

HESAWA

TANZANIA

A STUDY ON THE ROLE OF VILLAGE HEALTH WORKERS AND THE REVOLVING FUND IN THE HESAWA SANITATION STRATEGY



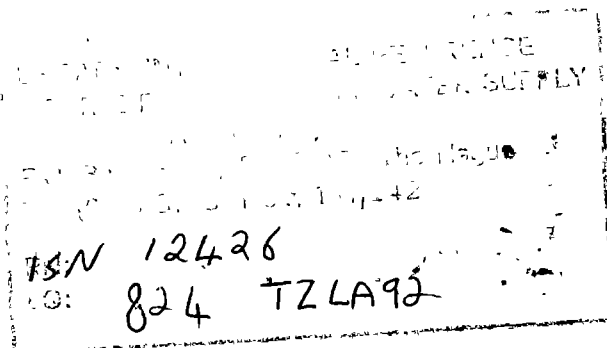
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**THE ROLE OF VILLAGE HEALTH WORKERS AND THE REVOLVING FUND IN
THE HESAWA SANITATION STRATEGY:**

1.0. EXECUTIVE SUMMARY:

This study which has been effected through focus group discussions and structured questionnaires has come up with the following main recommendation for improving implementation of sanitation activities within the HESAWA programme.

- 1.1. It is not possible to improve sanitation in rural areas without full community participation. In order to strengthen community participation, it is essential that promotion activities are systematized and standardized in all districts, making full use of modern adult teaching procedures. The initial promotion meetings should be followed by regular and well planned health education seminars for village committees to stress, among other things, the role of village governments in supervising and motivating village health workers. It is recommended that promotion be regarded as a mini-project within the HESAWA programme. As such, promotion should have clearly stated and measurable objectives. The approach outlined in the school health and sanitation package for mobilizing villagers for health education is highly recommended (App.I)

Inter sectoral collaboration should be strengthened by training TOTs from afya, maji and Maendeleo together so that they can learn to work together right from the early stages of promotion to the final stages of phasing out from a village.

The quality of leadership in any given village seems to have much influence on community participation and performance in villages with weak leadership is generally poor.



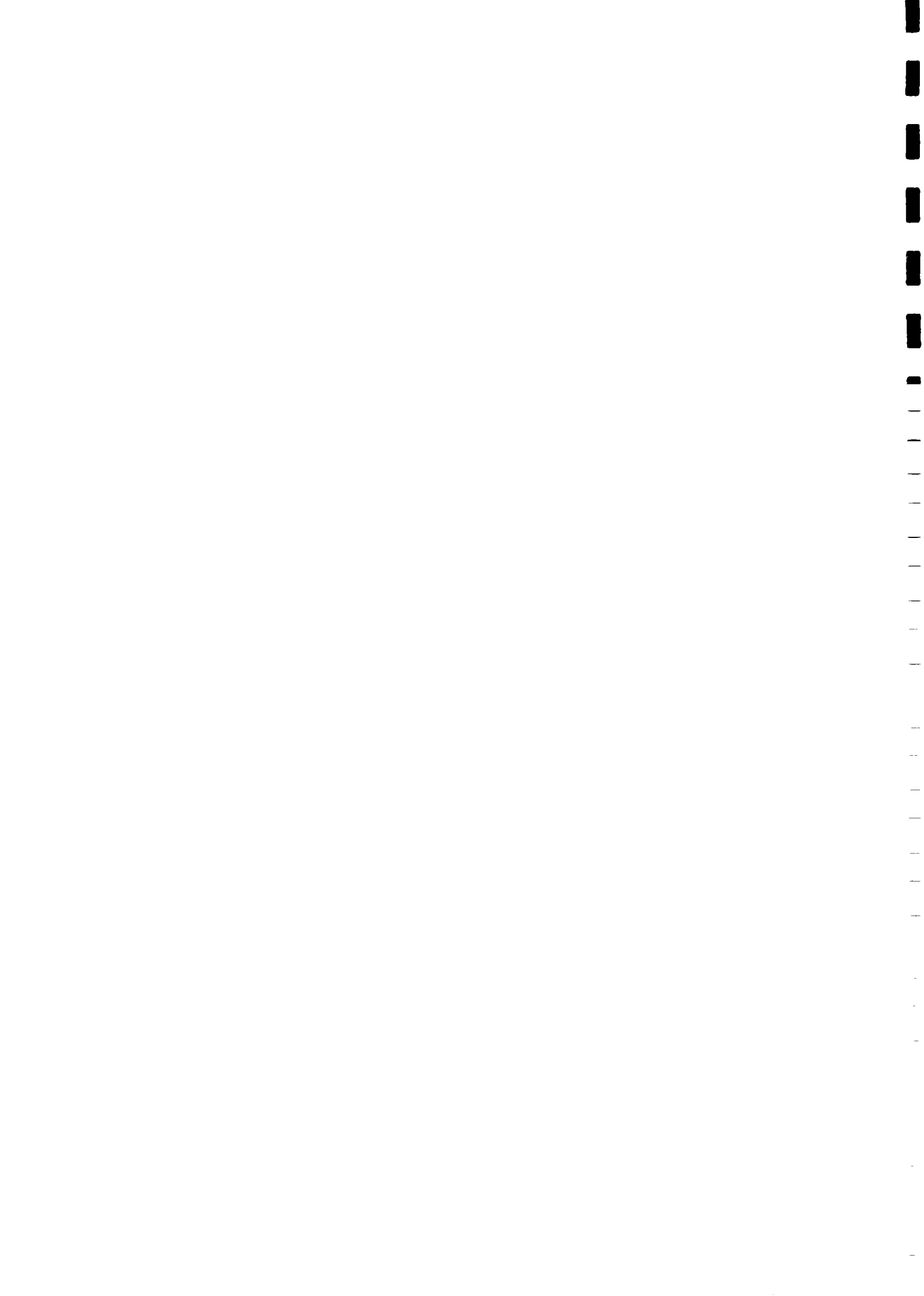
Villages with strong leadership have invariably made good progress in sanitation. It is important, therefore, that regular village committee seminars are planned for, and that basic management principles are taught in these seminars.

- 1.2 Village health workers' (VHWs) are key persons in the implementation of the sanitation strategy. Although VHWS seem to have been trained adequately, their supervision and motivation leaves a lot to be desired. District and sub-district trainers (TOTs) have a major role to play in this respect. Apparently, VHWS are receiving very little support from their respective TOTs because of various reasons including transport problems. It is recommended that special efforts be made by the programme administration to see to it that transport problems are sorted out as soon as possible so that TOTs as well as VHWS can be mobile.

- 1.3 The revolving fund has not been doing well in most villages due to the various reasons listed under 5.1.2 and 5.3.2. In order to improve the present situation it is important that district and subdistrict TOTs work very closely with village health workers and village committees.

This study has clearly shown that there are villagers who would like to build permanent latrines using slabs but availability of materials like cement and weld mesh has been a major set back.

Some villages have carefully supervised selling of slabs and the money collected has been given to the districts to purchase more materials for them through the HESAWA CD store in Mwanza, so that the revolving fund can revolve.

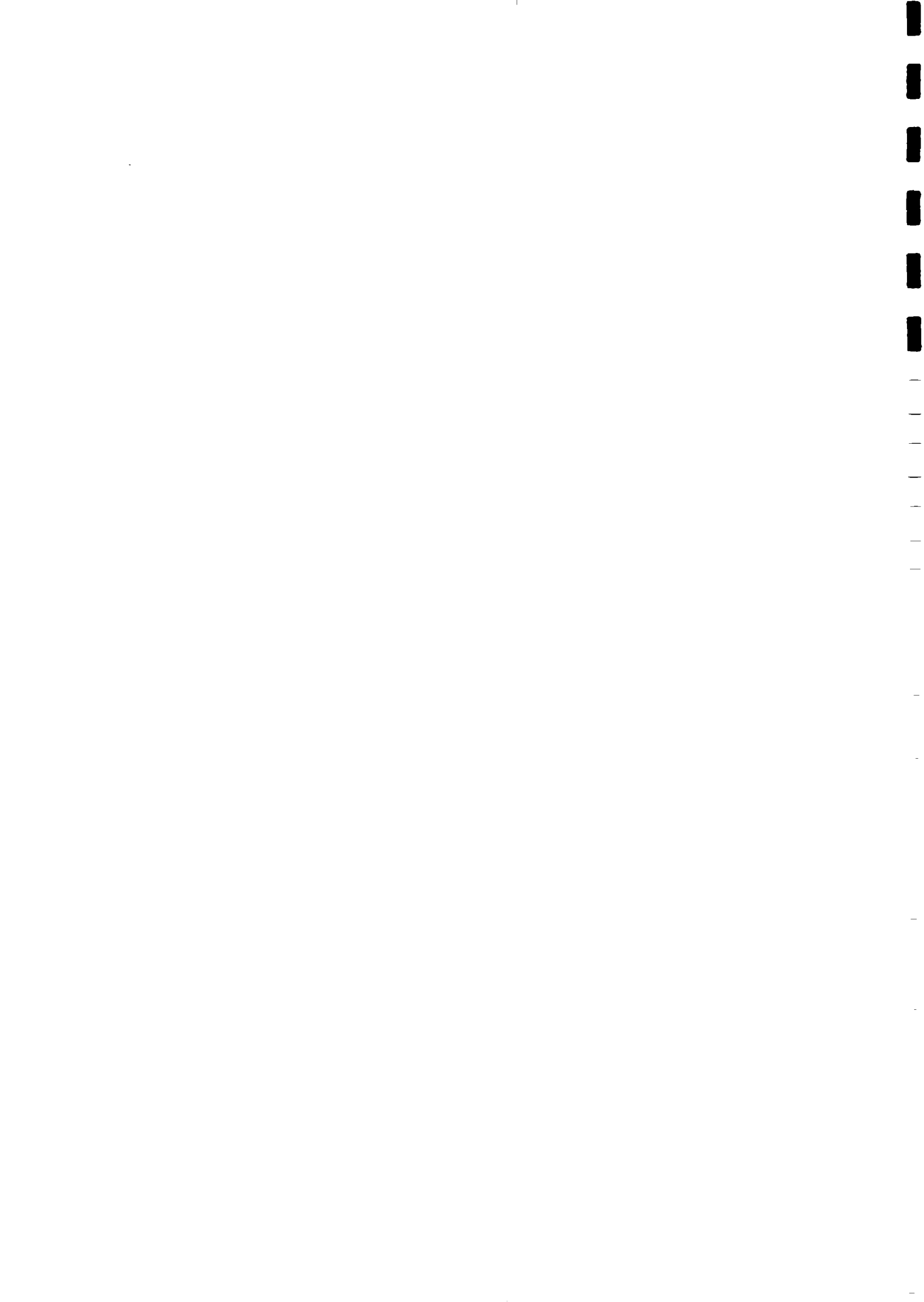


Unfortunately, there is no clear policy at the Zonal office regarding this matter, and as a result the CD store has failed to issue materials despite the fact that money is available. It is recommended that the Zonal Office issues clear policy on this matter as soon as possible. Alternatively, village governments should be empowered and facilitated to run this fund on their own without depending on the CD store to buy materials for them. *aguelat*

It is also recommended that more realistic costings for latrine construction be worked out in each district depending on soil conditions so that materials for construction of understructures can be included in the revolving fund. This study did not deal with the issue of affordability.

1.4 Section 5.2.8 shows that 62% of the villages contacted had identified shortage of water in the village as a felt need expressed by villagers during initial promotion meetings. On the other hand, only 16% of the villages had identified construction of permanent latrines as a felt need. An attitudinal change is therefore necessary before these people can, willingly, start to construct latrines and use them.

In order to effect this change of attitude, it is necessary to intensify health education at the village level. Since changing people's attitudes is a time consuming process, it is recommended that phasing out from sanitation activities in any village should not be done before five years, at least.

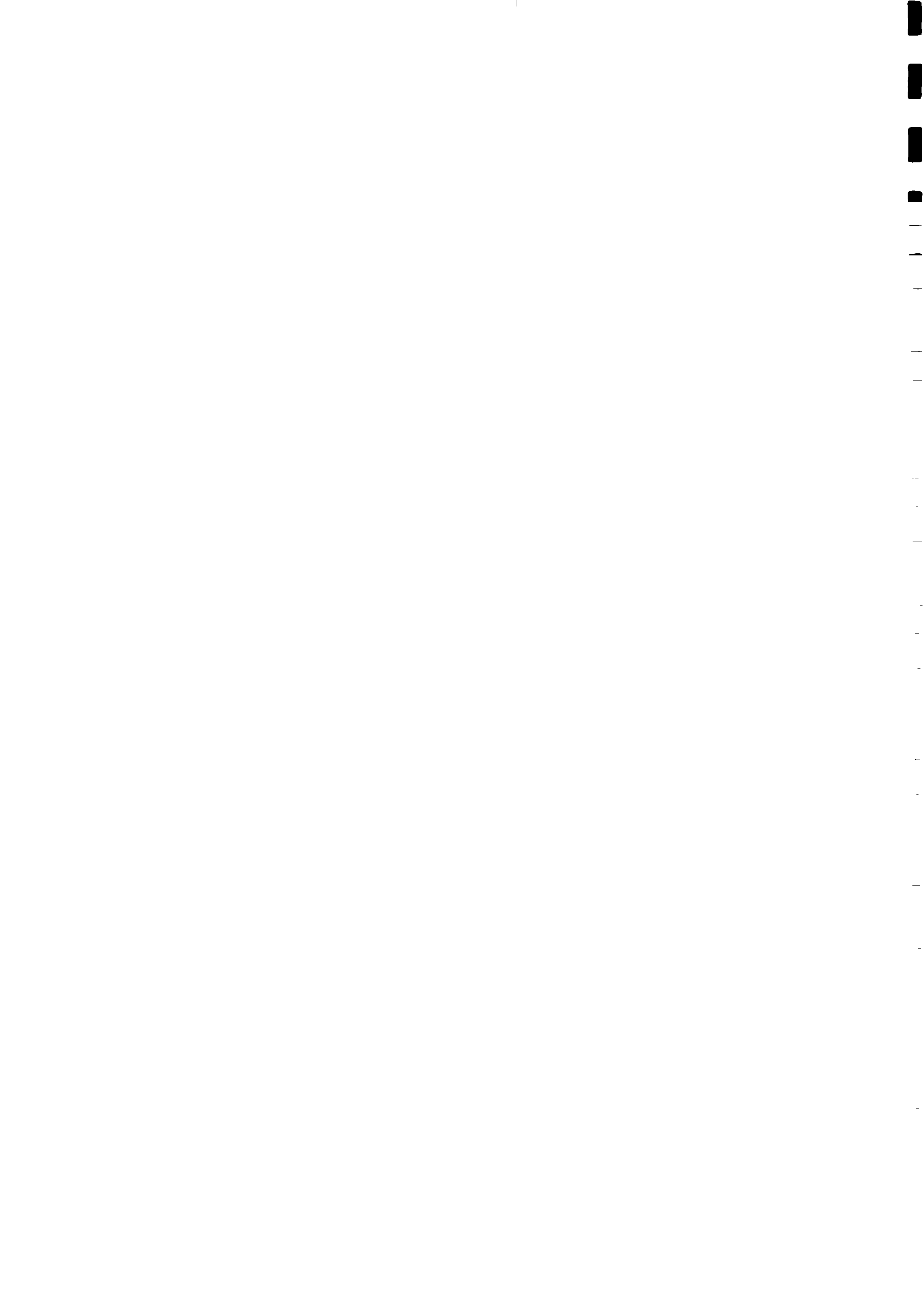


INTRODUCTION

HESAWA is basically a community based development programme that concentrates on two important elements of the primary health care (PHC) strategy, namely, Sanitation (water, latrines etc) and Health education. Like most PHC programmes, HESAWA emphasizes community participation, the use of appropriate technology and intersectoral collaboration as the pillars on which the programme is founded.

Over the years the programme has been very successful in providing clean and safe water to many villages in the programme area but the latrine construction and health education components of the programme have lagged behind despite the fact that these activities have been allocated a fairly big portion of the total budget. A revolving fund introduced by the programme to facilitate construction of permanent latrines in the villages has not had much impact and the great numbers of village health workers (VHWs) trained over the years have not been as effective as expected.

The purpose of this study is to identify the main problems with their underlying causes in order to work out possible solutions and make recommendations that would improve the situation.



3.0

STUDY COMMUNITIES:

The study was carried out in all three regions (Mwanza, Kagera and Mara) where HESAWA operates.

In Mwanza and Mara regions the study was focused on four districts where HESAWA has operated for several years. These districts are Magu and Kwimba in Mwanza and Bunda and Musoma (R) in Mara region.

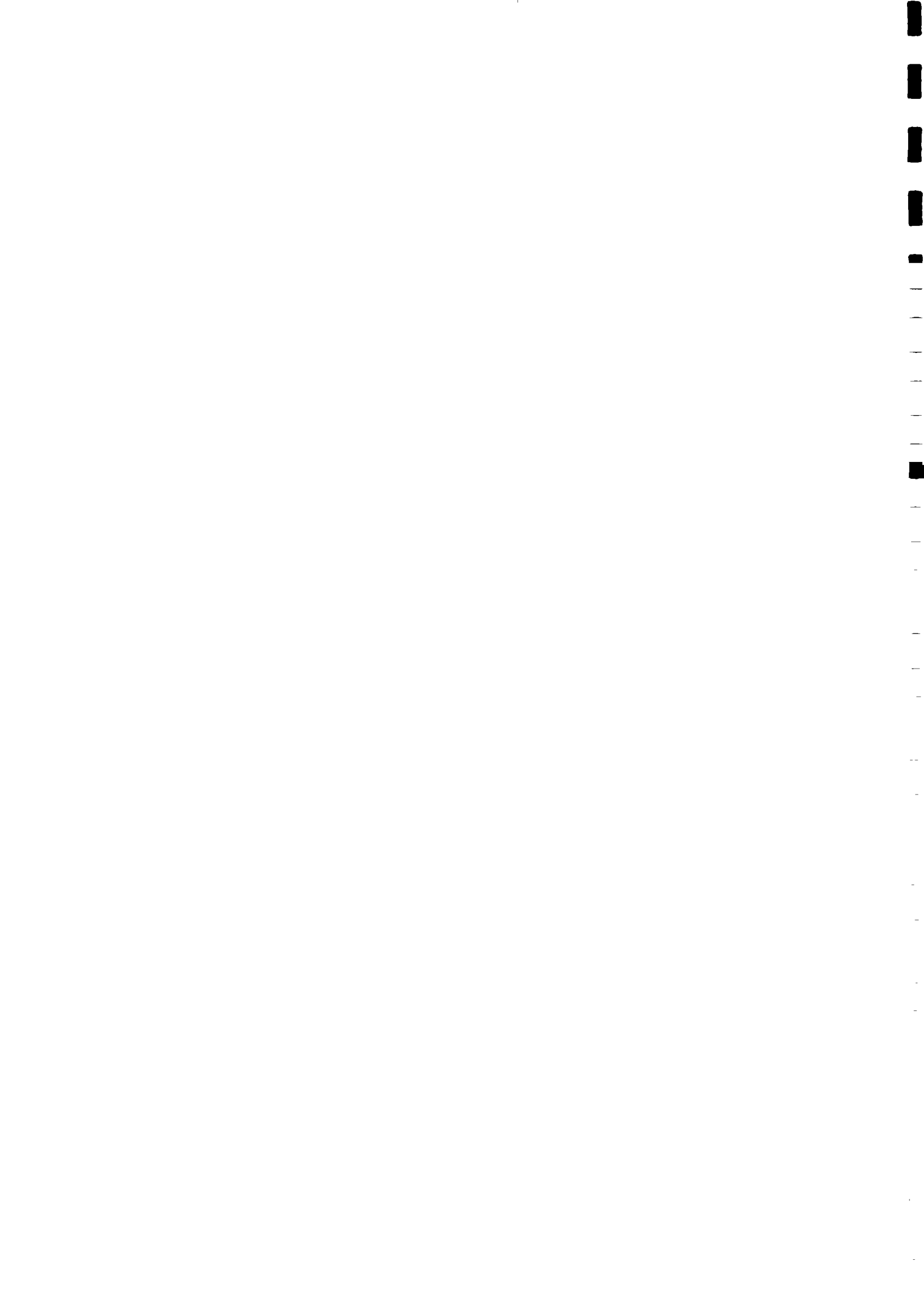
In Kagera region no specific district was picked up but a focus group discussion with regional and district trainers from all the districts of Kagera confirmed that the problems in Kagera villages are not different from those found in other villages in Mwanza and Mara regions.

A few villages that have performed exceptionally well in sanitation activities were picked up from Kagera and Mara regions and focus group discussions with their leaders were carried out to outline special features that might have contributed to their success.

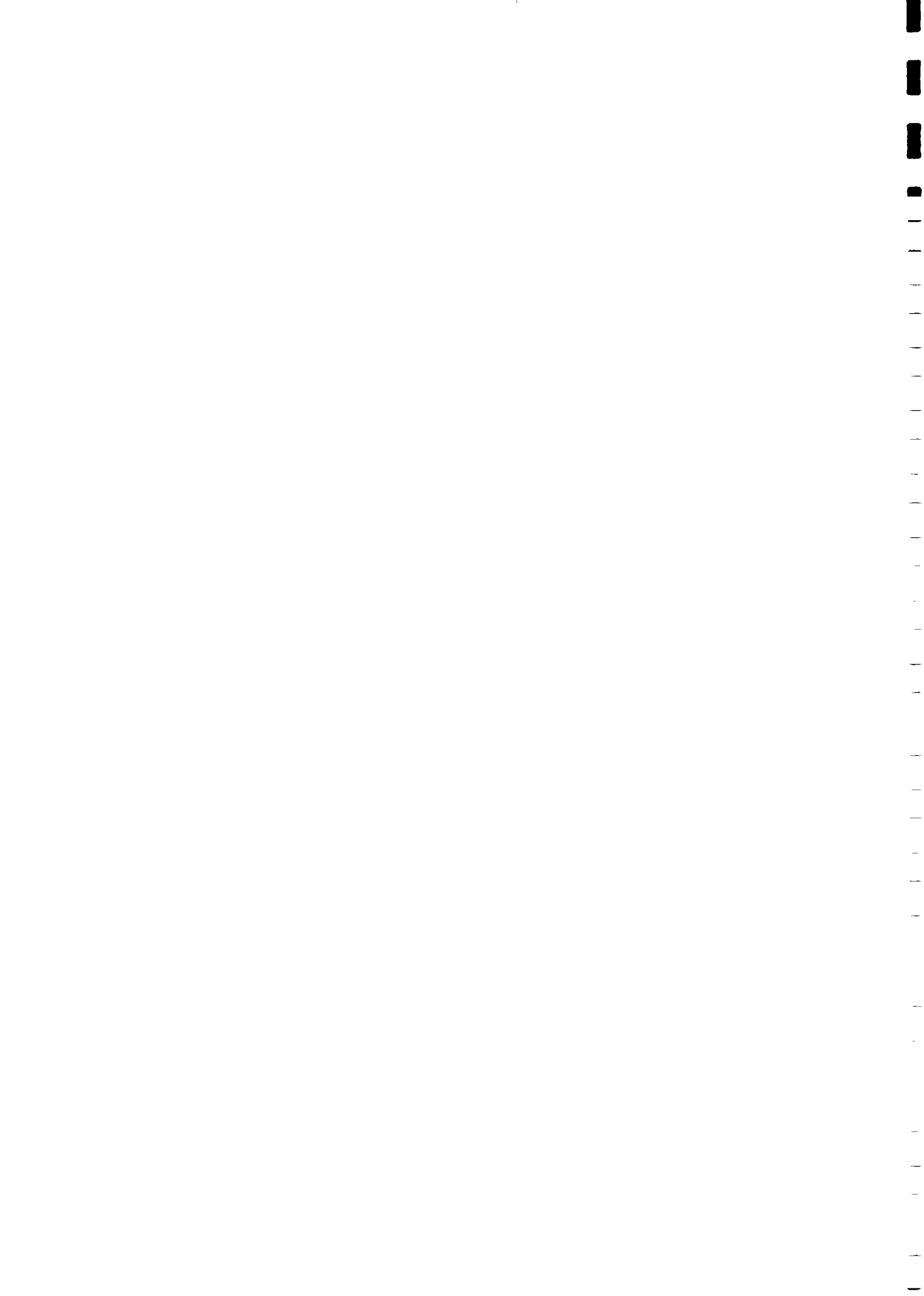
4.0

METHODOLOGY:

Two different structured questionnaires were used to collect appropriate information from village health workers and from village government leaders. (App. II) The questionnaires were pre-tested in Bunda and Biharamulo districts. One trainer (TOT) from each of the four districts was trained to administer the questionnaire in their respective districts. All focus group discussion were managed by the Health Advisor himself.

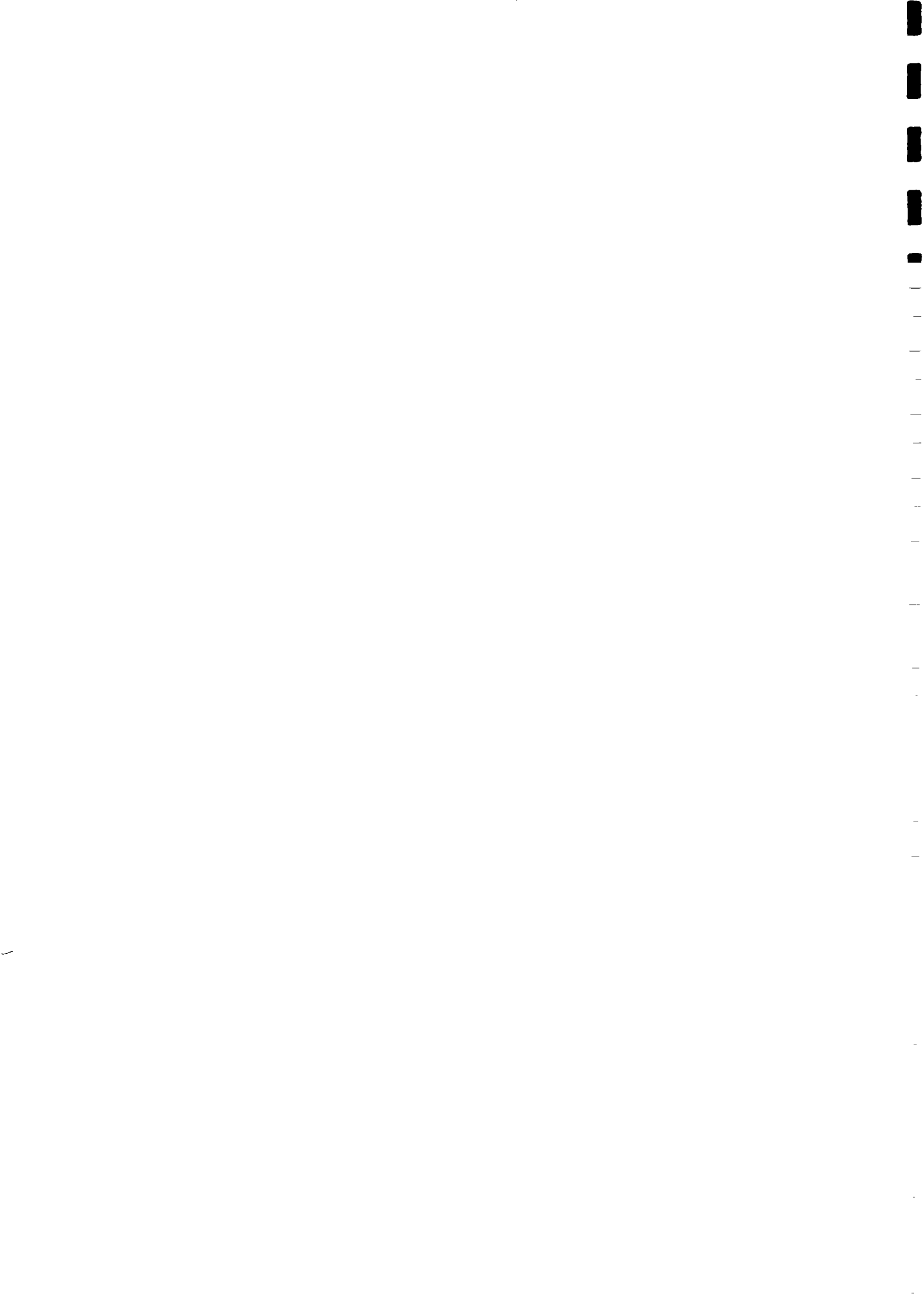


Villages were selected by listing all villages with HESAWA trained village health workers and where the revolving fund has been operating for, at least, three years. Ten of these villages were picked up in each district through random sampling. Once a village was picked up the village Chairman or Secretary was interviewed separately from the VHWS. Occasionally only one of the two VHWS could be reached.



5.0 RESULTS FROM VHWS' INTERVIEW

DISTRICT	MAGU	KWIMBA	MUSOMA	BUNDA	TOTAL	%
Number of Respondents	10	9	9	9	37	
5.0.1 VHW knows his/her job description:						
Very Well	9	9	9	9	36	97
Partially	1	0	0	0	1	3
Does not know	0	0	0	0	0	
5.0.2 VHW enjoys her/his job:						
Yes	10	9	9	9	37	100
No	0	0	0	0	0	
5.0.3 VHW knows he/she is answerable to the village government:						
Yes	9	1	6	9	25	66
No	1	8	2	0	11	30
5.0.4 What satisfies VHWS most:						
Home visiting	6	3	0	1	10	27
Latrine construction	1	1	0	0	2	5
Giving First Aid	0	3	0	0	3	8
Giving Health Education to groups	3	2	0	2	7	19
The pleasure of serving others	2	0	1	1	4	11
Cooperation from villagers	2	0	6	5	13	35
The positive changes seen	0	0	0	3	3	8
5.0.5 Problems experienced by VHWS:						
Lack of transport	8	1	6	5	20	54
No allowance paid by village	8	5	6	7	26	70
Inadequate support from District	4	3	2	2	11	30
Inadequate support from village govt.	5	3	3	2	13	35
Passiveness of village	2	6	4	1	13	35
Village too big for 2 VHWS	1	0	0	0	1	3
No medicines for 1st Aid box	2	4	1	1	8	22
Lack of Stationery	3	3	0	2	8	22
Dispensary too far away	1	0	0	0	1	3
Lack of weighing scales for babies	3	2	0	0	5	14
5.0.6 Underlying causes for some of the problems:						
Village government does not see importance of VHW	8	9	7	7	31	84
Village government is weak	4	0	0	2	6	16
Inadequate support from District	3	5	1	5	14	38
Lack of medicines for 1st Aid box	0	3	0	0	3	8
Village is poor	1	1	1	2	5	14

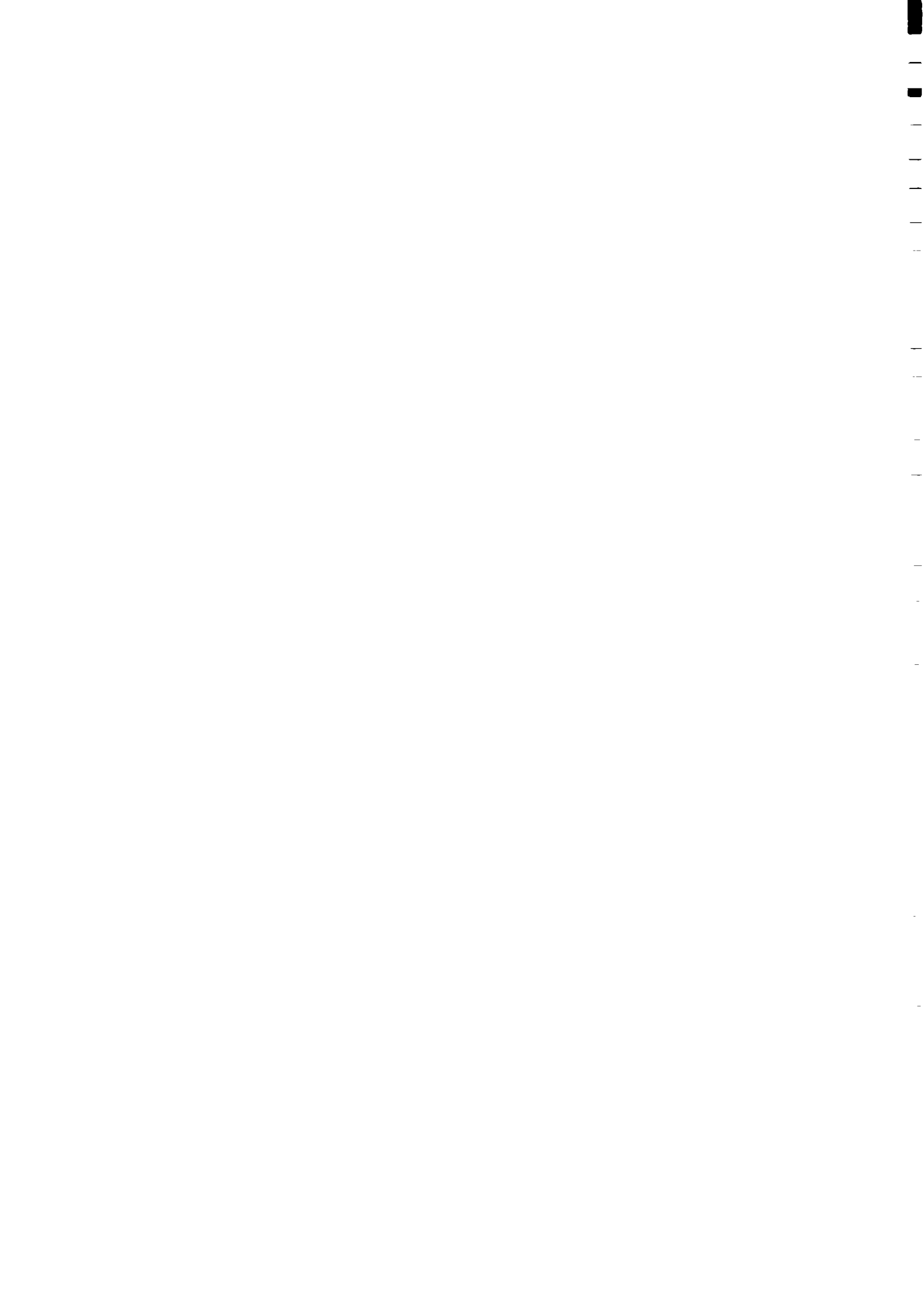


	MAGU	KWIMBA	MUSOMA	BUNDA	TOTAL	%
5.0.7 Possible solutions to the problems:						
Regular seminars for Village governments by TOTs	10	8	7	7	32	86
Regular visits by TOTs	4	5	3	7	19	51
Provide transport to VHWS	4	3	5	1	13	35
Pay VHWS' allowance	5	4	1	1	11	30
Provide medicines for 1st Aid box	0	1	1	0	2	5
5.0.8 What village government could do to improve VHWS performance:						
Pay more attention to VHWs	3	5	5	5	18	49
Give public support to VHWs	3	5	3	5	16	43
Pay VHWs allowances regularly	8	6	7	5	26	70
Provide transport	1	2	0	0	3	8
5.0.9 Other general problems in the village:						
Inadequate water supply	3	4	2	6	15	41
Latrine coverage is poor	4	1	3	2	10	27
Poor leadership	6	2	0	0	8	22
Dispensary too far away	4	0	0	0	4	11
Lack of trees for firewood	3	2	0	0	5	14
5.1.0 Attitude of villagers toward VHW:						
Good	8	0	8	8	24	65
Fair	2	2	0	1	5	14
Poor	0	5	1	0	6	16
Unknown to VHW	0	2	0	0	2	5
5.1.1 Kind of additional training needed by VHW:						
Midwifery	2	0	0	0	2	5
Latrine construction	0	2	1	1	4	11
Health Education Techniques	2	4	7	0	13	35
Clinical skills	4	1	1	0	6	16
Management of epidermics	1	0	0	0	1	3
Nutrition	1	0	0	0	1	3
Not specified	0	4	2	8	14	38
5.1.2 The village Revolving Fund (RF) is not doing well because:						
It was not started properly	2	7	4	7	20	54
Low demand for slabs	2	0	3	4	9	24
Villagers did not pay for slabs given onloan	3	0	0	0	3	8
Slabs' money mixed up in village account	0	1	0	0	1	3
Money taken to district but no materials were brought to the village	5	0	0	0	5	14



	MAGU	KWIMBA	MUSOMA	BUNDA	TOTAL	%
Individuals buy cement directly from the district	0	5	0	0	5	14
Villagers prefer locally available materials	0	0	0	1	1	3
Materials are too expensive	0	0	0	1	1	3
Principles of Revolving Fund not clear to village government	1	5	0	1	7	19
Poor management of materials in the village	2	0	0	0	2	5
VHWs not involved	0	4	1	0	5	14
Poor supervision from district	0	0	1	2	3	8
5.1.3 What could be done to improve the Fund:						
Start the fund /supply of materials	5	7	3	3	18	49
Intensify health education to villagers	3	7	1	0	11	30
Seminars for Village committees on Revolving Fund principles	2	6	1	2	11	30
More training for VHWs/Village Fundis	4	0	0	0	4	11
Increase support from district	6	6	4	6	22	59
Involve VHWs	0	6	0	0	6	16

5.2 RESULTS FROM VILLAGE LEADERS' INTERVIEW	MAGU	KWIMBA	MUSOMA	BUNDA	TOTAL	%
Number of Respondents	10	10	9	8	37	
5.2.1 Leaders know criteria for selecting VHWs:						
Very Well	6	4	2	0	12	32
Partially	4	6	6	1	17	46
Unknown	0	7	1	0	8	22
5.2.2 How the idea of VHWs started:						
Felt need by the villagers themselves	1	0	0	0	1	3
Part of HESAWA's package	8	7	9	7	31	84
Selection done by village government alone	2	4	0	0	6	16
Selection done by village meeting	8	6	1	5	20	54
5.2.3 Procedure for phasing into villages:						
Promotion team held meetings with village government only	0	0	0	0	0	0
Promotion team held meeting with village government and with all villagers	10	10	6	7	33	89
5.2.4 Number of promotion meetings with village government:						
Only one	1	6	0	0	7	19
Two or more	9	4	6	7	26	70
5.2.5 Number of promotion meetings with all villagers:						
Only one	5	10	4	1	20	54
Two or more	1	0	0	5	6	16
5.2.6 Estimated attendance to village meetings:						
Below 50%	3	2	0	1	6	16
50 - 75%	7	5	8	5	25	68
Over 75%	0	3	0	1	4	11
5.2.7 Phasing out was discussed at the beginning:						
Yes	6	9	5	4	24	65
No	3	1	2	2	8	22
5.2.8 Felt needs expressed by the villagers during phasing-in meetings:						
Water	10	10	1	2	23	62
Construction of permanent latrines	3	2	0	1	6	16
General improvement of sanitation	0	0	0	0	0	0
Slabs for latrines	1	1	0	0	2	5
Dispensary	0	2	0	0	2	5
Not given opportunity to express felt needs	0	0	0	1	1	3
Not specified	0	0	8	5	13	35



	MAGU	KWIMBA	MUSOMA	BUNDA	TOTAL	
5.2.9 Revolving Fund started by HESAWA:						
Yes	10	1	2	3	16	43
No	0	9	6	3	18	49
5.3.0 Principles of Revolving Fund clearly known to village government:						
Completely known	5	0	5	1	11	30
Partially known	5	1	4	2	12	32
Unknown	0	9	0	5	14	38
5.3.1 Degree of implementation in terms of latrines constructed:						
Good	1	1	0	1	3	8
Fair	4	0	0	0	4	11
Poor	5	9	9	6	29	78
5.3.2 Problems that influence implementation of RF:						
Objectives of Revolving Fund not clearly known to village government	3	10	5	5	23	62
Revolving Fund money taken to the district but no materials brought to the village	6	3	0	0	9	24
Revolving Fund money mixed up in the village account	1	0	0	1	2	5
No demand for slabs	1	2	3	3	9	24
Lack of construction materials	5	8	1	5	19	51
5.3.3 Possible solutions to above problems:						
District to supply materials regularly	8	7	3	2	20	54
Regular supervision by district	8	5	1	1	15	41
Improve VHWS' construction skills	2	0	0	1	3	8
Educate village government on the principles of the revolving fund	1	3	1	4	9	24
Intensify health education to villagers	1	0	0	1	2	5
Unknown to village leader	0	0	6	0	6	16
5.3.4 Villagers' opinion of VHWS:						
Good	5	5	8	7	25	68
Fair	1	1	0	0	2	5
Poor	0	2	0	1	3	8
N/A (No VHWS)	0	1	0	0	1	3
5.3.5 Village leaders' suggestions for improving VHWS' performance:						
Pay their allowances	4	4	3	5	16	43
Supply materials for working	1	1	1	2	5	14
Supply medicines for 1st Aid box	0	3	0	0	3	8
<u>More support from district</u>	2	5	2	1	10	27

Train new VHWs
Should be employed by the government

	MAGU	KWIMBA	MUSOMA	BUNDA	TOTAL	%
	0	1	0	0	1	3
	0	0	3	0	3	8
5.3.6 HESAWA Account opened:						
Yes	5	10	5	5	25	68
No	1	0	2	3	6	16

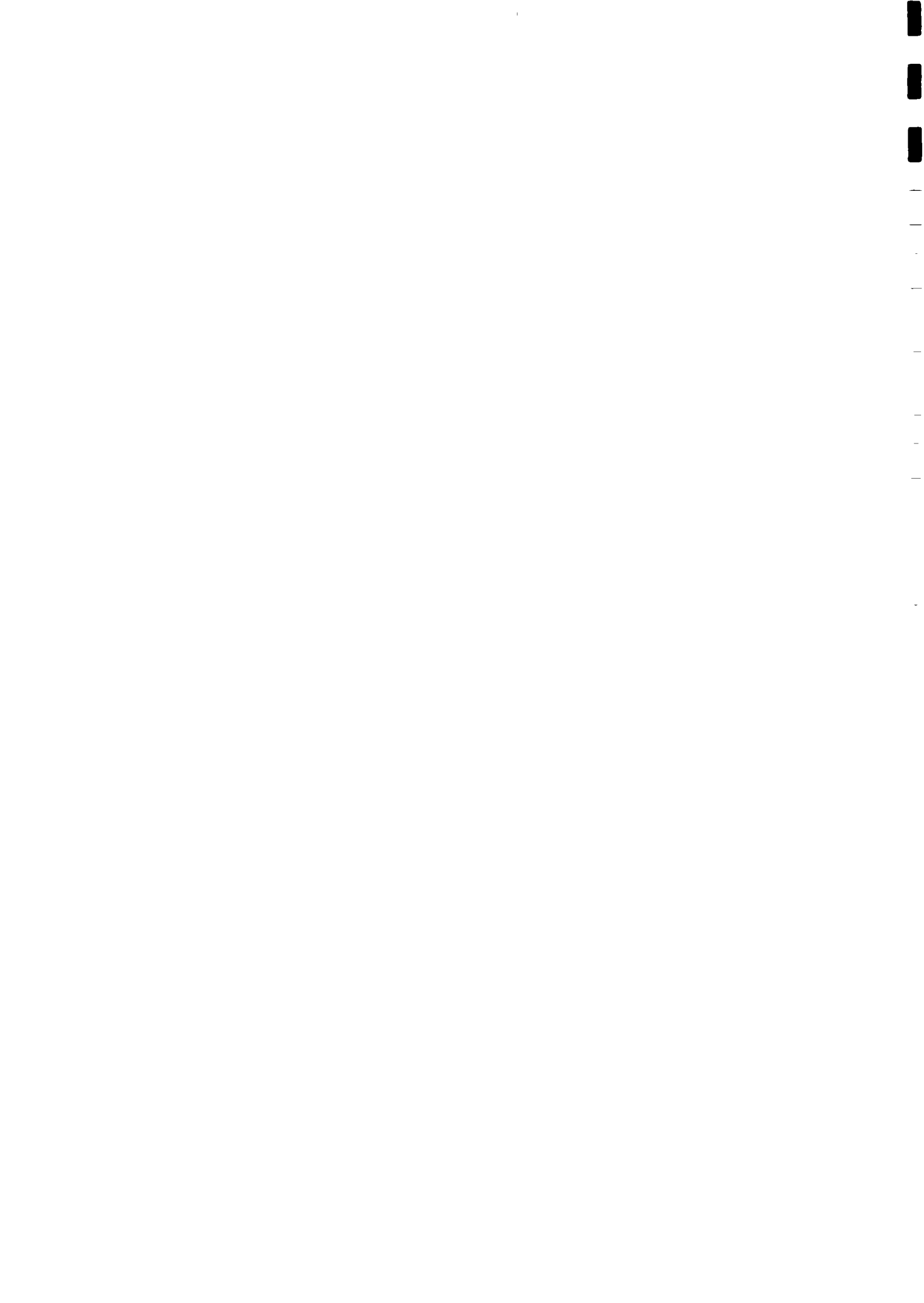


5.4.0 RESULTS FROM FOCUS GROUP DISCUSSIONS;

Kitaramanka village in Bunda district is one of the few villages in the project which have performed very well in latrine construction. In order to establish the main factors that have contributed to their success, a focus group discussion involving VHWS and members of the village committee was carried out. The following points were noted:

- 5.4.1 The village has 222 house holds. 132 houses have permanent latrines with slabs and the remaining 90 houses have permanent latrines which have been constructed with locally available materials.
- 5.4.2 There is close cooperation between the village government and the villagers. Village leaders are highly committed to their work and they command much respect from the villagers.
- 5.4.3 Although VHWS are not paid in cash, they are highly motivated because the village government has much respect for them and they are occasionally paid from money obtained from fines imposed on villagers who do not observe sanitation by-laws. VHWS are also exempted from public works.
- 5.4.4 Thursdays are "Afyu days" in the village and all villagers participate in sanitation activities. Village leaders often accompany VHWS for home visiting.
- 5.4.5 It is illegal for anybody to defecate in the bush. Any offender is fined TAS 1000/= and the person who reports such a person is given a reward of TAS 500/=

- 5.4.6 The village revolving fund account has over TAS 100,000/= but the fund is not revolving because the village does not need more latrines.
- 5.4.7 The VHWS are highly motivated but they have no bicycles for home visiting.
- 5.4.8 Contact with district supervisors is good because the village is only 2kms from the district head quarters.
- 5.5.0 Robanda village in Sorongoti district is another village that has set a good example that could be copied by other villages. A focus group discussion with village leaders in Robanda brought out the following points:-
- 5.5.1 Although this village is remote and very far from its respective district headquarters, it has performed very well in terms of latrine construction.
- 5.5.2 All houses in this village have good latrines constructed from locally available materials. No revolving fund was started in this village because the villagers decided to use wood and other locally available materials to construct their latrines.
- 5.5.3 HESAWA constructed one institutional latrine in this village using locally available stones for building the super structure. Villagers in Robanda have now started to use these stones to construct their houses.
- 5.5.4 Robanda village has very strong leadership and villagers are facilitated to participate actively in all development activities in the village.



5.5.5 The phasing-in process was very carefully done by the HESAWA promotion team. The following steps were followed:

- HESAWA promotion team discussed HESAWA concepts with the village government
- The village government was given about one month to digest the concepts and to discuss them with various key persons in the village including CCM Committee members traditional elders and other key persons.
- HESAWA promotion team came back to the village to participate in a village general assembly where HESAWA concepts were discussed again and villagers were given an opportunity to express their felt needs. The concept of VHWS was discussed in this meeting until the villagers appreciated it as a felt need.
- The HESAWA promotion team spent several days in the village discussing ideas and showing suitable films to the villagers in the evenings. Basic adult teaching procedures were utilized.

5.6.0 Bwina village in Biharamulo district is yet another village which has done exceptionally well in latrine construction without cement slabs. This village has 95 very well constructed VIP latrines built from locally available materials.

The following observations were made at Bwina.

5.6.1 The village leadership is good and committed to sanitation activities.

- 5.6.2 The health Assistant in charge of Chato division where Bwina village is situated has developed very close relationship with the villagers in Bwina and he has conducted several health education seminars with the village committee and the villagers over the years.
- 5.6.3 The hard wood (Mibanga) used instead of slabs is obtained 40km away from Bwina in an area which is being cleared to establish a new village.
- 5.6.4 Tree planting is a felt need in the village.
- 5.6.5 Several villages in Chato division admire the Bwina type of latrines and would like to build similar latrines.
- 5.6.6 The possibility of starting a demonstration site for the Bwina type of latrines at a central location in Chato to act as a teaching centre was highly appreciated by several village leaders in Chato division.
- 5.6.7 Transportation of logs to respective villages was noted as a major bottle neck in this undertaking.
- 5.7.0 A focus group discussion with all district TOTS in Kagera region was done in Ngara district during a refresher course organised by the regional TOTs. The following points were noted:
- 5.7.1 There is need to strengthen supervision of sanitation activities at divisional level.
- 5.7.2 It is important to develop clear health impact indicators that can be used to evaluate sanitation activities in the programme.



5.7.3 HESAWA promotion activities are not uniform in all districts and there is need to develop short and long term evaluation indicators for promotion activities.

5.7.4 There is no coordination between UNICEF and HESAWA activities. As a result, proper supervision of VHWS trained by UNICEF is difficult to achieve.

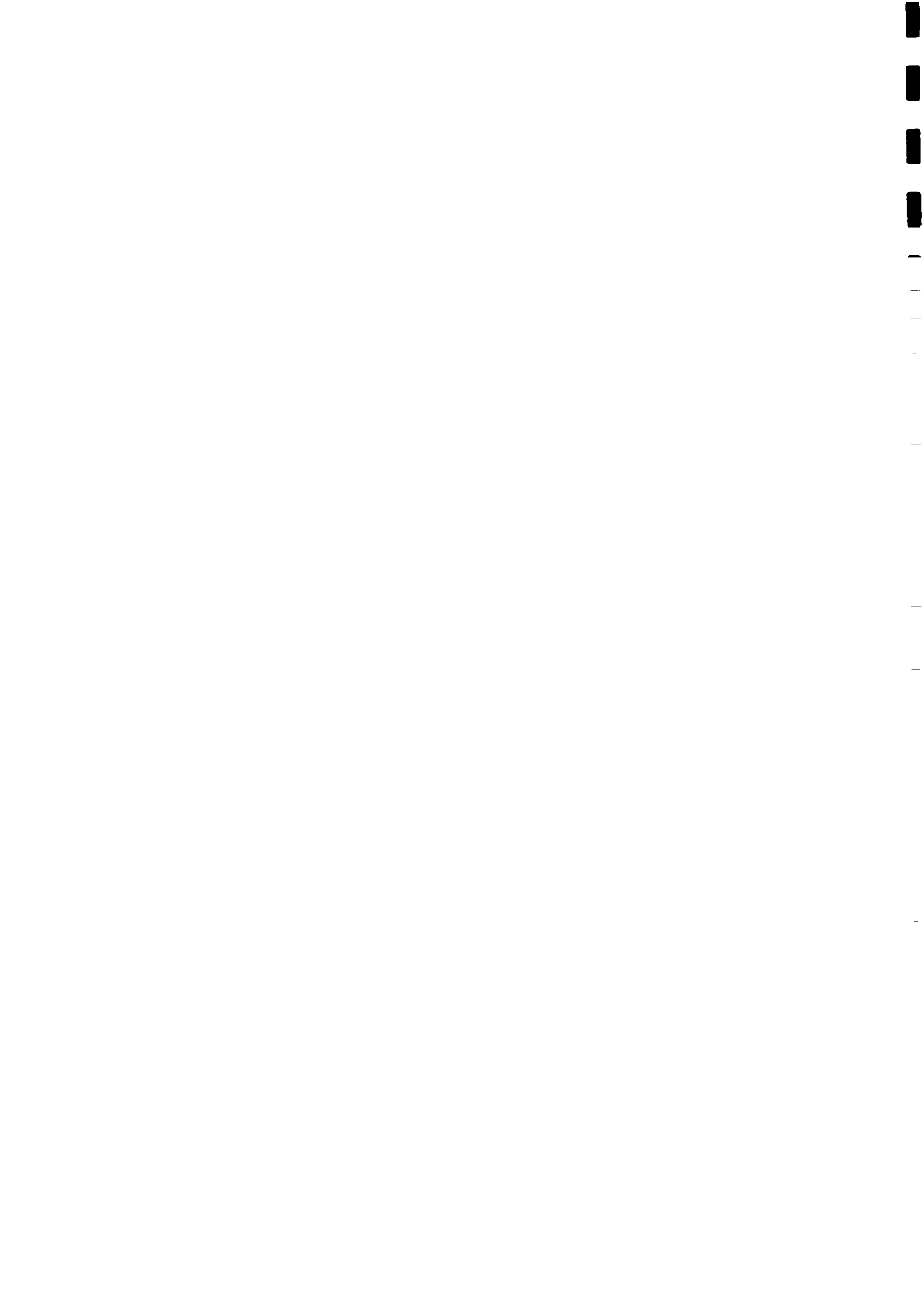
5.7.5 The revolving fund for slabs in most villages is not doing well because this fund was introduced in a top-down fashion. It was not a felt need in many villages.

5.7.6 In some cases the revolving fund failed because the production cost for a latrine with a slab is much more than the selling price for a slab. Detailed and realistic costings should be worked out and HESAWA should decide on how much subsidy can be made available so that latrine construction remains affordable to most villagers.

5.8.0 A focus group discussion with the Magu district HESAWA promotion team during a refresher course revealed the following points in relation to the revolving fund in Magu district:

5.8.1 Latrine construction has been slow because providing a slab without enough cement to construct the understructure and the foundation for the slab is not enough.

Some villagers have bought slabs but they have not been able to construct latrines because they lack materials to re-inforce their under-structures.



- 5.8.2 The logistics of collecting money from the villages and getting cement and other building materials from the CD store in Mwanza need serious review to streamline supplies. The special HESAWA receipt books for collecting money from the villages are not always available, and cement is not readily available on request from the CD store in Mwanza.
- 5.8.3 All villages are not given the same amount of materials for starting a revolving fund.
- 5.8.4 Sub-district TOTs are not properly utilized in supervision of the revolving fund.
- 5.8.5 Support from district TOTs is weak and uncoordinated.
- 5.8.6 There is an urgent need to develop appropriate technology for making vent pipes. Most latrines in Magu district do not have vent pipes.
- 5.8.7 The Magu district council has not been able to supply gravel and sand to villages for slab casting. Villagers could take over this responsibility.



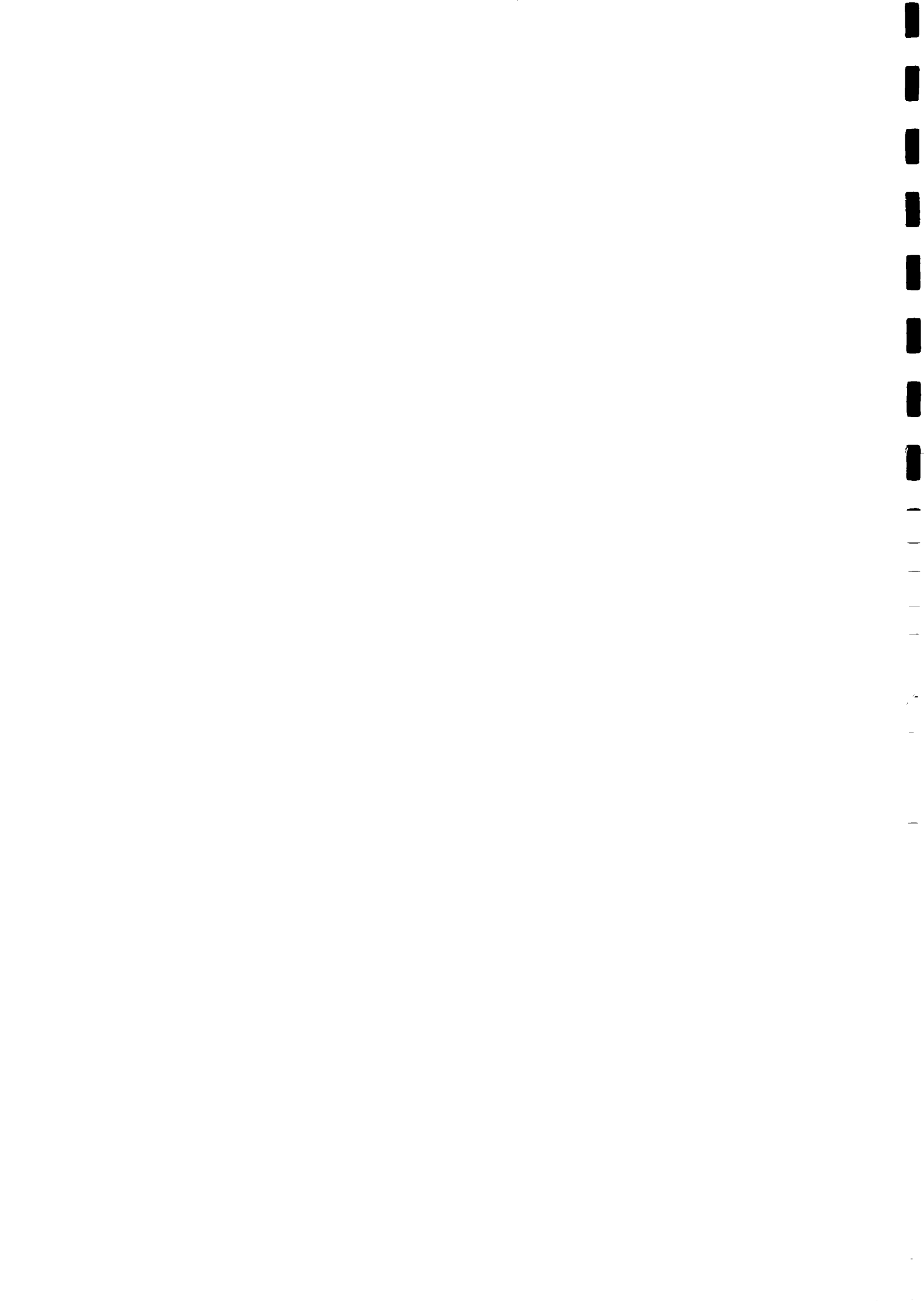
6.0 DISCUSSION AND RECOMMENDATIONS:

The structured questionnaires used to collect information from village health workers and village leaders have revealed a lot of information that could be used to improve sanitation activities in the villages.

The responses listed under section 5.01 - 04 indicate that VHWS are quite adequately trained because they do have the right attitude to concentrate on preventive and health promotion activities rather than curative services.

Responses in section 5.05 - 08 indicate that VHWS' performance could be greatly improved by:

- Paying their monthly allowances either in cash or in kind and providing adequate support from their respective village governments. District and sub-district TOTs have an important role to play in motivating village committees to play their role in this respect. This will require carefully planned village committee seminars.
- Providing reliable transport not only to VHWS but also to district and sub-district TOTs. The present arrangement of giving 75% subsidy for a VHW's bicycle and only 25% for a TOT's bicycle should be revised because under this arrangement only a few TOTs have been able to afford a bicycle. A motor cycle for each of the three district TOTs in each district would be ideal for supervision purposes.

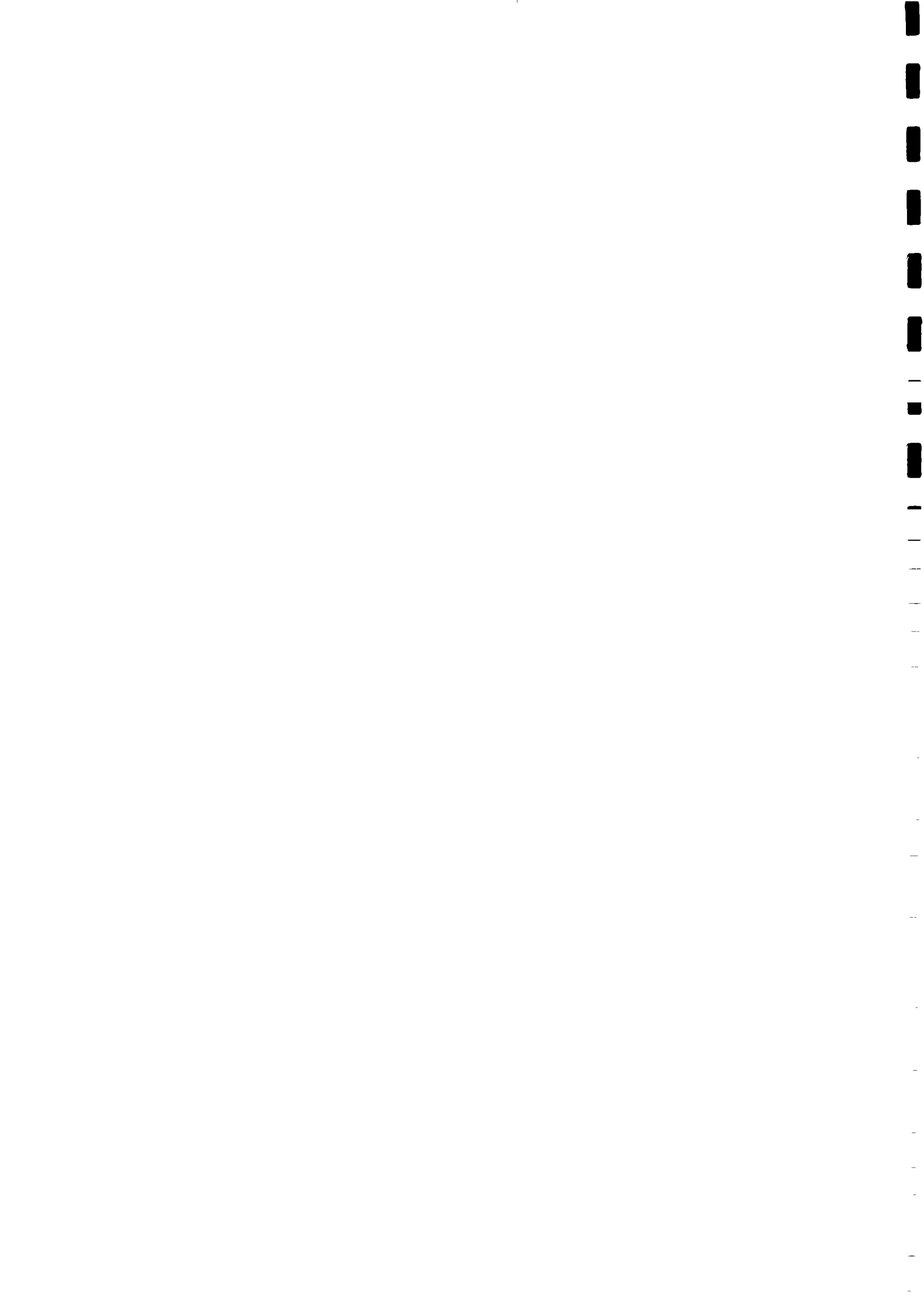


The possibility to provide a motor cycle to the sub-district TOT in-charge of each division should also be given serious consideration in order to strengthen supervision of village health workers and the revolving fund.

The responses in section 5.0.9 indicate that water has been a felt need in most villages whereas sanitation has not been a major concern. As a result, village governments have concentrated in activities related to water supply. The only way to solve this problem is to intensify health education activities at village level. One or two promotion meetings by HESAWA promotion teams cannot effectively bring out the necessary attitudinal changes that are needed before villagers can willingly take sustainable actions in sanitation. It is recommended that phasing out from sanitation activities should be considered after, at least, five years of continuous support.

The responses in section 5.1.2 & 5.3.2 give a fairly clear impression of the problems faced by villages in relation to the revolving fund for slabs and latrine construction. Again intensification of health education at village level seems to be the most appropriate action to improve the situation. However, close supervision and regular supply of materials must also be strengthened. Clear supervision schedules should be worked out and budgeted for in each district. Village committee seminars should be carried out regularly and should be budgeted for every year. Refresher courses for VHWS are equally important.

The role of the HESAWA CD store in providing the necessary materials for the revolving fund should be clarified by the Zonal office. Villagers prefer to get cement from the CD store because it is cheaper.



Buying cement from the open market would automatically mean increasing the price of a slab and therefore reducing the number of villagers who can afford to build a permanent latrine with a cement slab.

The responses in section 5.2.1 show that most village leaders do not know the criteria for selecting VHWS. Improper selection of VHWS has much influence on the drop out rate and on their general performance. Village committee seminars are necessary to clarify such matters.

Responses in section 5.2.2 to 5.2.8 give a rough impression of what actually happens in the villages during the initial stages of phasing-in. The idea of training VHWS came into most villages as part of HESAWA's package and as a result some villagers see VHWS as "HESAWA's people". No wonder they do not pay their allowances! Like in all community based programmes, HESAWA's success depends on how well promotion is done. Promotion is so important that it should be regarded as a mini-project within the HESAWA programme. As such, it should have clearly stated objectives, clear implementation strategies and an elaborative evaluation indicators that can be used to measure the degree of success in promotion activities. The concept of training TOTs who are properly equipped with adult teaching methods must be emphasized in all districts. Magu is the only district that has started to work on this idea.

The approach proposed in the school health and sanitation package is meant to improve attendance to village assemblies and to facilitate effective adult learning procedures during promotion and health education meetings with villagers. This approach is strongly recommended for all districts.



Responses in section 5.2.9 to 5.3.3 shed some light on what village leaders think about the revolving fund and sanitation in general.

Apparently, a good number of the village leaders interviewed did not understand the main principles behind the revolving fund. For instance, they did not know that the 50 bags of cement given to the village to start the revolving fund were a property of the village government. They feel that the cement belongs to HESAWA and once they have sold slabs and given the money to the district, they cannot demand to be given more cement because the money that they have given back to the district is not theirs; it belongs to HESAWA.

This is, indeed, one of the main reasons why the revolving fund is not revolving. This problem can be traced back to poor promotion and supervision by the respective district teams.

In order to encourage self reliance in villages, it is recommended that arrangements be made so that village governments are given all responsibility and authority to administer the fund. If the initial supply of materials is increased to cover 50% of the latrines required in a given village, the village government should be able to revolve this amount for the rest of the villagers even if they have to buy materials at a higher price in the local markets instead of getting them cheap from the HESAWA CD store.

Another factor that seems to have much impact on the revolving fund and on the morale of VHWS is the quality of village leadership. Villages like Kitaramanka in Bunda district, Robanda in Serengeti and Bwina in Biharamulo have very strong leadership which is highly respected by the villagers.



The success that has been observed in these villages can also be attributed to the systematic process of phasing-in as outlined for Robanda village. This systematic approach should be practiced in all villages and basic management principles should be included in village committee seminars.

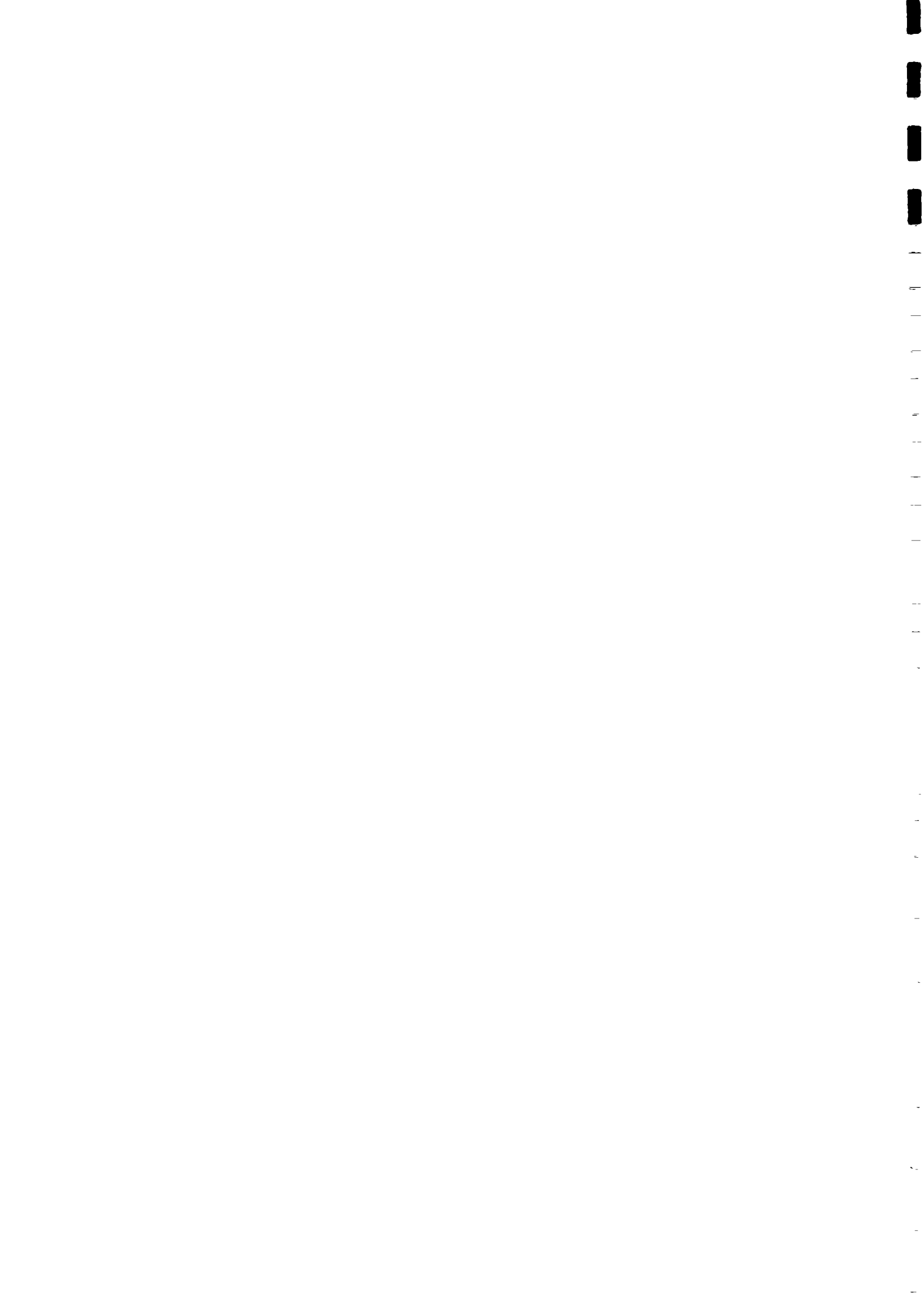
The Bwina type of latrine has the disadvantage of cutting down trees. However, since tree planting is a felt need in Bwina, the villagers should be provided with a revolving fund for developing tree nurseries. Such revolving funds for trees should also be started in other districts as recommended in the school health and sanitation package. In order to facilitate construction of the Bwina type of latrines in other villages in Chato, the programme should introduce a revolving fund that can be used for cutting the logs and transporting them to respective villagers. Availability of diesel operated wood saws would simplify villagers efforts to a great extent.

The focus group discussions with TOTs from Kagera region and the district promotion team in Magu brought up several important issues that are self explanatory. The importance of working out realistic costing for the materials needed to construct a latrine was mentioned by both groups. A slab without a strong and permanent understructure is useless. In most districts partial or complete lining of the pit with cement blocks is essential depending on soil conditions. Experience from Kwimba district shows that, at least, three bags of cement are needed to cast a slab and re-inforce the understructure. It was beyond the scope of this study to find out whether or not villagers can afford to pay for such a latrine.

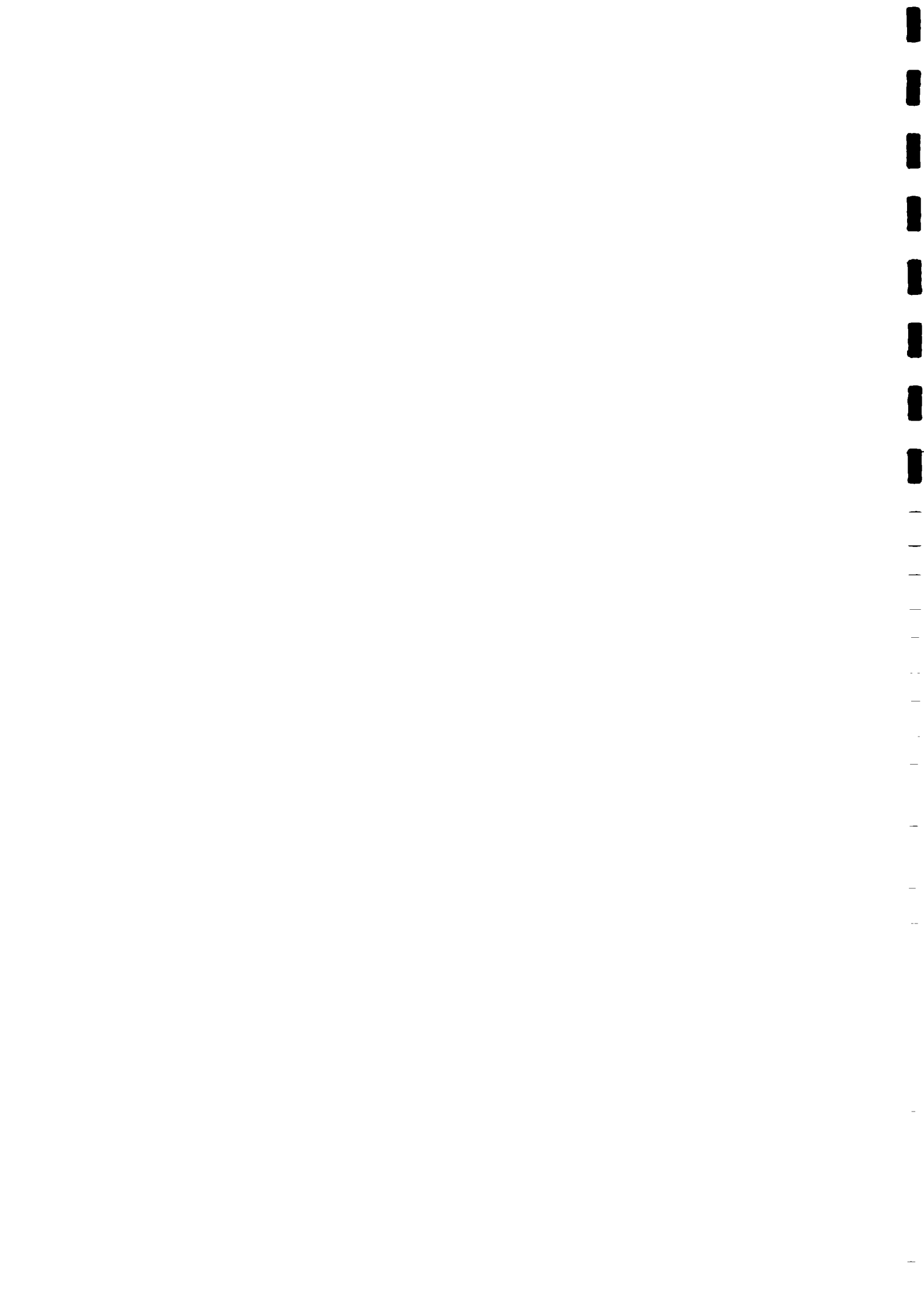


Construction of vent pipes for the VIP latrine is a major problem in all districts. The vent pipes developed in Bwina using locally available materials have proved to be quite strong and suitable. This appropriate technology should be introduced to other districts while we work on further development of the pipes. .

This discussion is not exhaustive. It touches on the most important issues that will need immediate action. A lot of issues that came out of the questionnaires and focus group discussions have not been discussed here but since the underlying causes and possible solutions have been listed in the results section, they are self explanatory and will not need further elaboration at this point.



(7.0 - APPENDICES)



APPENDIX I.

INTRODUCTORY REMARKS ON THE SCHOOL HEALTH AND SANITATION PACKAGE:

(By Dr.E.S.Mwasha, Health Advisor)

The primary objective of the school health and sanitation package is not to examine school children and treat them for various health problems. The objective is to facilitate effective community participation whereby the villagers can come together to discuss their felt needs and work out possible solutions by and for themselves. Community participation is crucial in all rural sanitation activities because without it there is very little that a programme like HESAWA can do to improve rural environmental conditions. The problem that community workers face is that very often rural communities are very passive, and if they are called for a meeting to discuss, say, sanitation problems in their village, only a few will turn up and those few may show very little interest in the problem. The question is, how do we get these people interested so that they can come together in large numbers to discuss their problems actively? The primary objective of the school health and sanitation package is to try and solve this problem. The "trick" used in the package is to highlight a sensitive issue or problem that will touch their feelings and then ask them to come together to discuss it. In this case the issue is the health of their children. Since well over 80% of the health problems affecting their children are related to water and sanitation, it is obvious that they will find themselves discussing the underlying causes and possible solutions for problems related to water and sanitation. Our experience in Hamuyebe village and elsewhere shows that this approach works very well, and it is worth trying it in other villages where HESAWA is operating.

Examining children and reporting to their parents so that they can take appropriate action is a prevention activity. The expected end result of this process is MASS DEWORMING of the children with parasitic worms. Mass deworming is a preventive activity. The act does not only please the villagers, but it also gives us creditability for more public health activities in the village.



Furthermore, the statistics obtained from screening the children will be very valuable for evaluating the impact of water and sanitation on the health of school children, at least.

For example, the prevalence of parasitic worms in Hamuyebe Primary school was 42%. It would be useful to know what it will be, say, five years from now when HESAWA will have effected some improvement in water and sanitation conditions in this village. If we do not collect such base line data for impact indicators from now, it will be very difficult to evaluate the impact of this programme on health in the future.

Occasionally, during community meetings, the villagers may come up with a felt need that is not in line with the HESAWA programme. For example, the villagers in Hamuyebe came up with a request for a diary cattle project as a solution for the nutritional problems discussed by them. They also asked for the possibility to have their sick children treated. The facilitators made it clear to the villagers that these requests were not in line with HESAWA policy and therefore, other sources of help should be sought through their district authorities. As far as treating the sick children is concerned, the village government in Hamuyebe believes that over 75% of those children have already been treated through their parents' initiative. In short, such requests must be dealt with in an honest manner and if possible we should assist the villagers to identify other institutions that might be able to help. In fact, this is where collaboration among development agencies becomes very important.

I have spent much time working on this package because I am convinced that there can be no environmental sanitation in rural areas without community participation.

HESAWA Zonal Office, Mwanza.

26 March, 1992.



STRUCTURED INTERVIEW FOR VILLAGE HEALTH WORKERS:

Village Name.....District.....
Name of VHWYears as VHW.....
Age.....Sex.....Married.....Education.....

What are your duties as a VHW in this village?

Do you like your job as VHW? Why, why not?

What satisfies you most in relation to your job as VHW?

What problems do you have in relation to this job?

What do you think are the underlying causes of your problems?

How could your problems be solved?

As a VHW, to whom do you report?



What could the village government do to improve your performance as a VHW?

What are the major problems in this village?

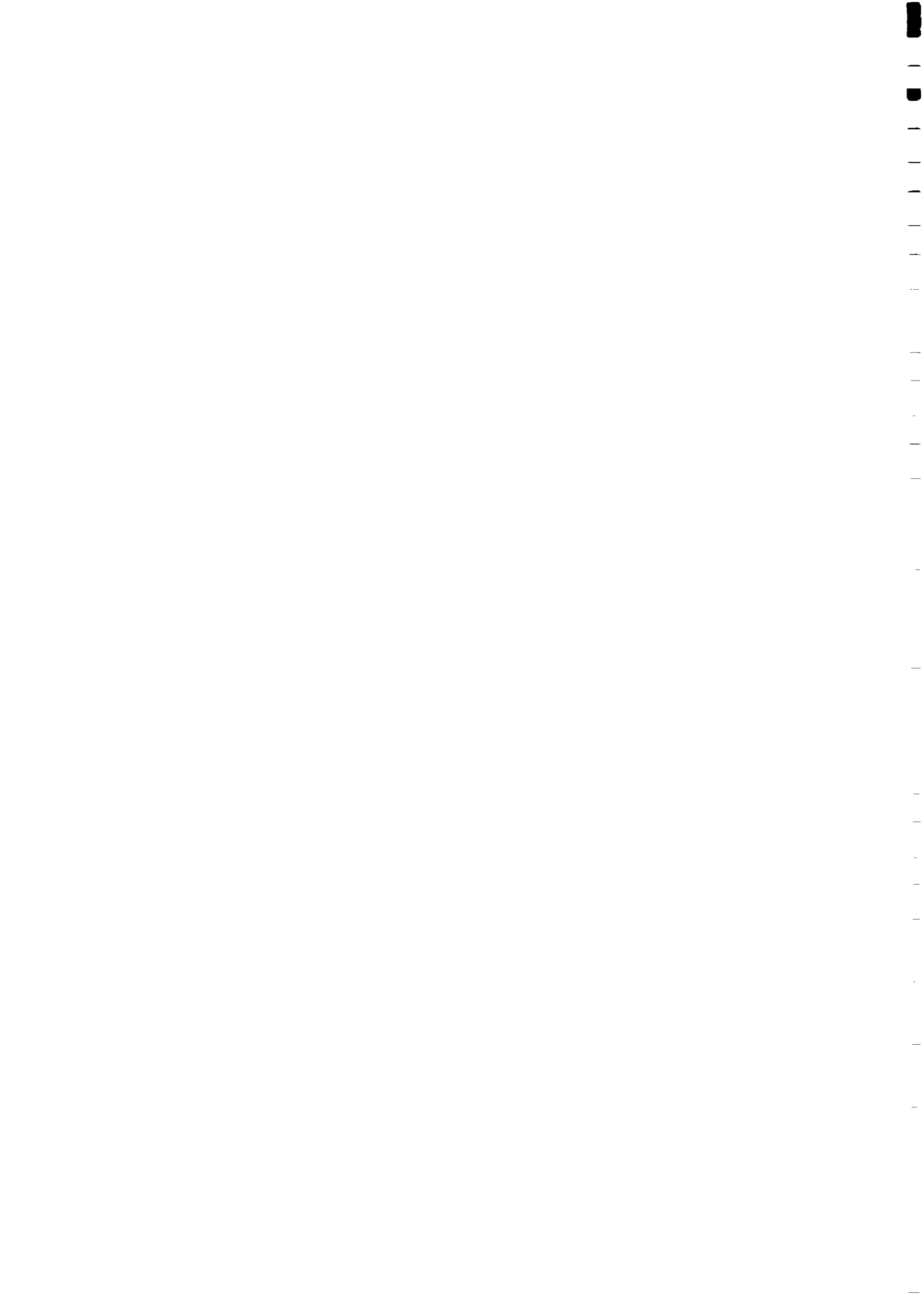
What does the community think about your work as VHW?

Do you need additional training in order to perform better as a VHW? Why?

How is the revolving fund doing in this village and why?

What could be done to make this fund revolve better or faster?

Do you have any additional matter that you would like to discuss or emphasize?



STRUCTURED INTERVIEW FOR VILLAGE LEADERS:

Village Name..... District.....
Title of Leader..... Ward.....

What criteria did this village use to select VHWs?

How did the idea of VHWs come to this village?

What procedures were followed by the district to inform villagers what HESAWA is about before phasing into this village?

How many meetings did the promotion team hold with the village committee before phasing in?

How many times did all the villagers meet to discuss the HESAWA programme before implementation started?

How would you describe the attendance to these meetings?

Was the idea of phasing out discussed at the beginning?



Did the villagers have an opportunity to express their felt needs to the promotion team before implementation started?

Who started the revolving fund in this village and how was it done?

What are the objectives of the fund?

To what extent have the objectives been met?

What problems do you have with the revolving fund?

What could be done to solve these problems?

What do villagers say about your VHVs' performance in this village?

What do you think we could do to improve their performance?

Has this village opened a HESAWA account? If no, why not?

APPENDIX III

VILLAGE HEALTH WORKERS' INVENTORY 1992



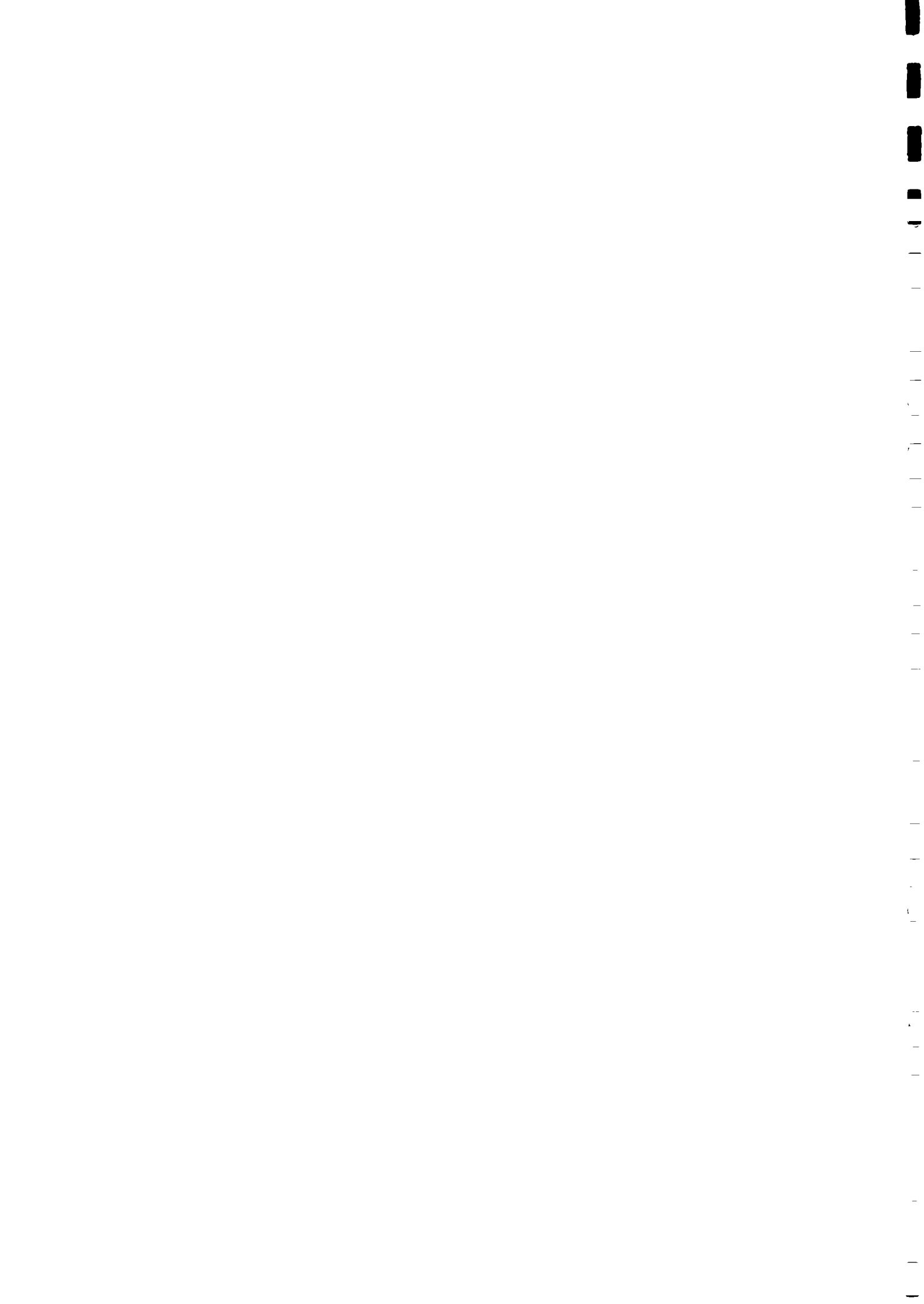
SUMMARY

No.	DISTRICT	No. of VHWS			Paid by Village Government		Active in Village				Has bicycle		Drop Out Rate	
		M	F	Total	YES (%)	NO(%)	YES		NO		YES	NO	M	F
							M	F	M	F				
1	BUNDA	52	53	105	(2) 2%	(103) 98%	(39) 75%	(33) 62%	(18) 15%	(11) 21%	(68) 65%	(37) 35%	(11) 21%	(2) 4%
2	BIHARAMULO	72	64	136	(118) 87%	(18) 14%	(62) 87%	(52) 81%	(10) 14%	(14) 22%	(118) 87%	(26) 19%	(8) 11%	(8) 13%
3	MAGU	46	49	95		(95) 100%	(28) 61%	(24) 50%	(16) 35%	(27) 55%	(81) 85%	(14) 15%	(7) 15%	(10) 20%
4	MWANZA	21	20	41		(41) 100%	(17) 81%	(12) 60%	(5) 24%	(7) 35%	(35) 85%	(6) 15%	(2) 10%	(8) 40%
5	MUSOMA (R)	22	22	44		(44) 100%	(11) 50%	(11) 50%	(11) 50%	(11) 50%	(44) 100%	(0) 0%	(2) 9%	(1) 5%
6	KWIMBA	92	93	185		(185) 100%	(91) 99%	(89) 96%	(1) 1%	(4) 4%	(108) 58%	(77) 42%	(1) 1%	(2) 2%
7	BUKOBA (R)	72	68	140		(140) 100%	(69) 95%	(59) 88%	(4) 5%	(8) 12%	(128) 91%	(12) 9%	(4) 6%	(6) 9%
	Total for Intergrated Districts	(377) 51%	(369) 49%	(746)	(120) 16%	(626) 84%	(317) 84%	(280) 76%	(55) 15%	(82) 22%	(582) 78%	(172) 23%	(35) 9%	(37) 10%



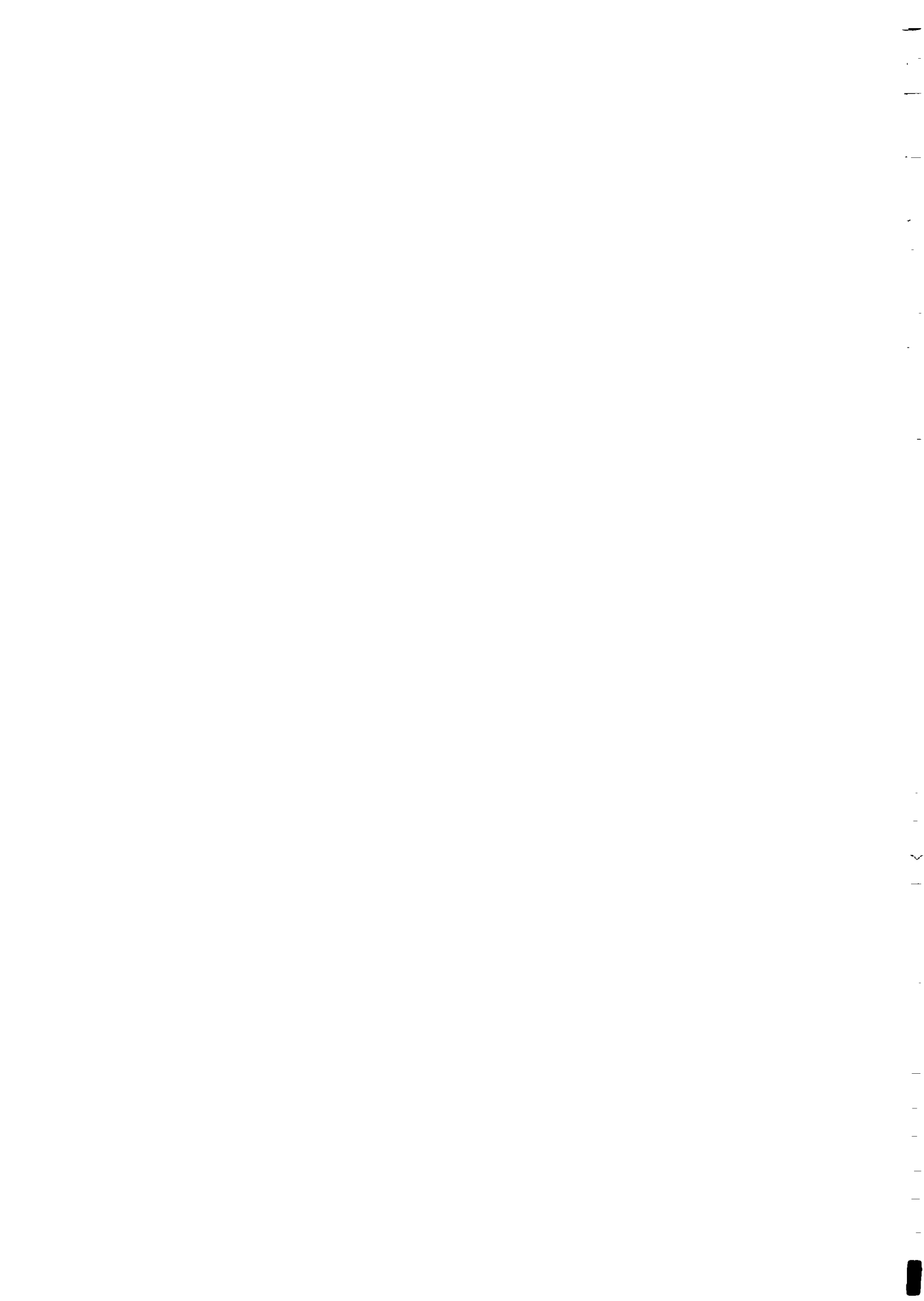
District: BUNDA

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
1. Kasahunga	2	1	3	83/84		3	1		1	1	3		OX FARM		
2. Namibu	0	2	2	" -		2		2			2		- " -		
3. Nansimo	3	1	4	85/86		4	2	1	1		4		- " -		
4. Nambaza	0	2	2	" -		2		1		1	2		- " -		
5. Busambara	0	1	1	" -		1					1				
6. Nakatuba	1	1	2	1985		2			1	1	2		- " -		
7. Sunsi	1	2	3	1984		3	1	2			3				
8. Bwanza	1	1	2	1984		2	1	1			2		- " -		
9. Nambubi	1	2	3	1984		3	1	2			3		- " -		
10. Kisorya	1	1	2	1984		2	1	1			2		- " -		
11. Masahunga	1	2	3	1984		3	1	2			3		- " -		
12. Mahyoro	2	1	3	1983		3	2	1			3		- " -		
13. Nyamitwebiri	2	0	2	1983		2	2	0			2		- " -		
14. Neruma	2	1	3	1983		3	2	1			3		- " -		
15. Manyamanyama	1	1	2	1986		2	1	1			2		HESAWA		
16. Kiwasi	1	1	2	1986		2			1	1	2		- " -		
17. Kamkenga	1	1	2	1986		2	1	1			2			1	



District: BUNDA

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
18. Kangetutya	1	1	2	1987		2	1	1			1	1	HESAVA		
19. Kabasa	1	1	2	1986		2	1	1			1	1	"		
20. Nyasana	1	1	2	1987		2	1			1		2	"		1
21. Kungombe	1	1	2	1986		2	1	1				2	"		
22. Bitaraguru	1	1	2	1986	2	0	1	1				2	"		
23. Rwabu	1	1	2	1987		2			1	1		2	"		
24. Sazira	1	1	2	1987		2	1			1	1	1	"		
25. Kitaramaka	1	1	2	1987		2	1	1		1	1	1	"		
26. Changuge	1	1	2	1989		2	1	1			1	1	"		
27. Kisangwa	1	1	2	1987		2	1			1	1	1	"		
28. Ligamba 'B'	1	1	2	1989		2	2				2		"		
29. Mihale	1	1	2	1987		2	2					2	"		
30. Misisi	1	1	2	1987		2	1	1				2	"		
31. Ligamba 'A'	1	1	2	1987		2		1	1			2	"		
32. Mcharo	1	1	2	1989		2			1	1		2	"		1
33. Kurusanja	1	1	2	1989		2	1	1			2		"		
34. Salama Kati	1	1	2	1989		2	1	1			2		"		
35. Nyaburundu	1	1	2	1989		2	1	1			2		"		



District: BUNDA

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
36. Marambeka	1	1	2	1989		2	1	1			2		HESAWA		
37. Bukama	1	1	2	1989		2		1	1		1	1	"		
38. Sarawe	1	1	2	1989		2	1			1	2		"		
39. Nyamuswa	1	1	2	1989		2	1	1			2		"		
40. Makongoro	1	1	2	1989		2	1	1			2		"		
41. Tiringati	1	1	2	1989		2	1	1			2		"		
42. Kiroleri	1	1	2	1989		2	1	1			2		"		
43. Salama 'A'	1	1	2	1991		2	N A					2	"		
44. Mugeta	1	1	2	1991		2	N A					2	"		
45. Kyandege	1	1	2	1991		2	N A					2	"		
46. Sanzate	1	1	2	1991		2	N A					2	"		
47. Nyangaranga	1	1	2	1991		2	N A					2	"		
48. Mihingo	1	1	2	1991		2	N A					2	"		
49. Mekomariro	1	1	2	1991		2	N A					2	"		
TOTAL	52	53	105		2	103	39	3	8	11	68	37			

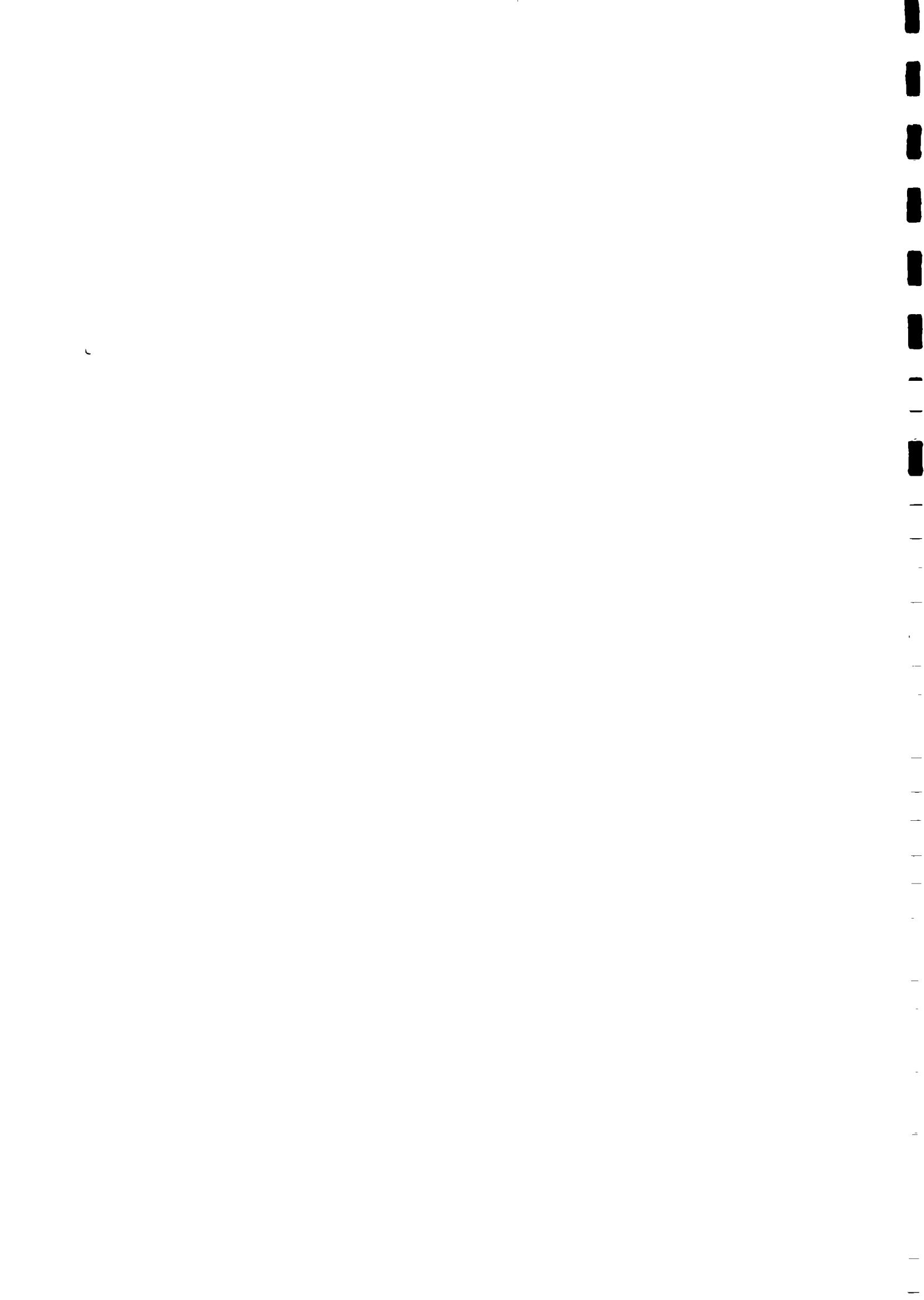


District: BIHARAMULO

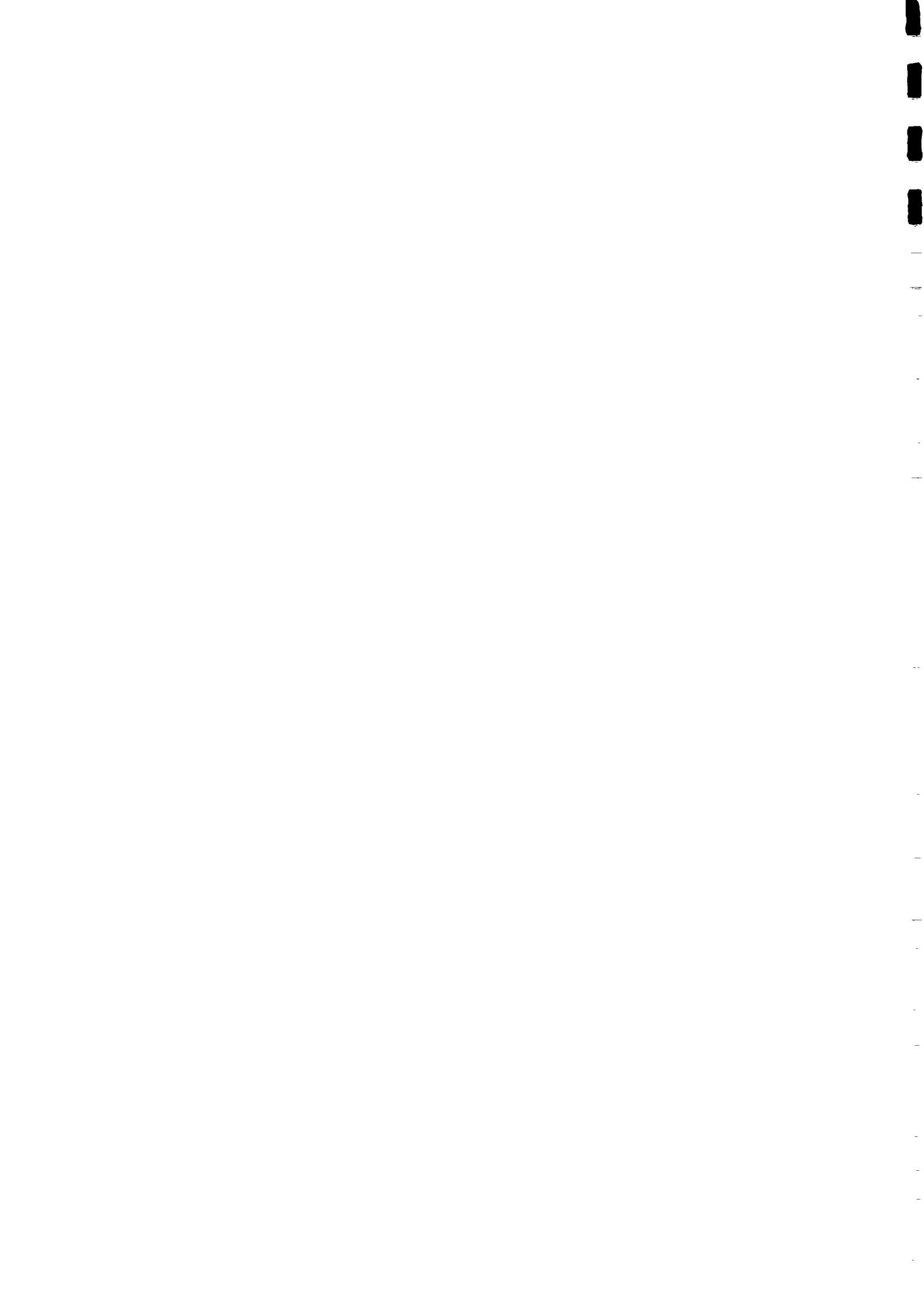
Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
1. Bukene	1	1	2	1987	1	1		1	1		1	1	HESAWA	1	
2. Busirayombe	1	1	2	1986	2		1	1			1	1	"		
3. Nyakato	2		2	1989	2		2				2		"		
4. Nyabilizi	1	1	2	1986	2		1	1			2		"		
5. Kasozibakaya	1	1	2	1988	2		1			1	2		"		
6. Mukunge	1	1	2	1987	2		1	1			2		"		
7. Katende	1	1	2	1989	2		1	1			2		"		
8. Nyamigogo	1	1	2	1987	2		1	1			2		"		
9. Chabulongo	1	1	2	1986	1	1	1			1	2		"		
10. Ilyamchele	1	1	2	1987	2		1			1	2		"		1
11. Chato	3	2	5	1986	5		3	2			5		"		
12. Nyangomango		1	1	1989	1			1			1		"		
13. Bwina	1	1	2	1986	2		1	1			2		"		
14. Itare	1	2	3	1986	2	1	1	1		1	2	1	"		1
15. Ilemera	1	1	2	1986	2		1	1				2	"		
16. Nyambogo	1	1	2	1989	2		1	1				2	"		
17. Kanyama	1		1	1986	1		1					1	"		
18. Rubabangwe	1	1	2	1986	1	1		1	1			2	"	1	
19. Nyamirembe	1	1	2	1987	2			1	1			2	"		
20. Kalebezo	1	1	2	1986	1	1	1			1	2		"		
21. Nyambiti	1	1	2	1986	1	1	1			1		2	"		1
22. Busalala	1		1	1986	1		1				1		"		



Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
23. Ichwankima	1	1	2	1987		2			1	1	2		HESAWA	1	1
24. Kachwamba	1	1	2	"	2		1	1			2		"		
25. Mwangaza	1	1	2	"	2		1	1			2		"		
26. Igalula	1	1	2	1986	2		1	1			2		DDH.		
27. Kasenga	2	1	3	1987	2	1	1	1	1		2	1	HESAWA	1	
28. Katemwa	1	1	2	1988	2		1	1			2		"		
29. Nyabugera	1	1	2	1988	2		1	1			2		"		
30. Bapandwampuli	1	1	2	1988	1	1	1			1	1	1	"		1
31. Katete	1	1	2	1988	2		1	1			2		"		
32. Bwongera	1	1	2	1988	2		1	1			2		"		
33. Rutunguru	1	1	2	1988	2		1	1			2		"		
34. Bukamila	1	1	2	"	2		1	1			2		"		
35. Kibehe	2	1	3	"	2	1	1	1	1	2	2	1	"	1	
36. Kikumbeitale	1	1	2	1988	2		1	1			2		"		
37. Butarama	2	1	3	"	2	1	1	1	1		2	1	"	1	
38. Nyisanzi	2	2	4	"	2	2	1	1	1	1	2	2	"		
39. Kibumba	1		1	1992	1		1					1	"		
40. Muranda	1	1	2	1989	2		1	1			2		"		
41. Buseresere	1	1	2	1989	2		1	1			2		"		
42. Butengo/Rumasa	1	1	2	1992	2		1	1			1	1	"		
43. Bukiriguru	1	1	2	1986	2		1	1			2		"		
44. Busaka	1	1	2	1986	1	1	1			1	2		"		1

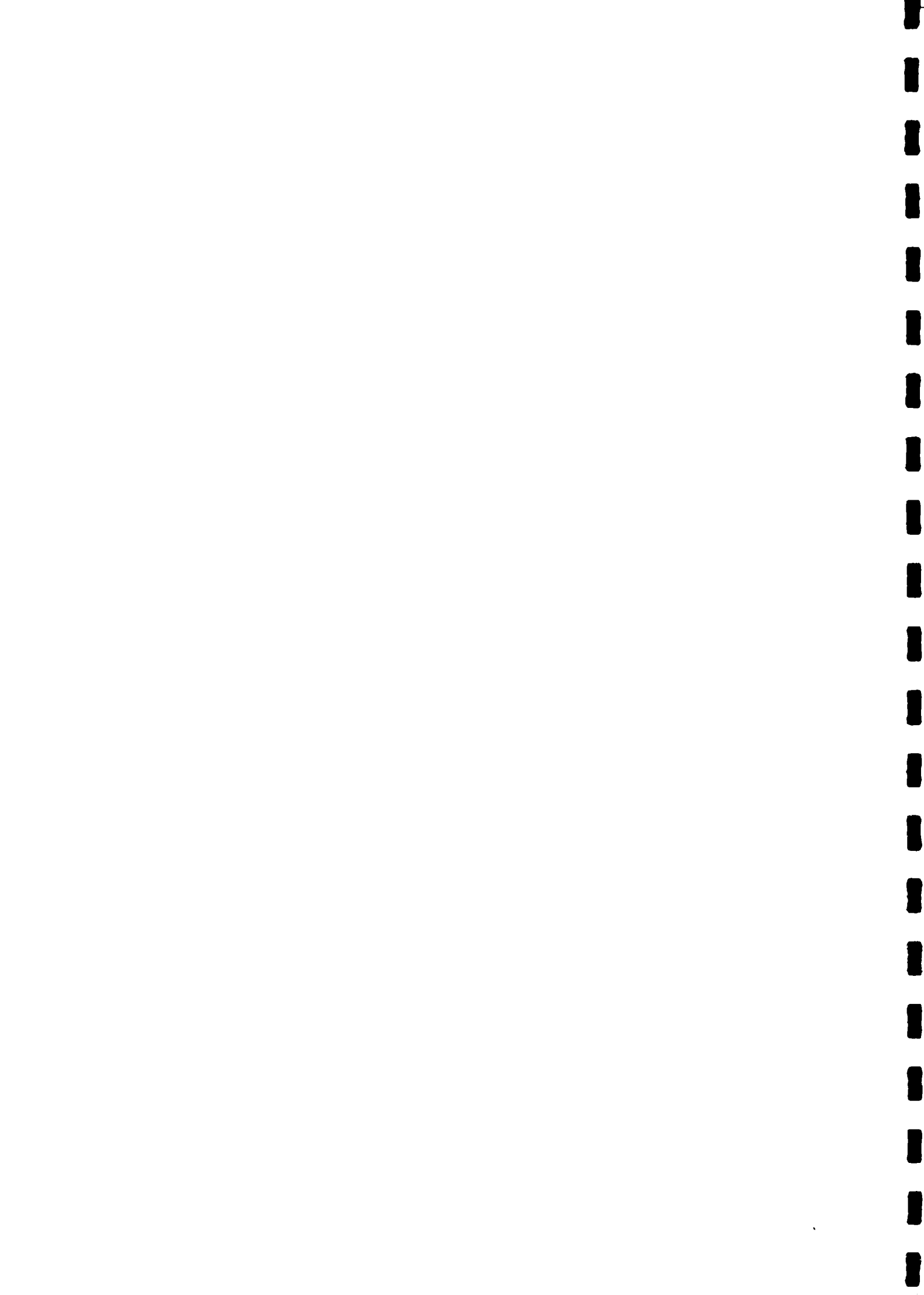


Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
45. Bwanga	1	1	2	1986	1	1	1	0		1	2		HESAWA		1
46. Makurugusi	1	1	2	"	1	1	0	1	1		2		"	1	
47. Ihanga	1	1	2	1989	2		1	1			2		"		
48. Kasala	1	1	2	1989	2		1	1			2		"		
49. Musasa	1	1	2	"	2		1	1			2		"		
50. Kalembere	1	1	2	1986	2		1	1			2		"		
51. Bwera	1	1	2	"	2		1	1			2		"		
52. Buziku	1	1	2	1992	2		1	1			1	1	"		
53. Igando	2	1	3	"	2	1	1	1	1		2	1	"	1	
54. Nyarubungo		1	1	1986	1		0	1			1		UNICEF		
55. Katoke	1	1	2	"	2		1	1			2		"		
56. Nyamahanga	1	1	2	"	2		1	1			2		"		
57. Rusabya	1	1	2	"	2		1	1			2		"		
58. Katahoka		2	2	1986	2		0	2			2		"		
59. Kasuno	1	1	2	"	2		1	1			2		"		
60. Runazi	1		1	"	1		1	0			1		"		
61. Kabindi/Rukora	1	1	2	"	2		1			1	2		"		1
62. Kikomakoma	1	1	1	"	1		1				1		"		
63. Nyabusenzi	1		1	"	1		1				1		"		
64. Kagoma	1	1	2	"	2		1	1			2		"		
65. Kagondo	1	1	2	"	2		1	1			2		"		
66. Nyamtimba	1	1	2	"	2		1	1			2		"		
67. Nyarukengengo	1	1	2	"	2		1	1			2		"		
	72	64	136		118	18	62	52	10	14	108	26		8	8



District: MAGU

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
1. Nyashimba	2	2	4	1987		4	1	1	1	1		2	HESAWA	1	1
2. Ilungu	2	1	3	1987		3		1	2		2		"	1	
3. Itandula	1	1	2	1988		2	1	1			2		"		
4. Kigangama	1	1	2	1987		2			1	1	2		"		
5. Lugeye	1	1	2	1990		2			1	1	1		"		
6. Kitongo	1	1	2	1986		2	1			1			"		1
7. Bugabu	1	1	2	1987		2			1	1	2		"		
8. Bundilya	2	2	4	1987		4	2	1		1	2		"		
9. Nyamahanga	1	1	2	1987		2		1	1				"	1	
10. Misambo	1	1	2	1987		2	1	1		2	2		"		
11. Kipeja	1	2	3	1987		3	1			1	1		"		1
12. Yichobela	1	1	2	1987		2	1	1			2		"		
13. Ihayabuyaga	2	2	4	1986		4	2	2			2	2	"		
14. Nyanguge	2	2	4	1989		4	2			2	3		"	1	
15. Muda	2	2	4	1985		4	1	1	1	1	1	1	"	1	1
16. Matela	1	2	3	1986		3	1	1		1	1		"	1	
17. Kayenze	1	1	2	1986		2	1	1		2	2		"		
18. Langi	1	1	2	1986		2		1	1		2		"		
19. Lutale	1	1	2	1986		2		1	1		1		"		



District: MAGU

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
20. Ihushi	2	2	4	1988		4	1		1		4		HESAWA		
21. Kisesa	3	4	7	1989		7	3		4		4		"		2
22. Igekemaja	1	1	2	1989		2			1	1			"		1
23. Wellamasonga	1	1	2	1988		2	1	1					"		
24. Kitumba	1	1	2	1986		2	1			1			"		1
25. Isangijo	3	2	5	1986		5	2	2	2	1			"	1	
26. Bugando	1	3	4	1985		4	1			3	2		"		2
27. Chabula	1	1	2	1986		2		1	1		2		"		
28. Kongolo	3	4	7	1986		7		3	1	3	3	3	"		
29. Nyashigwe	1	1	2	1985		2	1			1	2		"		
30. Matale	3	2	5	1985		5	1	2	2		3	2	"		
31. Sese	1	1	2	1986		2	1	1			2		"		
TOTAL	46	49	95			95	28	24	16	27	81	14		7	10



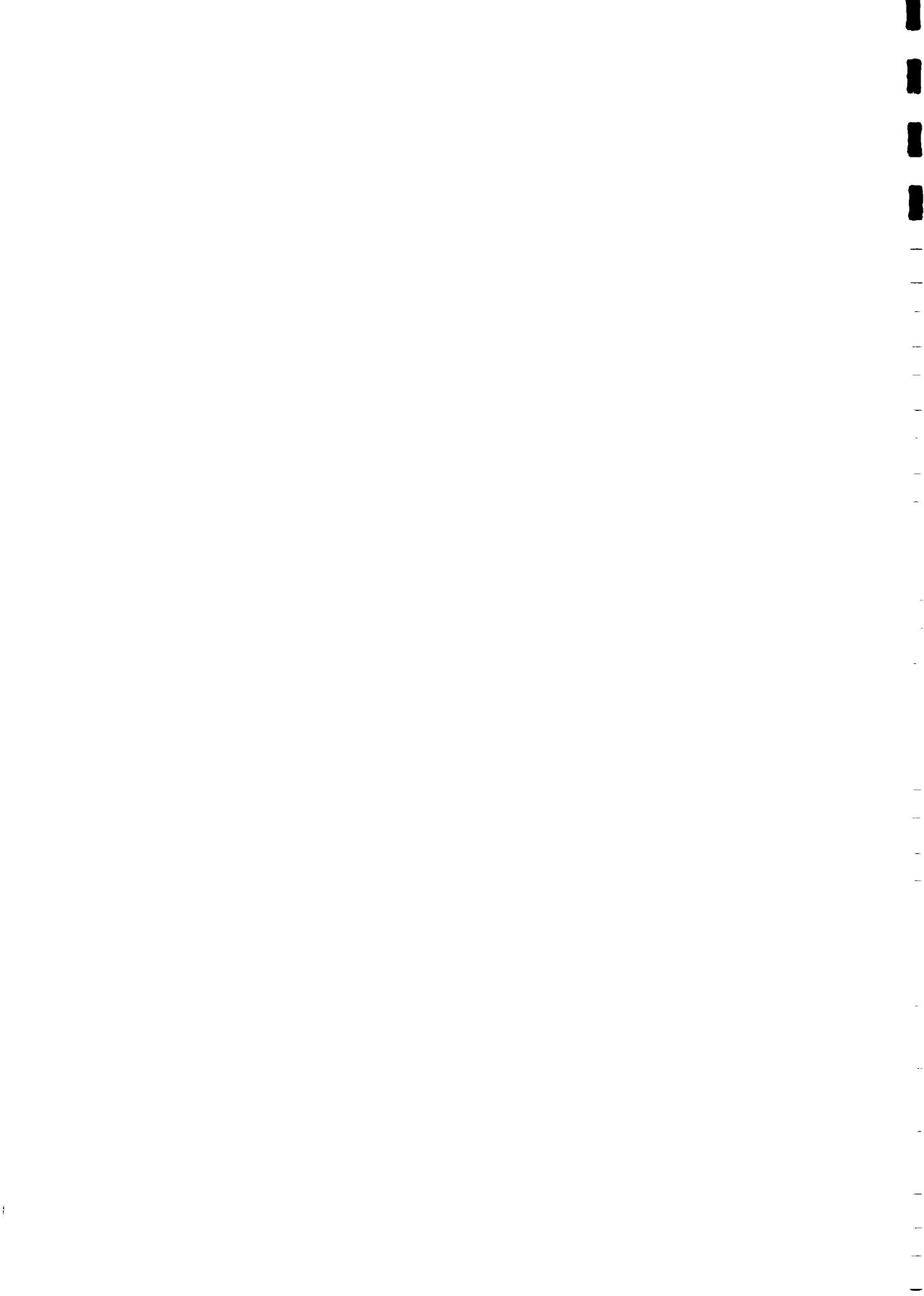
District: MWANZA

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
1. Igogwe	2	2	4	1987		4	1		2	1	2	2	HESAWA	1	
2. Igombe	2	1	3	1987		3	2	1			2	1	"		
3. Nyamwilolelwa	1	1	2	1987		2			1	1	2		"	1	
4. Buswelu	1	2	3	1988		3	1	2			2	1	"		1
5. Nyamadoke	1	1	2	1986		2		1	1		2		"		
6. Nyamkongoro	2	1	3	1986		3	2	1			3		"		
7. Fumagila	1	1	2	1987		2	1	1			2		"		
8. Kishili	1	1	2	1987		2	1			1	2		"		1
9. Kahama	2	2	4	1988		4	2	1		1	3	1	"		1
10. Kiseke	1	1	2	1988		2			1	1	2		"		2
11. Kabujungu	1	1	2	1986		2	1	1			2		"		
12. Nyafula	1	1	2	1986		2	1			1	2		"		1
13. Sangabuye	1	1	2	1988		2	1	1			1	1	"		
14. Bulongua	1	1	2	1989		2	1	1			2		"		1
15. Lwanhima	1	1	2	1989		2	1	1			2		"		
16. Luchelele	1	1	2	1989		2	1			1	2		"		1
17. Mkolani	1	1	2	1989		2	1	1			2		"		
TOTAL	21	20	41			41	17	12	5	7	35	6		2	8



District: MUSOMA RURAL

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
1. Kiabakari	1	1	2	1990		2			1	1	2		HESAWA	1	
2. Kamugegi	1	1	2	1990		2			1	1	2		"		
3. Nyamisisi	1	1	2	1990		2			1	1	2		"		
4. Ryamugabo	1	1	2	1990		2			1	1	2		"		
5. Mwanzaburiga	1	1	2	1990		2			1	1	2		"		
6. Nyang'oma	1	1	2	1990		2	1	1			2		"		
7. Kwibara	1	1	2	1990		2	1	1			2		"		
8. Murangi	1	1	2	1990		2			1	1	2		"		
9. Kyankoma	1	1	2	1987		2			1	1	2		"		
10. Kamugendi	1	1	2	1987		2			1	1	2		"	1	1
11. Masurura	1	1	2	1987		2			1	1	2		"	1	
12. Ryamesanga	1	1	2	1987		2			1	1	2		"		
13. Kitaramaka	1	1	2	1987		2			1	1	2		"		
14. Butiama	1	1	2	1991		2	1	1			2		"		
15. Muriaza	1	1	2	1991		2	1	1			2		"		
16. Bumangi	1	1	2	1991		2	1	1			2		"		
17. Rwankoma	1	1	2	1991		2	1	1			2		"		
18. Masaba	1	1	2	1991		2	1	1			2		"		
	18	18	36			36	7	7	11	11	36			2	1



District: MUSOMA (R)

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
19. Biatika	1	1	2	1992		2	1	1			2		HESAWA		
20. Mugunga	1	1	2	1992		2	1	1			2		"		
21. Matongo	1	1	2	1992		2	1	1			2		"		
22. Kizaru	1	1	2	1992		2	1	1			2		"		
Sub- Total	4	4	8		-	8	4	4	-	-	8	-		-	-
GRAND TOTAL	22	22	44		-	44	11	11	11	11	44	-		2	1



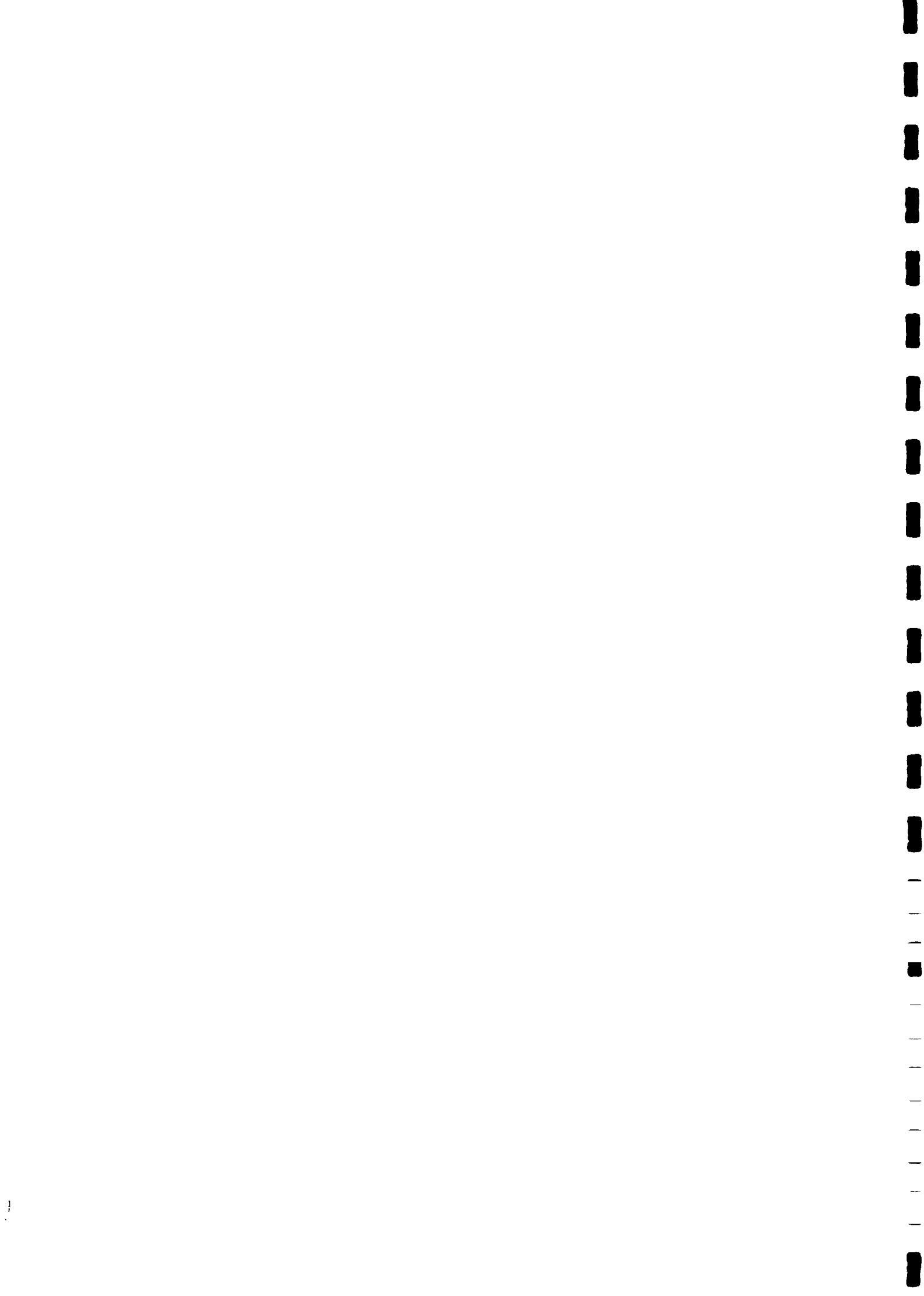
District: KWIMBA.

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
1. Welamasonga	1	1	2	1989		2	1	1			2		HESAWA		
2. Ilumba	1	1	2	1989		2	1	1			2		"		
3. Shushi	1	1	2	1990		2	1	1			2		"		
4. Talaga	1	1	2	1990		2	1	1			2		"		
5. Kitunga	1	1	2	1990		2	1	1			2		"		
6. Lyoma	1	1	2	1989		2	1	1			2		"		
7. Mwadubi	1	1	2	1990		2	1			1	2		"		
8. Mwanghalanga	1	1	2	1989		2	1	1			2		"		
9. Malemve	1	1	2	1990		2	1	1			2		"		
10. Busule	1	1	2	1989		2	1	1			2		"		
11. Kilyaboya	1	1	2	1989		2	1	1			2		"		
12. Shigumhulo	1	1	2	1990		2	1	1			2		"		
13. Isabilo	1	1	2	1991		2	1	1			2		"		
14. Mwabagole	1	1	2	1991		2	1	1			2		"		
15. Malya	1	1	2	1991		2	1	1			2		"		
16. Kakora	1	1	2	1991		2	1	1			2		"		
17. Ngudulugulu	1	1	2	1991		2	1			1	2		"		
18. Kakola	1	1	2	1989		2			1	1	2		"	1	1
19. Mwitambu	1	1	2	1991		2	1			1	2		"		1
20. Nkungulu	1	1	2	1989		2	1	1			2		"		
21. Mahiga	1	1	2	1991		2	1	1			2		"		
22. Kimiza	1	1	2	1989		2	1	1			2		"		
23. Manguruma	1	1	2	1990		2	1	1			2		"		
24. Kineja	1	1	2	1991		2	1	1			2		"		



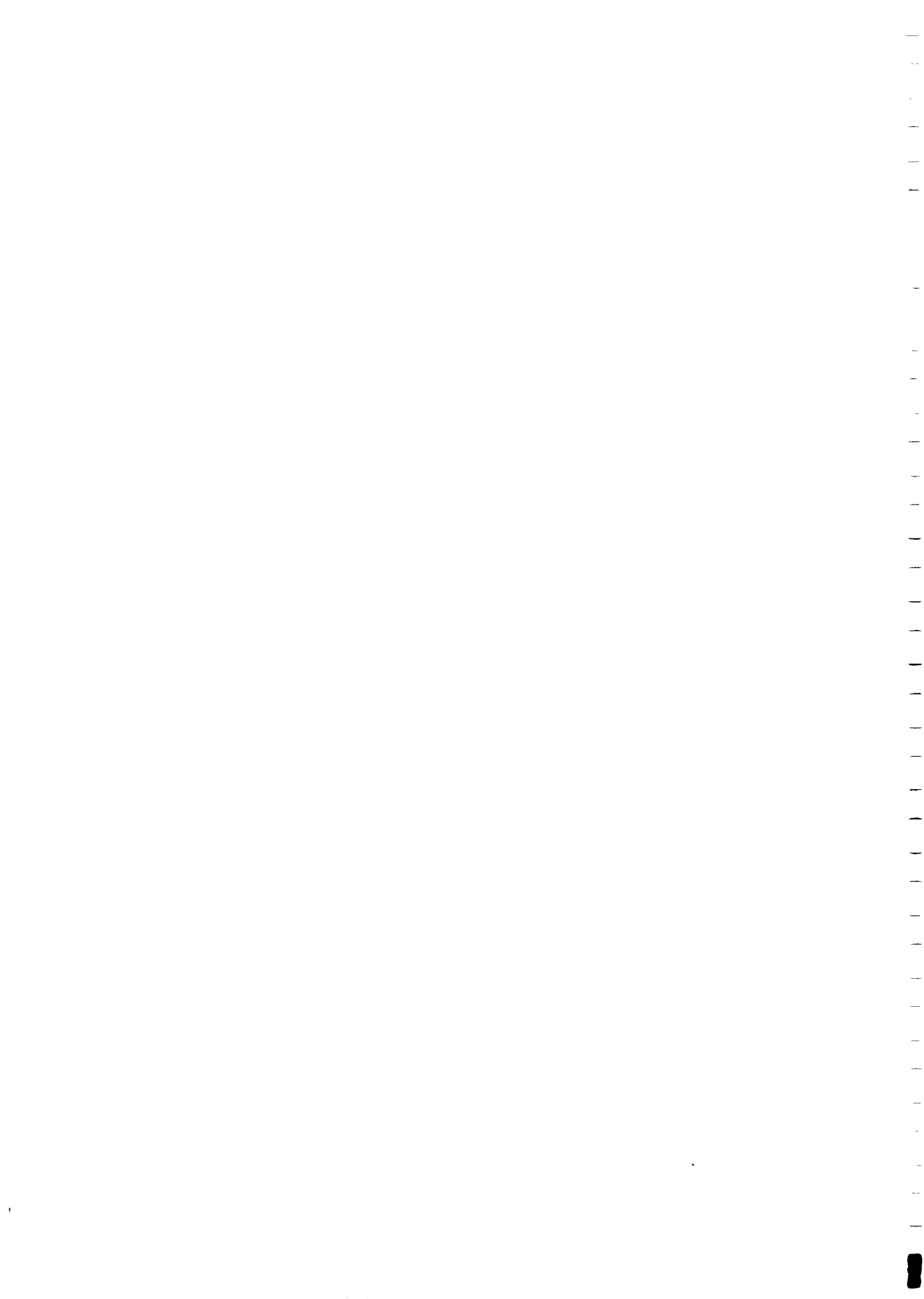
District: KILIMBA.

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
25. Ibindo	1	1	2	1991		2	1	1			2		HESAWA		
26. Solwe	1	1	2	1991		2	1	1			2		"		
27. Mwavalatulu	1	1	2	1991		2	1	1			2		"		
28. Mwabuchuma	1	1	2	1991		2	1	1			2		"		
29. Kadashi	1	1	2	1991		2	1	1			2		"		
30. Golloma	1	1	2	1991		2	1	1			2		"		
31. Mwandu	1	1	2	1991		2	1	1			2		"		
32. Kijida	-	1	1	1984		1		1				1	RDF"		
33. Mwalubungwa	1	1	2	1984		2	1	1			2		"		
34. Mwabayanda	1	1	2	1984		2	1	1			2		"		
35. Gulumwa	1	1	2	1984		2	1	1			2		"		
36. Mwan ika	1	1	2	1984		2	1	1			2		Ox-FARM SUMVE		
37. Mwabomba	1	2	3	1984		3	1	2			3		"		
38. Ngogo	2	1	3	1984		3	2	1			3		"		
39. Ngula	1	0	1	1984		1	1	-			1		"		
40. Nyamatala	1	1	2	1984		2	1	1			2		"		
41. Nyambui		1	1	1985		1		1			1		"		
42. Mantare	1	1	2	1984		2	1	1			2		"		
43. Mwampulu	1		1	1985		1	1				1		"		
44. Mwanakeyi		1	1	1985		1		1			1		"		
45. Dodoma		1	1	1985		1		1			1		RDF		
46. Kijida	1		1	1985		1	1				1		RDF		
47. Mwanakeyi	1	-	1	1982		1	1			1	1		OX-, SUMVE		
48. Ishingisha	1	1	2	1983		2	1	1			1	1	"		



District:

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
49. Bumyengeta		2	2	1983		2		2			1	1	OX-SUMVE		
50. Sumve		3	3	1983		3		3			2	1	"		
51. Mwashilalage	1	1	2	1980		2	1	1			1	1	"		
52. Nyamkoma	1	1	2	1985		2	1	1			1	1	"		
53. Isunga	1	1	2	1983		2	1	1			1	1	"		
54. Bungulwa	1	1	2	1985		2	1	1			1	1	"		
55. Nghundya	1	1	2	1980		2	1	1			1	1	"		
56. Sumaha	1	1	2	1983		2	1	1				2	"		
57. Shilanona	1	1	2	1983		2	1	1				2	"		
58. Bujigwa	1		1	1983		1	1					1	"		
59. Ibondoya A.	1	1	2	1986		2	1	1				2	"		
60. Karonije	1	1	2	1986		2	1	1				2	"		
61. Mwaniko	1	1	2	1988		2	1	1				2	"		
62. Nyan'homango		1	1	1985		1		1			1		OX FARM BUKUMBI.		
63. Mwakalima	1		1	1985		1	1				1		"		
64. Isamilo		2	2	1985		2	1	1					"		
65. Mwasonge	1	1	2	1985		2	1	1				2	"		
66. Ngombe	2		1	1985		2	2				2		"		
67. Mwamazengo	1		1	1985		1	1				1		"		
68. Lutalutale	1		1	1985		1	1				1		"		
69. Mbalama		1	1	1985		1	1				1		"		
70. Kwimwa	1		1	1990		1	1				1		"		
71. Igumo	1		1	1990		1	1				1		"		
72. Ikungumhulu	1		1	1990		1	1				1		"		



District: Kwimba

Name of Village	No. of VHVs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
73. Isagara	1	1	2	1985		2	1	1			2		OX-BUKUMBI		
74. Mwaboma	1		1	1985		1	1					1	"		
75. Ngogo		2	2	1985		2		2			2		"		
76. Ngula	1	2	3	1984		3	1	2			1	2	"		
77. Nyamatala	2	3	5	1989		5	2	3				5	"		
78. Mwanakeyi		1	1	1989		1		1			1		"		
79. Mwampulu	2	1	3	1983		3	2	1			2	1	"		
80. Ishingisha		2	2	1984		2		2			1	1	"		
81. Sumve	1		1	1983		1	1				1		"		
82. Nyamikoma		1	1	1989		1		1			1		"		
83. Mwashilage	1		1	1989		1	1				1		"		
84. Sumalia		1	1	1984		1		1			1		"		
85. Shilanona	2	2	4	1984		4	2	2			2	4	"		
86. Isagara		1	1	1989		1		1			1		"		
87. Bujigwa	2	1	3	1982		3	2	1			1	2	"		
88. Isunga	1	1	2	1983		2	1	1			1	1	"		
89. Bungulwa		1	1	1985		1		1			1		"		
90. Bugomba		1	1	1985		1					1		"		
91. Mondo	2	2	4	1989		4	2	2			1	3	"		
92. Ikungumhulu	1	1	2	1990		2	1	1			1	1	"		
93. Kasololo	1		1	1990		1	1				1		"		
94. Fella	2		2	1990		2	2				1	1	"		
95. Nyanghomango	1	1	2	1990		2	1	1			1	1	"		
96. Usagara	2	1	3	1990		3	2	1				3	"		



Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
97. Isamilo		2	2	1990		2		2				2	OX BUKUMBI		
98. Kwasonge	4		4	1990		4	4				1	3	"		
	92	93	185		-	185	91	89	1	4	108	77		1	2

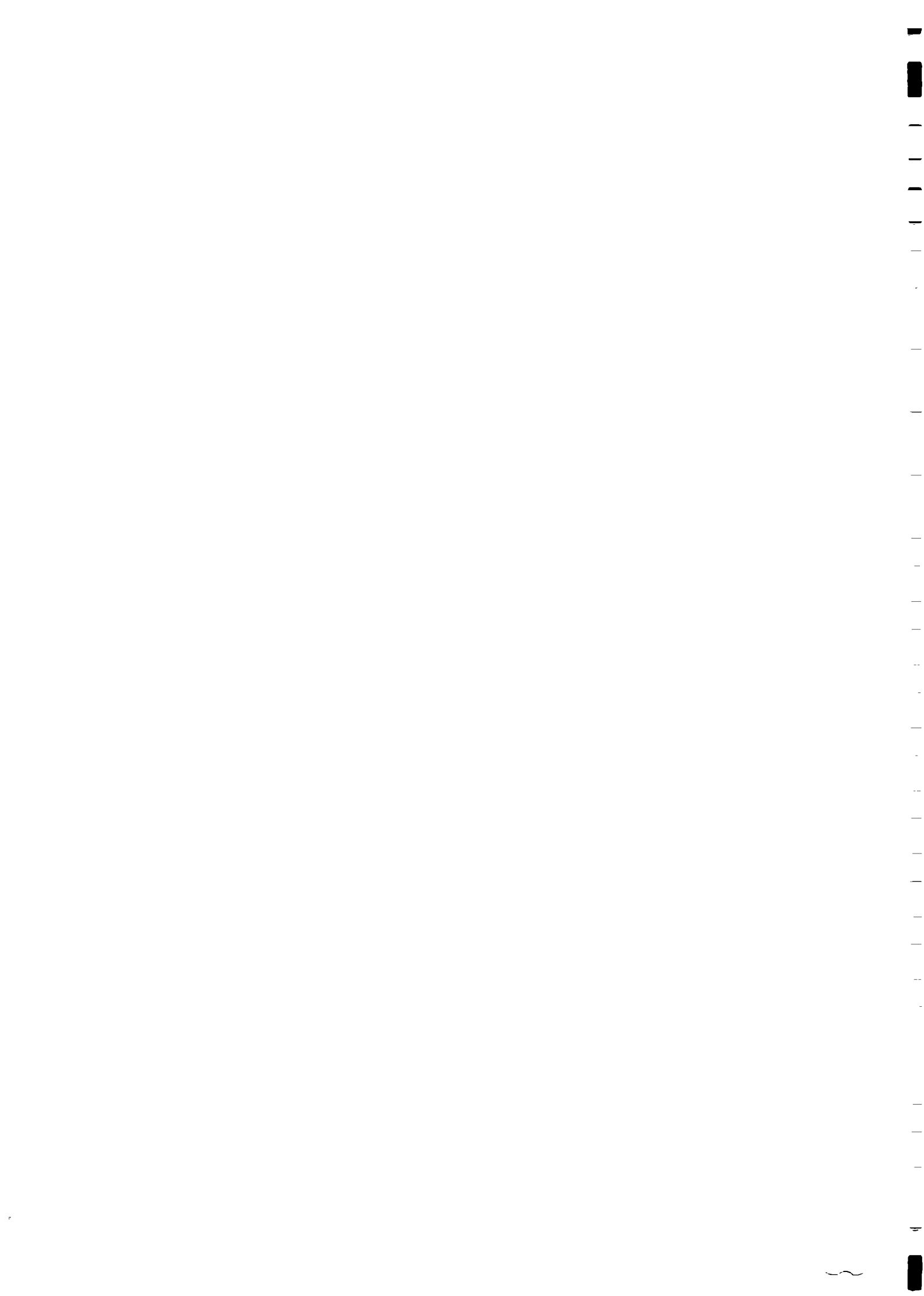
District: BUKOBA RURAL

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
1. Minziro	1	1	2	1991		2	1	1			2		UNICEF		
2. Kigazi	1	1	2	1991		2	1	1			2		"		
3. Kalagala	1	1	2	1991		2	1	1			2		"		
4. Kasambya	1	1	2	1991				1			2		"		
5. Mubuye	1	1	2	1991		2	1	1			2		"		
6. Bunazi	1	1	2	1991		2	1	1			2		"		
7. Kakindo	1	1	2	1991		2	1	1			2		"		
8. Gabulanga	1	1	2	1991		2	1	1			2		"		
9. Kilimilile	1	1	2	1991		2	1	1			2		"		
10. Kasnaba	1	1	2	1991		2	1	1			2		"		
11. Mwemage	1	1	2	1991		2	1	1			2		"		
12. Mabale	1	1	2	1991		2	1	1			2		"		
13. Nyankele	1	1	2	1991		2	1	1			2		"		
14. Musheshe	1	1	2	1991		2	1	1			2		"		
15. Bulembo	1	1	2	1991		2	1	1			2		"		
16. Bulifani	1	1	2	1991		2	1	1			2		"		
17. Kyaka	1	2	3	1991		2		2		1	2		"	1	
18. Igayaza	1	1	2	1991		2	1	1			2		"		
19. Byamutemba	1	1	2	1991		2	1	1			2		"		
20. Ngando	1	1	2	1991		2	1	1			2		"		
21. Mutukula	1	1	2	1991		2	1	1			2		"		
22. Byeju	1	1	2	1991		2	1	1			2		"		
23. Bugango	1	0	1	1991		1	1				1		"		
24. Kakunyu	1	0	1	1991		1	1				1		"		
25.* Bubale	1	1	2	1991		2	1				2		"		



District: BUKOBA RURAL

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
26. Bubale	2	1	3	1991		3	2	1			3				
27. Mishenye	1	1	2	1987		2	1			1	1	HESAWA		1	
28. Irango	1	1	2	1987		2	1					"		1	
29. Nyakabanga	1	1	2	1987		2	1	1		1	1	"			
30. Nyabushozi	1	1	2	1987		2	1	1		2		"		1	
31. Rubale	2	1	3	1988		3	1	1	1	2	1	"	1		
32. Migara	1	1	2	1988		2	1	1		2		"			
33. Kikomero	1	1	2	1988		2	1	1		2		"			
34. Kabirizi	1	1	2	1988		2	1			2		"			
35. Bituntu	1	1	2	1988		2	1			2		"			
36. Rukoma	1	1	2	1990		2	1	1		2		"			
37. Butakya	1	1	2	1990		2	1	1		2		"			
38. Nyakabulala	1	1	2	1990		2	1	1		0	2	"			
39. Kamuli	1	1	2	1990		2	1	1		1	1	"			
40. Nsheshe	1	1	2	1990		2	1	1		2		"			
41. Kyaitoke	2	2	4	1987		4	1	1	1	2	2	"	1	1	
42. Izimbya	1	1	2	1987		2	1			2		"		1	
43. Omubweya	1	2	3	1987		3	2			2	1	"		1	
44. Rugaze	1	1	2	1987		2	1	1		2		"			
45. Kihumilo	2	2	4	1988		4	2	2		2	2	"			
46. Kobunshwi	1	1	2	1988		2	1	1		2		"			
47. Ruhunga	1	1	2	1988		2	1	1		2		"			
48.* Muga JWale	2	2	4	1988		4	2	2		2	2	"			
49.* Butulage	1	1	2	1988		2	1	1		2		"			
50. Izimbya	0	1	1	1990		1		1		1		"			



District: BUKOBA RURAL

Name of Village	No. of VHWs			Year of training	Paid by Village Government		Active in Village				Has Bicycle		Organization involved in training	Drop Out	
	M	F	T		Yes	No	Yes		No		Yes	No		M	F
							M	F	M	F					
51. Kikukwe	2	1	3	1989		3	2	1			3		HESAWA		
52. Bugombe	1	1	2	1989		2		1	1		2		"	1	
53. Kigarama	2	1	3	1989		3	2	1			3		"		
54. Bweyunge	1	1	2	1989		2	1	1			2		"		
55. Bukwali	1	1	2	1989		2	1	1			2		"		
56. Kashenye	1	1	2	1989		2	1	1			2		"		
57. Kyamuraire	1	1	2	1991		2	1	1			2		"		
58. Katoro	1	1	2	1991		2	1	1			2		"		
59. Ruhoro	1	1	2	1991 (inkind)		2	1	1			2		"		
60. Musira	1	1	2	1991		2	1	1			2		"		
61. Ngarama	1	1	2	1991		2	1	1	1		2		"		
62. Kaibanja	1	1	2	1991		2	1	1			2		"		
63. Nyakigando	1	1	2	1991		2	1	1			2		"		
64. Kazinga	1	1	2	1991		2	1	1			2		"		
65. Igombe	1	1	2	1991		2	1	1			2		"		
66. Itongo	1	0	1	1991		1	1				1		"		
	72	68	140			140	69	59	4	8	128	12		4	6

