

**REPUBLIC OF CAMEROON**

*Peace – Work – Fatherland*

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**MINISTRY OF ENERGY AND WATER**

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**Project for Potable Water supply and  
Sanitation in the Rural Area  
(PAEPA-Mru)**

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**NATIONAL INSTITUTE OF  
STATISTICS**

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**EVALUATING SURVEY OF THE FINAL  
SITUATION IN THE AREA OF THE PAEPA-Mru  
PROJECT**

**HOUSEHOLD QUESTIONNAIRE**

***STRICTLY CONFIDENTIAL AND NOT AIMED FOR TAXES***

Information collected during this survey are strictly confidential according to law N° 91/023 of 16<sup>th</sup> December 1991 on statistical censuses and surveys which mentions in its article 5 that « individual information related to economic or financial situation recorded in any statistical survey form can never be used for economic control or repression ».

December2016

**INTERVIEWER'S OBSERVATIONS AND COMENTS**

**NB : Indicate each time the section and the page of the questionnaire, the question number and the serial number of the individual concerned**

Section	Question	Observations

**CONTROLLER'S OBSERVATIONS AND COMENTS**

Section	Question	Observations

**SUPERVISOR'S OBSERVATIONS AND COMENTS**

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CM01.	CM02	CM03	CM04	CM05	CM6	CM07	CM08	CM09	CM10	CM11	CM12	CM13	CM14	CM15	CM16	CM17	CM18
	09	□	□□	□	□	□	□	□	Level Class □ □	□	Level Class □ □	□	Level Class □ □	09	09	A B C D E F G Y	□□□
	10	□	□□	□	□	□	□	□	Level Class □ □	□	Level Class □ □	□	Level Class □ □	10	10	A B C D E F G Y	□□□
	11	□	□□	□	□	□	□	□	Level Class □ □	□	Level Class □ □	□	Level Class □ □	11	11	A B C D E F G Y	□□□
	12	□	□□	□	□	□	□	□	Level Class □ □	□	Level Class □ □	□	Level Class □ □	12	12	A B C D E F G Y	□□□
	13	□	□□	□	□	□	□	□	Level Class □ □	□	Level Class □ □	□	Level Class □ □	13	13	A B C D E F G Y	□□□
	14	□	□□	□	□	□	□	□	Level Class □ □	□	Level Class □ □	□	Level Class □ □	14	14	A B C D E F G Y	□□□
	15	□	□□	□	□	□	□	□	Level Class □ □	□	Level Class □ □	□	Level Class □ □	15	15	A B C D E F G Y	□□□
	16	□	□□	□	□	□	□	□	Level Class □ □	□	Level Class □ □	□	Level Class □ □	16	16	A B C D E F G Y	□□□
	17	□	□□	□	□	□	□	□	Level Class □ □	□	Level Class □ □	□	Level Class □ □	17	17	A B C D E F G Y	□□□
	18	□	□□	□	□	□	□	□	Level Class □ □	□	Level Class □ □	□	Level Class □ □	18	18	A B C D E F G Y	□□□

**Codes for CM07**

- 1 = Household Head
- 2 = Spouse of the Household head
- 3 = Son of the Head or his/her spouse
- 4 = Daughter of the head or his/her spouse
- 5 = Father of the head or his/her spouse
- 6 = Mother of the head or his/her spouse
- 7 = Other male parent of the head or his/her spouse
- 8 = Other female parent of the head or his/her spouse
- 9 = Without relationship with the head or his/her spouse

**Codes for CM10, CM12, CM14**

LEVEL	PRE-SCHOOL=0	PRIMARY = 1	SECONDARY 1st Cycle = 2	SECONDARY 2 <sup>nd</sup> Cycle = 3	HIGHER = 4	DK=8
CLASS	1	Less than 1 year = 0	Less than 1 year = 0	Less than 1 year. . . 0	Less than 1 year0	
		SIL//Class1 = 1	6è/1ère A.T/Form 1 = 1	2nde G ou T/Form 5 . 1	1st year 1	
		CP/CPS/class2 = 2	5è/2è A.T./Form 2 = 2	1ère G ou T/Lower 6 . 2	2 <sup>nd</sup> year 2	
		CE1/Class3 = 3	4è/3è A.T./Form 3 = 3	Terminale G ou T/Upper 6th 3	3th year 3	
		CE2/Class4 = 4	3è/4è A.T./Form4 = 4	DK . 8	4th year.or + 4	
		CM1/Class5 = 5	DK = 8		DK . . . 8	
		CM2/Class6/7 = 6				
		DK = 8				

## SECTION 2: WATER AND SANITATION (WS)

### 2.1 Water used by the household

WS01. Name of respondent \_\_\_\_\_ Serial number of the respondent: |\_|\_|\_|

WS02. What is the main source of supply of the drinking water of the household?	WS03. What is the main mode of supply of the water used by your household for other THINGS like cooking and washing hands?	WS04. Where is the supply source of <u>drinking water</u> situated?	WS05. How much time do they need to go to the drinking water point, get the water and come back?	WS06. How far from your lodging is this supply source of drinking water situated ?	WS07. Who usually go to the supply source to fetch water?  <b>(INSIST TO GET THE NAME(S) OF THIS/THESE PERSON(S) BY ORDER OF DECREASING IMPORTANCE THEN, INDICATE THEIR SERIAL NUMBER FROM SECTION 01.</b>  WRITE 00 IF THIS PERSON IS NOT MEMBER OF THE HOUSEHOLD.	WS08. Do you do something to render the water cleaner before drinking it?	WS09. Usually, what do you do to render the water that you drink clean?	WS10. What is your principal mode of stocking of drinking water?	WS11. Is this container always covered?	WS12. For how long do you usually keep this drinking water in this container before replacing it?	WS13. Usually, which quantity of water do you use in a day, for domestic needs of your household (FIRST NOTE THE QUANTITY AND THE DECLARED UNIT, THEN CONVERT THIS ESTIMATE IN LITRES ?  <i>Ex. 3 buckets of 20 l meaning</i>	WS14. Usually, do you pay money to get water for your household? 1= Yes 2= No → WS16  WS15. If yes, what are the monthly expenses devoted to water by your household (including purchase, transport, treatment, etc.)?  <i>(In hundred of CFAF)</i> <i>Ex : Register  _ _ _2_ _5_  if 2500 CFAF</i>			
<b>Tap water</b> 11. in the lodging 12. in the yard/plot 13. Stand pipe <b>Sinking Water</b> 21. Borehole water 22. Tube well <b>Dug Well</b> 31. Protected well 32. Unprotected well <b>Spring Water</b> 41. Protected spring 42. Unprotected spring 51. Rain water (without water catchment system ) 61. Tanker 71. Cart with small tank/butt 81. Surface water ( River, stream, dam, Lake, pond, Channel, irrigation gutter) 91. Mineral water in bottle 92. Non-mineral water in bottle 93. Water in sachet 96. Other (specify)	<b>Tap water</b> 11. in the lodging 12. in the yard/plot 13. Street fountain <b>Borehole Water</b> 21. Borehole water 22. Tube well <b>Dug Well</b> 31. protected well 32. Unprotected well <b>Spring Water</b> 41. Protected spring 42. Unprotected spring 51. Rain water (without water catchment system ) 61. Tanker 71. Cart with small tank/drum 81. Surface water (/ River, stream, dam, Lake, pond, Channel, irrigation gutter) 91. Mineral water in bottle 92. Non-mineral water in bottle 93. Water in sachet 96. Other (specify)..... .....	1= In the lodging → WS08 2= In the yard/plot → WS08 3= Elsewhere	NUMBER OF MINUTES  998 IF DK	<i>REGISTER THE DISTANCE IN KM ;                      000 IF LESS THAN 500 M</i>  998 IF DK	Name   Serial N* _____   _____ _____   _____ _____   _____ _____   _____	1. Yes 2. No → WS10 8. DK → WS10	A. To boil it B. To add bleach / Chlorine C. Filter it through a linen D. To use a filter (ceramic, sand, composite , etc.) E. Solar Disinfection F. To allow it to settle/decant X. Other (to be specified) Z. DK	1= Jerrycan / gallon 2= Metallic Bucket 3= Plastic bucket 4= Jug/Pot 6= Other (specify)	1. Yes 2. No	NUMBER OF DAYS	Water for all usages	Of which Drinking water	TOTAL MONTHLY EXPENSE	What is, within this total expense, the estimate of the monthly expense for transport to fetch water?	What is, within this total expense, the estimate of the monthly expense to treat water?
											Estimate of the quantity consumed during a day  <i>Ex. 1 gallon of 60 l, meaning 60 l</i> _____ _____	Estimate of the quantity consumed during a day  <i>Ex. 4 buckets of 20 l, meaning 80 l</i> _____ _____			
_ _ _	_ _ _	_	_ _ _	_ _ _	1.  _ _  2.  _ _  3.  _ _  4.  _ _	_	A B C D E F X Z X-----	_	_	_ _	_ _ _  litres 9998= DK	_ _ _  litres 9998= DK	_ _ _  In hundred of CFAF	_ _ _  In hundred of CFAF	_ _ _  In hundred of CFAF

## 2.2 Sanitation, used waters and wastes

<b>WS16.</b> Usually, which type of toilets/WCs do members of your household use?  <i>IF « WATER FLUSH OR MANUAL FLUSH », INSIST :</i> WHERE DO WASTE WATERS PASS? IF NECESSARY, ASK FOR PERMISSION TO SEE THE TOILETS.	<b>WS17.</b> Do you share your toilets with other households?	<b>WS18.</b> In total, how many households use these toilets?	<b>WS19.</b> Where are these toilets that members of your household usually use found?	<b>WS20.</b> How do you appreciate the state of cleanliness of these toilets?	<b>WS21.</b> How often do they wash these toilets?	<b>WS22.</b> With which product(s) do they usually maintain these toilets?	<b>WS23.</b> Usually, what do you do with waste waters born from your household?	<b>WS24.</b> Usually, what do you do with solid waste born from your household?
<b>Water flush / manual flush</b> 11.Flush connected to the sewer 12.Flush connected to septic tank 13.Flush connected to latrines 14.Flush connected to other thing 15.Flush connected to unknown place/ Not sure/DK where 21.Auto aerated harnesssed latrines (LAA) 22.Covered latrines 23.Pit latrines / open hole 31.Buckets/soil tubs 41.Suspended toilets/latrines 51.No toilets or bush or farm→WS23 96.Other (to be specified) -----	1. Yes 2. No→ <b>WS19</b>	NUMBEROFHOUSEHOLDS  <i>IF LESS THAN 10 .... PUT THE NUMBER</i> <i>IF 10 HOUSEHOLDS OR MORE, PUT 10</i>  <i>IF DK : 98</i>	1. In the lodging 2. In the yard/ plot 3. At the neighbour 4. Other (to be specified) -----	1. Extremelymalodorous andnasty 2. Malodorous and nasty 3. Clean 4. Very clean	1. Every day 2. Every 2 to 3 days 3. Every week 4. Every month 5. Occasionally 6. They are not washed 8. Don't know	A. Soap B. Disinfectant (bleaching water, etc.) C. Deodorant D. No product Y. They are not maintained X. Other products (specify) Z. Don't know	1. Poured out in the yard/high way 2. Poured out in the drain 3. Poured out in the septic tank 4. poured out in the river/stream 5. Poured out in the nature 6. Other _____  (specify)	1.Collected by a truck /waste vat 2.Thrown in the nature 3.Buried, burnt 4. Recycled 6.Other _____  (specify)
_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	_ _ _	A B D C X Y Z X -----	_ _ _	_ _ _

## 2.3 Knowledge of hydrous diseases and projects on water and sanitation

<b>WS25.</b> Do you know diseases related to use of dirty water or a poor management of waste waters?	<b>WS26.</b> If yes, which ones ?	<b>WS27.</b> Do you think members of your household are presently exposed to these diseases related to dirty water or waste water?	<b>WS28.</b> Do you know organisms or projects in charge of helping populations of your area to benefit from water and/or sanitationinfrastructures? Ifyes, which ones?
1= Yes 2=No→ <b>WS28</b>	A. Fever/Malaria C. Amoebic dysentery. E. Cholera X. Other (specify)	1= Yes 2= No	A. STATE B. MINEE C. PAEPA D. CARE E. SCANWATER F. PNDP G. MINEPAT H. CDE/CAMWATER I. PLAN CAMEROON Z. Don't knowX. Other (specify)
_ _ _	A B C D E F X X-----	_ _ _	A B C D E F GHI X Z X-----

## 2.4 Hygiene (Washing of hands)

<b>WS29.</b> Please, show me where your household members often wash hands.	<b>WS30.</b> Do you have soap or other cleaning product(s) (orother local products used as cleaning products) in your household for the washing of hands?	<b>WS31.</b> Please, can you show them to me?  REGISTER THE OBSERVATION. ENCIRCLEALL WHAT IS MENTIONED
1. Placeto wash hands observed  <b>No special place to wash hands</b> 2. Transportable object usedto wash hands (kettle, bucket, basin, container) 3. Non transportable object 4. Permission tosee refused/ non observed	1= Yes 2= No→Next section	A. Pieceof soap B. Cleaning products (Powder / Liquid / Paste) C. Liquidsoap D. Ash / mud / Sand Y. Did not show /has refusedto show
_ _ _	_ _ _	A B C D Y

### SECTION 3:HEALTHOF HOUSEHOLD MEMBERS ANDEXPOSITION TO HYDROUS DISEASES (SM)

SM00. NUMBEROF HOUSEHOLD MEMBERS HAVING BEEN SICK OR HAVING ATTENDED A HEALTH FACILITYDURING THE 3 PAST MONTHS|\_|\_|

SM01. LIST THE NAMES OF THE HOUSEHOLD MEMBERS HAVING BEEN SICK OR HAVING RESORTED TO A HEALTH FACILITY DURING THE LAST THREE MONTHS (REFER TO CM15)	SM02. SERIAL NUMBER	SM03. When was (NAME) sick or went to the hospital for the last time?  1 = Less than 2 weeks 2 = 2 weeks to less than 1 month 3 = From 1to less than 3 months	SM04. During the last 2 weeks, did (NAME) suffer from the following diseases? (ENCIRCLE CODE IF YES)  A. Fever /Malaria B. Diarrhea C. Amoebic dysentery D. Typhoid fever E. Cholera F. Skin diseases Y.. None of these diseases →SM09	SM05. During the last three months, that is since the...(month)...2016 ,did (NAME) suffer from the following diseases?  (ENCIRCLE CODE IFYES)  A. Fever /Malaria B. Diarrhea C. Amoebic dysentery D. Typhoid fever E. Cholera F. Skin diseases Y.. None of these diseases →SM09	SM06. Did (NAME) have resort to a health facility for that/those disease(s) during the past 3 months?  (ENCIRCLE CODE IF YES)  A. Fever /Malaria B. Diarrhea C. Amoebic dysentery D. Typhoid fever E. Cholera F. Skin diseases	SM07. VERIFYSM 06: IS AT LEAST ONE CODE ENCIRCLED?  1= Yes 2= No→SM09	SM08. In which type of health facility (NAME) resorted to in order to treat [NAME OF ILLNESS]?  VERIFY SM06 : IF[ILLNESS] ENCIRCLED, ASK THE QUESTION, IF NOT GO TO THE NEXT ILLNESS  Type 1= Regionalhospital 2= District Hospital 3= Sub divisional medical centre (CMA) 4=IHC/HC 5= OtherHU (specify)						SM09. How much do you estimate the total health expense made for (NAME) during the last 3months, that is since the (month)...2016?  (IN CFAF) 95 000 SI ≥ 95 THOUSANDS CFAF 99998 IF DK	SM10. How much do you estimate the total health expense made for (NAME) during the last 3 months, that is sincethe (month)...2016, to treat the fever/malaria, diarrhea, dysentery, typhoid, cholera or skin diseases?  (IN CFAF) 95 000 SI ≥ 95 THOUSANDS CFAF 99998 IF DK
							Fever /Malaria	Diarrhea	Amoebic dysentery	Typhoid fever	Cholera	Skin diseases		
	_ _	_	A B C D E F Y	A B C D E F Y	A B C D E F	_	_	_	_	_	_	_ _ _ _	_ _ _ _	
	_ _	_	A B C D E F Y	A B C D E F Y	A B C D E F	_	_	_	_	_	_	_ _ _ _	_ _ _ _	
	_ _	_	A B C D E F Y	A B C D E F Y	A B C D E F	_	_	_	_	_	_	_ _ _ _	_ _ _ _	
	_ _	_	A B C D E F Y	A B C D E F Y	A B C D E F	_	_	_	_	_	_	_ _ _ _	_ _ _ _	
	_ _	_	A B C D E F Y	A B C D E F Y	A B C D E F	_	_	_	_	_	_	_ _ _ _	_ _ _ _	
	_ _	_	A B C D E F Y	A B C D E F Y	A B C D E F	_	_	_	_	_	_	_ _ _ _	_ _ _ _	



## SECTION 4 :SCHOOL ATTENDANCE OF THE HOUSEHOLD MEMBERS AND THE IMPACT OF HYDROUS DISEASES (EM)

EM00. NUMBER OF HOUSEHOLD MEMBERS ATTENDING PRESENTLY A SCHOOL ESTABLISHMENT [ ][ ]

EM01. LIST THE HOUSEHOLD MEMBERS ATTENDING PRESENTLY (IN 2016/2017) A SCHOOL (REFER TO CM16)	EM02.SERIAL NUMBER	EM03. Did (NAME) attend school during the past 7 days?  1 = Yes 2 = No → EM08	EM04. How many times has (NAME) arrived late in school during the past 7 days?  8= DK  IF 0 OR 8 GO TO EM06	EM05. What is the main reason for these late comings?  1= No specific reason 2= stubbornness 3= Illness 4= Fetching of water 6= Other to specify	EM06. Did (NAME) miss some school days during the past 7 days?  1 = Yes 2 = No → Next person	EM07. How many school days did (Name) miss during the past 7 days?	EM08. What is the reason for which (NAME) missed school days last week?  1. Sick 2. Family reasons → Next person 3. Teacher absent or on strike → Next person 4. Wound/ Handicap → Next person 5. Temporary dismissal → Next person 6. Lack of means → Next person 7. School holiday period → Next person 96. Other (specify) → Next person	EM09. If absence because of illness, was it because of fever/malaria, diarrhea, dysentery, Typhoid fever, cholera or skin diseases?  ENCIRCLE ANSWER(S)  A. Fever /Malaria B. Diarrhea C. Amoebic dysentery D. Fever typhoid E. Cholera F. Skin diseases (specify) Y. None of these diseases	EM10. How many do you estimate the total number of school days that (NAME) missed since the beginning of this school year due to this/these illness(es)?  WRITE THE NUMBER OF DAYS  90 IF ≥ 90 DAYS 98 IF DK
	[ ][ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	A B C D E F Y	[ ][ ]
	[ ][ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	A B C D E F Y	[ ][ ]
	[ ][ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	A B C D E F Y	[ ][ ]
	[ ][ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	A B C D E F Y	[ ][ ]
	[ ][ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	A B C D E F Y	[ ][ ]
	[ ][ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	A B C D E F Y	[ ][ ]

## SECTION 5 :EMPLOYMENT AND INCOME FROM ACTIVITES OF HOUSEHOLD MEMBERS (ER)

<i>Persons aged 15 years or more</i>	Name and surnames					
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INTERVIEW PREFERABLY EACH PERSON CONCERNED	ER1 : Serial number (code of the person) >>	_0_1_	___	___	___	___
ER2: During the 4 past weeks, that is to say since _____, has (NAME) worked even just for an hour, for own account, as remunerated or not employee, apprentice or family aid? 1 = Yes 2 = No		___	___	___	___	___
ER3 During the past 7 days, that is to say since _____, has (NAME) worked even just for an hour, for own account, as remunerated or not employee, apprentice or family aid? 1 = Yes⇒ER5 2 = No		___	___	___	___	___
ER4: Although (NAME) declares not having worked during the past 7 days, does he/she have an employment? 1 = Yes 2 = No⇒ ER10		___	___	___	___	___
ER5 :What is the name of the trade, the profession, the post, the task of the main employment that (Name) exercised during the past 7 days or that he/she use to exercise?..... SEE NOMENCLATURES OF EMPLOYMENTS, PROFESSIONS AND TRADES		_____	_____	_____	_____	_____
ER6:What is the socio-professional category of (NAME) in this employment? 01 = Senior executive, engineer and assimilated 06 = Employer 02 = Average executive, foreman 07 = Own account worker 03 = Skilled employee/labourer 08 = Family aid 04 = Semi-skilled employee/labourer 09 = Apprentice, remunerated or not 05 = Labourer 10 = Unclassifiable (describe)		___	___	___	___	___
ER7:In his/her main employment, how much did (NAME) earn last month or during the past 12 months (or at how much does he/she estimate his/her incomes for this work) including advantages in kind and in cash? <b>Give the amount</b> If the interviewee gives the amount, write code 01 or 02 according to the case and write the amount given 01 =Monthly evaluation if not write only the code of the interval given. 02 =Annual evaluation <b>Give an interval</b> Monthly evaluation Annual evaluation 03 =Less than 28 500 CFAF 07 =[ 188 000, 376 000 [ 10 =Less than 200 000 CFAF 14 =[ 1 500 000, 3 000 000 [ 04 =[ 28 500 , 47 000 [ 08 =[ 376 000, 752 000 [ 11 =[ 200 000 , 400 000 [ 15 =[ 3 000 000, 5 000 000 [ 05 =[ 47 000, 94 000 [ 09 =752 000 cfaF or more 12 =[ 400 000, 800 000 [ 16 =5 000 000 CFAF or more 06 =[ 94 000, 188 000 [ 13 =[ 800 000, 1 500 000 [	Code	___	___	___	___	___
	Amount in thousands of CFAF	_____	_____	_____	_____	_____
ER8 :Does (NAME) have at least one secondary employment? 1=Yes 2=No⇒ ER11		___	___	___	___	___
ER9 :At how much can we estimate income born from all the secondary activities of (NAME) including advantages in cash and in kind? ⇒ ER11 <b>Give the amount</b> If the interviewee give the amount, write code 01 or 02 according to the case and write the amount given. If not write only the code of the interval given. 01 =Monthly evaluation 02 = Annual evaluation <b>Give an interval</b> Monthly evaluation Annual evaluation 03 =Less than 28 500 CFAF 07 = [ 188 000, 376 000 [ 10 = Less than 200 000 CFAF 14 = [ 1 500 000, 3 000 000 [ 04 = [ 28 500 , 47 000 [ 08 = [ 376 000, 752 000 [ 11 = [ 200 000 , 400 000 [ 15 = [ 3 000 000, 5 000 000 [ 05 = [ 47 000, 94 000 [ 09 = 752 000 CFAF or more 12 = [ 400 000, 800 000 [ 16 = 5 000 000 CFAF or more 06 = [ 94 000, 188 000 [ 13 = [ 800 000, 1 500 000 [	Code	___	___	___	___	___
	Amount in thousands of CFAF	_____	_____	_____	_____	_____
ER10 :(NAME) is not working and not seeking a job because he/she is ... 1 = Invalid or in protracted illness 3 = On retirement 5 = Stakeholder 2 = Schooling, student 4 = House wife 6 = Unemployed/job seeker 7= Other(specify) _____		___	___	___	___	___
ER11 : Is (NAME) ready to apply for an employment in a project for water connection, digging/sinking/construction/ improvement of water point, or construction/improvement of toilets or other infrastructures of sanitation 1 = Yes 2 = No ⇒ Next Individual		___	___	___	___	___
ER12 :What is the name of the trade, profession, task, employment that (NAME) wishes to do in such a project? SEE NOMENCLATURES OF EMPLOYMENTS, PROFESSIONS AND TRADES		_____	_____	_____	_____	_____
ER13 : Was this employment in the frame work of the PAEPA project or another project ? 1=PAEPA 2=Other projet (Specify) 3= Doesn't Know						



AP8 :Are you globally satisfied with the achievements of this project in your village/quarter? 0=Not concerned 1= Not satisfied at all 2= Less satisfied 3= Satisfied 4= Very satisfied	<input type="checkbox"/>
<b>AP9 : Satisfaction factors regarding the PAEPAproject</b>	
<b>AP9 A : ACCESS TO POTABLE WATER (PAEPA project water point)</b> 0=Not concerned 1= Not satisfied at all 2= Less satisfied 3= Satisfied 4= Very satisfied Are you very satisfied, satisfied, less satisfied, not satisfied at all of [NAME OF ITEM] ?	
(i) Choice of sites for the establishment of water points	<input type="checkbox"/>
(ii) Proximity to water point	<input type="checkbox"/>
(iii) Availability of water during the year	<input type="checkbox"/>
(iv) Water quality (cleanliness, taste, odour, colour, etc.)	<input type="checkbox"/>
(v) Amount to be paid for the maintenance of the water point	<input type="checkbox"/>
(vi) Amount to be paid for the acquisition of water	<input type="checkbox"/>
(vii) Amounts to be paid for connections to individuals	<input type="checkbox"/>
(viii)Opening hours of standpipes/water points	<input type="checkbox"/>
(ix) Waiting time at standpipes / water points	<input type="checkbox"/>
(x) Consideration of user complaints	<input type="checkbox"/>
(xi) Capacity of the water service manager (maintenance of the network, transparency in management, cleanliness of water points, etc.)	<input type="checkbox"/>
(xii) Collaboration between beneficiaries (households) and the water service manager	<input type="checkbox"/>
<b>AP9 B : USE OF TOILETS (PAEPA project toilets)</b> 0=Not concerned 1= Not satisfied at all 2= Less satisfied 3= Satisfied 4= Very satisfied Are you very satisfied, satisfied, less satisfied, not satisfied at all of [NAME OF ITEM] ?	
(i) Choice of sites for the establishment of toilets	<input type="checkbox"/>
(ii) Proximity of public toilets	<input type="checkbox"/>
(iii) Quality of slabs (washable, without cracks, comfort, etc.)	<input type="checkbox"/>
(iv) Amount to be paid for the maintenance of public toilets	<input type="checkbox"/>
(v) Amount to be paid to have access to public toilets	<input type="checkbox"/>
(vi) Execution cost of private toilets	<input type="checkbox"/>
(vii) Quality of toilets	<input type="checkbox"/>
(viii) Consideration of public toilet users complaints	<input type="checkbox"/>
(ix) Capacity of the public toilets manager (transparency in management, cleanliness of public toilets etc.)	<input type="checkbox"/>
(x) Collaboration between beneficiaries (households) and public toilets manager	<input type="checkbox"/>
<b>AP9 C : IMPLEMENTATION AND IMPACT OF THE PAEPA PROJECT</b> 0=Not concerned 1= Not satisfied at all 2= Less satisfied 3= Satisfied 4= Very satisfied Are you very satisfied, satisfied, less satisfied, not satisfied at all of [NAME OF ITEM] ?	
(i) Opening of the PAEPA project to everyone	<input type="checkbox"/>
(ii) Opening of the PAEPA project to all villages/quarters	<input type="checkbox"/>
(iii) Execution time of facilities (water point, toilets)	<input type="checkbox"/>
(iv) Requirements to fulfill to benefit from private water point	<input type="checkbox"/>
(v) Requirements to fulfill to benefit from private toilets	<input type="checkbox"/>
(vi) Reduction of water borne diseases	<input type="checkbox"/>
(vii) Reduction in health costs related to water borne diseases	<input type="checkbox"/>
(viii) Improvement of hygiene practices	<input type="checkbox"/>
(ix) Disposal mode of household waste / solid waste in your village/quarter ?	<input type="checkbox"/>
(x) Disposal mode of wastewater / liquid waste in your village/quarter ?	<input type="checkbox"/>
(xi) Creation of employments	<input type="checkbox"/>
(xii) Reduction of access time to water	<input type="checkbox"/>
(xiii) Reduction in the difficulty to transport water	<input type="checkbox"/>
<b>AP9 D : OTHER FACTORS OF SATISFACTION AND DISATISFACTION (specify)</b> 1= Not satisfied at all 2= Less satisfied 3= Satisfied 4= Very satisfied	
(i) _____	<input type="checkbox"/>
(ii) _____	<input type="checkbox"/>
(iii) _____	<input type="checkbox"/>
P10 :Are you informed on the closing of the PAEPA project activities in the field in 2016 ? 1 = Yes 2 = No	<input type="checkbox"/>
P11 :Would you like that another project like PAEPA be implemented in the future in your village/quarter? 1 = Yes 2 = No	<input type="checkbox"/>
P12 :Why ? 1 = Not useful 2 = Lack/insufficient water points/toilets in the village/quarter 6 = Other (Specify) _____	<input type="checkbox"/>
P13 :Which aspect of such a project would you like to see being improved? 1 = Active participation of the entire population 2 = Intensification of IEC actions 3= Construction of more water and sanitation facilities 6= Other (Specify) _____	<input type="checkbox"/>

**SECTION 6 :ACCESSIBILITY TO BASIC INFRASTRUCTURES (IB)**

IB0	IB01	IB02	IB03	IB04	IB05	IB06	IB07	IB08
NAME OF THE INFRASTRUCTURE		At which distance of your lodging is found [name of the infrastructure]?  <i>WRITE THE DISTANCE IN KM ; 000 IF LESS THAN 500 M AND 998 IF DON'T KNOW WHERE THE INFRASTRUCTURE IS AND GO TO THE NEXT INFRASTRUCTURE</i>	Is at least one member of your household using [name of the infrastructure]?  1 = Yes →IB5 2 = No	Why? 1 = Too expensive 2 = Too far 3 = Poor quality of service 4 = Coining of services 5 = Difficult access 6 = Lack of equipment 7= Useless/don't need it in this household 8 = Other (specify)	What is the main means of transport that your household uses or would use to reach the [name of the infrastructure] ?  1 = Foot 2 = Bike/Bicycle 3 = Motorcycle 4 = Vehicle 5 = Other (specify))	Which average time do you need to reach the [name of infrastructure] using the main means of transport of your household?  <i>WRITE THE TIME IN MINUTES</i>	Are you satisfied with services offered by the [name of the infrastructure]?  1 = Yes ⇒ Next infrastructure or next section 2 = No 3 = Indifférent⇒ next infrastructure or next section	What is the main reason of this non-satisfaction?  1 = Too expensive 2 = Too far 3 = Poor quality of service 4 = Coining of services 5 = Difficult access 6 = Lack of equipment 7= Other (specify)
The nearest government primary school	1	□□□□	□	□	□	□□□□	□	□
The nearest private primary school	2	□□□□	□	□	□	□□□□	□	□
The nearest health unit (healthcentre, hospital)	3	□□□□	□	□	□	□□□□	□	□
The nearest improved water source (Well/sinking well, Tap/street fountain, etc.) open to the public	4	□□□□	□	□	□	□□□□	□	□
The nearest point of connection to a running water network	5	□□□□	□	□	□	□□□□	□	□

IB09	IB10	IB11	IB12	IB13	IB14	
NAME OF THE INFRASTRUCTURE	Would you be ready to contribute for the installation of [NAME OF THE INFRASTRUCTURE] for the public use in your locality?  1= Yes 2= No→IB13	Which principal type of contribution would you be ready to make for the installation of [NAME OF THE INFRASTRUCTURE]?  1= In cash 2= In kind 3= Labour→IB13	How much would you be ready to contribute for the installation of [NAME OF THE INFRASTRUCTURE]?  <i>Amount in CFAF INCLUDING THE EVALUATION OF THE CONTRIBUTION IN KIND</i>	Would you be ready to contribute for the maintenance of the [NAME OF THE INFRASTRUCTURE]for public use if they install one in your locality?  1= Yes 2= No→Next infrastructure or next section	How much would you be ready to contribute for the maintenance of the [NAME OF THE INFRASTRUCTURE]?  <u>Frequency</u> 1= Per usage 2= Per month 3= Per year	
					<b>Frequency</b>	<b>Amount (in CFAF)</b>
Improved water source (Well/Borehole/Tap/stand pipe, etc.) open to the public	□	□	□□□□□□□□□□	□	□	□□□□□□□□
Improved water source (Well/Borehole/Tap/stand pipe, etc.) for private use	□	□	□□□□□□□□□□	□	□	□□□□□□□□
Improved toilets (with flush, cemented, etc.)open to the public	□	□	□□□□□□□□□□	□	□	□□□□□□□□
Improved toilets (with flush, cemented, etc.) for private use	□	□	□□□□□□□□□□	□	□	□□□□□□□□

## SECTION 7 : CHARACTERISTICS OF THE HABITAT (H)

H01. Type of habitat	H02. Material of the wall	H03. Material of the roof	H04. Material of the soil
1 –Isolated house 2 – House with several lodgings 3 –Modern Villa 4 –Building with flats 5 –Compound / Saré 6 –Other _____ (Specify) <div style="text-align: center;"> _ _ </div>	<b>Natural Material</b> 11. No wall 12. Bamboo/Cane/Palm/Trunk/ leaf/Bark 13. Earth <b>Rudimentary Material</b> 21. Bamboo with mud/Pisé 22. Stone with mood 23. Brick not covered 24. Ply-wood 25. Cartoon 26. Salvage Wood <b>Elaborated Material</b> 31. Cement 32. Stone with/cement 33. Bricks 34. Cement blocks 35. Covered brick 36. Wood plank /shingles 96. Other (specify) <div style="text-align: center;"> _ _ </div>	<b>Natural Material</b> 11. No roof 12. Straw/Palm/Leaf 13. Turf of grass <b>Rudimentary Material</b> 21. Mat. 22. Palm/Bamboo 23. Wood planks 24. Cartoon. <b>Elaborated Material</b> 31. Zink. 32. Wood. 33. Zinc/ cement fibre 34. Tiles 35. Cement 36. Shingles. 96. Other (specify) _____ <div style="text-align: center;"> _ _ </div>	<b>Natural Material</b> 11. Earth/Sand. 12. Dung <b>Rudimentary Material</b> 21. Wood planks 22. Palms/Bamboo <b>Elaborated Material</b> 31. Floor or varnished wood <b>Bands of vinyl/ Asphalt</b> 33. Tiling 34. Cement. 35. Carpet 96. Other (specify) _____ <div style="text-align: center;"> _ _ </div>
H05. Occupation status	H06. Number of sleeping rooms	H07. Lighting	H08. Energy for cooking
1 –Owner with land certificate 2 –Owner without land certificate 3 –Simple hiring 4 –Hire-purchase 5 –Lodged by the employer 6 –Lodged freely by a relative or friend 7 –Other _____ (specify) <div style="text-align: center;"> _ </div>	Put in the boxes the total number of dwelling rooms usually used to sleep <div style="text-align: center;"> _ _ </div>	1 –Kerosene 2 –Electricity AES-SONEL (individual subscription) 3 –Electricity AES-SONEL (collective subscription) 4 –Electricity AES-SONEL (not subscribed) 5 –Generator 6 – Gas 7 –Other _____ (specify) <div style="text-align: center;"> _ </div>	0 – Does not cook 1 –Bought fire wood 2 –Fetched, received fire wood 3 – Gas 4 –Electricity 5 – Kerosene 6 –Wood charcoal 7 – Saw dust, wood chips 8 –Other _____ (specify) <div style="text-align: center;"> _ </div>

## SECTION 8 : DURABLE GOODS (E)

E01. Vehicle	E02. Motorbike / mobylette	E03. Bicycle/Bike	E04. Radio set
Number?  _ _	Number?  _ _	Number?  _ _	Number?  _ _
E05. Television set	E06. HI-FI (musical set)	E07. Magnetoscope	E08. Reader/deck of DVD/CD-Video
Number?  _ _	Number?  _ _	Number?  _ _	Number?  _ _
E09. Refrigerator/Freezer	E10. Stove (gas, electricity)	E11. Cooker (gas, electricity)	E12. Gas Bottle
Number?  _ _	Number?  _ _	Number?  _ _	Number?  _ _
E13. Kerosene stove	E14. Fan	E15. Sewing machine	E16. Generator
Number?  _ _	Number?  _ _	Number?  _ _	Number?  _ _
E17. Fixed phone/fixed CT phone	E18. Mobile phone	E19. Electric iron	E20. Charcoal iron
Number?  _ _	Number?  _ _	Number?  _ _	Number?  _ _
E21. Water Filter	E22. Private sinking well	E23. Protected well	E24. Computer
Number?  _ _	Number?  _ _	Number?  _ _	Number?  _ _

**THANK YOU FOR YOUR COLLABORATION!**