

INHABIT – UNHIDE Survey

Risk assessment and access to WASH services in urban Lilongwe

A. Demographic

Age: 38Gender: ☒ Male ☐ Female ☐ Other / Non-responsiveSettlement: ☐ 24 ☐ 25 49, DUBH11. Since when do you live in this area? 2013

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 _____
☐ Received as a gift from _____
☐ Inherited from _____

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

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?

INHABIT – UNHIDE Survey

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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? BROKEN WATER PIPE SYSTEM.

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

☒ Yes

☐ No

If yes, which ones: ON THE TAKING GOOD CARE OF THE HOUSE TO AVOID DAMAGING THE WALLS & UNNECESSARY LATE DRILLINGS.

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 WATER SHORTAGES AS IT STOPS IN OUR PIPE SYSTEM FOR A FEW DAYS LIKE 2.
② SOLID WASTE DUMPED BY UNWINDOWN PEOPLE IN ROAD SIDES LIKE DEAD ANIMALS. ③ HEALTH CARE WITH LONG DISTANCE TRAVELLING TO ACCESS PUBLIC CLINIC AS WE ONLY HAVE PVT CLINIC HERE.

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: _____

INHABIT – UNHIDE Survey

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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 checked="" type="checkbox"/> No bins | <input checked="" type="checkbox"/> Smell |
| <input checked="" 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?

- ☐ Yes, public ☒ Yes, private clinic ☐ 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?

WE HAVE A POLICE UNIT HELPING MINIMISE CRIMES
IN THE AREA.

E. Sanitation and hygiene practices

19 a. What is your main source of drinking water?

- | | |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> In-house connection | <input type="checkbox"/> Water Kiosk |
| <input type="checkbox"/> Yard tap | <input type="checkbox"/> Other _____ |

19b. 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 | |

INHABIT – UNHIDE Survey

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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 checked="" type="checkbox"/> Fetching clean water | <input type="checkbox"/> Wearing shoes |
| <input type="checkbox"/> Waste disposal | <input checked="" type="checkbox"/> Hand washing |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Cleaning the house (inside and outside) |
| <input checked="" 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 CLEAN WATER AS ITS BEEN TREATED BY THE WATER SUPPLIER.

② Laundry to work good & smarter with clean clothes.

③ ~~Hand~~ HAND WASHING with soap to put away possible germs & dirty.

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 checked="" type="checkbox"/> Keeping the water covered |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Dishes |
| <input type="checkbox"/> Having good toilets | <input 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 OF MY LITTLE KID WHO JUST PLAYS AROUND WITH WATER & JUST TAKES FROM THE COVERED STORED WATER.

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

INHABIT – UNHIDE Survey

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If yes how come? I TRAINED MY CHILDREN HOW TO BE SMART & CLEAN DIRTY.

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: IN HOUSEHOLDS WHERE A PIT LATRINE WITH MULTIPLE HOUSES DON'T CLEAN WELL AS THEY HAVE RESPONSIBILITY TO OTHER SIMILAR THOSE HOUSEHOLDS WITH EACH HOUSE & TOILET.

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

HUMANITARIAN PUT LITTLE REMOVERS AS MY FRIENDS DOES IN CLEANING THEIR LATRINE.

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 Build A
Public Health Centre with good access to
medical treatment.

G. Income levels

42. Household size 5 members

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

MK 60,000 - 80

44. Working members in the household 2

45. Occupation of the main income earner of the household WORKER

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