

**TUSONGE COMMUNITY DEVELOPMENT  
ORGANIZATION (CDO)**



**MSARANGA BASELINE SURVEY  
REPORT  
APRIL 2012**

Prepared by:  
TUSONGE CDO  
P.O. Box 1326 Moshi, Tanzania  
Mafuta Street,  
Internal Printers Building,  
Tel: +255-27-2754158  
Mobile: 0762-303755  
E-mail: tusonge@tusonge.rg



4.4.4	Care of sick people.....	22
4.4.5	HIV/AIDS Counselling and treatment.....	23
4.5	Gender and Human Rights.....	24
4.5.1	Knowledge and awareness on human rights.....	24
4.5.2	Women and leadership.....	25
4.5.3	Women participation in decision making.....	26
4.5.4	Most beneficiaries of development services in the community.....	26
5.0	ANALYSIS AND INTERPRETATION OF THE DATA.....	27
6.0	WAY FORWARD.....	29

## LIST OF FIGURES

Figure 1: Map of Msaranga ward.....	2
Figure 2: Enumerators training in progress .....	7
Figure 3: Distribution of respondents by sex.....	8
Figure 4: Respondents distribution by ages .....	9
Figure 5: Distribution of respondents by highest education level (N=143).....	10
Figure 6: Income generating activities.....	11
Figure 7: Average Income per Day (Tshs).....	12
Figure 8: Average expenditure per day (Tshs) (N=143).....	13
Figure 9: Who contributes much in daily household income? .....	14
Figure 10: Respondents levels of entrepreneurship .....	15
Figure 11: Size of the Business Capital (Tshs.).....	17
Figure 12: Source of business working capital .....	18
Figure 13: Loan access from formal financial institutions by social groups .....	19
Figure 14: The most priority support preferred for business prosperity.....	19
Figure 15: Knowledge on HIV/AIDS transmission.....	21
Figure 16: HIV/AIDS preventive means .....	21
Figure 17: Respondents perception of the impacts of HIV/AIDS .....	22
Figure 18: Have you ever cared for HIV/AIDS patient.....	23
Figure 19: Levels of stigma and discrimination .....	24
Figure 20: Knowledge and awareness on human rights .....	25
Figure 21: The group benefiting mostly from development services .....	27

## LIST OF TABLES

Table 1: Population / Households in Msaranga ward .....	3
Table 2: Meeting basic needs.....	13
Table 3: Dominant groups in entrepreneurship .....	16
Table 4: Capital needed by respondents .....	17
Table 5: Understanding about women and leadership .....	26
Table 6: Women participation in decision making.....	26

## LIST OF ACRONYMS

1. AIDS- Acquired Immune deficiency Syndrome
2. ARV- Antiretroviral
3. FGD- Focus group discussion
4. GDP- Gross domestic product
5. HIV- Human Immune Virus
6. KAC- Kilimanjaro Coalition against gender based violence
7. SPSS- Statistic package for social scientists
8. TSH- Tanzanian shilling
9. TUSONGE- Together we shall move forward
10. UN- United Nations
11. US- United state
12. VCT – Voluntary counselling and testing
13. VICOBA- Village community bank
14. WB- World Bank
15. WEF- World economic forum

## **EXECUTIVE SUMMARY**

The overall objective of this specific study was to seek initial understanding of socio-economic status of women in Msaranga ward, Moshi Municipality. As a new ward in which TUSONGE CDO will extend an implementation of her project for 2012-2013, having this information before the onset of the project will facilitate easy tracking and understanding of specific changes which this project will contribute to Msaranga ward

The process was done in a very participatory manner with the aim of ensuring that all community members were able to identify the existing business opportunities as well as the challenges currently hindering their entrepreneurship initiatives.

In some cases the key informants came up with set of possible strategies which they felt important for them to enhance their livelihood.

To get the needed information enumerators from the same community were identified and training conducted on how to administer the questionnaires with a focus to get the real issues and understanding from the community. A set of designed survey questionnaires was developed to ensure all key items which the project wish to track are included to gain communities response and feeling at the initial stage of the project. The training was conducted to 10 enumerators followed with pre-testing to ensure some challenges or errors which were over sighted by the facilitators are corrected to ensure gathering of the real data from the ground.

In some survey questions a follow up question(s) was set in the same questionnaires to probe for more clarification of the stated responses.

Survey questionnaires were administered to 143 respondents in the three selected hamlets of Msaranga ward namely Rauya, Msufini and Msaranga Msaranga. By the help of Statistical Package for Social Sciences (SPSS) software descriptive statistics mainly frequencies and percentages were generated.

Results showed that over two thirds (81.1%) of the respondents were women of which two thirds (64.3%) were married. The age group that was overrepresented ranges between 31 and 50 years which accounted almost two third (67.2%). Educational levels were such that the majority (81.8%) of the respondents had primary education,

With regard to main income generating activities small businesses dominated with over half of the respondents being engaged in different informal businesses. Many of the business had little working capital and almost all the respondents involved in businesses had no entrepreneurship skills.

Respondents showed to be aware of HIV /AIDS transmission by responding to the survey questions. Secondary data gathered from Moshi Municipality indicated that the prevalence rate of HIV/AIDS have tremendously declined from 7.3% (TMHIS 2004) to 1.9% (TMHIS 2008). After the initial data collection a draft report was presented and a

need for developing a supplementary more indepth questions to collect qualitative data was recommended by TUSONGE board and a visitor from BftW.

Focus group discussions were conducted to get more details of the socio economic factors which contribute both positively and negatively to small business initiatives, HIV/AIDS, Human rights and gender as well as women and leadership.

Small business initiatives were identified as the main source of income for most families and women as the key bread earner for most house holds.

Lack of business skills, access to markets and poor record keeping were identified as key challenges. Some of the respodents were not sure if they are making any profit because they lacked skills to track of their transactions.

Respondent for the FGD indicated that most families confirmed to have known a close relative or a family member whom has suffered from HIV/AIDS. Some respondent confirmed that because of the entrenched culture and traditional beliefs most people still fear to disclose their status because the community still do not accept individuals affected by HIV/AIDS, level of discrimination / stigma is still there .This was noted during FGD discussions when the informants were asked to share if people living with HIV/AIDS from the families or neighbourhoods are given enough support from the families or neighbourhoods.

One woman Laurencia said-*Utampaje mtu msaada kama jirani wakati hajakuambia kuwa anaumwa ngoma*” i.e How will you as a neighbour offer support to an individual who have not shared openly with you her/his problem. Some times we only detect the sickness from ear saying and not directly from the victim or his/her relatives.

Further discussions also revealed that lack of adequate food and or balanced diet caused by poverty remains a key challenge especially for infected people who are now on ARVs. There was also a confirmation of increased number of orphans and communities remain unsupportive to them because of the prevailing poverty.

Lastly, the sustainability of the business initiatives, will not only be achieved by ensuring skills on the entrepreneurship are sharpen but also conscious mainstreaming of HIV/AIDS during the training process. Most of the women doing informal small businesses are more vulnerable and susceptible to the pandemic due to the reality of their working environment. A holistic approach will ensure sustainability of the project since HIV/AIDS is also a great enemy of their business struggles.

As observed during the discussion with the respondent entrenched patriarchy in the community has eliminated women participation in various leadership and decision making fora. Those women who are even in leadership at the ward and hamlet levels also lack leadership skills to influence changes which will contribute positively to enhance women development issues during decision making

Gender and human rights awareness levels were revealed to be low. This was clearly noted in the quantitative data responses .

During the open discussion with the groups of the respondent while administering complementary Focus Group Discussions they indicated a dire need of understanding the whole constitutional process and wish to engage more actively as entrepreneurs to reflect the issues which challenge them in the constitutional process as individuals dealing with small businesses.

Through this study it was evident that sharpening business skills for the women groups is necessary to support the increase on the business income. The aspect of business capital was also noted as one of the challenges, but through self mobilizing and organizing in the VICOBA system will a relief most of the individuals.

Business skills which will deeply support understanding of issues related to development of business plans for small business, skills for lobbying market avenues and how to make some linkages with other small entrepreneurs for horizontal learning and sharing of sensitive issues were also seen as means for sustainable promotion of economic income.

TUSONGE appreciates and believes on exploring local resources, mobilization of women to form economic groups as the sustainability mechanisms towards addressing practical socio-economic needs.

Human rights mechanisms and basic rights which are stipulated in the UN instruments will be shared to support women groups to appreciate and get to know that the economic rights are not locally oriented but also globally. It is something which all countries are urged as an obligation to ensure their citizens of all groups, women included, are enjoying the stipulated rights.

Addressing economic needs of the marginalized groups especially women in a sustainable manner will need to take into account or mainstream other important social disciplines like HIV/AIDS knowledge, human rights without overlooking leadership and governance aspects.

## 1.0 INTRODUCTION

### 1.1 Background Information

TUSONGE Community Economic Development is a Non-Governmental Organization based in Kilimanjaro. The organization is basically dedicated to improve women's welfare and their family livelihoods. It was established in recognition of challenges facing communities at grassroots level despite the fact that the region is endowed with enormous resources.

Thus TUSONGE was formed to bring on board all community members to determine and keep priority of their own developmental needs through participatory approach. The literal meaning of TUSONGE is "let's advance or let's move forward" and the main motto being "MAKING A REAL DIFFERENCE IN LIVES".

Historically, it is clear that women in Tanzania experience special problems as individuals who are aspiring as entrepreneurs. Majority of the women cannot get bank loans because most of the financial institutions need collaterals which majority cannot afford due to their economic status. This is the reason why TUSONGE started thinking on how best women can improve their livelihood by engaging with small business initiatives as practical means to enhance their economy and improve their family livelihoods.

Most families' women are the bread earners. Having skills on how to run small businesses more effectively and efficiently will directly contribute to development and improved livelihood. This Baseline Study aimed at gathering evidence based information to provide the current situation of what is happening regarding the various socio economic aspects affecting entrepreneurship initiatives of Women in Msaranga ward of Moshi Municipality. Msaranga ward in Moshi Municipality is among the largest wards with a population of 9,041 males 4,302 and female 4,739 in total with six hamlets namely Msaranga Msaranga, Rauya, Msufini, Lombeta, Mnazi and Ng'ambo. In 2010 the ward was administratively sub divided into two wards namely as Msaranga and Ng'ambo. TUSONGE in her intervention will work with the current Msaranga ward with three hamlets namely Rauya, Msufini and Msaranga Msaranga .*See figure 1 below.*

The study was done in a very participatory manner in the communities by also integrating the Local government leaders who have been working so close with TUSONGE CDO since the inception of the project. These Preparations started in January 2012 and the actual study was conducted in early February 2012. A total of 10 enumerators were involved in gathering the information which was subsequently submitted for analysis.

TUSONGE's vision is to improve the capacities of community economic groups and the livelihood of individuals. It is committed to enhance skills of groups and individual members of the community to explore, appreciate and utilize rightly the available resources.

TUSONGE CDO creates spaces within which marginalized individuals, women, youth, and communities will be motivated to engage, explore, and appreciate the available local

resources more creatively with the focus of undertaking social transformation and improving their livelihood sustainably. *TUSONGE* believes that *ECONOMIC EMPOWERMENT* of women at grassroots level is a major step that would drive women out of poverty and enable them overcome social injustices that have for long haunted their wellbeing.

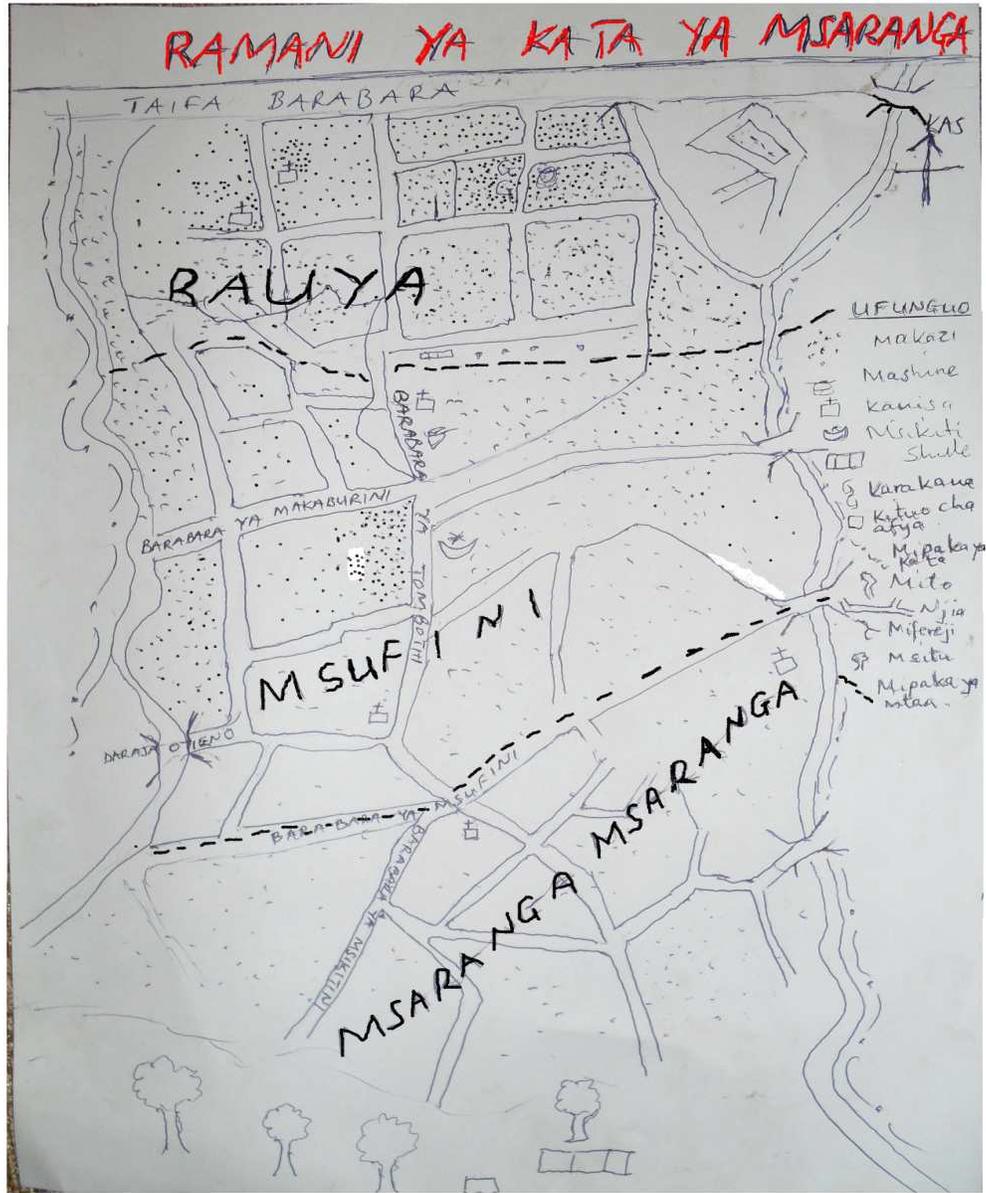


Figure 1: Map of Msaranga ward

Why Msaranga ward:

The ward has many women who are engaged in small business initiatives, It is a ward which is popularly known in the Municipal for brewing the local alcohol which is very dangerous to most indigenous people and believed to be the root cause of misunderstanding in most families, poverty and also contribute largely in perpetuating the transmission of the HIV/AIDS virus. It is a ward which is bordering the northern part of Majengo and people from Majengo being TUSONGE pilot project will easily be used to share best practices gained from the pilot project and support the new initiatives in Msaranga.

The table below summarizes the population and households in Msaranga ward where the project will be implemented:

Table 1: Population / Households in Msaranga ward

HAMLETS	POPULATION MALE	POPULATION FEMALE	HOUSEHOLDS
Rauya	636	777	456
Mzufini	801	920	299
Msaranga Msaranga	440	580	294
Total	1877	2277	1049

Source: Msaranga ward report 2012

## 1.2 Objectives of the Survey

The overall goal for the study

The baseline survey will seek an initial understanding of socio-economic status of women in Msaranga ward, Moshi Municipality.

Specifically the study objectives included:

1. Gathering of quality and quantitative information around factors affecting women entrepreneurs in Msaranga ward.
2. Examine the understanding of HIV/AIDS in the target beneficiaries because of their high degree of vulnerability and susceptibility to the pandemic and its direct negative effect in their business initiatives
3. Study the existing gender relations in the ward and how they may affect their entrepreneurship initiatives/small business initiatives
4. Assess how leadership functions are speared in the ward among various social groups. How young women are treated during the decision making process which may either affect their lives directly or their future entrepreneurship plans and mothers of the future families.
5. Understanding of the social factors which directly or indirectly affect their entrepreneurship initiatives.
6. Laying basis for tracking changes and impact brought by the trainings offered by TUSONGE and identify areas for improvement.

## **2.0 ECONOMIC AND BUSINESS ENVIRONMENT OF THE COUNTRY AN OVER VIEW OF TANZANIA**

### **2.1 Economic environment:**

Tanzania is a poor country. Since 2008 the GDP per capita has been recovering to reach 7.4%. The global economic and financial crisis is also having an adverse impact to human development. (Human Development Report, 2009). The GDP growth in 2008 was 7.1% and the inflation was estimated at 9.3% but has now grown to 19.4%. Its economy relies heavily on agriculture, which accounts for nearly half of GDP and employs 80% of the workforce. Tourism is growing in importance and ranks as the second highest foreign exchange earner after agriculture. Mineral production (gold, diamonds, Tanzanite) has grown significantly in the last decade. It represents Tanzania's biggest source of economic growth, provides over 3% of GDP and accounts for half of Tanzania's exports.

Despite privatization during the 1990s, and annual GDP growth of between 5% and 7%, the Tanzanian economy remains weak. The Government of former President Benjamin Mkapa saw through a vigorous program of economic reform, in line with IMF guidelines. President Kikwete pledged to continue these policies.

### **2.2 Business Environment:**

The WB "Doing Business" 2009 report ranks Tanzania 127 out of 181 countries. In the previous WB study, over 70% of the firms in the Enterprise Survey ranked electricity as the greatest obstacle to firm investment in Tanzania. According to the World Economic Forum the most problematic factors for doing business are poor infrastructure, access to financing, corruption, inadequately educated or trained workforce as well as poor work ethics and restrictive labour regulations. Tanzania dropped in WEF ranking from 97 in 2006 to 113 in 2008-09 report.

Majority of the citizens are women accounting to 51% of the population as per year 2002 census. More updated data will be noted in the upcoming August 2012 national census. Most of them have low education which directly contributes to the serious challenge of getting well paid jobs. Most of them engage in agricultural activities in rural set up and those in urban areas engage in informal employment as entrepreneurs. The entrepreneur group is highly challenged by low business knowledge as well as working capital since they cannot access funds from the existing financial institutions due to lack of collaterals.

### **3.0 APPROACH AND METHODOLOGY**

#### **3.1 Study Design**

In this case the study designs used were Exploratory and partly Descriptive and diagnostic.

The main reason for adopting these approaches is due to the reality that: The choice of the exploratory method has supported the presentation of the important problems by the society members themselves and stimulated their interest for the way forward. Descriptive type was used to describe the detailed characteristics of the current identified problem/challenges for better understanding. The diagnostic method was used to gain information with variables for quantitative purpose and support to respond to the issues which emerged from the description.

#### **3.2 Data Type and its Availability/Techniques for Collection**

For the purpose of gaining real socio-economic “needs” of the target community both qualitative and quantitative research methods were used. The first set of questions which were administered in the field reflected much of the quantitative information. However, some follow up in-depth questions for gathering qualitative information were included in some questions. During the presentation of the initial draft report to the board of Directors and BftW visitor some key and constructive challenges were shared to further seek more qualitative information from the key respondents in a form of open-ended questions.

Following this advice, the supplementary questions were set to support the process and reflect the qualitative information from the community. This exercise was done through administering Focus Group questions which were sent to the community by the help of the lead facilitator.

The qualitative method based mainly on the reasons and peoples argument. Both inductive and deductive methods were used. Interviews, sharing experience and respondents emotions were observed and certain conclusions were drawn.

Quantitative method based mainly on the statistical information. Measurement of variables under the study was taken care of by this approach. The units here should be worthy measuring during analysis. The diagnostic type was used at this stage.

Data were obtained through the following main sources.

1. Primary data sources: These were obtained directly from survey Questionnaires and interviews.
2. Secondary data source: This was obtained from the documents or Literature reviews

### **3.3 Sample Design**

Sampling is a process of studying part of the population in order to make inference about the whole population. The sample design in this study followed the probability sampling type. Cluster sampling was used because the administration of this study was partially easy. The consideration of gender, inclusion of all social categories that were perceived to have direct or indirect effect with the planned projects was included.

### **3.4 Sample size**

Sampling was done on a random basis. Since the study design has adopted both qualitative and quantitative methods, for the qualitative method no specific sample size was mentioned. The study determined sufficient number of the respondent for better quality and sufficient data gaining. The representation of the respondent was considered in a very fair manner. Sampling population and sampling frame was identified during this sampling process. In this study the sampling process was mainly exploratory since it had no numerical boundaries.

The 3 hamlets of Msaranga ward were all represented. The representative sampled individuals were also drawn from the 3 hamlets of the ward.

Considerations made in the selection of the sampling units included: the nature of the population, size of the population, the purpose of the study, accessibility of the elements, costs of obtaining elements, education background occupations, age, sex and income.

The actual sampling method was like this: Members who were mobilized to form the 3 groups of Msaranga participated and a total of 143 survey questions were administered. As a supplementary, Focus group discussions sessions were conducted with an average of 6 to 8 people per group, this ensured participation of every one in sharing and reflecting more clearly the socio economic issues. In each hamlet two sessions of open discussions was conducted and hamlet leaders were also included.

### **3.5 Tools for data collection**

Various tools were used during data collection. Triangulation supported in cross checking qualitative information and to ensure that the information collected wasn't bias. For the qualitative data collection the following tools were used:

#### **3.5.1 Focus group discussion (FGD):**

This supported exchange of ideas and views among the group. It supported in gaining clarification and observing the emotions, body posture and facial reaction of the respondent during the discussions. Clarification seeking and use of some case studies did allow room for better understanding of the scenario. Support of two trained research assistant from the TUSONGE -CDO organization offered a documenting process.

### 3.5.2 Survey questionnaires:

Use for quantitative data collection. Set of 143 copies of questions were developed and the 10 enumerators administered them. The respondents who were capable to write by themselves were encouraged to do so. For those who were not able to read and write the researcher read the questions and documented the responses. There was only one respondent who could not read and write.



**Figure 2: Enumerators training in progress**

### 3.6 Data Analysis:

The data were arranged into various classes depending on the characteristics which emerged with some resemblances. The whole process supported better understanding of the logical arrangement and organization of the data, identifying similar and non similar data and establishing the reasons why, better understanding of the significance of the study and ensuring minimum energy saving for the human capital. The classification especially for the survey questionnaires supported easy tabulation and establishes the best path to follow.

For the survey questionnaires statistical analysis was made using the Statistic package for social scientists (SPSS package). The process started by coding the questionnaires by giving numbers and expressing a variable for each question.

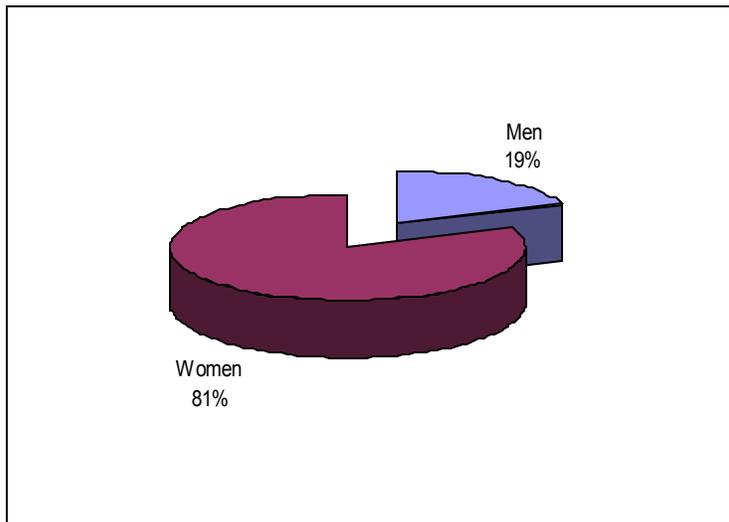
The information was fed into the SPSS package for processing. Frequencies and cross-tabulations were combined. The cross-tabulation was mainly used since it had an added

value of supporting to depict the relationship or association which exists between groups or different variables.

#### 4.0 RESULTS AND FINDINGS

##### 4.1 Demographic characteristics of the respondents:

Of the 143 respondents, over two thirds (81%) were women and 19% were men. With regard to marital status, almost two thirds (64.3%) were married, while 16.1% were single, widowed was 15.5% and separations and divorces were low at 2.8% and 1.4% respectively.

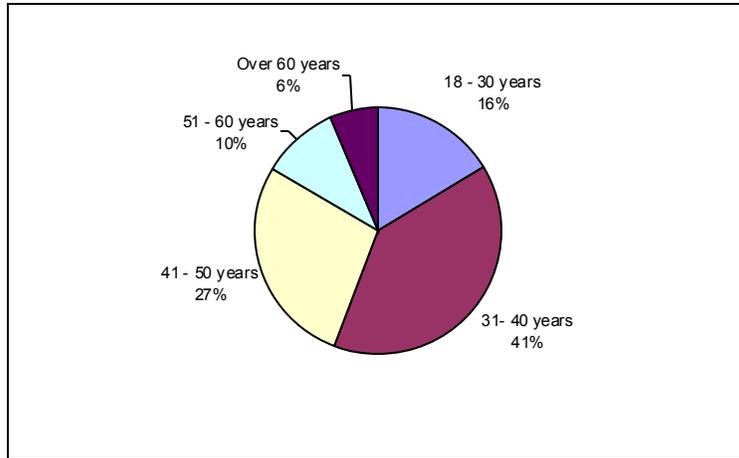


Source: Field Data Feb. 2012

**Figure 3: Distribution of respondents by sex**

##### **Distribution of the respondent by ages.**

The ages of the respondents ranged from teenagers to older persons of 60+ years but the group that was overrepresented was that aged between 31 and 50 years which accounted for over two thirds (67.2%). Youths (18-30) came second comprising 15.4% while those aged between 51-60 years were 10.5% and older persons were less than 10 percent (i.e. 6.3%).

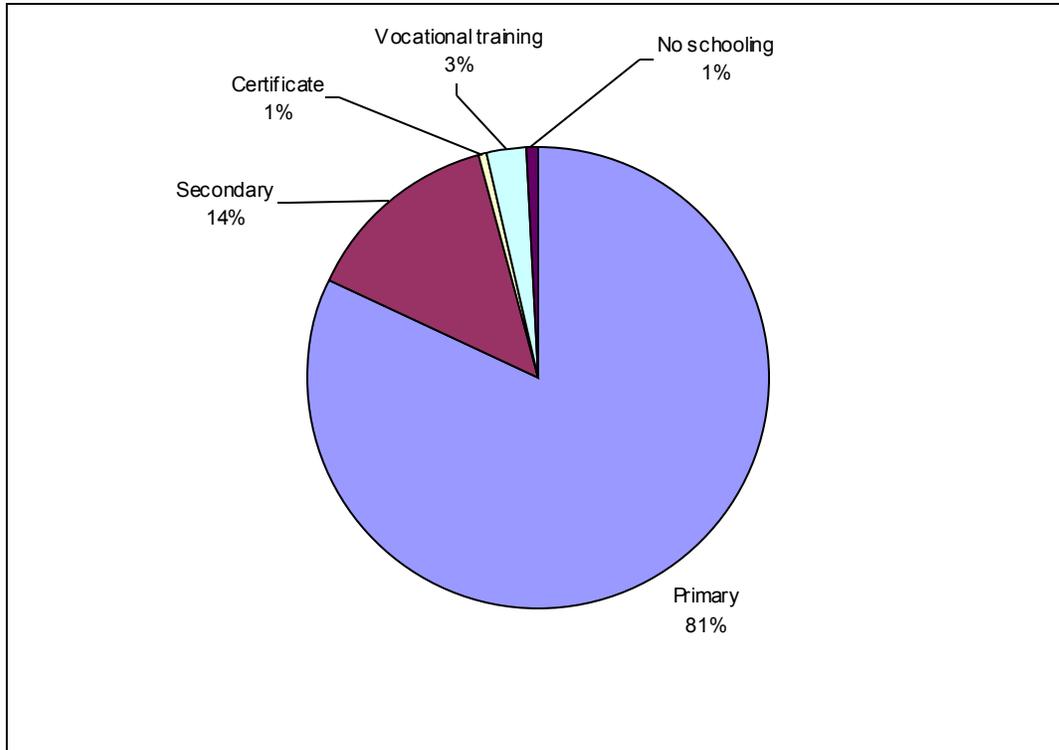


Source: Field Data Feb. 2012

**Figure 4: Respondents distribution by ages**

#### 4.2 Education level of the respondents

From the assessment it was evidently reflected that majority of the women have only attained primary level education (class seven) compared to men. Educational levels were such that the majority (81%) of the respondents had primary education, that is standards 1 - 7, 14.% had completed secondary education and vocational education was attained by a mere 3%. Those who hold certificates for a specific course accounted for 1% of the respondents. Only one respondent (1% of the total) was illiterate i.e have not gone to school at all



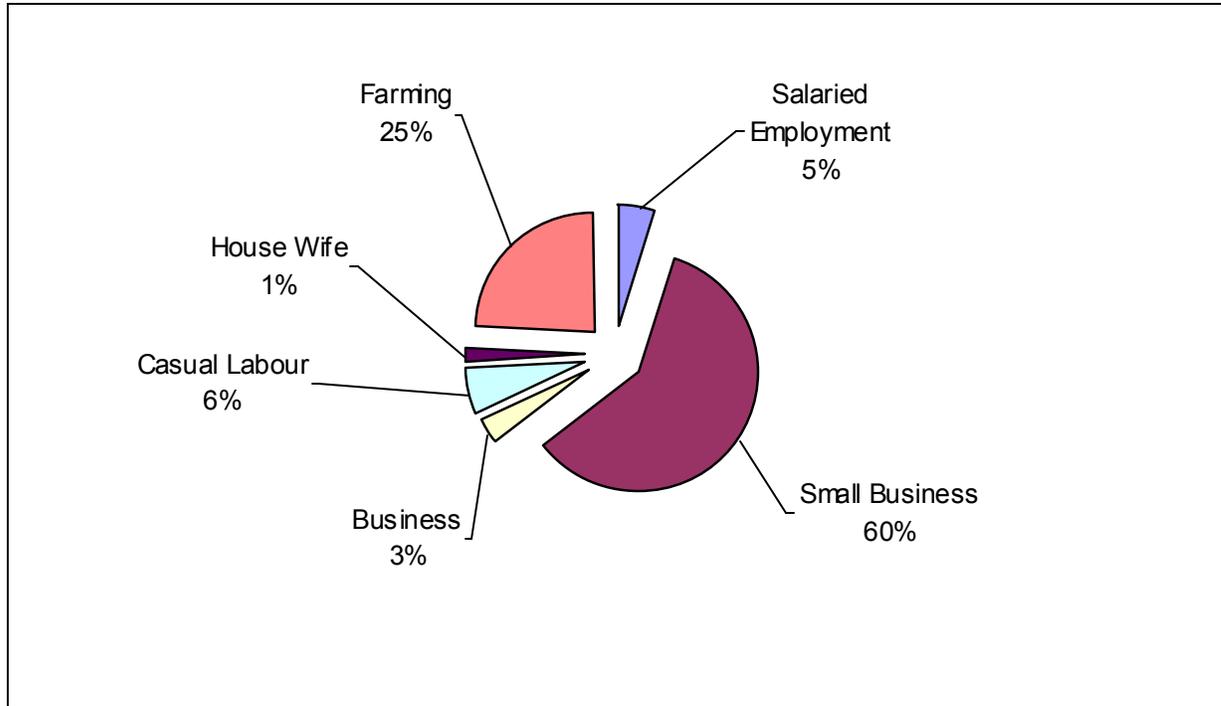
Source: Field Data Feb. 2012

**Figure 5: Distribution of respondents by highest education level (N=143)**

### **4.3 Economic aspects of the respondents:**

#### **4.3.1 Income generating activities**

With regard to income generating activities of the respondents, statistics were as follows: small business (60%); farming (25%); casual labour (6%); salaried employment (5%); medium business (3%) and house wife 1%. Thus our sample was dominated by small business women and men followed by farmers (fig. 6).



Source: Field Data Feb. 2012

**Figure 6: Income generating activities**

A follow up question here was also set in the questionnaire to seek an understanding of the specific type of businesses they are doing especially those engaged in small businesses. Specifically they are involved in:

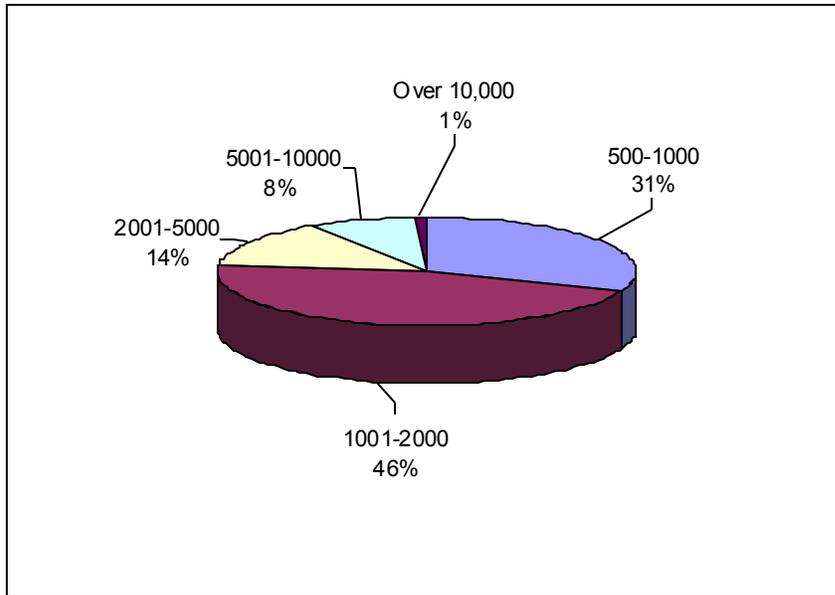
- Food vendors – represents 12%
- Tailoring- represent 04%
- Selling of second hand clothes- represent 16%
- Capentry-represent- represents 05%
- Tie and dye batic clothing-represent 11%
- Selling retail shops-represents 25%
- Hiring of small plots for subsidy farming-represents 22%
- Other activities –represents 5%.

#### 4.3.2 Average income per day by respondents:

With regard to average income per day as shown in fig. 6 below, the majority (46.%) of the respondents earn between 1,001 and 2,000 Tanzanian shillings. Those who earn between 500 and 1000 per day formed 31% of the respondents. While 14% earn between 2001 and 5000. A small percentage (9%) earn more than Tshs. 5000 per day.

Follow up questions were posed to get to understand what exactly contributed to the earning of the amount they stated. Majority indicated that the small business is the major means of their daily income. The challenge is that the income gained is not enough to care for the family livelihood. Contributing factor is also lack of skills to ensure more

business transactions are done for increasing daily income. Limited market access and value addition of the produce remains a key challenge. It was also clear that they were not sure of how to identify a business strategically and there was no evidence of records to track the information on the amount shared.

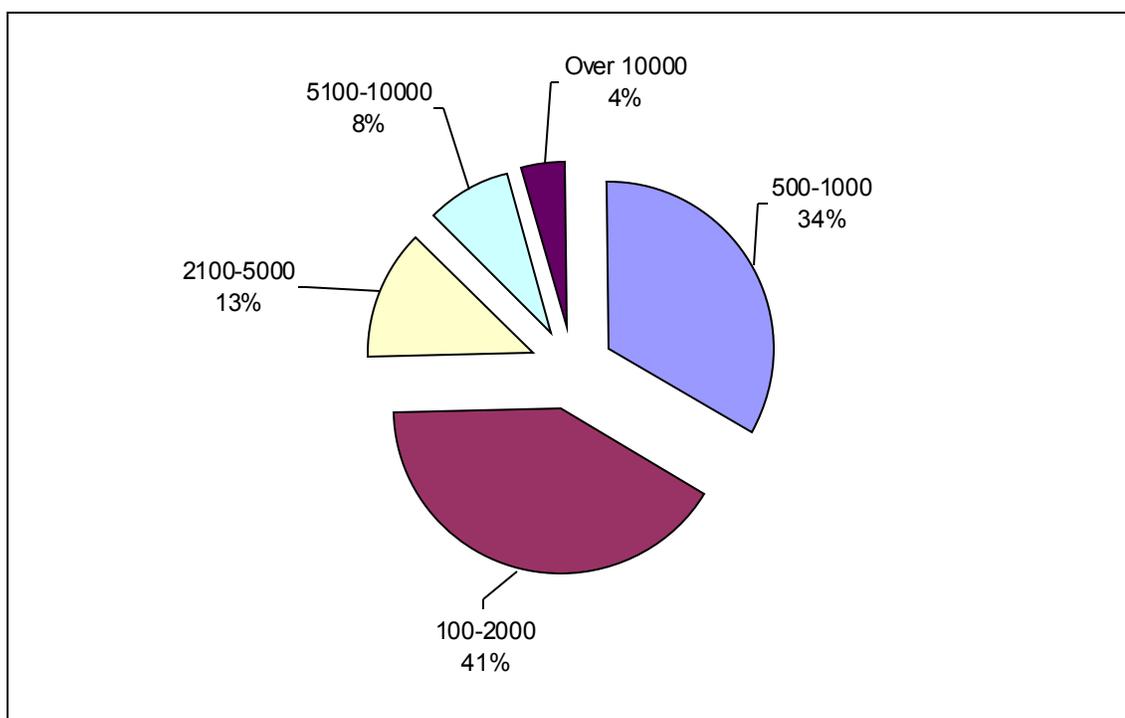


Source: Field Data Feb. 2012

**Figure 7: Average Income per Day (Tshs)**

### 4.3.3 Daily expenditure on basic amenities

Concerning daily expenditure on basic amenities, the study revealed that the majority of the respondents 41 % spend less than or equal to Tshs. 2000 (equivalent to one and half dollars) per day. 34% of these spend about Tshs. 1000 or less. Those who spend over Tshs. 2000 formed 13% , those who spend over 5,000 are 8% and over 10,000 per day are 4%. Figure 7 below summarises the daily expenditure as reported by the respondents.



Source: Field Data Feb. 2012

**Figure 8: Average expenditure per day (Tsh) (N=143)**

#### 4.3.4 Meeting basic needs

The survey also sought to know respondents' status on meeting basic household needs such as food, good shelter, access to good health services and education to children. Respondents reflected that a good percentage of the sample do not afford to meet basic needs. In the survey questionnaires the responses were as follows:

**Table 2: Meeting basic needs**

CATEGORY	Frequency	Percent
Very good	4	2.8
Good	10	6.3
Average	18	12.6
Bad	106	74
Very bad	5	3.5
<b>Total</b>	<b>143</b>	<b>100.0</b>

Source: Field data February 2012

A follow up question was set for both those in the “good and bad categories” on what could be the contributing factors and or reasons.

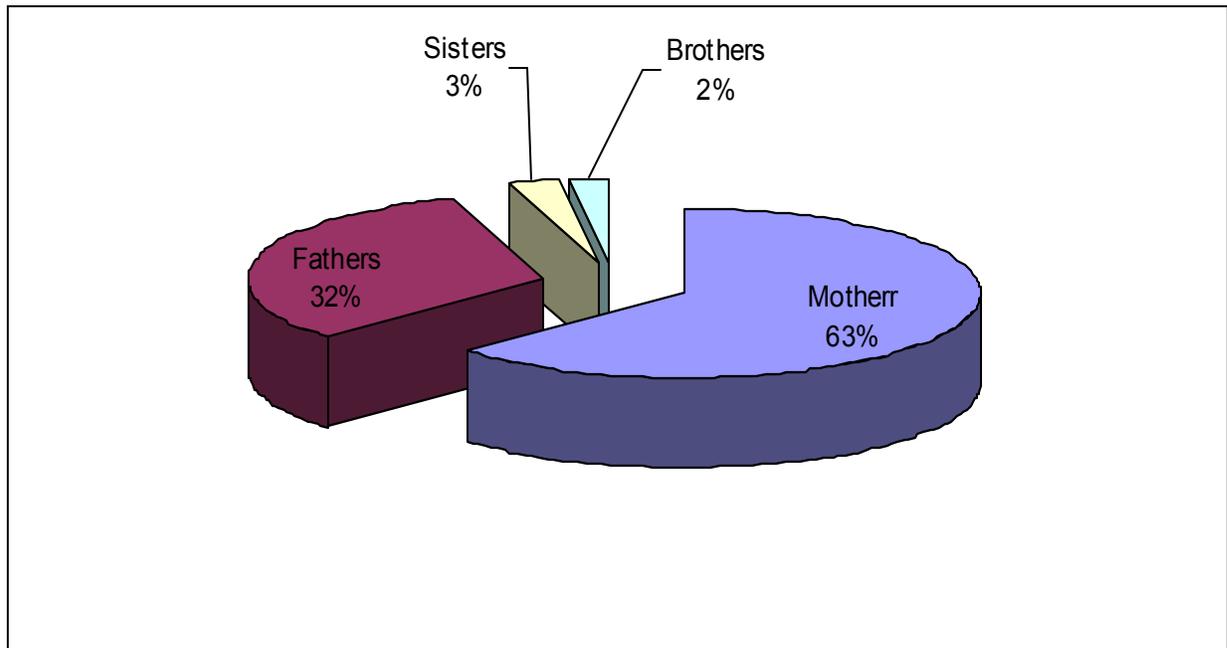
For some in the “good category” indicated that they get support on a monthly basis from their children who are working. They also indicated that it is because of joint support

from both family members, i.e. a husband and a wife transparently planning together on how to spend their income for family development issues.

Those in the “bad category” advances reasons such as lack of market access for their business products, inadequate working capital, and misuse of income on alcoholism by husband. There were also cases of single parents, an indication that some husbands engage in extra marital relationship and in that way more resources are being misappropriated by maintaining two families. Some who are dealing with farming activities indicated a challenge of extended drought which contributed to the shrinking of their farm produces.

#### 4.3.5 Main contributors in daily household income

The study also sought to know who contributes much in daily household income. The results in figure 9 indicates that 62.2% of the respondents said that mothers are the most contributors (bread earners) of the households compared to fathers (32.2%), sisters (2.8%) and brothers (2.1%).

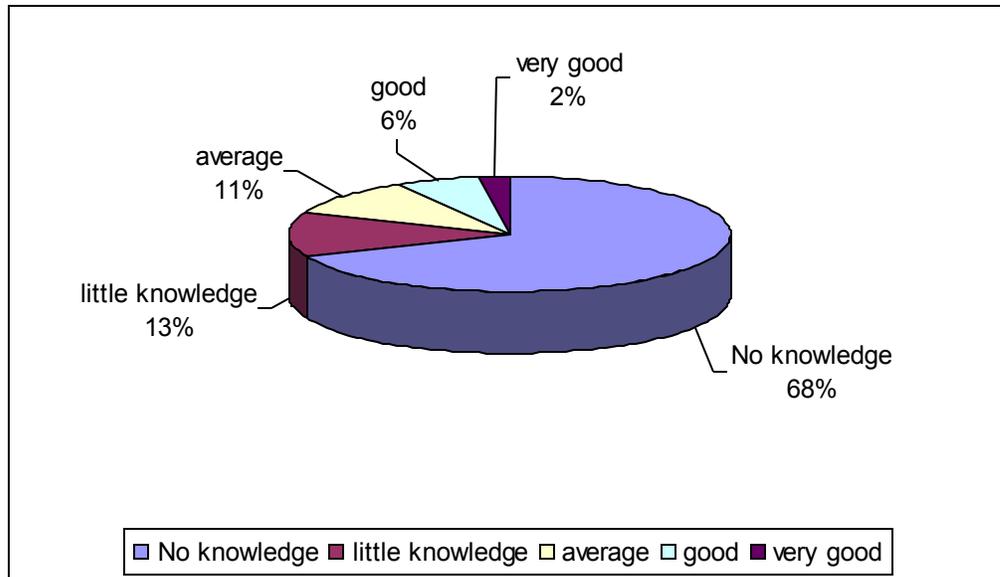


Source: Field data February 2012

**Figure 9: Who contributes much in daily household income?**

#### 4.3.6 Entrepreneurship knowledge of the respondents:

The study wanted to know the level of entrepreneurship knowledge among the respondents. The responses as summarised in figure 10 below ranged from not having knowledge (68.5%), having little knowledge on entrepreneurship (12.6%) average level of understanding the entrepreneurship were (10.5%), category for good was (6.3%) very good in understanding the entrepreneurship only (2.1%).



Source: Field data February 2012

**Figure 10: Respondents levels of entrepreneurship**

A followup question was also asked to get more clarification as to why they are doing small business without having adequate knowledge of what they are doing. Responses included: because we need to survive and no way one will sit at home without doing something, the kind of the seminars organized in our communities sometimes are not targeted and we found ourselves not invited, some indicated that if you want to learn you must pay some money of which they dont have.

#### **4.3.7 Group dominant in doing entrepreneurs hip work**

The study wanted to know the group which is mostly involved in petty business so as to meet the basic needs. The results as detailed in table 3 indicates that the majority of the respondents (80.4%) reported women (adults) to be more engaged in petty business compared to men (4.9%), youths [boys ana girls] (6.3%) and children (2.8). A significant percentage of the respondents said there are children who are entrepreneurs. This is not other than child labour. It implies that in Msaranga ward children are involved in income generating activities mainly to support families. Table 3 gives the details.

**Table 3: Dominant groups in entrepreneurship**

Group	Frequency	Percent
women	115	80.4
Men	7	4.9
girls	8	5.6
boys	1	0.7
children	4	2.8
I dont know	8	5.6
Total	143	100.0

Source: Field data February 2012

#### **4.3.8 Entrepreneurship Training**

Successful entrepreneurship and or business depends much on training. Only 35% of the respondents had heard about training opportunities in entrepreneurship and those who had an opportunity to attend entrepreneurship training formed only 2.8% of the respondents.

Responses to a follow up question revealed that many have not attended training because no such opportunities have come their way in their communities.

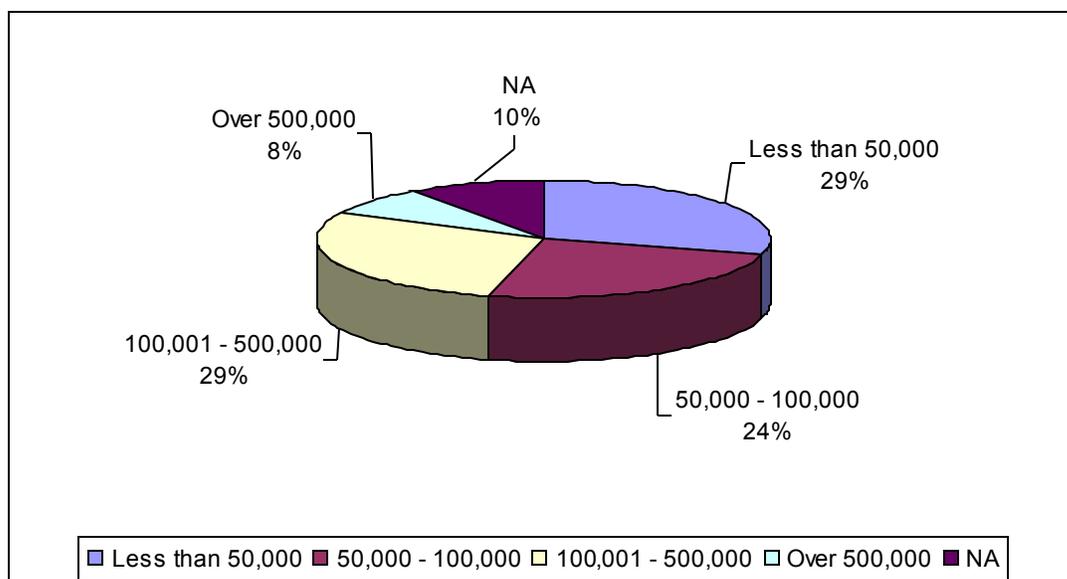
#### **4.3.9 Business plan and record keeping**

The study also sought to know if the respondent entrepreneurs have business plans and keep records in their business undertakings. The results showed that none of the respondents who are engaged in small business had a business plan and no body could tell what a business plan is. Concerning records keeping the results are moreless similar; only two people (1.4%) said to keep record of what they buy and sell.

When they were further asked how do they run their business and track the income or losses, majority indicated that literally they work on basis of replacing the items which have been sold and daily check if they have remaining cash on hand they just count that as a profit. At times become suprised when some items are finished and they have no money in place to make any replacement of goods.

#### **4.3.10 The size of business capital**

According to the survey data, 29.4% of the respondents reported to have business capital less than Tshs. 50,000 and 24.5% own capital between 50,000 – 100,000. Thus the majority (53.8%) of the respondents have capital which is not more than Tshs.100,000. Respondents having capital ranging from Tshs. 100,001 and 500,000 formed 28.5% of the sample. Only 7.7% have capital above tshs. 500,000/. When asked if the capital is enough for running their business, the majority 69.2% said it is not enough. 30.1% said somehow enough and only 0.7% said the capital is enough. Figure 11 summarises the responses.



Source: Field data February 2012

**Figure 11: Size of the Business Capital (Tshs.)**

#### 4.3.11 Amount of the capital needed

The survey wanted to know what capital could be enough for smooth running of their business undertakings. The results showed that 60.9% of the respondents that enough capital for business undertakings ranged from Tshs. 100,000 to 500,000. Those who needed a capital of Tshs. 100,000 or less formed 22.7% of the respondents. While a significant percentage (7.7%) of the respondents thought a capital ranging from 1,000,000 and 5,000,000 could be enough for them. 9.8% could not tell as to what could be enough capital for them.

**Table 4: Capital needed by respondents**

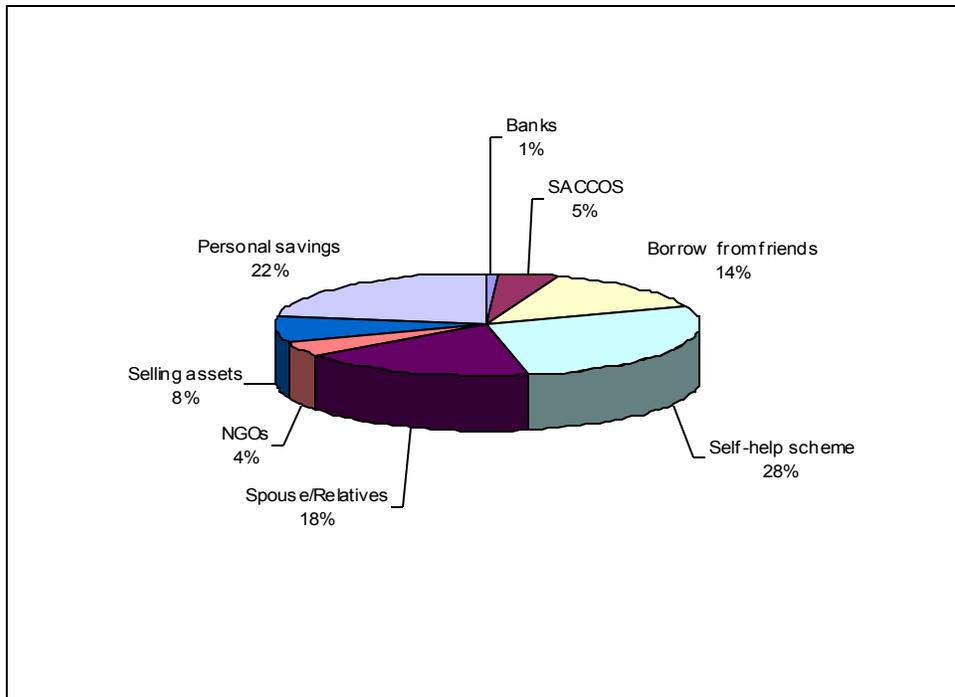
Amount (Tshs)	Frequency	Percent
Less than 50,000	7	5.9
50,000 -100,000	24	16.8
100,000 - 300,000	52	36.4
300,000 - 500,000	35	24.5
510,000 - 1,000,000	6	4.2
Over 1,000,000	5	3.5
I dont know	14	9.8
Total	143	100.0

Source: Field data, February 2012

#### 4.3.12 Source of capital for business enterprises

Figure 12 below provides information about the respondents' sources of capital. Most of the contacted respondents affirmed that they do get their business capital from financial self-help groups scheme, popularly known as kibati (27.3%). While the second largest group get their capital through personal savings (22.4%), 18.2% of the sampled

respondents get their capital from spouses or relatives. 14% borrowed from friends and 8.4% had to sell their assets to get the capital. Only 5.6% got loan from formal financial institutions (banks and SACCOS) and 4% get business working capital from NGOs.



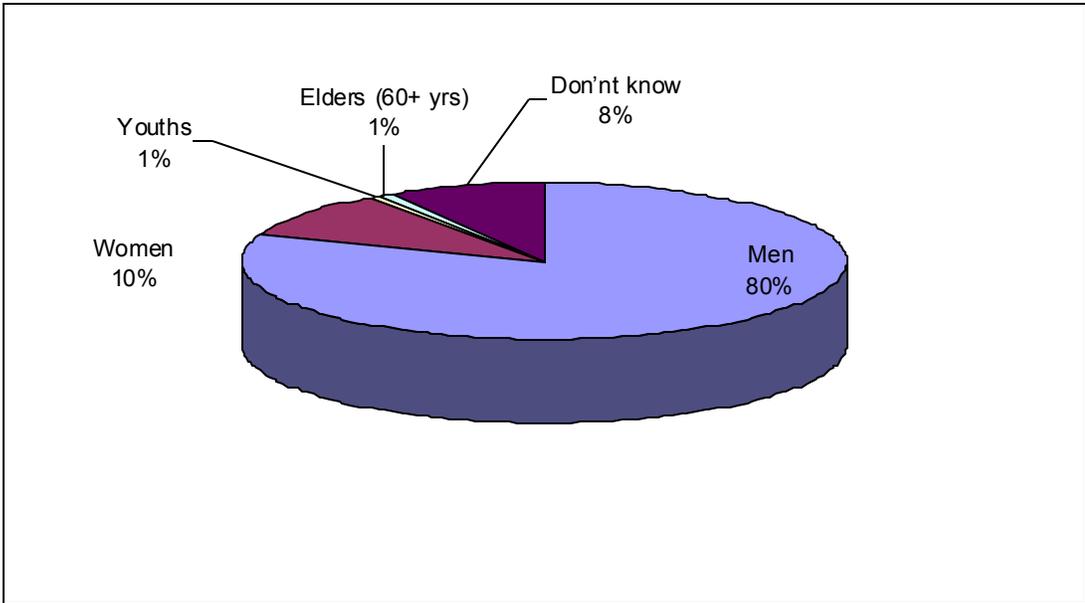
Source: field data: February 2012

**Figure 12: Source of business working capital**

Further discussions with the respondents in the FGD confirmed that majority of the small business people they have not been able to access any working capital from formal Micro finance institutions due to lack of collaterals needed by the financial institutions. More discussion was directed towards the respondents to get to understand the reasons for them not to be able to exactly share the size of their business working capital and as noted majority declared ignorance in record keeping of their daily transactions, but also reflected lack of entrepreneurship skills to systematically document and keep the business record more organized.

#### **4.3.13 Loan access from formal financial institutions**

The study also wanted to know which group in the community can easily access loan from financial institutions. The result as detailed in figure 13 shows that men can easily access loan from formal financial institutions. This was said by 80.4% of the respondents, those who said women also stand on a better chance formed only 9.8% and 8.4% were not aware of who can access easily the loan from FIs.

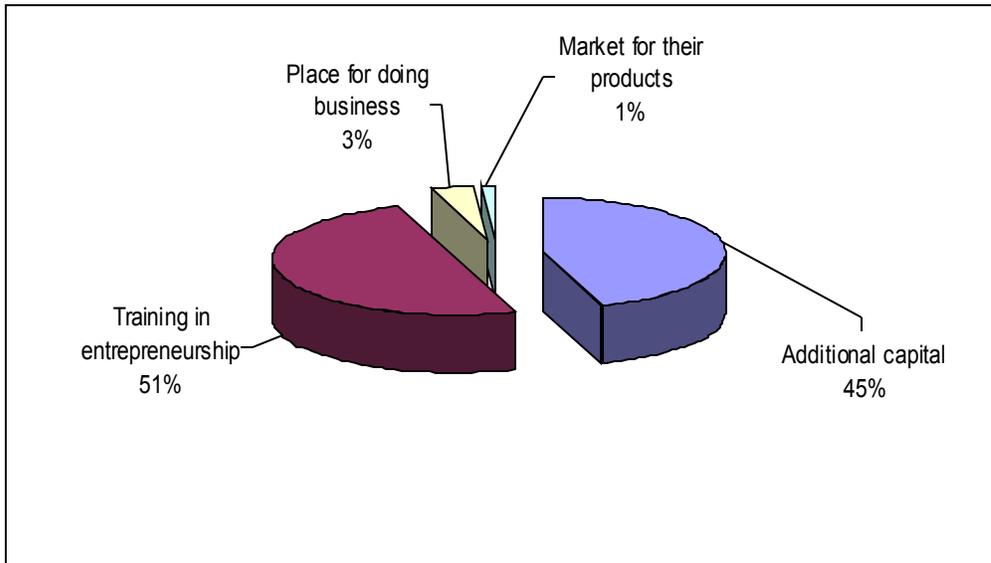


Source: Field data February 2012

**Figure 13: Loan access from formal financial institutions by social groups**

**4.3.14 In case of business prosperity what is the most priority support preferred.**

Respondents were also asked to mention the most required need for their business to prosper. The results showed that more than a half (50.3%) needed training in business skills (accounting, management etc) and 44.8% needed additional capital. A significance percentage 3.5% needed business places and 1.4% needed market for their products .



Source: Field data February 2012

**Figure 14: The most priority support preferred for business prosperity**

#### **4.3.15 Business registration**

Concerning business registration the results showed that only one respondents (0.7%) reported to have registered his business. The rest 99.3% are running un-registered businesses.

#### **4.4 HIV/AIDS knowledge.**

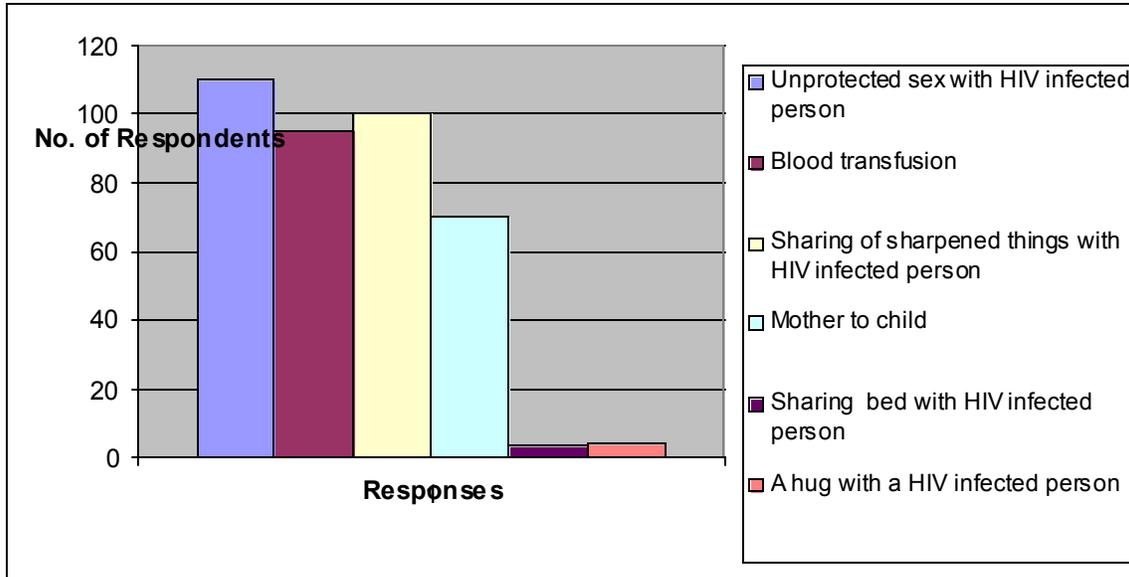
##### **4.4.1 HIV AND AIDS awareness, care and treatment**

The study sought to know if people in Msaranga ward are aware of HIV and AIDS, and if have adequate knowledge on transmission, prevention, care and impact of HIV and AIDS in the community. As expected all the respondents confirmed to be aware of HIV and AIDS pandemic; the follow up discussions also indicated some confusion on the means for transmission as well as how to adequately prevent themselves.

##### **4.4.2 Knowledge of HIV transmission and prevention**

With regard to HIV transmission, most respondents demonstrated an understanding of the vectors of HIV transmission. However, their knowledge was strongly patterned. Most respondents understood that HIV could be transmitted through unprotected sex, sharing of sharpened things with a HIV infected person and blood transfusion. Only around 55% of the respondents had correct information about mother to child transmission of HIV. A low proportion of respondents gave incorrect answers that HIV could be transmitted through sharing bed with a HIV infected person and a hug with an HIV infected person.

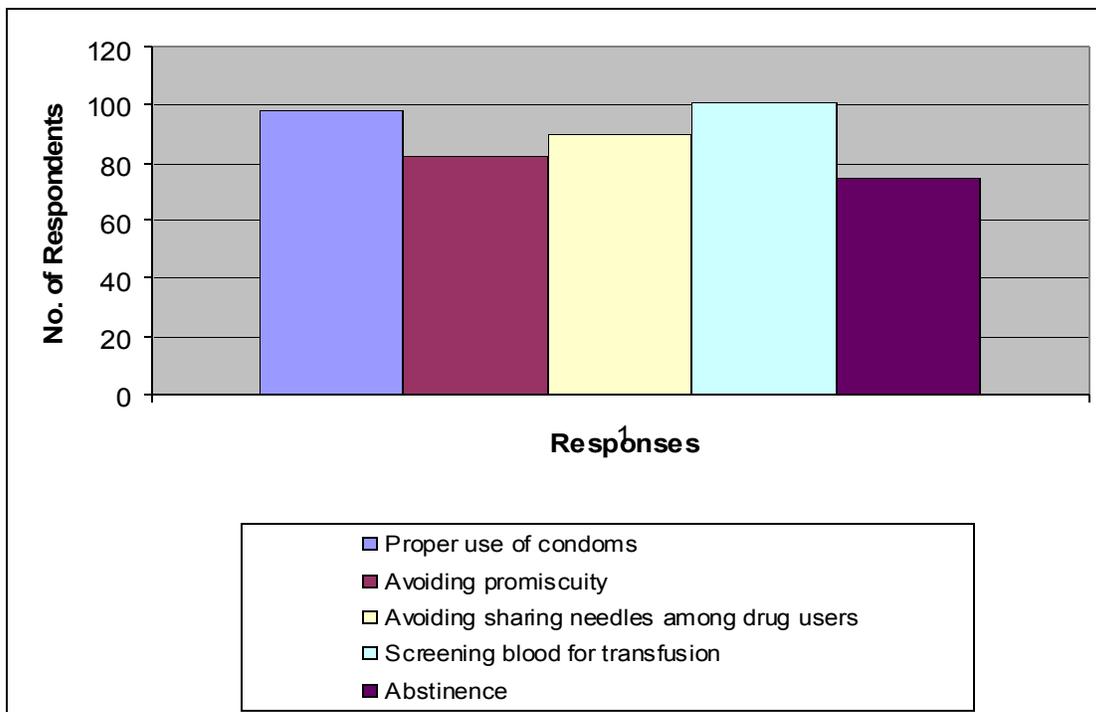
During FGD majority acknowledge that the main source is directly through sexual intercourses. Others were also informed of other means like sharing of sharp objects. Some mentioned insects bites, kissing and also sharing of inner garments with a sick person as other possible means.



Source: Field Data Feb. – Mar. 2011

**Figure 15: Knowledge on HIV/AIDS transmission**

On the preventive aspects the known means to limit the spread of HIV and AIDS were proper use of condoms, avoiding promiscuity, avoiding sharing needles among drug users, screening blood for transfusion and abstinence for the unmarried. Figure 16 summarises the results.

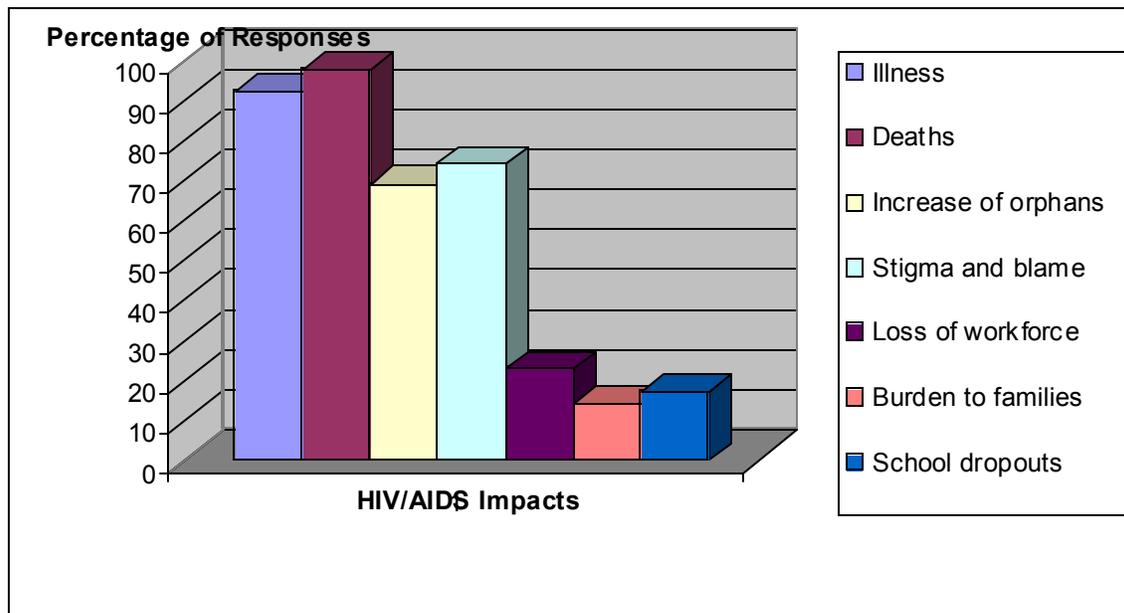


Source: Field Data Feb. – Mar. 2011

**Figure 16: HIV/AIDS preventive means**

#### 4.4.3 Perception of the impact of HIV/AIDS

With regard to respondents' perception of the impact of HIV/AIDS, the study revealed that most of the respondents are aware of the impact of HIV/AIDS to the society. the most mentioned impact was death (97.6) and illness (92.1), increase of orphaned children (72) illness (38%). others were loss of workforce (7), burdens to families (2%), stigma and blame (73.8) and school dropouts (15.8%) (Figure 17).

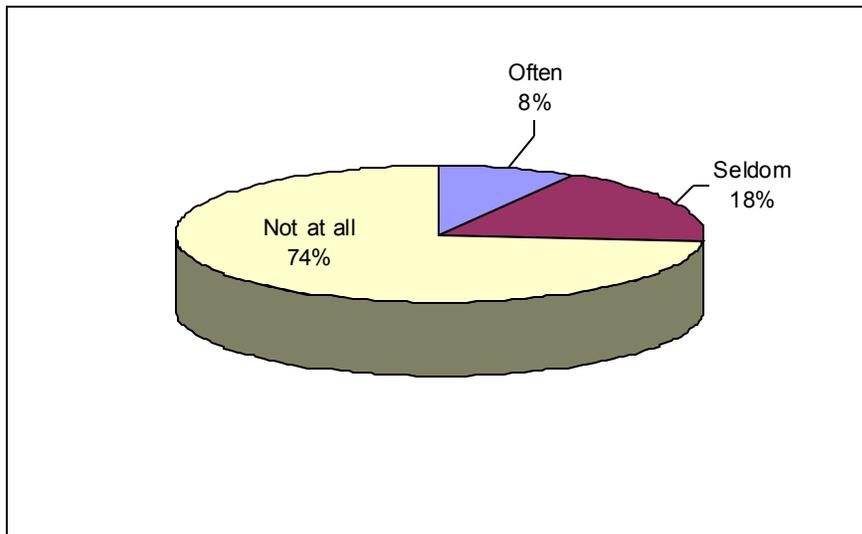


Source: Field Data Feb. – Mar. 2011

**Figure 17: Respondents perception of the impacts of HIV/AIDS**

#### 4.4.4 Care of sick people

Despite the fact that most of the respondents are aware of the HIV and AIDS and its impact on the community, problems with stigma and 'blame' seemed to be high. Figure 17 shows that only 8% of the respondents confirmed to have attended care for the HIV/AIDS patients. 18% of the respondents indicated that they have cared for the sick people seldomly. 74% completely were indicated they have not cared for the sick people living with HIV/AIDS.



Source: Field data February 2012

**Figure 18: Have you ever cared for HIV/AIDS patient**

Follow up question were administered through FGD to establish who are the most vulnerable groups in the community through caring of the sick. It was further revealed that the most vulnerable group to HIV and AIDS are women, followed by girls, men and lastly old people. Significantly women are the primary care takers of the sick people at family levels due to gender roles and responsibilities at embraced by cultural socialization process.

Further dicussion revealed that as Tanzania Government policy for HIV/AIDS encouraged home base are for the patients at terminal stage women remains victims of this at household levels.

“One woman shared bitterly that having these patients at home completely cut us from other community responsibilities. Again the cost involved in caring of the sick patients for her experince it is very high. Example which was given by this woman reflecting sorrow feelings was water needed to wash and clean the sick person, as a woman she must spend some hours to fetch this water and yet come home to do some other family responsibilites. Water bills increases on these basis and yet economically it is not affordable compared to the her daily income. “

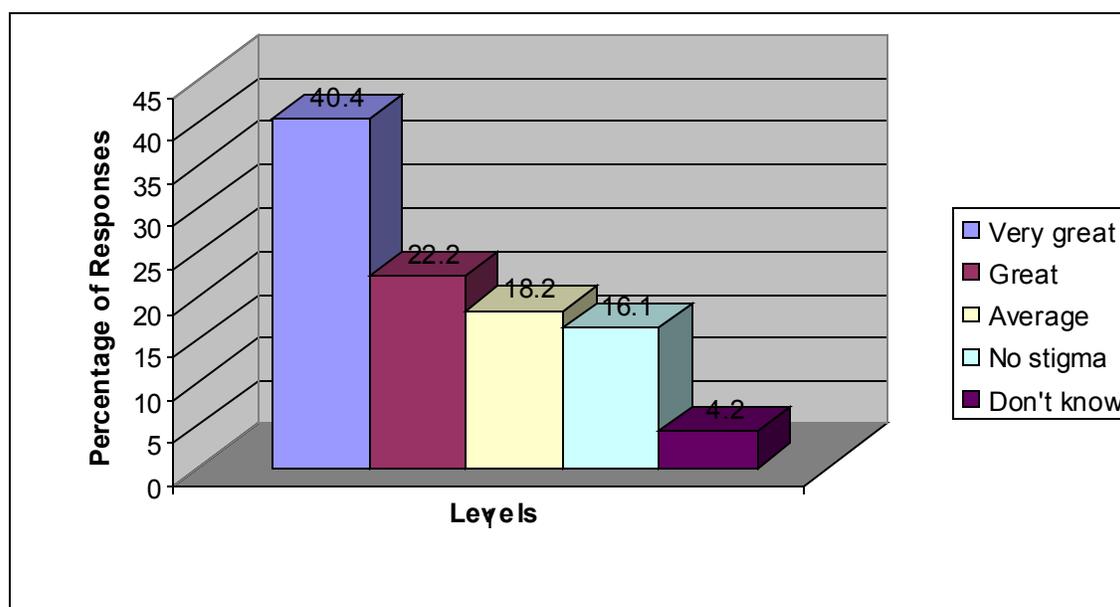
#### **4.4.5 HIV/AIDS Counselling and treatment**

Concerning care, treatment and counselling to HIV positive people, 80.4% of the respondents said there is no care; 4.2% said that HIV and AIDS victims are well cared for and 15.4% were not aware of the availability of such services to the victims. With regard to the availability of VCT centres in the community 85.7% said there is no such services in Msaranga ward and 14.7% did not know.

With regard to HIV/and AIDS to orphaned children, the survey showed that near to two thirds (63.6%) of the respondents said there are HIV/AIDS orphaned children, a third of

these saying HIV/AIDS orphaned children are many. While 2.1% said there are no HIV/AIDS orphaned children 34.3% claimed not to know.

With regard to stigma to HIV/AIDS victims over a half (80.8%) of the respondents said that stigma is there; rating it from average stigma to very great stigma; average (18.2%); great (40.4%) and very great (22.2%). Where as 16.1% said there is no stigma, and 4.2% said they dont know if it is there or not. Figure 19 below gives the details.



Source: Field data February 2012

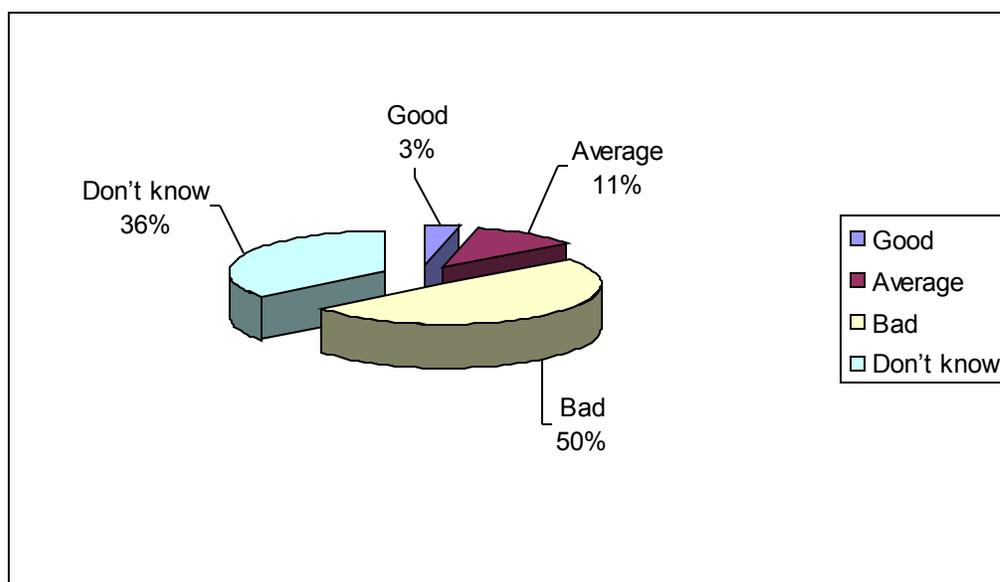
**Figure 19: Levels of stigma and discrimination**

During FGD it was observed that majority have never attended this service because they don't feel sick. Moreover, they believe VCT is for people living with AIDS or people with extra ordinary problems. Women were willing to attend this service but felt it will be useless and waste of time if they did the test without their husbands. Many men were not willing to test together with their spouses.

## 4.5 Gender and Human Rights

### 4.5.1 Knowledge and awareness on human rights

The question “what is your understanding of gender and human rights issues” was set to measure awareness levels on gender and human rights issues. The awareness was ranked from very bad to very good. As indicated in figure 20 about half (50%) of the respondents said that their level of awareness on gender and human rights issues is bad and 11% claimed to have average knowledge on gender and human rights issues. Where as only 3% said their understanding of gender and human rights issues is good, 36% reported not to know anything about gender and human rights issues.



Source: Field Data 2012

**Figure 20: Knowledge and awareness on human rights**

During FGD sharing respondents were further asked to explain the causes of that ignorance on issues related to gender equality. The ideas generated confirmed that due to cultural social background in the communities women and girls mostly are found as an inferior group. When it comes to equal sharing of resources at family level, priorities must go to men and boys.

However, women and girls themselves also have accepted this as their normal life pattern of which sometimes in most families mothers or wives are the ones who perpetuate this gender gap/discrimination during socialization or upbringing of their own children.

#### **4.5.2 Women and leadership**

The study also sought to know knowledge levels on women and leadership. As expected the majority (47.6%) said to have poor knowledge on women and leadership issues. Whereas 28% claimed to have average understanding 3.5% and 0.7% said to have good and very good understanding respectively. A significant percentage (20.3%) said not to be aware of women and leadership. Table 5 below gives the details.

During FGD discussions the reasons which were shared as to why women have low knowledge on issues related to leadership is that in most decision making process they are not involved due to cultural barriers, mind set that a woman cannot be a good leader, she is made to be a house wife only, lack of confidence among women themselves when comes to issues related to public fora and lack of women role models to motivate others.

**Table 5: Understanding about women and leadership**

Responses	Frequency	Percent
Very good	1	0.7
Good	5	3.5
Average	40	28.0
Poor	68	47.6
Don't know	29	20.3
Total	143	100.0

Source: Msaranga field data 2012

#### **4.5.3 Women participation in decision making**

Concerning participation in decision making bodies such as meetings, leadership, membership in committees, the majority (75.6%) as indicated in table No. 6 said women are not involved in decision making. Those who said women are involved formed 11.9% of the respondents and 12.6% were not aware.

Proportion wise, about two thirds (65.2%) of those who said women are in decision making bodies said that their number is less than that of men. These results show high degree of ignorance among the respondents because according to national policy women should form at least not less than 30% of the members in committees.

**Table 6: Women participation in decision making**

Responses	Frequency	Percent
Yes	17	11.9
No	108	75.6
Don't know	18	12.6
Total	143	100

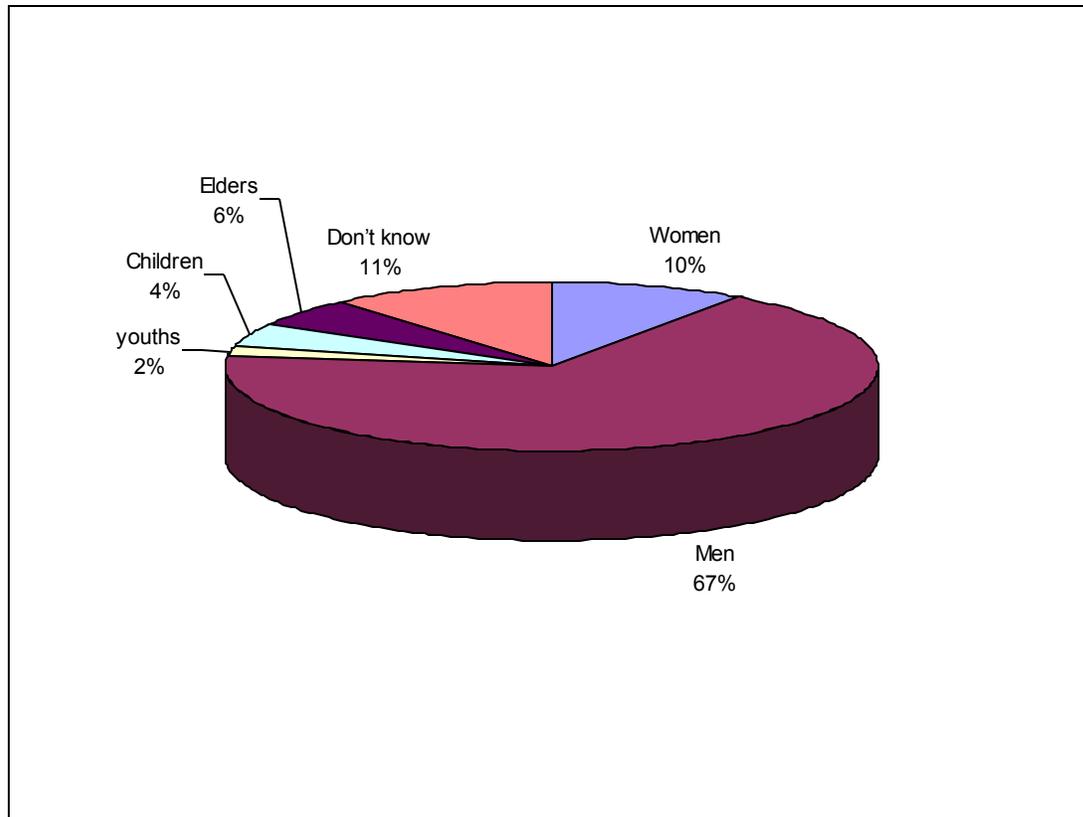
Source: Field Data 2012

In the indepth sharing they could not even establish clear reasons of why are the committees needed in the communities. Majority of the respondent in the FGD were comfortable with the ward leardship commitee which in a way have very few representation of women. Those women who are seated in the ward leadership do not articulate issues to support developement of their colleagues when it comes to community development plans.

#### **4.5.4 Most beneficiaries of development services in the community**

The survey also collected data about the group that benefits more from development services rendered in the community. The groups referred here are men, women, girls, boys, children and the elderly. Figure 21 shows that Overwhelming proportion of the respondents (67%) listed men as the most beneficiary group. women were listed by 10%

of the respondents, elders by 6%, children 4% and youths 2%. A significant percentage (11%) of the respondents were not aware of which group benefits more than the others.



Source: Field Data 2012

**Figure 21: The group benefiting mostly from development services**

Follow up questions in the FGD to seek clarification on why men are the majority in accessing development services at the community was asked. Respondents shared confidently that most of development social services they need income of which men stands better chance to contribute for access. Others also were of the opinion that women are more entrenched with domestic and family responsibilities which do not expose them to the community social services more regularly.

Lack of information to most of women was also a key challenge to know exactly what is happening in the community and where.

One woman shared: *“My life mainly is always to ensure domestic responsibilities as a mother at family level are well taken care. After all where will i get time to spend on other community issues ? “*

## **5.0 ANALYSIS AND INTERPRETATION OF THE DATA**

From the interviews some responses filled by the respondents were perceived to be of low value in terms of giving out the information and therefore triangulation method

facilitated the better understanding of the existing gaps as far as the entrepreneurship initiatives are concerned.

Most of the issues were highly clarified during FGD discussions when supplementary questions were posed to provide for broader discussions. It was even easy to assess the body language, emotions and facial expressions of the respondents.

The interviews revealed that many of the respondents were women and confirmed that daily income for maintain family livelihood still remain below one dollar per day. Majority as they were class seven they could not get formal employment and consequently they engaged with informal sector on small business initiatives. The kind of businesses as shared mainly was only facilitative from hand to mouth. No serving of any income from the group was realized in the discussion. Business capital reflected very small amount which was difficult and very challenging for them to meet other family basic social services like education and health. Due to cultural aspect this group also was highly challenged to access business loans from financial institutions due to challenging collaterals.

However majority of the group were just doing businesses with no formal training. So lack of skills on the business initiatives was among the challenges.

Unfortunately women were not aware of the importance of making an assessment of business trends which provides for their daily livings. How to track the daily business trend was a challenge since record keeping was perceived as something out on many respondents conscious.

On the aspect of HIV/AIDS majority of the respondents reflect an understanding HIV/AIDS but how and in what means they can further avoid transmission and prevention mechanisms was not so clear to most of the respondents. During FGD sharing the knowledge which was perceived in survey questions showed just a partial understanding. Poverty, ignorance and other social cultural aspect were the main contributing factors for this group to not clearly understand how to prevent further transmission and deal more carefully with treatment for the sick people.

Most of the interviewed women were perceived as the main bread earners of their families but with very little knowledge on how to run and track their businesses. They were also seen to be the most vulnerable and susceptible group to contract HIV/AIDS exacerbated by the cultural set up and existing unequal gender relations denying them the right to demand for safe sex by saying No to a sexual relationship when she suspects her husband/partner to be unfaithful.

The Existence of the VCT centre in the ward and in the Municipality was not seen as a strategic opportunity for them to use and ensure their health conditions are well taken care. Entrepreneurship initiatives cannot be sustained if other social factors which hinder the development are not consciously observed. Issues related to health as well as education are very important in the whole process of ensuring the business is well managed. If one wants to sustain the entrepreneurship initiative, maintaining good health

and supporting education for the family are key issues. These can be synchronized by ensuring enhanced entrepreneurship skills as well as being more conscious to the emerging issues which may affect their business.

Key emerging concerns of the respondents were that majority of them conduct businesses as entrepreneurs but they don't systematically ensure continuity of the following in tracking and implementing their business.

1. Simple book keeping
2. Profit/loss analysis
3. Business management
4. Market analysis (competition, risk, prices, etc.)
5. Labour management
6. Business plan development
7. Diversification strategies for sustainability purpose
8. Networking and collaborating with other actors within the same field to learn best practices
9. Understanding of exiting government policies which may affect their entrepreneurship initiatives
10. Conscious mainstreaming of aspects of HIV/AIDS and gender to the core business of developing entrepreneurship skills for sustainability purpose

Participation of women in decision making platforms especially for the youth group it was found to be a very challenging aspect. Culture and customary practices sometimes doesn't encourage women to be leaders. Mostly are perceived as individual to do domestic roles and be ruled by men. During discussion it was also noted that even women who have been able to access leadership functions also have a challenge of not supporting the young ones to come up and take up leadership positions. There is no mentoring process to ensure that the women agenda becomes prominent and get maximum support at various levels when submitted. The key underlying issues were noted as poverty, culture and customary practices as well as ignorance.

## **6.0 WAY FORWARD**

TUSONGE CDO through the experience gathered during the pilot phase in Majengo ward 2011, noted that a comprehensive training which reflects a very holistic approach as a way of enhancing the entrepreneurship skills and advancing leadership capabilities of the beneficiaries is of great priority. Best practices gained from Pilot study will be shared by specific individuals to motivate the new Msaranga groups and register more understanding of why these trainings in the community of poor and marginalized people dealing with small business initiatives. Significantly, mainstreaming of issues or aspects which affect their business initiatives will also be very fundamental to the process. Mainstreaming of HIV/AIDS and Gender to the women entrepreneurs will be an ongoing process since this has a very negative impact to their business initiatives if not addressed.

The issues on their rights will be of strategic discussion during the trainings as also this is the time when the Tanzania constitution is being reviewed. Women groups will be taken

through awareness process to articulate issues of their rights which they will wish to see being reflected in the constitution. TUSONGE is a member of the Regional coalition recently established known as KAC –Kilimanjaro anti gender based violence coalition. Through this platform issues raised by women entrepreneurs will be tabled for further seeking of joint support by the network in collective lobby actions.

The current Tanzanian SME policy is intended to enhance the development of private sector. However, the policy is not silent about women entrepreneurs nor does it address the constraints they face. Unfortunately this has resulted in favouring large, capital intensive entrepreneurs with good working capital. The process of policy formulation should put into consideration constraints which women entrepreneurs face and suggest how they can be supported for sustainable development. TUSONGE CDO will take this as a future challenge to facilitate the target beneficiaries understand, and create solidarity with the Majengo/Msaranga groups to also gain capacity and confidence to positively challenge this policy as it affects them directly.

One-to-one small business counselling will be offered to TUSONGE-CDO beneficiaries through the aid of TUSONGE field workers. The counselling will mainly focus on the individual business development and assessment will be conducted to assess how best they have translated the learning into practice. Team of role models from Majengo groups will be used in a way to accompany the field workers while in Msaranga to ensure changes are realized and share with the new groups' possible strategies to enhance their economic incomes as entrepreneurs.

Clear strategies for encouraging and mobilizing members to develop a saving culture through saving groups of village **community banks (VICOBA)** will ensure long term sustainability of their business plans as marginalized groups.

For sustainable development the study pointed out the importance of putting clear strategies which will directly contribute to change of the existing practices, attitudes, policies and laws which hinder entrepreneurship development. This information will remain a document which can incorporate some new emerging issues on ground. However, the same document will be used to give some insights to any interested party who wish to pursue the issues in the same field in the community development initiatives. The newly established groups from this 2012 project will be encouraged to join the network of entrepreneurs which TUSONGE aims to establish for creating bigger changes and impact in the Kilimanjaro communities.