

ANNEX 1: Translated questionnaire applied in Case Study 1

Form N° _____
Questionnaire control:
<input type="checkbox"/> In field in _____ <input type="checkbox"/> Returned form field in _____ <input type="checkbox"/> Checked in _____
SECTION I - Identification
4. Position of the interviewee within the family: _____ 5. For how long is the family living in the house? _____ anos _____ meses
SECTION II – Socio-economic Aspects
3. How many people is living in the house? _____ 4. How many people living in the household is employed ? _____ 5. The ownership situation of the house is: <input type="checkbox"/> Own <input type="checkbox"/> Rented <input type="checkbox"/> Borrowed <input type="checkbox"/> Other: _____ <input type="checkbox"/> D'Know/ D' Answer
6. Do you have TV at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have TV at home? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do make part in the residents association activities? <input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION III – Water Supply and Solid Waste
9. What is the source of the water used by the family ? <input type="checkbox"/> COMPESA – in-house <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Collect from neighbour <input type="checkbox"/> Other: _____ <input type="checkbox"/> D'Know/D' Answer
10. What is the frequency of water shortage? <input type="checkbox"/> Rare <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____ <input type="checkbox"/> D'Know/ D' Answer
11. What is the home treatment for drinking water? <input type="checkbox"/> None <input type="checkbox"/> Boil <input type="checkbox"/> Filter <input type="checkbox"/> Buy mineral water <input type="checkbox"/> Use Chlorine <input type="checkbox"/> Other: _____ <input type="checkbox"/> D'Know/D' Answer
12. Where is the solid waste deposited ? <input type="checkbox"/> Collected by the prefecture <input type="checkbox"/> on the main road <input type="checkbox"/> In the former compost. unit <input type="checkbox"/> Other: _____ <input type="checkbox"/> D'Know/ D' Answer
SECTION IV – Community Participation on the Sanitation Programme (Groups 1 and 2)
13. How did you (your family) become aware about the sanitation programme ? <input type="checkbox"/> Residents Association <input type="checkbox"/> Local Church <input type="checkbox"/> Neighbors <input type="checkbox"/> Prefecture staff <input type="checkbox"/> Other: _____ <input type="checkbox"/> D' Know/D' Answer
14. When did you (your family) start to take part in the sanitation programme? <input type="checkbox"/> Already connected when moved in (GO TO V) <input type="checkbox"/> When the construction started <input type="checkbox"/> After see the system functioning <input type="checkbox"/> In the discussions phase <input type="checkbox"/> When moved in <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't Know/ Don't Answer

<input type="checkbox"/> Everybody	<input type="checkbox"/> Only adults	<input type="checkbox"/> Other: _____	<input type="checkbox"/> D't K/ D't A		

<input type="checkbox"/> Foul smell	<input type="checkbox"/> Presence of insects	<input type="checkbox"/> Drainage chan. overflow			
<input type="checkbox"/> None	<input type="checkbox"/> Other: _____	<input type="checkbox"/> D' Know/ D' Answer			
<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes			
<input type="checkbox"/> Every week	<input type="checkbox"/> Other: _____	<input type="checkbox"/> D' Know/ D' Answer			
23. Who does the maintenance of the system?					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Manual emptying	<input type="checkbox"/> Mechanical emptying	<input type="checkbox"/> Superstructure repairs			
<input type="checkbox"/> Vent pipe repairs	<input type="checkbox"/> Other: _____	<input type="checkbox"/> D' Know/D' Answer			
<table border="1" style="margin: auto;"> <tr> <td style="width: 50%;"><input type="checkbox"/> No. FINISH</td> <td style="width: 50%;"><input type="checkbox"/> Yes</td> </tr> </table>				<input type="checkbox"/> No. FINISH	<input type="checkbox"/> Yes
<input type="checkbox"/> No. FINISH	<input type="checkbox"/> Yes				

<input type="checkbox"/> Yes	<input type="checkbox"/> More ore less . Why: _____				
<input type="checkbox"/> D' Know/ D' Answer	<input type="checkbox"/> No. Why? _____				

INSPECTION: SEÇÃO I – The VIP Latrines (Groups 1 and 2)

1. Type of Latrine: inside single pit outside single pit double pit
2. In relation to the cover slab:
- a. Which material was used? _____
- b. Presenting cracks ? yes no
- c. Observation: _____
3. In relation to the sanitary bowl:
- a. Which type was used? _____
- b. Presenting cracks ? yes no
- c. Was the toilet bowl with a cover ? yes no
- d. Observation: _____
4. In relation to the superstructure:
- a. Which material was used? _____
- b. Presenting cracks ? yes no
- c. Has a door? yes no
- d. Does the door has any arrangement to be kept closed ? yes no
- e. Observation: _____
5. In relation to the roof:
- a. Which material was used? _____
- b. Observation: _____
6. In relation to ventilation:
- a. Which material was used for the vent pipe? _____
- b. Is the vent pipe installed ? yes no
- c. What is diameter of the vent pipe? _____
- d. In how many centimetres does the vent pipe is higher than the roof? _____
- e. Does the vent pipe has a flyscreen ? yes no
- f. There is any opening for ventilation between the superstructure and the roof? yes no
- g. Observation: _____
7. Hygiene conditions? good acceptable bad very bad
8. Presence of facilities for handwashing ? yes no
9. Observations about the VIP Latrines: _____
- _____
- _____

INSPECTION: SEÇÃO II– Sullage Collection (Groups 1 and 2)	
10. Which sullage are connected to the channels?	<input type="checkbox"/> kitchen <input type="checkbox"/> shower <input type="checkbox"/> laundry <input type="checkbox"/> sink <input type="checkbox"/> none <input type="checkbox"/> other
11. Precense of sullage around the house?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Where? _____
12. In relation to the sullage channel conditions ?	
a. Glogged ?	<input type="checkbox"/> yes <input type="checkbox"/> no
b. with household solid waste?(<input type="checkbox"/> yes <input type="checkbox"/> no
c. Presenting cracks ?	<input type="checkbox"/> yes <input type="checkbox"/> no
d. General conditions?	<input type="checkbox"/> good <input type="checkbox"/> acceptable <input type="checkbox"/> bad <input type="checkbox"/> very bad
13. Observations about the VIP Latrines:	_____

INSPECTION: SEÇÃO III– Facility Adopted by the Family (Groups 2 and 3)	
14. Which sanitation solution has been used ?	_____
15. Hygiene conditions?	<input type="checkbox"/> good <input type="checkbox"/> acceptable <input type="checkbox"/> bad <input type="checkbox"/> very bad
16. Presence of facilities for handwashing ?	<input type="checkbox"/> yes <input type="checkbox"/> no
17. Observations about the VIP Latrines:	_____

Date: ___ / ___ / ___ Interviewer: _____

Form processed in: ___ / ___ / _____

ANNEX 2: Translated questionnaire applied in Case Study 2

POUR-FLUSH TOILETS – CAMPO GRANDE: Aero Rancho Project

Form N° _____

SECTION I – Identification/ Socio-economic Aspects and Level of Water Supply Service

1. Position of the interviewee within the family: _____
2. For how long is the family living in the house? _____ anos _____ meses
3. How many people is living in the house? _____
4. How much does the family earn per month (in Brazilian minimum wages) ?

<input type="checkbox"/> Until 1	<input type="checkbox"/> 1 to 2 (inc.)	<input type="checkbox"/> 2 to 5 (inc.)	<input type="checkbox"/> More than 5	<input type="checkbox"/> D'Know/ D'Answer
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5. What is the source of the water used by the family ?

<input type="checkbox"/> SANESUL – in-house	<input type="checkbox"/> SANESUL – yard tap	<input type="checkbox"/> Well
<input type="checkbox"/> Buy in the doorstep	<input type="checkbox"/> Other: _____	<input type="checkbox"/> D'Know/D' Answer

SECTION II – Technology Usage, Functioning and Satisfaction

6. Is the household excreta (faeces and urine) connected to the pour-flush toilet system?

<input type="checkbox"/> Yes. <i>Go to 9</i>	<input type="checkbox"/> No	<input type="checkbox"/> D'Know/D' Answer
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7. Why is not connected to the system?

<input type="checkbox"/> Lack of knowledge on the system	<input type="checkbox"/> Lack of financial resources	<input type="checkbox"/> Break and has not been mended
<input type="checkbox"/> Waiting for SANESUL	<input type="checkbox"/> Don't think is important	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Don't Know/ Don't Answer
8. What is the excreta destination? _____
9. When did you (your family) start to take part in the sanitation programme?

<input type="checkbox"/> Already connected when moved in	<input type="checkbox"/> When the construction started	<input type="checkbox"/> After see the system functioning
<input type="checkbox"/> In the discussions phase	<input type="checkbox"/> When moved in	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Don't Know/ Don't Answer
10. What is the destination of sullage ?

a. Shower	()	system's pit	()	yard	()	street	()	drainage	()	other
b. Basinwash	()	system's pit	()	yard	()	street	()	drainage	()	other
c. Kitchen sink	()	system's pit	()	yard	()	street	()	drainage	()	other
d. Laundry	()	system's pit	()	yard	()	street	()	drainage	()	other
11. Had the pit ever be emptied ?

<input type="checkbox"/> Yes. How many time?	<input type="checkbox"/> No. <i>Go to 9</i>	<input type="checkbox"/> D'Know/D' Answer
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12. Who emptied the pit?

<input type="checkbox"/>	<input type="checkbox"/> Hired person/company	<input type="checkbox"/> Friends
<input type="checkbox"/>	<input type="checkbox"/> Other: _____	<input type="checkbox"/> D'Know/D' Answer
13. The emptying process was:

<input type="checkbox"/>	<input type="checkbox"/> mechanically	<input type="checkbox"/> D'Know/D' Answer
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14. What was done to the sludge ?

<input type="checkbox"/> Taken to another site	<input type="checkbox"/> Buried	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Dn't K/ Dn't A

SECTION II – Technology Usage, Functioning and Satisfaction (continuation)**15. How long does it take to CAERN attend to a maintenance request?**

<input type="checkbox"/>	Never requested	<input type="checkbox"/>	1 day	<input type="checkbox"/>	2 days	<input type="checkbox"/>	A week
<input type="checkbox"/>	15 days	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	D' Know/ D' Answer		

16. What is your opinion about the condominial system?

<input type="checkbox"/>	Good	<input type="checkbox"/>	Reasonable	<input type="checkbox"/>	Bad
<input type="checkbox"/>	Other: _____		<input type="checkbox"/>	D' Know/ D' Answer	

SEÇÃO III – Public Health and Educational Programmes**17. Can you smell foul odour from the sanitation system?**

<input type="checkbox"/>	Yes.	<input type="checkbox"/>	No	<input type="checkbox"/>	D' Know/ D' Answer
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18. There is mosquitoes in the household ?

<input type="checkbox"/>	Yes.	<input type="checkbox"/>	No	<input type="checkbox"/>	D' Know/ D' Answer
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19. How many children between 0 and 5 years old are there in the household ?

<input type="checkbox"/>	Zero. Go to 23	<input type="checkbox"/>	1 to 2	<input type="checkbox"/>	3 to 5
<input type="checkbox"/>	5 plus		<input type="checkbox"/>	D' Know/ D' Answer	

20. How many children between 0 and 5 years old had diarrhoea in the past 15 days ?

<input type="checkbox"/>	Zero. Go to 23	<input type="checkbox"/>	1 to 2	<input type="checkbox"/>	3 to 5
<input type="checkbox"/>	5 plus		<input type="checkbox"/>	D' Know/ D' Answer	

21. Have you heard about the oral rehydration solution (soro caseiro) ?

<input type="checkbox"/>	No. Go to 23	<input type="checkbox"/>	Yes. By the TV/radio	<input type="checkbox"/>	Yes. By the resid. Ass.
<input type="checkbox"/>	Yes. By the health service		<input type="checkbox"/>	Other: _____	
<input type="checkbox"/>			<input type="checkbox"/>	D' Know/ D' Answer	

22. How do you prepare the solution ? () OK () don't know**23. Have you (your family) received educational messages regarding the condominial sewerage?**

<input type="checkbox"/>	No. FINISH	<input type="checkbox"/>	Yes
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24. When was the last time? _____**25. What was it about ? _____****INSPECTION**

a. Location of the unit () inside () outside	e. Type of pit () single () double
b. Presence of flushing device () Yes () No	f. Presence of grease trap () Yes () No
c. Presence of a Vent pipe () Yes () No	g. Rainwater connection () Yes () No
d. Pit cover sealed () Yes () No	h. Open flow of sullage () Yes () No

Questionnaire control:

<input type="checkbox"/>	In field in _____	<input type="checkbox"/>	Returned form field in _____	<input type="checkbox"/>	Checked in _____
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Date: ____/____/____ Interviewer: _____

Form processed in: ____/____/____

ANNEX 3: Translated questionnaire applied in Case Study 3

CONDOMINIAL SYSTEM – NATAL: Rocas/Santos Reis Project

	Block No. _____ Form N° _____
Questionnaire control:	
<input type="checkbox"/> In field in _____	<input type="checkbox"/> Returned form field in _____
<input type="checkbox"/> Checked in _____	
SECTION I – General Information	
1. Address: _____	No. _____
2. Position of the interviewee within the family: _____	
3. For how long is the family living in the house? _____ anos _____ meses	
4. How many people is living in the house? _____	
5. How much does the family earn per month (in Brazilian minimum wages) ?	
<input type="checkbox"/> Until 1	<input type="checkbox"/> 1 to 2 (inc.)
<input type="checkbox"/> 2 to 5 (inc.)	<input type="checkbox"/> More than 5
<input type="checkbox"/> D'Know/ D'Answer	
6. The ownership situation of the house is:	
<input type="checkbox"/> Own	<input type="checkbox"/> Rented
<input type="checkbox"/> Borrowed	<input type="checkbox"/> Other: _____
<input type="checkbox"/> D'Know/ D'Answer	
SECTION II – Water Supply	
7. What is the source of the water used by the family ?	
<input type="checkbox"/> CAERN – in-house	<input type="checkbox"/> CAERN – yard tap
<input type="checkbox"/> Well	<input type="checkbox"/> Buy in the doorstep
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> D'Know/D' Answer	
8. What is the frequency of water shortage?	
<input type="checkbox"/> Rare	<input type="checkbox"/> Monthly
<input type="checkbox"/> Weekly	<input type="checkbox"/> Other: _____
<input type="checkbox"/> D'Know/ D'Answer	
SECTION III – Participation of the Community in the Sanitation Programme	
9. Is the household wastewater connected to the condominial system?	
<input type="checkbox"/> Yes. <i>Go to 12</i>	<input type="checkbox"/> No
<input type="checkbox"/> D'Know/D' Answer	
10. Why is not connected to the condominial system?	
<input type="checkbox"/> Lack of knowledge on the system	<input type="checkbox"/> Lack of financial resources
<input type="checkbox"/> Break and has not been mended	<input type="checkbox"/> Waiting for CAERN
<input type="checkbox"/> Don't think is important	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Don't Know/ Don't Answer	
11. What is the wastewater destination?	
<input type="checkbox"/> Drainage. <i>Go to 28</i>	<input type="checkbox"/> Sep. Tank <i>Go to 28</i>
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> D' Know/ D' Answer <i>Go to 28</i>	
12. How did you (your family) become aware about the sanitation programme ?	
<input type="checkbox"/> Residents Association	<input type="checkbox"/> Local Church
<input type="checkbox"/> Neighbors	<input type="checkbox"/> CAERN staff
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> D' Know/D' Answer	
13. When did you (your family) start to take part in the sanitation programme?	
<input type="checkbox"/> Already connected when moved in	<input type="checkbox"/> When the construction started
<input type="checkbox"/> After see the system functioning	<input type="checkbox"/> In the discussions phase
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Don't Know/ Don't Answer	

SECTION IV – Technology Usage, Functioning and Satisfaction**14. Who uses the sanitary facilities in the house ?**

<input type="checkbox"/> Everybody	<input type="checkbox"/> Only adults	<input type="checkbox"/> Kids older than 5	<input type="checkbox"/> Kids older than 10
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Dn't K/ Dn't A	

15. Which sanitary appliances are connected to the system?

a. Toilet () H.C () H.NC () D.H	d. kitchen sink () H.C () H.NC () D.H
b. Shower () H.C () H.NC () D.H	e. laundry tank () H.C. () H.NC. () D.H
c. Sink () H.C. () H.NC. () D.H	f. washing machine() H.C () H.NC () D.H

16. Who does the maintenance of the system?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. With which frequency does the system requires maintenance services?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. What sort of functioning problem (s) occur (ed)?

<input type="checkbox"/> Blockage on the househ. connection	<input type="checkbox"/> Blockage on the sewer condominial	<input type="checkbox"/> Broken inspection chamber
<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Other: _____
		<input type="checkbox"/> Don't Know/ Don't Answer

19. What maintenance tasks does your family realize?

<input type="checkbox"/> Cleaning of cond. Sew.	<input type="checkbox"/> Cleaning of insp.cham.	<input type="checkbox"/> None
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Dn't K/ Dn't A

20. What do you do when you (or your family) can not solve a maintenance service?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. How long does it take to CAERN attend to a maintenance request?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. What is your opinion about the condominial system?

<input type="checkbox"/> Good	<input type="checkbox"/> Reasonable	<input type="checkbox"/> Bad
<input type="checkbox"/> Other: _____		<input type="checkbox"/> D' Know/ D' Answer

24. How do you see the price paid for the sewerage system?

<input type="checkbox"/> Low	<input type="checkbox"/> Reasonable	<input type="checkbox"/> High
<input type="checkbox"/> Other: _____		<input type="checkbox"/> D' Know/ D' Answer

25. How much do you think the service worth (in Reais)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How much are you willing-to-pay for the service (in Reais)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4 plus
<input type="checkbox"/> Nothing		<input type="checkbox"/> D' Know/ D' Answer

SEÇÃO VI – Public Health and Educational Programmes

27. How many children between 0 and 5 years old are there in the household ?

<input type="text"/>	Zero. Go to 31	<input type="text"/>	1 to 2	<input type="text"/>	3 to 5
<input type="text"/>	5 plus	<input type="text"/>	D' Know/ D' Answer		

28. How many children between 0 and 5 years old had diarrhoea in the past 15 days ?

<input type="text"/>	Zero. Go to 31	<input type="text"/>	1 to 2	<input type="text"/>	3 to 5
<input type="text"/>	5 plus	<input type="text"/>	D' Know/ D' Answer		

29. Have you heard about the oral rehydration solution (soro caseiro) ?

<input type="text"/>	No. Go to 31	<input type="text"/>	Yes. By the TV/radio	<input type="text"/>	Yes. By the resid. Ass.
<input type="text"/>	Yes. By the health service	<input type="text"/>	Other: _____	<input type="text"/>	D' Know/ D' Answer

30. How do you prepare the solution ? () OK () don't know

31. How many children between 0 and 15 years old are there in the household ?

_____ (answer = 0 → Go to 35)

32. How many of them had their faeces tested in the period of 1 year? ____ (answer = 0 → Go to 35)

33. How many had positive results? _____

34. Which helminths were identified?

<input type="text"/>	hookworm	<input type="text"/>	ascaris	<input type="text"/>	giardia
<input type="text"/>	amoeba	<input type="text"/>	Other: _____	<input type="text"/>	D' Know/ D' Answer

35. Have you (your family) received educational messages regarding the condominal sewerage?

<input type="text"/>	No. Go to 38	<input type="text"/>	Yes
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36. When was the last time? _____

37. What was it about ? _____

38. Have you (your family) received educational messages regarding health?

<input type="text"/>	No. FINISH	<input type="text"/>	Yes
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39. When was the last time? _____

40. What was it about ? _____

INSPECTION

a. Presence of grease trap () Yes () No	d. Rainwater connection () Yes () No
b. Inspection chamber locked () Yes () No	e. Open flow of sullage () Yes () No
c. Broken inspection chamber () Yes () No	

Date: ____/____/____ Interviewer: _____

Form processed in: ____/____/____

Key: [H.C] has the appliance and it is connected; [H.NC] has the appliance but it is not connected
[D.H] does not have the appliance

ANNEX 4: Translated questionnaire applied in Case Study 4

CONDOMINIAL SYSTEM – VILA PLANALTO

Date: ___/___/___ Interviewer: _____

Form processed in: ___/___/___

Key: [H.C] has the appliance and it is connected; [H.NC] has the appliance but it is not connected

[D.H] does not have the appliance

Form N ° _____

Questionnaire control:

<input type="checkbox"/>	In field in _____	<input type="checkbox"/>	Returned form field in _____	<input type="checkbox"/>	Checked in _____
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SECTION I - Identification

1. Address: _____ No. _____
2. Position of the interviewee within the family: _____
3. For how long is the family living in the house? _____ anos _____ meses
4. How many people is living in the house? _____

SECTION II – Water Supply

5. What is the source of the water used by the family ?

<input type="checkbox"/>	CAESB – in-house	<input type="checkbox"/>	CAESB – yard tap	<input type="checkbox"/>	Well
<input type="checkbox"/>	Buy in the doorstep	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	D'Know/D' Answer

SECTION III – Participation of the Community in the Sanitation Programme

6. Is the household wastewater connected to the condominial system?

<input type="checkbox"/>	Yes. <i>Go to 9</i>	<input type="checkbox"/>	No	<input type="checkbox"/>	D'Know/D' Answer
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7. Why is not connected to the condominial system?

<input type="checkbox"/>	Lack of knowledge on the system	<input type="checkbox"/>	Lack of financial resources	<input type="checkbox"/>	Break and has not been mended
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<input type="checkbox"/>	Waiting for CAESB	<input type="checkbox"/>	Don't think is important	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Don't Know/ Don't Answer
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8. What is the wastewater destination?

<input type="checkbox"/>	_____	<input type="checkbox"/>	Sep. Tank <i>Go to 20</i>	<input type="checkbox"/>	Other: _____ <i>Go to 20</i>	<input type="checkbox"/>	D' Know/ D' Answer <i>Go to 20</i>
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9. How did you (your family) become aware about the sanitation programme ?

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

10. When did you (your family) start to take part in the sanitation programme?

<input type="checkbox"/>	Already connected when moved in	<input type="checkbox"/>	When the construction started	<input type="checkbox"/>	After see the system functioning		
<input type="checkbox"/>	In the discuss	<input type="checkbox"/>	When moved in	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Don't Know/ Don't Answer

SECTION IV – Technology adopted for the System**11. Who uses the sanitary facilities in the house ?**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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12. Which sanitary appliances are connected to the system?

a. Toilet () H.C () H.NC () D.H	d. kitchen sink () H.C () H.NC () D.H
b. Shower () H.C () H.NC () D.H	e. laundry tank () H.C. () H.NC. () D.H
c. Sink () H.C. () H.NC. () D.H	f. washing machine () H.C () H.NC () D.H

13. Who does the maintenance of the system?

<input type="checkbox"/>	Members of the family	<input type="checkbox"/>	Hired person	<input type="checkbox"/>	Friends
<input type="checkbox"/>	CAESB	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	D' Know/D' Answer

14. With which frequency does the system requires maintenance services?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	D' Know/ D' Answer

15. What sort of functioning problem (s) occur (ed)?

<input type="checkbox"/>	Blockage on the househ. connection	<input type="checkbox"/>	Blockage on the sewer condominial	<input type="checkbox"/>	Broken inspection chamber		
<input type="checkbox"/>	Broken sewer	<input type="checkbox"/>	None	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Don't Know/ Don't Answer

16. How long does it take to CAESB attend to a maintenance request?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	A week	<input type="checkbox"/>	15 days	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Dn't K/ Dn't A

17. What is your opinion about the condominial system?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. How do you see the price payed for the sewerage system?

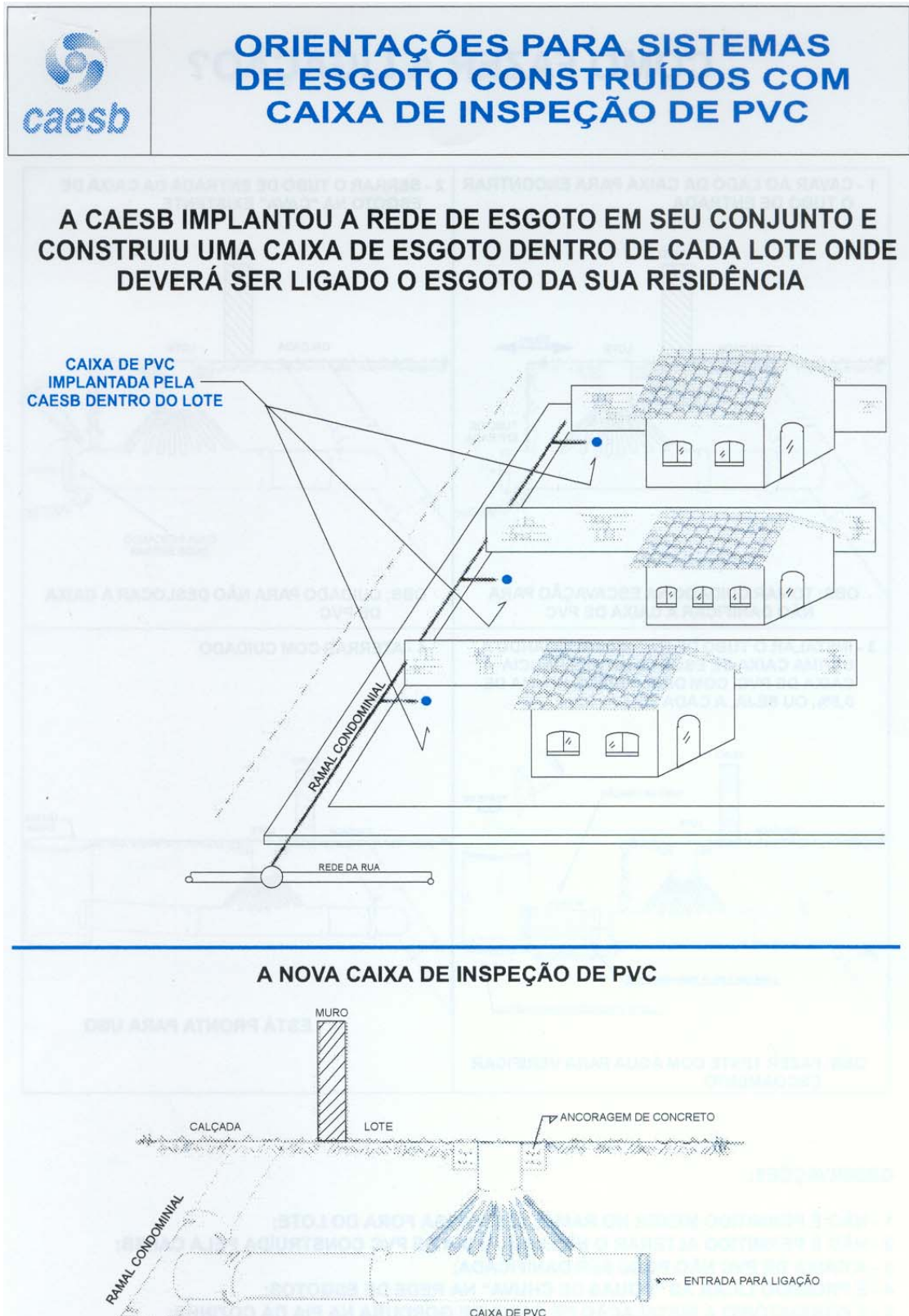
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEÇÃO V – Educational Programmes**19. Have you (your family) received educational messages regarding the condominial sewerage?**

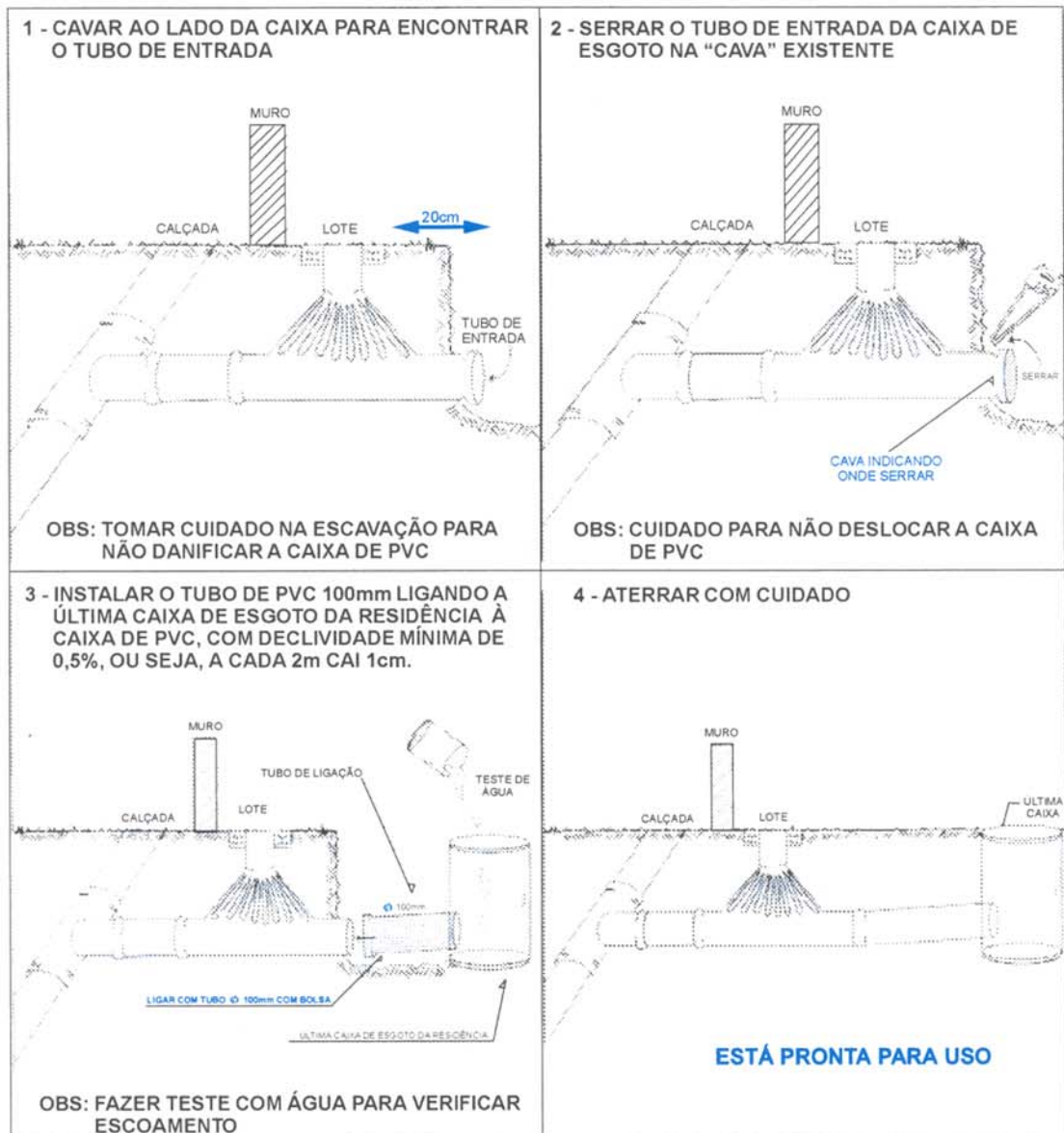
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

20. When was the last time? _____**21. Was it about what ? _____**

a. Presence of grease trap () Yes () No	d. Rainwater connection () Yes () No
b. Inspection chamber locked () Yes () No	e. Open flow of sillage () Yes () No
c. Broken inspection chamber () Yes () No	

ANNEX 5: Instruction for connection on the 100% plastic systems

COMO FAZER A LIGAÇÃO?



OBSERVAÇÕES:

- 1 - NÃO É PERMITIDO MEXER NO RAMAL QUE PASSA FORA DO LOTE;
- 2 - NÃO É PERMITIDO ALTERAR O NÍVEL DA CAIXA DE PVC CONSTRUÍDA PELA CAESB;
- 3 - A CAIXA DE PVC NÃO PODE SER DANIFICADA;
- 4 - É PROIBIDO LIGAR AS "ÁGUAS DE CHUVA" NA REDE DE ESGOTOS;
- 5 - É OBRIGATÓRIO A INSTALAÇÃO DE CAIXA DE GORDURA NA PIA DA COZINHA;
- 6 - MANTER A CAIXA DE INSPEÇÃO TAMPADA PARA EVITAR A ENTRADA DE TERRA OU LIXO.

COCQ/SPPE/DRSE

ANNEX 6: Questionnaire applied in Case Study 5

EMPRESA DE URBANIZAÇÃO DO RECIFE – URB
 DIRETORIA DE INTEGRAÇÃO URBANÍSTICA – DIUR
 DIVISÃO DE PESQUISA E ACOMPANHAMENTO – DPA

Ficha Nº _____

AVALIAÇÃO DA IMPLANTAÇÃO DO SISTEMA DE ESGOTO CONDOMINIAL

FICHA CADASTRAL

I. IDENTIFICAÇÃO DO ENTREVISTADO		
Nome: _____		
1. ZEIS: _____	2. Comunidade de Origem (Sub Area da Zeis) _____	
3. Endereço do Imóvel: _____		Nº _____
4. Renda Familiar - Quanto a sua família ganha por mês?		
<input type="checkbox"/> 1. Até 1 SM	<input type="checkbox"/> 2. De 1 até 2 SM	<input type="checkbox"/> 3. De 2 até 5 SM
<input type="checkbox"/> 4. Mais de 5 SM	<input type="checkbox"/> 5. NS / NR	<input type="checkbox"/> 6. Outros
5. Nº de Moradores – Quantas pessoas moram na sua casa?		
<input type="checkbox"/> 1. 1	<input type="checkbox"/> 2. 2	<input type="checkbox"/> 3. 3
<input type="checkbox"/> 4. 4 ou Mais	<input type="checkbox"/> 5. NS / NR	<input type="checkbox"/> 6. Outros
II. SITUAÇÃO DA CASA/FAMÍLIA		
6. Quais os cômodos da sua casa estão ligados ao sistema de esgoto condominial?		
<input type="checkbox"/> 1. Nenhum	<input type="checkbox"/> 2. Banheiro (s)	<input type="checkbox"/> 3. Cozinha
<input type="checkbox"/> 4. Área de serviço	<input type="checkbox"/> 5. NS / NR	<input type="checkbox"/> 6. Outros
7. Por que sua casa não está ligada ao sistema condominial?		
<input type="checkbox"/> 1. Falta de recursos	<input type="checkbox"/> 2. Receio de Taxas	<input type="checkbox"/> 3. Não tem conhecimento
<input type="checkbox"/> 4. Não acha importante	<input type="checkbox"/> 5. NS / NR	<input type="checkbox"/> 6. Outros
8. Para onde vai o esgoto de sua casa?		
<input type="checkbox"/> 1. Rede Geral	<input type="checkbox"/> 2. Sist. de Drenagem	<input type="checkbox"/> 3. Fossa Rudimentar
<input type="checkbox"/> 4. Fossa Séptica	<input type="checkbox"/> 5. NS / NR	<input type="checkbox"/> 6. Outros
9. A situação da sua casa melhorou por estar ligada ao sistema de esgotos?		
<input type="checkbox"/> 1. Sim	<input type="checkbox"/> 2. Não	<input type="checkbox"/> 3. NS / NR
10. Quais as vantagens e desvantagens da utilização deste sistema para sua casa/família?		
<input type="checkbox"/> 1. Saúde	<input type="checkbox"/> 2. Limpeza	<input type="checkbox"/> 3. Mau Cheiro
<input type="checkbox"/> 4. NS	<input type="checkbox"/> 5. NR	<input type="checkbox"/> 6. Outros
III. SITUAÇÃO DO SISTEMA DE ESGOTOS EM RELAÇÃO À ZEIS		
11. Como está funcionando a rede geral de esgoto da Área?		
<input type="checkbox"/> 1. Não Está Funcionando	<input type="checkbox"/> 2. Bom	<input type="checkbox"/> 3. Razoável
<input type="checkbox"/> 4. Ruim	<input type="checkbox"/> 5. NS / NR	<input type="checkbox"/> 6. Outros
12. Você conhece o sistema condominial de esgoto?		
<input type="checkbox"/> 1. Sim	<input type="checkbox"/> 2. Não	<input type="checkbox"/> 3. NS / NR
13. Como está funcionando o sistema de esgoto que serve a sua casa?		
<input type="checkbox"/> 1. Não Está	<input type="checkbox"/> 2. Bem	<input type="checkbox"/> 3. Razoável
<input type="checkbox"/> 4. Ruim	<input type="checkbox"/> 5. NS / NR	<input type="checkbox"/> 6. Outros
14. Quais os principais problemas do sistema de esgoto que serve a sua casa?		
<input type="checkbox"/> 1. Não Há	<input type="checkbox"/> 2. Mau Funcionamento	<input type="checkbox"/> 3. Falta de Manutenção
<input type="checkbox"/> 4. Má Utilização	<input type="checkbox"/> 5. NS / NR	<input type="checkbox"/> 6. Outros

IV SERVIÇO / MANUTENÇÃO

15. Quem faz a manutenção do sistema de esgoto que serve à sua casa?

1. Ninguém	2. COMPESA	3. EMLURB
4. comunidade	5. Moradores	6. Outros

16. Como você avalia a manutenção do sistema de esgoto que serve à sua casa?

1. Boa / Satisfatória	2. Razoável	3. Ruim
4. NS / NR	5. Outros	

17. Como esta manutenção poderia melhorar?

1. Não pode melhorar	2. Melhor serv. prestado	3. Fiscalização da Pop.
4. Participação da Pop.	5. NS / NR	6. Outros

V. SERVIÇO DA COMUNIDADE

18. Há algum grupo comunitário que trabalha na manutenção do sistema de esgoto em sua ZEIS?

1. Sim	2. Não	3. NS / NR
--------	--------	------------

19. Como você avalia este serviço?

1. Bom / Satisfatório	2. Razoável	3. Ruim
5. NS / NR	6. Outros	

20. Quais as dificuldades para o desenvolvimento deste tipo de trabalho?

1. Não Existe	2. Falta Qualificação	3. Falta Assessoria
4. Falta Participação	5. NS / NR	6. Outros

VI. TARIFAS / CUSTOS

21. A quem são pagas as tarifas do serviço de esgoto?

1. Não Paga	2. COMPESA	3. EMLURB
4. Comunidade	5. NS / NR	6. Outros

22. O que você acha do valor pago pelo serviço de esgoto?

1. Baixo	2. Alto	3. Razoável
5. NS / NR	6. Outros	

23. Quanto você acha que vale o serviço de esgoto (valor em R\$)?

1. De 1 a 2	2. De 2 a 3	3. De 3 a 4
4. 4 ou Mais	5. NS / NR	6. Outros

24. Quanto você estaria disposto a pagar?

1. De 1 a 2	2. De 2 a 3	3. De 3 a 4
4. 4 ou Mais	5. NS / NR	6. Outros

Esta Pesquisa foi solicitada pelo Fórum do PREZEIS (Câmara de Urbanização),
 Comissão de Saneamento: Secretaria de Infra - Estrutura /COMPESA,
 FASE,
 ETAPAS,
 URB/RECIFE

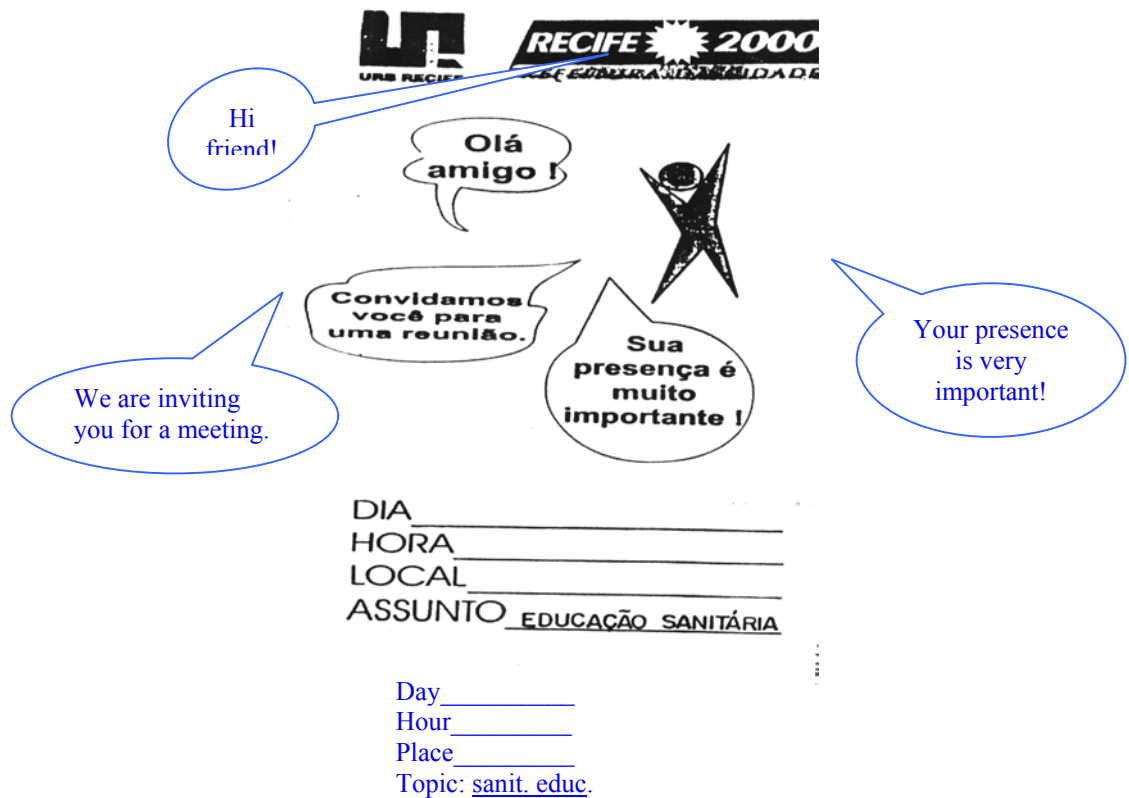
Data: _____

Pesquisador: _____

ANNEX 7: Materials used in the Mangueira Sanitation Programme

ANNEX 7a: Invitation Card

This card was used to invite residents of a housing block to the meetings regarding the different aspects involved in the implementation of the condominial systems on the respective blocks.



ANNEX 7b: Agreement

Agreement between URB-Recife and the residents of a block (block 96; condominium branch number 2) for the implementation of the condominium system.

“We require the implementation of the condominium sewerage system, to be constructed in partnership with this community, having the condominium branch located on the backyard. As agreed by the community and by URB, they have the following responsibilities:

URB-RECIFE: be responsible for all labouring costs for the construction of the branch.

COMMUNITY: buy the necessary material for the construction of the branch.

¹ – As for the charge for the utilisation of the condominium system, the community must pay a monthly bill, correspondent to 40% of the water bill in the cases of back and front yard branches and 80% of the water bill for sidewalk branches. This charge will just start to be applied when the system start functioning.”

TERMO DE ADESÃO

A URB-RECIFE

Quadra 96
ramal 2

Nós abaixo assinados, solicitamos a implantação do sistema condominial de esgoto, a ser construído em parceria com esta comunidade, passando o ramal pelo (a) fundo de lote conforme acordo entre comunidade e Empresa de Urbanização do Recife, caber as partes:

URB-RECIFE

- Assumir todas as despesas de mão de obra para construção do ramal condominial.

POPULAÇÃO

- Aquisição do material necessário a construção do ramal condominial, os tubos,

1 - Como tarifa de utilização do sistema de esgoto condominial, a população deverá pagar uma tarifa mensal, correspondente a 40% (quarenta por cento) para os ramais de fundo de lote e jardim e 80% (oitenta por cento) da conta d'água do imóvel para os ramais de calçada. Este valor será cobrado quando o sistema começar a funcionar.

328 - x marcelene maria da Silva
 x 322 - x Thamara Soares da Silva
 325 - x Marceli de Paula Silva
 111 - x Rochelane Pereira dos Santos
 103 - x Robilde Gomes da Rocha
 102 - x Josefa Queiroz de Sá
 • 88 - x MANOEL JERÔNIMO DA SILVA FILHO
 x 323 - x Sacira celestino da Silva (obs: falta tempo)
 1 x 323 - x Edileu Souza de Sousa
 91 - x Deborah Gasi Barreto
 91 - x *
 94 - x Jelma Karmalissa dos Santos

ANNEX 7c: Educational material

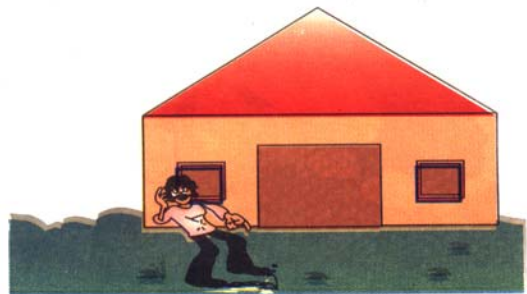


Putting the sewerage into the pipes

O Recife tem mais de um milhão de pessoas sem Sistema de Esgotos nas suas casas



Por esta razão, a população está sujeita a todo tipo de doenças: **CÓLERA, TIFO, FILARIOSE, DENGUE E MUITAS OUTRAS.**

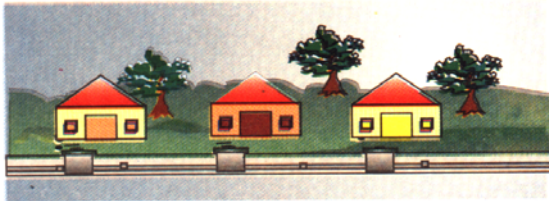


Recife has more one million people without sewerage systems for their houses.

For this reason, the population is exposed for all kinds of diseases: **COLERA, THYFO, FILARIOSIS, DENGUE AND MANY OTHERS.**

ESTA SITUAÇÃO PODE MUDAR!

O Sistema de Esgotos Condominiais pode beneficiar um maior número de pessoas.



Mas tem um detalhe:
Ele só funciona com a
participação de todos.

THIS SITUATION HAS TO IMPROVE!

The condominal sewerage system can benefit a higher number of people.

But there is a detail:
It just work with the
Participation of everybody.

TUDO COMEÇA COM A ORGANIZAÇÃO

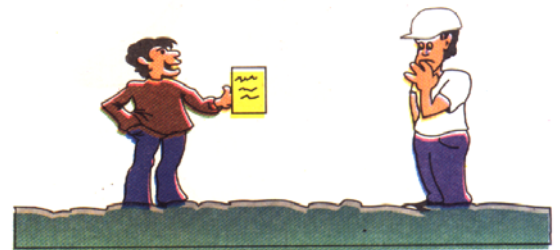
1 - Zelar e fazer a manutenção do Sistema construído dentro dos lotes.



2 - Pagar a tarifa mensal.

3 - Seguir a orientação repassada pelo Serviço Público.

4 - Cobrar do Serviço Público eficiência na manutenção do Sistema implantado em Áreas Públicas.



Desse modo o esgoto coletado segue para a Estação de Tratamento sem poluir os rios, canais e canaletas.
Afastando assim as doenças do bairro.

EVERYTHING STARTS WITH ORGANISATION

1 – Take care and maintain the system built inside the plots.

2 – Pay the monthly bill.

3 – Follow the instruction given by the Public sector.

4 – Require efficiency of the Public Sector in the maintenance of the system implemented in Public Areas.

In this way, the sewage collected goes to a treatment plant without polluting the rivers, channels and soakaways.
Taking the diseases away from the boroughs.

ANNEX 7d: Field forms for the Registration of Maintenance Activities

Compsa		SOLICITAÇÃO/RECLAMAÇÃO DE ESGOTO Nº	
DADOS DO USUÁRIO	NOME: _____		
	RUA, AV, ETC: _____		
	Nº _____	BAIRRO: _____	CIDADE: _____
	PONTO DE REFERÊNCIA: _____		
			DATA: ____/____/____
EXPECIFICAÇÃO DOS SERVIÇO'S		EQUIPAMENTO'S P/O'S SERVIÇO'S	
COLLITOR	<input type="checkbox"/> CAIXA	<input type="checkbox"/> SERVIÇO INTERNO	<input type="checkbox"/> JATO
RAMAL	<input type="checkbox"/> PLUG	<input type="checkbox"/> NÃO HÁ REDE	<input type="checkbox"/> VACUO
RADIAL	<input type="checkbox"/> POÇO	<input type="checkbox"/> END. INCOMPLETO	<input type="checkbox"/> MINI JATO
DRENO	<input type="checkbox"/> FOSSA	<input type="checkbox"/> NÃO HÁ OBSTRUÇÃO	<input type="checkbox"/> EQUIP./APOIO
EMISSÁRIO	<input type="checkbox"/>	<input type="checkbox"/> SERVIÇO DE GALERIA	
____/____/____ data		Ass: do Visitante	
		Ass: do usuário	

SERVIÇO (S) EXECUTADO (S)		
<input type="checkbox"/> DESOBSTRUÇÃO	<input type="checkbox"/> CONSERV	<input type="checkbox"/> LIMPEZA
COLLITOR: _____	COLLITOR: _____	COLLITOR: _____
RAMAL: _____	RAMAL: _____	CAIXA: _____
PLUG: _____	PLUG: _____	POÇO: _____
DRENO: _____	RADIAL: _____	FOSSA: _____
	CAIXA: _____	
<input type="checkbox"/> SUBSTITUIÇÃO	<input type="checkbox"/> CONSTRUÇÃO	
RAMAL: _____	EMISSÁRIO: _____	CAIXA: _____
BASE: _____	FOSSA: _____	LIGAÇÃO: _____
DISCO: _____	CALÇADA: _____	POÇO: _____
T. DE CAIXA: _____	DRENO: _____	
INÍCIO: ____/____/____ ÀS _____ HORAS		TÉRMINO: ____/____/____ ÀS _____ HORAS
OBS: _____		
____/____/____ data		Ass: Supervisor
		____/____/____ data
		Ass: Chefe

ANNEX 8: Translated questionnaire applied in Case Study 6

CONDOMINIAL SYSTEM – SISAR Programme/Ceará

	Form N° _____
Questionnaire control:	
<input type="checkbox"/> In field in _____	<input type="checkbox"/> Returned form field in _____
<input type="checkbox"/> Checked in _____	
SECTION I – Identification/ Socio-economic Aspects and Water Supply	
1. Position of the interviewee within the family: _____	
2. For how long is the family living in the house? _____ anos _____ meses	
3. How many people is living in the house? _____	
4. The ownership situation of the house is:	
<input type="checkbox"/> Own	<input type="checkbox"/> Rented
<input type="checkbox"/> Borrowed	<input type="checkbox"/> Other: _____
<input type="checkbox"/> D'Know/ D'Answer	
5. What is the source of the water used by the family ?	
<input type="checkbox"/> SISAR – in-house	<input type="checkbox"/> SISAR – yard tap
<input type="checkbox"/> Well	<input type="checkbox"/> Collected
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> D'Know/D' Answer	
<input type="checkbox"/> Rare <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____	
<input type="checkbox"/> D'Know/ D'Answer	
SECTION II – Participation of the Community in the Sanitation Programme	
7. Is the household wastewater connected to the condominial system?	
<input type="checkbox"/> Yes. Sewerage	<input type="checkbox"/> Yes. Septic tank
<input type="checkbox"/> No	
8. Why is not connected to the condominial system?	
<input type="checkbox"/> Lack of knowledge on the system	<input type="checkbox"/> Lack of financial resources
<input type="checkbox"/> Break and has not been mended	
<input type="checkbox"/> Waiting for CAGECE	<input type="checkbox"/> Don't think is important
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Don't Know/ Don't Answer	
9. How did you (your family) become aware about the sanitation programme ?	
<input type="checkbox"/> Residents Association	<input type="checkbox"/> Local Church
<input type="checkbox"/> Neighbors	
<input type="checkbox"/> CAGECE staff	<input type="checkbox"/> Other: _____
<input type="checkbox"/> D' Know/D' Answer	
SECTION III – Technology Usage, Functioning and Satisfaction	
10. Who uses the sanitary facilities in the house ?	
<input type="checkbox"/> Everybody	<input type="checkbox"/> Only adults
<input type="checkbox"/> Kids older than 5	<input type="checkbox"/> Kids older than 10
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Dn't K/ Dn't A	
11. With which frequency does the system requires maintenance services?	
<input type="checkbox"/> Never	<input type="checkbox"/> Rarely
<input type="checkbox"/> Sometimes	
<input type="checkbox"/> Every week	<input type="checkbox"/> Other: _____
<input type="checkbox"/> D' Know/ D' Answer	
12. What sort of functioning problem (s) occur (ed)?	
<input type="checkbox"/> Blockage on the main sewer	<input type="checkbox"/> Blockage on the sewer condominial
<input type="checkbox"/> Broken inspection chamber	
<input type="checkbox"/> Broken sewer	<input type="checkbox"/> None
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Don't Know/ Don't Answer	

SECTION III – Technology Usage, Functioning and Satisfaction (cont.)

13. What do you do when you (or your family) can not solve a maintenance service?

<input type="checkbox"/>	Call a neighbour	<input type="checkbox"/>	Call the system operator	<input type="checkbox"/>	Call the Resid. Assoc.
<input type="checkbox"/>	Hire a professional	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	D' Know/ D' Answer

14. How long does it take to the system operator to attend a maintenance request?

<input type="checkbox"/>	1 day	<input type="checkbox"/>	2 days	<input type="checkbox"/>	A week
<input type="checkbox"/>	15 days	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	D' Know/ D' Answer

15. What is your opinion about the condominial system?

<input type="checkbox"/>	Good	<input type="checkbox"/>	Reasonable	<input type="checkbox"/>	Bad
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	D' Know/ D' Answer		

16. How do you see the price paid for the sewerage system?

<input type="checkbox"/>	Low	<input type="checkbox"/>	Reasonable	<input type="checkbox"/>	High
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	D' Know/ D' Answer		

SEÇÃO IV – Public Health and Educational Programmes

17. How many children between 0 and 5 years old are there in the household ?

<input type="checkbox"/>	Zero. Go to 21	<input type="checkbox"/>	1 to 2	<input type="checkbox"/>	3 to 5
<input type="checkbox"/>	5 plus	<input type="checkbox"/>	D' Know/ D' Answer		

18. How many children between 0 and 5 years old had diarrhoea in the past 15 days ?

<input type="checkbox"/>	Zero. Go to 11	<input type="checkbox"/>	1 to 2	<input type="checkbox"/>	3 to 5
<input type="checkbox"/>	5 plus	<input type="checkbox"/>	D' Know/ D' Answer		

19. Have you heard about the oral rehydration solution (soro caseiro) ?

<input type="checkbox"/>	No. Go to 21	<input type="checkbox"/>	Yes. By the TV/radio	<input type="checkbox"/>	Yes. By the resid. Ass.
<input type="checkbox"/>	Yes. By the health service	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	D' Know/ D' Answer

20. How do you prepare the solution ? () OK () don't know

21. How many children between 0 and 15 years old are there in the household ?

_____ (answer = 0 → Go to 25)

22. How many of them had their faeces tested in the period of 1 year? ____ (answer = 0 → Go to 25)

23. How many had positive results? _____

24. Which helminths were identified?

<input type="checkbox"/>	hookworm	<input type="checkbox"/>	ascaris	<input type="checkbox"/>	giardia
<input type="checkbox"/>	amoeba	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	D' Know/ D' Answer

25. Have you (your family) received educational messages regarding the condominial sewerage?

<input type="checkbox"/>	No. Go to 28	<input type="checkbox"/>	Yes
--------------------------	--------------	--------------------------	-----

26. When was the last time? _____

27. What was it about ? _____

28. Have you (your family) received educational messages regarding the condominial sewerage?

<input type="checkbox"/>	No. FINISH	<input type="checkbox"/>	Yes
--------------------------	------------	--------------------------	-----

29. When was the last time? _____

30. What was it about ? _____

Date: ____ / ____ / ____ Interviewer: _____

Form processed in: ____ / ____ / ____

ANNEX 9: Informative SISAR



SISAR REALIZA TORNEIO DE FUTEBOL

No dia 20 de agosto de 2000, o SISAR esteve presente na localidade de Barra do Sotero (Croatá), para entregar o prêmio a essa comunidade, por apresentar o **menor índice de inadimplência no 1º Semestre de 2000**. O prêmio, no valor de R\$ 250,00 (duzentos e cinquenta reais), foi dado em materiais e entregue a Presidente da Associação a Sr.^a Márcia.

Como meio de aumentar a integração SISAR/Comunidades, foi organizado um torneio

de futebol com a participação das quatro comunidades que apresentaram os menores índices de inadimplência: Barra do Sotero; Camilos; Sapó e Betânia.

Também estiveram presentes participando da festa o Sr. Marnilo representante de Almas (Cariré), onde atuou como juiz e o Sr. Adalto Alves (Gerente Adm. Fin. do SISAR).



PRESIDENTE DO SISAR ENTREGA TROFÉU PARA A COMUNIDADE DE BARRA DO SOTERO

A equipe de manutenção do SISAR não pára de trabalhar! Nossos técnicos durante o mês de novembro visitaram as comunidades de Caiçara, Juritianha, Araquém, Sapó, Panacuí, Juá, Triângulo do Marco, Aranaú, Preá, Castelhana, Barra do Sotero, Betânia, Lagoa dos Carneiros e São Gonçalo.

Os serviços realizados pela equipe foram de limpeza e desinfecção de poço tubular, limpeza e desinfecção de poço amazonas, pintura do letreiro do SISAR, substituição de bomba submersa, manutenção em quadro de comando e proteção, visita técnica para avaliação dos sistemas filiados, substituição de ventosas em adutoras e recuperação de registros.

O Sr. Evandro (Gerente Técnico do SISAR), em entrevista exclusiva nos disse: “ *Estamos fazendo um serviço que nunca antes tinha sido feito no SISAR: coleta sistemática de água para análise laboratorial. Nossa preocupação é garantir a boa qualidade da água nos sistemas mantidos pelo SISAR.* ”

O Sr. Adalto (Ger. Adm. Fin.) informa as demonstrações financeiras do SISAR. Veja o quadro abaixo e acompanhe a conta: **As receitas** (dinheiro que entra no caixa do SISAR) menos a **taxa de operação** (dinheiro que fica para as associações) é igual ao **total arrecadado**. O **total arrecadado** menos os **custos** e as **despesas** é igual ao **resultado**. O resultado pode ser positivo (sobra dinheiro) ou negativo (falta dinheiro). No mês de outubro o resultado foi negativo (vermelho). É muito importante que você acompanhe bem de perto as contas do SISAR e da sua Associação. Participe ! Você só tem a ganhar.

Demonstrativo Financeiro do SISAR Outubro de 2000 / Valores em Real	
RECEITAS	24.899,50
TAXA DE OPERAÇÃO	(6.064,07)
TOTAL ARRECADADO	18.835,43
CUSTOS	(18.716,42)
DESPESAS	(6.966,55)
RESULTADO	6.847,54