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COMMUNITY QUESTIONNAIRE

| SURVEY STAFF | | VISIT |
|--------------------------|------------------------------------|--|
| Interviewer Name : _____ | Code <u> </u> <u> </u> <u> </u> | |
| Supervisor Name : _____ | Code <u> </u> <u> </u> <u> </u> | Date : <u> </u> / <u> </u> / <u> </u> DAY / MONTH / YEAR |
| Data Editor Name : _____ | Code <u> </u> <u> </u> <u> </u> | Time Started : <u> </u> : <u> </u> HOUR / MINUTE |
| Data Entry Name: _____ | Code <u> </u> <u> </u> <u> </u> | |
| Data Entry Name: _____ | Code <u> </u> <u> </u> <u> </u> | Time Ended : <u> </u> : <u> </u> HOUR / MINUTE |

LOCATION INFORMATION

| | |
|-----------------------|--|
| Province Name : _____ | Code <u> </u> <u> </u> <u> </u> |
| District Name : _____ | Code <u> </u> <u> </u> <u> </u> <u> </u> |
| Commune Name : _____ | Code <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> |

RESPONDENT INFORMATION

THE RESPONDENTS FOR THE COMMUNE QUESTIONNAIRE SHOULD BE A GROUP OF 2 – 3 COMMUNE LEVEL REPRESENTATIVES, SUCH AS THE COMMUNE PEOPLE COMMITTEE CHAIRMAN / VICE-CHAIRMAN, COMMUNE STATISTICAL OFFICER, COMMUNE HEALTH STATION STAFF, ETC. THE RESPONDENT MUST BE SOMEONE WHO IS AWARE OF AND PROPERLY INFORMED ABOUT GOVERNMENT OR OTHER ONGOING PROGRAMS IN THE COMMUNITY.

| RESPONDENT NAME | SEX Male1 Female...2 | ROLE / POSITION | TELEPHONE NUMBER | ROLE/POSITION CODE |
|-----------------|----------------------------------|---|------------------|--|
| | 1 2 | <u> </u> <u> </u> <u> </u> <u> </u> | | 501 Local authority / official elected / appointed by the Government |
| | 1 2 | <u> </u> <u> </u> <u> </u> <u> </u> | | 502 Local authority / official elected / appointed by the Community |
| | 1 2 | <u> </u> <u> </u> <u> </u> <u> </u> | | 503 Former authority / official (elected / appointed by Government or the community) |
| | 1 2 | <u> </u> <u> </u> <u> </u> <u> </u> | | 504 Community leader (elected by community) |
| | 1 2 | <u> </u> <u> </u> <u> </u> <u> </u> | | 505 Influential citizen (for historic, economic, or other reasons) |
| | 1 2 | <u> </u> <u> </u> <u> </u> <u> </u> | | 506 Head of health clinic or medical facility staff |
| | 1 2 | <u> </u> <u> </u> <u> </u> <u> </u> | | 507 Social worker or similar |
| | 1 2 | <u> </u> <u> </u> <u> </u> <u> </u> | | 508 Head of police or military authority |
| | 1 2 | <u> </u> <u> </u> <u> </u> <u> </u> | | 509 School director / teacher |
| | 1 2 | <u> </u> <u> </u> <u> </u> <u> </u> | | 510 Religious leader |
| | 1 2 | <u> </u> <u> </u> <u> </u> <u> </u> | | -96 Other (Specify: _____) |

| <u>Result of Visit</u> | <u>Observations</u> |
|--|---------------------|
| Completed Interview 1 | |
| Incomplete Interview (EXPLAIN IN OBSERVATIONS SPACE) 2 | |
| Necessary Respondent Not Available (MAKE APPOINTMENT) 3 | |
| Rescheduled Interview (NOTE APPOINTMENT IN OBSERVATIONS) ... 4 | |
| Nobody Available..... 5 | |
| Temporarily Away (NOTE RETURN DATE IN OBSERVATIONS)..... 6 | |
| Refused to Participate..... 7 | |

| CODE | QUESTION | RESPONSE OPTIONS | | SKIP |
|-------|--|--|-----|------|
| 101 | OBSERVATION: HOW ARE THE DWELLINGS OF THIS COMMUNE CLUSTERED? | CLOSE TOGETHER | 1 | |
| | | DISPERSED..... | 2 | |
| | | OTHER | -96 | |
| 105B | What is the name of the capital of this District? WRITE IN NAME OF DISTRICT CAPITAL | _____ | | |
| 104 | What is the distance between this commune and [NAME OF DISTRICT CAPITAL MENTIONED IN QUESTION 105B] ? IF LESS THAN ONE KM MARK "0", IF "900" OR MORE MARK "900". | <div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;"></div> </div> | | |
| 105 | What type of transportation is most frequently used by most residents of this commune to go to [NAME OF DISTRICT CAPITAL MENTIONED IN QUESTION 105B] ? | MOTORIZED VEHICLE 1 MOTORBIKE 2 ANIMAL-PULLED CART 3 BICYCLE 4 BOAT, CANOE OR SIMILAR 5 NONE (WALKING) 6 BUS / PUBLIC TRANSPORT 7 OTHER (SPECIFY)..... -96 _____ | | |
| 106A | Is there bus / public transportation from this commune to [NAME OF DISTRICT CAPITAL MENTIONED IN QUESTION 105B] ? | YES 1 NO 2 DON'T KNOW -99 | | |
| 103 | What type of road connects this commune with [NAME OF DISTRICT CAPITAL MENTIONED IN QUESTION 105B] ? | PAVED ROAD..... 1 NON-PAVED ROAD..... 2 DIRT ROAD, OPEN YEAR ROUND 3 SEASONAL DIRT ROAD..... 4 TRAIL OR FOOT PATH..... 5 RIVER OR OTHER WATERWAY 6 | | |
| 106C | What is the name of the capital of this Province? WRITE IN NAME OF PROVINCIAL CAPITAL | _____ | | |
| 106B | Is there bus / public transportation from this commune to [NAME OF PROVINCIAL CAPITAL MENTIONED IN QUESTION 106C] ? | YES 1 NO 2 DON'T KNOW -99 | | |
| 107 | During a typical week, how many buses or minibuses stop in this commune? WRITE IN NUMBER. IF NONE, CIRCLE "00". IF "DON'T KNOW" CIRCLE -99. | _____ NUMBER OF BUSES OR MINIBUSES None..... 00 DON'T KNOW -99 | | |
| 122 | In general, how difficult is it to travel to and from this commune? | Very Difficult 1 Difficult 2 Somewhat Difficult..... 3 Easy 4 Very Easy 5 | | |
| 119 | Approximately how many <u>households</u> are there in this commune? | NUMBER OF HOUSEHOLDS: _____ | | |
| 119B | Approximately how many <u>permanent residents</u> live in this commune? A PERMANENT RESIDENT IS SOMEONE WHO HAS LIVED IN THE COMMUNE FOR AT LEAST 6 MONTHS OF THE PAST 12 MONTHS. | NUMBER OF PERMANENT RESIDENTS: _____ | | |
| V119C | What is the poverty rate of this commune? ENTER PERCENTAGE OF POOR HOUSEHOLDS FOR YEAR 2009 | _____ % | | |
| V119D | Is this commune a P135 commune? | YES, PREVIOUSLY (within past 5 years) 1 YES, CURRENTLY..... 2 NO..... 3 | | |

| CODE | QUESTION | RESPONSE OPTIONS | SKIP |
|------|---|---|------|
| 120 | Does this commune have official limits or boundaries? | YES 1 NO 2 | |
| V121 | What is the approximate surface size in square km of the following land areas of the commune? WRITE IN SQUARE KILOMETERS FOR EACH LAND AREA | Total (Natural) Area SQUARE KM Housing Area SQUARE KM Garden Area SQUARE KM Agriculture Area SQUARE KM Forest Area SQUARE KM Unused Are SQUARE KM | |
| 108 | Are households in this commune connected to a public piped water system? IF YES, SPECIFY NUMBER OF HOUSEHOLDS THAT HAVE ACCESS OUT OF THE TOTAL NUMBER OF HOUSEHOLDS ENTERED IN Q.119 | YES 1 % HOUSEHOLDS OR OUT OF TOTAL HOUSEHOLDS NO 2 | |
| 109 | What is the main source of water for the majority of households in this commune? | Private tap connection 1 Public tap connection 2 Unprotected well 3 Protected well 4 Surface water (pond, lake, river, etc,) 5 Rain water 6 Tube well / borehole 7 OTHER -96 | |
| 110 | Is there a public / centralized system to treat drinking water in this commune? IF YES, SPECIFY NUMBER OF HOUSEHOLDS THAT HAVE ACCESS TO THE WATER TREATMENT SYSTEM OUT OF THE TOTAL NUMBER OF HOUSEHOLDS ENTERED IN Q.119 | YES 1 % HOUSEHOLDS OR OUT OF TOTAL HOUSEHOLDS NO 2 | |
| 112 | Are households in this commune connected to a sewage system? IF YES SPECIFY NUMBER OF HOUSEHOLDS THAT HAVE ACCESS TO A SEWAGE SYSTEM OUT OF THE TOTAL NUMBER OF HOUSEHOLDS ENTERED IN Q.119 | YES 1 % HOUSEHOLDS OR OUT OF TOTAL HOUSEHOLDS NO 2 | |

| CODE | QUESTION | RESPONSE OPTIONS | SKIP |
|-------|--|---|------|
| 113A | Do households in this commune have access to electricity? IF YES, SPECIFY NUMBER OF HOUSEHOLDS THAT HAVE ACCESS TO ELECTRICITY OUT OF THE TOTAL NUMBER OF HOUSEHOLDS ENTERED IN Q.119 | YES 1 _____ % HOUSEHOLDS OR _____ OUT OF _____ TOTAL HOUSEHOLDS NO 2 | |
| 114 | Do households in this commune have access to a telephone line? SPECIFY NUMBER OF HOUSEHOLDS THAT HAVE ACCESS TO A TELEPHONE LINE OUT OF THE TOTAL NUMBER OF HOUSEHOLDS ENTERED IN Q.119 | YES 1 _____ % HOUSEHOLDS OR _____ OUT OF _____ TOTAL HOUSEHOLDS NO 2 | |
| V114A | Do households in this commune have access to a mobile network? | YES 1 NO 2 | |
| 115 | Do households in this commune have access to television? SPECIFY NUMBER OF HOUSEHOLDS THAT HAVE ACCESS TO TELEVISION OUT OF THE TOTAL NUMBER OF HOUSEHOLDS ENTERED IN Q.119 | YES 1 _____ % HOUSEHOLDS OR _____ OUT OF _____ TOTAL HOUSEHOLDS NO 2 | |
| 118 | What are the five main television channels watched to by the community? ORDER BY MOST POPULAR, WHEREBY 1 = MOST POPULAR AND 5 = LEAST POPULAR | 1: _____ 2: _____ 3: _____ 4: _____ 5: _____ | |
| 116 | Does this commune receive written press such as newspapers, news bulletins, or magazines on a daily and/or weekly basis? | YES, DAILY 1 YES, WEEKLY 2 YES, BOTH DAILY AND WEEKLY 3 NO 4 | |
| 117 | Does this commune have a community meeting place (e.g. village cultural house)? | YES 1 NO 2 | |

| SERVICE | 123 What is the distance (in kilometers) between the place of the interview and the closest commune that has [SERVICE]? WRITE '00' IF THE SERVICE IS LOCATED WITHIN THE COMMUNE OR WITHIN ONE KILOMETER OF THE COMMUNE, AND SKIP TO NEXT SERVICE >> Next Service IF NO [SERVICE] WITHIN 90 KILOMETERS, WRITE '90', AND SKIP TO NEXT SERVICE >> Next Service | 124 What type of transportation do the majority of residents of the commune use to access (travel to) the closest [SERVICE]? CIRCLE ONLY ONE RESPONSE | 125 What is the average time taken to get to [SERVICE] by the type of transportation most utilized by the residents of this locality / community? IF MORE THAN 90 MINUTES MAKE A NOTE OF THE HOURS WRITE '24' FOR 24 HOURS OR MORE. | |
|---|---|---|---|-------------------------------|
| 01 PRIMARY SCHOOL | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> → IF '00' >> Next Service | MOTORIZED VEHICLE..... 1 MOTORCYCLE..... 2 ANIMAL DRAWN CART..... 3 BICYCLE 4 BOAT, CANOE (OR SIMILAR)...5 NONE (WALKING).....6 BUS / PUBLIC TRANSPORT7 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | MINUTES...1 HOURS....2 |
| 02 SECONDARY (e.g. HIGH SCHOOL) | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> → IF '00' >> Next Service | MOTORIZED VEHICLE..... 1 MOTORCYCLE..... 2 ANIMAL DRAWN CART..... 3 BICYCLE 4 BOAT, CANOE (OR SIMILAR)...5 NONE (WALKING).....6 BUS / PUBLIC TRANSPORT7 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | MINUTES...1 HOURS....2 |
| 03 MARKET | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> → IF '00' >> Next Service | MOTORIZED VEHICLE..... 1 MOTORCYCLE..... 2 ANIMAL DRAWN CART..... 3 BICYCLE 4 BOAT, CANOE (OR SIMILAR)...5 NONE (WALKING).....6 BUS / PUBLIC TRANSPORT7 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | MINUTES...1 HOURS....2 |
| 05 DOCTOR'S OFFICE OR HEALTH CENTER (COMMUNE HEALTH STATION) | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> → IF '00' >> Next Service | MOTORIZED VEHICLE..... 1 MOTORCYCLE..... 2 ANIMAL DRAWN CART..... 3 BICYCLE 4 BOAT, CANOE (OR SIMILAR)...5 NONE (WALKING).....6 BUS / PUBLIC TRANSPORT7 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | MINUTES...1 HOURS....2 |
| 06 HOSPITAL | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> → IF '00' >> Next Service | MOTORIZED VEHICLE..... 1 MOTORCYCLE..... 2 ANIMAL DRAWN CART..... 3 BICYCLE 4 BOAT, CANOE (OR SIMILAR)...5 NONE (WALKING).....6 BUS / PUBLIC TRANSPORT7 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | MINUTES...1 HOURS....2 |
| 07 PHARMACY | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> → IF '00' >> Next Service | MOTORIZED VEHICLE..... 1 MOTORCYCLE..... 2 ANIMAL DRAWN CART..... 3 BICYCLE 4 BOAT, CANOE (OR SIMILAR)...5 NONE (WALKING).....6 BUS / PUBLIC TRANSPORT7 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | MINUTES...1 HOURS....2 |
| 08 PUBLIC TRANSPORTATION | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> → IF '00' >> Next Service | MOTORIZED VEHICLE..... 1 MOTORCYCLE..... 2 ANIMAL DRAWN CART..... 3 BICYCLE 4 BOAT, CANOE (OR SIMILAR)...5 NONE (WALKING).....6 BUS / PUBLIC TRANSPORT7 | <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> | MINUTES...1 HOURS....2 |

| CODE | QUESTION | RESPONSE OPTIONS | | SKIP |
|------|--|--|--|------|
| 126 | What is the main sanitation (toilet) facility used by most households in this commune? | Flush/pour flush: to piped sewer system 1 to septic tank 2 to pit latrine 3 to elsewhere 4 to don't know where 5 Ventilated improved pit latrine (VIP) 6 Pit latrine with slab 7 Composting toilet 8 Pit latrine without slab/open pit..... 9 Bucket latrine 10 Hanging Toilet / Hanging Latrine 11 No facilities or bush or field 12 OTHER (Specify) 96 | | |
| 127 | In general, how clean do you think this commune is, with regard to trash, animals, sanitation, etc., compared to other communes in the area? | Very Clean 1 Clean 2 Not very clean 3 Dirty 4 Very Dirty 5 | | |
| 128 | What is the primary source of information for households about personal and household hygiene in this community? CIRCLE ONLY ONE RESPONSE | Radio..... 1 TV..... 2 Newspaper..... 3 Magazine..... 4 Posters/Brochure..... 5 Village Health Worker..... 6 Commune Health Staff..... 7 Social Worker..... 8 School..... 9 Place of work..... 10 Friends or Family..... 11 Place of worship..... 12 Prayer book..... 13 Community Event or Festival 15 Nobody..... 16 People's committee..... 17 Women's Union 18 Loudspeaker..... 19 Other (specify)..... -96 DON'T KNOW..... -99 | | |

| CODE | QUESTION | RESPONSE OPTIONS | | SKIP |
|------|---|--|---|------|
| 129 | <p>What is the primary source of information for households about child health in this community?</p> <p>CIRCLE ONLY ONE RESPONSE</p> | Radio..... TV..... Newspaper..... Magazine..... Posters/Brochure..... Village Health Worker..... Commune Health Staff..... Social Worker..... School..... Place of work..... Friends or Family..... Place of worship..... Bible..... Community Events or Festivals..... Nobody..... People's committee..... Women's Union..... Loudspeaker..... Other (specify)..... DON'T KNOW..... | 1 2 3 4 5 6 7 8 9 10 11 12 13 15 16 17 18 19 -96 -99 | |
| 130 | <p>During the past 3 months, has your commune been visited by an agent or worker from a government or non-governmental institution about water, sanitation or hygiene?</p> <p>CIRCLE ALL THAT APPLY</p> | Yes, Water..... Yes, Sanitation facility..... Yes, Hygiene behavior..... No..... DON'T KNOW..... | 1 2 3 4 -99 | |
| 134 | <p>What are the three (3) most important health problems your community faces?</p> <p>CIRCLE THREE RESPONSES</p> | AIDS/HIV..... ASTHMA..... BILHARZIA/SHISTOSOMIASIS..... CANCER..... DIARRHEA..... DYSENTERY..... FRACTURE..... GONORRHEA..... INTESTINAL PARASITES..... MALARIA..... MALNUTRITION..... MEASLES..... MENINGITIS..... POISONING..... POLIO..... SYPHILIS..... TETANUS..... TUBERCULOSIS..... TYPHOID..... URINARY INFECTION..... TRACHOMA..... DENGUE..... OTHER (SPECIFY.....) DON'T KNOW..... | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 22 23 -96 -99 | |
| 135 | <p>Do you think people in the commune are poorer, the same, or wealthier than they were 5 years ago?</p> | Much Wealthier..... Wealthier..... The Same..... Poorer..... Much Poorer..... DON'T KNOW..... | 1 2 3 4 5 -99 | |

| CODE | QUESTION | RESPONSE OPTIONS | | SKIP |
|------|---|------------------|-----|--------------------|
| 136 | In the last 5 years, have there been any natural disasters or other important events that have affected the households in this commune? | YES | 1 | [>>138] [>>138] |
| | | NO | 2 | |
| | | DON'T KNOW | -99 | |
| 137 | What were the most important events or disasters, and when did they occur? | EVENT CODE | | YEAR |
| | IF MORE THAN 10 EVENTS, ENTER 10 <u>MOST IMPORTANT</u> EVENTS | _____ | | _____ |
| | Event Code | _____ | | _____ |
| | 1 Drought/lack of water | _____ | | _____ |
| | 2 Flood | _____ | | _____ |
| | 5 Rainstorm/Hurricane/Typhoon | _____ | | _____ |
| | 6 Insects | _____ | | _____ |
| | 7 Rodents | _____ | | _____ |
| | 8 Animals eating crops | _____ | | _____ |
| | 9 Fire | _____ | | _____ |
| | 10 Violence | _____ | | _____ |
| | 12 Severe cold | _____ | | _____ |
| | -96 Other (specify) _____ | _____ | | _____ |
| | | _____ | | _____ |
| | | _____ | | _____ |
| | | _____ | | _____ |
| | | _____ | | _____ |
| | | _____ | | _____ |

| 138 During the past 5 years, has this commune received any of the following types of programs / campaigns / assistance from either the government or NGOs? CIRCLE CODE FOR EACH PROGRAM RECEIVED AND RESPOND TO QUESTIONS 138A - 144 | | 138A In what year was the most recent program implemented? ENTER YEAR IMPLEMENTATION BEGAN IF PROGRAM SPANS MULTIPLE YEARS | 143 How frequently was program / assistance distributed? One time only.....1 Once a month2 Several times a month.....3 Twice a year.....4 Ongoing.....5 Other (Specify:.....)-96 DON'T KNOW.....-99 | 140 Which of the following benefits did the most recent program provide? Finance / Monetary resources..... 1 Materials / Supplies / Equipment..... 2 Education / Information.....3 Training..... 4 Other (Specify:.....)). -96 DON'T KNOW.....-99 CIRCLE ALL THAT APPLY | 143B Which of the following was the target population of the most recent program? Mothers / caretakers.....1 Head of household...2 Young children.....3 Youth / teenagers....4 Everyone.....5 Other (Specify:.....)-96 DON'T KNOW.....-99 CIRCLE ALL THAT APPLY | 144 Approximately what percentage of the target population from 143B benefited from the most recent program? |
|--|--|--|--|--|---|---|
| CODE | Program | Year (YYYY) | | | | % |
| 1 | Health Care (e.g. Facility Improvements or Health Worker Training) | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 2 | De-worming | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 3 | Nutrition / Feeding (e.g. Zinc, Vitamin A, etc) | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 4 | Maternal Care / Prenatal / Postnatal Care | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 12 | HIV/AIDS Prevention / Treatment | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 13 | Dengue / Malaria | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 14 | Avian Flu Prevention | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 15 | H1N1 Flu Prevention | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 16 | Child Health / Immunization / Vaccination | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 5 | Housing Upgrades / Improvements | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 6 | Water Supply System | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 7 | Water Treatment | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 8 | Sanitation (Building Toilets / Latrines, Providing Materials, etc) | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 9 | Sanitation (IEC about proper disposal of human feces) | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 10 | Hygiene (Handwashing with Soap) | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 11 | Credit / Financing / Micro-finance | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |
| 17 | Other (Specify:.....) | ___ _ _ _ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | ___ _ _ _ |

| | | | | | | |
|----|-----------------------|-------|-------------------|-----------------|-------------------|-------|
| 18 | Other (Specify:_____) | _____ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | _____ |
| 19 | Other (Specify:_____) | _____ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | _____ |
| 20 | Other (Specify:_____) | _____ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | _____ |
| 21 | Other (Specify:_____) | _____ | 1 2 3 4 5 -96 -99 | 1 2 3 4 -96 -99 | 1 2 3 4 5 -96 -99 | _____ |