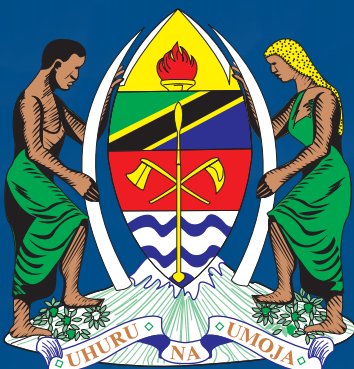


causes, consequences and policy implications



VULNERABILITY AND RESILIENCE

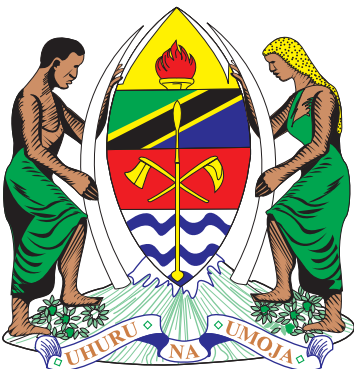
to poverty in Tanzania



2002/3 TzPPA

Main Report

Vulnerability and resilience to poverty in Tanzania: causes, consequences and policy implications



2002/3 **TzPPA**

Main Report

Vulnerability is poverty just waiting to happen.
Today's non-poor may be tomorrow's newly poor...

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LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
CSO	Civil Society Organisation
ESRF	.....	Economic and Social Research Foundation
FGM	.....	Female Genital Mutilation
HBS	.....	Household Budget Survey
HIV	.....	Human Immunodeficiency Virus
IEC	.....	Information, Education and Communication campaigns
NEMC	.....	National Environment Management Council
NGO	.....	Non-Governmental Organisation
PCB	.....	Prevention of Corruption Bureau
PPA	.....	Participatory Poverty Assessment
PRS	.....	Poverty Reduction Strategy
PLWA	.....	Person living with HIV/AIDS
STI	.....	Sexually Transmitted Infection
TASAF	.....	Tanzania Social Action Fund
Tsh.	.....	Tanzanian Shilling
TzPPA	.....	Tanzania Participatory Poverty Assessment
URT	.....	United Republic of Tanzania

FOREWORD

ACKNOWLEDGEMENTS

This report is a result of hard work by the principal authors: Dr. Charles Ehrhart and Dr. Rose Mwaipopo, Technical Advisor and Assistant Technical Advisor respectively. For a while, they were assisted by Loserian ole Sangale as additional author and by Emmy Metta as research assistant, later succeeded by Vivian Bashemererwa. They all worked in the Tanzania Participatory Poverty Assessment (TzPPA) team under the leadership of Deogratias Mutalemwa as the Coordinator assisted by Anna Dominick, Assistant Coordinator. The TzPPA project was housed at the Economic and Social Research Foundation (ESRF), first under the leadership of Prof. Samwel S. Wangwe who was ESRF Executive Director, until I was appointed to succeed him in May 2002.

The whole TzPPA assignment relied overwhelmingly on the willingness and active participation of a large number of people in 30 communities in different parts of the country. They were prepared to forego their daily livelihood activities to share their experiences with the researchers who visited and stayed in their communities. Field data was further analyzed and synthesized by researchers seconded from members of the PPA Implementing Consortium (IC), namely:

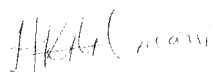
- ❑ The Ministry of Finance
- ❑ The President's Office, Planning and Privatisation
- ❑ The Christian Social Services Commission
- ❑ Concern for Development Initiatives in Africa
- ❑ Maarifa ni Ufunguo
- ❑ The Pastoralist and Indigenous NGOs Forum
- ❑ Women's Research and Documentation Project
- ❑ The Institute of Development Studies, UDSM
- ❑ The National Bureau of Statistics
- ❑ ActionAid-Tanzania
- ❑ The African Medical Research Foundation
- ❑ Care-Tanzania
- ❑ Concern Worldwide
- ❑ Save the Children, UK.

Led by ESRF, the IC was formed to chart out the path for implementation of the TzPPA. From time to time during the analysis of field data and the reviewing of working drafts intended as inputs into the report, officials from key Ministries and other institutions contributed valuable expert advice and information.

Comments on Report drafts were contributed by many people but we are obliged to mention a few like those who provided detailed written suggestions: Prof. Samwel Wangwe, Alana Alabee, Josephine Ulimwengu, Martine Bellanou, Prof. Ruth Meena, and Pim Van Der Male. Others did that in the framework of the Research and Analysis Working Group (R&AWG) as well as the TzPPA Steering Committee (SC) under the respective chairmanship of Arthur Mwakapugi and Prof. Joseph Semboja. The R&AWG and SC members who were charged to provide general guidance and approval of TzPPA outputs, often went into details in the drafts to ensure correctness of the information. They deserve special appreciation for their inputs in this regard.

Individual recognition should also go to those who provided logistical and production support such as ESRF Finance and Administration staff under the leadership of Alex Mwinuka, without forgetting members of the ESRF TzPPA Supervisory Committee.

Finally, but by no means less significantly, this report could not have been written, or indeed other TzPPA activities carried out, without the financial backing of the donors such as UNDP, DFID, Finland, SDC and JICA, in addition to the Government budget subvention.



Prof. Haidari Amani
Executive Director ESRF
Date: 24/11/03

Part I

Introduction

This Part of the Report is divided into two Chapters. The first provides an overview of what the Report is about, what information it is based upon and how its findings can be used to bring about positive change in people's lives.

The second Chapter presents highlights of the Tanzania Participatory Poverty Assessment's research methodology and explains their implications for the trustworthiness, thoroughness and generalisability of its findings.



At a Glance

- ❑ This Report is about the things pushing people towards poverty, the counter measures they use and how to help prevent people from becoming poorer tomorrow than they are today.
- ❑ The Report is primarily based on findings from the Tanzania Participatory Poverty Assessment. As such, it reflects information and insights developed during discussions with community members and local authorities. This is supplemented with information from multi-disciplinary specialists drawn from Government, academic and research institutions and non-governmental organisations. Its conclusions are enriched by secondary data drawn from a variety of reliable sources.
- ❑ The TzPPA is not a simple planning tool. It does not offer a wish list of people's development priorities nor a blue print for effective intervention at community, district or national levels. Instead, it provides information for stakeholders to discuss and translate into pro-poor policies reflecting their institutions' unique mandate, capacities and circumstances.

1.1 What is this Report about?

The Government of Tanzania has prioritised poverty reduction since Independence. According to a number of criteria, progress is being made. For example, the 2000/1 Household Budget Survey indicates that a slightly smaller proportion of people are currently beneath food and basic needs poverty lines than in 1991/2.

Table 1.1: Incidence of income poverty

	URBAN AREAS (Other than DSM)		RURAL AREAS		MAINLAND TANZANIA	
	1991/92	2000/01	1991/92	2000/01	1991/92	2000/01
Food Poverty	15.0	13.2	23.1	20.4	21.6	18.7
Basic Needs	28.7	25.8	40.8	38.7	38.6	35.7

Source: NBS 1991/2 and 2000/1

Government is monitoring expressions of poverty besides those captured in income levels. Their indicators are grouped in four categories, namely: human capabilities, survival, nutrition and extreme vulnerability.

It is noteworthy that progress has been made towards improving human capabilities. Indeed, implementation of Government's Primary Education Development Programme has recently led to gross enrolment reaching 100.4% in 2002 (compared to 77.6% in 1990) and net enrolment rising to 85% (as opposed to 58.8%). Meanwhile, other Government policies have raised child-immunisation levels and increased the number of households with access to safe water. Such cases show the positive impact that policies can have on people's welfare. Other indicators (including under-five and infant mortality levels, life expectancy and literacy levels) suggest less progress and show that much hard work lies ahead. In order to do this work effectively, stakeholders require insightful, up-to-date information. Thus, Government and its development partners continue prioritising new research.

According to The 2002 Poverty and Human Development Report (R&AWG 2002, 89), the majority of this research has emphasised:

...descriptions of how poverty manifests itself through hunger, illness, powerlessness, the inability to see a doctor, to go to school or to read and write. Limited attention is given to the forces that drive people into poverty.

In other words, a lot of resources have been invested in learning about how people experience poverty. This was necessary. Nonetheless, it may be time to ask, 'What makes people poor in the first place and what – despite their best efforts – keeps them poor?' It is because of this information gap that stakeholders assigned the 2002/3 Cycle of the Tanzania Participatory Poverty Assessment (TzPPA) to investigate the nature of vulnerability. The details of this Research Theme were fleshed out through collaborative brainstorming between Government and Civil Society Organisations (including NGOs, faith-based/religious organisations and research institutions). This resulted in a comprehensive Research Agenda reflecting mutual interests and concerns about the forces pushing people towards poverty, the counter measures they deploy and the complementary roles stakeholders might play.

This Report provides an overview of the TzPPA's findings. It has been written to help readers understand what vulnerability means and why it is so important in terms of making and maintaining gains towards Tanzania's poverty reduction goals. The Report is supplemented by a plain language version, a participatory video documentary on vulnerability and a series of policy briefing papers.

1.2 What data is this Report based upon?

This Report is based on the results of participatory, policy-oriented research conducted in thirty sites around mainland Tanzania from March to July 2002. It reflects information and insights developed by community members, local authorities, grassroots non-governmental organisations (NGOs) and multi-disciplinary specialists drawn from Government, academic/research institutions and national-level NGOs. These results have been enriched, supported and clarified by quantitative and qualitative secondary data collated from a variety of sources.¹

Community members, local authorities and grassroots NGOs contributed site-specific information and analyses. Meanwhile specialists were responsible for synthesising, distilling, contextualising and

¹ Many of these sources can be accessed through Tanzania On-line at <http://www.tzonline.org> or the Tanzania Development Gateway at <http://www.tanzaniagateway.org>.

“packaging” people’s conclusions so that policy-makers can readily understand them. Though this has led to using a different language and, sometimes, terminology from that of rural and urban research participants, people’s underlying messages remain unchanged.

1.3 What information is provided in this Report?

Government’s Household Budget Survey and sector-based Management Information System are powerful examples of data gathering tools that help monitor progress towards poverty reduction and service delivery targets. However, they are not equipped to identify the reasons *why* Tanzania is ahead of schedule in some cases or behind in others. In contrast, the TzPPA is an explanatory (or evaluation-type) tool that can help do this.

It uses participatory methods that have been tested and proven reliable by academic institutions, non-governmental organisations and governments around the world. Through the use of these techniques, the TzPPA has been able to explore the dynamics driving and perpetuating poverty in Tanzania. This Report presents findings in a practical way and illustrates them with real-life examples selected on the basis of their explanatory power. In so doing, the Report tells us about:

- Some of the most common and compelling forces pushing people towards poverty
- How individuals, households and communities respond to these things, with what results and why
- Which kinds of people are especially vulnerable to becoming poorer tomorrow than they are today, under what conditions and why

In other words, this Report presents the big picture indicating what vulnerability is, how it affects people’s lives, why and what is being done – and could perhaps be done better – to lessen its impact. These objectives specifically reflect questions posed to the TzPPA by Government’s Research and Analysis Working Group (R&AWG).

1.4 How can this Report be used?

The TzPPA is not a planning tool. It does not offer a wish list of people’s development priorities nor a blue print for effective intervention at community, district or national levels. Instead, it provides information for stakeholders to discuss and translate into policies reflecting their institutions’ unique mandates, capacities and circumstances. In other words, this Report explores how people avoid sliding into poverty and how those who are already poor try to improve their lives. As such, Government hopes that stakeholders will reflect on the TzPPA’s findings, add their own knowledge and convert the results into concrete action.

Some district authorities and Civil Society Organisations have already begun doing this. The Ilala Municipal District Management Team has, for instance, used findings to inform budget decisions; design innovative strategies to encourage equal schooling for girl and boy children; and create transparent criteria for extending priority support to especially poor local households.

1.5 How is this Report organised?

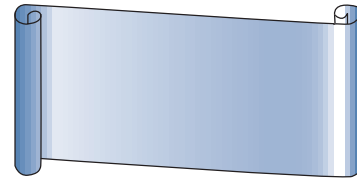
This Report is arranged in four Parts. The first introduces the Report and research process. The second Part presents an approach to understanding vulnerability and its relationship to poverty reduction. This conceptual framework is developed in two Chapters. The first argues that vulnerability is a result of the number and intensity of things pushing people towards poverty versus the number and effectiveness of their available response options. The next Chapter expands on this by introducing the idea of limiting factors and showing how they explain why people who are equally exposed to a particular shock or stress are, often, unequally *affected*.

The third Part of this Report is divided into six Chapters, each of which focuses on a particular cluster, or category of impoverishing forces, response options and outcomes. These Chapters address:

- ❑ The environment and vulnerability
- ❑ Macroeconomic conditions and vulnerability
- ❑ Governance and vulnerability
- ❑ Health, HIV/AIDS and vulnerability
- ❑ The lifecycle and vulnerability
- ❑ Cultural beliefs, practices and vulnerability

The fourth and final Part of this Report draws conclusions about the nature of impoverishing forces and response options, as well as how they combine to make people in some social groups more vulnerable than others. It also examines how grassroots safety nets are changing over time and explores the steps that can be taken to support and supplement, rather than supplant, people's efforts to safeguard their wellbeing. The chapter ends with an analysis of implications for Tanzania's poverty reduction strategy and suggestions for the way forward.

Focused recommendations for positive change are presented throughout the main text in scrolls like this →



In order to make the Report easier to use as a reference tool, each Chapter begins with a summary (entitled, *At a Glance*) of its key points. Also, a detailed index has been included in the back. This index lists a wide range of topics and notes where each is mentioned at various points in the Report.



At a Glance

- ❑ The TzPPA is part of Government's Poverty Monitoring System.
- ❑ Though the TzPPA is already having an impact on local level planning in some districts, it was not designed to generate a list of priority development actions (such as building wells before roads) for extrapolation to Tanzania as a whole.
- ❑ Participatory fieldwork was conducted in thirty sites throughout mainland Tanzania. These sites were selected through a three-tiered purposive sampling procedure.
- ❑ Some of the information in this Report is highly generalisable to Tanzania's population as a whole. However, other findings are generalisable only in relation to a sub-set of that population (distinguished on the basis of livelihood, gender, age, etc.). It is inappropriate to make generalisations about the details of individual 'case studies.' Instead, these anecdotes should be read and valued on the basis of their explanatory power.

2.1 Introduction to the Tanzania Participatory Poverty Assessment

2.1.1 Rationale

In order to reduce poverty, stakeholders need to know what causes it, why it persists and how it can be overcome. In recognition of this, institutions committed to fighting poverty continue developing increasingly sophisticated means to measure, analyse and learn about poverty. Successful innovation has led, amongst other things, to the rapid spread of insightful multi-topic surveys (such as Household Budget Surveys) and more participatory forms of research (such as Participatory Poverty Assessments).

Both survey-based and participatory research methodologies involve poor people in the production of data. The primary difference between these two approaches is that participatory research systematically includes poor people in the analysis of its findings. It is this analysis, as much as the raw data, which is then synthesised to inform pro-poor policies. Some of the advantages to this approach are obvious. First, data analysis does not depend on speculation by distant professionals about the conditions poor

people face. Instead, it is the result of poor people themselves – the everyday experts on poverty – reflecting on, theorising about, debating and explaining the world in which they live. Second, participatory research helps empower ordinary citizens to take greater control over their lives by sharing knowledge-building tools and the insights they create.

2.1.2 Objectives

On the basis of these characteristics, the Government of Tanzania has decided to make Participatory Poverty Assessments a routine part of its Poverty Monitoring System. As such, the TzPPA feeds directly into national level planning processes. This does not mean its findings are irrelevant to Local Authorities or other stakeholders. Indeed, the TzPPA is helping shape the country's evolving Poverty Reduction Strategy and, thus, the framework of common values and understanding that orients, organises and empowers pro-poor development planning at all levels.

2.1.3 Organisation

Because of the important role it plays in Government's Poverty Monitoring System, the President's Office, Planning and Privatisation is executing the TzPPA. Though a Government initiative, the TzPPA is being implemented by a multi-sectoral alliance of institutions led by the Economic and Social Research Foundation. The other members of this alliance are:

- ❑ The Ministry of Finance
- ❑ The President's Office, Planning and Privatisation
- ❑ The Christian Social Services Commission
- ❑ Concern for Development Initiatives in Africa
- ❑ The Pastoralist and Indigenous NGOs Forum
- ❑ Maarifa ni Ufunguo
- ❑ Women's Research and Documentation Project
- ❑ The Institute of Development Studies, UDSM
- ❑ The National Bureau of Statistics
- ❑ ActionAid-Tanzania
- ❑ The African Medical Research Foundation
- ❑ Care-Tanzania
- ❑ Concern Worldwide
- ❑ Save the Children, UK.

Additional institutions, most especially the President's Office, Regional Authorities and Local Government have also made critical contributions.

2.1.4 Operation

The TzPPA is running in cycles calculated to feed into Government's Poverty Reduction Strategy review process. The first of these cycles began in January 2002 with a sequence of preparatory activities. Fieldwork was then conducted from early March through July. Following the dissemination of its findings, the TzPPA will work to encourage and facilitate their incorporation in key policy documents.

2.2 Methodology

2.2.1 Sampling

The TzPPA's primary purpose is to inform national level public policies through the provision of detailed explanatory versus statistically descriptive information. In order to generate this type of information, researchers opted to learn much more about a smaller number of people than they would have if conducting nationally representative survey-based research. Thus, the TzPPA worked in a limited number of sites chosen to reflect a range of key livelihood variables. Participants were selected through a three-tiered, purposive sampling procedure.²

The primary sampling unit was composed of districts and municipalities. In rural settings, administrative villages (often consisting of several hamlets) were taken as secondary sampling units while sub-wards were used in urban settings. Individuals from different social groups formed the ultimate sampling unit.

Because findings from the TzPPA need to be broadly generalisable, all of these sampling units had to be normal for their kind. Thus, researchers did not seek to visit the poorest or most affluent sites, or speak with the very poorest or best off individuals per se. Instead, Research Teams travelled to communities and spoke with individuals that are representative of the diverse circumstances, opportunities and challenges faced by ordinary Tanzanians. This resulted in studying a true-to-life mix of worst-case, best-case and in-between conditions across the country.

Research Teams travelled to communities and spoke with individuals that are representative of the diverse circumstances, opportunities and challenges faced by ordinary Tanzanians.

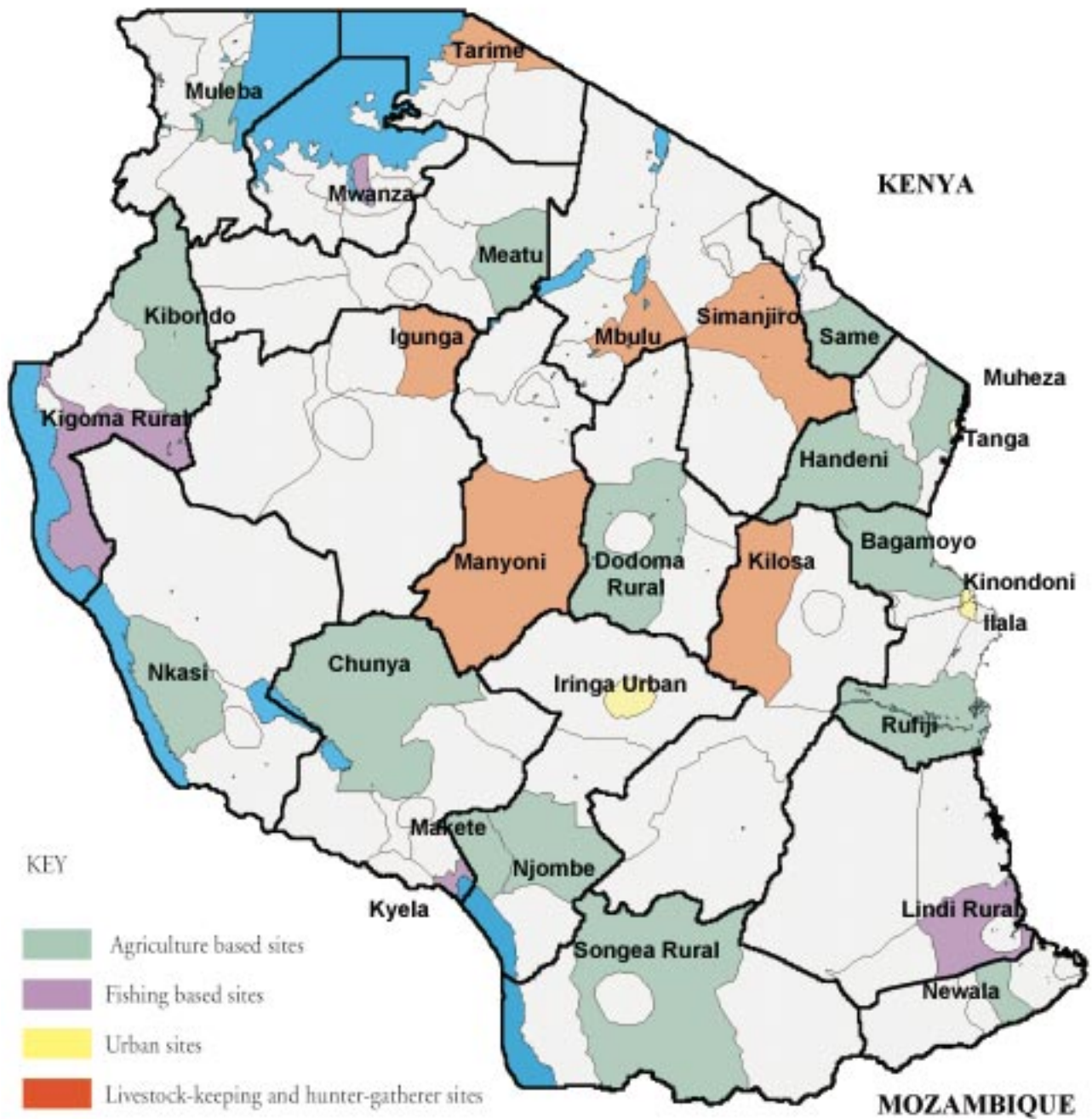
Several methods were used, sometimes in combination, to select individual "research participants" within these sites. The methods were chosen on a case-by-case basis to maximize the likelihood of accessing, assessing and communicating the greatest diversity within communities and households.

Participants were brought together in "Discussion Groups" typically ranging in size from eight to twelve persons. These stratified subsets of the local population were composed of individuals most likely to have a range of informed opinions on a given issue. For example, when researchers wanted to learn about old age and vulnerability, they sought to meet with elderly women and men living under a variety of conditions.

Primary sampling units chosen by the 2002/3 TzPPA are indicated in Figure 2.1. The sets of qualifying criteria and how they were used to select secondary sampling units are documented in Annex 1.

² This approach is sometimes called multi-stage sampling. Random sampling would have been inappropriate at any of the three levels because it would have meant discarding or ignoring readily available information to improve the likely "representivity" of sample sites.

Figure 2.1: Map of mainland Tanzania showing the location of sampling units



2.2.2 Research process

Research Teams spent approximately seven days working in district headquarters and twelve at the community level. This schedule allowed for the activities indicated in Table 2.1.

Table 2.1: Research schedule

ACTIVITY	DURATION (@ days)
(a.) Introductory meetings with Local Authorities at regional and district levels	2
(b.) selection of a secondary sampling unit	
(c.) interviews with members of the District Management Team and locally active NGOs/CBOs	
(d.) restocking supplies	
Community Introduction	1
Research. Up to six “discussion group” activities and one-on-one interviews were conducted each day.	9
Preparation for Community Feedback Session	1
Community Feedback Session	1
Preparation for District Feedback Session	1
District Feedback Session	1
Writing-up Period for Draft Site Report	3
Total days spent in primary sampling unit	@ 19

In practice, Teams occasionally spent up to eighteen days developing data at the community level when participants were particularly spread out (as in the case of some livestock-keeping communities) or had many competing demands on their time (as in the case of urban communities).

At the end of work in each field site, one Feedback Session was conducted at the community level and another at the district HQ. These meetings were held in order to: (i.) share information for local use and (ii.) confirm, refute, clarify or enrich research results. Community Feedback Sessions were very well attended, with many drawing in excess of five hundred people. The Sessions were often lively and sometimes erupted in heated debate – particularly with regards to local politics. Therefore, their greatest benefits were arguably to share information and provide community members with a moderated forum in which to air longstanding concerns and tensions. Meanwhile, District Feedback Sessions provided useful forums in which officials could learn about research results and either challenge them or their own, previous, ways of thinking. This has, in several cases, already led to local-level action.

2.2.3 Methods

Many common participatory research methods, such as Seasonal Calendars and Venn Diagrams, were used. However, a number of novel tools were also employed to explore specific parts of the Research Agenda. Appendix 2 presents examples and further information about their application. These methods were frequently refined in the course of fieldwork so as to meet the needs of particular research participants and their circumstances. Regardless, they maintained several key characteristics, such as:

- Being highly visual. The most important advantages to this way of working are that it: (i.) creates opportunities to crosscheck, or triangulate, data, (ii.) facilitates making connections between pieces of information and (iii.) increases the likelihood that *all* participants will be able to learn from the experience
- Involving community members in the analysis of data
- Creating a learning process that helped both researchers and community members to see their world from new perspectives

2.2.4 Trustworthiness

The TzPPA took a number of steps to ensure that results could be relied upon to inform pro-poor policies and programmes. These steps included specific mechanisms to enhance trustworthiness, thoroughness and generalisability.

Trustworthiness is about confidence in the accuracy of research results. Like most forms of research, some issues are more difficult to learn about than others. For example, people are less likely to speak freely and truthfully about sensitive subjects (such as their exposure to sources of HIV/AIDS infection) than they are about everyday matters (such as what they ate for breakfast). However, good participatory research is very trustworthy because:

- ❑ It often benefits from personal relationships that develop between external researchers and community members
- ❑ It systematically crosschecks findings at various stages in the research process

In one urban research site, for example, community members were initially sceptical about the TzPPA and reluctant to speak with researchers. Nonetheless, this mood changed when people saw that these “outsiders” were actually staying in their community, caring about what local people said and guarding anonymity. Eventually, this allowed very honest discussions with drug-users, commercial sex workers and other stigmatised social groups that would have been impossible if researchers had not remained in the community long enough to know and be known by local people.

Crosschecking, or triangulation, means asking important questions in different ways so that researchers can be increasingly confident that they have the facts right (as seen from a range of valid perspectives) and have understood their significance. In the context of the TzPPA, crosschecking systematically took place:

- ❑ In individual research activities
- ❑ By comparing the results of different Discussion Groups
- ❑ Through Feedback Sessions at community and district levels

As such, key findings have passed through as many as four layers of triangulation.

2.2.5 Thoroughness

Thoroughness is about whether or not research results reflect the whole picture. This is important because partial truths can be as misleading and dangerous as false information. Let’s take a real-life example to illustrate this point:

The TzPPA sought to learn about the difficulties rural children face in accessing schools. In so doing, researchers could have asked how far it is to school and, following adequate triangulation, been quite confident about the average distance. But would they have learnt everything they needed to know? Maybe not. Through the participatory research process, they learnt that students in Makhonda hamlet (Mwaru village, Singida District) live about fifteen kilometres from their primary school. Though this means children walk about 30 kilometres to and from school every day, the biggest problem is that they must pass through an area with a notoriously high population of dangerous wild animals. As a result, parents don’t send their children to school if/when they cannot be accompanied past the dangerous parts in the path.

Because participatory research uses open-ended questions and graphic methods that stimulate participants to make linkages (between, for example, access to education and the location of dangerous wildlife), it is particularly adept at answering “why” questions.

2.2.6 Generalisability

Generalisability is about the degree to which findings and conclusions are true of other places and people besides those directly involved in the research process. It is impossible to make a simple statement about

the generalisability of findings from the TzPPA. This is due to its sampling frame and the nature of its results. Let us consider the meaning and significance of these two points:

- Whether in survey-based or participatory research, sampling frames sets limits on the generalisability of findings. If, for example, we speak exclusively with men about their risk of HIV/AIDS infection, then it may be safe to say findings are *true of men in general*. However, it would not be safe to say they are true of *people in general*.

Let's apply this concept to the TzPPA. Fieldwork was conducted in a strategically selected range of communities. In several of these, people consistently identified damage by wild animals to crops and herds as an important impoverishing force. We could justifiably extrapolate from this to say 'the same is most probably true of all similarly situated communities (i.e. those bordering on or overlapping extensive wild habitats).' However, we could not say that wild animals generally constitute an important impoverishing force in Tanzania – particularly since such a sweeping statement would imply the problem also exists in urban Mwanza. The important thing is that generalisations are made within samples (i.e. communities, households or individuals in similar circumstances), not between them.

- Participatory research, as already noted, tends to use open-ended questions. This has a number of advantages, not least of which is the detailed information it can generate. As such, it can help explain how limited access to social services, for example, affects households, what countermeasures people take, whether the situation is getting better or worse and why. However, the more specific this information, the less likely it is to be widely generalisable. Thus, we must be very careful to generalise about principles and use details to explain and/or clarify their meaning in people's lives.

Therefore, some of the things learnt during fieldwork and documented in this Report are highly generalisable to Tanzania's population as a whole. However, other findings are generalisable only in relation to a sub-set of that population (distinguished on the basis of livelihood, gender, age, etc.). Meanwhile, it would be inappropriate to make any generalisation about details in individual 'case studies.' Instead, these anecdotes should be read and valued on the basis of their illustrative/explanatory power.

Part II

Conceptual Framework

This Part of the Report introduces a conceptual framework, or way of understanding vulnerability, that reflects the insights and lived experience of participants in the TzPPA.

The first Chapter begins by looking at how Government and other stakeholders have come to understand poverty and then proceeds to:

- Clarify the difference between poverty and vulnerability
- Explain why it is so important to incorporate thinking about vulnerability into poverty reduction efforts

The second Chapter describes what makes some people more vulnerable than others. It then:

- Summarises the types of things pushing people towards poverty
- Relates the importance of their countermeasures
- Categorises common factors limiting people's response options



At a Glance

- ❑ Poverty is not just about whether someone has money in his or her pocket. Indeed, poverty refers to a lack of material goods, such as food and shelter, but also to ill health, social isolation, insecurity, powerlessness and hopelessness.
- ❑ Poverty and vulnerability are not synonyms. Poverty is about being below a socially defined minimum level of wellbeing now. In contrast, vulnerability is about the likelihood of falling below (or further below) a minimum level *in the future*. A person, household or community is “vulnerable” to the degree that they might be poorer tomorrow than they are today.
- ❑ People’s vulnerability is a result of the number and intensity of things pushing them towards poverty versus the number and effectiveness of their available responses.
- ❑ Everyone is vulnerable to experiencing a decline in her or his wellbeing. What differs is their degree of vulnerability.

3.1 What is poverty?

According to Government’s 2002 Poverty and Human Development Report (R&AWG 2002, 89):

Poverty... describes a situation in which households are placed below a socially defined minimum level of well being, usually manifest in hunger, sickness, powerlessness, illiteracy, etc.

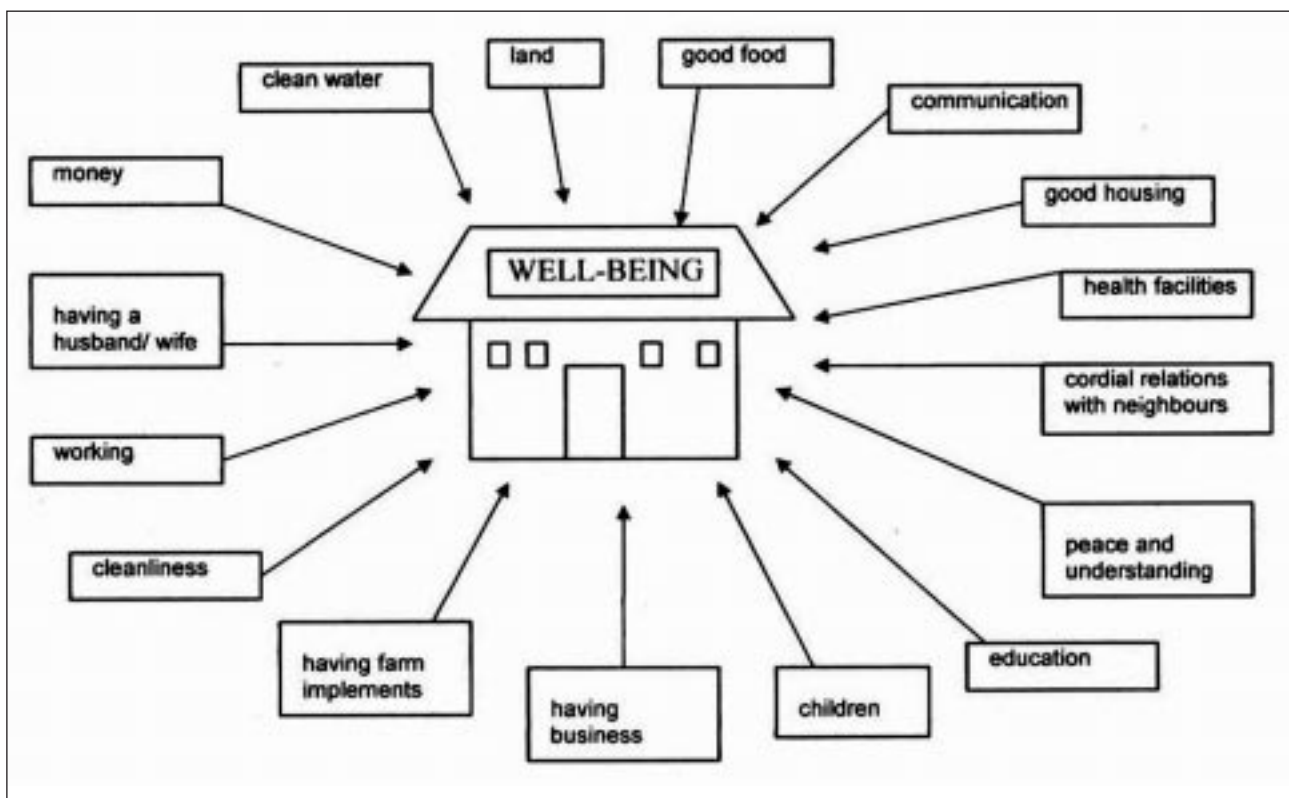
This definition reflects lessons learnt from the 1994/5 World Bank PPA that covered all of Tanzania and the 1997/8 PPA conducted by the Regional Government of Shinyanga with support from UNDP. In these and other studies, grass-roots participants voiced different ideas about poverty that reflect their gender, age, culture, livelihood and life experiences. Nonetheless, they consistently said that poverty is about more than whether or not someone has money in their pocket. Indeed, people said that a woman or man could have money but still be poor.

So, what does one need to *not* be poor? Answers can be grouped in terms of:

- ❑ Material wellbeing, which includes having enough food, clean water, shelter, tools to make a living, etc.
- ❑ Bodily wellbeing, which includes good health and energy
- ❑ Social wellbeing, which includes having a family, friends, peace and understanding at household and community levels, self-respect, etc.
- ❑ Security, which includes physical safety and a sense of confidence in future wellbeing
- ❑ Freedom of choice and action, which includes having relevant education, adequate livelihood skills and participating in the decisions that affect one's life³

These categories are graphically illustrated in the following diagram, created by participants in the Shinyanga PPA from Songambe village:

Figure 3.1: Criteria for wellbeing



Source: Regional Government of Shinyanga 1998

In this Report, poverty is understood to imply a lack of these things; and its opposite is not called “wealth,” but “wellbeing.”

Government's current PRS recognises Tanzanians' concerns about non-material, as well as material, expressions of poverty. Thus, it distinguishes between non-income and income based human development attributes.⁴ This Report does likewise. However, in keeping with evolving terminology used in the 2000/1 Household Budget Survey, it distinguishes between consumption and non-consumption development attributes.

³ These categories are taken from the World Bank's *Voices of the Poor: Crying out for Change* (2002, 21), while actual criteria for wellbeing are taken from various studies conducted in Tanzania. These include the 1995 PPA entitled, *Voices of the Poor: Poverty and Social Capital in Tanzania* (see especially Chapter 2), and the 1998 *Shinyanga Human Development Report*.

⁴ Government's PRS identifies six elements of non-income poverty, namely: education, survival, nutrition, clean and safe drinking water,

3.2 What is vulnerability, and how does it differ from poverty?

The term “vulnerability” is routinely used in a variety of ways. However, in the context of this Report, its meaning is very specific. Here, vulnerability is the probability of suffering a decline in wellbeing. Thus a person, household or community is vulnerable to the degree that they are likely to be poorer tomorrow than they are today.

Vulnerability is about the probability, or likelihood, that an individual, household or community will experience a decline in wellbeing.

One way of seeing the difference between poverty and vulnerability is, therefore, to recognise the former as a description of how things *are now* and the latter as how they *might be in the future*.

Of course, it is also possible to speak of people being vulnerable to specific things, such as hunger, ill-health or violence. However, in the context of poverty reduction policies, the appropriate concept is “vulnerability to poverty.”

3.3 Why is it so important to better understand and address vulnerability?

The urgent need to address vulnerability is repeatedly expressed in Government’s PRS and PRS Progress Report, as well as in documents and plans prepared by many of its development partners. However, the meaning of vulnerability – and exactly who is most vulnerable, under what conditions and why – is unclear. This ambiguity limits the capacity of institutions to chart effective courses of action. Therefore, it is critically important to develop an evidence-based framework for understanding vulnerability.

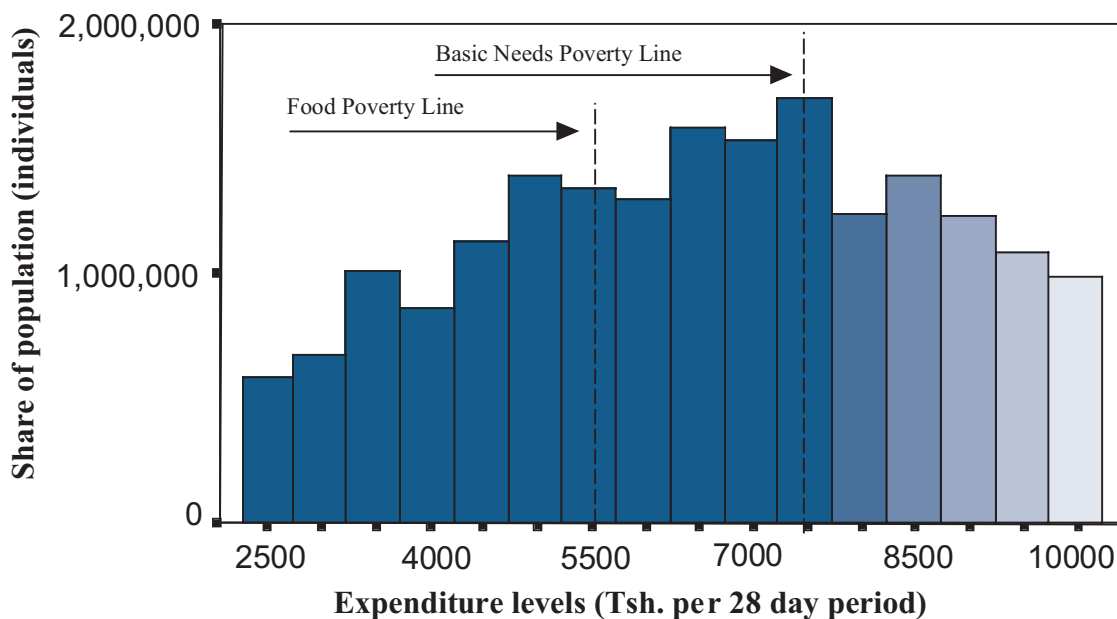
The results of the 2002/3 TzPPA provide this understanding and suggest two reasons why policies and programmes must address vulnerability. First, reducing vulnerability is intrinsically worthwhile. In other words, it is a valuable goal in-and-of-itself. Indeed, people’s experience of wellbeing entails not being poor today and having good prospects for living reasonably well in the future. Put still more simply: people cannot enjoy today while fearing for tomorrow.

Second, reducing vulnerability has instrumental value. In other words, it is important due to its implications for reaching other goals. Indeed, individuals, households and communities face a wide range of forces pushing them towards poverty. If unchecked, Tanzania will be unable to meet its target of reducing abject poverty 50% by 2010 and wholly eradicating it by 2025.

The severity of this threat to national goals is suggested in Figure 3.2., which is based on data from the 2000/1 Household Budget Survey. It shows that 21.3% of the population (just under seven million people) is currently less than 100 shillings a day away from falling under the Basic Needs Poverty Line and another 17.9% (nearly six million people) is even closer to the Food Poverty Line.

Of course, these results reflect a snapshot in time that obscures the reality of constantly changing income and consumption levels. In fact, results from the TzPPA indicate that:

- Minor variance is the norm and
- Most people found nearby Basic Needs and Food Poverty Lines probably swing back and forth across them on a regular basis



Source: Prepared for the 2002/3 TzPPA by the National Bureau of Statistics

In other words, even setbacks that might appear small (such as a week of work lost to illness) can temporarily plunge individuals hovering around these thresholds into poverty and/or hunger. Obviously, more significant setbacks (such as the theft of productive assets) can push them beneath either brink for a much longer period. These negative dips – even when instigated by a single event – can lead to the distress sale of productive assets (like seed or land), reduced nutrient intake and the withdrawal of children from formal schooling. In such cases, people can be locked into a perpetual cycle of ever worsening poverty.



At a Glance

- ❑ Impoverishing forces can be experienced as sudden, unexpected shocks or gradual stresses that push people down the ladder of wellbeing.
- ❑ People are not passive in the face of those things pushing them towards poverty. In fact, they typically mount determined, creative and often effective resistance.
- ❑ Assets provide people with opportunities and options in the face of impoverishing forces. Thus, being asset-poor limits people's capacity to improve and safeguard their wellbeing. In a sense, then, poverty itself is a powerful factor limiting people's response options.
- ❑ Just having the basic building blocks of wellbeing does not mean people can use them to counter impoverishing forces. Indeed, people operate within complex contexts that limit what can be done – and at what cost – with what they have.
- ❑ People's capacity to manage impoverishing forces often diminishes as they struggle to survive successive waves of shocks and stresses. This is primarily due to the erosion of their material and non-material asset base.
- ❑ Customs, norms and public policies give ownership over the means to make a living, as well as decision-making power and other privileges, to people in some social groups at the expense of those in others. The less people own, the less decision-making power they have and the fewer privileges they are granted, the more limited their response options.

4.1 What makes some people more vulnerable than others?

People's vulnerability is a result of the number and intensity of things pushing them towards poverty versus the number and effectiveness of their response options.⁵ Perhaps this can most readily be

⁵ This has been expressed by the World Food Programme (2003) as "vulnerability = exposure to risk + inability to cope" and by Stefan Dercon (2001) as "vulnerability is determined by the options available to households and individuals to make a living, the risks they face and their ability to handle this risk."

understood through the use of an allegory wherein people are struggling to climb a ladder of wellbeing and prosperity. As they climb, people encounter a wide variety of forces trying to push them down. In response, they deploy countermeasures that include dodging, mutual support, etc.

Sometimes these responses are successful, and sometimes they are not. When people cannot offset bad things that happen, they are pushed down the ladder. Afterwards, some can resume climbing. However, others find that the rungs they fell down are now broken. This is called a poverty trap, and such unfortunate people are unable to resume climbing unless they receive help to scale above the broken rungs. The common occurrence of poverty traps – that is, situations in which people cannot climb out of poverty through their own efforts – are a major obstacle to realising Tanzania’s development goals. The existence of poverty traps also helps explain the importance that ordinary people place on vulnerability, for they know that some falls lead to an irrecoverable decline in wellbeing.

4.2 Impoverishing forces

In this Report, things that threaten to push people down the ladder of wellbeing are called **impoverishing forces**. The current PRS cites several; namely floods, drought and HIV/AIDS. Meanwhile, the *2001 Disaster Vulnerability Analysis* effectively adds major accidents, fires and refugee inflows, conflicts, pests/plagues, landslides and earthquakes to the list of crises recognised to merit Government attention. These are important concerns, since such sudden and unpredictable disasters can entail:

a serious disruption of the functioning of a society, causing a widespread human, material and environmental losses, which exceeds the ability of the affected community to cope with (Prime Minister’s Office 2001, 1).

However, people also contend with a range of impoverishing forces that are constant and sure. For example, environmental degradation (whether in the form of soil erosion, depleted fish stocks or declining pasture), worsening terms of urban-rural trade and the experience of growing old are pushing many people in Tanzania towards poverty. People don’t face uncertainty about whether or not these things might occur. Instead, they agonize over and strategise how best to survive them. In order to understand and assess vulnerability, we therefore need to consider both the unpredictable crises, or *shocks*, and ongoing *stresses* that threaten to reduce people’s wellbeing.

4.2.1 Categories of shocks and stresses

Based upon their own experiences, participants in the TzPPA (hereafter called “research participants” as distinct from “respondents” in survey-based research) readily identified a wide-range of impoverishing forces. These can be grouped in a number of ways. For example, they could be clustered on the basis of whether they occur suddenly versus over time, or whether they result from the socio-cultural, political, economic and environmental settings in which people live (i.e. are systemic) versus individual, household or community attributes (i.e. are non-systemic).⁶

While these and other options may have advantages, the best approach is arguably to build upon themes already in Government’s PRS. Therefore, this Report divides the impoverishing forces identified during fieldwork into the following six categories:

⁶ As defined in *The 2002 Poverty & Human Development Report* (R&AWG 2002, 90), “Systemic sources [of vulnerability] are linked to institutionalised economic, social, political and cultural settings of the households, communities and nations” while “non-systemic sources are linked to individual or household attributes.” Other authors have labelled these sources co-variant versus idiosyncratic.

Table 4.1: Categories of key impoverishing forces

CATEGORY	DESCRIPTION
1. Environment	<input type="checkbox"/> These include shocks (like flooding) and stresses (as in the case of gradually degrading forests, soils, fisheries and pastures). Environment-related impoverishing forces not only affect people's material wellbeing, but also their health and sense of confidence in future wellbeing.
2. Macroeconomic conditions	<input type="checkbox"/> National macro-economic decisions (such as the privatisation of para-statal industries, the elimination of subsidies for agricultural inputs, the introduction of cost-sharing into the health care system and a reduction of agriculture/livestock extension officers) impact on employment levels, the profitability of rural livelihoods, the cost of accessing crucial services, etc. <input type="checkbox"/> As a result of globalisation, macroeconomic decisions made by other countries (such as their choice to subsidise local agricultural production) are increasingly being felt by ordinary Tanzanians as shocks and stresses
3. Governance	<input type="checkbox"/> Many impoverishing forces are directly linked to the responsibilities of Government and the practice of governance. These include shocks (such as extortion and other forms of corruption) and stresses (like stifling taxation and political exclusion).
4. Ill-health	<input type="checkbox"/> Malnutrition, injury, disease (especially HIV/AIDS) and other forms of physical and/or psychological ill-health often undermine people's material, bodily and social wellbeing.
5. Lifecycle-linked conditions	<input type="checkbox"/> People experience some types of ill-health, health risks, social marginalisation, diminished personal security, etc. as a direct result of their place in the life-cycle. Thus, for example, the reduced strength and energy of old age is a lifecycle-linked impoverishing force. Childhood diseases and maternal welfare are also lifecycle-linked issues.
6. Cultural beliefs and practices	<input type="checkbox"/> Some impoverishing forces are the result of cultural traditions/norms that, amongst other things, diminish people's freedom of choice & action. These forces are widespread but highly differential in impact. Many forces privilege men over women and adults over children and youth.

4.3 Countermeasures

So long as they have hope, people are never passive in the face of these impoverishing forces. Indeed, children, women and men in all kinds of circumstances ordinarily resist being pushed down the ladder of wellbeing. Their resistance is determined, creative and often effective. It entails trying to:

- Prevent some impoverishing forces from occurring
- Dodge others
- Lessen the impact of those they cannot prevent or evade
- Cope with the consequences
- Resume climbing the ladder of wellbeing

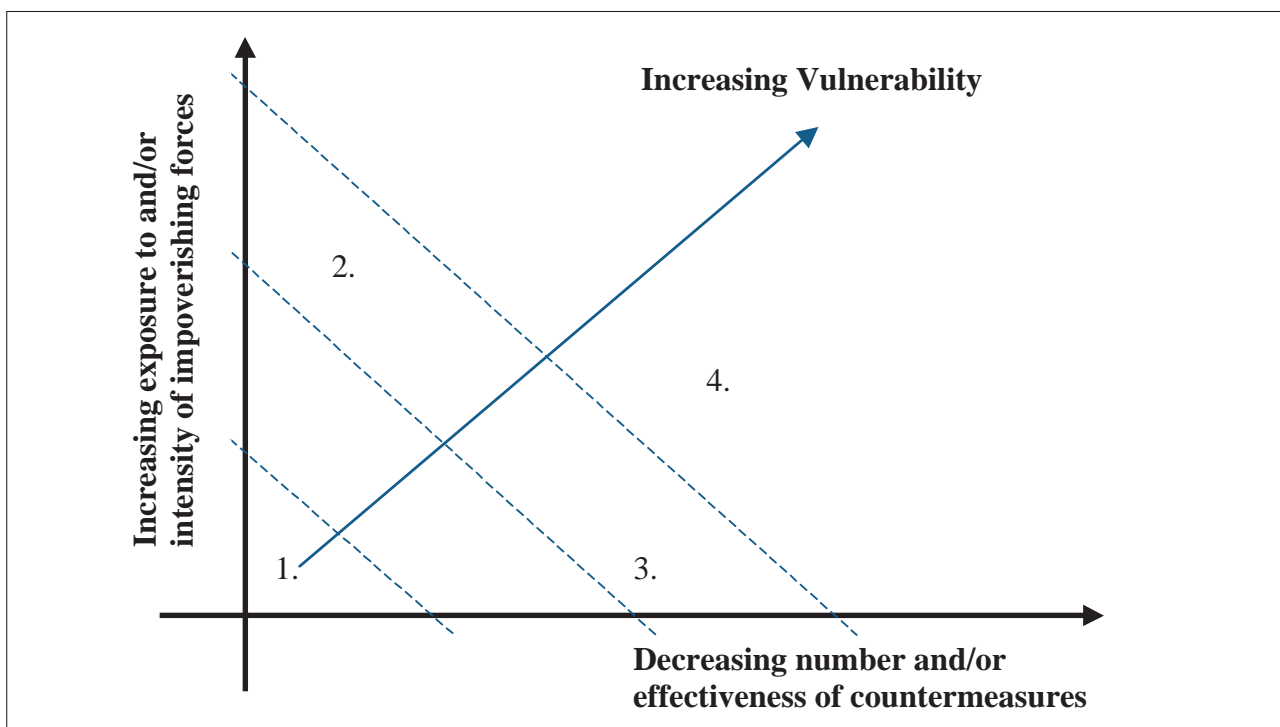
In this Report, the ways in which people do these things are called countermeasures because the term appropriately suggests implementing the result of strategic decision-making. It is due to these countermeasures, as well as interventions from Government and its development partners, that people's vulnerability is affected, but not determined, by their degree of exposure to various shocks and stresses.

Vulnerability is not determined by people's exposure to shocks and stresses. Instead, it is a result of the number and intensity of the impoverishing forces they face versus the number and effectiveness of their response options.

4.4 The interplay of variables

People's vulnerability is the result of how many impoverishing forces they face in combination with the number and effectiveness of their available response options. This relationship is expressed and explored in Figure 4.1, wherein each number indicates a different scenario reflecting the real lives of participants in the TzPPA.

Figure 4.1: Interplay between impoverishing forces and countermeasures



The first scenario is exemplified by a reasonably well off woman, perhaps one owning a small village shop in addition to several hectares of land with her husband. She is exposed to few impoverishing forces (such as contagious diseases or crime). Moreover, when bad things inevitably happen, she is able to deploy a range of effective response options (such as withdrawing savings from the bank and/or turning to a network of supportive family and friends). People like her experience relatively little apprehension about their future wellbeing. They are not particularly vulnerable.

The second scenario is indicative of someone exposed to more impoverishing forces. This could be due to where they live or their means of making a living. Take, for example, a middle-aged man owning several small fishing boats. He is at risk of equipment being lost at sea or confiscated. Fortunately, when bad things happen, his social connections and physical assets provide a wide variety of responses that he can use to keep from falling into severe poverty.

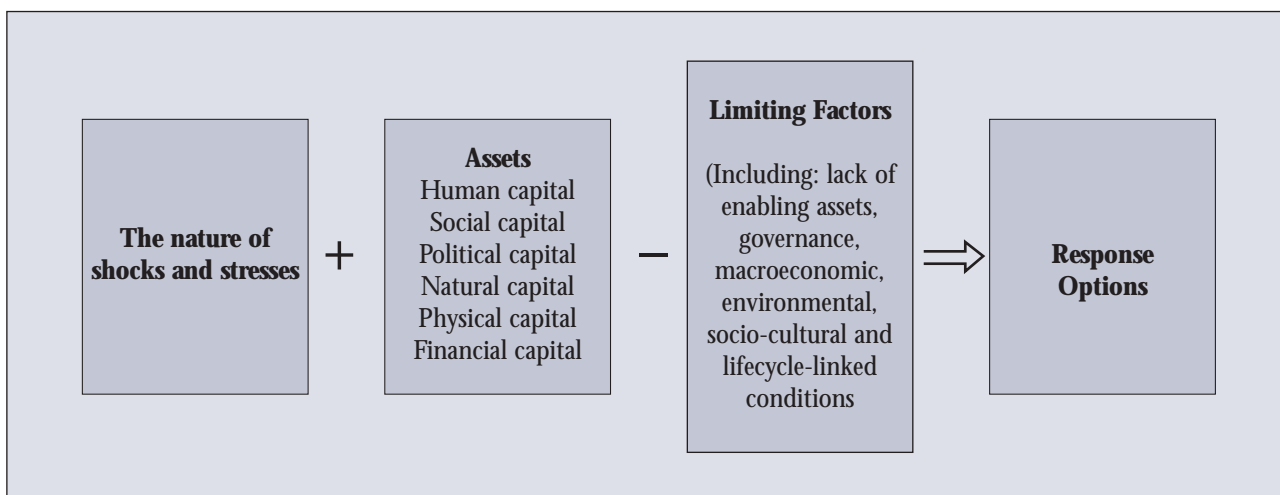
For the third scenario, imagine a woman whose husband owns a large herd of cattle while she, herself, neither owns nor has rights to anything but their milk and hides. As a result of his wealth, few impoverishing forces affect her. However, if he dies and relatives take the cattle, her lack of options means that she and her children could become extremely poor.

The fourth is arguably a worst-case scenario portrayed by a youth who has abandoned his family's small farm and moved to town. If he is illiterate and has no trade or other means to make a living, he will probably be exposed to many impoverishing forces and have very few response options. This is a dangerous combination, and people living in comparable circumstances are extremely vulnerable.

4.5 Response options

As indicated in these examples, everyone experiences potentially impoverishing shocks and stresses. However, even when people face comparable hardships, they are not equally affected since children, women and men have different countermeasures available to them. The very nature of impoverishing forces, the assets people have at their disposal and the factors limiting their use jointly define a menu of potential response options from which people selectively choose. This is illustrated in Figure 4.2.

Figure 4.2: Factors shaping response options



4.5.1 Links between the nature of impoverishing forces and response options

Different impoverishing forces merit different responses. For example, illness sometimes calls for eating more nutritious meals, taking medicine, resting or even seeing a health care specialist. Meanwhile, declining soil fertility calls for other countermeasures, such as letting a field lie fallow, using fertilisers, switching crops and/or diversifying sources of income. The unique characteristics of each shock or stress shape when, and with what objective in mind, people respond.

Thus, to continue with our previous examples, people can choose to *act before* becoming ill by eating better meals or avoiding activities that might expose them to disease. These can be called *ex ante* countermeasures. Alternatively, they can *act afterwards* by taking medicine or resting until they feel better. These are typically termed *ex post* responses. However, people also *act during* long-term stresses to lessen their impact or, even, stop them. For example, people adopt land-use practices that protect the productivity of soils and form user-groups to restore and sustainably manage other natural resources.

Sometimes, the nature of shocks and stresses also informs what people try to accomplish through their countermeasures. For example, people can aim to reduce the likelihood of some bad things – such as ill health – from happening in the first place. It is more difficult to *prevent* some impoverishing forces from occurring. In such cases, people try to *evade* (i.e. dodge) them or *mitigate* (i.e. lessen) their impact. When, for example, people temporarily or permanently leave their homes to avoid coercive tax collection, they are opting to avoid something they think cannot be changed. When faced with such things, people also dig in and lay plans to help them survive tough times. For example, people store food so that they will be less hungry if/when droughts occur.

Of course, it is very difficult for individuals, households or even communities to foresee the onslaught of some impoverishing forces. For example, they are often caught off guard by policies that dramatically redefine terms of trade or access to social services. In such instances, people have little chance of doing more than *coping* with (i.e. reacting to) the consequences.

4.5.2 Assets and options

The nature of impoverishing forces shapes, but does not determine, people's response options. Indeed, the assets people own, command or can at least access and use exert a similarly strong influence. The most important types of assets are indicated in Table 4.2.

Table 4.2: Asset types

ASSET-TYPE	DESCRIPTION
1. Human capital	Human capital refers to the labour available to an individual or household, as well as their formal education, knowledge, skills and health. This asset is often considered the most important for poor people. Education and training increase human capital, since people can – ideally – translate these things into better jobs and better health. Health is considered a key form of human capital since, without it, people's capacity to make a living and enjoy its benefits is limited.
2. Social capital	Social capital refers to the wealth of family, community and even wider ties that people can call upon for support in times of need. In Tanzania, these reciprocal networks of family and friends, patrons and clients are often far reaching. In many cases, they link towns and rural villages, as well as distant parts of the country with different climates and growing seasons.
3. Political capital	Political capital refers to people's inclusion in and influence over the decisions that affect their lives. Perhaps most importantly, political capital is about people's capacity to influence the terms of engagement and rules of the game (i.e. social and market institutions). ⁷ The degree of political capital, or clout, that people command depends on many factors, including social status as a result of class, livelihood, ethnic group, age, gender, and disability.
4. Natural capital	Natural capital refers to the land, water and living things (such as pastures and forests) that people use to meet their productive and other needs (like cooking, building and clothing). These are sometimes called environmental resources. The value of natural capital is increased by knowledge and skills to turn it into goods for use and/or sale. Some kinds of natural capital (such as water and trees) replace themselves over time. Thus, they are called renewable. Non-renewable natural capital, like gold, is permanently depleted once it is extracted.
5. Physical capital	Physical capital refers to those things that have been produced by people to help them make a living. Examples include farming tools, fishing nets and roads.
6. Financial capital	Financial capital refers to money stocks that people can access in times of need. These stocks can be in the form of savings, remittances and gifts or loans. This capital is particularly valuable due to the ease with which it can be exchanged for food, education, medicine, land, tools, etc.

Simply put, these assets provide people with options in the face of impoverishing forces.

Let us look at a real life example. In Case Study 4.1, Mr. Bakari's father was probably suffered from cerebral malaria. In response, Bakari drew on his assets to pay for treatment and cover other costs associated with caring for a chronically ill patient.

⁷ North (1990) describes the formal rules, conventions and informal codes of behaviour that govern people's interaction as institutions. As such, institutions are conceptually different from organizations. .

Case Study 4.1: The role of assets in dealing with long-term illness

“In 1982, my father got sick, suffering from fever which was then recognised to be malaria... He was treated [at a mission hospital] but did not recover... There was no fever, but something like mental problems; and he was always complaining of pains all over his body. We had to move from the place we were living to the village centre for easier access to health facilities. I moved with the patient and left my family back for a whole year. Then I managed to move the whole family to stay with me....

At first, when [my father] was not feeling well and I decided to send him to the hospital, I used 11,000 Tsh. for his medication. Transport and accommodation were extra. After that, I had no more money and had to go back home to sell 19 bags of maize and borrow some money to continue paying for treatment. This is the time I decided to move and stay near the hospital for easier access and to take care of the patient.

In 1984, I also had to go home. That was when I sold all other properties; including crops grown on the farm, animals (cows and goats) – everything except for the furniture and kitchen utensils. The amount I got went for the patient’s treatment and also taking care of the family, as now we could no longer cultivate. We were in town and didn’t have land to farm. Moving also from home to here, I lost my social connections. Everybody around was new. There was nowhere I could seek assistance, as who could trust me? Even the minor problems were hard to solve. In 1987, I had to sell even the household things such as tailoring machine, bicycle, radio and iron sheets. That is what I remember.”

Those people without capital reserves or social networks to tap for loans are less fortunate. Poor people typically have fewer response options available to them – whatever the impoverishing force – than those who are relatively well off.

4.6 Factors limiting the use of assets

Having the basic building blocks of wellbeing does not necessarily mean people can use them to counter impoverishing forces. Indeed, people operate within the context of complex circumstances that sometimes facilitate and sometimes limit what can be done with the assets they have. Of course, lack of linchpin assets (such as information, skills and tools) is one type of limiting factor that commonly affects people in Tanzania. However, there are many others, including:

- Lifecycle-linked conditions
- Lack of hope
- Policies and laws
- Economic conditions (e.g. changing market demands and terms of trade)
- Ecological conditions (e.g. climate and soil morphology)
- Socio-cultural conditions (i.e. norms and customs)

There are a number of ways in which we could categorise the limiting factors identified and analysed by participants in the TzPPA.⁸ Perhaps the most constructive approach is to begin by distinguishing between those factors reflecting individual, household or community attributes (what economists sometimes call endowments) versus the socio-cultural, political, economic and environmental settings in which people

⁸ These limiting factors are analogous in nature to what F. Ellis (2000) refers to as “mediating processes” and T. Reardon and S. Vosti (1995) call “conditioning factors.” The terms chosen by Ellis and Reardon and Vosti are appropriately neutral, since the same factors that obstruct some people’s use of assets actively facilitate their use by others. In this Report, readers’ attention is purposively directed towards the negative expression of these processes/conditions so that they can be addressed by pro-poor policies.

⁹ Factors based on individual, household or community attributes are frequently called “idiosyncratic.” Those that reflect the socio-cultural, political, economic and environmental settings in which people live are called “co-variant.”

Factors based on individual, household or community attributes:

- Degree of individual, household or community access to linchpin assets
- Lifecycle-linked conditions
- Hope

Factors reflecting the settings in which people live:

- Governance
- Economic conditions
- Environmental conditions
- Socio-cultural conditions

4.6.1 Lack of enabling assets

The most obvious factor limiting whether or not an asset can be translated into a viable countermeasure is, often, the availability of other linchpin, or enabling assets.

Many people participating in the TzPPA cited examples in which lack of information limited their capacity to access/use other assets. However, they also cited cases in which people knew how to improve or safeguard their wellbeing but were held back by a lack of other key ingredients. Examples of incomplete formulas to counter impoverishing shocks and stresses include:

- Plans for self-employment, but neither entrepreneurial skills nor access to investment capital (Mtambani B sub-ward, Ilala District)
- Secondary education, but insufficient urban contacts to help find a job (Ndogwe village, Dodoma Rural District)
- Nets and know-how, but no boat big enough to go where the fish are (Ikombe village, Kyela District)
- Seeds, hoe and field, but too weak from HIV/AIDS to work (Maliwa village, Makete District)

This list could continue. However, these few examples are more than adequate to illustrate the point that being asset-poor routinely places severe constraints on people's capacity to advance and preserve their wellbeing. Put another way: poverty is, in and of itself, a serious limiting factor.

4.6.1 Lifecycle-linked conditions

There are several ways in which people's stage in the lifecycle can limit available response options. These are associated with physical condition, asset-base, and customs and norms.

Physical condition: Children and elderly people lack the strength of those in their prime of life. This affects both the kind of work they can do and how long they can do it. The situation is particularly grave amongst very poor elderly people who have endured years of overwork and inadequate nutrition. Indeed, these people often suffer from chronic ill health that further reduces their strength and stamina. Amongst other consequences, these conditions undermine people's capacity to diversify their means of making a living, access social services, flee violence and fend off thieves. Of equal concern, the weakness of many elderly people contributes to physical isolation and a subsequent loss of social capital.

Even vigorous elderly people are constrained by prejudices that presume weakness. Thus, elderly people in rural communities noted discrimination when looking for casual labour; and their urban counterparts said that banks reject good loan applications for fear the borrower will die before repayment.

Asset-base: Over time, people can accumulate many different types of capital. This includes skills that young people have not yet had a chance to develop, as well as social ties, prestige, tools and cash savings.

In Mchinga II, Lindi Rural District, this package of accumulated assets is referred to as *akiba ya ujana* (savings from youth). It is built over the course of a lifetime and provides many elderly people with the only safety net they can reliably turn to when hardships hit. Those elderly people without this asset-base, or whose asset-base was inadequate to last long years, may be profoundly constrained in their response to impoverishing forces.

Customs and norms: There are a number of values that remain remarkably constant throughout Tanzania. These include respect and special privileges/dispensations granted to *wazee*, or elders (as distinct from *vikongwe*, or elderly people). As a result, *wazee* often have greater political capital and fewer constraints placed upon their actions than young people. Older women, for example, are often freer than young wives to go where they wish and do as they need to improve and/or safeguard their wellbeing through petty trade, etc.

This privileged position does not last forever. While *wazee* are typically given a great deal of respect, poor *vikongwe* (particularly if they have little formal education, suffer from dementia or cannot control their bladder/bowels) are frequently subjected to scorn and ridicule. In Kariakoo ward (Ilala District) urban youth argued that they, too, suffer from discrimination when seeking work. In their opinion, youth are sometimes passed over due to lack of experience/skills or adequate social connections. However, it was felt that age-based prejudice was equally decisive. In each of these cases, the outcome is that young and very old people face a range of lifecycle-linked factors limiting the ways they can respond to impoverishing shocks and stresses.

Another widespread custom in Tanzania is for women to assume the majority of child-rearing responsibilities. Though women participating in the TzPPA frequently spoke about the joy of having young children, they also noted that it is a difficult time in mothers' lives because of practical limits placed on the kinds of work they can do. This constraint is particularly grave in the case of urban women who lack a network of sisters and grandmothers to share the weight of childcare responsibilities.

4.6.2 Hope

The issue of hopelessness was raised in almost every site visited by PPA researchers. In the face of recurrent shocks and stresses, and with few apparent ways available to climb and remain reasonably high up on the ladder of wellbeing, some people give up. In other words, they lose hope and stop trying.

Sometimes, hopelessness culminates in suicide. Even when the outcome is less severe, it still undermines people's capacity to improve their lives. It can, for example, result in habitual or chronic substance abuse that consumes scant resources. Thus, according to drug addicts in Ilala District, there are many reasons why people begin taking drugs. However, the most common is overwhelming frustration with their current condition and lack of faith in future prospects. In such cases, people turn to drugs as a means of temporarily escaping bleak circumstances.

It is a sad irony that, so long as they remain physically and emotionally addicted to drugs or alcohol, people often prioritise "getting a fix" over mobilising their resources to overcome impoverishing forces. In other words, the desperation that drives them to abuse alcohol or drugs can ensure that people remain desperately poor. Lack of hope is also evident in the case of young men and women who pass their days without even trying to find work. In Mchinga II village (Lindi Rural District) older people call them *unukulapo* (Makonde language: What will we eat?). Whether people's feelings of hopelessness result in suicide, slow death from drug abuse or apathy, the consequences are clear: people fail to make the most of those resources they do have. This virtually ensures that their wellbeing will remain precarious and/or decline over time.

4.6.3 Governance

Corruption: Participants in the TzPPA consistently argued that corruption is the most significant obstacle they face to accessing the social services they depend upon to avoid becoming poorer. The most commonly cited example was with regards to health care. However, many others were given for education, access to natural resources and justice.

Distance to social services: Distances limit people's access to social services. According to the 2000/1 Household Budget Survey:

- ❑ Nearly half a million households are estimated to live more than 20 kilometres from the nearest dispensary or health centre
- ❑ More than 2 million households live further than 6 kilometres from the closest clean water source during the dry season
- ❑ More than 2 million households live more than 6 kilometres from the nearest primary school

Of course, these figures gloss over regional differences. Nor do they reflect the conditions – such as truant teachers and health care providers, inadequate supplies of essential drugs and broken water pumps/taps – consistently documented by the TzPPA. These can make the *real distance* to social services much greater.

Policies and laws: Laws, bylaws and ordinances routinely affect people's response options in a variety of ways. The most obvious example is that of restrictive legislation *directly* prohibiting certain courses of action and threatening punishment in case of violation.

Participants in the TzPPA often cited examples, including restrictions placed on:

- ❑ Making charcoal (Maliwa village, Makete District)
- ❑ Accessing land for livestock (Twatwatwa village, Kilosa District)
- ❑ Using small-meshed fishing nets (Mwakizega village, Kigoma Rural District)
- ❑ Selling foods and conducting petty trade on urban street corners (Sokoni ward, Kinondoni District)

Obviously, restrictive legislation is sometimes necessary to ensure the wise use of common resources, safeguard public health, etc. However, other legislation serves narrower interests. Thus, hunter-gatherers in Meatu District are currently barred from taking game in part of their traditional territory licensed as a hunting block by the Government in the early 1990s.¹⁰

Policies also affect people's response options when they define rules of the game by placing, for example, constraints on when and where crops (such as maize) can be sold. Laws, bylaws and ordinances also affect people's response options indirectly. This is exemplified by taxes that make the cost of bringing crops to market so high that many people are, in effect, barred from doing so.

It is, perhaps, also worth noting that people's *lack of knowledge about*, or *misunderstanding of*, policies and laws likewise limits how they can respond to impoverishing forces. For example, many people remain ignorant of their rights under the 1999 Land Act, including women's right to inherit land. As a result, many women are ill equipped to fend off their husband's parents or brothers when they try claiming land or other assets from widows.

In other cases, people are aware of a particular policy or law but misunderstand it as a result of

¹⁰ This stands in contrast to the Hadzabe in Mbulu District, where intervention in 1998 by a Member of Parliament and the District Commissioner have ensured they are free to undertake subsistence hunting in concessions overlapping traditional lands.

miscommunication or incomplete knowledge. Such is the case in Mkongo Kaskazini village (Rufiji District), where community members said they are forbidden to kill crop-destroying animals. According to the District Wildlife Game Officer, this suggests a misunderstanding of legislation that gives people the right – under conditions like those in Mkongo Kaskazini – to protect their livelihoods.

4.6.4 Economic conditions

Economic conditions have a huge influence on what people can realistically hope to do in the face of impoverishing forces. For example:

- It is estimated that roughly 700,000 more Tanzanians look for formal employment every year as a means to secure and ensure their household's wellbeing. Meanwhile, just 20-30,000 new jobs are created per annum (SIDA 2000). Under such conditions, skills, connections, and other assets often prove inadequate to get a job.
- The official price of cashew nuts for the 1999/2000 season was Tsh. 540 per kilogram, while the farm gate price was often much higher. In contrast, many farmers received no more than Tsh. 200-300 per kilogram during the 2000/1 season. This represented an approximate decline in income from cashew nuts of about 75%.
- Prices in the unregulated livestock market fluctuate dramatically. In Mwaru village (Singida Rural District), for example, prices dropped from Tsh. 120,000 in 1999 to Tsh. 80,000 in 2002.

Economic conditions like these, which are compounded by their unpredictability, profoundly limit people's capacity to plan and pursue effective responses to impoverishing forces.

4.6.5 Environmental conditions

In Tanzania, most people's efforts to improve and/or sustain their wellbeing depend on the exploitation of renewable natural capital (such as soils, fisheries, pastures and forests). As a result, the countermeasures they can adopt to manage impoverishing shocks and stresses typically reflect limitations imposed by seasonal and constant environmental conditions. The most significant of these constraints include climate, type and quality of usable natural capital and wildlife, vermin and disease-causing microorganisms

Climate: Seasonal and constant patterns of rain, drought, heat and even frost facilitate some strategies to secure wellbeing while effectively preventing others. The link to agricultural options is obvious. However, it is no less powerful in terms of livestock keeping. Indeed, livestock keepers would generally prefer to raise cattle because of the superior amount of milk they produce, meat they provide and price they fetch at market. Yet cattle are much more likely to die during times of drought than goats or sheep. Therefore, people in arid, drought-prone areas maintain herds with a higher ratio of low-risk/low-return goats and sheep than people in humid climates.

Type and quality of usable natural capital: Climatic conditions clearly place limits on what crops people can grow and the animals they can reliably raise in a particular area. However, people's ability to adopt resilient livelihood strategies also depends on the type and quality of natural capital (such as seed and breeding stocks, soils and pasture vegetation and the market value of local fish species) they can use.

The type and quality of usable natural capital also places limits on people's ability to improve their health by drinking and washing with clean water, as well as enrich their nutritional intake through hunting and subsistence fishing.

Destructive wildlife and pathogens: Dangerous wildlife can affect access to the social services that form a critical part of people's short- and long-term efforts to counter hardship. Concentrations of destructive wildlife

and disease causing pathogens also place limits on which livelihoods people can profitably engage in.

4.6.6 Socio-cultural conditions

Customs and norms shape who owns tangible assets and how they are used, who gains valuable skills and who influences important decisions. Participants in the TzPPA documented many examples, including:

- ❑ Widows losing access to *shambas* following their husband's death (Misujini village, Same District)
- ❑ People being persecuted as witches for prospering while others falter (Ncherye village, Nkasi District)
- ❑ Girl-children (Kongo village, Bagamoyo District) and children with disabilities (Kwediboma village, Handeni District) being kept out of school
- ❑ The exclusion of pastoralists from policy debates about the allocation of common lands and other government resources (Twatwatwa village, Kilosa District)

In other words, socio-cultural patterns of *ownership*, *power* and *privilege* limit the response options available to some people while expanding those of others. These patterns exist at household, community and larger levels, and they result in pockets of relative vulnerability that require special assistance.

4.7 Conclusions

When asked to identify which social groups are highly vulnerable to becoming poorer tomorrow than they are today, research participants in Nzanza village (Meatu District) named children, women and men. Meanwhile, people in Kwabada village (Muheza District) highlighted orphaned children, youth, women, farmers and elderly and disabled persons.

Of course, these lists encompass most of the local population. Subsequent discussions in these and other communities explored 'why' and concluded that:

- ❑ Vulnerability is a continuum. In other words, everyone is susceptible to suffering a decline in wellbeing – it is only their degree of susceptibility that differs
- ❑ Most rural community members are highly vulnerable to poverty because they have few assets to draw upon when hardships strike

Thus, the reason why people perceive their wellbeing and that of their neighbours as precarious is only partly a result of exposure to impoverishing shocks and stresses. Indeed, their level of vulnerability also reflects the number and effectiveness of available countermeasures. The conceptual framework presented above highlights this dynamic relationship, as well as the major ways in which people's response options are affected by the contexts in which they live.

Part III

Impoverishing Forces and Response Options

This part of the Report is divided into six Chapters, each of which focuses on a particular category of impoverishing force, responses and outcomes. These chapters are:

- ❑ The environment and vulnerability
- ❑ Macroeconomic decisions and vulnerability
- ❑ Governance and vulnerability
- ❑ Health, HIV/AIDS and vulnerability
- ❑ The lifecycle and vulnerability
- ❑ Cultural beliefs, practices and vulnerability

The first three categories were routinely regarded as the most powerful reasons for the persistence of poverty in Tanzania as a whole. However, their order of importance varied from site to site.

The second set of categories, which includes shocks like HIV/AIDS and stresses such as social exclusion, were also deemed important. They were considered better explanations for why some individuals and households are better off or worse off than others.



At a Glance

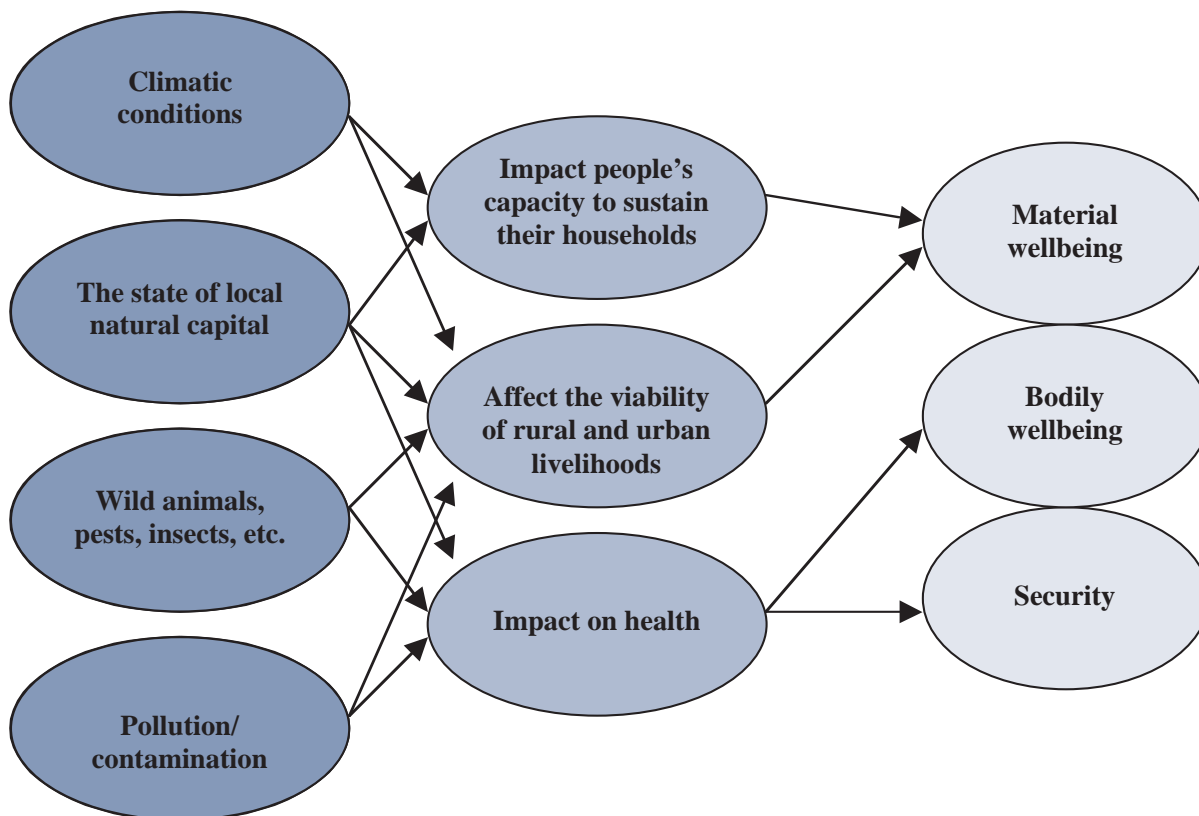
- ❑ Natural disasters are an inevitable part of life, and a successful Poverty Reduction Strategy should recognise this and plan for them. Plans should be flexible so that they can reflect the changing circumstances of stakeholders at the grassroots. Interventions can then be designed to supplement and support, rather than supplant, local countermeasures.
- ❑ Natural resource degradation is accelerating and affecting the viability of rural livelihoods in ways that people have not previously experienced. It is also limiting their capacity to diversify since alternative rural enterprises tend to depend on local natural capital.
- ❑ People generally try to preserve their natural resource base. When they are not undermined by corruption, some policies can support and/or augment these efforts. Other policies actively discourage or limit people's ability to manage their natural resource base.
- ❑ When natural resources are no longer adequate to support ways of making a living, people utilise their assets – including human, physical and financial capital – to diversify into new income generating activities. Poor households are more vulnerable to impoverishment because they lack enabling assets.
- ❑ Air, water and ground pollution in urban areas is affecting people's health and livelihoods. Significant sources of pollution include industrial effluents, market waste and household sewage. If enforced, environmental regulations and by-laws could help. However, the key in many cases is to provide people with reasonable alternatives to polluting.

5.1 Introduction

This Chapter explores the environment-related shocks and stresses identified as major threats to people's wellbeing. It also examines the steps people take to prevent, lessen and/or cope with these forces, as well as implications for the vulnerability of future generations.

Rural research participants were primarily concerned with how their wellbeing is affected by climatic conditions, the state of local natural capital; and wild animals, pests and plagues. Meanwhile, urban-based participants were mostly, though not exclusively, concerned with the consequences of pollution/contamination. Each of these things impact on people's lives in a variety of ways, even though conscious connections may be made only when crises arise. Critical linkages are summarised in Figure 5.1.

Figure 5.1: The environment and wellbeing



Tanzania's Poverty Reduction Strategy already recognises that floods and drought pose a substantial threat to people's wellbeing. These shocks are also listed in Government's *Disaster Vulnerability Analysis* (Prime Minister's Office 2001), along with additional climatic conditions, pests, plagues and epidemics – the last of which can be caused by the pollution of water sources. Meanwhile, the 1997 National Environmental Policy establishes the following for priority action (URT 1997):

- | | |
|---|---|
| <input type="checkbox"/> Land degradation | <input type="checkbox"/> Environmental pollution |
| <input type="checkbox"/> Deterioration of aquatic systems | <input type="checkbox"/> Deforestation |
| <input type="checkbox"/> Lack of accessible, good quality water | <input type="checkbox"/> Loss of wildlife habitats and biodiversity |

Therefore, one of the first lessons to glean from Figure 5.1 is that many – though not all – of Government's environmental concerns overlap with those of research participants. This is a noteworthy, and reassuring, conclusion.

The figure is equally helpful in showing that environmental shocks and stresses threaten people's health and capacity to sustain their households. In other words, problems like desertification affect harvests and herds. However, they also affect whether or not people have the resources they need to fulfil essential routines like cooking, washing, maintaining homes, tools, etc. As indicated in the Figure's right-hand column, these are significant matters that directly impact on people's access to basic needs, bodily wellbeing and physical security.

5.2 Climatic conditions

Tanzania is regularly subjected to weather-related shocks. Whether they unfold over an extended period, like droughts, or take place suddenly, like frosts, they can completely disrupt productive and routine/reproductive activities. Though they receive much less attention from Government, many research participants noted that moderate, seasonal changes also affect their wellbeing.

Many research participants (including those in Kigoma Rural and Njombe Districts) believe that weather patterns are increasingly extreme and unpredictable. However, subjective memory is ill suited to making reliable comparisons over long periods of time. More systematic research is therefore needed to ascertain:

- Whether or not changes for the worse really are taking place
- How such changes could be arrested
- How Government could help people minimise the impact of changes

5.2.1 Floods

Some floods are more predictable than others. For instance, some are the result of long, unusually heavy annual rains. This kind of flooding is common in low-lying/heavy rainfall parts of the country, including Tanga, Pwani, Mtwara, Rukwa, Lindi, Mbeya and Arusha Regions. Though flooding may be “natural” to these areas, their frequency, intensity and duration is sometimes man-made.

Indeed, serious floods have become a consistent event in the Msimbazi Valley (Dar es Salaam) due to the obstructions of natural drainage ways (Prime Minister’s Office 2001, 17). Other floods, like those following the 1997/8 El Niño rains, are much less predictable. They can affect areas that are unaccustomed and ill prepared to deal with flooding. Several of the most significant ways in which floods can impact people’s wellbeing are presented in Table 5.1

Table 5.1: Effects of flooding

EFFECT	CONSEQUENCES FOR WELLBEING
1. Destroying crops and/or preventing agriculture	Flooding can drown crops, rot roots, increase the incidence of fungal infections, etc. It can also prevent people from sowing fields. Farmers gauge the severity of flooding not by how high it is, but by its duration. In Kongo village (Bagamoyo District), for example, people regard short floods lasting less than two-weeks as good fortune since this brings nutrient rich silts. In contrast, longer floods often eventuate in lost crops and hunger.
2. Destroying physical assets	Flooding can also destroy physical assets, including homes. In Mtambani B sub-ward (Ilala Municipal District), which is located in the Msimbazi Valley, floods cause displacement and property damage amongst some of the city’s poorest inhabitants. Because they cannot afford to live elsewhere, many people return to their flood prone community and rebuild year after year.
3. Spreading disease	Ironically, floods can actually lessen people’s access to safe water by contributing to the contamination of water sources. This can lead to the outbreak of cholera and other waterborne diseases that rob people of their health and ability to make a living.
4. Destroying infrastructure and isolating communities	Floods can also damage or destroy infrastructure, including bridges and roads. This makes it even more difficult for people to access markets and clinics. In such cases, flooding limits how people can deal with ill health, failed harvests, etc.

5.2.2 Droughts

According to the National Action Programme to Combat Desertification, sixty-one percent of Tanzania's landmass is considered "drylands" (VPO 1999). This includes arid, semi arid and dry sub-humid lands. These areas are prone to atypically long periods with extremely little or no rain. Though drought is particularly common in drylands, it occurs in other parts of the country as well. Some of the most significant consequences of drought are:

Table 5.2: Effects of drought

EFFECT	CONSEQUENCES FOR WELLBEING
1. The wasting and/or death of livestock and the withering and/or loss of crops	Droughts can kill livestock if they cannot be moved fast enough or far enough to greener pastures. When animals die, livestock keepers lose their: <ul style="list-style-type: none"> <input type="checkbox"/> Primary source of food (i.e. milk and meat) <input type="checkbox"/> Chief form of capital <input type="checkbox"/> Greatest productive asset Farmers cannot move their crops when drought strikes and are, therefore, at risk of losing whole harvests. When this happens, people can simultaneously lose their principal source of food and revenues.
2. Changing terms of trade	Droughts tend to raise the value of agricultural products while decreasing that of livestock. This is because emaciated livestock carry less meat and because markets are saturated with animals being sold before they die. As a result of low prices paid for their animals, livestock keepers can find it particularly difficult to buy basic needs and save money for re-stocking. Households needing to purchase agricultural products pay more, and this contributes to food insecurity.
3. The drying up of water points	Droughts also lead to the drying up of water sources that people, livestock and wild animals depend upon for their sustenance. Without adequate water, people become sick and are forced to allocate more and more time to finding/fetching distant water. This robs them of time that might, otherwise, be allocated to more productive activities.
4. An increase in ill health	Drought increases the frequency of some diseases, such as glaucoma. When people cannot drink enough water, internal organs like the kidneys also become stressed and particularly susceptible to infections.
5. An increase in bush fires	When the landscape become dry and brittle, bush fires become more common and destructive. This can lead to the destruction of private property and the loss of wild foods and traditional medicines.

5.2.2 Unpredictable and unreliable rains

Sometimes, rains come; but they come too late or early in the agricultural cycle. This can be as harmful to people's livelihoods as drought. As explained by a farmer in Mwakizega village (Kigoma Rural District), *"You incur costs in preparing the farm, you plant seeds, then the rains do not come, or they come very late...and the crop is destroyed."*

Case Study 5.1: The widescale effect of late rains on agriculture

During the first half of 2003, drought conditions prevailed throughout much of Tanzania. It is estimated that 60% to 80% of the maize crop in Dodoma Region was adversely affected, while 75% to 85% was affected in Shinyanga, 47% to 85% in Tabora and 10% to 40% in Iringa. Meanwhile, late rains are estimated to have affected 20% to 50% of rice production in Shinyanga, 24% to 50% in Morogoro and 25% to 63% in Tabora (ESRF 2003, 1).

Even when they come at the right time, abnormally heavy rains can be devastating, as in the case of Kasanda village (Kibondo District) where they washed away people's crops in March and April 2002. Though neither of these conditions is typically considered a climatic shock, they are clearly experienced as such by farming households.

5.2.3 Seasonality

Seasonal weather changes cause alternating periods of hardship and relative plenty. In bimodal regions, each year is punctuated with two rainy seasons. The first falls from roughly March to May (*masika* rains) and the second, lighter rains from October to December (*vuli* rains). This allows two harvests of many staple crops versus just one in other parts of the country. As a result, food shortages are less common and, when they do occur, are briefer than in unimodal regions. Agriculture-based households in areas without *vuli* rains see this as an impediment to higher production and the seven months they endure without rain as a major impoverishing force.

Yearly dry spells also affect livestock-keepers. They experience an annual lean season when their animals cannot access enough pasture or water to maintain adequate levels of milk production. Though less than life-threatening to healthy adults, this period is also characterised by difficulty in accessing water.

Not even fishing-based communities are immune to seasonal peaks and troughs in production. Indeed, people eat well and can even generate a surplus during some times of the year when waters are calm and fish plentiful (*msimu wa uvuvi*). At other times, sea and fresh water fish are so scarce that people cannot catch enough to feed themselves. As a result, they may have to spend many hours on the water despite strong winds that can easily capsize boats. Thus, fishermen in Mwanza speak of seasonal *marimbe* waves that tip boats and drown crews. They fish during this period only because the alternative would mean hunger in their households.

The effects of seasonal weather change extend beyond production. They are also linked to the rise and fall in frequency of malaria, cholera and other water-borne diseases.

The effects of seasonal weather change extend beyond production. They are also linked to the rise and fall in frequency of malaria, cholera and other water-borne diseases that impact on the health of human beings and animals alike.

5.3 Response options for climatic conditions

5.3.1 Prevention

Regional reforestation, watershed management and comparable projects, in combination with an appropriate regulatory framework, may be able to lessen the likelihood of some weather-related shocks and stresses from occurring (especially in certain microclimates). Nonetheless, people at the grassroots do not see themselves as capable of affecting the frequency or severity of droughts, floods or other nominal "acts of God." They, therefore, focus on mitigation.

5.3.2 Mitigation

While people may not be able to prevent potentially impoverishing weather-related conditions from occurring, they can take steps to lessen their impact. Some of the most important of these steps include:

- Intra-livelihood diversification
- Inter-livelihood diversification
- Evasion (i.e. moving to an unaffected area)
- Irrigation/wetland farming
- Building up food reserves

Intra-livelihood diversification: People can lessen the impact of climatic shocks and stresses through *ex ante* (before-the-fact) diversification of their productive base. For example, farmers in Ndogowe village (Dodoma Rural District) plant drought tolerant crops, such as cassava and pearl millet, and/or particularly fast-maturing varieties. In Ndogowe and some other sites, district and village governments have encouraged this practice by establishing bylaws that mandate each household to grow a minimum acreage of drought tolerant crops. Though well intentioned, research participants pointed out that this may not be the best way for some households (especially those with little land) to achieve food security.

Repeal bylaws imposing crop composition (e.g. percentage of plot dedicated to cassava) on farmers. Instead, Government should focus on facilitating people's access to drought-resistant crops, drought-refuges, etc.

Livestock-keepers practice a similar form of diversification by selecting drought tolerant breeds and maintaining mixed herds of large and small animals. Cattle are the most productive animals *and* the most susceptible to drought. Households, therefore, keep a mix of cattle and hardier small animals, such as goats and sheep. Though the latter provide less milk and meat, they are more likely to survive hard times.

Inter-livelihood diversification: Households whose primary livelihoods depend on the exploitation of natural capital also expand into other means of earning an income before and after (*ex post*) climatic hardships. For instance, women invest in making local brews; and both women and men make handicrafts, conduct petty-trade, work as day-labourers, etc.

This type of diversification is most common at the household level, where members pursue different lines of work as a means of reducing aggregate vulnerability. This strategy can provide families with a stable, minimum income despite shocks and stresses coming from various quarters.

Case Study 5.2: An example of inter-livelihood diversification

In 2000, a man in Lugubu village (Igunga District) received forty cattle as bride price for two of his daughters. He then sold twenty cattle to purchase a maize mill. Today, it is providing him with an independent source of income to buy food and additional livestock.

Though effective, inter-livelihood diversification is difficult for asset-poor households to develop. Lack of skills, investment capital, social and business contacts all limit their ability to diversify. As further discussed in Chapters Nine and Ten, women, and especially women with young children, face further constraints that can prevent them from expanding into profitable activities. For example, women are often left in charge of work around the home (like managing children, tending *shambas* and grazing livestock) while their husbands are free to take up moneymaking work off-farm. If cash proceeds and decision-making power over them are not equally shared, then the household division of labour relegates women to a tenuous position of financial dependency on their husbands.

Evasion: When climatic conditions threaten the livelihoods of fishermen and livestock-keepers, they sometimes move to unaffected areas. In Loiborsoit village (Simanjiro District), for instance, people used to move their herds roughly 80 kilometres to Loiborsiret or 65 kilometres to Naberera. However, these historical “drought refuges” (i.e. geographic areas/formations that accumulate moisture and can provide pasture even during times of drought) are increasingly occupied by large-scale commercial bean and wheat farms. As a result, livestock-keepers must encroach on Taringire National Park or take their herds to marginal pastures in the Lorkisalie Mountains.

Meanwhile, fishermen in Mchinga II (Lindi Rural District) and other coastal communities travel to distant “camps” for several months at a time when fish leave their home waters in response to seasonal temperature changes. In both these cases, mobility is an important means for people to pursue their

livelihoods during (seasonal or longer) periods of localised scarcity. Increasingly, though, it seems to incite conflicts over natural resource-use. One of Government's greatest responsibilities and challenges may be to help reconcile these tensions in a peaceful, equitable way that respects the legitimate interests of all. Regulations limiting mobility can prevent conflict but only at a terribly high price to the productive strategies many people depend upon for survival.

Irrigation/wetland farming: Irrigation systems and dams have the capacity to mitigate the impact of seasonal and atypical drought on agriculture and livestock productivity. Nonetheless, these improvements were rare in communities visited by the TzPPA.

People did divert seasonal water sources into rice plots (Kongo village, Bagomoyo District) or manually irrigate their crops (Mwakizega village, Kigoma Rural District), while livestock-keepers brought their herds to sporadic all-weather water sources. These countermeasures are effective. However, many farmers cannot access land with a nearby water source; and livestock-keepers face a number of problems when they try watering their animals. Chief amongst these are:

- Conflict with other resource users (Mongo wa Mono village, Mbulu District)
- Environmental degradation around watering points (Sanjaranda village, Manyoni District)

Anecdotal evidence from the TzPPA and secondary sources suggests that the frequency of these problems may be increasing.

Case Study 5.3: Access to readily irrigated land

Iwungilo village (Njombe District) is in a unimodal agricultural region. Nonetheless, two harvests can be grown each year alongside riverbanks (*vinyungu*) where manual irrigation is practicable. These areas were traditionally left to elderly people who could not cultivate large fields and, therefore, needed two harvests to survive. Nowadays, the frequency of drought is greater than in the past so everyone is trying to claim the riverbanks. As a result, the elderly are being displaced.

Building up food reserves: Many households maintain food reserves. For farmers, this may be in granaries, stacked on fences or on their roofs and ceiling. Livestock-keepers also "store" reserves by swelling their herds during good years. This way, when hard times hit, they are less likely to suffer a total loss of productive assets. According to research participants in Chagana village (Igunga District), this entails keeping a herd of twenty-five or more cattle.

Government intervention to mitigate climatic impoverishing forces has included the setting up of Strategic Grain Reserves. These Reserves make it possible for people in rural and urban areas to buy grain at affordable prices during some periods of shortage.

At individual and households levels, people's efforts to lessen the impact of weather-related forces is often limited by the idiosyncratic and co-variant factors described in Chapter Four (i.e. lack of information,

People can act before an impoverishing shock or stress takes place in order to lessen its impact. Grain reserves are an example of an *ex ante* mitigating measure.

ill health, poor economic conditions, etc). Many of these factors also affect larger initiatives. *The 2001 Disaster Vulnerability Analysis* (Prime Minister's Office 2001, 25), for instance, notes that Government's lack of information about disasters undermines its capacity to mitigate their impact:

There is no early warning system for most of the disasters, which are increasingly contributed [to] by the lack of reliable information on the type, nature, spread and magnitude of the disaster itself.

Government needs to coordinate the creation of a comprehensive Early Warning System for natural disasters. This system should draw on information from a variety of sources, including local authorities and CSOs.

Lack of information made it difficult for Government to adequately respond to floods that followed the 1997/8 El Niño rains. Timely, widely available information could have changed the outcome of this and comparable hardships.

5.3.3 Coping

People try to cope with forces they can neither prevent nor adequately dull. Some of the most important ways they try to affect the outcome, versus the impact, of climatic shocks and stresses are:

- Drawing on material capital (including financial and physical capital)
- Drawing on social capital
- Government support
- Change in livelihood

These can be pursued sequentially or in combination.

Drawing on material capital: When crops or livestock are lost as a result of climatic forces, some people draw on cash savings to make it through hard times. However, adequate financial stores are rare. Therefore, many people sell off material goods. Sometimes this entails selling a bicycle or radio. Yet the poorest households have few of these non-essential assets and must, instead, resort to selling off *productive property* like land, livestock, boats, sewing machines, etc. This is a “poverty trap,” and

People enter a “poverty trap” when they are forced to sell off productive property as a short-term solution to surviving shocks and stresses. Poverty traps are especially severe when climatic and other natural disasters alter local economies.

households caught in one may not be able to renew their climb up the ladder of wellbeing without external assistance.

Assistance is particularly important in the case of climatic and other natural disasters that alter local economies. As illustrated in Case Study 5.4, terms of trade can shift disastrously against livestock-keepers during droughts. When they are forced to sell their animals at depressed prices and purchase grains at inflated prices, people’s herds can be quickly depleted. Because their animals serve as collateral and a form of insurance against all kinds of risk, stock-poor households are extremely vulnerable to destitution.

Case Study 5.4: The impact of drought on local economies

Drought can alter terms of trade in local economies. As explained by livestock-keepers in Lugubu village, (Igunga District):

- In a normal year, one cow is exchanged for six bags of maize (1:6)
- During a mild drought, one cow gets two bags of maize (1:2)
- During a serious drought, one cow gets just half a bag of maize (1:0.5)

In other words, drought directly depletes herds by weakening and then killing animals. Meanwhile, it indirectly depletes herds by dramatically skewing terms-of-trade. The combination of these effects is an important part of why droughts are often devastating for livestock-keeping households.

Drawing on social capital: Safety nets and other social protection measures affect the *outcome*, rather than the *impact* of climatic shocks and stresses. Grassroots safety nets are traditionally woven of “help in kind.” In other words, they typically entail food and other material gifts given to those struck by hardship.¹¹ These safety nets are frequently based on kinship but also exist amongst friends.

Climatic shocks and stresses, unlike other impoverishing forces (e.g. those associated with ageing) affect every household in a given area. Thus, local networks may be incapable of providing support to their members when floods or drought strikes. People therefore turn to distant networks. This recourse was exemplified by agro-pastoralists in Mongo wa Mono village (Mbulu District) near Lake Eyasi who received maize from, or temporarily moved in with, highland relatives during localised droughts. In cases like this, social capital is vital to people’s short-term survival strategies. It also play a critical part in helping them get back on their feet since relatives and friends may be willing to provide seeds or stock.

These distant networks are not equally accessible to everyone. Poor households in general – and especially those headed by the elderly, disabled, widows and children – find it difficult to travel so that they can ask for help. Even when it is possible to send an emissary, these households are more likely than others to be turned away since they are often ill prepared to reciprocate when need be.

Government support: The larger the area affected by climatic shocks and stresses, the less effective grassroots safety nets are. Accordingly, safety nets provided by Government and Civil Society Organisations are sometimes necessary to prevent people from falling into potentially terminal poverty.

Change in livelihood: People also cope with climatic shocks and stresses by temporarily switching livelihoods. For instance, farmers in many sites (such as Lutukira village, Songea Rural District) speak of leaving their fields during bad years to search for work on agricultural estates, in urban centres, etc. Meanwhile, in Loiborsoit village (Simanjiro District), traditional livestock-keepers explain that they may switch to farming if their herds are depleted by drought. In both cases, these coping strategies can begin as short-term solutions but become permanent.

5.4 Natural resource degradation

More than seventy-five percent of Tanzania’s population lives in rural areas where their livelihoods rely almost entirely on the direct utilisation and/or transformation of local natural capital. For instance, farmers depend on soil and water to produce crops, livestock-keepers use pasture and water to raise herds, and fisherfolk rely on aquatic ecosystems for their catch.

Other rural income-generating activities, such as charcoal making (Mwakizega village, Kigoma Rural District), pottery (Ikombe village, Kyela District) and small scale-mining (Igundu village, Chunya District), are likewise based on the exploitation of natural resources.

Natural resource degradation is one of the key reasons why people say they are receiving less and less returns from many rural livelihoods no matter how hard they work.

At the same time, people use natural resources to cook, wash, supplement domesticated foodstuffs, heal themselves, build and maintain their homes and make tools. Though the livelihoods of most urban dwellers are less directly dependent on natural capital, they are no less reliant upon it in their daily routines. Even in Dar es Salaam, for example, most households in Mtambani-B (Ilala Municipal District) and Sokoni (Kionondi Municipal District) sub-wards persist in using wood or charcoal for their primary domestic energy supply (see also: URT 1998).

¹¹ Changes in the nature of these safety nets, as well as implications for vulnerability, are described throughout this Report and summarised in Chapter Eleven.

A deteriorating natural resource base, therefore, affects nearly everyone in Tanzania. Indeed, it affects how they can make a living, how difficult it is to do so, the returns they make, how much time they must allocate to fetching water, firewood, etc. For all these reasons, research participants in the TzPPA were tremendously concerned about what they perceive to be a critical decline in both the quantity and quality of key resources.

5.4.1 Fisheries

The TzPPA conducted research in four fishing-based communities. These were located around the country in Lindi Rural, Kyela, Kigoma Rural and Mwanza Districts. Three of these sites were freshwater (Lakes Nyasa, Tanganyika and Victoria). In *all* sites, people reported a dramatic drop in fish populations.

This conclusion is supported by data from the Ministry of Natural Resources and Tourism, Fisheries Division. Statistics from Lake Victoria (Table 5.3), for instance, show that the number of fishermen and vessels has roughly doubled since 1990 while the total catch may, in fact, be declining. In other words, twice as much effort had to be expended by 2001 to catch even fewer fish than landed in 1990.

Meanwhile, fisherfolk in Ikombe village (Kyela District) identified three species of fish (in local dialect: *sira*, *ipusi* and *amangwingwi*) that were common in the 1970s but are either non-existent or very rare today. The reasons for such sharp declines are uncertain. However, fishermen in Mwanza suggest that it is probably due to pollution and over-fishing, while villagers in Ikombe think that it is the result of prolonged overexploitation of near-shore fisheries and the destruction of breeding habitats.

Table 5.3: Lake Victoria fishery 1990-2001

YEAR	NO. OF FISHERMEN	NO. OF FISHING VESSELS	WEIGHT IN METRIC TONS
1990	29095	7797	231,547.30
1991	25900	5948	146,310.90
1992	20064	4185	132,171.30
1993	20064	4185	176,264.40
1994	20064	4185	118,633.10
1995	34832	7953	121,891.50
1996	34832	7953	159,219.50
1997*	34832	7953	189,000.00
1998*	32403	7618	187,000.00
1999*	32403	7618	151,500.00
2000*	56060	15489	170,825.70
2001*	56060	15489	171,900.00

Source: Ministry of Natural Resources and Tourism, Fisheries Division 2001. Figures from 1997-2001 are estimates.

If their analyses are correct, then the overexploitation of Lake Victoria fish stocks is partially driven by the dramatic increase in its commercial value, which has more than quadrupled in the past ten years, and insecurity on Lake Tanganyika. The dynamics in Kyela are, arguably, more complex. There, limited capital has prevented people from using larger boats that can fish far from shore where stocks purportedly remain abundant. Also, people have adopted illegal fishing techniques to survive unbearably low catches during the rainy season. These methods, which include small-mesh seine nets and trawling, seriously disrupt the lakebed and ultimately accelerate the decline of near-shore fisheries. This raises an extremely important point that will be elaborated upon in the conclusion of this Chapter, namely: people with limited assets

have few responses options when struck by shocks and stresses. Thus, poor people are frequently forced to pursue short-term survival strategies that actually worsen their long-term prospects.

People with limited assets have few responses available when struck by shocks and stresses. Thus, poor people are frequently forced to pursue short-term survival strategies that worsen their long-term prospects for wellbeing.

5.4.2 Soils

Many of the agriculture-based communities visited by the TzPPA described a dramatic drop in production levels. This change was attributed to a number of primary and secondary factors. Obviously, the decreasing use of synthetic fertilisers documented in Chapter Six of this Report has had an impact. However, farmers were more concerned with why there is greater *need* for fertilisers now than in the past.

They proposed two major explanations. The first is soil erosion. This was largely associated with farming previously unused hillsides. In Ikombe village (Kyela District), for example, many households are increasingly forced to supplement their modest fish catches with agriculture. However, the only available land is on the steep (more than 45 degrees) slopes of the Livingstone Range against which their community resides. In other sites, such as Maliwa village (Makete District), many people are farming hillsides because it is the only land available to them. This restricted access is probably due to a combination of population pressure and changing land tenure patterns as ownership of prime-land accumulates in the hands of relatively better off, and typically older farmers.

People also believe there is greater need for synthetic fertilisers now than during previous generations as a result of over reliance upon them in the 1980s. Indeed, many farmers believe that the indiscriminate substitution of “green revolution” technologies for traditional agricultural practices (such as leaving fields fallow) has degraded their soils and left them fertiliser-dependent. It is difficult to ascertain the explanatory power of this argument in the Tanzanian context, yet it is well documented in several other countries.

5.4.3 Pastures

According to livestock-keepers participating in the TzPPA, changing patterns of land tenure are leaving them with less and less area in which to pasture their animals. This decline in available rangelands is having a number of effects – not least of which is preventing traditional land management practices.

It is, however, also responsible for pasture degradation. Herd sizes are smaller now than they were in the past (see also: Mwalyosi 1992). Nonetheless, displaced herds are being compressed to the point that they overwhelm historically prolific rangelands like the Wembere Plains. Research participants in Lugubu and Chagana villages (Igunga District) explained that too many animals are grazing in the Plains for too long. This is preventing pasture regeneration and threatens to set in motion a downward spiral of lost ground cover, degraded soils (e.g. dust and hardpan) and desertification.

Declining pastures is a major threat to the wellbeing of livestock-dependent households. Yet it does not figure as prominently in national environmental management plans as efforts to safeguard the natural capital of farmers and fisherfolk, etc. Policies must evolve to redress this imbalance.

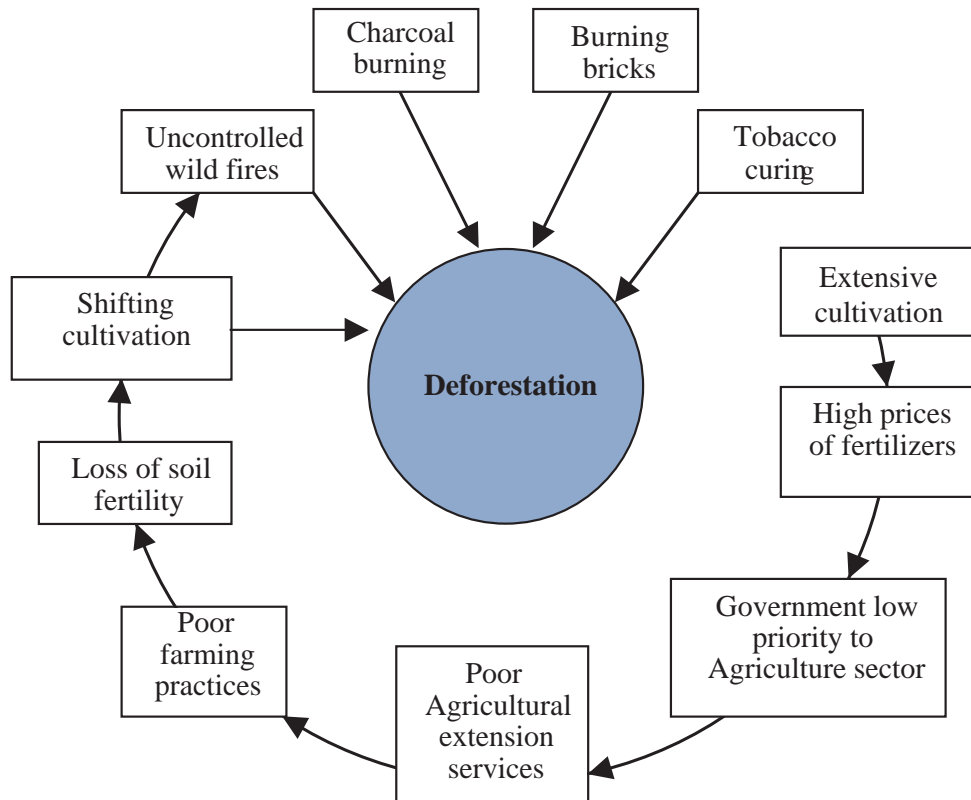
5.4.4 Forests/land cover

It is difficult to say exactly what constitutes “deforestation” in a country with vast natural grasslands like Tanzania. At its most basic level, however, deforestation is about stripping vegetative cover from off the land. Partly due to the challenge of defining deforestation, national statistics are often contradictory and

controversial. On the whole, though, deforestation rates like the 92,000 hectares per annum (FAO 2000) used by the Department of Forestry, Ministry of Natural Resources and Tourism are high and may be accelerating.¹²

The reasons for deforestation are complex and impossible to appreciate without simultaneously taking into account dynamic relations between economic conditions, Government policies and livelihood strategies. Some of this complexity is suggested in Figure 5.2, which was created by villagers in Lutukira village (Songea District) to explain the forces behind local rates of deforestation.

Figure 5.2: Causes of deforestation in Lutukira village, Songea District



Source: Research Participants in Lutukira village, Songea District

Both the degree and rate of deforestation are especially acute around settlements. According to research participants, this has several consequences. First, it affects the possibility and profitability of pursuing livelihood activities like pottery, brick making and charcoal making because critical resources may be unavailable or too costly to access. Second, deforestation affects the time and energy they must invest in collecting forest resources. This means that it takes longer for people to collect fuel wood or basic building/maintenance materials. In Kasanda village (Kibondo District), for example, women and children now have to spend up to two hours every day in search of fuel wood. This affects their freedom to engage in other things, such as play and income generating activities. It also puts women and children at risk of rape and/or attack by wild animal when they must walk further and further away from settlements in search of scarce resources.

Deforestation greatly affects women and children because they are responsible for fetching fuel wood.

¹² Total remaining forest cover is reported as 38,811,322 ha. Due to the different definitions of deforestation used by technical experts, it is difficult to calculate trends. Some of the criteria that villagers use to assess deforestation include how far they must walk to fetch fuel wood and the quality (sometimes expressed in terms of “hardness”) of remaining timber resources. According to these indicators, the rate of deforestation in some sites is alarmingly high and may be increasing as more and more people draw on a diminishing resource base.

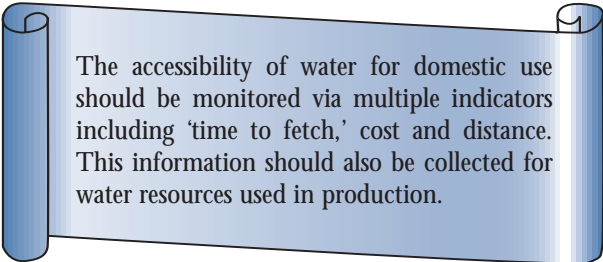
5.4.5 Non-wood wild resources

The degree to which non-wood wild resources (such as medicinal herbs, fodder, honey, edible plants, insects and animals) contribute to people's wellbeing varies. For instance, they supply the Wahadzabe hunter-gatherers in Mongo wa Mono village (Mbulu District) with most of their daily needs. Meanwhile, other rural communities use wild resources but only rely on them heavily during times of crisis when conventional food sources are destroyed (Ndongowe village, Dodoma District and Chikwaya village, Newala District). Urban dwellers, in contrast, tend to use few non-wood wild resources besides fodder. The loss of these resources, therefore, has a profound impact on people like the Wahadzabe whose traditional land is being cleared by emigrant farmers and agro-pastoralists. However, their loss can also have a pronounced affect on other rural people in times of crisis when they can no longer fall back on an abundance of wild resources.

5.4.6 Water

People cannot live without water. This understanding led Government to invest heavily in improving people's access to safe water in the 1970s. The 1980s, however, witnessed deterioration in earlier achievements as service provision and maintenance were scaled back. In the 1990s, a new National Water Policy stopped this slide and began to stabilise the situation. However, sporadic investment in the sector has limited recovery (MoWLD, WaterAid and NBS 2002, 18).

The *2000 PRS* returned water provision to the forefront of Government's agenda, and some progress has subsequently been made. According to the *2003 PRS Progress Report* (URT 2003, 36), for instance, national water supply coverage has expanded from 68% in urban and 48.5% in rural areas as of December 2000 to 73% and 50% in June 2002.



The accessibility of water for domestic use should be monitored via multiple indicators including 'time to fetch,' cost and distance. This information should also be collected for water resources used in production.

The high number of TzPPA participants claiming to have unreliable/inadequate access to water for domestic use would seem to challenge straightforward interpretation of these figures. Indeed, inadequate access to water was a priority issue amongst community members in dryland areas and in urban areas like Dar es Salaam, where people's daily water needs frequently cost more in terms of time and money than they can afford.

Many people were equally concerned about the quality of their domestic water supply, which is being degraded by saltwater intrusions along the coast (due to poor resource management) and contaminated by biological, agricultural and industrial wastes. Some of the most important impoverishing forces associated by research participants with inadequate access to clean water are presented in Table 5.4.

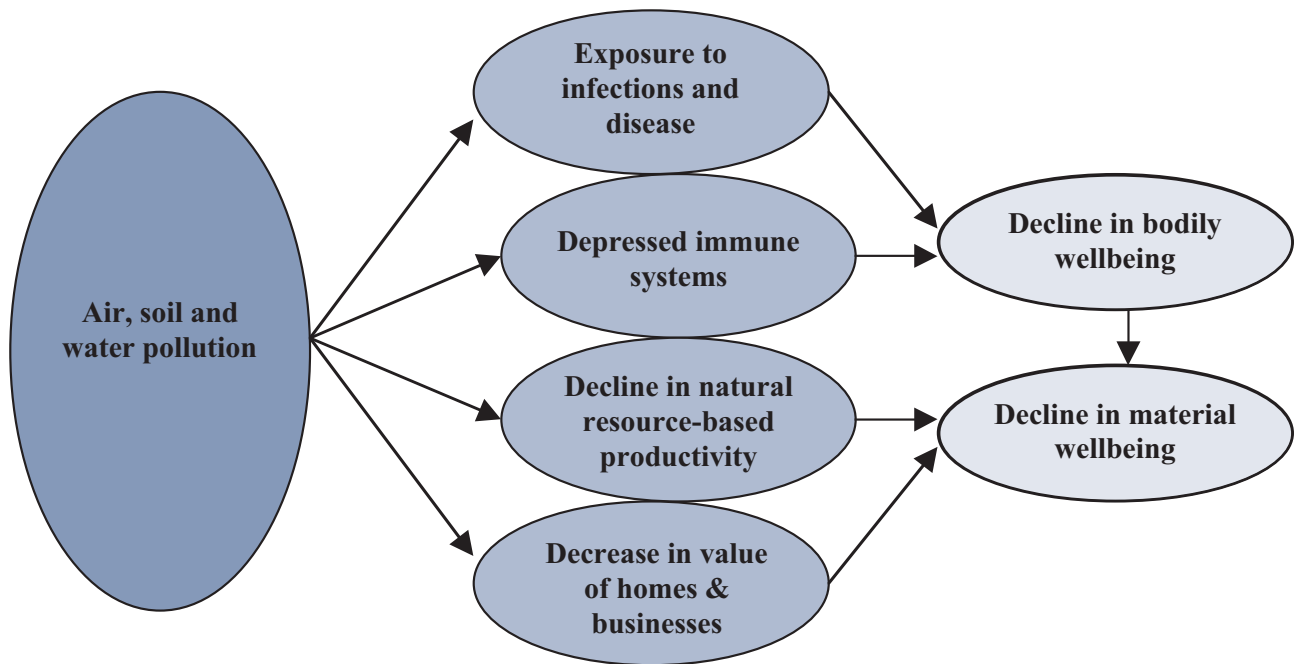
Table 5.4: Water related impoverishing forces

EFFECT	CONSEQUENCES FOR WELLBEING
<p>1. Inadequate access can cause a fall in productivity</p>	<p>When people have to allocate an extended period of time to fetching water, they have less time for other things. Since women and children are commonly assigned the task of providing water for household use, it means that women have less time to invest in productive activities and children have less time for their other responsibilities and play (itself an important component of childhood development). In dryland areas, youth are often assigned to water livestock. When there is no water nearby, they must herd their animals to distant sources. Travel diminishes milk production and can place it beyond the reach of household members that stay behind.</p>
<p>2. Inadequate access increases household expenditures</p>	<p>The cost of buying water in Sokoni sub-ward (Kinondoni Municipal District) is Tsh. 100 per 20-litre jerrycan but reaches up to Tsh. 500 in the dry season or during a water crisis. These prices can be prohibitive. According to research participants, people adapt by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Using less water than they need <input type="checkbox"/> Cutting back on other basic needs <input type="checkbox"/> Purchasing lower quality water (typically drawn from shallow wells with a high saline content and/or high likelihood of biological contamination) <p>Each of these options is solves one problem while giving rise to others, such as diminished nutrition and exposure to waterborne disease.</p>
<p>3. Inadequate access leads to a rise in social conflict</p>	<p>People require water for themselves and, sometimes, for their livelihoods. When this access is denied by other resource users or as a result of corruption, tensions rise. If unresolved, they can culminate in the type of violence that flared in Twatwatwa village (Kilosa District) and made national headlines in 2000. Competition between rural water users/usages was found in other sites, including Fukayosi village (Bagamoyo District) where the TzPPA was piloted. Meanwhile, in Sokoni sub-ward (Kinondoni Municipal District), residents claimed that local authorities were complicit in the continuing failure of public taps and people's subsequent reliance on expensive private alternatives. Regardless of whether or not it is true, this widespread sentiment causes discord and undermines the capacity of authorities and citizens to collaborate in improving local conditions.</p>
<p>4. Inadequate quality leads to a rise in ill health</p>	<p>When people cannot access safe water, they run the risk of contracting skin infections and waterborne diseases from unimproved sources. This diminishes their bodily wellbeing and can affect material wellbeing if they have to forego work and/or spend scant resources on treatment.</p>

5.5 Pollution

Participants in the TzPPA concluded that pollution from industrial, public and private waste is contaminating their environment and diminishing their wellbeing. They cited cases of air, water and ground pollution and explained that it is affecting their health and livelihoods. These relationships are presented in Figure 5.3.

Figure 5.3: Pollution and poverty



5.5.1 Industrial waste

In four out of five urban sites (Ilala, Kinondoni, Tanga and Mwanza Municipal Districts), research participants noted that industrial effluents are poisoning their environment.

For instance, participants in Pongwe sub-ward (Tanga Municipal District) complained that airborne discharge from the nearby Pongwe Cement Factory is causing respiratory problems and chest pains. Meanwhile, participants in Kigoto and Ibanda sub-wards (Mwanza Municipal District) associated gastro-intestinal illness and skin infections with the pollution of local water sources by nearby industries. In a follow-up interview, officials at the National Environmental Management Council (NEMC) agreed with this assessment but added that high levels of water pollution (which include contamination by heavy metals) are also due to upstream agriculture and small-scale mining activities (Personal Communication with TzPPA, NEMC Pollution Control Unit, 4/4/2003. See also URT/World Bank 2001, 89).

5.5.2 Public waste

Research participants in Dar es Salaam were quick to identify poorly managed public solid waste sites as a major problem. For instance, people living and working around the Tandale market in Sokoni sub-ward (Kinondoni Municipal District) noted that trash collection was infrequent. As a result, it tends to accumulate in vast heaps within the market itself. The subsequent stench, which becomes especially acute during rainy seasons, repels potential customers and drives down local business and property values.

There are additional consequences, as explained by one petty trader in the Tandale market:

...our businesses are conducted in very dirty environments... When it is raining we do not get good business at all because of [the poor road and] this dirty environment. We are also at risk of getting diseases.

Indeed, people also considered local rubbish heaps to be significant sources of disease and magnets/breeding grounds for disease-carrying rodents.

5.5.3 Domestic waste

Research participants identified poor domestic waste disposal practices in general – and human excreta in particular – as a problem in rural and urban sites. In rural sites, this was largely attributed to lack of knowledge about proper hygiene and the difficulty of building and systematically using latrines in areas with a high water table (Igundu village, Chunya District) or sandy soils (Mchinga II village, Lindi Rural District). Rural participants also explained that it is difficult/impractical to use latrines during the day while they are working in shambas, etc. far from home.

Cast Study 5.5: Pollution, contamination and ill health

The contamination of water sources by human excreta and other waste can lead to ill health and a subsequent decline in people's wellbeing. A male research participant in Sokoni sub-ward (Kinondoni Municipal District) explains: "We suffer from cholera two times a year because of a lack of safe and clean water. The water we can easily get is from nearby wells, but even the Municipal Health Officer tells us that these waters are contaminated by pit latrines in our neighbourhood."

In urban and peri-urban areas, poor practices were attributed to overcrowding/lack of space and lack of sanitary means to empty latrines or flush septic tanks. Obstacles to latrine construction are especially formidable amongst the tightly packed homes characteristic of unplanned urban settlements. People subsequently dispose of bodily and other waste in plastic bags that are then thrown away along roadsides, in sewerage canals or on public rubbish piles.

Municipal authorities must ensure the regular collection of rubbish and provide reasonably convenient means for residents to safely dispose of human excreta. Failure to do so is directly to blame for cholera outbreaks and other health hazards.

Even when people are able to build latrines, they often find their sanitary maintenance impossible. As a result, pit latrines and septic tanks are regularly flushed into open sewer canals.

5.6 Response options for natural resource degradation and pollution

5.6.1 Prevention

Unsustainable declines in the quantity and quality of Tanzania's natural resource base may be prevented through the observation of formal regulations and customary laws. Regulations can be proscriptive or restrictive. In other words, they can mandate certain courses of action (such as building pit latrines so that water sources are kept clean and safe) or forbid them (such as cutting down mangroves that provide shelter to growing fish). The same is true of customary laws.

Decentralisation will not live up to its potential benefits if it is not accompanied by democratisation; that is, the opening up of decision-making processes to the public.

Two of the biggest differences between formal regulations and customary laws are (i.) how they are established and changed and (ii.) how they are monitored and enforced. Regulations are largely set and/or amended from above with little public consultation. Therefore, they may make little sense to the people that are supposed to follow them. This is part of the

reason why some regulations are ignored or studiously circumvented unless rigorously imposed. As shown in Case Study 5.6, lack of public consultation can also result in regressive policies that

Cast Study 5.6: Regressive environmental regulation

In Mwaru (Singida District), village and ward governments have established by-laws to prevent the destruction of local forests. Accordingly, people who want to clear some of the forest for farming must first seek permission from the Ward Committee. If approved, the applicant then pays a minimum of Tsh. 10,000 per acre.

These by-laws may be well intentioned. They have, in fact, slowed the rate of clear cutting. However, lack of transparency renders the application process susceptible to abuse; and the high up-front charges discriminate against poor households – and especially youths – who cannot afford to pay for access to common property resources.

In contrast, many customary laws governing the use of natural resources promote inter-household equity. For example, livestock-keepers in Simanjiro, Kilosa, Igunga, and Singida Districts traditionally face the same restrictions on pasture use regardless of their economic status. By maintaining such practices, common property resources can be conserved because people respect customs they perceive as ecologically and socially justifiable.

Though they may be sound, customary practices like these are often insufficient when people with *different* traditions begin relying upon the same natural resource base. This is an important way to see the roots of the land-use conflict that erupted in 2000 between livestock-keepers and farmers in Kilosa District. In such cases, it may be necessary to establish by-laws that encompass and treat both communities fairly.

Even when regulations have the potential to be effective and fair, they are meaningless if not implemented. Establishing regulations without mechanisms to monitor and enforce them does not meet the needs of current or future generations.

Customs provide more than a basis for managing *what* and *when* people use natural resources. Indeed, traditional knowledge also offers guidance on how to use resources so that their productivity is sustained. Thus, traditional knowledge in different parts of the country promotes a wide range of positive practices, including the application of animal/plant manures to farm fields and using mulch and other means to minimise erosion and maintain soil moisture. The value of these practices is being re-assessed by some villagers who believe that long use of “modern,” synthetic fertilisers may have damaged the health of their fields (Lutukira village, Songea Rural District and Kwabada village, Muheza District). Similarly, villagers in Iwungilo (Njombe District) and Makongora (Muleba District) are replanting the eucalyptus groves previously promoted by Government extensionists with indigenous species, including *mivengi* and *midobole* that are thought to protect rather than suck up local water resources.

5.6.2 Mitigation

When the natural resources upon which people depend decline in quantity and/or quality, they try to lessen the impact in a number of ways. Some of the most significant include:

- Adding fertiliser to fields
- Changing fishing gear and/or techniques
- Migrating
- Diversifying
- Collaborating to improve access to water

Adding fertiliser to fields: In areas where soil fertility has already declined, some people try to compensate by adding synthetic fertilisers (e.g. urea and nitrates) or organic residues (e.g. bone meal, ash and animal or plant manure). The use of each depends on availability, affordability and acceptability. Thus, livestock-keeping households in Mwaru village (Singida District) frequently add cow dung to their fields. In Makongora village (Muleba District), where less livestock is kept, people prefer composting

readily available grasses. Meanwhile, in Maliwa village (Makete District), many people grow cash crops and vegetables for the market. They often apply synthetic fertilisers and hope that they will be able to recover high costs through improved sales.

Though this wide variety of fertilising practices was evident across sites, researchers were struck by:

- How many people claimed to have no access at all to formal extension systems
- How sporadic familiarity with “traditional practices” was between households

Changing fishing gear and/or techniques: When catches become unbearably low, people sometimes adapt by using different fishing gear and/or techniques. In Lyolilo sub-village (Ikombe District), for instance, people are using illegal techniques during certain times of the year in order to feed their families. In other parts of Tanzania, including Mchinga II village (Lindi Rural District), people have adjusted to a decline in fish stocks by using smaller-gauged nets.

Migrating: When their livelihoods are no longer practicable in one place, some people choose to migrate to an area where productive resources remain adequate. For example, some fishermen have moved from Ikombe village (Kyela District) to villages around the Mtera Dam (on the border between Iringa and Dodoma Regions) as well as sites in Ludewa and Nkasi Districts. Meanwhile, one group of livestock-keepers reported having moved from the Ukaguruni area in the 1950s to Mabwegere in the 1960s, to Twatwatwa and then to Parakuyo sub-village by 1972 in search of a home with adequate, available land and water resources.

This strategy can provide people with a short-term solution to their needs. However, when they bring the same natural resource management practices to their new homes, people eventually recreate the situation they had escaped. Whether or not this occurs in the long-term, migration still poses a number of problems. First, it is difficult for the poorest households to do since relocating typically costs money. Second, even if they can afford to migrate, it often means that people leave behind useful social networks and may reduce their access to social services.

Case Study 5.7: The cost of migration on access to social services

In Ndogowe village (Dodoma Rural District), some families’ desire to access social services is in conflict with their need to find fertile shambas. As fields in the village centre fail, many households move further and further away. When the distance becomes too great for children to walk to school, they may be withdrawn. In other cases, children live alone while their parents establish a new house several hours away.

Many households seek to minimise these problems by splitting up. This can reduce the cost of migration and allow the family to maintain a relatively secure home base. It is risky, though. The children left behind by their parents in Ndogowe village found it hard to manage daily life and complained of being scared at night. Meanwhile, women in Maliwa village (Makete District) said that migrant husbands don’t always send remittances or return and, even when they do, some bring Sexually Transmitted Infections (STIs) - including HIV/AIDS.

Diversifying: When local natural resources can no longer support their livelihoods, some people change their means of making a living. This often necessitates migration, but not always – especially for those rare households that have adequate resources to diversify on their own terms. Though many participants in the TzPPA preferred this approach to mitigating the impact of a declining productive base, they pointed out that few have the skills and/or capital with which to diversify into a more secure occupation.

It is worth noting that people did not claim to have abandoned traditional rural livelihoods as a direct result of natural resource degradation. Instead, they cited lack of markets and *diminishing returns* as the principal forces pushing them from rural to urban areas in search of new ways to make a living. Only in the subsequent course of research activities – most of which proceeded from description to participatory analysis – did villagers highlight natural resource degradation as one of the key reasons why they are receiving less and less no matter how hard they work.

When it occurs, forced transition from rural to urban livelihoods is typically hard because the people that make the move are often the poorest of the poor. Therefore, they are ill prepared to compete for favourable work; and, even when they are absorbed into the formal economy, it tends to be in the lowest paid and most precarious jobs.

Collaborating with others to improve water access: Access to adequate clean water for themselves and their animals was a priority concern in almost every site visited by the TzPPA. In Igundu village (Chunya District), where effluents from artisanal mines regularly pollute ground water and wells, people find it prohibitively expensive and difficult to safeguard water sources. The incidence of waterborne illness is, therefore, extremely high.

As in many communities, people in Mwakizega village (Kigoma Rural District) feel they don't have enough financial capital to build safe water systems or enough political capital to influence the priorities of their District Council. In places where District Councils and/or charities are willing to help, solutions can be found.

Case Study 5.8: The importance of external assistance to accessing water

In Nzanza village (Meatu District), six households recently came together to build a well. Each family contributed funds to establish a bank account. The District Council then supplied them with technical expertise and a pump at half price. Nine wells – all of which are still operational – have been built this way in Nzanza. Today, they supply water not only to the original collaborators, but also to many of their neighbours.

Meanwhile, in the relatively tight-knit and well-organised village of Loiborsoit (Simanjiro District), community members pooled their resources. With further assistance from local authorities and the Government of Austria, they were subsequently able to construct four shallow wells and a water reservoir.

The common thread running throughout these and urban examples is that communities need technical and/or financial assistance to establish alternatives to non-existent or contaminated water supplies. Government's 2002 Water Policy presents a vision of how this assistance might be provided. Despite its many strengths, some of the Policy's most important objectives won't be met unless:

- ❑ Officials responsible for preserving and coordinating the sustainable use of resources within watersheds (i.e. river basin authorities) are given the legal "teeth" to do their job
- ❑ District councils learn how to develop, pool and draw-down technical expertise

The experiences of civil society and governments suggest that these inadequacies must be addressed if Tanzania is to reach its goal halving the proportion of people without affordable access to safe drinking water by 2015.¹³

¹³ This relationship and the special vulnerability of very young children is further discussed in Chapter Nine.

5.6.3 Coping

The most common way that people claimed to deal with a decline in the quantity and/or quality of the natural resources upon which they depend was to make do with less... less harvest, less fish, less milk, etc. For many people who are already surviving on too little, this can exact a terrible price – especially on children who risk permanent impairment if they have a poor diet/rely on contaminated water during critical growth periods.

5.7 Wild animals

Large animals: Research participants in sites bordering Wildlife Reserves and National Parks consistently identified wild animals like elephants, crocodiles, hippopotamuses, lions and hyenas as a major threat to their wellbeing. However, even people in some other rural communities considered them a serious problem.

First and foremost, people worried about themselves and/or their children being killed by wild animals. Statistics from the Ministry of Natural Resources and Tourism, Wildlife Division claim that only eighty-eight people were killed or attacked in Tanga, Morogoro, Pwani, Ruvuma, Lindi and Mtwara Regions from 1995-2002 (MNRT 2002). However, in the first half of 2002 (the period immediately preceding visits by the TzPPA), five people in Mkongo Kaskazini village (Rufiji District) had been killed by crocodiles and six people in Chikwaya village (Newala District) had been attacked by hyenas. Comparable figures were provided in other sites. Though this is not an adequate basis for making generalisations about the frequency of wild animal attacks in Tanzania as a whole, it is sufficient to cast doubt on official tallies.

In some locations, people feel threatened by wild animals whenever they venture beyond populated areas in search of firewood, to fetch water or to access distant services. Though people continue to conduct necessary activities, they worry – especially about the safety of their children. As illustrated in Case Study 5.9, this can lead concerned parents to escort or even withdraw their children from school. Though the latter may be a reasonable short-term response, it can also undermine the child's long-term capacity to avoid and/or escape poverty.

Case Study 5.9: Wildlife and access to social services

Many children living in Mihondo hamlet, Ndogowe village (Dodoma Rural District) have given up attending school, largely due to the risk of encountering wild animals on their three-hour or longer walk to school. According to teachers, children from Mihondo are not punished if they arrive at 11:00 a.m. and explain, 'we had to wait for elephants to pass.' Children in Sholomela hamlet, Lugubu village (Igunga District) face similar problems. Though they are only 6 kilometres away from the closest school, there is dangerous wildlife in the thick forest that stands in their way. As a result, parents often escort children to school and are now trying to build closer classrooms.

Dangerous and destructive wild animals also affect livelihoods. They do so by killing livestock (Mchinga II village, Lindi Rural District); by destroying crops (Mkongo Kaskazini village, Rufiji District and Gibaso village, Tarime District); and by scaring people away from tending distant *shambas* or fishing during certain times of the year (Kongo village, Bagomoyo District). Each of these outcomes threatens to diminish the material wellbeing, and especially food security of households.

Small animals: Farmers in every rural research site identified small animals (such as monkeys, wild pigs, birds, rats and house mice) as significant sources of pre- and post-harvest crop loss. In Kasanda village (Kibondo District), for instance, people claimed that birds can devastate harvests and place a substantial strain on household food and income insecurity.

5.8 Response options for dangerous and destructive wild animals

5.8.1 Prevention

Research participants described a number of ways in which they try to prevent dangerous and highly destructive animals from affecting them. These include avoiding risky areas, such as forests and rivers, and minimising travel through unpopulated terrain.

Though effective, these strategies have limited potential since they would prohibit many people from collecting firewood, drawing water and accessing services. In Mkongo village (Rufiji District), for example, the only place people can draw water is from the Rufiji River where fourteen people have been killed by crocodiles in the past two years. In order to minimise the likelihood of further attacks, community members recently pooled their resources to build a protective fence around a central collection point.

In other sites, elaborate fencing is also used to protect livestock from nocturnal predators, and many farmers construct simple barriers of piled thorn bush around their *shambas*. This is an effective means of keeping some animals away from their crops. However, it does not deter the largest and most destructive animals, such as elephants, or the smallest, such as rats and birds.

Whether or not they can erect fences, many people take the added precaution of posting a guard (especially during critical stages in the growing season) to watch over their fields. Though the elderly sometimes help, these guards are usually women, children and youth. By throwing clay balls and making loud noises, they can prevent and/or minimise the damage done by small animals. This strategy works, but it can also disrupt children's schooling and place yet another strain on women's heavy labour load. Guards provide much less protection against big animals. As explained by a research participants in Gibaso village (Tarime District), "when you see a large herd of elephants come your way, you have to run for your life."

5.8.2 Mitigation

People try to minimise the impact of problem animals by hunting and killing them before they can strike again.

So long as the incident is reported within 24 hours, Government regulations allow people to kill animals that have already destroyed crops or killed people/livestock. However, doing so is hazardous. The Ministry of Natural Resources and Tourism, Wildlife Department is therefore supposed to render assistance. In practice, though, many people are unaware of their right to kill problem animals or of the Wildlife Department's obligations.

Case Study 5.10: Lack of response to animal attacks

In Mkongo Kaskazini village (Rufiji District), fourteen people have been killed by crocodiles in the past two years. According to the Ward Executive Officer, each of these incidences has been reported to District Authorities. However, nothing has been done. Further discussion with research participants in this and other sites concluded that:

- People cannot demand their legal rights so long as laws are not shared with them
- Unimplemented policies, no matter how well intentioned, don't help people manage shocks and stresses

In some communities, people's fear of being jailed therefore protects problem animals from being hunted (Nchenje village, Nkasi District and Gibaso village, Tarime District). In others sites, including Chikwaya village (Newala District), research participants explained that hunting parties are routinely formed to kill small animals such as wild pigs and baboons. These hunts rely on locally accessible technology, including spears, pangas, dogs and muzzle loading guns. Many communities are less organised than Chikwaya, and this limits villagers' capacity to collaborate in dealing with mutual threats. However, even when they are well organised, grassroots initiatives cannot replace the need for Government assistance because villagers lack the essential equipment and training to safely kill large animals.

Even when they are well organised, grassroots initiatives cannot replace the need for Government assistance so long as villagers lack essential equipment and training.

Grassroots resources are better suited to dealing with the smallest animals, such as rats and mice. In Nzanza village (Meatu District), for example, research participants explained how rodents have eaten dry maize prior to harvest and even invaded supplies stored in their homes. In response, some people set out commercial poisons. However, this was financially unsustainable *and* caused the death of domestic animals (including dogs, cats and chickens that ate the poison and/or dead rats). People therefore resorted to the traditional technique of burying buckets of water, flush to the rim, along rodent trails. This simple strategy purportedly drowned enough of the animals to improve the situation.

5.9 Insect plagues and crop/livestock diseases

Livestock-keepers participating in the TzPPA consistently reported an increase in the *incidence* (frequency in terms of time) and *rate* (number of cases versus livestock population) of parasites and animal disease. They attributed this to a combination of interrelated factors, but most especially:

- ❑ A decline in dipping
- ❑ The use of diluted insecticides
- ❑ An increase in the resilience of insects (including those, like ticks, that carry disease) to common acaricides
- ❑ An inability to practice traditional forms of control (e.g. dispersing herds/moving to uninfected pastures) due to changing patterns of land tenure

In Mwaru village (Singida District), for instances, people reported that both the incidence and rate of flea infestations, ticks, tick-borne diseases, Contagious Bovine Pleural Pneumonia (CBPP), anthrax and East Coast Fever (*ndigana baridi xnaplamosis*) are all rising. Table 5.5 presents evidence that this trend may be widespread.¹⁴ It compares the total number of cattle deaths caused by disease in two ten-year periods and shows the frequency of deaths to have grown by 136%.¹⁵

These increases pose a serious threat to the material wellbeing of livestock-dependent households. Indeed, one family in Mwaru lost nearly two hundred cattle to CBPP and two hundred goats to flea infestations between 1998 and 2002. This led to a critical decline in food security roughly analogous to an agricultural household losing a large proportion of successive harvests. However, the death of so many animals also entailed a profound loss of productive assets, roughly the same as farmers losing land or fisherfolk losing nets.

¹⁴ This data only includes cases reported to veterinary authorities. Many deaths, especially in the pastoral sector, are not reported.

¹⁵ This figure cannot be contextualised vis-à-vis changes in Tanzania's cattle population since the relevant information is unavailable. However, data from the 1994/5 National Census of Agriculture and 1998/9 District Integrated Agricultural Survey indicate a growth rate during their intervening years of just 1.94 percent (Statistics Unit, Ministry of Agriculture 2002). This suggests that the rate of disease is growing exponentially faster than can be explained by changes in the nation's cattle population.

In this particular case, the loss of so many animals to disease was compounded by investment in ineffective treatments and the purchase of extension services. As such, it illustrates how even apparently well-off families can rapidly become impoverished.

Farming families reported comparable consequences stemming from a rise in the incidence and rate of crop pests and diseases. For instance, banana plants in Makongora village (Muleba District) are now dying as a result of the recently arrived “panama” fungus; and rice harvests in Kasanda village (Kibondo District) are shrinking due to the spread of a new disease as of yet unidentified by the District Agriculture and Livestock Officer (DALDO). Meanwhile, in Chikwaya village (Newala District), chaffer grubs (*nandiwa*) and red ants (*sangara*) have been causing significant pre-harvest losses to cassava, millet and other crops since 2000.

Table 5.5: Cattle deaths reported in Tanzania between 1982-92 and 1993-2002

DISEASES	CATTLE DEATHS	
	1982-1992	1993-2002
Theileriosis	21,000	36,038
Anaplasmosis	7,977	15,910
Trypanosomosis	7,059	14,738
Cowdriosis	3,106	6,849
Babesiosis	2,481	10,993
Blackleg	2,429	8,232
Anthrax	1,364	504
Non-infectious diseases	755	903
Lumpy Skin Disease	712	829
Helminthiosis	541	367
Haemorrhagic Septicaemia	454	552
CBPP	336	16,210
FMD	117	2,151
Rinderpest	0	0
Total	48,321	114,276

Source: Epidemiological Unit – Ministry of Water and Livestock Development 2003

5.10 Response options for insect plagues and crop/livestock diseases

5.10.1 Prevention

Livestock-keepers try to prevent disease by:

- Vaccinating their herds
- Dipping and/or spraying their animals with acaricides
- Periodically firing grasslands (as a means to control parasite populations)
- Avoiding high-risk areas (such as those inhabited by tsetse flies and the breeding grounds of wildebeests)

These preventative measures can help livestock-keepers maintain healthy herds. Nonetheless, many people find them increasingly difficult to practice. In most villages, access to dips ended in the mid-1980s as soon as Government withdrew dip attendants and stopped supplying acaricides. Indeed,

without a planned transition period in which public support was gradually phased out and local (private or common-good) alternatives promoted, most dipping facilities predictably collapsed. Only in rare instances, as in Twatwatwa village (Kilosa District), could community members adjust quickly enough to sustain services by rotating the purchase of acaricides amongst users. This initiative closed several years later due to inadequate water supply. However, it continued long enough to demonstrate what people can accomplish by working together.

In other communities, the unsubsidised cost of dipping proved to be high. Most cattle-keepers in Chagana village (Igunga District), for example, could not afford to pay the market rate of Tsh. 200 per animal every two weeks. Therefore, those households that could afford to purchase spraying equipment did so upon the understanding that it would be cheaper in the long run. This adaptation to the collapse of publicly managed services was not ideal since spraying is less effective than dipping. However, the social consequences are even more disconcerting. Poorer households were left with no protection for their livestock. As summarised by a man in Chagana:

Since the withdrawal of [public] dipping services, it is only the rich that can protect their cattle from diseases. A solo pump, for instance, costs about Tsh. 80,000; and acaricides also cost a lot so it is only the rich that can afford them. The poor cannot do much to protect their livestock from diseases.

This leads to growing disparity in the vulnerability of better and worse-off households and, ultimately, to greater disparity in their wellbeing.

Livestock-keepers' other major means of preventing disease amongst their animals include periodically burning insect habitats and rotating herds to cleaner pastures. These traditional mechanisms prevent parasite populations from growing out of control by culling them and taking their hosts away. Though effective, these strategies are increasingly difficult to practice as land tenure patterns change and traditional rangelands are occupied by permanent settlers or, as in the case of Loborsoit village (Simanjiro District) large-scale commercial farming enterprises.

Farmers also try to prevent insects and diseases from affecting their crops. However, they contend with some of the same obstacles faced by livestock-keepers; most notably an inability to pay for expensive treatments. Farmers in Chikwaya village (Newala District), for instance, know that powdery mildew (*ubwiriri ungu*) is endemic to their area and that they must spray cashew trees with sulfur, "bifidan" or "topas" in order to prevent infection. Many cannot afford to do so in light of the meagre returns they receive per kilogram of cashew nut. As a result, many farmers, like many livestock-keepers, resort to under-applying preventative treatments. This often proves inadequate to stave off the death of animals and crops. Meanwhile, veterinarians and agricultural extensionists say it is building up the resistance of insects and pathogens.

Techniques to safeguard foodstuffs *after* harvest are typically based on traditional knowledge. These techniques, which include mixing beans and grains with pungent leaves (Songea District) or with leaves and kitchen ash (Mbeya District), and placing foodstuff in granaries sealed with cow dung (Tarime District), are inexpensive and utilise readily accessible local materials. In contrast to some introduced technologies, they are not associated with negative side effects. Despite their win-win contribution to minimising post-harvest losses, their use is sporadic even between households in the same community.

5.10.2 Mitigation

Preventative measures never provide total protection. Therefore, some people take steps before-the-fact to minimise the potential impact of destructive insects and pathogens. For instance, livestock-keepers and farmers both select for hardy breeds/plant varieties and, perhaps more rarely, farmers practice inter-cropping in order to slow the spread of infestations.

People also re-act to parasites and pathogens. For example, farmers use pesticides like endosulfan on fields infected by chaffer grubs. Sometimes, people act ex post because a particular problem cannot be predicted or because it is impossible to do otherwise (e.g. no available vaccine). Other times, they defer action because they are betting against infestation or delaying the expense of treatment.

Whether trying to prevent or mitigate diseases and infestations, one of the most important things people need is timely, accurate information. Without it, they are at risk of wasting money on ineffective treatments. As illustrated in Case Study 5.11, Government extension officers continue to be an important source of this information though, according to research participants, this is less so now than in the past.

Case Study 5.11: Information as an enabling asset

Towards the end of September 2001, bwana Solea noted that many animals in his herd were weakening. At first, he assumed it was just due to the dry season. However, by November, animals had begun to die. Not knowing exactly what was responsible, he bought and administered a variety of drugs. Unfortunately, none proved effective. Therefore, he travelled some 200 km. to Shinyanga where he spoke with a Government veterinary officer able to diagnose the disease and sell an antidote. This saved the life of bwana Solea's remaining livestock.

Lack of money is the other major factor limiting people's ability to counter infestations and disease. In many cases, it stops farmers and livestock-keepers from taking the steps they know they should.

5.10.3 Coping and rebuilding

Insect infestations and disease can devastate people's productive base. Therefore, people try rebuilding their livelihoods even while struggling to survive day-to-day. For farmers, rotating next season's crop or changing varieties can sometimes achieve this long-term goal. For example, after the panama fungus killed their old banana stocks, farmers in Makongora village (Muleba District) replanted with a resistant variety.

One of the major challenges such people face is learning whether or not resistant varieties exist and how to get them. This information, which is sometimes provided by Government extensionists, typically travels to most people through informal farmer-to-farmer networks. Livestock-keepers, likewise, need timely and accurate information about how to re-establish their productive base. However, they face additional obstacles in comparison to farmers. So long as they keep their land, the latter only needs inexpensive seeds/rootstocks to start again. In contrast, livestock-keepers need animals that can cost more than Tsh. 300,000 per cow (cited in Gibaso village, Tarime District) when local herds have been depleted. For this reason, restocking programmes are essential to livestock-keeping dependent households quickly getting a foot back up on the ladder of wellbeing.

5.11 Conclusions

People are being affected by environmental shocks and stresses more today than in the past. In some cases, this is because their frequency, intensity or pervasiveness has increased. However, it is more often the result of diminishing response options that reflect a decline in the quantity and/or quality of local natural capital, changing economic conditions and new patterns of land tenure. As a result of these developments, many people feel that their livelihoods are less productive and more precarious now than in the past.

It is important to respect these perceptions based on how people experience their environment. Doing so may help Government and others become more aware of and responsive to localised crises (such as the impact of wildlife on some communities) and relatively subtle but no less powerful shocks (such as late rains) that do not register as national “disasters.” By illustrating how people experience shocks and stresses, this Chapter has also provided insights into the nature of vulnerability. It has, for instance, shown that some shocks – like flooding, malaria and cholera – can come together and strike people in crippling combinations. It has also explained how the impact of stresses, such as a gradual decline in fisheries and other natural resources, can ultimately be as devastating to people’s livelihoods and wellbeing as the most blazon shock.

People fight back by trying to prevent some impoverishing forces from occurring or lessening the impact of those that cannot be stopped. They then deal with the consequences in imaginative ways so that, even when crops and animals are lost or fishing nets empty, they and their families can survive. The poorest households have the fewest options available to them. As a result, their strategies are least likely to be successful in the short-term and most likely to entail long-term costs. Some of the households most likely to find themselves without good options are those headed by the elderly, children and youth, women, the chronically ill and people with disabilities.

In some communities, especially those where clan and age-group ties remain strong, extensive safety nets provide people with alternatives to “disinvesting” in productive assets or schooling when hardships hit. In Twatwatwa village (Kilosa District), for example, a household with a hundred cattle may support up to three others long enough for them to regain their feet and be in a position to return the favour. Coordinated, pro-active efforts at the grassroots to prevent and/or mitigate impoverishing forces are less common. This is the result of limiting factors that include poor organisational capacity amongst local authorities and lack of specialised skills, equipment and financial resources in communities. Yet even under the best of circumstances, community members cannot address all their problems.

In some cases, Government policies have actually given rise to impoverishing forces. In others, they have obstructed people’s ability to effectively respond on their own. Despite these failures, it also has many successes. Regardless, it is clear that Government has an indispensable role to play in reducing people’s exposure to environment-related shocks and stresses as well as in enhancing their response options. This entails creating and implementing best-bet policies to protect the productivity of Tanzania’s natural resource base while respecting people’s immediate needs to make a living. A community-based approach to natural resource management may be key to meeting these two goals together.

While effective management may necessitate some degree of decentralisation, this should be done carefully and not wholesale. When authority over natural capital is decentralised without adequate oversight (from the top) or transparency and accountability (to the grassroots), it can be abused by local elites. Abuses are already evident in a number of research sites, and many community members worry that they will be unable to prevent this from becoming increasingly common in the future. Meanwhile, successful environmental management requires cooperation, based on shared principles and procedures, between administrative units. Sustainably managing water or forest resources, for instance, requires macro-level coordination between user-groups. Government has an important role to play in ensuring that this cooperation takes place and that the outcome is fair.



At a Glance

- ❑ Macroeconomic reforms have affected the material and non-material aspects of people's lives but vulnerable people are losing out
- ❑ At the economic level, market imperfections have limited some people's chances to benefit from the reforms
- ❑ Access to land, agro-inputs, extension services, reasonably priced and suitably designed credit schemes and semi-monopolised market systems are hindering life improvement efforts
- ❑ Macroeconomic reforms have in some cases intensified inequalities operating along gender and age divides, with the youth being particularly affected by scarce employment opportunities

Certainly, reforms have brought into the market a lot of goods but most of us just stare at them; no money to buy them (Young man from Rufiji)

6.1 Introduction

This chapter discusses the impoverishing forces that have arisen at the micro level after changes in the macroeconomic environment. The chapter first presents the performance of the economy at large in response to economic reforms initiated by the government in the last decade or so. This is set as a background for analyzing the impoverishing forces that TzPPA participants mentioned as occurring after the introduction of the reforms and other policy measures. The chapter also explores several response options that people considered appropriate as counter measures against the kinds of forces where people felt vulnerable.

6.2 Macroeconomic and related policy reforms

Macroeconomic and related policy reforms adopted since the mid-1980s were motivated by the deteriorating situation of the economy while poverty increased. The reforms were broad, and they focused on restructuring the fiscal, banking and finance, monetary, trade and institutional sectors. Their objective was to reverse the declining economic trend with a view to setting the country on a course towards sustainable growth. Among the areas the reforms addressed were policies aimed at liberalising internal and external trade, unifying the exchange rates, reviving exports, stimulating domestic savings, restoring fiscal sustainability, together with addressing institutional rigidities to minimise transaction costs.

The response to these measures has been quite positive in macro-economic performance as demonstrated by overall economic growth. The signs of achievements in macroeconomic fundamentals have been solid. The economy has been revived to the growth rate of 4% per annum in the period 1995 - 2000, reaching 6.2% in 2002. In the period 1995 to 2000, agriculture achieved an average growth rate of 3.5 % per annum, a rate not experienced in previous years. Inflation, an indicator of macroeconomic stability, was brought down from 29% in the period of 1990-1994 to 4.2% at the end of February 2003. Foreign reserves have accumulated to the equivalent of 7.3 months of imports as at the end of March 2003. Tax revenues have nearly trebled in the last 8 years (partly as a result of reforms and partly due to deliberate efforts to collect taxes). Goods and, to some extent, service availability has also generally improved. These achievements, however, have not led to comparable trends in bringing down poverty, as per the targets set in major policy documents such as Vision 2025, TAS and the PRS. Particularly difficult has been the desire to translate these macro-level achievements into visible benefits at the community or household level, where poverty is a primary concern.

Inadequate infrastructure and a low asset base at the micro level have limited people's chances to benefit significantly from the reforms. Moreover, the opening up of the economy has not been accompanied by improvement in the global terms of trade for the rural economy to significantly feel the positive impact of this change. Therefore, it is no wonder that many people who took part in the TzPPA research exercise tended to conclude that the outcomes of those reforms were not that welcome.

Key impoverishing factors that the respondents mentioned in the TzPPA and which they were inclined to associate with the economic policy reforms at the local level included the following.

- High prices of inputs and production implements
- Inadequate extension services or government technical support
- Unfavourable trading prices
- Market inefficiencies/imperfections
- Declining access to productive assets and opportunities

The TzPPA respondents tended to attribute these post-reform outcomes to the following measures.

- Market liberalisation,
- Tightening control of expenditure by the government that led to reduction in direct government involvement in social service delivery and to introduction of cost sharing, and
- Privatisation, following the downsizing of the public sector in general

In the agricultural sector, the reform measures were associated with the withdrawal of subsidies on inputs. Although it was only 20% of the farmers countrywide that were receiving input subsidy by then, respondents in TzPPA sites lamented that this withdrawal affected the cost of production, with no cushioning measures by government to cover for losses derived from farming operations in the liberalised agricultural products market. On the other hand, the market reforms came to benefit only those farmers who geographically had easy access to the market and those who, because of good transport, could seize the opportunities offered by the free markets.

The identified impoverishing forces are summarised in Table 6.1. The table also points out what people regard as the immediate causes to their predicament. These may conveniently be grouped into four main categories, namely:

- ❑ Withdrawal of direct government control or support to production and marketing operations;
- ❑ Diminishing employment opportunities,
- ❑ Diminishing access to productive resources such as land, and
- ❑ Diminished access to social facilities.

Table 6.1: Association between impoverishing forces, limiting factors and economic policy decisions

IDENTIFIED IMPOVERISHING FORCES	IDENTIFIED LIMITING FACTORS	IMMEDIATE CAUSE(S)
<ul style="list-style-type: none"> • Unreliable and frequently diminishing, prices paid for agricultural, livestock and other domestic products • Rise in cost of agricultural and livestock inputs and implements • High cost of loans 	Absence of a clear marketing outlet <ul style="list-style-type: none"> - Prohibitively high cost of agricultural and livestock inputs and implements - Difficult access to credit facilities previously provided by coops and banks 	<ul style="list-style-type: none"> - Collapse of cooperative system - Trade liberalisation/price deregulation - Withdrawal of Government subsidies - Rise in import prices of production equipment - Withdrawal of crop credit guarantees - Closure of many rural finance/credit facilities
<ul style="list-style-type: none"> • Diminishing employment opportunities 	<ul style="list-style-type: none"> - Dramatic change in the labour market 	<ul style="list-style-type: none"> - Privatisation of parastatals - Retrenchment - Public sector hiring freeze
<ul style="list-style-type: none"> • Difficult / high cost of land 	<ul style="list-style-type: none"> - Diminishing access to land for farming in some areas, and to [traditional] rangelands for livestock grazing 	<ul style="list-style-type: none"> - Increase in market value of land
<ul style="list-style-type: none"> • High cost of social services** 	<ul style="list-style-type: none"> - Declining access to social services, especially health care facilities 	<ul style="list-style-type: none"> - Introduction of user fees - Inadequate staffing at public facilities

** The analysis of this factor is found in Chapter Eight (on Health issues). Education access has been eased considerably under Primary Education Development Programme 2002.

The negative impression about the reform outcomes notwithstanding, it is important to underline that, in reality, the situation during the period prior to the reform cannot be described as smooth riding for the people. In fact, the reforms had been preceded by a deep economic crisis. The uncertainties and frustrations of the people encountered in the communities during TzPPA are, therefore, likely to be because of the inability to efficiently manage the challenges engendered by the reforms, which were mostly unintended outcomes. These frustrations were also expressed in the context of failures to meet peoples' expectations of the reforms.

The following discussion presents people's concerns in more detail by pointing at the implications for their livelihoods and the counter measures that are usually deployed in response.

6.3 Government withdrawal from production and marketing operations

The effect of government withdrawal from running production entities and market operations is examined in three main areas:

- Marketing system,
- Price deregulation and
- Extension services.

Each one has its own effects on production and other income earning opportunities.

6.3.1 Marketing system

The Crisis in the marketing system involved wide multi-dimensional processes. It is important to note that many areas in the country were facing market constraints even before economic reforms either due to remoteness, poor roads or an inefficient cooperative system that in many places was notorious for embezzlement and untimely payments to producers. Nonetheless, one of the most conspicuous effects of the government withdrawing from a 'command and control' economy and reducing direct intervention in produce marketing was to aggravate the collapse of the cooperative marketing system. Under the liberalised system, prices paid for inputs and farm produce became unpredictable. Prices for inputs such as fertilisers, pesticides and livestock *accaricides* escalated while the purchasing power of most small-scale operators deteriorated. People describe the consequence of all these opposite events as pushing them into the risk of falling into poverty as they faced high production costs without a corresponding rise in incomes.

Kasanda Villagers (Kibondo District) informed the TzPPA that the price of urea fertiliser had gone up by more than 50% between 1990 and 2000. A farmer in the village narrated that he used to pay around Tsh. 11,000 for a 50 kg bag of fertiliser in 1990 but purchased the same bag at between Tsh. 16,000 and 20,000 in 2002.

A similar story is told with regard to sulphur in Chikwaya village (Newala District). A 25 kg bag of sulphur was sold at between Tsh. 7,500 and 12,000, well outside the reach of most small-scale cashew farmers. Thus only a few well-to-do ('big') farmers could access high cost inputs¹⁶. It was estimated in Maliwa village (Njombe District), for instance, that only 5% of these 'big' farmers were able to use NPK¹⁷ fertiliser in the 2002 season due to its high prices, then at Tsh. 12,500 for a 25 kg bag. This has a natural consequence of negatively affecting people's efforts at raising income to meet the daily necessities of life; it also inflicts a sense of insecurity on them.

The effect is also seen at the national level with records on the use of agricultural inputs such as fertilisers showing a steady decrease. Such a trend coincided over time with the withdrawal of subsidies. Thus it is easy to see that both the individuals and the government have not been investing adequately in agriculture. Accordingly, Table 6.2 shows a dramatic fall in the quantity of fertilisers consumed. This means that the subsidy factor was possibly significant although other factors could have also acted simultaneously, to reduce consumption, such as the collapse of the cooperatives and the withdrawal of direct government involvement in handling fertilisers.

¹⁶ Out of Chikwaya village's 74 cashew nut farmers, only 15 farmers own farms of between 4 – 10 acres. Of these, only two own a 10 acre farm each (Chikwaya Primary Society records, April 2003).

¹⁷ NPK= Nitrogen, Phosphate and Potassium fertilizer.

Table 6.2: Fertiliser consumption versus subsidy in Tanzania

YEAR	% OF SUBSIDY	CONSUMPTION (tonnes)
1990/91	78	138510
1991/92	55	142286
1992/93	40	112702
1993/94	25	90190
1994/95	0	91123
1995/96	0	109568
1996/97	0	64711
1997/98	0	106493
1998/99	0	61289
1999/2000	0	67344

Source: Inputs Unit, MAFS. 2003

Insufficient levels of income resulting from the high cost of inputs is demonstrated with a narration by Kija Yenzela, a cotton farmer of Nzanza village (Meatu District), as indicated below.

Cotton yield per acre:

The yield per acre was reported to be 90Kg.

Production costs:

One acre requires six litres of bulldog pesticide, costing Tsh. 3000 per litre. Hence one acre requires Tsh. 18,000 for pesticides only

Sales and Income:

The income from one acre (i.e. from 90 kg of cotton) range between Tsh. 13,500 and 22,500 depending on whether it is bought by Private middle-men or by SHIRECU (a local cooperative Union). Private businessmen pay in cash Tsh. 110-250 per kg of cotton, while SHIRECU buys on credit at Tsh. 150 per kg.

This means that a farmer who applies the required amount of pesticide per acre and sells through SHIRECU makes a loss of Tsh. 4,500 per acre. But s/he may get a profit of the same amount if s/he is able to sell to middlemen who offer good prices. Circumstances may not, however, allow a small-scale farmer to reach the middleman on account of impeding factors such as lack of market information and poor roads.

Indeed, the issue of low farm productivity has affected many agriculture-dependent communities. Due to the high cost of inputs, many farmers resorted to reducing the application of inputs, thus negatively affecting the yields. People at Nchenje village (Nkasi District), for example, explained that for the last five years they could only harvest 7-12 bags of maize per acre compared to 20-23 bags that a well-fertilised acre would yield, on account of low application of urea.

Similarly, high cost and erratic availability of acaricides and therapeutic drugs, together with the collapse of the dipping schemes, have allowed the spread of tick-borne diseases (TBDs) and other diseases leading to diminishing livestock assets. The non-availability of credit facilities for small-scale farmers has further compounded the problem.

A story was told of the financial crisis that befell the Mtwara Region Agricultural Inputs Trust Fund (MRAITF) and several primary societies in the region during the 1980s, after most farmers failed to repay their input credit debts. In this case, many of the farmers avoided selling their produce (e.g. cashew nuts) to primary societies, which had provided them with the inputs, for fear of having deductions being made from their proceeds to recover the loans. Instead, they sold the produce to private buyers who had nothing to do with the loans. The input credit scheme thus failed, to the even greater detriment of the small farmers themselves, a situation satirically put forward by one Co-operative officer who said “*sasa ni terms cash!*” (implying that everything [even inputs] is now in cash terms).

There are also other aspects of the problem that TzPPA has observed: these related to the period after the collapse of the cooperative marketing system, namely the tendency towards unfair competition between small-scale producers and large scale operators and lack of reliable markets for traditional cash crops, food crops, livestock and its by-products. Sometimes the competition is induced by powerful importers as was bitterly argued by salt producers in Mchinga II village (Lindi Rural District). One of them summarized the situation as presented in Case Study 6.1.

Case Study 6.1: Fluctuating producer prices: The case of salt marketing in Lindi Rural District

Prices of salt have been fluctuating very much over the last 10 years. Between 1998 and 1999 the prices of salt at Mchinga II went up to Tsh. 2,500 per sack of 50 kg. This boom in prices enticed many households in the village to venture into the local salt-making industry. Surprisingly, at the end of 1999, the price fell to Tsh. 500 a sack, and that is if a buyer appears. This sharp decline affected the income status of many households. Middlemen tell us that our salt does not have a market because the government has allowed the importation of salt that has flooded the market. We came to realize later that we occupy a disadvantaged position in relation to the national salt market in view of the fact that we are made to compete, as small rural producers, with large-scale urban-based salt importers.

At any rate, these market distortions contribute directly to depress producer prices, with the resultant decline in household incomes, which eventually push people to imminent risk of impoverishment. TzPPA research participants also raised concern that the ‘liberalised’ market that had brought into play many private operators (including middlemen or *‘madalali’*) in the local crop or produce market, has not necessarily resulted in the improvement of price ranges for the advantage of the small producers. In some cases, as in the case of orange producers of Kwabada village (Muheza District), which has a favoured orange market in neighbouring countries, the monopoly of middlemen and the tricks they employ in the trade have forced farmers to succumb to low price offers. For instance, farmers are forced to enter into pre-harvest contracts with middlemen who handle the entire seasons’ crop and pay the farmer a meagre amount in return. Small farmers lose their freedom over the produce, including being unable to pick the crop in the absence of the ‘contracted’ middleman does not turn up, as observed at in this village. At the same time, a poor road infrastructure facing Kwabada village has limited the frequency of transporting coconuts for marketing at the Tanga market “coconuts from the neighbouring country can reach and flood the Tanga market easily as we struggle to transport our coconuts” (said one Kwabada village farmer).

Thus TzPPA research participants believe that the marketing system that developed after liberalisation measures has actually resulted in lower incomes for many farmers. Indeed, this has significantly diminished household capacity to meet their basic requirements. The long-held faith in government action leads people into believing that appropriate measures could have been devised to cushion the people from the effects of the collapse of the cooperative system. Some hold the view that cooperatives should not have been allowed to weaken and die.

6.3.2 Trade liberalisation/Price deregulation

Another result and, indeed, the objective of government stopping to control or run production and marketing facilities was trade liberalisation and price deregulation. Here TzPPA participants observed two major outcome processes: unpredictable or fluctuating prices and low producer prices compared to what people have been getting or expect. People compared this development with the minimum guaranteed prices prevalent when Crop Authorities and respective Ministries controlled the market, announcing the traditional cash crop prices – i.e. for coffee, tea, cashew nuts, etc. Hence even when payments were delayed, producers at least had some assurance that they would earn a certain amount of income. Presently, however, even with many buyers in the field, private traders can negotiate or collude to fix prices well below what the Government sets as the minimum recommended price.

Therefore, in the absence of a mechanism to help farmers and livestock keepers such as with a comprehensive and timely market information system, total reliance on market forces has exposed the producers to market vagaries such as sudden and steep price falls as well as price fixing. These situations have exposed them to the continued dangers of impoverishment as their incomes may continue to decline. Experiences on these situations are presented in Case Studies 6.2 and 6.3 below.

Case Study 6.2 : Impoverishing shock - Unexpected decline in cashew prices

The unexpected fall in cashew nut prices experienced in the 2000/1 marketing season by producers in the south-eastern and central areas of Tanzania was to many of them a massive 'impoverishing shock'. During this season, cashew nut prices dropped from a range of Tsh. 700 - 900 per kg to Tsh. 200 - 300 per kg. Although several intervening factors were mentioned as contributing to this situation, what was clear was that the producers were completely uninformed of the market processes and relied on crop authorities and the middlemen to dictate the terms. Hence irrespective of the indicative prices announced by the Cashew Board of Tanzania for that year of Tsh. 540 per kg for two consecutive seasons, producers were paid less, in some places even Tsh. 180 a kg. The farmers were left completely helpless.

Case Study 6.3: Impoverishing process - Declining livestock prices

Livestock keepers in Mwaru (Singida rural district) explained that "cattle prices declined from Tsh. 120,000 in 1999 to Tsh. 80,000 per head in 2002, while the prices for goats declined from Tsh. 12,000 to 5,000 per head within the same period (Mwaru, Singida rural).

6.3.3 Extension services

As a result of the freezing of government employment and government expenditure generally being tightened, agricultural extension services were scaled down. In this respect, the reforms formalised the situation on the ground, by instilling financial discipline. The reality of the matter was that prior to the reform during the economic crisis 1980-1984, extension services were no longer effective as access to them by ordinary farmers and livestock keepers was hampered by the lack of funds. A joint report by MAC and World Bank shows that, by the year 2000, the vacancy rate was to the tune of 50% or more for Village Extension Officers (VExO) in many Districts, and there were two or more villages per VExO, implying the limited reach of such vital services. In Muheza District, for instance, one Agricultural Extension Officer was serving six villages, contrary to the Agricultural Policy stipulation that the extension officer should serve one village to ensure effectiveness. The alternative has been that a few people could afford to seek services from private extension facilities. Consequently, many producers were not able to benefit from new technological innovations and were thus condemned to staying with low-level productivity and hence low incomes.

One implication of the reduced availability of extension services was that farming and livestock systems were overwhelmed when faced with crop or livestock disease outbreaks. A grave impoverishment outcome from inadequate extension services has been the loss of valuable assets like livestock as was the case in Lugubu village (Igunga District). Case Study 6.4 presents one villager's testimony illustrating his loss.

Case Study 6.4: Inappropriate application of pesticides leading to loss of livestock

In 1993 I had 300 head of cattle. My herd was struck by BQ, which killed 60 of the animals. In 1997 CBPP killed 70 more. In September 2001 the cattle started to weaken from CBPP and I went to a Vet Officer but did not manage to get the right drugs and advice. By December 2001 about 120 more cattle died. I then went to buy drugs at Shinyanga where I met a Vet officer who explained to me how to treat CBPP and gave me the right drugs. When I applied the treatment following this advice, I was able to save the rest of the herd.

6.3.4 Response Options

People respond to these impoverishing forces through a number of measures, at the individual, household or community level. These are examined below under marketing system, price deregulation, and extension services.

Coping with poor marketing system: Government withdrawal from market-controlling, either done directly through its produce boards or indirectly through the cooperatives, and the resultant poorly organised marketing system forced people to look for alternatives. These include the following:

- ❑ *Searching for markets offering good prices:* normally near trading centres or urban centres, even if these centres tend to be located far from the community. But due to the high cost of transporting crops or livestock, this response option is usually available and beneficial to the better off. It cannot therefore be viewed as a natural fallback position for the majority.
- ❑ *Relying on middlemen:* these had better access to information about prices and contacts with well-established large scale businessmen who have links to market centres in urban areas. The challenge here was the question of quality control which was compromised by big buyers who are not as well-equipped or inclined to check abuse. This has been encountered in coffee and cashewnut trade.
- ❑ *Keeping crops or livestock and selling them when local prices improve: this is quite helpful;* but constraints like low levels of surplus produce, pressing needs for cash and the high risk of loss associated with storage preclude small scale farmers from resorting to this option.
- ❑ *Advocating for measures to improve prices and marketing arrangements:* this leverage involves contacts with high level government officials, as was observed in Mchinga II village (Lindi rural district) with regard to low salt prices paid to local producers. But this can only be done rarely; it is not very effective in most communities.
- ❑ *Switching to more marketable and valuable crops or livestock:* applicable mainly in the case of food crops like maize, cassava and the like, after abandoning crops like cashew, cotton, coffee, etc. The majority of the poor cannot exercise such a response option because they are constrained by limited assets: low levels of formal education, limited access to land, information on market prices, limited ability of households to take advantage of opportunities arising in the market and low capacity to influence decisions.

Crop Marketing Boards should be allowed latitude and assistance to promote non-core crops

Handling high input prices: People's responses to fluctuating and high input prices varied from resorting to cheaper substitutes, self-administering inputs through the use of indigenous knowledge or under-application of inputs. A lesser used response was to advocate for more affordable prices, usually not very effective.

- ❑ *Under-application of inputs* may be in the form of diluting the required dosage, for instance, of pesticides or acaricide, by adding more water than recommended, thus reducing costs! This was

found to be the case for example with the farmers in Chikwaya village (Newala District). The effect was a decline in cashewnut yields. In the long-term this affects the livelihoods of the communities as crop yield continue to fall, affecting their sources of income. Similar circumstances were encountered in the communities of Igunga and Kilosa Districts. District Veterinary officials were also concerned about the side effects of such practices in the long-run as they raise the resistance, spread and intensity of pests, rendering pesticides/insecticides, fungicides and antibiotics ineffective. This also has the eventual result of undermining the ability of communities to deal with this type of impoverishing forces and has the potential to push many households into poverty.

- *Switching to more affordable substitutes.* Changes in technology, for instance, have helped households to reduce the impact of increases in the prices of necessary inputs by switching to the utilisation of cheaper alternative inputs. One such case is the gradual switch from dipping livestock to spraying them as was observed in Loiborsoit A village (Simanjiro District), Twatwatwa village (Kilosa District), Lugubu village (Igunga District). Spraying is thus perceived to be relatively cheaper. The picture at the national level shows the same trend as indicated in Table 6.3. The effectiveness of spraying vis-à-vis dipping is, however, questionable.

Table 6.3: National figures for dipping and spraying of livestock

	YEAR	1991/92	1992/93	1993/94	1994/95	1995/96
Dipping	Cattle	9,294,626	5,415,402	3,758,947	3,998,104	1,648,071
Dipping	Goats	1,474,317	569,959	357,663	650,994	302,595
Spraying	Cattle	1,861,599	1,550,556	1,634,942	2,394,002	6,682,836
Spraying	Goats	439,434	374,794	421,063	847,409	322,448

Source: Ministry of Water and Livestock Development

- *Indigenous knowledge* is used to minimise the use of expensive inputs so as to promote sustainable production practices that are affordable to small-scale producers. In this respect, the use of cow-dung, shifting cultivation, crop rotation and intercropping helps farmers address the problem of decline in soil fertility. Shifting cultivation for example, is used by farmers in some communities as a form of traditional knowledge in their efforts to increase crop yields. In Kasanda village (Kibondo District), for example, farmers said that they usually realise an average yield of between 3 to 10 bags (of 90 kg each) of maize per acre in old farms. The yield may, however, rise to 22 bags (of 90 kg each) per acre when they cultivate on a freshly cleared and fertile area. The rapid growth in population is, however, constantly constraining the ability to shift as finding new fertile areas becomes increasingly difficult. In old farmlands some households use cow dung manure to enrich the ageing soils, often in combination with crop rotation and inter-planting in areas that practice livestock keeping. The difference in yields between those communities that apply manure and those that do not is quite significant as was explained in Mtakuja, a sub-village of Mwaru village (Singida District), where the application of cow-dung is widely practiced. In this sub-village, farmers usually got above 7 bags (of 90 kg each) per acre as compared to other sub villages that do not use manure, with harvests averaging 2 bags of maize per acre.
- *Advocating for measures to improve prices.* Individuals and households also lobby for government action to improve produce prices. The example of Mchinga II village (Lindi Rural District), where the prices had collapsed to Tsh. 500 for a 50 kg bag of salt, from Tsh. 1,500 in the early 1990s illustrates this. TzPPA participants at Mchinga II village (Lindi District) explained that the flooding of the market with salt from outside the country resulted in a sharp decline in salt prices. Salt production groups in Lindi and Mtwara regions submitted a plea to a Minister from the Vice President's Office, requesting the government to implement the following policy measures on imports to:

- Ban the importation of salt, and/or consider tax levels so that import prices are similar to local ones
- Allow importation of salt when there is a shortage and the amount imported should be limited to covering the deficit
- Remove produce cess and duties on equipment used in production (from an undated memo by Salt producers to the Vice President's office)

It is important to note, however, that there are limitations with regard to the effectiveness of most of the above response measures. Factors limiting their effectiveness include the small size of assets (cash) held by households, which impedes their ability, for example, to buy manure; declining access to the common resource base (land in particular); low levels of indigenous knowledge and inadequate information on account of poor extension services. At Sanjaranda village (Manyoni District) for example, the farmers interviewed said that cow-dung manure sells at Tsh. 10,000 per oxcart load, making it affordable for a limited number of households.

Responses to inadequate extension services: Households and communities deal with the problem of reduced availability of extension services by taking the following initiatives.

- *Haphazard treatment of both livestock and crop diseases.* Often farmers and livestock keepers try different pesticides or drugs in order to test which kind of medication may be effective and what dose is appropriate. In the process, however, households frequently incur heavy losses in terms of cash and time. This approach can also be dangerous to the health of both the crops and livestock as well as to the farmers and animal keepers themselves, sending households into even heavier losses.
- *Seeking external advice at times of crisis.* This involves travelling to the ward, district or regional centres to get appropriate advice. But this option is limited because since only a few can afford travelling such long distances, and information may not be readily available.
- *Seeking assistance from NGOs/civil society organisations.* Where such organisations are strong, communities have benefited from NGO/CSO involvement in finding appropriate extension services. It is, however, a relatively limited phenomenon but needs to be encouraged.

Options are also available at the level of Local Authorities, most of which strive to strengthen extension services through recruitment of Ward and village Extension Staff. This strategy has been adopted by very few Local authorities in a bid to move closer to national minimum standards for extension services set by the MAC. This option however has been successful only where there is committed leadership and availability of resources. Kibondo District authority is such an example where about forty-four Agricultural and Livestock Extension Staff have been locally recruited recently.

6.4 Poorly designed credit schemes

Another major impoverishing force identified by TzPPA, also indicated above, is the limited accessibility to credit facilities. This limitation has affected people's ability to invest into more productive ventures. On the one hand, people mentioned how poorly designed credit schemes have led to high cost loans. But on the other hand, lack of exposure and skills (e.g. entrepreneurship) have limited people's capacities to take advantage of existing schemes to facilitate better utilisation of loans – since many credit schemes do not enable or prepare an environment where people can invest productively. This has often led to inability to repay the loans. Above all else, many people cannot access credit at all because it is simply not available to them.

One of the aims of liberalising the financial sector was to facilitate the availability and accessibility of credit services in both urban and rural areas. But the withdrawal of government support and privatisation of credit and lending institutions (such as the National Bank of Commerce and the Cooperative and Rural Development Bank) has affected access in terms of reach and high interest rates. The establishment of SACCOS is yet to make the expected impact.

The government has, however, responded to the challenge by establishing, for example, government supported credit facilities at local (district) level. In this respect, the central government provides between Tsh. 1-1.5 million to every district and municipality for the purposes of disbursing low cost credit to women. Through a local government directive District Councils are also required to allocate 5% (previously 10%) of their revenues to credit for women and the youth. The performance of these facilities, however, has raised a lot of concern as most of them are mismanaged, associated with high administrative costs which translate into high lending rates, and do not reach large numbers of potential beneficiaries. In addition, not many of the Local Authorities have been able to set aside the required portion of resources needed to make available such credit.

Repayment of loans has unfortunately not been encouraging. For example, most of the 30 women in Mkongo Kaskazini village (Rufiji District) who obtained loans from the District Women's Credit Fund in 2001/2 were unable to repay because of the constraining repayment procedures vis-à-vis the low profitability of their businesses. One woman had this to say:

Some of us were offered loans worth Tsh. 45-50000 with the condition of paying back Tsh. 8,000 every month. But we cannot pay on time because we are not able to make enough money from our businesses, at the same time they [loan authorities] keep on pursuing us and we do not have any money. We are now compelled to sell food reserves [rice] so that we can pay back the loans.

Some credit schemes are poorly designed, as they do not include a grace period that enables borrowers to build up income for repayment. They also do not provide a system that ensures larger future loans for those who have serviced their loans well. Other schemes do not facilitate realistic project identification for social groups that are exposed. There is essentially no motivating factor for the loan repayment. Better designed and managed schemes are essential.

Thus the feeling among the people on the effectiveness of the earmarked credit facilities is sometimes negative, since although appreciative of the government efforts, many people feel that the credits may expose them to perpetual indebtedness. "*Masharti magumu, kwa hivyo heri nisikope kabisa*" (the conditions are too stringent, so I had rather not get a loan at all), some would say. Yet many people need loans for various ventures, and when caught in a situation where they fail to pay their debts, people are sometimes forced to sell assets or even foodstuffs in order to pay their debt, as the above narrative has shown.

Coping with limited credit facilities: To deal with the problem of credit facilities, especially high cost loans, individuals, households and communities have resorted to the following measures.

- *Drawing from savings at household or group level.* People mobilize resources from their savings at household level, such as accumulated proceeds from the sale of previous harvests or livestock or fish catches, to invest in new business ventures to avoid borrowing from high cost sources. These savings are, however, meagre on account of low operational incomes. To go around this obstacle, people resort to accessing group savings. This is common in the case of women, many of who participate in what is known as *mchezo or upatu* (a local savings and credit system involving confidants). However, such informal credit networks cannot always provide enough funds to purchase the required inputs and may not be accessed at the time of need.
- *Borrowing from relatives, friends or workmates.* This option is usually used for soft loans with affordable payments conditions. The loan may be given as cash or in kind to start a business with, and is sometimes paid back in small portions or a person can pay back in kind as well. For example, young apprentices to carpentry in Mwakizega village (Kigoma Rural District) explained how Masters would give or lend them some tools for the trade while they continued working under him without salaries. These youth usually detached themselves once they were able to set business on their own and able to acquire more tools. This option however assumes that capable colleagues, friends or relatives should be around for this option to be feasible. It is thus limited to a small section of the population.

6.5 Dwindling employment opportunities

The problem of employment was also mentioned as a grave concern to TzPPA participants. It is also crucial in the PRS framework. Although employment was not growing before the reforms, employment opportunities declined further due to a number of factors including retrenchment, freezing of public sector employment and the various reforms affecting the parastatal sector. Unemployment has thus been rising as job creation in the 'informal' and private sector is still too slow to catch up with the rising labour supply. Many people have been affected, having been left unemployed with the resultant socio-economic implications. According to several testimonies, those who have attempted to set up businesses in the informal sector in urban areas felt insecure as by-laws outlaw carrying out of such activities in certain areas.

The youth have particularly been hit by dwindling employment opportunities. Research participants in the urban areas complained of frequent harassment by municipal and town officials when they tried to engage themselves in petty trades, as they were forced to run away often leaving behind their wares to the mercy of street thieves.

Things are not better for rural youth either. Most of them mentioned how the collapse of rural or traditional support systems is increasingly forcing them to abandon rural livelihoods and to add to the congestion in urban areas. The rural youth observe that returns for their engagement in farming activities are very low, since even their parents do not seem to prosper from rural-based ventures as one of them seemed to say in Case Study 6.5.

Case Study 6.5: Agriculture, not a viable livelihood alternative

"The condition of our parents [in agricultural communities] is demoralising and forces us we have to look for life elsewhere. You watch your parents and elders, and you realise that their conditions are deteriorating by the day. If agriculture paid, they would have led a better life."

Diminishing employment opportunities in some rural communities is due to lack of land. A serious shortage of land or other productive assets (including credit) in some communities has greatly impacted more on the youth as is discussed below.

Massive youth migration to urban areas was mentioned as one of the outlets that rural youth took in order to seek for a meaningful livelihood, thus filling the ranks of the unemployed in the urban labour market. But urban life is not rosy either. Due to lack of employment opportunities, in urban areas, many youths have been pushed into precarious living conditions. A young man at Sokoni sub-ward (Kinondoni District) who works as a porter noted that the money he is usually paid for his job takes care of food requirements only and no more; his health is deteriorating because of carrying heavy loads, sometimes up to 200 kg while his own weight is just 75 kg.

Coping with limited employment opportunities: Among the common response measures being taken is self-employment in the informal sector through the establishment of small businesses such as in carpentry, tailoring, urban vegetable growing and food vending. Options available to the unemployed are however limited due to many people's lack of assets such as lack of skills, capital for starting up business and the lack of land in rural areas. The lack of an enabling environment to facilitate people's productive ventures is a serious limiting factor as mentioned earlier.

As is also discussed below, cultural factors also constrain the accessibility of some social groups to access assets and thus be able to employ themselves, as the experience in Case Study 6.6 portrays.

Case Study 6.6: Intergenerational discrimination to land ownership

The youth in Chikwaya village (Newala District) claimed that their parents 'clung' to their land, allowing their children to borrow only parts of their farms to raise annual crops such as maize. The same parents were, however, ready to sell or rent land to business people who have money. Having fewer resources, the village youth are usually excluded from owning these farms, a situation that aggravates their ill-being.

Some of the unemployed adopt measures whose ultimate effect is more detrimental on their overall well-being. These include those who indulge in illegal activities such as stealing, bhang smoking and in risky activities such as commercial sex. The situation is that today's competitive labour market has left the majority of the youth with limited opportunities. These may require them to get special training programmes to equip and enable them to participate fully in the labour market so as to earn a decent living. During the preparation of this Report, it was intimated that a countrywide Employment Policy was actively under preparation.

6.6 Declining access to productive assets (e.g land, equipment, livestock etc)

Assets, including land, are critical to people's livelihoods and their absence or a decline in access to them constitutes an important impoverishing factor. Official data from the HBS 2000/01 illustrates a slight decrease in the percentage of households that own productive assets since the 1991/92 survey in particular agricultural land, fishing nets/equipment and livestock. The data however indicates that livestock ownership in urban areas is on the increase and is taken as an income generating activity, possibly as more and more urban people diversify in search of reliable livelihoods. In general, increasing impoverishment is directly or indirectly associated to asset ownership, in some cases, the value of the assets being primary.

An increased number and range of assets means less vulnerability, while fewer assets increase the risk of impoverishment. A Mwanza businessman said, "*you notice that poor people rarely speak about [cash] income, but do extensively speak about assets that are important to them.*" *Lack of assets also diminishes one's social well-being as said by a Mbulu District trader:*

Households owning 5–25 cattle are considered not credit worthy and find it difficult to get loans from the well off; those who own more than 25 cattle can access loans from many people because of their ability to repay.

Also important are the power relations among individuals and groups that shape how assets are controlled and used. In many communities, declining access to productive assets and opportunities is attributed to socio-cultural phenomena, whereby local processes of property and asset distribution and redistribution have depended upon given traditional factors such as age, gender or culturally determined relations of power. In such cases, the youth and women in particular have been relatively disadvantaged in asset ownership rendering them vulnerable to impoverishment. This aspect is elaborated more clearly in Chapter Ten.

In reference to economic reforms, the macroeconomic environment has also had its influence in terms of shaping people's ability to afford or access certain assets and opportunities necessary for their livelihoods. One of the critical assets is land. The emerging transformation in the land tenure system with increased commercialisation even of rural land has fuelled the changes in traditional land tenure systems and modalities for its acquisition considerably, since the 1990s. There is also growing pressure on land as population increases and land becomes scarce. In several communities, the redistribution of land through inheritance has become symbolic because heirs may sometimes get a small piece of _ an acre each (Chikwaya village, Newala District). Where land is available but controlled by other people, one has to part with a lot of money to acquire a piece of it, even in certain rural areas. A youth in Mwakizega village (Kigoma Rural District) had to pay Tsh. 3,000 to acquire a piece of land of about an

acre to be used for farming. In Lugubu and Chagana Villages (Igunga District) the village government allocates only one acre for free and any additional land needed has to be acquired through a cash payment. This situation has social implications as one labourer in Misufini village (Same District) put it.

Landlessness makes one live as if in temporary displacement, people are forced to rent rooms instead of building their own houses after failing to acquire land.

Although land has been singled out as the most conspicuous area affecting the vulnerability of people to poverty, there were other assets mentioned in the TzPPA, such as access to technology and production implements. Lack of access to these assets has been fuelled in part by government withdrawal, making acquisition difficult on account of rising prices. People have therefore been forced to rely on poor production implements, like the small hand hoe, traditional canoes, etc., which cannot produce much for households, thus pushing them into poverty. As expansion of asset ownership has become difficult, most people are only able to manage small farms.

In fishing communities like Ikombe village (Kyela District), people who do not own motorised vessels and continue to rely on the traditional canoe (*ibwato*) cannot venture into the more lucrative deeper fishing grounds of Lake Nyasa. Thus, although fish are in abundance in the lake, lack of motorised boats and proper fishing gear hinders communities accessing them and limits their ability to increase their income, thereby pushing them down into impoverishment.

6.6.1 Response options

Addressing the problem of declining asset ownership is sometimes tackled through renting land or hiring equipment from fellow community members. Unfortunately this may involve sums of money that many cannot afford. For example, an acre of land can be rented in Nzanza village (Meatu District) at Tsh. 10,000 per year; it costs up to Tsh. 30,000 at Misufini village (Same District) for four months.

In only a few cases, village governments have been able to reallocate land in favour of those in need. When it comes to fishing gear, the option of buying second hand equipment, for example, is another way out of the problem. But such equipment does not last long. The youth also resort to hiring out their labour and working as labourers in farms so as to get money to buy equipment. Some become successful and others not, as this young man from Kirumba sub-ward (Mwanza Municipality) fishing community puts it:

I started fishing activities in 1990 as a labourer. My work involved unloading boats and washing fish. I made between Tsh. 200 and 1,000 per day. I managed to save Tsh. 30,000, which I invested in buying and selling fish along the beach. My investment grew and I was eventually able to buy my own boat with an outboard engine. The boat has the capacity to carry one tone and enables me to visit a number of stations in search of fish. The business has enabled me to generate a good income and I have now built my own house and hope to further expand my business.

The economic situation has also made it harder for more people to re-build their capital once disposed of in a reckless manner. A livestock keeper had the following to say.

I sold my cattle and now I have nothing. I can never buy my cattle back because prices go up every year while my ability to raise an income has been crippled.

6.7 Conclusions

There are important insights to be learnt from TzPPA on the impoverishing forces that people attribute to the implementation of macroeconomic reforms. Indeed, there were positive macro-economic results like the reduced inflation rate and easier access to consumer goods compared to the pre-reform period. Yet, the failure to institute protective measures, especially for the poor, are seen as the downside to the reforms. Critical among the features of the post-reform period has been the progressive reduction in the asset base of the poor in terms of land, livestock, and limited access to low cost credit facilities and limited opportunities for employment. It is clear from people's experiences that assets available to the poor are increasingly becoming scarce and contested. Other factors include pricing irregularities, market inefficiencies, and unfair practices - all pointed out as causing strains in communities.

What is also at stake is the maintenance of the social fabric - an asset in itself - since intergenerational and gender conflicts are reconfigured as a result of economic constraints such as limited employment and other opportunities to earn a living. The issue of power and control over resources is also critical. Lack of support infrastructure, such as an efficient market-information systems and good communications (such as roads) limit people's participation in economic activities. All these are issues of relevance to policy and require urgent action to avoid plunging people into deeper poverty.

Lastly, economic reforms has disproportionately affected particular social groups in different ways as follows:

- ❑ Small producers, such as small-scale farmers, especially those who have small plots of land who need to improve their productivity through the use of fertilisers in order to boost their annual production.
- ❑ Children or teenagers who, due to limited opportunities from their parents and elders, have to earn a living and are pushed into child labour (e.g. goat herding (Chikwaya village, Newala District), fishing labourers (Ikombe village, Kyela District; Ndogowe village, Dodoma Rural village) or young porters (Sokoni Sub-ward, Kinondoni District).
- ❑ Women, especially those heading households and who have been forced to engage in precarious activities or operate low-income risky businesses, which have made them suffer harassment and ill health.
- ❑ The youth, who feel a sense of hopelessness, disadvantage and deprivation as they have fewer resources, savings and low skills that constrain their entry into a diversified job market; and socio-cultural factors constraining the youths' access to more resources.
- ❑ Pastoralists, who are especially susceptible to losing grazing land under the current type of land ownership whereby large-scale farmers and investors can acquire land irrespective of traditional uses as long as the acquisition has been processed by local authorities.



At a Glance

- ❑ People's efforts to avoid or reduce the risk of impoverishment are enhanced when they are certain of positive results from their own struggles as well as being confident of the fulfillment of their expectations of government facilities and policies.
- ❑ Despite Government's well-intentioned determination to bolster good governance at all levels, it still falls short of people's expectations at the local community level.
- ❑ Challenges still remain to streamline the taxation process to make it more meaningful to people so that they accept it and reduce tax avoidance.
- ❑ Poor management of social services is a concern, especially in education, health services and water provision.
- ❑ Poor security and deteriorating law and order are singled out as a government responsibility with direct effect on risk to impoverishment. In this regard, particularly vulnerable are urban areas and refugee-hosting regions. Mobilization of local defense groups helps but faces limitations.

7.1 Introduction

This chapter discusses the relationship between governance and people's vulnerability to impoverishment. It explores the ways in which people experience some key aspects of good governance (or, rather, the lack of it) including, personal safety, access to justice and overall efficiency, fairness and transparency of the administrative system.

The practice of good governance has recently been accorded a central place in discourse on development and poverty reduction. In this discourse, people's participation is seen as a necessary component of good governance and crucial in the process of facilitating people's empowerment. Empowerment here is seen as an inherent part of and a means for poverty reduction and also as a process that ensures people's ability to shape their own lives (Stern 2002). In the fight against poverty, good governance therefore becomes particularly critical, especially at the level of local communities.

One of the strongest findings of the TzPPA however is the manner in which the publicly advocated theoretical ideals of 'good governance', that involve a variety of attributes of social organization and institutions within which activities are performed, are violated in practice. Non-democratic systems of governance, lack of participation by local communities in making decisions that affect their lives, and the scourge of corruption continue to challenge governance processes at local levels.

Research participants frequently mentioned political marginalization, powerlessness and insecurity as the most pertinent issues of their discontentment. These have not only exposed the poor to uncertainty with respect to household income flows, but also to a wide range of impoverishing factors, including psychological and physical abuse and harassment. People however, usually employ a range of measures to counter the risk of impoverishment when faced with such uncertainties, as part of risk management. The counter measures that people apply fall under three broad categories: (i) Strategies for avoidance, (ii) Strategies for circumvention and (iii) Strategies that advocate for change especially with regard to governance processes. The effectiveness of these measures is, however, limited by several factors such as lack of voice, poor management of resources and services at the local community level and corruption.

The government at the same time has also made several interventions aimed at bolstering good governance, some of them directed at the reduction of corrupt practices, improving public financial management and strengthening of the judicial system. The approach employed at the national level includes for example, the use of the mass media in the Anti-Corruption Strategy, establishment of the Ethics Secretariat with the authority to receive anonymous complaints on corrupt activities and carrying out Country Financial Accountability Assessment (CFAA). A Government coordination mechanism, the Good Governance Coordination Unit-GGCU, has also been set up to ensure the complementarity of anti-corruption activities. The Local Government Reform Programme was also initiated with the aim of promoting more democratic, accountable, efficient and transparent systems of governance.

What is however apparent from the TzPPA process was that, most of these strategies do not directly address the core of local people's concerns or experiences. They do not therefore, as yet directly bring relief to the lives of people, in, for example removing either corrupt practices or the potential for people falling further into poverty.

This chapter, therefore, makes an assessment of people's views concerning some of the key impoverishing forces in the area of governance. These include those listed below:

- Taxation
- Inadequate and poor quality social services
- Security, law and order
- Inappropriate policies
- Corruption

7.2 Taxation¹⁸

7.2.1. Taxation issues

An efficient and fair taxation system is an important component of a pro-poor growth strategy. Thus issues of tax and revenue management are critical to people's livelihoods.

¹⁸ In the Budget Speech 2003/2004 the Government announced the abolishment of a number of levies and fees charged by Local governments with effect from July 2003. These included development Levy in order to minimize the "multiplicity of levies and fees [that are] to the tune of 60 in number, the majority of which are of nuisance in nature and have exorbitant rates" (URTe 2003:60).

Taxation was one of the issues that research participants raised serious concern. It is important to note though that the Government has implemented many tax reforms to enhance revenue collection, while also attempting to reduce the tax burden on the poor. Such measures include the abolition of all taxes on agricultural inputs, removal of stamp duty on farm produce sales, a 5% cap on produce and livestock cess, and the abolition of VAT on investments relating to education. Other measures include the abolition of primary school fees and other contributions, abolition of taxes on life-saving drugs and supplies, and removal of various other taxes in the agricultural sector (URT 2003).

However, there are still some concerns expressed during this TzPPA, mainly relating to the mandate that the current taxation system seems to have. An example given was the way in which the system gives several governing bodies the powers to determine modalities for revenue collection, which has been negatively affecting people's wellbeing. Most of these concerns arise from the Local Government Act of 1982, and the 'urge to expand the tax base' that was opening up avenues for increased hardships to poor people, suggesting the possible need to revisit the legislation. Research Participants thus mention the multiplicity of levies; high tax levels and indiscriminate collection modalities, with no regard to the way in which people's incomes are generated.

This section thus discusses the impoverishing forces that arise from the current taxation system as identified by the people, including:

- ❑ Multiple taxation
- ❑ Timing of tax collection
- ❑ Tax exemptions, and
- ❑ Coercive tax collection procedures.

Multiple taxation: The multiplicity of taxes is one area of taxation that bothers people a lot. In most cases, people have to part with a lot of money under different taxation requirements and at varying periods of the year. Table 7.1 illustrates the problem.

Table 7.1: Taxes (including cess, levy, licenses) for select TzPPA sites

TYPE OF TAX	SITE: COMMUNITY		
	IKOMBE	LUGUBU	NCHENJE
Development Levy*	Tsh. 5000	3000	3000
Bicycle tax	1200	1000	
Cattle (tax/levy/fee)	500 per head	@500-1000	
Secondary School contribution	n.a	5000	n.a.
Ox-cart	n.a.	5000	n.a.
Fishing net (fee/levy/tax)	850	n.a.	n.a.
Fishing license	1200	n.a.	n.a.
Canoe	1200	n.a.	n.a.
Uhuru torch contribution	n.a.	n.a.	400
Crops levies	n.a.	n.a.	3-400 a bag of maize

n.a - not applied or relevant in the particular village
*** - abolished in 2003/04 budget**

As the pattern in Table 7.1 illustrates, the tax effort deployed is rather tedious and time consuming, forcing people to part with too much from hard earned money to honour a multitude of taxes paid to different taxing authorities. Some of these authorities were mentioned as using crude methods in tax

collection as the capacity to administer such taxes is limited. In Mchinga II village (Lindi Rural District), for instance, a prospective lime chalk producer is obliged to pay for a license fee of Tsh. 50,000 to the Ministry of Natural Resources & Tourism and Tsh. 10,000 to the Village Government, in addition to the daily market fees for using public market facilities.

People view these series of taxes as entry barriers into business and markets. They limit poor people's access to areas that offer income generation opportunities. The most affected are the poor women and youth who cannot easily access productive assets or low cost credit with which to pay for licenses and other costs.

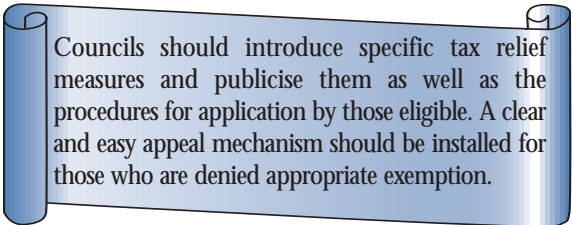
Inappropriate timing of tax collection compounds the problem of taxation making it even more impoverishing for vulnerable groups in communities. There is an element of insensitivity to situations facing people in their daily struggles and the fact that collections are done during off-season periods when people are cash constrained. In Maliwa village (Makete District), for instance, people were required to pay their dues between January and May while the harvest period is June to July, with higher produce prices being fetched between August and September. There are complaints also that the taxes and levies imposed are exorbitant, usually charged as up-front costs irrespective of the size of capital investments.

Petty business people in many areas, also experience the vagaries generated by inappropriate timing of tax collection, as is demonstrated by a young man in Maliwa village (Makete district). He said, to put up a small shop, for instance, one has to pay up-front "license fee, income tax and stamp duty" before even starting a business. These annoying prerequisites may be the reason why a small-scale businesswoman based in Sokoni sub-ward (Kinondoni District) complained that:

The government is making things hard for us because even when you have just started your business, TRA people are there to tell you to pay VAT even before you have earned anything.¹⁹

Market vendors in most research sites complain that they are required to pay Tsh. 100 daily as market levy when the average daily profit lies in the region of Tsh. 300-500. This they say is done irrespective of a vendor's daily performance, as one of them noted "whether a person's merchandise has been sold or not" (Sokoni sub-ward, Kinondoni District). This has implications on the magnitude of the daily earnings and thus on the ability of individuals to provide for their households.

Tax exemption: There is also a lack of transparency and even-handedness in the application of development levy exemptions given to certain social groups such as the disabled (Iwungilo village, Njombe District), the elderly (Ndogowe village, Dodoma Rural District) and women (Ikombe village, Kyela District) as a measure to protect the vulnerable members of Society. Problems related to this situation are mainly two-fold. Firstly, not all local government councils implement this measure and secondly, where exemptions are provided, there is little or no awareness of the procedures involved.



Councils should introduce specific tax relief measures and publicise them as well as the procedures for application by those eligible. A clear and easy appeal mechanism should be installed for those who are denied appropriate exemption.

This denies some eligible beneficiaries access to tax relief. As a result, they continue to pay levies and other taxes (including contributions) hence further eroding their meagre incomes. The most affected are the elderly and teenage mothers, as revealed in Maliwa (Makete District) and Gibaso (Tarime District) villages.

¹⁹ In reality small businesspeople are not asked to pay VAT directly. This reference to VAT may have been circumstantial in the sense that she comes across VAT when she purchases goods for her business. VAT charged on such purchases influences the price range of goods and hence the profits of small retailers.

Coercive tax collection: Coercion through the use of crude force by tax collectors has been experienced in some local communities. There are reported cases of demands for bribes, physical harassment and intimidation. In cases of default, offenders are obliged to pay fines. The fines are sometimes in the tune of 50% of the payable tax, and, if one is unable to pay force is applied. This makes it harder for cash-strapped households to cope with raising extra amounts and exposes them (especially the youth and women) to further harassment and humiliation. Case Study 7.1 demonstrates one such experience.

Case Study 7.1: Taxation, harassment and humiliation

“I paid my development levy and requested to pay that of my wife after selling my goat at the local livestock market. That same night, the local militia came to our house and broke our door while our two daughters and ourselves were asleep. They started beating us and demanded that I show my levy receipt. After seeing it they demanded to see that of my wife. I explained that I had already discussed the matter with village officials. However, they kept on insisting to see her receipt and later demanded that she follows them outside (it was midnight). She agreed and went to cover our two children with a blanket, urging them not to cry. One of the men came back, held her by force and tied her hands on her back and beat her. Some of her clothes fell down and she remained with just a piece of cloth around her waist. I followed the militia at a distance as they took my wife and rounded up several other people from other houses. This went on until around 4 o'clock in the morning when they began the journey to the Ward offices.

Since I had no alternative, I went back home and took all of my 4 goats to friends, who on realizing that I had a serious problem offered me little money i.e. Tsh 5000 per goat. At 10.45 am the next day I arrived at the Ward offices and was told that I had to pay for the local militia's tasks, the lock-up room where my wife was kept, her development levy and a fine. I paid a total amount of Tsh 15,000/=. After that they released my wife.

I was shocked when I saw the local militia taking a piece of cloth to her when they called her name. It was then that I discovered that she was locked up with other people naked. I found myself crying. As we went on our journey back to Maliwa, she was so silent. I was so afraid and worried about what might have happened to her. I became even more worried when I thought of HIV/AIDS. I am very worried now since I sold all my goats last year, I do not have money to buy fertilizers for my shamba, I do not know what to do this year”.

Such practices have been reported at several other TzPPA sites. Due to failure to pay their taxes and levies, people are exposed to both physical abuses and psychologically humiliating experiences, which have untold long-term consequences on their wellbeing. Such experiences also make people have a sense of insecurity and fear of local authorities and local institutions.

7.2.2 Responses to problems related to taxation

How people cope with tax payment problems and the accompanying hassles that the taxation system inflicts on them is a matter of great concern within local communities as observed by the TzPPA. In fact people acknowledge that one has to find a way out of this taxation business, otherwise “if you cannot find your way out somehow, it is difficult to cope with such an indiscriminate tax system (Maliwa village, Makete District). Thus they employ a range of techniques, strategies and options in these circumstances. These can be grouped into three broad categories:

- ❑ Non-compliance,
- ❑ Circumvention and
- ❑ Advocacy for change

Non-Compliance: A number of methods are applied to avoid paying taxes. One of them is temporary and permanent migration, to another area whenever the “peak of the tax collection season” approaches. It was observed in Maliwa village (Makete District), for example, where the youth and petty traders seasonally ran away to look for casual labour or other forms of employment, only to return when they

are able to pay the required taxes. Some return after the tax payment period has passed. Estimates by local authority officials indicate such migrations cause revenue losses to the tune of between 40% and 60% of projections (President's Office Regional Administration, November 2002). This does, of course, also disrupt production activities and the general livelihoods for those who run away and for the weak that stay behind without the support of the able bodied youth.

Circumvention: Since tax avoidance cannot be an easy and feasible option for everyone, in every social group, another method for coping is to bribe the tax collecting officials; by giving them an amount of money that is less than what is due. Once the officials have been bribed, they leave such "collaborators" and stop harassing them. Circumvention was thus found to be a more common form of response than non-compliance to demands for bribes, but it made poor people 'accomplices' in corrupt practices. A kind of debtor-creditor relationship emerges and individuals who succumb to this kind of response remain tied to the tax collector and may be perpetually followed to continue paying out small amounts to the extent that they end up paying even more than the actual amount required in tax.

Advocacy for change: This is a rare option that people employ to deal with frustrating tax collection procedures. This is done through open complaints to public officials or through protests in the streets. Shopkeepers in Muyobozi sub-village of Mwakizega village (Kigoma Rural District), for instance, engaged in several forms of protest to express their dissatisfaction with excessive taxation, harassment and acts of corruption by officials of the Tanzania Revenue Authority (TRA). Early last year (2002) they closed their business premises for a couple of days after complaining to District officials about the frequent changes of taxes, which threatened the viability of businesses, as they ate deeply into profits. Although this step did not lead to changes in the rate of taxation, it at least took the leadership to task and promise to look into the matter. The effectiveness of advocacy for change depends, however, on whether people are well organized and public officials feel the effect of such acts. Yet such advocacies can help in holding officials to account and, in certain circumstances, has led to positive changes in administration procedures and eventual improvement for community members.

7.3 Inadequate and poor quality of social services

7.3.1 Problems encountered

Two concerns are raised here about the vulnerability of people vis-à-vis the management of social services. These can be summed up as:

- ❑ Lack of accountability by local officials in service delivery
- ❑ Absence or inadequate supervisory mechanisms to deal with the abuse of responsibility

Research participants acknowledged that the absence or poor quality of basic services (such as water, electricity, roads, schoolteachers and police) at the grassroots level contributes significantly to impoverishment. This situation has implications on people's wellbeing, affecting their ability to attain good health, good education, access to markets and others. However, the inability of local leadership to handle people's affairs or complaints had an equally devastating impact. For example, the lack of accountability or taking to task those responsible for ensuring effective service delivery, such as arrogant village authorities, absentee teachers, irresponsible medical staff and policemen have often placed people's lives at risk (e.g. the sick) or lead them to suffer from abuse (e.g. school children). Research participants contended that there is a high degree of laxity, probably due to the erosion of work ethics or standards. Hence often, officials were not taken to task even if complaints were tabled to higher authorities. In some communities children complained of teachers who came to school intoxicated but no action was taken against them. These problems when compounded by corruption make access to social services especially difficult for the poor.

Situations such as these have sometimes led to devastating consequences as the testimony provided by a villager with regard to poor service delivery in Case Study 7.2 illustrates.

Case Study 7.2: Testimony about services at a local dispensary

“On 11th September, 2001 I gave birth to a baby boy. After 4 days, the baby suffered from respiratory problems (*kichomi*). At 1.00 am at night my husband and I had to rush the baby to the dispensary. On arrival, we knocked for some time on the Bwana Mganga’s door. When he eventually opened the door, he looked at the child and said “*huyu mtoto haumwi*” (this child is not sick). When we insisted, he then said “*sasa hamkuja na taa?* (so, didn’t you come with a lamp?), *ntamwangeliaje?* (how would I check him?) We apologized saying that we had come to him in a hurry and did not remember to bring a lamp. He then said, “Okay, give me a piece of paper on which I can write the prescription.” In response to that we also explained that we had forgotten to come with any paper. He then gave us one paracetamol tablet and told us to go back home.

Later at 3.00 a.m. on the same night the baby’s condition worsened and we had to rush back to the dispensary. We went straight to the Health officer’s pharmacy nearby to buy some medicine. The Health officer had the right medicine but no syringe. We were then compelled to go back to Bwana Mganga who, on realizing the seriousness of the baby’s condition, told us to go to the dispensary. The baby was still and not crying anymore. However, the Bwana Mganga just gave him an injection. When we arrived home the baby was already dead.

We did not take up the issue to the Village Government Chairperson because it was too painful and [in any case] we realized we still depended on the dispensary for future needs. In addition, the Village Government Chairperson also knows of the Bwana Mganga’s arrogance yet he has never set aside time to listen to the people, especially women. Women here have so many problems related to the Bwana Mganga, but where can they complain?”

Four other women in the same village recounted similar stories during the TzPPA process. Some of their experiences also led to fatalities. Research participants demanded that service delivery be improved through effective systems for accountability in order to avoid situations as illustrated in Case Study 7.2 above.

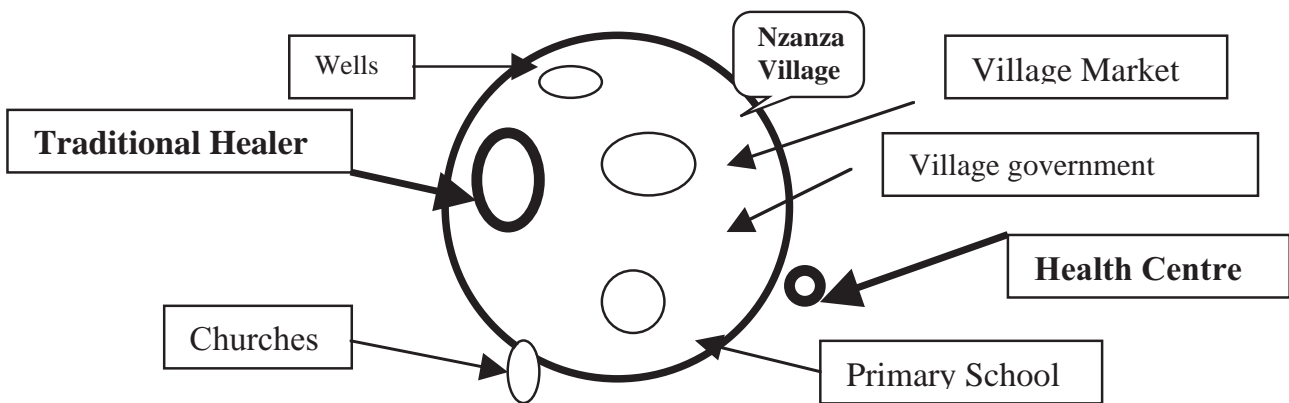
7.3.2 Response options for poor social services

Multiple strategies are employed by people to secure access to required services even though there are sometimes added costs. Such strategies include:

- ❑ Using alternatives or substitutes and
- ❑ Appealing to higher officials for enforcement and accountability.

Using alternatives: People who are frustrated with public services most often resort to alternative means for solving their problems. Seeking health service is a vivid example. Sometimes, people seek the services of traditional healers, or private hospitals. The accessibility of the latter, however, is dependent on one’s ability to afford the costs. Effectiveness of such alternative treatment is also uncertain, especially with regard to traditional treatment. Yet the most common tendency is to go to traditional practitioners, because they are the cheapest and most easily found within the local community. Women in Nzanza village (Meatu District) for example mentioned that they resorted to services offered by other institutions due to rampant corruption at their local Health Centre. As such, the local Health Centre was in fact less accessible in terms of people’s wellbeing in comparison to local traditional healers within their community. Figure 7.1 illustrates Nzanza village women’s analysis of their local institutions. As it is illustrated, traditional healers occupy a central place in the lives of community members, almost at par with the village market and of greater importance than the Village Government. The Health Centre features as distant from people’s lives, because of its management problems that have led to poor service delivery.

Figure 7.1: Institutions providing services in Nzanza village, Meatu District



Accountability of leadership to the community: In principle, communities should try to ensure that its leadership is held accountable for its actions. In practice this is done either formally through public forums or informally through name calling to degrade someone’s credibility in society. In Lutikira village (Songea District) for instance villagers took their leadership to task in a public meeting. They demanded that they account for money earned through the village milling machine project, explain why thousands of bricks made by villagers had been spoilt, and why was the village office not roofed for many years.

Although this response works in certain circumstances, it may create an alienating effect in the sense that a village government may decide to distance itself from the rest of the community by refraining from calling public meetings. Alternatively, force is used through deployment of local militia to scare those who dare raise questions on the leadership’s misdeeds, with the aim of intimidating and harassing them.

Enforcement of accountability can also be done through appealing to higher authorities. For example, Twatwatwa (Kilosa District) villagers carefully put forward a case for the improvement of basic services in the village as their right, considering the high rate of tax revenues that Kilosa District Council collected through cess on livestock. They did the same in 1995 to the Standing Presidential Committee, communicating their grievances to the District and Regional Commissioners. In response, the Regional Commissioner took part in the implementation of a District Action Plan to improve basic service facilities (i.e., health, water, and primary education and livestock dips). This initiative came to be known as “Operation Makamba”. There are therefore some successful attempts to demand for accountability of local leadership.

7.4 Security, law and order

7.4.1 Problems encountered

One of the primary areas of government responsibility is that of maintenance of law and order, important for ensuring presence of a safe and secure communities. People see maintenance of law and order as government’s responsibility. Breakdown in peace or tranquillity is thus seen as a governance failure rather a social issue. The Government recognizes this potential threat to social cohesion and stability and has taken various initiatives to improve efficiency and fairness in delivery of legal and judicial services (e.g. establishment of a Commercial Court in August 1999 for disposition of commercial disputes, recruitment of resident magistrates, primary court magistrates and State Attorneys, and institution of the Human Rights and Good Governance Commission in 2002). But these measures are beyond the priorities of ordinary people in their daily lives.

However, people's experiences on security matters as shared in the TzPPA process illustrate the high degree of risk that people are pushed to due to the inability of the police and local authorities to contain incidences of crime and violence. In specific areas, research participants concluded that acts of crime and violence have caused social, material and bodily ill-being. Participation in income generating activities is therefore also impaired as people live in constant fear brought about by rising crime, thefts, etc. People sometimes fear to pursue freely some of their livelihood activities such as to go to their "shamba" or to business premises.

In some cases, **robbery** and **violence** have lead to physical injury and trauma. These are more common in urban areas. Table 7.2 illustrates the magnitude of crime in Dar es Salaam region over a period of eight years.

Table 7.2: Dar es Salaam Region crime statistics for the period 1995 to 2002

OFFENSES	1995	1996	1997	1998	1999	2000	2001	2002
Rape	198	266	195	337	302	316	370	335
Petty Theft	36213	34011	35160	26112	29012	31002	28411	27180
Murder	111	123	126	105	180	159	155	118
House-breaking	9002	7958	6582	7266	8653	7653	6775	5907
Armed Robbery	241	209	116	90	156	115	168	193
Number of people who were injured in the armed robberies per year	46	31	24	16	10	8	26	31

Source: Dar es Salaam Regional Police Commander's Office, May, 2003.

In Mtambani B sub-ward (Ilala District) people claimed that about 70 petty theft incidents are reported every month in their locality, but not much effort has been taken to curb their occurrence. One resident had the following observation:

The government has failed even to provide four policemen to patrol our street, but when it comes to containing demonstrations there are policemen all over the place covering the entire street.

Crime also undermines the viability of the economies of local communities. For example, it was reported by Fisheries officials in Kigoma Rural District that the impact of thefts in Mwakizega village has been so severe that by May 2002, it had devastated the local fishing industry, reducing it to almost 20% of the way it was in 2001. The Ward Fisheries Officer provided the following report:

Between 1998 and 2002, 46 lift-nets were stolen from the village area; some of the thefts entailing kidnapping and physical harm to local fishermen. This spate of armed robberies led 38 lift-net fishermen to move their assets to Lake Victoria whose fisheries are more secure. By May 2002, only 13 lift-net groups operated in the Mwakizega waters [about 30% of the fishing population before the increase in robbery].

Crime has made people feel insecure, and has constrained people's freedom of movement, as communities are wary of doing production activities that may expose them to crime-related risks. Table 7.3 provides information on the impact of armed robbery on the local fisheries in Kigoma rural district.

Table 7.3: Crime statistics on cases and loss of property in Kigoma Rural District (1995 to mid-2002)

	REPORTED CASES	SUSPECTS CAUGHT	COURT CASES	VALUE OF PROPERTY (in Tsh)	PROPERTY RECOVERED (in Tsh)	PROPERTY NOT RECOVERED (in Tsh)
1995	19	12	15	39,005,700	9,150,142	29,855,558
1996	48	40	30	40,374,756	5,860,750	34,541,006
1997	39	8	5	37,683,000	8,000,000	29,683,000
1998	26	8	9	30,860,000	9,000,000	21,860,000
1999	65	27	22	40,750,000,	6,050,058	34,699,942
2000	100	84	47	75,330,073	6,000,000	69,330,073
2001	42	17	8	212,032,836	77,110,241	134,922,595
2002 April	3	-	-	9,708,300	3,620,300	6,088,000
TOTAL	342	196	136	485,744,665	124,791,491	360,980,174

Source: Kigoma Rural District records, Administrative Office May, 2002.

Violence is another area of concern that also leads to psychological, bodily and material ill-being. There are two types of violence that people claimed to experience. First is the type in which government agents are the perpetrators (such as random arrests and detentions by the militia, or abuse by police and local authorities). Secondly, is the violence that some people inflict upon others (such as rape, domestic abuse, armed robbery).

In some communities, village authorities including the Village Executive Officers are reported to be notorious for charging severe penalties and fines for minor offences, or demanding and receiving payments without issuing receipts. There were also observations made on the use of excessive force and inhuman treatment by government agents (e.g. the police) when dealing with suspected offenders, a common phenomenon gathered by TzPPA. This raises concern about respect to human rights.

Violence occurs also in the form of organized conflicts such as those over access to resources. The intensity of such forms of violence are usually the result of the limitations for conflict resolution by respective authorities. Examples include incidents involving livestock keepers and farming communities (Twatwatwa village, Kilosa District), or those incidents involving exclusion of local people from to land ownership rights by government authorities (HAKIARDHI 2002).

Acts of rape, domestic violence and gender-related abuse are common. Women and young girls are the victims of much of this kind of violence. In the tea estates of Makete District for example, girl labourers claimed to be sexually abused by their supervisors (*wanyapara*). Another widespread form is domestic violence fuelled by drunken husbands and cultural practices that propagate the subjugation of women.

7.4.2 Response options

Without solidarity and maintenance of the social fabric, life would become impossible as property becomes vulnerable to theft and to robbery (Muyobozi sub-village, Kigoma Rural District).

Maintaining the state of security, law, peace and order is of extreme value to poor people as it gives assurance of a sense of belonging to a community. It is important therefore to institute response measures to deal with any breach of law and order. Counter measures that are adopted in response to

crime and violence vary from place to place, depending on the nature of the incident, the individual's ability for self-defence, the level of social organization at community level and the support provided by the government.

Self-defence or protection by family guardians is the most common and initial step that people take. Individuals in those social groups that are relatively vulnerable (due to age, gender, disability or health status) are regarded as the most exposed to crime and violence for lack of physical strength or skills to defend themselves. These situations have significantly limited their ability to respond to this type of impoverishing force. In such cases, the first option is to seek protection from family or guardians (able bodied family members or relatives who happen to be around).

Other strategies that people employ at the individual level to counteract crime or violence include running away or temporary **migration** as was expressed by a participant in the fishing community of Kigoto Hamlet (Mwanza Municipality), who said “if you get Tsh 200,000 you run to town, which is a safer place otherwise you will lose it to robbers”. For the fishing community of Mwakizega village (Kigoma Rural District) relocating to the fisheries of Lake Victoria in Mwanza was the best option, however, not without associated social and economic costs.

Due to the ineffectiveness of self-defence or protection by guardians to armed robbery or domestic abuse, people resort to other means. These include:

- ❑ Avoidance techniques through relocating to other places assumed to be safer (practiced by fishermen from lake Tanganyika in Kigoma who move to Lake Victoria in Mwanza),
- ❑ Using traditional charms or witchcraft to ‘ward off evil’
- ❑ Using Local Government structures,
- ❑ Setting up law enforcement institutions such as a police stations, courts, etc.,
- ❑ Use of joint committees between villages and good neighbourhood committees among districts sharing common borders within the country, and between countries, and
- ❑ Appealing for assistance from institutions that have capacity to help with the problem.

Clearly, avoiding crime by **relocating** can be costly, making the response only feasible for a few economically able people. It may lead to impoverishment if expectations are not met in the new location. For example, those who move to new areas often have to face high costs of re-establishing their activities, learning and adjusting to new environments. Loss of social capital may also accompany the migration. Given these constraints, such options are usually taken up by the youth who have fewer commitments that tie them down such as family and other household commitments compared to women and older men.

The use of **traditional defence groups by communities**, such as sungusungu (traditional security guards), is also a common response option and its application varies from the use of vigilante groups formed on an ad hoc basis or locally institutionalised systems of protection and common security. TzPPA found out the areas that experience high rates of crime benefit significantly from group mechanisms when they work effectively. Common examples are the formation of sungusungu in Nchenje village (Nkasi District) or the use of ‘Imuran’ among the Maasai livestock keepers as response measures against cattle theft. Thus many rural and even urban communities have set up such defence groups to protect community members against theft and acts of violence.

Livestock keeping communities for instance make efforts to curb crimes involving cattle the rustling through formation of local security councils. Such practices were common during the 1970s and 1980s, but they have now been considerably reduced. In Ndogowe village (Dodoma Rural District) and Lugubu village (Igunga District), the number of cattle currently being stolen is small compared to what happened in the past. However, those with fewer cattle suffer most when hit by cattle rustlers. This has also been the case

for fishing communities, who are among the most affected especially with regard to theft of fishing gear and cash with attendant impoverishing consequences for victims. Cases in point are fishing communities in Mwakizega village (Kigoma Rural District) and other fishing villages along the Tanzanian part of Lake Tanganyika whose implications to the general wellbeing of the communities has been discussed above. Formation of local security councils is thus seen as an important step in curbing such crimes.

The formation of such traditional groups has the government's support and many such groups are acknowledged and registered with the Ministry of Home Affairs. The groups are also supported through various structures of government including ten cell structures (leadership at the level of 10 house neighbourhoods), village and Ward government structures, joint committees that bring together people in conflict and national law enforcement institutions (the police, courts). In Mara region where cases of cattle rustling are high, the local governments facilitated the establishment of local councils termed *Baraza la Jaji* to work as arbitrators and overseers for reducing the incidence of cattle thefts.

The above notwithstanding, however, there are limitations arising from these kinds of locally sanctioned vigilante groups. One of these is that they often go beyond their traditional mandates of protection, and allow other interests to dominate, which result in causing harm or the commission of serious abuses of human rights in the name of protection. In Twatwatwa village (Kilosa District) a Conflict Resolution Committee comprising members from the two conflicting communities was set up after the brutal 2000 conflict. Community members felt that this is a more effective mechanism to resolve local conflicts because they are democratic and transparent.

Collaboration amongst institutions is also practiced to enhance collective ability to prevent crimes. For example some communities request the government to establish police posts close to their communities to guard against incidents of organized crime, such as in cattle-rustling areas (Gibaso village, Tarime District). In many cases the community itself provides housing and some facilities for the police who are posted in their area. An outstanding effort was made by Mwakizega village (Kigoma Rural District) community who resorted to informal arrangements with a nearby Tanzania People's Defence Forces (TPDF) unit to help provide protection for their fishing gear and equipment from robbery by organized gangs. The TPDF unit deployed 4 servicemen to Muyobozi sub-village where the local Fishermen's committee provides housing and daily up-keep.

The costs associated with some response options are however high and need to be examined. Some of the options significantly drain resources of individuals or communities, as has been the case with Mwakizega village community. Among the obligations that people in Mwakizega village had to take are contributions of money to pay for food and accommodation in addition to making fuel and boats available on a rotational basis to be used for patrol purposes. Hence, some response options if not carefully handled, may add to the impoverishing forces and push poor communities further into a vicious circle of poverty.

7.5 Impoverishing policies

7.5.1 Policy making and implementation

As indicated in Chapter Six, good policies play an important part in ensuring that anti-poverty interventions remain focused. In this chapter another dimension of the effect of policies as a crucial aspect of good governance is explored. This aspect concerns the identification, formulation and implementation of regulatory mechanisms that guide certain policies crucial to people's lives.

Inadequate participation of local people or lack of local consultations in the formulation of policies at the national level and in the entire policy-making process has carried the risk that policy formulation

may push people towards impoverishment. Indeed, information gathered through TzPPA suggests that people's participation is not given much priority; the tendency has instead been towards top-down approaches.

Concern has been raised that some policies are divorced from realities on the ground, while other policies are exclusionary, allowing an unequal or unfair setting in which less influential social groups are potentially disadvantaged. There are yet other policies that place inordinate priority to national concerns over communities or individual needs. These have therefore alienated people from the resources they depend upon to sustain their livelihoods.

Certain policies were also blamed as creating the tendency of squeezing people out of their major production activities, while not making provisions for fallback positions if things turn sour. Cited to corroborate this are regulatory mechanisms that guide the management of natural resources, e.g., forest reserves and wildlife parks. This includes the application of restrictive user rights, expensive licenses or for permits to use resources, and other restrictions. These have introduced measures limiting community involvement in the use of such resources, which for some communities are crucial for their livelihoods. While acknowledging that such regulatory practices may be important for the conservation of natural resources, they may tend to undermine people's capacity and freedom to benefit effectively from such resources. This is more likely if participatory management and conservation approaches are not used. The Fisheries Policy (1970) is, for instance, cited as having instituted a blanket prohibition on the use of certain fishing gear for sardine fishing in Lake Victoria, something that is not in concert with the way in which the fishermen understand the fishing environment of the lake, and the types and sizes of sardines available in different water bodies.²⁰

People also complained of government's reluctance to provide compensation for loss of life and destruction of property in communities bordering wildlife reserves. They interpreted this as government being insensitive to their lives, as mentioned in Chapter Five. For example, The Wildlife Management Act (1998) does not provide for such compensation, however, human fatalities and damage to property caused by wild animals was reported in some areas to be extensive (Gibaso village, Tarime District; Mkongo Kaskazini village, Rufiji District).

Another concern relates to how different policies are disseminated. The policy-making and dissemination environment provides opportunity for some people to manipulate legislation at the expense of others if awareness is not raised. The main problem is that local people, especially at the grassroots are not sufficiently prepared nor informed or educated on policies that affect their lives. People claim that not only should policies be translated into Kiswahili, but also translated in a manner that is relevant and applicable to grassroots circumstances, short of which they are put at a disadvantage.

One such example is the Land Act (1999). The concern here is with regard to manipulation by some village leaders, influenced by corrupt practices. These leaders are said to capitalize on the ignorance of community members to allocate land arbitrarily to individuals or private investors, denying a majority of the people access. In Loiborsoit A village (Simanjiro District) for example, more than eight large-scale farms of between 1,000 to 8,000 acres each were given to people from outside the village. Many of these decisions were made without the knowledge of most community members. The outcome of this demarcation of land for large-scale farming has been to significantly reduce the amount of land available

²⁰ A senior Fisheries official clarified this issue by acknowledging that the size of mature sardines differs from one water body to another. He also explained that the Fisheries Division is currently reviewing the Fisheries Act (1970) and its 1994 regulation (Marine Reserves Act) that provides the blanket 10 mm mesh size for sardines one purpose which is to cater for this concern (Pers. Interview, Fisheries Div, MNRT 10/02.2003).

for the whole community for grazing their livestock. Also, some of the water sources for use by livestock are now no longer accessible to livestock keepers because they are inside some of the land re-allocated for farms.

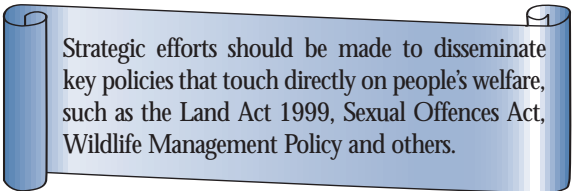
The concerns expressed indicate the critical role of the policy formulation process, which may act as an impoverishing force if not carefully defined and followed through. People may therefore hold the government responsible for some elements of their impoverishment such as their alienation from the major sources of livelihood or the use of natural resources. This situation has continued to expose people to food and income insecurity.

7.5.2. Response options

Poor political influence and representation are key issues relating to power and voice. Lack of power and voice is usually experienced not only in relations with the state and the political machinery but also in poor people's relations with the market, landlords, bankers, moneylenders, and employers, whereby those who do not set the terms of exchange are usually disadvantaged. Participation at the policy formulation stage is thus crucial for influencing the policy making process and for avoiding being impoverished. In reality how people respond to impoverishing policies coming as a result of the lack of power and voice indicate this demand for participation otherwise, other alternatives opt for measures that are detrimental to the people's own future and the nation's wellbeing. Their response options can be grouped into the following: avoidance, participation in alternative structures, and protest.

Avoidance or disregard of policy: Cases of community members trying to sabotage or ignore the implementation of decisions made by decision-making structures at village, ward or even district levels are common. These are usually in allocation of resources and on the setting up of mechanisms that they feel will undermine their own welfare. Avoidance may be in the form of moving or migrating from the area, simple non-compliance or even sabotage and ignoring the decision unless enforced by government institutions. Where a piece of land, for instance, is either allocated by village leaders to outsiders (as in the case of Loiborsoit A village) or delineated by government for other uses, i.e., as a game reserve or a National Park (as in the case of Kasanda village, Kibondo District) without consulting community members, people will normally ignore or even resist the new boundaries for as long as it is possible. They will do this either by getting into the area and continuing to graze their livestock or collect firewood or honey.

Alternatives: Where a decision is perceived to undermine the wellbeing of the whole community, members work with or through other structures in the community that are felt to be more accommodating and sympathetic to carry out advocacy on their behalf. At community level, these include traditional institutions for decision-making on social issues, which may give room for airing the discontent but are not really structured to deal with political issues. Other avenues include appealing to or relying on organizations that can take up the issue and try to raise it with the political leaders or administrators at district, regional or national levels, as appropriate. Non-governmental organizations (NGOs) operating in the community have provided one of the most effective ways in which people follow to get their voice heard.



Strategic efforts should be made to disseminate key policies that touch directly on people's welfare, such as the Land Act 1999, Sexual Offences Act, Wildlife Management Policy and others.

Raising voices: Effective responses to the lack of voice are very limited and do not enable communities or social groups to respond to lack of power in the way they would wish. This applies to all levels of policy-making at community, district and even at national level. For certain social groups, (e.g. children, women, hunter-gatherer communities) socio-cultural biases and barriers constitute a significant stumbling block. With regard to the participation and representation of the voice of the marginalized groups at community, ward and district levels, lack of appropriate mechanisms that can enhance their right to be heard stand as a major constraint.

The current policy focus as stipulated in the Vision 2025 and the processes adopted in the formulation and continuous review of the Poverty Reduction Strategy Paper (PRSP) and other sectoral strategies and programmes (in health, education, agriculture, to mention a few), are pointers to the right direction. Still, much needs to be done to develop and nourish comprehensive and more participatory partnerships between the government, civil society and the private sector.

7.6 Corruption

7.6.1 Main concerns

Concern about the increasing practices of corruption were made across all the TzPPA sites and were identified as cross-cutting situations that people face in many aspects of their lives. For example, commonly stated acts of corruption are experienced in the following areas:

- ❑ Demands for bribes to access public services (e.g. health services, local government permits) – this was mentioned in almost all sites
- ❑ To secure freedom (e.g. when arrested by the police) – Mtambani sub-ward, Ilala District
- ❑ To obtain access to legal rights within the justice system – Nzanza village (Meatu District); Gibaso village (Tarime District)
- ❑ To establish a business entity – Maliwa village (Makete District)
- ❑ To secure access to resources (e.g. land) – (Mwakizega village, Kigoma Rural District; Gibaso village Tarime District)

Corruption is viewed as ‘unavoidable’ and people contend that nowadays it is as if the phenomenon is ‘institutionalised’ with little effort made to contain the practice despite widespread complaints by people.

The impoverishing effects of corruption are numerous. Corruption is an enemy of justice and fuels social instability. Corruption also causes households and individuals to be subjected to consistent erosion of household or individual resources in terms of cash-income or assets. People are even forced to dispose of assets in order to get cash to bribe officials. This has led to the erosion of confidence in the functioning of government systems in view of the fact that corruption has increasingly become the surest means through which people can access services and certain rights. The demand for bribes especially in health facilities has caused significant stress on household resources. One participant in Kwabada village (Muheza District) lamented:

... In hospitals, at the courts, at the Police station, they all demand bribes before serving you. An example is the Tsh. 80,00 bribe I was forced to give at the court in order to set free my relative who had been on remand for 6 months. The bribe completely exhausted my investment capital for an orange fruit business. Even after paying the bribe, nobody would set him free until I had paid an influential man Tsh. 2000. He was then able to get him released without any constraints.

Corruption has also involved humiliating experiences and the denial of basic rights once a person is unable to meet the demands of corrupt officials. These experiences have had negative implications for social capital as corrupt officials undermine the willingness of villagers to work together for the common good. People are now fed up of corrupt practices by those responsible to provide services to the community as a villager from Nzanza village (Meatu District) commented.

We get free health services at Mwandoya dispensary although the staff solicit bribes. I have lived for 10 years in this village. The previous management was less corrupt than this one

Another form of corruption that is degrading to individuals is sexual bribery. Complaints by women who face demands for sex from people in authority in exchange of a job are gradually coming into the open. Commercial sex workers (CSW) operating at Sokoni sub-ward (Kinondoni District) also complained that the Police often harassed them because they are regarded as dealing in an 'illegal occupation'. However, when deployed to round the CSW up, the policemen usually demand sexual favours in order to set them free. Yet the same policemen would set free crooks from remand prison after the crooks have bribed the policemen, causing a lot of anger and feelings of insecurity among the community members.

Corruption within the Police force is common according to people's account, and it occurs in a number of forms. Protection of people's property and basic human rights is therefore at stake. The Police were particularly mentioned in this respect as voiced in Mkongo Kaskazini village (Rufiji District).

The police offer no assistance! If you report a case of theft, they will only assist you if you have money to pay them.

Corruption is persistent and often entails incidents of human rights abuses. People claimed that the Police may even 'cook' (i.e. invent) criminal charges against innocent people who are then subsequently compelled to offer bribes to be freed. A woman at Sokoni sub-ward (Kinondoni District) put it as follows:

It is a form of business for the police. They would charge an individual for a crime he or she did not commit and the Police know it. They work on the assumption that s/he as the resources and will want to buy his/her freedom back.

Democratic governance is at stake too. An example can be drawn from the experience of Lutukira village community (Songea District) discussed above, where local people demanded that the village leadership inform them on village revenue realized from local projects since 2000. Corrupt practices had thus led to the leadership losing command over people. In return, the village authorities interpreted this action as political opposition and started framing offences on some of the vocal people to silence them, fuelling the disharmony in the village.

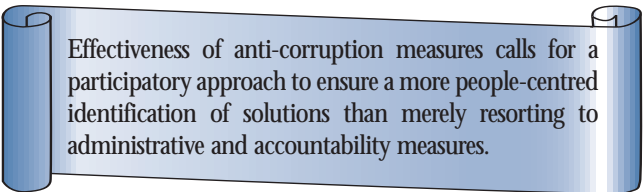
7.6.2 Responses to corruption

A fisherman in Kigoto area within Mwanza Municipality said:

Better a corrupt officer than an insensitive government official. You can eat together with a corrupt officer; you cannot do the same with the government official who usually takes away everything from us.

The message that the man seemed to put forward through this statement suggests a **feeling of helplessness** by many people who realize that in order to survive, a person is better off if s/he meets the demands of corrupt officials. In this case, the fisherman at Kigoto prefers to succumb to corruption rather than encounter a ruthless Fisheries officer who might, on allegations of going against the law, confiscate his possessions (fishing gear and equipment) and thus cause havoc to the fisherman's life and his household's. The point is that, most people have no option but to succumb to corrupt practices for lack of viable alternatives.

Government's strategies to combat corruption do not adequately impact on people's experience at grassroots level. As mentioned earlier, there is too much focus on corruption from the bureaucratic point of view.



Effectiveness of anti-corruption measures calls for a participatory approach to ensure a more people-centred identification of solutions than merely resorting to administrative and accountability measures.

In worst cases, the situation in which a bribe is demanded is one in which victims find themselves desperate. For example, a case was narrated in Nzanza village (Meatu District) about a participant whose wife was rushed to Mwandoya Health Centre one night on an ox-driven cart. During the 5-kilometre journey to the Health Centre she delivered prematurely. The Health Officer at the centre said the infant had to be hospitalised but demanded a bribe of Tsh. 3,000 before attending to it. The man was told the child would die if he had no money. He had only Tsh. 1,000 but the doctor would not accept this. He had therefore to walk the distance home and come back with the balance of Tsh. 2,000. In total, he had to walk a distance of 20 kilometres that night.

Sometimes however, people may respond actively against corruption and the demand for bribes through either **reporting to appropriate authorities** or **complaining publicly**. But this is not common. For example, corruption, involving misuse of funds and embezzlement was condemned vehemently in the communities almost as much as bribery. Nonetheless, specific accounts of it were missing, as it did not affect the people individually. In terms of response to such corrupt practices when they are rampant, people can take collective action in denouncing the official concerned. This is sometimes done in public meetings, or during elections for elected officials. The above stated example from Lutikira village (Songea District) is an instance of this. Unfortunately, this option is not commonly used at the community level, as most people are afraid of reprisals or do not trust that any action will be taken against the culprits.

In other circumstances, people detest corruption intensely but they often opt not to report incidents of it due to lack of trust in the bureaucratic appeal system that would handle their cases. This was clearly stated in Mwakizega village (Kigoma Rural District), and was repeated in other places. Research participants reported that often no action is taken against a corrupt official even if they complained about the official to higher authorities. Inability to report is also partly due to lack of information as to where to turn to, but is also due to lack of education about how to appeal with evidence.

Many communities are not aware of the existence of institutions such as the Prevention of Corruption Bureau (PCB) as they do not have branches in many regions, let alone at district or grassroots levels. The lack of knowledge on the PCB has been illustrated by an opinion poll on corruption conducted in 2000 that revealed that only about 10% of respondents had heard about the PCB. Some of them also indicated that the PCB is the proper place to channel their complaints on bribery (ESRF/FACEIT 2001/02). With this glaring lack of its presence at grassroots level, the PCB's effectiveness remains very limited.

7.7 Conclusions

There are important insights to be gained from the TzPPA findings about governance issues. Firstly, in all sites issues of governance came to the fore. Political marginalization, powerlessness and insecurity were the most frequently voiced areas of discontent in communities. These feelings were the result of poor tax administration systems, the rising crime, corruption and manifestations of insecurity. Democratic systems of governance are lacking at the grassroots level, rendering people politically marginalized in decision-making, powerless in accessing quality services and generally insecure. A worse scenario is most people's limited positive response options when so dependent on the posture and accountability of governance institutions and structures.

These situations should not be totally surprising for two reasons:

- The reform efforts under The Local Government Reform Agenda have been too slow to significantly affect governance processes and service delivery at the local levels;
- Poverty reduction initiatives in priority sectors are only now beginning to show results (more in education, relatively less in health, roads... much less in agriculture, water, justice). In addition, strategies such as the anti-corruption drive of the present Government inspired by the Warioba Commission Report (1996) and subsequent action plans do not yet show any impact at the community level.

Hence community members feel that they are not yet adequately benefiting or participating in policy decisions and government poverty reduction initiatives. Examples include what people say about taxation and revenue spending as areas that are insensitive to people's welfare. Hence while it is clear from their complaints that they realize the right for government to collect taxes, they nonetheless object to systems of taxation that are unfair such as, multiple taxation, lack of clear exemption procedures and coercive tax collection methods. (As indicated above, the government has addressed some of these issues, especially multiple taxation in the 2003/04 budget). On the revenue expenditure side, the communities want more transparency in spending, better information on financial accountability as well as political transparency through calling regular meetings to report on work and progress on service delivery.

Poor security and deteriorating law and order were clearly singled out as areas significantly increasing vulnerability. They undermine directly the ability to produce or to safeguard acquired assets. Refugee-hosting communities and some urban areas have special concerns in this regard. Mobilization of local defence groups help but may face limitations on account of discipline or scarcity of resources.

An overarching suspicion that runs across people's feeling of vulnerability is corruption, be it in economic management (market liberalization, resources management, privatisation, regulation) or in taxation, administration of services security and policy making in general. And since corruption affects the poor proportionately more than it does to the better-off, people's demands to be equipped to fight corruption from their end is justified. Making people aware of their entitlements and how they can defend them through civic education is probably the most appropriate strategy. However, people still believe that government response in the form of action and/or leadership is key to curbing these shortcomings.



At a Glance

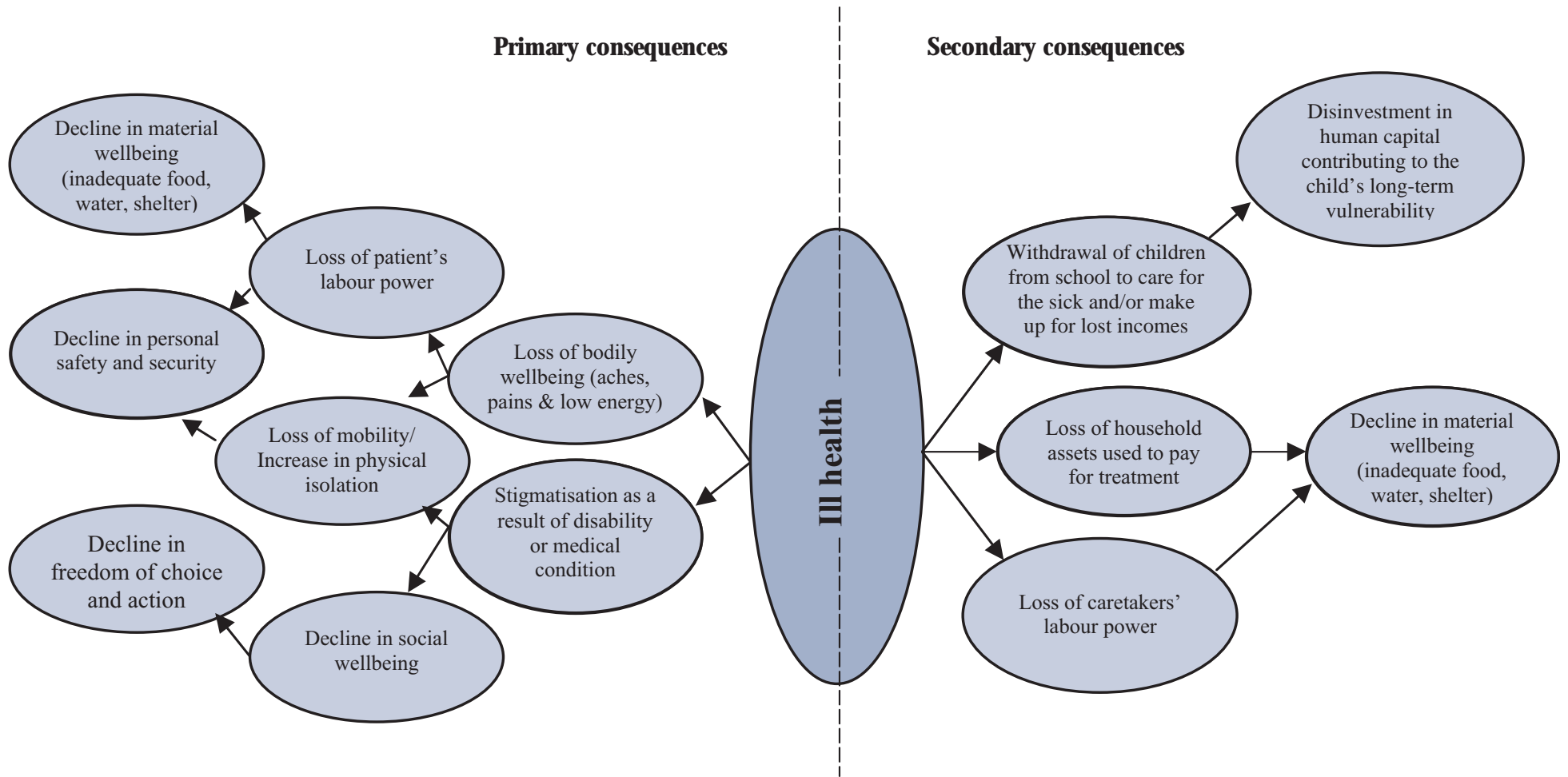
- ❑ Ill health undermines both the capacity of those who are ill and their caretakers to pursue livelihoods, carry out daily routines, look after others, advocate their interests, learn and socialise.
- ❑ People's experience of ill health – and, therefore, its meaning for vulnerability – is the result of social as well as physical consequences.
- ❑ Ill health frequently forces people to choose response options (such as selling productive assets or withdrawing children from school) that meet immediate needs (such as medicines) but contribute to long-term vulnerability.
- ❑ Many measures to prevent ill health cost money. Therefore, poor households are the least likely to use them and the most likely to be exposed to health risks. This is part of the reason why many forms of illness are most common amongst the very people who can least afford to mitigate or cope with them.
- ❑ Stigmatisation makes health problems worse; puts people in danger; and leads to social exclusion, humiliation and precarious dependency.
- ❑ In addition to their intensity, it is the ways in which the social and physical consequences of HIV/AIDS combine that makes it incomparably more destructive to people's wellbeing than any other illness.

8.1 Introduction

This chapter explores the relationship between ill health and vulnerability. As such, it focuses on the *dynamics* of disease, disability, malnutrition and injury rather than their particulars (e.g. frequency and distribution).²¹ Figure 8.1 reflects this approach by focusing on the consequences of ill health rather than the causes.

²¹ Though many people with disabilities are healthy, their impairments are often due to, or may give rise to, special health problems. Discussing disabilities in this Chapter, as well as in Chapter 10 provides an opportunity to show that discriminatory attitudes frequently have a greater impact on people's wellbeing than their physical or mental impairments.

Figure 8.1: The relationship between ill health and ill-being



In this context, “primary consequences” are those that follow *directly* from various forms of ill health. In contrast, “secondary consequences” are the result of how individuals, households and communities respond. The list of these consequences is obviously incomplete. It is, however, adequate to make several important points.

First and foremost amongst these points is that *people's experience of ill health – and, therefore, its meaning for vulnerability – is the result of social, as well as physical conditions*. This implies that some consequences are inevitable (such as loss of bodily wellbeing) while others (such as stigmatisation and a subsequent decline in social and political capital) are not.

The second is that *disease, disability, malnutrition and injury impact others besides those who are ill*. In fact, illness often takes a grave toll on caregivers and dependents; and widespread ill health can undermine the wellbeing of entire families and their communities. It also has an aggregate impact on the country as a whole. For example, a macro-economic simulation model has estimated that HIV/AIDS is likely to reduce Tanzania's GDP by 15 to 25% by the year 2010 (Cuddington 1993).

Third, *ill health often has long, as well as short-term impacts*. Put another way: people, households and communities may recover from ill health without recuperating from its consequences. This obviously applies to households that have survived episodes of ill health by selling off productive assets and, thereby, entered into a poverty trap. However, it also applies to individuals (those who are ill, their caretakers and dependents) who have been robbed of opportunities to develop their full potential.

In order to explore these points, this chapter identifies two major ways in which poor health acts as an impoverishing force, namely through bodily ill being and stigmatisation. It then explores how people respond to each and how the countermeasures they take sometimes solve one problem while giving rise to others. The implications for vulnerability, and for strategies to improve people's resilience to poverty, are discussed in the conclusions.

8.2 Bodily ill being

Forms and frequency: Public hospitals, clinics and dispensaries routinely provide the Ministry of Health with details about the people they treat. When combined with survey-based research results, Government gets a picture of how many people are affected by various diseases and malnutrition or seriously injured each year. For instance, the Ministry of Health's routine data system reported that 4,073,992 people were treated for malaria, 1,477,795 for acute respiratory infections and 641,745 for diarrhoeal diseases in 2000 (URT/MoH 2002, 2-3).²² Though relatively few cases of HIV/AIDS have been reported, Government's sentinel surveillance programme suggests that as many as 2,229,770 may be living with the virus today (URT/MoH 2001, 11). Meanwhile, micronutrient deficiencies and malnutrition are common – especially amongst young children.²³ Indeed, some 8,640,000 Tanzanians are thought to be iodine deficient (URT/MoH 2001, 14); a condition causing goitre in roughly 24% of school age children (TFNC 2000, 4) and mild mental impairment, deafness and/or dwarfism in others.

There are approximately 3,456,000 people (10% of total population) with disabilities as a result of congenital diseases and defects; non-communicable organic diseases; communicable diseases; malnutrition; injuries and accidents; functional mental disorders; and chronic alcoholism and drug use.²⁴ Of these, roughly 28% are physically impaired; 27% are visually impaired; 20% are deaf; 8% are mentally impaired; 4% have multiple impairments and 13% are living with other impairments (Personal communication: Ministry of Community development, Gender Affairs and Children, Department of Social Welfare).

²² These figures indicate the total number of outpatient diagnoses plus inpatient admission for all age groups in 2000. Though helpful, they grossly under estimate the prevalence of many conditions (particularly those that are stigmatising). For instance, approximately 16,000,000 Tanzanians are thought to contract malaria each year and 100,000 die (Gumbo 2003).

²³ More information on the frequency and significance of early childhood malnutrition is presented in Chapter 9 of this Report.

²⁴ The most common causes of disability in Tanzania are most likely malnutrition, congenital disorders and communicable diseases (Wimile 1997, 14).

Public monitoring mechanisms are poorly suited to learning how many people are physically and/or emotionally addicted to substances such as alcohol, valium, mandrax (also called speed or methamphetamine), marijuana, heroin, cocaine, petrol and glue. However, findings from the TzPPA indicate that the problem may be widespread. Indeed, people in every research site identified alcoholism – especially amongst men – as rampant. Meanwhile, participants in urban sites consistently reported that the use of other, even more addictive and destructive drugs has risen steeply in recent years.

Anecdotal evidence suggests that the use of “hard drugs” (e.g. heroin, cocaine and mandrax) may already have reached epidemic proportions in some urban areas. Purpose-designed research is urgently needed to verify the scope of Tanzania’s burgeoning drug problem and recommend effective counter-measures.

The incidence of accidental and occupational injury is difficult to assess. However, illness from mercury exposure (Mwami et al. 2001, 38-39), pesticide poisoning (Makame et al. 2001, 25-26) etc. is well documented and may – as gold mining, horticulture and comparable industries expand – be increasing since workers often lack protective gear and effective occupational safety standards are missing.

Consequences: The incapacitation, pain and other symptoms associated with illness are difficult to endure, as is the emotional stress it causes patients and those that worry about them. Therefore, people naturally avoid falling sick or being injured. At the same time, people fear ill health because of its impact on their own and their family’s material wellbeing.

Although different illnesses affect the human body in different ways, the consequences are less distinctive. Indeed, disease, disability, malnutrition and injury are largely feared for the same reasons, namely: *they undermine the ill person’s power to* (i.) *pursue his or her livelihood*; (ii.) *carry out daily routines*; (iii.) *look after others*; (iv.) *advocate one’s own interests and those of dependents*; (v.) *learn* and (vi.) *socialise*. As summarised by a research participant in Sokoni sub-ward (Kinondoni District):

Before getting sick, I was able to do a lot of activities including farming and business. I was able to satisfy my own and my family’s needs. I didn’t depend on anybody.

Though only the first of these consequences can be assigned a quantitative value, they are all tremendously important.

Case Study 8.1: The long-term impact of low-intensity illness

Bwana Juma is a forty-eight year old sardine fisherman living in Mwanza Municipal District. He used to own six fishing boats with lift nets – a sizable asset base by any reasonable standard. Indeed, it insured a daily income of between Tsh. 50,000-150,000.

Juma used this income to provide for his wife and two children, as well as twenty extended family members. However, four years ago, his legs started to swell and hurt. Soon, he could barely walk. As a result, he could not properly monitor his business; and profits quickly fell. As his condition worsened, more and more of his diminishing income went to treatment. With no money to spare, worn out fishing gear could no longer be replaced and a once-thriving business ground to a near halt.

Bwana Juma now earns just Tsh. 20,000 per month. His two children have stopped attending secondary school because he cannot pay their school fees, and he no longer provides material support to needy relatives. Juma’s plans for a better life have been shattered and, now, even hope is dying as he watches a lifetime of work and savings erode before his eyes.

Case Study 8.1 illustrates how even a relatively moderate but chronic condition can push well off households into poverty. It also shows that ill health is particularly threatening when the patient is a principal provider and/or caretaker. This was eloquently summarised by a man in Mongo wa Mono village (Mbulu District) who explained, “When the mama is sick, the children bid farewell to food.”

Thus, *the ill health of prime-aged providers is a greater threat to household wellbeing than that of children or elderly dependents* since it often leads to the short-term food insecurity. If, however, providers are incapacitated for a long period, or during key points in the agricultural year (such as the rainy season when some diseases reach peak prevalence), then the outcome may be more severe. It could, for example, result in delayed food scarcity when stocks run out and there is nothing to harvest because no one was strong enough to plough and sow.

The case of bwana Juma illustrates one more important point, namely that the illness of keystone providers can depress the wellbeing of an extended social network. In another illustrative case, a young man in Semtema A sub-ward (Iringa Municipal District) explains:

... when my father was working, he supported me by purchasing fertilizer to use on my fields. Now he is too sick with tuberculosis to work. As a result, he has no income; and I have no way to access fertilizers. This has made my income fall...

Some households also depend on others for advice, leadership and representation. This is especially common in communities where relatively few people have the knowledge, skills and experience to interact capably with powerful outside institutions. In these cases, losing the human capital of even a few leaders can effectively deplete local organisational capacity and limit political clout.

8.2.1 Response options

8.2.1.1 Prevention

Diarrhoea is the second most common illness amongst children under the age of 15 and is usually the result of drinking contaminated water (HBS 2002, 44). Like many other types of ill health, it can be prevented – in this case, by protecting water sources, boiling, filtering, applying chemical purifiers, etc.

So, the obvious question is why such a “preventable” disease remains so widespread. One answer is that many people still lack information about the problem and/or its solutions. However, the more common answer is that, for one reason or another, people cannot consistently translate their knowledge into practice. Obstacles cited by research participants include an inability to construct conventional pit-latrines (Mkongo Kaskazini village, Rufiji District); the prohibitive cost of fuel for boiling (Mtambani B sub-ward, Ilala District); the impracticability of boiling water – both in terms of time and available resources – when/where it is needed (Loborsoit village, Simanjiro District) and the cost and scarcity of filters or convenient chemical treatments.

These explanations suggest several important points. First, *preventative measures frequently cost money. Therefore, poor households are the least likely to use them and most likely to be exposed to health risks.* This illustrates the vicious relationship between poverty and ill health.

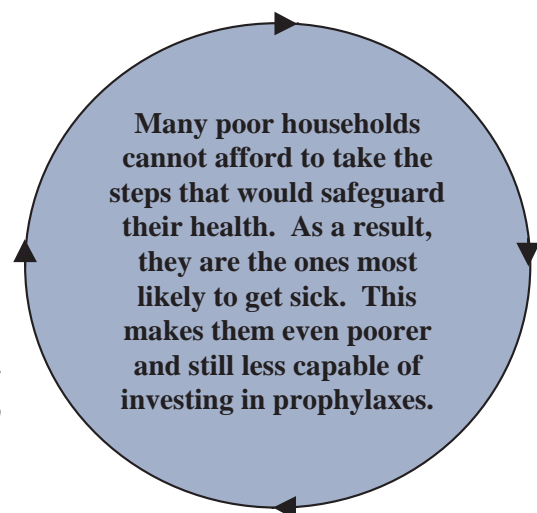
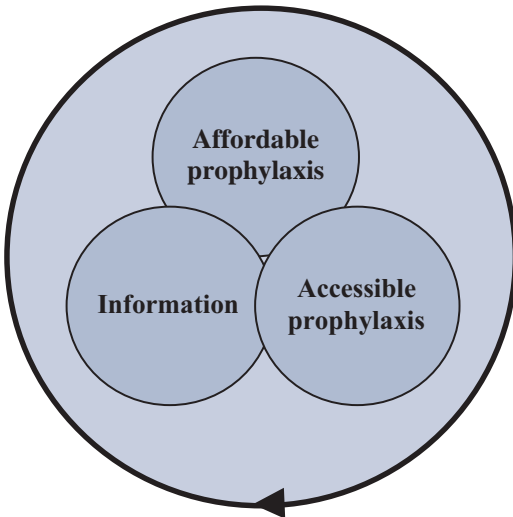


Figure 8.2: Closing the IEC circle



talk with community members, (ii.) identify the barrier to compliance and (iii.) co-design viable alternatives.

These alternatives may incorporate traditional knowledge. In urban sites, many households prevent malaria by using bed nets and mosquito coils. Unfortunately, such options are rarely available or affordable in rural communities. In Makongora village (Muleba District), people therefore burn eucalyptus leaves as a repellent.

At individual and household levels, preventing ill health requires information as well as accessible, locally practicable and affordable prophylaxis. Government and CSOs have vital roles to play in providing this information and making affordable preventative measures possible for people to pursue without causing a major drain on household resources.

This role should entail verifying and spreading traditional knowledge that works and discouraging practices – such as the use of charms (Igundu village, Chunya District) or ritual scarring (Chagana village, Igunga District) to ward off disease – that probably do not. It should also include continuing to subsidise some health care solutions, such as condoms, and stimulating the private sector to make others, such as iodinated salt, available throughout the country.

Finally, Government should take a more proactive approach to prohibit, eliminate and provide alternatives to the most hazardous livelihoods. It should also guarantee people’s right to work under safe conditions. Without this support, people desperate to earn an income may find it impossible to successfully advocate on their own behalf for industrial safeguards against pesticide poisoning, mercury exposure, etc.

Government should take a more proactive approach to prohibiting, eliminating and providing alternatives to the most hazardous livelihoods. It should also guarantee people’s right to work under safe conditions.

In sum, Government and its development partners need to provide health care solutions that take into account the whole person and their complex circumstances. Otherwise, even well intentioned health interventions may fail and/or inadvertently push people down the ladder of wellbeing. In Sokoni sub-ward (Kinondoni Municipal District), for example, local authorities characteristically impose quarantines and ban *Mama Lishes* (i.e. open-air food vendors) to stop the spread of cholera. Though this may be successful from a health perspective, it is unsatisfactory since it prevents people from earning vital income and disproportionately impacts on the poorest households. As explained by a vendor in Sokoni:

Second, *information, education and communication (IEC) campaigns are helpful but inadequate if they are not part of a holistic strategy ensuring that people have affordable means to translate information into action.* Thus, *Angaza* (HIV/AIDS), *Ngao* (Malaria) and micro-nutrient campaigns (including iodine and vitamin A) have had positive results in large part because they provide the means of preventing health problems.

Third, *solutions have to be locally practicable.* In the fishing village of Mchinga II (Lindi Rural District), for instance, standard pit-latrines cave in because the soil is too sandy to support walls. Imposing fines on households without latrines, as happened in Mchinga II, was not the right response. Rather, local authorities should have chosen to (i.)

The officials are breaking our food stalls. They are the ones making us women become prostitutes! If it is an issue of cleanliness, okay. But they are causing more problems for us when they try dealing with it this way. Some of us borrowed the capital to do this business, and now it is lost.

A “containment approach,” which hinges on re-acting to rather than preventing crises, leaves people feeling as though Government is fighting them instead of the problem (Mwakizega village, Kigoma Rural District and Mtambani B sub-ward, Ilala Municipal District). The same sentiment was voiced when research participants discussed drug abuse. According to addicts and petty sellers, putting them in jail has no effect on their choices. Instead, they say Government must go after the big dealers while simultaneously tackling the economic exclusion and hopelessness that drive drug use amongst urban youth (Mtambani B sub-ward, Ilala Municipal District).

This is a substantial challenge. Local authorities are already hard pressed to provide the basic services, such as IEC, clean water and garbage disposal that would help prevent cholera outbreaks in the first place. Meanwhile, catching drug dealers and creating mass employment opportunities is largely beyond their power. Nonetheless, it is possible for Government and its development partners to address many of these issues so that they – and ordinary citizens – can avoid having to choose between health and poverty.

8.2.1.2 Mitigation

When people become ill, they need special care and, often, special treatment to heal. Nonetheless, research participants made it clear that many people fail to get either the care or treatment they need. Moreover, even when they do, it can come at a high price.

Treatment: People self-diagnose and medicate using traditional or commercial remedies. They also turn to traditional healers (*mganga wa kinyeji*) and health care providers in public and, increasingly, private facilities. The order in which they do so varies. Sometimes people self-diagnose first and, if the results are unsuccessful, later turn to traditional and/or formal health care providers. Other times, they go directly to a formal practitioner and, if this fails, then resort to traditional medicine. Both strategies strive to minimise expenditures and the degree to which treatment depletes individual/household assets. Private health care practitioners were generally regarded as the most effective but least accessible option due to relatively high costs.

In 1993/4, the Government of Tanzania introduced cost-sharing into the public health care system as part of its macro-economic reforms. Though this has made a small contribution to balancing accounts, the policy also contributed to putting professional health care assistance beyond the reach of many. As summarised by a man in Kongo village (Bagamoyo District):

Under the market economy, social services are sold just like any other goods in the market. If one has no money, [then] he or she will not access health services.

According to figures derived from the 2000/1 HBS, 58.7% of respondents who felt they should have consulted a health care provider did not because it was too expensive (NBS 2002, 46). This is more than *triple* the next highest single reason for failing to seek needed medical care.

Research participants in the TzPPA indicated several reasons why medical care is “too expensive” to access:

- First, even the Tsh. 500 standard consultation fee is beyond many people’s meagre means; especially women and children who typically lack decision-making power over when/how household assets are spent. The problem is obviously much greater when the patients need substantial treatment, and it is not solved by the current system of exemptions that is arbitrarily applied and subject to abuse.

- Second, people are frequently forced to bribe (especially in dispensaries and clinics) as a pre-condition to receiving services. In such cases, official charges constitute just one part of what is really paid. This is illustrated in Case Studies 8.2 and 8.3.
- Third, costs accumulate. Transport, medicinal and other expenditures (including, in some instances, overnight accommodations) quickly add up to potentially prohibitive proportions, as indicated in Case Study 8.4.

Case Study 8.2: Bribes as an obstacle to accessing health care

In Twatwatwa village (Kilosa District), women explained that it costs Tsh. 2000 to visit the closest health care facility 18 km. away in Kimamba. After transport costs, they pay Tsh. 1,500 to register at the clinic and are routinely expected to pay additional bribes before being served. When one research participant refused to pay the bribe, she was bluntly told, “If you don’t want to pay, go home.”

Therefore, participants said, “If you have Tsh. 10,000, you go for services but don’t expect to eat. If you have less than Tsh. 10,000 you don’t [waste time by] going.” Alternatively, women travel to the hospital in Kilosa or Morogoro. These facilities are less corrupt but require substantially more time and money to reach.

Case Study 8.3: Corruption in place of exemption

Some women in Nzanza village (Meatu District) deliver their babies at home without assistance from a trained attendant. Others go to Mwandoya or Mwanhuji health centres. Though deliveries are supposed to be exempted from cost-sharing, they still pay a minimum of:

	Tsh. 500 for an A.N.C. Card
	Tsh. 200 for a syringe
	Tsh. 2,000 for gloves
+	<u>Tsh. 5,000 for a “thank you” to attendants</u>
	Tsh. 7,700 total

When people are desperately sick, however, they are often willing to resort to desperate measures. These include foregoing basic and long-term/strategic needs, as described by a woman in Semtema A sub-ward (Iringa Municipal District) who cared for an HIV+ niece until she died:

We could not provide exercise books and tuition fees to our children. They even stopped taking tea or breakfast so that we could manage treatment... We used up the small capital we had to take care of the sick. Now, we are left with nothing. We are not sure of the food situation this year.

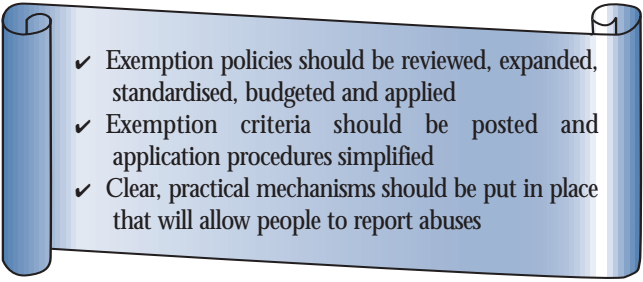
In this case, people had to choose between paying for medical care and eating. Others may take out a loan. However, these are often at exorbitant rates that are agreed to only because the money is urgently needed. Still other people are forced to sell assets to raise cash for payment. For the poorest households, this typically means selling off productive assets because they have little else of value. As a result, they can enter a “poverty trap” that they will not be able to escape without external assistance.

Case Study 8.4: Loans to cover health care costs

Bwana Bhupelo’s little boy (Nzanza village, Meatu District) was hit in the head by a hoe. The father bicycled the child to a clinic, where he was told to pay Tsh. 7,000 for registration and bribe, Tsh. 1,000 for anaesthesia and Tsh. 1,200 for six injections. Desperate to pay so that the health care workers would begin, he took a loan at 100% interest from a nearby shopkeeper. According to *bwana* Bhupelo, repayment cost the equivalent of sixteen week’s worth of food.

Though Government has officially exempted some social groups (such as children under five and the extremely poor) and people suffering from specific conditions (such as TB, leprosy, cancer, HIV/AIDS and mental disability) from cost-sharing, many still pay as in Case Study 8.3. According to research participants, this is because:

- ❑ People don't know their rights
- ❑ Health care officials sometimes refuse to acknowledge these rights (i.e. exemptions are denied)
- ❑ Procedures for gaining exempt status can be prohibitively expensive, time consuming and intimidating

- 
- ✓ Exemption policies should be reviewed, expanded, standardised, budgeted and applied
 - ✓ Exemption criteria should be posted and application procedures simplified
 - ✓ Clear, practical mechanisms should be put in place that will allow people to report abuses

Even when these exemptions are implemented, it does little good if the result is a prescription that people cannot afford to buy. This predicament was repeatedly described by research participants and summarised by a man in Lugubu village (Igunga District):

I am in a group [i.e. extremely poor/destitute] that gets free treatment. But there is a certain type of medication I am supposed to buy that costs Tsh. 9,000! I cannot afford this amount, so I stay without medicine.

People often turn to their social networks for assistance in meeting the costs of medical treatment. Help is usually given – especially if the patient's immediate kin is seen as doing everything they can. Assistance is less forthcoming if the patient is stigmatised by their condition (such as drug addiction) or livelihood (such as prostitution). Regardless, help invariably fades over time. Patients with chronic conditions, therefore, find it almost impossible to sustain treatment.

Costs are not the only factor limiting people's capacity to treat illness. Distance was the second most frequently cited obstacle. In the last ten years, the mean distance to primary health care facilities has decreased from 4.4 to 3.9 kilometres (NBS 2001, 47). This is certainly a change for the better. Nonetheless, nearly half a million households remain more than 20 kilometres from the nearest health facility.

Even relatively short distances can be difficult – and costly – to surmount. For example, it requires a number of people to carry a patient to the clinic in a stretcher. In such cases, the stretcher-bearers lose out on a day's work. This is customarily compensated by the patient's household, which must add food for the stretcher-bearers (who number *at least* ten) to the total cost of treatment.

Case Study 8.5: The cost of travel to distant health care facilities

When illnesses or injuries are too complicated to treat at the local dispensary, patients in Mkongo Kaskazini village (Rufiji District) must make their way to Utete District Hospital. This requires the mobilisation of stretcher-bearers to carry the patient four hours to the Rufiji River where they can catch a ferry. Once on the other side, they continue walking for another half-hour to the hospital.

As suggested in this Case Study from Mkongo Kaskazini village, treatment is also limited by the quality of nearby services. Poorly trained staff, ill-equipped facilities and lack of pharmaceuticals frequently require people to travel to meet their needs (see also: MoH 2001, 13). Thus, the *real* distance between people and treatment is often far greater than figures captured by the 2000/1 Household Budget Survey. This implies that Government initiatives such as the Tanzania Social Action Fund (TASAF), which has

constructed a remarkable 265 health facilities since its operational inception in 2001, are helpful only to the degree that they are accompanied by improvements in *quality* (in terms of staff capacity, range of available medicines and services, etc.).

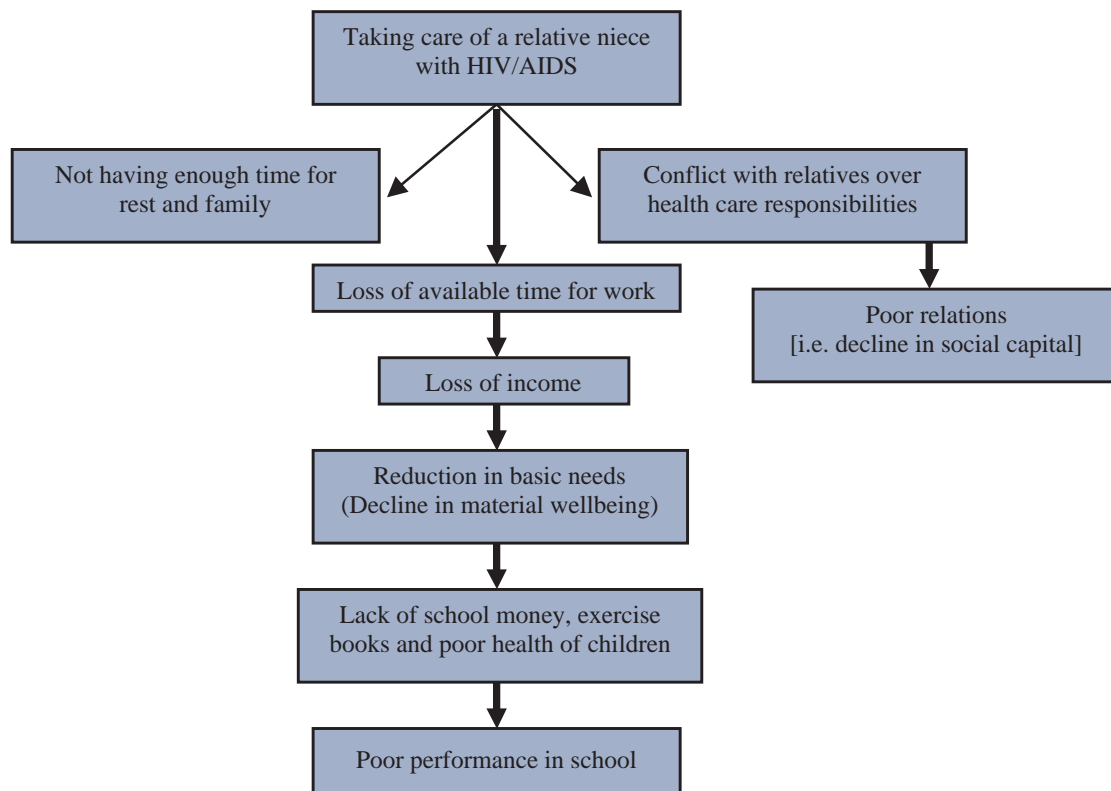
Care: People affected by disease, addictions, malnutrition, injury and disabilities often require care. In many cases, this care amounts to little more than “checking-in,” preparing food or fetching water, etc. As shown below, it can also be a fulltime job that precludes the caretaker – usually a woman – from pursuing her or his livelihood and limits the other tasks they can perform.

Case Study 8.6: The experience of caretaking

Twaka (Sokoni sub-ward, Kinondoni Municipal District) was born a healthy child in 1993. Four years later, he suffered a terrible fever that left him epileptic. According to his mother, “When my son became sick, it affected me even more because I was forced to leave my job to take care of him.” Now, the entire family of nine is dependent on her husband’s income as a mechanic. It is insufficient to meet their basic needs and buy the expensive medicine prescribed for the boy by doctors at Muhimbili Hospital. Therefore, he goes without.

If the caretaker is ordinarily a provider, this leads to direct decline in the material wellbeing of her or his household. If the caretaker is a school age child, then they may be losing out on a rare and irreplaceable opportunity to develop their human capital. Sometimes, both sacrifices may be required. Thus, a woman (Semtema A sub-ward, Iringa Municipal District) caring for her HIV/AIDS+ niece explained how, “Whenever the patient [became] serious, we could neither do business nor send the children to school.” As indicated in the figure (8.3) she drew with her husband, the opportunity to care for loved ones frequently comes at a terrible price that can affect household social and human capital as well as material wellbeing.

Figure 8.3: Consequences of caretaking



Source: Research participants in Semtema A sub-ward, Iringa Municipal District

8.2.1.3 Coping

When treatment is impossible or beyond their means, people try coping as best they can. In the case of alcohol and drug addictions, this may lead to feeding the habit until it proves (in one form or another) fatal. As expressed by a young man in Mtambani B sub-ward (Ilala Municipal District):

Even if you put food in front of me, I will not eat until I get a puff [tobacco and heroine]. It is like you are sick and hungry at the same time. What do you go for? You go to something that makes you feel better before you go for the food.

Meanwhile, coping with disease, malnutrition or injury may imply learning to live with even less by cutting back on essential costs such as medication, food and clean water. This was certainly one of the most common ways that research participants dealt with ill health. However, they also relied on social networks to provide assistance. In the short-term, this is often adequate. Yet few people can afford to sustain their charity for long.

Whenever possible, people therefore prefer a more creative, and less dependent strategy. For instance, a woman in Sokoni sub-ward (Kinondoni Municipal District) adapted to her husband's paralysis by setting up a small second-hand clothes shop in the front of her home. This allowed her to care for him and earn an income. Cases like this are striking, though, in their apparent scarcity. Indeed, successful adaptation typically requires assets that many people don't have, such as small business or manufacturing skills and seed money. As in Case Study 8.7, their solutions are therefore much more humble – such as selling buns (*mandazi*) or chapatti – and mostly inadequate to maintain a reasonable standard of living.

Case Study 8.7: Disability compounded by inability

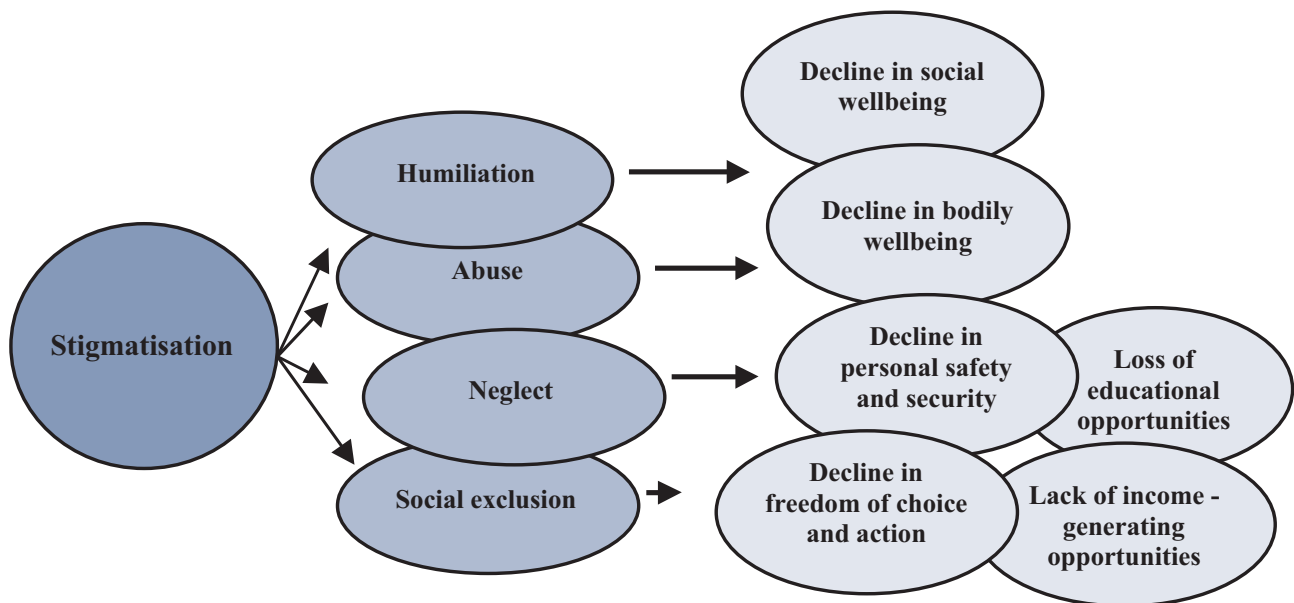
At three years of age, a woman in Makongora village (Muleba District) fell sick and lost the use of a lower leg. As a result, she was never sent to school. This left her with few options later in life. Now thirty-two years old, she still cannot walk. However, she has two children that she cares for by working her half-acre shamba and weaving reed mats sold for a meagre 2,000 Tsh.

CSO and Government programmes recognise this problem and provide some people with basic assets to help them cope. Providing wheel chairs to people with physical disabilities, for example, liberates them from isolation and allows them to look for work. According to the Federation of Disabled People's Organisations, however, these and comparable initiatives are sporadic, under funded and ultimately obstructed by stigmatisation and social exclusion.

8.3 Stigmatisation and exclusion

Sexually transmitted infections, fistulae, incontinence, some forms of substance abuse (notably drug versus alcohol addiction) and disabilities are commonly "stigmatising." In other words, they are regarded as marks of shame justifying humiliation, abuse, neglect and social exclusion. As illustrated in Figure 8.4, there can be many conspicuous and subtle, short and long-term consequences.

Figure 8.4: Consequences of stigmatisation



8.3.1 Consequences of stigmatisation

Stigmatisation makes health problems worse. In Chikwaya village (Newala District), for instance, men and women frequently contract STIs. According to the nearby dispensary in Makote Ward, men promptly seek treatment and, therefore, suffer relatively few complications. Women, on the other hand, tend to seek care later because they fear the shame that comes from admitting their source of infection. As a result, the STI often grows until they decide it is better to acknowledge their problem than suffer such intense abdominal pains. This late stage treatment is much more costly and virtually ensures that the patient will be unable to participate in livelihood activities for an extended period since their infection will have been severe. It can also cause infertility.

Stigmatisation not only prevents people from reaching out to get the help they need. It can also stop help from being offered. As shown in Case Study 8.8, people with stigmatising addictions find the very ordinary assistance they need being withheld – sometimes even from their own families.

Case Study 8.8: Stigmatisation of drug addicts

Kashid is a young drug addict living in Mtambani B sub-ward (Ilala Municipal District). He began taking drugs in 1995 after failing to find work and giving into hopelessness. According to Kashid and his friends, they didn't want to get involved in drugs. But now it has happened, and they need help to break the habit. This includes being given a chance to work and to socialise with others who don't take drugs. However, their addictions have made them “very far from the rest of the community. This is because the others see addicts as thieves.”

Finally, reluctance to speak openly about stigmatising conditions, such as fistulae, routinely limits people's capacity to understand what is happening to them and why, or know what treatment is available and where.

Stigmatisation puts people in danger. Fortunately, many stigmatising conditions are nearly as treatable as they are preventable. Some, however, are not. People's fear of HIV/AIDS – particularly those who have been close to someone infected – is often palpable because they associate infection with death. Nurses in Mtambani B sub-ward (Ilala Municipal District), therefore, called patients living with HIV/AIDS *kimeta*, or “anthrax” and implied that they should be feared and avoided.

In Mongo wa Mono village (Mbulu District), people's response to HIV/AIDS was more aggressive. In a discussion group, youth leaders counselled that, "It is not wise to live with someone who has HIV/AIDS. If a person has contracted HIV/AIDS, they should be exiled or murdered."

Though the degree may vary (largely based on how conspicuous their impairment is), people with physical and mental disabilities are categorically stigmatised in Tanzania. This prejudice sometimes leads to the killing or abandonment of even mildly deformed babies and often leads to their neglect and/or abuse. Indeed, outright murder, usually through exposure, may be common in pastoralist and hunter-gatherer communities while parental abandonment is widespread in fishing and agricultural communities. Meanwhile, disabled babies and young children are frequently fed last, fed least and – despite their greater need – given less supervision.

"If a person has contracted HIV/AIDS, they should be exiled or murdered." (Mongo wa Mono village, Mbulu District)

Elderly people with disabilities are also at risk. For instance, thieves see them as easy targets; and even family members have participated in murdering old people whose dementia is interpreted as witchcraft (Kwediboma village, Handeni District and Mchinga II village, Lindi Rural District).

Stigmatisation leads to social exclusion, humiliation and precarious dependency. Research participants living with HIV/AIDS agreed that they are routinely shunned if/when others learn about their condition. As a result, they can lose their jobs or be denied other economic opportunities though they are still capable of working. In some cases, even healthy family members, such as school age children, are teased, shamed and shunned into seclusion. This casts a shadow over their future, as well as current situation, since it means they may be denied critical (and irreplaceable) opportunities to develop human capital.

8.3.4 Response options to stigmatisation

Because their social status is already compromised, it is extremely difficult for people to challenge or change stigmatisation by others. Moreover, people who have endured years of discrimination and exclusion may lack the self-confidence and skills (such as basic literacy, public speaking, etc.) required to *make* their voices heard. The situation is still worse for those individuals who internalise their stigmatisation and fall into the despair and self-loathing described by drug addicts in Mtambani B sub-ward (Ilala Municipal District).

These difficulties are compounded by the disproportionate poverty of people in stigmatised social groups that mitigates against allocating time to self-mobilisation and advocacy. Nonetheless, some CSOs, such as the Federation of Disabled People's Organisations and Tanzanian Network of Organisation of People Living with HIV/AIDS have been formed in recent years to address the specific concerns of stigmatised social groups. They have largely focused on physical needs, such as the provision of wheelchairs and appropriate medical service. However, this is changing. Together with Ministries and issue-based CSOs committed to ensuring people's right to lead healthy, meaningful lives, stigmatisation is itself coming under fire.

Campaigns, such as Government's *Vita Dhidi ya Unyanyapaa* (The Fight Against Stigmatisation), mount sustained challenges against deeply rooted prejudices. The results can be remarkable. For instance, local authorities involved in the TzPPA presented the words and realities of drug addicts to the Ilala Municipal Management Committee. After some discussion, the Director concluded, "These are our people. We need to help them, not punish them." This sympathy for a previously stigmatised social group led to the provision of counselling services and targeted assistance (medical and otherwise) to help people overcome their addictions.

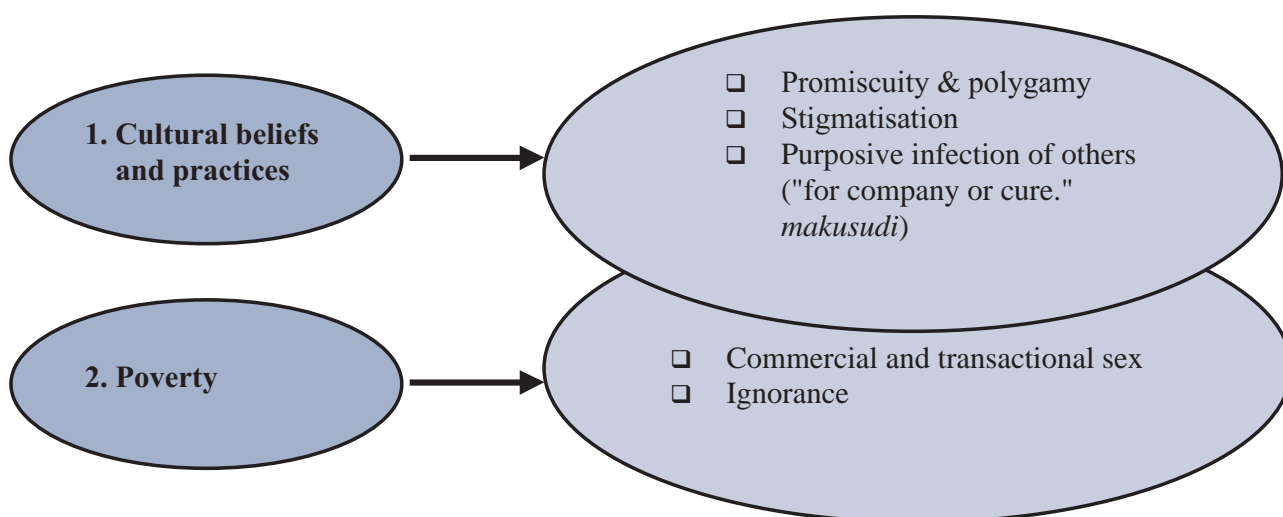
8.4 HIV/AIDS

People's experiences of HIV/AIDS powerfully illustrate the damage done when physical illbeing combines with stigmatisation.

8.4.1 Frequency and spread of HIV/AIDS

HIV/AIDS was first reported in Tanzania in 1983. Since then, only 144,498 cases have been reported. Though there are no statistics for how many people have died as a result of the disease, more than 2,229,770 people are thought to be living with HIV/AIDS today (URT/MoH 2001). Some of the reasons for its rapid spread are high levels of STI's (which are a co-factor in HIV transmission), low use of (condoms as a preventative measure), and infrequent safeguards to prevent mother-to-child transmission. Research participants in the TzPPA also reflected on the causes and concluded that the most important include those shown in Figure 8.5.

Figure 8.5: Key primary and secondary causes behind the spread of HIV/AIDS



8.4.2 Consequences of HIV/AIDS

The consequences of HIV/AIDS at individual and household levels reflect its dual status as a devastating disease and stigmatising condition.

Bodily wellbeing: Without the sustained use of expensive retroviral drugs, HIV/AIDS kills. Before doing so, however, it causes a cascade of problems and pain. At first, HIV has no outward effect on its carrier. This is called asymptomatic infection, and it may last for many months or years. As the immune system is weakened, people begin to suffer from a range of ordinary and specialised illnesses. When this occurs, people are said to have symptomatic HIV infection.

Apart from the so-called "wasting syndrome" and HIV-associated dementia, the symptoms of AIDS and of symptomatic HIV disease are caused by particular opportunistic infections and tumours, and not directly by HIV itself. Common opportunistic infections include tuberculosis, malaria, pneumonia and fungi that coat the mouth, throat and stomach. Ultimately, people's immune systems are so depressed that they frequently die from a combination of opportunistic infections – each adding their own symptoms and sufferings.

Material wellbeing: When HIV/AIDS infects prime-age adults, its toll on their own and dependents' material wellbeing can be disastrous. In one of the most rigorous analyses of its impact, a two-year panel study of 1,422 Kenyan households concluded that (i.) the death of a prime-age male household head leads to a 68% reduction in the net value of crop production while (ii.) adult female mortality causes a greater decline in the cereal cultivation commonly associated with household food security (IFPRI 2003).

Research participants in the TzPPA concur with the conclusion that, when prime-age men and women contract HIV/AIDS, household productivity and opportunities for off-farm income plummet. As explained by a 38 year old man in Pongwe Kaskazini village (Tanga Municipal District) this is the result of stigmatisation and social exclusion as well as physical weakness:

I became weak and could not go to my fields. I could not weed my crops, and wild animals ate my crops... Once I started developing skin problems, people even refused to buy my produce.

In Tanzania, the disease almost invariably culminates in death. As a result, the number of HIV/AIDS orphans, widows and widowers is growing rapidly. At the national level, it may be responsible for some 42.3% (UNAIDS, UNICEF and USAID 2002) to 66% (Kiwara 2001) of Tanzania's total estimated number of 1,928,000 orphans under 14 years of age (UNAIDS, UNICEF and USAID 2002). By 2010, it could be responsible for 4.2 million orphaned children (UNAIDS 2001). Meanwhile, in Muleba District – which is one of the hardest hit areas visited by the TzPPA – the District AIDS Control Coordinator (DAAC) estimated that out of a total population of 386,328, the number of HIV/AIDS widows is 7,500 and the number of orphans has risen from 36,220 in 2000 to 63,000 in 2002.

“From 1985 and 1990 the number of orphans and widows has increased. Before that, it was only the elderly that died; but these days even youth die. This is the result of [HIV/AIDS].” (Semtema A sub-ward, Iringa Municipal District)

According to research participants in Makongara village (Muleba District), these figures demonstrate that the total burden of productivity is falling on fewer and fewer adult shoulders. Moreover, the people having to carry the load are disproportionately youth, widowed women, and the elderly. At an aggregate level, they cannot cope; and the result is that their material wellbeing, along with that of the orphaned children they care for, can crash.

Security: In households where people are living with HIV/AIDS, patients, caretakers and others report feeling a tremendous degree of fear and anxiety. Adult patients wonder and worry about what lies in store for them, and who will take care of their families. Indeed, the biggest concern of a woman in Mtambani B sub-ward (Ilala Municipal District) whose husband had already died of HIV/AIDS, was not about her own health but about what would become of her children. When asked about his plans, her nine-year-old son could only reply, “Nothing. Nothing is my future.”

For their part, caretakers worry about the patient and what life will be like without them. They also worry about whether they are also infected – or soon could be. This is often accentuated by lack of basic knowledge about how the disease is transmitted and if living with and/or touching the patient can infect them.

Even uninfected households are affected. People worry about whether or not or when they and their children will contract HIV/AIDS. And fear has come to permeate the relationship between many wives and their husbands. Now, when men return from work in neighbouring villages and towns, women worry that they are bringing the virus with them. Health care officials who refuse to speak openly about the disease compound this concern. As explained by women in Maliwa village (Makete District):

Doctors do not tell us the real cause of death for our husbands. But we think our husbands get HIV/AIDS when they go for casual labour in towns and neighbouring villages.

In other words, the prevalence of HIV/AIDS undermines everyone's sense of confidence in their future wellbeing.

Social wellbeing: HIV/AIDS diminishes people's social wellbeing by robbing them of family and friends, as well as by sowing distrust and fear. Due to stigmatisation, it also deflates people's capacity to advocate their own and their dependents' interests. In worst-case scenarios (which are all too common), HIV/AIDS can even steal people's self-respect and belief that they have rights to be respected.

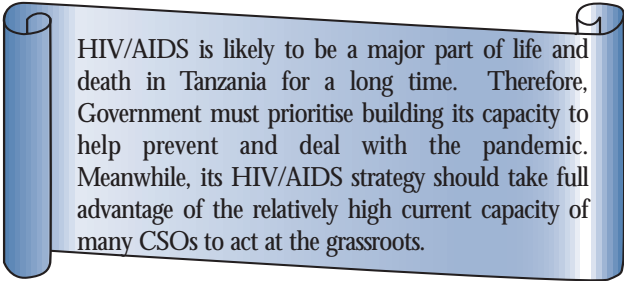
Freedom of choice and action: Opportunistic infections restrict people's movement and social interaction. Meanwhile, these infections are reinforced and often eclipsed by the effects of stigmatisation. Research participants noted that once some people become conspicuously sick, they avoid going into public places where they may be ridiculed or told to go away. Their families enforce this seclusion for fear of being shamed and branded a polluted/contaminated household. As such, HIV/AIDS limits people's capacity to maximise their material and social wellbeing and to participate in the decisions that affect their lives.

8.4.3 Response options

In addition to their *intensity*, it is the way in which the physical and social consequences of HIV/AIDS combine that makes it incomparably more destructive to people's wellbeing than any other common illness. As a result, some individuals, households and communities are actively mobilising to prevent its spread as well as help people to live with HIV/AIDS and cope with its effects.

The degree of this mobilisation generally reflects the extent to which people have *already* been affected by the virus. Indeed, knowledge about HIV/AIDS was widespread amongst research participants. This affirms findings from the 1999 Reproductive and Child Health Survey (NBS 1999, 125-127). Nonetheless, implementation of preventative and other measures to deal with the virus seems to hinge on perceptions of local prevalence. In communities with no or very few HIV/AIDS related deaths, actions are taken at the individual level if at all. Only in a few sites with exceptionally high mortality rates – namely Maliwa village (Makete District) and Makongora village (Muleba District) – have people openly discussed, organised and strategised against HIV/AIDS.

Inadequate skills and assets routinely hampered these efforts. This is unsurprising since the same problem is evident at higher levels. Indeed, Government established the Tanzania Commission for AIDS (TACAIDS) in 2002 to coordinate the implementation of a national, multi-sectoral response to the HIV/AIDS epidemic (Prime Minister's Office 2001, 34). The progress of this and other programmes is summarily assessed in the *Poverty Reduction Strategy: second progress report 2001/2*. One of the report's most striking conclusions is that "a good proportion" of the Tsh. 7.3 billion set aside for HIV/AIDS activities in Government's 2001/2 budget could not be used "due to low institutional capacity" (URT 2002, 60). As such, poor capacity in some sectors is a major obstacle to preventing, mitigating and coping with HIV/AIDS. However, the effects of stigmatisation are no less significant.



HIV/AIDS is likely to be a major part of life and death in Tanzania for a long time. Therefore, Government must prioritise building its capacity to help prevent and deal with the pandemic. Meanwhile, its HIV/AIDS strategy should take full advantage of the relatively high current capacity of many CSOs to act at the grassroots.

8.4.3.1 Preventing HIV/AIDS

Government and CSOs, often working in collaboration, have implemented a wide range of IEC campaigns starting with the social marketing of *Salama* condoms in 1992, and more recently the "Ishi" campaign. These have been tremendously successful in increasing people's knowledge about HIV/AIDS: according to the 1999 Tanzania Reproductive and Child Health Survey, 97% of Tanzanians know what AIDS is.

However, the continuing rise in HIV infection rates indicates that it is not enough to inform people about the virus. Nor is it adequate to simply give them condoms. Research participants also raised the point that identifying and addressing “core social issues” is equally important. These include:

- ❑ Economic and cultural conditions that leave some young women with few alternatives to meet their basic needs besides transactional or commercial sex
- ❑ Cultural practices that give men authority to determine whether their wives/partners can use condoms and values that allow/encourage men to engage in transactional sex
- ❑ Cultural conditions and ineffective legal frameworks that allow men to rape women with little fear of punishment
- ❑ Stigma in discussing issues of sexuality and death

Stigma has been identified by TACAIDS as one of the major hurdles to reducing HIV, and this was echoed in what research participants reported. Stigma increases HIV infection in two main ways: first, by preventing disclosure to partners for those who know or suspect their HIV status, and second, by preventing people from testing to know their status (especially since people do not trust the confidentiality of the health services). In addition, stigmatisation prevents people from getting care by causing economic losses to stigmatised individuals and their families (people will no longer buy *maandazi* (buns) or other goods from those who they suspect to be HIV positive or their family members). On top of this loss of income, stigma prevents PLWHA from getting good care since their family members may be ashamed to reveal that the person is sick or the family members themselves may even be prejudiced against the individual.

Government leaders and institutions, as well as CSOs, need to combat the stigma associated with HIV/AIDS. This is vital to preventing the disease’s spread, since stigmatisation is the main reason that people – including those living with the virus, their families and health care providers – do not talk about it.

Case Study 8.9: Reluctance to speak about HIV/AIDS

According to a research participant in Mtambani B sub-ward (Ilala Municipal District), her husband died of meningitis in 1997. Doctors and relatives knew since 1990 that he was living with HIV/AIDS. Though they discussed it amongst themselves, they never told her. Even the woman’s mother knew. However, it was only at the man’s funeral that she asked her daughter, “Do you know your husband died of AIDS?”

This silence undermines individual, household and community capacity to plan and act. Indeed, the woman in Case Study 8.9 contracted HIV/AIDS from her husband. The obvious question is whether this would have occurred if people had spoken earlier about his condition.

Reducing or eliminating stigmatisation therefore seems key to freeing people to fully utilise their resources in the fight against HIV/AIDS. A reduction of stigma may also help people realize the extent of the problem, as the word spreads that many of the deaths currently ascribed to malaria, TB, etc. are actually the result of HIV/AIDS. On the basis of people’s experience in Makongora and other villages, there is reason to believe this may galvanise the locally instigated preventative measures that are lacking today.

PO-RALG’s “Community Mapping and Theatre Against HIV/AIDS” (COMATA) and ActionAid’s “Stepping Stones” methodologies are examples of what can be done to change social conditions surrounding HIV/AIDS. One of the advantages to the methodologies is that they can link up with and support local initiatives, such as the pre-marriage screening currently insisted upon by religious institutions in Makongora village (Muleba District). Initial results seem promising. Yet these initiatives need to be scaled-up, and there needs to be a concerted effort at higher organisational levels to tackle overarching problems like gender biases in the justice system.

8.4.3.2 Mitigating HIV/AIDS

While efforts to prevent the spread of HIV/AIDS are critical, it is equally important to lessen its impact on individuals who are already infected *and their households*. There are a number of reasons why this should be prioritised. One of the most compelling is that society's failure to care for today's HIV/AIDS affected children will swell the ranks of tomorrow's "extremely vulnerable" adults.

Treating HIV/AIDS: There is no cure for HIV/AIDS. However, it is possible to minimise its damage through a well-balanced, nutritional diet and early/proper treatment of opportunistic infections (such as tuberculosis, malaria, fungal infections, etc.). Financing the drugs needed for treating such opportunistic infections can devastate household resources because of high costs and the recurrent nature of illness. According to a caretaker in Sokoni sub-ward (Kinondoni Municipal District)

The heaviest task in taking care of a victim is to cover the costs for medication, not staying with them. Just days ago, we had to buy 26 pills that were sold at Tsh. 1,000 [per each pill].

According to research participants in Makongora village (Muleba District), HIV/AIDS drains households of their assets until the patient dies or commits suicide. As such, it pushes more families into "poverty traps" than any other disease.

Though people living with HIV/AIDS are supposed to be exempted from cost sharing in public health care facilities, this rarely occurs in practice. After their most fluid resources (such as cash and goods easily convertible into cash) are depleted, patients begin depending on others in their social network. Because of the especially high costs and long duration of HIV/AIDS treatment – as well as its stigmatisation – this avenue of assistance can run dry. When this occurs, affected households may sell off productive and other hard assets, including their land. Once there is nothing left to sell, patients go without medical treatment.

Case Study 8.10: Cost as an obstacle to treating symptomatic HIV/AIDS

A research participant living with HIV/AIDS in Sokoni sub-ward (Kinondoni Municipal District) first caught TB in 1998 and, then again, in 2001. The illness made her weak and prevented her from working full-time. As a result, she could no longer provide basic needs for her disabled mother and five children (two of which belonged to a sister that has already died of HIV/AIDS).

In April 2002, the woman was diagnosed with malaria. She paid Tshs. 500 for treatment at Tandale dispensary and was subsequently referred to Mwananyamala District Hospital for further consultations. Once there, she paid Tsh. 2,800 in fees to learn she had HIV/AIDS and receive a prescription for drugs costing another Tsh. 40,000. Since she had no way of paying for these drugs, she has gone without them.

In rural sites, research participants said that health care staff do not inform patients of their HIV status and frequently prescribe no more than paracetamol tablets for aches and pains associated with the "wasting syndrome." People were unsure about the reasons for this widespread silence and minimalist treatment and, in general, expressed a lack of trust in public health care facilities and staff.

According to staff at Mwananyamala Hospital in Dar es Salaam, staff members' approach to HIV positive patients is partly due to a lack of anti-retroviral drugs and reluctance to tell people they have a problem that cannot be helped. This is an unfortunate response, since there are things that can be done in Tanzania to prolong and improve PLWA's quality of life even without expensive anti-retroviral drugs. For example, proper nutrition based on a high-fruit, high-protein diet is known to help people living with HIV/AIDS to maintain and/or recover their health. Though this treatment may be hard for affected families to afford, at least it offers hope.

Caring for people living with HIV/AIDS: Because people can live with symptomatic HIV/AIDS for many months or years, caretaking continues for a longer period, and can be much more intensive, than characteristic of other conditions. Such chronic caretaking is physically and emotionally draining, and it can lead to fundamental changes in household responsibilities that include withdrawing children from school. This disinvestment in children's human capital, which represents a net increase in their long-term vulnerability to poverty, may affect girls more than boys (Rugalema 1999, 43).²⁵

8.4.3.3 Coping with HIV/AIDS

Household productivity decreases when the labour power of prime-aged adults is lost to HIV/AIDS and/or caretaking. Major ways of coping with this loss include:

- ❑ Making do with even less
- ❑ Seeking help from social networks
- ❑ Selling assets
- ❑ Reallocating responsibilities

Richer households with some surplus productivity are able to compensate for the worst material consequences of HIV/AIDS by "belt-tightening." According to research participants, this may entail moving children from private to public schools or renting rooms. However, the majority of households are less fortunate. They depend on support from social networks or CSOs and, when these sources are exhausted, begin to sell off assets to meet their basic needs. The duration of HIV/AIDS illness and the eventual loss of a parent's life means that many children are eventually pulled out of school to begin working for food. In many cases, the income-earning opportunities available to children (e.g. artisanal mining and prostitution) are especially full of risk or entail unique risks to their young bodies. Regardless, the capacity of an orphaned child to deal with any subsequent

The capacity of an orphaned child to deal with any impoverishing force is dramatically reduced by the loss of a parent who is customarily *obliged* to provide care and protection. This is why orphaned children, and particularly double-orphans, are extremely vulnerable even if other adults are temporarily looking after them.

impoverishing force is dramatically reduced by the loss of a parent who is customarily *obliged* to provide care and protection. This is why orphaned children, and particularly double-orphans, are extremely vulnerable even if other adults are temporarily looking after them.

Meanwhile, community-level coping strategies are being developed in some sites where HIV/AIDS related deaths are particularly widespread. Maliwa village (Makete District), for instance, has established an orphanage to spread out the

stress of caring for its thirty-five parentless children. Yet this and similar initiatives are precarious because they depend on donations from households in a crisis-consumed area. Indeed, this is why resources in the orphanage are often inadequate; and it is why many children have decided to remain alone on their *shambas* or leave to find work in urban centres.

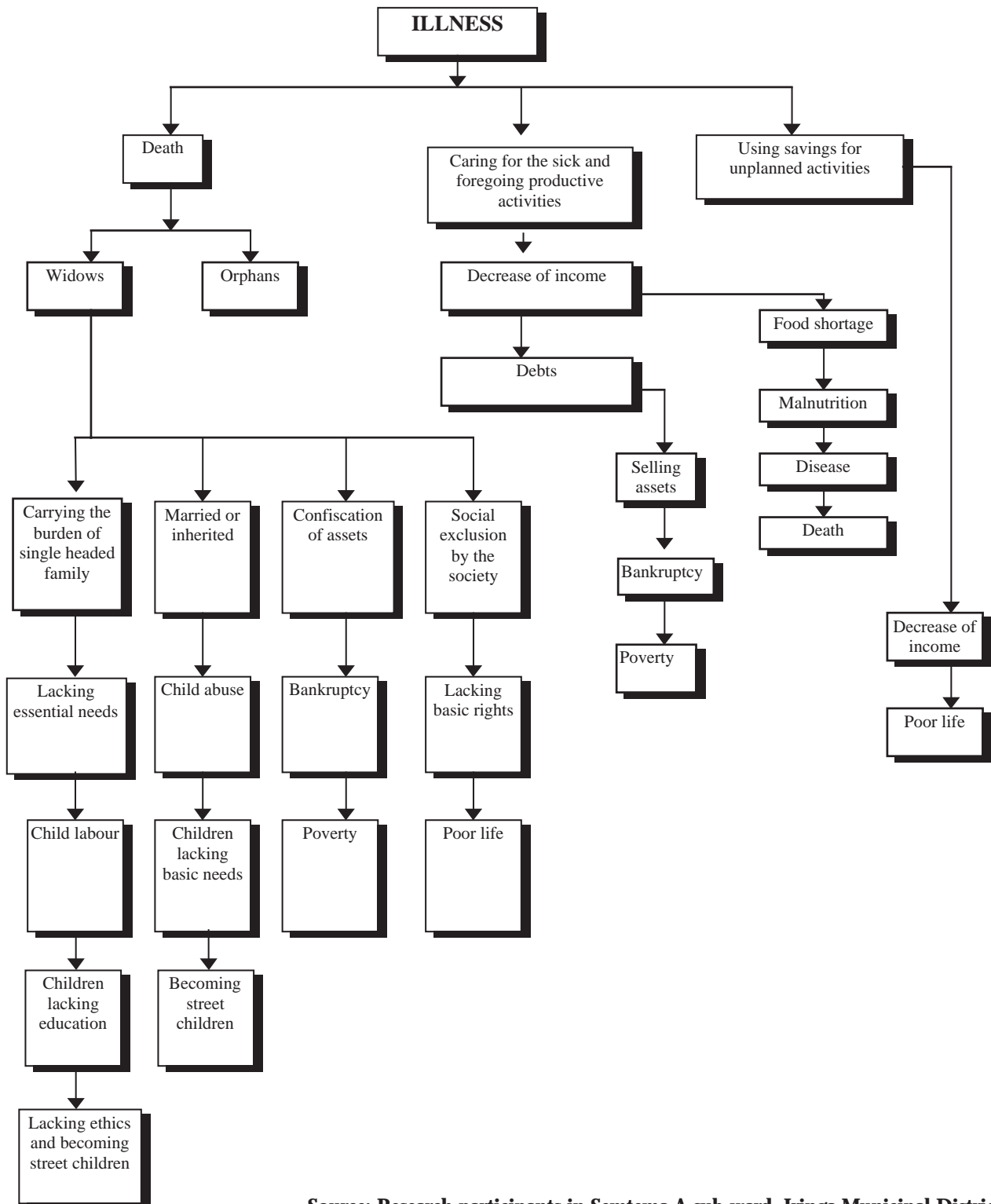
8.5 Conclusions

This Chapter has shown that people's experience of ill health is the result of social as well as biological conditions. It has also described the major ways in which these conditions conspire to push people down the ladder of wellbeing.

²⁵ The reasons for this bias are addressed in Chapter 10 and the TzPPA Briefing Paper on Education and Vulnerability.

Figure 8.6 was drawn by research participants in Semtema A sub-ward (Iringa Municipal District).

Figure 8.6: Exploring HIV/AIDS outcomes



Source: Research participants in Semtema A sub-ward, Iringa Municipal District

It summarises the Chapter’s main arguments by neatly explaining how the affects of ill health frequently:

- ❑ Extend beyond the person who is sick
- ❑ Last much longer than the illness itself
- ❑ Undermine people’s freedom of choice and action, sense of security and social capital as much as bodily and material wellbeing

These points are particularly evident in the case of HIV/AIDS. In fact, the consequences of HIV/AIDS are so total that it is arguably the single most devastating impoverishing force threatening individuals and households in Tanzania today. This is partially due to how the disease affects people's bodies. However, it is also the result of stigmatisation and the silence that surrounds HIV/AIDS; for these two things undermine people's efforts to stop its spread within and between households.

Despite its strengths, the drawing tells only half of the story about how ill health and vulnerability are related. While many of the ways in which illness impoverishes people are illustrated, it does not show how people's subsequent situation can lead them back into illness. The spin of this vicious circle is shown in Figure 8.7.

Figure 8.7: The poverty - ill health circle



Breaking this circle requires intervention from those outside of it. Unfortunately, those people stuck within characteristically lack the political capital to ensure this happens. According to research participants in Mwakizega village (Kigoma Rural District), the solution to many health problems, therefore, depends on opening up spaces where decisions are made about health care investments. From their perspective at least, this is *essential* to improving the response options available to Tanzania's poorest people.



At a Glance

- ❑ Though young children face a unique set of threats to their wellbeing, they are an “especially vulnerable social group” because they are almost wholly dependent on the care of others.
- ❑ Women are often the main food producers and undertake a disproportionate amount of work in Tanzania. This burden, in combination with their limited control over household assets and resources, typically places them under enormous strain. This strain increases significantly when women are pregnant, when they give birth and while they are raising young children.
- ❑ When people grow old, they experience physical changes that (i.) prevent them from pursuing their usual livelihood while (ii.) limiting their capacity to search for alternatives and respond to a wide range of impoverishing forces. Declining social status and increasing isolation intensify the impact of these changes and frequently ensure that they culminate in a broad-based, dramatic drop in wellbeing.
- ❑ People still believe in the importance of helping others. The problem is that traditional forms of support (from parents to children, husbands to wives and middle-aged adults to the elderly) break down when people are so overwhelmed by their own troubles that they have little time or other resources to spare.

9.1 Introduction

This chapter is about those impoverishing forces – including particular diseases, forms of discrimination, insecurity and expenditures – that individuals and households are exposed to *as a direct result of where they* (and sometimes those upon whom they depend) *are in the lifecycle*. It is also about how people’s changing rights, responsibilities and physiological condition affect their response options.

The chapter is divided into four sections, each of which focuses on a stage in the lifecycle that people’s testimonies and other evidence identify as particularly significant, namely:

- ❑ Early childhood

- ❑ The childbearing years
- ❑ Old age
- ❑ Death

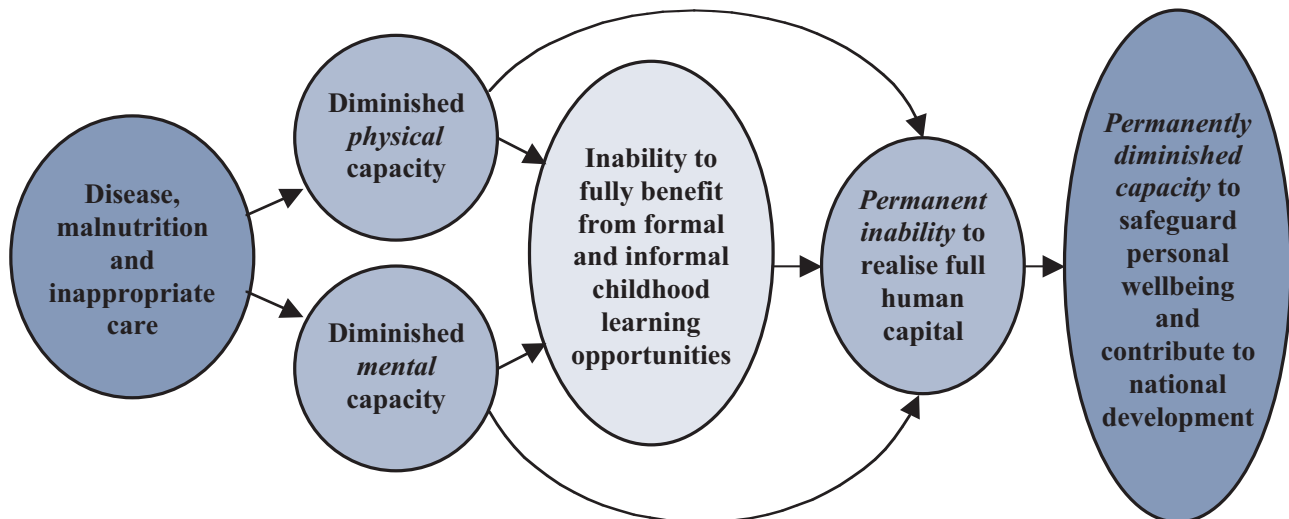
9.2 Early childhood

Young children (often grouped together as “under-fives”) face threats to their wellbeing that are incomparable to those of older children or adults. The most important of these are arguably disease, malnutrition and inadequate care due to household poverty and cultural beliefs.

These threats jeopardise the immediate wellbeing of children under-five, an age group whose mortality rate has risen from 137 per 1,000 in 1996 to 147 in 1999 (TRCHS, 1999, 86). This unexplained increase is, of course, cause for great concern. Yet the long-term implications of widespread childhood morbidity are, perhaps, even more alarming.

Early childhood – a critical period largely ignored in Government’s current PRS – sets the stage for the future prospects of individual, household, community and even national wellbeing. Indeed, the first five years of a child’s life are especially important to proper physical and mental development. It is during this period that children develop key learning and cognitive skills (such as an appreciation of symbols and relative quantity), social skills (including the use of language and emotional control) and establish habitual ways of responding (McCain & Mustard 1991, 31). Children that don’t get the right start never catch up, and their human capital invariably falls short of its full potential.

Figure 9.1: Early childhood development and long-term vulnerability



9.2.1 Disease

Under-fives are susceptible to a number of “childhood diseases,” such as measles and diphtheria, as a direct result of their immature immune systems. For the same reason, they are also at higher risk of contracting – and significantly higher risk of suffering permanent damage or dying from – diseases that strike older children and adults. The most notorious of these include malaria, diarrhoea and acute respiratory infections.

Exposure to these diseases varies according to geographic and seasonal environmental conditions, as well as population density. However, most parents participating in the TzPPA were particularly concerned

Young children are at higher risk of contracting – and significantly higher risk of suffering permanent damage or dying from – diseases that strike older children and adults. Parents participating in the TzPPA were most concerned about malaria.

about malaria. And for good reason: it is responsible for 20 to 45% of all under-five mortality and, as such, is estimated to kill between 70,000 to 80,000 young children each year (TRCHS 1999, 108). In some research sites (most notably Kwediboma village, Handeni District and Gibaso village, Tarime District), parents attributed 90% of deaths amongst under-fives to malaria. Though this figure may at first seem unrealistically high, it is important to consider that malaria commonly causes such severe anaemia in young victims that they are unable to withstand secondary infections or sustain malnourished bodies.

Prioritise the fight against HIV/AIDS along side of, not instead of, malaria control.

Even when these diseases do not lead to death, they can cause brain damage and/or permanent stunting. Unfortunately, no national figures are available to estimate the frequency of these outcomes. However, anecdotal data suggests that it might be surprisingly high; and especially so in remote areas where parents face extreme difficulty in accessing drugs to control childhood fevers, etc.

9.2.2 Malnutrition

Proper nutrition is necessary for children to live healthy, enjoyable lives today and in order for them to grow into the capable and productive adults of tomorrow. However, recent figures indicate that:

- ❑ 44% of under-fives are stunted, of which 17% are severely stunted (TRCHS 1999)
- ❑ 29% of under-fives are underweight (TRCHS 1999)²⁶
- ❑ 5% of under-fives have inadequate weight-for-height (TRCHS 1999)
- ❑ 62% of under-fives are anaemic (TFNC 2000)
- ❑ 24% of under-fives suffer from vitamin A deficiency (MoH 2001)
- ❑ approximately 25% of Tanzania's total population is iodine deficient (MoH 2001)²⁷

These percentages suggest an enormous problem, the magnitude of which few people realise. Although adults are aware that many children don't get all the food (and the right types of food) they need.²⁸ And children certainly know when they are hungry. Yet many forms of malnutrition lack obvious external indicators; and even the victims themselves may not feel the damage being done by chronic malnutrition.

Invisible or not, the consequences of malnutrition are severe. For example, Protein Energy Malnutrition (PEM) reduces child survival, as well as child intelligence and school performance. It also causes excessive tiredness. Meanwhile, anaemia (i.e. iron deficiency) affects physical capacity and intelligence, as well as day-to-day vitality. For its part, lack of vitamin A leads to many health and nutrition problems that contribute to high rates of child mortality. In fact, vitamin A deficiency is so serious that it is currently thought to figure prominently in the deaths of one-in-seven children between the ages of six and fifty-nine months (TFNC 2000, 3).

These and other forms of malnutrition are responsible for (i.) stunting nearly half of Tanzania's children before they are two-years old and (ii.) causing various degrees of brain damage/mental impairment. Both of these outcomes limit children's capacity to grow and take advantage of life-enriching opportunities prioritised in Government's Poverty Reduction Strategy.

²⁶ According to the Tanzania Food and Nutrition Centre (2000, 2), this figure may be as high as 38%.

²⁷ Iodine deficiency is linked to stunting, goitre, mental retardation and cretinism (UNICEF 2001, 28). Though iodisation programmes have expanded in the last decade, they are still inadequate – especially in rural regions where only 60% of the population uses iodised salt (TRCHS 1999, 20).

²⁸ Similar findings are reported in Amani ECCD 2001, 12.

The implications for individuals and the country as a whole are profound. For example, the Tanzania Food and Nutrition Centre (2000, 6) has used sophisticated modelling software to conclude that malnutrition stunting will cause the country to lose 2,821 billion shillings in future economic production between 2000 to 2010.

“As the lives of children are short-changed, so the fortunes of countries are lost” (UNICEF 2001, 38).

Though they could not guess at such figures, research participants were well aware of and concerned about the relationship between stunting and wasting (i.e. low weight to height ratios) and children’s ability to concentrate in school, feel lively and fend off sickness. This suggests that the alarming frequency of malnutrition in Tanzania today is not the result of insensitivity but (i.) household food insecurity; (ii.) cultural weaning and feeding practices; and (iii.) inadequate childcare.

9.2.3 Inadequate care

The care of young children was not a major subject of investigation in the TzPPA. Nonetheless, it was evident that many children lack proper food and clean water *simply because it’s not available in their households*. This is clearly reflected in a statement made to Amani ECCD (2001, 12) by a male elder in Mtwara, “Yes parents are responsible, but then children are forced to live as parents do, with one meal a day.”

Despite these harsh conditions, most children survive their early years and grow into well-adjusted, productive adults as a direct result of traditional childcare knowledge. However, some cultural beliefs and practices deny children the protection, affection and stimulation they require in equal proportion to food and water. Perhaps the most widespread and detrimental of these is the belief that men are not responsible for sharing in early childcare. This was typically regarded with great bitterness, and many women remarked that it would be better for men to become closer to their children (both in the sense of day-to-day interaction and emotional bonds).

Update the Law of Marriage Act and Affiliation Ordinance, as well as their modes of enforcement, so that they fulfil their intended function.

The distance between men and their children often places unmanageable demands on women, and their children pay the price in terms of inadequate supervision and interaction with what amounts to a “single-parent” (see also: Amani ECCD 2000, i and 9). However, women (and older children) were even more bitter about what was often perceived as a recent increase in financial negligence; that is, men’s refusal to contribute to the costs of raising and caring for their children.

Though the Law of Marriage Act 1971 and Affiliation Ordinance affirm men’s customary obligation to help support their children, it is clear that this legislation and the framework for its implementation fail to meet most women’s needs.

Though less well documented, cultural beliefs imposing dietary restrictions on pregnant mothers (Twatwatwa village, Kilosa District); early weaning (see also: UNICEF 2001, 29); treating pre-verbal children as pre-cognitive (Mchinga II, Lindi Rural District); inducing scarification of the lower back to protect against childhood illnesses (Chagana village, Igunga District) recommending extraction of milk teeth (Ndogowe village, Dodoma Rural District) and the female genital mutilation of infants (UNDP 2001, 55 and Amani ECCD 2001, 10) all undermine young children’s wellbeing. These and other beliefs/practices merit further study and concerted action by stakeholders.

The TzPPA did not set out to explore the relationship between childcare and HIV/AIDS. However, the importance of this link became obvious when it was noted that traditional childminders (i.e. mothers, grandmothers and older siblings) are also primary caretakers of people living with HIV/AIDS. This also deserve in-depth study and timely response.

9.2.4 Response options

Because of their limited skills and small bodies, under-fives are unable to ensure that their daily needs (such as affection, shelter and nutritional meals) and exceptional needs (such as medical attention) are met. Thus, they depend on the goodwill of others *in a way that older people ordinarily do not*.

The assets (including human, financial and political capital) that caretakers own or can access largely determine whether or not they will be able to safeguard the wellbeing of under-fives. This implies that children in the poorest households are the most vulnerable because their parents or guardians are the least capable of *protecting* them, for instance, from malaria by purchasing treated bed nets or *mitigating* its impact by quickly administering medication. Table 9.1 illustrates some consequences of household poverty for young children:

Table 9.1: Risk and wellbeing of young children in Tanzania, by household economic status

	POOREST 20%	WEALTHIEST 20%
Immunisation coverage (3 doses of DPT, BCG, oral polio and measles)	57.3%	82.5%
Stunted (below -2 sd z-score, height for age, children under 5 years)	50.5%	28.9%
Underweight (below -3 sd z-score, weight for age, children under 5 years)	11.6%	2.8%

Source: Gwatkin, Rustein, Johnson, Pande and Wagstaff 2000.

According to UNICEF’s 2001 Situation Analysis of Children in Tanzania, community members are increasingly aware of and concerned about malnutrition issues. This may well be true and partly explain why more than 4,000 villages are (with vital support from district councils) taking part in programmes to monitor their children’s growth (UNICEF 2001, 29).

Such initiatives would seem to supplement, and probably improve upon, traditional monitoring of child-growth *as a first step to systematic intervention*. Of course, the idea of helping parents care for and raise their children is nothing new in Tanzania. Indeed, children have often been treated as a community responsibility. However, this seems to be fading in rural as well as urban settings. Thus, a male adult in Kigamboni (Temeke District) told researchers from Amani ECCD (2001, 27) that, “...these days children belong to individuals and not to the whole community, people talk of ‘my’ child and not ‘our’ child like they did before.”

To the degree that this transformation is taking place, individual caretakers need to be supported; and those children who no longer “belong” to anyone must be protected from neglect. Strategies to do so should be determined through the meaningful participation (versus late-stage consultation) of community members and other stakeholders intimately involved in caring for children.

In the meantime, some important steps are already obvious. These include *implementing the exemption of young children from medical costs and mainstreaming micronutrient supplementation*. Recently, vitamin A supplementation has been promoted through campaigns scheduled to take

- ❑ Implement the exemption of young children from medical fees
- ❑ Mainstream vitamin A and other micronutrient supplementation
- ❑ Strengthen and harmonise social protection programmes to children in the poorest families

place each year on the Day of the African Child and World AIDS Day. Though helpful, this approach must not be allowed to replace routine supplementation planned and provided for by Government.

Similarly, different ministries and CSOs are helping the poorest families raise healthy children. This support is necessary to break cycles of intergenerational poverty. However, their efforts need to be strengthened and harmonised so that no needy child – regardless of where he or she lives in Tanzania – gets left out. It is particularly important that this planning cover the needs of young children living with HIV/AIDS and those in affected households. Otherwise, case studies show that many of these children will be denied the right to develop their full human potential with long-term consequences for their own and (given the scale of the HIV/AIDS epidemic) national wellbeing.

As summarised in UNICEF's *State of the World's Children 2001*, all Governments should:

- ❑ Support families and communities – and especially women – to care for their children OR abandon hope that the next generation will be sufficiently skilled and healthy to lead the country out of poverty
- ❑ Provide the monies necessary to ensure that *every* child gets an equal start in life OR perpetuate inequities that divide people and eventually destroy society

9.3 The childbearing years

As a result of inadequate or poor quality maternal health care, early pregnancy and reduced mobility, many women experience childbearing and the rearing of young children as an especially dangerous and stressful period in their lives.

This perception is clearly merited since the total proportion of women of childbearing age that die as a result of maternal causes is 6.8%, or more than 1 in 20 (MoH 2002, 48). Meanwhile, international trends suggest that the frequency of maternal morbidity in Tanzania may be many times higher (UNICEF 2001, 19). Indeed, extrapolations from the 1996 crude birth rate indicate that at least 255,000 women experience acute obstetric complications, and an additional 177,500 suffer from other life-threatening complications, each year (Kwast and Vickery 1998).

Though these national aggregates are alarming, they probably hide even more disturbing disparities between regions, urban versus rural localities and socio-economic groups. This is illustrated by the case of Nzanza village (Meatu District), which is an isolated agricultural community where five women died of obstetric complications in the two-month period immediately preceding fieldwork (i.e. April to May 2002). According to the Clinical Officer at Mwandoya Health Center in Meatu, this shockingly high number reflects a combination of factors. These include: distance to health facilities, poor nutrition, lack of education and lack of decision-making power over who does what work and under what circumstances assets are invested in maternal health.

Women contributing to the TzPPA – especially those living in conditions comparable to Nzanza – therefore singled out their childbearing years as a particularly difficult and threatening period in the lifecycle.

9.3.1 Inadequate or poor quality maternal health care

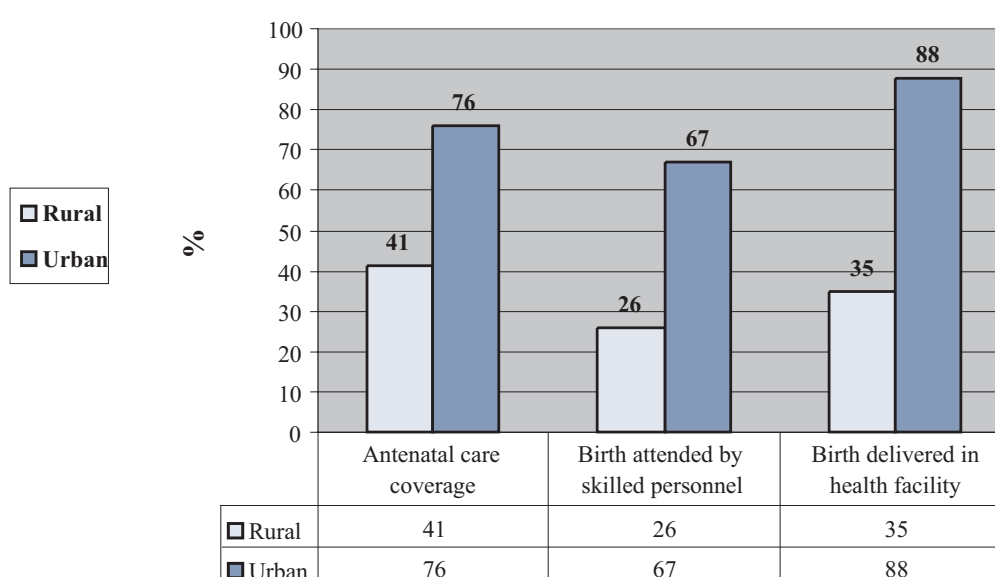
Many research participants were concerned about threats stemming from inadequate or poor quality maternal health care. Indeed, women recognised that their bodies have special requirements (including increased food intake and decreased labour loads) during pregnancy and breastfeeding that are rarely met. These conditions partly explain why vitamin A deficiency and anaemia – key causes of maternal morbidity and precursors to obstetric complications – are so severe amongst childbearing women (UNICEF 2001, 17).

Though women typically look forward to having children, many fear dying while giving birth. This emotion can be intense, particularly amongst those (i.) that do not receive antenatal care, (ii.) whose deliveries are not attended by trained professionals and (iii.) who deliver dangerously far from a properly equipped health facility should an obstetric emergency arise. Unfortunately, the number of such women is growing.

Indeed, the proportion of births in health facilities has declined from 53% in 1992 to 44% to 1999 while the proportion of births attended by trained professionals has dropped from 44% to an estimated 36% (UNICEF 2001, 17). As illustrated in Figure 9.2 and Table 9.2, these national averages hide significant disparities, namely:

- A much higher proportion of urban women access antenatal care, give birth in health facilities and are attended by trained professionals than rural women
- Women in higher income categories tend to give birth under much safer conditions than poorer women

Figure 9.2: Urban-rural disparity in maternal health care



Source: UNICEF 2001

Table 9.2: Socio-economic group disparity in maternal health care

	SOCIO-ECONOMIC GROUP					
	Poorest	Second	Middle	Fourth	Richest	Population Average
Antenatal care visit (%):						
• to a medical trained person	82.4	89.7	87.6	92.7	96.0	89.3
• to a doctor	4.8	4.7	5.2	7.1	12.7	6.7
• to a nurse or trained midwife	77.6	85.1	82.4	85.6	83.3	82.6
• 2 + visits	87.5	92.8	92.8	93.4	94.1	91.9
Delivery attendance (%):						
• by trained medical person	26.7	40.4	41.2	51.8	80.9	46.7
• by a doctor	3.0	5.2	5.3	5.3	11.1	5.7
• by a nurse or trained midwife	23.7	35.2	35.9	46.6	69.8	40.9
• % in public facility	24.7	37.0	38.6	48.7	74.0	43.2
• % in a private facility	2.3	2.9	3.3	3.7	4.7	3.4
• % at home	68.0	55.0	54.0	44.9	18.9	49.5

Source: Gwatkin, Rustein, Johnson, Pande and Wagstaff 2000

According to a joint Ministry of Health/Partners review, the declining number of deliveries made in health facilities may reflect the introduction of user fees, poor quality of care, inadequate equipment and supplies, etc. (MoH 2001). Findings from the TzPPA certainly concur with this self-critical assessment. However, as the testimonies of research participants and Figure 9.2 and Table 9.2 demonstrate, other reasons play equally important roles. Chief amongst these are: (i.) increasing distance to properly equipped facilities, (ii.) income poverty and (iii.) the power that men have to decide when household assets should be spent on maternal health care needs.²⁹ These three obstacles were repeatedly mentioned by women and described as major causes of anxiety and anger, as well as maternal morbidity and mortality.

9.3.1.1 Response options

At the individual level, women have no realistic means of changing the quality of local health care facilities, diminishing their distance, overcoming household poverty or overturning entrenched patterns of domestic power. However, they do find ways of coping with and circumventing these serious impediments to their wellbeing. For example, women supplement antenatal care with traditional knowledge, make distant antenatal visits before their pregnancy has progressed too far and work hard to cover costs from their own asset-base.

Antenatal care: Because it comes from sources that they generally trust (such as friends, mothers and grandmothers), and because it is close at hand and costs nothing or very little, traditional knowledge plays an important part in the strategies of most women to prevent or remedy maternal complications. Though some of this knowledge is sound, some can give rise to other problems. Indeed, women in Twatwatwa village (Kilosa District, Morogoro District) customarily adopt a heavily restricted diet (consisting solely of *ugali*/maize meal and tea) at the end of their first trimester because they believe it will make their babies small and easy to deliver. This may occur, but at the cost of both the mother and child's nutritional health.

Many women observe comparable customary practices that solve one problem (or not) while giving rise to others. Despite listening to and often following traditional knowledge, research participants knew it was neither exhaustive nor foolproof. As a result, they also valued antenatal care from MCH facilities.

One of the most formidable obstacles that women face to accessing these facilities is their husband. To continue with the previous example, women in Twatwatwa said that when they try going to the clinic 18 kilometres away, some husbands ask “Were there clinics in the old days, or do you just want to move around for bad behaviour” (*baba anasema kwani zamani kulikuwa na clinic au unataka kwenda kuzurura na kufanya uhuni*)?

In such cases, women risk being beaten if they continue seeking antenatal care. In 1998, local women therefore collected Tsh. 500 from each household to pay for periodic visits by a mobile MCH unit. This is inspiring because it shows that women can improve their circumstances when they work together. Unfortunately, their initiative ultimately collapsed due to a lack of support from Local Government. Nonetheless, other communities have been successful in winning assistance from Local Government or NGOs and, thus, becoming more sustainable. Comparison suggests that community-based initiatives can work, but those that rely on costly outside services may break under the strain unless given aid.

Obstetric care: Accessing antenatal care can be helpful in preventing certain pregnancy-related conditions, such as gestational diabetes, pre-eclampsia and poor weight gain. However, it is even more important for deliveries to be attended by trained professionals working in appropriately equipped

²⁹ The increasing distance women must go to access properly equipped facilities is indicated, though with caveats, in NBS 2002, 46.

facilities. This is because the most life-threatening obstetric complications (such as obstructed labour, ruptured uterus, postpartum haemorrhage or retained placenta) cannot be detected before delivery and require immediate attention when they occur.

TBAs can improve maternal and child safety in normal births by using proper hygiene, treating the umbilical cord, etc. In the case of Twatwatwa village (Kilosa District), TBAs even administer ergometrine (which causes uterine contractions) to induce labour/reduce postpartum blood loss. They can also deal with some obstetric complications if they have received thorough training. However, even the best TBAs lack the skills and equipment to handle common emergencies. When these emergencies occur, pregnant women who are delivering at home require urgent – and expensive – specialised assistance to move.

The cost can be prohibitive. For instance, Mongo wa Mono village (Mbulu District) is served by the Yaeda Chini dispensary some 16 kilometres away. If a woman enters into labour and experiences problems, someone must run to the dispensary and (assuming that the health officer is present) make a radio call to Hydom Mission Hospital. The hospital then sends an ambulance at a cost of Tsh. 80,000. This high price tag puts the referral system beyond the reach of poor households. As a result, women say that when obstetric complications arise, their only option is to “just pray to God” (*huwa tunamwomba Mungu*).

Indeed, lack of money (or readily convertible assets) places formidable limitations on women’s capacity to access health care professionals and proper facilities when they are needed most. This conclusion is supported by:

- Results from the 2000/1 HBS, in which the most commonly reported reason why people do not seek professional medical care is its expense (33.1% versus 18.8 % for all other reasons)
- And Table 9.3, which shows that 26.7% of women in the poorest quintile had attended deliveries versus 40.4% in the next quintile

Initiatives by Government and NGOs to improve the quality of women’s obstetric care need to be assessed in light of these facts. For example, ongoing efforts to enhance the skills-level of TBAs and extend the reach of emergency referral systems to remote communities are certainly a step in the right direction. However, neither of these efforts address the underlying reason why women in the poorest quintile are not receiving the care they need – that is, unbearably high direct and indirect costs.

Fortunately, women have many ideas worth exploring. Suggestions shared by research participants include:

- Establishing subsidised “waiting houses” nearby properly staffed and equipped health facilities where women from isolated communities can spend their final days before delivery
- Providing a call-radio and establishing obstetric-emergency evacuation funds administered by women in remote communities

9.3.2 Early pregnancy

In some sites (including Igundu village, Chunya District and Misujini village, Same District), research participants reported that women are increasingly having babies at a younger age than in the past. Reasons for early births vary but revolve around a few core concepts, namely:

- Diminished physical security (leading to an increase in rape)
- Diminished material security (leading girls to seek a “sugar daddy”/*mashugadadi*)
- Poverty-stricken parents and their daughters’ lack of decision-making power (leading parents to sell their daughters to older men capable of paying bride price. Note: parents sometimes seek bride price as a countermeasure against impoverishing forces)

This trend – which is confirmed by statistical data – is worrisome since women who enter their childbearing years too early face special risks (TRCHS 1999, 34). Some of these risks are biological. For example, young women are more likely than mature women to suffer pregnancy and obstetric complications (including abortions, fistulae, secondary infertility and even death) due to their smaller bodies (Women’s Dignity Project 2002 and UNICEF 2002, 19). Other risks are a direct reflection of prevailing cultural values. In Maliwa village (Makete District), for example, parents are expected to chase away daughters that have children out of wedlock. In many other communities, cultural norms require parents to beat, starve or, at the very least, neglect unmarried pregnant daughters – even if their pregnancy is the result of rape.

Each of these punitive practices is extremely detrimental to the social, material and bodily wellbeing of pregnant young women.

9.3.2.1 Response options

A number of preventative measures are commonly taken by parents and girlchildren to avoid pregnancy. These include withdrawing post-pubescent girls (often prior to completion of form IV) from school and restricting their social mobility. This form of response may be an effective means of preventing teen-pregnancy. However, like many other “tainted” countermeasures, it actually contributes to the child’s long-term vulnerability by preventing them from gaining a formal education and developing robust social networks.

Case Study 9.1: Seclusion of post-pubescent girls in rural Pwani Region

Upon reaching puberty, Amana’s parents withdrew her from primary school. Following initiation ceremonies in which she was taught about reproduction and adult male/female roles, she was confined (mwali or kuwekwa ndani) to home until selected by a suitor.

For the next year and a half, Amana lived in strict seclusion, was kept bare-chested and allowed to speak only in whispers. In 1990, she was married to a much older man; and her first child was born soon thereafter. Just seven years later, Amana’s husband left her for a better-educated, urban woman.

Young, unmarried women have their own strategies to avoid sexual relations (such as staying in groups at night). Some may be better than others, but all are limited by how boys and men perceive women, their sexuality and rights. Meanwhile, approximately 33% of sexually active unmarried women use modern or traditional birth control methods to prevent pregnancy (TRCHS 1999, 47). These methods work. However, knowledge about what they are and how they can be accessed is limited by cultural reluctance to openly discuss reproductive health – especially with young women who are not “supposed” to be having sexual relations.

When these preventative measures fail, traditional mechanisms, such as forced marriages (*ndoa ya mkeka*) are sometimes used to compel young, pregnant couples to marry. In other cultures, this is less important; and the emphasis is on making men provide material support to their children. This is only effective, though, when communities can exert compelling social pressure and/or local authorities intervene.

In sum, then, it is unsatisfactory to try dealing with teenage pregnancy by cloistering young women or providing them with condoms. Indeed, a truly meaningful strategy would address:

- ❑ Men’s culturally sanctioned disregard for women’s rights (which include decision-making power over their reproductive lives) and
- ❑ The material conditions that drive some young women to seek sugar daddies or their parents to sell them into early marriage

9.3.3 High fertility rates

Partly due to the young age at which many women begin bearing children, the average will have already given birth to nearly three children by the time she is in her late 20s, five by her late 30s and seven by the end of her fertile years (TRCHS 1999, 34). As summarised by research participants in Twatwatwa village (Kilosa District), this is partly because “Men here want their wives to always be pregnant or nursing” (*wanaume wa hapa wanataka mwaka mimba, mwaka mtoto*). It is also because women, who have few culturally sanctioned alternatives available to them, can increase their status and security by bearing many children.

Though these ideas are changing in some (particularly urban) contexts, they are still the norm. This drives high fertility rates that have a number of well-known consequences for women’s bodily wellbeing, such as common under-nourishment and rarer fistulae and uterine ruptures. In addition, women participating in the TzPPA spoke of being *physically* and *emotionally drained* by (i.) lack of rest between pregnancies and (ii.) having to meet incessant demands from a large number of young children. As explained by a woman in Misufini village (Same District):

Men are reluctant to use family planning methods. As a result, women become pregnant within a very short period after delivery. This has a lot of problems for the mama – taking care of the young, getting food for them... so, as a woman, we are facing problems with this emotionally and psychologically.

Short birth intervals adversely affect mothers’ health and children’s chances of survival. Statistics indicate that 83% of children in Tanzania are born after the World Health Organisation’s recommended reproductive interval of two or more years.³⁰ This implies that most births are “safe” from a health perspective. However, many female participants in the TzPPA believed that even this two-year timeframe takes a heavy toll when understood in light of their cumulative child rearing and other responsibilities.

9.3.3.1 Response options

Family planning services are an important means of gaining control over the high birth rates and poor birth spacing that women recognise as threats to their wellbeing. The provision of such services, in combination with traditional birth control methods, has made a decline in fertility rates from 6.3 children per woman in 1992, to 5.8 in 1996, to 5.55 in 1999 possible (TDHS 1991/2, TDHS 1996, TRCHS 1999). Yet, according to the TRCHS (1999, 81), these latest figures are still above the mean number of children wanted by Mainland men (5.5) and women (5.2).

Continuing with information, education and communication campaigns will certainly contribute to bringing the number of children that people *actually* have closer to the number they *want* to have. However, it is also vital to increase women’s decision-making power over their reproductive lives.

In Gibaso village (Tarime District), for instance, the village dispensary reported that only twenty-two women (out of a total catchment population of 8,458) had taken advantage of family planning services in the four months preceding fieldwork by the TzPPA. In the clinical officer’s opinion, this was the direct result of men’s preference for large families and their near total decision-making power over family planning.

³⁰ The median birth interval for women age 15-19 is 25 months versus 37 months for women over 40 (TRCHS 1999, 35). The key finding of a recent USAID study concludes that children born three to five years after a previous birth are healthier at birth and more likely to survive all stages of infancy and childhood than children born before three years (International Food Policy Research Institute 2002, 6).

Many women agree and are deeply disturbed by their inability to determine when and which contraceptives to use. According to those participating in the TzPPA, one of the most significant factors affecting women's decision-making power (in this and other domestic matters) is level of formal education. Thus, they say schooling gives women new ideas, confidence and the capacity to argue their own interests – all of which are key to taking control of/responsibility for limiting and spacing births. This conclusion suggests that the provision of conventional family planning services is only one of several steps needed to allow women access. Indeed, (i.) women need to be systematically empowered as well as informed by the education they receive and (ii.) domestic relations need to change even more than men's attitude towards preferred number of children.

9.3.4 Reduced mobility

Women are quick to acknowledge that being pregnant and caring for young children inevitably makes it more difficult to move around. However, they believe that the situation is aggravated by cultural attitudes and practices – most notably their husbands' lack of involvement in childrearing. Regardless of its causes, rural women noted that their limited mobility can cause social isolation, and both rural and urban women explained that it puts powerful constraints on their capacity to make a living. This leads to increased dependency on men and other family members who, often, may not be relied upon. As a result, many women go hungry when their bodies *most* need proper food and, even when they manage to meet their material needs, suffer from anxiety about where the next meal will come from to feed their families.

While reduced mobility during pregnancy and early childrearing directly contributes to food insecurity, etc., it also constrains women's capacity to respond to a wide range of impoverishing forces. For instance, it makes travel to markets, clinics and courts much more difficult in times of need.

9.3.4.1 Response options

According to a male elder in Mtwara (Amani ECCD 2001, i):

The women have no alternative for child care. When they look after children they can't work, therefore, no food and less income; when they work, they can't look after children.

This quote illustrates why women regard reduced mobility during their childbearing years as a substantial threat to their wellbeing. However, some women did report alternatives.

For instance, relatively well-off, urban-based women may be able to afford private childcare. More often, women must turn to social connections for assistance. During pregnancy, it is hoped that friends and family within these networks can be relied upon for basic needs, running errands, etc. Later, these networks are used to ease the burden of childminding.

Both the scope and surety of these connections vary. Some women – particularly those with many kin nearby – may receive ample assistance. Others are less fortunate; especially those that have left their natal communities and cannot turn to mothers and/or sisters for help. Further generalisations are difficult to make. Yet, it is clear that the degree of aid women receive is influenced by:

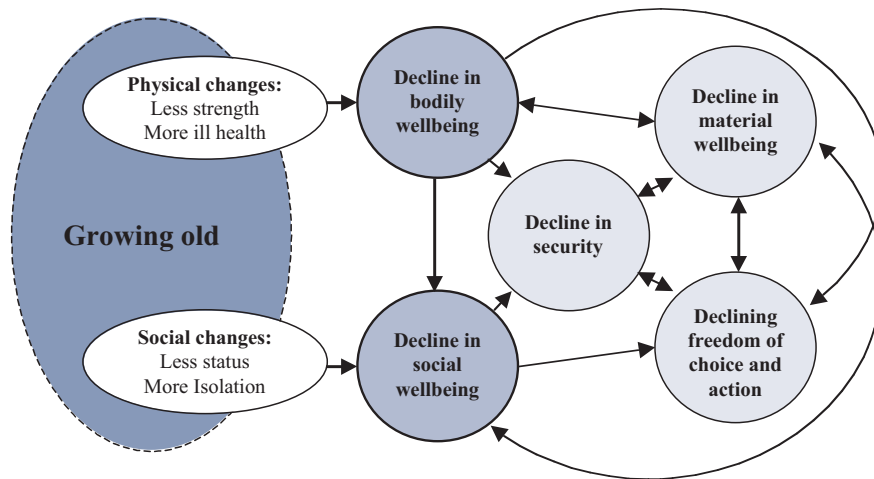
- The nature of local livelihoods (their proximity to other women)
- Their status and
- Their capacity to reciprocate in-kind

These conditions explain why some of the most needy women, such as those living with HIV/AIDS and the very poor, are often excluded from the networks of mutual assistance that give other mothers a degree of problem-solving mobility.

9.4 Growing old

Vikongwe (or “elderly people,” as distinct from *wazee*, or “elders”) associate growing old with a set of *physical* and *social* changes. Some of these changes are inevitable consequences of growing old. However, others are the result of cultural attitudes, values and valuations. Together, they cause the strikingly broad based decline in wellbeing experienced by many elderly people and illustrated in Figure 9.3.

Figure 9.3: Consequences of growing old

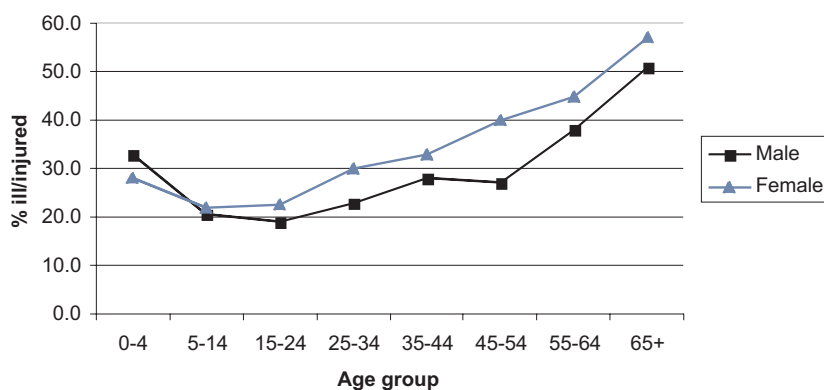


9.4.1 Physical changes

As people grow old, strength and vitality diminish while frequency and forms of ill health multiply. Together, these changes amount to an inevitable (though highly variable) decline in bodily wellbeing that can make all kinds of activities – such as pursuing one’s livelihood, fetching water and visiting friends – nearly impossible to perform.

Diminishing strength and stamina obviously affect the kind of work that elderly people can do and how long they can do it. However, the intensity of this decline – and, therefore, of its consequences – is shaped by people’s health. As they grow old, people’s health is threatened by conditions essentially unique to the elderly (e.g. arthritis, rheumatism, cataracts, osteoporosis, lumbago and type II diabetes) and others that become much more common (e.g. heart disease, strokes, hernias and dementia). Of course, exposure to these special health problems does not mean an end to those that elderly people have fought for a lifetime, such as water borne parasites, malaria and the common cold. Indeed, many of these become increasingly problematic as people’s immune systems wear down and their capacity to heal slows. The net result is that elderly people experience a higher rate of illness and injury than any other age group.

Figure 9.4: Incidence of illness/injury amongst different age groups in Tanzania



Source: NBS 2002

Because their bodies are less adroit at self-protection and repair, injuries also pose a particularly serious threat to elderly people who are at high risk of contracting secondary infections. This and other causes of ill health can trigger downward spirals in which the healing process saps people of already limited energy reserves and prevents them from meeting basic needs. The situation is particularly grave amongst very poor elderly people who have endured years of over work and inadequate nutrition. Indeed, they often suffer from chronic ill health that ‘makes them old before their time’ and partly explains why, on average, poor people die earlier than those in higher income categories.

These physical changes (cumulatively called “senescence”) – in combination with social isolation – often precipitate the type of drop in material wellbeing captured in the following Case Study.

Case Study 9.2: Old age, health and material wellbeing

Mzee Munga, who is now 60 years old, suffered a stroke that left him partially paralysed. After two years of treatment, he still cannot stand without support. This has completely changed his life.

By 2001, five of his own children had died and left several grandchildren for the old man and his wife to care for. Before the stroke, Mzee Munga could have done so, as he received a comfortable income from his business in Tandale market, Dar es Salaam, and farm in Kibaha. However, both of these small businesses stuttered when he could no longer provide constant supervision. As a result, the family is now largely dependent on the profits that Mama Munga can make from selling buns (*maandazi*). Under such conditions, grandchildren go hungry and the old man cannot afford to take his medication.

According to participants in the TzPPA, physical changes also impact on *social wellbeing*. For example, menopause, impotence and incontinence often take a heavy toll on people’s status and sense of self-respect. In some cases, they even lead elderly people to avoid leaving their homes to work or attend public events – such as community meetings in which important decisions are made – where they might be embarrassed by loose bladders and/or bowels (*kulegea kibofu cha mkojo*).

The physical isolation this implies, in combination with their weakness, compromises the safety of elderly people. Thus, one old man in Nzanza village (Meatu District, Shinyanga Region) was explicitly sought out and beaten because of a grudge against his younger, and stronger, brother. Comparable incidences abound, particularly in urban centres, such as Mtambani B sub-ward (Ilala District, Dar es Salaam Region) where elderly people fear being robbed by unemployed youth at night or on their way to morning prayers.

As such, the physical changes men and women experience as they grow old are impoverishing forces in their own right. Yet these changes also affect people’s asset-base; most notably their human, political, social and financial capital. In so doing, weakness and ill health simultaneously limit how elderly people can respond to a wide range of impoverishing forces by constraining how far, for example, they can walk to access critical social services.

9.4.2 Social changes

For many people, growing old entails declining status and increasing isolation. It is within this context that the physical changes they experience manifest in terms of insecurity, lack of basic needs and exclusion from decision-making spaces. Indeed, elderly participants in the TzPPA described living conditions ranging from good to shockingly desperate. The most important factor shaping these outcomes was how they were seen and treated by others.

There are a number of values that remain remarkably constant throughout Tanzania. These include respect and special privileges/dispensations granted to “elders.” However, this privileged position does not last forever. While elders are typically given a great deal of respect, *vikongwe* (particularly if they have little formal education, are poorly cared for, are demented or cannot control their bladder/bowels) are frequently subjected to scorn and ridicule. Thus, elderly people like those speaking in Case Study 9.3 can often describe suffering a litany of painful and humiliating abuses, such as having stones thrown at them by children, being mocked by youths and ridiculed by middle-aged adults (see also: Forrester 1998, 22).

Case Study 9.3: Disrespect towards elderly

According to elderly women in Pongwe ward (Tanga Municipal District, Tanga Region), youth mock them if caught stealing from their farms. The thieves say, “Get out of here! Don’t look at me, you disgraceful old person!”

This behaviour is not isolated to unruly youth. Indeed, when Mama Waziri (Kongo village, Bagomoyo District, Pwani Region) went to seek treatment in hospital, the doctors asked, “Why are you here bothering us? Are you afraid to die?”

The reasons for this change in social status are complex and probably vary from place to place. Nonetheless, research conducted by HelpAge International suggests that it typically reflects whether or not people see the elderly as making a meaningful contribution to household and community wellbeing (HelpAge International 2000).

Their experience-based wisdom and knowledge about the past has traditionally enabled the elderly to serve as advisors, teachers and disciplinarians. These contributions have provided the elderly with a solid basis for self- and social respect. However, in today’s rapidly changing world, their opportunity to play these roles is decreasing.³¹ Perhaps this explains why many elderly people are judged using the same criteria applied to those in their ‘prime of life.’ For older women, this is less tragic since they often: continue working into very old age.

In addition to producing food or earning income themselves, [older women] often take on domestic responsibilities to enable other family members to bring in income. Care for the ‘old old’ still falls largely on female family members, often themselves ageing and in failing health, and supporting the sick and disabled in both the immediate and the extended family (HelpAge International 2000, 3).

In contrast, men frequently define themselves and are defined by other as economic providers – a role which is extremely difficult (and arguably impossible in the context of some livelihoods) to maintain when they are old. Men can therefore find themselves unable to make the contributions that matter to their families and communities.

Elderly people that cannot make these contributions are more likely now than in the past to be:

- ❑ Neglected by their children
- ❑ Cut off from other networks of mutual-assistance
- ❑ Bereft of self- and social respect

Both the extent and severity of this change are difficult to characterise as a result of inter-community variability. For example, support to the very old remains “normal” (*kawaida*) in Chikwaya village (Newala District) while it is purportedly rare in Nchenje village (Nkasi District). Regardless, emigration and HIV/ AIDS amongst the middle-aged are clearly more widespread today than in the past; and they are having a devastating impact on the wellbeing of elderly people.

³¹ The nature of these changes, and how they impact on inter-generational relations in Tanzania is explored in Forrester 1998, 18-20.

Based on the impressions of TzPPA researchers, the situation may be particularly grim in agriculture and fishing based communities; that is, places where there is more long-distance emigration and HIV/AIDS than in pastoralist communities and more emigration than typical of urban sites.

Though the frequency and form of destitution amongst the elderly varies between livelihood groups, other patterns remain constant. Perhaps most notable amongst these is the tendency for elderly men to fair better than women. This is due to a number of reasons, including the fact that women tend to outlive their husbands and, therefore, live their last years without benefit of a partner. Given the structural prejudices that affect women of all ages, this means they are at especially high risk of having their assets taken and suffering abuses “legitimated” by allegations of witchcraft.

Though these accusations are levelled against elderly women and men, women – particularly widows – are the most common targets. In Rukwa, Tanga and Shinyanga Regions, amongst other parts of the country, this is a major threat to their wellbeing and, even, lives (see also: Forrester 1998, 54).

9.4.3 Response options

Loss of strength and vitality, as well as increasing susceptibility to ill health, are inevitable expressions of growing old. Like transitions from wet to dry seasons, they cannot be stopped. In contrast, changes in social status and isolation - like those documented in Case Study 9.4 - can. Nonetheless, elderly people report feeling powerless to do so.

Case Study 9.4: Isolation in old age

“At night, everyone would go into their houses and closed their doors to sleep [while] I was crying outside. I thought of going away to some Maasai kraal or to the fishing camps to look for casual labour... I could have been forced to co-habit with anyone, just for shelter! But at my age? That kind of thing was not an option for people like me. Now, as a I sit here, I know my food which I harvested this year will soon be finished after one month. At the same time, I feel the aches and pains in my body increasing. My body is always tired, and one day this house will need to be repaired... So, [when you are old like me], you just sit and await your day. Meanwhile, if a big shock or crisis befalls you, well, that would be the day unless Providence intervenes.” Elderly woman, Ndogowe village (Dodoma Rural District)

Some Civil Society Organisations are trying to address these underlying causes of increasing poverty and destitutions amongst the elderly. In the meantime, however, individuals take a variety of steps to mitigate the negative impact of physical and social changes on their lives. For example, they try *switching to less strenuous income earning activities*. Thus, men in Mwakizega village (Kigoma Rural District) begin making rope and mending nets when they can no longer fish. Unfortunately, this and other “handicrafts” typically have low market value. As a result, they rarely offer substantial security. Regardless, these alternatives become difficult to pursue as failing eyesight, arthritis, etc. take their toll.

Elderly people that cannot work, or whose earnings are inadequate to meet daily needs, rely heavily on (i.) “investments” made and (ii.) assets acquired when they were young. For example, some people planted coffee and cashew nut trees to be productive during their old age; while others rent out their boats, fields and shops. In the dialect of Mchinga II (Lindi Rural District), these are called *akiba ya ujana*, or “savings from youth.” Unfortunately, they are unreliable since market prices can crash and assets can be lost if they are not carefully managed. As expressed by one elderly man in Kasanda village (Kigoma Rural District), the coffee he planted in order to support him in old age is now useless due to its low value (*kahawa ya kusaidia uzeeni lakini haina maana – iko majumbani mwetu*)

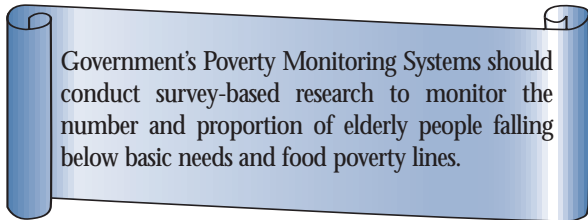
Elderly people are also at risk of outliving their savings. When this occurs, they become wholly dependent on support from family members, neighbours, CSOs and Government. Of these, the strongest and most trustworthy source of support has traditionally been the family. Today, it still is – however, only in comparison to the extremely limited and sporadic forms of aid provided by others.

In fact, many elderly people - like the woman in Case Study 9.5 - are neglected by their families. Meanwhile, some receive remittances if and when their children have anything to spare. Yet these are categorically inadequate since elderly people need more than money to ensure their wellbeing. For example, they often require help to cook, bathe, access social services, etc. alongside the more prosaic (but no less necessary) needs of conversation and companionship. Responsibility for meeting these requirements has traditionally been shared amongst community members. For example, fishermen in many coastal villages customarily give some of their catch to elderly households. Nonetheless, this practice and its equivalent in agricultural communities seem to be declining – largely due to inadequate catches/harvests.

Case Study 9.5: Old age and neglect

“Alas, my son, my hope, and the only child who survived out of my many children sold my house. I was homeless.... Eventually, out of shame and pity the son of my sister built me the house I live in while my son shows no concern for where I sleep or eat” (Elderly woman. Ndogowe village, Dodoma Rural District)

When traditional mechanisms fail, it is important for CSOs and Government to provide a safety net. To date, this function has primarily fallen to faith-based and other civil society organisations. In



Government's Poverty Monitoring Systems should conduct survey-based research to monitor the number and proportion of elderly people falling below basic needs and food poverty lines.

communities with a high Muslim population, for example, mosques often channel alms to the most desperate elderly households. Though this and other contributions by CSOs are significant, they cannot substitute for more widespread and systematic public safety nets.

To date, Government is not planning to institute such safety nets. Instead, its ongoing support to the elderly is characterised more in terms of what it has decided not to do. For example, officials are not supposed to charge elderly people for medical aid or force them to pay development levies. These policies are helpful to the limited degree they are observed. However, participants in the TzPPA believed these gestures would only benefit elderly people if:

- Information about who is covered and under what conditions is pro-actively publicised
- Procedures for gaining exempt status are streamlined, simplified and publicised
- Exemptions are respected by local officials

Some progress is being made. For instance, in Ndogowe village (Dodoma Rural District), elderly people reported that they do not pay development levies. Until this becomes the norm, however, Government policies and practices intended to improve the wellbeing of elderly people will either fail to meet their goal or make matters worse.

9.5 Death

Death is often an extraordinarily powerful impoverishing force in the lives of surviving family members. In addition to undermining material wellbeing, it typically affects their sense of security and social wellbeing and can limit their freedom of choice and action.

Death affects surviving family members' material wellbeing in several ways. The most important of these are (i.) burial-related expenses, (ii.) lost labor power and (iii.) expropriation of assets.

Expenses: Traditional burial ceremonies frequently span several days and entail providing a parade of guests with food and drink. This can constitute an inordinate drain on household finances; even when close relatives and neighbors help offset some costs. As discussed in the Chapter 10, the strain is so great that people in many parts of Tanzania have decided they can no longer afford to observe local customs and are, therefore, reducing the number of days they receive and feed mourners.

Lost labor power: The high cost of burial ceremonies is particularly stressful for families whose productive capacity has been substantially diminished by death. Indeed, the most important asset owned by many poor households is labor power. When even a little is lost, survivors suffer. However, the consequences can be devastating when death takes prime-aged adults upon whom others depend for food, shelter, etc. (see also: Dayton & Ainsworth 2002).

Expropriation of assets: Women and children face additional risks. When their husbands, fathers and parents die, relatives often commandeer household assets arguing that they belonged to the man and his natal family. The following case from Gibaso village (Tarime District) explores how this can occur and its consequences.

Case Study 9.6: Loss of household assets by widows

In 1986, *mama* married a man with promise. He found a job as a driver and, together, they were able to build up assets including a good house, fields, cattle and a grinding machine. But in 1997, *baba* became sick. He died a year later, and then *mama's* life changed.

She – and all of her assets – were taken in by his family who routinely mistreated her and quickly made life unbearable. Eventually, she had no choice but to flee their abuses. Sympathetic community members subsequently helped build a grass hut to shelter her and her four children. Now, she has nothing else. Upon occasion, she has returned to her husband's family to beg for a cow, but they never listen. Life has therefore become bitter (*maisha yamekuwa machungu*) and she does not know how the children will survive.

Despite the 1999 Land Act, which ostensibly prevents such acts of seizure, they remain a common threat to the wellbeing of widows and orphans. Seizure strategies can be straightforward and brutally violent or, as explained by women in Makongora village (Muleba District), employ accusations of witchcraft to justify dispossession. Regardless, the loss of husband's/parents' public voice limits the ability of women and children to fight back.

In addition to its impact on people's material wellbeing, the death of a family member causes grief, leaves a hole in survivor's social world and sometimes shatters their safety and security. As explained by a 75-year old woman in Nchenje village (Nkasi District), "My house is [now] detached from the rest of the villagers. When you lose a husband, you die like an animal" (*unakufa kama mnyama*). Moreover, the death of a husband or parent can leave women, and especially children, without someone to represent their concerns and interests in decision-making spaces.

This partly explains why research participants consistently identified orphans as being at high risk of abuse and neglect. Many orphans encountered during fieldwork were illiterate because their caretakers could not afford to send them to school or prioritised educating their own children. Instead, orphans often begin working from a very young age in order to support themselves and/or earn their keep in foster homes.

Each of these immediate threats raises serious cause for concern and should prompt action. However, the increasingly common death of middle-aged adults due to HIV/AIDS is creating problems that might, in years to come, prove even more devastating to the wellbeing of their surviving children and the welfare of the nation as a whole. These include:

- ❑ The fracture of intergenerational (parent-to-child) transfers of skills/knowledge
- ❑ Intergenerational inheritance of debt rather than assets
- ❑ Disinvestment in formal education as children drop out of school to work for their basic needs

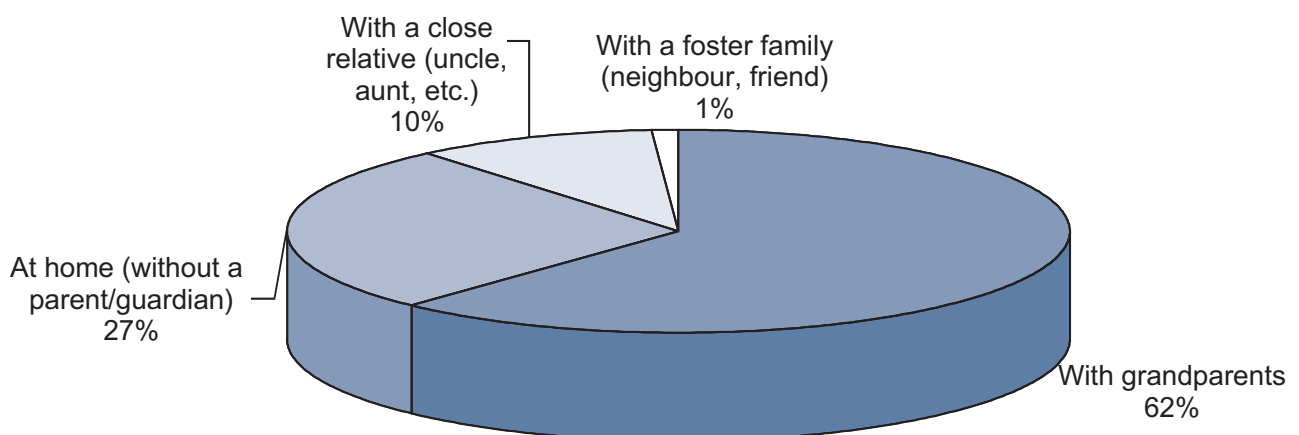
9.5.1 Response options

Death is an indivisible part of the lifecycle and, as such, people prepare for it and help each other cope with the consequences. Burial ceremonies, which are cathartic events where survivors release and process grief, are one example of how people come together to lend support. And when responsibility for organizing rites and feeding mourners is unbearable, extended family, neighbors and clan members frequently ease the burden by providing loans, preparing food, etc.

Customary mechanisms for further aid to the survivors focus on widows and orphans. For instance, people in some parts of Tanzania practice “wife inheritance” wherein the dead man’s brother is expected to assume responsibility for the widow and her children. According to participants in the TzPPA, this can be helpful. However, the practice often provides an opportunity for self-serving relatives to take the woman’s assets without taking care of her. This touches upon the broader threat to women’s wellbeing of men claiming customary rights while neglecting customary responsibilities – a problem that is partially due to the inability of contemporary communities to hold men accountable to cultural mores.

When women die, their husbands take new wives and a sister, co-wife or stepmother takes care of her children. Meanwhile, if both parents die, an aunt or uncle would ordinarily be expected to adopt the orphaned children. However, as a result of frequent emigration and the toll of HIV/AIDS on Tanzania’s middle-aged population, grandparents often assume responsibility for the care of their children’s children. Indeed, recent investigations by the Eastern and Southern African Universities Research Programme conclude that 62% of double-orphans (i.e. children who have lost both parents) in its study area live with their grandparents – that is, elderly people with few resources who are ill prepared to meet the many needs of young children.

Figure 9.5: Care of double-orphans in Kagera, Mara, Shinyanga and Mwanza Regions



Source: Eastern and Southern African Universities Research Programme 2002

As poignantly communicated in Case Study 9.7, this places an inordinate strain on elderly households. Though many community members recognise this as a problem, there are no traditional means for them to provide sustained support. Civil society has, therefore, mobilised in some cases to fill the gap. The School Committee in Maliwa village (Makete District), for example, has exempted orphans from paying school contributions; and community members have organised themselves to provide food and firewood to elderly households caring for orphaned grandchildren.

While these examples point the way forward, they and comparable initiatives are inevitably sporadic and too poorly resourced to meet the overwhelming needs of Tanzania's estimated 1,928,000 orphans under 14 years of age (UNAIDS, UNICEF and USAID 2002) and their caretakers. Indeed, fieldwork by the Eastern and Southern African Universities Research Programme noted that (i.) few organizations within its study area provide support to orphans and (ii.) those that do are reaching limited numbers of children with limited results (ibid., 4). Researchers therefore concluded that:

Case Study 9.7: Old age and new responsibilities

"I broke my leg and cannot farm. My wife is bed ridden, and I cannot afford medicine for her. I myself am 73 years old. We shall die of fear, especially from the orphans left by our children." (Elderly man. Semtema A sub-ward, Iringa Municipality, Iringa Region)

"I am destitute. My children are all finished [dead]. They left me with seven grandchildren, five of whom are in school. They fend for themselves. There is no alternative." (Elderly woman. Semtema A sub-ward, Iringa Municipality, Iringa Region)

The various sources of direct, on-the-spot assistance and services (national and local CSOs and CBOs, and local official agencies such as schools and hospitals) lack the financial, human, management, and educational resources to provide more than limited services to a limited number of orphans and their families.

To the degree that these findings can safely be generalised, all households that take in multiple orphans, but especially those headed by elderly people, are extremely vulnerable to being pushed into destitution by the death of middle-aged family members.

9.6 Conclusions

Early childhood, women's childbearing/rearing years and old age each entail unique threats to people's wellbeing. However, *what makes individuals in these stages of the lifecycle especially vulnerable to poverty is their heightened dependency on others* to help counter a wide range of impoverishing forces.

Participants in the TzPPA were typically aware of the dynamics and dangers involved in each stage of the lifecycle. For example, parents recognised many of their children's special nutritional needs, men realised that childcare strains women and everyone saw that old age is frequently characterised by hardship. However, systematic initiatives to help others were relatively few and far in between.

The reasons for this are, no doubt, complex and therefore difficult to generalise. Yet community members were clear about at least some major causes, perhaps foremost amongst which was poverty itself. Indeed, it was repeatedly argued that traditional forms of support (from parents to children, husbands to wives and middle-aged adults to the elderly) break down when people are so overwhelmed by their own troubles that they have little time or other resources to spare. In other words, people still believe in helping others. The problem is that they find it difficult to do so. This suggests that Government and other stakeholders need to (i.) identify ways in which they can make it easier for people to help each other and (ii.) establish safety nets to safeguard the wellbeing of those that cannot be helped

For its part, death obviously cannot be stopped and many of its implications (such as loss of household labour power) cannot be avoided. As such, it provides still more examples of impoverishing forces that must be addressed obliquely, that is to say, by improving people's capacity to cope with their consequences.



At a Glance

- ❑ Cultural practices, customs, norms and local belief systems give people identity as individuals and communities, and a sense of social realization. Culture thus influences everything from local politics to perceptions of health to resource ownership.
- ❑ Social customs can lead to impoverishment, as in the case of customs that encourage or tolerate discrimination of groups or individuals in owning or utilizing productive resources. This is especially true of certain vulnerable social groups.
- ❑ Social customs can also lead to decline in social and physical wellbeing by condoning abuse and perpetuating fear of groups or individuals.
- ❑ Because cultural practices do not evolve very quickly, it is reasonable for government and civil society to take greater responsibility in facilitating different ways of thinking and practice that reduce peoples' vulnerability

10.1 Introduction

This chapter examines the role that cultural beliefs and practices have in increasing people's vulnerability. Strongly emerging from the findings was that traditional belief systems and practices have a compounding effect on people's wellbeing, influencing not only material but also social and physical wellbeing.

Certain social groups experience the most profound effects of cultural or traditional practices and belief systems, which can be described as a series of power relationships sanctioned by culture. The groups that were described by research participants as being most at risk by culturally sanctioned discrimination were children, youth, women, the elderly and people with disabilities. According to research participants, the cultural practices that affect peoples' vulnerability tend to centre around:

- ❑ Control of productive resources
- ❑ Decision-making power
- ❑ Physical abuse & violence

These forms of discrimination are strongest at the household and local levels, but were also reported within institutional structures.

It was stressed by research participants that cultural practices are persistent and deeply ingrained, so that changing them at either individual or society level is very difficult. For those cultural practices that have negative effects on people's lives and wellbeing, this means that they remain a significant impoverishing force.

Government has attempted to address certain cultural practices that contribute to poverty or ill-being through a number of policies and acts, including

- ❑ The Youth Development Policy
- ❑ The Law of Marriage Act, No. 5 of 1971 and its series of amendments
- ❑ The Land Law of 1999
- ❑ Sexual Offences Special Provisions Act (1998),
- ❑ Establishment of 'targeted' lending (credit) facilities to youth and women in Local Councils, and
- ❑ Policy Addressing Child Labour.

Unfortunately, these policies and acts have not successfully changed social inequality. This is due to a legal system that is usually unable to override customary practices, and an infrastructure that is inadequate to address social inequalities, such as inadequate or inappropriate schooling for children with disabilities. Participants also reported that corruption and low levels of education have thwarted people's capacities to fight against discriminatory customs. This means that people are left to be "governed" by social customs.

The findings of this research indicate that cultural practice often renders people's response options weak and limited. This is especially true at the individual level, as people struggle to challenge the ways of thinking and practice within their own society. Consequently, a substantial percentage of the population feels caught in voiceless and powerless situations that prevent them from leading dignified lives and reduces their social wellbeing.

10.2 Vulnerable social groups

Though vulnerability is a salient issue for anyone in Tanzania who is faced with impoverishment and other stressors discussed in this report, research participants told us that there were some social groups who were more vulnerable due to culturally sanctioned belief systems and practices. These groups – children, youth, women and the disabled – are discussed below.

10.2.1 Children

The distinction between children and the youth is not fixed, and as learnt from the TzPPA process, it tends to vary from place to place. Generally however, there are certain expectations of responsibility placed on young people (examples: provide for themselves or contribute to the household's economy) after they complete primary school (Standard Seven). This understanding was found to be common in most communities visited, and is illustrated well by one participant in Ikombe village, (Kyela District) who said, "If s/he finishes school, isn't s/he a grown-up person?"

In many of the TzPPA sites, children voiced concerns about *child abuse*, reporting that they are often subjected to discrimination, bullying and neglect when at home or at school. More intense forms of mistreatment such as physical abuse (rape, beatings) were also reported and were given as a reason that children take to the street. These findings were corroborated by the Tanzania Legal and Human Rights Centre, which reports cases of child abuse that have included sodomy, rape, abandonment and even the stealing of children (UNICEF 1998).

Some forms of abuse are particular to schools. For example, teachers seldom confront parents who keep children out of school, and in fact, teachers often require their pupils to do casual work such as weeding, harvesting or selling snacks for them. Rarely do parents stand up to teachers who mete out corporal punishment or who make schoolgirls pregnant. In one of the TzPPA community meetings, a young boy of Standard II took the mike and started to cry, pleading that “our teachers should be told that they should not beat us indiscriminately” (Sokoni sub-ward, Kinondoni District).

The girl child faces more risks compared to young boys both at home, at school and within the wider community due to gender-based discriminations. For example, girls are often faced with unequal opportunities to attend school and relatively less time to rest and prepare for school than the boys (Kongo village, Bagamoyo District). These types of discrimination challenge their prospects for the future since it puts them at a disadvantage in the development of their basic human capital. Forced marriage for young girls, which prevents them from even finishing primary education, still exists and was noted frequently in the pastoralist communities visited by the TzPPA.

In addition, girls are at higher risk than boys for sexual abuse. The TzPPA noted several cases of young girls (below the age of 13) being ‘enticed’ to engage in sex with adult men, in return for a small gift. In fact, it was claimed that some mothers actually encourage their young girls to engage in early sex so as to contribute to the household economy. To make matters worse, in such cases, the blame is placed on the girl child - whom the community then describes as ‘loose’ (Mwakizega village, Kigoma Rural District). Of course with the risk of sexual abuse comes enormous risk of HIV infection, especially due to the immature reproductive system of the girl child. One of the most despicable practices recently reported was the practice of adult men raping young girls, after being advised by traditional healers that this would cure them of HIV/AIDS (NGO Calendar 2003, 143). Sexual abuse puts girls at risk of fistula, long-term physical and emotional problems, HIV/AIDS, and unwanted pregnancies.

When abuse reaches intolerable levels, the mitigation mechanisms adopted by children included: not going to school, running away to stay with a relative, running off to cities or towns to live as street kids or being drawn into child labour, stealing or begging to provide for their basic needs.

Constraints to children’s situation: Children themselves unfortunately have few options for preventing violence and abuse. The children participating in the TzPPA felt that the following made prevention and mitigation of child abuse almost impossible:

- ❑ Their comparatively small body size and lack of physical defence
- ❑ Lack of voice in the household (Example: in some communities, children as young as 10 have been forced into *child labour* – usually as arranged by parents. These decisions are made without consulting the children (Chikwaya village, Newala District; Kongo village, Bagamoyo District)
- ❑ Lack of voice in the community (Example: children being bullied in the streets, exposed to corporal punishment and drunken teachers at school)

Children reported that there is no one to protect them or someone speak out on their behalf or platforms to speak against abuse. Because children lack advocates and cannot advocate for themselves, it is important for Government and civil society bodies to take responsibility for ensuring children’s rights.

Other factors contribute to continued poor situations for children. At the household level, poverty compels parents to resort to desperate measures for survival, such as allowing or requiring their children to work. A low level of formal education may encourage parents to think of working instead of schooling for their children. The mentality that ‘children are supposed to obey not to question older people’ still prevails in many cultural settings.

Initiatives to protect children: The GoT has drawn the Child Development Policy (1996) to protect children. The four major areas laid out in this policy are: the rights of the child, child survival, child development and child protection. In addition, the GoT has ratified the ILO Convention Against Worst Forms of Child Labour (1999) which provides a framework for protecting children against the worst forms of child labour such as large commercial farm labour (e.g. sisal, tea, coffee plantations), mining, and fishing.

Civil society campaigns and NGO efforts help to provide alternatives to reach people by providing children themselves with a platform from which to speak against abuse. An example of this is the Children's Parliament, which is held on an annual basis.

However, on the whole, appropriate mechanisms for containing or preventing abuse of children are lacking. Existing policies and strategies have not succeeded in eliminating children's abuses, and local level governance has largely failed to ensure that children are protected from abuse. This means that there is much work left for the implementation of existing policies to protect children by national government, local governments, communities, and parents themselves.

10.2.2 Youth

In the preceding chapters, we discussed the predicament of the youth in contemporary Tanzania as being heavily impacted by macro-economic, environmental and governance conditions. Lack of employment opportunities (ILFS 2000/01), capital for productive investment, and the increase in substance abuse and crime have affected youth proportionately more than other social groups.³² The TzPPA also found that the youth's predicament is partly a manifestation of culturally influenced power lines in society. *Youth are particularly affected by restricted control over productive resources and unequal decision-making power.*

This hierarchy is perhaps most severe in pastoralist communities, where rigid traditions prevent youth from an independent existence from their parents. In Twatwatwa village (Kilosa District), the *morani* (young men) are compelled by tradition to look after their fathers' cattle - a young man is not allowed to sell or make decisions about a cow without consulting the father. As one of them said, "even when you need clothes, you have to ask the head of the household." Young men in many pastoralist communities reported that they are worked tirelessly tending to the herds, trekking for water and grazing cattle for a long periods of time. The amount of capital or resources they are given when they do marry is not at all proportionate to the amount of work they have done for the household. In some communities, young men are married to women they did not choose while still as young as 18 years and given just a few cattle with which to start their homes. Many of these men run off to urban centres (Chikwaya village, Newala District; Mwakizega village, Kigoma rural District) or "we divorce the women", as reported by one (Twatwatwa village, Kilosa District).

At the community level, youth reported being consistently excluded from management of and access to community resources. In Mchinga II village (Lindi Rural District) for example, land ownership is such that a few households own huge tracts of land near the village while the youth must travel far to clear new land for farms of their own. In Kongo village (Bagamoyo District) the youth have started to travel far to look for seasonal employment (fishing) forsaking their family's fields in the village. They reported that they did this because they realized that they will not get a share of that land or the profits before the father dies. Exclusion has also caused young people to rebel against their parents or to challenge community elders – causing impacts to the community fabric and social harmony (Mchinga II village, Lindi Rural District; Gibaso village, Tarime District).

³² According to ILFS 2000/01, 41.4% of the unemployed population in urban areas of Tanzania are people between the ages of 18 and 34 years.

As a consequence of economic dependency and out of frustration from many constraints on their lives, many youth are at increased risk of contracting HIV/AIDS. TzPPA heard widespread reports that young women are forced to engage in transactional sex to support themselves economically, often without protecting themselves against HIV and other STIs.

10.2.2.1 Response options

Youth reported that they do not remain passive when traditional or cultural practices deny them equal access to property and resources. However, they also expressed a feeling of powerlessness in overthrowing deeply entrenched and skewed power divisions.

Some youth reported that they join political opposition movements in to challenge restrictive community practices adopted by elders.

Economic initiatives reported by young people included borrowing or renting property or taking up income-generating activities that do not require ownership of major resources. For example, many of the youth at Misufini village (Same District) have switched from rice cultivation to other kinds of employment (such as fishing, petty trade, turn-boys on long distance transporters, production and sale of burnt bricks, and charcoal burning) that do not demand their going through the expensive process of acquiring land for rice production, the main activity in the village. As a result, many youth are able to get money to cover their basic needs without depending on their parents.

Discrimination in control over basic resources at the household level is a factor in the large-scale migration of rural youth to urban areas in search of independent sources of livelihood. Urban environments present a unique set of problems for youth in terms of their vulnerability to risks. These come from a combination of a lack of social support, high cost of living, high unemployment, and a high concentration of risky behaviours such as drug abuse and commercial sex. In some communities, the social networks created between old-timers in urban areas and new-comers (especially from the same region) have enabled many of the youth to survive through informal support systems.

Options such as income-generating activities help individuals improve their food security, have access to health services, resist and/or avoid abuse and harassment, and for some, avoid precarious activities as their means of generating income. These self-initiated economic ventures have also made the youth build or maintain their social esteem and pride in their communities. However, the rising rates of crime, alcoholism, drug abuse and prostitution are all too present examples of negative response options adopted by youth.

10.2.3 Women

According to research participants, women are also among those social groups facing traditional or cultural-based discrimination. The three most significant spheres of gender-based discrimination which were reported by research participants were:

- Discriminatory rules of inheritance
- Unequal decision-making powers
- Culturally sanctioned abuse and violence

10.2.3.1 Discriminatory rules of inheritance

Customary law in many communities allows for men or men's side of the family to inherit property rather than women (and often the children they are supporting). This one social construct by itself represents a major barrier to women having control of resources or the ability to have economic security.

Inter-generational rules of inheritance generally favor men or boys in the distribution of property of productive value such as land, livestock, houses or fishing vessels (e.g. canoes). The shrinking size and declining quality of the natural resource base at community level has aggravated the situation since women are even less likely to inherit property when there is little to pass on to heirs (Chikwaya village, Newala District; Simanjiro village, Loiborsoit District).

Although statutory law in Tanzania provides that wives should be regarded as joint-owners of property acquired during a couple's married life, in most communities, widows are denied this basic right. Many widows interviewed in the TzPPA reported being dispossessed of their late husbands' property – sometimes even where the husbands left wills instructing that property should be left to their wives. An example is provided in Case Study 10.1.

Case Study 10.1: Dispossession of a Widow

“Josephine” was married in 1986. Her husband was a driver, owning property: land, a number of cattle, a good house and a milling machine. Her husband fell sick in 1997, diagnosed as suffering from liver failure. He died in 1998. Since then her life changed. She was forced to live with her husband's relatives who then took all the wealth left by their relative. Life with her in-laws was very difficult. She was mistreated and was consequently forced to leave (her home) with her 4 children. With the help of community members she built a grass-thatched hut.

Her first son is now (i.e. year 2002) in at Gibaso primary school (Tarime District). Recently she was required to contribute Tsh. 2000 for school desks but she had no money. The school committee, using local militia, took 3 of her chicken driving her deeper into poverty. She was working in one of the village restaurants. However, since her two youngest children did not have a caretaker she had to quit her job. Since she had no land to cultivate or any efficient farming implements, she only managed to harvest _ sack of millet, which she thinks will have to feed them for a whole year. She is not sure it will enable them to survive.

She has approached her husband's relatives from time to time, asking to be given at least one cow to sell so as to solve some of the serious problems she is facing. But she is never listened to or assisted. To her, life is very bitter, not really knowing how she will get out of the problems. She said, “if it weren't for the children, I would have taken pills [to end my life].”

Property dispossession exposes households to the risk of income and food insecurity, leading to a decline in both material and bodily wellbeing. After being left without adequate resources or capital to sustain them, many women find themselves unable to provide food for their children. Dispossession also has the indirect consequences of restricting access to medical services for the women and their children, and limiting the ability to send children to school. Women who have not had children with their husband are generally given no consideration for inheritance.

Divorce settlements also often leave women at a great disadvantage. Women in Mwakizega village (Kigoma Rural District) reported that, irrespective of Islamic divorce laws, some men force their wives to leave before instituting divorce payments. Such men claim, “If you want [divorce] payments, you should first leave, otherwise you will not be given anything” (*kama unataka zawadi au mali, basi ondoka, ama sivyo hupati chochote*). Women facing situations like this one often leave the marital home with their children fearing that they may lose the sympathy of a possible future benefactor (*kukosa mhisani wa baadaye*).

Many divorcees are forced to engage in precarious livelihoods that subject them to even more risks. For example, many women working as *makusaa* (cooks for fishing teams) in Mwakizega village (Kigoma Rural District) were widows or divorcees. Being *makusaa* entails risks of sexual harassment and abuse by fishermen, but the women persevere because they need an income to feed their children.

The local government officials responsible for implementing statutory law often fall short of supporting divorced women when they are subjected to abuse or unfair hardships. A woman in Chikwaya village (Newala District) complained “even the VEO does not come to your help when you demand for your divorce payments!” Unfortunately, it is very rare for women to access the legal support that they need if not provided with the right support from local leaders. Local leaders should be educated on Tanzania’s laws concerning women’s rights to property inheritance and divorce settlements and should work to enforce these in communities.

10.2.3.2 Gender inequality in decision-making

Research participants also expressed that women have a disadvantaged role in decision-making. The following spheres were seen to be most significant in increasing women’s vulnerability:

- ❑ Lack of control over household income
- ❑ Heavy workload
- ❑ Lack of control over reproduction

Powers to control household resources vary across cultures and not all women are uniformly affected by such discrimination. However, in the research for the TzPPA it was rare to find communities in which women control household assets or money, even if it was accrued from activities they engaged in personally (Ikombe village, Kyela District; Twatwatwa village, Kilosa District; Chikwaya village, Newala District). This is explained by Mama Warema and Mama Said, from Misufini village (Same District):

As a woman, you cannot decide on anything in the family, let alone those matters concerning money. You have to wait for a man to decide for you. For example, when you are sick and want to go to the hospital, you need to get permission from your husband who may say, ‘I have no money today. Wait until tomorrow, when I get some money.’ We don’t have a say even over what we produce – only men can decide what is to be sold, in what amount and what is to be used within the household.

Some felt that women heading female-headed households were better-off since they had full control of household resources.

Some women opt for extra-marital affairs to provide income for themselves and their children. Reportedly, women in polygamous marriages, especially when their husbands cannot care for their numerous wives, tend to view their relationship to the husband as ‘looser’, and look for benefactors outside the marriage (Kwediboma village, Handeni District).

Heavy workloads for women were reported in all sites due to the unequal division of labour. Although this is not a new finding, its persistence has meant that women often face added consequences such as ill-health and therefore reduced productivity.

Customary gender-related inequality in decision-making also affects women’s abilities to control their sexuality and fertility. In many of the communities visited, husbands or partners prevent women from using family planning, as illustrated by a woman from Kwabada village (Muheza District): “If it is found that a woman has used family planning methods [commonly referred to as “*nyota ya kijani*”], she is thoroughly beaten or is divorced and another woman is married in her place.” This lack of decision-making has profound physical and emotional effects.

Apart from health complications that arise from multiple pregnancies, abortions due to unwanted pregnancies, women are also faced with the risk of contracting STIs or HIV/AIDS because cultures do not permit them to question their husbands' sexual behaviour. According to one woman from Kasanda village, Kibondo District, when she tried to talk about AIDS to her husband, he told her "If you do not trust me, leave." With children to take care of, she felt compelled to remain in the marriage, regardless of the possible risk of HIV infection.

10.2.3.3 Culturally sanctioned abuse and violence

High rates of domestic violence, rape and sexual harassment against women, and traditional forms of violence, such as female genital mutilation, are still persistent in Tanzania despite government efforts to curb them. Domestic violence is one of the most common forms of abuse that women face, and unfortunately in many communities visited by the TzPPA women succumb to continuous abuse within marriage. Women in Twatwatwa village (Kilosa District) and Gibaso village (Tarime District) reported that wife-beating is common, while in Mwakizega village (Kigoma Rural District) women complained that most cases of wife beating are caused by alcohol abuse among husbands.

Sexual harassment in offices, schools and even in the wider community is an offence that victims have the right to report to authorities. Widows and single women reported high levels of harassment, such as demands for sex by men who regard them as 'free'. Sometimes the demands are so persistent that such women have to seek psychological support. A widow in Kasanda village (Kibondo District) explained how she was forced to change her faith from Roman Catholic to become a follower of the Pentecostal church so as to find emotional support against a man who kept harassing her.

Rape and other forms of sexual abuse were also reported to occur. In Makongora village (Muleba District) sexual abuse was reportedly "alright" if the victim had been drinking alcohol. Men go unpunished if they rape a drunken woman, which is locally referred to as 'giving [her] medicine' to clear the alcohol.

Female circumcision or *female genital mutilation* (FGM) were also mentioned by participants as culturally sanctioned inhumane practices that affected women and girls' bodily and emotional wellbeing. The regions of Iringa, Singida, Arusha, Mara, Tanga, Dodoma and Kilimanjaro are among the most notorious for the most severe forms of female circumcision (UNICEF, 1998). In Maliwa village (Makete District) participants contended that in every ten households in the village, about seven of them have their daughters circumcised. This harrowing and dangerous experience is sometimes even performed on young babies to "cure" persistent fever.

Cultural norms regarding this practice hold that the procedure is necessary for winning a husband and bearing children. A young mother of two described the experience she had.

With two other girls, I went for circumcision in the valley. Knowing that only one cutting object would be used for all of us, I took a new razor blade for myself. When they [the circumcisers] realized that, the old women beat me up, accusing me as a coward and forced me to be the last to be served. When my turn came, they did it so badly that I bled, fainted, and almost died....

FGM causes immense pain, risk of death and can cause future complications during childbirth. In addition, FGM has also been associated with girl-child mortality in several regions.

10.2.3.4 Response options for women as a vulnerable social group

Response to restricted control of property and resources: Women face significant limitations to financial security for themselves and their children. These include the low level of assets, which constrains their ability to invest in income generating activities, low levels of literacy and lack of “employable” skills.³³

Because of the disadvantages they face, women, in particular, would benefit from protection by the law (whether customary or religious law). Unfortunately, customary law is often unfavourable to women, and statutory law is often inaccessible due to costs and other factors as discussed below.

Even in cases where statutory law favours a widow or divorcee, it is rare for women to utilize the court system to ensure their rights are respected. This was said to be because: i.) the legal system is too complicated for ordinary people to understand, ii.) lack of awareness of legal rights, iii.) inability to pay for expenses from using the legal system, and iv.) corruption in the legal system undermines the ability of women, particularly poor women, to get their rights. Cases like 10.2 were presented of widows who were forced to use the few remaining assets they had to bribe officials for their rights.

Case Study 10.2: Bribing for your rights

A 70 year old widow explained that in the year 2002, her in-laws tried to dispossess her of land her deceased husband had bequeathed her. She filed a case at the local primary court to bar them from harassing her or trespassing. The magistrate demanded a bribe and so she had to sell her only cow to bribe him. She won the case. Her in-laws who had nothing to offer the magistrate as a bribe, lost the case; but took a portion of the widow's land and sold it. When she went to court for the second time, she had no more money for a bribe. So she lost the case and had to let go the portion that was sold. (Nzanza village, Meatu District)

The legal framework that is in place at the national level is essential to safeguarding women's rights. However, as discussed with research participants, women still encounter major limitations which prevent them from utilizing these rights and that subject them to deeper impoverishment. To safeguard the rights of women, children and marginalized people, local and district officials should reduce corruption in the court system and educate communities about women's rights under the laws of Tanzania.

Civil society organizations have laid important foundations for this work, with such organisations as the Tanzania Gender Networking Programme, Tanzania Women's Legal Aid and Tanzania Women's Media Association, which advocate and provide support against discriminatory practices. It is important for government to share the responsibility for women's protection under the law.

Response options to inequality in decision-making: In many cases, women chose response options that are not challenging or confrontational and reduce the risk of conflict arising in the household. Often this means simply coping with the situation as presented to them.

Research participants also reported that women do undertake economic ventures as much as they can, although these tend to be less profitable and are more labour intensive than men's. For example, women in the pastoralist community of Twatwatwa village (Kilosa District) can sell milk, which is traditionally considered their asset, in order to generate income for household use. In this case, they are free to use the money generated without having to consult their husband. Women in farming communities also opt for activities regarded as their “domain” such as beer brewing or subscribing to a local credit system called *upatu* or *mchezo*.

³³ According to the HBS (2000/01) about 58.8% of adult rural women are literate compared to 76.1% for literate men.

These measures are extremely important, but do not systematically reach all women. For example, women with very low level of assets will fail to make regular subscriptions to *mchezo* or *upatu*, or lack the capital to start up small businesses. Thus women in the poorest households are less able to benefit from *mchezo*, while the elderly, the disabled and those with terminal illnesses are excluded since they cannot contribute labour.

The GoT has recognized that women are not able to overcome discriminatory cultural traditions that exclude them from decision-making on their own. The government is thus facilitating the inclusion of discriminated groups in decision-making structures at community, ward, district and even national level. The Local Government (District Authorities) Act of 1982 provides for a minimum of 25% women representation in governing bodies, although some studies argue that a 50% representation for a more effective and equitable governance (Gopal & Salim, 1998).

Some participants of the TzPPA acknowledged local government efforts to include them in governance. At Nyorit, a sub-village of Loiborsoit A village (Simanjiro District), a woman participant noted that, as a result of being represented in the village government, they are now starting to be listened to, “but it has taken a long time.” However, some complained that their representation was only token, that women were chosen who were quiet and would not challenge decisions. Courageous women leaders were labelled “*wavurugaji*” (troublemakers) and are sidelined in subsequent meetings and decision-making processes (Loiborsoit A village, Simanjiro District; Gibaso village, Tarime District).

Other women are limited by a combination of actors such as low levels of literacy, lack of awareness of their rights, lack of transparency in procedures to participate in elections, customs that prevent them from attending public meetings and shyness in speaking in public.

Response options to abuse: Women’s responses to violence are varied, but often their first instinct is to protect their families before thinking of themselves. Overall, women’s ability to respond effectively to abusive husbands is constrained by a number of factors, including the lack of ownership and control of resources for production, a limited social network, a low level of formal education and skills. The combined effect of these factors compels women to remain in abusive relationships for fear of retribution, lack of alternative means of making a living, concern for the children’s welfare, worries about emotional support, lack of family and friends, and the hope that the husband will change. In addition, certain customs also act as limiting factors to women who could have otherwise mitigated abuse by fleeing or speaking in public against it. This is expressed by a woman participant from Twatwatwa village (Kilosa District), who had a deep scar on her forehead,

[One is] *not allowed to fight back or defend oneself and, if you do, you will be beaten by the whole community. It is a mistake [to fight a husband] according to the culture: we thus tolerate being beaten like gunnysacks.*

This does not mean that all women succumb quietly to violence. Women may explore several steps to containing an abusive relationship before opting to get out of it. The first step is often to complain to relatives, such as the parents-in-law. In rare cases, women go to the police. If this fails, the Ten Cell leader (*Balozi*) or village/community leaders may be consulted. But appealing to community leaders usually involves an ‘embarrassing’ public process that not many women are ready to face. In addition, village leaders in some communities may demand a fee for the *kikao* (meeting). A woman at Mwaru village (Singida district) explained that one needed to provide Tsh. 1,000 before the elders will sit down to listen to you.

Sometimes when a woman feels that her husband is impossible to live with, she leaves him either temporarily or permanently. In most of these cases, younger women (particularly those from well-off households) go back to their parents since they can 'refund' the bride price. Younger women are also more advantaged than older women in separation or divorce since they have chances for remarriage.

Communities may have their own sanctions to prevent rape or punish those associated with it. At national level, the GoT has enacted the Sexual Offences Special Provisions Act of 1998 that provides legal protection for women against rape and sexual harassment, and also for women and girls against FGM. Despite the enactment of this law, few women benefit from the protection it offers due to a low level of awareness of legal rights and ignorance of how to navigate the legal system and lack of support from local institutions.

10.2.3 People with disabilities

People with disabilities typically experience the abuse, contempt, discrimination and neglect shown in Case Study 10.3. While the disability itself may be a physical condition, the stigma associated with it comes from society, since, as one participant explained, "It is society that creates disabled people." In general, the greater the physical incapacity, the more stigma and discrimination the person endures.

Case Study 10.3: Disability, dependency and humiliation

When he was seven years old, *bwana* Jamburi contracted polio and lost some use of a hand. He is now thirty-five years old, married with five children. As a result of the ridicule she received from other women for marrying a disabled man, Jamburi's wife has refused to treat him as her husband. Meanwhile, because of discrimination, he has not been able to work. In order to pay for basic needs, his wife has begun – to Jamburi's great shame – sleeping with other men.

People with disability are also commonly denied opportunities to earn a living. In Sokoni sub-ward (Ilala District), for instance, a woman noted "employers do not even want us for jobs such as receptionists and telephone operators." Nor is it easy to work in the informal sector. In Mwakizega village (Kigoma Rural District), for example, a woman explained that in the market where she worked, people sometimes refused to pay her, instead mocking her with, "You lame person! What can you do to me?"

Many people with disability have fought against such blatant, abusive discrimination since childhood. Indeed, disabled children are often teased and excluded from playing with their peers. The consequences can be disastrous for their social skills and fragile sense of self-worth. In fact, the child's humiliation (as well as that of their parents) often causes them to withdraw from school.

Case study 10.4: Disabled children and discrimination in school

Three mentally impaired children are currently attending the Sanjaranda village (Manyoni District) primary school, where they are routinely ridiculed and abused by other pupils. The parents worry about how this makes their children feel. Teachers have been unable or unwilling to protect the children's dignity and, since there is no alternative school nearby, the parents are left in a terrible conundrum: do they leave their children in a painful environment or withdraw them from school and worsen their long-term prospects?

Sheltering disabled children from painfully degrading experiences may be a short-term kindness, but parents know it comes at a terrible price. Indeed, forcing them to retreat from school and other

educational spaces prevents the children from developing their full potential and is a fundamental violation of their human rights. Though this does not condemn children with disability to a life of poverty, it represents yet another handicap in a life fraught with extraordinary difficulties.

Understanding and respect for disabled persons should become an explicit part of teacher training and Tanzania's school curriculum.

In other words, it is their social exclusion, rather than their physical condition, that routinely “disables” people from living full, meaningful lives in which they are free to participate in and contribute to their communities. As a member of the Tanzanian Federation of Disabled People's Organizations put it:

People are disabled by their society, not by their impairment. They are incapacitated by society, not by things. Disability is a form of social exclusion and oppression.... When we speak about someone being 'disabled,' it is not because of their impairment, [rather] it is because of what other people do, or fail to do for them.

10.3 Traditions and belief systems

Some traditional ceremonies, belief systems and practices can also have impoverishing consequences. The deep entrenchment of some of these practices into people's life makes it difficult for individuals to counter them on their own without external support. However, the changing nature of ownership of assets and of the forces affecting society is gradually forcing some people to look for alternatives to traditional belief systems.

10.3.1 Ceremonies

Traditional ceremonies are an important part of people's lives in communities. Among the most important ones mentioned by research participants were: weddings, marking puberty (*jando na unyago*), burial rituals, the end of a mourning period (*hitma*) or harvest season celebrations. Despite the positive social roles that celebrations have, they were also reported to be an impoverishing force due to the high costs associated with them and the amount of time that is spent in planning and attending them.

People also complained that ceremonies were now conducted more for the prestige attached to them than for their customary social value. Many households in Bagamoyo District, for example, incorporate various forms of entertainment such as *rusha roho* (taarab) and *mdundiko* (Zaramo dance) into their wedding ceremonies, which involve a lot of money and food for guests. People use their savings or may dispose of assets to finance such ceremonies, ending up in poorer financial status. Some costs are unavoidable, such as burial/funeral expenses. Others may appear unavoidable, but the lack of expenditure would entail a fall in the family's social status.

10.3.2 Bride price

Among the traditions that lead to increased poverty and vulnerability was the tradition of bride price. This occurs through:

- Impoverishment of the husband or husband's family, and
- Increased tendency for abuse for women
- Presenting a barrier for young men from poorer households to get married
- Impoverishing young, newly married couples

In Nanza village (Meatu District) bride price ranged between 15 and 70 cows, depending on the complexion of the bride. For a household that had many male children, this becomes economically disastrous when their

time for marriage arrives. Other communities spread out the responsibilities for bride wealth between the parents and the bridegroom himself. In such cases, young men who are not yet financially well off find themselves at the risk of sliding into poverty after paying their bride price, as Case Study 10.5 shows.

Case Study 10.5: Christopher's wedding

Christopher, a fisherman of 24 had to pay 4 cows, 1 lamp (worth Tsh. 20,000), 20 litres of kerosene, 2 bed sheets and a carton of matches as bride price for his wife. These payments exhausted his savings and what he had envisaged would have been capital for future investment. After the marriage he was compelled to build his life anew, working virtually from hand to mouth. His expectations for continued support from parents also stopped after a short period because according to local traditions, parents may only contribute one-months' ration of foodstuffs and utensils for the newly weds.

Bride price has also been associated with domestic abuse. According to TzPPA participants in Maliwa village (Makete District) some husbands regarded the bride price they had paid as a ticket to dominate and abuse their wives. The higher the bride price paid, the less likely the woman's family would be able to refund the husband; consequently, the wife may become stuck in an abusive situation.

Bride wealth may be an impoverishing force for one household, but a material boost for another household, and may also create a bond and a sense of value and appreciation for the bride. However, the research participants in the TzPPA almost all characterized bride price as a negative impoverishing force. This is not the first time that this view has been presented. Despite such concerns, the payment of bride price and its social implications has not yet been addressed by policy, because of its close relationship with people's values and culture.

10.3.3 Taboos

Certain taboos (*miiko*) still exist around pregnancy and childbirth, and their outcomes can lead to poor health for mothers and their children. Some of the traditional taboos around pregnancy included dangerous restrictions on diet. Encouragingly, some of these practices have eroded due to the work of Community Development Workers or MCH clinics.

Some taboos do still affect people. For example, it was reported in Nzanza village (Meatu District) that it was common for labouring mothers to report late to health facilities, which sometimes resulted in the mother dying. The reason for the delay in accessing services was a belief that if a woman had an extra-marital affair before conceiving, she would die during delivery if she goes to hospital. Hence, on reaching full term, expectant women would first go to a traditional healer to be 'cleansed' and 'assisted' for a safe delivery, instead of the health facility. Several incidents were reported of mothers and/or babies losing their lives because of these beliefs.

10.3.4 Large household sizes

The size of the household can be an impoverishing force particularly when it indicates a significantly skewed dependency ratio that overburdens the household head or the major breadwinner. Research participants generally felt that the household size or the number of dependents was too large for breadwinners to create economic and/or food security for the household. This is despite what is known about household size based on national research.³⁴

Key factors leading to large household size were reported to be: high birth rates; (Igundu village, Chunya District; Kwabada village, Muheza District), polygamy; informal households (*nyumba ndogo* or Block 'B');

³⁴ The Household Budget Survey of 2000/01 showed a slight drop in household sizes since the Household Budget Survey of 1990/1

lack of long-term planning/investment (Nzanza village, Meatu District) and extended families (Pongwe sub-ward, Tanga Municipal District).

The most significant dangers to family wellbeing that were reported included:

- ❑ Decline in *food security*, particularly for households depending on a single breadwinner
- ❑ *Stress on family resources* to meet the daily needs of a large group of dependants
- ❑ *Disruption of children's development and future* since parents with many children often fail to provide them with proper education, food or clothing. Most survive 'hand to mouth,' with poor housing structures, health and medical care, and poor nutrition, all of which hinder the basic development of a child
- ❑ *Favouritism of boys or some children* When a household is comprised of many children, there is often inequity in what they receive. Girls are often pulled out of school when there is a stress on resources for schooling or when there are younger children at home to be cared for

Large household size also may lead to abandonment of the family of the breadwinner chooses not to take responsibility for the family. The problem of 'absconding' husbands who abandon their households was voiced strongly in Mwakizega village (Kigoma Rural District) and Kwediboma village, (Handeni District). Accusations of irresponsibility were also directed to men who had several children from different women and did not take care of them.

Large household size may have a benefit for the household, but it is mainly an issue of *who* benefits and *when*. Some of the benefits of larger families were reported to be a larger labour force, possibilities for remittances, income generation through bride wealth and old-age support (Nzanza village, Meatu District). For example, having many wife and children may provide a larger labour force for the husband, enriching his assets, but may cause increased poverty or lower schooling for the wives and children. And benefits for larger household size may only become real when children or dependents become older.

10.3.5 Response options for impoverishing practices and beliefs

Depending on the practice itself, responses to the impoverishing effects of traditional practices are generally implemented at the individual and household levels. Traditions are often perpetuated even if they are harmful to people because people feel that the social repercussions are also costly.

Bride Price: People may comply with cultural demands by choosing a more affordable option. For example, the youth (particularly from poor households) in those communities demanding high bride price can marry from outside the tribe where bride price is lower. This is one way in which classes of society are sustained. One youth participant in Twatwatwa village (Kilosa District) explained:

Children of dependents [poor households] fail to marry Maasai girls because they have no livestock to pay as bride price, and that is why you find them deciding to marry women from other tribes because of the lower costs of bride price. It is better to marry from another tribe, get a wife and children than marrying a Maasai girl where you are scorned of being unable to take care of her.

Other people decide to co-habit without formalizing marriage until at a later date.

Ceremonies and celebrations: Some people have started cutting down costs by reducing the frequency or shortening the duration of social functions such as celebrations and mourning periods. This has become necessary for many households because of the increase of cost associated with events as well and the increase in poverty of many households. However, this also comes at a cost. A lady participant in Pongwe North Ward (Tanga Municipality) complained, "we used to hold seven-day initiation

ceremonies for girls, while these days it is only one day. That is why we have so many broken marriages - because customs are not honoured". People reported that it is difficult to balance the erosion of certain customary practices and people's social wellbeing.

Large households: Some of the mitigation responses used to cope with large households included the following:

- ❑ Child labour
- ❑ Diversification of livelihood activities
- ❑ Reducing the number of meals a day

Although these strategies have allowed many households to 'survive,' either through an extra income or reduced expenditures on food, they tend to have significant negative impacts on the wellbeing of the family, and children in particular. Child labour, for example, has serious consequences for the child's health status and future development, while reduction in food intake also profoundly affects a child's growth and development.

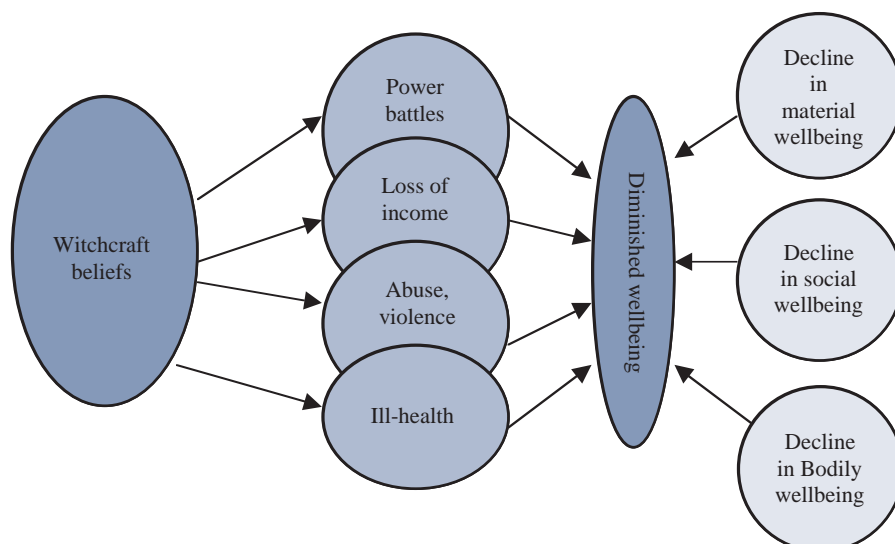
Family planning programmes are available in all of the areas visited, but was not reported to be accepted on a widespread scale in the community. This is largely due to the social constraints on women mentioned earlier in this chapter. In many cases, when family planning methods are used, they must be kept secret from the husband. In addition, outreach for family planning has focused on the immediate family (husband-wife relationships) and often does not apply to polygamy, extra-marital affairs, or children born out of wedlock, which were reported to be common across sites.

10.4 Witchcraft

Findings from the TzPPA indicate that witchcraft beliefs and practices are deeply entrenched in people's ways of life, and have a central role in influencing both material and non-material related aspects of people's wellbeing. This includes everything from power relationships and access to resources to politics to health.

What is also apparent is that there is a connection between witchcraft beliefs and exposure to certain kinds of impoverishing forces, as if witchcraft beliefs were a response option to these stresses. Hence people's perceptions on health, security, loss of income and resources are among the issues frequently related to witchcraft (often with detrimental consequences). A relationship was also noted between people's witchcraft beliefs and practices and their wellbeing, as Figure 10.1 illustrates:

Figure 10.1: The relationship between witchcraft beliefs and wellbeing



In many communities, witchcraft beliefs have infringed strongly in local governance and have led to power battles between different sections of the community. For example, research participants of Mchinga II village (Lindi Rural District) explained that in 1994, a group of youth staged a *coup-d'état*, overthrowing a village government led predominantly by village elders whose rule was claimed to be supported by supernatural powers. These youth put one of their own as the Village Chairperson. After six months the young man died, and it was concluded that the man had actually been 'eliminated' by the elders through witchcraft. This caused the youth to withdraw themselves from contesting for posts in the village leadership once and for all.

In addition, witchcraft causes significant losses in time, money and resources for households and individuals, eventually eroding household income base (Nchenje village, Nkansi District). Witchcraft beliefs also make those who are accused of being witches subject to food and income insecurity as they are required to run away from their homes, as reported by a 1999 TAMWA report. In this survey, TAMWA found more than 100 old women begging in the streets of Shinyanga town after fleeing from witchcraft accusations (Mesaki 2000).

Witchcraft beliefs can also cause preventable death to sick people who could have been helped through health services (Minja 2001). Examples from the Kilombero valley (Morogoro region) show that in local interpretation, malaria is often linked to 'supernatural causes' and thus "treated" with an amulet (*hirizi*) from a traditional healer (*mafundi*). This type of prevention is thought to be more effective than the use of mosquito nets. Poor families may be more affected due to their inability to pay for formal health services. Though witchcraft is expensive, it can often be paid over time or in kind, as opposed to fees for health facilities.

Participants also reported that witchcraft destroys the social fabric in some communities through raising suspicion and hatred among the people. This mistrust is often caused by witch-purging exercises, which can cause bitterness or in the worst cases, death.

Case Study 10.6: Witchcraft beliefs and community cohesion

In March 2002, a lady who is said to hold Government certificates (Mtwara) allowing her to perform traditional healing, was summoned to Mchinga II village, Lindi-Rural District by a family whose two-year old child had disappeared in December, 2001. The Village Government sanctioned this process. When she arrived, she conducted a witch-hunting ceremony that involved spraying hot water on people's bodies and making people consume an intoxicating substance that made people babble aloud and behave strangely as if they were possessed. Based on their behaviour under the influence of this substance, the lady claimed to expose 'evil deeds' of the participants. Local government people were implicated as a result of the ceremony, which was described as very degrading and humiliating to those involved. This included the Village Chairperson.

The consequences of this procedure to the reputation of those involved, particularly members of the Village Government was described to be "worse than a tropical cyclone" (*kimbunga*). Some villagers believe that the lady served the community well by exposing evil people. Some say that now people can sleep soundly without being disturbed by evil beings that appear in the form of hyena, cats, or '*wanga*,' and blame the village elders for inflicting evil on them. Others are bitter about the procedure.

The lost child was not found, and the lady is said to have left the village unceremoniously without the Village Government's proper authorization leaving behind a divided community.

Experiences of TzPPA participants also illustrate that usually *social exclusion*, abuse and the insecurity of women and the elderly are connected to witchcraft, so that these vulnerable people with less social support are often the victims of accusations of witchcraft. In Makongora village (Muleba District) witchcraft accusations were linked with personal gain, for example eliminating elderly relatives so as to inherit property. Participants in this village also claimed that fear of bewitchment by husbands' relatives usually sends widows away from their matrimonial homes.

More often than not, the elderly have been victims of witchcraft accusations and killings. The following case study narrated by one of the many victims illustrates this predicament.

Case Study 10.7: The elderly, witchcraft accusations and abuse

“In the year 2000, the people of Misufini village (Same District) contributed money and brought a *mganga* from Tanga so that he could identify villagers who are witches. I was among those suspected, together with another Mzee J (78 years old) and the late Mama A. (70 years old). The *mganga* found nothing on me, but found some witchcraft gear with the other two and burnt the gear to disarm them. ... Once you become old, it is easy to become a suspect of witchcraft”.

Such social exclusion has exposed the elderly to fear and insecurity, which are key aspects in people’s wellbeing.

Of course, the worst outcome from witchcraft beliefs is death. Several cases were documented in the TzPPA in which killings were associated with witchcraft accusations (Gibaso village, Tarime District; Nzanza village, Meatu District).

10.4.1 Mitigating the effects of witchcraft beliefs

Mitigation strategies to witchcraft often result in actions equally damaging in effect to individuals and the community as a whole.

For example, running away from homes is usually the best way that ‘suspects’ can escape physical abuse and the threat of death (Makongora village, Muleba District). Testimonies of women who are said to be ‘fortunate’ they are still alive illustrate the cruelty they often undergo, sometimes losing their limbs, partners and their property (Dickinson 2002). Most end up destitute. Witchcraft beliefs also cause unnecessary migration of those who believe that they are being bewitched.

Despite its mention in numerous studies, including the Mongela Report and the Shinyanga PPA, witchcraft beliefs have not been clearly articulated by National policy as a potential threat to people’s development. Further, the government does not have a coherent statement regarding witchcraft or how people should deal with it (Mesaki, 2000). Developing a statement, policy or strategy and conducting awareness-raising about witchcraft beliefs should be a priority for the government at both national and local levels.

10.5 Alcohol abuse

Alcohol consumption is a common traditional practice that accompanies rituals, weddings, post-harvest celebrations, burial ceremonies etc., and it is part of daily recreation activities for many people. Research participants reported that alcohol consumption is a major factor in vulnerability and impoverishment.

Alcohol abuse was described as having multiple detrimental effects on the family and individual that cause an increase in poverty and vulnerability. Foremost among these was a decline in the economic wellbeing of households. Household breadwinners who engage in excessive alcohol consumption endanger the whole household with food insecurity, loss of income and capital, etc. In Mwakizega village (Kigoma Rural District) for example, women participants reported that alcoholic husbands usually end up abandoning their families, leaving women to raise the children in single parent families.

Alcohol abuse was reported to be strongly related to domestic violence. Women in many sites reported that drunken husbands would come home at night and beat their wives without any apparent reason (Twatwatwa village, Kilosa District; Makongora village, Muleba District). This correlation was also found in the Shinyanga Human Development Report, which reported that alcohol abuse not only impoverished families from actual cost of alcohol, but also had negative implications for the general wellbeing of the household. Because alcohol abuse was often related to sexual abuse or promiscuity, it was also described as a risk factor for spreading HIV/AIDS and other sexually transmitted infections.

10.5.1 Response options to alcohol abuse

In response to the abuse that victims suffer from drunken partners, women tend to seek the sympathy of or mediation by close relatives, and very rarely, from local authorities, and even more rare from state institutions. This is because of the cultural limitations and accompanying stigma. Some women reported confronting their husbands, some demanding divorce or separation, or separate allocation of resources for household and other uses. Other women cope by trying to establish their own income generating activities to sustain their families.

10.6 Conclusions

This chapter has looked at what TzPPA participants said about the way that cultural beliefs and practices influence vulnerability. In general, it was strongly felt that certain social groups suffer more than others as a result of traditional belief systems and practices, and that a variety of traditional mechanisms, ranging from witchcraft beliefs to alcohol consumption, have a significant negative effect on the wellbeing of many people.

Cultural mechanisms generally determine a person's social power. If this power is not widely shared, having all the other ingredients for a good life will not necessarily mean that they can be used. Indeed, repressive cultural beliefs often prevent people from assembling their assets in a winning combination.

Cultural beliefs can also influence the individual and social group's capacity to participate in the decision-making processes that affect their lives. Policy needs to address these imbalances with direct measures to improve people's involvement and benefit under the law.

What is apparent is that people felt that they cannot counter these impoverishing forces effectively on their own, and that government and civil society strategies to counter them have had minimal impact. Policies, therefore, need to be implemented to ensure everyone has equal opportunity to own tangible assets, develop vital skills, and participate in decision-making processes at household, community, district and national levels. The research points towards an urgent need for new strategies to empower people to counter such impoverishing forces from the bottom up.

Part IV

Conclusions

The 2002/3 TzPPA was established to answer questions about the nature of vulnerability and to explore implications for the upcoming revision of Tanzania's Poverty Reduction Strategy.

To this end, Chapter 11 draws conclusions about impoverishing forces and response options, safety nets and ways to help safeguard people's wellbeing.



At a Glance

- ❑ The most significant impoverishing forces are drought; environmental degradation; worsening terms of trade; corruption; inappropriate taxation; lack of physical security; HIV/AIDS; malaria and ageing. HIV/AIDS is arguably the single most severe impoverishing force threatening individuals and households in Tanzania today.
- ❑ Some “limiting factors” only affect members of select social groups. As a result, these people typically contend with a much higher burden of cumulative constraints preventing an adequate response to shocks and stresses.
- ❑ In order to have the greatest aggregate impact on poverty reduction, Government and its development partners should collaborate to: (i.) reduce the number, frequency and intensity of impoverishing forces identified in this Report while (ii.) increasing the ways that people in different social groups can safely and effectively counter them.
- ❑ Grassroots safety nets are increasingly made of money (needed to buy food and drugs) versus time (needed to weed someone else’s *shamba*, prepare their food, etc.). This helps explain why poor communities cannot create safety nets fast enough/extend them far enough to manage crises like HIV/AIDS.
- ❑ Reducing the impact of impoverishing forces will lower, but cannot eliminate, the number of households being pushed down the ladder of wellbeing. Those that cannot escape hard times need social protection measures to help them live in dignity.
- ❑ Social protection measures should prioritise rendering assistance to people in social groups frequently subjected to stigmatisation and subsequent exclusion from mutual support networks.

11.1 Introduction

At the beginning of this Report, the meaning of vulnerability was described through the use of an allegory in which people were portrayed struggling to climb the ladder of wellbeing. It was explained that, as they do, a variety of forces threaten to push them down.

The key impoverishing forces identified by research participants in the TzPPA were subsequently presented in six groups, or categories. In the allegory, as in reality, individuals, households and communities were shown actively trying to resist these forces by deploying countermeasures strategically chosen from amongst their available response options. Those people faced with impoverishing forces they could not counter were pushed down the ladder of wellbeing unless held up by safety nets. This chapter draws conclusions about the nature of this process and answers specific questions about vulnerability posed to the TzPPA by key stakeholders.

11.2 Impoverishing shocks and stresses

Participants in the TzPPA were concerned about things threatening their material wellbeing. However, they were no less concerned about threats to their health, sense of security and belonging, dignity and freedom of choice and action. These threats included shocks (like sudden illness) *and* stresses (such as the slow degradation of natural resources). One way of thinking about the difference between shocks and stresses is that the former destroys assets and wellbeing while the latter erodes them.

Shocks destroy assets and wellbeing while stresses erode them.

Stresses are often more difficult to identify than shocks, and their consequences are harder to discern and measure. However, once these challenges are overcome, it is evident that stresses pose *at least as grave a threat* to people's wellbeing.

11.2.1 Predictability

Some "natural disasters," like an earthquake, are the result of forces beyond human control. As such, they will never be wholly predictable. In contrast, others are the foreseeable outcome of human actions. For instance, deforestation is known to cause down-stream flooding under certain conditions and drought under others. Most shocks and stresses are even more closely linked to the choices people make and the things they do. Some of the macro-economic policies examined in chapter six, for instance, have negatively affected rural livelihoods. Though man-made and, arguably, predictable, these and other outcomes routinely go unanticipated and unplanned for.

11.2.2 Clustering

Clustering refers to the tendency of some impoverishing forces to express themselves together with others. Floods are a good example. In urban areas, people's experience of flooding links together property damage, a rise in the frequency of malaria and business losses. Meanwhile, in rural sites, flooding is frequently associated with an increase in illness and food insecurity. As a result of clustering, the net consequences of some shocks and stresses are far worse than they appear when considered in isolation.

11.2.3 Relative severity and prioritisation

Based upon analysis of its physical and social consequences, HIV/AIDS is arguably the single most severe impoverishing force threatening individuals and households in Tanzania today. Nonetheless, it was rarely reported as a serious problem at community or district levels. If national estimates of HIV/AIDS prevalence are correct, then this ambivalence would be hard to explain if not for the disease's tendency to be expressed as malaria, TB, etc., and people's reluctance to be tested or discuss infection.

The same dynamics may be responsible for masking the real impact of HIV/AIDS on national development. However, combining results from the TzPPA with those of the National AIDS Control

Programme's Surveillance Report suggests that sustained poverty reduction may be impossible without first uncovering, confronting and stopping the HIV/AIDS pandemic.

Identifying the most significant *category* of impoverishing forces is more problematic since the impact of shocks and stresses varies between communities and over time. For instance, people in Loborsoit village (Simanjiro District) said their biggest threats today are the result of macro-economic conditions; but environmental concerns were more important several years ago when they were struggling to survive an extended drought. In contrast, people in Ikombe village (Kyela District) currently see environmental forces as the most critical while governance is emphasised in Sokoni sub-ward (Kinondoni Municipal District).

In light of this fluidity, it would be misleading to suggest an absolute order. Yet these three cases are indicative of a clear pattern in which governance, macro-economic, and environmental forces tend to have the greatest overt impact on communities' wellbeing and resilience to poverty.

Governance, macro-economic, and environmental forces tend to have the greatest overt impact on communities' wellbeing and resilience to poverty.

With the probable exception of HIV/AIDS, ranking *individual* shocks and stresses is not possible in this Report. This is partly because doing so would require an inordinate degree of subjective judgement about the relative importance of intensity versus frequency, prevalence, etc. Nonetheless, it is worthwhile and possible to identify those impoverishing forces that – no matter how criteria are weighted – number amongst the most significant. On the basis of descriptions and analysis provided by participants in the TzPPA, these include:

- Drought
- Environmental degradation
- Worsening terms of trade
- Corruption
- Inappropriate taxation
- Lack of physical security
- HIV/AIDS
- Malaria
- Ageing

Much can be done to prevent or lessen the impact of these impoverishing forces; and doing so should become a priority of Government and others committed to poverty reduction in Tanzania.

11.3 Response options

People aren't passive in the face of these impoverishing forces. As documented in preceding chapters, they typically mount determined, creative and often effective resistance. In order to do so, they draw upon their knowledge and skills, labour, social connections, personal possession and common resources.

11.3.1 Prevention, mitigation and coping

Most shocks and stresses can be prevented from happening. Thus, farmers have adopted a variety of techniques to stop soil erosion; people have invested in bed nets to prevent malaria; and they have changed reproductive practices to avoid HIV/AIDS, etc. These and many other *ex ante* measures work, even if some (like mosquito nets) offer less than one hundred percent protection. As such, they play a vital role in reducing people's vulnerability.

Nonetheless, some impoverishing forces cannot be prevented; and others can be averted only through the intervention of powerful actors with little regard for conditions in Tanzania. In such cases, people focus on mitigating, or lessening, the impact of shocks and stresses. Some of these efforts take place prior to the onset of hardships. As described in chapter five, for instance, livestock keepers diversify their herds and farmers plant specific crops to sustain their households in times of drought. People also try to build up an asset-base to provide for them in old age – what people in Mchinga II (Lindi Rural District), called *akiba ya ujana*, or “savings from youth.” In contrast, other mitigating strategies, such as the application of fertilisers to compensate for reduced soil fertility, take place as shocks or stresses unfold.

- ✓ Preventative measures aim to stop shocks and stresses from occurring
- ✓ Mitigating measures aim to lessen their impact
- ✓ Coping strategies aim to improve outcomes

Though these activities do not prevent hardships from occurring, they can lessen their impact. People then have to cope with the consequences. At individual and household levels, this has led people to sell assets (including productive assets like cattle or land) for cash and withdraw children from school so that they can contribute to family income. At the community level, it has led people to pool resources so that they can care for HIV/AIDS orphans. These *ex post* coping strategies help people survive but also form a critical step in preparing them to recover from impoverishing forces and reclaim their wellbeing.

11.4 Limiting factors

Predictability and foreknowledge affect whether or not people will have a chance to take preventative steps or implement mitigating measures before hardships strike. Accordingly, it is vital for Government and its partners to provide people with timely information about threats to their wellbeing. Whether or not these opportunities can be realised depends largely on the assets that individuals, households, communities and their Government can command.

As explained in chapter four, the most important assets are human, social, political, natural, physical and financial capital. The fewer of these assets that people have, the narrower their response options and the more likely it is they will be forced to choose between bad and even worse ways to survive immediate threats to their wellbeing. In other words, poverty – in its various forms – is one of the most intractable of all factors placing limits on how people can, and whether or not they can, manage shocks and stresses.

Subsequent chapters demonstrated that *having* key assets does not necessarily mean people can *use* them to counter impoverishing forces. Indeed, people operate within the context of complex circumstances that sometime facilitate and sometime limit what can be done with what they have. These factors include individual, household or community attributes and the socio-cultural, political, economic and environmental settings in which we all live.

Poverty – in its various forms – is one of the most intractable of all factors placing limits on how people can, and whether or not they can, manage shocks and stresses.

11.4.1 Social groups and cumulative constraints

Some limiting factors, such as macro-economic constraints, affect whole populations. Other factors, such as cultural norms curtailing women’s movement or discrimination against people with disabilities, only affect members of select social groups. As a result, people in these social groups typically contend with a much higher burden of cumulative constraints shaping how (or, even, if) they can respond to shocks and stresses.

11.4.2 The most vulnerable social groups

People in social groups with the *least freedom* of response are the most vulnerable. Accordingly, some of the most vulnerable social groups in Tanzania include:

- ❑ Children (especially orphans)
- ❑ Childbearing women/women with young children
- ❑ Widows
- ❑ The elderly
- ❑ People with disabilities
- ❑ People with chronic illnesses
- ❑ People in HIV/AIDS affected households
- ❑ Destitute persons

11.4.3 Fighting back

People do not passively accept factors limiting how, or at what cost, they can respond to impoverishing shocks and stresses. To the contrary, people often invest a great deal of problem-solving creativity into trying to neutralise, go around or, at least, lessen limiting factors. Some telling examples of this determination include:

Human Capital: Research participants in almost every site said that poor schooling puts terrible constraints on how they can respond to impoverishing forces. Therefore, children and parents in some communities have gone to exceptional lengths to access and improve local education opportunities. For instance, many parents in Msui sub-village (Mwaru village, Igunga District) get up at 5:00 a.m. to escort their children through the thickly forested part of their twelve-kilometre walk to school. Meanwhile, in other villages, people have pooled meagre resources to set up unofficial pre-schools able to give their children a head start in learning.

Most people see education as a useful asset that, unlike others, cannot be lost, spent or stolen.

Policies and laws: When policies and laws limit their response options, people ask, ‘Should I just accept this, should I break the law or should I try to change it?’ People make all three of these choices. Most often, they risk punishment for breaking laws only because the alternative would mean sinking into unbearable poverty.

If the likelihood of being caught and punished is high, and if they are desperate, people may confront authorities and either plead for or demand change. Thus, community members from Mongo wa'mono village (Mbulu District) petitioned the District Commissioner, District Executive Director and a Member of Parliament to help them access traditional lands leased by Government as a private hunting block. Villagers subsequently regained the legal right to hunt on their land. In this and other cases, civic action has prompted authorities to change some policies and compassionately ignore others.

This reason for “looking the other way” (*ili asikuchukulie hatua*) may be exceptional. According to participants in the TzPPA, bribery (*hongo*) is a much more common source of motivation and explains why many officials ignore non-compliance with:

- ❑ Proscriptive public health codes mandating the installation of pit-latrines, safeguarding water purity and the sanitary preparation of foods for sale
- ❑ Restrictive environmental codes designed to ensure the sustainable productivity of marine and terrestrial ecosystems

These and comparable cases of non-compliance undermine the capacity of Tanzanians, as members of a countrywide community, to counter forces threatening their own and future generations with impoverishment.

Therefore, it is better for problematic policies to be reviewed and amended than ignored because the change process can provide space for competing concerns to be voiced, weighed and accounted for.

So long as the results would be socially equitable and environmentally sound, Government should support the efforts that citizens and their organisations make to overcome limiting factors. This supporting role may be particularly important with regards to macro-economic factors (such as access to credit and productive inputs/ implements) that people cannot change on their own.

11.5 Interactions and implications

Vulnerability is a continuum reflecting the number, nature and intensity of the impoverishing forces people face versus the effectiveness of their available response options. The relationship between shocks and stresses, response options and limiting factors is complex. However, core principles include:

- Through foresight and deliberate action, people prevent some shocks and stresses from occurring
- The impact of other impoverishing forces is only diminished. This is often the result of limiting factors that impair or outright obstruct the implementation of effective countermeasures
- The way in which some problems are countered gives rise to new ones

11.5.1 The cost of bad options

Participants in the TzPPA were especially concerned about those countermeasures that have the potential to create new problems even as they solve old ones. This was purportedly a common outcome since real world conditions often leave people with a choice between bad and worse options.

As described in chapter seven, for example, piracy on Lake Tanganyika has become a major impoverishing force. Conditions are currently improving due, amongst other things, to increased police presence. However, fishermen in Mwakizega village (Kigoma Rural District) had largely seen themselves as powerless to escape or fend off thieves. Many, therefore, chose to sell their equipment at low prices and head for Mwanza in search of alternative livelihoods. Few are lucky enough to find meaningful employment in their new home. Instead, they often find more problems *and* have fewer resources (including material assets and social connections) to mobilise for help.

Similarly, in Mtambani B sub-ward (Ilala Municipal District), some women have turned to transactional and/or commercial sex as a means of meeting their day-to-day needs. However, battery and other forms of abuse are common and can be so severe that these women require medical attention and time off to heal. Moreover, their means of making a living places these women at constant risk of contracting sexually transmitted infections.

As these cases show, people's available response options are often polluted, or 'tainted' in the sense that they, themselves, give rise to new problems. Some of these problems have long-term consequences. For example, many children are withdrawn from school when their households are struck by hardship. These children may stay at home to care for a sick adult or begin working as a full-time labourer. Either way, children and their parents frequently recognise that this decision sacrifices the child's long-term potential in favour of short-term crisis management.

Sometimes, people's short-term survival strategies have much broader implications. For instance, ever since their catches became unbearably low during the rainy season, people in Lyolilo sub-village (Ikombe District) have begun using illegal fishing techniques to survive. Unfortunately, trawling and other methods that seriously disrupt the lakebed are accelerating the decline in local fish stocks. This has already led to the loss of several once-common food species.

Taken together, these cases demonstrate that the ways people respond to hardship can:

- ❑ Directly contribute to their impoverishment
- ❑ Increase their exposure to other shocks and stresses
- ❑ Narrow future response options

The principle underlying each of these situations is the same, namely: *bad options lead to bad outcomes*. The worst of these outcomes entail entering into poverty traps that cannot be escaped without help from those outside. Individuals can fall into a poverty trap by selling off the same productive assets they would need to escape.

The common occurrence of poverty traps is a *major* obstacle to realising Tanzania's development goals. The existence of poverty traps also helps explain the importance that ordinary people place on vulnerability, for they know that some falls lead to an irrecoverable decline in wellbeing.

11.5.2 The inadequacy of individual and household-level response options

Just 'having' response options is clearly insufficient. Indeed, what people really need is access to options that are effective and safe for themselves and future generations. By working together, people can create and implement sound countermeasures unavailable to individuals or households acting in isolation. Examples include the formation of traditional defence groups (*sungu sungu*) described in chapter seven; the vibrant religious and secular mutual-assistance groups (*vikundi vya kusaidiana*) cited in chapter eight and the community-based orphanages noted in chapter nine.

Grassroots safety nets: Joint efforts to prevent and/or mitigate impoverishing forces are common, as are coping mechanisms designed to catch individuals and households before they suffer a decline in wellbeing. These safety nets and the communitarian spirit supporting them are a traditional feature of social life in Tanzania, and they are still very much in evidence today.

Participants in the TzPPA gave many examples of safety nets, including:

- ❑ At the household level: grown children sending remittances to elderly parents
- ❑ At the level of extended family: cash poor households being given small handouts to pay for medical treatment, development levies, etc.; relatives sending food to those affected by drought; and grandparents, aunts and uncles adopting orphaned children
- ❑ At the clan level: members raising funds for households in special need

Though these and similar safety net mechanisms are common, more people are purportedly falling through them now than in the past. If so, then this would be partly due to the overwhelming number of people in need. As explained by research participants in Loborsoit village (Simanjiro District), grassroots safety nets have historically failed when shocks, such as severe drought, strike whole regions. In such cases, no one can bear to support their neighbours.

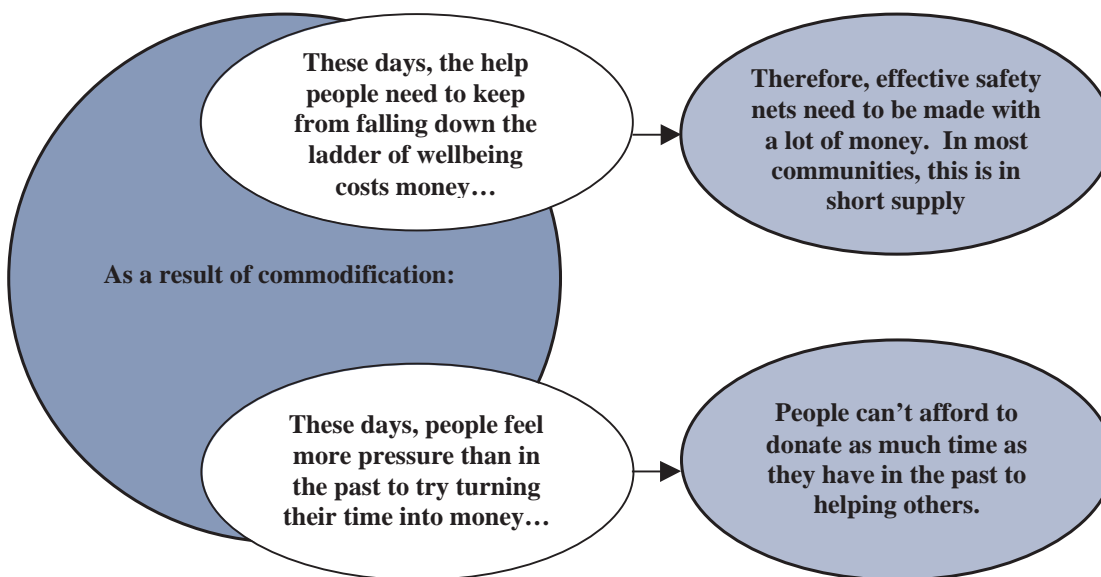
In some communities, HIV/AIDS is currently straining people's efforts to take care of each other. For example, orphaned children in Maliwa village (Makete District) used to be relatively rare and were easily absorbed into other families. However, the number of local orphans has skyrocketed and, subsequently, overtaxed the age-old way of doing things. In response, people collaborated to create an orphanage where children could be sustained by contributions from many households. Though this allowed the community to care for more children, some still aren't getting enough help to avoid destitution.

Grassroots safety nets are least capable of dealing with widespread shocks affecting large areas.

The strands of grassroots safety nets such as the Maliwa orphanage are increasingly made of money (needed to buy food and drugs) versus time (needed to weed someone else's *shamba*, prepare their food, etc.). This helps explain why poor communities cannot create safety nets fast enough/extend them far enough to manage crises like HIV/AIDS. It also explains why many poor families are unable to provide ageing parents, ill siblings, etc. with the help they need.

The changing composition of safety nets is probably linked to encompassing processes of commodification (that is, the association of a market value with previously price-less things like medical remedies and advice). As illustrated in Figure 11.1, this has changed the kind of help people need and the nature of what others can offer.

Figure 11.1: The consequences of commodification for grassroots safety nets



In Chikwaya village (Newala District), for instance, obligations to look after the elderly and ensure their wellbeing remain strong. Yet many old men and women are not being adequately cared for because their children have left the community in search of economic opportunities and grandchildren are expected to attend school rather than help them with chores.

Examples like this cast doubt on the colloquial explanation that grassroots safety nets are failing because Tanzanians' spirit of mutual support is weaker and/or less widespread than in the past. Despite complaints about the sacrifices they endure, people routinely extend a helping hand to others even when the consequences spell disaster for their own concerns. There is no compelling evidence that either of these things (the amount of complaints or help) has changed substantially over time.

New style, money-based safety nets have two weaknesses. First, there is not enough money in most communities to make them broad and strong. Second, money can't provide people with everything they need to live a good life.

What *is* changing is people's need for money that others cannot afford to share in an increasingly cash-based economy.

11.6 Implications for poverty reduction

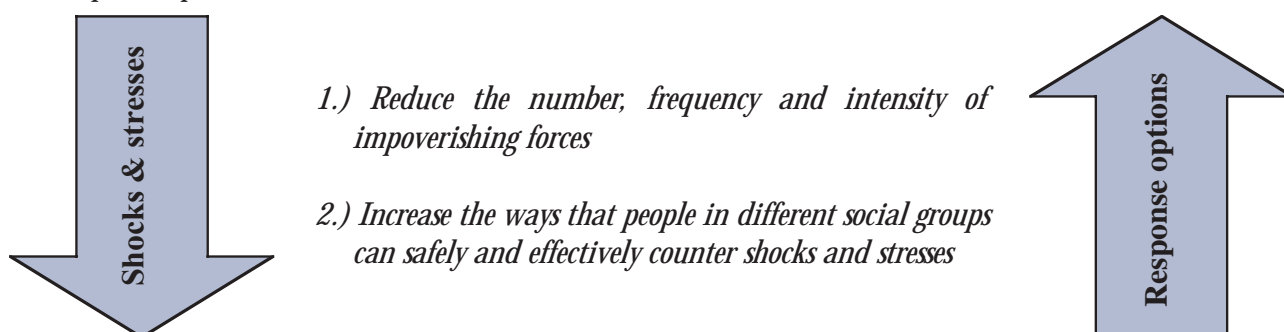
Reducing vulnerability can effectively cut down on the number of people being made and kept poor. Thus, it is an operational approach to poverty reduction. Government's current thinking about vulnerability, as expressed

in its PRS, focuses on disaster management. Disasters are a legitimate cause for concern since they are neither one-off events nor aberrations in the normal path to development. To the contrary, they are an inevitable part of life; and a successful Poverty Reduction Strategy ensures contingency plans for dealing with them.

These plans should be flexible so that they can reflect the changing circumstances of stakeholders at the grassroots. Interventions can then be designed to supplement and support, rather than supplant, local countermeasures. Accordingly, the creation of evacuation routes, grain reserves, etc. is insufficient. Indeed, it is equally important to challenge and change the very contexts in which people deal with disasters.

This approach is based upon a key lesson learnt from participants in the TzPPA, namely: *a disaster may be an act of God but people's exposure and response options are largely man-made*. By working to reduce the former and increase the latter, it is possible to improve outcomes.

Disasters are not the only substantial threat to people's wellbeing. The shocks and stresses documented in this Report can also be contained by adopting a two-pronged approach in which Government and its development partners collaborate to:



11.6.1 Reducing shocks and stresses

Some impoverishing forces can best be tackled by implementing strategically targeted programmes. For instance, immunization and micronutrient supplementation can prevent life-threatening and capacity-stealing diseases amongst young children.

Meanwhile, establishing and/or ensuring compliance with pro-poor policies can redress other shocks and stresses. The 1999 Land Act, for example, recognizes widows' ownership rights over key household assets. Its implementation can protect this vulnerable social group from the expropriation of the productive resources they depend upon to make a living. Other policies neutralize potential shocks and stresses by banning or requiring particular courses of action. Thus, Government has established policies to prohibit unsustainable fishing and ensure basic household sanitation. If enforced, these laws can protect Tanzania's natural assets for future generations, safeguard public health, etc.

Programmes and policies like these should continue since they reduce the number, frequency and intensity of impoverishing forces that other stakeholders have neither the capacity nor authority to address. In the meantime, Government should expand its efforts. Because many important initiatives – such as improving tax collection procedures – imply relatively few costs, this is possible despite formidable budget constraints.

The root causes of some important impoverishing forces, such as worsening terms of trade for small farmers and climate change, extend beyond Tanzania's borders and can only be dealt with by well-informed and well resourced institutions working globally. In addition to the role of supplementing/backstopping grass-roots initiatives, many people therefore feel that Government and its powerful partners are especially obliged to tackle the problems they cannot. Thus, for example,

participants in the TzPPA said Government is responsible for making economic reforms and markets work for poor people rather than drive them into poverty.

11.6.2 Enhancing response options

Some impoverishing forces, including acts of God and the physical effects of ageing, cannot be prevented. Therefore, it is important to enhance the range and effectiveness of response options available to different social groups. For rural people, this is especially important during the lean season when they have the fewest choices and are most likely to accept decisions forcing them into poverty traps.

Government has already taken several steps to avoid this outcome by introducing drought resistant crops as well as food-for-work and other employment schemes during times of crisis. Though helpful, measures like these are ultimately unable to match the scope of people's needs. Therefore, it is *also* necessary to:

- Prioritise programmes that strengthen human capital
- Reduce the ways in which environmental conditions; macro-economic decisions; governance; and cultural practices inhibit people's capacity to safeguard their own and their dependents' wellbeing

Strengthening human capital: Research participants in the TzPPA regarded education as one of the most decisive assets determining their range of response options. Good quality schooling can contribute a lot but cannot meet people's requirements. Indeed, IEC campaigns; adult literacy programmes and traditional education also play important roles in developing people's analytical skills and providing them with adequate, up-to-date knowledge.

In our rapidly changing world, it is evident that people's ability to think quickly and access a wide range of information is key to their wellbeing. This is why the youth in Mtambani-B and Sokoni sub-wards (Ilala and Kinondoni Municipal Districts) refer to Dar es Salaam as *Bongoland* (Brainland, or 'the place where one always has to be thinking to survive'). Ensuring that they have these assets requires a holistic approach to building human capital that stretches 'from the cradle to the grave.'

Reducing constraints: The importance of investing in health and education is already recognised in the PRS and increasingly reflected in policy and budget decisions. However, the value of human capabilities largely depends on their contexts. In other words: being healthy, skilled and industrious isn't much help if the world in which people live is characterised by closed doors and limited opportunities. Thus, changes need to take place so that people are free to apply themselves and improve their lives.

Of course, some constraints may be impossible to overcome. For instance, little can be done to change rainfall patterns. And it is difficult to attain just prices for traditional cash crops (e.g. cotton) without the cooperation of wealthy nations that remain politically committed to subsidising their farmers. Nonetheless, much can be done. For example:

- Government *can* improve how it operates so that citizens are able to access entitlements
- The capacity of Local Authorities can be strengthened so that communities are able to coordinate problem-solving efforts
- Prejudices can be rooted out so that people with impairments are not dis-abled by their society
- Cultural beliefs restricting women's movement, right to self-representation and ownership of assets can be overturned so that women can contribute equally to their own and their families' wellbeing

11.6.3 Improving and backstopping grassroots safety nets

Reducing the number, frequency and intensity of impoverishing forces while enhancing people's response options may be the best way to lower aggregate poverty levels. Nonetheless, this strategy is unsatisfactory on its own because people in some social groups will remain:

- ❑ Especially vulnerable as a result of age, lack of critical social connections (e.g. parent/duty-bearer or husband), physical/mental impairment, health or cultural beliefs/practices that inhibit their freedom of choice and action
- ❑ Neglected by their households and communities because of discrimination (e.g. the social exclusion experienced by many men and women with disabilities)

These people require sustained, targeted social protection measures to avoid destitution. Therefore, Government's response to vulnerability should be composed of two parts. The first would aim to reduce aggregate vulnerability and the second to ensure people can access basic needs even when hard hit by shocks or stresses.

Social protection measures: Social protection measures can be defined as:

public and private policies and programmes undertaken by societies in response to various contingencies in order to offset the absence or substantial reduction of income from work (Economic and Social Council 2000, 3).

In other words, social protection measures make sure that households' basic needs are met when hardships strike and they cannot provide for themselves. Examples include health care cost-sharing exemptions for destitute households and public safety nets erected in the wake of natural disasters.

When properly implemented, social protection measures provide for people's basic needs in time to prevent them from having to sell off productive assets.

Both of these examples are *ex post* interventions intended to help households (i.) survive impoverishing forces and (ii.) stabilise their wellbeing. When properly implemented, social protection measures help people in time to prevent them from selling off productive assets and, therein, entering poverty traps.

Ordinary people sending remittances to elderly parents are providing a type of social protection – as are CSOs, Government and others when they rally to help refugees, provide drought relief or support orphans. In a highly indebted, low-income country like Tanzania, it is especially important that these efforts complement one another and that, even during crises, local initiatives are supported rather than supplanted. Indeed, a sustainable approach to social protection will incorporate contributions made by different stakeholders. Government and other non-local actors should prioritise helping stressed communities whose internal resources cannot manage widespread impoverishing forces (e.g. epidemics and natural disasters). Stakeholders' combined efforts should aim to:

- ❑ Provide *timely assistance* so that people's livelihoods are secured and they will be able to resume climbing the ladder of wellbeing on their own
- ❑ *Strengthen rather than replace grassroots initiatives*
- ❑ Respond to the *different needs* of individuals in the same household

In addition to helping stressed communities, non-local social protection measures should prioritise rendering assistance to social groups frequently subjected to stigmatisation and subsequent exclusion from mutual support networks. These include:

- ❑ People with disabilities, and mentally impaired people in particular
- ❑ Elderly people, and elderly widows in particular
- ❑ HIV/AIDS affected households
- ❑ Destitute households

11.6.4 The way forward

By prioritizing programmes that build human capital and policies that protect rights and common resources, Government creates an enabling environment in which other stakeholders are empowered to make their own contributions to defusing threats. As documented throughout this Report, CSOs, informal social networks, households and individuals are already working towards this end. However, Government must (i.) create new opportunities for effective action and (ii.) ensure that people can afford to make “good choices” (such as keeping children in school, investing in increased productivity, using condoms, etc.) in the face of potentially impoverishing shocks and stresses. In sum, then, Government’s role is to:

- ❑ Identify and do the important things that other stakeholders cannot
- ❑ Encourage others to do what they can
- ❑ Facilitate and support them to do so

This mandate may seem straightforward. Yet examples provided by research participants in the TzPPA show that Government interventions can hurt some people even while helping others. Upon occasion, this may be inevitable (as in the case of cholera quarantines discussed in chapter eight). Nonetheless, formulating plans and policies through *meaningfully* consultative processes can reduce the rate with which it occurs. This implies routinely seeking out the perspectives of different social groups and making decisions that respect their diverse needs/circumstances.

This is a formidable task, but it is one that can be achieved through multi-sectoral partnerships. Fortunately, Tanzanians already have a wealth of successes to learn from and expand upon. For instance, private enterprises are already easing demands on public services while CSOs maintain thousands of clinics and schools; help ensure the fair implementation of policies; and stand shoulder-to-shoulder with Government as it fights for debt relief, fair trade, etc.

In sum, tackling the dynamics responsible for causing and perpetuating poverty has been proven possible. Yet much more work, and much more collaboration, is required to prevent people from being pushed down the ladder of wellbeing.

ANNEXES

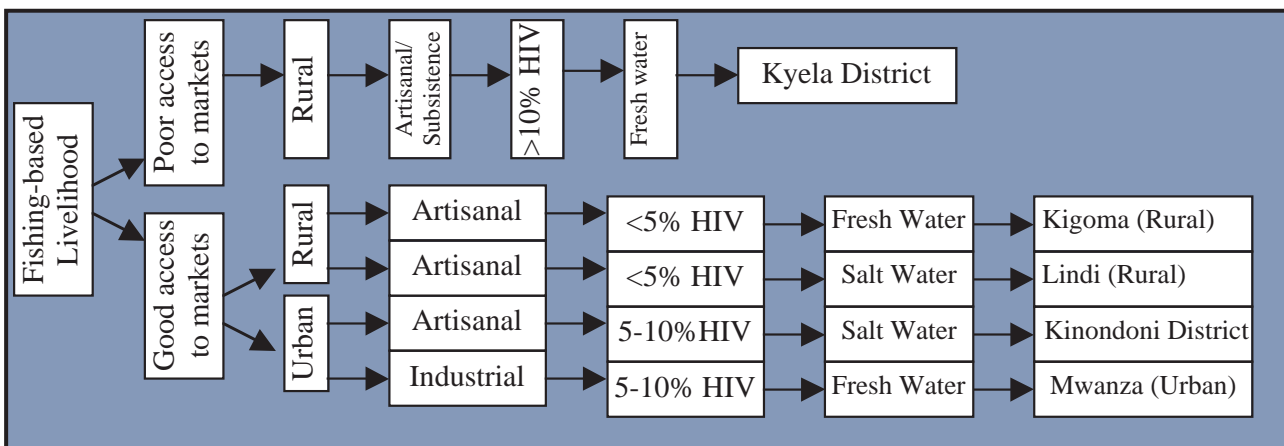
1.1 Primary sampling units

Research sites were chosen to be broadly representative of the diverse circumstances, opportunities and challenges faced by ordinary Tanzanians. It is difficult to try capturing this diversity in a relatively small number of sites selected for intensive study. Hard choices had to be made. In order to make the best possible choices, selection criteria (i.e. qualifying criteria for primary and secondary sampling units) were developed during a workshop composed of researchers and specialists from beyond the TzPPA's Implementing Consortium. Workshop participants identified "livelihoods" as the best *first-order* variable of diversity. In other words, they concluded that the most basic thing shaping people's experience of vulnerability was whether they depended on agriculture, fishing, livestock-keeping or urban modes of making a living.

On the basis of their relative expertise, participants then broke into four small groups to develop a list of the most significant variables of diversity for their assigned livelihood. Thus, for example, the group looking at agriculture identified the variable "reliable rainfall" as a key stratifier while the urban group did not. In addition to such livelihood-specific variables, two crosscutting stratifiers – namely access to social services and HIV/AIDS prevalence rate – were added to each list.

This procedure culminated in distinct "Diversity trees." Figure 1.2 provides an example showing how priority pathways/branches were drawn out and punctuated with the names of Districts where communities meeting all the relevant qualifying criteria could commonly be found.

Figure A.1: Diversity tree for fishing-based livelihoods



The content and structure of each Diversity Tree was triangulated through follow-up meetings with still more experts. Without exception, they supported the main conclusions drawn by workshop participants. However, it was recommended that one primary sampling unit be changed to better reflect the variables along its branch. This process, which entailed multiple checks against sampling bias, resulted in the following list of primary sampling units:

Fishing-based Livelihoods

1. Kyela District (Mbeya Region)
2. Lindi District (Lindi Region)
3. Mwanza District (Mwanza Region)
4. Kigoma Rural (Kigoma Region)

Urban-based Livelihoods

5. Ilala District (Dar es Salaam Region)
6. Kihisa, Iringa Urban (Iringa Region)
7. Kinondoni District (Dar es Salaam Region)
8. Tanga Urban (Tanga Region)

Livestock-based Livelihoods

9. Igunga District (Tabora Region)
10. Kilosa District (Morogoro Region)
11. Mbulu District (Arusha Region)
12. Simanjiro District (Arusha Region)
13. Singida Rural District (Singida Region)
14. Tarime District (Mara Region)

Agriculture-based Livelihoods

15. Bagamoyo District (Pwani Region)
16. Chunya District (Mbeya Region)
17. Dodoma Rural (Dodoma Region)
18. Handeni District (Tanga Region)
19. Kibondo District (Kigoma Region)
20. Meatu District (Shinyanga Region)
21. Manyoni District (Singida Region)
22. Muheza District (Tanga Region)
23. Makete District (Iringa Region)
24. Muleba District (Kagera Region)
25. Newala District (Mtwara Region)
26. Njombe District (Iringa Region)
27. Rufiji District (Pwani Region)
28. Same District (Kilimanjaro Region)
29. Songea Rural (Ruvuma District)
30. Nkasi District (Rukwa Region)

1.2 Secondary sampling units

Researchers collaborated with District Management Teams to select a specific *village* or *sub-ward* typifying conditions along each diversity-pathway. Thus, for example, researchers worked with local authorities in Kyela to identify a secondary sampling unit that met the following criteria:

- Rural community
- Oriented around fishing-based livelihoods
- Where fishing is artisanal
- Poor access to markets means that
- Fishing is largely subsistence in focus
- Probable high frequency of HIV/AIDS

1.3 Ultimate sampling units

Several sampling methods were used, sometimes in combination, to select individual “research participant.” These methods were chosen on a case-by-case basis to maximize the likelihood of accessing, assessing and communicating the greatest diversity of circumstances, concerns and insights within communities and households.

As per the TzPPA methodology, research participants were brought together in “Discussion Groups” typically ranging in size from eight to twelve persons. These stratified subsets of the local population were composed of individuals most likely to have an informed opinion about a given issue. For example, when researchers wanted to learn about old age and vulnerability, they sought to meet with elderly women and men living under a range of conditions.

Stratified snowball sampling was used to contact members of more sensitive subgroups. In this form of sampling, researchers began with someone meeting particular qualifying criteria. Then, this individual’s social network was traced to contact similarly appropriate research participants. For example, when researchers wanted to learn about the selling and use of illegal drugs by urban youth, they won the trust of one person who then helped them find other drug-users willing to talk. This method carries a risk of sampling bias, since the initial contact could systematically exclude people whose opinions and

perspectives clash with her or his own. Nonetheless, these biases can frequently be identified and offset by researchers. Regardless, snowball sampling (versus random sampling) is often the only realistic means of forming a group of people who will openly discuss sensitive subjects such as substance abuse, domestic violence or transactional sex.

As a result of its sampling methods, mixed team composition and other steps consciously taken by the TzPPA to facilitate and encourage people's involvement, almost everyone asked to join activities willingly did so. This implies a "hit rate" well in excess of 90%.

1.4 Application

In practice, it was not always possible for Research Teams to follow sampling protocols when choosing villages or sub-wards. In most cases, local authorities readily understood and observed the TzPPA's sampling protocols. Nonetheless, several District Management Teams tried bypassing them and steering researchers towards the very poorest or best-off communities.

This misdirection was largely due to past experience with researchers seeking worst- or best-case scenarios. However, in some instances, misdirection was the result of a decision by District Management Teams to: (i.) emphasise local poverty and, therein, communicate a glaring need for development assistance or (ii.) suggest prosperity resulting from particularly good local governance. Obviously, these strategic choices reflected authorities' interpretation of opportunities and potential threats stemming from the research process. Fortunately, such biases were typically identifiable and corrected through conversation with District Management Teams.

Therefore, only one Research Team went to a site deviating from its qualifying criteria. In retrospect, they were clearly sent to a favoured community in the hopes that (i.) its strong political affinity would ensure that relatively few critical statements were made and (ii.) its loyalty would be rewarded with some direct benefits from the TzPPA. Unfortunately, this manipulation was discovered only after researchers had begun working with community members. For ethical reasons, and because the community was not too different from what they had been seeking, researchers decided to stay.

Other challenges surrounded the selection of individuals (i.e. ultimate sampling units) to participate in research activities. The most significant of these challenges was to diplomatically exclude people who wanted to participate but either (i.) did not meet an activity's qualifying criteria or (ii.) exceeded a critical mass. In other words, it was often difficult to limit a research activity to a manageable number of participants.

In such cases, researchers tried to divert people's interest towards other activities better designed to facilitate listening to them. For example, if an elderly man asked to join an activity geared towards youth, researchers would have invited him to take part in a more appropriate Discussion Group or be independently interviewed. When this diversion proved impossible (and it sometimes did), researchers made the best of a difficult situation. Upon occasion, this led to scheduling several sessions of the same activity so that everyone could be given a chance to participate.

2.1 Ensuring diversity

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

The TzPPA did not need or seek to develop “community consensus.” In order to fulfil its mandate and contribute to well-informed, effective policies at various levels of Government, it had to learn about the *range* of conditions people face as well as their concerns, competing priorities, success stories, etc. Instead of determining a single course of action, the TzPPA is in a position – on the basis of such rich information – to recommend many. This is an ideal outcome that would significantly undermine the likelihood of PRA or PLA exercises leading anywhere at all.

Therefore, a great many steps were taken to ensure representative diversity amongst participants. Some of these steps were explained above in terms of sampling procedures. Nonetheless, many others, particularly at household and individual levels, were taken. These include:

- ❑ Establishing gender- and age-diverse Research Teams
- ❑ Holding a special training session on *Researching Sensitive Subjects* (e.g. HIV/AIDS and illegal livelihoods like poaching) so that Team members would be prepared to identify, approach and work with especially vulnerable people without undermining their social status or otherwise increasing their stress
- ❑ Holding special training session on *Conducting Participatory Research with Children and Conducting Participatory Research with Elderly People*
- ❑ Commissioning an introductory video to communicate the PPA’s purpose and nature. This novel means of self-introduction served several purposes. One of the most important was to attract a large and diverse audience to an initial meeting with Research Teams. Core concepts were demystified so that individuals could make an informed decision about whether or not to become involved in the PPA
- ❑ Spending approximately twelve working days in each site so that Teams could meet people with little freedom to reorder their lives (e.g. wage labourers and women responsible for watching after children, livestock and cooking fires)
- ❑ Coordinating with locally active NGOs and CBOs to better work with HIV/AIDS affected households, “street children,” commercial sex workers, etc. (i.e. people in stigmatised social groups that frequently face extraordinary barriers to engage in the research process)
- ❑ Encouraging Research Teams to think out of the box and experiment with new approaches to involving diverse social groups in the participatory research process
- ❑ Equipping Teams with a “Research Agenda.” This heuristic device/check-list helped them to explore topics and issues in relation to different social groups

2.2 Positive inquiry

During the PPA Training Programme, researchers discussed the pros and cons of various approaches to participatory research and concluded that they wanted to make something new – something that met their needs, answered their concerns and belonged to them. Key elements of their methodology

included focusing on people's "success stories" rather than producing lists of urgent problems to be solved by Government. With regards to the 2002/3 PPA, this implied:

- ❑ Learning about effective coping strategies employed (now and in the past) at individual, household and community levels
- ❑ Exploring how Government can encourage, facilitate, buttress and complement grassroots initiatives to diminish vulnerability
- ❑ Helping research participants see themselves as key actors in poverty reduction rather than as dependent upon inadequate and unreliable Government largess
- ❑ Helping research participants develop a better understanding of the circumstances they and their neighbours face
- ❑ Generating useful information for policymakers operating at village, district, national and international levels
- ❑ Avoiding the creation of false expectations (e.g. the construction of a new school house or well as a result of the PPA) by using methods better suited to the participatory production of local action plans

In practice, many of these ideals were met. However, researchers found it particularly difficult to shift from the "problems-based approach" that characterises most participatory planning processes to a style of "positive inquiry."

2.3 Interweaving research and advocacy processes

Upon the recommendation of Design Group members, the 2002/3 TzPPA incorporated compatible advocacy activities in, and created advocacy tools through, the research process itself. This forward-thinking approach included:

- ❑ Involving a broad range of stakeholders in all aspects of the TzPPA process (including development of an apt methodology, Research Agenda and the selection of sites) so as to build broad ownership and commitment to action
- ❑ Collaborating with the Poverty Monitoring System's Dissemination, Sensitisation and Advocacy-Technical Working Group to build and maintain interest in the TzPPA (through early creation of a web site and regular distribution of *Updates*)
- ❑ Conducting District Workshops to share *Site Reports* and explore practical changes that could quickly be made by Local Authorities to reduce vulnerability
- ❑ Inviting a small number of strategically placed policy-shapers, makers and approvers to spend 2-3 days with Research Teams so that they can understand the methodology and learn, first hand, about vulnerability
- ❑ Producing a rap song by urban youth about their experience of vulnerability

2.4 New methods

The TzPPA used many common participatory research methods, such as Seasonal Calendars and Venn Diagrams. However, a number of new tools were also developed to explore specific parts of the Research Agenda. Two examples are provided below. Findings from each Discussion Group were recorded (i.) on materials provided to participants (or copied onto paper by researchers if participants opted to use the ground) and (ii.) in structured "Activity Reports" filled in by a designated researcher. Activity Reports included a field for documenting key quotes.

2.4.1 Method example: access to cash for coping with a shock

Purpose

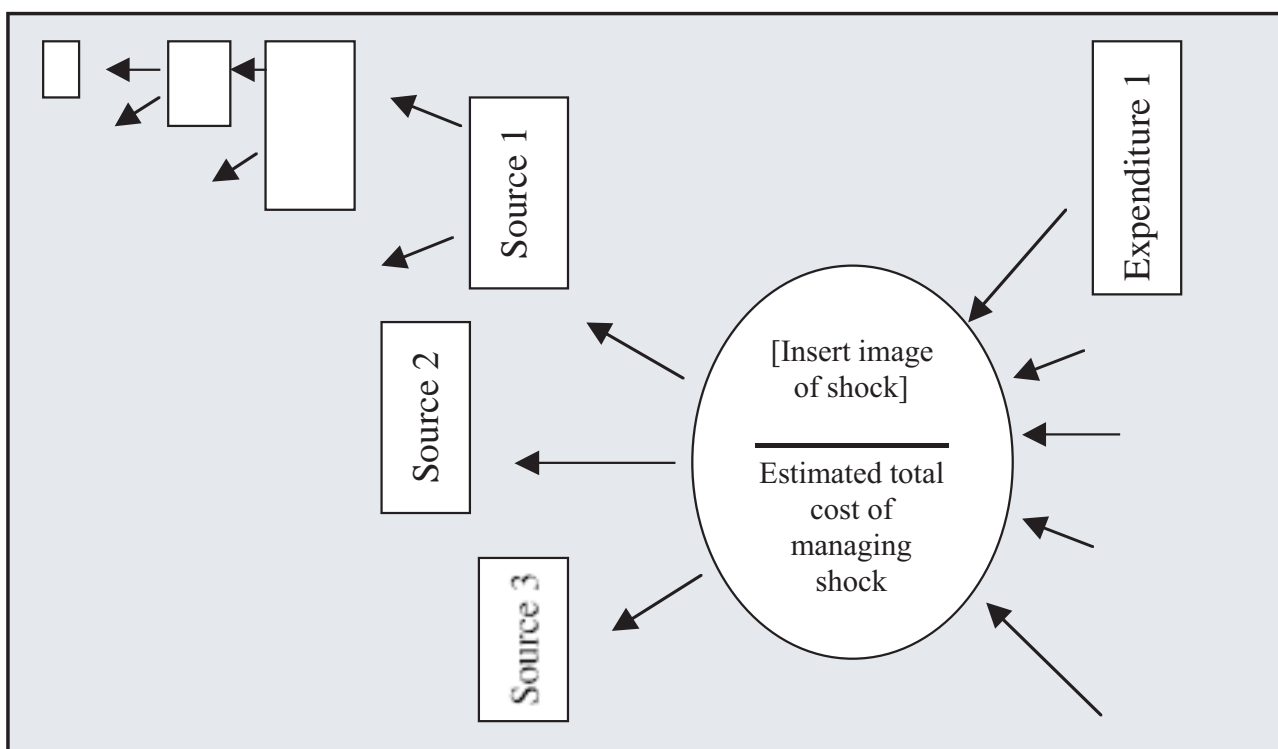
Impoverishing shocks & processes sometimes require cash expenditures, as well as place limits on the capacity of individuals and households to generate income. For example, illnesses often require cash expenditures for medicine, travel to clinics, etc. In addition to loss of labour, this can constitute a “double blow.” This activity is intended to:

- ❑ Identify where people who are *already* poor get the money to meet these sudden expenditures
- ❑ Explore whether or not the channels people use to access money entail additional costs

Process

Step 1: Identify an individual or household that has suffered a shock requiring significant cash expenditures and is willing to reflect on the experience.

Step 2: Have the participant(s) choose and draw an image representing the shock. This should be placed towards the foot of a flip-chart.



Step 3: Monetary *expenditures* stemming from shock should be drawn and labelled below/to one side. If the shock is T.B., then the expenditures might include:

- ❑ Cost of transport to and fro the clinic
- ❑ Cost (formal and informal) to see a health care provider, etc.
- ❑ Cost of testing
- ❑ Cost of treatment
- ❑ Costs of special foods, etc.

After expenditures have been identified, they should be totalled and the amount written beneath the central image.

Step 4: Next, explore how the individual or household accessed this cash. There may be several sources, so take care to name them *all*. (For example, expenditures may have been covered through a combination of savings; gifts from family members; sale of assets (reproductive or productive); and/or loans). These “sources” of cash should be drawn and/or labelled above/on the other side of the central image.

Step 5: Analyse the costs associated with each source... For example:

- Have expenditures stemming from the shock depleted savings?
- Have assets been sold that undermine the individual’s/household’s productive (e.g. animals, land, fishing gear) or reproductive (e.g. pots & pans, house) capacity?
- What were the terms of getting a loan? What was used as collateral? What will happen if the loan cannot be repaid?

Step 6: Continue “interviewing the diagram.” The facilitator might, for example, ask participants:

- To rank the order of preferred sources for coping with crisis (the use of savings might be first, but what is next and what is last?)
- To explain which options are the easiest and most difficult to pursue
- To consider if more predictable costs (e.g. weddings and taxes) necessarily more easy to cope with, or if these ever require borrowing/selling assets, etc.

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People's vulnerability to poverty is a result of the number, nature and intensity of impoverishing forces they face versus the effectiveness of their response options.

The urgent need to reduce vulnerability is expressed in Government's Poverty Reduction Strategy, as well as in documents and plans prepared by many of its development partners. However, the meaning of vulnerability and exactly who is most vulnerable, under what conditions and why is often unclear. This ambiguity has limited the capacity of institutions to chart effective courses of action.

This Report presents an evidence-based framework for understanding vulnerability and making informed decisions about how to transform it into resilience.

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