

INHABIT – UNHIDE Survey

Risk assessment and access to WASH services in urban Lilongwe

A. Demographic

Age: 28Gender: ☐ Male ☒ Female ☐ Other / Non-responsiveSettlement: ☐ 47 ☐ 56 X 49, DUBAI1. Since when do you live in this area? 2014

2. Status of the dweller

☒ Owner-Occupier [continue section B]☐ Tenant [continue section C]

B. Owners only

3. How did you obtain the land and the house?

☐ Buy from Malawi Housing Corporation☐ Buy from the City Council☐ Allocated from the Chief☐ Buy from the Chief☒ Buy from A PERSON.☐ Received as a gift from _____☐ Inherited from _____

4. What made you confident that the agreement would be valid?

BECAUSE THE CHIEF WAS THERE AS A WITNESS.

C. Tenants only

5. Why did you choose this location? [Choose 1]

- ☐ Close to family
- ☐ Close to my job
- ☐ Close to schools
- ☐ Close to Health Facilities
- ☐ Close to transport
- ☐ Cheap rent
- ☐ Access to water

- ☐ Access to electricity
- ☐ Safety
- ☐ Land rights/ownership
- ☐ Marriage
- ☐ Other: _____

6. How long do you plan to stay at this house?

- ☐ Less than 3 months
- ☐ More than 3 months

- ☐ One year to five years
- ☐ More than five years

6b. Do you plan to buy/construct/repair in your house?

- ☐ Yes
- ☐ No

6.c What do you want to buy/construct/repair?

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7. Does your landlord live close by?

☐ Yes☐ No

8. Is your landlord responsible if you have a problem with your house?

☐ Yes☐ No

9. For which kind of problems would your landlord provide a solution? _____

10. Does your landlord give you indications/rules on how to maintain/clean house and toilet?

☐ Yes☐ No

If yes, which ones: _____

11. Who is responsible to provide the toilet?

☐ Tenant☐ Landlord

D. General risks in the area

12. What are the main risk for you? [Choose 3]

- ☐ Household limited financial resources
- ☐ Unemployment
- ☐ Food security
- ☐ Tenure security
- ☐ Violence/insecurity
- ☐ Toilets
- ☐ Solid waste
- ☒ Electricity

- ☐ Water (lack of access)
- ☒ Water shortages
- ☐ Education
- ☒ Health care
- ☐ Housing (quality of housing)
- ☐ Transport services
- Other _____

13. Could you explain why and give examples? ① ELECTRICITY THAT SHUTS OFF FREQUENTLY UP
LIKE 3 TIMES / WEEK. ② WATER SHORTAGES THAT RUNS DRY IN OUR
PIPES FROM MORNING TO EVENING- EVEN UP TO 2 DAYS.
③ HEALTH CARE IS FAR FROM OUR LOCATION ESPECIALLY A PUBLIC
CLINIC IN AREA 18, LLW- BOTTOM HOSPITAL OR KAMUZU CENTRAL HOSP.

14. How do you dispose of garbage? [Multiple choices]

- ☐ Use Public bins
- ☐ Dump in the river
- ☐ Dump in allocated sites
- ☐ Dump elsewhere: _____
- ☐ Burn
- ☐ Private operator

- ☐ Lilongwe city council Disposal
- ☒ Pit in the plot
- ☐ Toilet
- ☐ Composting
- ☐ Other: _____

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15. What are the main problems with garbage in the area? [Multiple choices]

- | | |
|--|---|
| <input type="checkbox"/> Garbage on the ground | <input type="checkbox"/> Cockroaches feeding from garbage |
| <input type="checkbox"/> No bins | <input checked="" type="checkbox"/> Smell |
| <input checked="" type="checkbox"/> Flies | <input type="checkbox"/> Risk of diseases |
| <input type="checkbox"/> Rats feeding from garbage | <input type="checkbox"/> Other _____ |

16. Is there a Public Health Centre or Clinic in the settlement?

- | | | |
|--------------------------------------|---|-----------------------------|
| <input type="checkbox"/> Yes, public | <input checked="" type="checkbox"/> Yes, private clinic | <input type="checkbox"/> No |
|--------------------------------------|---|-----------------------------|

17. Do you feel safe in your settlement?

- ☒ Yes
☐ No

18. Could you explain what makes you feel safe and/or feel unsafe in your settlement?

BECAUSE OF THE POLICE UNIT IN THE AREA.

E. Sanitation and hygiene practices

19. What kind of toilet do you use at home?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Flush+ Septic tank | <input type="checkbox"/> Pit latrine with concrete slab with roof |
| <input type="checkbox"/> Flush + Sewer | <input type="checkbox"/> Pit latrine with concrete slab without roof |
| <input type="checkbox"/> ECO sanitation – Skyloo (Federation toilet) | <input type="checkbox"/> Traditional pit latrine with roof |
| <input type="checkbox"/> ECO sanitation – Fossa Alterna | <input type="checkbox"/> Traditional pit latrine without roof |
| <input type="checkbox"/> Ventilated Improved Pit latrine (VIP) | <input type="checkbox"/> No facility |

20. What is the main problem you face with the toilet? [Choose 1]

- | | |
|--|--|
| <input type="checkbox"/> Collapse | <input type="checkbox"/> Cleanliness |
| <input type="checkbox"/> Smell | <input type="checkbox"/> Disease risks |
| <input type="checkbox"/> Mosquitoes | <input type="checkbox"/> Non |
| <input checked="" type="checkbox"/> Water shortage | |

21. How many households share the facility?

- | | |
|---|---|
| <input checked="" type="checkbox"/> Private | <input type="checkbox"/> Shared with landlord |
| <input type="checkbox"/> Shared with 2-4 | <input type="checkbox"/> Shared with 4-8 |

22. [For Flush toilet users] - What do you do when there is a water shortage?

- | | |
|--|--|
| <input checked="" type="checkbox"/> Pour by hand with already collected/stored water | <input type="checkbox"/> Use a public toilet |
| <input type="checkbox"/> Get water from a well or kiosk to pour | <input type="checkbox"/> No water shortage |
| <input type="checkbox"/> Use own pit latrine | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Use the neighbours toilet | |

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23. [For ECOSAN toilet users] - What do you do with the manure?

- | | |
|--|--|
| <input type="checkbox"/> Sell to business | <input type="checkbox"/> Give it away for free |
| <input type="checkbox"/> Sell to farmers | <input type="checkbox"/> Dump it |
| <input type="checkbox"/> Sell to other _____ | |

24. [For latrine users] - What do you/the landlord do if your toilet is full?

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Build a new one | <input type="checkbox"/> Empty it |
|--|-----------------------------------|

Why: _____

25. What is the most important hygiene practice? [Choose 3]

- | | |
|--|--|
| <input type="checkbox"/> Fetching clean water | <input checked="" type="checkbox"/> Wearing shoes |
| <input checked="" type="checkbox"/> Waste disposal | <input checked="" type="checkbox"/> Hand washing |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Cleaning the house (inside and outside) |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Brushing teeth |
| <input type="checkbox"/> Having good toilets | <input type="checkbox"/> Shaving hair |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> Keeping the water covered |

Why: ① WASTE DISPOSAL TO MAKE THE SURROUNDINGS CLEAN.② WEARING SHOES TO AVOID STEPPING ON DIRTY GROUNDS ASKING US TO DISEASES.③ HAND WASHING PREVENTS COLDS AFTER TOILET & OTHER EXPOSURE.

26. Which are the most challenging hygiene practices? [Multiple chooses possible]

- | | |
|--|--|
| <input type="checkbox"/> Fetching clean water | <input type="checkbox"/> Brushing teeth |
| <input type="checkbox"/> Waste disposal | <input type="checkbox"/> Shaving hair |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Keeping the water covered |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Dishes |
| <input type="checkbox"/> Having good toilets | <input checked="" type="checkbox"/> No problem |
| <input type="checkbox"/> Wearing shoes | |
| <input type="checkbox"/> Hand washing | |
| <input type="checkbox"/> Cleaning the house (inside and outside) | |

Why: BECAUSE I HAVE EVERYTHING IN ORDER & I SUPERVISE MY FAMILY MEMBERS TO DO THINGS RIGHTLY.

27. Who taught you the hygiene practices you are practicing now? [Choose 1]

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Your parents | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Schools | <input type="checkbox"/> Chiefs |
| <input checked="" type="checkbox"/> Health workers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Church | |

28. Did your hygiene practices changed over time?

- | | |
|---|-----------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-----------------------------|

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If yes how come? NONE OF MY FAMILY GOT SICK FROM HYGIENE RELATED DISEASES.

30. Do you see differences between the households in your area in how they practice hygiene?

☒ Yes
☐ No☐ I don't knowCan you give us an example: SOME BUMP WASTE AROUND THEIR HOMES WITHOUT PROPER PLACE OF DISPOSAL WHILE SOME HIRE PVT COLLECTIONS TO CLEAR THEIR WASTE.

31. If you had more income, what would you change in your hygiene practices?

CAN REGISTER TO GET REGULAR COLLECTION TO CLEAR MY WASTE

F. [For area 56, 49 & ?] Role of NGOs and other external actors

32. Which non-government organisations are active in your area?

- | | | |
|---|--|--|
| <input type="checkbox"/> Unicef | <input type="checkbox"/> Vision World Wide | <input type="checkbox"/> TSP |
| <input type="checkbox"/> Water Aid | <input type="checkbox"/> Concern Universal | <input type="checkbox"/> PLAN Malawi |
| <input type="checkbox"/> Water for People | <input type="checkbox"/> The Federation | <input type="checkbox"/> Oxfam |
| <input type="checkbox"/> MATAMA | <input type="checkbox"/> DAPP | <input type="checkbox"/> Red Cross |
| <input type="checkbox"/> CCODE | <input type="checkbox"/> AfriCare | <input type="checkbox"/> Catholic Relief Service |
| <input type="checkbox"/> CICOD | <input type="checkbox"/> Welt Hunger Hilfe | <input type="checkbox"/> Other(s) _____ |

33. Regarding sanitation and hygiene, what kind of activities or projects do these organisation(s) have?

- | | |
|--|---------------------------|
| <input type="checkbox"/> Construction | [continue to question 34] |
| <input type="checkbox"/> Training/education | [continue to question 39] |
| <input type="checkbox"/> Advocacy | [continue to question 40] |
| <input type="checkbox"/> Providing loans to build toilet | [continue to question 40] |
| <input type="checkbox"/> Other: _____ | [continue to question 40] |

34. [If construction] – Where do they construct toilets?

- | | |
|---|--|
| <input type="checkbox"/> Household level | <input type="checkbox"/> School facilities |
| <input type="checkbox"/> Public at market | <input type="checkbox"/> Other: _____ |

35. [If construction] – What kind of toilets do the NGOs construct? [Multiple choice]

- | | |
|--|---|
| <input type="checkbox"/> Flush + Septic tank | <input type="checkbox"/> ECO sanitation – Fossa Alterna |
| <input type="checkbox"/> Flush + Sewer | <input type="checkbox"/> Ventilated Improved Pit latrine (VIP) |
| <input type="checkbox"/> ECO sanitation – Skyloo (Federation toilet) | <input type="checkbox"/> Pit latrine with concrete slab with roof |
| | <input type="checkbox"/> Pit latrine with concrete slab no roof |

36. [If construction] Where are these toilets? [Multiple choice]

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Schools | <input type="checkbox"/> Markets |
| <input type="checkbox"/> Private / household | <input type="checkbox"/> Other: _____ |

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37. [If construction] – Are these the kind of toilets you think are most needed in your area?

☐ Yes☐ No

Could you explain this: _____

38. [If construction] - Who is in charge of the maintenance of the sanitation facilities in school and markets? [Multiple choice]

☐ Appointed owner☐ Land owner☐ Worker appointed by the community☐ The NGO☐ The city☐ Private company paid by NGO☐ Private company paid with revenues☐ Private company paid by community☐ Other: _____

39. [If training/education] – Who in the community is trained / educated by the NGOs? [Multiple choices]

☐ Local health workers☐ Chief / block leader☐ Community members☐ School pupils☐ Private operator☐ Other _____

40. Do you feel that these organisations help the sanitation situation in your area?

☐ Yes☐ No

How / Why not: _____

41. What would you like to be done on sanitation in your area [by the NGOs]? PROVIDE PUBLIC
BINS TO HELP SOME PEOPLE WHO DUMP GARBAGE
UNPROPERLY.

G. Income levels

42. Household size 5 members

43. (For tenancies only) Monthly rent of household (if applicable)

44. Working members in the household 245. Occupation of the main income earner of the household WORKING

46. What is the average monthly income (MKW) of your household?

☐ < 4,500 MKW☐ 4,500 - 9,000 MKW☐ 9001, - 18000 MKW☐ 1801, 27,000 MKW☐ 27,000 – 36,000 MKW☐ 36,000 – 45,000☒ 45,000 or more MKW

Thank you