

MALAWI WASH AND DISABILITY SURVEY 2014

LSHTM/Centre for Social Research, University of Malawi/Centre of Excellence in Water and Sanitation, Mzuzu
University/WEDC

AusAid

BASELINE HOUSEHOLD WASH ACCESS QUESTIONNAIRE

A. COVER SHEET

TA NO: (Insert number in box)

TA NAME: _____

GVH NAME: _____

DISTRICT: RUMPHI

VILLAGE/PLACE: _____

VILLAGE NO: HOUSEHOLD NO:

HOUSEHOLD HEAD NAME: _____

Date ____ / ____ / ____
Day Month Year1 = CHIKULAMAYEMBE
2 = KATUMBI
3 = ZOLOKERECOMPLETE COVERSHEET IN
CAPITALSInterviewer's initials

BASELINE HOUSEHOLD WASH ACCESS QUESTIONNAIRE - COMPLETION INSTRUCTIONS

This questionnaire is to be administered to the mother/primary caregiver of the household. If she is not available, administer to another adult female or if no such person is available then the head of the household

Name of person _____

(INSERT NAME) In capitals
(First name and surname)

Person interviewed

1 = Mother/Primary caregiver

2 = Other adult female

3 = Other (please specify) _____

Circle one answer only

Case /Control Household

1 = CASE Household (HH with a PWD)

2 = CONTROL Household (neighbouring/nearest HH)

Circle one answer only

SUPERVISOR

CHECKED BY

KEYED BY

Name

Name

Date

Date

B		RESPONDENT'S BACKGROUND	
B1	What is your ethnic group?	1 = Chewa 2 = Tumbuka 3 = Lomwe 4 = Tonga 5 = Yao 6 = Sena 7 = Nkhonde 8 = Ngoni 96 = Other (specify)	CIRCLE ONE ANSWER ONLY
B2	What is your religion?	1 = Catholic 2 = CCAP 3 = Anglican 4 = Seventh Day Adventist/Baptist 5 = Other Christian 6 = Muslim 7 = No religion 96 = Other (specify)	CIRCLE ONE ANSWER ONLY
B3	What is the main source of household income?	1 = Livestock/livestock product sale 2 = Own agriculture/horticultural product sale 3 = Sale of ration food 4 = Petty trade (Fishing, Basketry, weaving, firewood/charcoal selling) 5 = Paid labour 6 = Casual labour 96 = Other (specify)	CIRCLE ONE ANSWER ONLY
B4	What is your usual income per <u>MONTH</u> from all sources including sale of produce and money sent by family members living elsewhere?	<input style="width: 100px; height: 20px;" type="text"/> (Kwacha MWK)	Enter amount in box
B5	Do you or a member of your family own this dwelling?	0 = No 1 = Yes 96 = Other (Not owned or rented) specify _____	CIRCLE ONE ANSWER ONLY

C ACCESS TO WATER/HOUSEHOLD WATER TREATMENT	
<p>C1 What is the main source of <u>drinking water</u> for members of your household?</p> <p>DO NOT PROMPT OR READ ANSWERS</p>	<p>Piped water</p> <p>1 = Piped into dwelling 2 = Piped into compound, yard or plot 3 = Piped into neighbour 4 = Public tap/standpipe 5 = Tubewell/Borehole</p> <p>Dug well</p> <p>6 = Protected well 7 = Unprotected well (<i>e.g. Shallow well</i>)</p> <p>Water from spring</p> <p>8 = Protected spring 9 = Unprotected spring 10 = Rainwater collection 11 = Tanker truck 12 = Cart with small tank/drum 13 = Surface water (River, dam, lake, pond, stream) 14 = Bottled water 96 = Other (specify)</p> <p>CIRCLE ONE ANSWER ONLY</p>
<p>C2 Do you do anything to the water to make it safer to drink?</p>	<p>0 = No (Go to question C4) 1 = Yes (Go to C3)</p> <p>CIRCLE ONE ANSWER ONLY</p>
<p>C3 What do you usually do to the water to make it safer to drink?</p>	<p>1 = Boil 2 = Add bleach/chlorine/aqua tablets 3 = Strain it through a cloth 4 = Use water filter (ceramic/sand) 5 = Solar disinfection/Leave outside in the sun 6 = Let it stand and settle 96 = Other (specify) 99 = DK</p> <p>CIRCLE ONE ANSWER ONLY</p>
<p>C4 Where is this source located?</p> <p>DO NOT PROMPT OR READ ANSWERS</p>	<p>1 = Inside dwelling/hut 2 = In own yard/plot/compound 3 = In neighbour's yard 4 = Communal well 5 = Public tap 6 = Stream/river 7 = Shallow well 8 = Tubewell/Borehole 96 = Other (specify)</p> <p>CIRCLE ONE ANSWER ONLY</p>
<p>C5 How long does it take someone to walk to the water source, collect water and come back?</p> <p>ASK THE QUESTION</p>	<p>1 = Inside house 2 = < 15 minutes 3 = 15 - 30 minutes 4 = 30 minutes - 1 hour 5 = > 1 h (specify)</p> <p>CIRCLE ONE ANSWER ONLY</p>
<p>C6 Who usually goes to this source to collect the water for your household?</p>	<p>1 = Adult women (age 15+ years) 2 = Adult man (age 15+ years) 3 = Female child (under 15) 4 = Male child (under 15) 5 = Don't know 96 = Other (Please specify)</p> <p>CIRCLE ALL THAT APPLY</p>
<p>C7 Is the location of the main water source for drinking purposes the <u>same water</u> source used for cooking and personal hygiene e.g. Bathing, hand washing and cleaning?</p>	<p>0 = No 1 = Yes</p> <p>CIRCLE ONE ANSWER ONLY</p>
<p>C8 Where is this source located?</p> <p>DO NOT PROMPT OR READ ANSWERS</p>	<p>1 = Inside dwelling/hut 2 = In own yard/plot/compound 3 = In neighbour's yard 4 = Communal well 5 = Stream/river 6 = Shallow well 7 = Tubewell/Borehole 96 = Other (specify)</p> <p>CIRCLE ONE ANSWER ONLY</p>

D		HOUSEHOLD SANITATION/PERSONAL HYGIENE FACILITIES	
Introduction - I am now going to ask you some questions on where you and your household members usually bath and the type of sanitation/toilet facility that you and your household usually uses			
D1	Where do members of your household usually bath?	1 = Surface water (e.g. Pond, river, stream) 2 = Pump or standpipe outside compound 3 = Separate structure within the compound (piped or stored water inside the dwelling or compound) 96 = Other (specify)	CIRCLE ONE ANSWER ONLY
D2	Do all household members use this area for bathing?	0 = No 1 = Yes	CIRCLE ONE ANSWER ONLY
D3	How far is the bathing facility from the main dwelling?	1 = < 5 metres 2 = 5-10 metres 3 = 11 - 15 metres 4 = >15 metres 96 = Other (specify)	CIRCLE ONE ANSWER ONLY
D4	How often do people in your household usually bathe/wash themselves?	1 = Every day 2 = More than once per day 3 = Every other day 4 = Twice a week 5 = Once a week or less frequent 96 = Other (specify)	CIRCLE ONE ANSWER ONLY
		DO NOT READ OUT RESPONSES	
D5	Does your household have a latrine?	0 = No (Go to question D7) 1 = Yes (Go to question D6)	CIRCLE ONE ANSWER ONLY
D6	What type of latrine is it?	1 = Flush to pit (latrine) 2 = Ventilated Improved Pit latrine (VIP) 3 = Pit latrine without slab 4 = Pit latrine without slab/Open pit 96 = Other (specify)	CIRCLE ONE ANSWER ONLY
D7	Where do members of your household usually go for defecation?	Flush/Pour flush 1 = Flush to piped sewer system 2 = Flush to septic tank 3 = Flush to pit (latrine) 4 = Flush to somewhere else 5 = Flush to unknown place/not sure/DK Pit latrine 8 = Ventilated Improved Pit latrine (VIP) 9 = Pit latrine without slab 10 = Pit latrine without slab/Open pit	11 = Composting toilet 12 = Bucket 13 = Hanging toilet/Hanging latrine 14 = No facility, bush, field 15 = Use the neighbour's facility (specify) 96 = Other (specify)
		NOTE: THIS QUESTION IS FOR ALL HOUSEHOLDS	CIRCLE ONE ANSWER ONLY Go to question D9
D8	How many households in total use this toilet facility, including your own household?	Number of households (if less than 10) <input type="text"/> <input type="text"/> Ten or more households 10 DK 99	If less than 10, enter number If 10 or more or DK, circle the relevant answer
D9	How far is the toilet facility or open defecation place from the main dwelling?	1 = < 5 metres 2 = 5-10 metres 3 = 11 - 15 metres 4 = >15 metres 96 = Other (specify)	CIRCLE ONE ANSWER ONLY
		OBSERVE AND MEASURE APPROXIMATE DISTANCE	
D10	What are the general feelings of physical safety for you and other members of your household when collecting water/going to the toilet or performing other water, sanitation and hygiene (WASH) related activities? Please describe		
D11	Are you aware of whether women and girls feel safe to use the latrine at night?	0 = No 1 = Yes	CIRCLE ONE ANSWER ONLY

E		HAND WASHING FACILITIES														
E1	Is there a specific place to wash hands within the dwelling, yard or plot?	0 = No 1 = Yes	Go to questions E2 and E3					CIRCLE ONE ANSWER ONLY								
E2	Is water present at the specific place to wash hands? RECORD OBSERVATION and circle all that apply	0 = No 1 = Yes 99 = No specific place to wash hands	CIRCLE ONE ANSWER ONLY													
E3	Is soap/detergent/ or locally used cleansing agent available at the specific place for hand washing? RECORD OBSERVATION and circle all that apply	0 = None available 1 = Soap of any sort 2 = Soap substitute 99 = No specific place to wash hands	CIRCLE ONE ANSWER ONLY													

F		HEALTH													
---	--	--------	--	--	--	--	--	--	--	--	--	--	--	--	--

Introduction - I am now going to ask you some questions on whether anyone in your household including yourself has been ill in the past one week with diarrhoea

F1	Has anyone in your household had diarrhoea in the past 7 days?	0 = No 1 = Yes	END OF QUESTIONNAIRE					CIRCLE ONE ANSWER ONLY										
Diarrhoea is defined as 3 or more loose stools in 24 hours																		
F2	If yes, please indicate the following	ONLY COMPLETE FOR PERSON(S) IDENTIFIED WITH DIARRHOEA IN THE PAST 7 DAYS Circle or write answer in box as appropriate																
a	Line No <i>From HH Roster (Section B)</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
b	Gender 1 = Male 2 = Female																	
c	Age <i>Enter age in boxes (From HH Roster)</i>																	
d	Disability status 0 = No 1 = Yes																	