                                                                                                 |                                                                                                                                                                                                           |    |
| 56.                                       | (A partir d'ici, vous posez des questions)<br>L'école, réalise-t-elle des activités de sensibilisation<br>sur l'hygiène adressées aux enfants ? | NON . . . . . 0 →<br>OUI. . . . . 1                                                                                                                                                                       | 62 |
| 57.                                       | Lesquelles?<br><br>(Réponses multiples, RETENEZ TOUTES LES REPONSES<br>FOURNIES)                                                                | INTEGRES AU CURRICULUM . . .<br>. .1<br>EXTRA CURRICULUM . .2<br>(CLUBS D'HYGIENE)<br>AUTRES, SPECIFIEZ<br>_____3                                                                                         |    |
| 58.                                       | Quels sujets sont adressés par ces activités ?<br><br>(Réponses multiples, RETENEZ TOUTES LES REPONSES<br>FOURNIES ).                           | LAVAGE DES MAINS AVEC DU<br>SAVON.....1<br>TRAITEMENT A DOMICILE DE L'EAU<br>A BOIRE .....2<br>STOCKAGE À DOMICILE DE L'EAU A<br>BOIRE.....3<br>LATRINISATION.....4<br>AUTRES SUJETS, SPECIFIEZ<br>_____5 |    |
| 59.                                       | Quel matériel éducatif utilisent les maîtres pour faire<br>cette sensibilisation ?<br>(RETENEZ TOUTES LES REPONSES FOURNIES)                    | 9. Livre du maître<br>10. Cahier d'exercices pour<br>enfants<br>11. Affiches<br>12. Autre matériel. Spécifiez                                                                                             |    |
| 59a.                                      | Pouvez vous me montrer ce materiel educatif                                                                                                     | 3. Montre<br>4. Pas montre                                                                                                                                                                                |    |
| 60.                                       | Les maîtres évaluent-ils l'apprentissage des élèves sur<br>les pratiques d'hygiène ?                                                            | NON . . . . .1→<br>OUI . . . . .2                                                                                                                                                                         |    |
| 61.                                       | Quels contenus ont été évalués en matière d'hygiène<br>cette année ?<br><br>(RETENEZ TOUTES LES REPONSES FOURNIES)                              | Lavage mains avec du savon<br>.....1<br>Traitement d'eau a<br>Domicile.....2<br>Stockage d'eau à boire<br>a domicile.....3<br>Assainissement . . . .4<br>Autres sujets,<br>Spécifiez .....5               |    |
| <b>Sensibilisation pour la communauté</b> |                                                                                                                                                 |                                                                                                                                                                                                           |    |



|     |                                                                                                                           |                                                                                                                                                                                                  |     |
|-----|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 62. | L'école, organise-t-elle des activités de sensibilisation sur l'hygiène adressées aux parents d'élèves ?                  | NON . . . . . 0→<br>OUI . . . . . 1                                                                                                                                                              | 66  |
| 63. | Si oui, lesquelles ?<br><br>(Réponses multiples. RETENEZ TOUTES LES REPONSES FOURNIES)                                    | Foires/kermesse.....1<br>Séances d'information.2<br>Défilés communautaires 3<br>Autres actions, spécifiez<br>_____4                                                                              |     |
| 64. | Quels sujets sont adressés par ces activités ?<br><br>( Réponses multiples. RETENEZ TOUTES LES REPONSES FOURNIES).        | LAVAGE DES MAINS AVEC DU SAVON.....1<br>TRAITEMENT A DOMICILE DE L'EAU A BOIRE .....2<br>STOCKAGE À DOMICILE DE L'EAU A BOIRE.....3<br>LATRINISATION.....4<br>AUTRES SUJETS, SPECIFIEZ<br>_____5 |     |
| 65. | Quel matériel éducatif utilisent les maîtres pour faire cette sensibilisation ?<br>(RETENEZ TOUTES LES REPONSES FOURNIES) | 13. Livre du maître<br>14. Cahier d'exercices pour enfants<br>15. Affiches<br>16. Autre matériel. Spécifiez                                                                                      |     |
| 66. | L'école, organise-t-elle des activités de sensibilisation sur l'hygiène adressées à la communauté en général ?            | NON . . . . . 1<br>OUI . . . . . 2                                                                                                                                                               |     |
| 67. | Si oui, lesquelles ?<br><br>(Réponses multiples. RETENEZ TOUTES LES REPONSES FOURNIES )                                   | Foires/kermesse..... 1<br>Séances d'information.2<br>Défiles communautaires 3<br>Autres actions, spécifiez<br>_____4                                                                             |     |
| 68. | Quels sujet sont adressés par ces activités>                                                                              | LAVAGE DES MAINS AVEC DU SAVON.....1<br>TRAITEMENT A DOMICILE DE L'EAU A BOIRE .....2<br>STOCKAGE À DOMICILE DE L'EAU A BOIRE.....3<br>LATRINISATION.....4<br>AUTRES SUJETS, SPECIFIEZ<br>_____5 |     |
| 69. | L'école dispose-t-elle d'un Comité Scolaire pour la promotion de l'hygiène ?                                              | NON . . . . . 1<br>OUI . . . . . 2                                                                                                                                                               | →71 |
| 70. | Si oui, quelles sont les activités en promotion d'hygiène que les membres ont mené ?                                      | Rien.....0<br>Sensibilisation/Animation...1<br>Entretien, réparation.....2<br>Autres, spécifiez : _____3                                                                                         |     |
| 71. | L'école dispose-t-elle des enseignants formés en promotion de l'hygiène ?                                                 | NON . . . . . 1<br>OUI . . . . . 2                                                                                                                                                               |     |
| 72. | Ont-ils été formés par le Projet d'Amélioration de l'Hygiène ou ces partenaires ?                                         | NON . . . . . 1<br>OUI . . . . . 2                                                                                                                                                               |     |
| 73. | OBSERVEZ : L'école dispose-t-elle des matériels IEC affichés pour la promotion de l'hygiène ?                             | NON . . . . . 1<br>OUI . . . . . 2                                                                                                                                                               |     |

|                      |                                                                                                                                                  |                                                                                            |  |
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| 74.                  | Si oui, lesquels                                                                                                                                 | Lavage des mains avec du savon.1<br>Traitement de l'eau.....2<br>Utilisation Latrine.....3 |  |
| Traitement d'Ordures |                                                                                                                                                  |                                                                                            |  |
| 75.                  | Est-ce que l'école sépare les ordures bio-dégradables des ordures non dégradables ?                                                              | NON ..... 1<br>OUI .....2                                                                  |  |
| 76.                  | Quel mécanisme utilise-t-elle pour faire cette séparation ?                                                                                      | ?????????                                                                                  |  |
| 77.                  | L'école est équipée des dispositifs de tri d'ordures (ordures bio-dégradables et ordures non-dégradables, ex: fosses) fonctionnels et entretenus | NON ..... 1<br>OUI .....2                                                                  |  |
| 78.                  | Y a-t-il des ordures non pas ramassées dans l'enceinte de l'école ?                                                                              | NON ..... 1<br>OUI .....2                                                                  |  |