CAPTURING STAKEHOLDER PERSPECTIVES

Survey Instruments

The Sanitation Technology Platform

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Introduction

The Sanitation and Technology Platform (STeP) project team is committed to providing partners of the Bill & Melinda Gates Foundation (the Foundation) the tips, tools, and best practices they need to successfully manage field testing activities and project operations for new sanitation technologies. This document is one of several guidance and training resources developed by STeP in partnership with the Foundation to support Partners and the broader sanitation community test and launch new products into markets.

Purpose of This Guide

The purpose of this guidance document is to provide partners with starting survey instruments that can be used to gather user feedback, insights, and perspectives while testing technologies in the field. These studies, referred to as “technology-user assessments” can be used to assess technology performance, as well as the user experience. Questions include background information on residents, e.g., household numbers, features of the home, access to water, as well as interactions with the technology, e.g., odor, noise, condition of water, reactions to the interface. Insights gleaned can be used to inform product refinement and design and support use case analysis and business planning.

This document is intended to be a generic starting place and should be customized for a given setting and technology. It does include detailed forms, questions and guidance necessary to effectively collect stakeholder feedback prior to installation and during testing of a sanitation technology. We consider it a living document and welcome any and all feedback and input from partners so that we can build on the experiences from this rich community of practice.
1. TOWNHALL PARTICIPANT QUESTIONNAIRE

1. Name: ____________________________________________

2. Mobile number: ______________________________________

3. Residential Address: __________________________________

4. Number of people (of all ages) that live in your household: ____________

5. How do you learn about news and current events? Please select all that apply.
   - Television
   - Internet
   - Newspaper
   - Family
   - Radio
   - Friends
   - Other (specify) ______________________________________

6. In the past 30 days, have you used a mobile phone?
   - Yes
   - No [SKIP TO QUESTION 10]

7. In the past 30 days, for what purpose did you use your phone?
   - Making phone calls
   - Accessing the internet
   - Sending or receiving SMS
   - Whatsapp/other free messenger service

8. What language do you use to type on your phone? Please select all that apply.
   - English
   - Tamil
   - Other (specify) ______________________________________

9. How comfortable are you with using SMS on your phone?
   - Very comfortable
   - Somewhat comfortable
   - Not at all comfortable

10. How comfortable are you with using apps on your smartphone?
    - I don’t have a smartphone
    - Very comfortable
    - Somewhat comfortable
    - Not at all comfortable

11. How does the main toilet in your residence flush?
    - Automatic flush
    - Bucket flush
    - Other (specify)

12. Before this town hall meeting, have you heard about any wastewater treatment technology?
    - Yes, specify which one(s): ________________________________
    - No
13. How well do you understand the proposed water treatment system’s function?
   ☐ Very well  ☐ Somewhat well
   ☐ Not at all well

14. How interested are you in trying this system for your home toilet?
   ☐ Very interested  ☐ Somewhat interested
   ☐ Not at all interested

15. In your opinion, are there benefits to the system? If so, what are the benefits?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

16. In your opinion, are there problems with the system? If so, what are the problems?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

17. What else would you like to share about your reaction to the system?

   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
2. BASELINE SURVEY: FACILITY MANAGERS

Introduction to respondent and informed consent:

Hello, my name is _________________________________. I am here today for the
_______________________________ pilot project. This project is about
studying attitudes toward water and sanitation. We want to learn about your everyday
experiences and thoughts so that we can better understand how the water and sanitation system
works in your area of residence.

For this effort, we would like to know more about the availability and use of water and sanitation
services in a building like yours. We would like to conduct a short interview and questionnaire
with you to learn more about your experience. We will ask you about your opinions and
perceptions of your sanitation conditions and to show us around your home and community. We
would like to broadly understand the availability of water and sanitation services in your building,
your use of these services, and some background information on your socioeconomic status. The
interview should last approximately 45 minutes. You are a volunteer if you participate in this
study, and please let us know if you feel uncomfortable talking about any of the topics. You may
choose not to answer any question or stop your participation at any time. Your responses and
participation in this survey will be kept confidential and anonymous (i.e., your name will not be
associated with your responses). There is no direct, immediate, or tangible benefit of
participating in this study. Would you be willing to participate in this study so we may learn more
about households like yours?

Signature: __________________________________________

Date: ______________

Notice: All information that permits identification of respondents or their households will be
regarded as strictly confidential and used for research purposes only; it will not be disclosed or
released for any other purpose without prior consent.
Section A: Background Information (5-8 mins)

1. What is your name and age?

2. How long have you been working here?

3. What is your role in this facility?
   3a. Describe a regular day at work?

4. How often do you interact with the residents in this facility?

5. If there is a toilet breakdown or water problem, how will the residents get in touch with you?
   5a. What do you do when you cannot solve the problem? (escalation within the system or third party intervention)
      • regular check inspection:
      • most frequent complaints:

6. When was the last time you bought a new technology or new equipment for your facility?
   6a. How did you go about doing this? How did you convince management?

7. Are there any situations when you found it difficult to convince your management?

8. What is the frequency of inspection?

Section B: Water Management (10 minutes)

9. What types of water do you supply?

10. How would you describe your water?
    □ Hard water
    □ Soft water
    □ Sewage treatment plant (STP)–treated water
    □ Other:
11. Water supply

<table>
<thead>
<tr>
<th>Water type</th>
<th>Total supply</th>
<th>Consumption per household or unit</th>
<th>Specific water use</th>
<th>Expense per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Do you have any in-house technologies/systems to treat water? 

12a. When was it setup? What was the setup cost? How was the decision made?

12b. What kind of ongoing maintenance activities does the system require?

12c. What is the cost per unit for treated water?

13. Do you face water shortage?

☐ Yes   ☐ No

13a. If YES, when was the last time you faced a shortage?

12b. How did you manage it?

14. Do you get complaints from your residents about their water?

☐ Yes   ☐ No

14a. If YES, what type of complaints?

Section C: Waste Management (5-8 mins)

15. Do you have an STP in your facility?

☐ Yes   ☐ No

15a. If YES, when was it installed?

15b. If NO, what happens to your waste? (Questions 16, 17, 18, and 19 are for facilities with STPs.)

16. What is the capacity of the STP?
17. How was the decision made to setup this plant? 

17a. What was the cost for setting up this plant? 

17b. What are the regular maintenance activities and corresponding costs? 

17c. What are the monthly running costs for this plant? 

18. What is done with the treated water? 

19. Have you thought about using it in the resident units? 
   □ Yes  □ No 
   
19a. If YES, for what purpose? 

19b. If NO, why not? 

Section D: New System (5 mins)

20. How is this system different from the existing one? 

20a. Can you list positives and negatives for the new system? 

21. Is this water sufficient for flushing? 
   □ Yes  □ No 

21a. If YES, why? 

21b. If NO, why not? 

22. What else would this water be sufficient for? Why? 

23. What would it not be sufficient for? Why not? 

24. How do you think people will respond to this new system? 

25. Do you think this will reduce your water expense? 
   □ Yes  □ No 

25a. If you pay INR 200 per month, by how much would that reduce the expense? 

26. Do you think you would pay a small monthly fee for a system like this, if it works smoothly? 
   □ Yes  □ No
26a. If NO, why not? Who do you think should pay for a system like this?

_________________________________________________________

27. Do you have any other concerns about this system? ______________________________

_________________________________________________________
3. BASELINE SURVEY: END USERS

Introduction to respondent and informed consent:

Hello, my name is _________________________________. I am here today for the ________________________________ pilot project. This project is about studying attitudes toward water and sanitation. We want to learn about your everyday experiences and thoughts so that we can better understand how the water and sanitation system works in your area of residence.

For this effort, we would like to know more about the availability and use of water and sanitation services in apartment buildings like yours. We would like to conduct a short interview and questionnaire with you to learn more about your experience. We will ask you about your opinions and perceptions of your sanitation conditions and to show us around your home and community. We would like to broadly understand the availability of water and sanitation services in your building, your use of these services, and some background on your socioeconomic status. The interview should last approximately 45 minutes. You are a volunteer if you participate in this study, and please let us know if you feel uncomfortable talking about any of the topics. You may choose not to answer any question or stop your participation at any time. Your responses and participation in this survey will be kept confidential and anonymous (i.e., your name will not be associated with your responses). There is no direct, immediate, or tangible benefit of participating in this study. Would you be willing to participate in this study so we may learn more about households like yours?

Signature: ________________________________

Date: __________________

Notice: All information that permits identification of respondents or their households will be regarded as strictly confidential and used for research purposes only; it will not be disclosed or released for any other purpose without prior consent.
Section A: Background Information (5-8 mins)

1. What is your name? 
2. How long have you been living in the house? 
3. How many family members/roommates live with you? 
4. How many rooms are in the house? (Don’t ask this question if you can answer it without asking the participant.) 
5. How many bathrooms are in the household? 
   5a. Is the toilet attached with the bathroom? 
      □ Yes □ No 
6. On which floor is the house located? (Don’t ask this question if you can answer it without asking the participant.) 
7. How much does the family pay for the following utilities? 
   a. Rent: 
   b. Electricity: 
   c. Water: 
   d. Internet: 
   e. Gas: 
   f. Phone: 
8. What was the last big expense you made personally for a repair and/or upgrade? 
   8a. How much money did you spend? 
   8b. What prompted you to make this repair and/or upgrade? 

Section B: Water (5 mins)

9. What types of water do you get? 
   (This is a qualitative question. Record respondents answers without any probes. Examples of responses could be hard water, soft water, reverse osmosis [RO], or borewell.) 
10. How would you describe each type of water? 
   a. Taste: 
   b. Smell: 
   c. Color: 
   d. Other (Specify): 
11. Do you think your water is safe to drink? 
   □ Yes □ No 
   11a. If NO, what do you do to make it better?
11b. Do you do anything else to personalize or clean other water sources?

Section B.1: Water Walkthrough (10 mins)

(Ask the participant to show all of the water sources. Collect information for questions 12 and 13 during the walkthrough.)

12. Collect information on water access, distribution, and use:

<table>
<thead>
<tr>
<th>Water type</th>
<th>How many hours per day do you get it?</th>
<th>Where all can you access it? (Take photos capturing the whole room.)</th>
<th>How many pipes are there? (Take photos of the pipe and surrounding area.)</th>
<th>Specific use and why? (For example, they might use soft water for bathing only.)</th>
<th>General use and why? (For example, they might use both hard and soft water for washing floors.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hard water</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft water</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12a. Have there been situations where you didn’t have water for a specific use? What happened? (For example, when they didn’t have soft water for bathing, what did they do?)

13. Collect information on water use:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Personal use (Use can be number of buckets if they can’t say it in litres. Take photos of the buckets or vessels used.)</th>
<th>Total consumption by the family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flushing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing floor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaning vessels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drinking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section C: Toilet (15 mins)

(After documenting the water sources, ask the participant if you can see the toilets. Collect information for these questions while viewing the toilets.)

14. How many people use this toilet? (for units with more than one toilet) 

15. Collect information on toilet use:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Toilet 1 (Capture where in the toilet each of these activities occur.)</th>
<th>Toilet 2 (Capture where in the toilet each of these activities occur.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. Who cleans the toilet? 

17. Who cleans the bath area? 

18. Do you clean them together?
   - ☐ Yes
   - ☐ No

18a. If YES, how often do you clean them? (monthly, weekly, daily, or after every use)

18b. If NO, why do you clean them separately? How often is it done? (monthly, weekly, daily, or after every use)

19. Do you have different types of cleaning?
   - ☐ Yes
   - ☐ No

19a. If YES, who does each cleaning?

19b. What is done during each cleaning? (intensity [e.g., heavy duty or light] and frequency)

20. What products and tools do you use in the toilet? (Take separate notes and photos for each)

20a. For each tool/product:
   20a.i. If YES, who does each cleaning?
   20a.ii. What choices did they have? (cost, benefit, ease of use, and appropriateness for task)
21. When do you consider a toilet to be dirty? *(Ask for multiple factors, and note the order in which people say it.)*
   
   21a. How does your own toilet rate on each of these? Rate each factor, where 1 is very bad, and 5 is very good.
   
   - Factor 1: Stain
     
   - Factor 2: Smell
     
   - Factor 3: Flies
     
   - Factor 4: Lack of water or sanitation artifacts
     
   21b. What do you do to correct/improve each of these?
   
22. What are specific problem areas within your toilet? *(Document with photos, if visible.)*
   
   22a. What do you think caused each of these?
   
23. What kind of flush do you have?
   
   23a. Does it work well?
     
     ☐ Yes ☐ No
   
   23b. If NO, what could be better? *(Also ask about the cistern here.)*
   
24. If the toilet uses a press flush, is the amount of water enough? Do you use more water? If so, when and why?
   
25. If the toilet uses a pour flush, is that enough? What happens when it is not enough?
   
   25a. How many 1 ltr bottles do you think would be used in a single flush?
   
26. When was the last time there was a problem inside your toilet?
   
   26a. How did you resolve it? *(Did they know who to call? Ask specifically about the time it took for the problem to be resolved. Were there any escalations needed?)*
   
27. Has the toilet ever been blocked? What caused it?
   
28. Do you think you or anyone else does anything (by accident or otherwise) that could block it later?
   
29. What happens to the waste and wastewater that are produced by your unit? Does wastewater get treated?
     
     ☐ Yes ☐ No
29a. If YES, how does wastewater from your unit get treated by the building? (Probe: Does the wastewater become clean after it is treated? How can you tell that it is clean/unclean?)

29b. Do you know what the treated wastewater is used for? Are you okay with that? Why or why not?

Section D: New System (10 mins)

30. What do you think is the main benefit of this system?

30a. Are there any additional benefits?

31. Is this water sufficient for flushing?
   □ Yes  □ No

   31a. If YES, why?

   31b. If NO, why?

32. What else would this water be sufficient for? Why?

33. What would it not be sufficient for? Why not?

34. How do you think the new system compares to your previous system?

35. Do you think this will reduce your water expense?
   □ Yes  □ No

   35a. For example, if you pay INR 200 per month, by how much would that reduce your water expense?

36. Do you think you would pay a small monthly fee for a system like this, if it works smoothly?
   □ Yes  □ No

   36a. If NO, why not? Who do you think should pay for a system like this?

37. Do you have any other concerns about this system?
1. BASELINE SURVEY: END USERS/RESIDENTS

Enumerator Note: Process Definitions

- **Retrofitting:** construction, electrical connection, and plumbing work in preparation for installation.
- **Commissioning:** assembly of the unit, connection of the black water and electricity, and final start-up

Section A: New System

1. Were you present when the treatment system was commissioned? *(Probe: assembly of the unit, connection of the blackwater and electricity, and final start-up)*
   - ☐ Yes
   - ☐ No (SKIP TO QUESTION 3)

2. Can you describe what you noticed during the commissioning period?

3. If NO, when was the system commissioned?

4. Have you seen the unit?
   - ☐ Yes
   - ☐ No

5. In your own words, please tell us how you think the system works. In other words, tell us what you think is happening within the system and outside. *(Based on the participant’s response, the facilitator is to sketch out a basic layout of the system. Use the questions below as prompts if needed.)* [Where does the flush water go? What happens to it? Where do you get the treated water from? Where is it stored?]

Space for sketch
6. Is there any difference in the system’s function from what you understood during or after the town hall?

7. Has the system installation/commissioning process affected your daily activities? (If yes, how? Did you reach out to management to voice any concerns?)

8. Did you tell anyone about this system? [Prompts: friends, relatives, and colleagues]
   - Yes
   - No (SKIP TO QUESTION 11)

9. Who did you tell? How many people did you tell?

10. What did you tell them?

11. In the past 14 days, was there an instance when there was no water in the flush?
   - Yes
   - No (SKIP TO QUESTION 14)

12. How long did it take for the problem to get resolved? __________________________

13. When was the last time this has happened? __________________________

14. Do you know if the system stopped working at any time? How did you know?

15. What did you do? Who did you inform?

16. How long did it take for the problem to get resolved?

17. Have you experienced any other problems with the system?

18. Can you think of three good points about the new system? What are they? (If the respondent can’t think of any points, then ask specifically about water recycling, reduced water use, and reduced waste generation.)
19. How have these positive things improved your and family members’ day-to-day life?

20. Can you think of three bad or weak points of the new system? What are they? (If the respondent can’t think of any points, then ask specifically about odor and fear of touching the treated water.)

21. How are these negative things impacting your and family members’ day-to-day life?

22. In your opinion, how can the system be improved?

23. Would you want the management from your building to install this technology permanently? (doesn’t include the maintenance)

24. Do you trust the treated water coming from this system?
   □ Yes □ No
   24a. If YES, why?
   24b. If NO, why not?

Section B: Water Use
(hard water, soft water, and treated water)

25. Have you made any changes in your water use?

<table>
<thead>
<tr>
<th></th>
<th>Hard water</th>
<th>Soft water</th>
</tr>
</thead>
</table>

26. If YES to above, then ask why and where? If NO, skip to question 27.

27. Which water do you use for flushing?

28. Do you pour extra water after flushing?
   □ Yes, always □ Yes, sometimes □ No [SKIP TO QUESTION 30]

29. How much water do you pour extra, and why? Where do you get this water?

30. Do you think you are saving water with this new system?
   □ Yes □ No

31. Do you use the treated water for any other purpose?
Section C: Cleaning Walkthrough

enumerator note: make a note of any noticeable changes or additions within the toilet (e.g., smell, stains, cleaning liquids, or use of chappals). If you don’t notice any visual changes, ask the user.

32. After the new system has been installed, how often do you clean your toilet?

33. Is this any different from your earlier cleaning frequency?
   - ☐ Yes
   - ☐ No [skip to question 38]

34. Why did you change the frequency?

35. What is the reaction of the maid or the person who cleans the toilet?

36. Have you told him/her about the new system?

37. Has the maid voiced any complaints or concerns regarding cleaning activities?

38. Are you using any new cleaning products or tools?
   - ☐ Yes
   - ☐ No [skip to question 40]

39. What is this product? Why did you decide to get the product?

40. Have you noticed anything different while cleaning?
   - ☐ Yes
   - ☐ No [skip to question 42]

41. What is different?

42. Do you use more cleaning product now?
   - ☐ Yes
   - ☐ No [skip to question 44]

43. How is it different from the old one?

Section D: Toilet Use

44. Are you using a new toilet?
   - ☐ Yes
   - ☐ No [skip to question 47]

45. Do you like the new toilet? (if they have a new toilet or flushing system)
   - ☐ Yes
   - ☐ No

46. How is it different from the old one?

47. Is this the first time that you’re using the press flush?
   - ☐ Yes
   - ☐ No [skip to question 49]
48. How do you like using the flush? *(Check if there are any leakage problems while using it.)*

49. Is this treated water acceptable for flushing?
   - ☐ a. Highly acceptable
   - ☐ b. Moderately acceptable
   - ☐ c. Somewhat acceptable
   - ☐ d. Not at all acceptable

50. Do you feel safe using this water for flushing?
   - ☐ Yes
   - ☐ No

50a. If YES, why?

50b. If NO, why not?

51. Do any other members of the household feel differently/disagree with you on using the flush?

52. Has the new system changed your ease and comfort in the toilet in any way? Are you using it in the same way you used it before?

---

**Section E: Treated Water**

53. Please describe the treated water? *(appearance and smell)*

54. Is it different from the water you used for flushing earlier?
   - ☐ a. Yes, very different
   - ☐ b. Yes, moderately different
   - ☐ c. No change [SKIP TO QUESTION 56]

55. How is it different?

56. Where is your treated water coming from to your toilet?

57. Do you have any concerns about the water?
   - ☐ Yes
   - ☐ No [SKIP TO QUESTION 59]

58. What did you do to address these concerns?

59. Did you have any guests staying with you after the system was installed?
   - ☐ Yes
   - ☐ No [SKIP TO QUESTION 62]

60. Did you inform them about the water? What was their reaction?

61. If you didn’t inform them about the water, why didn’t you tell them?
Section F: To Be Filled by the Users after the Survey

62. How clean is your toilet?
   □ a. Very clean  □ b. Somewhat clean
   □ c. It can be better  □ d. Not clean

63. How satisfied are you with the quality of the treated water?
   □ a. Very satisfied  □ b. Somewhat satisfied
   □ c. Somewhat dissatisfied  □ d. Very dissatisfied

64. How is the appearance of the treated water?
   □ a. Very clear  □ b. Sometimes clear
   □ c. Rarely clear  □ d. Not clear

65. Is there any odor in the treated water?
   □ a. No smell at all  □ b. Sometimes there is bad odor
   □ c. There is always some odor  □ d. I can’t tolerate the odor

66. How would you rate the system overall?
   □ a. Excellent  □ b. Satisfactory
   □ c. Could be better  □ d. I don’t like it

67. How likely are you to recommend this system to a colleague or friend?
   □ a. Very likely  □ b. Somewhat likely
   □ c. Not at all likely
2. BASELINE SURVEY: FACILITY MANAGERS

Enumerator Note: Process Definitions

- **Retrofitting**: construction, electrical connection, and plumbing work in preparation for installation.
- **Commissioning**: assembly of the unit, connection of the black water and electricity, and final start-up

Section A: New System

Section A.1: Retrofitting

1. Were you involved in the retrofitting process and site preparation stage?
   - ☐ Yes  ☐ No

2. Were there any issues or concerns during the retrofitting? *(Prompts: construction, electrical connection prep, and plumbing work)*
   - ☐ Yes  ☐ No [SKIP TO QUESTION 4]

3. What were they? *(Prompts: construction and plumbing work)*

Section A.2: Commissioning

4. Were you present during the commissioning process? *(Prompts: assembly of the unit, connection of the blackwater and electricity, and final start-up)*
   - ☐ Yes  ☐ No [SKIP TO QUESTION 6]

5. Were there any issues during the commissioning process? *(Prompts: plumbing and structural)*

6. Has the commissioning process affected your daily activities? (If yes, how?)

   6a. Did you see the samples that were taken from the site?
      - ☐ Yes  ☐ No

7. Were you aware that a lab test would be conducted of the sample?
   - ☐ Yes  ☐ No

8. Were the results of the lab test shared with you?
   - ☐ Yes  ☐ No [SKIP TO QUESTION 11]

9. What could you make of it?
10. Where things related to the new system that were monitored during the trial run? If so, what were they?

11. Can you tell us when the units started receiving treated water in their toilets?

12. Did your management ask for any monitoring from your side prior to the switch over to the treated water?
   ☐ Yes ☐ No [SKIP TO QUESTION 14]

13. What measures were recommended?

14. Were you present at any time during the commissioning process?
   ☐ Yes ☐ No [SKIP TO QUESTION 16]

15. What were the issues faced during the commissioning process?

16. In your own words, please tell us how you think the system works. In other words, explain what you think is happening within the system and outside. *(Based on the participant’s response, the facilitator is to sketch out a basic layout of the system. Use the questions below as prompts if needed.)* [Where does the flush water go? What happens to it? Where do you get the treated water from? Where is it stored?]

Space for sketch

Space for notes:
17. Can you think of three good points of this new system? What are they?

18. How will this positively impact your work?

19. Can you think of three bad/weak points of the new system? What are they?

20. How will this negatively impact your work?

21. How can the system be improved?

22. How do you think people will respond to this new system?

23. Is there any bad odor around the unit?
   ☐ Yes ☐ No [SKIP TO QUESTION 25]

24. Has the presence of an odor changed over the course of retrofitting, commissioning, and treatment? If so, how has it changed?

Section B: Maintenance

25. Are you aware of any system maintenance procedures?
   ☐ Yes ☐ No [SKIP TO QUESTION 27]

26. What are these procedures? How were you briefed about them?

27. Have you personally planned any extra maintenance efforts for this system?
   ☐ Yes ☐ No [SKIP TO QUESTION 29]

28. What are these measures?

29. What happens if there is a breakdown?

30. How confident do you feel about handling a system breakdown or problem?
   ☐ a. Very confident ☐ b. Somewhat confident
   ☐ c. Not at all confident
31. Do you feel like you have sufficient information and expertise to handle a breakdown or a resident complaint?
   ☐ Yes          ☐ No

32. What is the frequency of inspection and maintenance that you intend to employ for this system?

33. How many personnel are assigned toward new system maintenance?

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Section C: Complaints and Queries

34. Did you receive any complaints about the sewage connection of the last 14 days?
   ☐ Yes          ☐ No [SKIP TO QUESTION 36]

35. How many? What was it about?

36. Other than the complaints, do the residents ask you any questions about the system? If so, what do they ask about?

37. Did any of the residents get in touch with you regarding any specific issues with the system?
   ☐ Yes          ☐ No [SKIP TO QUESTION 41]

38. What was the issue?

39. Was it resolved? How?

40. Do you think this might be a recurring problem?

41. Was there any instance of water shortage (for flush) during this time?
   ☐ Yes          ☐ No [SKIP TO QUESTION 44]

42. What was the cause?

43. How was it resolved?

44. Was there any general water supply shortage?
   ☐ Yes          ☐ No

45. Is there a separate process for registering and resolving complaints for the new system?
   ☐ Yes          ☐ No [SKIP TO QUESTION 47]

46. What is the process?
Section D: Treated Water

47. Please describe the treated water? (appearance and smell)

48. Do you have any concerns about the water?
   ☐ Yes     ☐ No [SKIP TO QUESTION 50]

49. What would they be?

50. How do you think users feel about using this water for flushing?

51. How acceptable do you think the treated water is for use in flushing?
   ☐ a. Highly acceptable ☐ b. Moderately acceptable
   ☐ c. Somewhat acceptable ☐ d. Not at all acceptable

52. What other uses could it be suitable for?

53. What are the measures you have in place to check the quality of the treated water?

54. Have you planned any steps to monitor water savings and electricity consumption?

55. What are your initial observations about the electricity use of this system?

56. Has the new system resulted in a drop in water requirement for the block?
   ☐ Yes     ☐ No [SKIP TO QUESTION 58]

57. How much water do you think is being saved on a daily basis?

58. Do you have any other concerns about this system?

59. Would you consider recommending this system to your management?
   ☐ Yes     ☐ No
   59a. If YES, why?
   59b. If NO, why not?

   (Ask about their willingness to pay)

Section E: To Be Filled by the Facility Managers after the Survey

60. In your opinion, how clean is the treated water?
   ☐ a. Very clean     ☐ b. Somewhat clean
   ☐ c. I don’t know    ☐ d. Not clean
61. How is the appearance of treated water?
   ☐ a. Very clear
   ☐ c. Rarely clear
   ☐ b. Sometimes clear
   ☐ d. Not clear

62. Is there any odor in the treated water?
   ☐ a. No smell at all
   ☐ c. There is always some smell
   ☐ b. Sometimes I can smell
   ☐ d. I can’t tolerate the smell

63. How would you rate the system overall?
   ☐ a. Very satisfied
   ☐ c. Somewhat dissatisfied
   ☐ b. Somewhat satisfied
   ☐ d. Very dissatisfied

64. How likely are you to recommend this system to a colleague or friend?
   ☐ a. Very likely
   ☐ c. Not at all likely
   ☐ b. Somewhat likely