

2010

Tanzania Community Profiles: baseline information



The Kesho Trust

Dar es Salaam, Tanzania

Protected Areas and Poverty Reduction Research Alliance [PAPR]

Community Profile Baseline Information

For

**Study area: Saadani National Park
Communities of Saadani, Matipwili, Mkwaja,**

**Study area: Serengeti National Park
Communities: Nyichoka and Rwamchanga**

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December, 2010

Acknowledgements

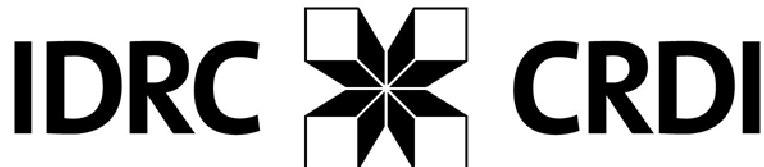
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Foreword

This report is a product of the Protected Areas and Poverty Reduction Research Alliance [PAPR] in Tanzania. The Kesho Trust is a local community partner in the research alliance and is responsible for community coordination in support of the research program. The Kesho Trust works with two partner local organizations, one in each of the two study areas identified by the PAPR. In the Serengeti study area we work with the Serengeti Farmers' Association [SEFA] and in the Saadani study area we work with Saving Africa's Nature [SANA]. The report brings together data collected in the five communities identified by PAPR within the study areas adjacent to the Serengeti and Saadani national parks. Over the remaining years of the project these communities will be the focus for ongoing studies into the relationships between poverty and protected areas.

The aims of this data are two-fold: to provide baseline information on the current socio-economic status of each community; and to kick-start the process of knowledge mobilisation by engaging community members in research. Since the project seeks to assist local communities to identify the problems caused by living adjacent to protected areas and create sustainable solutions the first step has been to actively engage local people in finding out more about their current situation. The community profile process was designed as a series of short questions covering the areas of demographics, income and economic opportunities, transport and infrastructure developments, education and health provisioning.

During February and March 2010 the two community coordinators working as part of the PAPR project (Ally Abdallah and Edward Mturi) engaged in a process of meetings, interviews and observations with each of the five villages in order to gain as much detailed information as possible for the community profiles. All the community profile questions were translated into Kiswahili so that village leaders and members of the village committees could see for themselves what information was being gathered. The result they was a detailed picture of the current socio-economic situation of each of the communities. Some problems were encountered with a lack of local official data (for example on population numbers or school attendance) and difficulties in estimating monthly income by those unused to keeping records (such as subsistence farmers and fishermen) however, community members came up with the best possible information.

Since this initial round of data collection the communities have begun articulating their main needs and issues and have formed village committees to engage with the researchers directly. Each community profile has been translated into Kiswahili and is now being used by village committees to help map out what their priorities are for discussions over the coming few years.

Lorraine Wapling
The Kesho Trust
December 2010

For further information on PAPR visit:
Protected Areas and Poverty Reduction Research Alliance - www.papr.co.ca
The Kesho Trust – www.thekeshotrust.org

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1. See appendix 1 for the template used in each community
 2. Ally Abdallah works with SANA and Edward Mturi works with SEFA.

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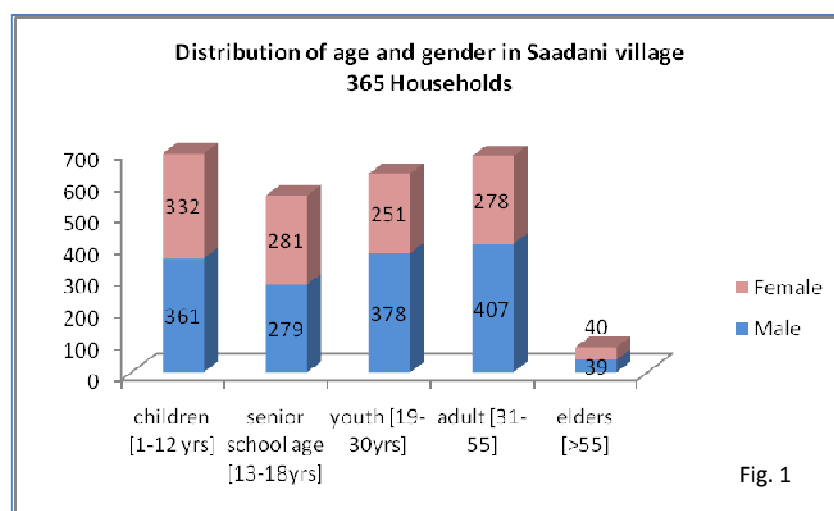
SECTION 1 SAADANI NATIONAL PARK STUDY AREA

1.1 Saadani village community profile

Baseline information gathered – February / March 2010

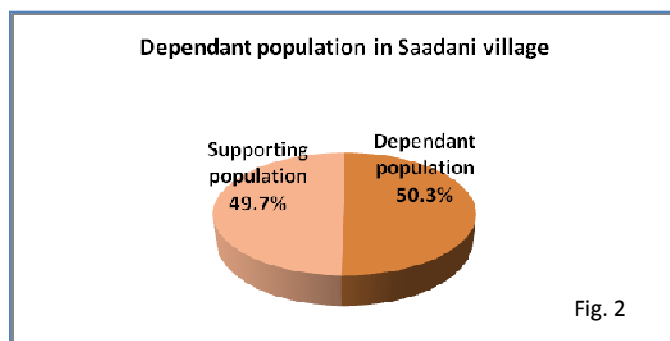
1.1.1 Basic population

This village has a total population of 2,646 distributed across 365 households. Of all the villages covered by the surveys it has the highest average number of people per household (7 compared with an average of 3-4 in all other villages).



The single largest age group represented are those between 1-12 years (26.2%) although the next largest group, those between 31-55 years are only slightly less in number (25.9%). Only 3% of the village is over 55 years which is significantly lower than in all other research sites (Fig. 1).

Given an average economically productive age of between 19-55 years this village has 48.3% of its population as dependant (Fig. 2). This is low in comparison to the other research sites and is linked to a relatively high number of adults (age 31-55 years) – a group who are less prevalent in other areas.



In terms of overall gender distribution there are slightly more men than woman across all age groups (55.3%). However there is a significant difference in the ratio of men : women in the 19-30 years age group with 60.1% males compared to 39.9% females. This level of gender disparity is not evident in any of the other areas and might be indicative of high levels of maternal mortality linked to poor health services (there are no midwives at the health centre although this is also the case for most of the other research sites).

1.1.2 Services and general infrastructure

Saadani has two primary schools within the village but no facilities for either pre-primary or secondary education. The largest school consists of nine classrooms, originally constructed in 1969 but recently rebuilt (2009/10). It was funded by the local council and Saadani Safari Lodge. The other school has seven classrooms and was built in 1989 with support from STAMICO. The community itself has not made any contributions to either of these schools.

Overall school attendance is comparatively low. No children attend pre-primary or secondary schools and only 22% of those eligible are attending primary school. There are reported to be just 4 teachers which is the lowest pupil to staff ratio (Mkwaja also has just 4 staff although this village has significantly fewer children). Despite the low number of teachers 95% of children who attend primary school graduate.

This village has two health professionals – representing medical and nursing care staff which means it is relatively well served. Some areas such as Nyichoka and Rwamchanga have no medical staff at all (only nurses). Despite the absence of a midwife Saadani has a ‘mother and child’ program running. It also reportedly has a well stocked pharmacy and a VCT centre for HIV programs. Levels of infection rates for HIV are not reported on in this survey. There is one ‘mother and child health’ clinic within the village boundary, constructed in 1974 with support from the district council. The village provided labour for digging the foundations and collected water for the construction process.

The next level of services for extended healthcare and emergencies are 42 km away and the nearest hospital is 156 km away (in Bagamoyo). This community faces the greatest distance for travel to hospital services – the average for the other communities is 32 km. This is another possible contributing factor in the gender disparity for women of child-bearing age.

In terms of water and sanitation this village has no communal latrines and just one water point within the village boundary. This water point is untreated which is quite common amongst the communities surveyed. The single water point is a windmill well which was installed and maintained by Saadani Safari Lodge (at a cost of Tsh 40 m). The community also take some responsibility for maintenance.

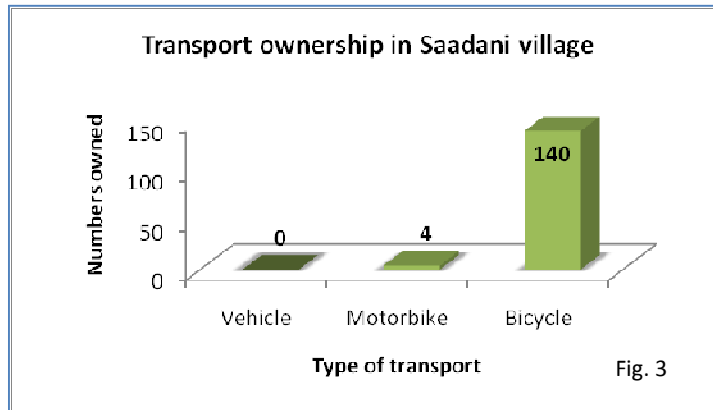
Credit and banking services are a major challenge for this community. The nearest bank is 120 km away (in Chalinze) which is considerably greater than for any of the other communities (average distance travelled across all communities is 49.6 km). There are no credit facilities available within the community and reportedly only 1% of the population here has a bank account.

The only other community building Saadani has is a village hall which was constructed in 1969 with the support of the District Council and local labour.

1.1.3 Transport and links to surrounding communities

Saadani has three main communities surrounding it: Matapwili at a distance of 32 Km; Mkange at 35 Km; and Gongo at 16 Km. The only all weather access road is the one to Mkange, the others can be impassable during the rainy season.

Saadani has comparatively limited access to motorised personal transport with only four motorbikes and no vehicles owned. It does however have the greatest number of bicycles owned (150 in total) (Fig. 3).

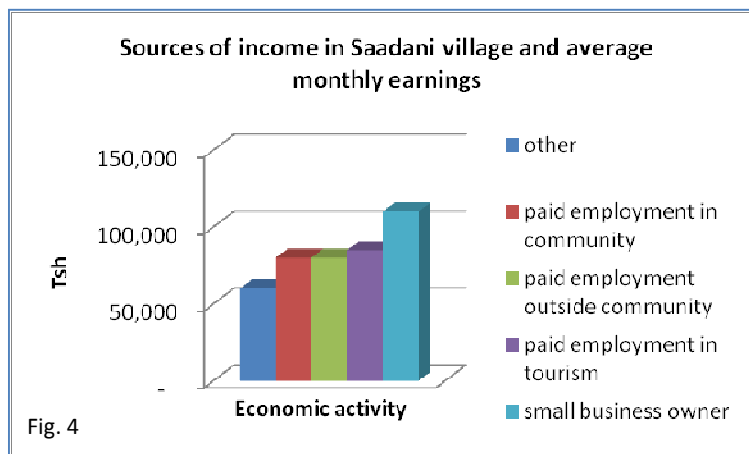


There is daily minibus transport to Dar at a cost of Tsh 8,000/- as well as daily transport to the local market town of Miono (primary purchase market) at Tsh 3,000-. Local motorbike taxis can be hired at any time to take people to the surrounding areas and for within Saadani at 500/- per Km.

1.1.4 Economic opportunities

Overall Saadani has the lowest total village income average per month of all the research sites at just Tsh 415,000/-. This compares to Rwamchanga which has a village monthly average of Tsh 1.2m/-.

The most common individual economic activity is paid employment within the community, followed by paid employment in the tourist sector (Fig. 4). However at only 28 and 22 individuals respectively these are by no means a major source of community income. In addition there are 20 small business owners within Saadani and in average monthly income terms these individuals earn the most at around Tsh 110,000/-. There are three individual business investors in the community.



Households are heavily reliant on fishing (all households engage in this activity) although the average monthly income gained from this is only Tsh 70,000/- per household. Only 12 households reported engaging in agricultural activities although average monthly income from this is slightly higher at Tsh 75,000/-.

Given the relatively small number of individuals engaged in any form of economic activity (in total 79 representing 6% of those who are potentially economically active - active taken as all males and females aged 19 to 55 years) it would seem this community is almost entirely dependent on household subsistence fishing with minimal agriculture.

1.1.5 Organisations present

There are two organisations present within this community, both connected to the tourist industry: Saadani Safari Lodge and Saadani Tourist Camp. Saadani Safari Lodge is the largest organisation employing a total of 42 people (8 female). Saadani Tourist Camp employs 4 staff (all males).

1.1.6 Comparative data

Of all the villages covered by the surveys it has the highest average number of people per household (7 compared with an average of 3-4 in all other villages) (Fig. 5).

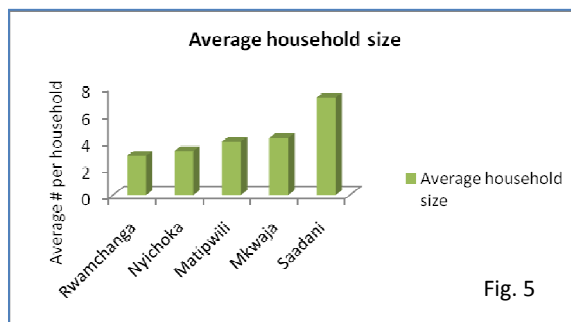


Fig. 5

Despite having very limited access to transport overall Saadani has the highest number of bicycles of all the communities (Fig. 6).

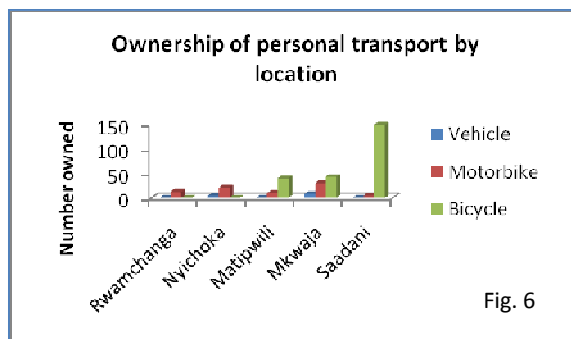
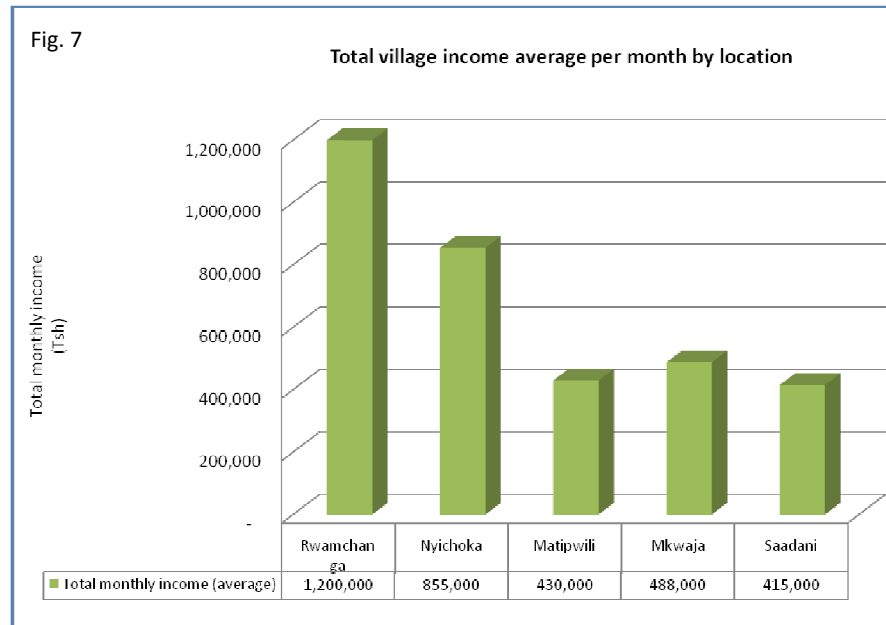


Fig. 6

Saadani has the lowest recorded total village income average per month of all the research communities (Fig. 7).



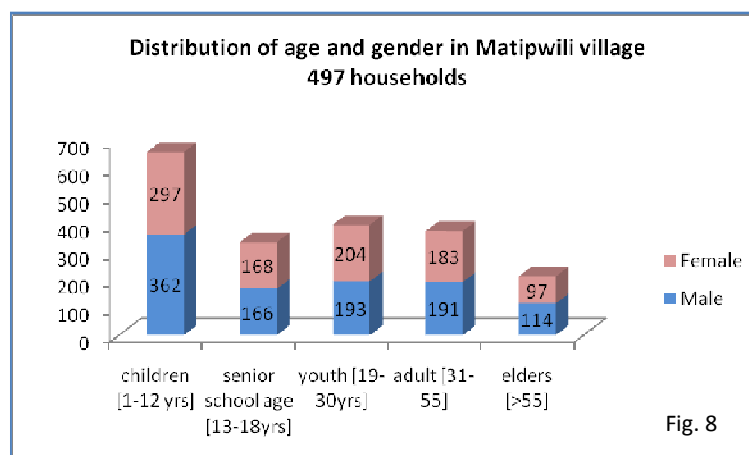
1.2 Matipwili village community profile

Baseline information gathered – February / March 2010

1.2.1 Basic population

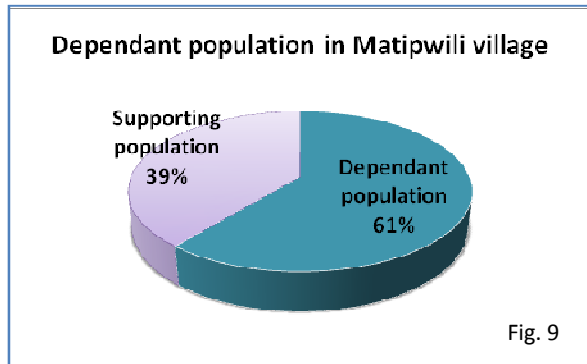
This village has a total population of 1,975 people distributed across 497 households making it the second smallest community of all the research sites. It has an average of 4 people per household which is amongst the most common number.

The single largest age group represented are those between 1-12 years (33.4%) with those between 19-30 years (20.1%) making up the next largest group. As with most of the other communities 10.7% of the village is over 55 years (Fig. 8).



In terms of overall gender distribution there are slightly more men than woman across all age groups (51.9%). Women outnumber men only in the 19-30 years age group (51.4%). Unlike the other research communities there are slightly fewer women in the elders group. In all other communities women make up the majority gender in this age group.

Given an average economically productive age of between 19-55 years this village has 61% of its population as dependant. This is slightly higher in comparison to the other research sites and is linked to relatively low numbers of adults (age 31-55 years) with higher numbers of elders (over 55 years) and children (1 – 12 years) (Fig. 9).



1.2.2 Services and general infrastructure

In terms of education provision, given the relatively small overall population this community is well served with schools. It has a pre-school, primary and secondary school all within the village boundary. The pre-school has one room and was built in 2008 entirely by the community (via the village council). The primary school has ten rooms and was constructed in 1970 again with total support from the community. The secondary school has seven rooms in total and was built in 2007. The construction of this school was supported by TANAPA, BEDF, MMES, and SANCTUARY with a 30% contribution coming from the village.

Perhaps not surprisingly overall school attendance rates are comparatively high (88% at primary school and 77% at secondary school) with a higher percentage of eligible children attending secondary school than in any of the other research sites.

The pre-school has one teacher and so far 100% of those who start will graduate. There are nine primary teachers which given the size of the overall population is a relatively high number with graduation rates for students at 77%. The secondary school has five teachers but since it is still relatively new there have yet to be any graduates.

This community has three health professionals (one medical and two nursing staff) and in fact is the only village which has its own midwife. This village is therefore relatively well served in health professional terms as well as in education. Matipwili reportedly has a well stocked pharmacy and a VCT centre for HIV programs. Levels of infection rates for HIV are not reported on in this survey. There is one 'mother and child health' clinic within the village boundary, constructed in 1973 entirely through contributions made by the village (through the village council). They have a 'mother and child health' program running.

The next level of services for extended healthcare and emergencies are 42 km away (in Miono) and the nearest hospital is 60 km away in Bagamoyo (well above the 32 km average). In terms of water and sanitation this village has no communal latrines and just one water point within the village boundary. This water point is untreated which is quite common amongst the communities surveyed. The single water point is a water pump which was

installed by the District Council (cost unknown). However it appears there has been no maintenance on this pump and as a consequence it is currently out of working order.

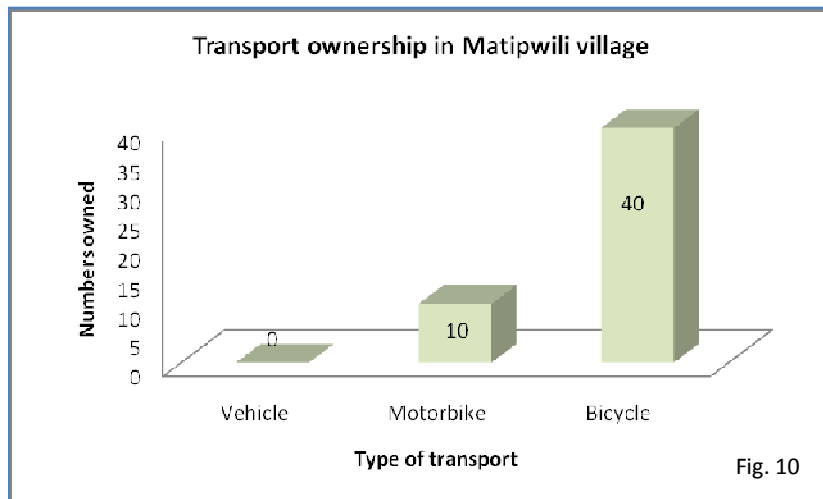
Credit and banking services are a challenge for this community. The nearest bank is 60 km away (in Bagamoyo) which is somewhat above the overall average distance of 49.6 km. There are no credit facilities available within the community and reportedly none of the population here has a bank account.

There are no other community buildings in Matipwili.

1.2.3 Transport and links to surrounding communities

Matipwili has six main communities surrounding it: Gongo at a distance of 13 km; Fukayosi at 30 km; Saadani at 32 km; Kidomole at 38 km; Makurunge at 40 km; and Kiangwa at 45 km. However there are no all weather access roads to any of these surrounding communities and given their overall poor condition can often be impassable during the rainy season. Despite this Matipwili is the preferred primary purchase market for four of these surrounding communities (Gongo, Fukayosi, Saadani, and Makurunge).

Matipwili has relatively limited access to personal transport with forty bicycles, only ten motorbikes and no vehicles owned (Fig. 10).



Unlike in the other research communities there is no daily transport available to any major town (no minibuses or other forms of passenger transport). The only option available are the local motorbike taxis which can be hired at any time to take people to the surrounding areas and for use within Matipwili at 500/- per Km.

1.2.4 Economic opportunities

Matipwili has the second lowest total village income average per month of all the research sites at Tsh 430,000/-, just slightly higher than in Saadani (Tsh 415,000/-).

The most common individual economic activity is small business ownership with 43 individuals having their own business. This is also the most profitable economic activity enabling individuals to earn an average of Tsh 120,000/- per month (Fig. 11).

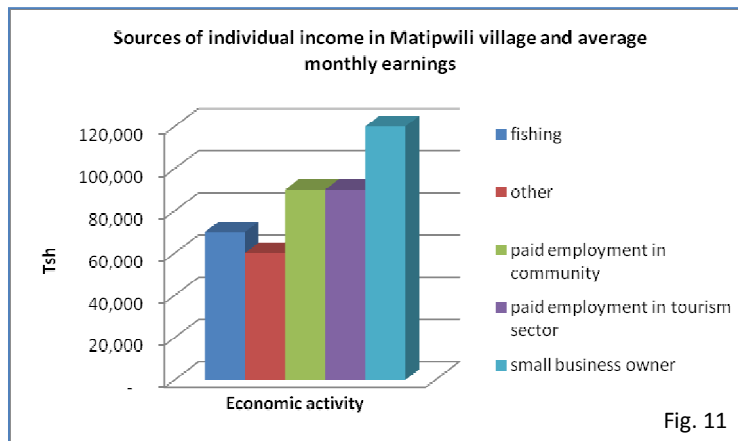


Fig. 11

There are no individuals engaged in agriculture (although 25 earn a regular income through marine fishing) and no one has paid employment outside of the village. There is one individual business investor in the community.

Households are heavily reliant on agriculture (65.4% households engage in this activity) although the average monthly income gained from this is only Tsh 52,000/- per household. There are no other reported household income activities in this community.

Given the relatively small number of individuals engaged in any form of economic activity (in total 118 representing 15.3% of those who are potentially economically active - active taken as all males and females aged 19 to 55 years) it would seem this community is heavily dependent on household subsistence agriculture.

1.2.5 Organizations' present

There are no reported organizations operating within this small village.

1.2.6 Comparative data

Matapwili has the highest ratio of dependent to supporting populations of all the research communities (Fig. 12).

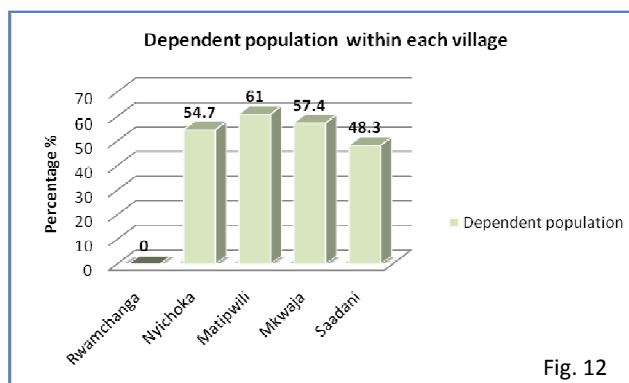


Fig. 12

It has the highest overall percentage of eligible children attending secondary school of all the research sites (Fig. 13).

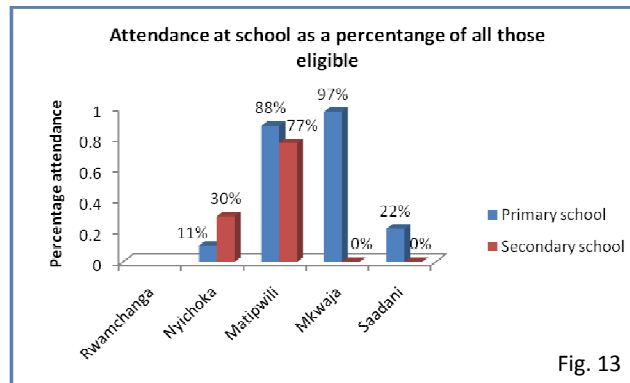


Fig. 13

And it has comparatively high numbers of primary and secondary teaching staff given the relatively low overall population (Fig. 14).

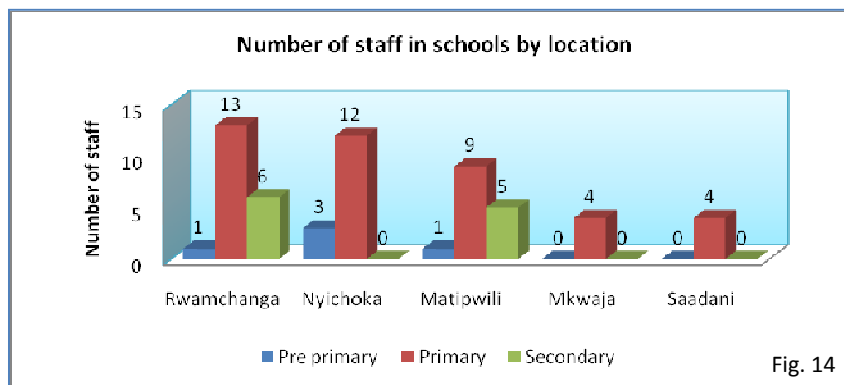


Fig. 14

In addition it has relatively good levels of school attendance from pre-school through to secondary school (Fig. 15).

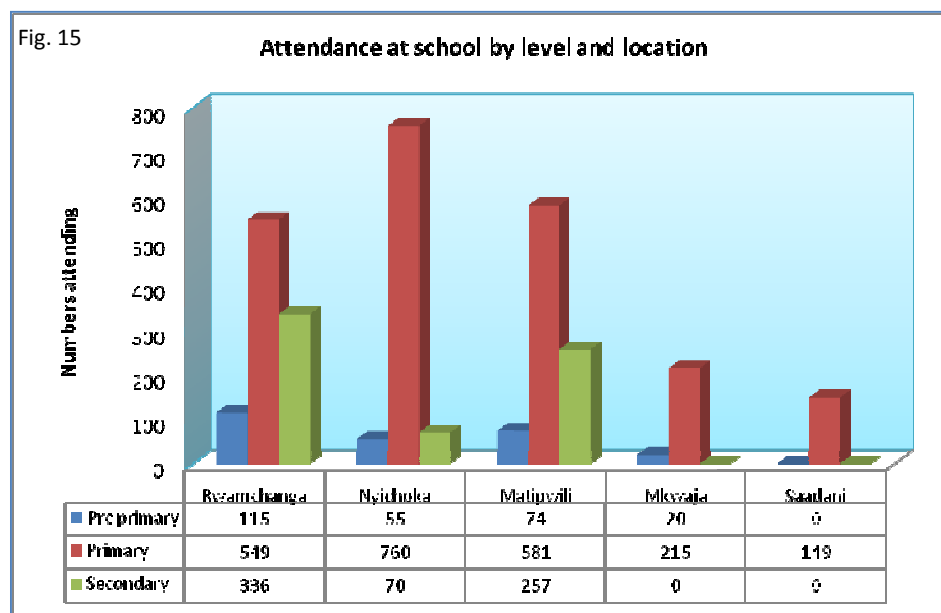


Fig. 15

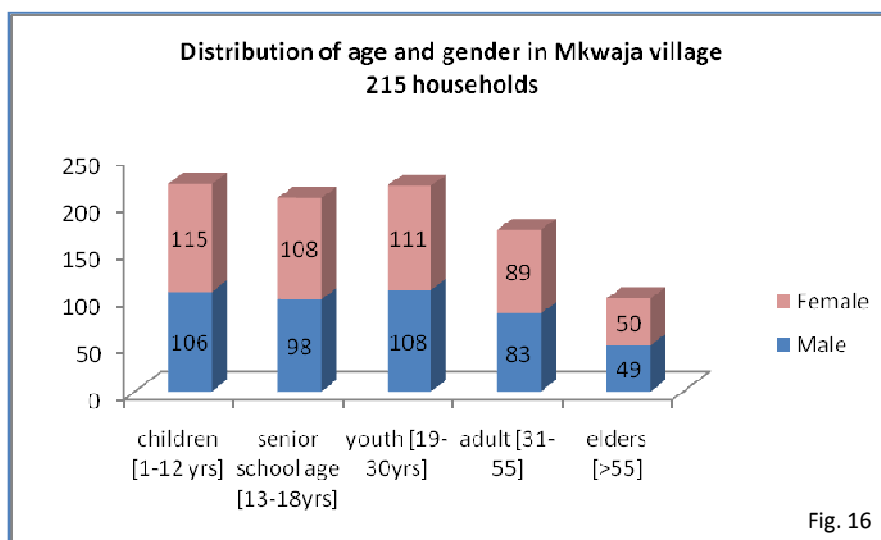
1.3 Mkwaja village community profile

Baseline information gathered – February / March 2010

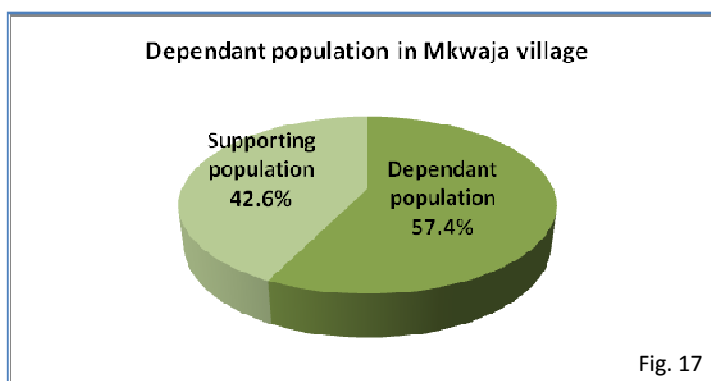
1.3.1 Basic population

This village has a total population of 917 people distributed across 215 households making this the smallest community of all the research sites. It has an average of 4 people per household which is amongst the most common number.

The single largest age group represented are those between 1-12 years (24.1%) although the next two groups, those between 19-30 years (23.9%) and those between 13-18 years (22.5%) are only fractionally smaller. This community thus has a relatively high proportion of younger people. As with most of the other communities 10.8% of the village is over 55 years (Fig. 16).



In terms of overall gender distribution there are slightly more woman than men across all age groups (51.6%). Women outnumber men in the 19-30 years age group (50.7%). Given an average economically productive age of between 19-55 years this village has 57.4% of its population as dependant (Fig. 17).



1.3.2 Services and general infrastructure

In terms of education, this community has a pre-school and primary school within the village boundary but no provision for secondary education. The pre-school has no designated room or building and no staff but reportedly 89% of those starting will graduate. The primary school has six rooms and was constructed in 1976, then renovated in 2008. This school was built with support from the District Council with the community providing labour and water for the construction process.

Overall primary school attendance rates are comparatively high (97%). This village therefore has the highest percentage of eligible children attending primary school than in any of the other research sites. It has just four teachers but a graduation rate of 92% which is also comparatively high. None of the young people in this village are reported as attending secondary school.

This community has access to three health professionals all of them medical staff (there are no nursing staff reported) which is unique amongst the research sites. There is one 'mother and child health' clinic within the village boundary, constructed in 1976 with support from the district council and also renovated in 2008. The village provided labour for the construction process.

There are no health services available within the village boundary however. The closest staffed health service is the 'mother and child program' which operates from ¼ Km away. There is reportedly a well stocked pharmacy 12 km away.

The next level of services for extended healthcare, VCT services and emergencies are 42 km away (in Pangani). The nearest hospital is also 42 km away in Pangani.

In terms of water and sanitation this village has communal flush latrines and 22 water points within the village boundary. The latrines were installed with support from a tour guide and some external sponsors at a cost of Tsh 1M. The tour company maintains these latrines – the community has no involvement.

All water points are untreated which is quite common amongst the communities surveyed.

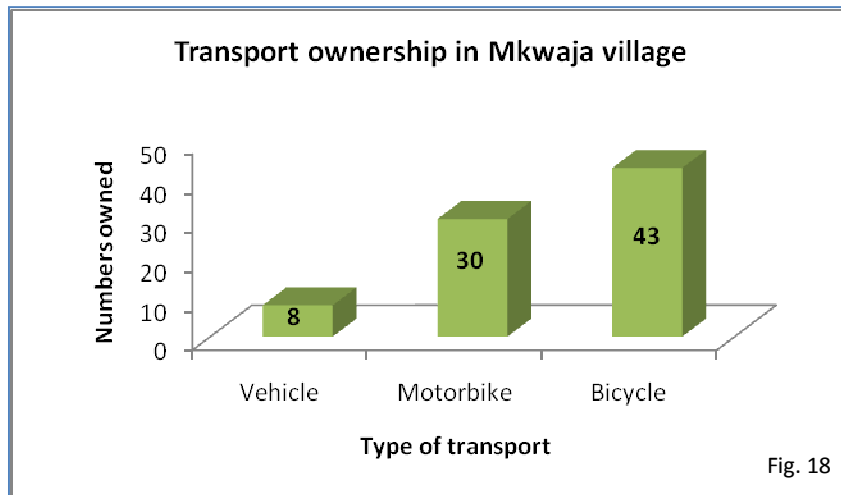
Credit and banking services are available for this community although still some distance away. The nearest bank is 42 km away (in Pangani) which is a little below the overall average distance of 49.6 km. Pangani also has credit facilities and 16% of the population have loans. In this community 6% of the population have bank accounts.

There are no other community buildings in Mkwaja.

1.3.3 Transport and links to surrounding communities

Mkwaja has just two main communities surrounding it: Mikocheni at 4 km and Buyuni at 12 km. However there are no all weather access roads to either of these surrounding communities which means they can become impassable during the rainy season. Despite the road conditions Mkwaja is the primary sales market for Mikocheni.

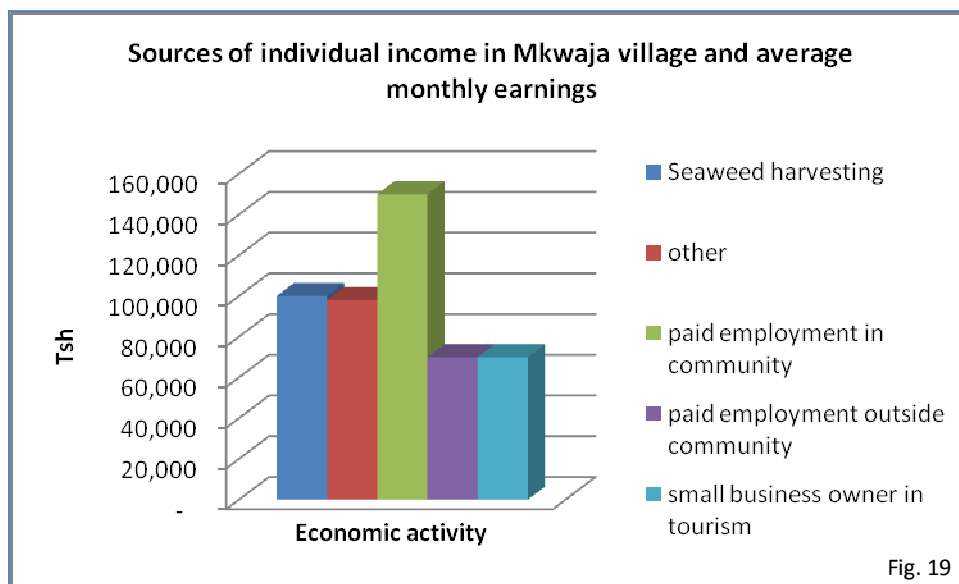
Given the small population Mkwaja has a high number of personally owned transport. It has the highest number of vehicles owned (8 in total – double that of Nyichoka the only other community in which vehicles are owned), the highest number of motorbikes and the second highest number of bicycles (Fig. 18).



In addition there is a daily bus to Tanga at a cost of Tsh 3,500/-. Local motorbike taxis can also be hired at any time to take people to the surrounding areas and for within Mkwaja at Tsh 500/- per km.

1.3.4 Economic opportunities

Of the three research sites in this area Mkwaja has the highest total village income average per month at Tsh 488,000/-, although this is still well below the highest total village income average of Tsh 1.2M (Rwamchanga) (Fig. 19).



The most common individual economic activity is actually marine fishing which 191 individuals take part in. However it was not possible to record how much they were earning each month from this activity. The next most popular economic activity is seaweed harvesting (the only community which reported engaging in this) with 16 individuals followed by paid employment in the community (14 individuals). This last economic activity is also the most profitable enabling individuals to earn an average of Tsh 150,000/- per month. There is only one business investor in this community.

There are very few households engaged in economic activities – 25 households are subsistence farmers; 2 are cattle keepers (Tsh 90,000/- per month) and 2 are small business owners (Tsh 90,000/- per month). This is a relatively small number and seems to reflect a greater reliance on individual economic activities (64.5% of those who are potentially economically active are engaged in income generation - active taken as all males and females aged 19 to 55 years).

1.3.5 Organizations' present

There are two organizations present within this community: SANAPA and Tent with a View. SANAPA is the largest organization employing a total of 68 people (10 female) and focusing on National Park Conservation and management. Tent with a View is a tourist operation employing a total of 14 people (all males).

1.3.6 Comparative data

Primary school attendance in Mkwaja is the highest from across all the research sites (Fig. 20).

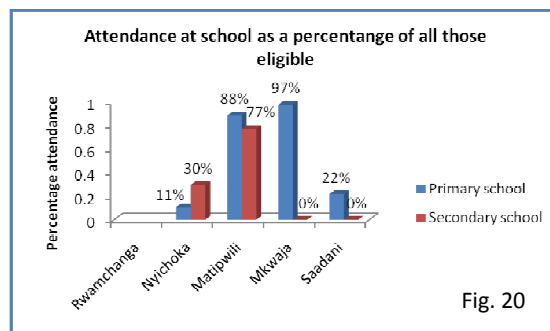


Fig. 20

There are very high numbers of personally owned vehicles, motorbikes and bicycles despite this being the smallest of all the villages (Fig. 21).

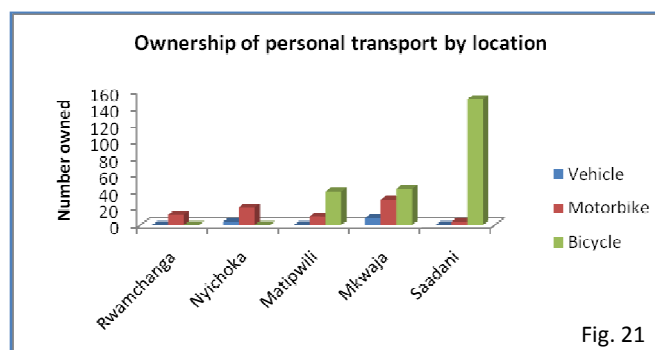
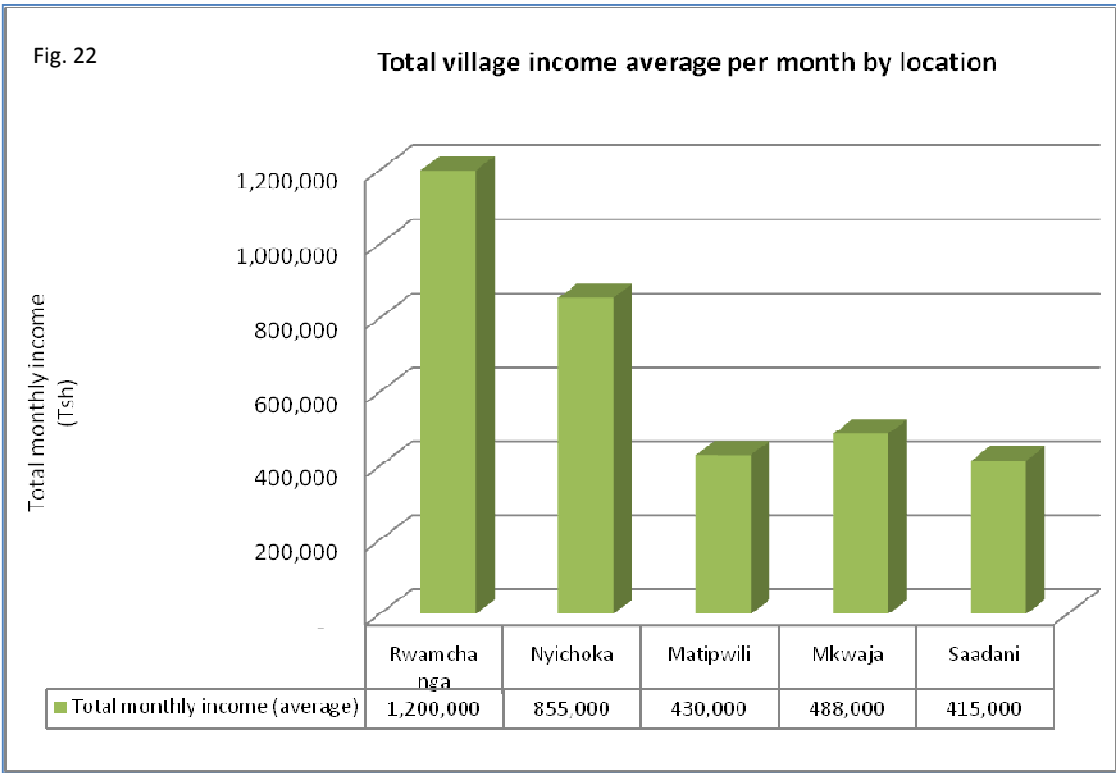


Fig. 21

The average individual monthly income from economic activities is also relatively high for the area (Fig. 22)



SECTION 2 SERENGETI NATIONAL PARK STUDY AREA

2.1 Nyichoka village community profile

Baseline information gathered – February / March 2010

2.1.1 Basic population

This village has a total population of 3,351 distributed across 1,022 households making this the largest community of all the research sites. It has an average of 3 people per household which is slightly below the overall average of 4.

The single largest age group represented are those between 19-30 years (38.5%) followed by those between 1-12 years (35.8%). This village has a particularly unique age distribution with those between 13-18 years (7.1%) and those between 31-55 years (6.7%) being especially low in number. No other research site shows such marked age disparity. Those who are over 55 years have the highest representation of all the villages (11.8%) (Fig. 23).

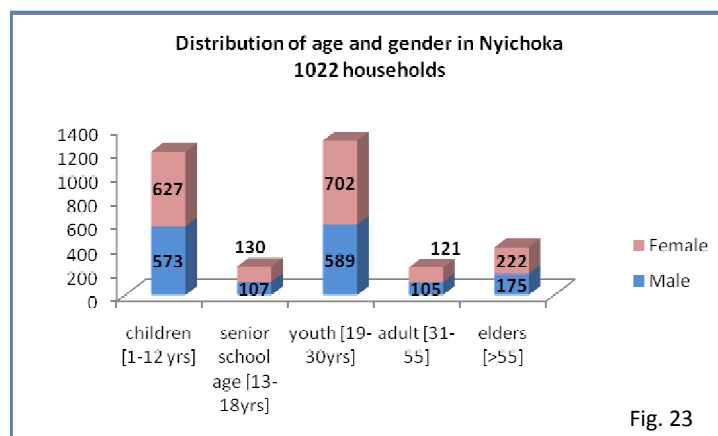


Fig. 23

In terms of overall gender distribution there are slightly more women than men across all age groups (53.8%) just slightly above the average. Women outnumber men in the 19-30 years age group (54.4%).

Given an average economically productive age of between 19-55 years this village has 54.7% of its population as dependant (Fig. 24). This is average in comparison to the other research sites despite the low numbers of those between 31-55 years. The figure is balanced by the particularly high percentage of youths (19-30 years).

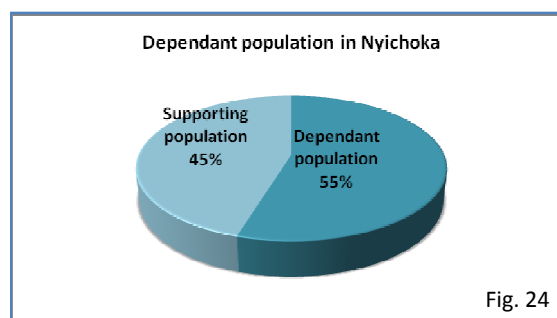


Fig. 24

2.1.2 Services and general infrastructure

There are no education facilities within the village boundaries but children and young people are accessing pre-primary, primary and secondary education. The nearest pre-primary school is about 1.5 km away and has 7 rooms. It was constructed in 2006 with all contributions coming from the community itself. It has 3 teaching staff which is the highest number of all pre-primary schools covered by the research with a reported 90% graduation level.

The local primary school is an average of 3.5 km away and has a total of 16 rooms. It was built during the 1970's (exact date unspecified) with support from the government. The local community provided labour. There are 12 teaching staff. The local secondary school is an average of 11 km away but there are no further details on its size or levels of staffing.

Nyichoka has relatively poor school attendance rates compared to the average across all the villages surveyed. Although it has the highest number of primary school attendees (760) this represents just 11% of those who are eligible making it the lowest attendance rate of all the communities. It is reported that 75% of those who attend primary school will graduate. Despite the distance 30% of those eligible are attending secondary school with an average graduation level of 80%.

This community has access to three health professionals all of them nursing staff (there are no medical staff reported) but there is no trained midwife. There is one clinic within the village boundary, constructed in 2004 with support from the government. The village provided labour for the construction process.

There are no health services available within the village boundary however. The closest staffed health service is the 'mother and child program' which operates from 4.5 Km away. There is reportedly a well stocked pharmacy 8 km away.

The next level of services for extended healthcare is 16 km away (in Mugumu). The nearest hospital is also 16 km away in Mugumu. There is no reported access to VCT services for this village which unique amongst the research communities.

In terms of water and sanitation this village has no reported communal latrines and 12 water points within the village boundary. The average distance for all water points is 1 km with the furthest being 6 km. For water quality 10 of the water points are of medium quality (deep and shallow wells) and 2 are reported as being poor (Chaco dams).

The two deep wells were installed with support from Grumeti Reserves but the community itself now looks after all maintenance via the Village Council (costs unknown). The 8 shallow wells were installed through the HESAWA program and are also now maintained by the community.

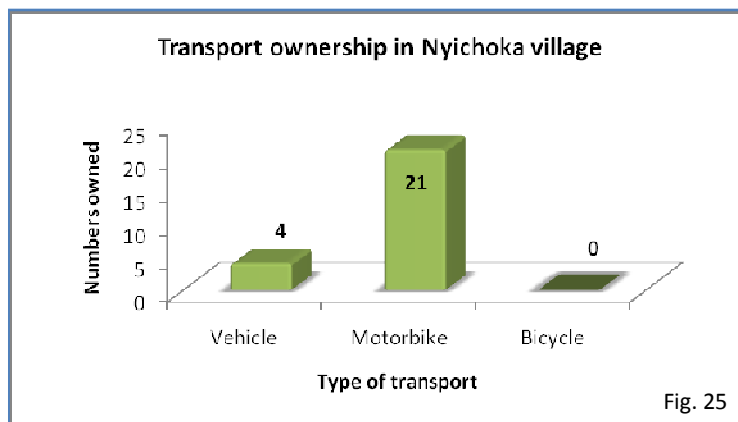
Credit and banking services are available for this community within 16 km (in Mugumu) which is well below the overall average distance of 49.6 km. The percentage of those with accounts or loans is not recorded.

Nyichoka has two additional community buildings. A village office, with 7 rooms constructed in 2002 by the Village Council and a community hall built in 1975 by the Mara Cooperative.

2.1.3 Transport and links to surrounding communities

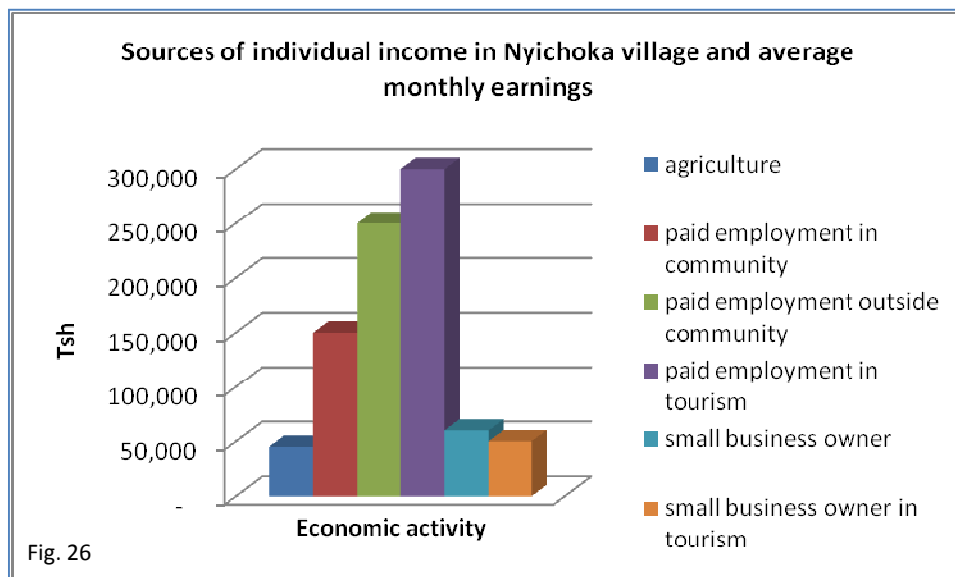
Nyichoka has three main communities surrounding it: Burunga at a distance of 6 km; Kyambahi at 6 km; and Nyakitono at 10 km. Both Burunga and Nyakitono have all weather access roads although the condition of the roads is reported to be medium. The road to Kyambahi is poor and can become impassable during the rainy season.

Given the large population Nyichoka has relatively low levels of ownership of personal transport. There are reportedly no bicycles, 21 motorbikes and 4 vehicles (Fig. 25). There are daily minibuses to Bunda and Mugumu at a cost of Tsh 3,000/- but no other transport options.



2.1.4 Economic opportunities

Nyichoka has the second highest total village income average per month at Tsh 855,000/-, although this is still some way below the highest total village average income of Tsh 1.2M (Rwamchanga) (Fig. 26).



The most common individual economic activity is agriculture (64.2%) despite the fact it brings in the lowest average monthly earning. The highest earning individual economic activity is paid employment in tourism (Tsh 300,000/- per month) although the data does not specify how many individuals are engaged in this activity (see paragraph below).

Much of the economic activity in this village is recorded as being carried out at the household level. All households are recorded as engaging in agriculture which returns a monthly average income of Tsh 5,000/-. The highest earning household activity is paid employment in the tourism sector (Tsh 300,000/-) which 21 households take part in (2.1%). There is one household run business investor.

2.1.5 Organisations present

Despite the size of this community there are no reported organisations present within the village boundaries.

2.1.6 Comparative data

Nyichoka has a slightly lower than average household size (Fig. 27).

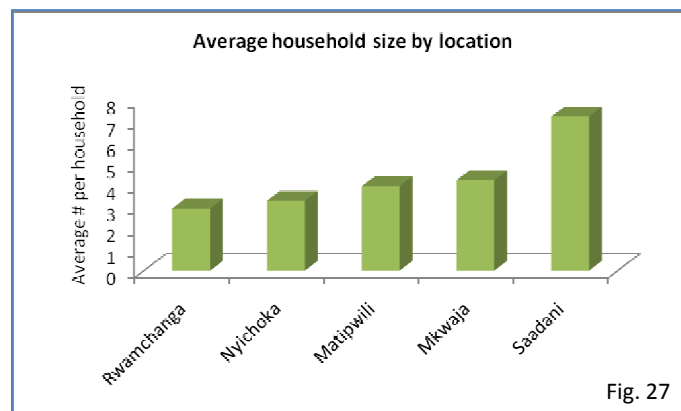


Fig. 27

It also has the lowest primary school attendance rate (Fig. 28).

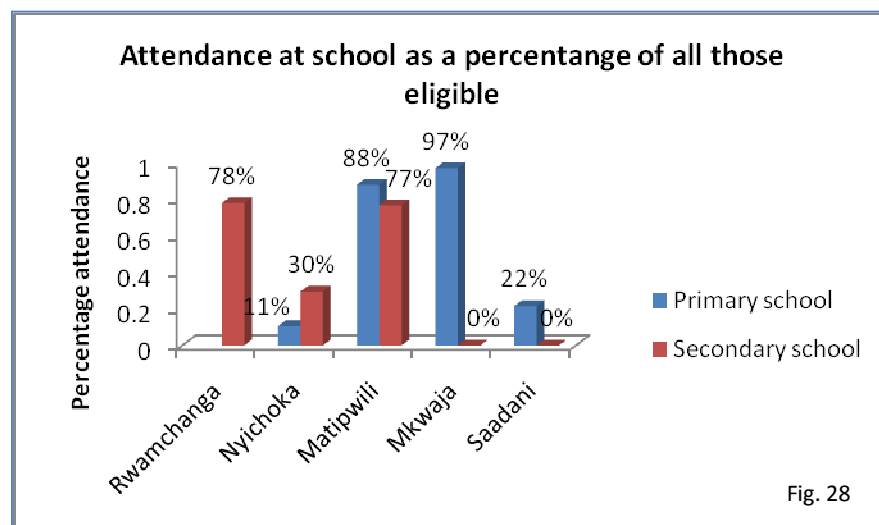
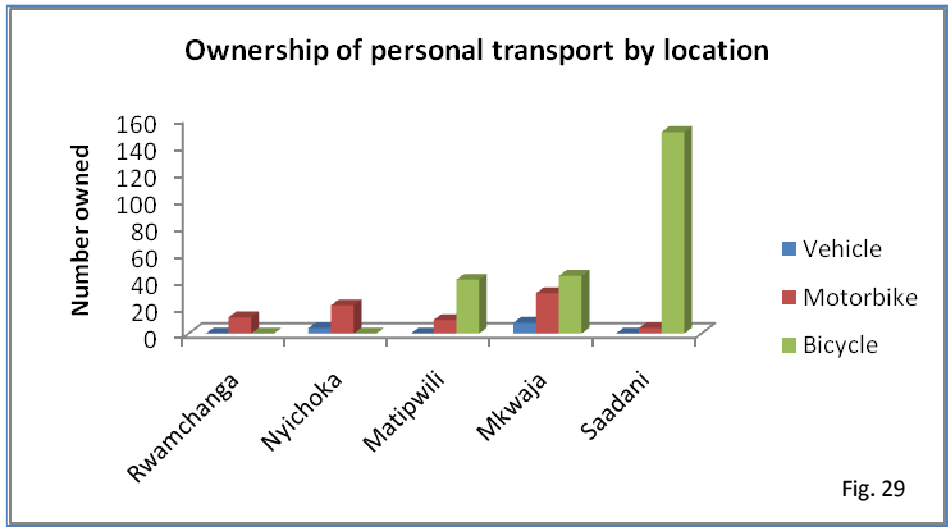
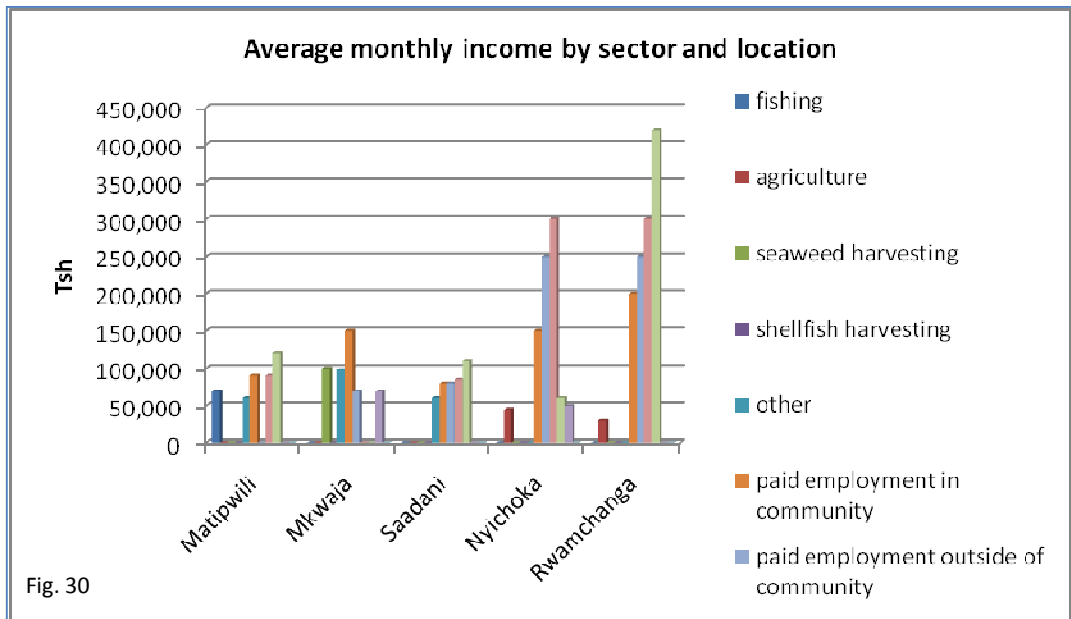


Fig. 28

Despite this being the largest community it has relatively low access to personal transport (Fig. 29).



Nyichoka does relatively well in terms of average monthly income (Fig. 30)



2.2 Rwamchanga village community profile

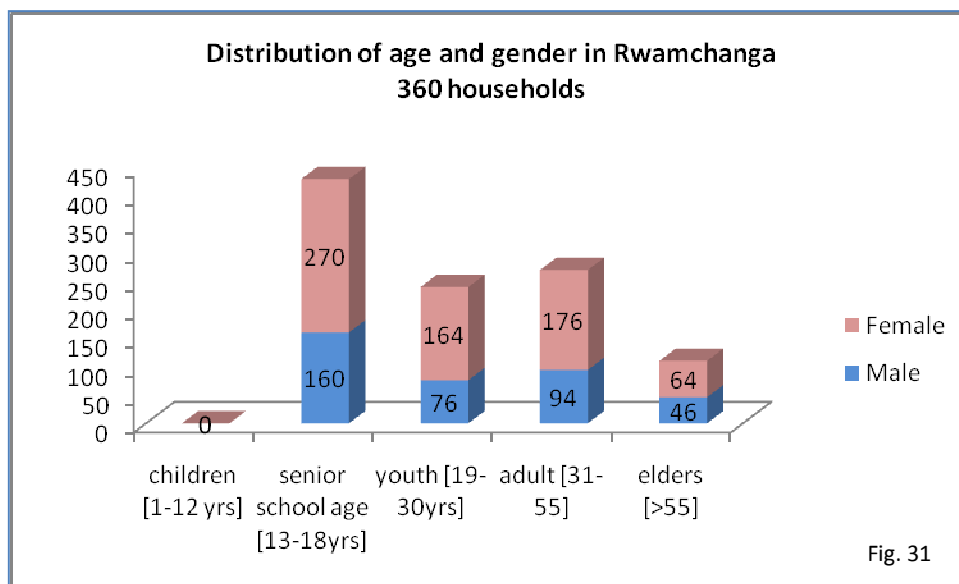
Baseline information gathered – February / March 2010

2.2.1 Basic population

NB: Data from the 1-12 years age range was not collected for this village. Some of the analysis therefore cannot be done at this point, the rest is based on information linked to the population from 13 years and above.

This village has a population of 1,050 people aged 13 years and over distributed across 360 households. It has an average of 3 people per household which is slightly below the average of 4.

Of the data available the single largest age group represented are those between 13-18 years (41%) which is the highest representation for this age range of any of the communities surveyed. As with most of the other communities 10.5% of the village is over 55 years (Fig. 31).



In terms of gender distribution there are considerably more woman than men across the age groups represented (64.2%), well above the average. Data from the 1-12 years group however could significantly alter this average. Women outnumber men in the 19-30 years age group (68.3%) by a significant margin and well above the average across all the communities.

2.2.2 Services and general infrastructure

In terms of education facilities the children and young people in this village are accessing pre-primary, primary and secondary education. The nearest pre-school is an average 3.5 km away although it does not have a specific building or room. It does however have one teacher and reportedly 90% of those who attend will graduate.

The local primary school is also an average 3.5 km away and has a total of 8 rooms. It was built in 1976 with support from the government. The local community provided labour. There are 13 teaching staff – the highest number of primary teaching staff of all the locations surveyed.

The local secondary school is also an average of 3.5 km away and has a total of 6 rooms. It was built in 2003 with support from both the government and the local community. The latter providing both building materials and labour. There are 6 teaching staff – again the highest number of secondary school teaching staff of all the research communities.

Data suggests that 549 children are attending primary school with a 65% graduation level. At secondary level 78% of those eligible are attending, which is the highest percentage of all the communities with a 70% graduation level.

This community has access to just one health professional, a Staff Nurse (there are no medical staff reported). This is the poorest provision of health professionals of all the communities surveyed. There is one dispensary within the village boundary, constructed in 1985 with support from the government. It has 3 rooms in total.

There is a 'mother and child health' program operating within Rwamchanga but no other health services are available within the village boundaries. The nearest well stocked pharmacy is 10 km away (in Mugumu) as is the nearest VCT centre.

The next level of services for extended healthcare is 10 km away (in Mugumu). The nearest hospital is also 10 km away in Mugumu.

In terms of water and sanitation this village reports two sets of latrines sited at the primary school and 12 water points. The latrines were constructed as part of the HESAWA program and are currently maintained by the school.

The average distance for all water points is 2.5 km with the furthest distance being 4 km. For water quality 11 of the water points are of medium quality (deep and shallow wells) and 1 is reported as being poor (Chaco dam).

The two deep wells were installed with support from Grumeti Reserves (at a cost of Tsh 16M) but the community itself now looks after all maintenance via a community water committee funded through the Village Council. The 9 shallow wells were installed through the HESAWA program and are also now maintained by the community water committee.

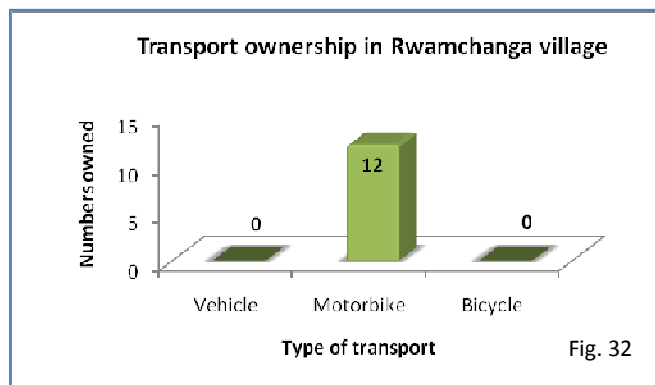
Credit and banking services are available for this community within 10 km (in Mugumu) which is well below the overall average distance of 49.6 km. The percentage of those with accounts or loans is not recorded.

Rwamchanga has one additional village building – a 'Go down' with 4 rooms, constructed in 1985 by the FAO. The community provided the bricks and labour for its construction.

2.2.3 Transport and links to surrounding communities

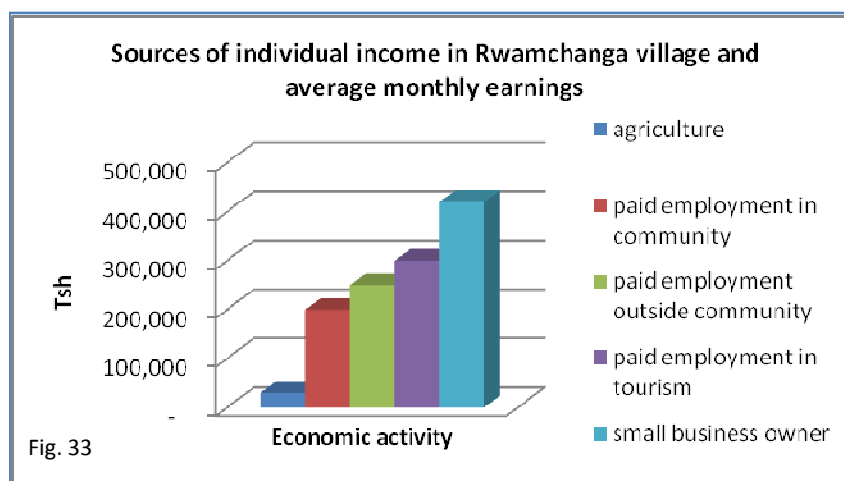
Rwamchanga has four main communities surrounding it: Bonchugu at a distance of 4 km; Kebosongo at 5 km; Miseke at 5 km; and Morotonga at 6 km. However there are no all weather access roads to any of these surrounding communities which means they can become impassable during the rainy season.

Rwamchanga has relatively low levels of ownership of personal transport. There are no private vehicles and just 12 motorbikes (Fig. 32). There are no reported buses or taxis available making this the least well served of all the communities in terms of transport.



2.2.4 Economic opportunities

Despite the poor transport services Rwamchanga has the highest total village income average per month at Tsh 1.2M (Fig. 33).



The most common individual economic activity is agriculture (1,460 individuals) despite the fact it brings in the lowest average monthly earning (Tsh 30,000/-). The highest earning individual economic activity is small business ownership which at a monthly average of Tsh 420,000/- is the highest earning economic activity of all the villages surveyed. There are just 7 individual small business owners in Rwamchanga. There are 12 individuals who are reported as being in paid employment within the community (at a monthly average of Tsh 200,000/-).

Much of the economic activity in this village is recorded as being carried out at the household level. All households are recorded as engaging in subsistence agriculture. The highest earning household activity is paid employment in the tourism sector (Tsh 300,000/-) which 21 households take part in (5.8%). There is one household run business investor.

2.2.5 Organisations present

Two churches are recorded as being present in this community – a Catholic and a Mennonite Church. There are no additional details.

2.2.6 Comparative data

In terms of the data available Rwamchanga has the highest overall proportion of females to males (Fig. 34).

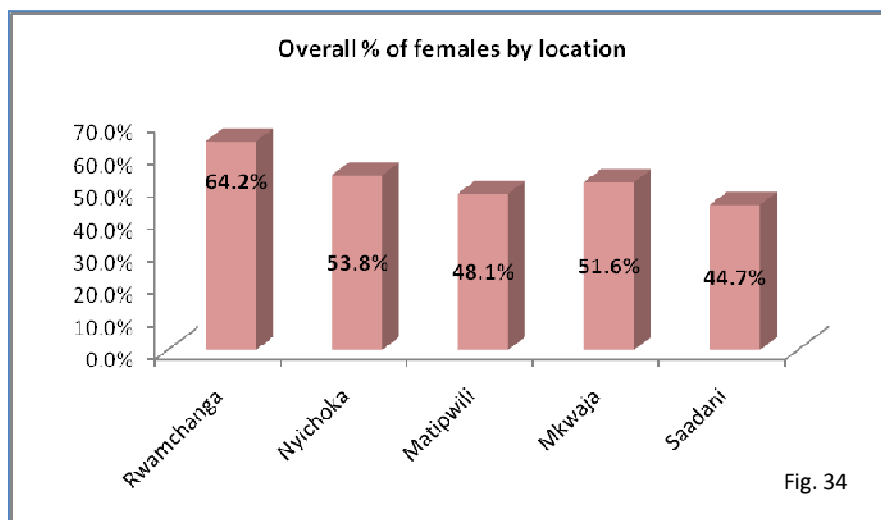


Fig. 34

It has access to the highest numbers of primary and secondary school staff (Fig. 35).

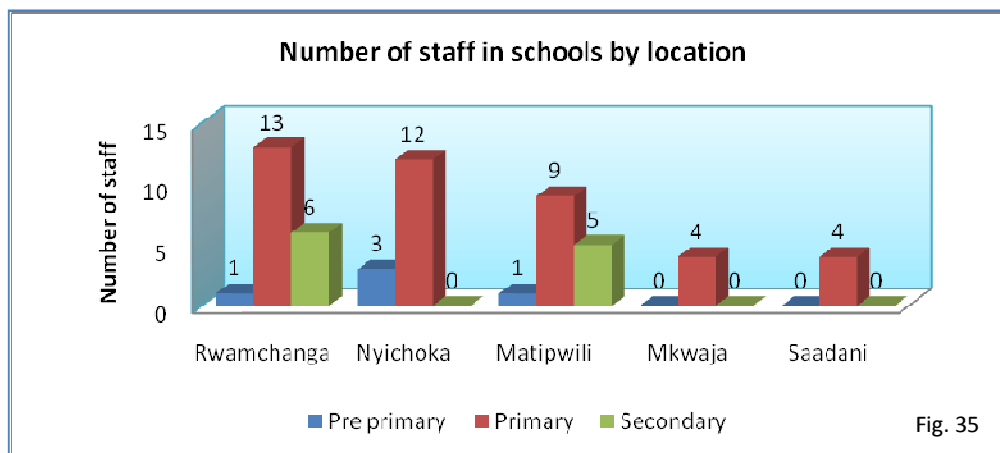
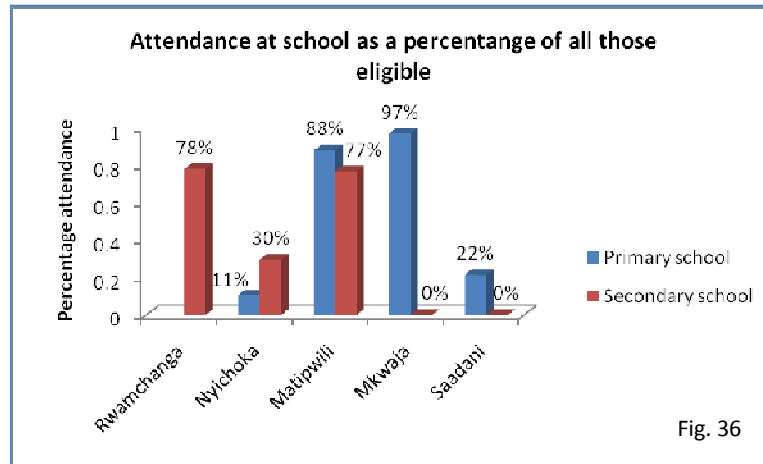
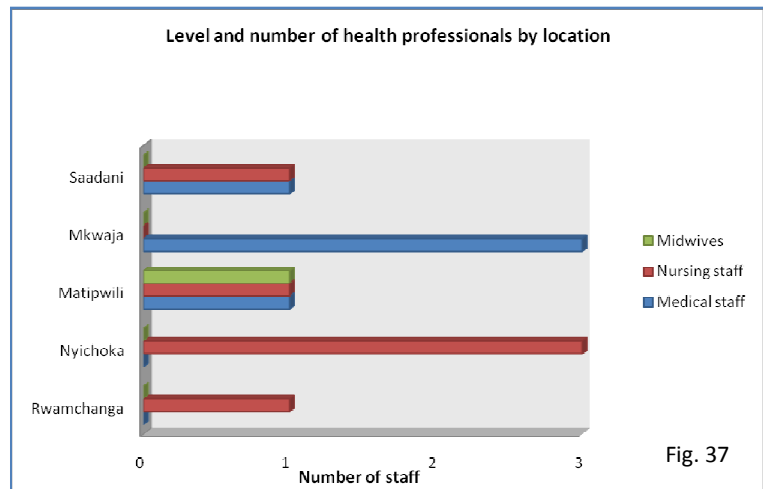


Fig. 35

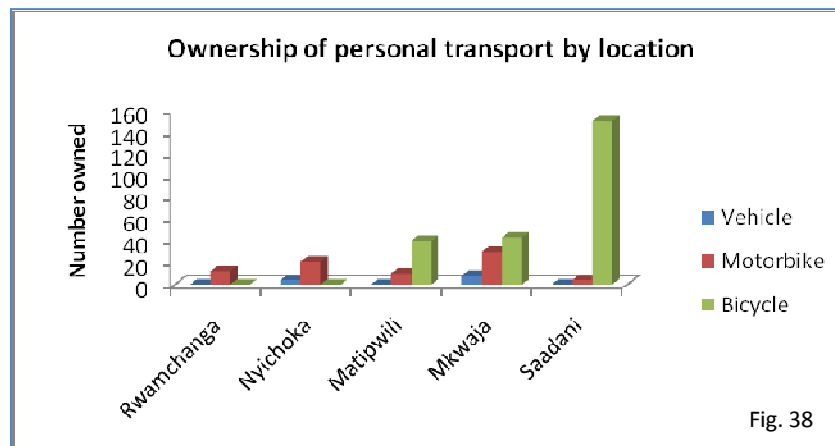
It also has the highest percentage of secondary school attendees (Fig. 36).



However it has the lowest access to professional health services (Fig. 37).

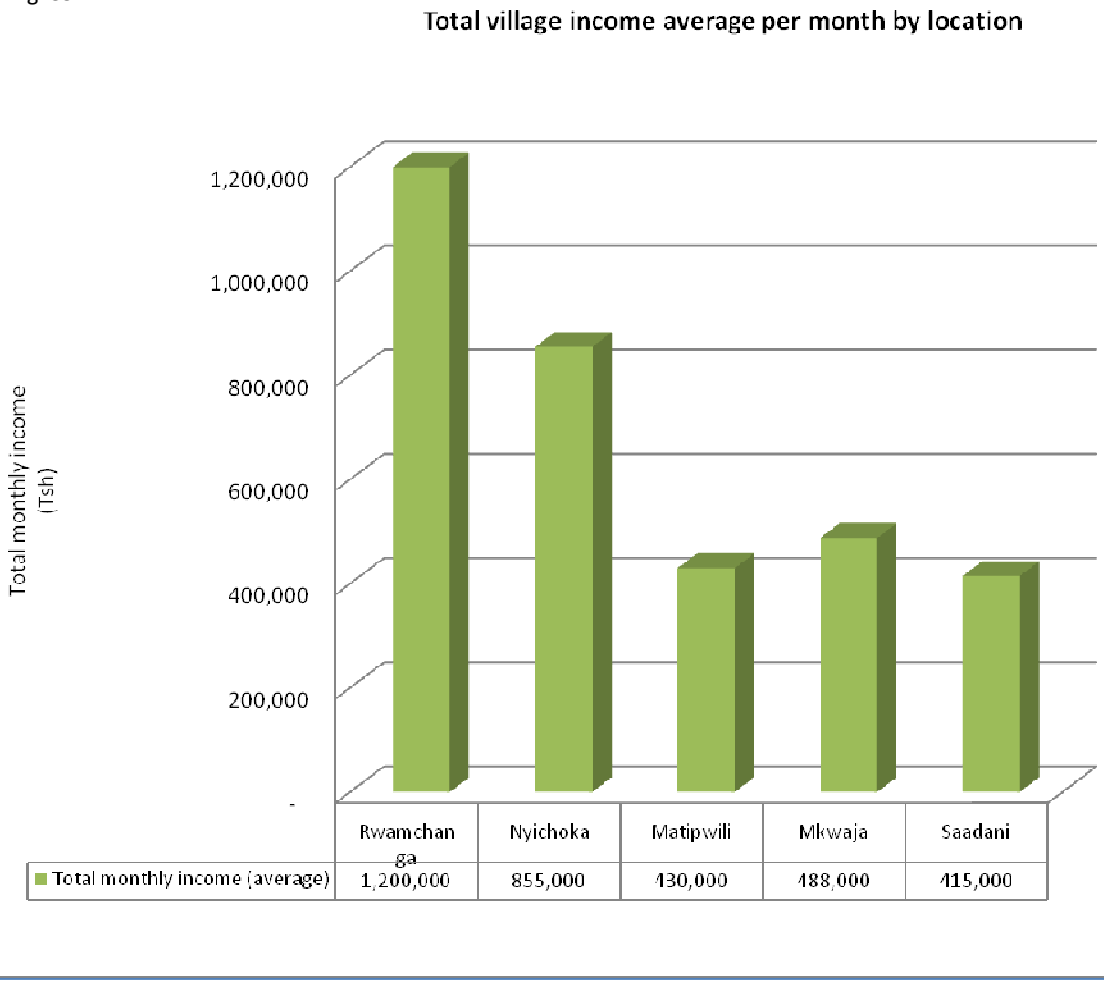


And the lowest overall access to transport (Fig. 38).



Despite poor access to transport Rwamchanga reports the highest average village income per month by a considerable margin (Fig. 39).

Fig. 39



APPENDIX 1 TEMPLATE COMMUNITY PROFILE QUESTIONS

Community Profile		Community Name: _____				
Population						
households [number]	_____					
		male	female			
children [1-12 yrs]						
senior school age [13-18yrs]						
youth [19-30yrs]						
adult [31-55]						
elders [>55]						
Income activities		# households	subsist use only	avg income/mon	# individ	avg income/mon
fishing						
agriculture						
seaweed harvesting						
shellfish harvesting						
other						
paid employment in community						
paid employment outside of community						
paid employment in tourism sector						
small business owner						
small business owner in tourism sector						
business investor						

Community Profile		Community Name: _____				
Infrastructure	type	# rooms	when built	built by	comm contrib	
schools						
clinics						
community bldgs						
water & sanitation	type	who installed	instal cost	who maintains	maint cost	who pays
water supply equip						
latrines						

Community Profile Community Name: _____

Services

education	# attending	# teachers	% grad	distance
pre-school				
primary school				
secondary school				

health	position	#	quals
health professionals			

	community	distance
well equiped pharmacy		
VCT centre [HIV]		
mother and child program		
next level of care services		
hospital		

banking / financial	community	distance	access all	access some	% accounts
nearest bank					
credit facilities					

water and sanitation	# points	quality	volume	avg distance	furtherst distance
water sources					

Community Profile Community Name: _____

surrounding communities	name	distance	road conditions	seasonality of access	> level of service [y/n]	primary sales market	primary purchase market

Public transportation	destination	type	frequency	cost

Private transportation	#
vehicles owned	
motorcycles owned	
bicycles owned	

Community Profile

Community Name: _____

Organizations

1 name _____

purpose _____

	male	female	total
# paid staff			
# members			
youth [<30]			
adult [>30]			

activities

3 name _____

purpose _____

	male	female	total
# paid staff			
# members			
youth [<30]			
adult [>30]			

activities

