





**INSTITUTIONS**

**(H-23)**

**Which type of institution or collective living quarter is this?**

- |  |   |
|--|---|
| 00 = Tourist hotel/motel/inn                           | 08 = Prison/correctional institution/police cells |
| 01 = Hospital/medical facility/clinic/frailcare centre | 09 = Community or church hall                     |
| 02 = Childcare institution/orphanage                   | 10 = Refugee camp/shelter for the homeless        |
| 03 = Home for the disabled                             | 11 = Homeless END THE INTERVIEW                   |
| 04 = Boarding school hostel                            | 12 = Other (specify)                              |
| 05 = Initiation school                                 |   |
| 06 = Convent/monastery/religious retreat               |   |
| 07 = Defence force barracks/camp/ship in harbour       |   |

Write only one code in the boxes.

--	--

**ROOMS**

**(H-24)**

**How many rooms, including kitchens, are there for this institution?**

Count all rooms in all living quarters. Exclude bathrooms, sheds, garages, stables, etc. unless persons are living in them. For example, if 4 rooms write   in the box.

--	--

**PIPED WATER**

**(H-26)**

**In which way does this institution obtain PIPED WATER for domestic use?**

Write only one code in the box.

- 1 = No access to piped (tap) water
- 2 = Piped (tap) water on community stand: distance greater than 200 m from institution
- 3 = Piped (tap) water on community stand: distance less than 200 m from institution
- 4 = Piped (tap) water inside yard
- 5 = Piped (tap) water inside institution

--

**SOURCE OF WATER**

**(H-26a)**

**What is this institution's MAIN source of WATER for domestic use? Write only one code in the box.**

- 1 = Regional/local water scheme (operated by a Water Service Authority or Provider)
- 2 = Borehole
- 3 = Spring
- 4 = Rain-water tank
- 5 = Dam / pool / stagnant water
- 6 = River/stream
- 7 = Water vendor
- 8 = Other (specify)

--

**TOILET FACILITY**

**(H-27)**

**What is the MAIN type of TOILET facility that is available for this institution?**

Write only one code in the box.

- 1 = Flush toilet (connected to sewerage system)
- 2 = Flush toilet (with septic tank)
- 3 = Chemical toilet
- 4 = Pit latrine with ventilation (VIP)
- 5 = Pit latrine without ventilation
- 6 = Bucket latrine
- 7 = None

--

**ENERGY/FUEL**

**(H-28)**

**What type of energy/fuel does this institution MAINLY use for cooking, heating and lighting? Write one code in each box.**

- |                 |                     |  |
|-----------------|---------------------|--|
| 1 = Electricity | 9 = Other (specify) | <b>Note:</b> - Wood (4), coal (5) and animal dung (7) cannot be used for lighting<br>- Candles (6) cannot be used for cooking or heating |
| 2 = Gas         |                     |  |
| 3 = Paraffin    |                     |  |
| 4 = Wood        |                     |  |
| 5 = Coal        |                     |  |
| 6 = Candles     |                     |  |
| 7 = Animal dung |                     |  |
| 8 = Solar       |                     |  |

**Cooking**

--

**Heating**

--

**Lighting**

--

**HOUSEHOLD GOODS**

**(H-29)**

**Which of the following devices are available for the inhabitants of this institution and are in working condition?**

Y = Yes  
N = No

Dot the appropriate box for each item.

- |                                |                                |            |                                |                                |              |
|--------------------------------|--------------------------------|------------|--------------------------------|--------------------------------|--------------|
| <input type="text" value="Y"/> | <input type="text" value="N"/> | Radio      | <input type="text" value="Y"/> | <input type="text" value="N"/> | Refrigerator |
| <input type="text" value="Y"/> | <input type="text" value="N"/> | Television | <input type="text" value="Y"/> | <input type="text" value="N"/> | Telephone    |
| <input type="text" value="Y"/> | <input type="text" value="N"/> | Computer   | <input type="text" value="Y"/> | <input type="text" value="N"/> | Cell-phone   |

**REFUSE OR RUBBISH**

**(H-30)**

**How is the refuse or rubbish of this institution MAINLY disposed of? Write only one code in the box.**

- |   |                         |
|---|-------------------------|
| 1 = Removed by local authority at least once a week | 4 = Own refuse dump     |
| 2 = Removed by local authority less often           | 5 = No rubbish disposal |
| 3 = Communal refuse dump                            | 6 = Other (specify)     |

--

Enumerator's name and signature (confirming that s/he has completed or checked the questionnaire).

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

Supervisor's name and signature (to indicate that s/he has checked enumerator's work)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:



















