

**UNITED REPUBLIC OF TANZANIA
AND
UNITED NATIONS CHILDREN FUND(UNICEF)**

**STUDY ON LOCAL WOMEN'S PERCEPTION OF REFUGEES
AND IMPROVING THE STATUS AND CONDITIONS
OF WOMEN WITHIN CSPD PROGRAMME IN KIBONDO.**

CONSULTANCY REPORT.

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LIST OF ABBREVIATIONS:

SUA	-	Sokoine University of Agriculture
PHC	-	Primary Health Care
CBHC	-	Community Based Health Care
MOH	-	Ministry of Health
MCH	-	Maternal and Child Health
HIV	-	Human Immuno - Deficiency Virus
FAO	-	Food and Agriculture Organization
CSPD	-	Child Survival Protection and Development Program
IMR	-	Infant Mortality Rate
ARI	-	Acute Respiratory Infections
AIDs	-	Acquired Immune Deficiency Syndrome
UNICEF-		United Nations Children's Fund
TFNC	-	Tanzania Food and Nutrition Centre
DED	-	District Executive Director
FDC	-	Focal Development College
NMB	-	National Microfinance Bank
TTCL	-	Tanzania Telecommunication Company Limited
DMO	-	District Medical Officer
DEO	-	District Education Officer
NGOs	-	Non-Governmental Organizations
TCRS	-	Tanzania Christian Refugee Services
CARE	-	Cooperative Assistance Relief Everywhere
IRC	-	International Rescue Committee
DRA	-	Dutch Refugee Agency
AMREF-		African Medical Research Foundation
UMATI-		Uzazi wa Mpango Tanzania
UNHCR	-	United Nations High Commission For Refugees
WFP	-	World Food Programme
STDS	-	Sexual Transmitted Diseases
TBAS	--	Traditional Birth Attendants
CDO	-	Community Development Officer
DCDO	-	District Community Development Officer
DPLO	-	District Planning Officer

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EXECUTIVE SUMMARY:

BACK GROUND INFORMATION

Kibondo District has along history of Burundi refugee contact than any other District in Kigoma. It has also been observed that the district is experiencing a continuous trek of refugees. To have an extra population in the district reduces the capacity and quality of services rendered to the community.

JUSTIFICATION OF THE STUDY.

Women are probably to most affected individuals during refugee influxes to the host country, because they share resources commonly affecting women workload and time such as fetching fuel-wood, water and other social services.

AGREED WORK ASSIGNMENT.

- ❖ Hold focus groups discussions with women groups on perception of refugees and their effects on local communities.
- ❖ Hold organised meetings with women to motivate them on utilisation of CSPD intervention activities.
- ❖ Work with and sensitise village leaders on the role of women in development and raising women status in society.
- ❖ Using TFNC"s nutrition assessment results to determine most affected families for in-depth discussions and for focusing attention
- ❖ Work with village government on awareness raising for sustained immunisation and for use of other programme interventions.

OBJECTIVE OF THE ASSIGNMENT

To investigate local women's perception of refugees in 28 villages of Kasanda and Kakonko divisions- Kibondo District, and motivate them on utilisation of CSPD intervention activities.

METHODOLOGY:

- ❖ Briefing from UNICEF Officials
- ❖ Field work activities:

- Discussions with district functional managers ward development committee members and village government.
- Discussions with women focus groups and other organised groups.
- Follow up families with severely malnourished children.
- Hold in depth discussions with families of severely under nourished children.

FINDINGS:

Assessment of focus groups discussions: It was established that women have several problems due to the presence of refugees and they have other social problems, which originate from cultural practices.

Problems due to refugees presence are:

- ❖ Subjection to violence
- ❖ Subjection to food insecurity
- ❖ Subjection to poor health
- ❖ Subjection to gross effects of environmental destruction and
- ❖ Subjection to increased women workload.

Problems originating from cultural practices:

- ❖ Women carry the greatest burden of household work including farming
- ❖ Women are subjected to dependency.
- They have no control over household cash income/food
- They cannot make decision on any matter without the husbands permission e.g. join economic groups, practice family planning.

ASSESSMENT OF ECONOMIC GROUPS:

Women have been sensitised and are eager to work in-groups in order to generate income. Several economic groups started in 1998 and mainly work on farming, petty business and sewing. In general the economic groups were not being followed up, not advised. They are almost left to themselves. The biggest problem was found to be lack of useful transport to the community development office to enable them reach the different groups.

ANALYSIS OF WOMEN POSITION IN RELATION TO MALNUTRITION.

Mothers of the severely undernourished children involved in in-depth discussions were found mostly to be aged 20 - 35 years, and 79% were literate. The severely undernourished were mostly 7-24 months old children.

The biggest problem was under feeding due to lack of knowledge and also due to total lack of food availability in the households.

The children were also suffering from frequent fevers and diarrhoea and sometimes worms infestation. But the women could not afford treatment expenses. Women who had no food reserve were victims of casual labour to other peoples farms to obtain food for their families instead of working on their own farms.

CONCLUSION:

It has been established that Kasanda and Kakonko women have several problems due to refugees presence, and they have other problems originating from cultural practices.

RECOMMENDATIONS.

1, GENERAL RECOMMENDATIONS:

- ❖ CSPD should adopt basic need approach for its interventions
- ❖ Social services existing should be supported and where there are none they should be instituted because they are basic.
- ❖ Animation process should be instituted at villages but animators should be committed people. There should be Ward and District Committees of committed members and CD officers should be involved.
- ❖ Areas of co-operation with other agencies working in the area should be identified and used for CSPD interventions.
- ❖ The theme of gender and development and integration of women in activities should be reflected in the programme.

2, SPECIFIC RECOMMENDATIONS:

- ❖ Improve peace in target areas to able to implement development activities.
- ❖ Improve health/ nutrition status:
 - Address communicable diseases problem through CBHC approach to ensure community empowerment in tackling health problems
 - Strengthen dispensaries and health centre (buildings, drugs and equipment).

- Strengthen MCH activities
- Train TBA's
- ❖ Improve food availability at household level:
 - Train both women and men farmers through regular extension services
 - Train more extension personnel, involving both women and men
 - Provide inputs and implements for agricultural tasks
 - Teach farmers ways of storing food using local techniques.
 - Nutrition education including child feeding should be taught to both women and men.
 - Carry out crush programme on Community Based Nutrition Rehabilitation to rescue the big number of severely malnourished children in 12 (twelve) villages of Kasanda and Kakonko at village level, and later on at hamlet level.
 - Provide food for work to families that have no food reserve.
 - Introduce and promote fuel saving cooking stoves to ease women's problem of fuelwood, and support afforestation to form long term solution to the problem.
- ❖ Improve supply of clean and safe water to the communities, special attention to villages in greatest need (Itumbiko, Gwanumpu, Muhange and Kakonko).
- ❖ Support women income generating activities
- ❖ Facilitate creation of gender responsive communities
- ❖ Support primary schools
- ❖ Sensitise community on bad effects of alcoholism

CHAPTER ONE.

1.0. INTRODUCTION

1:1. Background to the study.

Kibondo district has a longer history of Burundi refugee contact than other district in Kigoma region. Refugees started to come in the district since 1960,s following the civil war in Burundi. Those who came at that time settled peacefully with the local communities, sharing with them the infrastructure and other social services. At that time the number of refugees at a go was too small to create a shock neither to the district nor to the international community.

The October 1993 Burundi civil war forced more than 247,000 refugees to cross the border and enter the district. The number was bigger than the local population. The refugees settled in villages around, and there was no way out but again sharing limited resources planned for local population .As the result facilities and utilities were misused and some destroyed. Facilities involved include schools, dispensaries, water facilities, road and environment.

Later on the International Community organised and placed the refugees in camps. After some time the number dropped down as some went back voluntarily. By end of 1995 the number dropped to 23,000,settled in two camps (Kanembo and Mukugwa)

In 1996 the District received another influx of about 70,000 refugees. Two more camps had to be opened namely Nduta and Mtendeli. This again resulted in greater demand of forest produce, hence the environmental destruction. It is observed that the district is experiencing a continuous trek of refugees. To have an extra population in the district reduces the capacity and quality of services rendered to the community.

1.2.Justification for the study.

Women are probably the most affected individuals during refugee influxes to the host country. This has been noticed when it comes to sharing of resources commonly affecting women's workload and time, such as in fetching of firewood, water and other similar community social services.

The starting up of CSPD in Kibondo District and based on the continuous problem of refugee influxes to the district, UNICEF is undertaking a study whose objective is to investigate the issue of women's perception of refugees within their respective communities with the view of strengthening Kibondo District capacity in supporting refugees, and at the same time respond to local communities, particularly women's coping strategies at times of influxes.

1:3. Work assignment:

- Hold focus groups discussions with women groups on perception of refugees and their effects on local communities
- Hold organised meetings with women to motivate them on utilisation of CSPD intervention activities.
- Work with and sensitise village leaders on role of women in development and on raising women status in the society.
- Using TFNC's nutrition assessment results determine most affected families' for in-depth discussion and focusing attention.
- Work with village government on awareness raising for sustained immunisation and use of other programme interventions.

1:4. General Objective of the study:

To investigate the issue of women's perception of refugees in 28 villages of Kakonko and Kasanda divisions- Kibondo District and motivate them on utilization of CSPD intervention activities

1.5. Specific Objectives:

1.5.1. To carry out discussions with women groups so as to understand their perception of refugees within their respective communities in Kasanda and Kakonko divisions, covering a total of 28 villages.

1.5.2. Undertake orientation of key actors on the role of women in childcare services.

1.5.3. To sensitise community members on resource mobilisation for children and women's development.

1.5.4. To carry out in-depth discussion with families of severely malnourished children.

1:6. Methodology of carrying out the assignment:

A briefing from UNICEF Senior Programme Officer (co-ordinator for Kigoma programmes) and Emergency Liaison Officer preceded the study. It was then followed by field study covering 28 villages in two divisions of Kasanda and Kakonko- Kibondo District.

The field work involved interviews and discussions with district functional managers, Ward development committee members, Village governments, women focus groups, and other organised groups. It also involved carrying out in-depth discussions with some families of severely malnourished children.

Instruments, which were used in this assignment, include:

- Study of relevant documents
- Interviews with key stake holders at district, ward and village levels
- Focus group discussions
- Discussions with leaders of some economic groups
- In-depth discussions with parents of severely malnourished children.
- Field Observation

1:7. Layout of the report:

The report has been structured to give a comprehensive narration and facts on women perception of refugees including other social problems and how this has affected their status and the provision of services to their respective communities. It is followed by a list of recommendations for improving community-based activities, which would eventually improve the welfare of women and children.

CHAPTER TWO

2.0. BACK GROUND OF THE DISTRICT:

2.1 Geography, Land and Climate.

Kibondo District is situated between 3.9° - 5.00° South and 30.2° - 31.50° East. It has an altitude which ranges between 500 and 2000m above the sea level.

Kibondo District is bounded by Ngara and Biharamulo District in Kagera Region to the North, Kahama District in Shinyanga Region to the East, Kasulu and Kigoma Districts Kigoma Region and Urambo District, Tabora Region to the South, the Republic of Burundi to the west.

Rainfalls range from 800 mm to 1600 mm per annum. Temperature range from 15°C to 22°C , heaviest rains are found in April-May and driest month are August- October.

Ecological zones include the highlands in the west and most productive, the intermediate zone which is heavily deserted by river valleys. There is also the low land, which occupies about 2/3 of the district covered with miombo woodland and infested with tsetse flies. A greater part of this zone is designated forest reserve.

There are four major rivers in the district namely, Malagarasi (makes the boundary of Kibondo and Kasulu District), Moyowozi (makes boundary of Kibondo and Biharamulo), Ruguzye and Kahambwe. Kibondo District has a total land area 16,058 km. Arable land 8,000-sq kilometres Forest and game reserve 11,210- sq kilometres.

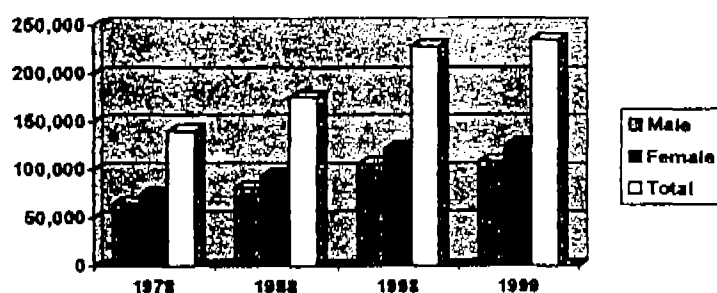
2.2. Population and Ethnic Groups

The inhabitants of Kibondo District are of Bantu origin. They originate from two chiefdoms namely Buyungu and Muhambwe.

Table 1. Population of Kibondo District:

Sex	1978	1988	1998 Projected	1999 Projected
Male	65,052	81,409	105,829	108,793
Female	74,939	94,195	122,451	125,880
Total	139,991	175,604	228,280	234,673

Source: Kibondo District Profile 1998.



The population figures are from the 1978 and 1988 census. Projection figures were calculated based on population growth rate of 2.8%.

The district population distribution is very un-even and two thirds of the area is covered by the forest and game reserve. However the presence of refugees in the area has influenced a great number of people to migrate in the district. Based on that the actual figure may likely be more than the projected one. Kibondo district has been hosting refugees particularly from the Republic of Burundi for years. By September 1998 the District was hosting 90,226 refugees.

2.3 Administration:

Kibondo District is divided into four administrative Divisions namely, Kibondo, Mabamba, Kasanda, and Kakonko. The divisions are divided into wards and each ward has several villages.

Table 2. Administrative Division/ward/villages:

Division	Ward	Villages
Kibondo	➤ Kibondo mjini	➤ Kumwambu, Biturana, Nengo
	➤ Marugu	➤ Kumhasha, Kumbanga
	➤ Kitahama	➤ Kitahana, Rusohoko, Kibingo.
Kibondo	➤ Misezero	➤ Bitare, Kumuhama, Twabagondozi, Kumkugwa.
	➤ Bunyambo	➤ Samvura, Minyinya, Bunyambo
	➤ Busagara	➤ Kigendeka, Kifura, Kasaka, Nyaruyoka, Ilunde
	➤ Rugongwe	➤ Busunzu, Nyankwi, Kiswege, Kichananga, Kigaga.
Mabamba	➤ Mabamba	➤ Mabamba, Mkarazi, Nyakasanda, Nyange
	➤ Kumsenga	➤ Kumusenga, Kagezi, Kibuye
	➤ Kizazi	➤ Nyabitaka, Nyarugusu, Kumshwabue
	➤ Itaba	➤ Buyezi, Kigogo, Mukabuye
*Kasanda	➤ Kasanda	Kasanda, Kazilamihunda
	➤ Gwanumpu	Gwanumpu, Bukiliro, Katanga, Ilabiro.
	➤ Mugunzu	➤ Mugunzu, Kiduduye, Nyagwijima
*Kakonko	➤ Kasuga	➤ Kasuga, Nyakayenzi, Kinonko
Kakonko	➤ Rugenge	➤ Kiga, Kasongati
	➤ Muhange	➤ Muhange, Kabare, Gwarama
	➤ Nyabibuye	➤ Nyabibuye, Rumashi
	➤ Nyamtukuza	➤ Churazo, Kinyinya, Nyamtukuza
	➤ Kakonko	➤ Mbizi, Kabingo, Kiyobera, Itumbiko, Kanyonza, Muganza

Source: DED- Kibondo (1998)

*CSPD areas.

2.4 Distribution of social- Economic Services.

Table 3. Social Economic Services- Kibondo.

TYPE	QUANTITY
Primary schools	67
Secondary school	03
Dispensaries	45
Rural Health Centres	04
Hospital	01
Village Health Posts	18
Colleges----- FDC	01
MCH	01
Water Supply Gravity schemes	15
Pumping Schemes	01
Bore & shallow wells	70
Improved Springs	21
NMB	01
Post Office	01
TTCL	01
Road Net work	804 km
Air strip	01

Source: DED Report - Kibondo (1998)

2.5. Major Economic Activities.

The main economic activity undertaken by the people is farming. It is estimated that 95% of the district population depend on agriculture for its livelihood. Major food crops include maize, beans, bananas, and cassava. Cash crops are cotton, coffee and ground nuts. Bee keeping is another major income generating activity and there is a tremendous scope for developing the industry.

2.6 Situation analysis.

2.6.1 Health situation.

The health situation of the district is dominated by several health problems:

- Infant mortality rate 118/1000.

- Under fives mortality rate 198/1000
- Maternal mortality rate 200/100,000
- Life expectancy about 50 years.

Top ten diseases include malaria, acute respiratory infections, diarrhoea diseases, worm infection, malnutrition, anaemia eye diseases, ear diseases, sleeping sickness and AID's.

Major causes of deaths are malaria anaemia lower respiratory tract infections, diarrhoea diseases tuberculosis, AIDs, Sleeping sickness and meningitis.

Table 4 Top Ten Diseases Occurrence - Kibondo District.

No.	Type of disease	Occurance			
		1995	1996	1997	1998
1.	Malaria	11,342	8,848	9,232	92235
2.	Diarrhoea	6,716	6,007	5,425	13045
3.	Anaemia	5,919	5,382	4,997	4997
4.	Acute Respiratory Infection	5,212	4,311	3,015	515
5.	Worm Infection	816	578	834	11282
6.	Malnutrition	343	218	382	-
7.	Eye Diseases	334	465	515	-
8.	Ear Diseases	184	135	107	107
9.	Sleeping Sickness	139	178	165	165
10.	AIDs	21	34	42	42

Source: DMO Report - Kibondo (1998)

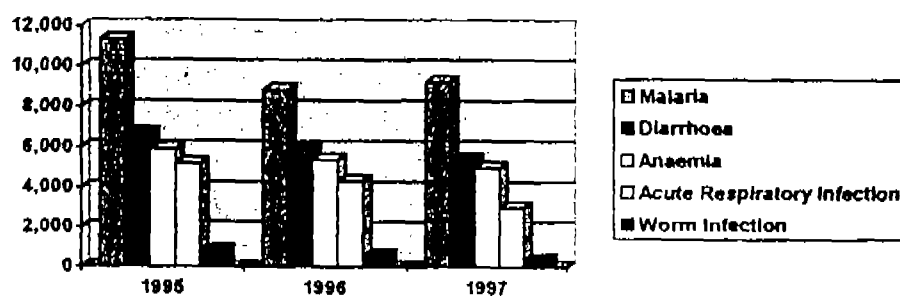


Table 5. Immunisation Coverage.

Vaccine	Percentage %
Measles	82
BCG	90
POLIO	86 %, 88%, 85% respectively
DPT	92, 93, 90 respectively
Tetanus Toxoid	29

Source: Kibondo DMO Report (1998).

> Health Programmes:

Programmes operating in the district include Essential Drugs, Expanded Immunisation, TB/ Leprosy Control, AID's Control and Family Planning. Family Planning programme is facing a problem of low coverage due to illiteracy and traditional belief, which favours a large family.

The presence of refugees in the district has attracted many NGOs whose workers are highly paid. It has also attracted many women from Kagera, Mwanza and Shinyanga regions who have come to the District but have no specific activities to carry out. As a result there has been an increase in sexual practices and high transmission of HIV/AIDS and STD's.

Table 6: Sero Prevalence.

Year	Tested	HIV	%
1994	597	33	5.5
1995	535	15	2.8
1996	390	10	2.6
1997	414	28	6.8
1998	448	21	4.7

Source : DMO Kibondo 1998

2.6.2. Education.

The district has 67 Primary Schools. There are few villages which have no primary schools. Effort is being made by the villagers to built the schools. At present children go to school at near by villages.

Enrolment of children to primary school is very low because some parents ignore the rule of enrolling their children when they reach school age.

Table 7. Enrolment of Standard 1 Pupils.

Year	Expected		Actual		Variation	
	Boys	Girls	Boys	Girls	Boys	Girls
1993	-	-	2392	2342	-	-
1994	-	-	2449	2357	-	-
1995	8330	7556	2495	2495	5831	5138
1996	8440	7330	2775	2664	5665	4666
1997	8693	7819	2709	2602	5894	5208
1998	9127	8075	2321	2176	6806	5899

Source: Kibondo DEO Report 1998.

The district faces a shortage of teachers especially teachers of higher grades. An effort to eradicate illiteracy among adults has been highly affected by lack of funds, teaching and learning materials. There are three secondary schools namely Kibondo Secondary School which is owned by the government, Malagarasi Sec. School owned by parents and Mabamba Secondary School is owned by the Catholic Church.

2.6.3. Community Development.

The Community Development Promotes social economic development of the community with the objective of improving the living standards of the people. Activities involved include awareness creation among the communities on the prevailing problems and therefore take action, promote self-help habit to implement development projects and with local available sources, co-ordinate economic activities and promoting technical skills at village level.

To complement the governments effort, several NGOs local and International are operating in the district. However non-of NGOs cover the whole district.

Table 8. Agencies operating within the District.

ame of Agency	Area of Operation	Activities
TCRS -Development -Refugees	-23 Villages -5 Refugee Camps	Afforastation, Extention & Community Development -Refugee services.
CONCERN	-5 Villages -Refugee Camps	-Primary sch. Rehabilitation -Refugee services
CARITAS	-6 Villages -Refugee Camps	-Agriculture support and -Refugee services
CARE	-Refugee Camps	-Environmental rehabilitation
IRC	-Refugee Camps	-Refugee Health Services
OXFAM	-Refugee Camps -Local people	-Refugee services -Mobilisation of youth & women economic groups
DRA	-Refugee Camps	-Refugee services
AMREF	-Refugee Camps	-Refugee services
UMATI	-Refugee Camps	-Refugee services -Family planing activities
RED CROSS	-Refugee Camps	-Refugee services
UNICEF	-Refugee Camps -28 villages	-Refugee services -CSPD programme
UNHCR	-Refugee Camps	-Refugee services
WFP	-Refugee Camps	-Refugee services

Source: Kibondo District Profile 1998.

CHAPTER THREE

3.0. STUDY RESULTS

3.1. Assessment of focus group discussions:

Twenty villages were involved in focus group discussions 8 in Kasanda and 12 in Kakonko division. Participants to the meetings were two women from each village hamlet and some group members of organised income generating activities of the respective villages. On average representation of the village hamlets to the focus group discussions was 85 %, and 85 % of the women were able to read and write.

Two origins of women problems were distinguished during the focus group discussions. There are problems due to the presence of refugees and they have other social problems, which originated from cultural practices.

3.1.1. Problems due to the presence of refugees are:

- ❖ Subjection to violence
- ❖ Subjection to food insecurity
- ❖ Subjection to poor health
- ❖ Subjection to effects of environmental distraction
- ❖ Subjection to increased workload

(i) Women are subjected to violence.

With the presence of refugees there has been an increase of bandits, violence and rape in their area. The women find themselves living in fear particularly because some of their work do expose them more to danger. Such work include fetching firewood, water and harvesting such as uprooting cassava. Before the refugees came they performed all such work without problems. To cope with this situation, nowadays because of fear, women have to organize themselves in-groups to be able to go out to carry out such activities and yet they are never sure of coming back home safely. In general each discussion group sighted the problem of insecurity.

(ii) Women are subjected to food insecurity:

The refugees prefer to eat fresh foods such as bananas, cassava, yarms and the like. They buy such foods from the villagers at any cost. Because of that the prices of such foods have risen and the ordinary villager cannot afford.

A bunch of bananas which formerly used to be sold at Tsh. 600/= is now sold at Tsh.1500/=. It is also very common that food crops are robbed from the fields. The robbers are said to be refugees and some other local people who join with the refugees. Refugees have also robbed some herds of cattle from the villagers.

Last season the rains were also not favourable and the harvest of food crops was poor. There is food shortages, people do not have sufficient maize, beans, groundnuts and even cassava which used to be abundant but is now scarce. This problem again was found in almost all villages where discussions were held.

(iii) Women have been subjected to poor health:

With the influx of refugees there has been an increase of diseases particularly dysentery and STDs in the villages. At Kasanda village besides dysentery, amoebiasis which formerly was not there, is said to be reported now and then at the village dispensary.

Medical services at public dispensaries have deteriorated; there is great shortage of medicines and other equipment for the people. They see refugees are well attended to, but the local people have to depend on private services and purchase medicines from private drug stores however they cant afford. For village close to the refugee camps some villagers use the camps services.

Children and pregnant women are not properly examined and many of them are referred to the District Hospital. Yet the people cannot afford the expenses of travelling and of medical treatment. At Katanga and Ilabiro villages in Kasanda division formerly some women used to travel to Keza Mission Dispensary where they were assured of good medical and maternity care, but can no longer do so because they fear to be harassed and raped on the way. Nyagwijima women raised the problem of orphans whose parents have died of AIDs. But the number of orphans was not known.

(iv) Women are grossly hit by the effects of environmental destruction.

The refugees have cut down the bushes and forests that were situated near the villages where the women used to fetch firewood. Now the women have to walk longer distances to search for firewood. They spend more time to be able to collect a good bundle of fuelwood and at the same time their lives are exposed to more danger of violence and rape.

The problem becomes more serious during rainy season. At times household's run short of firewood and the only solution they can find is to cut down the number of meals. They decide to cook once. However they realise that to do so leads to malnutrition.

In some villages water scarcity was there even before the refugees came. When the refugees came they cut down trees and their cattle herds have destroyed the water sources. As a result the problem of water scarcity has become worse. Women spend more time in fetching water, and where there is water it is sometimes heavily polluted by the refugees.

The problem of water scarcity is so serious at Kakonko Health Centre so that a patient who needs laboratory services (blood/ stool urine examination) has to bring a bucket of water before he/she is attended to. At Katanga several organisations promised to rectify the problem of water, but to date no action has been taken.

(v) Women are subjected to increased workload.

Women have always been burdened with workload. They are responsible for supply of water, firewood; they care for the children and any other domestic work. Women also carryout most of the subsistence farming for the families in Kakonko and Kasanda divisions.

With the influx of refugee's women workload has become worse. They spend more time to fetch firewood as they walk longer distances. Men have found a good market to sell food, some decide to sell all household food. The women have to work as casual labourers to provide food for the family. Robbery of food crops leaves some households without food. It is the women who have to work hard on the fields or as casual labourers in order to make ends meet. Increased workload has caused women to reduce number of household meals including child feeding.

3.1.2. Problems originating from cultural Practices.

(i) Women carry the greatest share of the burden of household work.

Women have to work on the fields more than the men do, they fetch fuelwood, water, care for children and do all other domestic work.

(ii) Women are subjected to dependency.

Men domineer on all the household food products and cash. The husbands sell farm products, the women are not allowed to question about the returns. If a woman asked the husband about the outcome of the sales the answer mostly would be a slap on the cheek. The husband therefore decides on his own how to spend the money obtained. He may decide to drink or feast with some other women.

Some men sell all the food available in the house and the wife has to do some casual labour to obtain food for the family. Men determine everything. When women want to join any group activities outside the families, they have to obtain permission from husbands.

(iii) Other problems which worry women.

Polygamy is another common practice in the area, which the women have to tolerate. Once the husband finds another wife the first one is no longer cared for and when he takes a third one the first and the second wives are deserted. All the women bear children frequently and are not allowed to practise family planning. Each woman has to care for her own children for food, clothing, school fees and materials.

The women feel that to some extent polygamy and alcoholism has contributed to low enrolment to primary school. The problem of lack of school fees and equipment has led to desertion. Sometimes women have had to find means to assist the children when the husbands refused and told the children to stay home and herd their flocks.

Due to extreme workloads, repeated pregnancies and births, inadequate nutrition and considerable psychological burdens as well, women's general health is lower than that of men. Additionally the curative care approach of the health care systems offers no solutions to women facing severe financial problems and overwhelmed with heavy workload which leave them with no time to spare.

3.2. ASSESMENT OF AVAILABLE ECONOMIC GROUPS:

Through the initiative of the district and with the support of some Donors (OXFAM, TCRS) women in the villages have been sensitised and motivated to join themselves into groups to carry out some income generating activities.

The Consultant had opportunity to discuss shortly with leaders of 48 different economic groups during her visits to the villages. Most of these groups started in 1998 and consist of five women each. More than half of them have been registered. Main activities were gardening and agriculture, petty business, running small canteens, sewing and selling of food products mainly cereals which they buy during harvesting period and sell them during lean months. Few groups are engaged in making and selling local brew.

For the groups that deal with agriculture three groups namely Songambebe, and Tendawema in Gwanumpu ward and Tumaini in Kakonko ward, were found to have harvested maize 16 bags and 20 bags for Songambebe and Tendawema groups respectively. Tumaini group had harvested 30 bags of paddy, (one bag of maize 100kgs and a bag of paddy weigh 70kgs).

The rest of the groups ended up with 2-3 bags of cereals. Those who cultivated groundnuts ended up with 2-3 tins of groundnuts. One tin of groundnuts weighs Groups dealing with petty business were sometimes forced to stop the business as too many people were doing the same and they ended up having no customer, no profit. The same problem was faced by those groups, which dealt with gardening and selling of vegetables.

About four economic groups obtained cash on credit in late 1998. The consultant had no opportunity to probe on the progress of three groups which obtained the loan. One of the group (Upendo) of Kinyinyā village obtained Tsh.250,000/= loan in early 1999. So far the group purchased maize, sorghum and beans and preserved them ready for selling when the prices will be higher about two to three times, in November/December 1999.

It can be stressed here that women's economic projects need regular expert follow up to enable relevant information to be created and monitored at all levels. The only transport owned by the Kibondo Community Development Department is a motorcycle, which was donated by OXFAM for that purpose. Due to the situation of insecurity in these areas the female Community Development Officer can not move freely with that type of transport to offer some advice to women. The women groups are almost left to themselves and that way they lack guidance.

3.3 ANALYSIS OF WOMEN POSITION IN RELATION TO MALNUTRITION:

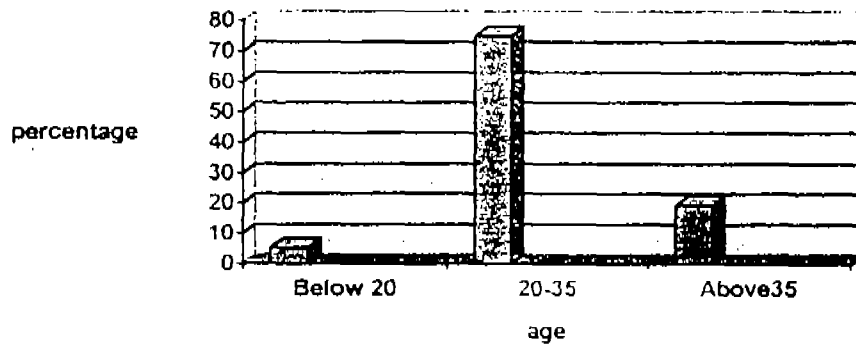
The results of the first CSPD Programme weighing of under fives in Kakonko and Kasanda Divisions indicated that twelve villages had big numbers of children with weight deficit of less than 60% of the Harvard standard weight for age, (severe underweight). The percentage rate of severe underweight in the twelve villages range between 4.4 and 9.5. Such villages include Kiduduye, Nyagwijima, Ilabiro, Gwanumpu and Bukirilo in Kasanda Division. In Kakonko Division the villages are Kasongati, Nyakayenzi, Gwarama, Rumashi, Nyamtukuza, Churazo and Kinyinya. However 50% of the villages of Kasanda and Kakonko divisions had under weight rate of above 40%.

Instead of TFNC Report which was not available the results of the first CSPD health days results have been used to analyses women position in relation to malnutrition.

In-depth discussions with parents (99% mothers) of severe underweight children were carried out in 4 villages namely Kiduduye, Nyagwijima, Kinyinya and Rumashi. The objective was to analyse the position of women in relation to malnutrition and for focusing attention. Number of mothers involved in indepth discussions were 91.

Figure 1. Percentage of mothers of underweight children by age group

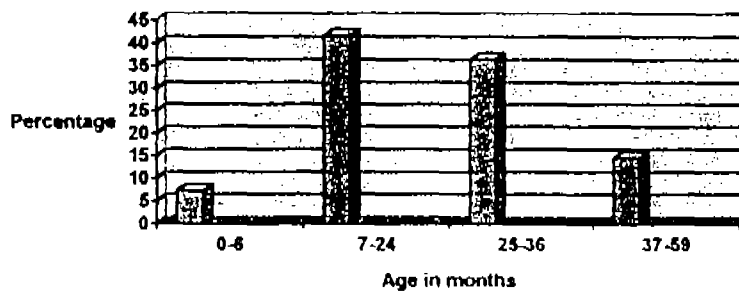
Age	percent
Below 20	5.3 %
20-35	75.2%
Above 35	19.4%



Through the discussions it was established that 79% of the mothers were literate and 50% came from families of more than one wife (polygamy). Over 75.2% of the women were of age 20-35 years. Average household size was 7 people and 66% of the women habitually take local brew.

Figure 2: Percentage of Underweight children by age group (mo)

Age of children (mo)	percentage
0-6	7.3
7-24	41.7
25-36	36.5
37-59	14.6



The total number of underweight children of women who participated at indepth discussions were 96. Their age distribution was (7) 7.3% below the

age of six months, (40) 41.7% children 7-24 months of age (14) 14.6% children aged 37-59 months.

Main cause of under nutrition to children was found to be low feeding frequency and repeated attacks of fever and diarrhoea. A few mothers said they had seen worms on their children's excreta, but they were not able to afford treatment.

Ninety percent of the mothers said that they provide food to their children twice or once a day, and that the children shared meals with the adults.

Poor feeding was found to be partly due to lack of knowledge of proper child feeding and partly due to lack of food availability. Sixty percent of the women had no food reserve and no money to purchase food.

The rest of the families had an average reserve of 20-100kgs cereals (maize/sorghum) and 10-40 kgs of beans. A few families had cassava. Women from families that have no food reserve spend much time to work as casual laborers to other people's farms in order to obtain food for their families. They have little or no time to work on their own farms.

This may eventually lead to a constant food insecurity problem to the respective households if no strategy of helping them to overcome the problem will be made.

A few families of Kiduduye and Nyagwijima do not own farming land. They depend on yearly borrowing land from other villagers. Such families can not plan for their farming requirements and therefore they have no food security.

CHAPTER FOUR.

4.0. CONCLUSION AND RECOMMENDATIONS:

4.1. Conclusion.

The study has established that women of Kasanda and Kakonko divisions face several problems due to the presence of refugees in the area. However it has also been observed that apart from those problems the women face other social problems originating from cultural practices which favour men and undermine women. Discrimination of women in this area is said to be deeply rooted in traditional family structures.

CSPD Programme for Kasanda and Kakonko Divisions is an opportunity where women participation can improve their welfare. Therefore the consultant recommends the following:

4.2. General recommendations:

4.2.1. Basic needs approach should be adopted for all the villages and support should be provided in order of need.

4.2.2. Where social services exist ways of supporting their maintenance should be instituted and where there is a lack their institution must be seen as a priority because social services are basic needs.

4.2.3. Animation process should be instituted at the village level with committed village animators who will be responsible for community mobilisation and concientization for community action especially where women needs are concerned. Throughout the programme implementation more information on women in the specific areas and under specific social conditions should be gathered and used for programming and projects:

- At District, ward level and village level committees should involve committed community development members from women section.
- At Village level there should be small groups of women and men or village activity committees.

4.2.4. Areas of co-operation with other agencies working in the same areas should be identified and used for CSPD intervention.

Areas such as appropriate technology to ease women's workload, which some of the agents are engaged in, are crucial areas in which CSPD can provide systematic and technological support.

4.2.5. The theme of Gender and Development and the integration of women in activities should be reflected in the programme. The role of women involvement in all development activities must be mentioned explicitly. Guidelines on the issue must be provided and mechanisms established for their implementation.

- The programme must project gender specific benefits and impact of activities on the total community.
- The programme should take into account the issue of women within specific economic context. Studies and consultations within the project areas should be made necessary inputs for the programme.

4.3. SPECIFIC RECOMMENDATIONS:

4.3.1. Where there is no peace one cannot talk of development. In order for Kibondo CSPD programme to be successful strengthening of security to the target areas is very important. This activity needs close co-operation among the community members and the leaders at village, ward and district level. The first step is to reveal all local habitual robbers who join with the refugees to carry out robbery in the villages so that legal action is taken against them.

4.3.2. Top ten diseases to the district hospital/dispensaries outpatients, admissions and causes of death are mainly preventable communicable diseases. It is therefore highly recommended that in order for CSPD to address the problem of communicable diseases the programme should adopt Community Based Health Care approach. This type of approach addresses health issues on the basis of broader understanding of health and how it can be cared for. Seen in the context of human dignity development and total well being, health action becomes an entry to social actions and holistic development. Community based health care focuses deliberately on the disadvantaged majority.

The CBHC approach empowers the community. The approach however will require sensitisation of community members to analyse their own health problems and take the responsibility of tackling them by using the resources locally available first. They will be required to change behaviour, attitude and practices, which are based on their knowledge and experience. External assistance should complement the efforts of the local people.

The dispensaries and health centre services should be improved as these serve as referral facilities. Support should include improvement of health facility buildings, equipment, drugs and manpower. Services will have to include improvement of MCH activities, family planning, immunisation, and provision of essential drugs, health education, and nutrition education, control of STD's/HIV and treatment of endemic diseases. Training and support of TBAs will also improve village health nutrition.

4.3.3. In order to ensure a stable and accessible food supply at household levels for improved nutrition situation women farmers need access to training. To ensure this, support should be given to:

- Training of both women and men farmers at village level through regular agriculture extension services.
- Training of more extension personnel with emphasis on involving a great number of women as well as men working in these areas.

Support should also be concentrated on inputs and implements, which help in agricultural tasks such as planting, irrigating, weeding, harvesting and dehusking. They should also be supported to improve ways of storing food using local techniques. The effort to increasing food supply should go in line with nutrition education including child feeding and men should be fully involved because of their role in decision making.

4.3.4 Malnutrition is the ultimate result of a sequence of events happening in the community. Its causes are inter-linked and they make it impossible for anybody to try to eliminate the problem single handed. CSPD Programme has the wright approach of tackling the problem of PEM as it encourages multistage and multidisciplinary action.

Death rate of severely undernourished children is very high and most of them die within a few weeks. Taking into consideration that one of the main causes of such high rate of severe underweight in Kasanda and Kakonko villages is under feeding of the children due to lack of knowledge of proper feeding and/or total lack of food availability in the families it is highly recommended that:

- ◆ A special crush programme of community based nutrition rehabilitation should be carried out at village Level to rescue the severely undernourished children in the 12 villages before the heavy rains start in December, 1999.

- ◆ After the crush programme, rehabilitation of the same children should continue at hamlet level.
- ◆ All the rest of the villages should carry out community based nutrition rehabilitation at hamlet level because nearly every village had severe underweight children

Families which have no food reserves and the mothers spend much time working on other people's farms to be able to obtain food efforts should be made that such families obtain food through food for work programme. However the work should be to do farming in their own farms. They should also be provided maize/sorghum and groundnuts seeds. For few families which have no farming land the respective village governments should see to it that they are allocated pieces of forming land.

4.3.5. There is much to be achieved through technological improvements applied to tasks commonly handled by women. As an immediate solution to ease women's problem of fuelwood, fuel saving cooking stoves should be introduced and promoted.

Afforestation should be supported to form a long-term solution to the problem.

4.3.6. Support to supply of clean and safe water and improved sanitary conditions is very important to this area to enable CSPD Programme to reduce the incidence of diseases for improved nutrition status. Water problem is serious and was sighted by women nearly at each discussion. However there are villages that have at least some kind of water source although not sufficient. But again there are some that do not have even dirty water available. People walk long distance to obtain a bucket of water. Such villages are Itumbiko, Gwanumpu Muhange and Kakonko. It is therefore recommended that CSPD Programme should see to it that such villages are supported first.

4.3.7. A lot of Kasanda and Kakonko women are eager to get help and improve their lives but they are constrained by their cultural environment. Every effort should be made to understand these constraints in relation to their impact on the programme.

Women income generating activities should be supported but should not be isolated from other efforts of raising the living standards of the poor.

There should be a system of monitoring and evaluation of activities to enable problem identification.

4.3.8. Culture has favoured men by giving them the role of disciplinary matters in the households. As the result many men have misused this. CSPD Programme should take the initiative of trying to create a gender responsive community although it is well known that changing attitudes is a very difficult task. Activities should include sensitisation workshops on gender relationship to village leaders and to the communities. Support to appropriate technology will also assist to tempt men to do some of the work, which is regarded to be feminine work.

4.3.9. During discussions women showed great concern about education problem for their children. It was also observed that, those two villages namely Ilabiro in Kasanda division and Kiyobela in Kakonko division had no primary school at all. Many of the village primary schools had insufficient classrooms, insufficient teachers and lacked teachers houses. There has also been a high rate of dropouts and low rate of school children enrolment due to inability of meeting school expenses such as school fees and other school contribution. Some of the parents are in debts, and these have caused absenteeism to some of school children's.

The consultant highly recommends support to primary schools though the improvement of buildings and equipment. It is hoped that having supported the community to improve food production and cash income they will be able to meet school expenses for their school children.

4.3.10. Drunkards/Over-drinking is another problem among the people of this area. This problem applies to common people and to some of the extension workers. It is recommended that the district should make strong by law and enforce people to abide upon in order to control drunkards, and have more time for development activities.

Annex.I.

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Annex II.

IMPLEMENTATION OF FOCUSS GROUP DISCUSSIONS.

DATE	VILLAGE	EXPECTED	ATTENDED(%)
11/8/1999	Mugunzu	20	17 (85)
	Kiduduye	20	20 (100)
17/8/1999	Nyagwijima	20	19 (95)
18/8/1999	Ilabiro/Katanga	40	22 (55)
	Gwanumpu	20	25 (125)
19/8/1999	Bukiliro	20	23 (115)
20/8/1999	Kasanda	20	19 (95)
	Kabingo/Kiyobera	40	29 (73)
	Kakonko	20	28 (140)
25/8/1999	Kasuga	20	21 (105)
	Kiononko	20	27 (135)
26/8/1999	Kabare/Gwarama	40	40 (100)
	Nyabibuye/Rumashi	40	20 (50)
	Kinyinya/Churazo/ Nyamtukuza	60	41 (68)
TOTAL		400	341 (85)

Implementation of organised meetings with women and village leaders.

Date	Villages	Attendance	
		women	leaders
6/9/1999	Kazilamihunda	30	16
	Kasanda	30	5
7/9/1999	Itumbiko	35	9
	Kiga	60	15
	Kasongati	150	10
8/9/1999	Muhange	20	6
	Rumashi	35	7

Implementation of in-depth discussions with families of severely malnourish children.

Date	Village	Attendance	
		Women	Men
13/10/1999	Kiduduye	14	-
	Nyagwijima	17	2
20/10/1999	Kinyinya	42	5
	Rumashi	18	-

Annex iii.

PERFORMANCE OF SOME WOMEN ECONOMIC GROUPS OF KASANDA & KAKONKO DIVISIONS.

DIVISION	WARD	GROUP (year started)	REG	MEMBERS	ACTIVITIES	CONTRIBUTION	PRESENT STATUS
KASANDA	MGUNZU	JIPEMOYO	X	5	GARDENING	10,000/=	10,000/=
		KUMEKUCHA	/	5	GARDENING	22,500/=	25,000/=
		YEGO	X	4	SEWING/FISH POND	65,000/=	85,000/=
	KITUBUYE	UMOJA(96)	X	5	GARDENING	11,500/400,000credit	100,000/=
		TUBADILIKE(98)	/	5	BUSINESS/FARMING	12,000/=	35,000/=
		JKWAMUE(98)	/	5	FARM/BUSINESS	10,000/=	20,000/=
		KUMEPANIBAZUKA(98)	/	5	FARM/BUSINESS	10,000/=	15,000/=
	NYAGWIJIMA	SUBIRA	/	5	FARM	16,000/=	10,000/=
		MPAJINI MUNGU	/	5	FARM	15,000/=	15,000/=
	KATANGA	MATUMAINI (97)	/	6	GARDENING	20,000/=	15,000/=
		MAENDELEO	X	5	TAILORING	30,000/=	50,000/=
	GWANUMPU	TURASHASHIE (96)	/	6	FARMING	20,000/=	30,000/=
		SONGAMBERE (96)	/	5	FARMING	18,000/=	190,000/=
		TENDAWEMA (96)	X	5	FARMING	12,000/=	20,000/=
		MAENDELEO (96)	X	5	FARMING	15,000/=	32,000/=
		UIIERI (96)	X	4	FARMING	10,000/=	45,000/=
	BUKIRILO	TUMAINI (96)	/	5	FARMING/CANTEEN	20,000/=	50,000/=
		SHUJAA (96)	X	8	FARMING/GARDENING	10,000/=	5,000/=
		JITEGEMEE (96)	X	4	FARMING	8,000/=	12,000/=
	KASANDA	UPENDO (95)	/	5	PETTY BUSINESS	credit 450,000/=	150,000/=
		TUMAINI (95)	/	5	PETTY BUSINESS	credit 350,000/=	200,000/=
		NEEMA (95)	/	5	PETTY BUSINESS	30,000/=	15,000/=
		TEGEMEO (98)	/	5	GARDENING	20,000/=	8,000/=
NGERAGEZE (98)		/	6	GARDENING	18,000/=	10,000/=	
KAKONKO	KABINGO	UPENDO (98)	/	5	TAILORING	180,000/=	200,000/=
		LULIMASO (97)	X	5	PIGERY/DUES	30,000/=	40,000/=
	KAKONKO	UJAMAA (94)	/	9	SELLING CEREALS/WEEVING	90,000/=	164,000/=
		RUKUNDO (97)	/	8	SELL 2 nd HAND CLOTH/ CANTEEN	160,000/=	180,000/=
		UMOJA (96)	/	5	GARDENING/PETTY BUSINESS	30,000/=	37,000/=
KAKONKO	KAKONKO	SONGAMBELE (98)	/	5	PETTY BUSINESS	50,000/=	50,000/=
		TUMAINI (97)	/	5	FARMING/CHARCOAL SELLING	50,000/=	360,000/=
KAKONKO	KAKONKO	MOTOMOTO (98)	/	5	SELLING CEREALS/SEWING	30,000/=	12,000/=

		JUHUDI (97)	/	5	CEREALS	100,000/=	458,000/=
		MSHIKAMANO (96)	/	5	LOCAL BREW	credit 350,000/=	200,000/=
		TWENDE NA WAKATI(97)	X	4	KNITING AND SEWING	8,000/=	10,000/=
KASUGA	KASUGA	UPENDO(98)	/	8	CANTEEN	25,000/=	30,000/=
		LENDELEZE (98)	/	3	PETTY BUSINESS	20,000/=	25,000/=
		KAZAMOYO(98)	/	7	FARMING	10,000/=	12,000/=
	KINONKO	UPENDO (98)	/	5	FARMING	15,000/=	12,000/=
		MATUMAINI (97)	/	7	FARMING	18,000/=	22,000/=
		MAJARIBIO	X	5	FARMIN	10,000/=	9,000/=
MULIANGE	KABALE	KABALE (97)	/	5	CELLING CEREALS	50,000/=	78,000/=
	GWARAMA	GWARAMA(97)	/	5	GARDENING/FISH POND/BREWING	30,000/=	35,000/=
NYABIBUYE	NYABIBUYE	UMOJA (98)	/	5	CANTEEN	30,000/=	40,000/=
	CHURAZO	TUMAINI (98)	X	8	SEWING/GARDENING	20,000/=	60,000/=
NYAMTUKUZA	KINYINYA	JUHUDI (97)	X	5	GARDENING/PIGERY	35,000/=	60,000/=
		TEGEMEA ()	X	5	CANTEEN/PETTY/BUSINESS	40,000/=	30,000/=
		UPENDO (97)	/	9	SELING CEREALS/BEANS	credit 250,000/=	270,000/=

/ = Registered

X = Not registered