

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



The 2002/3 Tanzania Participatory Poverty Assessment

Site Report for:

Ndogowe Village
Dodoma Rural District, Dodoma Region

May, 2002

Released by the
Economic and Social Research Foundation



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ACRONOMYS

PPA	Participatory Poverty Assessment
MCH	Maternal Child Health
HIV/AIDS	Human Immuno-deficiency Virus/ Aquired Immuno Deficiency Syndrome
FGM	Female Genital Mutilation
TASAF	Tanzania Social Action Fund

EXECUTIVE SUMMARY

THE CONCEPT OF VULNERABILITY

Perceptions, Experiences and the Relationship Between Poverty and Vulnerability

The community defined poverty as lack of basic needs and money to pay for services like treatment, education and other cash needs. Through a series of activities, the community was able to perceive “vulnerability” as circumstances and factors which limit them from uplifting their well-being, as well as those which cause them to become poor(er).

Slow impoverishing processes in the village were perceived to include the harsh environmental condition of the village; lack of health care facilities; lack of communication infrastructure; poor education; unsustainable livelihoods; persistent threat of vermin around the village and at farms.

Shock/crises which push individuals/households to sudden poverty were identified to be outbreaks of diseases (cholera, diarrhea, meningitis: causing deaths and loss of manpower to families); boat accidents on the Mtera dam causing loss of life and property; deaths of livestock sometimes wiping whole stock; thefts and ambushes robbing people of livestock, household goods and even stripping them of clothes as they travel on foot from place to place.

Vulnerability Ranking

The four most serious perceived life threatening factors at Ndogowe were hunger, diseases, physical danger and ignorance. The elderly (vikongwe), the elders and disabled ranked higher on all four, followed by women. Men and youths scored middle level, children who receive both regular MCH services and protection from adults scored lowest vulnerability ranking. The perceived low vulnerability of children contradicts available data. In that regard, households perceived to be resilient and able to resist impoverishment are those which are youthful/healthy, with education, with some possessions including good houses, furniture, and able to access services like water. Small households were perceived to cope better, as well as those with more than one livelihood activity. Women’s participation in diversified livelihood activities was perceived to add to the resilience of households.

CAUSES AND CONSEQUENCES OF VULNERABILITY

Environment and Vulnerability

Rainfall at the village is scanty and irregular. The soils are poor and shallow with numerous patches of stony areas (hard pan, locally referred to as *mabarangu*) and gravel. Consequently many villagers practice shifting cultivation thus dividing their time and attention between

home and distant fields. This situation causes more poverty because of time lost and vermin encountered at the forest farms.

Livelihoods and Vulnerability

The most predominant livelihoods are agriculture, fishing, pastoralism, and petty trade. Agriculture is unsustainable on account of the poor soils and inadequate rainfall. Villagers' crops are themselves low, but because of lack of a significant cash crop, maize and sorghum (staples), are also sold or bartered to meet other needs. Consequently food crops are quickly depleted causing acute food insecurity forcing some villagers to eat wild fruits like *udawi*, *ukwaju*, and *ubuyu*. Great famines occurred in 1974, 1986, and 1998.

Fishing is carried out at Mtera dam. This livelihood is constrained by lack of capital and skills. The livelihood does not uplift the well being of the local people because people from other parts of the country carry out most of the activities. Most of the fish and benefits accruing from it are taken across the dam to Iringa, or by road to other parts of Dodoma region, leaving the village poor and depleted of lots of wood.

Child labour is one of the negative elements of the fishing industry. Children perform a lot of hard work like scaling fish, ferrying heavy loads of wood, frying and smoking fish over big fires causing ill health and missing school, therefore uncertain life circumstances except poverty.

Hazardous and illegal livelihoods identified are prostitution and brewing of illicit spirit (*gongo*), mostly at the fishing camps. More men than women engage in the fishing trade. Women and girls going to the camps for other activities are enticed to become prostitutes.

Economic Reforms and Vulnerability

Ndogowe village lacks services. It does not have land transport or telecommunication. The two schools in the village do not have facilities to prepare pupils adequately. Syllabi are irrelevant, and lack of role models among school leavers demotivates pupils from pursuit of education.

With the exception of MCH services there no health facilities, the nearest hospital being 12km away. Community members resort to traditional healers and TBAs this sometimes leads to loss of life, thereby constituting impoverishing crises and poverty to affected families.

There is only one water tap at Azimio hamlet. Other parts of the village use springs and Mtera dam water-sources, which are not safe.

Good Governance

The village is remote and scattered, Azimio hamlet is about 25km from the village and this makes organization of activities in a coordinated manner difficult. Election of village leaders notably the village chairperson had not taken place for a long time and the acting chairman was demoralized, thus affecting his performance particularly in mobilizing villagers for development activities. Also village officials lack adequate training as a result, their knowledge of human rights and demarcation of roles and responsibilities is inadequate. This leads to conflicts and complaints among leaders and officials and with community members. Remoteness isolates the village from other administrative structures at the ward, district and region.

Social Power and Vulnerability

Decline of power, authority and control of the elderly over younger generations was noted as the elderly lost capacity to work and own property. However, power of individuals perceived to possess supernatural powers was evident. It was estimated that 25% of community members' income was used to visit traditional healers and witch doctors, for treatment of illness, divination and / or "protection" against evil powers and ailments.

Patriarchal systems and practices treat women as possessions. Women, therefore do not own property, nor do they have decision making powers even over their own reproductive rights/health.

Physical Abuse and Vulnerability

Physical abuse at Ndogowe village is in the form of wife battering (injuries) and FGM. Both practices cause health problems, which results in reduced productivity and even death.

HIV/AIDS and Vulnerability

HIV/AIDS deaths incidence is rising due to growth of fish camps and prostitution or serial marriages. A testimony by an affected family shows how the long time taken to nurse a member of the family and her subsequent death has caused loss of capital of a fishing activity (Tshs 80,000 in cost), and the halting of a project to build a family house.

Coping Mechanisms

The community copes in the following ways

- ◆ Shifting cultivation
- ◆ Migration from the village
- ◆ Resorting to illegal/hazardous livelihoods
- ◆ Eating wild fruits and vegetables
- ◆ Resorting to traditional healers.

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 and 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

Dodoma Rural Districts is one of the five (5) Districts of Dodoma Region. The District is located on the Central Plateau of Tanzania in the Western Direction to Dar es Salaam Region. The District extends between latitude 4° and 8° south and between longitude 35° and 37° East.

The District has a total area of $14,004 \text{ km}^2$ with 128 Villages and 48 wards, which are divided into eight (8) divisions namely Bahi, Chilonwa, Chipanga, Itiso, Makang'wa, Mundemu, Mvumi and Mwitikira .

Ndogowe Village is in Mwitikira division and Nghambaku Ward and is 95 Km South of Dodoma Municipality. The Village is bordered by Nghambaku Village on the North, Chiboli Village on far eastern extreme, Chinugulu village on the western part and southern by Mtera dam.

The Village is characteristically typical of Dodoma Rural District Climate, which is Savannah type. This kind of climate is characterized by a long dry season lasting between late April to early December and a short single wet season lasting late December to early April.

The average rainfall is 500 – 800mm annually, not only that the District rainfall is relatively low but it is also unpredictable in frequency and amount.

Generally soils in the village are of shallow depth typically overlying weathered basement rock, of low fertility, and deficient in organic matter according to the District profile.

There are two Primary schools in this Village, one is at the Village headquarters (Ndogowe Primary School) and another is Mlazo Primary School which is near Mlazo fishing Camp (a hamlet) at Mtera dam.

There is one water point (water pump) at the village center, and other two natural springs one at Nghawa and Chilonwa (near farms), while those around the dam use water from Mtera dam. One trunk road passes the village from South to North through the village centre to Nghambaku, and is the way out to Dodoma town.

No health facility is available within the village, and the nearest dispensary is located 12km away in Nghambaku village. Referral cases are normally taken to Dodoma general hospital (95km) or Mvumi Mission Hospital (Anglican Church).

The Village has a population of 1557. Women are 733 while men are 824.

Economic activities undertaken in this village are farming, livestock keeping and fishing. All of these activities are subsistence. Farming employs majority of the villagers, fishing follows around the Mtera dam, while livestock keeping is done by a small group, (pastoralists), which also practice mixed farming. Crops grown are sorghum, millet, maize and groundnuts while livestock kept are cattle, goats, sheep and donkeys.

3.0 METHODOLOGY

3.1 Site Selection Process

Due to bad communication prior to the arrival of the team, the planning department could not select both a research and District Based Research Partner until the process and criteria was explained by the team. Then the staff of the planning department and the District Executive Director selected Mwitikira ward, as tallying with the following criteria set for this site:

- (i) Drought prone.
- (ii) Unimodal agriculture.
- (iii) Poor access to market/social services.
- (iv) No significant cash crop farming.

Ndogowe village was selected following the above criteria.

3.2 Data Collection

Participatory methodology was used during data collection process, adapting different tools depending on circumstances. Some of the frequently used tools were: focus group discussions, transect walk, community meetings, observations, trend-line analyses, community calendars, individual interviews and reviewing secondary information. Use of Kigogo, the local vernacular sometimes made it difficult to use participatory diagrammatic tools as would mean a lot of time for translation. Also issues of advocacy and influence rose during discussions.

Triangulation and verification of contextual information was done through village and district feedback meetings. Sampling was done based on the key categories of vulnerable people and livelihoods as outlined in the research agenda. In particular, the following livelihoods and social groups were met:

- Farmers
- Elderly people
- People with disabilities
- Youths and school children
- HIV affected household
- Fishermen
- Small scale business people

4.0 KEY FINDINGS ON VULNERABILITY

4.1 The Concept of Vulnerability

4.1.1 *People's Experience and Perception on Vulnerability*

In order to understand how Ndogowe people experience and perceive the relationship between poverty and vulnerability, the community identified characteristics ordinarily associated with the state of being poor in the village. These, according to a community meeting, included lack of basic needs like food, clothes, good house and cash to pay for services like treatment, education and so on. Subsequently, and through a series of activities the community was able to identify conditions not only which limit them from enhancing their material well-being, but also those which were seen to make them poorer, either through sudden shocks/crises or by slow impoverishing processes. Community members were also able to discern different degrees of vulnerability among social groups, individuals and households, as well as differential capacities to resist shock/crises and processes.

4.1.2 *Perceived Poverty Triggers*

Ndogowe community perceived itself to being/vulnerable to poverty because of the following factors:

- **Remoteness of the Village**

Remoteness of the village was seen to limit individual/community ability to access services, markets, and information. Therefore, the village seems to be at a standstill without access to new ways of doing things. Therefore socio-economic position of the village has remained low and poor.

- ***Drought***

Drought is characterized by insufficient rainfall and irregularity of starting and duration of the rainy season. This makes agricultural activities difficult to plan and it makes programming of activities during the year difficult. As a result crops are low on account of this, hence poverty increases.

- ***Unsustainable Livelihoods***

Major livelihoods of the village are agriculture, fishing, and livestock keeping. Supplementary livelihoods are petty trading, casual labour and activities related to the fishing industries. These activities are beset with many problems related to the environmental degradation, drought, and lack of transportation and support services. They are mostly below subsistence level and the community experiences a general hunger as well as seasonal food insecurity and a sense of poverty. Many community members have to eat wild fruits (*ubuyu*,

udawi and ukwaju) during dry season to survive. They perceive this to constitute risk to becoming sick and therefore getting poorer and poorer.

- **Lack of Cash Crop**

Ndogowe village does not have a significant cash crop. Small harvests of maize, sorghum, groundnuts and millet have to be sold to get cash to meet other costs like treatment, buying clothes, kerosene, soap, salt and sugar. This increases food insecurity, malnutrition, ill health and decreased capacity to work, hence increasing poverty.

- **Poor Education**

Poor education at the village is characterized by a poor school environment (shortage of classrooms and desks), inadequate learning and teaching materials as well as harsh home environment (of the pupils). School leavers do not possess relevant life skills and the general lack of role models removed the motivation for pursuit of education on the part of some parents as well as children. This is perceived to be detrimental to the community's and individuals' progress since it limits vision (individual and community), thus causing the village to remain backward technologically and economically, and unable to lift itself from poverty.

- **Control and Monopoly of economic Activities by Local Elite(s)**

The community also perceives that control and monopoly of economic activities by local elite(s), notably one businessman from Mpwayungu has resulted into intimidation of other traders and preventing them from running transport services or installing milling machines in the village. This is perceived to aggravate the remoteness and isolation of the village, as well as making available services more expensive than they would have been with competition from other traders. This, in turn causes villagers to remain with outdated working tools like milling stones. They also take hours to walk to services, thus being exposed to dangers of wild animals and robbers thus causing losses and poverty.

4.1.3 Social Groups Perceived to be Vulnerable

Although the whole community perceived itself to be vulnerable, certain social groups were considered to be particularly so, especially in relation to “threats” to basic survival, notably hunger, physical insecurity, and diseases.

- **The Elderly (*vikongwe*)**

The elderly and disabled ranked highest in terms of their vulnerability to food insecurity, physical insecurity and diseases. These groups lack physical capacity to undertake livelihood activities in the harsh environment of the village. Firstly, they do not harvest much (where they do any cultivation) because they cultivate around the village, their plots are small, leading to low harvests, which are quickly depleted. When it comes to searching for additional food supplies, these groups lack strength/ability to travel far and wide. Searching

for wild fruits often requires walking in the bush and climbing trees which the elderly and disabled cannot do, hence succumb to hunger.

- ***Middle aged women***

This group is perceived to be vulnerable on account of heavy workload arising from both productive and reproductive responsibilities. Taking care of household members is increased by the care of aging parents in the community. Women generally are also weakened by child bearing and its associated ailments and indispositions (including pregnancies and lactation). Physical insecurity facing them include wife battering and neglect by husbands opt for younger wives.

- ***Youth and middle aged men***

Both these groups scored low because they are associated with physical vigour and sometimes even leave the village for long periods going for casual labour, away from the daily demands of the household.

- ***Children***

This group was perceived by the participants, as not faced by dangers of hunger, physical insecurity and diseases. Parents perceive it their duty to protect their children and give them priority to food. This perception contradicts popular perceptions portraying children to be among the most vulnerable social group. This finding is perhaps in part supported by the fact that children, particularly under-5s have regular MCH care and have regular immunisations against disease, while adults cannot access any medical services, both preventive and curative.

4.1.4 How Individuals, Households and the Community Become Poor(er)

Becoming poor(er) can be sudden or slow as follows:

- (i) **Sudden Shocks or Crises**

The community identified the following shocks and crises associated with causing sudden turn of social-economical well being of households downwards:

Diseases and epidemics like cholera can cause losses of life as it happened in the village in 1975 and 1991. In the latter year more than 57 people died causing loss of manpower. Taking care of an HIV/AIDS patient, as detailed in the testimony of two brothers, causes a household to suddenly become poor through loss of time, loss of capital for a fishing business and loss cash (more than Tsh85,000) for the family. Recovery from such losses can prove to be quite impossible and so leaving the family poorer.

Livestock diseases have been cited as having wiped out heads of cattle leaving the owners extremely poor.

Thefts, robbery ambushes and burglaries cited include those involving herds of cattle, commonly organized by armed bandits. They terrorize the owners (or even kill the household head and take away all the animals). Such threat is so real in the village that villagers sleep outside their houses to guard their animals against ambush at night. Robbery commonly happens to people walking to access social services at Mpwayungu. They have their bicycles robbed and even stripped naked. Burglary involves breaking into houses, particularly in fishing camps of Mlazo and Bayakati. The incidents have been known to cause destitution after money, clothes, fishing gear and food vending utensils were stolen from households.

Accidents: Because of difficult road transportation many people travel across Mtera Dam to Migori on the Iringa region side. People travel to Migori where there is a hospital, but also most of the goods in the shops at the village come through across the dam. Over the period of one year, there have been four accidents where boats overloaded with people and goods capsized, drowning people and causing an estimated loss of Tsh8,300,000. For poor villagers, this was catastrophic and recovery from such losses was perceived to be unlikely if not altogether impossible. Those involved have become poorer than ever before.

(ii) **Slow Impoverishing Shocks and Crises**

Slow impoverishing processes include the poverty triggers cited above, that is *poor agriculture, the harsh environment* (including drought and environmental degradation), *poor education, ill health and physical incapacity, old age, lack of transport and remoteness* of the village away from services and markets.

4.1.5 Differential Capacities to Resist Impoverishing Shocks and Processes

Community members perceived the following households to be resilient and more able to resist impoverishing shocks and processes:

- ***Households with youthful and ablebodied couple.*** In that regard elderly headed households were perceived to be vulnerable to poverty because of lack of physical strength hence limited or no output from straining livelihood activities.
- ***Small households*** with only few children, which give opportunity for parents to adequately, take care and provide for them.
- In contrast, ***polygamous households*** were seen to dissipate energies – especially that of the father among many wives and children without a good opportunity of enlisting co-operation and/or loyalty to consolidate activities and proceeds which, would enhance economic well-being of all involved.

- Households where *wives have opportunity and freedom* to be creative and engage in income-generating activities, including petty trade.
- *Women* were perceived to be more resilient than men because they can adapt more easily.
- Households with *more than one livelihoods* were perceived to be more resilient than one depending on one only.

4.2 Environment and Vulnerability

4.2.1 Drought

Dodoma is located on the central Tanzanian plateau, which is characterized by dry conditions resulting from lowest rainfall levels. As such drought is the biggest environment issue intensifying poverty among the people in the area. According to Ndogowe villagers, drought adversely impacts on agriculture, which is the major livelihood practiced by almost every villager. During drought, hunger is the most common suffering experienced by villagers. Although it is said that drought strikes at an interval of two to three years, there had been about four big droughts in the past twenty five years causing severe hunger in the community.

During hunger, the whole community becomes desperate because of uncertainty to get food. Poor road communication and lack of cash discourages businessmen to bring food for selling into the community. Those who manage to reach the village, normally sells the food at exorbitant prices. On average, one tin of 20litres (debe la lita 20) sells between Tsh 4,000 and 5,000 compared with Tsh 1,000 and 1,500 during good harvest. Quite a few villagers can afford such prices. So often, the government responds to the situation by providing relief food, though it is claimed that relief food comes rather late and inadequately.

Little or lack of rains constitute common aspects of drought-prone area. This mainly affects crop and animal production. It was learnt that drought limits production of off-season crops. It also decreases food-crop production when rains come late or little. Cattle keepers are forced to move to distant places for better pasture. However, things do not go well all the times. There have been incidents of cattle diseases outbreaks, which claim a big number of livestock. Cattle rustling is also said to affect pastoralists when moving to distant pastures, hence causing serious unpredictable losses.

4.2.2 Soils

The village has good soils, suitable for the production of locally grown crops, notably sorghum, millet, groundnuts and maize. The most common soils available include red and clay sandy to the west and loamy sandy to the east. However, southern part of the village is not suitable for crop production because it is rain-shadowed by hills overlooking Mtera dam from the east.

Although about two-thirds of the villagers have moved from the village center to remote farmlands, no direct relationship was established to show whether the movement is due to decline of soil fertility in the village. A few villagers pointed out that shallow soils at the village center do not retain soil water, therefore becoming dry rather quicker than soils in other places in the village. Shifting to distant places does not always bring about positive effects on those who practice it. Thefts and vermin claim significant amount of crops. Distance also limits children from accessing education services, which are only available at the village center and Mlazo fishing camp.

4.2.3 Forests

The village is largely covered with drought resistant shrubs and forests, especially on the southern part of the village. Common tree types include baobabs, acacia and other thorny leafed trees. Villagers utilize the forest for firewood, building materials, herbs and wild fruits. After the construction of Mtera dam, firewood selling emerged as an important livelihood in the village due to the demand for drying fish. This has created stress on the village forest as huge amounts of firewood are harvested from the forest everyday. The dark-pirthed acacia is particularly getting endangered because it has been selected for its strong fire.

The village forests have been reduced by occurrences of wildfires, caused by farmers and beekeepers. Farmers sometimes clear forests using fire to open more farmland, while beekeepers use fire to clear bees from the hives when harvesting honey. According to villagers, drought has intensified in recent years because many people have moved back to places they used to live before Ujamaa villagisation process.

4.2.4 Water and Sanitation

Water availability in the village is a problem because it is only available for villagers residing in three hamlets, namely Azimio, Muungano and Mwenge. There is one borehole drilled by the government in 1976 at Azimo hamlet. This was aimed at serving villagers living in the Ujamaa village, but now many have moved away to form other hamlets. However, not all villagers in these three hamlets have access to water, because water is sold at Tsh 20 per bucket for fuel, maintenance and watchman's salary. According to women, this is their biggest expenditure item as majority of them spend up to Tsh 100 everyday on water. Those who cannot afford buying water, tend to walk up to 12km to a natural spring located towards southern part of the village. In order to ensure that elderly people can access this service, village authorities have allocated 10 litres of water per day for each elderly person.

Creation of the Mtera dam also claimed the whole of the Kizigo and Ruaha flood plain in the village. The area was a habitat for such wild animals as elephants, hippopotamus, buffalos, etc. As the dam water submerged this habitat, the animals have been wandering in the village forests, and sometimes the animals destroy crops, hence trigger off food insecurity among

some households. Animals also endanger lives of villagers. For this reason, some pupils have been arriving at schools late in fear of being attacked by elephants.

Sanitation situation in the village is very much discouraging as the notion of using pit latrine is almost non-existent. Information obtained from group discussions, observations and a transect walk, confirms that more than 98 percent of village's households do not have toilet facilities. Even at the village primary school, the toilet facility available is a temporary pit used by pupils and teachers.

It was discovered that the local culture is the source of this problem. According to key informants, adults do not prefer to be seen using toilet, as the culture attempts to cheat children that adults never visit toilet. Another reason is that people fear to be bitten by snakes as the area is infested with snakes. History of the village shows frequent occurrence of such epidemics as cholera and meningitis. The former claimed more than 57 lives in the village in 1991. Given the sanitary situation outlines above, it is possible the epidemic was partly caused by contamination of food and water by flies or dirty water flowing into water sources.

4.3 Food Security

Food shortage is a very common phenomenon facing the Ndogowe community. While elders perceive food insecurity as lack of millet, sorghum, maize, pounded greens and groundnuts throughout the year, women referred to food insecurity as inability to access food during drought season. Women rank food shortage in the community as the second most serious crisis frequently facing them.

According to villagers, despite seasonal food shortages during October to March, there are hunger periods, which people experience every two to three years. The October-March period is characterized by the farming season when families have exhausted family resources on cultivation, weeding and development levy. The period starting April to September is said to be characterized by festivities that also deplete household food stocks. Other processes that affect food security include prevalence of drought, sale of food crops for cash, use of cereals for local brew and poor storage facilities where rodents consumes a great deal of food. Poor farming system also reduces the capacity of the farming livelihood to securely feed the community. Hand hoe is the main farming tool used in the community with a strong dependency on natural soil fertility.

Discussions with women showed that men dominance in family decision-making process results into misuse of family food on other less important expenditure like marrying additional wives and other ceremonies. This was again confirmed in other discussions with men, which pointed to the fact that men have the 'right' to dictate on women's and children's labour and proceeds. Very often, women tended to be passive and silent during the research process meetings, hence further confirming the subjugation of women in this community.

In a food-security ranking matrix, elderly people and children were ranked most food insecure. Due to ageing process, elderly were perceived as unable to cultivate bigger land, which can yield more crops. On average, elderly people can harvest up to 30 tins (i.e. five bags of 6 tins each). This caters for food, clothing, medical care and other household basics like kerosene, salt, matchbox, etc. Accordingly, elderly-headed households face longer periods of hunger than those headed by younger people. Hunger and ill health becomes a consistent suffering among elderly people, resulting into acceleration of ageing process.

Malnutrition was mentioned as a common indicator for food insecurity among children. However, observations and comments from discussions established heterogeneity in nutritional status between children from farming, pastoralist and fishing livelihoods. Children from the former seemed malnourished than those belonging to pastoralist and fishing families who looked healthier. Seasonality of food availability in a farming livelihood can strongly support explanation for such a situation compared with consistency in the availability of milk, meat and fish in the other two livelihood systems.

Apart from community efforts to mitigate against hunger through gathering wild fruits, it was mentioned that the government has been providing relief food during very critical times. However, there was a consistent concern over inadequacy and late delivery of relief food. It was further explained that relief food very often relies on donations from the donor community. According to some community leaders, donated food never suffices food demand, hence discriminate against some needy villages during distribution. This normally brings about antagonism between leaders and villagers, leading to allegations of corruption.

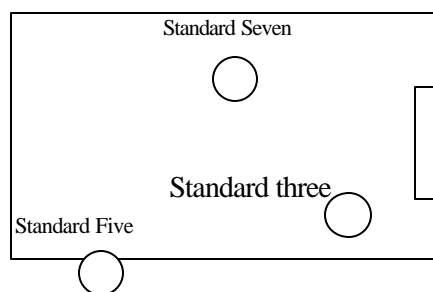
4.3.1 Access to Social Services

Inaccessibility to social services is one of the many development problems facing the village. Among the 128 villages in Dodoma district, Ndogowe is one of the remote villages. This factor leads to lack of quality and good social services.

4.3.2 Education

Although removal of school fees has significantly encouraged enrollment in the village primary school, quality of education has been viewed as being affected by the following factors:

- ***Lack of enough classrooms*** the school has only two well-built classrooms, for standard six and seven while the rest of pupils conduct their studies under trees. Another primary school at Mlazo hamlet faces similar condition. It has been explained that during the dry season most of the children do not go to school due to windy and sunny condition. But again during the rainy seasons the situation is worse because pupils are forced to combine three different classes into one classroom as the diagram below illustrates:



- ***Lack of enough teaching and learning materials*** whereby serious book shortage was observed. For instance, in standard seven there is only one Kiswahili textbook, which is used by the teacher only. This implies a need for provision of more learning and teaching materials to improve standard of education in the school.
- ***Inadequate number of teachers:*** the village school has 6 teachers who are viewed not enough to manage effective teaching to all seven classes. This increases workload among teachers; thereby reducing efficiency in teaching, which negatively impacts on quality of education provided to the pupils. The other school at Mlazo hamlet has 3 teachers, one of whom has been transferred.
- The school does not provide *facilities for children with disabilities*. As such, special needs for disabled children like toilets and teaching aids are not cared for.
- ***Corporal punishment*** has contributed to increasing number of school dropouts. Having reduced the number of strokes administered, teachers argue that the move has helped in reducing truancy and drop out.
- ***Distance from home*** (hamlets) to schools increases truancy. Taking the nature of the village, which is very scattered, some children fail to access education because of the distance and location of the school. For example, almost all of the children at Mihondo hamlet do not go to school because of the distance to school, which on average takes three walking hours. This discourages children from going to school as wild animals such as elephants endanger their lives.
- ***Lack of teachers houses***, which adversely impacts on the teachers' morale. All the teachers do not live with their families, and some opt to live far as 12km from the school. Existing teachers' houses are not suitable; as they are basically dilapidated huts!
- ***Delays and disproportions*** of Capitation and Development grants provided for the school development. So far, the school has received two disbursements of the grants, based on last years enrolment statistics. Despite delays, more than 20 pupils are not covered after an increase in enrollment in 2002. The School fails to meet its development costs. This robs pupils of their basic right to quality education.

- ***Negative parental attitude to formal education*** discourages their children to go to school. During discussions, knowing to read and write were the only two benefits of formal schooling perceived by community members. According to them, formal education does not help them unless one gets employment, which has never happened to their village. Youth's views were that, the syllabus taught is not relevant, as it contributes to increasing dependency. Education preference was therefore cited to programs that enhance life skills and independence from wage employment.

4.3.3 Health

Lack of health facility within the village affects health status of the villagers. The nearest dispensary is located at 12 km from the village. Although this affects the whole community, expectant mothers and the elderly are the most affected groups. Because of their ageing, elderly cannot walk long distance. In many cases, they tolerate diseases or consult local healers. Most of women in the village deliver at home, assisted by traditional birth attendants. However, complicated deliveries lead to maternal mortalities, which otherwise could be avoided. The only Primary Health Worker in the village cannot effectively walk to support the scattered hamlets, some of them located as far as 22 km from the village center.

As a coping strategy, majority of community members rely on traditional healers found in the village. This exposes people to more illnesses due to improper medication. For instance, traditional eye treatment can include use of paraffin, blood, cactus tree fluid, etc, which has, in many cases, resulted into cases of blindness in the community. The implication of this problem is the increase in the number of disabled people and dependency.

4.3.4 Water

Clean and safe water is not accessed by most of the villagers. In the village there is a borehole, which is located at Azimio supported by WaterAid. The borehole is located far from other hamlets where people cannot access it. Also for those who are nearby cannot afford cost of water which is Tshs. 20/= per bucket. Majority of the villagers cannot afford the user fee and hence depend on natural spring located about 12km from the village center. The village government supports elders and disabled with 10 liters per day for free as part of the community support mechanism.

4.3.5 Transport

Also poor transport infrastructure limits Ndogowe development and isolates it from other villages. The situation becomes worse during the rainy season. As such, this affects transportation of goods and people. Businessmen opt to pass across Mtera dam on the Iringa side to buy their supplies. Local markets and economy stagnates as a result. In order to reduce communication difficulties in the community, villagers recommended to have a radio call

installed in the village, which will help evacuation of serious ill people as well as relaying message on cattle raids and thefts.

4.3.6 Extension Services

Other social services like agricultural extension and veterinary services are not available in the village despite agriculture being the main livelihood in the village. The government policies to privatize these services have had negative impact to the livestock keepers subjecting them to poverty. They keep livestock without technical support and disease control services. As a result, they resort to improper diseases diagnosis and treatment, which, so often do not stop diseases from claiming big numbers of herds. Farming without following proper agricultural practices, using poor equipment and other agricultural inputs have led to decline of farm produce, low income and frequent food shortage.

4.4 Livelihoods and Vulnerability

In Ndogowe village there are about three main livelihoods identified by the community, namely farming, livestock keeping and fishing, others are petty trading, paid employment and casual labour. Also some forms of illegal and hazardous livelihoods such as prostitution, child labour and theft were mentioned as existing among some villagers.

4.4.1 Farming

Farming is mainly done by people residing around the village center as well as in Chilambo and Miwondo hamlets. Crops grown are maize, and sorghum as staple crops and groundnuts for home consumption or for selling (as a cash crop). The nature of farming is smallholder or subsistence agriculture where people cultivate small size farms. Many people have left the farms near the village, because of the shallow soils and gravel surface, to as far as 15 or 20 km away, in search of deep soils.

There are generally poor harvests due to many factors, including lack of extension services, crop diversification, poor weather (frequent droughts), shallow soils, and vermin such as warthogs. Farming here is done by hand hoes, cattle are not used for farming even for using ox-plough, they do not utilize manure to fertilize their farms. This may be mainly contributed by lack of extension services.

Poor harvests due to the above factors are obvious and the case is true for most of farmers here. This leads to food insecurity and lack of enough income from farm produce. The effect of low income and food insecurity is downfall from one better situation to worse.

4.4.2 Livestock Keeping

To a large extent livestock keepers are few and of Masai origin and few Gogo (native). They keep local Tanzanian short-horned zebu cattle, goats, sheep's and few donkeys.

They earn income from cattle, when they sell them occasionally and in fact rarely when they are in real trouble. Cattle keeping here is difficult, because they have to move in search of pasture in dry season of the year (i.e. June to November).

Also they lack veterinary services and extension services, this leads to deaths of many livestock in times of epidemics. They are also vulnerable in many ways because diseases have reduced their herd sizes. Some have become poorer now than before. Occasionally cattle theft happens and disturbs the livestock keeper's stock and increases their vulnerabilities.

4.4.3 Casual Labour

This is a group of people pursuing casual work in one time or another to earn their living. There is no explicit group doing this, except that it is a group of people doing other livelihoods and this is done as an alternative means to gain income. The kind of jobs people do ranges from cultivation on another farm, cattle grazing, and going to fishing camps for firewood collection.

The problem with this livelihood is lack of reliability as some casual employers pay little or sometimes refuse to pay. At this point casual labourers easily lose their rights and due wages. Sometimes these jobs interfere with farming activities thus denying these people income from their own farm harvests. Its impact is increased dependency as one lack stable income and become food insecure.

4.4.4 Fishing

Fishing is one of the main livelihoods in this village. There are three hamlets, which are actually engaged in fishing along the eastern northern side of Mtera dam. These hamlets are Bayakati, Mahogola and Mlazo, they are temporary residences because people are mostly fishermen with temporary huts as their houses. Accordingly these people migrate following availability of fish in water and depth of the water. So when the water depth decreases, they also shift with their huts to that particular point. This has made them reluctant to involve themselves in development activities. For instance Mlazo Primary School is still a makeshift buildings, mostly covered with mud on sides and roof. Their life-style is always based on out-and-in-migration. Most fishermen hail from Mbeya, Mara, Iringa and Rukwa.

There is enough evidence of impoverishing events and processes. For instance many fishermen came to Ndogowe as middlemen buying fish to sell somewhere else, but as business went against them they lost their capital and became fishermen. Fishermen claim that they do not like fishing because it is a poor man's job, and that they do not have other means of livelihoods. Fishing is dangerous in the first place because they spend overnight work in water, they face frequent attacks by hippopotamus, notwithstanding low prices they get from middle men for their fish.

4.4.5 *Illegal Livelihoods*

These are the forms of livelihood, which are hazardous and illegal but are used as an alternative to earn money for a living. The most common forms of illegal and hazardous livelihoods found in the area are prostitution and child labour. Though they may be in every hamlet but it is more pronounced in (Bayakati, Mahogola and Mlazo).

The main cause of prostitution and child labour is poverty in different places or the country from which these people come from. They are pushed here to try something to survive; but they fall into those dangerous traps. Girls or young women engage themselves in prostitution to gain quick money for their survival, some of them give in for marriage to get support from fishermen. To fishermen this is a win-win situation because they also get manpower support (from women) and ease their workload.

The effects of prostitution to both men and women are very serious. There are a lot of cases of sexually transmitted diseases and HIV/AIDS. Both are subjected to being more vulnerable against their efforts to survive.

Child labour is also a consequence of poverty. Children who are working come from poor background. Some of them have run away from home in Iringa, Mbeya, Rukwa and Dodoma villages to earn a living by selling their labour.

The reason why children get hired and preferred is due to the fact that they can offer cheap labour and suppressed voice (can easily be cheated). Worst forms of child labour are found here where children work in high risk jobs such as fishing at night. Boys are more at risk in this kind of labour, because of cold nights, attacks from hippos and accidents from fire (when frying and drying fish) and in the waters. Implication of child labour on these children is that children lack education; are subjected to poor health (with nobody to care) and lack parental guidance. There is no doubt that these factors make these children vulnerable as they try to solve their immediate problem they ruin their future.

As Mohamed Japhet Mwaiswelo – a child at Mlazo camp said:

“I have witnessed many people dying or get injured by hippos, I do not like fishing, I just do it because of poverty”.

4.5 Health and Vulnerability

In the earlier chapter (Environment), it was mentioned that sanitary conditions in the village is so bad that possibility of epidemic outbreak is great. Incidents of cholera and meningitis that had stricken the community in 1991 and killed many people were said to have direct relationship with poor sanitary condition. To-date, no significant change has taken place to prevent occurrence of similar epidemic in the future. Although the village borehole has been strengthened through provision of a new water pump, household hygienic situation is still very poor, with only a few households having pit latrines. In a transect walk, only two households were observed as having toilets among 26 homes passed. Evidence of excreta scattered all over the neighborhood confirmed the situation.

Traditionally Gogo houses are made of muddy walls and roofs, with a small window. It is argued that small windows do minimize incidents of thieves breaking into houses through windows. Poor finishing as well as inadequate ventilation encourage breeding of tin-pan ticks, locally referred to as *papasi*. The latter is believed to cause malignant fevers; so many villagers prefer to spend nights outside their houses to avoid biting from *papasi*. According to some elderly people, children catch coughing if they sleep outside for some days. And if they sleep indoors, they also suffer risk of catching *papasi* fever and such air-borne related sicknesses including meningitis. For those children living around Mtera dam, bilharzia and malaria tend to be common ill-health conditions for children and adults. For instance, at Mlazo primary school, tests done on 30 pupils, confirmed 28 infected cases.

Nutritional status of children within the village differs from one hamlet to another, depending on the dominant food type. Around the dam and at pastoralist kraals, for example, all children were observed to be healthier than those in the village center and other remote hamlets where farming cereals constitute the main food taken.

Vitamins and protein intakes seem to be inadequate among children from the farming group because of predominant carbohydrates intake in their meals.

Heavy workload on women also adversely affects their health status. Workload analysis confirmed that the village women perform more activities as compared to men. Pregnant women in particular do not adequately rest during that time, which negatively impacts on both their health status and that of their babies. Some participants observed that most of the women continue with heavy workload during pregnancy as well as taking poor diet. As a result most of them deliver under-weight children.

All these processes affect development strategies by these people as significant amount of their resources get spent on treatment or succumbing into permanent ill-health and death, making individuals, households and the community more vulnerable to becoming poorer.

4.5.1 HIV/AIDS and vulnerability

Like in many other villages in Tanzania, HIV/AIDS has already started claiming lives in Ndogowe village. The prevalence of HIV/AIDS within the village is said to differ between the eight hamlets, perhaps because of differences in population concentration and livelihood activities undertaken. Although prevalence of HIV/AIDS within the village is now viewed as a silent disaster, Mlazo hamlet is said to be already a highly affected area because of high mobility among fishermen, traders and casual labourers. Despite testimonies given during meetings and interviews regarding prevalence of the disease in the community, low level of awareness is apparent among many people about the spread and protective measures. For instance, during community feedback meeting, one community elder requested for awareness training in the following loaded statement:

“ We are afraid because we know nothing about HIV/AIDS and how to protect ourselves. People are buying HIV/AIDS”.

- Lawrence Lemtama, village elder of Maasai origin.

Apart from low awareness, spread of HIV/AIDS in the village can be summarized as caused by economic, cultural and behavioural reasons:

(i) Economic reasons

Temporary employment at the fishing camp is viewed as diversification and a solution in solving poverty, which engulfs most of the villages. Most of the people opt to sell their labour in fishing camps as an alternative for having decent life. Income poverty has a very strong influence in pushing young girls from the village to move into fishing camps where there are many potential customers for prostitution. Similarly, many children of school-going age find themselves engaging in some worst forms of child labour like fishing, fish drying, firewood collection, petty trading, etc. These children become an easy prey for sexual abuses, especially when these livelihood activities do not pay. Testimonies were given regarding adults who lure children into sex through buying their businesses items wholesale at higher prices. Because money was their primary motive for moving into the camps, they find themselves giving into sex proposals and eventually falling victims of the disease.

(ii) Cultural reasons

Polygamous marriages are said to strongly contributing to HIV/AIDS spread in the community. The number of wives one can have is an important indicator of one's wealth. So some rich people (elderly people with many cattle) have up to eight wives, some of whom are pretty young girls. This is believed as a significant process that put even elderly people into HIV risk, especially when an elderly husband fail to fulfill sexual desires and provision of basic needs to the younger wives and children. This results into the wives seeking income through engaging in extramarital sex for money.

'Block B' phenomenon is referred to in the community as a situation whereby married people, particularly men, tend to have secret lovers whom they commit resources much higher than what they commit to their legitimate families. Similar to this, is a cultural "njilile" practice whereby two friends can agree to exchange their wives/girlfriends for lovemaking. The risk here is to contract the disease, as one cannot be certain about the behaviors of either lover.

Window inheritance is another cultural practice, which allows passing of the widow to the deceased relatives, both for lovemaking and control of the family wealth. As this is practiced without investigating cause of the deceased death, an apparent fact is putting the new couples into risks of infection.

(iii) Behavioural reasons

Villagers view excessive drinking as contributing to the spread of HIV/AIDS. Observation made on Sunday confirmed that the habit is widespread around Azimio hamlets. It is also alleged that villagers in Mlazo hamlet tend to starting drinking from early in the morning to midnight. In such a situation, it is difficult to believe that people make careful decisions about their sexuality when they are hard-drunk.

4.5.2 Myths over use of Condoms

During discussions, there was a widespread questioning about effectiveness and ethical uses of condoms as a protective measure against HIV infections. In fishing camps, condom use was largely linked with family planning. They argue that if condoms were as effective as the government propagates it, people would not be dying. Information that the government had imported expired condoms was said to discourage people from using it. After all, it was further argued, use of condom loses the real taste of sex!

In Azimio and the nearby hamlets (where the larger proportion of villagers are Christians), use of condom was perceived as irreligious as it contradicts with the biblical purpose for sexuality.

4.5.3 Impact of HIV/AIDS

Despite the loss of dear ones, there are other significant losses that affect development of an affected household. Discussion with two brothers whose sister suffered and eventually died of HIV/AIDS established that the whole process pushed the family into a very serious vulnerable situation. Within a period of six months, the two brothers who used to provide resources to care for the sick person, spent more than Tsh85,000 on medicines, transport and hospital fees. One of the brothers depleted the only working capital he had for a fish business. The family bicycle was also given out in order to get a loan of Tsh16,000 and they have

never been able to pay back the debt. The other brother also had to stop building his house because all his resources and time were spent on their sister's treatment.

Having spent their whole capital, the two brothers found themselves food insecure because they spent most of their time moving between home and hospital, therefore fail to produce their food. Even switching into other livelihood activities like fishing or masonry has proved difficult to them because they lack essential skills for effective participation in these livelihoods. So the consequences of these scenarios point to intensified poverty at individual and family levels caused by this disease.

4.5.4 Caring for the Sick

Due to a limited sample, the process of caring for the sick could not be clearly investigated. An interview with a HIV/AIDS affected household indicated that when the patient was brought back home, nursing processes were left in the hands of an elderly grandmother and a younger sister because there was nobody else in the household to take up this responsibility. Given that she was also of the same gender as the grandmother and the younger sister, one cannot clearly establish that the responsibility was left on women only. However, the quality of care seemed questionable no protective measures were taken.

4.6 Governance

4.6.1 Village Location and Geography

Ndogowe Village is a scattered and remote village. Distance between some hamlets can be as far as 27 kilometers. The current village center was selected in 1974 when the village was formed through relocation of people from the eight remote hamlets into an Ujamaa village. Ironically, the same geography makes it difficult for national and district officials to frequently visit the village, and even when they visit, its impact is felt by quite a few villagers, especially those at the village center. Proposal by some villagers to divide the village into two or three villages seems viable for efficient management and village development. Although this proposal has been forwarded to the ward and district authorities, again remoteness and lack of transport resources have made it difficult to follow up.

4.6.2 Leadership

Good leadership is essential for mobilization, coordination and inspiration of development processes. However, during discussions, it was established that some local leaders are lacking administrative and leadership skills, necessary for proper undertaking of their duties. According to villagers, local leaders tend to commit most of their time on tax collection exercise than influencing creation of development-oriented strategies relevant for the communities.

A possibility for this situation might be the low priority given by the district council on proper job induction for local leaders before taking up responsibilities in the communities. Village and ward leaders hardly receive training on administrative skills. One cannot therefore dispute the fact that use of *common sense* remains the only tool to operationalize their job descriptions.

4.6.3 Top-bottom Administrative Processes

Blanket decisions at all levels were cited by villagers as a resulting into poor governance. Government at different levels is blamed of making decisions without adequate consultations and thorough analyses on the possible implications at individual and community levels. Coupled with poor leadership, implementation of some decisions has resulted into imprisonment, confiscation of people's resources and ultimately making them vulnerable to poverty.

For instance, one example was cited regarding a decision made by regional authorities to effect compulsory cultivation of one acre of cassava per family as a strategy to reduce food shortage problems in the region. The following are the problems faced by villagers in the process of implementing the strategy:

- (i) Penalties were enforced despite their other efforts to serve the same purpose through planting sweet potatoes, bananas and yams. In some areas, soils could not support growing cassava. But villagers were not allowed to digress from cassava planting because *it is* a government decision.
- (ii) Due to (i) above, some areas faced food shortage because people engaged in cassava cultivation but did not have the requires skills to manage the crop.

4.6.4 Social Safety Nets

Discussions with various social groups indicate that community based social support networks are becoming weaker and weaker due to raising in cost of living and cross-cultural influences. In the past mutual support and assistance was a major means for survival for the most vulnerable people in communities, notably the disabled, the elderly and orphans. At times of crisis communities developed local supportive mechanisms to assist the affected people in the forms of provision of food and non-food items.

The disappearance of these local safety nets shifts the responsibility to the Government. However, government assistance has been forthcoming only during disasters such and critical circumstances such as hunger as a result of drought.

4.6.5 Taxation System

Tax is an important prerequisite for the development of any community. Similarly, stimulation of development initiatives is prerequisite for sustainable tax base. According to villagers, they do not see the government as adequately ploughing back the tax for stimulating development in the community. For instance, since the village was established through Ujamaa policy, no government efforts have been put to construct a good dispensary, good school and improve the road to the village.

Villagers also complained of multiple taxes and contributions (i.e. development levy, livestock tax, bicycle tax, etc), which do not take into consideration economic well-being of the community. People consider themselves being vulnerable to more poverty because they are doing more for the government and not for their own. As the government privatized agricultural extension services, farmers question legitimacy of paying such taxes as livestock tax and crop cess.

4.6.6 Administrative Systems

Local leaders are said to work for some years without legal employment contracts. According to them, this reduces accountability, confidence, creativity and motivation. Similarly, confusion of roles and overlaps was also cited as confusing villagers, especially when *every local leader does everything*.

4.6.7 Injustices

There were reported cases where the justice system has been influenced by some rich people to victimize poor villagers. For instance, three cases involving three child-labourers were mentioned and the explanation pointed to the corruption of the police and the judicial system to cover-up exploitation done on the children. It is said that the children worked for months without pay, and when they claimed their salaries, they were accused of thefts they never committed. The rich men bypassed the village authorities and reported the children at Migori police station. Due to corruption and ignorance about the legal system, parents spent enormous amount of money to bail out their children. Some four more children are said to be still in remand because their parents could not raise some money to bail them out.

4.7 Social Power

4.7.1 Position of Women and Children

In the Gogo culture, men are considered household *pillars*, in terms of decision-making. Even a male child is believed to have a right to make final decision in place of his mother. In this community, women come second in many aspects, even those directly affecting their life as women.

Men have full control over family resources and distribution. Men consider women and children as their important source of labour force. Resources generated by women and children get misused for remarrying, keeping concubines and drinking. Families remain without adequate food to eat; school fees and children get discouraged to attend school, leading to drop out and truancy. Discussion with children established that majority of child-labourers and child-prostitutes found in fishing camps come from households with this kind of background.

All these reduce the status of women and children, and sometimes resulting into insubordination and violence particularly wife battering. A worst form of wife battering involves cutting the wife's ear, if she fails to meet her *responsibility* to feed the family. In desperation, for example, a group of women turned cross on a research facilitator when she asked them about what property they own as women. It went like this:

“Why ask us about the property we own? Do not you know that we are too poor to own any property?”

4.7.2 Traditional Beliefs and Practices

Female genital mutilation (FGM) is one of traditional norms that are practiced on women. The practice is linked with beliefs that stigmatize uncircumcised women as bringing *bad luck* when married. Such beliefs including contracting incurable diseases, inability to bear children. A family with uncircumcised daughter receives low dowry compared to the circumcised ones. In such a male dominated community, the above factors force women to accept FGM out of their own will, so as to avoid community *sham/stigma*.

Although there are side effects resulting from FGM, testimonies from some women confirm their acceptance to be subjected to FGM as a gesture of their maturity, obedience and readiness for marriage.

Traditionally women cannot speak in the presence of men. This limits women sharing their feelings and ideas on how to run better their families. During various discussions, this aspect was observed where only elderly women could argue in presence of men, who are of the age of their own sons. In such a culture, it can be deduced that women will always be used as an object for labour, pleasure, and releasing temper through beating.

4.7.3 Witchcraft

Witchcraft, as a belief, has a tremendous impact on vulnerability and poverty in general. It is believed to hinder development endeavors as majority of villagers engage in one way or another in forms of seeking treatment, fortune telling or protection from getting bewitched.

Witchcraft is linked with incurable diseases, bad lucks and livestock deaths/thefts, poor business performance, low yields and crop losses. In a group discussion, it was estimated that villagers spend about 25% of their family income on witchcraft-related issues. This is an enormous loss of family resources that could have been used to develop the family. As the apprehension of being bewitched grows among villagers, a fear from striding in development gets even stronger in the village, thus limits potential efforts to emancipate the community from poverty.

5.0 POLICY RECOMMENDATIONS

- The district government to assist the village by improving schooling environment, health care facility and installing a radio call facility.
- Teachers to be provided with continuous and relevant training to cope with curriculum changes.
- TASAF to be flexible in the conditionality attached to assistance to schools so as to enable community members to benefit from such development facility.
- Extension services to both farmers and livestock keepers to be provided at the village level.
- Government to strengthen environmental education, emphasizing on the role of forest in controlling drought in the area.
- Farmers should be given alternative cash crops suitable to their area and climate, so that they can diversify their agriculture.
- Farmers need credits to support themselves raise their income.
- Enhance HIV/AIDS awareness strategies in forms of training, seminars, visual aid and testing facility.

APPENDICES

Appendix 1: The HIV/AIDS Infection Chain as described by Villagers in Ndogowe, Dodoma

HUSBAND

