

The United Republic of Tanzania
President's Office – Planning and Privatization



The 2002/3 Tanzania Participatory Poverty Assessment

Site Report for:

Mwaru Village
Singida District, Singida Region

June, 2002

Released by the
Economic and Social Research Foundation



DISCLAIMER

This Site Report has been issued by the Economic and Social Research Foundation (ESRF) in its capacity as Lead Implementing Partner for the TzPPA.

The Report represents the views of local people engaged in the research process and PPA Research Team members. As such, the Report does not represent the official views of ESRF or the Government of the United Republic of Tanzania.

All reference should be acknowledged.

For clarification or further information about the TzPPA, please contact ESRF at:

51 Uporoto Street

P.O. Box 31226

Dar es Salaam, Tanzania

Phone: 022-2760260

Email: ppa@esrf.or.tz

or search the TzPPA WebSite at:

<http://www.esrftz.org/ppa>

TABLE OF CONTENTS

ACKNOWLEDGEMENT.....	II
ACRONYMS.....	III
EXECUTIVE SUMMARY.....	IV
1.0 OVERVIEW OF THE TANZANIA PPA PROCESS.....	1
1.1 INTRODUCTION	1
1.2 OBJECTIVES & SUBJECT.....	2
1.3 METHODOLOGICAL CONSIDERATIONS	3
1.3.1 Ensuring Diversity	4
1.3.2 Positive Inquiry.....	4
2.0 THE RESEARCH SITE.....	5
2.1 A BRIEF PROFILE	5
2.1.1 Water in Singida Region	5
2.1.2 Health.....	6
2.1.3 Social Welfare and Community Development.....	6
2.2 MWARU VILLAGE.....	7
3.0 FINDINGS.....	9
3.1 THE CONCEPT OF VULNERABILITY	9
3.1.1 Causes of Vulnerability.....	9
3.1.2 Seasonality and Vulnerability	10
3.1.3 Coping Strategies.....	11
3.1.4 Recommendations.....	14
3.2 DECISION MAKING AND SOCIAL POWER.....	14
3.2.1 Nature of the Problem/Situation	14
3.3 GOOD GOVERNANCE.....	16
3.3.1 Nature of the Problem.....	16
3.4 EDUCATION.....	18
3.4.1 Nature of the Problem/Situation	18
3.5 HEALTH	20
3.6 HIV/AIDS.....	22
3.7 WATER.....	23
3.8 NATURAL RESOURCES	24
3.9 AGRICULTURE.....	25
3.10 LIVESTOCK.....	28
3.11 MARKETING	30
3.12 ACCESS TO CAPITAL AND MICRO CREDIT	32
4.0 CONCLUSIONS AND THE WAY FORWARD.....	33

ACKNOWLEDGEMENT

The PPA Pastoralist Team would like to thank all those who have contributed in one way or another in making this research for Mwaru village, in Singida district a success. We are grateful for the encouragement and support provided to the research work by the Regional Commissioner of A Tarimo and the Regional Administrative Secretary. Their views and encouragement are well appreciated.

Special thanks also go to the DED of Singida for ensuring that all departments at district level appropriately supported the PPA research. The support given by the District Commissioner Mrs Kondo and Mr Mgunda is highly appreciated.

We owe a great deal to all residents of Mwaru village, where we worked for 9 days as the focus of this PPA study for they shared with us their perspectives and insights which have helped to put this report together.

We also wish to thank all participants to the District Feed back, the DC who participated fully, the acting DED, the DAS, all Heads of Departments and representatives from NGOs some of whom traveled a long distance to attend the meeting on a short notice. Finally, we would like to thank the participants from the community who attended this meeting for the useful insights on the vulnerability of their community that they brought and shared with workshop participants.

Team members

Loserian Sangale

Moses Ole Neselle

Omary Juma

Flora Proteus

Marya Plotkin

Cornelius Lukondo – District Based Research Partner (NRO, Singida)

Masifia Yohana - District Based Research Partner (PLO, Singida)

ACRONYMS

ANC	Antenatal Care
CHF	Community Health Fund
DACC	District AIDS Control Coordinator
DPLO	District Planning Officer
ESRF	Economic and Social Research Foundation
FP	Family Planning
GoT	Government of Tanzania
HH	Household
HIV/AIDS	Human immune deficiency syndrome / Acquired Immuno Deficiency Syndrome
IEC	Information Education Communication
SDC	Singida District Council
MCH	Maternal and child health
NGOS/CBOS	Non-governmental organizations/community based Organizations
PLA/PRA	Participatory Learning for Action/ Participatory Rural Appraisal
PMS	Poverty Monitoring System
PPA	Participatory Poverty Assessment
SIDA	Swedish International development Agency
SSD	Semi-structured dialogue
STI's/STDs	Sexually transmitted infections/diseases
TBAs	Traditional birth attendants
VEO	Village Executive Officer

EXECUTIVE SUMMARY

Mwaru Village in Singida District was selected by the PPA to represent pastoralists in Singida District in the research on what makes people in Tanzania vulnerable to poverty.

The village of Mwaru, Singida District, is a primarily agro-pastoralist village. Pastoralism is historically the way of life of one of the ethnic groups in the village (the Sukuma) while other ethnic groups have historically practiced livestock-keeping. Currently, all groups rely on both livestock-keeping and cultivation. For livestock-keeping, a community system has evolved in Mwaru where Sukuma, who tend to be holders of large herds of cattle, “lend” out their cattle to farmers to be cared for. The farmer enjoys the products of the cow, such as milk, manure and draught power in return for grazing, watering and caring for the cow. This is the main form of cattle-keeping in Mwaru Village.

The major cash crop in the village is sunflowers, while maize and millet are also widely grown for consumption. All groups, including the Sukuma, practice hand-hoe cultivation of small plots ranging from 1 – 5 acres. Bee-keeping and lumbering are practiced as well, but constrained as livelihood options. Casual labor on farms is a coping strategy that most of the poorer residents of the village, including children, must resort to survive.

Given that both cultivation and livestock-keeping are central livelihoods in this village, Mwaru is affected by a variety of factors. Lack of access to good, reliable and fair markets is a problem for livestock products (milk, skins and hides, manure), livestock and agricultural products. This was noted to be because of poor infrastructure, unstandard pricing systems, and corruption.

Lack of access to social services such as water, health care and primary schools affects most people in this village. The participants also expressed concern about governance, involvement of different social and ethnic groups, corruption and use of intimidation particularly for tax collection, and representation of different groups.

The purpose of this research is to allow for stakeholders at different levels (community, district and national) to use the voice of the citizen in formulating policy. This document will be best utilized as a means to understand the perspective of the citizens of Mwaru Village – their concerns, difficulties facing them and different experiences of vulnerability between social groups in the community. The research focus was to bring out what makes them vulnerable to poverty, so that this information could help lead to policies which are more effective at reducing these vulnerability factors.

The first portion of the document presents a background to Singida District and Mwaru Village, background to the PPA, and then presents the findings from the village, and finally gives recommendations for policy issues to be followed-up at different levels.

1.0 OVERVIEW OF THE TANZANIA PPA PROCESS

1.1 Introduction

Institutions committed to poverty reduction must have ideas about why it occurs, why it persists and how it can be overcome to guide their work. Indeed, they have always operated on the basis of specific theories about poverty that reflect their understanding of cultural, social and economic realities.

Since the second half of the 1980s, public institutions have developed increasingly sophisticated multi-topic surveys as their preferred means to measure, analyze and learn about poverty. In contrast with single-topic surveys (such as Employment, Income and Expenditure Surveys), these multi-topic Household Surveys are designed to generate information on a wide range of issues intimately linked to household welfare. At the same time, private development aid institutions and, to a lesser extent, academic institutions were rapidly pioneering a “participatory approach” to developing information and understanding about poverty.

In their current forms, both methodologies involve poor people in the production of data. The primary difference between participatory and survey-based research is that the former systematically involves poor people in the analysis of its findings. It is this analysis, as much as the raw data, which is then synthesized to inform pro-poor policies.

Some of the advantages to Participatory Policy Research are obvious. First, data analysis does not depend on speculation by urban elites about the conditions faced by poor people. Instead, it is the result of poor people – the “everyday experts on poverty” – reflecting on, theorising about, debating and explaining the world in which they live. Second, Participatory Policy Research contributes to social democratization by engaging poor people in policymaking processes.

On the basis of these characteristics, the Government of Tanzania has decided to make Participatory Policy Research, in the form of Participatory Poverty Assessments (PPAs), a routine part of its Poverty Monitoring System.

The 1st PPA Cycle began in January 2002 and will run through December 2003. A Consortium composed of the following fifteen institutions is implementing the PPA:

1. The President’s Office, Planning and Privatization (PO-PP)
2. The Ministry of Finance (MoF)
3. The National Bureau of Statistics (NBS)
4. Christian Social Services Commission (CSSC)
5. The Economic and Social Research Foundation (ESRF)

6. Concern for Development Initiatives in Africa (forDIA)
7. The Institute of Development Studies (IDS), University of Dar es Salaam
8. Maarifa ni Ufunguo
9. Women's Research and Documentation Project (WRDP)
10. Action Aid, Tanzania
11. Pastoralists and Indigenous NGOs Forum (PINGOs)
12. African Medical Research Foundation (AMREF)
13. CARE International, Tanzania
14. Concern Worldwide, Tanzania
15. Save the Children, UK.

ESRF is the Lead Implementing Partner. As such, it is responsible for coordinating and facilitating the Consortium's activities.

The 2002/3 PPA is being conducted in thirty sites chosen through a rigorous process (involving numerous stakeholders) of "purposeful sampling." Sites are located in every Regions of mainland Tanzania, including:

- | | |
|------------------------|------------------------|
| 1. Bagamoyo District | 16. Manyoni District |
| 2. Chunya District | 17. Mbulu District |
| 3. Dodoma Rural | 18. Meatu District |
| 4. Handeni District | 19. Muleba District |
| 5. Igunga District | 20. Mwanza District |
| 6. Ilala District | 21. Newala District |
| 7. Iringa Urban | 22. Njombe District |
| 8. Kibondo District | 23. Nkasi District |
| 9. Kigoma Rural | 24. Rufiji District |
| 10. Kilosa District | 25. Same District |
| 11. Kinondoni District | 26. Simanjiro District |
| 12. Kyela District | 27. Singida District |
| 13. Lindi Rural | 28. Songea Rural |
| 14. Muheza District | 29. Tanga Urban |
| 15. Makete District | 30. Tarime District |

1.2 Objectives & Subject

The first Stakeholders' Workshop for the PPA Process was held on 7th March 2001 in the Courtyard Hotel, Dar es Salaam. Representatives from Government, donor institutions and civil society organizations attended, discussed and debated the shape to be taken by the PPA Process in Tanzania. Their conclusions, in combination with Government's prior expectations, led to the formation of specific goals. These are:

- Enhancing, through in-depth description and analysis, research participants and policymakers’ understanding of key poverty issues.
- Exploring the (a.) different and sometimes competing priority needs of poor people, (b.) likely impact of policies and (c.) tradeoffs and potential compromises between diverse interests in order to develop ‘best bet’ recommendations for poverty alleviation.
- Facilitating the constructive engagement of civil society in pro-poor policymaking processes.

Each PPA Cycle will focus on a particular subject, or “Research Theme,” strategically selected to contribute timely information to key policy debates. The 1st PPA Cycle focuses on “vulnerability” due, amongst other reasons, to its immense impact on people’s well-being and capacity to rapidly erode improvements made by the PRSP. The working definition adopted by the PPA (2002/3 cycle) understands vulnerability as – ‘the susceptibility of individuals, households and communities to becoming poor or poorer as a result of events or processes that occur around them’. More specifically, the study is concentrating on:

- The concept of “vulnerability” and who is vulnerable.
- The forces that make people vulnerable and lead to (further) impoverishment.
- “Coping mechanisms” at individual, household and community levels.

1.3 Methodological Considerations

Many aspects of the 2002/3 PPA Methodology – including its core beliefs, principles and methods – are typical of participatory research. For example, the PPA’s methodology is founded upon:

- The belief that ordinary people are knowledgeable about, and are capable of particularly reliable and insightful analysis of their own life-circumstances.
- The principle that all people – irrespective of age, gender, level of formal education, etc. – have a fundamental right to participate in informing the decisions that shape their lives.
- The use of proven methods, such as Seasonal Calendars, Venn Diagrams, etc., to facilitate the meaningful involvement of people in the research process.

Nonetheless, the 2002/3 PPA’s methodology is less than typical in:

- The number and nature of steps taken to ensure that a wide variety of people are aware of encouraged and supported to participate in the research process
- Its focus on people’s “successes” and “strengths” rather than “problems” and “weaknesses”.

These innovative directions are elaborated upon below:

1.3.1 Ensuring Diversity

Participatory Poverty Assessments and participatory planning processes (exemplified by PRA and PLA) are very different. Though they are practical expressions of the same beliefs and values, their respective roles in poverty alleviation imply distinct methodological necessities and forms. For example, the goal of PRA/PLA is to generate effective, locally owned action plans. As a result, the methodology places a lot of emphasis on Village Assembly-sized meetings in which a critical degree of consensus is fashioned around a specific plan of action. In the process of pursuing this worthwhile goal, marginal perspectives and agendas for change are frequently left behind.

PPAs do not need to develop “community consensus.” In order to fulfill their mandate and contribute to well-informed, effective policies, PPAs must learn about the range of conditions people face as well as their concerns, competing priorities, success stories, etc. Instead of determining a single course of action, PPAs can – on the basis of such rich information – recommend hundreds. This is an ideal outcome that would significantly undermine the likelihood of PRA or PLA exercises leading anywhere at all. Therefore, the 2002/3 PPA Methodology reflects many decisions and incorporates many techniques to access the breadth of circumstances, experiences and lessons learnt by ordinary people.

1.3.2 Positive Inquiry

During the PPA Training Programme, researchers discussed the pros and cons of various approaches to participatory research and concluded that they needed to make something new something that meets Tanzania’s needs, answers Tanzanians’ concerns and belongs to them. This methodology-in-the-making includes:

- Focusing on uncovering people’s “success stories” rather than producing lists of urgent problems to be solved by Government. With regards to the 2002/3 PPA, this implies (a.) learning about effective coping strategies employed (now and in the past) at individual, household and community levels and (b.) exploring how Government can encourage, facilitate, buttress and complement grassroots initiatives to diminish vulnerability.
- Helping research participants see themselves as key actors in poverty alleviation rather than dependent upon the action of others.
- Helping research participants develop a better understanding of the circumstances they and their neighbours face.
- Creating useful information for policymakers operating at village, district, national and international levels.
- Avoiding the creation of false expectations by using methods better suited to the participatory production of local action plans.

2.0 THE RESEARCH SITE

2.1 A Brief Profile

Singida Region is located in central Tanzania, bordering the regions of Arusha, Dodoma, Iringa, Mbeya, Tabora and Shinyanga. The total area of Singida Region is 49,341 km² with an estimated population of approximately 1 million people (projections based on 1988 census).

Singida Rural, the district visited in this research, has 28 wards and 146 villages over an area of 12,164 km², giving it a low population density of 32 people per km². Overall, it is estimated that 40% of the land of Singida Region is used for livestock grazing (Eugen, 2002). The land in Singida Region is not particularly well-suited to agriculture, as it is sandy, not very fertile, and rainfall is generally low. This leads to an overall low level of cash crop production.

The World Bank poverty assessment in 1995 concluded that poverty in the Singida Region is average for Tanzania

2.1.1 *Water in Singida Region*

The main sources of the water used in Singida district are: shallow, and boreholes, small and large dams, rain water harvesting from roofs and piped water.

The District Council estimates that coverage of water supply to its resident is around 44.5%. Measures are now being taken to ensure the availability sufficient supply of water services to every community in order to support the national effort to reduce poverty.

Some of the efforts made by the District Council include consultation with domestic and foreign donors (including NGO's and governments etc). Some of the partners working with the District Council to improve water supply in Singida are:

- SIDA – through its LAMP project, expects to fund water projects (are still under way on the implementation of the project).
- The government of Japan (JICA) is planning to fund one water project (well pipe) in one village as a pilot project. If successful the government of Japan will expand this project to the other villages.

The District Council has mobilized and supported villagers in the whole district to initiate the community water committee and fund. Currently, there is a total of 133 water fund and community committees in the District.

2.1.2 Health

The national averages for health in Singida show that it is doing slightly better than the national average. Infant mortality rate is 67 per 1000 as compared to the national average of 97; under five mortality rate is 106 compared to Dodoma's 220, and a life expectancy of 55 years compared to the national average of 50.

However, coverage of health facilities varies from district to district, and distance to health facilities is a problem especially in the sparsely populated districts. In addition, HIV/AIDS is a large scale problem and is increasing. Data from blood donors indicates that prevalence is as high as 30% in some areas (Puma), with 13% in Mtinko and 8% in Makiungu.

Much work has been done in the district to address HIV/AIDS. The government health centres (four of them) are using syndromic management of STIs and there are plans to roll this out to the dispensary level. In 1995 -96, a program with TCRS trained peer health educators on HIV prevention and provided them with materials and condoms for distribution. Since then, the ward PHC committee has trained 10 members in 3 wards (Puma, Ikungi and Issuna) on HIV awareness, 40 TBAs have been trained in 4 wards, and 30 teachers of both primary and secondary schools. Every year for World AIDS Day all the wards create an HIV campaign and one is picked by the district as being the best. Overall, it was felt at the District level that awareness of HIV is high among the population of Singida Rural District, but that behavior has not changed to prevent the epidemic.

2.1.3 Social Welfare and Community Development

The department of social welfare has established programs to support sustainable development that engage community members in participating on their own endeavors. Currently, the department works in collaboration with different civil society organizations such as CARITAS, SIDA (LAMP Project), SEMA, and HAPA. TASAF has introduced the ideas of community participatory approach in 133 villages out of the 146 villages in the district, where a PRA was conducted.

The council has recently focused on fighting child labour in the District. Singida Rural is among the districts of Tanzania that has a high rate of child labour and is regarded as a catchment area for child labour, especially young girls, who are sent to urban centers to be "housegirls". Unfortunately, this exposes them to risk and in many cases physical and sexual abuse. This problem is a result of low income potential earned in most families, lack of family support to children (basic rights of children) and poor social services delivery in the rural areas – all factors which push children to urban areas searching for alternative sources of income. The District has now focused on reducing this problem with strategies elaborated to end this kind of illegal livelihood for children. The campaign will start with 7 wards by

identifying those children who drop out from school and assisting them to find alternative measures.

In addition, the District Council supports eradication of female genital mutilation(FGM) in the district of Singida Rural. According to health statistics (TDHS) 1996, 18 women out of 100 are undergo FGM each year in Tanzania, and this is also a custom in Singida Rural District.

The Department works with the district health department to educate people on the effect of FGM and organize community efforts to end FGM in the District.

The Department also works on raising women's income in order to make women more economically sound within the community, through education and increasing awareness of women on how to establish small businesses. Some NGO's currently support women's credit initiatives, including OXFARM, WEGCC and SIDA. Currently, 202 women's groups with a total of 1015 members are already established.

2.2 Mwaru Village

Mwaru village is located in Singida Rural District, approximately 80 km southwest of Singida town. The village of Mwaru is more than 100 years old. Originally, it was a village of Wanyaturu, Wanyiramba and Wakimbu. The Wasukuma and Wanyamwezi have come to the village in the last 2 decades, but they now constitute the majority of the inhabitants.

Wasukuma came because they were looking for good pasture and water for their livestock, as well as land for agriculture. Before Wasukuma came, livestock-keeping existed on a small scale, especially with Wanyiramba and Wanyaturu tribes. Following the influx of Wasukuma, who are agro-pastoralists, livestock-keeping increased. Currently all ethnic groups in Mwaru are agro-pastoralists.

Wasukuma have established a system of owning large herds of cattle (reportedly ranging from 40 – 3000) which they then “lend” out to other farmers (of any tribe) to look after, graze, water and care for the cattle. The farmer enjoys the benefit of products, including milk, manure and draught labor/power of the animal but is not allowed to sell or slaughter the animal. This appears to be a coping mechanism of Wasukuma to allow them to own large herds without creating conflict with neighboring tribes. Cattle are used both for cultivation and as a means of transport, particularly to shift the crops from farm to home during the harvest seasons and in some cases the collection of water.

In the village, pastoral people tend to be located in the sub-villages which are far from the village center, where they have enough land for grazing their livestock. Those who stay within the village tend to keep 4 - 30 heads of cattle just to maintain their status and livelihood. Other livestock kept are goats, sheep, chicken and ducks.

Because the economy and subsistence of Mwaru Village depends largely on rain-fed agriculture, the activities closely follow the rain seasons. November to May is time when people are most occupied with agricultural activities and preparation of bee hives. Because of the season, food shortage is experienced from November to April.

The crops grown in the village include maize, millet and sweet potatoes for home consumption and sunflowers as a cash crop. Each family is required to cultivate at least 4 acres of crops to prevent food shortages. In addition, micro-business enterprises include honey production (beekeeping), local brewing, pottery-making and lumbering.

The institutions in the village include shops (all sub-villages except for Msui have at least one shop), churches (with the exception of Msui), mosques (with the exception of Msui). There are grinding machines in Makhonda and Mahenge sub-villages, a dispensary in Mahenge, a primary school in Mahenge, and pre-schools in Mahenge, Makhonda and Msui. Sungu sungu (Local militaries) are widely used for security and for enforcing the decisions of the village leadership. Outside the village, the institutions that help reduce vulnerability include ward leadership and the department of Agriculture and Livestock of the District, which provides extension services. Together, these institutions were reported to increase peoples' ability to cope/reduce vulnerability.

One of the current problems facing the community is an increase in alcohol consumption (drunkardness). Along with this, it was reported that there is an increase in prostitution, adultery and domestic instability.

Relationships between tribes is one of tension, according to the participants. It is widely perceived by Wasukuma that they are charged for many things that they don't receive services for, and not involved actively in decisions taken by the village government. For example, Msui and Makhonda sub-villages, which have the highest concentration of Wasukuma, do not have access to the village's primary school. In response to this, there has been a community effort to build a rudimentary pre-primary school, which they hope to upgrade to a primary school.

Generally, the community of Mwaru is a community of cultivators rather than pastoralists. Livestock keeping is used as a strategy to increase wealth, food and agricultural potential. For Wasukuma, many cows (approximately 40) are used for dowry, which increases agricultural potential for the husband by increasing his labor force.

3.0 FINDINGS

3.1 The Concept of Vulnerability

Wellbeing:

- For community members well-being involves access to food, health, services, shelter and good clothing. Adequate food includes quality, which is nutrition, tastes and quantity.
- The determinants of well-being include the following:
 - Ownership of large farm
 - Ownership of a high income level
 - A large herd of livestock particularly cattle and goats
 - Ownership of an ox-cart.
 - Ownership of farming implements i.e. plough, planter etc.
 - A good house with iron corrugated roof
 - Access to education.

Ill-being:

“Nhawi” is the term used to express ill-being.

Ill-being is characterized by the following:

- A small farm size – limited access to land for cultivation.
- Lack of ox-drawn plough as a farming implement.
- Lack of education and inability to use resources properly.
- Limited access to essential basic needs i.e. clothes, food, health services etc.
- A large family size and inability to cater for them.
- Dependence on other rich families to meet your needs.
- Limited ability to afford control measures for pest and livestock diseases.
- Limited ability to marry.

3.1.1 Causes of Vulnerability

The following factors were identified by community members as contributing to the vulnerability of households:

- Drought which affects livestock and agriculture reducing production and causing the death of livestock.
- Livestock diseases, which result in reduction of herd size.
- Human diseases, which result in the sale of livestock and other assets to pay for treatment.
- Lack of effective livestock disease control mechanisms.
- Strong belief in witchcraft and use of household resources to seek prevention.
- Declining practice of traditional mutual support.
- High dowry price (i.e. 40 cattle for the Sukuma) which limits ability to marry.
- Lack of time to work in one's farm as they undertake casual labour for others.
- Multiple taxes particularly for livestock keepers.
- Overcharging and coercion by militia when following up tax payment and other contribution.
- Complaisance/satisfaction with current success.

3.1.2 Seasonality and Vulnerability

The vulnerability of community member varies significantly during the year and is mainly influenced by changing seasons. During the dry season, community members are least vulnerable to food insecurity. The dry season starts with crop harvest. During harvest period, there is plenty of food and many families can afford three meals a day. There are also high income levels in the community as crops are sold and livestock also fetches good prices during June to August. Honey is also harvested at this time, and it provides another source of income.

The dry season, however brings with it water shortage and women have to walk long distances in search of water. The youths have also got to track livestock long distances to search for water. The long distance exposes them to attacks by wild animals while women faces additional risks of being raped. Cases of excessive drinking occur during this period because of high-income level. Drinking often results in domestic violence, divorce and some men are known to temporarily abandon their families for unrecognized wives.

During the rainy season, food shortages occurs that mainly affect women, children and the other vulnerable social groups. The occurrence of human diseases is also seen to peak during this period i.e. December to April – particularly malaria and diarrhoea diseases. Community members also experience increased threats of wild animals (predators) attacks to them, their livestock and the destruction of their crops.

3.1.3 Coping Strategies

A number of institutions operating at community level have been identified which support the effort of community members in overcoming their vulnerability. Some of these institutions are community based, while others come from the district level. Institutions from the community include operators of various small scale business i.e. retail shops, kiosk, grinding mills, First Aid mobile kits etc. all these entrepreneurs help to provide the essential services required by community members.

Within the village government there are also a number of institutions that help community to keep peace and order. They also facilitate community members in making decisions on issues pertaining to their development these include leadership at sub-village level, leadership at village level and Local militia who are responsible for security arrangements.

Table 1: Social Groups in Mwaru Village

Social Group	How they are affected Predisposing factors to vulnerability	Causes	Effects
Widows	<ul style="list-style-type: none"> ▪ Limited ability to access health services. ▪ Limited access to food “they even fail to feed their children” ▪ They experience problems in getting their rights to inheritance. ▪ No special assistance for widows from local government. ▪ Remarriage affects the security of children who belong to first husband. ▪ Have little protection. ▪ Limited income sources. ▪ Enjoy more freedom than married women. 	<ul style="list-style-type: none"> ▪ Death of husband. ▪ No one to depend on as a husband for assistance. ▪ Have limited income and access to other opportunities. ▪ Do not often remarry. 	<ul style="list-style-type: none"> • Though more successful they have low social status. • They often loose children due to ill-health. • They are left poor despite the husbands wealth. • Vulnerable to attacks. • Social harassment. • Required to pay all taxes. • Men are jealous.
Disabled	<ul style="list-style-type: none"> ▪ Depend on others for support. ▪ Marginalized in decision making. 	<ul style="list-style-type: none"> ▪ Physical or mental disability. ▪ Have very few physical assets. ▪ Have limited ability to participate in productive activities. 	<ul style="list-style-type: none"> ▪ No social respect. ▪ Exclusion in many social activities. ▪ Relatives get tired of looking after them. ▪ Suffer ill-health and illiteracy.
Men	<ul style="list-style-type: none"> ▪ 	<ul style="list-style-type: none"> ▪ Have access to property and income. ▪ They are strong and energetic 	<ul style="list-style-type: none"> ▪ Exposes them to physical injury. ▪ Respected.
Elderly	<ul style="list-style-type: none"> ▪ Reduced ability to participate in production activities. ▪ Reduced access to nutritious food. ▪ Elderly female receives food after other family members have eaten. ▪ Cultivate very small pots. ▪ Aged women unlike men have no control over family assets. ▪ Elderly without children have limited support in their old age. 	<ul style="list-style-type: none"> ▪ Reduced mobility due to age ▪ Depend on others for their basic needs. ▪ Have limited income. ▪ Have no value able properly. ▪ Have no children to take care of them. ▪ Cannot walk far to get to health facilities, or distribution centers for relief food. ▪ Weaker bodies with limited body immunity. 	<ul style="list-style-type: none"> ▪ Susceptibility to ill-health. ▪ Have no control over what they get. ▪ Suffer more during food shortage.

Social Group	How they are affected Predisposing factors to vulnerability	Causes	Effects
Children	<ul style="list-style-type: none"> ▪ Corporal punishment by parents and at school. ▪ Roles in division of labour expose them to risk of attack by wild animals. ▪ Have no voice in decision making. ▪ Parents limit access to education. ▪ Access to health services depends on economic position of parents. ▪ High number of children preferred for assistance . ▪ Susceptibility to disease. ▪ Inability of the U5's to explain nature of their ailment. ▪ Decision of one of the parents to remarry. 	<ul style="list-style-type: none"> ▪ Young age. ▪ Not strong physically. ▪ Traditional role in division of labour. ▪ Alcoholism of parents. ▪ Depend on parents. ▪ Lower body immunity. ▪ Death of one or both parent. ▪ Don't own any property. 	<ul style="list-style-type: none"> ▪ Suffer food insecurity. ▪ Marginalized in decision making. ▪ Lack opportunities provided by formal education. ▪ Not consulted. ▪ Childs' performance at school lowered ▪ Unable to cater for needs of other children. ▪ Suffer ill-health and possible death.
Women	<ul style="list-style-type: none"> ▪ Exposed to risks from wild animals and rape. ▪ Older or first wife is less attended to than the younger wife. ▪ Un-married women have no one to take care of them. ▪ Lack access to health services at birth. ▪ Walk long distances on domestic duties. 	<ul style="list-style-type: none"> ▪ Have no income ▪ Do not own properly ▪ Depend on husband economically. ▪ Traditional divisional of labour. ▪ Polygamous marriage. 	<ul style="list-style-type: none"> ▪ Suffer physical injuries, and trauma. ▪ Food insecurely. ▪ Physical exhaustion. ▪ Ill-health. ▪ Limited access to income to cater for other needs.
Youth	<ul style="list-style-type: none"> ▪ Overworked particularly during dry season. ▪ Face risk of attacks by wild animals. ▪ Have to track livestock over long distances. ▪ Abuse of alcohol. ▪ Have a limited voice in decision making. ▪ Most youth have limited access to land. 	<ul style="list-style-type: none"> ▪ Youth are strong, daring risk takers. ▪ Traditional division of labour in the community. ▪ Youth provide security for whole community. ▪ Have limited access to capital. ▪ Limited. ▪ Some youth own resources. ▪ Most youth have limited access to land. 	<ul style="list-style-type: none"> ▪ Less vulnerable to lack of food. ▪ Many depend on their parents. ▪ Risk injury and death.
Unmarried men	<ul style="list-style-type: none"> ▪ Have to provide for themselves services normally provided by wife. ▪ Poor food preparation 	<ul style="list-style-type: none"> ▪ Not married. ▪ Don't get services normally provided by wife. 	<ul style="list-style-type: none"> ▪ Suffer physical and psychological stress ▪ Poor nutrition.

3.1.4 Recommendations

- Consider ways in which local government at district and village levels can support the disabled and the elderly (vikongwe) periods of food shortage.
- District level institutions – (Local Government and NGOs) to support awareness education to widows on their legal rights.
- Village government to consider ways of improving access to land for the youth from poorer families who cannot afford to pay between Shs.5,000/= to 10,000/= per acre to get a permit to clear and increase their plots.
- The District council to strengthen access to credit schemes to support youth and women in micro enterprises.
- The District Council to strengthen Agricultural extension services and veterinary services.
- The District Council and other institutions working at District level to strengthen – HIV/AIDs awareness programmes at community level.

3.2 Decision Making and Social Power

3.2.1 Nature of the Problem/Situation

- Decision-making and social power is a major tool to influence community development. If both of them are taken with clear attention vulnerability among the community may be reduced. Men leaving out other social groups do decision making at household and community levels in most cases. However, widows may engage in community decision-making process as they are also perceived to be head of households (like men). In other cases the elderly, who normally don't have an opportunity to participate in decision making at community level, may have some influence at household level decisions.
- In terms of social power at community level, the rich and community leaders have more potential to influence community activities while at household level, men have greater power over the family and can do whatever they want without intervention by any household members. In polygamous marriages, younger wives are much more empowered than the older ones. Even in decisions concerning other wives, they also get consulted by their husband as compared to the older wives.

(i) Who is Affected and How:

- Women, youth and children are mostly affected groups, because they take orders from men (husbands/parents) even if they don't comply with such orders.

(ii) Causes:

- Tradition and custom which restrict married women not to speak before men, when they do so, community regard them as prostitutes.
- Lack of formal education hinders participation of some social groups in community decisions, it was perceived that, an educated person has nothing to contribute to the community development.
- Social attitude by men, which gives younger wives power than older wives.
- High bride price paid by men which make them feel superior than women, this increases social power of men.
- Reconciliation fee set by community leaders tends to make women unable to report their family problems. Any income generated by women from small activities is taken up by men and this limits their ability to afford the costs of inviting the community, reconciliation committee to address an impending problem.
- Lack of independent sources of income for youth to generate income from small activities keeps them dependent on parents during their early adulthood as and denies them a voice on their parent wealth.
- Men owning family/household valuable resources empower them over other social groups.

(iii) Effect and Relationship to Vulnerability

- Lack of decision making and less social power for women, hinders control of mismanaged of household resources when their husband allocate money for non-beneficial household activities such as alcoholism and other related matters. This tends to make H/H more vulnerable and increase poverty.
- Young female are forced to marry early due to less power they have and obey of orders from their parents who expect to get dowry process. This to some extent has reduced cases of divorces within the household, because the married women cannot go or run away from their husbands on fear of (dowry) cattle being send back.
- Women are affected health wise due to their physical nature. When beaten, they are not allowed to fight back. This tendency increases women's vulnerability and exposes them to ill health.

- Lack of social power has limited women to own any household property, even when their husbands pass away, the husbands' relatives do take control of all resources. This pushes widows in a critical situation, which in some case they even fail to meet essential needs.
- Reconciliation during domestic violence are in favour of men, when women require community resolution committee to express her demands, she is required to pay 1,500/= which she does not have, this further make her vulnerable and choose to keep silent.
- Men determine decisions of family planning without involving the women whose health may be affected.
- Because of less social power and lack of involvement in decision making youth can not make strides in their lives because of having less voice within their households. Anything that youth intend to initiate to sustain his life needs to be sanctioned or assigned by their parents, which make them more dependents.
- Women are restricted by their husband to participate in social and economical activities which hinder household progress and fail even to meet/contribute on their family in case of any problems. This leaves them more dependant of their husband and make them more vulnerable.

(iv) Policy Implication and Recommendation:

- Strengthen community participation in decision making in terms of gender. Emphasize should be put on increase women and youth participation in decision making at all levels from community to household level.

3.3 Good Governance

3.3.1 Nature of the Problem

The village government plays an important role in ensuring community development. Among the key roles played by the village government are as follows:

- Mobilize community to engage in different social and economic activities.
- Strengthen community security through local militia.
- Interact with ward leadership, District Council and other stakeholders.
- Plan and coordinate different projects within the community.

The village collects tax and other contributions for community development. The use of local militia to coerce the collection of the mentioned revenue was said to harass the community. Lack of transparency has lowered community confidence toward their village government.

(i) Who is Affected and How:

Poor governance do affect lives of community since the community depend on the government as key instrument to guide them to the right direction. The sub-villages that are farthest away from the village office (Makhonda and Msui) suffer more. Pastoralists – also suffer more from the taxes.

(ii) Causes:

- Lack of transparency attributed by poor governance, making people to feel uncomfortable on even development activities identified by the village government.
- Unspecified and cohesive use of power to collect different taxes and contributions.
- Lack of participation of community members in their own government. For instance village assembly not held regularly and when it is held community are not informed.
- Lack of commitment and accountability by some village officials.
- Low awareness of policy issues by villagers has given room to poor governance.

(iii) Effects:

- It constrains community development.
- Untargeted distribution of food relief, hijacked by leaders increase vulnerability of poor household.
- Exclusion of some social groups from participating in decision-making process within the village.
- Increased burden of taxes and contribution to the community.

(iv) Policy Implications and Recommendations:

- Relief food should be equitably distributed to the needy.
- Ensure transparency to the community.
- Avoid using of cohesive power when collecting taxes and other contributions.
- Reduction of unnecessary contributions and taxes.
- Increase community awareness on different policy issues.
- Engage people in participatory decisions.

3.4 Education

3.4.1 Nature of the Problem/Situation

In Mwaru village there is only one primary school; which is located at Mahenge sub-village. The three sub-villages of Mwaru Village (Msui, Makhonda and Mtakuja) lack primary schools. The distance from the sub-villages to the village headquarter (Mahenge) is around 7 – 18 km or even further. However in some sub-villages community members have recently established their own unregistered pre-schools to meet the demands of their children for education. They perceive education as playing an important role in creating knowledge for understanding various issues surrounding them. The Sukuma people have low awareness on the importance of education and have prioritized livestock keeping over education. Of recent, the abolition of school fees has contributed to increase enrolment rate in the village.

(i) Who is Affected and How:

The social group most affected is children as they are denied their basic right. In the long term other social groups will also be constrained in their development endeavor as education is perceived to be a key instrument in fighting against poverty.

(ii) Causes:

- Long distance to the primary school (18 km) because the lack of schools in some villages.
- Nomadic nature of the community's' life, where parents shift from one area to another. For instance, most Sukuma migrated from Shinyanga where their children were in school, these children now are in the other part of the village where there is no school at all.
- Tradition and customs that favour high bride price (40 cattle) therefore limiting continuation of girls with education and exposes them to early marriage.
- Low awareness of pastoral people on the need for formal education.
- Gender bias within the household level which prefer boys continuation to education over girls.
- Hunger (food shortage) limits school attendance for children, during this period, children together with their parents do engage in casual labour in order to sustain their lives. (Getting food and income (money) to meet other basic needs).

In the past, cost sharing was also mentioned as a factor that limited children enrolment to the school, particularly those from poor families as their parents were unable to afford the costs involved.

(iii) *Effects and Relationship to Vulnerability:*

- Ignorance which exposes community members to being cheated out of their money, through overcharging during payment of unspecified tax and other community contributions which tends to increase their levels of vulnerability.
- Less progress in the community; most of development activities require technical personnel who can't be obtained without education.
- Less participation in labour market in the form of formal employment.
- No diversification of economic activities (a large part of community depend on livestock keeping or farming).
- Misuse of household resources and poor control of family properties; which tend to increase poverty within the household.
- Less community participation in governance and lack effective influence on decisions making within the community leadership.
- Increased marginalization and improvement of the community.
- Increases in school drop-outs.
- Discontinuation of girls to secondary schools if selected. For instance, Sukuma parents withdraw their daughters from secondary school with expectation of getting high bride price. This increase girl vulnerability.
- Parents not prioritizing education, hence assigning their children other family responsibilities during school time resulting in lower education attainment.

(iv) *Recommendation and Policy Implication*

District Level

- Government should improve the provision of education services to the community through:
 - Establishing/strengthening adult education within the community.
 - Introducing a special programme which will cater for those who missed primary education.

3.5 Health

(i) Nature of the Problem:

The people of Mwaru village are affected by a variety of health problems, including malaria, respiratory tract infections (RTI), dysentery, typhoid, worms and anemia. Malaria was noted as affecting people's productivity and increasing their vulnerability to poverty. This is so because the peak malaria season coincides with the weeding season. One person noted that malaria may strike a household up to five times a year. Sexually transmitted infections (STI's) were not mentioned prominently by the community, with the exception of syphilis. At the dispensary, it was reported that there are only 2 – 3 cases of STI per month, and it was the belief of the ACO that this is due to high use of traditional treatment by the population (especially the Sukuma).

Mwaru center (Mahenge sub-village) has the only government dispensary as well as a private practice of a retired clinical officer. The dispensary has a catchment population of 17,146 people from 5 villages (Mwaru, Mpugizi, Mlandala, Msosa, and Ighombwe). The dispensary offers basic diagnostic services, family planning (FP) services, and STI treatment. There is also a "first aid center" in Makhonda sub-village, run by the Lutheran pastor who is also a trained clinical officer, where villagers can get emergency services. The other two sub-villages have no health services at all, and people live up to 20 km away from the closest services. Distance was reported to be a major problem for most people in accessing access to social services.

This community is participating in a Community Health Fund (CHF) since 1998 that was started by the District Health Department. Under this program, a family pays 5,000 Tshs. and then gets all primary health care services, including drugs, for one year (a family can be up to 11 people with 2 people above 18). So far, there is low enrollment (13% or 47 out of 400 HH). Low enrollment was said to be caused by peoples' concerns about distance to the health facility, the poor quality of services, and lack of drugs at the village dispensary and corruption at the HF. Many people complained that even if you pay the Tshs. 5,000, it is still necessary to buy drugs or visit the private practitioner. For others living up to 22 km away, the dispensary is too far to reach. Many people use traditional healers instead. Generally, the CHF is seen to be a potentially very useful system for the community, but is not being effectively managed at present. For example, certain people should normally be exempted from paying CHF fees (such as pregnant mothers, widows and under 5's) but there is still confusion over exemption. Because of concerns about cost, quality and distance, many people decide to attend services of the private mobile clinician, which they feel is more effective even though it is expensive.

(ii) Who is Affected and How?

The entire family is affected by lack of health services, but poor people are more affected as cannot afford even the cost of CHF. Pregnant women are especially at risk because of lack of delivery services, while elderly and disabled have a difficult time reaching the health facility because of lack of mobility. Women get pregnancy at a young age, leading to special risks for young mothers. Children are at risk since a mobile service for vaccinating children comes only once per year.

Cost was said to be a barrier for attending health services, and those people who have least resources or control over resources (i.e. women, widows) are especially affected. For example, it was said that a woman is expected to tend for the sick person, yet she has no power over the income in the family. Women are also prone to obstetric emergencies, which would force them to consult a private service provider, which is very costly. Also, the private service provider accepts credit (you repay costs after the harvest). Access to health care is known by the participants to be constrained by low income of the family.

(iii) Causes:

The cause is lack of nearby health facilities, poverty of people who cannot afford even low cost services, and poor quality of services that are available. Also, for family planning in particular, it was mentioned that large families are desirable for prestige, productivity and happiness of both men and women. Women are generally not allowed to use FP by their husbands, and there is generally low awareness of FP. The average desired family size according to their estimates is 7 – 12 children. Most FP use was reported to be without the consultation of husbands because husbands do not approve of use.

There is also a very high belief in and usage of both witchcraft and traditional medicines. For Sukuma, it is both, while for other tribes it is mostly witchcraft. This represents an area of vulnerability as it leads at times to ineffective treatment and wastage of family resources to a large extent.

(iv) Effects and Relationship to Vulnerability:

The effects of poor and non-existent health services include increased disease burden and death. Loss of productivity was linked to poor health, which has a direct impact on vulnerability through loss of productivity, high cost in terms of money and time, and decreased quality of life.

(v) ***Policy Implications:***

Policy implications include improvement of the CHF: better services, more drug availability, better administration, and outreach services so that the service is viable for all sub-villages. In addition, awareness – raising should be done for the community so that they are aware of the benefits of the CHF. Ward and village health committees should be strengthened to achieve these goals/manage the CHF.

(vi) ***Recommendations from the Community:***

Introduce mobile clinic from the dispensary; (motorbike needed for personnel to cover all sub-villages); improved communication between dispensary and referral hospital for emergencies and installation of radio call.

3.6 HIV/AIDS

(i) ***Nature of the Problem:***

Although the level of HIV/AIDS has never been measured formally in the Mwaru community, some suspected cases of HIV/AIDS were reported through this research. One confirmed case and one suspected case were mentioned. The confirmed case was said to have had several sexual partners in the village, so it is suspected that the level of HIV/AIDS in two community may be on the rise. Because cases have been rare and because of a strong belief in witchcraft in the village, awareness and recognition of the disease are low.

(ii) ***Who is Affected and How:***

Although all sexually active members can be infected, youth are more vulnerable due to higher prevalence in their age group.

(iii) ***Causes:***

One of the causes of high risk is that there are no reliable sources for HIV/AIDS education in the village. People get information from the radio, for those who have access to it, from church ceremonies and posters in the village dispensary. This information is not adequate for them to understand the disease and how to protect themselves.

Some of the risk factors which expose this community to HIV/AIDS include: polygamy, excessive drinking, little or no use of condom (no sources for condoms either purchasing or distributing), lack of testing facilities, forced marriages, low economic status also predisposes some members of the community, especially young girls, to HIV infection.

Another reported risk factor was liberalized sexual relations among youth in the Nyiramba tribe, where young women actually have their own houses separate from the parents.

(iii) *Effects and Relationship to Vulnerability:*

HIV/AIDS represents a significant source of vulnerability for this community in all respects (economically, socially, in terms of human life and quality of life).

(iv) *Policy Implications:*

Awareness, mobilization and prevention measures are needed in this community. Condom use in the village is very low, so any condom provision program will have to be accompanied by awareness raising efforts.

(v) *Recommendations from the Community:*

One recommendation was that peer educators should be trained to give the community accurate sources of information about HIV/AIDS. Any other forms of education, such as videos or other health learning materials, were requested.

3.7 Water

(i) *Nature of the Problem/Situation:*

In Mwaru village water is available in one sub-village (Mahenge). However the village have already established village water committee which is responsible for sensitizing villagers to contribute to the water fund. At present, there is only one shallow well in one sub-village; resulting in the other sub-villages complaining on the issue of contributing to the water fund which is yet to benefit them.

(ii) *Who is Affected and How:*

- The social group most affected is women, though recently men and youth assist women in fetching water, using bicycles.

(iii) *Causes:*

- Drought, most of community members depend on springs and wells which flow seasonally. During dry season most of them dry resulting to water shortage.
- Long distances to water sources, which are all weather.
- Inadequate funds to enable construction of shallow wells in other sub-village.

(iv) *Effects and Relation to Vulnerability*

- Dependence on earth dams and seasonal rivers the community get unclean and unsafe water which is contaminated thereby exposing people to infection of various water borne diseases. This makes the community vulnerable as they spend a lot of money to treat those diseases.
- During the dry season women, children and youth walk long distances searching for water exposing themselves to dangers such as wild attacks and weak health.
- Much time is wasted in searching water, reducing time that could be used for other economic/productive activities such as farming. This results to low yields hence food shortage.
- School children are assigned by their parents to assist in fetching water reduces school attendance leading to poor performance.

(v) *Policy Implication and Recommendation:*

- Construction of shallow wells, and dams should be directed to other sub-villages in order to reduce distance and release time for other activities.
- Strength community water fund so that it can benefit those other sub villages who contributed to the fund.

3.8 Natural Resources

(i) *Nature of the Problem/Situation:*

Natural resources are an important factors that contributes to sustaining livelihoods of the community. In Mwaru village, the economic activities undertaken that depend on forest resources are honey collection and lumbering.

Bee-hives are prepared during rainy season while harvesting and collection of honey together with lumbering is done in dry season to increase income to the people. Bee-keeping and lumbering activities are undertaken due to food shortage; they have started engaging in farming and cattle keeping. One bee-hive produces approximately 9 – 18 kg of semi-processed honey and sold between 4,000 Tshs. and 10,000 Tshs. depending on the season; an individual can have between 5 – 100 hives. Despite of all these marketing of the produce is reported to be lacking.

(ii) Who Is Affected and How:

The most affected social group is men; because of labor power they provide to contractors in lumbering. To some extent, the household is also affected when they depend on the men as head of household.

(iii) Causes:

- Lack of proper and organized market for honey and timber.
- Fear of being of robbed hinders people from selling a lot of honey at once.
- Fear of using the available natural resources. Cutting a tree without license/permission is an offence limiting the use of their own resources.

(iv) Effects and Relation to Vulnerability:

- Beehives are made of tree barks, which contribute to forest destruction (deforestation). This make people vulnerable since the amount of rainfall becomes low (decreases) as affecting agriculture activity.
- Selling small amounts of honey at a time means small income to the people/household and unproductive use of time.

(v) Recommendation:

- Raising awareness on sustainable uses of available natural resources.
- Removal of charges collected from available local resources.
- Development of land use plan which will reserve natural resources for the use by the community and village government.

3.9 Agriculture

(i) Nature of the Problem

Agriculture is the main livelihood activity for people of Mwaru. Crops cultivated include: maize, sorghum, millet, ground nuts and cassava for food and sunflower as a cash crop. Farm sizes vary from between 1 acre to 50 acres according to households ability to pay for the costs of clearing a new forest area. Those with more resources own more than four (4) acres

which is the minimum farm size stipulated by the Region for villagers. There are many farmers however, owning less than 4 acres (mainly youth, and the poor). The Sukuma who are livestock keepers own larger farms of between 16 – 50 acres.

Agricultural production is determined by the soil condition which is sandy and normally poor and rainfall pattern which is unimodal and unreliable. Under this situation, average production is 3 bags of maize 1 1/2 bags of millet respectively per acre. For those households cultivating below four acres, the crops harvested are inadequate to last them for the whole season and often start to experience food shortages from December to April. Food deficit becomes more severe and widespread during years of prolonged drought and irregular rainfall distribution. In the past, the government responded by supplying them with food relief.

(ii) Who is Affected and How:

The most affected groups are poor farmers owning between 1 – 2 acres and 2 – 4 acres. The youths as a social group are also affected because they lack ability to pay 5,000/= per acres to expand the two acres allocated to them by the village Government.

(iii) Effects and Relationship to Vulnerability

For poor farmers the combined effect of small farm sizes, declining soil fertility and unreliable rains is low crop harvests. While these harvests are inadequate to meet the food requirements for a household for the whole year, they still have to sell its portion to meet other pressing household needs. This makes them even more vulnerable and during the planting season they resort to undertaking casual labour for others in exchange for food. Since they have little time to work in their own farms, this makes it more difficult for them to overcome the problem of food insecurity on the following season.

(iv) Causes of the Problem:

Factors that contribute to increased food insecurity, thereby increasing the vulnerability of community members include the following:

- Declining soil fertility
- Reliance on poor farm implements (hand hoe)
- Poor agricultural extension services
- Limited access to fresh land – to expand farm
- Heavy reliance on rain fed agriculture.
- Low awareness using manure to improve soil fertility.
- Lack of a proper market and reasonable prices for sunflower.
- Crop pests and vermin that attack crops on farms and in storage (pre and post harvest losses).

- Excessive drinking and laziness.
- Illness of family members.
- Declining practice of traditional mutual support system.
- Acute food shortages for poor families during the farming season which forces them to undertake casual labour instead of working on their own farms.

(v) ***Coping Strategies:***

Various coping strategies have been applied to address the problems of; food shortage, the need to speed up various agricultural activities (e.g. planting, weeding harvesting), reduce the decline in soil fertility and improve access to other basic needs.

- To address the problem of food shortage, poor farmers undertake casual labour in exchange for maize or cash payment. The cost of coping, through casual labour, however is high on the household because it delays them from working in their own farms.
- The establishment of cereal storage at community level. Each household contributes a tin of cereals that are stored and given back to the needy during the peak of hunger period. Though this method was mentioned as being useful in alleviating the vulnerability for poor households it was last used in the 1950's.
- To address the problem of declining soil fertility, community members have been using crop-rotation, shifting cultivation and to a lesser extent application of manure. Shifting cultivation involves clearing a new forest area which has to be acquire by paying between T.Sh.5,000/= to T.Shs.10,000/= per acre. Though this method is preferred, it is only open to those who can afford the cost. High prices of clearing new land have been set by the village government to control deforestation. The use of manure is the most sustainable method of arresting the decline of soil fertility. This practice is however not widely applied due to low awareness of community members and limited availability of manure.
- Other coping mechanisms are: The exchange of crops during drought and engagement in non-agricultural activities e.g. beekeeping, brewing of local beer, timber sawing, etc.

(vi) ***Recommendations from the Community:***

The following recommendations have been made by community members to enable them to cope effectively:

- That, the government provide food to poor families during farming season on a loan basis to be recovered during harvest. This would enable poor households to work on their own farms instead of undertaking casual labour on the farms of better off farmers.
- That, the District Council should strengthen the existing system of agricultural and livestock extension system to make it more effective.
- That, the Government improve the marketing system of sunflower which is the only cash crop they have by introducing a base price in order to reduce the vulnerability of farmers.
- That, the District Council consider a system of facilitating access of farm inputs and implements to farmers in the form of credit.
- That, the village government should consider facilitating access of land to farmers at a lower/affordable cost if not for free to those who cannot afford to pay.

3.10 Livestock

(i) Nature of the Problem

Livestock diseases pose significant constraints to livestock productivity. There has been a recent increase and resurgence of livestock diseases in the Mwaru area, such as CBPP, BQ, ECF Trypanosomiasis, Anthrax for cattle, pox and mange for goats. The increase in livestock diseases in the areas has also caused an increase in livestock mortality. For example, one farmer reported that over the last 4 years he lost 200 cattle to CBPP and 200 goats to other diseases.

(ii) Causes:

- Withdrawal of government in provision of veterinary extension service and drug delivery. The break down of dipping system led to an increase in cattle/livestock morbidity and mortality due to tick borne and other contagious diseases.
- Poor and inadequate veterinary extension services provided by Singida District Council.
- Unavailability and affordability of veterinary drugs (preventative and curative).
- Drought which exposes livestock to long distance tracking which lead to exhaustion, increase morbidity and mortality of livestock.

(iii) Who is Affected and How:

- Livestock diseases, low productivity and livestock mortalities have affected all livestock keepers. However, poor families are more affected because they cannot afford to buy drugs and acaricides for treatment and prevention of livestock disease.

(iv) Effects and Relationship to Vulnerability:

Livestock diseases are another major impoverishing factor for households, particularly because some kill adult cattle while others disease kills calves limiting potential herd size.

- Because of lack of extension services livestock keepers have resorted to trial and error treatment approach, thus increasing the risk of antibiotic resistant – strains of diseases, high cost to the farmer in terms of both money and livestock. Livestock keepers also face a risk of buying expired and unregulated veterinary drugs.
- Overall, this causes an impoverishment at household level especially for those with fewer resources who are not able to absorb the shocks.

(v) Policy Implication

- There are multiple taxes imposed on the community which they feel increases their vulnerability: the taxes include boma tax (enclosure) 500/= livestock levy 500/= per head; small stock levy 200/=/head, charges during marketing of livestock 2,500/=. These are in addition to the normal charges of development levy and annual contribution to education. Despite the many charges, improved extension services are not available.

(vi) Recommendation from the Community:

- The community expressed interest in purchasing veterinary drugs – if a center could be established to provide nearby services (extension and inputs) at subsidized prices.
- Improve dipping services.

There has been success in government provision of vaccination of cattle for CBPP at the cost of 100/= per head, however some cases of vaccinated animals succumbing to the disease have been reported. The community recommended increased surveillance and disease monitoring (disease information collection) of CBPP and other diseases; in addition, other vaccination programmes established by the government will be welcomed by the community.

3.11 Marketing

(i) *Nature of the Problem- Marketing of Livestock and Livestock Products:*

Both livestock and livestock products fetch low prices. In particular, a decline in livestock prices, increases household impoverishment. A corresponding decline in the market for hides and skins has also left livestock keepers vulnerable, as it has reduced income from an important source of household income. It was reported that the price of a bull has dropped from 120,000/= Tshs. in 1999 to 80,000/= in 2002, and the price of a goat has gone from 12,000 Tshs. to 5,000 Tshs. There is a seasonal fluctuation of prices for livestock products. Good market prices are obtained from June to August, when people have sold crops and have money available to buy. Some people take advantage of the low price to buy animals during September and take the animals to resell in Dar es Salaam for a higher price.

(ii) *Marketing of Agricultural Products:*

The main cash crop in Mwaru now is sunflower, which has replaced tobacco as a major cash crop. Marketing of tobacco was problematic, as a cooperative bought the tobacco and then never paid the farmers. Because of that, tobacco farming and cooperatives are not welcome in the village. Marketing of sunflowers has not yet proved to be very successful either, but at least people receive cash for their product. Sunflower is a crop which requires inputs in the form of fertilizers and so is costly to produce. At peak harvesting season a bag sunflower seeds can be purchased for 400/= Tshs., a price which does not cover the cost of product. At low season, a bag of sunflower seeds fetches 10,000/= Tshs.

(iii) *Marketing of Natural Resources:*

Honey and timber are sold from Mwaru village. Both are primarily under-the table businesses, because of anxiety about prosecution due to natural resource laws. For honey in particular, local producers are required to buy a license, whose cost is prohibitive, if they try to sell any large quantity of honey. The under-the-table nature of marketing for both products leads to exploitation (low prices) and poor management of the resources. For example, 18 litres of honey can be purchased for only 4,000/= Tshs. in high season – a very low price when compared to other areas of the country.

(iv) *Causes:*

Poor infrastructure and long distance to markets increases costs associated with transport for both livestock and agricultural products. Corruption was reported in the marketing of all these products. For example, varying rates were reportedly changed for the same type of livestock license, while it was also reported that fines levied for sales of livestock or natural resource products outside the market were as high as 60,000/= Tshs. and no receipt is issued.

Livestock:

Multiple taxes, permits and fees are levied on the sale of livestock. Even if the cow is not sold, you still have to pay 2,000/= T.Shs. (at Sepuka market). There is lack of market for livestock products. Manure is not sold regularly in Mwaru, except in one sub-village which has depleted soil fertility. There is no established market for hides or milk, however ghee is sold in the local market for 600/= T.Shs. per 750ml bottle. For marketing of cattle, it was reported that there is lack of weighing scales in the markets, which leads to non-standardized system of pricing cattle. Unregulated pricing means that the price of cattle fluctuates, depending on supply and demand, an elderly from Msui sub village was quoted as saying: Ng'ombe hana ratiba nzuri ya bei kama mazao mengine” elder from Msui sub-village.

Agriculture:

Poorly organized and unregulated markets for agriculture forces the farmers to sell their products at a low price.

Natural Resources

There is a general fear in the community about utilization of natural resource products (e.g. timber and honey) because of harassment, conflicting interests of different stakeholders (local people and conservation “experts”). The sale of honey is prohibited because of confusion in regulation that does not distinguish between a local producer and a businessperson. While a businessperson is required to hold a license, a local producer is allowed to sell his product without a license. People in Mwaru reported that the natural resources department staff from the district harass them regarding transport and sale of honey.

(v) Effects and Relationship to Vulnerability:

Generally, poor markets lead to further impoverishment at the household level. Specific to livestock, it was reported that one has to sell more livestock to meet the costs of basic needs, thus creating a cycle of poverty.

(vi) Policy Implications:

- Corruption should be addressed in all markets, whether it is un-receipted fines, or inflated prices for licensing.
- The District Council should identify and provide rationale for the different taxes imposed on the sale of products/livestock.
- District Natural Resource Department should clearly demark the difference between business people and local producers to allow for fair sales of honey by local producers.

(vii) Recommendations from the Community

- The government should introduce regulation of prices for agricultural products, as has been done to tobacco.
- Community requested education about proper management of natural resources.
- The District Council to improve marketing infrastructure, such as provision of scales at markets for cattle.

3.12 Access to Capital and Micro Credit

(i) Nature of the Problem:

Lack of capital is a major problem in Mwaru especially for those who are traditionally unable to access resources in the formal institutions such as youth and women. The villages' lack of micro-credit institutions as well as low levels of production leads to low levels of savings. In addition, there is a low level of organized groups to establish saving and credit services.

(ii) Effects:

Youth and women are left in a vicious cycle of poverty, since they lack resources to pull themselves out, - no freedom to diversify economic activities.

(iii) Recommendations from the Community:

Local government should prioritize providing micro-credit scheme in the community. These should target youth and women. Examples include sewing machines or grinding machines. Local Government should also facilitate the establishment of local savings and credit groups in the community.

4.0 CONCLUSIONS AND THE WAY FORWARD

The primary goal of the PPA in Singida District was to generate information and understanding on why poverty occurs, why it persists and how it can be overcome from the perspective of pastoralists. This information will help the various institutions working on poverty alleviation to determine how the different issues raised by the hunter-gatherers in Kilosa District can best be taken forward at the community, district and national levels.

The PPA carried out with the agro pastoralists in Singida District has revealed an increase in the vulnerability of the pastoralists and other community members who are farmers. This has vulnerability has particularly increased since the introduction of economic reforms that resulted in the withdrawal of the government from the provision of social services. Increasing land pressure has also been mentioned as an important factor that has pushed many of the pastoralists to migrate from Shinyanga region as access to adequate pasture became increasingly difficult for those with large herds of cattle.

The withdrawal of government from the provision of veterinary health and extension services has particularly contributed to increasing vulnerability of pastoralists. This has made the control and treatment of livestock diseases more costly and inaccessible. Limited access to social services including the education, health, water, and poor road infrastructure affected all community members and has increased their vulnerability. Poor governance limits their ability to participate in decisions made at village level as well as denying them an opportunity for raising their concerns on issues that could be addressed at village level that make their lives more difficult to manage.

At community and individual levels, factors contributing to vulnerability of pastoralists include; limited access to land for cultivation, small herd size or no livestock inherited from ones' father. Poor management of resources (livestock) by either the father or his grown up sons, through excessive drinking of alcohol, marrying of many wives and the high cost of dowry are all factors that contribute to vulnerability. The final factor at both individual and community level is the decline in the traditional system of mutual support in which those who are weak are supported by those who are better off.

The combined effect of all these factors has been that of increasing vulnerability for pastoralists. The trend has mainly been that of declining access to pasture particularly during the dry season. Efforts of pastoralists to mitigate the problem by moving livestock during the dry season to river valleys have often resulted in conflicts which has cost lives, loss of livestock and loss of homes. At household level, many households have become completely impoverished without any livestock, while many others have few livestock that cannot enable them to meet their basic subsistence needs.

Mechanisms used by pastoralists have been quite mixed depending on the ability of the individual household afford the costs involved. Those who are better off have for instance been able to buy solo pumps, accaricides and drugs (all of which are very expensive) to prevent and treat the prevailing livestock diseases as they occur seasonally. Others have engaged themselves in business while others have opted to try some cultivation. Those who cannot afford any of these have become “dependants”, relying on the well off relatives and friends and age mates to support them in getting all basic needs.

To address these concerns that have progressively increased the vulnerability of pastoralists, a range of strategies has been recommended to be implemented at National, District, and Community (households and individuals) levels. Relevant issues to be taken up by the respective levels have been identified as follows:

Changes required to reduce their vulnerability:

(a) Issues to be taken up at Village level

- Enhance gender participation and raise the level of awareness and contribution of women and youth in decision-making processes at both household and community levels.
- Increase community awareness on different policies used by the village government.
- Sensitize community on the advantages of formal education and increased gender participation.
- Expand construction of shallow holes, dams and wells to other sub-villages in order to reduce distance and release time for other activities.
- Facilitating access of land to farmers at a lower/affordable cost, and to the youth (the minimum of 3 acres required for productive employment).
- Consider ways in which local government at district and village levels can support the disabled and the elderly (vikongwe) during periods of food shortage.

(b) Issues to be taken up at the District Level:

- Introduce mobile clinic from dispensary; (motorbike needed for personnel to cover all sub-villages); improved communication between dispensary and referral hospital for emergencies and installation of radio call.
- Improve access to extension services i.e. agricultural and veterinary extension services for strengthening their coping mechanisms.
- Develop taxation methods for livestock that are more manageable and easy to collect.

- Provide food to poor families during farming season on a loan basis to be recovered during harvest to enable poor households to work on their own farms instead of undertaking casual.
- Corruption should be addressed in all markets, whether it is un-receipted fines, inflated prices for licensing.
- Improve access to credit/services for income-generating activities target youth and women to support activities such as; sewing machines, grinding machines, etc.
- Facilitate the establishment of local savings and credit groups in the community.
- Improve marketing infrastructure, such as provision of scales at markets for cattle.
- Establish Livestock Development Centers to facilitate to provide nearby services (extension and inputs) at subsidized prices.
- Develop a mechanism to clearly demark the difference between business people and local producers to allow for fair sales of honey by local producers.
- Provide dipping services increase surveillance and disease monitoring (disease information collection) of CBPP and other diseases; in addition, other vaccination programmes established by the government will be welcomed by the community.
- Consider a system of facilitating access of farm inputs and implements to farmers in the form of credit.
- Support awareness education to widows on their legal rights.
- Train peer educators to give the community accurate sources of information about HIV/AIDS.
- Raise awareness on effective use of available natural resources in a sustainable way.

(c) Issues to be taken forward at National level:

- Improve the provision livestock services including prevention treatment and extension services.
- Support micro credit fund and entrepreneurship training to provide capital and help pastoralists to diversity their economic activities.
- Relief programmes for pastoralists ought to prioritise support to the “dependents” (the very poor), disabled and widows as the most vulnerable groups in the community.
- Improve the marketing system of sunflower which is the only cash crop they have by introducing a base price in order to reduce the vulnerability of farmers.
- Introduce a special programme to cater for those who missed primary education and who form the majority in most sub-villages.