The perspectives of Rural and Urban Poor in Tanzania as recounted through their stories and pictures

Views of the Poor
1. Executive Summary

1.1. This Views of the Poor Study was commissioned by the Swiss Agency for Development and Cooperation (SDC) primarily to assist in strengthening the poverty focus of the new Swiss Country Programme for Tanzania (2004-10) and was conducted over the period November-December, 2002.

1.2. The objective was to gain understanding and insights into the lives of the poor through a qualitative participatory study at household level. This study was thus designed as a selective study which was not intended to provide statistical, representative or consensus views but deliberately sought to explore the range of experiences of poor households in rural and urban contexts. Methods were used to encourage the poor to voice their own opinions and share their experiences in relation to their understanding of wellbeing and illbeing. This report attempts to compile these perspectives without overlaying further interpretation or bias. The study was conducted in Morogoro where SDC concentrates its current programme.

1.3. Five villages were selected for the study, three in Morogoro Rural region and two in Kilombero Region. The villages were selected on the basis of their relative high poverty using data confirming this which is maintained by the VTTP and Kilombero Health Project respectively. Within each of these villages, four households were selected in consultation with Village Government and other key informants in an attempt to cover a range of poverty experience based on criteria informed by the recent Participatory Poverty Assessment and the Tanzania Household Budget Survey. Two slums in Morogoro Town were identified and three households from each were identified for the study based on discussions with local leaders and development workers familiar with these areas. A total of 26 households (20 rural and 6 urban) participated in the study. Participation comprised accommodating a team of two researchers in a full day’s routine (8-10 hours) and engaging in discussion and analysis of issues of wellbeing and illbeing, using visual methods and taking photographs. All members of the household participated. In addition, four focus group discussions were held with vulnerable groups in Morogoro Town; commercial sex workers, machingas, street boys and migrant workers.

1.4. Wellbeing is strongly associated with i. having enough food to eat, ii. living in a dry house in good condition and iii. having good family relations. Illbeing is expressed in terms of i. hunger, ii. the poor state of their houses and iii. feelings of helplessness.

1.5. Economic wellbeing is associated with being able to afford three meals per day, good clothes, good house and notably, being able to afford fertiliser. Most of the households could not maintain food stocks to last the whole year and food during September - March is the main expenditure. No household had cash savings although some purposely maintained assets which they could convert into cash in emergencies (poultry, clay pots, straw mats, charcoal etc.). When money is short the first recourse is to reduce the number of meals taken in a day to one per day. All the rural households relied on selling their labour to supplement their subsistence farming. This is generally working on other people’s land. The work involves long hours, is tiring and low paid. Such work often results in the household’s own land cultivation being delayed or neglected leading to greater hardship later. Households adopt a range of income earning strategies involving all members of the household, including the elderly and the children. Thus school age children are engaged in buying and selling or carrying produce to market (before and after school), the elderly are engaged in mat and rope making while the more able bodied members of the household cultivate their own land, collect thatch and bamboo to sell, sell their labour, make pombe and exploit price differentials between markets and buy and sell vegetables. Many of the study households had been impoverished by crises particularly accidents and illness. Land in Morogoro Rural study area is very poor and fertiliser is regarded as essential but out of the reach of the study households. Access to markets is severely
hampered by poor impassable roads, long distances and costly transportation. Labour shortage in the household is a major contributor to extreme poverty. The traditional view that children provide an insurance for old age has been shattered. Many households headed by the elderly had been unexpectedly abandoned by their children and others had assumed the responsibility of raising grandchildren who were either orphaned or left with grandparents so parents could work in the town. In addition to diversified income earning strategies, households have also adopted other coping strategies in the face of economic hardship; sending children away to work as housegirls, sending children to eat with neighbours, borrowing equipment. There did not seem to be any formal rural credit schemes and the onerous conditions imposed in the urban schemes prohibited access by the study participants.

1.6. Social wellbeing encompasses good health, education and access to information, reasonable sanitation and good family relations and support networks. Even though few of the households were using safe drinking water, this was not identified as an issue. Health services are often difficult to access because of poor roads and distance. Ambulance costs for serious referrals are prohibitive. The health dispensaries are mostly small and inadequately staffed, medicines are in short supply. Medical staff are often rude to poor people and dismissive 'You are nobody if you do not have money'. Information about health entitlements is poorly disseminated. Although education was regarded by many as a key to a better life, others indicated that without connections and capital, education alone is insufficient and even a waste of time. Many of the households school age children were attending school irregularly or had dropped out due to economic hardship and the need for them to contribute to the survival of the family. Hunger results in schoolchildren missing school as they spend time searching for fruits or begging. The removal of school fees has led to a bulge in Standard 1 and 2 and classes are overcrowded. Poor children suffer from bullying and are less resistant to teacher exploitation, such as being forced to do errands for the teacher. Corporal punishment, poor attitudes of teachers and neglect of their students concerns the study households. Access to water is not a problem among all the study households but most of the water is unsafe and is not boiled. Poor quality water was not highlighted as a problem even though there was a cholera outbreak in the Ifakara study villages and high incidences of water borne disease and death in all study areas.

Several households have had to accommodate other relatives (orphaned, sick, elderly) which has put severe strain on the family. Reciprocal arrangements which operated in the past are not guaranteed, particularly as relatives may have migrated. Alcohol abuse has a major damaging affect on social wellbeing resulting in family conflicts, domestic violence, divorce and impoverishment. Participation in and contribution to community social events is essential in order to assure continuing support from neighbours and relatives. Poor households often find it difficult to meet these obligations and may be ostracised as a result. Access to employment opportunities and services is strongly dependent on connections. Trust is eroding and crime, particularly theft is increasing.

1.7. Political wellbeing is associated with having opportunities to raise concerns, particularly about rights, injustice and corruption. Study participants generally had almost no influence on village level decision making, this is because participation is regarded as time consuming, because they feel disillusioned about the effectiveness of the village leaders or they feel excluded. Study households and urban groups highlighted their sense of helplessness in terms of bringing issues to the attention of officials and finding avenues to solve problems. They felt they had no voice against exploitation and discrimination. Official channels for dealing with disputes and minor crimes are regarded as expensive and corrupt. Knowledge of recent reforms and entitlements was weak.
2. Introduction

The Views of the Poor Study was commissioned by the Swiss Agency for Development and Cooperation primarily to assist in strengthening the poverty focus of the new Swiss Country Programme for Tanzania (2004-2010). The intention was to gain an understanding and insights into the lives of the poor through their eyes, particularly within the geographic areas of operation of the existing SDC programme. The TOR for the study identifies the need to open spaces for ‘the other voice’, i.e. the less often heard voice of the primary stakeholders or clients of development programmes. Listening to and experiencing their perspectives provides an important bridge across the gap between theory and reality.

In order to make this exercise as meaningful as possible, SDC staff and partners were co-opted to form the core of the research team enabling them to gain direct experience of poverty issues with the hope that this would help shape their own understanding and place them in a better position to influence pro poor programmes and policy.

A four week period of participatory research study was thus undertaken with 26 study households through November and part of December, 2002. These household studies were supplemented by focus group discussions held with specific groups of urban poor and vulnerable who do not live in traditional households. This report represents a synthesis of the perspectives gleaned during the study from the poor in terms of their views of wellbeing and illbeing and is intended to provide guidance to planners in developing pro poor options for the Country Programme. An exhibition of photographs, drawings and case studies complements this report and is intended to extend the reach of this study to a wider audience to build pro poor sensitivity.

Although originally it was envisaged that a series of life stories would be produced, following the actual study it was felt that a more useful report could be obtained by merging the experiences under themes. The report is thus presented as main findings in terms of an overall interpretation of wellbeing and illbeing, followed by an elaboration under the themes of economic wellbeing/illbeing, social wellbeing/illbeing and political wellbeing/illbeing. The points made under each theme come directly from the study participants and are not consciously overlayed by interpretation by the researchers. The reader is encouraged to bear in mind that the report represents the views of the poor and may not therefore reflect national policy or intended development programme design. As much as possible the actual words and pictures (photographs and drawings) of the poor have been used in the text so that the genuine perspectives are presented, albeit with some inevitable distortion when translated into English.
3. Overview of scope of study

The details of the study methodology are presented in Annex 1 and only an overview is provided here in the main text.

This was a selective study which did not intend to provide statistical, representative or consensus views but deliberately sought to explore the range of experiences of poor households in rural and urban contexts. It was also not intended to be a beneficiary assessment or impact assessment. Rather this was a participatory study which relied on the poor household members analysing their own reality.

Most of the study comprised pairs of researchers undertaking day long listening, observation and interaction with individual households. The research teams used a variety of methods to stimulate discussion and analysis by the household members themselves and to gain an understanding of ‘a day in the life of the household’ as well as exploring the high points and crises which they have lived through in the recent past. 26 such household studies (20 rural and 6 urban) were completed.

The methods, which emphasised visual means for communication, were derived from the PRA/PLA family of approaches. The household members made drawings, took photographs, told their stories and analysed the reasons why they make the choices they do make by themselves. The two researchers allocated to each household interacted separately with different members of the household, accompanied them on their activities (collecting firewood, collecting water, working on the shamba, etc) and tried to be as unobtrusive as possible.

Having explained the use of the cameras and visual tools, the researchers allowed the householders time and space to undertake their own analysis wherever possible with minimal guidance.
In addition, a series of four focus group discussions were conducted with selected poor urban groups who do not reside in traditional ‘households’ and whose lifestyles cannot accommodate such intensive observation. These were with street children, commercial sex workers, machingas and migrant workers.

Originally it was hoped that a focus group discussion could be held with domestic workers but they were both reluctant to take part in case their employers found out and times when several could gather together could not be arranged.
4. Background on region

The entire study was conducted in Morogoro Region, (insert MP 7) which comprises 8.2% of the mainland area and ranks mid way in terms of poverty against other regions nationally. The Region comprises five districts but the study focused on the two districts where SDC has been working, namely Morogoro Rural and Kilombero and, to include the urban poor, Morogoro Urban.

In Morogoro, the main occupation is farming with 45.2% of men and 52.7% of women engaged in this activity. 44.5% of the population is under 14 years and 8.1% are elderly, thus 52.6% depend economically on 47.4% of the population. The ratio of men to women is 48.6:51.4 and life expectancy for men is 44 years and women is 47 years.

Study villages

Villages were selected on the basis of their relative poverty compared to others in the area.

All five villages depend on agriculture. In Morogoro Rural income from agriculture is very low because yields are low due to poor agricultural practice, inability to afford inputs (good seed, fertilisers, pesticides), fragmented land ownership and poor access to markets because of the poor road condition. In the Ifakara area, agricultural potential is much higher because households own larger less fragmented plots with slightly more fertile soil due to regular flood inundation. However, high competition and lack of transportation force down crop prices and shortage of labour in poor households depresses yields.

The basic data for the study villages is presented in Annex 3. A brief contextual overview follows.

<table>
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<tr>
<th>District</th>
<th>Number of villages</th>
<th>Estimated population density per km²</th>
<th>Estimated total population</th>
<th>Population growth rate</th>
<th>Average household size</th>
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<tr>
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<td>19.7</td>
<td>280,000</td>
<td>3.4</td>
<td>5.6</td>
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</tbody>
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General population information for the study area
**Pinde Village, Morogoro Rural**

Pinde is about 54km from Morogoro in the Uluguru Mountains. It comprises some 280 households all of which would be regarded as poor. All households are Catholic. The main occupation is farming, much of this carried out on poorly terraced uplands. The main crop is potatoes which are harvested in November and this is the only crop where buyers from outside come to the village to buy, but the price is very low. Maize, the staple food, does not grow very successfully here. Pinde is not presently accessible by road so access to markets has been severely hampered. Pinde has a primary school but no health facilities. VTTP has conducted its UAWAMA (civic education) programme here.

**Kibaoni Village, Morogoro Rural**

Kibaoni is on the main Morogoro to Kibuko road which climbs up into the Uluguru mountains and is about 50km from Morogoro Town. The area is mountainous with farms poorly terraced. It comprises about 250 households, of which most are Uluguru and Catholic. It has a primary school and mission dispensary. Although the road access is not good, the roads are passable throughout the year. Kibaoni benefits from regular transport to Morogoro and both Langali and Mlali markets are relatively accessible.

The entire village is regarded as poor, although residents indicated that the elderly without family to support them are the poorest. Only a few households cultivate sufficient maize to have any surplus to sell and a few less poor households rear pigs. VTTP has supported this village.

**Kibuko village, Morogoro Rural**

Kibuko is also in the Uluguru mountains and is the furthest of the three Morogoro Rural villages from Morogoro (some 64 km). It is very remote and very few trucks reach this far, so prices for crops are extremely low. Farming is the predominant occupation and, as in Pinde and Kibaoni, much of the cultivation is carried out on poorly terraced land. Kibuko used to be at the centre of the coffee production and mica mining area and was consequently relatively prosperous. However, since the closure of these operations just about two decades ago the village has suffered severe decline and the only source of income nowadays is low value crop production. Land in Kibuko is short and many households have to travel long distances to find land to cultivate. Most households own at least one pig and only the poorest are unable to do this.

Kibuko has a primary school and small government dispensary. The main access road is impassable for most of the year, although it is presently being repaired. Buyers do come into the village to purchase cabbage, beans and timber but prices are very low, so most households pay for porterage.

There are 214 households and about one third of the households are regarded as extremely poor and depend on selling their labour. Most of the households are Uluguru and Catholic.

**Lungungole village, Kilombero**

Lungungole village is 18 km from Ifakara and occupies an area of 90 square kilometres mostly comprising the lowland of the River Kilombero valley. It is bordered on the North by the Udzungwa Forest reserve and on the South by the Selous Game Reserve. The village has grown from earlier informal settlements carved out of formerly uninhabited bushland by immigrants from all over Tanzania looking for fertile land. There are 440 households and inhabitants comprise some 36 different tribes and as result there is little cultural tradition or kinship ties. Residents own some of the land but much of the land is owned by people living and working in Ifakara.

Lungungole has no primary school or health facilities. It is accessible throughout the year as it is adjacent to the main Morogoro to Ifakara road. This proximity enables access to Dar es Salaam and Morogoro markets. The village itself has a network of footpaths, some of which are usable by vehicles. These paths are not passable all the year round as they are frequently flooded during the rainy season.

**Kilama village, Kilombero**

Kilama is 19 km from Ifakara. It was originally part of the larger village, Kikwawila. Following a request in 1982 to split, Kilama finally achieved autonomy in 2000. Most residents moved into the region during the last thirty years from all over Tanzania. Kilama is split into two parts (Kilama A and Kilama B) with total number of households amounting to 624. It has two primary schools
but no health centre. Its proximity to the main Morogoro Ifakara road makes external access relatively good. However, internal roads and footpaths are often flooded and children are prevented from going to school. Kilama B can be actually cut off at times.

Like Lungongole, many tribes live together and a new set of norms is developing which dilutes many of the more extreme cultural practices and minimises the use of tribal languages, enabling these different tribes to live together. A multi-cultural performing group has been formed in this community to perform at ceremonies and rituals.

Originally attracted to settle in this area because of the fertile lands, farmers with land further from the river banks are now finding that yields are declining. The community also comprises absentee owners mostly from Ifakara who own and cultivate the better land closer to the river.

Fungafunga, Morogoro Town

Fungafunga is one of the suburbs in Kichangani ward within Morogoro Municipality. The suburb is located in the North – Eastern part of Morogoro town and is 1 kilometer from where the Municipal Council offices. According to the Kichangani Ward Executive Office projections (2002), the ward has a total population of 15,365 (7,317 males; 8,045 females). When the total population is disaggregated by suburb, Fungafunga has a total population of 3,016. Among these, males are 1,179 and females 1,837. The suburb is bordered on the west by Morogoro River and on the east by small farms and gardens which urban dwellers including Fungafunga residents cultivate to either supplement or make ends meet.

The name Fungafunga originally developed as a result of the government move to establish special residence for the disabled, blind, elderly, homeless and other disadvantaged groups who used to roam around the town of Morogoro in the 1980s. The exercise involved rounding up (i.e. closing their permanent residence on the streets of Morogoro town and sending them to this special permanent residence where the government could provide them with their needs). In addition, the name also carries a connotation of a place where all disadvantaged and most vulnerable people live.

Fungafunga is highly disadvantaged and characterized by poor social service infrastructure. Being an informal settlement, the suburb has very poor drainage system. The suburb has one Primary School and one Health Post, neither of which are adequate to serve the population size. The area has access to public water supply, which is provided through cost sharing means. It has good transport access to the Municipal centre.

The main occupation of most Fungafunga residents is petty business and gardening. There are a few dwellers that are employed in government departments and institutions as well as non-governmental organizations. The unemployment rate in the suburb is estimated to be 75 percent (Municipality Profile – Interdepartmental Document, 2001).

Chamwino, Morogoro Town

Chamwino is a suburb within Mazimbu ward. Chamwino has a total population of 10,270, of which 5,020 are males and 5,250 are females.

Historically, the suburb was meant as a residential area for the retirees from several industries, which Morogoro had prior to privatization in the late 1980s/1990s. However since then, the place has gradually attracted many other people from different walks of life. Currently, the majority of the residents in Chamwino are poor and unemployment is said to be 80 percent. The birth rate is also said to be highest in the suburb.

Poor drainage system and consequently poor sanitation characterize the suburb. As a result, there are frequent epidemics e.g. cholera and other water borne diseases. The informal settlement nature of the suburb complicates provision of services. It does however have a public water supply which is sold at government subsidized rate.

Chamwino has at least two Primary Schools. The suburb does not have a Health Post or Secondary School. The absence of health post is somewhat compensated by the presence of several private medical shops and/or pharmacies. Health emergencies are dealt with at Morogoro Regional Hospital which is easily accessible by road.
5. Wellbeing and illbeing; key perceptions

5.1. Wellbeing

‘Don’t ask me about good times. I do not now what a good life is. I have nothing to be proud of in my life. I always work long hours, always work in other people’s shambas and am always hungry’, young mother of three boys, Mgeta.

‘If God assists us we hope we can have a better life’, grandmother, Mgeta

‘Leave everything to God. That’s why I pray a lot’, Morogoro Town man in late 60s.

‘Happiness is knowing you have food to eat. My dream is to have a good house, livestock and enough to eat’, young mother, Mgeta

‘The person I know who is better off than me was at school with me. She has a good house, furniture and because they can afford fertiliser they have a good harvest of beans. They have a enough to eat and extra to sell’, young mother, Mgeta

A Mgeta grandmother identified her cousin as someone she would have liked to be. Her parents could afford for her to continue to Standard 8 whereas her mother said she could not pay further for her education beyond Standard 5. The cousin went on to get a good job, good house with a good toilet and has money enough to pay for fertiliser. She thus has food all the year round. ‘If I had been educated further and had not had a drunk for a husband I could have what she has’.

‘I can compare myself to my neighbour’s daughter. We grew up together and went through initiation together. She made a good marriage – to a tailor in Morogoro. They do things together- she was lucky, whereas my husband was a drunk’, young mother of three, Mgeta

At my age, what can I wish to have? Good clothes and a good house.’ Man, 78, Morogoro. He then pointed to a neighbour’s house made of cement brick, with big windows, corrugated iron roof and brightly painted, ‘If I had money I could have a house like this’.

Study participants were asked what was good about their lives, what they admired about the way other people like them lived and what their dreams were. The concept of wellbeing emerging from these reflections was strongly associated with having enough food to eat, living in a dry house in good condition and having good family relations. The following quotes illustrate these themes.

‘A person is well off when they have enough food for the whole year,’ grandmother, Mgeta

I would be happy if I owned livestock and a good house. I will be able to do this if I save money through selling my labour and trading as a machinga. But I go to Holy Communion so that if I fail in this life I know I will have a better life later on’, 15 year old boy, Mgeta

Houses with corrugated iron roofs and brick walls predominated in the children’s drawing of their hopes for the future.
‘My children - they are my only happiness’, Mgeta mother of 8.

Those who felt able to describe what was good about their existing lives highlighted the quality of human relations and this was a common theme in the photographs taken. This theme was also mirrored by the frequent references to feeling of illbeing when family life is destroyed by abandonment, infidelity and drunkenness.

I would like to live a better life. The reason for wanting to have a good life is to later on come to help my relatives and younger brothers and sisters as their older sister. I would wish to continue with vocational training, for example tailoring or electrical skills. The reason is, if I were to have vocational training skills I would have employed myself instead of being employed by Government. I really hate the kind of life we are living here currently. The reason is we are living very poor life. Instead of my grandparents depending on me I am depending on them’

Text written by 20 year old girl living with her grandparents in Morogoro. She presently helps them with cooking, gardening and selling vegetables.

These photos show their current houses on the left compared with their “wished for” house on the right.

A seventy year old woman, her mentally disabled son, and grandson all live in this one room house in Lungongole with walls mostly made of grass (lower left). She took the photo of her neighbours house to show the house she would like (upper right).

My mother

These pictures illustrate the importance of family relationships.
Two young boys aged six and three (upper left) and street boys (lower right) draw the things that they like and which make them happy.

Many of the children drew trucks, buses or motorbikes indicating how they would like to see their future.

Boy, 11, drew the bus because it will earn good money. A motorbike would make travelling easier and he could go fast. Mgeta

Boy, 7, would like to be a truck driver on the route to Dar es Salaam. This way he will get money, build a good brick house with corrugated iron roof.

Boy, 14, wants to be a pilot when he grows up so he can go to lots of places and meet lots of people. He will have a good life and build a good house for his mother.

Boy, 9, longs to become a driver of a Toyota Hilux one day.

Truck to carry passengers and luggage and will make me money.
5.2 Illbeing

'I have never had a moment of enjoyment in my life',
woman aged 60, Mgeta

The main issues of illbeing raised by the study households relate to hunger, the state of their houses and helplessness. Although these themes obviously could be addressed within the categories of economic, social and political wellbeing used in the subsequent section of this report, they are presented here for emphasis as the main issues identified by the study participants. They are, of course, further elaborated in the subsequent sections.

Hunger and malnutrition

'You can have one cloth or dress for a week, a month and even a whole year... but you can’t suspend hunger and stay without eating even for a single week,' grandmother 60 years old, Mgeta

This study took place in late November/early December and all the Mgeta study households had exhausted their food stocks from the May maize harvest and most had in fact finished their stock after only three months (i.e in early September). The period of food hardship continues until February (a total of six months) and most of the study families had reduced the number and quantity of meals to two or one simple meal of ugali and vegetables per day. Hunger was a very real issue and some households were eating only yams.

The study team were concerned because the two smallest children (5 years and 18 months) cried all morning until they finally fell asleep with exhaustion. They were crying because they had only eaten yams the day before and had had no food that day. (Mgeta)

The mother of two young school boys in Kibaoni, Mgeta told the study team that she never gives them breakfast before they go to school otherwise they will get used to it and cry when she cannot provide it. The teacher at the school confirmed that most children come to school without having had breakfast.

R, a grandmother heading a family in Mgeta, cannot remember the last time she had tea for breakfast as they cannot afford to buy sugar. 'I can only work until 10 o’clock without tea but until noon if I have had tea’.

One young family in Mgeta with eight mouths to feed adopts a variety of strategies to limit food intake. They do not have the maize milled but make a coarse flour by soaking overnight and pounding it. This makes a very sticky ugali which both fills the stomach and stays for a long time. The vegetables used are very sticky and difficult to eat fast. The food is made very salty so it is unpalatable and the family members drink a lot of water to fill their bellies.

A young Mgeta boy of 9 years drew a picture of a cat, something he hates because they eat rats. This is explained because the family catch and eat rats to supplement their diet and the cat is seen as a competitor.

The whole family, including three children aged eighteen months to 10 years get up at 5 am and walk one and a half hours to the shamba without breakfast. They work until about mid afternoon (about nine hours) and then walk back home. Their first and only meal of the day is yams they cook in the evening (Mgeta)

Food shortage is not so acute in the Ifakara as the crop yields are generally acceptable due to the fertility of the soil which is regularly inundated with flood water. There is also plentiful small fish from the network of rivers which means many of the families could eat fish once or twice a week. Hunters sell wild meat at low prices (60% of the cost of meat from a butcher) and some study households bought this once a week. Fruit trees are abundant and provide an important supplement to stave off hunger.
In the urban setting however, hunger was again a problem. Those without land noted particularly the problem of adequate food intake. The casual workers searched for work from early in the morning without food and only ate if they got work. The street boys indicated that one of their greatest hardships was long periods without food. The elderly living in the slums with no family support and declining health also went without food.

‘You educated people do not take yesterday’s food but I have no choice’, an elderly widow living on her own told the researcher as she offered to share with him the food she had been given for Eid festival two days earlier. She has no source of income and relies on food aid from the Catholic Church, neighbours sharing their meals and collecting wild vegetables.

N doesn’t know how old he is but is probably about 10 and has been working on the streets of Morogoro for as long as he can remember. Unlike his friends, he cannot afford to eat every day and does not like feeling hungry.

A man living in the slums of Morogoro who is approaching 80 years old works 10 hours in his shamba on the outskirts of the town having only taken tea before he leaves home. His wife prioritised sufficient food as her dream for the future, ‘I want us to have three good meals like others do’.

Poor Housing

Most of the rural study households had houses with grass thatch roofs in poor condition and leaking roofs were nearly always mentioned as one of the worst aspects of their lives. The burden of re-thatching regularly both in terms of cost and effort meant many identified a better life as one where they live in a better house, perhaps with a corrugated iron roof, as elaborated above under ‘wellbeing’. The urban households either had very old corrugated iron roofs which leaked badly or a crude ‘thatch’ of plastic bags and cardboard.

Grass and pole one room house in Lungongole where a young mother and her three children live. She says she hates it and is embarrassed by it.

One of the biggest concerns for this female headed household in Kibuko is that rain water pours down the walls where they sleep. She is gradually accumulating enough thatch to re-thatch the house. She has about 20 bundles now and needs about 40 bundles. Each bundle costs TSh200.

This house for a family of seven, including five children aged 1-14, does not even have walls. The family cannot keep food stock or any possessions because there is no security. They sleep on old cloths.

This elderly couple live in their own house with a roof made of plastic bags which leaks very badly. Three years ago the wife slipped over because of the rainwater which had accumulated on the mud floor inside and badly injured her hand on an axe. Both highlighted the leaking roof as one of the biggest concerns.

An eighty year old blind great grandmother, her granddaughter and her two daughters live in this house which was once a substantial building but is now on the point of collapse because of soil erosion. Attempts have been made to patch the roof but it still leaks badly.
"The worst thing for me is when it rains at night. The roof leaks so badly that I can't lie down on the ground and we have to stand up throughout the night", boy of 10 years, Mgeta

"I do not like our house and hate having to collect grasses to patch the leaking roof", Lugongole boy, 14 years

"I had to continually move the study papers as the rain poured in through the roof. See, most of the papers are stained by the rainwater", feedback by a study team member after a day in a house in the Morogoro slum

Helplessness

Lack of support from family was a recurring theme expressed by many of the study households. Elderly people found themselves unexpectedly abandoned by their children. Women had been abandoned by their husbands or had sought divorce from drunk and abusive men but then found that they could not cope on their own. Several households had been hit by crises which impoverished them and in some cases left the main breadwinner unable to work fully. Social exclusion has beset some households because they are regarded as witches or a nuisance because of their persistent requests for help. Urban poor, particularly those working on the streets (street boys, CSWs, machingas) were subjected to harassment and abuse and felt helpless and rejected. These themes are covered more thoroughly in subsequent sections but are mentioned here because in the course of discussion with the household members on how they felt about their lives, the issue of abandonment, exclusion and consequent helplessness frequently emerged.

"The worst thing in my life was being abandoned by my father when I was four years old. He has never come back although he lives only a few miles away. He did not even attend my First Communion and I felt ashamed that he did not make an offering." Boy, 15, Mgeta

The 45 year old grandmother is Ngoni but she was abandoned along with her elder sister in Mgeta by her parents when she was only 9 years old. She has no links at all with Ngoni relatives and cannot even speak the language. She was later abandoned by her sister who went to Dar es Salaam and whom she has never seen since.

A widow in her sixties living in Morogoro feels abandoned by her family since she became ill. They see her as a drain on resources and never visit or send money. Her own children both died unexpectedly within the last five years.

"Giving birth to children doesn't mean you will have a good life. All five of my children live with their mother, my first wife (matrilineal system) and do not support me in any way. I worry how we will cope as we get older." Old man, Morogoro

"The worst thing is when my baby gets sick. We have no money and nobody to turn to for help. I just give her panadol", young Mgeta mother

The notion of helplessness was echoed in the focus group discussions with members of the Village Government, who described the poor as those who could not help themselves and did not know how to access help.
Some Village Leaders views of poverty

'A poor person is someone who is unable to fend for himself and depends on others for casual labour for survival,' Village Government committee member

'A poor person is one in ill health or with a disability, for example physical, mental, who cannot look after himself. But there are also those who are lazy.' Village Chairperson and Executive Officer

Several other leaders disputed that some people were poor purely because they were lazy and supported the argument that because they had very little income they were forced to work for others and consequently neglect their own land and realise very poor yields.

'Illiteracy is a major cause of poverty as the poor do not know how to best use the small income they have and do not know how best to use the resources they have,' Hamlet leader.

Having presented the main elements of illbeing as perceived by the study participants, the remaining views of the poor have been grouped under the themes of economic, social and political wellbeing and illbeing.
6. Economic wellbeing and illbeing (income and assets)

6.1. Household expenditure

Economic wellbeing is associated with being able to afford three meals per day, good clothes, good house and notably, being able to afford fertiliser. Having modest capital is also seen as a way to achieve economic wellbeing as this can be invested in agricultural inputs, pombe making, livestock or trade tools.

The rural study households expenditures can be generalised as follows:

- Food (Maize and vegetables) during September to March when own stocks are depleted (Mgeta). In Ifakara, all households were able to buy cheap local fish and some occasionally bought wild meat.
- Local brew at the pombe shop
- Medicines
- Kerosene for lamps (often forsaken to save money)
- Soap
- Salt
- Sugar (especially for pombe making, rarely for tea (considered a luxury))
- Second hand clothes (very occasionally)
- Contributions for social events e.g. Ngoma/ Contributions to Church/mosque
- House repair materials (mostly thatch)
- Land rent (a few rented very small parcels of land, which were either more fertile than their own, irrigatable or nearer, for a small fee (e.g. TSh 3000 per year or sharing a part of the harvest)
- Setting disputes (payment to Village Government- rare expenditure)

Nearly all had insufficient income to purchase good seeds, fertiliser, pesticides or vaccinations for livestock. When money is short, most households indicated that the first recourse is to reduce the number of meals usually to one per day. Very few had any provision for emergencies. None had cash savings but some kept limited numbers of poultry and livestock, stockpiled charcoal or made cooking pots, ropes or mats which they keep to sell in case of emergency.

'The person I admire who started off like me is an old school friend. She uses fertiliser on her land and gets a good bean harvest. 50 kg of fertiliser costs TSh 10,000. I cannot even afford to buy in small quantities which is sold at higher price per kilo’, young wife, Mgeta

'No one of my age that I know of has a better life, although one woman was given fertiliser by her relatives and so has enough food to eat the whole year’, young wife, Mgeta

In slum areas of Morogoro, the householders have to pay property tax despite the fact that they do not have formal registration papers. In Chamwino the tax is TSh 4000/year per plot and a late payment charge is made of TSh 2000.

In contrast to the rural households, the urban households have more obligatory expenses. They have to pay rent or property tax, purchase water and purchase firewood or charcoal. In order to maintain good relations in the neighbourhood, they are also required to contribute to ‘Condolence funds’ on the death of a neighbour. This can amount to large sums of money each month. Urban households mostly had either no food stock or very little and need to buy food on a daily basis. Those working on the streets generally have to invest in goods to sell and have to pay bribes to continue their work without harassment.

Weekly income and expenses for a mother and son living in Morogoro Town. They cook and sell samosa. To supplement this in emergencies, the mother makes mats and does hair weaving at the University.

<table>
<thead>
<tr>
<th>Income (TSh)</th>
<th>expenses (TSh)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7000 (mother)</td>
<td>3500 (food)</td>
</tr>
<tr>
<td>2000 (son)</td>
<td>450 (milk)</td>
</tr>
<tr>
<td></td>
<td>1050 (charcoal)</td>
</tr>
<tr>
<td></td>
<td>210 (drinking/cooking water)</td>
</tr>
<tr>
<td></td>
<td>100 (washing water)</td>
</tr>
<tr>
<td></td>
<td>375 (rent)</td>
</tr>
<tr>
<td></td>
<td>70 (entry to video lounge to sell samosas)</td>
</tr>
<tr>
<td></td>
<td>500 (bus fare to school)</td>
</tr>
<tr>
<td></td>
<td>500 (condolence contributions)</td>
</tr>
<tr>
<td>total 9000</td>
<td>6755</td>
</tr>
</tbody>
</table>

for clothes, medicines, school books
6.2. Income and issues of casual labour

The rural households were primarily subsistence farmers but all relied on casual labour to supplement this and particularly to support their families during the period where they have no or low food stock (September-March). In Mgeta, casual labour is traditionally working in other people’s shambas for cash or kind (Tsh 500-700 per day or 2-4 kg of maize). Other options included carrying produce to/from market or packing trucks but this latter requires good connections as it is more lucrative than other work (TSh 2000 per day for 12 hours). In Mgeta, the VTTP is providing alternative temporary income earning through its road construction programme in the area but this is not available for those over fifty or with any disability. Working on small bridge construction contracts, the villagers expect to earn about Tsh 1000-3000 per day but in fact they will be earning less. Collecting sand for construction is also paid for (TSh 600 per 20 litre tin). As some 40 small bridges are planned, the work is anticipated to last nearly a year.

Some views on VTTP road construction

‘There is a plan to construct 40 bridges under the VTTP and we are carrying sand for this. It is assured money but very hard work and we neglect our farming,’ young mother, Mgeta

‘My husband works every day for the VTTP construction group to construct bridges. He has worked for two months now without pay. When he does get paid he will spend all the money on drinking and other women. He doesn’t care about us.’ middle aged mother with eight dependents living with her, Mgeta

A young husband and wife are collecting and carrying sand for VTTP construction programme in Mgeta. They can manage to make three trips each carrying 20kg each time per day. But each round trip takes 2 hours and is very tiring so they cannot manage to do this more than 3 times a week.

Rumour suggested that payment for sand collection would be made on the morning the study team had agreed to meet the Mgeta household. The mother was away all day trying to get the money for the 20 tins of sand she, her husband and small son of 7 years had collected that week.

Those who need cash in hand every day to buy food during the shortage season cannot work in the construction groups formed under VTTP as payment is not made until completion of the contract.

‘My husband has been involved in the VTTP bridge construction for the last three months and has not been paid yet. He works at least 2 days per week and it takes a lot of time and energy. This means he cannot go with me to the shamba and this puts extra burden on me. My fifteen year old daughter has to come with me to help look after the baby so she misses school.’ Mgeta mother

One Mgeta father with six dependents living at home told us that he had been informed that working on the VTTP bridge construction would pay him TSh 3000 per day. In fact he will be getting TSh 600 per day.

A brother and sister in their late twenties are very happy about collecting sand from the river for the VTTP construction project. ‘This project has helped us a lot particularly as we are facing food shortage since September. This work means we do not have to work on other people’s shambas. We can buy kerosene, salt and everything we need’. The sister gets up each morning at 5am and makes three trips each taking over 3 hours. Her daughters aged 7 and 12 also carry sand. The elder one missed three days of school the week before this study saying she was ‘sick’ so that she could help to carry sand. The grandmother is not so positive about the project ‘This bridge building means that nobody is cultivating their land and next year we will not have enough food’.

The box on the right provides some different perspectives on the operation of the construction programme.
In the Ifakara area, the study households also have to take casual labour. Much of the work is for persons who live in Ifakara and own farm land in the villages. The arrangement for payment for work on shambas is different from Morogoro and is based on the size of the piece of land. This means that the elderly and persons with disabilities have to work much longer hours to get the same pay as the able bodied. A grandmother in her 60s told the team that TSh 300 is paid to cultivate a small piece of land but that this takes her more than one day. Usually she gets paid one cup of husked rice instead of cash.

There is quite a lot of small construction work going on in the study villages in Ifakara such as building toilets, small foot bridges and brick making and the young men supplement their farming with these activities.

Unanimously the households indicated that they did not like to work on other people's shambas because it is hard, tiring work with low pay and on conditions dictated by the employer. This work often leads to delayed planting and neglect of their own shambas because the peak cultivation windows are lost. But, the households say, 'What else can we do, as we have to eat?'

6.3. Diversified income earning strategies

Many households described how they survived by adopting a variety of income earning strategies. These can best be illustrated through the following examples:

1. A Mgeta household comprising two sisters in their late fifties and two of the elder sister’s grand daughters (aged 15 and 13) explained their different ways of earning money as there is no surplus to sell from their six small shambas and the two sisters are regarded as too old to work on the current road construction programme:
   - The two sisters sell their labour working on other people's shambas earning TSh 600 for 8 hours work
   - The elder sister makes clay pots which she sells at TSh 150. She usually makes one per week

2. Another Mgeta family of nine has a number of income earning strategies which they have to employ over the lean periods between August and January.
   - Pombe making
   - Hires out pots to others for pombe making on cash or kind basis
   - Rotational sugar credit to enable pombe making
   - Works on others land in the lowlands-sometimes the father spends 6 weeks away planting millet
   - Portering- particularly carrying timber trees (TSh 700 per tree)
3. A Kilama grandmother in her 60s lives with her three granddaughters who are largely supported by her. They get some support from their parents for schooling but little else. They only cultivate a small proportion of their land (approx 5%), so the grandmother supplements the income by
   • Renting out land – 4 acres @ TSh10,000 per year, but this is not guaranteed and she can only rent out the more fertile land
   • Making mats (3-4 weeks full time work on a large mat will bring in a profit of TSh2000)
   • Casual labour on other people’s shambas

4. A Lugongole household of three adults and five children described their diverse strategies for income earning in addition to farming and casual labour as follows:
   • Wife buys unripe bananas and ripens for sale (makes sufficient money to buy salt and soap)
   • Husband collects firewood to sell (one load makes about TSh1400)
   • Husband makes charcoal (for which he has a permit). He stockpiles this as a kind of insurance because he can always convert into ready cash in emergencies.

5. An elderly widow living on her own in the slums of Morogoro has no land and is too sick to undertake any form of employment. She relies heavily on the good will of her neighbours, with whom she has built good relations despite only having lived there a short while. They collect water for her and provide her food from time to time. She also gets 10kg of maize and dried sardines from the Catholic Church every month. She exchanges the sardines with neighbours for other items she needs. She gleans vegetables from other people’s shambas but does suffer harassment for this. Occasionally her nephew visits and gives her small gifts of cash, ‘but he did not come last month’.

6. A family of twelve in the slums of Morogoro survives through a variety of means. One of the daughters in her early twenties runs a small kiosk selling onions and tomatoes. If she sells all her stock (on a good day) she can make about TSh 500-1000 per day. Another daughter in her early thirties works as a barmaid and earns about TSh 500-1000 per day. The family rents out two rooms for TSh 3000 per room per month. The eight year old daughter of the barmaid walks 6 km to buy oranges which she sells after school. She can make about TSh250 from one basket load of oranges. The son is a religious teacher and occasionally gets gifts for his reading of the Koran for families.

7. A man who is nearly eighty living in the slums of Morogoro still goes to his shamba every day on the outskirts of Morogoro and works ten hours. He produces maize and paddy to last about half the year. He also sells some to buy salt, sugar, kerosene and medicines. He still goes fishing on the R.Ngerengere although the fish stocks are much depleted since people use insecticides to catch the fish. He and his wife rent out rooms in their houses at TSh3000 per month. He cuts bamboo when there are crises where he needs extra cash such as recently for his wife’s medicine for dysentery. He also weaves mats on order and can make the equivalent of TSh500 per day but it depends on getting orders. His wife, who is nearly 60, collects wild leafy vegetables which she sells at about TSh50 per bundle (average daily income of TSh250). She said that the daily collection of wild leaves was the worst thing about her life.
6.4. Impoverishing effects of crises

Many of the study households had experienced ‘better times’ and their present poverty was attributed to some crisis or series of crises from which they have never been able to recover. This is illustrated by the following stories.

1. A father of four children in Mgeta told about the worst time of his life when he fell as he was trying to re-thatch the family house. He broke his left wrist in several places but could not afford treatment at Morogoro Hospital and so the bones were never set properly and he has a permanently deformed and weak hand. Despite owning four shambas amounting to 3 acres, he and his wife cannot now cultivate them all and their maize harvest only provided food for 3 months of the year (July-September) for their family of three young boys. So the rest of the year this family is totally dependent on casual labour. But because of the weak hand, his wife always has to help with this work and their income is meagre, sometimes as little as TSh 500 per day for both of them working all day. They sometimes get paid with maize instead of cash but then they face the problem of having no cash to get the maize milled.

2. Two crises hit a small family in Mgeta just a short period apart. The first was the exceptionally heavy rains brought on by El Nino and all the family’s crops were washed away. Although they got some Government aid this was insufficient and all four adults had to take casual labour throughout the year in order to feed themselves. The grandmother, in her fifties, told the study team, ‘I will never forget that awful year and since then the land is barren and yields are very poor’. Soon after, the grandfather became very ill and the costs incurred to transport him to hospital left the family in debt. The grandmother refused even to talk about it as it was so painful.

3. ‘A’ is one of eight children. She dropped out of school at Standard 6 because she felt she was wasting her time and decided to go into petty trading in town. She got pregnant and tried to return home but her mother chased her away telling her she would not be accepted unless she aborted the 5 month pregnancy. She went to stay with her aunt and gave birth to a son. She later went into petty trading with her cousin in Kibaoni. Her cousin tried to persuade her to come to Dar es Salaam but since she could not read or write she felt she would not be able to get a job. Then, in 1997, she contracted a wasting disease (probably polio) which has left her unable to walk. Her mother looked after her when she was first ill but she died in 1998 leaving her in the care of her younger brother. Meanwhile her cousin became very ill with AIDS and was brought back from Dar es Salaam to die. The Aunt rebuked ‘A’ telling her that she and her cousin had brought this on themselves. Because A’s illness has lasted so long the family assumes she too has AIDS and she is stigmatised as a result. Her brother has provided a very basic hut for her and her fourteen year old son but often gets angry at her dependency on him and has withheld food and assistance at times.
4. Three years ago a Mgeta father of four surviving children offered to help the local priest carry his luggage but slipped and damaged his right hand, which is now permanently paralysed. ‘Now I cannot farm very well and so yields are down and I have no surplus to sell, so I cannot afford fertilisers and insecticides. This really was the worst thing that happened in my life. I admire a man in Langali who continued in school until Standard 8. He is able bodied unlike me and able to work hard. He has a reasonable house. I am ashamed of mine’.

5. A Mgeta father of eight in his fifties tells of a series of crises which he feels left him unable to really look after his family. When he was about 14, his father died and his mother had to take him out of school because she could no longer afford it. Because of the matrilineal system, his father’s death also meant he lost family support links. In 1986, he was involved in a road accident and lost a finger and suffered a serious leg injury, which required him to be hospitalised for 6 months. ‘If this had not happened, life would have been better- there were lots of expenses and I have not been able to work hard since’. He suffered another accident in 1992, when he was trapped by a landslide whilst digging out sand and had to stay in the Kibuko Health centre for 3 months. ‘If this had not happened, life would have been better- there were lots of expenses and I have not been able to work hard since’. He suffered another accident in 1992, when he was trapped by a landslide whilst digging out sand and had to stay in the Kibuko Health centre for 3 months. ‘If this had not happened, life would have been better- there were lots of expenses and I have not been able to work hard since’. He suffered another accident in 1992, when he was trapped by a landslide whilst digging out sand and had to stay in the Kibuko Health centre for 3 months. ‘If this had not happened, life would have been better- there were lots of expenses and I have not been able to work hard since’.

6. One mother of six described how difficult her life has become since her husband who is about 25 years older than her became sick. Before his illness, they were able to harvest 60 bags of paddy from their fairly fertile land and now that she works alone and intermittently because she has to care for him, she barely manages to harvest 3 bags. Their house is falling down and even selling the ropes which the husband makes, they have little hope of repairing it. They have minimal expenses; they do not use kerosene or soap and because they have to pay consultation fee at the Health Clinic they have resorted to administering herbal medicines themselves.

The study team was shocked to visit households where there was no furniture at all as illustrated in these remarks made during feedback sessions:

’We were invited to sit on a pile of firewood which was hastily covered with a fertiliser bag as there were no chairs’.

’They didn’t even have a knife and the children squabbled over the meagre food put on the only plate the family owned’.

’The whole family sleeps on the mud floor’

Householders themselves commented on their lack of assets:

’I do not like having no money. I do not have a bed, a chair, an axe – nothing. I feel ashamed. I cannot even buy bean seeds’, father of four, Mgeta

A family in Lungongole possesses only one small hoe. Their relations with neighbours are weak so they cannot borrow. The mother (60) cultivates early in the morning from 6am to 10 am and then her son (27) continues. Simply having a second hoe would make an enormous difference to their lives.

’Now that you have given us these gifts- we need a padlock on our door’, Mgeta father with no assets, remarked to the researchers in all seriousness.

7. A couple in their 50s used to make a reasonable living three years ago rearing poultry and cooking and selling it near the main Morogoro- Ifakara main road. The chickens became diseased and the couple did not have money for treatment and so lost the whole lot. The woman feels bad because her daughter in law who lives with them had a baby just three months ago and she has nothing to feed her. The daughter in law begs vegetables from the neighbours. The father looks back on his ‘wild’ days as a fisherman living further up the River Kilombero when income was sufficient to drink and have women. He said, ‘I never imagined I would end up like this’. The couple worries about their failing health and wonder how they will survive in the future. They both chew tobacco as a way of releasing their stress.

8. Four years ago a widow living with relatives in the country became seriously ill. She was admitted to the Health centre in Matombo but there was no improvement so she sold her one acre plot for TSh 20,000 and moved to Morogoro for treatment. Initially she stayed with a relative who was a nurse but when her ailment failed to respond to treatment, the nurse stopped helping her and
the widow was forced to move to one room in a house being built by her nephew. All her remaining possessions in the village have been sold and her chickens eaten. Her only son died in Dar es Salaam five years ago and her only daughter died last year when she came to care for her. The widow survives by begging.

9. In March, 2001 the son in law of a couple living in Chamwino was involved in a serious bus accident on his way to visit his daughter who lives with the couple. He was in hospital for three months. Although his employers paid the TSh200,000 medical bills, the couple incurred other costs such as transportation to visit him to take food, providing accommodation for visiting relatives and the father in law had to suspend his second hand clothes vending altogether. All the couple’s savings were exhausted and he had no capital to re-start the clothes business. He has since become a vegetable gardener on a 1 ½ acre lot 1 hour’s walk away near the river. He cannot afford a treadle pump and finds watering the plot very tiring and worries how much longer he will be able to manage this as he is getting old (66). His wife sells the produce in the market in Morogoro.

6.5. Assets as inadequate indicator of poverty

Most of the study households possessed few assets and in some cases almost nothing but a few cloths to sleep on and a cooking pot. However, some families appeared to have assets but were still living a hand to mouth existence. They had acquired assets through inheritance or had, at some point, been better off and had then suffered an impoverishing crisis (see above). For example, one Mgeta family of eight owns two houses, one of which is a substantial plaster house with corrugated iron roof. However, this was inherited and the family nowadays lives in poverty. A five member urban family lives in a five bedroom house with corrugated iron roof and furnished with sofas, tables and cupboards. However, the family is largely reliant on the elderly father for income earning and they are clearly impoverished. Some families may have relatives who send them clothes or farm equipment but the daily struggle to feed themselves is still prevalent. Physical assets as indicators of poverty can thus be misleading.

This study indicates that land ownership can be a particularly misleading indicator of relative poverty. In Pinde and Kibuko there is a shortage of land in the village due to the pressure of increased population and people have started acquiring land higher up in the mountains. This land is not very fertile. Land is also highly fragmented as a result of inheritance. Whereas families in the past would have farmed 10 acres now the average is less than 3 acres. Walaguru women own the land and men can use allocated clan lands but this often means that the family has several small shambas often long distances apart. Thus a family may own six shambas but on closer examination it is revealed that these are long distances away and often in infertile highlands without sufficient irrigation.

The young Mgeta family owns 2 acres but 1 ½ acres are a three hour walk away and the other ½ acre is one hour walk away.

The Mgeta household of 8 owns four shambas but two are a long distance from the house and are infertile due to over cultivation in the past and erosion by rain. They yield poorly as the household rarely goes out to cultivate and cannot afford fertiliser.

A grandmother in her 60s in Kilama owns seven acres but the lack of available labour means she only cultivates ½ acre.

Another Kilama family owns 10 acres but because of the father’s disability they only cultivate 2 acres. Only 2 acres is rented out because it is not very fertile.

A Lungongole family cultivates cassava, maize, rice and a variety of fruit trees on a total of 7 acres but the yield of rice is poor because of waterlogging, this year’s harvest of maize was poor because the father was sick at the critical cultivation time and they cannot afford fertilisers.

‘Although I have four shambas which together make up 3 acres, I do not have enough money to buy seeds and because I have to do casual labour I do not have time to cultivate’, father of four, Mgeta

In Ifakara, early migrants in the 60s and 70s simply carved out from the bush areas of land they wished to cultivate. Thus land holding can be quite large and are not fragmented. Newer migrants to the area have been allocated land away from the river which tends to be less fertile. However, even when a family owns as much as 10 acres, without able bodied labour and capital for equipment and inputs, they may still remain very poor. In fact one of the poorest families included in the study, who lived in a house without walls and owned no furniture and only one old hoe, actually owned 10 acres.
6.6. Access to markets and Agricultural inputs and services

Land in the Mgeta area is highly fragmented partly as a result of the matrilineal inheritance system. All the study households had dispersed shambas and some had to walk over 2 hours to reach some of their land. Furthermore, there is pressure on the land because the population has increased and there is very little fertile land for rent. ‘You need TSh 50,000 to buy land round here and just ½ acre costs at least TSh 3000 per year to rent’, young father of two, Mgeta. The study households in all three villages in Mgeta said that the soil on their shambas was exhausted whereas in the past they had been quite productive. This has resulted from over use and soil erosion (particularly caused by the heavy rains in recent years). All indicated that fertiliser is needed to get reasonable yields yet none of them could afford this. A bag of fertiliser (50 kg) costs TSh 10,000 (equivalent to TSh 200/kg) and when broken down into 1 kg lots the cost is TSh 250/kg. If the household buys any at all it is to use as a top dressing and is used in grossly inadequate amounts. A few were using pig manure on the land around their houses but this was insufficient. Most could not afford to keep livestock. They also try to enrich the soil by folding in the vegetation from the previous season.

Kibaoni is accessible by trucks and their main crop of potatoes is sold direct to these trucks. Beans, bananas, tomatoes and cabbages are often taken to Langali market first and if not sold then they are taken to Mlale which is 20 km away and requires staying overnight in the market. About four years ago the road to Pinde was accessible and tradesmen used to come directly there. Two unrelated incidents changed all this; the Pinde access bridge collapsed and seven regular tradesmen were killed as their truck skidded off the Morogoro – Mlali road. It was then that the market shifted to Langali and farmers have to carry their goods there.

The study team asked the Mgeta farmer why the pigs were being fed on cabbages and were told that there is no market for cabbages. Porterage charges are TSh 1000 and the selling price is only TSh 2000 which does not even cover the cost of production.

The lack of good roads, however, does provide another income earning opportunity for many poor households in Mgeta who exploit the huge differential in prices this creates from one place to another. They trek long distances over areas where there are no road linkages between villages in valleys where the crop yields are good and prices low or between markets with poor road access and those with better access.

During the period of food scarcity from September to February in Mgeta, M often walks 6 hours to another village where she can buy beans at a cheaper price. She carries 50 kg back home and then sells in Langali market, 10 km away from home, the following day. She makes TSh 50 per kg which means if she manages to sell all the beans she can make a profit of TSh 2500 for the two days and more than 18 hours of walking. Another family in the same village also treks to collect beans from villages over four hours walk away but usually sells to truck drivers from Dar es Salaam who come up to Nyandira. The hard working father who has his wife’s extended family and his parents as well as his own family to support says he can make between TSh 500 -1000 doing this although it consumes a day and half.

The divorced mother of three in Mgeta often rises at 5am and buys cabbages at the nearby market and then walks down the mountain to Mlali 20 km away. She can manage to carry 30kg and can make a profit of TSh 500 selling these.

There used to be one agricultural officer for each village but this has been reduced to one per ward. There is an agricultural extensionist in Nyandira but he does not have transport and rarely visits.

Prices for agricultural produce have declined according to many and because farmers now have to travel further to market because the roads are so poor they know they are at a disadvantage because they have to sell rather than bring any unsold produce back and so often sell at low prices.

Most of the households in the Ifakara area owned substantial land and some is quite fertile because of the regular flooding from the rivers. However, the poor (often migrants) tend to have been allocated the land by the village government furthest from the flood plains and some were
experiencing declining fertility. Yields are much better than in Mgeta but shortage of labour in the household means that much of the land owned remains uncultivated. Surplus produce fetches very low prices because there is no means of transporting to Ifakara. The farmers say they are therefore at the mercy of the truck drivers who come to buy and cannot negotiate good prices. One example was a household who recently sold two large trees for a third of their value to a buyer coming from Ifakara who simply said, 'If you don’t want to sell at that price, I will go elsewhere and find someone who will'.

Fruits are plentiful in the Ifakara study area which means that all the households were able to supplement their diets and stave off hunger but also means that there is no local market for these. Some study households indicated that they could probably sell in Ifakara town but they have no means of transport.

Sandwiched between two Reserves, the households also suffer from wild animals- buffalo and elephants trample and eat their crops as they migrate between reserves in search of water. Baboons come down from the mountains and dig up cassava and other vegetables and are not even scared away by dogs.

6.7. Roads and transport

All of the Mgeta households relied solely on walking for access to health, education services and markets. Buses are used very rarely to go into Morogoro usually for social rather than economic reasons (visiting family, illness) and the prohibitive fares (TSh 1500-2000 one way) lead many to walk part way. In health emergencies an ambulance is taken to Morogoro Regional Hospital but this costs TSh 8000. Donkeys are not customary and some of the households were very sceptical about their efficiency. One man felt that a donkey walks so slowly and keeps stopping so it is much more efficient for a man to carry the goods.

Although the study villages in the Ifakara area are near to the main Morogoro Ifakara main road, access to public transport is a problem. Bicycles are the main form of transport used by the study households though few own them themselves. They either borrow from relatives or neighbours or hire them. However, bicycle transportation is not convenient for the sick, persons with disabilities or the elderly. The internal village roads are not passable throughout the year because they are often flooded. Plan International has helped the villagers construct bridges over the myriad of small streams.
The poor road means that there are often no drugs, we get a low price for produce, there is a shortage of food and commodities such as kerosene are high priced’, Mgeta

‘In the rainy season the Mlali- Langali road can be cut off, trucks can be stuck for 3-4 days. We lose crops such as cabbages and services are cut off’, Mgeta

6.8. Children as economic insurance for the future

The traditional view has been that children and grandchildren will look after their parents in old age and some of the study households still adhere to this notion. But others, particularly the elderly have found this to be otherwise. These following quotes from participants in the study illustrate these views.

‘You can take my son with you. He can work for you’, Mgeta father offering his 10 year old to the study team and another young Mgeta mother offered her six year old boy.

‘If someone can take my son and feed him, that will be no problem’, the young mother of a four year old boy told the study team , ‘in fact it was all arranged once and the people came to pick him up but when he saw what was going to happen he got very upset and I could not get him to go. But it would be better for the boy as long as I know where he is’.

‘I know a woman who has sent her 10 year old to Morogoro to work. I said the girl is too young to work but the mother told me, ‘ She is getting food and clothes” , young mother, Mgeta.

Another Mgeta mother has sent her three elder daughters to be housegirls in Morogoro. She knows about the risks but she says she knows the people who have taken them and she had no choice because she could not feed them at home.

M’s five children all live with her sister who is a Municipal Clerk in Songea as she continues to live with her parents in a Morogoro slum.

‘My children are a source of comfort. I expect to rely on them in the future’ Mgete mother of 8

‘I have never had any good times in my life, but I delight in my seven young grandchildren. They will look after me as I get old’ widow, 50s Morogoro

‘Giving birth to children doesn’t mean that you’ll get a good life’ None of this old man’s five surviving children out of twelve support s him in any way A grandmother in her late 50s told of how she has four living children, three daughters and a son. She educated all of them to Standard 7 and they all have jobs in Dar es Salaam or Morogoro. However, not one of them provides any support to her and since she was widowed, she has had to move to live with her elder sister where they eke out a living selling their labour and cooking pots.

An Ifakara widowed grandmother in her 60s regrets that she never had any sons. She cannot live with any of her seven married daughters and feels that her widowhood was a major contribution to her poverty as she has nobody to help her.
Only one child out of nine borne by the woman of 69 actually provides any support to her and her disabled son in his twenties. This daughter left her son (12) with his grandmother one year ago temporarily as she is a single mother and had business to attend to in Ifakara. He has never taken him back but she does provide school uniform and he often misses school to go to Ifakara to get food from his mother.

6.9. Coping strategies

To deal with economic hardship the study households have adopted a number of coping strategies in addition to the diverse income earning activities mentioned above.

One strategy is to send children away to live with other relatives or as housegirls in town. Several serious suggestions were made to the research team to take children away with them.

Some families send their children to eat with neighbours. Reducing the number of meals taken and making food less palatable to eke it out has already been mentioned (see hunger above).

Where neighbour relations are good, families borrow from each other. The loans are usually of farming or pombe making equipment or food and less often money. With good connections to the Village Government, money may be borrowed but there seem to be few other sources of credit in the rural situation.

There are credit schemes operating in Morogoro. For example, Pride provides credit for petty business but according to the CSWs, who wanted to avail it to start alternative businesses, the conditions are impossible to fulfil for poor people. The loans are too small (TSh 50,000), repayment starts in the first week, the interest rate is 7.5% per month, the whole loan has to be repaid within one month, evidence of ownership of collateral such as refrigerator or sewing machine must be declared and a bank account must be opened (procedures cost TSh 10,000). One CSW told of six friends of hers who took loans but had their possessions confiscated when they could not make timely repayments. They are now worse off than before. The CSW said, ‘It is better to stay in this sex business than take a loan’.

An elderly couple in Chamwino felt that the conditions to get credit are too onerous and ‘people who take loans become poorer’. The repayment time is too short and at 12% interest. In order to get a loan one needs a guarantor and collateral (such as a sewing machine). Delayed or inadequate repayment leads to confiscation of property.
7. Social Wellbeing and Illbeing

Social wellbeing is perceived as encompassing good health, education and access to information, reasonable sanitation and good family relations and support networks.

7.1. Access to Health services

The Government Health Centre in Langali serves all three of the study villages in Mgeta, although the distance from the villages varies from 2km to 10km. Access is via steep and precipitous footpaths from Pinde and Kabuko and the very sick have to be carried on stretchers. Several households indicated that the service at the Health Centre is adequate as long as you have money. ‘You often see the nurses roaming the market place when they should be attending births. They will only stay with the mother if you pay extra money.’ Pinde woman.

The Centre is said to be understaffed and waiting times are very long. The only official cost here is the registration fee of TSh 100. The medicines are supposed to be free but are often not available and patients are told to buy from medicine shops. Sometimes the centre staff tell the patients that if they have money they can arrange medicines for them even when these are officially unavailable. The Health Centre staff and medicine shops are not supposed to sell part doses but this is common practice. It was frequently said that there is severe shortage of medicines at the Health Centre in the fourth week of any month.

Some elderly women complained of the rude behaviour of the staff who suggested that caring for old people is a waste of time and they should just be left to die. ‘I will never go back to the Health Centre unless under force’, elderly Kibaoni woman.

There are no operating facilities at this Health Centre and so cases often require referral to Morogoro Regional Hospital. A fee of TSh 8000 is charged for an ambulance. This was cited as a major problem by several households as advance payment is needed and it is very difficult to raise this kind of money in emergencies.

‘Many women have died in childbirth because they could not raise the transport money’, Pinde woman.

A Kibaoni mother carried her young child with ringworm some 5km to the Langali Health Centre. She had to wait a long time to be seen. Finally the child was examined but it was the end of the month and so they had no free medication left. She was told to go to a chemist but found the medicine cost TSh600 and so she returned home without it.

Pinde does not have a dispensary although there is a mobile unit which comes once a month for immunization and growth monitoring. There are also traditional birth attendants in the village. There have been plans to build a dispensary for a long time and bricks were made once and villagers asked to contribute stones but the collected bricks were all spoilt or used for other activities. The nearest medical services are at Langali Government Health Centre which is an hour walk on a steep and difficult footpath. Pinde also has four registered traditional healers but most people prefer to use the clinic and the Church is actively promoting this too.

F from Kibuko told of her worst time when her father became sick and she had to arrange for neighbours to carry him 10km on a stretcher to Langali Health Centre from where he was taken by car to the Morogoro Regional Hospital. The car cost TSh 8000 and so F could not stay with her father as she had to earn the money to pay for this. She left her mother and her young son and returned to the village to earn from casual labour. Before she had managed to earn enough money she got news that her father was in a critical condition. She walked all the way to Morogoro alone (some 56km). ‘I remember the pain I was in. It was terrible. When I got there, my father was not able to talk but he saw me. Two days after I got there, my father died’.

There is a small dispensary in Kibuko built in 1978 which serves four villages in addition to Kibuko. It has no waiting area and no water supply. The fridge runs on kerosene and frequently deliveries of vaccines are made without prior notification and there is no stock of kerosene. There is a doctor, nurse and two village health assistants, although the doctor is not always there. Villagers usually use this dispensary and have to pay a small registration fee of TSh50. Again medicines are often in short supply, particularly at the end of the month and patients are told to buy from a chemist. Since the only chemist in Kibuko closed down the nearest is 7.5km away in Nyandira. When the health problem is more serious the patient has to be carried by stretcher 10km to Langali Government Health Centre. Villagers volunteer to carry the stretcher knowing that the same will be done for them in times of need.
There is a Mission Dispensary in Kibaoni which charges for medicines but will allow deferred payment for up to one year. The names of debtors are announced each week in Church. Most seem to prefer this Dispensary to the Government Health Centre in Langali because it is closer and the staff are caring, although a drawback is that the Mission Dispensary is not authorised to refer serious cases to Morogoro Regional Hospital.

A young couple in Kibaoni with two small children explained that they could not now use either the Mission Dispensary or the Government Health Centre since they had debts of TSh 3000 at the Dispensary and TSh 2500 at the Health Centre and they will be refused further debts. After weeks of struggle they have managed to reduce the dispensary debt by TSh 500.

A Kilama father of seven children has a condition which entitles him to free medical treatment but he was not aware of this. When he was told this by the study team he still expressed doubts about going to the Health Centre, 'Who will respect me there, poor as I am?'.

'The worst time of my life was when my 6 month old baby died this year. He got malaria and I bought quinine syrup at the local medicine shop but he didn’t get any better. We left it too late to go to St Francis Hospital and he died two days after admission'. Mother, Lungongole

The Kibaoni Health Centre was built in the early 90s with support from Plan International (and is sometimes referred to as the Plan Hospital). It operates a cost sharing scheme which people seem well aware of and accept. The consultation fee was known by most of the study households (TSh 200) and medicines are subsidised. This means that the Centre very rarely runs short of medicines as they have their own budget to spend. It was indicated that the Health Centre has staff shortages and there was also concern that results for diagnostic tests took more than one day unless the patient arrived at the Centre by 6am. This means that patients have to make two trips to the Centre.

More serious cases get referred to St Francis Hospital in Ifakara. The study indicated that some patients felt that the drugs and diagnosis obtainable at this hospital were better than the Health Centre and, although the costs are higher as the full cost is passed on to the patient, they are willing to borrow money or pawn goods to pay in preference to using Kibaoni Health Centre. Some even went directly to the hospital, particularly with children as the charges are halved. Even though the treatment is preferred at St Francis, there were reservations expressed about the rude behaviour of the doctors who spend very little time with each patient, do not listen and shout at them. The Village Government told of a fund established by Sister Maria for destitute persons unable to pay the medical fees but none of the study households which spoke of using the Hospital had been assisted by this.

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Vaccinations are conducted in the two Ifakara study villages through the outreach programme operated through the ambulances. All children of study households had received full courses of vaccination. There is a community based health centre in Signali (3½ hours walk from Lungongole) which some mentioned as preferable to either the Kibaoni Health Centre or the St Francis Hospital because treatment for mothers and children was free.

The eldest daughter, 21, of a Mgeta family and mother of a young boy was taken ill while working as a housegirl in Dar es Salaam. Her parents were called to take her back to the village where they took her to the Health Centre. Getting no help from them they took her to Morogoro Regional Hospital where they were told ‘she has no disease and nothing can be done’ (a euphemism apparently frequently used in the medical profession to describe AIDs but which confused the family who could see their daughter was seriously ill. Furthermore they were given no advice on how to care for her). They took her back to the village and negotiated a loan of TSh 50,000 from the Village Council which they used to pay traditional healers. The daughter died within months and the family were left with huge debts which have taken over a year to pay back in small instalments.

The single mother in Kilama is largely paralysed from the waist down and cannot be carried on a bicycle to the Health Centre 10 km away. Even though her condition entitles her to free medicines and she would benefit from physiotherapy, she does not go to the Health Centre because of the access problem.

The old man in Kilama is over 70 and has severe back problems. He cannot walk or be carried on a bicycle to the Health Centre. Since he was swindled out of TSh 20,000 by a traditional healer once, he now administers his own herbal treatments.

The problem in the Ifakara study area is the distance that most have to travel to the Government Health Centre and the lack of suitable means of transport for the sick or persons with disabilities. Kibaoni Health centre serves both Kilama and Lungongole villages and is approximately 9 km from Kilama and 12 km from Lungongole. Despite the availability of an ambulance provided by Plan International to the Health Centre, the cost (TSh 3000 for a call out fee was known by most of the study households (TSh 200) and medicines are subsidised. This means that the Centre very rarely runs short of medicines as they have their own budget to spend. It was indicated that the Health Centre has staff shortages and there was also concern that results for diagnostic tests took more than one day unless the patient arrived at the Centre by 6am. This means that patients have to make two trips to the Centre.

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The preference for traditional healers was varied and ranged from, 'I never use them, they are liars and do not give good medicines' to 'I always use them because they only charge TSh500'.

Health service choice is greater in Morogoro Town than the rural areas. There are public and private facilities and pharmacies which will diagnose unofficially and sell medicines. However, the cost of treatment seems to deter most of those who participated in the study. For example, 'Money speaks louder than words. If you do not have money at the regional Hospital, then you are nobody', Elderly man. While a woman in her sixties suffering from high blood pressure uses local herbs rather than seeking medical help as 'I know everything costs money'. Private dispensaries are regarded as too expensive; 'I paid TSh3000 for treatment of malaria last year; TSh1000 for diagnosis and TSh 2000 for medicine at the private dispensary and will not go there again. I use the chemist around the corner who sells medicines without prescription', woman, Morogoro. Generally, the urban participants did not know about free medical services for the elderly and those suffering from certain listed ailments and so were not availing this concession.

A widow in her 60's living alone in the slums of Morogoro suffers serious swelling in her legs which give her considerable pain. She cannot afford treatment so slits them with a razor to get relief and then dresses the slits with kerosene.

A woman in her 50s living in Morogoro slums noted that 'everything is money' at the Morogoro Hospital. She needs special diagnostic tests and medicines in Dar es Salaam and should get free services but she has never availed these because she does not believe they will be free.

Education was seen in a mixed light by the participants in the study. Some felt it was the key to a better life and cited examples of people like themselves who had been more successful because they had completed their education. While others said that without connections and capital there was little value in having completed schooling. Many of the households with children of school going age were not actually sending their children to school, because they could not afford the uniforms and books or needed the children to help with farming, collecting firewood and water or looking after siblings.
Each of the three villages in Mgeta has a primary school and Kibaoni has a secondary school. The three primary schools all have insufficient classrooms (e.g. Kibaoni primary has five classrooms for 450 students), insufficient furniture and teaching materials and Kibuko has insufficient number of teachers.

The secondary school serves the Mgeta division comprising 22 villages. Only two students from Kibuko have ever gone on to secondary school in the last twenty years. Although about ten students pass each year in Kibaoni Primary for entrance to secondary school only 3-4 take up the place because the fees are prohibitive (around TSh 50, 000 per year).

The 10 year old son of a Pinde family told the study team, 'I want to take a photo of the school. I love school but I have never been. When you stay at home you become ignorant. If I went to school I would know how to grow peas, beans and maize.'

His elder sister who is working as a housegirl in Morogoro sent him a school uniform shirt and some exercise books recently but the father told the study team that he cannot afford the school fees and he hides from the school teachers because he is embarrassed that he doesn’t send his boy to school. The study team told him that for the last two years schooling is free. He said he had never heard of this and told his wife he would take the boy to school on Monday. The study team were sceptical as the heard of this and told his wife he would take the boy to last two years schooling is free. He said he had never

Children talked of bullying and name calling at school. Sometimes this was because they were poor and their uniforms were old or dirty, sometimes because their parents had disabilities. There are big boys in Class 1 and 2 in some schools because of the introduction of free education and they intimidate the smaller ones. In one Morogoro school these boys smoke marijuana and beat up smaller boys. Mostly, the study participants said it was futile reporting these sort of problems to teachers.

There was some dissatisfaction raised regarding the teachers’ behaviour. Some of these views are expressed in the box below.

'Most children do not eat breakfast before coming to school. Many children work as porters in the market or sell peanuts and bananas to contribute to their education costs.'

'Since the removal of school fees two years ago there has been a doubling of registering. This means that standard 1 and 2 classes are huge (over 100 pupils). However, over-age children cannot be officially registered at present although special programmes are being put in place.

'Teachers beat the children and spend long periods in the pombe shop. Sometimes they even stay in the pombe shop until after 5 o’clock and forget to release the children from school. They make the children do errands for them.’ Mother, Mgeta

'There is a problem at the school and many children do not go because the teacher beats them. One day my fifteen year old daughter was in trouble and the teacher followed her all the way home to beat her. She often misses school now because she is frightened', Mgeta mother

'When I grow up I want to be a teacher so I can beat the children who do not understand,' Lungongole boy, 14

'Parents have taken their children away from school because the teachers have punished them too severely’, Village Government member, Kilama

But, by contrast, in another village....

'The teachers are now teaching as they should and not drinking all the time. If we see them in the club now and ask them why they are there, they quickly go back to the school. This never happened before', woman, 77 years old Mgeta
There was also concern about the use of student’s time for the benefit of teachers. For example, while the study was in progress in one of the Mgeta villages, an incident was revealed where eight teenage schoolboys had been sent by the teacher to market to sell cabbages on his behalf. Their parents did not know about this arrangement until after they had already left. They had to carry heavy loads on their heads for about four hours over the steep and slippery footpath. They then had to sleep in the open market on their own over night so they could sell the cabbages the next day. Each earned only TSh 500 and lost two school days. Another family told how their teenage daughter studying in Standard 6 spent two days this week at school harvesting cabbages. She was happy because she was allowed to bring some home.

Although the actual distances to the schools are not huge (usually within 2 km) in the Mgeta study area, the terrain is steep and particularly difficult for small children in the rainy season.

Kilama has a two primary schools supported by the Government and Plan International. According to the Village Government attendance is poor because parents take the children for farming and petty business. Hungry children also wander about picking fruits instead of coming to school.

The only son (14 years old) of a young mother who is paralysed asked his friend to photograph him in his school uniform as he felt this was something he felt most proud of. He loves to study but since his mother became ill 5 years ago his education has been severely disrupted. They had to move to live with his grandmother. She died soon after and he now has to look after his mother. The Village Government has agreed to waive school contributions as they are ‘needy’. However, he misses about two days of school a week either because he has to collect food from neighbours where they used to live (a 2 ½ hour walk away), write begging letters to the Church, collect medicines from the chemist or because his only school uniform is dirty. They do not have enough money to buy soap and he fears he will be ridiculed at school if he goes with a dirty uniform. He has been laughed at at school for having a ‘crawling’ mother. His mother is very sad that her son who used to be second in class is now struggling in S6.

Distance to primary school is not a problem for the Kilama A and B households but is for children in Lungongole which does not have its own primary school, although one is planned. Children have to walk over 3km and sometimes the route is flooded.

The principal of the school has visited one of the particularly poor study families in Kilama recently and insisted on registering the two school age children. He has told the family that they will have no costs to send the children to school and will arrange for them to purchase second hand uniforms (TSh 400). However, the only son already attending S1 is 14 and he misses school because he does not have enough to eat.

7.3. Water and sanitation

None of the households in the Mgeta villages experienced any severe problems accessing water. All had water within 15 minutes walk of the house. Usually the women and children collect the water in plastic buckets.
The biggest problem is the terrain which is steep and slippery during the rainy season. Although none of the households had experienced accidents themselves they did indicate that people in the villages have had accidents carrying water. There are plentiful springs which never run dry in Kibuko even in the dry season and some in Kibaoni. Most households, however, use water from irrigation channels, wells or the river. These sources are regarded as ‘clean’ and therefore acceptable for drinking. They may be free of sediment and insects (see box for a typical explanation of ‘clean’) but they are clearly not safe sources. No household boiled the water for drinking because they say it wastes scarce firewood. A minority in Kibaoni near the centre of the village use gravity fed piped water taken from higher up the mountain but experienced low pressure particularly in the dry season. This system was installed in 1987.

In the Ifakara study villages, the Village Governments identified poor water supply and sanitation as the priority development issues. Yet the quality of the water was not noted as a particular problem among the study households, although all but one household were using extremely unsafe sources. Two households complained of the local well drying up in the dry season from September to November, another of having to get up very early to fetch water before those who actually dug the well otherwise she would not get any water at all. Time taken to fetch water was not a problem for the study households, all having either a tap, shallow well or local well (water hole) within 15 minutes walk and no problems of queuing.

Two of the households in Mgeta had no toilet at all and used a small patch of uncultivated waste land for defecation. The others had rudimentary pit toilets usually surrounded with banana leaves or grass screens without roofs. One had a low wall of mud bricks but these were in poor condition. Some pits were in very bad condition and liable to collapse particularly in heavy rain. Several households took photos of their toilets as things which they really disliked about their lives either because they were embarrassed by them or felt them to be unsafe or lacking privacy. Although none of the households particularly mentioned diarrhoea and other gut problems the Dispensary at Kibuko indicated that this was the most common health problem along with malaria.

Mother gets up at 5am each morning to collect water from the water hole 15 minutes walk away. It is not her water hole and so has to make way for those who dug it to get their water first. It takes her a couple of hours to fill four containers.

A number of toilets which householders took photographs of because they were ashamed of the state of them.
Three of the Ifakara study households had no latrine and the others had rudimentary pit latrines with grass screens. Cholera outbreaks are common in the Ifakara study area and during the study the villages were under quarantine so pombe shops and food stalls were not supposed to be operating. The high water table and proximity of River Kilombero and its many tributaries leads to regular flooding and so pit toilets frequently overflow or collapse.

7.4. Access to fuel

The boy of 10 years in one of the Mgeta villages does not go to school as he has many jobs to do for the family. One is to walk to the forest reserve about one hour away and collect firewood.

'We pray for a strong wind', Mgeta household explaining how they get firewood.

In Mgeta, R makes and fires one clay pot a week. This means that she sends her granddaughters to fetch firewood from the reserve as much as twice a week. The forest is a 3-4 hour walk away.

For one Pinde family collecting firewood is a major problem as they have no trees of their own. The mother has to carry the young baby to their shamba some 2 hours walk away from their home while her husband carries their young grandson. She collects firewood from the Reserve each trip but finds it very difficult to carry the firewood and the baby too. She told us, 'I am so tired that I cannot work on the shamba properly'.

Kibuko used to have a managed forest of eucalyptus and cypress from which villagers could purchase firewood. The profits went to the Village Government. However this forest is now closed because it was over exploited. Now, villagers are only allowed to collect fallen branches or they buy from woodlots. A few households have their own woodlots. Similarly in Kibaoni and Pinde households mostly glean from other shambas, uncultivated land or buy from woodlots. A whole tree costs between TSh 5000-10,000 and will last between six months and a year. However, if the household is brewing pombe to sell the firewood cost increases to about TSh 1000 per month. Even though entry to the forest reserve is forbidden, some of the study households did rely on collecting firewood from there.

In the Ifakara study villages, firewood collection was not generally a problem as there is plenty of nearby bush, felled trees from earlier land clearing and most had their own fruit trees. The Forest Reserve is open two days per week for collecting fallen branches but the forest rangers are known to brutally beat anyone caught entering with a panga (although fines or jail are the official punishments).
7.5. Social capital

a. Family bonds

A number of traditions and practices which promote or erode social capital were revealed in the course of discussions with the study households. The following are examples of traditional practice which have strained relations within the family:

Unfortunate arranged marriage

One woman now in her forties was married at 18 years old through a traditional arrangement made between her father and the husband’s father while they were drinking in the pombe club. She only knew of the arrangement the day before and was told to ‘get ready and not walk far away as we will have visitors tomorrow’. Her father did not know that this man was disabled. During the first year, she lived with her in laws and life was alright although not as good as it had been with her parents when she had enough to eat, lived in a good house and always dressed well. However, they moved away in search of better land. It was then that she realised the full extent of her husband’s disability and that he could not undertake hard manual work. At most he can manage 4 hours working in the field. They became increasingly impoverished. Now they sometimes only eat once a day and live in a shelter of poles and roof only. The husband spends a lot of time in the pombe shop and gets quarrelsome, sometimes even beating his wife. They have seven children and intend to have another ‘Because I need to be taken care of in my old age’, says the husband.

Polygamy

A 23 year old woman with three children was still living with her parents when she started an affair with a married man. She became pregnant by him and her parents insisted that he paid TSh7000 and took her to live with him as his second wife. She now has another child and continues to live in this polygamous arrangement. The husband explained that even though he is very poor he felt that it would be good to have a second wife as she could help in cultivation and caring for his deaf and dumb mother.

Obligations to brother’s widow

One family in Lungongole is now headed by a woman of 60 whose husband ‘had’ to marry his brother’s wife on his death. He moved on to his brother’s property immediately after his brother’s death. Initially the children stayed with him but did not like their step mother and moved back to live with their mother on land provided by the Village Government. The woman is originally from Mbeya, some 750 km away and still cannot speak Swahili well even though she moved away nearly 40 years ago. She would like to return but as a separated wife she cannot as the bride price would have to be repaid and within her tribe traditionally once married her family no longer has any responsibility for her.

Parents transfer all responsibility after daughters marriage

‘I have never had or enjoyed a good time. My situation in the village was desperate and when I got married I hoped for improvement but divorced after only 3 years.’ Her husband took away their son and most of the assets and left her with her daughter. She then married a man 25 years older than herself. She was not happy to live with such an old man but ‘it was the last resort after being divorced as my parents would not take me back’. During the last three years, he became sick and the cost of traditional medicine drained their household resources.

b. The burden of extended families

Some households have to support relatives and find this adds to their financial burden. These additions to the family are generally not able to add to the labour base because they are either too old or too young or have disabilities and so are basically regarded as ‘another mouth to feed’. The following are some examples:

A household of nine members includes a niece who was orphaned as a baby. Another of eight has had to accommodate an elderly divorced aunt whose eleven children do not support her. Another family of eight was temporarily caring for their niece as she carried out certain rituals associated with childbirth. An elderly Morogoro couple have two of their grand daughters living with them ostensibly to help them but they are effectively supporting the girls. A seventy year old grandmother was asked by her daughter to look after her 12 year old son temporarily but has after one year it seems unlikely that she will take him back. Another older couple have their four year old grandson living with them after his mother died as a housegirl in Dar es Salaam.

A young man in Ifakara area refused to attend the funeral of his uncle saying that ‘I do not see any use of relatives- I have my disabled sister and her son to look after and this is a burden to me’.

The two grand daughters have lived with their grandmother since they were weaned as babies because their own mothers are working (‘ujana’) in Dar es Salaam and Morogoro and they cannot keep them in the city and neither knows who are the fathers. (Mgeta)

The young father took a picture of his young cousin who is deaf, blind and unable to walk and who he sometimes has to support.
c. Drinking and infidelity

Family relations are often strained by alcohol abuse and many stories were related during the study. The following are some of them.

A Mgeta grandmother in her 60s recalled the worst time of her life when her husband used to come home drunk very late at night, demanding food and hurling insults, including calling her a witch. R had four children to care for and as a result of her husband's drinking the production on the shambas went down and she had to sell her labour.

A Mgeta woman in her 40s has raised nine children and now looks after five of them, her orphaned niece, her very elderly mother in law and a grandson largely without the support of her husband. He drinks, has had several affairs with other women spending long periods away from home and beats her. She actually described the best time in her life when he was jailed for five years for cattle rustling. She provided for all the dependents through farming and pombe brewing. Her own family live far away and are any way also poor. During the period in which her husband was in prison, she liked the fact that she earned a reputation as a hard working and devoted mother; she felt proud of her achievements. At one point her husband's brother became very sick while her husband was staying with another woman. She did not tell her husband and nursed the brother until he died. She knows that the money he earns from the VTTP work will be spent on drink and women and will not help her family at all.

A young woman, 31, with three young sons finally divorced her husband two years ago after suffering continuous bouts of his drunkenness, beating and verbal abuse. He spent all the money they had on drink. But although this was unbearable the divorce itself has left her impoverished. She spent money on negotiating the divorce agreement through the Village Council, she neglected cultivating her land because she was preoccupied with the settlement and she cannot manage it by herself. As a result, she has to take on more casual labour than before, has to buy food, cannot buy clothes and her children go hungry. She looked back on better days before she was married, 'I was happy then, never hungry and was strong'.

A young Lungongole woman said that her happiest time is being married to her second husband because he only drinks moderately whereas her first husband was a heavy drinker.

d. Importance of good neighbourly relations

The issue of connections and the quality of local support networks emerged frequently in the discussions with study households. Neighbours loan equipment and clothes, make gifts of food and feed each others children. Women heading households often make informal connections to help each other.

When it came to taking a meal together, the study team observed a neighbour sneaking round the back of the house with the food she had prepared tucked under her kanga. Knowing that the abandoned and partially blind mother of six would not be able to provide food, the neighbour had cooked a simple meal on her behalf so that she would not feel ashamed. Mgeta.

The neighbours of the family of seven very discretely provided them with chairs so that they could offer the research team somewhere to sit. Mgeta.

The young baby boy in a family of eleven living in Morogoro slums met an accident and was taken to Morogoro Hospital where they were told he needed to be circumcised and the cost would be TSh 13,500. They fretted for 2 days as they could not raise the money as they have not asserts and only limited earning capacity. Eventually a neighbouring shopkeeper offered to loan the money. This was over a year ago and the family have still not been able to repay.

Where such relations do not exist, the family feels helpless and marginalised. A few of the study households were like this and the families had been branded as witches which meant that neighbours were reluctant to assist them.
Wider community acceptance and participation in reciprocal social arrangements is considered critical. For example, in the slum areas of Morogoro a register of households is kept and death condolence contributions recorded. Each time someone in the neighbourhood dies TSh100 per person is expected as a contribution towards the cost of the funeral. The contributions may be as much as TSh3000 per month! It is obligatory to pay otherwise, no assistance will be given when needed. Similarly in the Mgeta study areas, everyone is expected to contribute to Ngoma ceremonies. In Kibaoni, a Ngoma celebration was being organised during the study period. Each household was expected to contribute TSh8000. Recognising the poverty of one young couple the organisers of the ceremony in the village had agreed to reduce their contribution to TSh4000. However, the young couple were still worried and told the researchers that they might not be able to pay this and might then be ostracized and would get no help when they needed it. In order to compensate for the lack of cash contribution, both the husband and wife were actively collecting water for the pombe making and trying to pay off their social obligation in kind.

The multi tribal nature of the Ifakara study area means that this sort of social obligation has been minimal. However, a performing group has been formed recently which offers cross cultural entertainment for ceremonies and these are becoming a new norm which requires household contribution and participation.

It is also regarded as important to have connections to get work or access services as these examples illustrate.

‘K’, in his late twenties completed primary education and went on to vocational training in Dar es Salaam to be a motor mechanic. This, he says, was the best time of his life. After getting his qualification in 2000, he came to Morogoro and tried to find somewhere to live and a garage which would take him on. But he did not know anyone in Morogoro and you have to pay the garage to take you on initially. Finally he gave up and went to Iringa where he cultivated tomatoes. Whilst there he contracted malaria and had to come home to Mgeta where he now lives with his mother and sister and helps farm their shambas and takes on casual construction work.

Y’s uncle used his connections to fix her up as an apprentice tailor in Dar es Salaam and invited her to stay with him. She feels she would not have been able to pursue tailoring without this help from her uncle.

‘P’ injured his hand badly and was referred to Morogoro regional hospital. As he did not know anyone there, he felt he would not get good or fair treatment. He took painkillers and his hand has not recovered so he cannot cultivate his land properly.

‘D’ will not go the health centre even though his condition allows him free treatment because he does not know anyone there and feels he will not be respected.

**e. Social exclusion**

Some of the study households told of the social exclusion they experience which they explain on the basis that they cannot contribute anything to the community, they are ‘drains’ on their neighbours or they have been branded as witches. The following examples illustrate this.

“The thing I hate most is the name calling. The villagers call me ‘maskini’ because I have nothing to contribute. They sometimes call me a witch so that everyone will avoid me and they will not feel they should help me. I cannot even go to the pombe shop and never go to village meetings as I have nothing to give. Everyone sees me as a drain. But when they did offer to help rebuild my house after it was washed away by the rains last year, I told them to go away. I did not want them to laugh at me for the rest of my life saying ‘this man could not even build his own house’. You ask me who I admire? I am too ashamed to tell you who I admire. Perhaps someone who can cultivate potatoes and beans and peas and gets a good price at the market.” Father of four in rural Morogoro
I hate most of all that people laugh at my mother. She has an eye problem and it is difficult for her in the daylight. I feel ashamed when people abuse her and say things like 'look at her, why is she always winking at us' and sometimes they call her 'maskini' boy of 15, rural Morogoro.

'At school, they called me and my mother names and laughed at me. They called her 'kiwete' because she crawls and cannot walk. I cried and then told the teachers and they punished the children,' Kilombero 14 year old.

Six years ago, the neighbours of an elderly widow living on her own could not understand how she managed to have food stocks and so accused her of witchcraft and taking their foodstock. Having consulted village leaders, they told her they wanted to take her to Kalembwana (a well known traditional healer) to see if she really was a witch and she readily agreed as she felt she was innocent and the food she had was gifts from her daughters. They had to wait 2 days to see Kalembwana. Having given them a test to eat ugali mixed with herbs, he pronounced that she was not in fact a witch. She had to work on Kalembwana’s farm for two days to earn enough money to return. However, since then, even though the verdict was in her favour, she still does not have any relations with the neighbours because she is worried that if even one of their children cry in her presence they will again accuse her of being a witch. Kilombero.

One family had 10 children but six died under the age of 5 years. This took both an emotional and physical toll on the mother, but worse was the pressure from neighbours to move away as they thought the family was bewitched. The family did move away and has since struggled to eke out a living. Lungongole.

The CSWs spoke bitterly about the name calling by neighbours and relatives and how they are excluded and treated as the lowest of the low. They suffer harassment from men who are not necessarily customers and when seeking health services find the health staff are extremely rude.

f. Erosion of trust

There is a high level of theft in the Ifakara study area and the Village Government attribute his to the fact that many tribes live there and the traditional kin based justice systems do not operate. Furthermore there is little trust between members of different tribes. The Village Government indicated that the area was especially difficult to manage because of this. Several of the study households had experienced theft even though they have so few assets. One lost their entire food stock and even school exercise books were taken from another household so the girl now does her homework at her father’s home and does not take any school books back to her mother’s home where she stays and where theft occurred.

Distrust is also high and growing in the slums of Morogoro where, like the Ifakara study area, migrants have moved in from all over the country without traditional social and kinship obligations. In Chamwino, a man in his late 70s expressed one of his main concerns as the prevalence of theft and robbery. ‘It is not safe to walk at night-we are particularly at risk because we are old. We often hear people crying out from the houses under construction in the area which are good hiding places’. The machingas feared theft most and the CSWs have become increasingly concerned about their personal safety.

g. Community schemes to benefit the poor

Discussions with Village Governments in all the study villages indicate that they believe about one third of their community is extremely poor but the lack of resources at their disposal means they do not have special programmes for them.

‘Nothing good happens in this village. Nobody comes and asks about my problems’, Mgeta woman head of household.

The Kilama Village Government told us that they do not have resources to support the extreme poor in the community and that relatives are relied upon to provide immediate support. However, they have waived school contributions.
for a number of the study households because of their need and do try to inform poor households of funds available to help them e.g. Plan International’s child sponsorship scheme, Sister Maria’s health fund etc.

There were no ongoing development programmes in the Mgeta villages except VTTP. The Ifakara study villages had been helped extensively by Plan International. Church (both rural study areas) and mosques (Ifakara) are seen generally to provide minimal tangible support.

‘The Church does not help us when we have problems even though we go to Church every Sunday and contribute. If we have problems we go to our neighbours or my sister.’ Grandmother, 80s, Mgeta.
8. Political wellbeing and illbeing

This last section examines the study participant’s views of their participation in decision making and influence within the community and their access to information and justice.

The following quotes sum up how many of the study households feel about the nationally elected representatives:

’We have not seen the MP since the election campaign’, Village Government members, Lungongole

’MPs only come to the community during elections and never come again. They never deliver on any promise.’ Elderly man, Morogoro

Very few of the study households are active in participating in Village Government activities and meetings. One Mgeta family had two active members of the Village Government who were very articulate and enjoyed a certain respected status in the village. This certainly ensured that they are included in development activities. They are active in the VTTP programme and the health outreach programme and were, of course, recommended for inclusion in this study. However, even this family found it difficult to garner support from the Village Government when they needed a loan for the ambulance to take their father to Morogoro Hospital.

Members of the Village Government in Kilama indicated that they felt people did not come to them for advice and information because the committee does not operate an office and people did not like visiting individual members homes as this implied a political affiliation. A neutral office, they feel, would enable freer access.

Study participants explained why they did not bother to attend village meetings and this was either because they felt they were a waste of time, were too busy to attend or they did not feel able to participate or welcome as this selection of quotes illustrates:

’The Village Government is very ineffective. As soon as the road construction project is finished, the construction groups want to remove the Village Government’ Mgeta man

’The village has a water supply problem and the village Government calls many meetings. We do not go to the meetings as they are not serious about solving the problem’, young mother, Mgeta

’I never go to the village meetings. I do not feel welcome’ an elderly woman in Lungongole told us. But her son knows the village leaders and complained that they are inefficient. He does go to village meeting but never speaks as he does not know the procedures. He will represent the family in providing voluntary work on maintenance of the footpaths as the family will otherwise be fined TSh500 per day.

’I never go to community meetings because I am too busy either at the shamba or weaving mats’ elderly man, Morogoro.

’I rarely have time to go to village meetings’, farmer, Mgete

Less than 10% of the study households attended village meetings and these tended to be older members, perhaps because they have more time.

’I go to general village meeting to hear what development is planned’, grandmother, whose daughter is married to the village Chairman, Kilama

’I go to the Village meetings as I want to know what they have done with the development levy. They are always harassing us for this even though we are old’, man, 62 Lugongole

’I always go to Village meetings. That is how I came to know about the road construction project and got work on it’, man, Mgeta

A widowed woman in her 30s acquired a donkey through VTTP and repaid slowly by carrying goods to market. With additional profits she was able to make repairs to her house. One day a male relative came demanding cigarettes from her since ‘she was now rich’. Her refusal led him to hurl a rock at her head and she had to go to hospital. Since she understood her rights through the VTTP education programme, she arranged for the police to jail him but this cost her TSh5000. However, she was alarmed after her efforts to find that he was released two days later so she took this up with the Village Council. But they did nothing. She feels totally frustrated that she tried to seek justice through official channels and was both cheated and ignored. She still suffers headaches from the blow to the head.

Retold by a study member, Mgeta
### Some dissatisfactions with local leaders: Not helpful

> Usually if I have a problem I go to the neighbour for help. But if it is a big problem I might go to the Village government. But they are not always helpful. They do not know what to do themselves’, woman head of household, Mgeta.

> ‘My food stock was stolen and I went to the Village Government for help but they did not do anything. I am not well known by them. They never come to visit. I do not trust them now. I have my young grandsons living with me to prevent further theft’, old man, Kilama.

> ‘Why would I go to the Village Government for advice? They have bigger problems than me in their own households such as sons who steal.’ Mgeta man.

> ‘When I lived in the village the leaders were just time wasters. They listened to the problem but never gave solutions and always claimed they did not have time to follow up. I know one leader who has two elderly parents in as desperate position as me and he does nothing for them so how can he understand my plight?’ elderly woman, Morogoro.

The daughter of a Morogoro household became pregnant and the father denied paternity. So her father made a complaint to the Ward Council where he was told ‘your daughter has bad manners’. Eventually the police issued a summons but the young man denied the charges and the girl’s father has given up trying to seek support for his daughter and granddaughter.

The lack of helpful advice to be had from the Village Government was exemplified by the following. A relative was accused of witchcraft and so the family went to the Village Government to ask them to resolve the issue. The Village Government said they could not help and told them to seek advice from the Church or traditional medicine man in order to determine whether the relative really was a witch.

### Some dissatisfactions with local leader: cost

> ‘I do not go to the Village Government for help to solve conflicts as I have to pay’ young father, Mgeta.

> ‘We solve problems within the family as the Village Government demands money’, middle aged man, Mgeta.

A woman in her late twenties asked the Village Government to help settle the divorce from her husband who drank excessively and beat her. The settlement arrangements consumed time and money and was very stressful. She could not cultivate all the land and increasingly worried about her three young sons. Finally the Village Government arranged for the division of assets. The wife got the bed (worth Tsh 15,000) and the husband the pig (worth Tsh 20,000). The husband also had to pay Tsh 3000 because these assets were not of equal value. The Village Government further ordered the husband to provide Tsh1000 per week and a tin of maize. Although the husband accepted this order he does not honour it. He has only paid for the nursery school registration fee for the middle boy. So the woman feels the whole effort was in vain. Mgete.

> ‘My son sometimes has the goods he sells stolen. Sometimes I go to the Ten cell leader and pay Tsh500 to get them to take up the case. But usually I do not bother as I do not have the money. Even if I want to try and by pass the Ten Cell Leader and take the case directly to the police, they will demand a letter from him and if I don’t have one I will also have to pay Tsh500’, Morogoro mother.

> ‘If someone complains to the Village Government of drunkenness, they have to pay Tsh 1000 to make the complaint and to issue a summons. The summoned man may have to pay Tsh2000’, grandmother, Kilama.

> ‘If someone made a complaint to the Municipality about the loss of our quarrying work, they would put us in jail. We have not money to pay the bribes and buy freedom and nobody to speak on our behalf so we would die there’ migrant worker, Morogoro.

### Some dissatisfactions with local leaders/police: Corruption

> ‘The Ward Executive secretary conspired to take our sister’s land claiming that my wife had given approval. To persuade them otherwise, we had to pay TSh10,000 as a contribution to building the ruling party conference hall in Chimwaga Dodoma. Poor people like us are very vulnerable to land being seized by officials’, old man, Morogoro.

> ‘If you have no money you will rot in jail. If you have money you will be a freeman,’ elderly man, Morogoro.

The Village Government (Ifakara study area) persuaded the mother of a rape victim not to take this to the police as the police would benefit through their corrupt practices. The Village Government were pleased to make a more fair settlement where the mother received TSh50,000 and each took TSh2000.

> ‘We have to pay bribes to the police (TSh 2000) all the time to stop them arresting us for loitering’ CSW, Morogoro.

> ‘If we made a complaint to the Municipality about the loss of our quarrying work, they would put us in jail. We have not money to pay the bribes and buy freedom and nobody to speak on our behalf so we would die there’ migrant worker, Morogoro.
Most study households asked about where they go for help and advice when there is a problem such as seizure of land, theft, fighting or drunkenness, explained the official system of going first to the Ten Cell Leader who would then refer the problem on to the Village Government. If this required legal action, they in turn would refer to the police or court. However, the study households explained that generally they do not use this channel as it costs money (TSh 500 at each stage), they do not trust the officials and the system is regarded as corrupt. Many crimes therefore go un-punished or relatives and neighbours are asked to intervene.

One of the urban households was headed by a Deputy Ten Cell Leader and he and his wife are often asked to provide informal advice to neighbours, particularly to explain legal procedures and legal documents. He does expect some kind of payment for this advice. In addition, he told us that the Courts have officially delegated authority to Ward Councils to deliberate on minor cases in an attempt to reduce the Court’s workload. Generally TSh2000 is charged for a sitting of five members but this, according to the Deputy Ten Cell Leader, is not enough incentive as some cases may take as much as six hours to sort out. So, he explained, they charge more than this and often those concerned are unwilling to pay. Another household head in Morogoro was also a member of the Ward Council for eight years in the eighties. He says that nowadays young people do not use this means to solve conflicts but go directly to the police and pay them to make an immediate arrest.
9: Special Studies of Non Household Groups

Four focus group discussions were held during the course of the study with specific groups of urban poor and vulnerable who do not live in traditional households. The intention was to find another means to gather the views of the growing number of vulnerable urban groups who have no fixed place of residence. These persons were difficult to contact and win the trust of as they live on the margins of illegal activities. After several meetings to build trust, groups of four to six agreed to spend half a day with the researchers and share their views. Neither the commercial sex workers or the machingas wanted to take photographs or draw pictures as they wanted to speak freely and did not want to leave anything which might make it possible to identify them later. Although some of their perspectives have already been included in previous sections, following sections provide a more complete synthesis of the discussions held with these groups.

Street Boys

There are very few children in Morogoro Town who actually live permanently on the street. Most have an adult with whom they stay at night but they do spend all day eking a living on the street. They sell polythene bags in the market, carry bags for shoppers, clear garbage, collect water, wash cooking utensils for street food vendors. In this study, we spent half a day with five young boys, aged 10-14, talking about their experiences, their hopes and fears.

They all have been working on the street for at least two years and one 10 year old said ‘for as long as I can remember’. They each have a story of abandonment or death in the family which had resulted in them having to largely fend for themselves. One 10 year old has lived with an uncle who is a porter at the bus stand for the last three years following the death of his mother just one month after she was forced to leave her husband. An 11 year old lives with his widowed mother and two brothers. The three brothers all work collecting rubbish and fetching water in the central market and together pay the rent and food. Another 11 year old lives together with his brother with their grandparents following the death of their mother. Their father moved to the home of his second wife and basically abandoned the two boys and their elder sister with his first wife’s parents. Five years ago, when one of the boys was only 9, his father died (‘he was bewitched’). His mother then left him with his uncle in Morogoro. She left him TSh600 to buy 2 dozen polythene bags and told him to make his own living. His uncle is a fruit and vegetable trader and does send him to school but cannot afford the uniform and books, so the income from selling bags is used to pay for this. And finally, the fifth boy who is younger than 10 years but does not know his exact age, is the middle brother of three who live with their grandmother and intermittently their unemployed father who is separated from his mother. His father stays away for weeks at a time and never gives his mother any money to look after the three boys. The three boys have become the breadwinners; the older one works in the fish market, the younger one, who is about eight years old and is deaf and dumb, washes dishes and utensils for street food vendors and the study participant sells bags in the fruit and vegetable market.
Their days start early (around 5am) with fetching water, washing clothes and cleaning dishes and their rooms. When describing this to the researcher, they laughed and teased each other for doing ‘women’s work’. They start working in the market at about 9am and continue until about 6pm. On the way home they take a bath in the stream under cover of darkness. They eat the one meal for the day (although one said, ‘There is not enough money for food every day’) and then play or watch videos at neighbours houses or the CCM Office which charges TSh20 entry.

They shared their problems and explained how they cope with these. They all complained of feeling hungry and having to go long periods without food. However, their biggest fear is the bigger street boys. They bully the smaller boys and sometimes steal from them. ‘When you are trying to sell bags, they pull you back and push you over’. One boy of 10 told how one day he was sick and needed to sleep in the market. When he woke up he found all his money had been stolen. The boys said they don’t wear new slippers because the older boys will take them and sell them. Instead they exchange new ones with boys who have old ones. But the most worrying threat from these bigger boys is rape. The boys said that when they go to urinate, particularly at night, the bigger boys threaten with razor blades and then sexually abuse them.

These small boys support each other greatly. When one first came to find work in the market when he was only 7 another 9 year old gave him his first three bags to sell to ‘start him off’. When any of them has been a victim of theft or is sick and cannot work, they each give him TSh50 or a few bags to enable him to ‘continue business’. They have developed good relations with the police and have complained about the intimidation by the bigger boys. ‘Once L was beaten up by a bigger boy and we went to the police who arrested him. His friends bribed the police to release him by paying Tsh5000. The police gave TSh1500 to L!’.

They know their work well too. If plastic bags are not selling well they switch to portering, particularly in the rainy season (March- April) when shoppers do not want to leave their cars. They know the busy times; weekends and Christmas, Easter and Eid. They know where to buy the cheapest bags and how to build up relations with the vendors and customers.

They dream of better lives with a good house, wife and children. Two of the boys felt that this could be achieved through education and are actively seeking support to get registered in school. The one boy who is actually attending school was not convinced that this was the answer. As he has to work in the market every day after school he cannot do his homework and he is too tired to do well in school. He felt it was more important to really learn one’s trade, build up savings and invest in building up one’s business. One other 11 year old did not have such ambitions, he merely wants a life free from begging.
Migrant workers

Migrant workers are often young men who have moved from rural communities in search of construction work. These unskilled or semi-skilled labourers gather at ‘Jobless Corners’ where they may be hired. These gathering places provide opportunities for these young men to support each other and friendship but also serve as an incubator for illegal activities. In this study four young men agreed to spend a few hours talking with the researcher about their experiences. The marginal nature of their livelihoods meant that no notes could be taken and identities were concealed as much as possible.

Three came to Morogoro from Songea because they could not find work there. They live in rented accommodation in the Morogoro informal settlement areas. The fourth moved to Morogoro with his father 10 years ago and still lives with him. One has trained as a mason but because he has no certification he has difficulty getting jobs and so is forced to undertake casual work such as carrying and crushing stones. Another is a carpenter and can earn as much as TSh3000 per day. Another used to supervise a bicycle hire business and when this failed started a bicycle repair service but could not make a living from this and so has turned to casual labour.

All wake early in order to start their search for jobs either by visiting construction sites or going straight to the ‘Jobless Corner’. They leave home without eating and only take food if they actually secure a job for the day. Friends might share fried cassava chips or biscuits as snacks at the Jobless Corner.

If no job materialises, ‘I have to take something home as my wife is waiting with two children to feed – I will turn to anything to make sure we have money to feed the family’ (the implication being that he would pickpocket or thieve). Another commented that he doesn’t like to be a thief but circumstances require it. They usually go home around 6pm and eat.

The biggest problem is the seasonal nature of the construction industry and during December-May many construction sites close because people are concentrating on agricultural activities and the heavy rains mean that haulage costs are very high. The men might get opportunities for some headloading work because the trucks cannot get through, particularly in the elevated suburbs of Morogoro. There is always lots of competition for work and since quarrying work has been made illegal there is even greater shortage of work. They all disliked being unemployed and were pessimistic about the future because of the economic environment and the present President’s economic policies. Private companies are using foreign contractors for construction and the guaranteed work of the past from parastatal organisations has dried up with their closure.

They have urban expectations and admire peers who have cars, trucks and mini buses and have good incomes to buy good houses, wear good clothes and attract many girlfriends. They felt that these persons were lucky as they mostly inherited property and assets from their families. All the study participants had Standard 7 education and two had undertaken apprenticeships. The only difference between them and their peers, they argued, was their inheritance not their level of education. One of the young men was actually quite angry about his lack of privilege.
Interestingly, although none have ever farmed before, all indicated that they would like to own land and with capital for farming equipment and fertiliser feel they could make good living in agriculture as they think the market for agricultural produce is good. Even if this is not possible, the two men with trade skills indicated that credit for purchasing modern trade tools would help them a lot in getting work.

**Commercial Sex Workers**

Four Commercial Sex Workers agreed to meet to discuss their experiences, problems and aspirations. One was incoherent with drugs and contributed little to the discussion.

All four are reasonably well educated, two having secondary level education. One, who is 17 now, was encouraged to take up prostitution by her elder sister soon after she graduated from Standard 7 two years ago. The elder sister travels to Arusha and Dodoma when conferences and parliament are meeting respectively and earns a good living from offering her services. Another’s father died when she was a child and her mother left the family house about 8 years ago because of family disputes. She continues to live with her two younger brothers who are unemployed and her young daughter. She initially tried to earn a living hair braiding but the income from this was insufficient to support them all so she turned to prostitution. The eldest of the focus group used to be employed as a telephone operator until she was retrenched in 1992. She had always supplemented her wages with prostitution and, following the retrenchment, and after a failed petty business started working on the streets and gradually moved to working in a bar and soon built up a client base.

They start their day between 6am and 8am and take tea, go to market and take lunch followed by rest in the afternoon. They usually start work around 8pm and so a couple of hours are spent before this preparing for their evening work. Make up and clothes are a major expense for all of them as this is required to attract customers. Working hours are very variable depending on the needs of the customers. Three of the participants work on the streets, which means that they have different clients (mostly bus/truck drivers and machingas) and work with considerable risk. ‘If he has money we have to go with him- we are not interested in the person only the money.’ The eldest participant works from a familiar pub and has customers whom she knows who are mostly middle-income earners. Charges range from TSh1000-10,000 depending on the length of time and the services required but they do not get clients every night.

They related many problems associated with their work. They suffer harassment from customers. For example, some customers expect them to provide any kind of service once they have paid them and some refuse to use condoms and will pay extra not to do so. Some clients expect exclusivity and beat them when they go with other clients. Recently, these women have enlisted the services of male minders who watch them and can intervene if a client gets abusive. They pay the minders a percentage of the payment. Apart from this harassment, they also endure ridicule and abuse from their neighbours and service providers such as nurses and doctors and have low self-esteem as a result. Family and neighbours do not provide support as they would if they were not working as CSWs and they have nowhere to go to borrow money. When they are sick they have to continue working to pay for the treatment. There is almost no mutual support among the local CSWs, partly because they see each other as competitors. Another problem is police harassment. Police regularly round up loiterers and these women have to pay bribes of TSh2000 or provide sexual services in order to be released. Sometimes the police accuse them of petty theft (mobile phones and cash) from customers when the latter have made false charges in order to try and get back the money they were charged for the CSW’s services. There are also periodic fights between local CSWs and those who come into Morogoro temporarily and take rooms in the ghetto area. All the participants indicated that they hate loitering and hate not having a guaranteed income. ‘Nobody wants to do this business- it is the only way we can earn a living’.

But they all dream of having permanent employment with good pay and a predictable daily routine. Access to credit would help them make a fresh start but they see the existing credit schemes as impoverishing. The qualifying conditions (collateral, guarantors and costs of opening a bank account etc) are prohibitive. If credit could be availed on more reasonable terms one said she would set up a flower garden for the export market and another would train in the hotel business.
Machingas

Machingas are generally young men who buy and hawk goods on the streets. Sometimes they are provided with goods to sell by a business but usually they have to purchase their own stock. The continuous harassment faced and long hours of walking means that this job is largely regarded as one for the young. Four young machingas agreed to discuss their experiences and problems over drinks in a bar.

Although their potential daily incomes are higher than most of the other groups who participated in the study, their work is risky largely because they are not officially registered as vendors. The Municipal Council employs militia who will beat them, confiscate their stock and harass them for bribes. ‘We feel like refugees in this time as we have to run away whenever we see the police or militia’. Even if they have a temporary licence to trade it does not prevent the harassment and confiscation of stock. Early each morning the militia patrols and so they cannot start selling until after 10am. The work is very seasonal with the worst period being from November to April which is rainy season and there are no rural customers. Town based customers bargain more, are rude and sometimes damage goods without buying. Some ‘customers’ even steal goods. They constantly have to change the type of goods they sell to appeal to customers and avoid competition. This sometimes means they have to sell off old stock at reduced prices.

To avoid the worst of the harassment, the machingas work together in groups looking out for each other. They would like to have a collective voice to enable them to interface with the municipal authorities. They feel they are offering a legitimate service and want to persuade them to accept this and stop the harassment. To avoid theft they move together and usually try to stop work as it gets dark. If one is sick or has lost stock, they will lend him money. They also try to save monthly.

One has tried selling gemstones and second hand clothing and now for the last three years sells shoes and potentially can sell ten pairs per day. Another sells small electrical goods and the other two sell watches and cameras. All needed at least TSh30,000 capital to start their business which they acquired through savings or loans from relatives.

All have dreams of opening legally registered retail shops but complained that they need credit which is presently largely inaccessible as they do not have permanent addresses, have almost no assets for collateral and no guarantors. ‘We want to be able to sit in the places you sit, we’ve never been able to do that’.
10. Conclusions

The study team reviewed their experiences and the perspectives shared with them during the study in a workshop at the end of the field study period and identified some of the main issues which emerged. These are listed below under the themes of economic, political and social wellbeing and illbeing.

<table>
<thead>
<tr>
<th>Economic</th>
<th>Social</th>
<th>Political</th>
</tr>
</thead>
<tbody>
<tr>
<td>- insufficient information on health, education and agriculture provided to poor households</td>
<td>- education levels low, quality of teaching and teachers behaviour poor, overcrowded classes, inadequate staff numbers, high level of student absenteeism to carry out errands or income earning activities</td>
<td>- lack of knowledge about rights and recent reforms (e.g. abolition of school fees, exemption from medical fees, land entitlements, exemption from development levy) and consequent exploitation by people in positions of power</td>
</tr>
<tr>
<td>- poor access to markets in terms of transport, good roads/footpaths, negotiating skills, market intelligence</td>
<td>- health programmes designed to reach the poor not being availed because not known about, suspicion, long distance and lack of contacts</td>
<td>- lack of participation in debate to influence decision making on issues e.g. behaviour of teachers in schools, development priorities, allocation of work (either no meetings, no time to attend meetings or excluded)</td>
</tr>
<tr>
<td>- lack of agro processing facilities, farmers suffer glut and low prices</td>
<td>- poor sanitation practices and unsafe drinking water still prevail</td>
<td>- no voice against unscrupulous revenue collection and eviction e.g. rounding up of machingas, CSWs, property tax payments for squatters</td>
</tr>
<tr>
<td>- exploitation of casual labourers – time, nature of work and remuneration</td>
<td>- housing poor, particularly leaking roofs which cause illness, stress and hardships</td>
<td>- no voice against corruption or being forced to participate in corruption e.g. village conflict resolution,</td>
</tr>
<tr>
<td>- shortage of land in Mgeta – land is fragmented and often far distant, lack of knowledge on mountain agriculture</td>
<td>- children no longer an assured security for old age, erosion of support networks,</td>
<td>- village leadership is not responsive/accountable/responsible to needs of the poorer people</td>
</tr>
<tr>
<td>- no access to small credit/capital for improving productivity</td>
<td>- increasing multi cultural mix, social exclusion</td>
<td></td>
</tr>
</tbody>
</table>
Based on this the study team identified a few key indicators of change which the existing SDC development programmes could focus on in the future.

<table>
<thead>
<tr>
<th>Health</th>
<th>Transport</th>
<th>Governance</th>
</tr>
</thead>
<tbody>
<tr>
<td>-exemption policies made clear to the poor</td>
<td>-safe river crossing structures in place</td>
<td>-increased transparency of the Village Government on income, expenditures and development plans</td>
</tr>
<tr>
<td>-availability and access to ‘essential drugs’ in health facilities</td>
<td>-all year round passability of roads and footpaths to market centres (more emphasis on paths as main transport routes for the poor)</td>
<td>-regular election of village leaders</td>
</tr>
<tr>
<td>-information, education and communication (IEC) reaches the poor and marginalised (on public health issues)</td>
<td>-access to district roads</td>
<td>-simplification of procedures and greater opportunities for poor and uneducated to participate in village meetings</td>
</tr>
<tr>
<td>-community health emergency support system is in place and operational</td>
<td>-increased income of households due to roadworks without negative effect on production activities</td>
<td>-means to address complaints and injustice in place</td>
</tr>
<tr>
<td>-health facility committees are picking up and acting on complaints and suggestions of the poor</td>
<td>-road activities do not involve children preventing them from schooling</td>
<td>-civic awareness raised</td>
</tr>
</tbody>
</table>

**Categorisation of poverty**

This study has covered a very small sample size but nevertheless has provided important clues to classifying different types of poverty. The study team tried several classifications defined by different indicators and then tested these classifications by attempting to fit all the study households within these. The following is a synthesis of this exercise; Four types of poverty have been identified and their manifestations elaborated.

<table>
<thead>
<tr>
<th>Socially excluded households</th>
<th>Households with minimal able bodied adult labour e.g. single women, disabled/sick partner, only adults are elderly</th>
<th>Fragmented families</th>
<th>Poor but not desperate</th>
</tr>
</thead>
<tbody>
<tr>
<td>No safety nets, no support networks</td>
<td>Not enough capacity to farm productively</td>
<td>Weak social links</td>
<td>Eats everyday but has limited food stock</td>
</tr>
<tr>
<td>Lack information because of exclusion</td>
<td>Trapped in cycle of casual labour to cover food stock shortage times</td>
<td>Not clear who is responsible for whom</td>
<td>Cultivate own shamba</td>
</tr>
<tr>
<td>Either unable to work or work as labourers mostly</td>
<td>Diverse income earning strategies</td>
<td>Clean and adequate clothing</td>
<td>Resort to casual labour infrequently</td>
</tr>
<tr>
<td>May have to scavenge/beg for food</td>
<td></td>
<td></td>
<td>Diverse income earning strategies</td>
</tr>
</tbody>
</table>
Targeting

SDC has already recognised that its poverty targeting could be improved. Analysing poverty at household level reveals the diversity of experience of poverty which targeting poor villages may obscure. Access to potential benefits can only be assessed from this level of analysis and household studies will also assist in identifying potential negative impacts. Households as the unit of evaluation in the future will greatly improve poverty targeting.

This study has shown that extreme poor can be identified relatively easily and so can become a focus for support.

An important element to enhanced poverty targeting would be the mandatory use of participatory monitoring and evaluation (PM and E) so that the views of the poor were consistently used to influence the direction and outcomes of SDC’s development programme. This would also help to move interventions from service delivery to beneficiaries to programmes responsive to demand and accountable to the demanders (clients rather than beneficiaries).

Small investments at household level may bring about huge change

The researchers were all struck by the minimal differences in household assets which made huge differences in the ways households were able to manage on a day to day basis and their resistance to shocks. Possession of good hoes, for example, means that cultivation of ones own shamba is better and less time consuming and raises the owners marketability in the casual labour market. A hoe may cost only a few hundred shillings. Similarly any surplus cash which can be converted into agricultural inputs such as fertiliser, seeds, pesticides makes an enormous difference to yields and then the ability of the household to hold food stocks which, in turn, mean that they do not have to sell labour for such long periods and can consequently efficiently cultivate their own land for the following year.

Microfinance, tool banks, collective purchase of inputs etc might all be ways to provide households with a small boost which will keep the insidious decline of assets at bay.

Means to withstand shocks

Extreme poor households invariably had been victims of some impoverishing crisis. Means to reduce this household level vulnerability could be reviewed in terms of household savings and micro-insurance schemes and at village level through food storage, emergency funds and temporary relief.

Extreme poor need organisation

It is clear that official organisations in villages do not have the interest or resources to work specifically for the extreme poor in their community. Many of the extreme poor households are characterised by having a shortage of able bodied labour. Collective cultivation, marketing of produce and purchase of inputs may be particularly important for such households. Some female headed households in the study were already pooling their resources and working together. A whole range of reciprocal activities could be encouraged from sharing child care to cultivation in each others fields to house reconstruction activities etc. This echoes past cultural practices which have been largely eradicated in recent decades. These informal reciprocal arrangements could be formalised, even to the extent of introducing Time Banks. Organisation of the extreme poor would also provide this sector with a platform and potential voice.

Urban focus

The challenges of the growing problem of urban poverty are enormous. Activities to stem the urban pull which has devastating consequences on traditional family support networks and exposes migrants to health and security risks should be highlighted. The urban poor are often highly mobile and a difficult group to interface with, however participants in this study indicated that accessible credit, vocational training and business development services would be key to changing their present insecure livelihoods.

Information, education and communication

Researchers were also struck by the lack of information regarding development programmes, entitlements, rights, modern technologies and market intelligence accessible to the study households. IEC needs to be integral in the future SDC programme.
Annexes

Annex 1: Study Methodology
Annex 2: Critique of the study
Annex 3: Study village data
Annex 4: Household physical and social data
Annex 5: Self evaluation
Annex 1: The Views of the Poor Methodology

Objectives

The Views of the Poor Study was commissioned by the Swiss Agency for Development and Cooperation primarily to assist in strengthening the poverty focus of the new Swiss Country Programme for Tanzania (2004-2010). The intention was to gain an understanding and insights into the lives of the poor through their eyes, particularly within the geographic areas of operation of the existing SDC programme. The TOR for the study identifies the need to open spaces for ‘the other voice’, i.e. the less often heard voice of the primary stakeholders or clients of development programmes. Listening to and experiencing their perspectives provides an important bridge across the gap between theory and reality.

In order to make this exercise as meaningful as possible, SDC staff and partners were co-opted to form the core of the research team enabling them to gain direct experience of poverty issues with the hope that this would help shape their own understanding and place them in a better position to influence pro poor programmes and policy.

The objectives of the study can be summarised as follows:

1. As part of the process to inform the reformulation of the Swiss Country Programme for Tanzania (2004-2010), specifically the study will provide synthesised information from household based studies to assist in strengthening the poverty focus (planning, targeting and monitoring) of the Programme by better understanding the range of experiences of the poor from their perspective.
2. To provide SDC staff and partners with direct experience of poverty issues in order to help shape their own understanding and be in a better position to influence pro poor programmes and policy.
3. To provide resource material to use with partners to advocate for pro poor orientation (e.g. in multi lateral programmes such as the support for the PRSP as well as the existing and future projects).

Overview of the study

This was a selective study which did not intend to provide statistical, representative or consensus views but deliberately sought to explore the range of experiences of poor households in rural and urban contexts. It is also was not intended to be a beneficiary assessment or impact assessment. It was a participatory study which relied on the poor household members analysing their own reality.

Most of the study comprised pairs of researchers undertaking observation and interaction with selected poor households over periods of 24 hours. A number of semi structured and unstructured methods were employed to gain an understanding of ‘a day in the life of the household’ as well as the high points and crises which they have lived through in the recent past. 26 such household studies (20 rural and 6 urban) were conducted.

Some selected poor urban groups do not reside in traditional ‘households’ and it was recognised that the lifestyles of some could not accommodate such intensive observation (e.g. street children, commercial sex workers, informal sector workers). Therefore, in addition to the household studies, a series of focus group discussions were conducted with these groups in order to gather their perspectives on their situation.

Location and sample selection

The study was conducted in Morogoro region as most of SDC’s programme are concentrated here. There was some debate about whether the urban component of study should take
place in Dar Es Salaam but it was felt that Dar Es Salaam is not particularly representative of other urban environments and that the problem of urbanisation of poverty is affecting regional towns also. Thus Morogoro Town was selected as the location for the urban study. Poor rural villages and urban and peri urban slum areas were selected based on a combination of key informant information and household data maintained primarily by Ifakara Health Research and Development Centre and Village Travel and Transport Project.

In order to assist site selection a set of basic indicators for the preliminary identification of study households was prepared based on information from the Tanzania PPA and Household Budget Survey which suggested that the indicators identified might be useful in distinguishing poor villages from less poor. Those entrusted with site selection identified sites (villages or slums) where the majority of inhabitants fulfilled these criteria. Thus, all selected villages and slums would be considered predominantly poor.

<table>
<thead>
<tr>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>HH members usually take 1-2 meals per day</td>
<td>Do not own land/live in marginal, risky areas</td>
</tr>
<tr>
<td>Have to sell labour/piece work at some time during the year</td>
<td>Employed (if at all) in informal sector</td>
</tr>
<tr>
<td>Do not have a year round stock of food</td>
<td>Live in overcrowded conditions</td>
</tr>
<tr>
<td>House does not have a tin roof or made of bricks</td>
<td>Take 1-2 meals per day</td>
</tr>
</tbody>
</table>

Having selected poor villages, the challenge was to select a range of HH likely to have different manifestations of poverty. A list of criteria was compiled to help identify HH which would provide a range of poverty experience. The criteria are based on information obtained from the Tanzania Household Budget Survey (July 2002), the PPA and confirmed by Tanzanian social research workers regarding HH characteristics which would predispose the poor HH to higher vulnerability. Purposive sampling was used to seek out HH matching these criteria.

<table>
<thead>
<tr>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ‘nuclear’ families comprising 3 generations (grandparents, Parents, children) representing a mix of religion and tribal background</td>
<td>• long term slum dwelling nuclear family</td>
</tr>
<tr>
<td>• elderly with grandchildren (missing middle generation, orphaned or abandoned children)</td>
<td>• long term slum dwelling elderly headed household</td>
</tr>
<tr>
<td>• child headed households (orphaned/abandoned with no adult)</td>
<td>• long term slum dwelling female headed household</td>
</tr>
<tr>
<td>• female headed –permanent i.e. divorced/abandoned, widowed</td>
<td>• long term slum dwelling HH living with AIDS</td>
</tr>
<tr>
<td>• female headed –temporary i.e. husband is sick, migrant worker</td>
<td></td>
</tr>
<tr>
<td>• polygamous household</td>
<td></td>
</tr>
<tr>
<td>• household with disabilities (physical or mental)</td>
<td></td>
</tr>
<tr>
<td>• household living with AIDS</td>
<td></td>
</tr>
<tr>
<td>• household with member with long term illness preventing employment/livelihood contribution</td>
<td></td>
</tr>
<tr>
<td>• single adult male headed household with dependent children</td>
<td></td>
</tr>
</tbody>
</table>

Data collected by the VTTP project (particularly recent wealth ranking exercises) helped to identify HH within the categories specified in the table above. Further discussions with the Village Councils in each village confirmed or extended selection of specific households.
Similarly, data maintained by the Ifakara Health project helped to inform HH selection and further discussion with the Village Councils in the selected villages assisted in identifying specific households.

Two slums were selected in Morogoro based on information provided by the Union of Non Government Organisations in Morogoro. Contacts were then made with Ten Cell leaders who helped to identify HH with the characteristics outlined in the table above.

Households living with AIDS could not be identified in any site, probably not because they did not exist but rather because people did not want to reveal this information. However, households affected by AIDS were selected. No child headed or sole male headed households were identified in the sites selected.

As mentioned above, a number of focus group discussions (FGD) were held with groups of urban poor. These are as follows:

- commercial sex workers
- migrant petty traders (Machingas)
- street children
- migrant labourers (construction/quarrying)
- domestic workers – this proved impossible in the study despite repeated attempts. The domestic workers were extremely reluctant to meet in case their employers found out and suitable times for meeting could not be found.

Contact was made with CSWs through a taxi driver. Several meetings were arranged to ensure the CSWs felt comfortable with the FGD and its objectives. Street children were identified in the market and through playing games with them, trust was gradually won over and a discussion session was arranged. A Taxi driver helped locate a Jobless Corner where migrant workers wait for work. Again the researcher was able to engage them casually in discussion, win their trust and arrange a subsequent discussion session.

**What did the study participants gain?**

An important element of the study was to ensure that the study households gained something from participating in the study. In designing the study, the team was very conscious that the households and other groups who were to participate in this study had severe constraints on their time and resources and that such a study could further add to their burden. It was therefore considered crucial that

- the initial contacts with the potential study households underline the principle that participation is purely voluntary and there was no implied or explicit coercion
- full explanation was given about the study and how their stories together may be able to influence programme design and policy
- the costs incurred of having a research team spend the day with the Household and eat from the same pot were indirectly acknowledged through small gifts of school exercise books, writing materials, drinks and dry provisions (to a value of approximately TSh3000 per household). In the case of FGDs, appropriate refreshments to the value of TSh 5000 were purchased and shared during or after the FGD.
- each household or FGD group is to be given a complete set of the photographs taken by them in a simple album after completion of the study as well as feedback on the influence their ‘stories’ had on policy and programme design. Among the photos will be photos of visitors viewing the exhibition of the ‘Views of the Poor’
Details of the Methodology

The main element of the study comprised a day long listening, observation and interaction with individual households. The research teams used a variety of methods to stimulate discussion and analysis by the household members themselves. The methods which emphasise visual means for communication are derived from the PRA/PLA family of approaches. The household members made the drawings, took photographs, told their stories and analysed the reasons why they make the choices they do make themselves. Care was taken to ensure that all members of the household had equal access to the materials and equipment which helped them ‘tell their story’ in their own way. The two researchers interacted separately with different members of the household, accompanied them on their activities (collecting firewood, collecting water, working on the shamba, etc). Having explained the use of the visuals and the cameras, the researchers gave the household members the time and space to use them as they wished to illustrate their views of illbeing and wellbeing.

Pre field work activities:

Resource persons, working on SDC projects and very familiar with the areas carried out the following pre-field work

- Identified villages which are predominantly poor and neglected by services
- Met with the District Executive Directors to inform them of the study and elicit their support
- Met with Village Council Chairperson in selected villages to elicit support for the study
- Met the selected households, explained the nature of the study, confirmed their willingness to participate and identified best times for the study.

Field work

Field work was conducted in three rounds as described below:-

Round 1: Pilot

‘Expert Teams’ comprising two experienced researchers who have worked on the PPA for the past year, three community facilitators and an experience teamleader undertook the pilot work in two villages outside of Morogoro town in mid November, 2002.

The intention of the pilot was to complete eight household studies in two villages (four HH studies per village) and test out and improve on the methodology so that Round 2, which was to involve SDC COOF and project staff, could benefit from this experience.

Round 1 was divided into four parts; preparation, field work, method reflection and HH study debriefing.

i. Preparation

A one day workshop in Morogoro Town was organised to prepare the team for Round 1. During this preparation workshop the following was achieved;

- common understanding and interpretation of the study methodology ensured
- roles and responsibilities clarified
- norms of engagement with household and intra-team engagement established
- logistic arrangements confirmed
- methods of recording and documentation clarified and standardised

ii. Field Work
Three days were spent in each village and were organised as follows:-

Day 1
- Team paid courtesy call on the District Executive Director
- Team met with Village Council of village 1 to discuss scope of the study
- In two research pairs, met with the selected households the afternoon before the full day session to build rapport and undertake a daily routine analysis to help define the programme for the following day

Day 2
- full day HH study (2 teams undertook parallel studies in one HH each)
- Debriefed (mostly process rather than content) with team mentor on first HH study
- Met second HH for rapport building for the following day
- Team mentor (and one other by rotation) worked with the Village Council to develop village contextual information (village map, main development priorities etc.) while the HH studies were in progress

Day 3
- second full day HH study
- Debrief (as above, process rather than content) with team mentor on second HH study

iii. Method reflection
- The Expert team reviewed the information and experience gained from the pilot Round 1 during a one day workshop in Morogoro Town. Important lessons were learned and improvements made particularly regarding the probing techniques and ways to encourage more visual based analysis.

iv. HH Study De-briefing
Each Expert team pair work with the teamleader in Morogoro to ensure that the information and observations gleaned from the eight HH studies conducted in Round 1 are fully understood and documented.

Round 2. HH Studies conducted by SDC COOF and project staff

Round 2 was divided in four parts; Training and orientation workshop, field work, debriefing and final reflection workshop

i. Training and Orientation workshop
A two day training and orientation workshop was conducted in Morogoro Town for nine SDC COOF and Project staff. The objective of the workshop was to build an understanding of the study methodology so that pairs of SDC COOF and project staff could each undertake two full day household studies themselves. Special emphasis was given during the workshop on the attitudes and behaviours required for this kind of study. Role playing and simulations were used extensively to enrich this crucial area of understanding.

Six teams of two were identified so that each team would conduct two HH studies on consecutive days in selected villages. Each team was mentored by the three members of the Expert team who have had extensive experience of this kind of participatory research.

The pilot activity was extremely important as the methodology was unknown to all the second round research members. They had a number of concerns about its appropriateness, acceptability and conduct which were almost all dissipated by the sharing of experiences and outputs from the first round. Thus research teams, although inexperienced in this type of research, entered round 2 with a reasonable degree of confidence.
ii. Field Work and debriefing

The format of the field work and debriefing was essentially the same as the pilot round.

Round 3: Urban Study

Two highly experienced urban researchers both of whom worked previously on the PPA facilitated the urban work.

A design session was held and achieved the following:

- specific design of the FGD sessions
- common understanding and interpretation of the study methodology ensured
- roles and responsibilities clarified
- norms of engagement with household and intra-team engagement established
- logistic arrangements confirmed
- methods of recording and documentation clarified and standardised

a. household studies
Six household studies were undertaken, similar in nature to the rural household studies (i.e. full day observation and interaction).

b. focus group discussions
Four focus group discussions (FGDs) were facilitated with marginal groups as noted above
- commercial sex workers
- migrant petty traders (Machingas)
- street children
- migrant labourers (construction/quarrying)

Final Reflection and Synthesis Workshop

Following completion of the field work a final one day reflection and synthesis workshop held. The objective of this workshop was to

- review the study process
- review the outcomes and reflect on experiences and lessons learned
- identify key poverty concerns which must be addressed in future programming and policy dialogue
- reflect on the personal experiences gained by being part of the process and how these will influence future individual action
- define next steps and elicit input to maximise the use and influence of this study (e.g. further publications, presentations etc)

Specific conduct of the HH studies

i. rapport building
Researchers met with their households the day before the one day interaction and introduced themselves, explained the way the study might proceed and its objective and agreed timing and convenience for the household.

ii. familiarisation with the village context
Researchers walked through the villages to gain a context for the study and to be seen and, if necessary, be questioned by villagers so suspicions would be allayed

iii. helping with HH chores
Researchers actively helped the household with chores such as cultivation, water collection and load carrying. This has several objectives; to ensure that normal routine would be minimally disturbed, to build trust and rapport, to provide researchers with first hand experience of some of the hardships faced on a daily basis by the study households and to provide tangible assistance.
### iv. visual and oral methods

<table>
<thead>
<tr>
<th>Area of enquiry</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Household</strong></td>
<td></td>
</tr>
</tbody>
</table>
| • basic HH demographic data (who lives in the HH (who in the family does not live there), ages, relationship, livelihoods, state of house, land owned, livestock owned, assets; see annex 1) | • HH make drawings e.g. showing family relationships  
• HH selects pre drawn pictures e.g. picks out assets they have  
• HH shows researcher |
| • HH daily routine analysis | • Linear or circular diagrams |
| • Map showing layout of the household, land owned/crops, distance from services and facilities | • HH draws and annotates map (alternative to drawing can be use of materials e.g. leaves/seeds to denote different crops |
| **Children’s perspectives** |                                                                         |
| • children’s drawings /stories of what pleases/delights them about their lives | • drawings and recorded explanations  
• recorded stories  
• photos and recorded explanations |
| • children’s drawings/stories about what worries or concerns them about their lives |                                                                         |
| • children’s drawings/stories about what dreams they have for their own future and how they will attain this future |                                                                         |
| • children’s photos (4) on good and not good aspects of their home/village life |                                                                         |
| **Adults’ perspectives** |                                                                         |
| • adult photos (4-6) on what pleases /delights them about their home/village | • Photos and recorded explanations |
| • adult photos (4-6) on what upsets/concerns/worries them about their home /village | • Recorded stories  
• Cause effect diagrams (what caused the good feelings, what were the effects?)  
• Cause effect diagrams  
• Matrix ranking of alternative solutions/coping mechanisms |
| • adult photos (4-6) depicting key aspects of their daily life/events |                                                                         |
| • adult stories ‘best time in my life’- why is was a good time (feelings, relationships, economic /social well being) |                                                                         |
| • adult stories on ‘worst time of my life’- crisis or shock, what caused it? What choices did I have to deal with the situation? Why did I make the choices I did? What made me reject some options? |                                                                         |
| • Adult identification of ‘someone like me who has a better life than I do’. How did this happen? What stops me from attaining such a life? | • Drawing of person identified showing aspects of ‘better life’  
• Listing reasons for change  
• Against each one, list reasons why the respondent could not do the same |
Some notes on specific methods (taken from notes provided to researchers)

1. Mapping

- An excellent introductory (icebreaking) technique – gets everyone instantly involved in collecting and reviewing data themselves

- Distinct from (and better than!!) techniques where the ‘investigator’ has things pointed out to her and collates this information for a feedback session with the community
• Variety of community data can be captured on the map
  - community boundaries
  - numbers and type of houses
  - number of residents, ages, sex
  - community resources – shops, PO, schools, churches, clinic, water, land etc.
  - sources of income
  - agricultural resources
  - condition of resources – water supply, toilets, roads,
  - key persons in the community
  - residents who are employed, educated, members of clubs, sick etc.
  - problem ‘spots’

• The map is generally not drawn to scale and may not have the traditional orientation – however, often additional information can be gleaned by the relative size and distance of objects noted on the map

• Can be drawn on the ground, on large sheets of paper. Can be made with models

• Maps drawn by different groups (different age groups, male/female, different professions etc) in the community may highlight different things. They can be compared and discussed.

• Historical maps can be compared with contemporary maps. Future desired conditions can be captured on maps. The comparison of maps can provide an excellent forum for analysis.

• Maps can provide the basis for monitoring and evaluation

2. **Listing and ranking**

• Simple method of making lists of problems, issues, solutions

• List elements on individual cards/slips of paper and arrange in order of preference.

• These are then scored or ranked in order of priority (arranged in order of preference). – most severe problem, most appropriate solution, solution easiest to manage etc.

• pairwise ranking compares each element to each other one and involves selecting a preference amongst each pair

• Matrix ranking involves listing the elements and the criteria on which they are judged (e.g. alternative solutions)

3. **Roti diagrams**

• Describe influences (help and hindrance) within the community

• Can be drawn directly or can use cut out coloured paper (rotis). Each influence is represented by a ‘roti’

• The bigger the ‘roti’ the greater the importance of this influence

• The closer the ‘roti’ is place to the community the greater the influence
• ‘rotis’ can be cut into different shapes or can be made of different colours– representing negative or positive influences

4. **Time lines**

• generally expressed linearly, the time line indicates notable events which have taken place in the HH and shaped the HH.

• They may cover any period of time which the participants consider important

5. **Daily, weekly, monthly, yearly routine diagrams**

• Describe what activities are carried out routinely at specific times.

• Usually expressed linearly – on a calendar. Some daily routine diagrams are expressed around a clock face.

• Comparisons of the routines of men and women, children, employed and unemployed are all useful entry points for analysis by the HH themselves.

6. **Changing trends**

• Describe trends in elements of HH life which are considered important

• Can be drawn as graphs or indicated by different length pieces of paper/straws etc (like a bar chart)

• Can show changes in such elements as
  - employment
  - accumulation/depletion of assets/resources
  - sanitation
  - health status
  - family size
  - crime rates, security
  - costs
  - availability of goods
  - education levels
  - quality of community collaboration

• can project to the future to analyse people’s perception of the anticipated direction of these trends

7. **childrens drawings**

• these can be spontaneous representations of their community and community life. Talking with the children can highlight perceptions of dominant forces in the community, prejudice, neglect, fears, aspirations etc

• drawing dreams can help to indicate potential development solutions, aspirations, level of commitment /despair in a community’s future

8. **flow diagrams**

• can describe the consequences of an action or condition (causal flow) e.g. unemployment leads to……, or stigmatisation leads to…..
• can describe the underlying cause of a presently experienced problem e.g. lack of water
• can describe steps in a process e.g. accessing the legal system

9. Proportional investment/repayment charts

Money issues are often very sensitive and people are reluctant to talk about them directly. This method enables analysis without revealing details. This sort of analysis is useful in assessing willingness to pay for services, levels of indebtedness, HH expenditure, how people budget, how choices are constrained by lack of money etc.

There are basically two versions; expenditure charts and sources of income charts (essentially reverse of each other). Both work on the same principle.

Expenditure chart

• Discuss the kinds of expenditures made each week/month and develop a list of expenditures types (e.g. school costs, transport, food, rent, utility bills, clothing, medicines etc)
• Pick out pictures (ready prepared), draw or use symbols to represent these
• Lay the pictures in a row
• Ask the HH to come to a consensus about which expenditure is their biggest and which is their least. Give them ten beans/stones to represent their total weekly/monthly income. Ask them to distribute these proportionally between the categories of expenditure.

Income Sources chart

• Discuss different sources of income and develop a list (e.g. loans, buying and selling, wages, gifts, remittances)
• Pick out pictures, draw or use symbols to represent these
• Lay the pictures in a row
• Provide the HH with ten beans/stones. Explain to them that this represents their total income for the agreed period. Ask them to distribute them proportionally according to sources.
Annex 2: Critique of the Study

As emphasised in the methodology and the introduction to the main text, this study was a small selective study which was not intended to provide statistical, representative or consensus views but deliberately sought to explore the range of experiences of poor households in rural and urban contexts. It is also was not intended to be a beneficiary assessment or impact assessment. It was a participatory study which relied on the poor household members analysing their own reality and so this critique is confined to the intention and nature of the study not what it was not intended to achieve.

During the final review by the research teams, a self evaluation form was completed which included questions on study limitations and recommendations for future studies. The following draws extensively on these reflections.

Time

1. **season**
   In Morogoro, the study took place at the height of planting season and because HH farm such fragmented land, they often have to travel long distances to their shambas. Furthermore, considerable road construction activity was ongoing and many of the study HH were engaged in casual labour. Both these circumstances led to time constraints. In Ifakara the planting season was practically over and, any way, the proximity of shambas to the HH meant that accommodation of the research team was much more straightforward. The struggle to eke out a living in the urban situation left very little time for any of the urban respondents to be fully engaged in discussions with the research team.

   The study took place during partial rainy season. This was good from the perspective that the hardships created at this time were highlighted but did limit the opportunities to take photographs. Leaking roofs led to damage of many drawings or impeded the use of drawings altogether.

2. **duration**
   Researchers spent between 8-10 hours with each HH. Ideally, more time including over night, would have yielded richer understanding of the HH realities. All researchers commented that more time was needed particularly to probe more sensitive issues.

   Building the trust and confidence of people to participate in such a study takes considerable time, especially among the informal urban sector. Extending the lead time would be important in future studies of this nature.

**Sample size**

The sample was relatively small and many of the researchers indicated that a broader sample to encompass more views of the poor and would have enabled more conclusion to have been drawn.
Building expectations

Despite careful explanations to the contrary and efforts to ensure that study HH did gain something from the exercise, Village Councils and some individual HH continued to maintain expectations of direct monetary benefits from participating. Some HH expected instant solutions to their lists of problems.

Suspicions

The advent of a team of outside researchers not surprisingly causes suspicion; some HH in Ifakara were concerned that they had come to take over their land or spy on illegal activities (e.g. pombe making during the ban due to the cholera outbreak, firewood collection etc.) The urban groups who earn a living illegally or on the margins of legality were particularly concerned that the researchers were journalists or paid informers.

Unwanted interference from Village Councils

Consultations with Village Councils were undertaken in order to help identify HH which fitted the criteria. Sometimes, it was apparent that connected HH were being proposed as some form of benefits were anticipated. In Ifakara the Village Council actually publicised that the most destitute would receive help and the research team found people queuing outside the Village Council Office.

Privacy and confidentiality

The cramped living conditions precluded adequate privacy for discussions on sensitive issues. Women, in particular, welcomed the opportunity to talk to the researchers about family and reproductive health problems but would only do this when privacy was assured. Curious neighbours inhibited the free flow of discussions in some HH.

Researcher bias

Most of the researchers were unfamiliar with this approach to research and some had initial doubts about the efficacy of the method. Researchers often biased their questions and discussions to areas where they had their own professional interest. There were insufficient women researchers in the team. Ideally each pair should have comprised one woman and one man.
## Annex: Summary of Village data

<table>
<thead>
<tr>
<th>District</th>
<th>Village</th>
<th>No. of HH</th>
<th>population</th>
<th>Proximity to main town</th>
<th>Proximity to market centre</th>
<th>Health services</th>
<th>School accessibility</th>
<th>Other services</th>
<th>Projects</th>
<th>Main occupation</th>
<th>crops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morogoro Rural</td>
<td>Pinde</td>
<td>280</td>
<td>(approx) 1234¹</td>
<td>Morogoro 54 km (bus from Langali TSh 2000, 2.5 hour journey)</td>
<td>Langali 2km</td>
<td>Nearest is Government Health centre in Langali. There is only a footpath which is very steep &amp; precipitous. 4 registered traditional healers in Pinde</td>
<td>6 classrooms built 1945</td>
<td>Only road linking Pinde to the Kibaoi-Bunduki road is impassable in rainy season &amp; has holes where people have been digging to make mud bricks</td>
<td>Agricultural extension officer does not visit. No husking machine-only a milling machine</td>
<td>VTTP</td>
<td>Farming</td>
</tr>
<tr>
<td>Morogoro Rural</td>
<td>Kibuko</td>
<td>214</td>
<td>(approx) 944²</td>
<td>Morogoro 64 km (bus from Langali TSh 2000, 3 hour journey)</td>
<td>Langali 10km Nyandira 5km</td>
<td>Dispensary in village. Built by the village in 1978. No water supply. Government Health centre in Langali</td>
<td>4 classrooms in very poor condition, Built 1976</td>
<td>Access road is impassable for all vehicles in rainy season as very slippery, narrow and steep drop</td>
<td>Agricultural extension officer does not visit</td>
<td>VTTP</td>
<td>Farming</td>
</tr>
<tr>
<td>Morogoro Rural</td>
<td>Kibaoni</td>
<td>249</td>
<td>1112³</td>
<td>Morogoro 50km (bus from Kibaoni TSh 1500, 2 hour)</td>
<td>Langali Nyandira</td>
<td>Mission dispensary in Kibaoni. Government Health</td>
<td>5 classrooms with water supply &amp; toilets. 450 students</td>
<td>Access road is difficult but is passable throughout</td>
<td>Agricultural extension officer will provide training if requested</td>
<td>VTTP</td>
<td>Farming</td>
</tr>
</tbody>
</table>

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¹ Village Government census, Jan 2002  
² Village Government census, 2001  
³ Village Government census 2001
| Kilombero | Kilama | 624 | Ifakara 17 km | Kibaoni | Kibaoni Health Centre (9km) St Francis Hospital in Ifakara (18km) | 2 primary schools. Kilama A 7 classrooms, 5 teachers 268 students | Close to two main roads. Village has many internal footpaths which are impassable in rainy season (Kilama B is cut off) | Health education officer visits | Plan International supports school, veg cultivation, fish ponds. Heifer International supports goat rearing | Mostly agriculture, tilapia rearing, livestock & some small business | Maize Rice Banana Cassava Sugarcane (vegetables on irrigated land) |
| Kilombero | Lungongole | 440 | 2530 | Ifakara 19km, Kibaoni 12km | None in village. Nearest is Government Health Centre in Kibaoni (12km) | None in village. Nearest is Kilama (3km) | Near Morogoro-Kilombero main road & Tanzania-Zambia rail. Many footpaths criss cross village | Health education officer visits | Plan International support for shallow wells, Selous game Reserve and National Parks promised support for health, water & education | Mostly agriculture & livestock rearing, also fishing, employment in Reserves, some quarrying | Rice Maize Cassava |
### Annex 4: household physical and social data

#### Basic Household Data

<table>
<thead>
<tr>
<th>village</th>
<th>HH #</th>
<th>Eats 1-2 meals per day</th>
<th>Food stock</th>
<th>House type</th>
<th>Sells labour</th>
<th>house</th>
<th>toilet</th>
<th>land</th>
<th>Firewood source</th>
<th>Livestock</th>
<th>furniture</th>
<th>Domestic utensils</th>
<th>Farming equipment</th>
<th>other</th>
</tr>
</thead>
<tbody>
<tr>
<td>PINDE 1</td>
<td>1</td>
<td>√ 2 meals /day ugali or yams/beans or vegetables</td>
<td>Lasts 7-8 months</td>
<td>Unfired mud bricks &amp; grass roof</td>
<td>√</td>
<td>2 room (5x4m), no windows, own</td>
<td>Pit with grass screen</td>
<td>2 own shambas &amp; small plot beside house. (one 3hr walk away is 2 acres in mountains) Another plot (¼ acre) beside river is on loan from a relative</td>
<td>Collect and illegally cut from Forest reserve</td>
<td>1 rabbit</td>
<td>1 bed, 1 chair, sleeping mats</td>
<td>3 clay pots, 1 aluminium cooking pot, 2 plastic buckets</td>
<td>3 very old &amp; small hoes</td>
<td>Only eldest son from town had shoes. Clothes very old, dirty. Uniforms dirty &amp; threadbare</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
<td>√ 1 meal /day ugali &amp; vegetables</td>
<td>Lasts 2 months</td>
<td>Unfired mud bricks &amp; grass roof</td>
<td>√</td>
<td>2 room (3x5m), no windows, badly leaking roof, own inherited</td>
<td>none</td>
<td>2 own shambas (1 beside house approx ½ acre, other 8km away). Also clan granted use of small garden</td>
<td>Allowed to collect from other shambas</td>
<td>2 rabbits</td>
<td>none</td>
<td>3 plastic buckets, 2 old dis-coloured plastic plates</td>
<td>1 short, worn out hoe</td>
<td>1 set of clothes, no undergarments no shoes</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>√ 1 meal/day ugali &amp; plenty vegetables, sometimes fish</td>
<td>Lasts 6 months</td>
<td>Unfired mud bricks &amp; grass roof</td>
<td>√</td>
<td>3 separate dwellings, each with 2-3 rooms own Inherited &amp; built)</td>
<td>Pit with grass screen</td>
<td>Several (including in Kilosa)- all small ¼-1 acre</td>
<td>Have own wood stock &amp; buys</td>
<td>1 pig &amp; 2 piglets hens</td>
<td>Folding chairs beds</td>
<td>All basic utensils including thermos, old porcelain cups</td>
<td>Sufficient hoes etc in good condition</td>
<td>School uniforms, slippers &amp; leather shoes</td>
</tr>
<tr>
<td>No</td>
<td>Meals/day</td>
<td>Type of House</td>
<td>Size of House</td>
<td>Type of Roof</td>
<td>Kitchen Facilities</td>
<td>Sanitation Facilities</td>
<td>Other Household Items</td>
<td>Other Resources</td>
<td></td>
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<tr>
<td>4</td>
<td>√ 1 meal/day</td>
<td>none</td>
<td>2 room, recently rebuilt after rains</td>
<td>none</td>
<td>3 own shambas (1 beside house, 1 10 minutes walk away and 1 one hour walk away)</td>
<td>Collects from forest reserve</td>
<td>none</td>
<td>2 pots, 1 plate, 1 small bowl, 1 wooden cooking spoon, 1 cup without handle</td>
<td>2 pieces of hoe &amp; 1 new hoe – gift from daughter</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>KIBUKO</td>
<td>5</td>
<td>√ 1 meal/day</td>
<td>Unfired mud bricks &amp; grass roof</td>
<td>6x6 m, 2 rooms &amp; kitchen area</td>
<td>None-open defaecation</td>
<td>Collects from other shambas &amp; own trees</td>
<td>1 pig</td>
<td>Sleeping mats</td>
<td>Clay cooking pots, pombe making equipment (3 x 120 kg pots which they sometimes hire out to others)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 6  | √ 2 meals/day | Lasts 4 months | 4 room rented (can't afford sale price of Tsh 50,000) | Pit surrounded by banana leaves | 4 shambas (all less than ½ acre) 2 are 1-2 hours walk away | Buys from neighbours Collects from reserve | 2 piglets | 2 stools 2 folding chairs radio | 3 buckets for brewing, plastic plates, bowls & mugs, water containers

| 7  | √ 1 meal/day | Unfired mud bricks & grass roof | Pit surrounded by grasses | 2 shambas (1 of approx 1 acre near to house and other near river) | Trees nearby e.g. partially cutting own peach tree. Had small stock of cut wood | 1 pig in very poor condition | 1 pig in very poor condition | Stools, folding chairs (further information withheld) | Plastic buckets, bowls |
| 8  | √ 2 meals/day | Unfired mud bricks & grass roof | Pit with mud brick low wall in v poor condition | 4 shambas, 2 within 15 mins walk, 1 is 1 hour away and another 2.5 | Buys whole tree every 3 months (Tsh 3000) from woodlot 1 | 2 pigs
7 piglets
6 chickens | 3 folding chairs, bed, drums | A number of new metal plates and cups. Basic cooking pots etc | 5 hoes | School going boy has 1 uniform. Man, eldest son and aunt have shoes.
<p>| KIBAONI | 9 | √ | rice /ugali &amp; beans/ vegetables | Lasts 3-4 months | Unfired mud bricks &amp; grass roof | 1 room (3x5 m) own | Pit with inadequate privacy | 6 shambas all except one (½ acre) only ¼ acre. 1 beside house, 2 within 15 mins and 1 is 45 mins walking distance. 2 uncultivated 1/2 – 2 hours walk away | Collects from uncultivated land but needs a lot to fire pots so collects from forest reserve 1-2 times per week (3-4 hours walk) | 4 hens | 2 beds (no mattress) no other furniture | 2 water buckets clay pots (home made), 1 plate, plastic cups | 2 hoes- 1 small &amp; unusable | Tatty school uniforms held together with pins, 1 set clothes in poor condition, 1 pair shoes | Probably only 1 set clothes. |
| KIBAONI | 10 | √ | 1 meal /day only ugali/vegetables | Lasts 4 months | Unfired mud brick in good condition &amp; grass roof | 2 rooms, own | Pit with grass screen, floor cracked &amp; unsafe | 1 own shamba of ½ acre 3 hours walk away, usually rent another ½ acre 1 hour walk away | Nearby woodlot belongs to their relatives so can collect but not cut here | 2 small pigs 4 hens | 2 folding chairs (possibly borrowed for the day), stools, bed | 3 water buckets unclear what else | 2 hoes, both very small, 1 spade from roadworks | 2 or 3 sets of clothes- all washed out/old. No shoes only sandals made from old tyres |
| KIBAONI | 11 | √ | 2 meals/day ugali/ veg | Lasts 3 months | Poles &amp; earth walls with grass roof | 3 rooms, own | Pit with banana leaf screen | 4 shambas (1 and 3/4 acre plots 45 mins walk, 2 shambas of ¼ acre each 45 mins walk away | Collect from uncultivated land &amp; nearby shambas | none | 2 folding chairs, bed, reed mat | 2 small buckets, 1 20l bucket, plastic plates, 1 metal cooking pot | 2 hoes; 1 very small other good | Mother had 2 pairs of shoes in poor condition, elder son had sandals. Few sets of clothes |
| KIBAONI | 12 | √ | 2 meals/day ugali/ | Lasts 6 months | V. old house (plaster) | 2 houses each with 3 rooms, | Pit with grass screen | 4 shambas all close by (within 12 | Have own planted trees which | 1 pig | Folding chairs, old table, | Basic but adequate utensils, glasses | 5 usable hoes, 2 panga | Good clothes, uniform for school going |
| KILAMA A | 13 | √2 meals/day ugali or rice or cassava/vegetables. Sometimes supplement with wild meat &amp; fish | Lasts 1-2 months | Mud &amp; poles with grass roof | 3 room house &amp; separate small hut for visitors | Pit with grass screen | 5 acres around house but only cultivates ¼ acre &amp; 2 acres 1 hour walk away – only cultivates ¼ acre of this | Collects from Forest Reserve on 2 days per week when legal to enter | 6 hens but only one belongs to HH | 1 traditional bed, grand daughters sleep on mats on ground | 1 bucket, clay pot for water storage, basic cooking utensils | 1 small hoe – borrows from neighbour when others come | 2 sets of schools uniforms but no shoes. Grandmother has dirty &amp; poor clothes, no shoes |
| KILAMA B | 14 | √1 meal/day (sometimes goes without) | none | Mud &amp; poles with grass roof | 2 room (4 x 2m) | Uses brother’s which is pit with grass screen | 3 acres of inherited land – brother controls | Plenty available (shrubs) on own land | Sold all poultry to pay for medicine | Small bed, stools | Inherited tray, few cooking utensils &amp; buckets | none | Clothes given to HH. Son has one school uniform |
| KILAMA B | 15 | √2 meals/day sometimes only 1 ugali/vegetables | Lasts 3-4 months (forced to sell some) | Poles &amp; grass roof | No walls, roof only | none | 10 acres inherited land around house. Only cultivates 2 acres | Collects from forest nearby | none | None, sleeps on old clothes | 1 bucket, 1 very old holey mosquito net | 1 small hoe (borrows if need to do casual labour) | Very old very dirty, no shoes. 1 school uniform but very dirty |
| KILAMA B | 16 | √1 meal/day rice or ugali or uji &amp; vegetables, supplemented by fruits | Full year | Mud &amp; poles with thatched grass | X | Very simple originally only a temporary house for cultivation periods | Pit latrine but researchers think bush is actually used | / acres very fertile because of regular river flooding | Plentiful supply | 7chickens &amp; 4 chicks | minimal | Radio which does not work, basic utensils | 3 small hoes- old and well used | School uniform for daughter. Other clothes very old |
| KILAMA B | 17 | √2 meals/day ugali or rice /vegetables- rarely chicken &amp; fish | Lasts 6-7 months | 2 houses (one for each wife) one of poles &amp; grass | 2 houses (one for each wife) one of poles &amp; grass | Pit with grass screen | 5 acres inherited land around houses | Collects from nearby National Park (not allowed to cut) | 2nd wife has 8 hens &amp; chicks | Bike, broken radio, 1st wife has no bed or chair. 2nd wife has table (other assets not clear) | 1st wife has 2x 10 l buckets, 2 small plates, cooking pots. 2nd wife has 3 buckets, bigger plates | 2 hoes in good condition | Old clothing |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Meals/day</th>
<th>Type of House</th>
<th>Rooms</th>
<th>Sides</th>
<th>Grass Roof</th>
<th>Other Mud &amp; Poles with Grass Roof</th>
<th>Mealtimes</th>
<th>Cooking</th>
<th>Beds</th>
<th>Dysentery</th>
<th>Cloths</th>
<th>Other Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>√ 1</td>
<td>Mud &amp; poles with grass roof</td>
<td>√</td>
<td>2 separate huts (3x 6m and 4 x 3m)</td>
<td>None ' using neighbours’</td>
<td>1½ acre around house, 1 acre rented 30 mins walk away</td>
<td>Collect from reserve on days when open. Has used from front door when short</td>
<td>none</td>
<td>2 beds, sleeping mats, kerosene lamp, 1 stool</td>
<td>Few cooking pots, 2 bowls, 1 plate</td>
<td>1 small hoe in poor condition</td>
<td>Mostly poor clothes, old school uniform, daughter has sandals.</td>
</tr>
<tr>
<td>19</td>
<td>√ 1</td>
<td>2 huts (7 x4m and 5x 3m), no windows</td>
<td>2</td>
<td>Pit with grass screen</td>
<td>4 acres around home, further 3 acres in valley for rice cultivation</td>
<td>Own cashew trees and nearby bush</td>
<td>All poultry died</td>
<td>Beds only</td>
<td>Cooking pots, plates and cups</td>
<td>4 hoes in poor condition</td>
<td>Very old dirty clothes, wife, son and daughter in law had old sandals</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>√ 2</td>
<td>Grass walls &amp; roof</td>
<td>1</td>
<td>Pit with mud wall &amp; thatch</td>
<td>1 acre around house</td>
<td>Collects 2/3 times per week from unrestricted nearby forest</td>
<td>none</td>
<td>None sleep on mat on ground</td>
<td>2 cooking pots, 1 plate</td>
<td>1 hoe</td>
<td>Poor clothes</td>
<td></td>
</tr>
<tr>
<td>village</td>
<td>HH #</td>
<td>religion</td>
<td>tribe</td>
<td>Total perm. living in HH</td>
<td>members</td>
<td>age</td>
<td>Living in/away</td>
<td>Education level</td>
<td>occupation</td>
<td>Other comments</td>
<td></td>
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<tr>
<td>Pinde</td>
<td>1</td>
<td>Catholic</td>
<td>Luguru</td>
<td>6</td>
<td>Father (HHH)</td>
<td>52</td>
<td>in</td>
<td>S 4</td>
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<td>Son 4</td>
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<td>Father sends money to support</td>
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<td>grandson</td>
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<td>S3</td>
<td>Orphaned as a baby, has lived with this family ever since</td>
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</table>

**Pinde** 4 Catholic Luguru 5

Father (HHH) 30s in

Claims to education are questionable farmer

Permanently damaged and weak left wrist from thatching accident

Mother 20s in

Some farmer

Daughter 1 20s away

Housegirl

Has never returned to village in 2 years- sends gifts occasionally

Son 1 10 in

Son 2 5 in

Daughter 2 18 mths in


**kibuko** 5 Catholic Luguru 9

Father (HHH) 52 in

Claims to education are questionable farmer

Not fully active because of series of accidents- depressed

Mother 44 in

Farmer

Son 1 17 in

S7 student

Daughter 1 15 In

S5 Occasional student

Son 2 11 In

S2 student

Daughter 2 (twin) 9 in

S1 student

Daughter 3 (twin) 9 In

S1 student

Son 3 7 In

- -

Son 4 3 In

- -

Kibuko 6 Catholic Luguru 4

Grandmother (HHH) 54 in

Farmer/brewer

Outspoken, smokes, member of village govt.

Son in law (economic HHH) 30s in

Farmer/Casual labour

Member of village government
<table>
<thead>
<tr>
<th>Region</th>
<th>Age</th>
<th>Religion</th>
<th>Location</th>
<th>Marital Status</th>
<th>Occupation</th>
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<td>in S7</td>
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<td>Widowed in '84, has 7 daughters</td>
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<td>Ngoni</td>
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<td>Ngoni, Mbena and Sagara</td>
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</table>

Grand daughter 2: 13, in S1, student
Grand daughter 3: 14, in S1, student

Kilama A: Born Again
Mother: 31, in S6, used to be petty trader at bus stand now not able to work. Both legs paralysed, usually crawls but can get around with stick.
Son: 14, in S6, student

Kilama B: Catholic
Father: 50, in S1?, farmer
Wife: 45, in S6, farmer
Son 1: 14, in S1, student
Son 2: 7, in -
Daughter 1: 6, in -
Son 3: 4, in -
Daughter 2: 1, in -

Kilama B: Muslim
Father: 70+, in -
Wife: 45, in -
Daughter 1: 9, in S1, student

Lungongole: Catholic
Father: 45, in -

Daughter 1: 9, in S1, student
Grandson 1: 7, in -
Grandson 2: 9, in -

Both grandsons live with grandparents as 'security' against theft

Suffered from elephantiasis and swelling of genitals

Suffers anal bleeding and back problems. First wife had seven children but only 1 survived

Son of only surviving son of first marriage

Both grandchildren live with grandparents as 'security' against theft
<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Relationship</th>
<th>Occupation</th>
<th>Status/Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wife 1</td>
<td>30</td>
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<td>-</td>
<td>farmer</td>
<td>Married '95</td>
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<tr>
<td>Wife 2</td>
<td>27</td>
<td>in</td>
<td>-</td>
<td>farmer</td>
<td>Married '98</td>
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<tr>
<td>Son 1 (wife 1)</td>
<td>14</td>
<td>in</td>
<td>-</td>
<td>farmer</td>
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<tr>
<td>Daughter 1 (wife 1)</td>
<td>8</td>
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<td>Son 2 (wife 1)</td>
<td>3</td>
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<tr>
<td>Daughter 2 (wife 2)</td>
<td>4</td>
<td>in</td>
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<tr>
<td>Daughter 3 (wife 2)</td>
<td>14 months</td>
<td>in</td>
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<table>
<thead>
<tr>
<th>Name</th>
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<th>Occupation</th>
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<tbody>
<tr>
<td>Lungongole 18</td>
<td>18</td>
<td>Morovian</td>
<td>Nyakusa</td>
<td>3</td>
<td>Mother (HHH)</td>
</tr>
<tr>
<td>Daughter 1</td>
<td>15</td>
<td>In</td>
<td>S5</td>
<td>student</td>
<td>Separated '95. Had 10 children but only 4 survived</td>
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<tr>
<td>Son 1</td>
<td>23</td>
<td>In jail</td>
<td>S5</td>
<td>In jail for theft</td>
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<tr>
<td>Son 2</td>
<td>22</td>
<td>In</td>
<td>S7</td>
<td>farmer</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
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<th>Occupation</th>
<th>Status/Relationship</th>
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<tr>
<td>Lungongole 19</td>
<td>19</td>
<td>Catholic</td>
<td>Ngoni</td>
<td>6</td>
<td>Father (HHH)</td>
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<tr>
<td>Wife</td>
<td>55</td>
<td>In</td>
<td>S5</td>
<td>farmer</td>
<td>Married twice</td>
</tr>
<tr>
<td>Son 1</td>
<td>27</td>
<td>In</td>
<td>S5</td>
<td>farmer</td>
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<tr>
<td>Daughter in law</td>
<td>22</td>
<td>In</td>
<td>S1</td>
<td>farmer</td>
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<tr>
<td>Grandson 1</td>
<td>2</td>
<td>In</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Grand daughter 1</td>
<td>3 months</td>
<td>in</td>
<td>-</td>
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<thead>
<tr>
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<th>Age</th>
<th>Gender</th>
<th>Relationship</th>
<th>Occupation</th>
<th>Status/Relationship</th>
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<tr>
<td>Lungongole 20</td>
<td>20</td>
<td>Catholic</td>
<td>Pogoro (grandson Mchaga)</td>
<td>3</td>
<td>Grandmother HHH</td>
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<tr>
<td>Son</td>
<td>22</td>
<td>In</td>
<td>-</td>
<td>-</td>
<td>Mental disabilities-fully dependent</td>
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<tr>
<td>Grandson</td>
<td>12</td>
<td>In</td>
<td>S1</td>
<td>student</td>
<td>Single mother cannot look after him in town</td>
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<tr>
<td>HH #</td>
<td>Basic indicators</td>
<td></td>
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<td>------</td>
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<tr>
<td>CHAMWINO 21</td>
<td>1-2 meals per day</td>
<td></td>
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</tr>
<tr>
<td>No land</td>
<td>Risky/ marginal</td>
<td></td>
<td></td>
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<tr>
<td>House</td>
<td>Toil</td>
<td>Furniture</td>
<td>Domestic utensils</td>
<td>Trade equipment</td>
<td>Water source</td>
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<tr>
<td>X 3 acres owned on outskirts of Morogoro</td>
<td>Rented house in informal settlement</td>
<td>Unfired mud bricks, roof of cardboard boxes &amp; plastic bags</td>
<td>No toilet as rains destroyed it. Uses neighbours toilet</td>
<td>1 bed &amp; cotton mattress, 1 stool only</td>
<td>3 buckets, plastic plates &amp; cooking pots</td>
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<tr>
<td>CHAMWINO 22</td>
<td>2 meals/day</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>ugali/veg occasionally dried fish or beans rice/veg</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>X 1.5 acres outside Morogoro 1 hr walk</td>
<td>Own house-unregistered</td>
<td>Unfired mud bricks, roof of beaten recycled tins</td>
<td>Pit with screen of plastic bags</td>
<td>3 stools, 1 chair, old table, 2 beds (stated but not verified) radio</td>
<td>Adequate basic utensils, 9 plastic buckets</td>
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<tr>
<td>CHAMWINO 23</td>
<td>2 meals/day</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>¼ acre given by ex employer</td>
<td>Unregistered</td>
<td>Bamboo &amp; mud with plastic bag roof- 3 rooms</td>
<td>Pit with fertiliser bag screen</td>
<td>2 beds with old/dirty cotton mattress, 2 small tables, 1 stool, 1 bench, 1 office chair, 1 folding chair</td>
<td>2 metal washing bowls, 2 large water storage containers, radio, plastic &amp; metal buckets</td>
</tr>
<tr>
<td>FUNGAFUNGA 24</td>
<td>3 meals/day</td>
<td></td>
<td></td>
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<tr>
<td>(claimed)</td>
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<tr>
<td>FUNGAFUNGA</td>
<td>25</td>
<td>1 meal/day</td>
<td>2 acres beyond Ifakara (abandoned) 1 acre loaned by friend in Morogoro</td>
<td>No legal registration for land</td>
<td>3 small mud brick houses with old corrugated iron sheet roof (leaky)</td>
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<td>-------------------------------------------------------------------</td>
<td>-------------------------------</td>
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</tr>
<tr>
<td>FUNGAFUNGA</td>
<td>26</td>
<td>1 meal/day</td>
<td>No land</td>
<td>Has one room in unfinished cement block house owned by nephew built on unregulated land</td>
<td>One room (3 x 3m)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Urban area</th>
<th>HH #</th>
<th>religion</th>
<th>tribe</th>
<th>Total living in HH</th>
<th>members</th>
<th>age</th>
<th>Living in/away</th>
<th>Education level</th>
<th>occupation</th>
<th>Other comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chamwino</td>
<td>21</td>
<td>Muslim</td>
<td>Laguru</td>
<td>2</td>
<td>Mother (HHH)</td>
<td>41</td>
<td>in</td>
<td>S 6</td>
<td>Cooks snacks, weaves mats, hair braiding, prostitution</td>
<td>Has three children all with different fathers, never married</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>son</td>
<td>11</td>
<td>in</td>
<td>S 1</td>
<td>Student &amp; snacks trader</td>
<td></td>
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<tr>
<td>Chamwino</td>
<td>22</td>
<td>Catholic</td>
<td>Laguru</td>
<td>2 permanent</td>
<td>Grandfather (HHH)</td>
<td>66</td>
<td>in</td>
<td>S 4</td>
<td>Vegetable cultivator</td>
<td>Deputy Ten Cell Leader, member of Church Parish Committee</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Grandfather’s wife</td>
<td>55</td>
<td>in</td>
<td>S 4</td>
<td>Vegetable seller</td>
<td>Two daughters are from previous marriage</td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Grand daughter 1</td>
<td>20</td>
<td>temp</td>
<td>S 7</td>
<td>unemployed</td>
<td>Completed S7 at 17 years. Daughter of</td>
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<tr>
<td>Name</td>
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<td>Region</td>
<td>Age</td>
<td>Occupation</td>
<td>Work Status</td>
<td>Notes</td>
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</tr>
<tr>
<td>Grand daughter 2</td>
<td>21</td>
<td>temp</td>
<td>S 5</td>
<td>unemployed</td>
<td>Dropped out of school because of severe malaria. Daughter of grandmother’s younger widowed daughter</td>
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<tr>
<td>23</td>
<td>Muslim</td>
<td>Luguru</td>
<td>2</td>
<td>Man (HHH)</td>
<td>78</td>
<td>In</td>
<td>farmer</td>
<td>Married twice</td>
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<tr>
<td>Wife</td>
<td>58</td>
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<td>-</td>
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<td>Married twice</td>
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<td>Fungafunga 24</td>
<td>Catholic</td>
<td>Pogoro</td>
<td>5</td>
<td>Father (HHH)</td>
<td>70</td>
<td>In</td>
<td>S4</td>
<td>farmer</td>
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<tr>
<td>Mother</td>
<td>64</td>
<td>In</td>
<td>-</td>
<td>farmer</td>
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<tr>
<td>Daughter</td>
<td>40</td>
<td>In</td>
<td>S7</td>
<td>Makes local brew/prostitution Has 5 children all living with sister in Songea</td>
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</tr>
<tr>
<td>Son 1</td>
<td>30</td>
<td>In</td>
<td>F2(second year school)</td>
<td>Odd jobs</td>
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<tr>
<td>Son 2</td>
<td>26</td>
<td>In</td>
<td>S7</td>
<td>Odd jobs</td>
<td>alcoholic</td>
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<tr>
<td>Fungafunga 25</td>
<td>Muslim</td>
<td>Zigua</td>
<td>12</td>
<td>Mother (HHH)</td>
<td>52</td>
<td>in</td>
<td>-</td>
<td>unemployed Twice married, widowed '02 Suffering from jaundice for last 3 yrs</td>
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<td>Son</td>
<td>26</td>
<td>In</td>
<td>S7</td>
<td>Religious teacher – no income</td>
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<td>S7</td>
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<tr>
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<td>31</td>
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<td>S7</td>
<td>barmaid</td>
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<td>Daughter 2</td>
<td>24</td>
<td>In</td>
<td>S7</td>
<td>Runs small kiosk Has 3 children not living with her</td>
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<td>Son’s son 1</td>
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<td>Education level</td>
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<tr>
<td>Commercial Sex Workers</td>
<td>E Sukomo</td>
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<td>36</td>
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<td>Since '00</td>
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<td>Chain smoker</td>
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<tr>
<td>H</td>
<td>?</td>
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<td>Street boys</td>
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<tr>
<td>K</td>
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<tr>
<td>L</td>
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<td>-</td>
<td>11</td>
<td>4 years</td>
<td>Starting S1 next year</td>
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<tr>
<td>N</td>
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<td>I</td>
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<td>-</td>
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<td>Migrant workers</td>
<td>E</td>
<td>Ngoni</td>
<td>Married + 2 children</td>
<td>32</td>
<td>16 years</td>
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<tr>
<td>S</td>
<td>Luguru</td>
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<td>20</td>
<td>10 years</td>
<td>S7</td>
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<tr>
<td>G</td>
<td>Ngoni</td>
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<td>21</td>
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<td>S7</td>
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<tr>
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<tr>
<td>Machingas</td>
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<td>Nyamwozi</td>
<td>Catholic</td>
<td>29</td>
<td>3 years</td>
<td>F4</td>
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<td>S</td>
<td>Luguru</td>
<td>Muslim</td>
<td>Single</td>
<td>17</td>
<td>1 year</td>
<td>S6</td>
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<tr>
<td>A</td>
<td>Luguru</td>
<td>Muslim</td>
<td>Married + 1 daughter</td>
<td>24</td>
<td>4 years</td>
<td>S7</td>
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<tr>
<td>Sh</td>
<td>Luguru</td>
<td>Muslim</td>
<td>Single</td>
<td>20</td>
<td>3 years</td>
<td>-</td>
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</tbody>
</table>
Annex 5; Self Evaluation

**Most important learning, what I will do differently as a result of the study and how the study will help me in my work**

Charles Kadonya

**Learning**
- I have found more new insights about poor people through household as a unit of analysis than I did with the community (PPA study)
- Many people haven’t despaired with life and use a variety of methods to cope with poverty situation no matter how unsustainable they are
- Despite being poverty stricken still many households we visited were kind enough to share even the little they had for their survival, e.g. food, farm produce.

**What I will do differently**
- As a result of this study my students will directly benefit from the different insights about poverty in the country
- I will also attempt to adopt this particular approach to studying various realities about the poor as my independent study

**How will the study help me in my work**
- First there is no blanket definition of poverty
- Second, that different forms of poverty need different indicators and intervention strategies.

Mbonja Mwandugutu Kasembua

**Learning**
- Owning a big land is not a solution to alleviate poverty as most interviewed household members had big land but are still poor (Ifakara)

**What I will do differently**
- Spend more time to study
- Have clear budget to facilitate the study
- Have more time I will use many methodologies

**How will the study help me in my work**
- If you want to solve a certain health problem not jump to use your own ideas and assumption- get study first and therefore learn the importance of conducting the study

Ambrose Kessy

**Learning**
- Basically the study has enlightened me about the perception of poverty in the rural as well as in urban settings. I have gained a lot of experience on research methods that can be applied to study people’s behaviour, attitudes and feelings about their daily lives. Besides this the study has provided me with the most updated definition and categories of poverty in Tanzania though its scope was very small (i.e. sample size was small)

**What I will do differently**
- First of all I will use both quantitative as well as qualitative methods of data collection. The qualitative methods I got from this study will help me generate more data that I would not have gained using quantitative methods only.

**How will the study help me in my work**
- As a lecturer at the University of Dar es Salaam, I teach courses like theory and politics of development, public policy analysis and public administration. All these courses will very much be enriched with practical examples I got from this study. I also intend to develop proposals for further research about how to influence the nature of public policy making in Tanzania in relation to poverty reduction strategies.

Kate Forrester Kibuga
Learning

- That such a study can be done, i.e. the methodology works well, people don’t seem to mind someone occupying their lives for a day and they are open and helpful
- That much can be gained from focus groups discussions but small telling details which really characterise poverty don’t come out in such discussions
- How poor people live...

What I will do differently

- I will be more aware that tucked away in every community there are marginalised groups who don’t have a voice, therefore I will make more effort in research evaluations etc to reach those people and hear what they have to say.

How will the study help me in my work

- Many organisations are now trying to target ‘the poor’ more effectively- I will therefore have greater insight into who the poor are and how they can be targeted when doing evaluations, it will be clearer whether projects have got through to the poorer sectors of the community or not. I can also recommend that similar studies be carried out by organisations who really want to get to grips with poverty.

Ephrem Kirenga

Learning

- Our assumption are not always right, especially methodology and approach. It depends very much on the type of household and the confidence it will have on the research team
- The three dimensions of poverty (assets, voice and vulnerability) need not be given the same weight in some areas of Tanzania

What I will do differently

- It will depend on future programmes and resources available

How will the study help me in my work

- To reflect more on the causes of poverty and what can be done in road projects to improve the situation. Otherwise what SDC could do to help the poor in Morogoro region.

Aaron Komba

Learning

- That poor people live in difficult surroundings whereby health facilities, education and normal activities for income generation are very difficult as a result poverty will never end.

What I will do differently

- Maybe in future to visit my home village and get different views/ideas

How will the study help me in my work

- As DFID important role is eradication of poverty then I have learned the views of the people in Ifakara whereby I can forward them to my organisation

Audax Kweyamba

Learning

The study has been of good input to me in the following areas

- It has increased my methodology rigour especially participation (on my own self) in participant observation method and observer participant method
- It has illuminated and extended my horizon in terms of knowledge on poverty especially getting raw data, primary data/views from actual victims of poverty
- It has helped me to establish new links and coalition building with SDC and the other team members in the study.

What I will do differently

- I will continue striving hard to design strategies for poverty alleviation
- I will continue researching more on poverty

How will the study help me in my work
The study will assist me in my future research undertakings. In fact I wish to suggest to REDET that at one point in time the methodology used during VOP study can also be employed by REDET in future research endeavours.

George Mwandiga

Learning
- Study of households is the only one to provide real data of poverty
- Poverty is there at large extent
- Mostly of the plans provided are not helping the real situation of poverty
- Communities understand their poverty

What I will do differently
- Consider the real situation of poverty during planning. That is if the community is much dependent on agriculture, my plans should accommodate it so as not to effect them during self help (construction activities)

How will the study help me in my work
- As my work is also dealing much with self help it will help in planning better programme in order not to affect communities
- Whenever there is a cost sharing the factor of poverty must be considered in planning
- Also it will help me much for deciding the type of interventions or structures to be constructed which will help much in reducing poverty e.g. the decision of a bridge or a footbridge.

Richard Ndaskoi

Learning
- Poverty has many faces, e.g. a family can own a big piece of fertile and well endowed land and yet still remains poor.
- Tanzania Government policies on rural development are not pro poor and sometimes irrelevant as far as poverty reduction is concerned e.g. cost sharing in medical/health services or blanket primary education enrolment
- Poverty is so deep rooted and widespread in rural areas to an extent that I suspect the impact that can be brought about by small (geographically) interventions

What I will do differently
- At my individual level I do not know! However, I will try to be more observant and assuming nothing is as I perceive, therefore probe more (questions, observing)

How will the study help me in my work?
- I have updated my understanding of poverty and related issues

Patrick Simon Ngowi

Learning
- Poverty is multi dimensional and that household study approach seems more relevant in the understanding and analysis on individual, household and community poverty issues
- Combination of tools in analysing poverty complement each other, but triangulation proved most important in ascertaining information gained.

What I will do differently
- Initially I used to believe that focus group discussions and community analysis as the most powerful of all tools in poverty analysis. Now, I have personally experienced that HH can prove much more powerful unit of analysis than other approaches. I will live to advocate this!

How will this study help me in my work?
- Improve on my approach to poverty related works

Dorothy Nsherenguizi
learning
- Why people in the village are poor and how they see the situation. Don’t like it but don’t know what to do- have no knowledge
- There is a lot of migrants within the country (people from certain regions/tribes moving to another region
- They have no markets for some of their products
- Land was a problem to other households, they rent land
- Many households have no education hence don’t know the need of toilets, boiling water, agricultural methods
- No saving and credit schemes, no pension schemes in the villages

What I will do differently
- Sahre learned issues with other donors
- Share experience on rural research
- Provide development ideas to future programmes linking to poverty indicators

How will the study help me in my work
- Use it in poverty reduction and budget support programme
- Provide inputs and comments in tracking expenditure and poverty
- Provide inputs in SDC Country programme

Esther Ntyangiri
Learning
- There are people who are really poor among the community but different Government sectors (e.g. agriculture, health or education) have not shown much concern to these people.

What I will do differently
- Consider the health issues views in all planned activities
- Sensitize health workers on importance of being responsive to poor clients

How the study will help me in my work
- The views I got concerning health issues will help me during planning on community based issues
- It will also help me to influence political bodies within communities to take these into consideration, these views, hence have policies which address poor concerns

Johnson Nyingi
Learning
- Methodological experience in letting the poor explain his/her views in development
- Visualised method (pictures and drawings) as powerful tool in expression of heartfelt views
- Creating rapport, i.e. interface between poor and research

What I will do differently
- Identify indicators of poor people with local authorities, i.e. village governments
- Produce list of poor people and identify their views
- Develop tentative plan based on their opinions

How will the study help me in my work
- Identification of various category of people to participate in project activities with special interest or without forgetting people
- Use of visuals (picture, drawing) in gathering views from various strata of people in the community
- Expose the findings to people at policy making level e.g. village government and district officials

Harold Terewael
Learning
- Children were good resource of information during the study
- Adapting the household daily routine were very helpful in getting the information I needed from Household members
- Participation of all household members was important for getting accurate information
- Drawings and pictures are very successful towards getting information easily
- Giving gifts to the household members facilitated full participation because they were assured of getting food the following day.

What I would do differently
- I will be involving children for putting information whenever I want it
- I will involve targeted people I am working with in rural areas to speak their problems before implementation of any project
- I will strengthen on participatory approaches in any project to be implemented inn places I will be working.

How will this study help me in my work
- Will help me to prioritise the problems to start to solve with targeted poor resource farmers
- Will help me to know how to get information from poor farmers whenever necessary
- Will help me for planning to the future programmes to the community I am working with