Grassroots Development: Case Studies from Tanzania

Tiaré Cross, M.S.
Editor
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Executive Summary

In 2010, the Flora Family Foundation (FFF) undertook a project to strengthen the monitoring and evaluation capability of selected grantees from its portfolio in Tanzania. Most of these are grassroots organizations working in rural settings on an array of development issues. FFF provided two-year grants to seven organizations to support development of monitoring and evaluation (M&E) systems, including staffing, software, data collection, and training. In addition, FFF provided a one week training in Arusha on monitoring and evaluation techniques. In 2012, FFF buttressed this effort by launching an opt-in mentoring and coaching program for organizations with demonstrated interest in M&E. The foundation engaged a U.S.-based consultant with considerable experience in Tanzania to provide this mentoring.

Through this work, FFF is reflecting on successes, insights gained, and future efforts for this type of program. FFF has encouraged organizations to utilize different methods for monitoring and evaluating, not just relying on generic standards, which may not relate well to the distinctive work of these mostly small organizations. One of the methods that was found to be particularly effective in extracting the more nuanced lessons learned and best practices for these non-governmental organizations (NGOs) was the evaluative case study. FFF has compiled several case studies developed by locally led grassroots organizations working in a number of sectors in Tanzania to share lessons learned, best practices, and innovative areas of focus for these organizations. The case studies were all written by the grantees themselves using the template provided below. The aim of this compilation is knowledge sharing.

FFF thanks all of the organizations who contributed their case studies to this compilation. Full contact information for the contributing organization can be found at the end of each case study.

Tiaré Cross, M.S.
Editor
—
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Template for Case Studies

Instructions: Please fill out the six sections below using the questions to guide your answers. The goal is to have a finished case study that tells a story about the work you are doing. This is NOT a “success story” that aims to tell just the positive personal stories. This is a CASE STUDY where you should use an evaluation lens to review your work and tell it to your colleagues in a way so that they can learn something about HOW to do the work. These case studies should be able to be published and shared with donors, colleagues, and other stakeholders.

1. The Problem
   - Explain what problem in the village/town/city your organization is trying to address
   - Why is the problem important?
   - How was the problem identified?
   - What broader or longer-term effects does the problem have?
   - Who is most affected by this problem?

2. Steps taken to address the problem
   - How has your organization taken action to resolve the problem?
   - How have other groups in the area you work assisted with the problem? Explain partnerships and linkages.
   - Explain the details of your organization’s work in this problem area (who, what, where, when)

3. Results
   - Present data from surveys, focus groups, monitoring visits
   - Explain the outcomes of the work you have documented (number of people helped, impact)
   - Include analysis by gender of the activities

4. Challenges
   - Explain the challenges and how they were met

5. Lessons Learned
   - Discuss what lessons your organization has learned and how you will improve the project for the future
   - Any unexpected results (positive or negative)?

6. Photo
   - Attach (in jpeg format) at least one photo that tells a story about this project and the CHANGE that you have seen.
   - Write a caption for the photo(s)
   - Before and after photos are one example of how you might visually tell the story
Case Study: The Strength of a Woman

A Case Study of Initiating Women’s Leadership Forums in Maasai Communities in Simanjiro and Kiteto, Tanzania

Ujamaa Resource Community Team (UCRT)

Maasai culture is strongly patriarchal, with women often left marginalized, with no voice to speak out about their plight. The Ujamaa Community Resource Team (UCRT) recognizes that women and men are equal and that the old patriarchal traditions of the Maasai need to change.

In many of the rural pastoralist communities, women are not involved in any of the decision-making processes from the family right up to the village government level. Although women may be present in the village government, in keeping with the national law, in many cases they are not represented and if they are present they are often illiterate.

Women are not allowed to inherit any property according to Maasai culture, and may stand to lose land and livestock if their husband dies and there is no male child. Girls are often not sent to school as their father does not see the point in investing in a girl who will only get married and go and live with another family and will not stay and help him.

In addition, this inequality between men and women leads to other problems, such as the sale of land without the consultation of the women. As a result, land has been sold and lost that used to provide access to natural resources for collecting wood poles for building or land that could be prime agricultural land. Home construction is the primarily the task of Maasai women, as is cultivation.

Maasai girls who are educated no longer choose to return to their societies, preferring to marry into other tribes where they have a more equal partnership. Unless there is change, there is a threat that the Maasai family structure will break down with women searching for a life and a culture where they will be recognized and where they have the same rights as their male counterparts.

Through their work over the years within the pastoralist societies UCRT recognized the threat that the old Maasai traditions posed in modern life, together with the vulnerability of the Maasai women and decided to take steps to address it.

Initiating Women’s Leadership Forums
The idea of the Women’s Leadership Forums (WLF) was developed as a means of including women in the decision-making of Maasai communities. The WLF are recognized by the Village Government and give the women a voice to address their issues.
UCRT and a similar organization the Pastoral Women’s Council (PWC) have both initiated the system of Women’s Leadership Forums (also called Women’s Rights Committees) into several Maasai communities in northern Tanzania. UCRT has worked to start them in Loliondo District and more recently in Simanjiro and Kiteto Districts. PWC concentrates on forums across Ngorongoro District.

PWC’s work has raised awareness among women of their rights. PWC’s progress provides a good example for UCRT to use in its own expansion of the forums. PWC has shared their experiences with UCRT and collaborated with UCRT to problem-solve issues as they arise. Through this collaboration, the forums and the impact on women have grown and continue to flourish.

**Starting up the Simanjiro and Kiteto WLF**

A UCRT team of five—consisting of field officers and gender officers—have started to work with six villages in Simanjiro District and with four villages in Kiteto District.

The idea of the WLF is first explained to the Village Government and once they agree to the idea and the fact that the WDF should be present as observers at all village meetings, an agreement is signed between the village leaders and UCRT. The women in the Village Government are then asked to call a general meeting for the women from all the sub-villages.

An introductory training is given by UCRT on the aim of the WLF project and they are asked if they are ready to go ahead. If they agree to the process, then they are asked to choose twenty-four representatives, divided equally between the sub-villages, who will then make up the WLF.

The twenty-four elected women are trained for two days on land laws, categories of land, land administration at village level, land dispute resolution and the position of women in Tanzanian land laws. Inheritance and marriage laws and the new constitution currently being drafted for Tanzania are also discussed in the training. At the end of the training, an hour is given to an open discussion on all the women’s problems—from traditional problems to village government issues—and the group tries to find solutions to them.

At the ward level (a group of villages within an area make up a ward), twenty-four women are again selected, equally from the villages, to make up the Ward WLF. Another two days of training is provided by UCRT at a more in-depth level, including teaching women how to address their issues and how to take them farther than the village government level if they are not being addressed satisfactorily.

### Results

In the initial stages of the project in Simanjiro and Kiteto, there has been a very good response from the women, who welcome the WLF as a way to help them to find a voice within their communities. The project has enabled UCRT to reach out to a large number of pastoralist women and empower them to
Case Study: The Strength of a Woman

recognize their rights pertaining to land and politics. Women are very happy to have an official platform that is recognized by the village government in which they can express their views and help to address their issues.

Challenges
The biggest challenge with the WLF is that the project only covers a few villages and it is not possible to push the initiative further than the ward-level to the district-level. Even at the ward-level, some of the villages are not yet represented because they have not yet been involved in the project.

In addition to this, in one village there may be several different tribes with different traditions and customs but the project is specifically designed for the pastoralists. To only work with the Maasai is perceived as discrimination, and yet, at this point, it would be too difficult to include all the other traditions and issues from other tribes. This factor led UCRT to the decision to tell the women that, for now, they would only work with the pastoralists on the WLF but that all women would be welcomed to all meetings.

For women to attend the meetings they must first obtain permission from the men. In Sukuro Village, two women were told not to attend the meeting because the men perceived UCRT to be against the men, trying to destroy their lives. The women solved this problem by saying that they had ways in which they could change the minds of the men but this made UCRT think that in future it would be important to carry out meetings which are open to men and women together and, therefore, not perceived as secret or destructive.

The meetings with women are such a new concept for many and due to domination from men, many of the women are afraid to talk in front of the others and in front of the village leaders. The UCRT Gender Officer, also being a Maasai woman, managed to convince many of them to talk freely, giving an example of herself as an educated woman, but still with the values of the Maasai.

Many of the groups wanted to involve the traditional leaders, and involve them in the trainings of land laws. In response to this, UCRT invited the traditional male leaders to the trainings. The groups were first separated into different sexes and then they were joined. Doing it this way made it easier for the women to talk, although often they still talked with their heads and eyes looking down in a subservient manner.

Maasai Traditions that Discriminate Against Women

I. Women are not allowed to go for a medical check-up without their husband being present even if they are seriously sick.

II. Men are mainly responsible for insisting that girls get married rather than attending school.

III. A married woman with only female children has no inheritance if her husband dies. She is given one cow and one donkey and sent back to her parents.

IV. Compensation for the killing of a man is 49 head of cattle given to the family, whereas for killing a woman it is 9 head of cattle, which are given to the traditional leaders.

V. Men carry out all land transactions without the consultation of the women.

This list was created by Maasai women participating in the Women’s Leadership Forums.
Lessons Learned

In starting up these initial WLF in Simanjiro and Kiteto, UCRT have learnt that more villages need to be included in the process to make it functional from the village level right up to the district level. UCRT also learnt that men should be invited to join the trainings, to dispel any fears that the meetings are secret, or are against them in any way. The reaction of the men, who stated that the training of the women by UCRT would destroy their families surprised the UCRT field officers, when in fact the purpose of the project is to try to change the Maasai culture for the better and to save the family structure which would otherwise be lost because the women choose to join another culture which gives them recognition and rights as a woman.

On the positive side, UCRT was encouraged by the fact that the women embraced the project, and even went a step further in some villages using the WLF as a way to share funds between themselves to help in times of trouble, and aiming to use the WLF to request funds for small business opportunities.
Case Study: Alternative Livelihoods

A Case Study of Introducing Alternative Livelihoods into Maasai Pastoralist Communities in Monduli and Longido Districts

Monduli Development Pastoralist Initiatives (MDPI)

Reliance on a Single Source of Income Poses Challenges for Development

A major problem in the pastoralist community is low income due to full dependency on a single source of income, namely livestock herding. In Tanzania, pastoralists prefer the indigenous cattle breeds even though their milk production is very low and it takes many years to become productive. In addition, pastoralists’ livelihoods are now affected by climate change and frequent severe droughts that cause deaths among livestock. The majority of the pastoralist community cannot support their families adequately, even basic needs such as school fees and supplies to enable the children continue smoothly with schooling are difficult to provide on such limited income. Monduli and Longido districts are primarily occupied by pastoralist communities. MDPI aims to work in these areas to address these problems by working to improve the food security of the most poor community members, a group which is becoming the majority due to adverse conditions.

Several recent studies\(^1\) indicate that majority of the pastoralist community is increasingly becoming poorer as the weather is changing and negatively impacting pastoralist activity. One of the only means to survive these changes is farming, but only in the areas which can be cultivated and grow crops. Switching from a pastoralist livelihood and culture to a new livelihood based on agriculture would be a major change for pastoralist communities. Even if the community is ready and willing to adopt farming practices, skills and knowledge about agriculture remain very limited. MDPI finds this area critical to support as the pastoralists adapt to sustain their lives and families. According to some climate change projections, the economic status of pastoralists will continue to drop and this will set back any developmental activity in their communities. The most affected by climate change and weather patterns are women and children as they depend on the family livelihood. If the family is becoming poorer, they will be deprived from the daily necessary requirements for living.

MDPI has been working in these districts to improve early childhood care and development with an emphasis on fostering skillful parenting. In the past years, MDPI found that the pastoralist communities

\(^1\) Studies referenced include those conducted by the Monduli District Council (2011), MDPI (2010), the Ministry of Finance and Economic Affairs (2009), and the National Bureau of Statistics (2009).
fail to support their children with basic school requirements and had little ability to contribute to developmental projects. After analyzing this disturbing trend, MDPI concluded that the reason for this lack of participation was due to the declining household incomes in pastoralist families resulting from the adverse weather conditions. In response, MDPI in collaboration with other key stakeholders—including two key organizations that also supported skillful parenting for pastoralist communities 1) the Stromme Foundation and 2) Invest on Children and their Society (ICS)—is now working to improve food security as a means to alleviate the poverty within the community.

Adapting Livelihoods for Survival and Improved Food Security
MDPI is exploring alternative means for production and is considering activities that promote certified maize seeds, industrial fertilizer use, and improved bulls. These new ideas were developed through consultation and collaboration with village governments, extension officers and traditional/opinion leaders within the community.

The target groups for these new food security activities are the poor families who were identified by the village and traditional leaders at their respective locations. A pilot group was established in order to encourage other community members to accept this improved technology in the future after the group initiated and demonstrated the increase in production.

MDPI initiated discussions among the community in order to find out exactly what occupations the target group wanted to improve to increase income as an alternative livelihood to livestock keeping. The majority requested support with farming inputs and improved bulls for crossbreeding. After reaching consensus, the target group identified was given the criteria to select the pilot farmers, which was to have at least one acre, among the very poor in the community, to be able to operate the farm, and be ready to work to the farm according to the technical advice provided.

After screening the households, MDPI visited and observed their farms and then later training was scheduled and conducted by the Agriculture Extension Officer. This training covered basic farming skills and knowledge on how to increase crop yield. Participants in four different villages, who met the criteria, were selected and received hybrid maize seeds, industrial fertilizer, ox ploughs, and improved bulls (Sahiwal breeds) before the long rains started. MDPI conducted regular field visits to make sure all technical instructions and recommendations were followed. The application of the fertilizer was conducted under supervision in order to avoid any side effects if not applied properly.

According to data MDPI recorded in focus groups and surveys, the normal production per acre is on average 5 to 7 bags of maize. The expected harvest from the improved maize seeds is 15 to 16 bags, a significant increase in yield that can improve food security among the target group.

In four selected villages, 50 households benefited from this project. This initial number of beneficiaries was much smaller than the number of pastoralists that are in need of food security assistance. MDPI
endeavored to use the limited resources available to complete a pilot project, one that can be expanded as additional resources are secured. The pilot group included 20 women and 30 men, all of whom were given farming inputs.

The harvest of 2012 was not as good as expected due to little rain that was not sufficient to make crops grow and reach the stage required. Apart from such climate factors, the harvest averaged 11 bags of 100 kgs each. Even though not as high as expected, this harvest produced 4 to 6 bags of maize more than indigenous seeds.

The main positive aspects of the hybrid seeds is high yield per acre and early maturity. One of the negative aspects is that the hybrid seed cannot be grown for more than two seasons, meaning that farmers can save seeds for replanting once but after that they will have to purchase a new seed stock. Also, the hybrid seed is susceptible to diseases if not well handled with weeding practices and sound farming knowledge.

The bulls introduced will improve milk production and the size of the calves produced. In addition, the quantity of meat will increase due to the expected increase in size. More improved management is needed to avoid possible livestock diseases and more attention on water accessibility and reliable pasture is also important.

Challenges and Lessons Learned

The geographical locations of target farms were remote and it was not easy to visit the farms as planned due to rains, which made the places difficult to reach. Therefore, the sub-village chairpersons visited the farms and reported back to MDPI and later the progress was crosschecked by using other community members closer to those farms. Another challenge was some of the identified people were not able to cultivate on time as they waited to borrow the ox-plough due to lack of both ploughs and bulls for the work.

From this project, the organization learnt that once the group is trained they can perform better and become comfortable in implementing the project because they have the skills and knowledge. However, in future trainings should have more days and much more hands-on practice so that group members get the farming skills in advance before the season starts. In addition, the time for farm preparation has to be sufficient to make sure the land is well prepared before sowing.

The results were positive as was expected. The community members who were given the farming inputs appreciated the efforts made by the staff and supervisors and they requested the support to be provided to another group so that they can continue to share their skills and experiences for more farming improvement and enable them to harvest more to improve their living standards whereby families can easily access their basic living requirements regularly.

MDPI found that even though the Maasai groups are not used to farming, the groups in this project felt very confident waiting for the rain and had high expectations for a good harvest. The groups had more trust in the seeds planted in this project than in those used before.
MDPI has also observed how cultivation has been accepted into the cultural traditions of the communities. In these areas, both genders are practicing farming and livestock keeping, with the main difference that men have the authority over livestock and women on crops harvested. In general, gender dynamics have not changed as a result and the community knows how to divide the roles and responsibilities among the men and the women. The main challenge continues to be that the recent introduction of cultivation among the pastoralist community has been at a very poor standard and the pastoralists have very little knowledge of farming.

The Maasai accepted the farming methods and were very excited and interested in the project. They still keep livestock as their fundamental source of income with farming now thought of as a viable second option. They now have plans for how to carry on both livelihoods during the day: farming is done only in the early hours and then later men go for grazing. Both men and women contribute to the additional livelihood activity.

An additional challenge is market access. If there is surplus from the harvest, some will be sold to cater for their basic needs. The problem is there is no realistic market nearby and it is a very long distance to reach the market. Transporting the surplus to the market for sale is a major challenge.

The climate change is very important factor in these communities whose livelihoods depend on rain for pasture and cultivation. Technical support to develop early warning mechanisms to help the livestock keepers prepare for the future expected climate changes is the priority.

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Case Study: Mental Health

A Case Study of Merging Clinic-Based Care with Outreach to Prevent and Treat Mental Health Issues in Arusha

Arusha Mental Health Trust (AMHT)

The Poverty-Mental Health Link: One Family’s Story
The most vulnerable and marginalized people in Tanzania are people suffering from debilitating mental illness, such as psychosis and schizophrenia, bipolar disorder, depression, and anxiety. Tanzania’s government and private health facilities have not yet expanded to address the needs of mental health clients. There are only five hospitals which provide inpatient mental health services in Tanzania. The main facility is Mirembe National Mental Hospital situated in the Central Tanzania. The accessibility to these facilities is inhibited by poverty associated with mental illness. The lack of care leads to a whole array of extremely serious social, economic, and physical problems for individuals and their families. For example, one client, John (not a real name), is a laboratory technician. He graduated in 1975 and was employed at a local milk processing plant as a technician. His work was outstanding, and within five years he rose through ranks to the post of the Plant Manager. He was a hardworking man, honest and reliable. In 1987, he developed a bipolar disorder, which is a very difficult mental illness. He was immediately referred to a national hospital in Dar es Salaam (a 12-hour bus journey of 550 miles from Arusha) for treatment. His prognosis was not promising. He remained under treatment, though he did not recover well. Because of his presenting symptoms, namely mood swings, inability to concentrate and poor judgment, he was terminated from work on medical grounds in 1992.

When he was employed, he was financially stable and able to look after his family. On termination from his employment, financial difficulties surfaced. He was increasingly unable to support his family. His wife was not working outside the home, and was unable to provide any income. The cost of treatment and travelling expenses to Dar es Salaam caused more financial strain. He ended up not being able to support his family, and they depended entirely on small donations from his extended family and friend.

He started attending AMHT when the service opened in 1996. This helped the whole family by reducing the cost of travelling and other expenses for follow-up treatment in Dar es Salaam. It was easy for him to drop into the AMHT clinic for his medicine regularly, thus, ensuring consistency in medication, counseling and psycho-social support. This helped him to improve, stabilize, and allowed him to earn some income from a small farm he manages.

Setting Up Mental Health Services
Arusha Mental Health Trust (AMHT) is a donor-dependent non-governmental organization, established in 1996 by a Catholic nun (Sr. Sheila Devane, PsyD). She recognized the need for helping this neglected population on the streets of Arusha. There was no specialized mental health service offered at that time
in Arusha, and sadly, there is still little interest in providing quality and sound mental health care. Even in 2012, very few resources are provided to the mental health sector. AMHT estimates that 5% of the population in the Arusha area is in need of mental health care, for a total of about 40,000 people. In Tanzania, the estimated number of people needing care is close to 2 million.

AMHT decided to begin addressing this societal problem by establishing a clinic-based treatment and counseling facility that works hand-in-hand with the national health care system.

Changing Social Attitudes Towards Mental Illness

AMHT offers diagnosis, treatment, medicine, and counseling at its fixed clinic location in Arusha town. At this facility, AMHT has served 463 clients annually through more than 2,700 individual therapy sessions. The clients served by AMHT are usually from the Arusha region, as that is the main catchment area. However, due to a lack of services in other hospitals AMHT sees people from all over northern Tanzania. As psychiatry is a major part of AMHT’s service, these patients are best served in a hospital-based facility which can provide a more holistic service with psychologists and social workers available five days per week. At present this is a service which requires patients to travel to the hospital and to be served only as outpatients. In 2011, AMHT staff was comprised of a psychiatric nurse, a medical doctor, a clinical psychologist, a counselor, and a driver/office assistant. In 2012, AMHT added one full time and one part-time social worker, as well as one additional full-time and additional part-time psychologist.

Patients are referred to AMHT through the government nurses (two government psychiatric nurses who work in the department), through current and former clients, and through social contacts and local businesses. The new social work program provides follow-up care, home visits, initiates community and family support groups for the patients, and awareness raising and training in mental health issues. As part of the regional government hospital, patients attending the mental health department are also referred to other medical services in the hospital, including emergency inpatient care if needed. In addition to a facility-based approach, AMHT recognized that creating awareness about mental health within the community and changing social attitudes toward mental health care was also important to improve the lives of those with mental illnesses. With the overall aim of reducing the stigma in society, AMHT provides education, family discussion groups, and school outreach to provide factual information to the broader community.

AMHT’s outreach program ran a training in a local community called Esso in 2012. The emphasis was on common mental health problem such as depression, schizophrenia, anxiety, etc. After the session, it was obvious the audience was touched and some of the issues about stigma addressed through the presentations. In the following months, AMHT recorded an increased number of clients referred from the Esso area, demonstrating that the outreach work was having an impact.

After more than 15 years working on mental health issues, AMHT found that direct service provision was not going to create enough change fast enough. Therefore, AMHT engaged in attempts to influence policy at local, community, and regional government levels. In 2012, AMHT will train more than 400 leaders and project managers with our Child and Vulnerable Adult Protection Policy Workshops, and will extend training for others to assist organizations in developing their own child protection policies. For example, community leaders are being trained in participative facilitation, which will allow them to
provide a forum for each individual organization to develop a specific and appropriate policy. The trainers will learn about positive human development, moral development, the effects of abuse and neglect, Tanzanian law, and alternative forms of discipline. The goal of this particular program is to increase the capacity of Swahili-speaking leadership to develop good policies in their own, local organizations.

In order to continue to spread knowledge and information about mental health, AMHT provides a variety of trainings in the area of mental health to school teachers and management, health professionals, Roman Catholic organizations, as well as Tanzanian Safari Guides. The inclusion of safari guides in the capacity-building training activities is important because they are the economic backbone of the area; they are influential leaders in their communities, taxpayers, parents and members of faith-based communities that will effect positive change. The trainings which AMHT conducts most often are Protection Policy Development, Enneagram and Meyers-Briggs Type Inventory, Human Development and Human Sexuality, and Adaptive Human Behavior and Client Care. AMHT designs programs specific to the requests of individual groups, and recently have done conflict management and self-awareness skills training, as well as stress management and self-care for specific groups that identified these as important. All of these programs are designed for the language and cultural group, as well as the level of education and the specific goals of the organization requesting the trainings. There is a fee for groups who are able to pay for the capacity-building, and some donors subsidize specific training programs. However, all fees are negotiable for Tanzanian organizations and Tanzanian participants; the fees are extremely low by international standards in all cases.

The Government Health System: Still Gaps, but Partnership Strong
AMHT believes that working in cooperation with the government and local stakeholders is the best way to ensure that mental health issues become part of the health care system in Tanzania. AMHT is housed within the mental health department of the Arusha Regional Government hospital (Mt. Meru). The government provides salaries for government staff (two trained psychiatric nurses) who work in the department. The government provides a building, security, and pays for electricity and water bills. AMHT is responsible for its own employees and treatment program. The government’s responsibility is to supply medication, and AMHT supplies the expertise. However, most of the time the drugs supplied are inadequate in comparison to the number of patient attended. This is compounded by the fact that the care given by others in the neighboring regions is inadequate as well. Patients travel across the region to seek expert care in the AMHT unit. The range of drugs supplied by the government is also very small, outdated, and does not cover the spectrum of AMHT’s varied clients’ problems. AMHT has only two types of anti-psychotics and one anti-depressant.

Mental Health Caseload in 2011
In direct service provision, the staff at AMHT served a total of 463 clients in 2,739 individual sessions and 753 individuals in training programs in 2011. Staff at AMHT are very busy, with a wide variety of activities, and the priority is direct service provision and training.
Case Study: Mental Health

Ten Most Common Main Diagnosis at AMHT’s Clinic

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia or Related Psychosis</td>
<td>100</td>
<td>22%</td>
</tr>
<tr>
<td>Assessment for Learning Disabilities and Behavioural Problems</td>
<td>63</td>
<td>14%</td>
</tr>
<tr>
<td>Depressive Disorder</td>
<td>39</td>
<td>8%</td>
</tr>
<tr>
<td>Anxiety Disorder (OCD, GAD, Phobia)</td>
<td>29</td>
<td>6%</td>
</tr>
<tr>
<td>Marriage Problems</td>
<td>23</td>
<td>5%</td>
</tr>
<tr>
<td>Substance Abuse/misuse</td>
<td>23</td>
<td>5%</td>
</tr>
<tr>
<td>Trauma and Stress-related Disorders</td>
<td>18</td>
<td>4%</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>17</td>
<td>4%</td>
</tr>
<tr>
<td>Other Psychosocial Problems/Adjustment Disorders</td>
<td>17</td>
<td>4%</td>
</tr>
<tr>
<td>Relationship Problems</td>
<td>16</td>
<td>4%</td>
</tr>
<tr>
<td>Anxiety Disorder</td>
<td>14</td>
<td>3%</td>
</tr>
</tbody>
</table>

The individual clients were divided nearly equally between male (49%) and female (51%). The demographics of our client population have not changed very much over the years, with the exception of an increase in adolescent clients in 2011. AMHT has seen this increase because of outreach efforts to local organizations, including the schools. An interesting part of AMHT’s work is with a population of young Tanzanian students who are struggling with massive changes in cultural expectations, education, and outlook because of the increased access to media and world events. This has led AMHT to look towards programs which will increase the resilience of Tanzanian youth, and promote leadership skills and positive community values. For example, AMHT’s new social work program will work with leadership development programs in the Esso area for young people, in cooperation with Roots ‘n Shoots (part of the Jane Goodall Foundation) and other international organizations that have offered their assistance in developing these programs.

Poverty is a vulnerability factor in mental illness, and access to care is very limited. In addition to this, there is a general lack of understanding and awareness of mental health concerns, particularly the fact that medication and social support can greatly relieve the suffering of patients. People suffering from mental illness are stigmatized, and many believe that they are cursed and victims of witchcraft. Traditional healers are consulted first, and many people are unaware that medication, psychotherapy, and support groups are fundamental to the patient’s recovery. Many who do access care do not remain in the system because they do not realize that managing mental illness is often a lifetime commitment. To this end, AMHT recently added a social work component which is aimed at increasing awareness and understanding, reducing stigma through information, education, and support groups, coordinating care with traditional healers, and following up on patients who drop out of the service or who are late returning for medication. Most of the patients being treated for serious mental illness are also abusing alcohol and other street drugs, increasing their own vulnerability and the threat of violence to the rest of the community.

Challenges
AMHT is still a small organization, and while there are many mental health problems in the area it is necessary for the program to limit activities in order to provide high quality service. However, new
efforts, new donors, and new networks are being explored to increase our capacity to reach people who are not currently accessing mental health service and to reach people who are not compliant to drug therapy or consistent in meeting scheduled appointments. To accomplish this, AMHT needs to increase our physical space to accommodate new staff, new service provision with social work professionals as well as mental health clinicians, and to inspire more Tanzanian government support for the program. AMHT believes that government involvement is the only way to make the program sustainable and effective in the long-term. At present, two psychiatric nurses in the government service see an average of 15 patients per day; increasing the capacity through additional nurses and better medication provision, the number is expected to. Furthermore, with our social work program AMHT expects to keep a greater percentage of these patients in care, through follow-up efforts and involving family and community in supporting the patients. AMHT does home visits for people unable to attend the clinic, and this is a time-consuming and sometimes dangerous practice which AMHT supports with social workers, a driver and vehicle, and follow-up visits to the patient at home.

Lessons Learned
The most valuable statistic AMHT has collected is the number of clients who did not attend their follow-up appointment, representing those that dropped out of the program. In 2011, 258 clients missed their scheduled appointments, and the majority of those clients were patients with psychoses. In the worst case, one client died as a result of a head injury after having failed to attend. Many of these patients only return to see AMHT in the care of their family or police after they have hurt themselves or someone else. These are vulnerable people, and they are challenging for their families and communities, particularly if they are violent and aggressive. These statistics set a priority for AMHT to employ social workers who can support these clients and their families outside of the health facility through home visits and extensive follow-up.

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Case Study: Cost Recovery Water Systems

A Case Study of Mvumi Village Water Supply
Project to Promote Cost Recovery Water Systems
in Kilosa District, Morogoro Region

Sanitation and Water Action (SAWA)

Mvumi village is a growing town located in Msowelo Ward, Magole Division in Kilosa District in the Morogoro Region. The village has six sub villages of Mvumi A, Mvumi B, Gongwe, Kibodiani, Sumbawanga, and Mandela with a population of 7,076 people. The town also has a labor force of 3,085 people and an under-five years and elderly population of 3,691, distributed among 1,200 households. There are livestock in the town: 831 cattle, 305 goats, and 12 donkeys.

In the past, the village had a piped water scheme from a deep well and a raised tank (50,000 m³) but this has not been functioning for more than 20 years now due to pump failure. The scheme was built by Irish Aid and it had a diesel pump, which was later replaced by an electric pump.

Before SAWA began work in this area, people were using the river as the main source of water. They used river water for all basic needs including washing, bathing, drinking, cooking, watering gardens, and even for animals. The use of the water for many activities created a large potential risk of rapid spread of diseases.

In 2010, there was an outbreak of cholera in which three people lost their lives. Following this outbreak, there were cases of cholera every year and the town had to develop a cholera camp in the village. This problem affected everyone in the village, but most significantly women and children in the community. Other people who live far from the river also had the problem of walking long distances to fetch water from a polluted river. The problem of unsafe water for Mvumi village was assessed and documented by a team of experts from iWASH, a group which ended up selecting Mvumi village to participate in a project to improve water quality under the leadership of SAWA.

To help solve the problems of water contamination and long distances to collect water, SAWA began the rehabilitation of an existing water tank and construction of new water infrastructure and capacity-building. The new system involved drilling of a well 80 meters deep, water quality testing to make sure that the water to be supplied is of standard quality, construction of 39 water points, installation of a new electric pump, construction of new tank raisers, and fixing water tanks. To achieve this major work, SAWA worked with a number of partners including iWASH, Winrock, and the local community itself.

Managing Water for Sustainability
SAWA facilitated the community to choose and form a system to manage their water scheme. The community in Mvumi chose to form a Water Users Association (WUA), which prepared and reviewed
their constitution, and registered with the Kilosa District Council. SAWA is supporting the association to get water rights from the Wami Ruvu water basin to fulfill the requirement of the Water Resources Management Act. To protect these area resources, river basin offices need to know what water different groups are extracting. When water rights are granted, WUA will have the authority and mandate to manage and control/protect the source from anybody who might want to tamper with it.

To build their ability to oversee such a large project, WUA members were trained on project management and financial management. The WUA has a chairperson, secretary, and treasurer as main actors and members. In total, there are 10 members in the committee.

Community Ownership and Contribution
The community participated actively during implementation. The most active participation was during trench digging, although representation by gender was only 20 percent women and 80 percent men. However, in the water user association management committee representation is 40 percent women and 60 percent men, as this is a requirement in the constitution. Participation of the community in monitoring visits was similar with 40 percent women and 60 percent men, while in trainings of committees on financial management and project management gender balance tends to be equal.

Who is benefiting from this project?
The project has helped nearly 8,000 people to access clean and safe water services. People who lived far from the water source (about 1 km roundtrip) now have water collection points closer to their homes (most at a distance of at least 400 m, as per water policy). This new water infrastructure has reduced the distance to safe water by half for some families, resulting in more time for education and livelihood activities. Moreover, there are household connections to more than 28 houses and more requests are coming to the WUA management for connection. Household water connections are a new capacity for this area and enable women to access water directly at their homes, rather than walking and waiting to collect water elsewhere.

The broader impact of this improved service has been felt in the health sector as there was no cholera outbreak in 2012. The water system reduces the workload for women and children and, therefore, they have more time for leisure and productive activities. In addition, the local economy and livelihoods are benefiting from the project as at least one guesthouse has a new water connection, which may attract more clients as the status of the service has increased.

Sustainability
SAWA used locally available skills and expertise to support implementation, as well creating employment, capacity-building, and imparting technical knowledge to those who participated in the implementation. It is expected that through this engagement a sense of ownership was created. The

“I have increased my knowledge in construction of water facilities! I have constructed these water points with my own hands, invested my energy and time. I will not let anybody to sabotage this scheme I want to show my grandchildren that this is my work.” -- Community Mason
community has agreed to pay for water as they use it. In the beginning, TZS 50.00 (the equivalent of USD $0.03) was the set fee, but this has now been reduced to 30.00 TZS (USD $0.02) for a bucket of 20 liters. For household connections, the price is determined by water flow meters and the households pay as they use at the same rate as those who are collecting from the water points. At the end of month, the users receive a water bills. At each water point, there is a water seller who collects the cash and accounts to the treasurer at the end of the week. This fund is kept at the bank to support operation and maintenance of the project, which includes replacing simple parts of the system like taps, paying for operator, treasurer, and secretary stipends as agreed, and stationery supplies for the office. An overview of how this system works is provided in the chart below.

<table>
<thead>
<tr>
<th>Example Fees vs. Expenditures from Water Scheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 2012 Fees Collected From Water Points</td>
</tr>
<tr>
<td>May 2012 Fees Collected from House Connections</td>
</tr>
<tr>
<td><strong>Total Collection in May 2012</strong></td>
</tr>
<tr>
<td>Expenditures in May 2012 (pay technicians, water sellers, and treasurer and secretary allowances)</td>
</tr>
<tr>
<td>Remaining Fees Collected that are Deposited in the Bank</td>
</tr>
</tbody>
</table>

SAWA also provides support for operation and maintenance through monthly visits to the site six months after completion of the project during which the area of financial management is emphasized.

Challenges
In this project, several challenges were encountered. One of the main challenges was with the participation of the community during implementation. In the beginning, the community participation was relatively low but through community awareness raising meetings at different levels and empowerment SAWA managed to improve community participation in activities, such as manpower, cash, and in-kind contributions.

Another challenge was that women hesitated to take leadership posts because their husbands discouraged them. An example in this project was the treasurer resigned from her post because the task seemed very demanding and she was a mother and could not manage to take care of her family with the added responsibility. SAWA encouraged other women to take this position and even trained another two women from the WUA members.

People used to fetch water from the existing river so some people still have a “free water mindset.” Also, some people have complained that the price of water (water tariff) was too high and water from the river is more palatable compared to borehole water. This was discussed and it was agreed in
community meetings to reduce the cost from 50 to 30 TZS per 20-litres bucket at the water point and encourage more household connections to be developed. SAWA also encouraged the village government to reinforce environmental sanitation bylaws and hygiene promotion.

Lessons Learned
During implementation of the Mvumi project SAWA learned that community in-kind contributions are applicable when entire or large sections of the community can participate. When there is a need for specific skills, which need few people such as security, loading, and offloading project materials community cash contributions can better facilitate these activities. Therefore, it is important that contributions are agreed and documented to avoid misunderstanding and delays during implementation. Also during implementation of Mvumi project, SAWA learned that it is important to establish a community construction committee that will oversee and supervise project activities. This becomes effective if they are oriented and involved in the designing process. It also creates transparency and trust among community members.

Despite all efforts to help people with providing an improved water source, there are still some people that do not use improved water. Instead, they still go to the river because they have to pay for water from the improved source. This will be an ongoing challenge to educate on the importance of using improved water. As can be seen by the figures above, the water fees collected contribute directly to the upkeep and maintenance of the scheme, which would not be possible if water was provided freely.

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Case Study: Pastoralist Women’s Action Groups

A Case Study of Oleplos Women’s Action Group in Mondorosi Village

Pastoral Women’s Council (PWC)

Poverty is rapidly increasing amongst pastoralist communities because they are marginalized and have no control over the land upon which they depend. PWC seeks to address women’s marginalization in patriarchal Maasai culture and enhance their quality of life, as well as the readdressing the poverty Maasai face by encouraging them to become self-reliant and to take control over their own development. Maasai society is patriarchal and polygamous and women suffer from a subordinate position and discriminated rights. Women are marginalized in matters affecting their community development and as they do not own or control any property are largely confined to the domestic sphere. The Maasai, see no value in ‘investing’ in their girls’ education because of planned early marriages and believe that there is no point in spending money on educating girls when she will leave for another family and bring money into that one instead of her own. Since birth, a Maasai girl child is treated as a second-class citizen and her development is determined by cultural traditions and norms that deny her chances and opportunities to reach her self-determination and make own choices. Furthermore, Maasai women lack property ownership rights, access to social services and the power and ability to make decisions about their own lives. The Maasai are generally known for the strong socio-cultural practices and norms that govern all aspects of their community. This culture is so ingrained in the growth and upbringing of individuals that it leaves little room for external influence and makes it difficult to introduce and accomplish social change. This socio-cultural dimension has negatively affected Maasai women, who have experienced high levels of marginalization.

Much of the poverty faced by the Maasai is underpinned by land access restrictions, arising from loss of land resulting from tourism initiatives, and the impact of conservation and commercial farming, both areas the national government has consistently supported. The Ngorongoro District has long been a flashpoint of tension experiencing land tenure conflicts between local communities and foreign investors for many years. The pastoralist communities’ access to lands, and therefore livelihoods, has been restricted through wildlife conservation interests, including establishment of protected areas and hunting concessions. During the 1980’s, following national reforms in Tanzania, land came under pressure from a range of investors in tourism, livestock, and agriculture, who sought to capture Ngorongoro’s valuable lands and resources for private gain. Many land purchases were carried out using procedures that were not transparent and did not follow proper legal procedures at the village government level. This has created a legacy of disputed land rights in Ngorongoro and continued insecurity in relation to community-level land tenure. As a result, pastoralist livelihoods have faced
escalating pressures and continuous challenges to their ability to use and access their lands and resources.

The identified case study is from Mondorosi village, approximately 650 residents, which is one of the villages PWC is working with to empower marginalized pastoralist women to become self-reliant and take control of their own developmental issues. Residents in this region depend solely on livestock keeping and a key challenge facing this village is land grabbing by a private investors, resulting in their main income source being compromised.

Addressing Women’s Marginalization
To address these issues of poverty and marginalization, PWC has created and facilitated the formation of Women’s Action Groups (WAGs) and has organized local fundraising for its credit program.

Women are required to organize themselves into groups to draw up a business plan to pay back the loan, as well as make a profit. The returned loan is then passed to another group under the same conditions. Groups have engaged in a whole range of income-generating activities under this scheme, including selling salt, sugar, tea leaves, cooking oil, and other household goods. Others buy and sell livestock. Still others are engaged in farming, growing maize and sorghum to sell in the local markets. Some groups have formed cereal banks, buying cereals in bulk and storing them for sale at an opportune moment. Some groups make and sell beadwork and other cultural artifacts, particularly to tourists. Each WAG has a small committee of four people who are responsible for monitoring group members and ensuring the return of the loan. Similarly, each group has a mini constitution, which stipulates loan objectives, meeting procedures, collective management of profit and loss and recruitment of new members. This project is raising women’s income and women are learning the best ways to manage and run their own development projects. PWC has been working closely with the government to change oppressive laws that hinder women’s development, particularly discrimination in owning property.

The Model
The Women’s Actions Groups are both innovative and active with women receiving training on income management and gaining the opportunities to engage in income-generating activities through access to capital. Furthermore members of WAGs receive fundamental training on their rights, the importance of girls’ education, as well as engaging them in political participation with particular regard to property ownership and land rights. Through support from Global Fund for Women, PWC was able to distribute capital to ten of these groups resulting in more women accessing opportunities to become financially independent.

Women must meet the following criteria in order to be eligible to access a loan:

- Has to be a member of PWC who have paid the annual membership fee
- Has to be a member of a WAG
- Must be a woman
- Must be nominated by fellow members of the WAG in keeping with their individual requirements
Women groups have meetings according to their areas of residence and where they live for example, Olepolos, Njoroi, Oloika, Masusu, Olbalbal, Olosirwa, Sakala B, and Olamunyani A.

The procedures that are followed when giving out loans are enumerated below:

- Every group of thirty members (30) should have leadership positions that are chairman, secretary, and bookkeeper.
- The larger group is divided into small groups of five people each.
- PWC community facilitators pass and visit each group regularly in keeping with their monitoring strategy to ensure the sustainability of the micro-credit scheme.
- Those chosen to take loans will have their own meetings and choose their own leaders who will be responsible to report to the leaders of the larger groups on how they are doing.
- After the group has their own leaders they are trained on business skills and how they can themselves make their own business plan.
- Once any member in the group qualifies to receive loan she must negotiate with her family members on all issues related to loan receiving and reimbursement.
- Village leaders of their respective village should also attend trainings provided to those qualifying for loans.
- Members of the group who qualify to receive loans should state those who may inherit them in case of death or any other anticipated situation.

Every group that received money has a book to record the amount received, a book to record the amount to be surrendered each month, and after completion of reimbursing the whole amount owed there is a special form to complete and sign. The period that a group can revolve a loan is eight months and each group of five members is given an amount of Tshs 600,000 (USD $370).

The loans are given to a group not to individuals. The nature of loans that are extended to groups creates a kind of “moral collateral” in the absence of material assets. If one person defaults on a loan, then the other members of the group are responsible for repayment. The social network minimizes the default rate. The interest of the loan is ten percent (10%). Members pay the monthly installment to the PWC financial department personnel who is also a signatory of loans account and who will bank the amount after receiving the amount. Every group must have a guarantor who will be responsible to repay the amount taken if there is delay of the said amount.

Results
All 40 members in this group Olepolos have been able to start small income-generating activities, such as buying and selling of cereals at a profit, rearing livestock for sale, investing in beadwork which they later sell to their fellow Maasai, and small general businesses. The income generated, by women, is now being used to buy foodstuffs for their families, aiding their nutritional diet and also to pay for school fees and buy school supplies for their schooling children helping to break the cycle of poverty through exposure to education.
Vitably, the scheme provides much needed income security to these women and income generating opportunities allowing them to incur tangible financial benefits and invest profit in securing education for their children and developing their own financial capacity. A significant result of the project is the ability for women to own property, for example livestock, which has aided in gaining them respect from males within the village. Women now have increased confidence and combined with knowledge on their rights are using this to advocate for their basic rights.

This scheme has grown phenomenally: it started by providing support to an initial 20 women and today it supports over 3,000 women with a total of 86 active groups. Through the growth of PWC as an organization, we have been able to facilitate the creation of more WAGs. Similarly through our diversified funding portfolio, we have been able to provide much needed credit to many of these groups. Other groups have raised their own credit through harambee (fundraising activities) or have used a revolving fund. PWC is responsive to the needs of the communities it serves and seeks to further expand its WAGs so as to benefit more poor women.

One Woman’s Story

Ngondii is a married Maasai woman aged 39 years with six children. She is a resident of Mondorosi village in Ngorongoro district. Livestock such as cattle, goats, and sheep are the primary source of income for the Maasai. Livestock serve as a social utility and play an important role in the Maasai economy. Cattle and children are the most important aspect of the Maasai people. Ngondii’s husband leaves the house early in the morning and comes back late in the evening without any food and drunk. He will not send the children to school since he sees no benefit as the girls will be married and the boys have to go herding every morning. A Maasai woman has to do more work compared to her husband. It does not mean that men don't like their wives: this has been the tradition since the history of the Maasai people. Because of this cultural aspect, Ngondii has to do all the household chores and also provide for the family because her husband squanders all their money on traditional beer. The only source of income is the milk she sells in the morning and evening hence this could not cater to all the family needs. In 2007, Ngondii decided to start a small business buying and selling maize with a small capital she got from one of her relatives. With the small capital she could only afford to buy one sack of maize. After some months the business was going well and she could now afford two meals a day for her children. Ngodii also joined Oleplos’ WAG and PWC gave them loans with which they bought cattle and goats. They now have five cows and 10 goats of which they are multiplying rapidly and their wish as a group is that they will be able to sell some of them and help their children to go school. Together with them she also engaged in the making of Maasai traditional beads from which she also makes a profit.

Ngondii has now been able to construct one house and has been able to send two of her children to school despite it being a struggle with her husband. Despite the profit she gets from these businesses, Ngondii is facing different challenges, which she is trying to overcome. These challenges include a lot of work for she has to first finish all household chores before going to her businesses, no reliable market for her products and especially the beads, lastly her husband does not allow her to go too far to sell her products.
Lessons Learned
Transforming culturally rooted norms and systems in any society requires a consolidated effort and strategies. This is mainly because it is difficult to change views overnight; this work requires commitment and adjustments within new socio-economic frameworks. More women live in poverty. Economic disparities persist partly because much of the unpaid work within families and communities falls on the shoulders of women and because they face discrimination in the economic sphere.

There is a need for flexibility when working with communities as community members cultural practices need to be understood and accommodated in the process.

Conclusion
PWC has seen many successes through the implementation of its WAGs. Women have been lifted out of poverty, have gained the respect of their communities and have begun to advocate for their rights as a result of being informed and empowered citizens. Many of the groups have developed themselves beyond the expectations of PWC staff thus showing the determination of the women involved. The groups have expanded and found means to access their own credit in order to benefit the maximum number of women. PWC will continue to facilitate the creation of WAGs and provide vital training sessions on rights and financial management to ensure the sustainability of the groups.

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Case Study: Water Opens the Door


Bukoba Women’s Empowerment Association (BUWEA)

Extreme Water Scarcity
Kishanje village, like many other Tanzania villages, lacks access to clean water, which leads to disease and poor health. This village is uniquely located on a plateau, where one has to walk more than 20 km to and from to fetch water up the hill from a spring below. The quality of the water collected from the streams is poor, so women spend much time and money buying firewood in order to boil the water so it is safe to drink. Carrying water is normally the responsibility of women, young girls, and children in the family. They obtain water by carrying it up from the river and stream to the village, an average of 30 minutes each way. The majority carry the water 2 km or more. The amount of water a woman carries on each trip averages 20 liters. Each day, most women carry water 3-4 times a day, adding up to average of 60-80 liters used in the family. Each day the water is used for cooking, bathing, and other daily household needs. For many families difficult decisions have to be made daily about how to use the precious water. Women report a number of water-related illnesses as a serious problem, including malaria, intestinal illness, and diarrhea. Girls are prevented from attending school or doing their homework in the evening so that they help bring water to their homes. Their academic performance decreases due to the large amount of time spent fetching water. The girls are also expected to help with other household duties, so they get very tired. In addition, children and girls are not physically able to carry as much water as an adult so they have to make more trips in the evening. On the way to and from the water point, the girls may be harassed by boys or men, which can have unexpected consequences and hinder them from further schooling. In addition, lack of information and sensitization regarding hygiene and sanitation was identified as a problem to be solved.

Partnership with BUWEA
In 2006, when the women of the Bukoba Women’s Empowerment Association (BUWEA) began conversations with the women of Kishanje about joining the community-based organization, many men were not supportive of the association. They feared that the women might leave the village for meetings, which would prevent them from fetching water and conducting their daily chores. After the BUWEA leaders met with the men to explain their mission of empowering women by engaging in income-generating activities and by giving information about sanitation and hygiene, the partnership with BUWEA and the women of Kishanje began. The partnership strengthened with support to all the family members.
Lack of Water Drives Cycle of Poverty

After some time, BUWEA staff noticed that the women of Kishanje would have to leave the member meetings early or be absent from BUWEA-sponsored workshops because they were eager to return home to collect water for their families. Collecting water required a minimum of two hours per day and, even then, the water was not enough to meet the family needs. Quarrels among the families were common in Kishanje because the family members were fighting over the limited water. A challenge to collect clean water, problems of health, time, and sanitation prevented women from engaging in income-generating activities because they were not able to invest the time required to begin a business or to keep animals in the village. If the families could not access enough water, it was even more challenging to have water for animals or crops. They shut down their business and lost their customers. Most of the husbands went out during the day so it was not possible for them to supervise their wives’ business while they were not around. The average 20 liters per trip carried by women posed a dilemma. Should the water be used for cooking, washing dishes, or cleaning the babies or their children’s feet and hands? Many women felt their problem of poverty was deeply rooted in lack of access to water.

Searching for a Sustainable Solution

BUWEA and Kishanje members have been trying to identify solutions to the water problem over the last six years. Both hoped to create a new water source using rainwater that was more easily accessible. In 2008, Women’s Global Connection (WGC) volunteers worked with BUWEA and Kishanje members to explore different options to improve the problem of water. A survey was administered by WGC to the BUWEA members to assess the extent of the water problem in the villages. The survey further reinforced the social and economic issues, health, sanitation, and hygiene concerns. Various alternatives to help transport water, such as Hippo water rollers, were discussed. A Hippo roller is a plastic rolling device for transporting water more easily and efficiently than traditional methods, particularly in the developing world. It consists of barrel-shaped containers that hold water and can roll along the ground. For the Kishanje area, Hippo rollers would not work well because the village is located on the plateau. Research showed that using Hippo rollers offered a short-term solution and were not easy to use in the rocky upward terrain. Thus, water wells were considered. The water wells did not offer a permanent solution either because members of the local authorities had already built one well, which had dried up. It was determined that the plateau location required deep wells that could not be constructed for long-term use on rocky grounds.

Subsequent consultation with local government leaders and the Bukoba Water Engineers confirmed that there were no immediate plans to offer a solution to the water problem in Kishanje, which has a population of 300 people. Local authorities met with the village leaders to listen to their concerns, to give moral support, and to mobilize people who could provide materials that were in nearby areas. In 2011, WGC provided a grant to BUWEA to sponsor a two-week training provided by the Global Women’s Water Initiative (GWWI) in Kampala, Uganda. Two BUWEA members attended the workshop in which they learned about issues of clean water, and the use and the construction of rain harvesters. Kishanje receives an average of two rainfalls per month as reported by the Geological Office. This information further supported the decision to consider rain harvesters.
A Practical Solution is Found: Rainwater Harvesters

With the help of Global Women Water Initiative (GWWI) and BUWEA women who attended the training session, a seed grant was secured to build the first rain harvester in Kishanje as a pilot project. The harvesters collect up to 10,000 liters, an amount which can serve approximately five families of 20 people each. The construction of rainwater harvesters takes 7 to 10 days. It requires technical knowledge to ensure that they are designed to standards. BUWEA members who attended the training at Kampala trained the Kishanje women on the construction of harvesters. Women were fully involved in construction. The implementation started with collection of local materials and purchase of some materials from different shops in Bukoba town. Materials needed were cement, galvanized wire, nails, chicken wire, sisal rope, sacks, and timber. All of the materials were then transported approximately 40 km to Kishanje village. Then the workers cleared the land, constructed the base, walls, and smeared cement inside and outside to construct the entire harvester. Building the rainwater harvester tanks requires technical knowledge because the correct ratio must be used for mixing sand and cement, in mixing concrete, and in determining the thickness of the walls so that the harvester will be stable. The harvester needs a system of gutters that collect water from nearby houses and drain to the tank.

One person can use 40 to 60 liters per day based on family needs. In this area, there is frequent rainfall almost along all year, so the tanks are continuously filled. Two leaders are selected from those who use water from the tank to take care of it, specifically with cleaning, maintenance, and water testing. The first leader is the owner of the home where the tank is built and another is chosen from the village. The cost of maintenance is paid by the water users under supervision of their leadership. GWWI provided two sets of water test kits that are used by Kishanje women for water testing.

Community Ownership

Members of BUWEA and the Kishanje village embraced the water initiative by attending training on how to build and maintain rain harvesters and how to test water. Local members contributed by providing 20% of the material, labor, maintenance, cleaning, and food for the technicians who helped construct the first rain harvester. Local labor helped to mix cement, carry materials, and break stone for the tank construction.

BUWEA continues to collaborate with WGGI leaders to gain knowledge of new techniques and construction of more rain harvesters. Ongoing contact with the village authorities regarding the construction of the rain harvesters secured government officials’ support. Additionally, the women planned and implemented two more 2-hour water, sanitation, and hygiene meetings in March of 2012. These meetings taught about the importance of clean water and good hygiene. They continue to motivate women laborers so that more rain harvesters can be constructed.

More Rain Harvesters are Built

The Flora Family Foundation made it possible for BUWEA to monitor the rain harvester water project from the beginning through administrative support. It allowed the members to evaluate costs and benefits, and to maintain appropriate records. With financial support from WGC partners, two additional rain harvesters were built in the village in early 2012. On July 2, 2012, a WGC volunteer and University of the Incarnate Word professor gave further training to the Kishanje community members.
and the BUWEA leaders on how to maintain clean water, how to test water quality for safety, how to use sanitation and hygiene procedures, and a demonstration on how to properly wash hands.

Health and Education Improvements Resulting from Closer Water Supply
Most Kishanje women previously reported problems related to water collection, including chronic headaches, backaches, illnesses, poor sanitation, and hygiene. Moreover, the women said that the lack of access to water prevented them from starting their own income-generating activities. As a result, the village of Kishanje was selected as the community in most need for this innovative water project. The involvement of the community through 23 village leaders under the supervision of the BUWEA team, implemented the collection of data, monitoring, tracking and labor. The motivation and mobilization of laborers for the construction sites and the support from the village authorities became critical to address the problem.

Thus far, three rain harvesters have been built in three different locations at the Kishange village. The rain is collected through drain pipes from the roofs of the nearby houses. They are serving an average of 140 people out of the population of 300. Each family collects the water they need for cooking, cleaning, and other daily needs. The project does not service BUWEA members only because other people in the village are benefiting from the new water source. Negative effects on the lack of access to water have been reduced as a result of the new rain harvesters. Harvesters have helped girls to attend school and to perform better in classes. The number of girls attending higher levels of school in education has increased more than 50% because they have more time to learn now that fetching water takes less time. The women report improvements on their health, sanitation, and hygiene. As a result, the Kishanje village members spend more time engaged in animal projects and are able to participate in the BUWEA-operated revolving loan fund to start new businesses. Most importantly, families are allowing their daughters to dedicate more time for their studies and gain a sense of empowerment.

Among the short-term outcomes of the rain harvesters was that it provided immediate access to water to partially meet the needs of the community and increased sanitation and hygiene. A long-term outcome of access to water is that peoples’ health will continue to improve and that women and girls will have more time for other beneficial activities.

Additional Needs Identified
Building three rain harvesters impacted the lives of many people of the Kishanje village. However, there are many other families who continue to travel up to 10 km to access water. Many people would like to use the rain harvester tanks but an entire village cannot rely on three rain harvesters. They are not enough to serve the needs of every person especially during the dry season when water becomes scarce again. Additional workshops on sanitation and hygiene are needed for more families in the village. Access to water testing kits in the area was not available until a recent donation by WGC. It will be critical that members use the kits properly to continue to monitor the cleanliness and sanitation of the rain harvester tanks. Kishanje is one of ten villages facing the same problem.
Finding the Right Solution Took Patience and Time
Finding the right solutions to a difficult problem took several years. Mistakes were avoided by not
investing in short-term solutions such as the Hippo rollers or the water pumps. Yet the process was
slow. Building the first rain harvester tank was a slower process than building the second and third.
With practice, the building experience moves faster and produces better results, giving the village
members more satisfaction. There are currently three water harvesters in operation. BUWEA plans to
build two more in Kishanje village when the funds are available. This will service all the families in that
village.

BUWEA is in the process of gathering information from members, the community, and local clinics to
measure the impact of the rain harvesters. Additional funds will be sought for more rain harvesters to
meet the needs of Kishanje and other villages where BUWEA members live. It is expected that the new
tanks will be built better and last longer and serve more people. Engaging and educating members of
the community in the construction, maintenance, and safety from beginning to end will be critical for
the continued success of the clean water project.

New water sanitation projects are being managed because the women are participating in the
construction from beginning to end. They have cleaned, cleared the bush, mixed the sand and cement,
 fetched the water, smeared the tank inside and out, and measured the ratio that is needed for the
construction. They gained knowledge and took ownership of the project. It belongs to them and it is
their duty to maintain it.

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Case Study: Addressing Children’s Legal Issues

A Case Study of a Collective Protection Approach for Most Vulnerable Children in Karagwe and Kyewra Districts

Women Emancipation and Development Agency (WOMEDA)

The convention on the rights of the child (1989) outlines the fundamental rights of children, including the right to be protected from economic exploitation and harmful work, from all forms of sexual exploitation and abuse, and from physical or mental violence, as well as ensuring that children will not be separated from their family against their will.

WOMEDA uses the term ‘child protection’ in mobile legal aid services to refer to preventing and responding to violence, property grabbing, denial of inheritance rights, maintenance, custody, misuse of orphans properties, chasing children from their matrimonial homes, inaccessibility to education, excessive punishments, threats to kill or to cause bodily injury, exploitation and abuse against children—including commercial sexual exploitation, child labor, and harmful traditional practices, such as female genital mutilation and child marriage.

WOMEDA’s child protection programs target children who are uniquely vulnerable to these abuses, such as when living without parental care, in conflict with the law, and in family conflict. Violations of the child’s right to protection take place in every village and are massive, under-recognized, and under-reported barriers to child survival and development, in addition to being human rights violations. Children subjected to violence, exploitation, abuse, and neglect are at risk of death, poor physical and mental health, HIV/AIDS infection, educational problems, displacement, homelessness, and developing poor parenting skills later in life.

Provision of Birth Registration Certificates

Birth registration is the official recording of the birth of a child by a state administrative process. It is the permanent and official record of a child’s existence and is fundamental to the realization of children’s rights and practical needs. Securing children’s right to a nationality will allow them to get a passport, open a bank account, obtain government sponsorship, vote, and find employment. It helps ensure access to basic services, including immunization, health care, and school enrolment at the right age.

Birth registration is also essential in protection efforts, including: preventing child labor by enforcing minimum-employment-age laws, ensuring that children in conflict with the law are not treated (legally and practically) as adults, shielding them from underage child marriage, and reducing trafficking, as well as assisting children who are repatriated and reunited with family members.
WOMEDA has trained 100 most vulnerable children counselors as paralegals providing legal and human rights support in their respective villages. In the trainings, international instruments and Tanzanian laws, which delineate children rights are taught at length. Additionally, WOMEDA and these trained paralegals have developed indicators which assist in identifying poor protection of most vulnerable children’s rights.

Provision of Legal Counseling Sessions
WOMEDA provides legal counseling sessions to most vulnerable children families through mobile legal aid by visiting them at their respective places/homes. This is done in a mobile fashion in order to reduce costs for legal fees, distance, and facilitate speedy justice for the needy most vulnerable children. During legal counseling sessions, most vulnerable children’s rights are being protected by assuring that each party gets a fair and just decision.

Through legal counseling sessions we have managed to assist most vulnerable children in many different ways, including:

- 256 to reposes their grabbed properties,
- 169 to solve and or resolve boundary demarcations,
- 211 assisted in drafting legal documents for administrator of estates,
- 644 to ensure that they are enrolled in primary school education and continue schooling,
- 1,074 received maintenance from parents/guardian,
- 862 to access education and basic services,
- Counseled 453 most vulnerable children’s parents on marital issues,
- Linked 37 most vulnerable children-headed households to access extra material support from community members,
- 74 to file and follow-up most vulnerable children cases in various legal organs, and
- To pay court and related legal fees for 101 most vulnerable children.

Legal Documentation
WOMEDA prepares and submits most vulnerable children’s legal documents in various legal and quasi-judicial bodies. Many legal documents are prepared by WOMEDA lawyers in order to assist the children. Some of the documents commonly prepared:

- Plaint
- Chamber applications
- Petition of appeal of appeal
- Written statement of defense
- Affidavit
- Certificate of urgency
- Memorandum of understanding
- Clan’s council constitutions
- Wills
Training of Paralegals

WOMEDA developed children’s rights manuals, which cater for their rights at all levels. The manual is currently being used by trained paralegals as a reference for protection of most vulnerable children’s rights. Equally, various legal topics are covered amongst are the Convention on the Rights of the Child, Law of Marriage Act, Penal Code, Sexual Offences Special Provision Act, Land, Village Land Law, Inheritance Laws, and will writing.

Challenges and Recommendations

Most vulnerable children’s committee members trained as paralegals needs bicycles for smooth provision of legal support, as well as collection and distribution of material support given to children from the community members. Promotional materials, such as T-shirts, with messages of most vulnerable children’s rights would be useful to promote WOMEDA’s messages to a wide audience. To further strengthen the paralegals, WOMEDA recommends future learning exchange visits among paralegals and other service providers.

Among the challenges that exist are the illegal fees charged by ward tribunal members presiding over land disputes involving children’s rights. These fees impede some families from paying and block justice. Further, WOMEDA has noted poor cooperation between most vulnerable children’s committee members and some village leaders. This lack of cooperation makes achieving change difficult.

WOMEDA has also found that there is a low spirit of protecting most vulnerable children’s rights amongst some of the committee members and further sensitization and encouragement are needed.

WOMEDA continues to face challenges with the bureaucratic procedures for obtaining birth certificates. Further, the community lacks knowledge on the importance of birth certificates to the community.

Finally, WOMEDA continues to experience unnecessary delays in resolving legal issues in various institutions.

Lessons learned

Over time, attitudes towards children have changed dramatically and we can understand much about how a society values its children by the laws and services it has to protect them. The child protection system both reflects and shapes community values and expectations. As such, each part of the child protection system—families, the general community, community agencies, professionals working with children, police and government— has a significant role to play to ensure that children are kept safe and well.

Involvement of various stakeholders with vested interests on child protections issues such as police, Social Welfare Department, hospitals staff, religious leaders, Magistrates/lawyers, teachers, local government authority leaders, and political leaders increased the level of child protection throughout the entire community.

Children should be trained on their rights, vulnerabilities, and reporting of any abusive incidents to parents/guardians, neighbors, friends, teachers, religious leaders, police, Social Welfare Department,
non-governmental organizations, and other people/institutions, which they trust for protection of their rights.

“PROTECTION OF CHILDREN’S RIGHTS SHOULD BE A PRIORITY TO EVERYONE”

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