

INHABIT – UNHIDE Survey

Risk assessment and access to WASH services in urban Lilongwe

A. Demographic

Age: 40

Gender: ☐ Male ☒ Female ☐ Other / Non-responsive

Settlement: ☐ 47 ☐ 56 ☒ 49, DUBAI

1. Since when do you live in this area? 2010

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 ACTED AS A WITNESS AND OTHERS
WERE PRESENT AROUND.

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 INSECURITY OUR TAPS HAVE BEEN BARRICAD
DOWN FROM UNSUSPECTED PEOPLE.

② WATER SHORTAGES ARE TO WATER SUPPLY THAT OCCURS IN DAYS.

③ ELECTRICITY FREQUENT BLACK-OUTS THAT IS DANGEROUS DAMAGE TO
OUR PROPERTY.

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 type="checkbox"/> Flies | <input checked="" 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 (DUBAI) | <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?

DESPITE HAVING POLICE UNIT, WE STILL HAVE INSECURITY
AS OUR HOUSE HAS SINCE BEEN ROPPED 5 MONTHS AGO AGO

E. Sanitation and hygiene practices

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

- | | |
|--|--|
| <input checked="" type="checkbox"/> Flush+ Septic tank | <input checked="" 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 checked="" type="checkbox"/> Non |
| <input 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 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 checked="" 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 checked="" type="checkbox"/> Empty it |
|--|--|

Why: WE APPLIED CHEMICALS THAT SINK DOWN THE WASTE AND ALSO KILLS ANY INSECT FOUND IN THE LATRINE.

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

- | | |
|---|--|
| <input type="checkbox"/> Fetching clean water | <input type="checkbox"/> Wearing shoes |
| <input type="checkbox"/> Waste disposal | <input checked="" type="checkbox"/> Hand washing |
| <input checked="" 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 checked="" type="checkbox"/> Dishes | <input type="checkbox"/> Keeping the water covered |

Why: 1. HAND WASHING TO PREVENT GERM & BACTERIA BEFORE COOKING ANYTHING AND AFTER TOILET.

2. BATHING TO ALWAYS LOOK SMART & CLEAN.

3. DISHES SOON AFTER EATING AND WASH THEM TO PREVENT INSECT FROM SPREADING.

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: _____

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

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

28. Did your hygiene practices changed over time?

- ☒ Yes ☐ No

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If yes how come? IT HAS HELPED WITH KIDS TO BE SMART AND EVEN A STRS OLD TEACHERS MINDS TO BE HYGIENE.

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

☒ Yes
☐ No

☐ I don't know

Can you give us an example: MY FRIENDS FAIL TO BE HYGIENE WHEN I VISIT THEIR HOMES LIKE NOT DIFFERENTIATING A DISH CLOTH AND A BATHROOM HAND CLOTH.

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

TO HAVE WATER PUMP TO PUMP WATER FROM A DUG WELL TO USE IT ONCE THERE IS DRY WATER SHADINGS.

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]? TO PROVIDE
US WITH PUBLIC WASTE DE BINS AROUND.

G. Income levels

42. Household size 6 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 & ENTREPRENEUR.

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

- ☐ < 4,500 MKW
- ☐ 4,500 - 9,000 MKW
- ☐ 9001, - 18000 MKW
- ☐ 18001, 27,000 MKW

- ☐ 27,000 – 36,000 MKW
- ☐ 36,000 – 45,000
- ☒ 45,000 or more MKW

Thank you