**WASH Survey Template**

Survey Date: ( ) Initial Baseline ( ) Follow-up Performed by:

Name of Town/City: Country:

Demographics:

Total number of Residents: \_\_\_\_\_ Female: \_\_\_\_ Male: \_\_\_\_ Age range Average: \_\_\_\_\_\_\_\_

Number & Type of Livestock: \_\_\_\_ Cows \_\_\_\_ Pigs \_\_\_\_ Chickens \_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of incidences of illness do to water borne disease and lack of hygiene per year: **Total : \_\_\_\_**

**Water**

**Source**

What is the main source of drinking water provided by the community? (check one-most frequently used). If this is the initial baseline, there may be more than one source.

|  |  |  |
| --- | --- | --- |
|  | **Currently Available** | **Used for Drinking** |
| Piped water supply | ( ) Yes ( ) No | ( ) Yes ( ) No |
| Tube well/Borehole | ( ) Yes ( ) No | ( ) Yes ( ) No |
| Protected Well/Spring | ( ) Yes ( ) No | ( ) Yes ( ) No |
| Rainwater catchment | ( ) Yes ( ) No | ( ) Yes ( ) No |
| Unprotected well/spring | ( ) Yes ( ) No | ( ) Yes ( ) No |
| Packaged bottled water | ( ) Yes ( ) No | ( ) Yes ( ) No |
| Tanker-truck or cart | ( ) Yes ( ) No | ( ) Yes ( ) No |
| Surface water (lake, river, stream) | ( ) Yes ( ) No | ( ) Yes ( ) No |
| No water source | ( ) Yes ( ) No | ( ) Yes ( ) No |

**Availability**

|  |  |  |
| --- | --- | --- |
| In the previous 2 weeks was drinking water from the main source available in the community throughout each day? | | ( ) Yes ( ) No |
| Is drinking water from the main source typically available throughout the year? | ( ) Mostly (unavailable < 30 days total)  ( ) No (unavailable > 30 days total)  ( ) Yes, (always) | |

**Accessibility**

|  |  |
| --- | --- |
| Is drinking water accessible to those with limited mobility or vision? | ( ) Yes ( ) No |
| Is drinking water accessible to everyone in the community? | ( ) Yes ( ) No |
| How many drinking water points (e.g. taps) are in the community? Insert number: \_\_\_\_\_\_\_\_\_\_\_ |  |

**Quality**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Does the community do anything to the water from the main source to make it safe to drink? | | | | | | | ( ) Yes ( ) No |
| If **yes**, what treatment method is used? | ( )  Filtration | ( )  Boiling | ( )  Chlorination | ( )  SODIS\* | ( ) Ultraviolet disinfection | ( ) Purchase/Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| \*Solar disinfection | | | | | | | |

**Quality** (continued)

|  |  |  |
| --- | --- | --- |
| Is the community’s main water source compliant with national standards for drinking water? | | |
| **Contaminant** | **Tested in past 12 months** | **Compliant** |
| E. coli | ( ) Yes ( ) No ( ) don’t known | ( ) Yes ( ) No ( ) don’t known |
| Arsenic | ( ) Yes ( ) No ( ) don’t known | ( ) Yes ( ) No ( ) don’t known |
| Lead | ( ) Yes ( ) No ( ) don’t known | ( ) Yes ( ) No ( ) don’t known |
| Other \_\_\_\_\_\_\_\_\_ | ( ) Yes ( ) No ( ) don’t known | ( ) Yes ( ) No ( ) don’t known |
| Contaminant unknown | ( ) Yes ( ) No ( ) don’t known | ( ) Yes ( ) No ( ) don’t known |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sanitation**  **Facility**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | What type of toilets/latrines are at the community? (check one – most common) | | | | | | ( ) Flush/Pour-flush toilet  ( ) Bucket latrines | ( ) Pit latrines with slab  ( ) No toilets or latrines | ( ) Composing toilet  ( ) Pit latrines without slab | ( ) Hanging latrines (hole over water) |  |  |  |  |  | | --- | --- | --- | --- | | How many households have toilets/latrines? (Insert number) | Total Households | Homes with toilets/  latrines | Percent of homes w/ Toilets/ latrines | | Total Number |  |  |  | | Number that are usable (accessible, functional, private) |  |  |  | |

**Acceptability-Schools**

|  |
| --- |
| How many times per week are the toilets cleaned? Check the one which applies. |
| ( ) At least once per day ( ) 2-4 days/week ( ) Once per week ( ) Less than once per week |
| In general, how clean are the toilets/latrines? ( ) Clean ( ) Somewhat clean ( ) Not clean |
| Is water & soap available in the girls' toilet cubicles for menstrual hygiene management in schools? |
| ( ) Yes, water & soap ( ) Water, but no soap ( ) No water |
| Are there covered bins for disposal of menstrual hygiene materials in girls’ toilets? ( ) Yes ( ) No |
| Are there disposal mechanisms for menstrual hygiene waste at the school? ( ) Yes ( ) No |

**Accessibility -Schools**

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| --- |
| Is there at least one usable toilet/latrine that is accessible to the smallest children at the school? ( ) Yes ( ) No |
| Is there at least one usable toilet/latrine that is accessible to those with limited mobility or vision? ( ) Yes ( ) No |
| Where are the student toilets located? Check which applies.  ( ) Within the school building ( ) Outside building, but on-premises ( ) Off-premises |

**Availability -Schools**

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| --- |
| When are the students permitted to use the school toilets/ latrines? Check which applies.  ( ) All times during the school day ( ) During specific times during the school day ( ) No toilets available for use |

**Quality**

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| --- |
| Are culturally appropriate anal cleaning materials currently available? ( ) Yes ( ) No |
| Are latrines or septic tanks emptied (or latrines safely covered) when they fill up? ( ) Yes ( ) No |
| Is there functional lighting in the toilets on the day of the survey/questionnaire? Check which applies  ( ) All toilets ( ) Some toilets ( ) None |

**Hygiene**

|  |
| --- |
| Are there handwashing facilities? ( ) Yes ( ) No |

|  |  |
| --- | --- |
| Are both soap & water currently available at the handwashing facilities? | |
| Yes, water & Soap | ( ) Yes ( ) No |
| Water only | ( ) Yes ( ) No ( ) Doesn’t apply Soap only ( ) Yes ( ) No ( ) Doesn’t apply |
| Neither water or soap | ( ) Yes ( ) No ( ) Doesn’t apply |

**Accessibility**

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| --- |
| Are the handwashing facilities accessible to those with limited mobility and vision? ( ) Yes ( ) No |
| Are the handwashing facilities accessible to the smallest children? ( ) Yes ( ) No |

**Quality**

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| --- |
| How many times per day are handwashing activities conducted? |
| ( ) At least once perl day ( ) 2-4 days/week ( ) Once per week ( ) Less than once per week |

**Availability**

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| --- |
| Where are the handwashing facilities with water and soap located? (Mark all that apply) |
| ( ) Toilets ( ) Food preparation area ( ) Food consumption area ( ) Other \_\_\_\_\_\_\_\_\_\_ |
| Which of the following provisions for menstrual hygiene management (MHM) are available at the school? |
| ( ) Bathing area ( ) MHM materials (e.g. pads) ( ) MHM education |
| How is solid waste (garbage) disposed of? |
| ( ) Collected by municipal waste systems ( ) Burned on premises  ( ) Buried and covered on premises ( ) Openly dumped on premises |