



# Baseline Survey Report for Kamwe and Engucwini Project

Submitted to Love a Village Mission

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## Submitted by

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## Acronyms

CSV	Comma-Separated Values
DCSA	Disease Control Surveillance Assistants
FAO	Food and Agriculture Organization
GBV	Gender-Based Violence
NGO	Non-Governmental Organization
RDP	Rural Development Partners
SDG	Sustainable Development Goal
UNICEF	United Nations International Children's Emergency Fund
VSL	Village Savings and Loans
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

## Executive Summary

The Baseline Survey was conducted in Kamwe and Engucwini by Rural Development Partners (RDP) with funding from Love a Village (LAV) Mission of Canada; the survey serves as an assessment tool to understand the current socio-economic, environmental, and public health conditions in these areas. Its primary goal is to identify key challenges and establish baseline indicators to shape interventions effectively. This survey offers a detailed examination of critical areas such as Water, Sanitation, and Hygiene (WASH), Agriculture and Food Security, Environmental Management, Microfinance, Child labour, and Gender-based Violence (GBV). The insights gathered from this survey provide actionable information to guide targeted interventions. Employing strong methodological techniques and leveraging technical tools for data collection and analysis, the survey shows a good overall picture of the current situation in these communities.

The survey sample included 184 households in Kamwe and 171 households in Engucwini, with response rates of 47.5% and 48.7%, respectively. Gender distribution among respondents showed a relatively balanced representation, with 36.3% male and 63.7% female in Kamwe, and 37.2% male and 62.8% female in Engucwini. Notable variations were observed in religious affiliations, with Christians comprising 98.8% in Engucwini compared to 91.5% in Kamwe. Additionally, tribal diversity was evident, with Tumbuka being the dominant tribe in both communities (84.1% in Kamwe and 87% in Engucwini).

Access to clean water sources was reported by 66.3% of households in Kamwe and 80.7% in Engucwini, while 19.4% and 15.9% relied on river/stream water, respectively. However, only 48.9% in Kamwe and 37.2% in Engucwini treated their water before consumption. Concerns regarding sanitation facilities were highlighted, with 21.4% of households in Engucwini having unimproved traditional latrines. Additionally, 19.4% of households in Kamwe practiced open defecation, indicating gaps in sanitation infrastructure.

Maize production was dominant in both communities, with 180 responses in Kamwe and 168 in Engucwini out of 184 and 171 respectively. However, concerns were raised regarding crop diversity, with 40.7% in Kamwe and 28.1% in Engucwini reporting limited crop variety. Access to farm inputs was reported as moderately accessible by 77.1% in Engucwini and 71.8% in Kamwe, while adoption of climate-smart agricultural techniques varied, with 56.1% in Engucwini reporting low adoption compared to 18.7% in Kamwe.

Drivers of deforestation included agricultural practices (133 responses in Kamwe, 87 in Engucwini), firewood collection (136 in Kamwe, 93 in Engucwini), and charcoal burning (95 in Kamwe, 122 in Engucwini). All these were out of 184 in Kamwe and 171 in Engucwini. Despite these activities, only 42.1% of respondents in Kamwe and 38.7% in Engucwini reported the existence of forest committees, indicating limited efforts towards forest protection and conservation.

Child labour was evident, with agriculture (158 responses in Kamwe, 120 in Engucwini) and domestic work (68 in Kamwe, 74 in Engucwini) identified as significant factors. Despite awareness, traditional practices endorsing child labour persisted in Kamwe (74.6%), while Engucwini showed progress (56.6%) in rejecting such practices. Gender-based violence (GBV) affected females more in Kamwe (45.7%) and equally in Engucwini (41.6%), with traditional practices (160 responses in Kamwe, 100 in Engucwini) and poverty (130 in Kamwe, 80 in Engucwini) contributing to GBV prevalence.

In conclusion, the baseline survey provides critical insights into the socio-economic, environmental, and public health challenges facing Kamwe and Engucwini. The statistics presented underscore the urgent need for targeted interventions and policy interventions to address identified issues and foster sustainable development in these communities.

# 1.0 Project Overview

## 1.1 Implementing Partner Information

Rural Development Partners (RDP) was registered in 2015 and began its operations in 2017 as a local Non-Governmental Organization (NGO) dedicated to fostering self-reliant communities and promoting sustainable development in Malawi. Since its inception, RDP has been committed to improving livelihoods and socio-economic well-being through community-driven initiatives. The organization operates with a strong emphasis on values such as accountability, transparency and integrity. RDP focuses on four priority areas, namely: Agriculture and Food Security, WASH, Environmental Management, and Early Childhood Development programs to address the diverse needs of communities in Malawi. Firstly, it works to enhance agricultural practices and food security, aiming to empower farmers and alleviate hunger. Additionally, RDP implements projects to improve access to clean water and sanitation facilities, recognizing the critical importance of WASH in safeguarding public health. Furthermore, RDP is actively involved in addressing environmental, social welfare and community development challenges. To achieve its goals, RDP operates through a team of officers who are responsible for project implementation and community engagement. Again, the organization collaborates with volunteers, including program advisors and interns, to enrich its initiatives with diverse perspectives and expertise. RDP's administrative offices are located in Ekwendeni, serving as the central point for coordination and administrative functions. From this office, the organization effectively oversees its projects and maintains close collaboration with stakeholders.

## 1.2 Project Location Background

The project area is Kamwe and Engucwini, situated within the Mzimba District of Northern Malawi, under the Traditional Authority Mtwalo. These communities face many challenges stemming from socio-economic, environmental, and



public health issues, necessitating targeted interventions for improved livelihoods and sustainable development.

Kamwe comprises 7,385 households and is home to a population of 23,382 people. Despite its sizable population, Kamwe faces challenges related to inadequate sanitary facilities and limited access to clean water sources, leading to increased risks of waterborne diseases. Agricultural practices, despite being a major source of income, face challenges such as limited crop diversity and vulnerability to climate change, affecting food security. Additionally, Kamwe struggles with deforestation driven by agricultural expansion and charcoal production, further worsening environmental degradation.

Engucwini, with 2,440 households and a population of 20,539 people, shares similar socio-economic and environmental challenges with Kamwe. Access to clean water sources remains a concern, with a significant portion of the population relying on unsafe water from rivers and streams. Sanitation facilities are inadequate, contributing to the prevalence of waterborne illnesses. Agricultural productivity faces constraints due to limited access to inputs and unsustainable farming practices. Deforestation is also a pressing issue in Engucwini, driven by agricultural encroachment and charcoal production, posing threats to biodiversity and ecosystem.

Given the shared challenges in Kamwe and Engucwini, the project's focus on these communities aligns with the urgent need for interventions to address WASH issues, enhance agricultural resilience, and promote environmental conservation among others.

## **1.2 Project Goal**

The project aims to improve the overall well-being and livelihoods of residents in Kamwe and Engucwini through targeted interventions addressing key socio-economic, environmental, and public health challenges identified in the baseline survey.

### 1.3 Project Objectives

- **Enhance** access to clean water sources and promote sustainable water management practices.
- **Improve** sanitation infrastructure and hygiene practices to reduce the prevalence of waterborne diseases.
- **Strengthen** agricultural resilience and food security through diversified farming practices and climate-smart farming techniques.
- **Mitigate** deforestation and promote sustainable land management practices to preserve natural resources.
- **Promote** gender equality and social inclusion by combating child labour and gender-based violence, and promoting community-led initiatives for empowerment.

### 1.4 Expected Project Results

- **Increased** access to clean and safe water sources for households, schools, and health facilities.
- **Improved** sanitation facilities and adoption of hygiene practices resulting in reduced incidences of waterborne diseases.
- **Enhanced** agricultural productivity and food security through diversified farming practices and climate-resilient techniques.
- **Reduced** rates of deforestation and improved conservation efforts to protect natural habitats and biodiversity.
- **Empowered** communities with reduced cases of child labour and gender-based violence, promoting inclusive and equitable development.

### 1.5 Purpose of the Baseline Survey

The baseline survey serves as a comprehensive assessment tool to understand the current socio-economic, environmental, and public health conditions in Kamwe and Engucwini. It aims to identify key challenges and baseline indicators to inform the design and implementation of targeted interventions.

## 1.6 Specific Objectives of the Baseline Survey

- **Assess** the demographic profile, including household composition, education levels, and socio-economic status.
- **Evaluate** access to WASH facilities and practices, identifying areas for improvement.
- **Analyze** agricultural practices, crop diversity, and food security status to inform agricultural interventions.
- **Investigate** environmental issues, including deforestation drivers and conservation efforts.
- **Examine** gender-based disparities, including child labour prevalence and gender-based violence, to guide social inclusion strategies.

## 1.7 Outcome Indicators

- Percentage increase in households with access to clean water sources as indicated by health facility reports.
- Reduction in the prevalence of waterborne diseases as indicated by health facility reports.
- Increase in agricultural productivity reported by the Extension Planning Area (EPA).
- Percentage decrease in deforestation rates within the project area.
- Reduction in instances of child labour and gender-based violence reported by community members.

## 2.0 Methodology

This section outlines the methodological approach employed in the baseline survey conducted in Kamwe and Engucwini.

### 2.1 Study Design

The study design employed a mixed methods approach, combining quantitative (numerical data) and qualitative (descriptive data) methods. This involved surveys and interviews to gather both statistical information and in-depth understanding from participants.

### 2.2 Sampling

The sample sizes for the baseline survey in Kamwe and Engucwini were initially planned based on standard statistical principles. Aiming for a high level of confidence in the findings (95%) with a small margin of error (5%), 385 households were targeted for Kamwe, which has 7385 households, and 353 households for Engucwini, which has 2440 households. These numbers were selected to ensure the capture of a diverse range of perspectives from each community. However, during the actual survey, unexpected challenges were encountered, preventing the team from reaching as many households as hoped. The response rates turned out to be 47.5% for Kamwe and 48.7% for Engucwini. To address this, the sample sizes were recalculated based on these response rates. Using a simple formula of multiplying the initial sample size by the response rate, adjustments were made. After making these adjustments and rounding to the nearest whole number for practicality, the new sample sizes became 184 households for Kamwe and 171 households for Engucwini. These adjustments aimed to maintain the statistical validity and representativeness of the sample, acknowledging the inability to survey as many households as initially planned. Throughout this study, prioritizing the inclusion of respondents from all areas under the influence of all senior group village heads of Kamwe and Engucwini was maintained. This approach was adopted to ensure an in-depth

understanding of the community dynamics. Additionally, the officers in charge at the health centers in Kamwe and Engucwini played an important role in facilitating survey efforts, providing crucial support to the data collection team, navigating challenges and maintaining open communication with the communities.

## **2.3 Development of Data Collection Tools**

The data collection tools for this study were designed by a team of RDP staff. To ensure the effectiveness and appropriateness of the questionnaire, it was implemented on the mWater portal, a platform for data collection visualization and interpretation among other functions. Following that, 9 enumerators were trained to conduct a pre-test of the questionnaire using the mWater mobile app. This pretesting phase served as a crucial step to identify and correct any potential issues with the survey instrument, ensuring its clarity, relevance, and functionality.

## **2.4 Data Collection**

The survey was conducted using the mWater mobile app by the 9 trained enumerators. The deployment of the questionnaire through the mWater platform allowed for efficient and accurate data collection. The enumerators used the mWater app for data collection during two separate 5-day periods: from the 12th to the 16th of February 2024 in Kamwe and from the 19th to the 23rd of February 2024 in Engucwini. Through the officers in charge, Disease Control Surveillance Assistants (DCSA) from Kamwe and Engucwini health centers were engaged. The engagement of DCSA proved to be useful in aiding the enumerators to reach the targeted areas within Kamwe and Engucwini. This collaborative effort ensured broad coverage and access to different community perspectives.

## 2.5 Data Entry and Analysis

Upon completion of the data collection phase, the collected data was subjected to cleaning and processing procedures on the mWater portal. This step aimed to enhance the accuracy and reliability of the dataset. However, it is noteworthy to mention that the charts generated on mWater had limited customization and graphics, making them difficult to read when inserted into the report. To address this limitation, the data was exported from mWater in CSV format. Subsequently, the CSV file was utilized to generate charts using both Python programming and spreadsheets. This approach offered greater customization options and produced charts with improved graphic quality. The inclusion of managers and a single stage of approval on the mWater portal added an extra layer of quality control and oversight, ensuring the integrity of the data. The charts generated from Python and spreadsheet were then incorporated into the final survey report to provide a clear and concise representation of the study's outcomes.

### 3.0 Findings

This section presents the findings of the baseline survey. The results are presented and discussed based on baseline survey objectives.

#### 3.1 Demographic Information Analysis: Household Characteristics in Kamwe and Engucwini

The demographic information from the baseline survey in Kamwe and Engucwini provides valuable insights into the population structure of these communities. Regarding the distribution of respondents by gender, Kamwe displays a relatively balanced representation, with 36.3% male and 63.7% female respondents, while Engucwini shows a similar balance with 37.2% male and 62.8% female respondents (see Figure 1 in the attached charts). The religious landscape in both Kamwe and Engucwini demonstrates significant differences. Engucwini stands out with a higher percentage of Christians at 98.8%, compared to Kamwe's 91.5%. Conversely, Kamwe has more Islamic presence at 8.5% compared to Engucwini's 1.2%. These variations highlight the religious diversity in the surveyed areas. (see Figure 2).

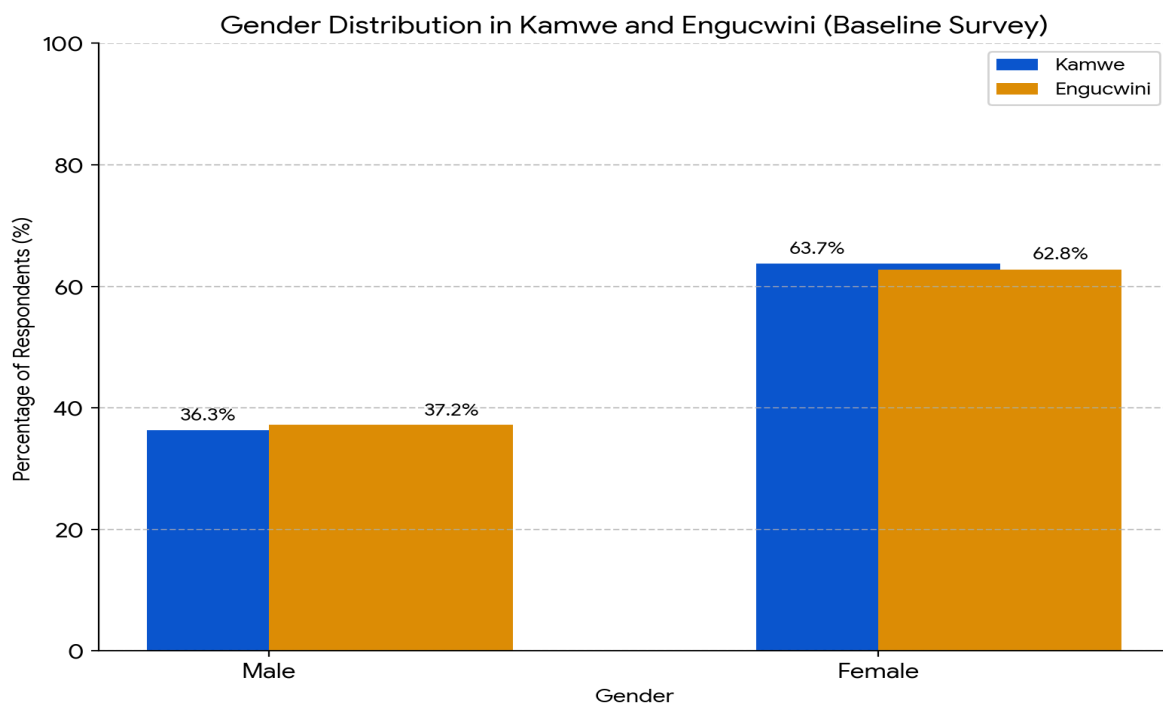


Figure 1. Gender Distribution

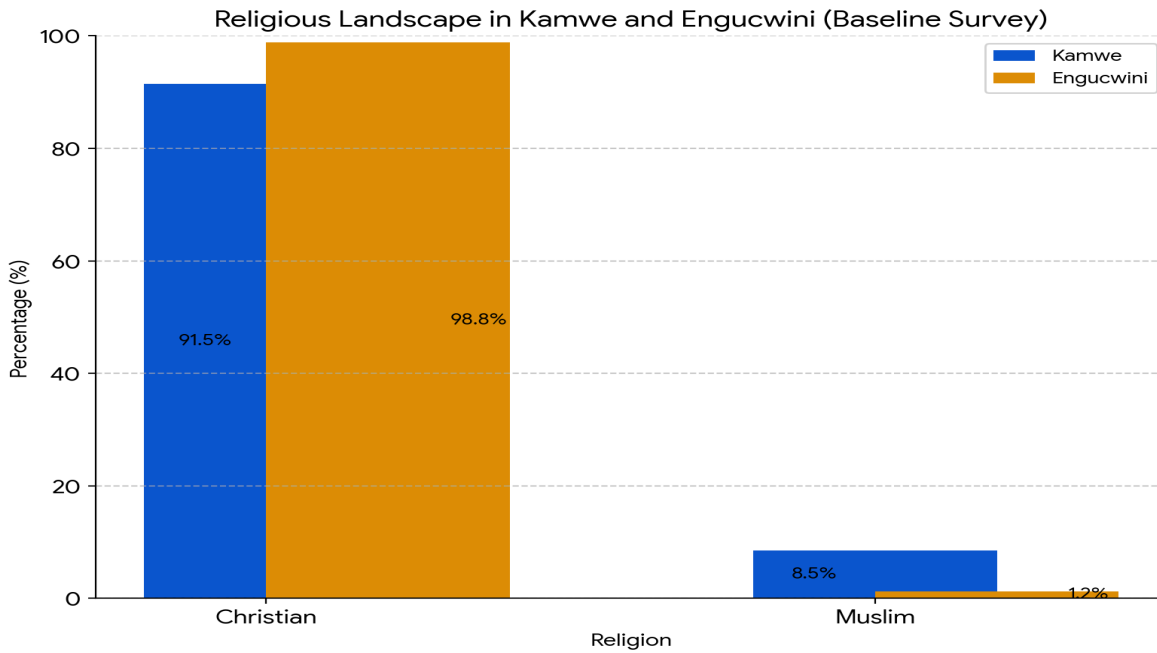


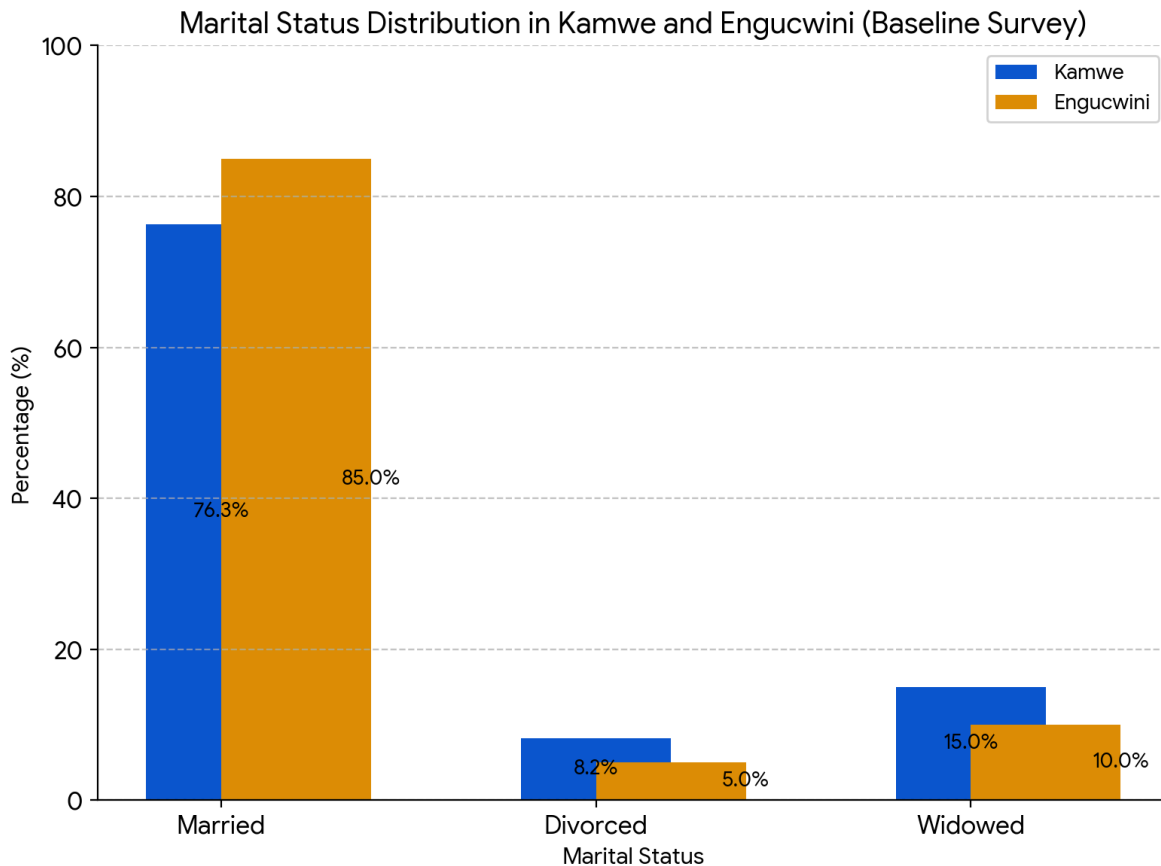
Figure 2. Religious Landscape

The age distribution across both communities, as depicted in Figure 3, illustrates a varied demographic in Kamwe and Engucwini, with Engucwini having a higher proportion of individuals in the 21 to 30 and 31 to 40 age groups, while Kamwe demonstrates a more significant representation in the 41 to 50 age range (Table 1). Regarding marital status, both Kamwe and Engucwini show a predominant majority of married individuals. However, Kamwe has higher percentages of divorced 8.2% and widowed 15% respondents compared to Engucwini (Figure 3).

Age Group	Kamwe (Count)	Kamwe (%)	Engucwini (Count)	Engucwini (%)
10 to 20	4	2.19	7	4.09
21 to 30	57	31.15	55	32.16
31 to 40	55	30.05	32	18.71
41 to 50	30	16.39	39	22.81
51 to 60	26	14.21	18	10.53
61+	11	6.01	20	11.7

Table 1. Age Distribution





*Figure 3. Marital Status Distribution*

Head of Household's Highest Level of Education as depicted in Figure 4, reveals that the majority in both Kamwe and Engucwini have completed Standard 5 to 8 primary education. Kamwe reports a slightly higher percentage in this category (55.2% vs. 58.6%). Additionally, literacy rates show significant differences, with Engucwini showing higher percentages of respondents who can read (87.8%) and write (89%) compared to Kamwe (76.5%) and (77.4%), respectively (Figure 5).

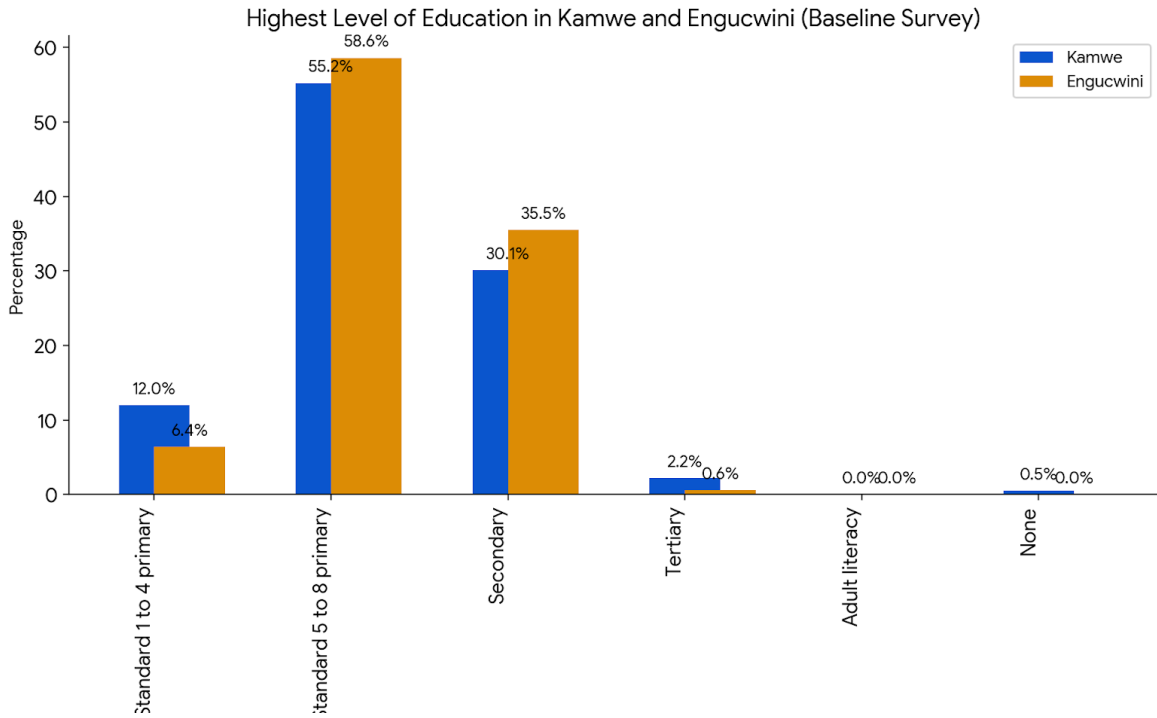


Figure 4. Highest Level Of Education

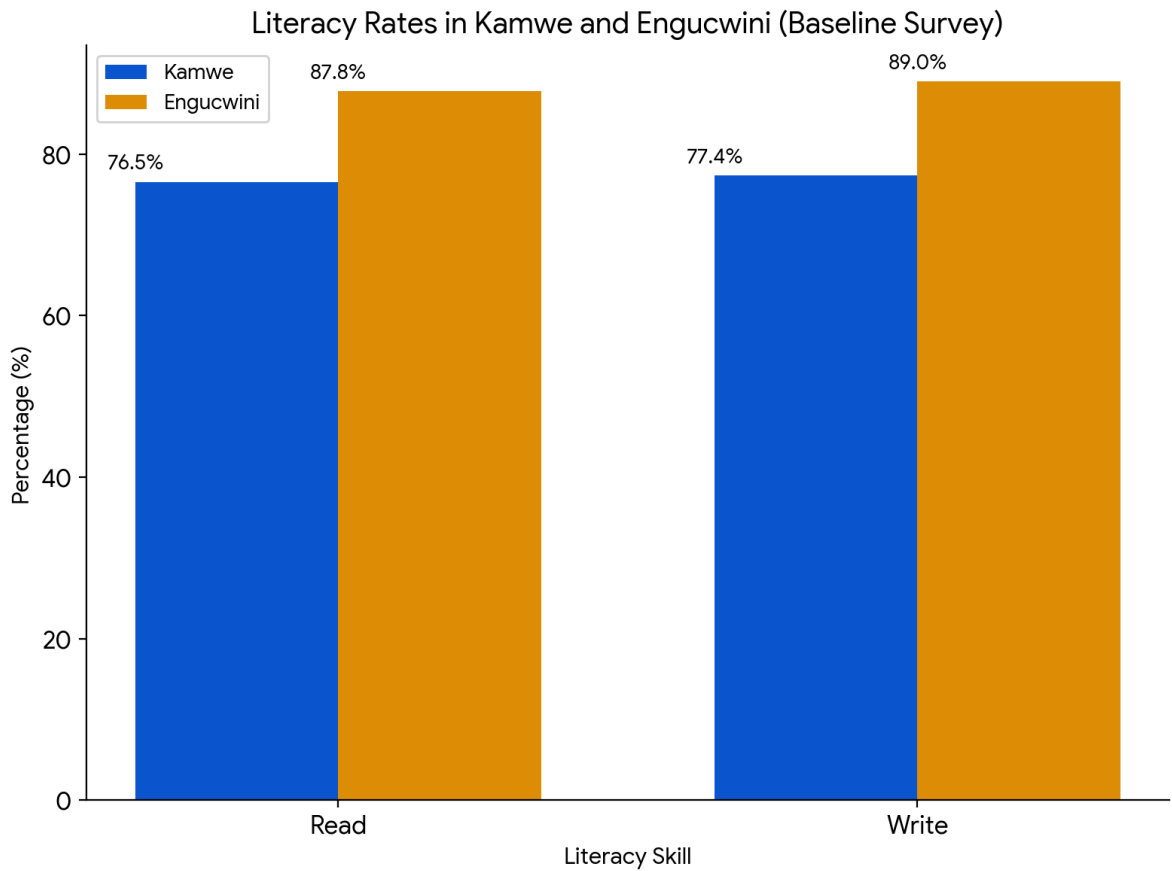


Figure 5. Literacy Rates

Examining household characteristics further, Kamwe displays a slightly higher number of male and female household members, as well as under-five children, compared to Engucwini. Moreover, male adults predominantly serve as household heads in both Kamwe 78.9% and Engucwini 76.3% (Table 2). Housing infrastructure, illustrated in Figure 6, reveals variations with mud walls and iron roofs being common in both communities. Lastly, tribal diversity is apparent, with the Tumbuka tribe dominating in both Kamwe 84.1% and Engucwini 87%.

Category	Kamwe (%)	Engucwini (%)
Male Adult	78.9	76.3
Male Child	0	1.2
Female Adult	17.2	16.6
Female Child	0	0
Elderly (>65 yrs)	3.9	5.9

Table 2. Household Members

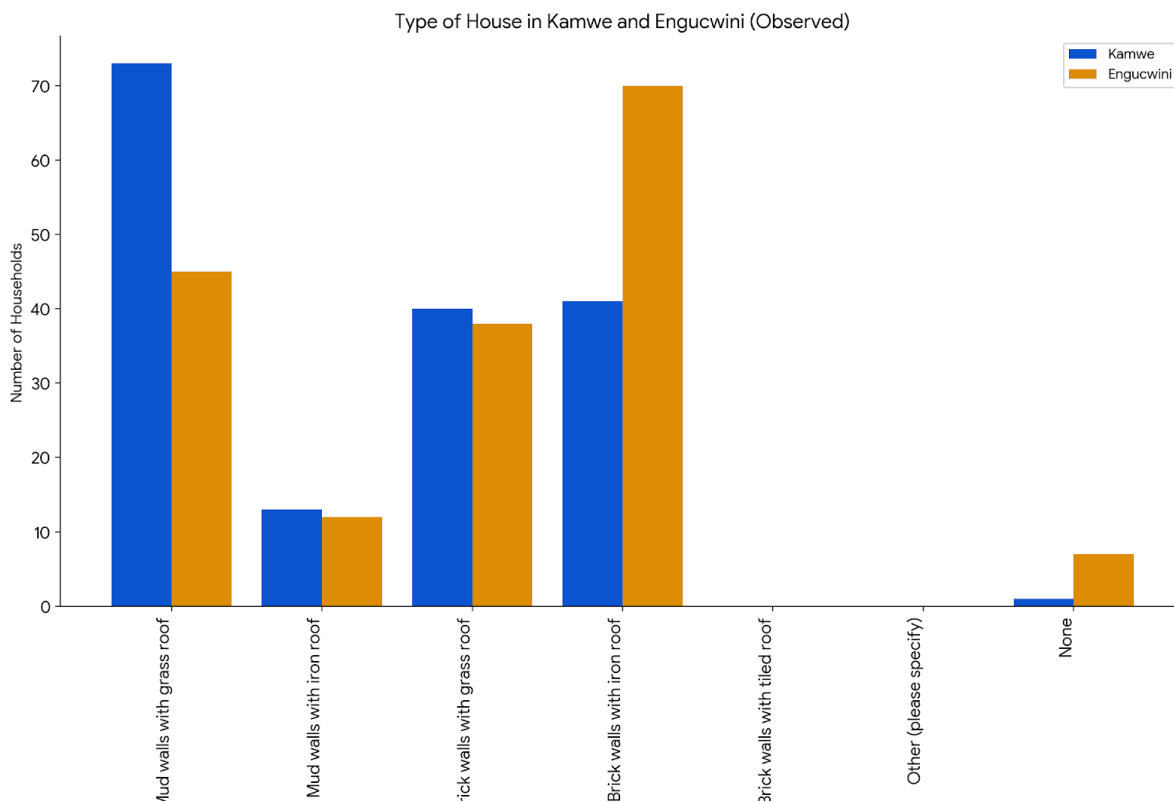


Figure 6. Type of House

## 3.2 Water, Sanitation and Hygiene (WASH)

This section of the report analyzes WASH indicators in Kamwe and Engucwini, highlighting statistics that show progress and challenges in achieving Sustainable Development Goal 6 (SDG 6) and aligning with National and International WASH policies.

### 3.2.1 Water Source and Accessibility

The importance of access to safe drinking water is underlined by the fact that it is included as SDG Goal 6 and is also in Malawi's Vision 2063 (MW2063). Boreholes emerge as the primary source in both communities. 129 households in Kamwe and 126 in Engucwini rely on boreholes, a positive finding as it aligns with United Nations International Children's Emergency Fund (UNICEF) WASH guidelines and Malawi's National Water Policy which recommend groundwater use as one of the reliable and sustainable water supply systems. However, concerns arise with 25 respondents in Kamwe (19.4%) and 20 in Engucwini (15.9%) relying on river/stream water, indicating potential exposure to contaminants and the need for improved water sources (Figure 7). Interventions are needed to improve access to safe and sustainable sources, as emphasized in SDG 6 and Malawi's National Sanitation and Hygiene Strategy. The survey also assesses daily accessibility, a key WASH indicator. While 66.3% in Kamwe and 80.7% in Engucwini report daily accessibility (Figure 8), the significant proportion facing challenges, particularly in Kamwe (33.7%), suggests a gap in meeting the minimum requirement of consistent access to clean water as outlined in World Health Organisation (WHO) guidelines.

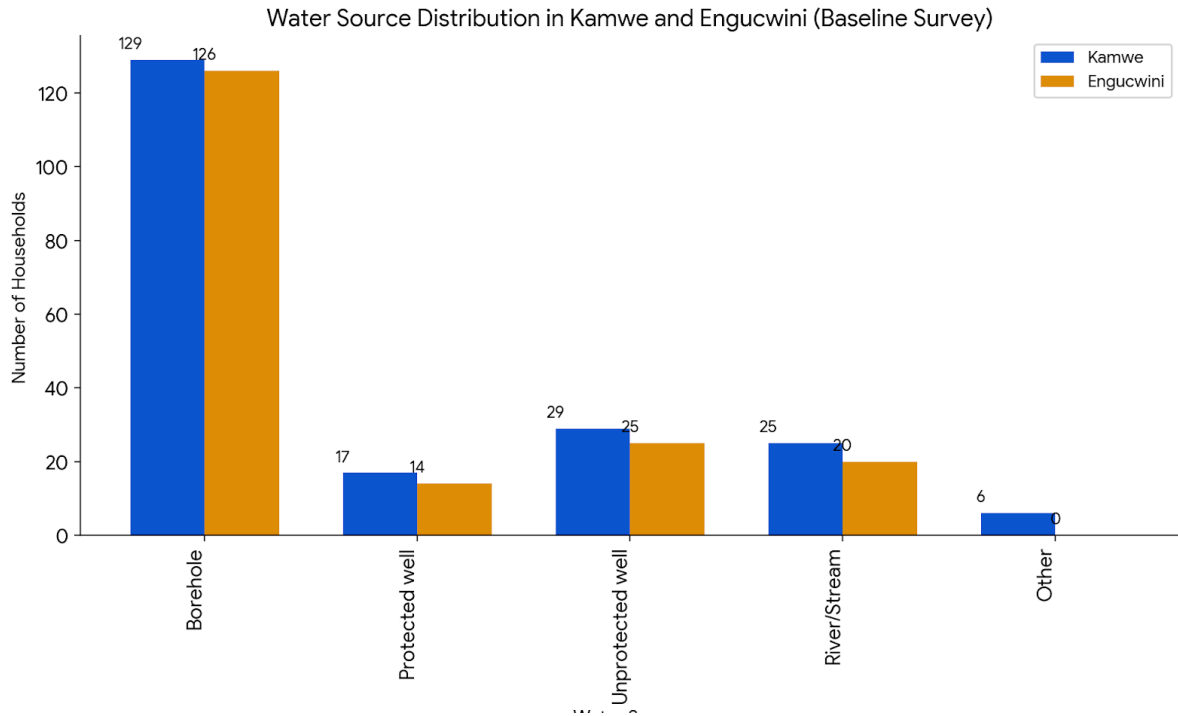


Figure 7. Water Source Distribution

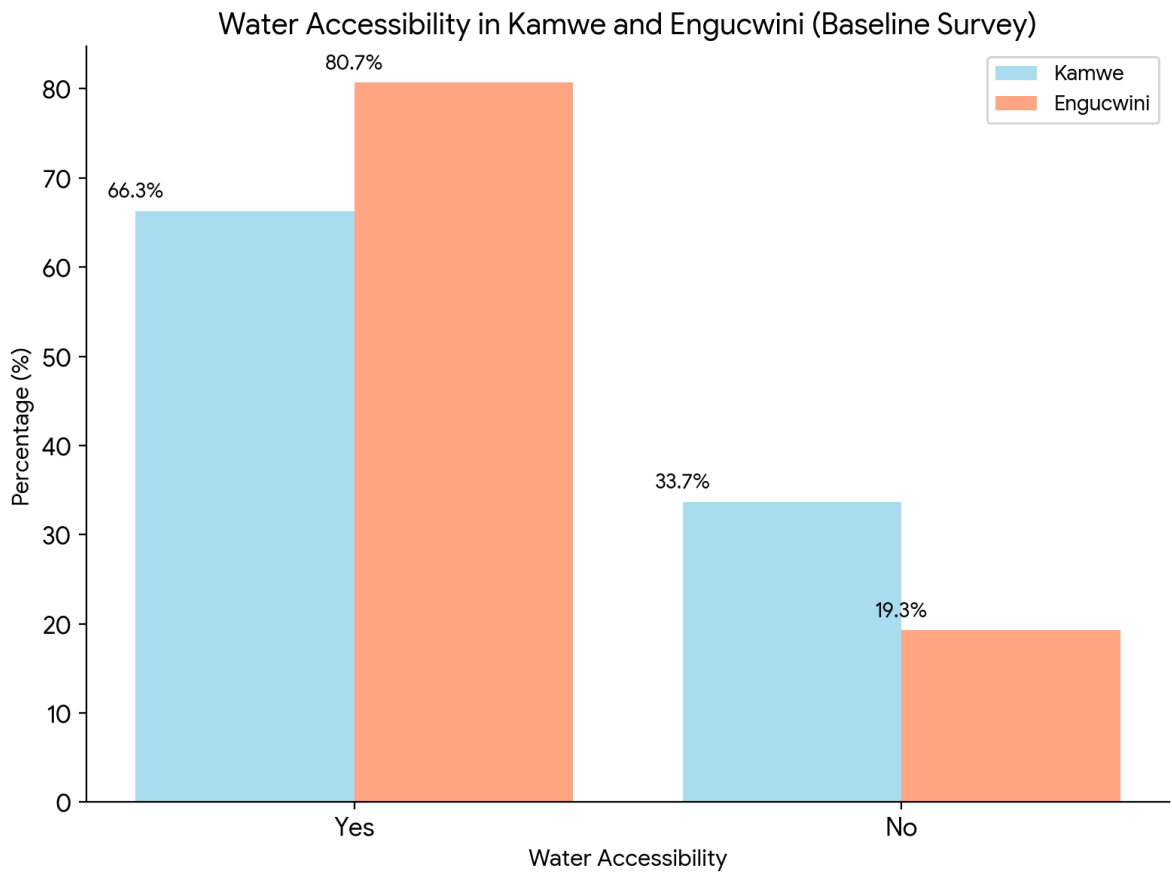


Figure 8. Daily Water Accessibility

### 3.2.2 Travel Time and Water Treatment

The WHO and UNICEF Joint Monitoring Programme (JMP) recommends using a 30-minute threshold for access to water sources in developing countries [[Access to drinking water: time matters](#)]. This means that an improved water source should be located within a 30-minute round trip (to and from the source) for it to be considered a basic service. The survey reveals that more than 30 minutes of travel is a common reality in both Kamwe 53.8% and Engucwini 57.3% (Figure 9). This is a major challenge, emphasizing the need for proximity to water sources to minimize the burden on households, especially to women and children.

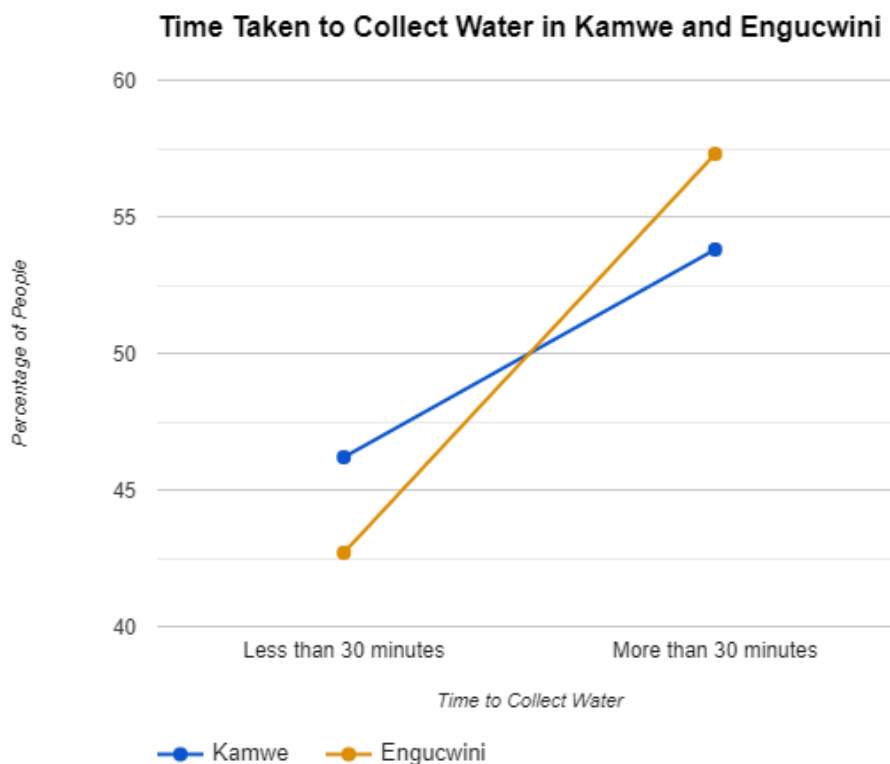


Figure 9. Time Taken to Collect Water

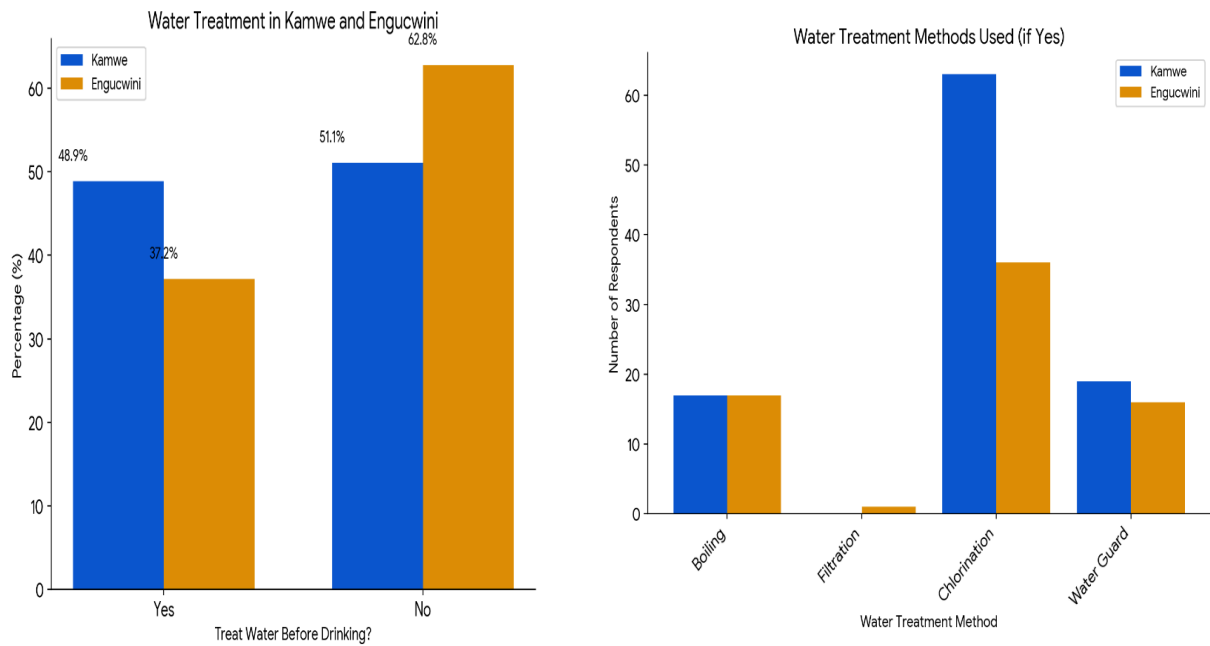


Figure 10. Water Treatment and Methods

Regarding water treatment, not all households treat their water. The data reveals that 48.9% in Kamwe and 37.2% in Engucwini treat their water before consumption. Boiling is a common method in Kamwe 13.2% and filtration in Engucwini 23.8%. Chlorination is widely adopted in both locations, with 48.8% of respondents in Kamwe and 59.8% in Engucwini. The use of *Water Guard* (a dilute sodium hypochlorite solution used as a point-of-use treatment for household drinking water), is reported by 14.9% of respondents in Kamwe, emphasizing the community's commitment to water purification (Figure 10). While these practices indicate positive hygiene measures, there is room for improvement to meet the recommended global target of universal water treatment to prevent waterborne diseases which are common in Kamwe and Engucwini. Additionally, the last cholera outbreak in Mzimba started in this area.

### 3.2.3 Drinking Water Storage and Hygiene

Ownership of drinking water storage containers is common in both communities, with 95.1% in Kamwe and 90.7% in Engucwini having such tools, aligning with safe storage recommendations in WASH guidelines (UNICEF WASH Guidelines and WHO Water Safety and Quality). The majority use buckets (Chidebe) as storage containers (Kamwe 67.6%, Engucwini 63.9%) and consistent covering, reported by the majority (Kamwe 81.3%, Engucwini 74%), which helps in preventing contamination and is a positive outcome (Figure 11). However, the survey identifies potential hygiene concerns, as 44.2% in Kamwe use the same cup for drawing and drinking water (Table 3). This raises awareness gaps and underscores the necessity for hygiene education to align with recommended WASH standards.

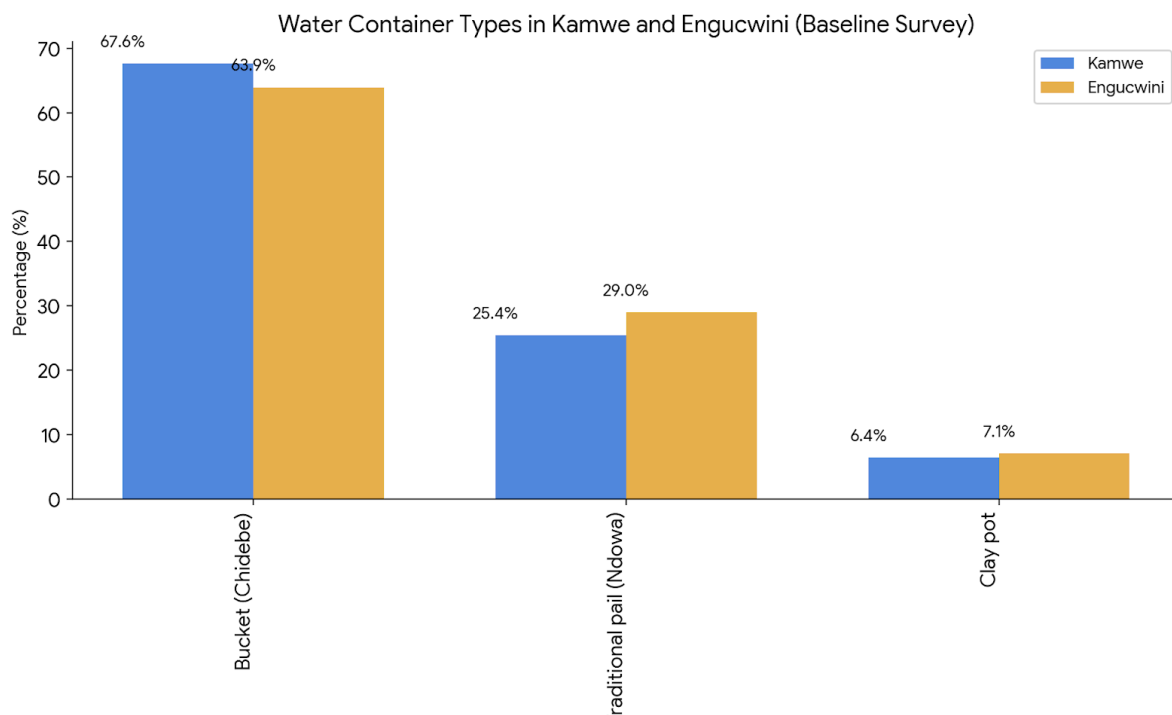


Figure 11. Water Container Types



Question	Response	Kamwe	Engucwini
Is the drinking water storage container covered?	Yes	148	127
	No	10	18
	Sometimes	14	10
Do you use the same cup for drawing and drinking the water?	Yes	44.2%	15.7%
	No	32.6%	40.1%
	Sometimes	23.2%	15.7%

Table 3. Drinking Water Storage and Hygiene

### 3.2.4 Financial Contribution for Water

Financial contributions for water vary, with notable percentages falling within the range of K100 to K5000 (Figure 12). The large number of respondents not contributing (Kamwe 50, Engucwini 38) suggests potential financial challenges or limited awareness, highlighting the need for targeted interventions and aligning policies with the financial capacity of the communities, as outlined in the principle of affordability within WASH guidelines (UNICEF and WHO). This ensures equitable access as outlined in SDG 6.

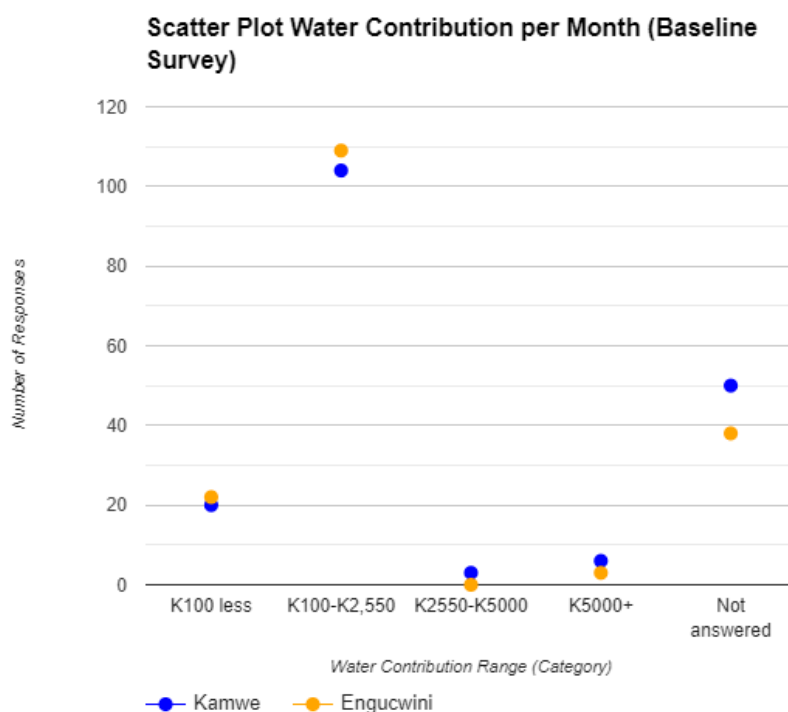


Figure 12. Water Contribution per Month

### 3.2.5 Latrine Usage, Sanitation and Hygiene Practices

Latrines are common in both Kamwe (80.6%) and Engucwini (77.8%). However, the dominance of unimproved traditional latrines in Engucwini (21.4%) raises concerns about meeting minimum standards for improved sanitation facilities, as recommended by WHO and UNICEF WASH guidelines. Furthermore, the reported state of latrines not being in good, usable form by 41.0% in Kamwe and 23.8% in Engucwini emphasizes the need for maintenance and regular inspections. While 59% in Kamwe and 76.2% in Engucwini report proper hygiene in their latrine facilities (Figure 13), variations in responses call for more detailed assessments as to align with the National WASH focus on promoting hygiene practices and ensuring the overall cleanliness and usability of sanitation facilities.

**Latrine Usage, Sanitation and Hygiene Practices (Baseline Survey)**

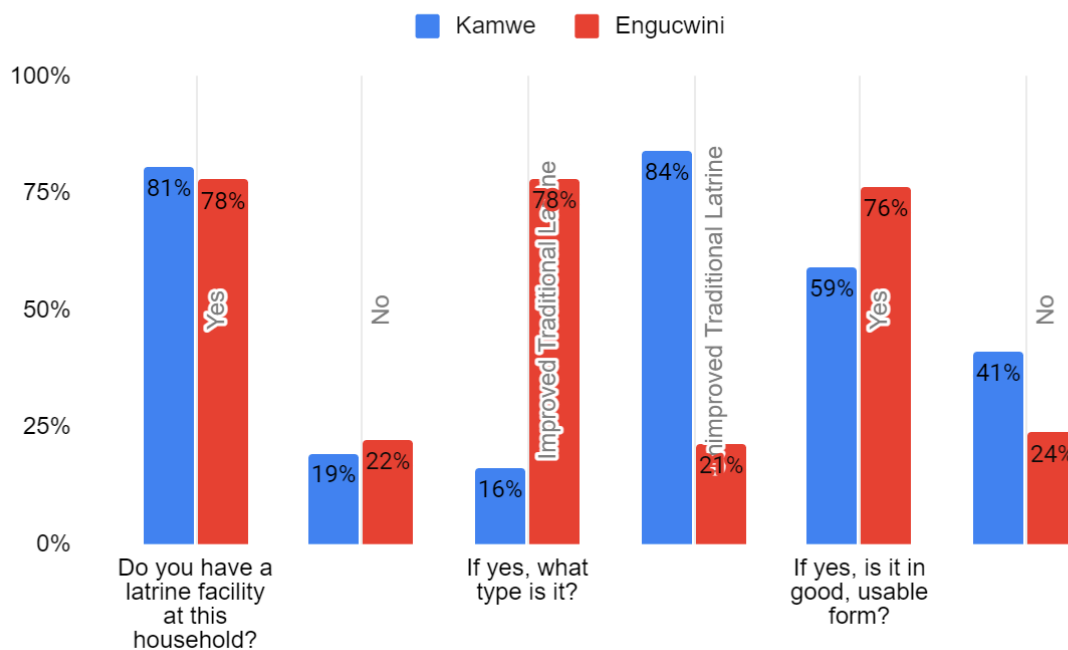


Figure 13. Latrine Usage, Sanitation and Hygiene Practices

### 3.2.6 Latrine Users and Alternatives

The diversity in latrine users, including adults and children, aligns with inclusive WASH principles. However, the prevalence of open defecation in Kamwe (19.4%) and the use of neighbour's toilets in Engucwini (24.6%) underscores the importance of community-wide sanitation initiatives to meet the national and global target of eliminating open defecation (Figure 14). Reasons for not having a latrine, including financial constraints and lack of space, highlight areas for targeted interventions. Understanding and addressing these challenges can contribute to achieving the desired standards set by both Malawi and international policies on water, sanitation, and hygiene.

**Latrine Users Kamwe and Engucwini (Baseline Survey)**

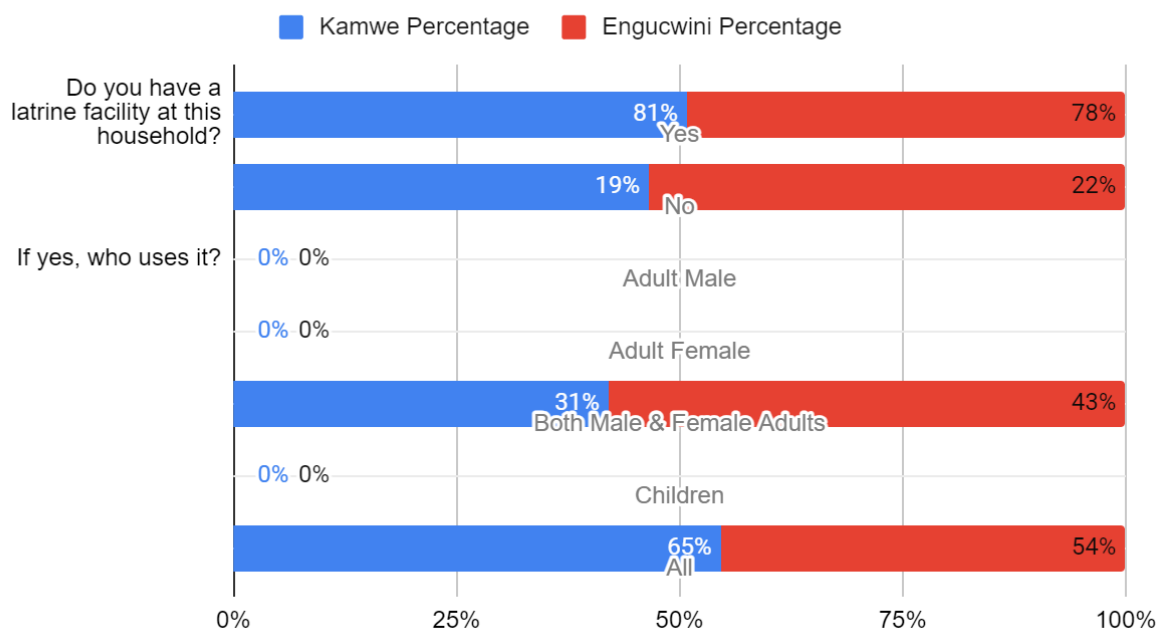


Figure 14. Latrine Users

### 3.2.7 Latrine Construction Efforts

For households without a latrine, the survey reveals different efforts towards construction. In Kamwe, responses vary, including no effort, and planning to build after the rainy season, among others. Engucwini residents have shown diverse initiatives, with some sourcing materials, others expressing no effort, and some having dug a pit. These efforts showcase the community's engagement and willingness to improve sanitation, although the variance in responses suggests the need for WASH interventions.

### 3.2.8 Desired Latrine Types, Latrine Sharing and Waste Disposal

For households without latrine facilities, the survey explores the desired types. In Kamwe, the majority expressed a preference for an improved traditional latrine (45%), and in Engucwini, 61.5% opted for the same type. Concerning latrine sharing, if available, 32.9% in Kamwe and 45.4% in Engucwini share their latrines with neighbours (Figure 15). The reasons for sharing vary, including the absence of a latrine in another plot and sharing the same plot. This underscores the need for community-wide sanitation efforts to address shared facilities and ensure proper hygiene. Regarding waste disposal, 63.4% in Kamwe and 39.5% in Engucwini have rubbish pits, with varying states of fullness. However, a significant number, 91% in Kamwe and 82.4% in Engucwini, practice open dumping (Figure 16). This highlights the necessity for waste management education.

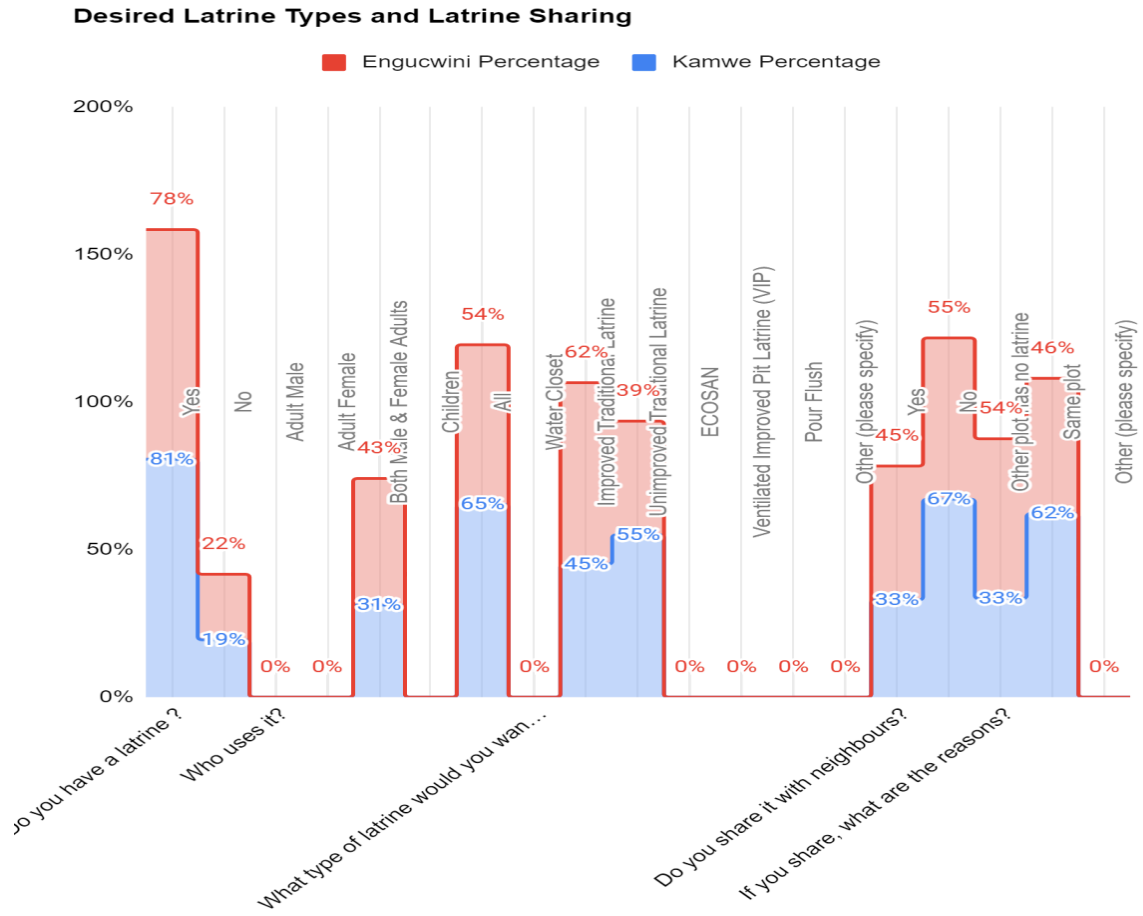


Figure 15. Desired Latrine Types and Latrine Sharing

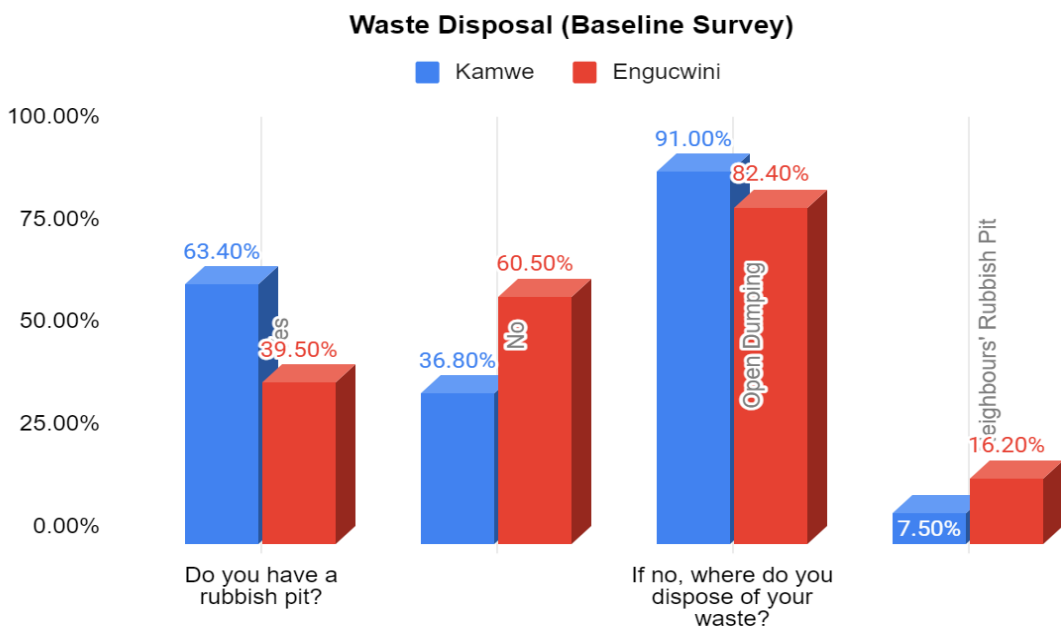


Figure 16. Waste Disposal

### 3.2.9 Health Effects and Hygiene Promotion

The survey presents health concerns, reporting incidences of diseases in the last two weeks. Instances of diarrhea (Kamwe 8, Engucwini 15), malaria (Kamwe 55, Engucwini 57), and typhoid (Kamwe 23) were reported. The majority received treatment, with 97.6% in Kamwe and 74.7% in Engucwini receiving appropriate care (Table 4). Most received treatment at health facilities, indicating an understanding of the importance of professional healthcare. The data also reveals amounts spent by respondents on medication and transport. In Kamwe, 29 people spent less than K1,000, 31 people between K1,000 to K5,000, 18 people between K5,000 to K10,000, 16 people more than K10,000. In Enguncwini, 18 people spent less than K1,000, 36 people between K1,000 and K5,000, 10 people K5,000 to K10,000, 9 people more than K10,000 (Figure 17).

Question	Response	Kamwe	Engucwini
Has any member of the household suffered from any of the following diseases in the last 2 weeks?	Diarrhea	8	15
	Cholera	0	0
	Malaria	55	57
	Stomach worms	1	8
	Typhoid	23	0
	Other	9	21
If yes, were they given any treatment?	Yes	97.6%	74.7%
	No	2.4%	25.3%
If yes, where did the patient above go for treatment?	Health Facility	94%	72.6%
	Self-Medication	6%	25%
	Traditional Doctor	0%	2.4%
	Other	0%	0%

Table 4. Health Concerns

### Money Spent on Medication and Transport

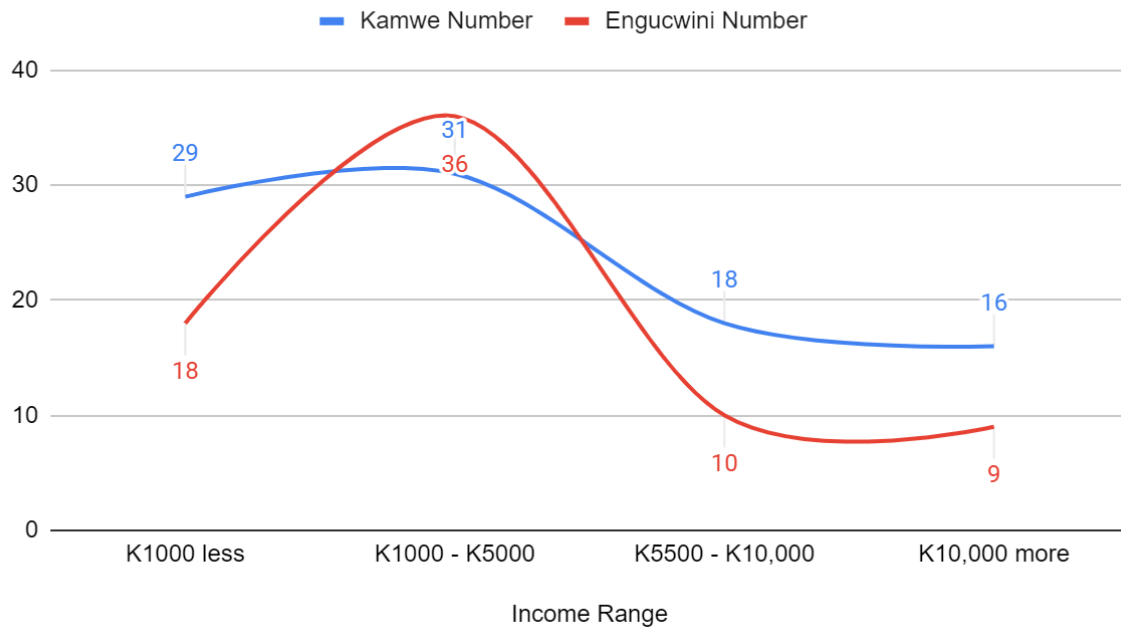


Figure 17. Money Spent on Medication and Transport

### 3.3 WASH Awareness and Knowledge

The survey assessed WASH awareness, with 85.2% in Kamwe and 73.1% in Engucwini confirming the presence of information sources in their community (Figure 18). NGOs, hospitals/community health workers, schools, media, and family/friends are reported as information sources regarding the dissemination of information on water treatment, waste management, personal hygiene, and food hygiene. Respondents agreed that contaminated water can cause diarrheal diseases (Kamwe 100%, Engucwini 98.8%) and that handwashing is effective in preventing diarrheal diseases (Kamwe 100%, Engucwini 100%). This underscores the community's understanding of key hygiene practices.

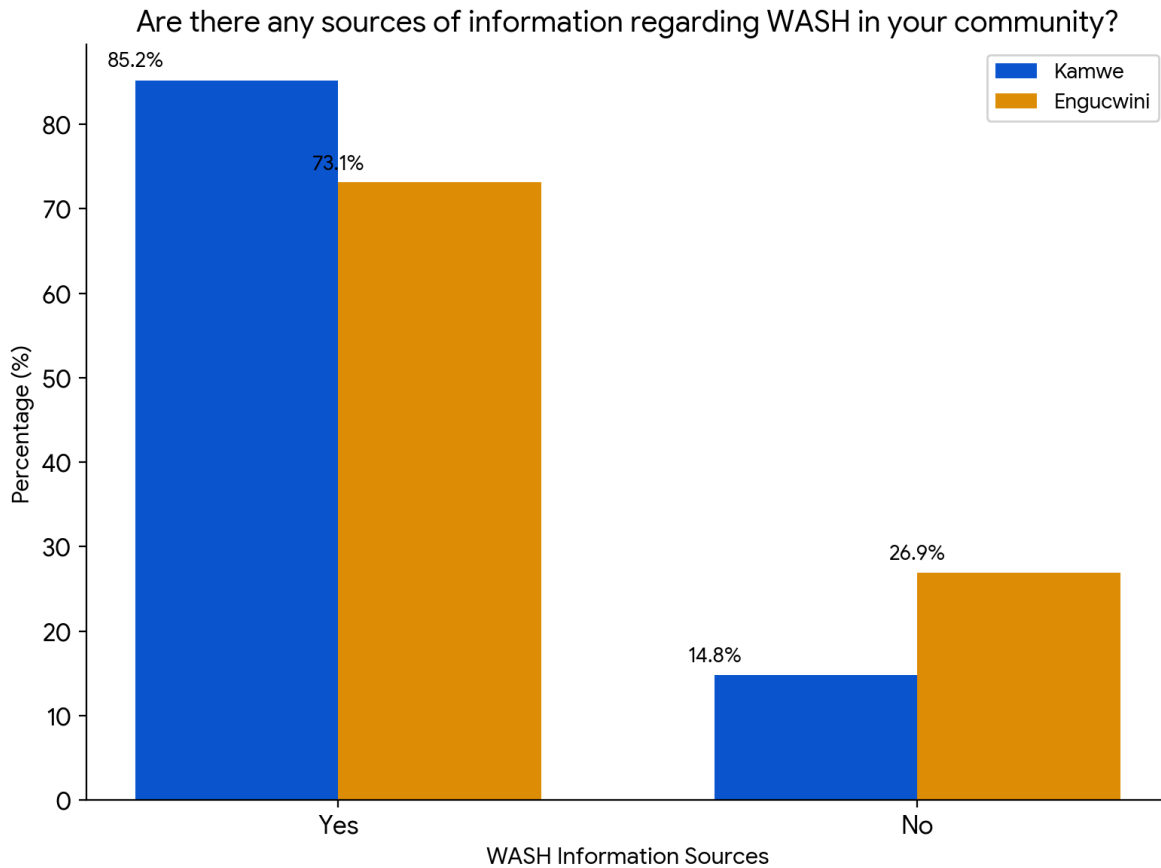


Figure 18. WASH Information Sources

### 3.4 Agriculture and Food Security

#### 3.4.1 Crop Production

In understanding the agricultural landscape and food security in Kamwe and Engucwini, the survey provides valuable insights. The predominant crops grown include maize, soya, beans, groundnuts, and various others specified by respondents. Figure 19 shows that maize takes the lead in both Kamwe (180 responses) and Engucwini (168 responses), aligning with Malawi National Agricultural policy (2016), which prioritizes maize production for food security.



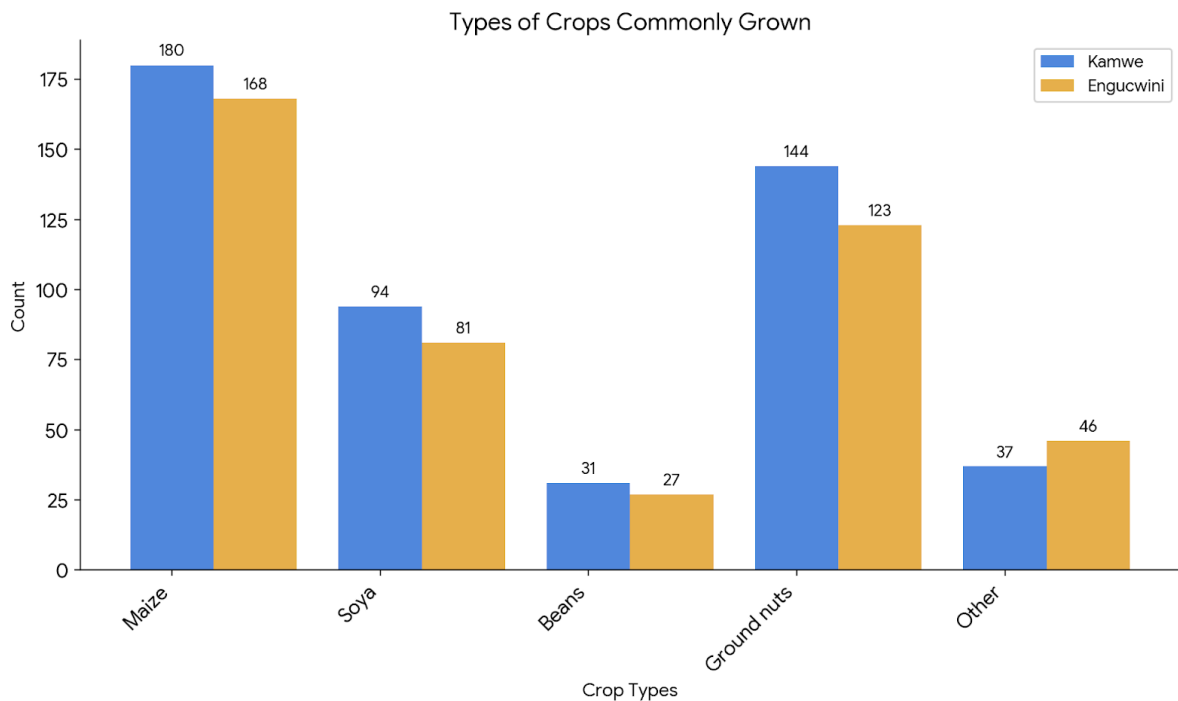


Figure 19. Types of Crops Commonly Grown

### 3.4.2 Crop Diversity and Sustainable Farming Practices

The survey explored the topic of crop diversity, with 59.3% in Kamwe and 71.9% in Engucwini affirming its existence. However, concerns arise with 40.7% in Kamwe and 28.1% in Engucwini reporting limited crop diversity, highlighting potential vulnerabilities in food security. This highlights the need for interventions promoting diversified cropping systems, as advocated by the Food and Agriculture Organization's (FAO's) agrobiodiversity guidelines. Regarding sustainable farming practices, Kamwe demonstrates better adoption of sustainable practices (55%) compared to Engucwini (26.4%). Examples like crop rotation and manure use showcase local efforts, aligning with the FAO's Framework for Sustainable Food Systems. However, scaling up these practices in both communities is crucial (Figure 20).

### Crop Diversity and Sustainable Farming Practices

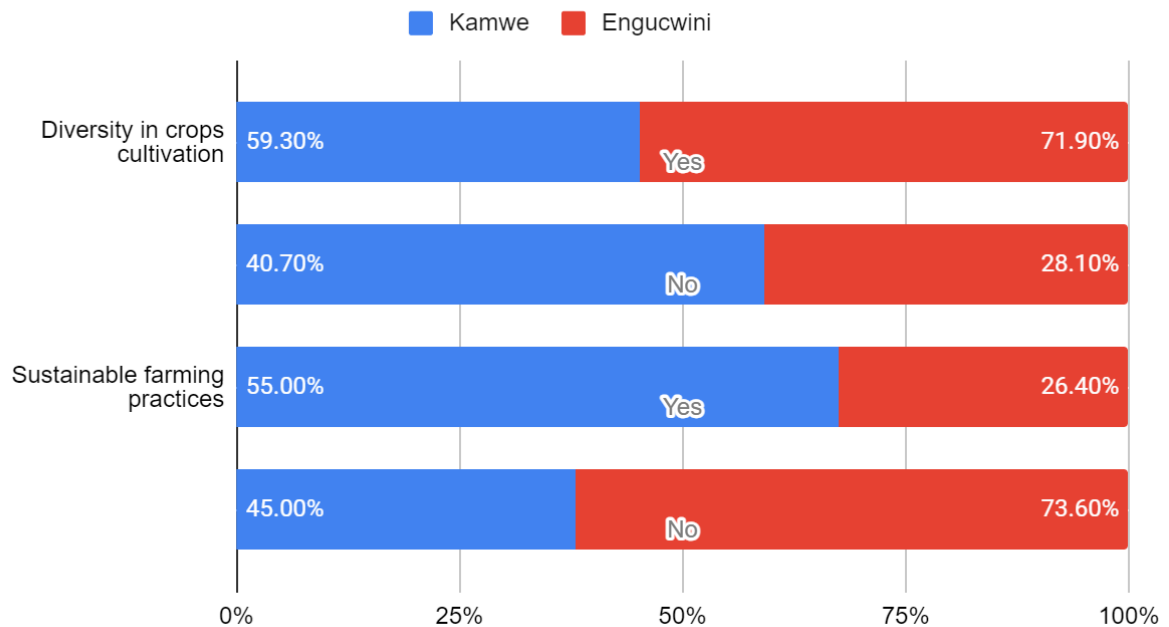


Figure 20. Crop Diversity and Sustainable Farming Practices

### 3.4.3 Farm Inputs and Climate Resilience

Accessibility of farm inputs (eg: fertilizer, seeds, seedlings, crop protection products, etc) is crucial for agricultural productivity. While 9.4% in Kamwe find inputs easily accessible, 71.8% consider them moderately accessible. In Engucwini, 77.1% report moderate accessibility, indicating potential challenges in ensuring consistent input availability. This necessitates interventions to improve access to affordable inputs, as emphasized by the National Agriculture Policy(2016). While Kamwe shows some adoption of climate-smart techniques (18.7%), Engucwini lags behind (56.1% report low adoption). These results reveal opportunities for improvement and necessitates tailored interventions, such as those outlined in the The M'mbelwa District Development Plan, to enhance climate resilience and food security in both communities.

### 3.4.4 Changing Consumption Patterns

Regarding changing consumption patterns, 28.4% in Kamwe and 32.2% in Engucwini report an increase, while 60.1% in Kamwe and 50.3% in Engucwini note a decrease (Figure 21). These changes are crucial for targeted food security interventions.

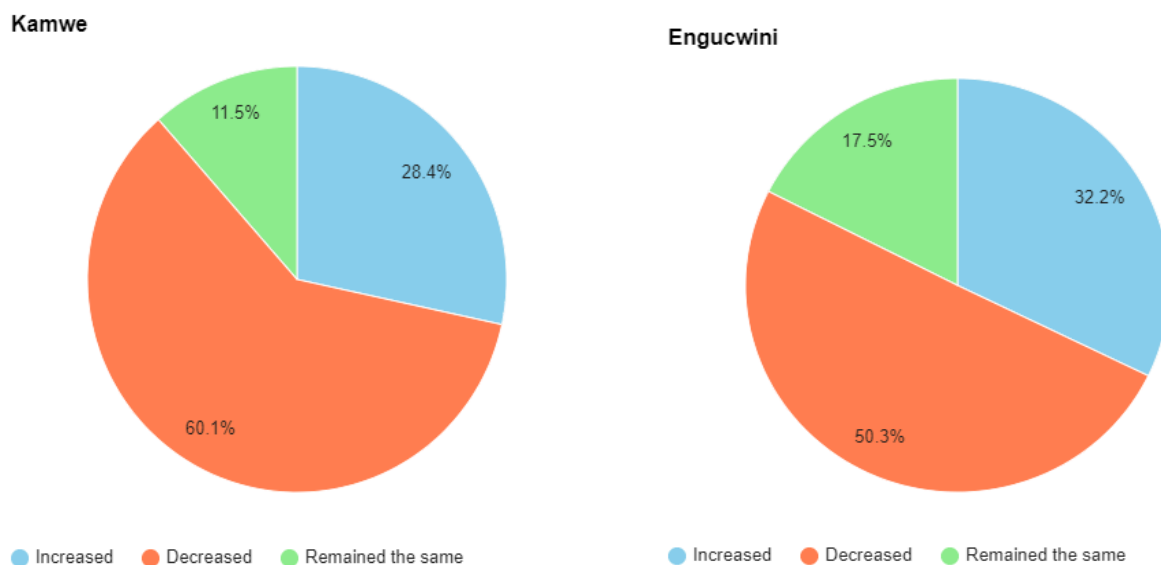


Figure 21. Change in Consumption Patterns

### 3.4.5 Education on Agricultural Techniques and Livestock Prevalence

Efforts to educate on modern agricultural techniques were reported in Kamwe (64.7%), but Engucwini faces challenges, with only 36.5% reporting such initiatives (Figure 22). This reflects a need for increased educational interventions aligned with **National Agriculture Policy** (2016). Poultry and goats dominate livestock, indicating the importance of small-scale animal husbandry. Supporting these practices can contribute to income generation and dietary diversity, aligning with the National Agriculture Policy (2016)

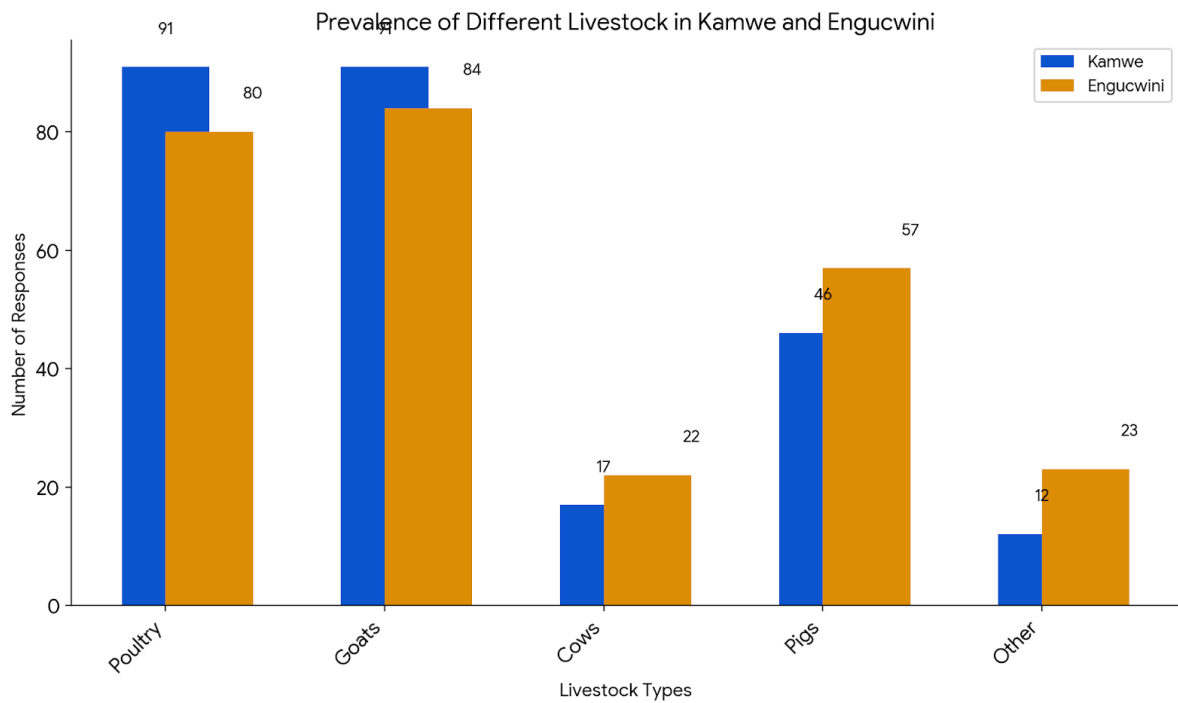


Figure 22. Types of Livestock

Cooperative farming initiatives exist in Kamwe (26.5%) and Engucwini (41.7%) as depicted in Figure 23. While markets are highly accessible for 12.6% in Kamwe and 5.2% in Engucwini, concerns arise with 18.1% in Kamwe and a majority of 83.1% in Engucwini reporting low accessibility (Table 5). The poor road network significantly affects transportation of agricultural produce, underscoring the need for infrastructure development in both areas.

### Are there existing cooperative farming initiatives within the community?

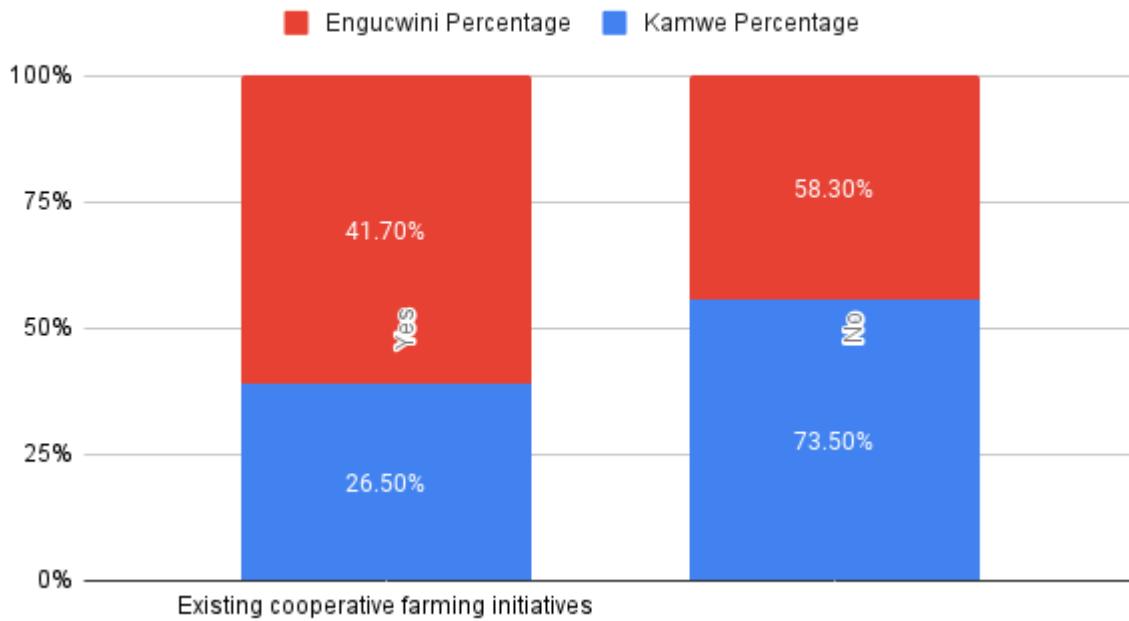


Figure 23. Existence of Cooperative Farming Initiatives

Question	Response	Kamwe Percentage	Engucwini Percentage
How accessible are markets for community farmers?	Highly accessible	12.6%	5.2%
	Moderately accessible	69.2%	11.6%
	Not accessible	18.1%	83.1%
How do poor road networks affect the transportation of agricultural produce to markets?	Significantly	66.7%	64.3%
	Moderately	10.9%	24.0%
	Negligibly	22.4%	11.7%

Table 5. Market Accessibility

### 3.4.6 Income from Agriculture and Food Security Perception

The percentage of household income generated from agriculture varies, with 41.5% in Kamwe and 68.8% in Engucwini relying on agriculture for more than 50% of their income (Figure 24). The perception of food security is a concern, with 86.3% in Kamwe and 74.9% in Engucwini perceiving insecurity. Initiatives addressing food insecurity exist in Kamwe (65.0%) but are less prevalent in Engucwini (25.7%), indicating a potential gap in addressing this critical issue.

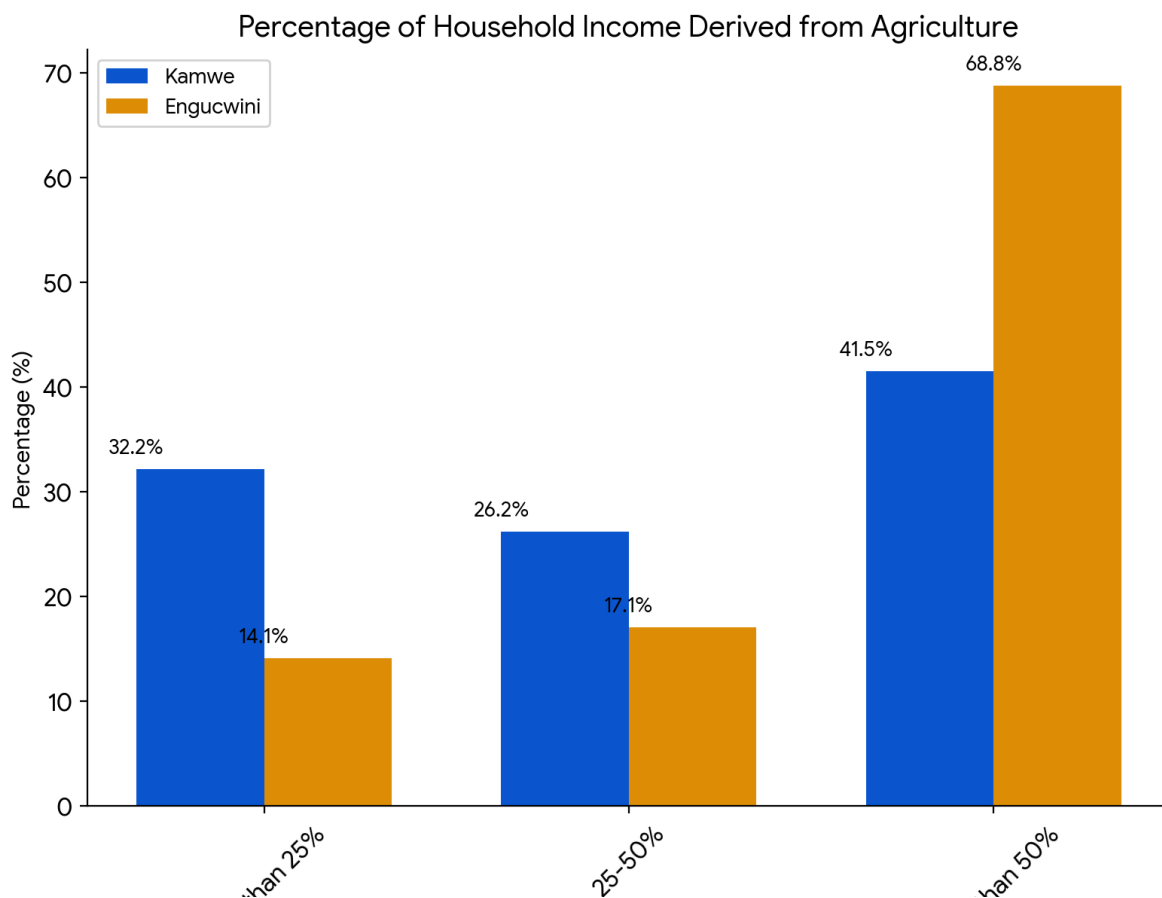


Figure 24. Household Income Derived from Agriculture

The agriculture and food security analysis reveal both strengths and areas requiring intervention. The findings provide a basis for targeted programs, aligning with national and international policies to enhance sustainable agriculture and food security in Kamwe and Engucwini.

### 3.5 Deforestation

Deforestation poses a significant environmental challenge in Kamwe and Engucwini, driven by various activities highlighted in the survey. Agriculture practices (133 responses in Kamwe, 87 in Engucwini), firewood collection (136 in Kamwe, 93 in Engucwini), bush fires (82 in Kamwe, 69 in Engucwini), and charcoal burning (95 in Kamwe, 122 in Engucwini) are identified as major contributors (Figure 25). The prevalence of these activities underscores the urgent need for sustainable land management practices, aligning with international conservation efforts.

**Activities contributing to deforestation**

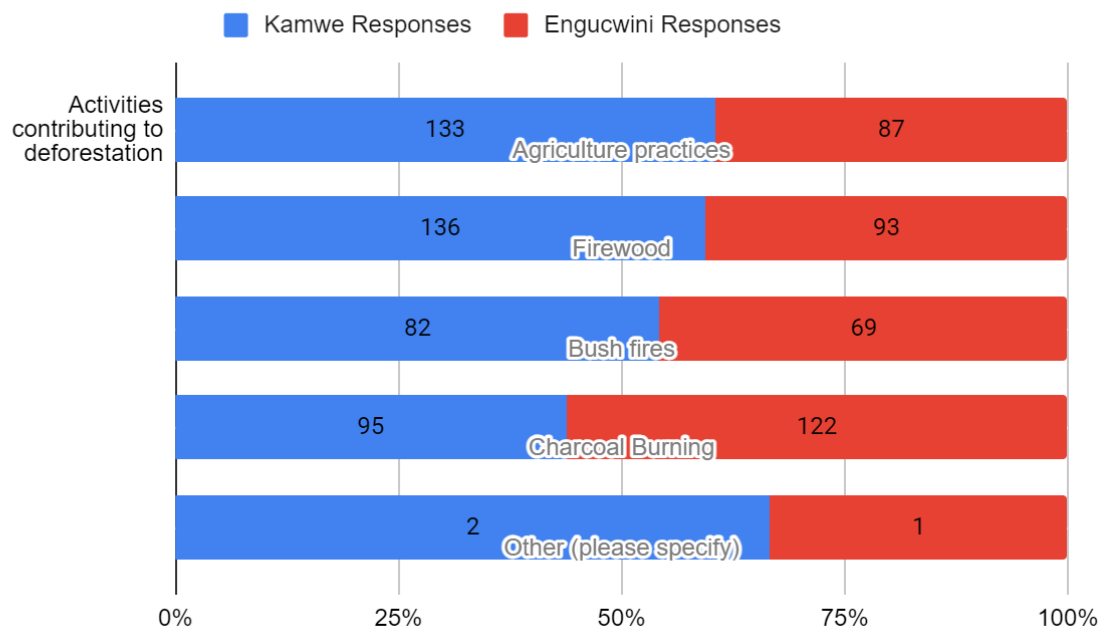


Figure 25. Activities Contributing to Deforestation

### 3.5.1 Forest Conservation Initiatives

Efforts to protect forests are limited, with only 42.1% in Kamwe and 38.7% in Engucwini reporting the existence of forest committees (Figure 27).

Mechanisms for enforcing forest by-laws vary, with Kamwe employing punitive measures such as: involving the police, fines, and physical punishment. While Engucwini enforces forest by-laws through imposing punishments, less structured approaches are also employed, such as focusing on encouraging tree planting. Establishing youth-led conservation programs is crucial for engaging the community actively. While Kamwe shows promise with 30.9%, Engucwini lags behind at 15.7%, indicating a need for awareness and mobilization (Figure 26).

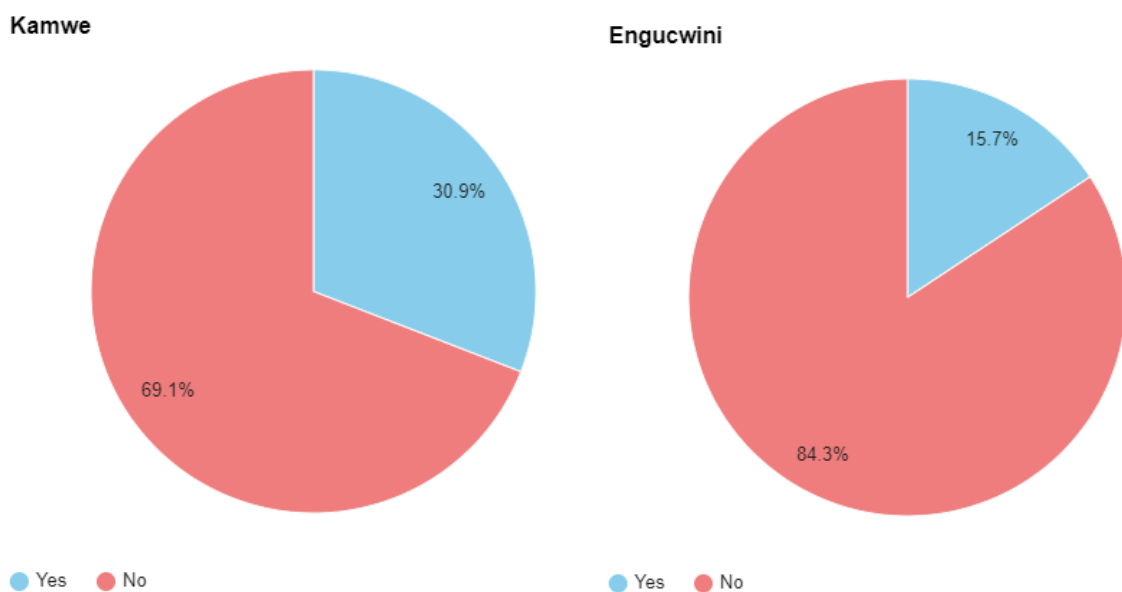


Figure 26. Forest Conservation initiatives



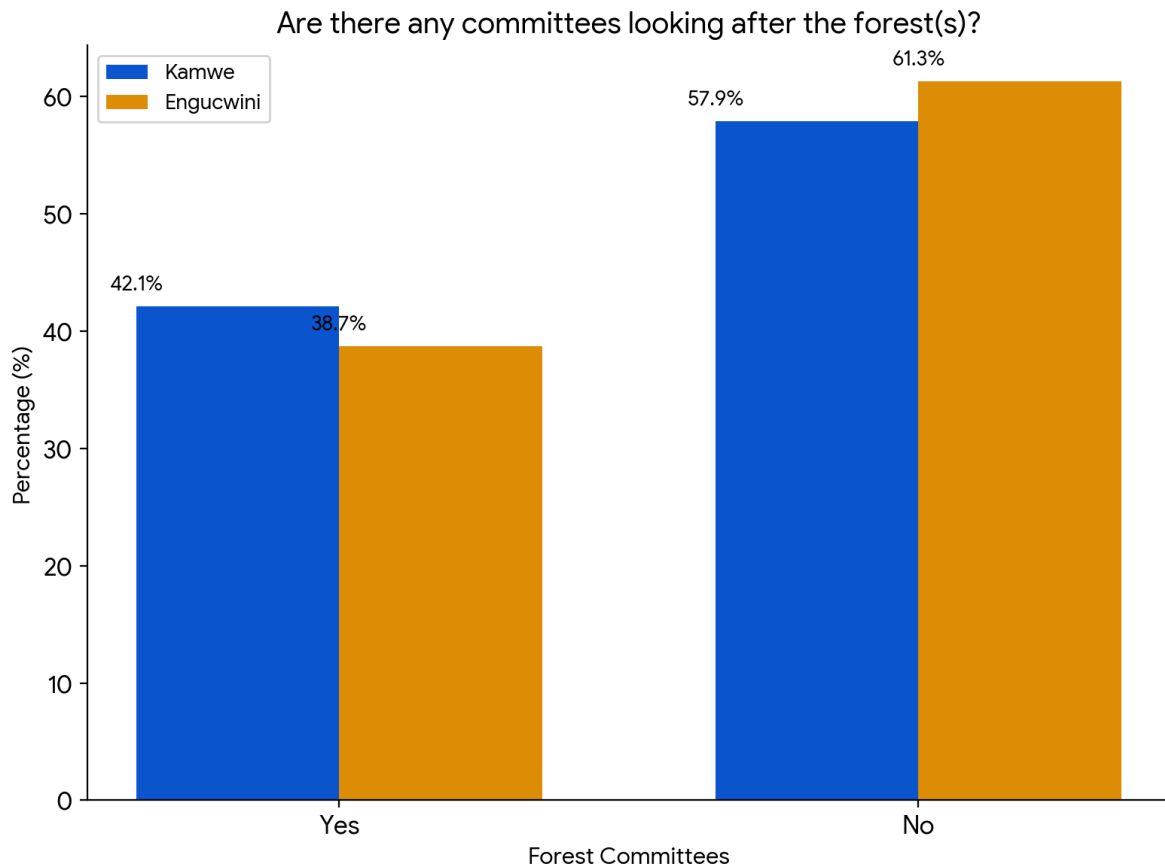


Figure 27. Forest Committees

### 3.5.2 Traditional Governance and Alternative Income Activities

The effectiveness of traditional governance in managing and conserving forests is questionable, with Kamwe (24.1%) and Engucwini (27.4%) reporting well-structured systems (Figure 28). Suggested alternative income-generating activities, such as vocational skills and farming, demonstrate a local understanding of economic diversification to reduce reliance on deforestation-related activities.

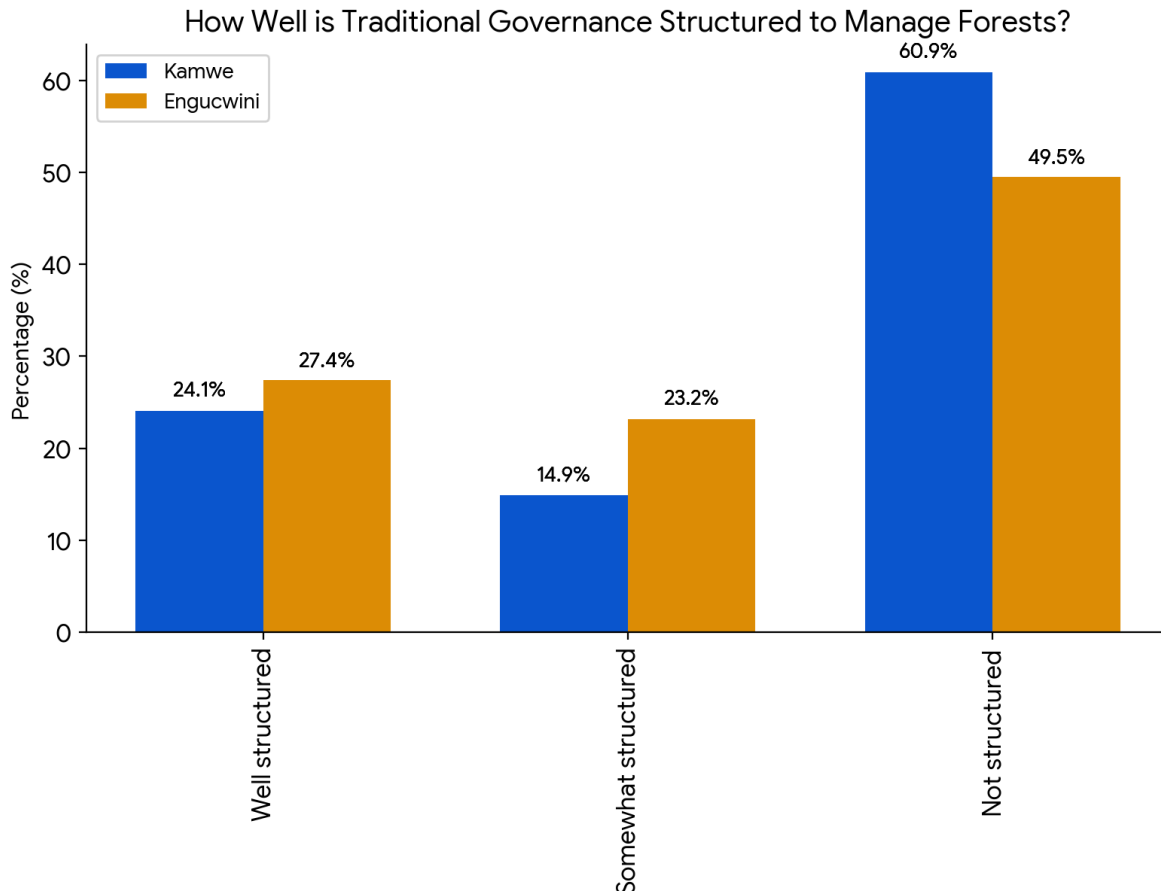


Figure 28. Traditional Governance Structures

### 3.6 Microfinance and Self-Help Groups

Self-help groups play a crucial role in community development. They are highly accessible, with 56.8% in Kamwe and 58.4% in Engucwini finding them easily accessible (Figure 29). The active participation of community members stands at 67.5% in Kamwe and 54.4% in Engucwini. Positive impacts on household livelihoods are notable in Kamwe (76.1%), while Engucwini lacks specific data but reports no impact for 72.7% (Figure 30).

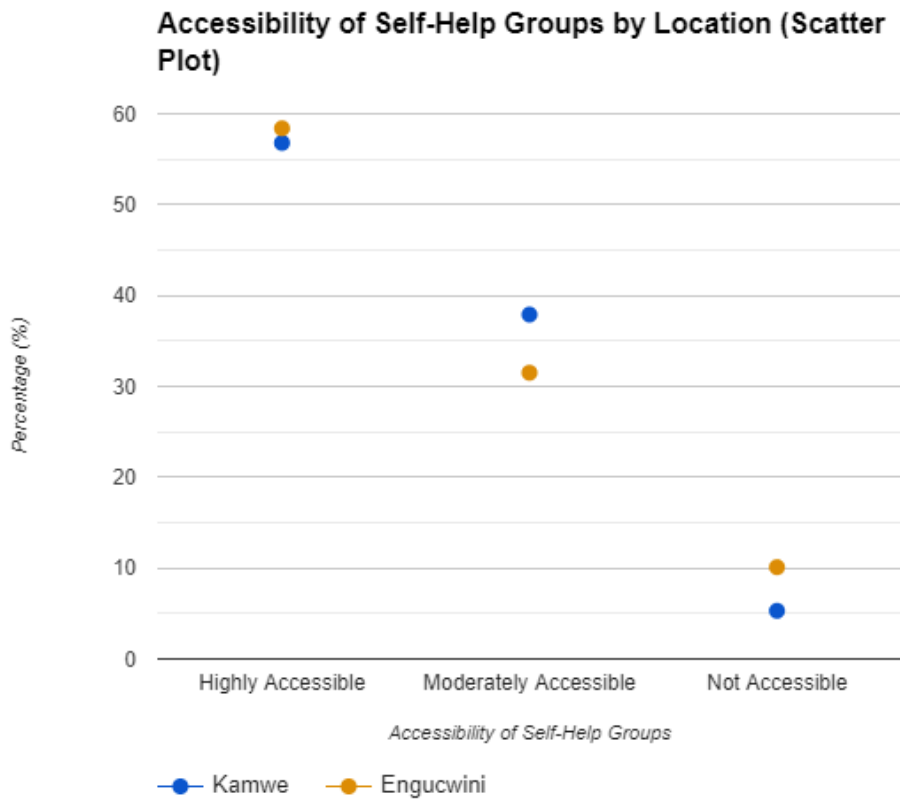


Figure 29. Accessibility of Self help Groups

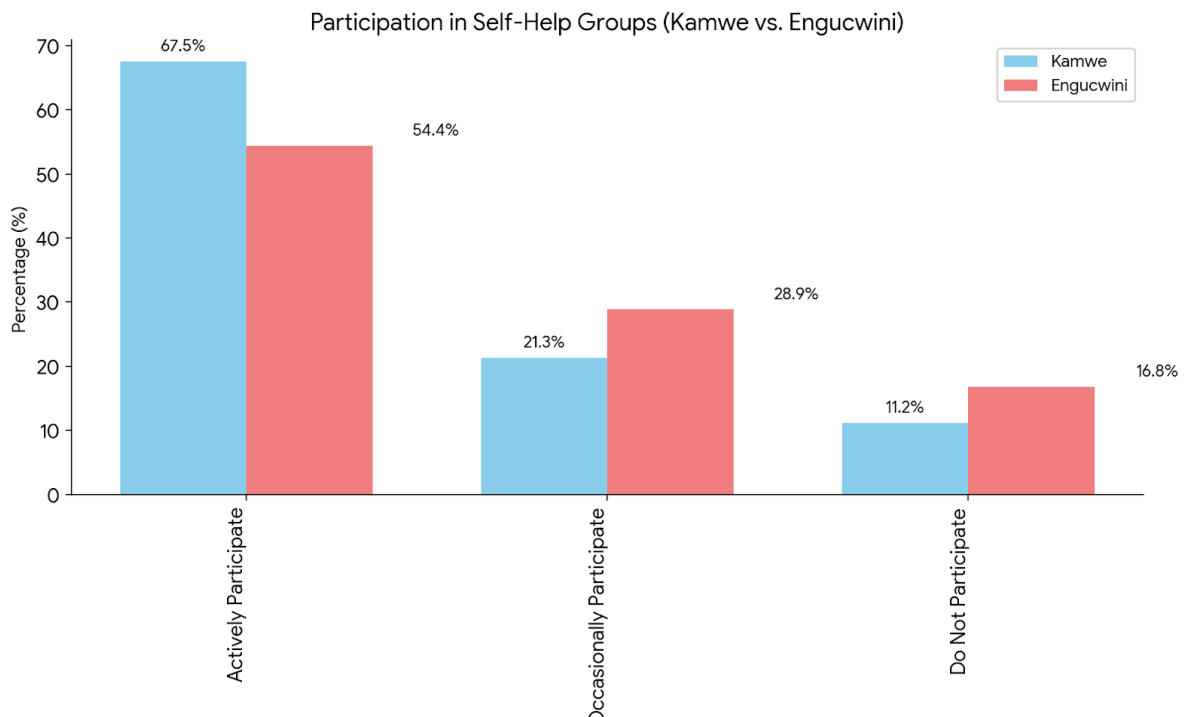


Figure 30. Participation In Self Help Groups

### 3.6.1 Barriers to Accessing Self-Help Groups

Barriers to accessing or benefiting from savings groups (formed groups of people saving money, much like an informal bank, towards a targeted goal), are highlighted, with the lack of awareness being a predominant factor (129 responses in Kamwe, 89 in Engucwini). Collateral requirements (21 in Kamwe, 17 in Engucwini) and high-interest rates (13 in Kamwe, 24 in Engucwini) also contribute to challenges (Table 6), emphasizing the need for targeted financial literacy programs.

Question	Barrier	Kamwe Responses	Engucwini Responses
What are the key barriers preventing community members from accessing or benefiting from the savings groups?	Lack of awareness	129	89
	Collateral requirements	21	17
	High interest rates	13	24
	Other (please specify)	2	11
	Don't Know	0	0

*Table 6. Barriers to Accessing Self-Help Groups*

### 3.6.2 Financial Literacy and Loan Repayment

Financial literacy is high in Kamwe (71.1%), but there is a significant gap in Engucwini (42.3%) as shown in Figure 32. Community members perceive loan repayment as relatively easy, with 57.8% in Kamwe and 57.6% in Engucwini expressing confidence (Figure 31). Challenges faced in repaying village savings loans include negligence, lack of awareness, and improper utilization of funds, highlighting the importance of financial education.

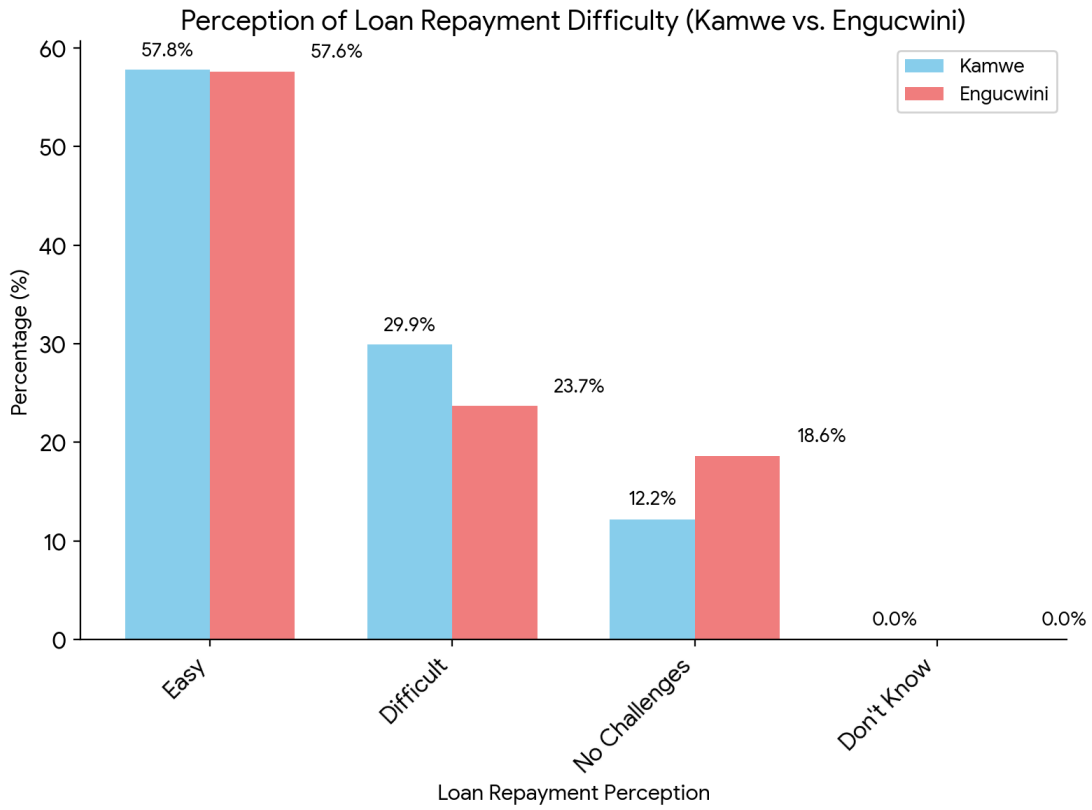


Figure 31. Perception of Loan Repayment Difficulty

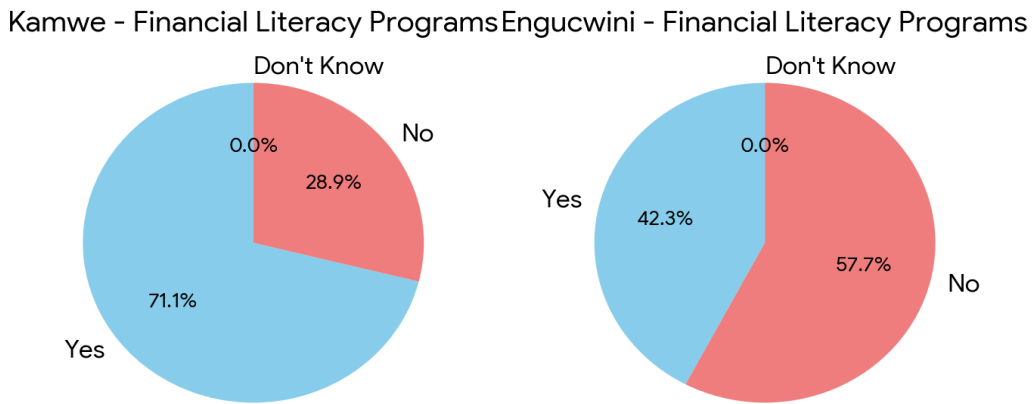


Figure 32. Financial Literacy Programs

### 3.6.3 Youth Engagement with VSL Opportunities

Youth engagement in Village Savings and Loans (VSL) opportunities is vital for community development. Figure 33 shows that Active youth participation is encouraging in Kamwe (64.2%), but there's room for improvement in Engucwini (45%). Encouraging youth involvement in VSL initiatives aligns with **National Agriculture Policy** (2016).

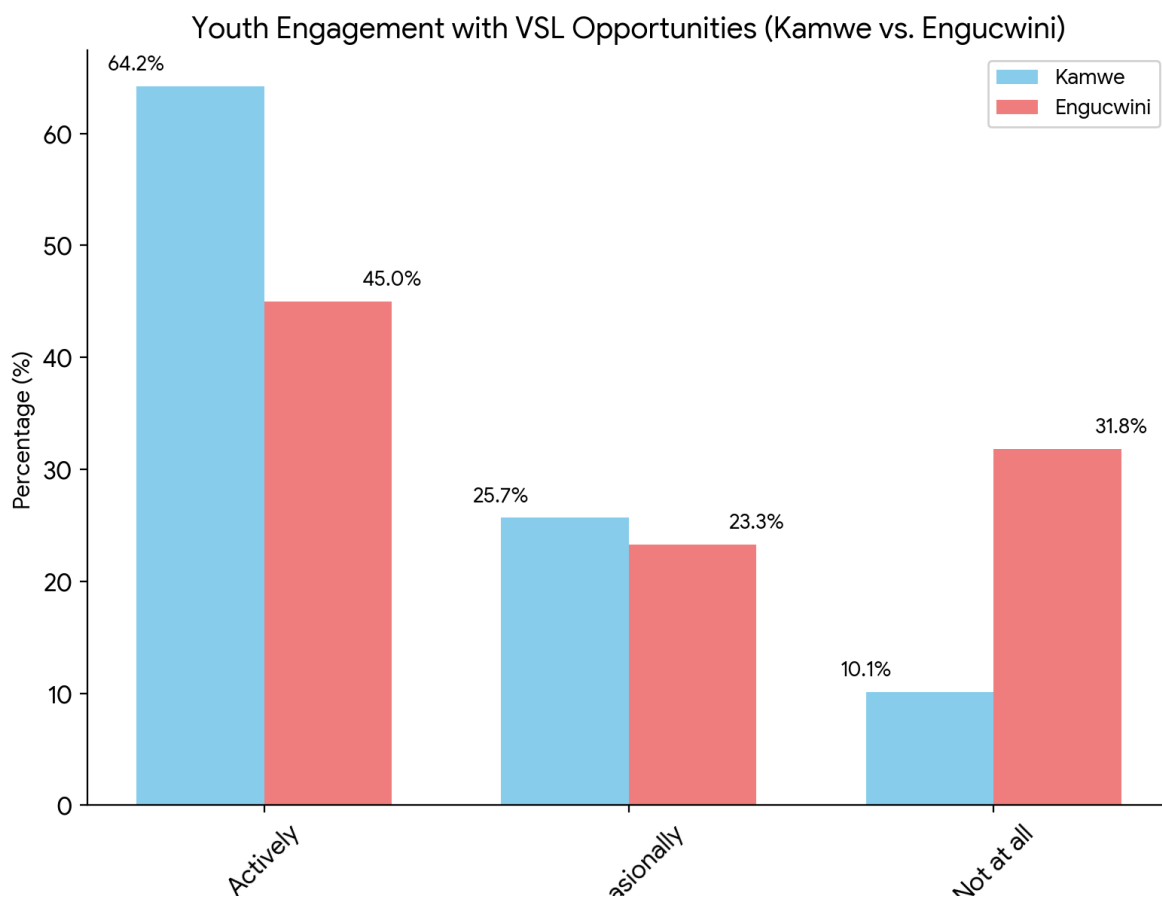


Figure 33. Youth Engagement with VSL Opportunities

Addressing deforestation requires a diverse approach encompassing community awareness, effective governance, and alternative income-generating activities. Strengthening self-help groups and microfinance initiatives, coupled with financial literacy programs, can contribute to sustainable development in Kamwe and Engucwini, aligning with National Forestry Policy (2016).

## 3.7 Gender Equality & Social Inclusion

### 3.7.1 Child Labour

#### 3.7.1.1 Awareness and Factors

Community awareness of child labour is relatively high, with Kamwe at 63.1% and Engucwini at 47.4% being very aware (Figure 34). Agriculture (158 responses in Kamwe, 120 in Engucwini) and domestic work (68 in Kamwe, 74 in Engucwini) are significant factors contributing to child labour (figure 36). Despite awareness, traditional practices endorsing child labour persist in Kamwe (74.6%), while Engucwini shows progress (56.6%) in rejecting such practices (Figure 35).

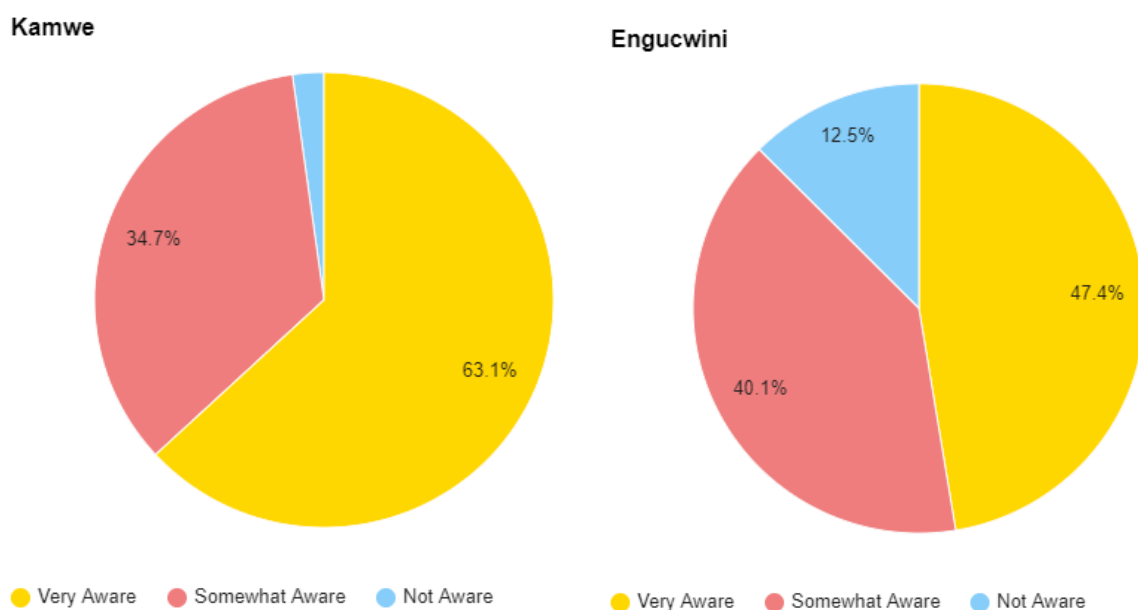


Figure 34. Community Awareness of Child Labour

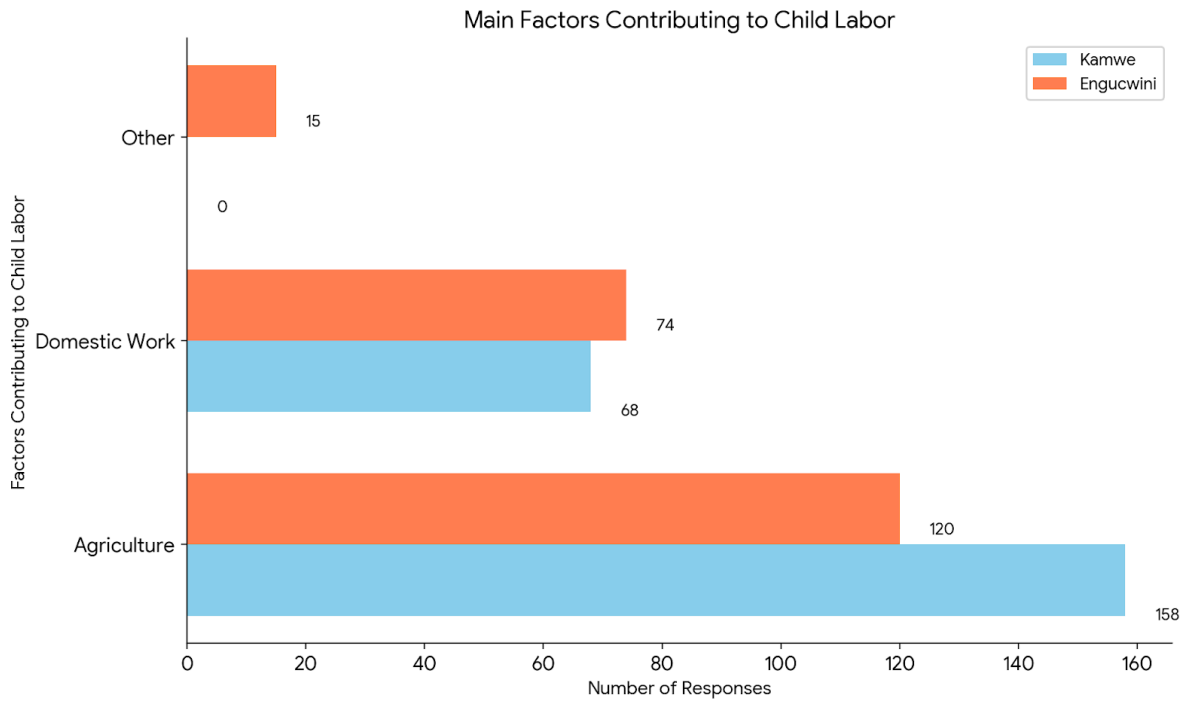


Figure 35. Factors Contributing to Child Labour

### 3.7.1.2 Community-Led Initiatives and Education

Community-led initiatives to combat child labour exist, with Kamwe (67.1%) actively engaged, but Engucwini lags behind at 36.6% (Figure 37). Child labour significantly affects children's access to education in both communities (Kamwe: 75.3%, Engucwini: 77.3%). To improve the situation, community structures, such as Village Development Committees, play roles in civic education and punishment (Kamwe) or law enforcement (Engucwini).



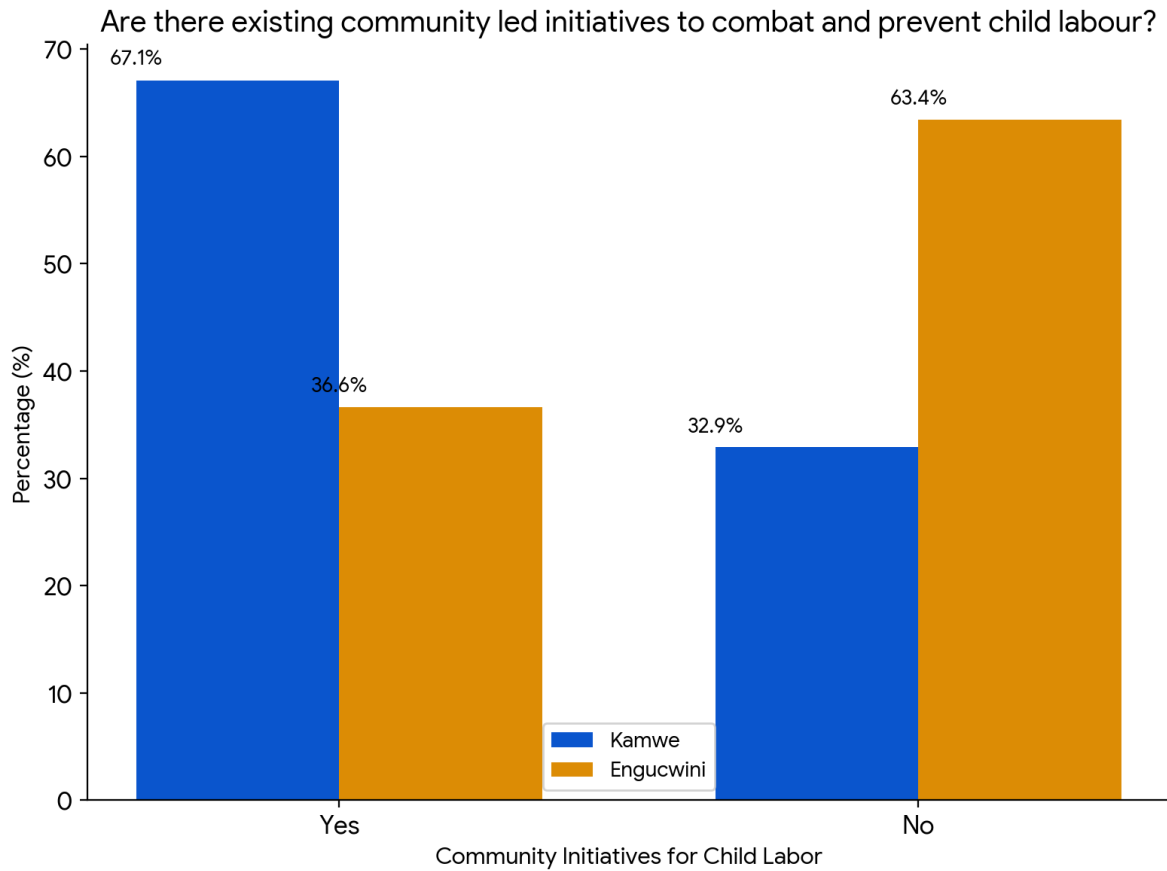


Figure 37. Community Initiatives for Child Labour

### 3.7.1.3 National Laws and Poverty Impact

Enforced national laws against child labour are perceived as very effective in Kamwe (77.3%) but not as much in Engucwini (7.0%) as depicted in figure 38. Poverty strongly drives child labour in Kamwe (87.9%) and moderately in Engucwini (50.4%). This underscores the need for poverty alleviation strategies in both communities.

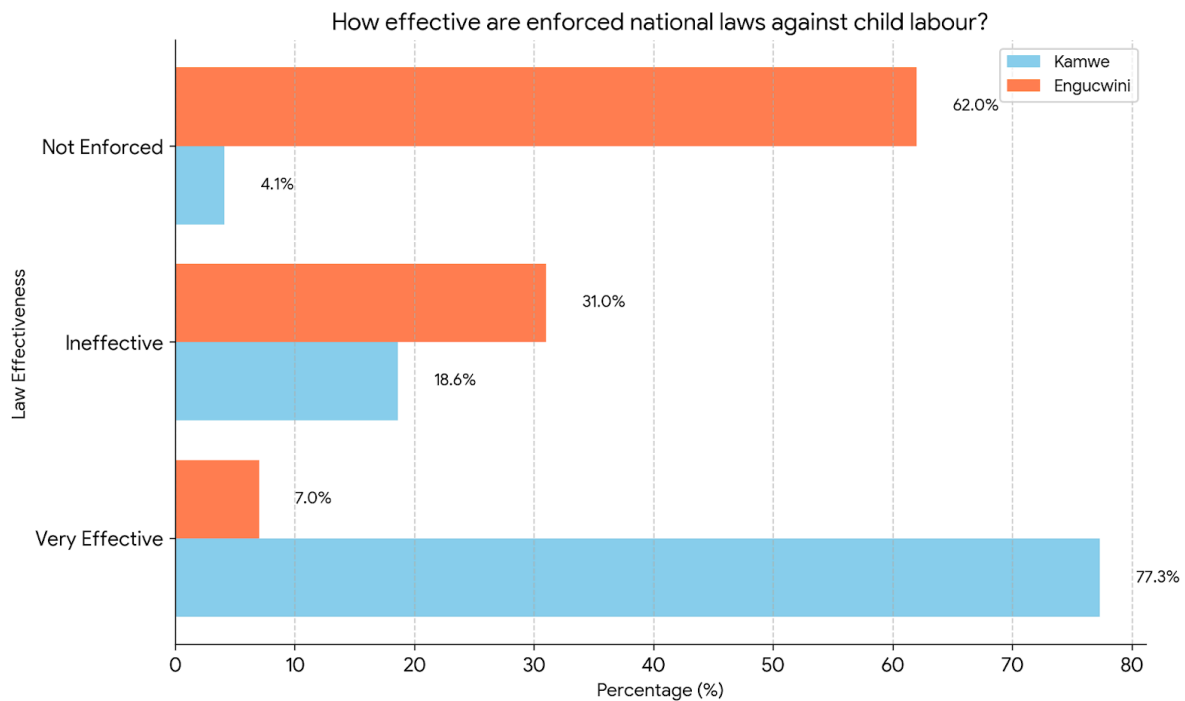


Figure 38. Law Effectiveness

### 3.7.1.4 Suggestions for Protection

Community members suggest punishments, civic education, and training on child labour (Kamwe) and awareness campaigns, involvement of chiefs, and severe punishment for offenders (Engucwini) to actively protect children from labour exploitation.

## 3.7.2 Gender-Based Violence

### 3.7.2.1 Prevalence and Awareness

Gender-based violence (GBV) is recognized as a concern, impacting females more in Kamwe (45.7%) and both genders equally in Engucwini (41.6%) (Table 7). Community awareness of GBV is relatively high, with 74.4% in Kamwe and 42.6% in Engucwini being very aware. Various forms of violence, including physical, sexual, and verbal, are prevalent in both communities.

Question	Response	Kamwe	Engucwini
Who suffers from gender-based violence in your community?	Males	0	0
	Females	45.7%	38.3%
	Both equally	37.7%	41.6%
	More males than females	13.1%	5.8%
	More females than males	1.5%	14.3%

*Table 7. GBV Prevalence and Awareness*

### *3.7.2.2 Causes and Community Attitudes*

Traditional practices (160 responses in Kamwe, 100 in Engucwini), poverty (130 in Kamwe, 80 in Engucwini), and lack of awareness in human rights (30 in Kamwe, 80 in Engucwini) contribute to GBV. Community members strongly condemn GBV in Kamwe (75.3%), while Engucwini shows mixed opinions.

### *3.7.2.3 Community-Led Initiatives and Impact on Education*

Community-led initiatives to combat GBV are more common in Kamwe (81.1%) than in Engucwini (38.3%). GBV significantly impacts children's access to education, with 80.0% in Kamwe expressing this concern (Figure 39). Reporting mechanisms exist, with 79.5% in Kamwe favoring formal channels, while Engucwini relies more on informal channels (33.7%).

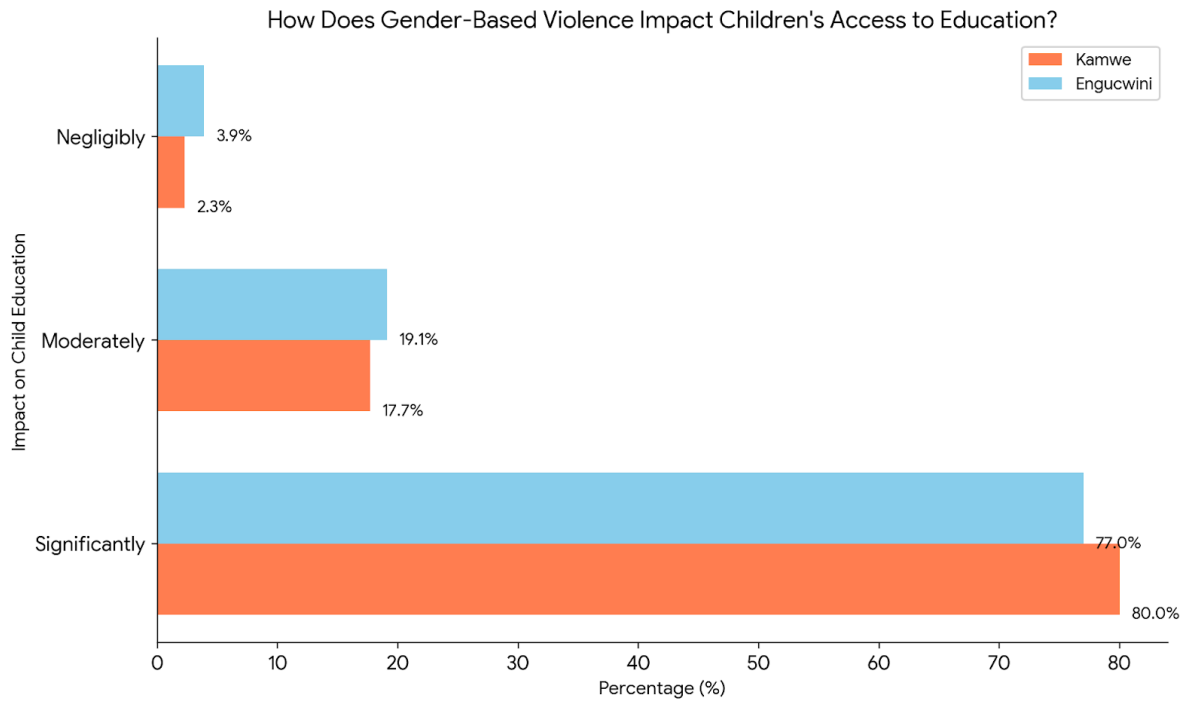


Figure 39. Impact of GBV on Child Education

### 3.7.2.4 Community Support and Counseling

Communities are generally supportive towards survivors of GBV, particularly in Kamwe (62.5%), while Engucwini is less supportive (13.7%). Counseling services for both victims and perpetrators are available, with 85.3% in Kamwe and 69.6% in Engucwini (Figure 40).

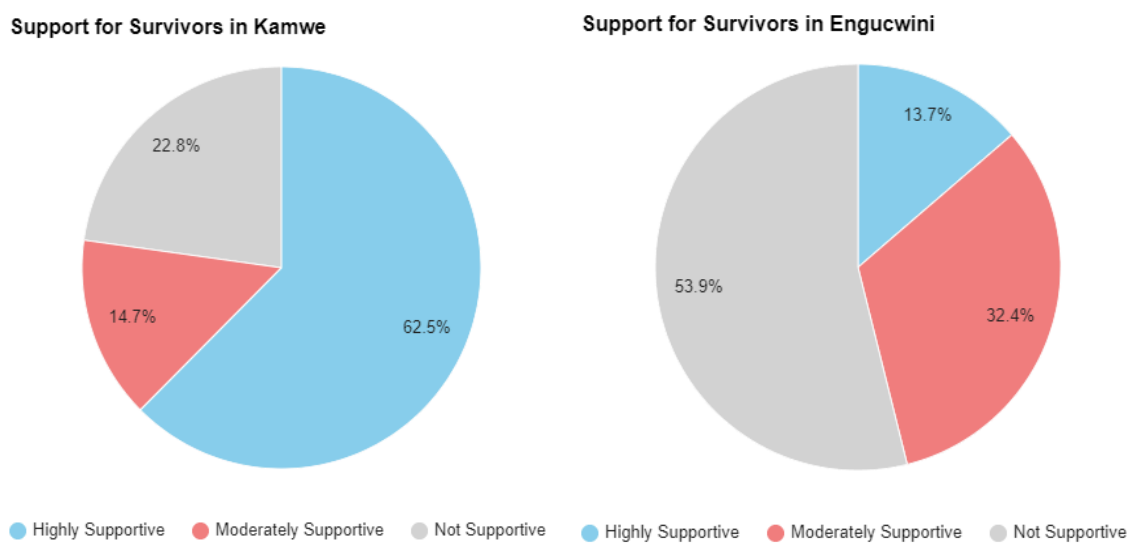


Figure 40. Support for Survivors

### *3.7.2.5 Personal Experiences*

A significant portion of the community acknowledges knowing someone who suffers from GBV (Kamwe: 91.5%, Engucwini: 60.2%), highlighting the pervasive nature of this issue. In summary, both communities face challenges related to child labour and gender-based violence, demanding an approach involving community engagement, legal enforcement, and poverty alleviation.

Strengthening community-led initiatives, enforcing laws, and raising awareness are critical steps to address these issues and create safer environments for children and women.

## 4.0 Conclusion

In conclusion, the baseline survey done in Kamwe and Engucwini by RDP provides valuable insights into the socio-economic and demographic landscape of these communities. Through data collection and analysis, the survey has shed light on various aspects ranging from household demographics to water, sanitation, and hygiene (WASH) indicators, as well as agricultural practices and challenges. The findings of the baseline survey underscore the importance of targeted interventions to address the specific needs and challenges faced by Kamwe and Engucwini. It is evident that both communities struggle with issues such as limited access to clean water sources, inadequate sanitation facilities, and agricultural practices that require enhancement to ensure food security and sustainability. Moreover, socio-cultural factors, including gender-based violence and child labour, necessitate targeted approaches to promote gender equality and protect vulnerable groups.

## 5.0 Recommendations

Based on the comprehensive analysis of the baseline survey data, the following recommendations are proposed:

1. **Improving Water and Sanitation Infrastructure:** Prioritize investments in water infrastructure to enhance access to clean and safe water sources, particularly in areas where reliance on surface water poses health risks. Concurrently, efforts should be made to improve sanitation facilities, including the construction of boreholes, improved latrines, waste management systems and reticulated water systems among others.
2. **Promoting Hygiene Education:** Launch hygiene education campaigns to raise awareness about proper sanitation practices, including water treatment, handwashing, and waste disposal. Engage community members, particularly women and children, as agents of change in promoting hygienic behaviours.
3. **Enhancing Agricultural Practices:** Provide support and training to farmers to improve agricultural productivity and diversify crop production. Emphasize sustainable farming techniques such as Integrated homestead farming, solar irrigation farming, crop rotation and soil conservation among others, to mitigate the impact of climate change and enhance resilience.
4. **Addressing Gender-Based Violence and Child labour:** Develop community-led initiatives to combat gender-based violence and child labour, including awareness campaigns, capacity-building programs, and enforcement of existing laws. Foster partnerships with local authorities, other civil society organizations or NGOs, and community leaders to create a supportive environment for victims and survivors.
5. **Strengthening Community Engagement:** Foster active participation and ownership among community members in the planning, implementation,

and monitoring of development projects. Establish mechanisms for regular feedback and dialogue to ensure that interventions are responsive to community needs and priorities, such as monthly meetings with VDC or project committees and regular project follow up among others.

6. **Capacity Building and Support:** Provide training and capacity-building opportunities for community members, local leaders, and volunteers to strengthen their skills in project management, advocacy, and leadership. Facilitate networking and collaboration among stakeholders to leverage resources and expertise for sustainable development.
7. **Monitoring and Evaluation.** Establish a strong monitoring and evaluation framework to track the progress and impact of interventions over time. Regularly assess indicators related to water, sanitation, agriculture, and socio-economic well-being to inform adaptive management and decision-making.



## REFERENCES

### Annex: Kamwe and Engucwini Questionnaire

#### PART 1 - BASIC INFORMATION

1. Date of interview
2. Name of Village
3. Name of respondent

#### PART 2 - DEMOGRAPHIC INFORMATION

1. Sex of respondent
  - a. Male
  - b. Female
2. Religion of respondent
  - a. Christianity
  - b. Islam
  - c. None
  - d. d.Others (Please specify)
3. Age of respondent
  - a. 10 to 20 years
  - b. 21 to 30 years
  - c. 31 to 40 years
  - d. 41 to 50 years
  - e. 51 to 60 years
  - f. 61 and above
4. Marital status of respondent
  - a. Single
  - b. Married

- c. Divorced
  - d. Widowed
  - e. Other (please specify)
5. Head of household's highest level of education
- a. Standard 1 to 4 primary
  - b. Standard 5 to 8 primary
  - c. Secondary
  - d. Tertiary
  - e. Adult literacy
  - f. None
6. Do you know how to read?
- a. Yes
  - b. No
7. What language(s)?
- a. English
  - b. Chichewa
  - c. Tumbuka
  - d. Other (please specify)
8. Do you know how to write?
- a. Yes
  - b. No
9. What language(s)?
- a. English
  - b. Chichewa
  - c. Tumbuka
  - d. Other (please specify)
10. Do you have a basic school in this location that trains adults how to read and write?
- a. Yes
  - b. No
11. If yes, have you ever attended classes at the school?
- a. Yes

- b. No
12. How many sleep in this household?
13. How many of them are male?
14. How many of them are female?
15. How many of them are under-five children?
16. Who is the household head?
- a. Male adult
  - b. Male child
  - c. Female adult
  - d. Female Child
  - e. Elderly (more than 65 years)
17. What is the type of house? (Observe)
- a. Mud walls with grass roof
  - b. Mud walls with iron roof
  - c. Brick walls with grass roof
  - d. Brick walls with iron roof
  - e. Brick walls with tiled roof
18. What is your tribe?
- a. Tumbuka
  - b. Chewa
  - c. Ngoni
  - d. Tonga
  - e. Other (please specify)
19. What is your nationality?
- a. Malawian
  - b. Other (please specify)

## **PART 3 WATER, SANITATION & HYGIENE (WASH)**

### Access to clean and safe water

1. What water source do you use for drinking?*Please select all applicable*
  - a. Borehole
  - b. Protected well
  - c. Unprotected well
  - d. River/Stream
  - e. Other (please specify)
2. Is water from this source usually accessible everyday?
  - a. Yes
  - b. No

*Please provide explanation*

3. How long does it usually take you to get to the water point, collect the water and bring it back home?
  - a. Less than 30 minutes
  - b. More than 30 minutes
4. Do you treat the water before drinking it?
  - a. Yes
  - b. No
5. Do you treat the water before drinking it?
  - a. If yes, what method of treatment do you use?
  - b. Boiling
  - c. Filtration
  - d. Chlorination
  - e. Water Guard
  - f. Other (please specify)

6. Do you treat the water before drinking it?

If you do not treat the water before drinking, why not?

7. Do you have a drinking water storage container?
  - a. Yes
  - b. No
8. Do you have a drinking water storage container?

9. What type of container is it?
- a. Bucket (Chidebe)
  - b. Traditional pail (Ndowa)
  - c. Clay pot
  - d. Jerry can
  - e. Other (please specify)
10. Please comment on where container is stored, its condition and its level cleanliness

Do you have a drinking water storage container?

Is the drinking water storage container covered?

- a. Yes
  - b. No
  - c. Sometimes
11. Do you use the same cup for drawing and drinking the water?
- a. Yes
  - b. No
  - c. Sometimes
12. Do you use the same cup for drawing and drinking the water?

If no, explain how it is done

13. How much money do you contribute/pay per month for the water you use?

### Sanitation and Hygiene

14. Do you have a latrine facility in this household?
- a. Yes
  - b. No

15. Do you have a latrine facility in this household?

- a. If yes, what type is it?
- b. Water Closet
- c. Improved traditional latrine
- d. Unimproved traditional latrine
- e. Ecosan
- f. Ventilated Improved Pit latrine (VIP)
- g. Others (please specify)
  - i. Don't Know
  - ii. Not Applicable

16. Do you have a latrine facility in this household?

If yes, is it in good, usable form?

17. Check state of toilet and describe its hygienic condition

- a. Yes
- b. No
- c. Not Applicable

18. Do you have a latrine facility in this household?

Who uses it?

- a. Adult Male
- b. Adult Female
- c. Both Male & Female adults
- d. Children
- e. All
- f. Not Applicable

19. Do you have a latrine facility in this household?

If no latrine, where do you go to the toilet?

- a. Open defecation

- b. Work toilet
- c. Neighbour's toilet
- d. Communal toilet
- e. Other (please specify)
- f. Not Applicable

20. Do you have a latrine facility in this household?

If no latrine, what are the reasons for not having one?

- a. Lack of money
- b. Lack of space
- c. Lack of building materials
- d. Other (please specify)
- e. Not Applicable

21. Do you have a latrine facility at this household?

What efforts have you made to have a latrine?

- a. Don't Know
- b. Not Applicable

22. Do you have a latrine facility at this household?

What type of latrine would you want to build?

- a. Water closet
- b. Improved traditional latrine
- c. Unimproved traditional latrine
- d. ECOSAN
- e. Ventilated Improved Pit latrine
- f. Pour flush
- g. Other (please specify)

23. Do you have a latrine facility in this household?

If you have a latrine, do you share it with neighbours?

- a. Yes
- b. No
- c. Not Applicable

24. If you have a latrine, do you share it with neighbours?

If you share, what are the reasons?

- a. Other plot has no latrine
- b. Same plot
- c. Other (please specify)
- d. Not Applicable

25. Do you have a rubbish pit?

- a. Yes
- b. No
- c. Don't Know

If yes, please check it and comment if it is full

26. Do you have a rubbish pit?

If no, where do you dispose of your waste?

- a. Open dumping
- b. Neighbours rubbish pit
- c. Other (please specify)
- d. Don't Know
- e. Not Applicable

### Health effects and hygiene promotion

27. Has any member of the household suffered from any of the following diseases in the last 2 weeks?



- a. Diarrhea
- b. Cholera
- c. Malaria
- d. Stomach worms
- e. Typhoid
- f. Other (please specify)

28. If yes, were they given any treatment?

- a. Yes
- b. No
- c. Don't Know
- d. Not Applicable

29. If yes, where did the patient above go for treatment?

- a. Health facility
- b. Self-medication
- c. Traditional doctor
- d. Other (please specify)
- e. Don't Know
- f. Not Applicable

30. In the last two weeks how much did you spend on medication and transport?

31. What things are done personally and at your household that promote hygiene?

#### WASH Awareness and Knowledge

32. Are there any sources of information regarding WASH in your community?

- a. Yes
- b. No
- c. Don't Know

33. Are there any sources of information regarding WASH in your community?

If yes, what are the sources of information regarding WASH in the community?

- a. NGOs
- b. Hospitals/ community health workers
- c. Schools
- d. CBOs
- e. Media
- f. Family and friends
- g. Other (please specify)
- h. Don't Know
- i. Not Applicable

34. What information is being shared?

- a. Water Treatment
- b. Waste Management
- c. Personal Hygiene
- d. Food Hygiene
- e. Other (please specify)

35. Please agree, or disagree with the following statement: Contaminated water can cause diarrheal diseases?

- a. Agree

- b. Disagree

36. Please agree, or disagree with the following statement: Handwashing is effective in preventing diarrheal diseases

- a. Agree
- b. Disagree

## **PART 4- AGRICULTURE, FOOD SECURITY & ENVIRONMENT**

### Agriculture and Food Security

1. What types of crops are commonly grown in the community?

- a. Maize
- b. Soya
- c. Beans
- d. Ground nuts
- e. Other (please specify)

2. Is there diversity in crop cultivation?

- a. Yes
- b. No
- c. Don't Know

3. Are there sustainable farming practices being employed in the community?

- a. Yes
- b. No
- c. Don't Know

4. Are there sustainable farming practices being employed in the community?

If yes, please provide examples

5. How easily accessible are farm inputs like seeds, fertilizers, and pesticides for community farmers?

- a. Easily accessible
- b. Moderately accessible
- c. Not accessible

6. To what extent are community members adopting climate-smart agricultural techniques?

- a. High adoption
- b. Moderate adoption
- c. Low adoption
- d. Don't Know

7. How have food consumption patterns changed in the community over the past five years?

- a. Increased
- b. Decreased
- c. Remained the same

8. Are there ongoing efforts to educate community members on modern and efficient agricultural techniques?

- a. Yes
- b. No
- c. Don't Know

9. What types of livestock are prevalent in the community?

- a. Poultry
- b. Goats
- c. Cows
- d. Pigs
- e. Other (please specify)

10. Are there existing cooperative farming initiatives within the community?

- a. Yes
- b. No
- c. Don't Know

11. How accessible are markets for community farmers?

- a. Highly accessible
- b. Moderately accessible
- c. Not accessible

12. How do poor road networks affect the transportation of agricultural produce to markets?

- a. Significantly
- b. Moderately
- c. Negligibly

13. What percentage of your household income is derived from agriculture?

- a. Less than 25%
- b. 25-50%
- c. More than 50%

14. How do you perceive the current state of food security in your community?

- a. Secure
- b. Insecure
- c. Neutral

15. Are there existing initiatives or programs aimed at addressing food insecurity in the community?

- a. Yes
- b. No

### Deforestation

1. Are there any activities contributing to deforestation in your community?
  - a. Agriculture practices
  - b. Firewood
  - c. Bush fires
  - d. Charcoal Burning
  - e. Other (please specify)
  
2. Are there any committees looking after the forest(s)?
  - a. Yes
  - b. No
  - c. Don't Know
  
3. If yes, what are the existing mechanisms for enforcing forest by-laws  

If no, type N/A in comments box
  
4. Are there any youth groups initiating programs of forest conservation and reforestation in your community?
  - a. Yes
  - b. No
  - c. Not Applicable

5. How well is traditional governance structured to manage and conserve forests within the community?

- a. Well structured
- b. Somewhat structured
- c. Not Structured
- d. Don't Know

6. Can you suggest some alternative income-generating activities that can be promoted to reduce dependency on activities contributing to deforestation?

### Microfinance

1. How easily accessible are self-help groups to community members?

- a. Highly accessible
- b. Moderately accessible
- c. Not accessible

2. To what extent do community members actively participate in existing self-help groups?

- a. Actively participate
- b. Occasionally participate
- c. Do not participate

3. How has access to self-help groups positively or negatively impacted household livelihoods in the community?

- a. Positively
- b. Negatively
- c. No impact

4. How do community members perceive the effectiveness and trustworthiness of self-help groups?

- a. Trustworthy
- b. Somewhat trustworthy
- c. Not trustworthy
- d. Don't Know

5. What income-generating activities are community members currently engaged in, and how can self help groups support these activities?

- a. Don't Know

6. What are the key barriers preventing community members from accessing or benefiting from the savings groups?

- a. Lack of awareness
- b. Collateral requirements
- c. High interest rates
- d. Other (please specify)
- e. Don't Know

7. Are there ongoing programs or initiatives for building financial literacy within the community?

- a. Yes
- b. No
- c. Don't Know

8. How easily do community members perceive loan repayment?

- a. Easy
- b. Difficult
- c. No challenges
- d. Don't Know

9. Are there challenges faced in repaying village savings loans?



- a. Yes
- b. No
- c. Don't Know

10. Are there challenges faced in repaying Village Savings Loans?

If yes, what are the challenges?

11. To what extent do youth in the community engage with VSL opportunities

- a. Actively
- b. Occasionally
- c. Not at all

## **PART 5 GENDER EQUALITY & SOCIAL INCLUSION**

### Child Labour

1. How aware are community members of the concept and consequences of child labour?

- a. Very aware
- b. Somewhat aware
- c. Not aware
- d. Don't Know

2. What are the main factors contributing to child labour in the community?

- a. Agriculture
- b. Domestic Work
- c. Other (please specify)

3. How do community members view child labour?

- a. Strongly endorse
- b. Somewhat endorse
- c. Do not endorse
- d. Don't Know

4. Are there traditional practices endorsing it?

- a. Yes
- b. No
- c. Don't Know

5. Are there existing community led initiatives to combat and prevent child labour?

- a. Yes
- b. No
- c. Don't Know

6. How significantly does child labour affect children's access to education in the community?

- a. Significantly
- b. Moderately
- c. Negligibly

7. Would you say child labour impacts more boys or girls?

- a. Affects boys more
- b. Affects girls more
- c. Equally

8. What roles do community structures (e.g. Village Development Committees) play in protecting children from labour exploitation?

a. Don't Know

9. Are there ongoing awareness programs on children's rights, including protection from child labour?

a. Yes

b. No

c. Don't Know

10. What mechanisms exist within the community for reporting cases of child labour?

a. Formal reporting channels

b. Informal reporting channels

c. No specific reporting mechanisms

d. Don't Know

11. How effective are enforced national laws against child labour?

a. Very effective

b. Ineffective

c. Not enforced

d. Don't Know

12. How strong is child labour driven by poverty in the community?

a. Strongly driven

b. Moderately driven

c. Not driven

13. What suggestions would you make for community members to actively engage in protecting children from labour exploitation?

### Gender Based Violence

14. Who suffers from gender-based violence in your community?

- a. Males
- b. Females
- c. Both equally
- d. More males than females
- e. More females than males
- f. Don't Know

15. How aware are community members of the concept and consequences of gender-based violence?

- a. Very aware
- b. Somewhat aware
- c. Not aware
- d. Don't Know

16. What kind/kinds of gender-based violence is seen in the community?

- a. Physical Violence
- b. Sexual Violence
- c. Verbal Violence
- d. Other (please specify)

17. What do you feel are the main causes and contributing factors of gender-based violence within the community?

- a. Traditional practices
- b. Poverty
- c. Lack of awareness in Human Right
- d. Other (please specify)

18. How do community members view gender-based violence?

- a. Strongly Condemn
- b. Somewhat Condemn
- c. Do not condemn
- d. Don't Know

19. Are there existing community-led initiatives to combat and prevent gender-based violence?

- a. Yes
- b. No
- c. Don't Know

20. How does gender-based violence impact children's access to education in the community?

- a. Significantly
- b. Moderately
- c. Negligibly

21. What mechanisms/channels exist within the community for reporting cases of gender-based violence?

- a. Formal reporting channels
- b. Informal reporting channels
- c. No specific reporting mechanisms
- d. Don't Know

22. How supportive is the community towards survivors of gender-based violence?

- a. Highly supportive

- b. Moderately Supportive
- c. Not supportive
- d. Don't Know

23. Are there counselling services available for those who CAUSE and SUFFER FROM gender-based violence?

- a. Yes
- b. No
- c. Don't Know

24. Do you know anyone who suffers from gender-based violence?

- a. Yes
- b. No
- c. I'd rather not say

