

## Facility Questionnaire

| FACILITY INFORMATION PANEL                                                                           | FIP |
|------------------------------------------------------------------------------------------------------|-----|
| <b>FIP1. Region:</b><br>REGION 1 ..... 1<br>REGION 2 ..... 2<br>REGION 3 ..... 3<br>REGION 4 ..... 4 |     |
| <b>FIP2. Interviewer name and number:</b><br><br>NAME .....<br>NUMBER .....                          |     |
| <b>FIP3. Supervisor name and number:</b><br><br>NAME .....<br>NUMBER .....                           |     |
| <b>FIP4. Day / Month / Year:</b><br><br>____ / ____ / <u>2 0 2</u> ____                              |     |
| <b>FIP5. Facility name and number:</b><br><br>NAME .....<br>NUMBER .....                             |     |
| <b>FIP6. Facility address:</b>                                                                       |     |
| <b>FIP7. Facility GPS coordinates</b><br><br>Latitude:<br><br>Longitude:                             |     |
| <b>FIP8. Record the start time:</b><br><br>HOURS : MINUTES<br><br>____ : ____                        |     |

*The following script in FIP9 is intended for use only in those situations where the director, head of the facility, or other relevant person in charge has not been immediately identified upon arriving at the facility. If this person has been voluntarily identified upon your arrival, then you should skip to RIP.*

**FIP9.** Hello, my name is (*your name*) and I am one of the interviewers working on a census to gather information about all residential care facilities in the country and the children who live in them. We are from (*name of lead implementation agency*). I would like to speak to the person who is the most knowledgeable about this facility and who is at least 18 years old. This may be the director, head of the facility, or other relevant person in charge. Can you please introduce me to this person?

*ONCE YOU HAVE BEEN INTRODUCED TO THIS PERSON, COMPLETE RESPONDENT INFORMATION PANEL WITH HIS/HER DETAILS*

|                                                                                                               |                                                |    |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------|----|
| <b>FIP10. Result of facility questionnaire</b><br><br><i>Discuss any result not completed with Supervisor</i> | COMPLETED .....                                | 01 |
|                                                                                                               | NO KNOWLEDGEABLE RESPONDENT .....              | 02 |
|                                                                                                               | RESPONDENT REFUSED .....                       | 03 |
|                                                                                                               | FACILITY DID NOT MEET INCLUSION CRITERIA ..... | 04 |
|                                                                                                               | FACILITY VACANT/CLOSED .....                   | 05 |
|                                                                                                               | FACILITY DESTROYED .....                       | 06 |
|                                                                                                               | FACILITY NOT FOUND .....                       | 07 |
|                                                                                                               | OTHER ( <i>specify</i> ) .....                 | 96 |

| RESPONDENT INFORMATION PANEL                                           |                       | RIP                    |
|------------------------------------------------------------------------|-----------------------|------------------------|
| Complete this section with details about the most knowledgeable person |                       |                        |
| <b>RIP1. Respondent name:</b>                                          |                       |                        |
| NAME                                                                   |                       |                        |
| <b>RIP2. Respondent position or title:</b>                             |                       |                        |
| <b>RIP3. Respondent contact details:</b>                               |                       |                        |
| PHONE NUMBER:                                                          |                       | EMAIL (IF APPLICABLE): |
| <b>RIP4. Is this the same person you spoke with in FIP9?</b>           | YES.....1<br>NO.....2 | 1 ⇔ RIP5A<br>2 ⇔ RIP5B |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                            |            |          |  |           |           |
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| <p><b>RIP5A.</b> Now I would like to ask you a few questions about this facility. All the information we obtain will remain strictly confidential and the name of this facility will not be identified or disseminated as part of the findings. Similarly, your name and personal information will not be disclosed. This is not an inspection and therefore the information you provide will not impact your employment or the status of this facility. If you do not wish to answer a question or stop the interview at any time, please let me know.</p> <p>Before we begin, please sign here to confirm that I have explained to you the purpose and outlined the procedures related to confidentiality. Also, we want to inform you that this facility might be randomly selected to participate in a follow-up survey. By signing below, you agree to be interviewed and to allow the facility to take part.</p> | <p><b>RIP5B.</b> Hello, my name is (<i>your name</i>) and I am one of the interviewers working on a census and mapping to gather information about all facilities in the country where children live. We are from (<i>name of lead implementation agency</i>). I would like to ask you a few questions about this facility. All the information we obtain will remain strictly confidential and the name of this facility will not be identified or disseminated as part of the findings. Similarly, your name and personal information will not be disclosed. This is not an inspection and therefore the information you provide will not impact your employment or the status of this facility. If you do not wish to answer a question or stop the interview at any time, please let me know.</p> <p>Before we begin, please sign here to confirm that I have explained to you the purpose and outlined the procedures related to confidentiality. Also, we want to inform you that this facility might be randomly selected to participate in a follow-up survey. By signing below, you agree to be interviewed and to allow the facility to take part.</p> |                                                                                                                                                                                            |            |          |  |           |           |
| <b>RESPONDENT SIGNATURE:</b> _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                            |            |          |  |           |           |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><i>Consent granted?</i></td> <td style="width: 40%;">YES..... 1</td> <td style="width: 40%;">1 ⇨ RIP6</td> </tr> <tr> <td></td> <td>NO..... 2</td> <td>2 ⇨ FIP10</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <i>Consent granted?</i>                                                                                                                                                                    | YES..... 1 | 1 ⇨ RIP6 |  | NO..... 2 | 2 ⇨ FIP10 |
| <i>Consent granted?</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 ⇨ RIP6                                                                                                                                                                                   |            |          |  |           |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NO..... 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2 ⇨ FIP10                                                                                                                                                                                  |            |          |  |           |           |
| <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; vertical-align: top;"><b>RIP6.</b> Are there any children, meaning anyone under the age of 18, living in this facility?</td> <td style="width: 40%;">YES..... 1</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>NO..... 2</td> <td>2 ⇨ FI47</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>RIP6.</b> Are there any children, meaning anyone under the age of 18, living in this facility?                                                                                          | YES..... 1 |          |  | NO..... 2 | 2 ⇨ FI47  |
| <b>RIP6.</b> Are there any children, meaning anyone under the age of 18, living in this facility?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | YES..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |            |          |  |           |           |
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| <table style="width: 100%; border: none;"> <tr> <td style="width: 20%; vertical-align: top;"><b>RIP7.</b> Does this facility have an existing registry, database or other type of record that includes the names of each person who usually lives here other than staff and volunteers?</td> <td style="width: 40%;">YES..... 1</td> <td style="width: 40%;"></td> </tr> <tr> <td></td> <td>NO..... 2</td> <td></td> </tr> </table> <p><i>If yes, ask:<br/>May I see it?</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>RIP7.</b> Does this facility have an existing registry, database or other type of record that includes the names of each person who usually lives here other than staff and volunteers? | YES..... 1 |          |  | NO..... 2 |           |
| <b>RIP7.</b> Does this facility have an existing registry, database or other type of record that includes the names of each person who usually lives here other than staff and volunteers?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YES..... 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                            |            |          |  |           |           |
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| <i>Interviewer A should continue to interview this respondent starting with the Facility Information module. Interviewer B should work on completing the Facility Roster.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                            |            |          |  |           |           |

| FACILITY INFORMATION                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FI      |
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| <b>FI1.</b> What type of services does this facility provide on-site?<br><br><i>CHOOSE ALL THAT APPLY</i>                                                                                                                                                                     | HOUSING AND CARE ..... A<br>EARLY CHILDHOOD EDUCATION ..... B<br>PRIMARY OR SECONDARY EDUCATION ... C<br>RELIGIOUS EDUCATION OR TRAINING ..... D<br>VOCATIONAL OR SKILLS TRAINING ..... E<br>EMERGENCY OR TEMPORARY SHELTER ... F<br>HEALTH OR MEDICAL CARE ..... G<br>CORRECTIONAL SERVICES FOR CHILDREN<br>IN CONFLICT WITH THE LAW ..... H<br>SPECIALIZED SERVICES FOR CHILDREN<br>WITH DISABILITIES ..... I<br><b>COUNTRY-SPECIFIC TYPE OF SERVICES .... J</b><br><br>OTHER<br>(specify) ..... X |         |
| <b>FI2.</b> Is this a government/State or privately-run facility?                                                                                                                                                                                                             | GOVERNMENT/STATE ..... 1<br>PRIVATE ..... 2<br><br>OTHER<br>(specify) ..... 6                                                                                                                                                                                                                                                                                                                                                                                                                        |         |
| <b>FI3.</b> Is this facility licensed as a residential home for children with <b>name of national regulatory/licensing body</b> ?<br><br><i>If yes, ask to see the facility's license or other relevant proof such as certificate.</i>                                        | YES, LICENSE SEEN AND VALID ..... 1<br>YES, LICENSE SEEN BUT NOT VALID ..... 2<br>YES, LICENSE NOT SEEN ..... 3<br>NO ..... 4<br><br>DK ..... 8                                                                                                                                                                                                                                                                                                                                                      | 4 ⇒ FI5 |
| <b>FI4.</b> Has this facility been monitored by <b>name of national regulatory/licensing body</b> in the last <b>insert standard number of months required for inspections</b> ?<br><br><i>If yes, ask to see the visitor book or a copy of the latest monitoring report.</i> | YES, RECORDED IN VISITOR BOOK ..... A<br>YES, MONITORING REPORT SEEN ..... B<br>YES, MONITORING REPORT NOT SEEN ..... C<br>NO ..... D<br><br>DK ..... Y                                                                                                                                                                                                                                                                                                                                              |         |

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| <b>FI5.</b> When did this facility open?<br><br><i>Try to obtain the year the facility opened and began operating as a minimum.</i> | MONTH..... _ _ _<br><br>DK MONTH.....98<br><br>YEAR..... _ _ _ _<br><br>DK YEAR ..... 9998                                                                                                                                                            | <i>If YEAR PROVIDED<br/>⇒FI7</i><br><br>9998 ⇒FI6 |
| <b>FI6.</b> How long has this facility been open?                                                                                   | LESS THAN 1 YEAR .....1<br>MORE THAN 1 YEAR.....2<br><br>DK.....8                                                                                                                                                                                     |                                                   |
| <b>FI7.</b> Is this facility religiously-affiliated or faith-based?                                                                 | YES .....1<br>NO.....2<br><br>DK.....8                                                                                                                                                                                                                | 2 ⇒ FI9<br><br>8 ⇒ FI9                            |
| <b>FI8.</b> With which religion or faith is this facility affiliated?<br><br><i>CHOOSE ALL THAT APPLY</i>                           | ROMAN CATHOLIC ..... A<br>OTHER CHRISTIAN..... B<br>JUDAISM..... C<br>ISLAM..... D<br>HINDUISM .....E<br>BUDDHISM.....F<br>OTHER COUNTRY-SPECIFIC..... H<br><br>OTHER<br>(specify)..... X                                                             |                                                   |
| <b>FI9.</b> From where does this facility receive its funding?<br><br><i>CHOOSE ALL THAT APPLY</i>                                  | GOVERNMENT..... A<br>INTERNATIONAL ORGANIZATION ..... B<br>LOCAL ORGANIZATION ..... C<br>RELIGIOUS INSTITUTION OR FAITH-BASED ORGANIZATION ..... D<br>PRIVATE DONORS .....E<br>SELF-FINANCED .....F<br><br>OTHER<br>(specify)..... X<br><br>DK..... Y |                                                   |
| <b>FI10.</b> Does this facility have paid staff?                                                                                    | YES .....1<br>NO.....2<br><br>DK.....8                                                                                                                                                                                                                | 2 ⇒ FI17<br><br>8 ⇒ FI17                          |

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| <b>FI11.</b> How many paid staff work at this facility?                                                                                                                                                                              | NUMBER OF PAID STAFF ____<br>DK NUMBER OF PAID STAFF .....98                                                     |                          |
| <b>FI12.</b> How many of the paid staff are:<br><br>[A] Full-time?<br><br>[B] Part-time?<br><br>[C] Casual/occasional?<br><br><i>If none, record '00'. If unknown, record '98'.</i>                                                  | FULL-TIME ..... ____<br><br>PART-TIME ..... ____<br><br>CASUAL/OCCASIONAL ..... ____                             |                          |
| <b>FI13.</b> How many of the paid staff are:<br><br>[A] Caregivers/childcare staff?<br><br>[B] Teachers?<br><br>[C] Medical or health staff?<br><br>[D] Social workers?<br><br><i>If none, record '00'. If unknown, record '98'.</i> | CAREGIVERS ..... ____<br><br>TEACHERS ..... ____<br><br>MEDICAL STAFF ..... ____<br><br>SOCIALWORKERS ..... ____ |                          |
| <b>FI14.</b> Are any of the paid staff foreign nationals?                                                                                                                                                                            | YES .....1<br>NO .....2<br><br>DK .....8                                                                         | 2 ⇒ FI16<br><br>8 ⇒ FI16 |
| <b>FI15.</b> How many of the paid staff are foreign nationals?                                                                                                                                                                       | NUMBER OF PAID STAFF WHO ARE FOREIGN NATIONALS ____<br>DK NUMBER OF PAID STAFF WHO ARE FOREIGN NATIONALS .....98 |                          |
| <b>FI16.</b> Are any of the staff who work directly with children required to undergo a background or police check?                                                                                                                  | YES .....1<br>NO .....2<br><br>DK .....8                                                                         |                          |

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| <b>FI17.</b> Does this facility have volunteers?<br><br><i>If asked, provide the following definition of “volunteer”:<br/> A volunteer is someone who is working or providing services to the facility without being paid.</i>              | YES .....1<br>NO.....2<br><br>DK.....8                                                                             | 2 ⇒ FI24<br><br>8 ⇒ FI24 |
| <b>FI18.</b> How many volunteers work at this facility?                                                                                                                                                                                     | NUMBER OF VOLUNTEERS ____<br>DK NUMBER OF VOLUNTEERS .....98                                                       |                          |
| <b>FI19.</b> How many of the volunteers are:<br><br>[A] Full-time?<br><br>[B] Part-time?<br><br>[C] Casual/occasional?<br><br><i>If none, record ‘00’. If unknown, record ‘98’.</i>                                                         | FULL-TIME ..... ____<br><br>PART-TIME..... ____<br><br>CASUAL/OCCASIONAL ..... ____                                |                          |
| <b>FI20.</b> How many of the volunteers are:<br><br>[A] Caregivers/childcare volunteers?<br><br>[B] Teachers?<br><br>[C] Medical or health workers?<br><br>[D] Social workers?<br><br><i>If none, record ‘00’. If unknown, record ‘98’.</i> | CAREGIVERS..... ____<br><br>TEACHERS ..... ____<br><br>MEDICAL WORKERS ..... ____<br><br>SOCIAL WORKERS ..... ____ |                          |
| <b>FI21.</b> Are any of the volunteers foreign nationals?                                                                                                                                                                                   | YES .....1<br>NO.....2<br><br>DK.....8                                                                             | 2 ⇒ FI23<br><br>8 ⇒ FI23 |
| <b>FI22.</b> How many of the volunteers are foreign nationals?                                                                                                                                                                              | NUMBER OF VOLUNTEERS WHO ARE FOREIGN NATIONALS ____<br>DK NUMBER OF VOLUNTEERS WHO ARE FOREIGN NATIONALS .....98   |                          |

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| <b>FI23.</b> Are any of the volunteers who work directly with children required to undergo a background or police check?                                                                                         | YES ..... 1<br>NO ..... 2<br><br>DK ..... 8                                                                                                        |                          |
| <b>FI24.</b> Are there any other persons who come to the facility to provide services to children who were not already accounted for as paid staff or volunteers of the facility?                                | YES ..... 1<br>NO ..... 2                                                                                                                          | 2 ⇒ FI26                 |
| <b>FI25.</b> How many of these other people are:<br><br>[A] Caregivers/childcare workers?<br><br>[B] Teachers or other education professionals?<br><br>[C] Medical or health workers?<br><br>[D] Social workers? | CAREGIVERS ..... ____ ____<br><br>TEACHERS ..... ____ ____<br><br>MEDICAL WORKERS ..... ____ ____<br><br>SOCIAL WORKERS ..... ____ ____            |                          |
| <b>FI26.</b> Does this facility have a written Child Safeguarding/Protection Policy?<br><br><i>If yes, ask:</i><br>May I see it?                                                                                 | YES, SEEN ..... 1<br>YES, NOT SEEN ..... 2<br>NO ..... 3<br><br>DK ..... 8                                                                         | 3 ⇒ FI29<br><br>8 ⇒ FI29 |
| <b>FI27.</b> Does the Child Safeguarding/Protection Policy contain a Code of Conduct and complaints procedure?                                                                                                   | YES, CODE OF CONDUCT ..... 1<br>YES, COMPLAINTS PROCEDURE ..... 2<br>YES, BOTH CODE OF CONDUCT AND COMPLAINTS PROCEDURE ..... 3<br>NEITHER ..... 4 | 2 ⇒ FI29<br><br>4 ⇒ FI29 |
| <b>FI28.</b> Are signed copies of the Code of Conduct kept on staff and volunteer files?                                                                                                                         | YES ..... 1<br>NO ..... 2<br><br>DK ..... 8                                                                                                        |                          |
| <b>FI29.</b> Does this facility store or keep children's individual case files?                                                                                                                                  | YES ..... 1<br>NO ..... 2                                                                                                                          | 2 ⇒ FI34                 |
| <b>FI30.</b> Where are these files stored or kept?                                                                                                                                                               | BOTH FILE CABINET/DESK/CLOSET AND COMPUTER ..... 1<br>ONLY COMPUTER ..... 2<br>ONLY FILE CABINET/DESK/CLOSET ..... 3                               | 2 ⇒ FI32                 |
| <b>FI31.</b> Are children's individual case files kept under lock and key?                                                                                                                                       | YES ..... 1<br>NO ..... 2                                                                                                                          |                          |
| <i>Check FI30: Only file cabinet/desk/closet?</i>                                                                                                                                                                | YES ..... 1<br>NO ..... 2                                                                                                                          | 1 ⇒ FI33                 |



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| <b>FI32.</b> Are children's individual case files password-protected on the computer?                                                              | YES ..... 1<br>NO.....2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <b>FI33.</b> Check: Is the file cabinet/desk/closet locked?<br><br>Check: Are any of the children's case files out in the open or are not secured? | <b>OBSERVED</b><br>FILE CABINET/DESK/CLOSET IS LOCKED . A<br><b>NOT OBSERVED</b> ..... B<br><br>SOME CASE FILES LEFT OUT ..... C<br>NO CASE FILES LEFT OUT ..... D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| <b>FI34.</b> What is the main source of drinking water provided by the facility?<br><br><i>CHOOSE MOST FREQUENTLY USED</i>                         | <b>PIPED WATER</b><br>PIPED INTO DWELLING ..... 11<br>PIPED TO YARD / PLOT ..... 12<br>PIPED TO NEIGHBOUR ..... 13<br>PUBLIC TAP / STANDPIPE ..... 14<br><br>TUBE WELL / BOREHOLE ..... 21<br><br><b>DUG WELL</b><br>PROTECTED WELL ..... 31<br>UNPROTECTED WELL ..... 32<br><b>SPRING</b><br>PROTECTED SPRING ..... 41<br>UNPROTECTED SPRING ..... 42<br><br>RAINWATER ..... 51<br>TANKER-TRUCK ..... 61<br>CART WITH SMALL TANK ..... 71<br>SURFACE WATER (RIVER, DAM, LAKE, POND, STREAM, CANAL, IRRIGATION CHANNEL)..... 81<br><br><b>PACKAGED WATER</b><br>BOTTLED WATER ..... 91<br>SACHET WATER ..... 92<br><br>OTHER ( <i>specify</i> )..... 96 |  |
| <b>FI35.</b> What are the most common type of toilets/latrines for children at this facility?                                                      | FLUSH/POUR-FLUSH TOILETS ..... 1<br>PIT LATRINES WITH SLAB ..... 2<br>PIT LATRINES WITHOUT SLAB ..... 3<br>COMPOSTING TOILETS ..... 4<br>HANGING LATRINES ..... 5<br>BUCKET LATRINES ..... 6<br>COUNTRY-SPECIFIC ..... 7<br>NO TOILETS OR LATRINES ..... 8<br><br>OTHER ( <i>specify</i> ) ..... 96                                                                                                                                                                                                                                                                                                                                                     |  |

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| <b>FI36.</b> Are there any separate toilets/latrines for boys and girls to use?                                                | YES, FOR ALL CHILDREN ..... 1<br>YES, FOR CHILDREN ABOVE A CERTAIN AGE ..... 2<br><i>RECORD AGE</i> .....<br>N/A (FACILITY IS SINGLE-SEX) ..... 3<br>NO ..... 4 |                                  |
| <b>FI37.</b> Are there separate facilities for girls and boys to bathe?                                                        | YES, FOR ALL CHILDREN ..... 1<br>YES, FOR CHILDREN ABOVE A CERTAIN AGE ..... 2<br><i>RECORD AGE</i> .....<br>N/A (FACILITY IS SINGLE-SEX) ..... 3<br>NO ..... 4 | 1 ⇒ FI39<br>2 ⇒ FI39<br>3 ⇒ FI39 |
| <b>FI38.</b> Are there separate times for girls and boys to bathe?                                                             | YES ..... 1<br>NO ..... 2<br>N/A (FACILITY IS SINGLE-SEX) ..... 3                                                                                               |                                  |
| <b>FI39.</b> Are there separate facilities for children and staff or volunteers to bathe?                                      | YES ..... 1<br>NO ..... 2                                                                                                                                       | 1 ⇒ FI41                         |
| <b>FI40.</b> Are there separate times for children and staff or volunteers to bathe?                                           | YES ..... 1<br>NO ..... 2                                                                                                                                       |                                  |
| <b>FI41.</b> Are there separate sleeping quarters or rooms for girls and boys?                                                 | YES, FOR ALL CHILDREN ..... 1<br>YES, FOR CHILDREN ABOVE A CERTAIN AGE ..... 2<br><i>RECORD AGE</i> .....<br>NO ..... 3<br>N/A (FACILITY IS SINGLE-SEX) ..... 4 |                                  |
| <b>FI42.</b> Are children's sleeping quarters or rooms grouped according to age?<br><br><i>Record '00' if less than 1 year</i> | YES ..... 1<br><i>RECORD AGE GROUPS</i> .....<br>____ TO ____<br>____ TO ____<br>____ TO ____<br>____ TO ____<br>NO ..... 2                                     |                                  |

|                                                                                                                                                                       |                                                                                                                                                                                                                             |                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| <b>FI43.</b> Do any staff or volunteers stay overnight in this facility?                                                                                              | YES, STAFF ONLY .....1<br>YES, VOLUNTEERS ONLY .....2<br>YES, BOTH STAFF AND VOLUNTEERS.....3<br>NEITHER .....4                                                                                                             | 4 ⇒ FI45                                         |
| <b>FI44.</b> Do the staff or volunteers stay overnight inside the children's sleeping quarters or rooms?                                                              | YES, STAFF ONLY .....1<br>YES, VOLUNTEERS ONLY .....2<br>YES, BOTH STAFF AND VOLUNTEERS.....3<br>NEITHER .....4<br><br>DK.....8                                                                                             |                                                  |
| <b>FI45.</b> Thank you for taking the time to speak with me today. We would like to identify a time when all children living here are present in order to count them. |                                                                                                                                                                                                                             |                                                  |
| <b>FI46.</b> What time would this be?                                                                                                                                 | BREAKFAST TIME .....1<br>HOUR: ____: ____<br><br>LUNCH TIME .....2<br>HOUR: ____: ____<br><br>DINNER TIME .....3<br>HOUR: ____: ____<br><br>AFTER DINNER .....4<br>HOUR: ____: ____<br><br>OTHER .....5<br>HOUR: ____: ____ |                                                  |
| <b>FI47.</b> Do you know of any other facilities or institutions in this area where children live?                                                                    | YES .....1<br><br><br>NO .....2                                                                                                                                                                                             | 1 ⇒ OTHER FACILITY INFORMATION FORM<br>2 ⇒ FIP11 |

| OTHER FACILITY INFORMATION FORM                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                           | OFIF |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <p><i>Probe to understand whether the other facilities in the area known to the respondent are already included as part of the census frame. If the facility (or facilities) mentioned by the respondent are newly identified, then the interviewer should record some basic information about it using the Facility Information Form. A separate form should be completed for each facility newly identified by the respondent.</i></p> |                                                                                                                                                                                           |      |
| <b>OFIF1.</b> What is the name of the facility?                                                                                                                                                                                                                                                                                                                                                                                          | NAME                                                                                                                                                                                      |      |
| <b>OFIF2.</b> Where is the facility located?                                                                                                                                                                                                                                                                                                                                                                                             | <p>ADDRESS:</p> <p>REGION:</p> <p>REGION 1 ..... 1</p> <p>REGION 2 ..... 2</p> <p>REGION 3 ..... 3</p> <p>REGION 4 ..... 4</p> <p>VILLAGE/COMMUNITY:</p> <p>LANDMARK:</p>                 |      |
| <b>OFIF3.</b> Who is the main contact person at this facility? Please give me their full name and contact details.                                                                                                                                                                                                                                                                                                                       | <p>NAME:</p> <p>PHONE NUMBER:</p> <p>EMAIL:</p>                                                                                                                                           |      |
| <i>RECORD AT LEAST ONE SOURCE OF CONTACT</i>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                           |      |
| <b>OFIF4.</b> What is his/her position at the facility?                                                                                                                                                                                                                                                                                                                                                                                  | <p>DIRECTOR/HEAD ..... 1</p> <p>MANAGER ..... 2</p> <p>STAFF MEMBER ..... 3</p> <p>VOLUNTEER ..... 4</p> <p>COUNTRY-SPECIFIC ..... 5</p> <p>OTHER (specify) ..... 6</p> <p>DK ..... 8</p> |      |
| Go to FIP11.                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                           |      |

|                                                                                 |                                                                                                                           |  |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--|
| <b>FIP11.</b> <i>Record the end time.</i>                                       | HOURS AND MINUTES ..... : .....                                                                                           |  |
| <b>FIP12.</b> <i>Language of the Questionnaire.</i>                             | ENGLISH ..... 1<br>LANGUAGE 2..... 2<br>LANGUAGE 3..... 3<br>LANGUAGE 4..... 4                                            |  |
| <b>FIP13.</b> <i>Language of the Interview.</i>                                 | ENGLISH ..... 1<br>LANGUAGE 2..... 2<br>LANGUAGE 3..... 3<br>LANGUAGE 4..... 4<br><br>OTHER LANGUAGE<br>(specify) ..... 6 |  |
| <b>FIP14.</b> <i>Was a translator used for any parts of this questionnaire?</i> | YES, THE ENTIRE QUESTIONNAIRE..... 1<br>YES, PARTS OF THE QUESTIONNAIRE ..... 2<br>NO, NOT USED ..... 3                   |  |
| <i>Complete FIP10</i>                                                           |                                                                                                                           |  |

## INTERVIEWER'S NOTES