Climate Change and Development Learning Platform

Misungwi District case study into the effectiveness of health provision for women and girls in the context of gender inequalities (incl. GBV) and risks due to climate change

Inception Report and Proposal for next steps

Summary

It is proposed that a Gender Audit and Profile (GAP) for Misungwi district will be coordinated by IIED and supported by the Climate Change and Development Learning Platform. The information generated through the GAP will be triangulated with assessment of climate change projections to better understand the nexus between gender equality and climate risks, and, thereby to assess the effectiveness of interventions in Misungwi District on the lives and well-being of women and girls. The GAP will provide a base-line for a subsequent longitudinal study.

The GAP will include the roles & responsibilities of women in different livelihoods, the well-being of women and girls, and women’s roles in local institutions (including governance, faith groups, land ownership etc.). This information will provide evidence for a base-line against which to assess the effectiveness of interventions and will contribute to a theory of change (logic model) for the proposed monitoring, evaluation and learning framework. Evidence for the GAP will draw from secondary sources and from primary data and information collected through surveys, focus groups and key informant interviews. A consultant researcher will be recruited to work with the IIED team and local research partners.

The timeline of activities for the case study is predicated on the need to have the output completed by July 2019.

Introduction

Following from initial discussion with the Tanzania Mission on a possible Learning Platform supported case study, scoping and then follow-up visits were made to Misungwi to ascertain the availability, quality and reliability of potential data & information sources, and to identify research partners to conduct the case study work. The visits were as also used to clarify how the case study work can best contribute to the development objectives of the Irish Aid Tanzania Mission’s interventions in Misungwi District.

Contributing to the development objectives of the Irish Aid Tanzania Mission in Misungwi District

- The case study work can be used to build a profile of the status of women in Misungwi District through gender analysis of livelihoods, household wellbeing and local institutions.
- The case study can be used to assess (mainly qualitative and retrospective) the links among climate risks, gender inequalities (incl. GBV) and women’s access to health services.
(both community and facility-based); and, to set the basis for a longitudinal study (following groups of women in different communities of the District) to explore the effectiveness of the health services interventions.

- From the evidence generated by the activities proposed above a theory of change for the CHW intervention in Misungwi could be elaborated. The theory of change would set out how the intervention would address gender inequalities and climate risks in the delivery of health services to women and girls. On the basis of the theory of change a longitudinal study of the intervention could be designed and/or a monitoring, evaluation and learning framework developed.

**Main findings of follow up visit**

*Data and information sources*

- The Tanzania Meteo Agency (TMA) can provide weather observation data for Misungwi District including temperature and precipitation. TMA can also provide climate change projections for the North West region of Tanzania.

- Information on women’s and other community members’ need for, experience of, and barriers to accessing health-service seeking behaviour will need to be collected directly from these people using a pragmatic combination of surveys, focus group discussions and interviews. Weather effects and the importance of climate risks can be explored in this way.

- None of the sources of information on gender-based violence explored had readily available quantitative temporal data that can be used to assess seasonal variability. The awareness and reporting of GBV is liable to vary significantly among communities where GBV prevention interventions have and have not been implemented. The case study work will have to rely mainly upon qualitative information from stakeholders that is generated in participatory/interactive processes.

- The monthly food security situation updates for Tanzania are generated by FAO and WFP. These reports cover the whole of Tanzania, and regions/districts where food security situations are critical are highlighted.

- Spill-over effects and what is termed as ‘contamination’ in statistics will be a major factor in the design of the longitudinal study and MEL framework, as there are multiple interventions in the district that may affect the effectiveness of health service access by women and girls (e.g. Mama na Mtoto project).

In conclusion, data availability means that an analysis of the significance and interactions between gender inequalities and climate variability for the effectiveness of health service provision for women and girls a qualitative approach is needed. This will seek to juxtapose, and to some extent correlate, information on the interactions of gender inequalities (incl. GBV), climate variability and health service provision for women and girls. This will require investment in secondary and primary data and information collection.

*Potential research partners*

- Both MITU/NIMR and CUHAS would be assets to the case study. MITU/NIMR has research on GBV, teen health and behaviour, and epidemiology experience. While CUHAS has experience in maternal and infant health, including through community health workers. CUHAS has a research station in Misungwi. Both organisations are able to support primary
data collection from key stakeholders and informants, including members of the community, women and girls. MITU/NIMR could be involved in data analysis as well as collection.

- TMA would be a good partner for the case study.

**Next steps for the case study Gender Audit and Profile (GAP), Misungwi.**

- The profile will include the roles & responsibilities of women in different livelihoods (including farming, fisheries, livestock), the well-being of women and girls (including health, GBV, food security and nutrition), and women’s roles in local institutions (including governance, faith groups, land ownership etc.). This profile will provide evidence for a baseline against which to assess the effectiveness of interventions and will contribute to a theory of change (logic model) for the proposed monitoring, evaluation and learning framework. Evidence for the Gender Audit and Profile will draw from secondary sources and from primary data and information collected through surveys, focus groups and key informant interviews. A consultant researcher will be recruited to work with the IIED team and local research partners will be identified.

- Analysis of the evidence from the GAP will be triangulated with weather observation data and assessment of the importance of climate risks in the primary data and information collection processes. The case study will thus consider gender inequalities (including but not limited to GBV), in order to explore and understand the nexus between gender equality and climate

- Use of the GAP evidence analysis to elaborate a theory of change for the CHW intervention. This will be conducted through workshops with Irish Aid staff and invited key stakeholders.

- Use the theory of change as the basis for (a) the design of a longitudinal study into the effectiveness of the CHW intervention, and (b) the design of a monitoring, evaluation and learning framework for the CHW intervention.

**Indicative timeline of activities**

<table>
<thead>
<tr>
<th>Dates 2019</th>
<th>Activities</th>
<th>Purpose/ Outputs</th>
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| February/March   | • Develop detailed TOR  
|                  | • Establish partnerships with local research organisation  
|                  | • Identify and contract local consultant researcher                      | Partnership agreement  
|                  |                                                                           | Consultant researcher recruited                                                  |
| March/April      | • Collate secondary information and data for GAP  
|                  | • Assess climate projections from TMA                                    | Secondary information analysis                                                   |
| April/May        | • IIED visit to Misungwi to conduct case study inquiry activities e.g FGDs, KIIs, etc. | Visit report                                                                      |
| June             | • Analysis of evidence and write up case study report  
|                  | • Submit draft report to Irish Embassy                                      | Case study report                                                                |
| July             | • Revisions to report following feedback from Irish Embassy  
|                  | • Submit final report                                                       | Final report                                                                      |
Back to Office Report

Findings from the follow-up visit by Tarisirai Zengeni (November 2018)

Objectives of the follow-up visit:

- Introduction to the Irish mission to Tanzania and familiarisation with its work in Misungwi
- Identify potential sources of data that may be drawn on by the study and the baseline for the Irish Embassy's work
- Become acquainted with key stakeholders of the study and the Irish embassy's work in Misungwi

Trip report

Arrived in Dar es Salaam the evening of 24th October 2018, Day 0, where I checked in to my accommodation for 4 nights.

Day 1: Thursday

Introductions and briefings with mission staff on the mission’s various programme areas, Tanzania, Mwanza and Misungwi, and building on the itinerary. With programme staff we also explored the potential sources of health and nutrition data. In terms of the study, they would like it to include the research questions, and the methodology scenarios based on the data available. Regarding the baseline, they would like it to be for their entire Misungwi programme of work, rather than be limited to the CHWs work.

Day 2: Friday

Had one meeting arranged first thing, with TMA, and spent the rest of the half day

Morning

Meeting with TMA

Met with five TMA experts at the TMA office in Dar es Salaam.

Mr Wilbert Timiza Muruke, - Head of International Affairs, Acting Director of Research and Applied Meteorology wilbert.muruke@meteo.go.tz

Dr Sarah Osima – sarah.osima@gmail.com, +255 (0) 7531 96088

Habiba Mtongori, - hmtongori@gmail.com, haboba.mtongori@meteo.go.tz

Mecklina Mecherades. – mecklinaso@gmail.com, +255 (0) 7166 27872

TMA advises on weather effects (seasonal variation). They confirmed that they would be able to provide daily, monthly, hourly, weather data, and provide seasonal forecast about weather patterns. They were part of generating the IPCC report and have generated climate scenarios relative to health. TMA also mentioned work with other partners including universities, NGOs, and Ministries within Tanzania, and partners from other countries including the MET Office in work e.g. in health, including malaria mapping, agriculture, construction, energy, climate and health, Global framework for climate services, Health water agriculture and now energy, Malaria mapping - interface for health workers, Trend for long period of time and applied fields.

They seem happy to be part of the piece of work, and were particularly interested in becoming partners as well, seeing it as an opportunity, I suppose, for funding since my being accompanied by the mission staff was taken as such. They confirmed that they would be able to do generate climate scenarios/modelling, having done such work in the past.
They requested, as a way forward that we send them more detail about the approach to the study, including methodology, our information and support request, which they would respond to with the prices. It is worth noting that they see this is the lengthy project for which they may be able to get funding through despite us trying to clarify the point. So, it was agreed that the Embassy and I would need to put together a very diplomatic request that is clear on the request for raw data.

**Actions**

- Share an outline of the project stating the objectives (although a version of the terms of reference may suffice), letter of request detailing the data requires and information about IIED.

**Afternoon**

As it was a half-day at the mission offices, I spent the rest of the day at the hotel reviewing documents.

**Day 3 and 4: Saturday and Sunday**

Weekend doing research on the internet, reading in preparation for the visits in Misungwi, including researching the potential research partners and identifying which departments/schools would be relevant to the piece of work. Flew to Mwanza on Sunday and arrived that evening, expecting the mission staff to join me the following morning.

**Day 5: Monday**

Mission staff arrived and in a change to the plans, agreed that I would join the party going to the regional offices for courtesy visits, while the rest went to attend the District Medical Officers Partner Coordination Meeting.

**Morning**

Courtesy calls to the regional and district officials and meetings with the DAICO and the district community development officer.

**Regional and District High-level Officials**

Joined the mission staff on courtesy calls made to regional and district officials, in meetings where the project and myself were introduced to facilitate future activity and work. Also, to ensure that when speaking to other district and regional officials, we could confirm that the powers that be were aware. First was to the region offices in Mwanza city, meeting officials including Christopher Kadio (position unknown), then we travelled to the district offices in Misungwi where we paid a courtesy visit to Misungwi District Commissioner Juma Samwell Swenda, the district commissioner who highlighted anaemia as a key health issue in the district and Silas with the RMP, RAS.

Paid a courtesy visit to the District Agriculture, Irrigation and Cooperative Officer (DAICO) who was also acting District Executive Director (DED). We were introduced to the Petros, the district administrative officer and Shabu Bene Shabu, district police commander.

**District Agriculture, Irrigation and Cooperative Officer (DAICO)**

On completion of the courtesy visits in the districts, while the mission staff travelled to carry out their site visit to the building site for a maternity ward being supported at a health centre in Msasi, I remained at the district accompanied by Yassin Mohammed, Executive Director (ED) of Kivulini., initially speaking to the DAICO, Majid Kabyemela. It was the hope that the information from the DAICO would contribute towards establishing how much income was around for families (livelihoods), and the level of access to food for households (food and nutrition) in the district. Having briefly explained the study, as well as the role of IIED, I outlined the type of data that we were seeking. He confirmed that he would be able to share crop calendars and data on productivity, production, and crop targets. He confirmed that each calendar year only allowed for one ‘main’ season per crop, as such, data would be in an annual basis. Though he was not the best source of nutrition data, he said he might be able to provide some data.
The DAICO was also able to share some information on agriculture within Misungwi. 75%+ of the population in district depend of agriculture as main source of income, with over 75% involved in production of crops being women. Misungwi’s major cash crops are cotton and rice (also for food), cassava, sweet potatoes. The office is pushing for the dryland farmers to adopt water smart and water conservation practices, including planting drought tolerant crops cassava, sweet potato, sorghum, sunflower and dengue (lentils). The DAICO’s office was also focusing on value addition of crops, with a sweet potato processing plant in Usagara, though this was broken down, and two sunflower processing plants. To address malnutrition in the district, a higher nutritive value sweet potato (yellow flesh) and maize varieties were being promoted for nutrition, with byelaws directing farmers to produce enough for home consumption rationing requirements.

He reported that production levels had not been very good, due to lack of knowledge of climate and pet infestation. He mentioned additional challenges that communities were facing related to agriculture, which included limited rainfall (800 ml), some farmers lacking enough knowledge compounded by a shortage of extension officers (60 at village and ward level), for which a request had been made to government to allocate more staff in the district, inadequate irrigation infrastructure.

With regard to nutrition, the DAICO highlighted improving the nutritional status in Misungwi as a priority identifying a lack of knowledge of food and how to prepare it as a major contributor. On inquiry about pricing of agricultural commodities, he confirmed that prices were set by central government, indicating that smallholder farmers were not vulnerable to price fixing by larger usually more powerful companies.

When asked about further information on nutrition and the livestock and fisheries sectors, he suggested speaking to the District Nutritional Officer, and District Livestock Officer, and District Fisheries Officers, who I was not introduced to and not able to meet, along with the district police gender desk staff. However, on livestock, he mentioned shortage of water for pasture and long distance to pasture as problems problem for livestock farmers. He also spoke of the problem of households favouring the sizes of herds, to the detriment of the health condition of livestock, which in turn affected income, as it lowered the price they could get.

When asked about whether there was any ethnic diversity within Misungwi, he confirmed that the population was mainly Sukuma people who have their own language of the same name. the Sukuma people are the largest ethnic group in Tanzania, with an estimated 8.9 million members or 16 percent of the country’s total population, according to Wikipedia. There were other agropastoralist tribes in the area, but suggested that their numbers were very limited, in line with information from other conversations with mission staff and other project partners.

Note that, other than the precurserory mention of the disparity seen in the agriculture labour force, the discussion did not go, much as far as to seeking out information specifically to women, and so further consultation with the DAICO, specifically on the challenges that women face in Misungwi would be very useful and worth pursuing for the study. Further research on Mr Kabyemela found that he is very knowledgeable about Water-smart Agriculture having been a contributing author, writing a paper titled “Use of Drought-tolerant Crops as a Strategy for Efficient Use of Available Water: Sorghum in Same, Tanzania” in a sourcebook by called Water-smart Agriculture in East Africa - Sourcebook1, something worth noting just in case, for wider IIED and mission work (e.g. as an advisor).

District Community Development Officer

Following the meeting with the DAICO, I met with Ms Pendo Naftali District Community Development Officer (DCDO), who had been present during my meeting with the DAICO where we were introduced. During the meeting, the DCDO outlined the work of the community development office, which focusses on the social and economic dimensions for local people, including specifically promoting women’s empowerment and gender equality. This includes overseeing the registration of all community-based organisations, including women’s groups in the district and provide training in training in running enterprises and on implementing activities/project. Misungwi reportedly has 300 groups registered varying in size from 5-10 people up to 20. The DCDO’s office is also dispenses revolving loans to women’s groups funded from the contributions made by the village executive committee. It is mandated by government that a total 10% of own-source revenue support youth women and people with disabilities.

so of all the own-source revenue, 4% is allocated to youth, 4% to women, and 2% to people with disabilities. It is this 4% allocated to women that funds the revolving loan funds to women’s groups involved in enterprises including agriculture, soap-making, arts and crafts, chicken rearing and vegetable growing. Each group can apply and get a one loan per fiscal year (July to June), and have 12 months to pay it back. The loans had so far happened over 3 years with 13 groups benefitting (6 groups in 2016-2017, 4 groups 2017-2018, 3 in 2018-1019). As a requirement for qualifying for a loan, the groups had bank accounts. I don’t get to find out what sort of institutions, whether commercial banks, or other and where CBOs, and/or women accessed these services, be it locally in Misungwi, or in Mwanza or other.

In addition to the women’s groups supported by the CDO to, there are other groups other NGOs and other financial institutions. Village community banks, microfinance schemes also known as VICOBAs, range in size, from 5 to 30 members.

In terms of data for the study, this year on year data on the establishment and registration of women’s groups, records of which go back to 1999, might be worthwhile analysing. However, influxes will likely tend to result from awareness raising campaign, rather than resulting from increase in wealth in the community. Unfortunately, loans data\(^2\) - number of loans, size of loans, and rates of default – will not suffice for assessing seasonality or impact of climate variability on level of wealth in community, particularly women due to limited duration of the loans programme, which has only run for three year, and its limited number of beneficiaries CBOs. Still, the CDO might be able to support with accessing groups of women for the study. Looking at establishment, registration of and loans to CBOs would be useful in building a profile of the district.

Additional information provided by the DCDO included confirming that most community members are Christian, in contrast to Muslim.

**Afternoon**

We all (the mission staff and project partners inclusive) attended a community outreach and dialogue led by Kivulini programme staff and volunteer community activists at a school in Misungwi which provided insight into the SASA! Approach used by Kivulini. In attendance were various district and village level officials and politicians including the District Administration Officer, Regional and District Police Commanders, local councillors. Due to the language barrier, as most of the event was conducted in Kiswahili, I was unable to follow the proceedings. After the event, which ended with a meeting with school staff, and other village officials, we ended the day.

**Day 6: Tuesday**

**Morning**

Attended the mission’s partner coordination meeting, attended by members of staff from the Mission’s funded partners, as well as a representative for the DMO, and the DNuO. During which I made a brief presentation about IIED and the proposed study towards the end of the meeting. I was also able to introduce myself to the district medical officer’s representative and the district nutrition officer who I briefed about planned study and the sort of information we would be interested in.

**District Medical Officer**

Briefly spoke to Lukiza Julius (+255 (0) 7859 00306, lukizajulius@gmail.com) the representative for the District Medical Officer who confirmed DHIS2 as a source of information that would work for the case study and he indicated that he would be able to help with accessing the information we need if we sent him the specifics of the data we want. In the limited discussion he was able to highlight high rates of malaria during heavy rainfall, and malnutrition in children. He also thought that high HIV prevalence might be climate related.

\(^2\) Fields in book: date, issued to, receipt#, principle, interest, CR, cash returned, not returned
District Nutrition Officer

I was also able to speak to the District Nutrition Officer, also very briefly, who also shared her contact details and confirmed that there is information available that could be helpful.

Additional notes from the partner coordination meeting

TUWATUMIE project progress

BMF and AMREF Africa are being funded to deliver the project which started in December 2017 and runs until 30 June 2020 for €1.5M. BMF reported that 54 community health workers had been recruited in Misungwi and were due to start refresher training on 1st Nov 2018.

Rapid scoping and analysis of Nutrition Systems in Itilima and Misungwi District

PANITA, funded from Nov 2017 to Feb 2019, reported conducting a rapid scoping and analysis of Nutrition Systems in Itilima and Misungwi District. The Consultant worked with Nutrition Officers and PANITA members to understand the current situation, gaps and possible areas for future engagement. This information might be useful as background information on the status of nutrition in Misungwi. No use for temporal analysis to establish extent of seasonality.

Pre-tests in four secondary schools

Femina Hip reported having conducted pre-tests in four secondary schools, including two of the nine Misungwi schools they are operating in, noteworthy as the information may be relevant in producing a profile of young women in Misungwi.

Afternoon

While all the mission staff and all the partners travelled to Misungwi for a field visit to a Femina Hip School I remained in Mwanza for an appointment with Mwanza Intervention Trials Unit.

Mwanza Intervention Trials Unit (MITU)

Mwanza Intervention Trials Unit (MITU), a partner of The London School of Hygiene & Tropical Medicine (LSHTM) has strong links with National Institute for Medical Research (NIMR), a quango/parastatal institution under the Ministry of Health and Social Welfare, though each has its own set of objectives. Met with Martin James, Finance Director, MITU; Gerry Mshana Principal Research Scientist (NIMR) and a senior researcher (MITU); Dr Joyce Omoy (NIMR); Dr Joyce Chinyanga, (MITU). Dr Saidi Kapiga Scientific Director (MITU), Professor of Epidemiology and International Health (LSHTM) joined the meeting midway, as well. Collectively, the portfolio of work includes two cluster randomised controlled trials to assess the impact on women’s experience of intimate partner violence of a combined microfinance and gender training intervention for women; and participatory gender training programme for women and their partners not receiving microfinance, a study to determine the burden of chronic diseases and a cluster randomised trial (CRT) to assess an intervention package to improve health system response to chronic diseases in Tanzania and Uganda; studies to examine the role of structural drivers of the HIV epidemic; a CRT to assess the impact of micro-finance and participatory gender training on intimate partner violence and empowerment in north-western Tanzania. The study found that the rate is affected, more so that of physical violence, compared to sexual violence. There is also have cross-sectional work to try and understand the perspectives of gender-based violence by men who are usually identified as perpetrators, and there were plans for a study on sexual harassment in Mwanza. MITU was about to celebrate its ten-year anniversary by hosting a symposium funded by the mission.

MITU/NIMR expressed a lot of interested in the piece of work, even interested in knowing the extent of flexibility around the extent of their involvement beyond data collection.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5307886/ 
http://strive.lshtm.ac.uk/system/files/attachments/Maisha%20brochure.pdf
MITU/NIMR has a lot of experience in GBV, none in climate, except in relation to epidemiology. They were at pains to highlight the solid infrastructure with a good range of specialists within the MITU/NIMR structure. They have experience working in the communities, including doing FDGs and KIs.

**Day 7: Wednesday**

While all the mission staff were spending the day in Itilima district in Simiyu region, on a project visit, I was to be accompanied by the Kivulini ED, spending the morning initially at the regional police station to meet with the regional Gender Police Desk officer, then visiting the one stop centre at Sekou Toure Hospital, the regional hospital, and finally going for the 11 am appointment at CUHAS. With all these meetings taking place in the morning, the rest of the day would be spent at the Kivulini offices, and potentially accompanying project staff in the field.

**Morning**

Gender Police Desk officer was not available due to a family emergency, and as her colleagues had to get her approval first, before speaking to us, we decided to go to the Kivulini offices. We then went for the appointment at CUHAS, and ended the morning, first at the regional Gender Desk, and then the One Stop Centre at Sekou Toure regional hospital.

**Kivulini Offices in Mwanza**

I was introduced to Mathias Shimo, Senior Programme Officer, Community mobilisation; Amina Bahegwa, Accountant; Esther Million, Accountant; Alpu, Programme Legal Empowerment; Margret, Programme Community Mobilisation; Sylvia Bendankeha, Accountant; Eunice Mayengela, Senior Programme Officer, Empowerment.

During the visit I received a walkthrough of some of the data collection tools and systems used by the teams including their google database established in 2016, to see what information is available electronically. The organisation may have three years' worth of very limited Misungwi GBV data collected by the 200 community activists, though this is paper based. In Misungwi, under the IA funding, Kivulini is not doing much response work, in the form of paralegal support to women and children, rather focusing on primary prevention. There is a district paralegal unit of 15 paralegals (down from 25) recruited from within the community and trained over 25 days across 13 wards in Misungwi and most disputes disclosed are child maintenance related. The community activists do not have a tool for recording disclosures during outreach activities, while paralegals record disclosures as disputes, although the notes limited in detail, being limited, with each dispute limited to a single row in an activity report tool. Additionally, the information on the disputes only goes back to January 2018, in paper cop up to July when data was entered into the database, thus is available electronically. Because they are likely to directly result from the awareness raising activities, disclosures will not be a good indicator for use towards the baseline and given that they are available for a limited amount of time, they will not be much good for checking against weather patterns in the past ten years. In any case, the data will be useful in understanding the issues women and children a facing in Misungwi.

Yassin highlighted Kivulini's experience of hosting host research institution with inclusive development.

Yassin also explained the community support structure. There are 724 sub-villages, each with a sub-village leader, the initial point of contact for securing rights in the community, with the Village chair or village executive being the next up, followed by the Ward exec or Ward tribal leaders. The Executive committees log reported cases reported in a counter book. Details recorded include date, name, type of case (e.g. school pregnancy, family abandonment,) perpetrator, action taken.

**Catholic University of Health and Allied Sciences (CUHAS)**

Met Dr Boniphas Maendeleo (bongangai@yahoo.com,) a lecturer on women’s health who briefed us on the private university which is based at the Bugando Medical Centre, a national referral hospital. He also outlined his current work as Assistant PI on a project with volunteer community health workers in two districts - Misungwi, CUHAS has a field office, and Kwimba. The Mama na Moto project, is focussing on maternal and infant mortality through natal care service provision. Mama na Moto (‘mother and child’ in Swahili) is an initiative between Tanzanian, Ugandan and Canadian partners that strives to improve maternal, new-born, and child health (MNCH) in rural Tanzania. Mama na Moto builds on the successful MamaToto Model that was developed and tested by Healthy Child Uganda. Tanzanian health leaders...
visited Uganda in 2015 and adapted the Mama na Mto project approach for the local context in Lake Zone, Tanzania. Mama na Mto is supported through several research and project grants. Project activities are funded through an Innovating for Maternal and Child Health in Africa grant, co-funded by Global Affairs Canada, the Canadian Institutes of Health Research, and Canada's International Development Research Centre. The project will be phasing out in 2020.

The Mama na Mto project

There are two components to the Mama na Mto project – Research and Implementation.

I. Research involving establishing a baseline which would be analysed to inform implementation, with quarterly review. They had completed the data collection for the midterm review two months prior. They have field office for implementation in Misungwi.

II. Implementation is in four parts, Volunteer Community Health Workers; Strengthening the health facilities; Health systems; and Gender.

a. Volunteer Community Health Workers (vCHWs) involving their selection, individual village orientation and nomination through district, then sent through to the MoHCDGEC. The MoHCDGEC subsequently sends the volunteers on three weeks training, including on the use of national tools and materials before being deployed into the communities in Misungwi and Kwimba. Dr Maendeleo reported that from FDGs and KIIIs they were seeing impact, with more women attending clinics, people showing for postnatal and improved community awareness. Emphasis is on issues relating to reproductive health.

b. Strengthening the health facilities (dispensary to district levels) involves capacity building on obstetrics emergency and neonatal care, in response to the main killers of women and children which in the former include bleeding a lot and needing transfusions, preeclampsia, and in latter, breathing and resuscitation, and lack of essential care for babies.

c. Health Systems component included activities such as donating an ambulance to Mbulika so critical patients could be transported to the referral hospital in time, addressing data issues, to have clean data for better reporting and recording systems using the national standard for HMIS, including through bringing in experts, and doing follow-up.

d. Gender is the component seeking to ensure gender equality through trying to make men engage with the issues the project is addressing, facilitating training workshops, to address the role of men in reproductive, maternal, new-born and child health. Dr Maendeleo highlighted a challenge where when they were doing household surveys, they were finding women asking the researchers to return once the male head of the household was around. To address this, when collecting data, the project ensured that the research assistants would be accompanied by local government staff to support [notes unclear] on sampling strategy, which might be a worthwhile learning for any researchers planning to work in Misungwi, and probably other communities. Dr Maendeleo also highlighted that amongst the Sukuma people land is matriarchical, although it is not clear what he was getting at. I think there is more to this component, likely to be gender mainstreaming, which regrettably, we didn’t get a chance to get into.

After being briefed about the mission’s activities in Misungwi district, the planned study, as well as IIED’s role, Dr Maendeleo expressed a lot of interest in the piece of work. CUHAS also has solid infrastructure with various specialists from various departments and schools within the hospital and university involved, implementing and doing research. Went to great pains to stress the capacity to undertake both quantitative and qualitative data collection, including using FGDs and KIIIs and processing data including transcribing and translating and using NVIVO for qualitative data analysis. Also access to the School of Public Health with its departments (community health, GIS, and behavioural science) and paediatrics. A lot of experience in maternal and infant health, including through CHW work, none in climate. It should be noted that being affiliated with a conservative institution, there will be a need to clarify its position on family planning, a subject that was not addressed during the meeting.

Police gender-desk in Mwanza

Met with Assistant Inspectors Faraja and Kademolo, and Constable Veronica and another police officer called Loy, who confirmed that there were two types of register, the general book and the GBV specific register kept at the One Stop Centre. We got to have a look at the police Report Book, where all cases reported to the police are recorded, including and not limited GBV crimes. The level of detail allows for
daily records by case. Identifying the GBV cases would require reviewing a paragraph on the description of the case, and so will rely heavily on how the person who took the statement chose to record the case, often within legal definitions, e.g. rape for sexual assault, common, or aggravated assault for cases of physical domestic violence, economic violence as neglect – offence written on its name based on the statement given by the person reporting. As domestic violence or intimate partner violence are not recognised as crimes under law, the only way to identify these cases would be if the details of the case included an indication of who the perpetrator is. Demographic details of the complainant would also require pulling out of a single field as well, and it worth noting that the person reporting the crime won’t necessarily be the survivor of the crime. The police officers confirmed that the information in the report book were eventually entered into an electronic database, so data may be available as electronic version. They compile a monthly return of GBV cases, a quarterly and a 6-monthly.

The officers also provided their observations about GBV. During famine, a lot of cases of abandonment are reported. Women too are reported to abandon children. It was apparent that girls and young women were particularly vulnerable. During seasons of good harvest, a lot of teen pregnancy and early marriage is observed. This is thought to be due to the increased income which allows for dowry and paying for the wedding ceremony. Teen pregnancy is high since higher income for men means there is more money for gifts. Also, a lot of parties and weddings taking place, where girls are vulnerable to violence including gang-rape. Times of graduation were also identified as times of high levels of violence towards young women, a potential driver for seasonality, as was the end of the year, regardless of good or bad seasons. Many households are left girl-headed and in some cases, having relatives in the home was deemed unsafe with cases of rape by family members or stepfathers. The officers also reported that there are cases where the mothers use daughters as bait, mother accepting food from men. Most violence is hidden, with cases only getting reported via informants within the community.

They reported a rise in GBV cases being reported to the station rising from 848 GBV cases between Jan to Sept 2017 to 1224 in the same period in 2018, which they saw as a good thing. They attributed it to raised awareness and increased unacceptability of GBV by communities, that were previously silent about it, and didn’t report. They felt having access to the Gender Desk, and Kivulini helped with this.

NB: note that the police gender desk serves Mwanza city, and will only occasionally serve residents of Misungwi on crimes mostly taking place while they are in the city.

Sekou Toure Hospital One Stop Centre (OSC)

Arrived with the police officers from the Gender Desk at the Police Station to meet with Paulette the Corporal on duty at the One Stop Centre Gender Desk, before being introduced to the social welfare officer (Leah), the social worker element of the one stop centre, providing psychosocial support to survivors. She also coordinates the one stop centre service. The SWO led on responding to my queries. She provided a verbal walkthrough of how cases are handled in the centre providing integrated services, with survivors receiving treat and forensic examination from the doctors recorded in the Police Form 3 (PF3) which is obtained from the police officer at the OSC gender desk, psychosocial support from the social worker. She takes survivors’ history, registers their cases and provides the initial and follow-up psychosocial support.

I was able to take a look at and photograph the column headings in the out-patient book comprising three MTUHA tools, the recording tools which are in Kiswahili, and in hard copy. The first tool, the register is a record of individual GBV cases with details, thus daily records of individual cases. The second tool, the Report Book is a tally of cases, with no names, summarising the information in the first tool. The third tool, the tally sheet, further summarises the data from the second tool.

While the information in the first tool remains as is, that in the other two may be entered onto the HMIS/DHIS2. The SWO also maintains notes in her own notebook, where she notes all cases with a date, even when they are not recorded in the MTUHA books. Any cases referred from other Gender desks or hospitals that have already been recorded elsewhere in the MTUHA do not recorded in the One Stop centre MTUHA. The notebook might be an additional or alternative source of information on GBV cases, although care would need to be taken to prevent from double counting. Being paper based, pulling information from the notebook would require someone typing it up.

Referrals from the district to the OSC are only done for cases requiring specialist gynaecological treatment and psychosocial support. Misungwi criminal cases initially reported to police (including the district gender desk) and recorded in the MTUHA tools in any of the health facilities in the district, that are subsequently referred to the OSC do not get recorded in the MTUHA books at the OSC.
Leah shared her insights into the nature of violence being reported and the potential drivers or linkages including the relationship between the violence and the weather. At harvest time, following a good season, especially in village, men move out to spend money on friends and concubines. During planting season, there seemed to be little violence because people get together to work the land. Following a bad season, bad season men are reported to abandon and neglect their families. Physical violence towards wives was high, often when they complained.

Highlighted girls and young women aged 10-19 years accounted for most cases support, with cases of young boys being molested not been uncommon. They were vulnerable on the way to school and in families. They observed that most family rape are not reported, with reporting only happening when evident of the crime can't be concealed, usually injuries. With gifts and/or threats, the abused children Child remain quiet. It was also reported that families often opted to deal with cases of rape within the family, often only reporting when the rape was to a great extent (I think they meant rape that caused serious physical injury).

Levels of reporting were reported to fluctuate, with peaks in reporting reflecting improved awareness with communities. One key issue mentioned was that of cases not being reported in time (within 72hrs) for forensic evidence collection and survivors showering before reporting, and issue for which there was still a need for raising awareness. An estimated 1900 cases were reported and handled between Jan – Oct, a significant rise. Most cases were of sexual violence, with physical violence still being few.

### Afternoon

As I didn’t have any appointments, I had hoped to join Kivulini staff in the field. I ended up returning to the hotel and working on my notes while I waited for Yassin. He joined me with one of the Kivulini Founders.

**Impromptu meeting with one of the founders of Kivulini**

Mr Barnabas M Solo, a former head teacher of share a brief account of history of violence in Mwanza, the establishment of Kivulini and progress in reducing levels of violence since. There had been a lot of brutality around Bugando, particularly within an ethnic group from the Mara region, which was notoriously open about it (as in it happened in public). However, a lot of work has been done to create awareness in Mwanza and other regions including Kigoma, resulting in a lot of change. He also reported that through Kivulini, he was involved in research looking at Urban vendors (who can’t be evicted), infrastructure and their relations with authorities. He reported that 50-60% is women and they are exposed to GBV. The work is with the Institution for Inclusive Development and is being funded by Irish Aid.

### Day 8: Wednesday

Flew into Dar es Salaam on an early flight, and spent the rest of the day, including the afternoon reviewing project documents, and clarifying details and collecting information about the funded projects in Misungwi from programme staff, and preparing for the debrief meeting with embassy staff the next day.

### Day 9: Friday

Spent the half day, initially continuing to review project documents, and clarifying details and collecting information about the funded projects in Misungwi from programme staff and preparing for the debrief meeting with embassy staff that late morning/afternoon.

**Debrief meeting with embassy programme staff**

Provided a verbal presentation of what I got up to during the previous days since my arrival in Dar es Salaam, reporting on who I saw, an assessment of the data sources explores, study approach and methodology, including the next steps. During the meeting, we were also able to clarify several key points about the study, and each other’s (IIED and the missions) roles in the study.
Meeting highlights

- Programme staff are keen to know how the study will pan out over time and understand the different products that will come out of it. They raised concern over the length of time it took to develop the terms of reference for the study which they reported had taken 18 months.
- Anaemia seems an important theme for the programme team, related to maternal nutrition and there is a desire to understand if there is a link to GBV.
- The idea of building a profile of Misungwi and the status of women through gender and policy analysis was shared with a suggestion that it includes understanding what the economic base for farmers in the district. To this I would add that the study also explores other sectors, including fisheries, livestock, etc, and establish their significance to communities in Misungwi.
- Disparities in the definition of the gender dimension of the study were highlighted. My understanding, based on a literal interpretation of the terms of reference, was limited the scope of the study to Gender-based violence, compared to Adrian’s, which took a wider view including gender inequality and disparities beyond gender-based violence. Adrian suggested that the study scope widen to look at gender, and not just GBV in order to understand the nexus between gender and climate.
- Adrian also expressed the hope that, rather than only look retrospectively at what has happened over the past ten years to establish whether there are links between Climate and/or GBV and women’s health outcomes, the case study would become longitudinal study, also involving following a group or groups of women in the community which would be involved in periodical focus group discussions, as it was felt it was important that the study to seek information from women at village level. It is the expressed hope that the study is able to generate a number of outputs, rather than just one at the end.
- Suggested that the study include literature review to ascertain the stress points from women’s perspectives.
- On request for clarity as to IA’s, the embassy and IIED’s roles in the study, it was confirmed that the IALP involved a block granting arrangement (Irish Aid Leaning Platform) which Simon oversees.

Miscellaneous information from various sources

Recent national legislation on research and its implications to the study

A new law was passed in Tanzania in early January requiring all individuals and institutions conducting research to have their findings approved by the National Bureau of Statistics before publication. It also extends to any interpretation of existing NBS data – you can’t publish without their approval. In putting together my application there was a concern that my visit might qualify as research, meaning that I wouldn’t be able to apply for a visa without attaching a permit from Tanzania Commission for Science and Technology (COSTECH), which apparently takes a week to come through. In the end, it was felt that the visit did not qualify as research, since I was not collecting data. It was also advised that care be taken to avoid making reference to research and highlight that the study would be a learning for the ongoing Irish Aid’s programme in Misungwi in the area of gender and climate, and that my visit was to explore what information was available. With the work being not separate from the ongoing Irish Aid programme in Misungwi, it shouldn’t be seen as a separate independent research work which will approval of COSTECH.

We had also been warned that all civil society was coming under must more scrutiny, that visas and permits are harder to get, and there generally was a more challenging environment, especially around advocacy and lobbying.

I ended travelling on an ordinary business visa.

I was advised, prior to my trip, that people were not clear yet on how to operationalise the national legislation on the ground, and as a result, people might err on the side of caution, hence the approach avoiding using research related terms (research, data, etc). I would also be accompanied by one of the implementers of the mission’s programme in Misungwi through out of the research so that, he/she will be able to explain the context of your work with the ongoing programme. The issue never came up with any of the government officers met at regional and district levels, nor with either research partners approached. When meeting with TMA, I was concerned that requesting the weather information might result in them requesting that we first get a permit. However, the issue never came up. They wanted to get a written information about the study and our specific request and were interested in having a bigger role in the study, beyond providing raw data.
Regarding the process, if any element the study does qualify as research, due to Kivulini’s experience hosting research I was able get an idea of what it entails, and how long it could take. Yassin recounted the process experienced of getting a research permit which started with making an application to PORALG for a research permit in Dodoma in May. This was followed by an application by NIMR/COSTECH for a research permit for Principle investigator which took a week involving and review by committee. An online application for a NBS permit was submitted by email facilitated by working with regional NBS. When get NBS permit is secured then to PORALG to allow for data collection to commence. Yassin suggested that involving NIMR might result in changes to the work, though it wasn’t clear why. Another source, embassy staff confirmed that ethical approval related to medical related research, alone, may take three months.

Useful information about Misungwi and Mwanza

Misungwi administrative subdivisions:
Misungwi has 27 wards, divided into 111 villages, comprising 724 hamlets.

Health in Mwanza:
HIV prevalence has gone up, and the district has high levels of GBV poor health outcomes for maternal and infant health.

Police and gender-desk in Misungwi:
There is only 1 gender desk in the whole district at the district Police Station. There are three levels of police presence in Misungwi. Where there are custodial facilities, these are police stations, of which Misungwi has 4, and where there is a single room maned by 2-3 police officers is a police post. Misungwi has 4. Not clear where the forensic kits with the PF3 forms are kept in Misungwi.

Access to medical attention for survivors
Misungwi has 2 hospitals, 4 health centres and 42 dispensaries. All health centres have a medical doctor who can sign Pf3 forms which are only available at police posts or stations. The in-charge may also be allowed to administer a forensic examination and sign the PF3 form.

Births at Msasi Maternity Ward
During embassy staff’s site visit to Msasi, it was reported that at Msasi Maternity Ward, there is an average 150 births each year, with children and young women below 18 years old accounting for 20%. 20-30 births were by caesarean section with young women aged 15–18 years old over represented. Noteworthy as indicators for the TUWATUMIE Project and Femina Hip’s work.

Village protection committees
Village protection committees are responsible for handling non-violent/criminal cases of GBV. Though there was no opportunity to explore this, they reportedly capture cases in a ledger, access to which might be a useful source of quantitative data on GBV cases, which would otherwise not be reflected in hospital and police records, e.g. psychological and economic violence.

Women’s access to support justice in Misungwi
Yassin confirmed that there were no other women’s rights organisations operating in Misungwi, and even in Mwanza City. Kivulini is reported to be the only organisation addressing GBV in the region, though coverage is not universal. Kivulini focusses on primary prevention and may provide some crisis support and secondary prevention (though mediation). However, from review of the tools used by the community activists and the paralegals, the crisis support, and secondary prevention are limited, with the expectation that survivors seek support from the village protection committees, or from police. It is unclear whether it is the situation that, there therefore is no activity at all taking place in the wards not covered by Kivulini, in terms of awareness raising about VAWC and other forms of GBV, and where survivors may access support and justice.

In any case, the apparent geographical gaps in civil society VAWC and GBV support, including in Misungwi, potentially present the study and TUWATUMIE access to ‘control’ communities, to be included as counterfactuals, as is discussed later in the report.
At the national level women’s rights organisations in Tanzania include Women in Law and Development in Africa (WiLDAF), The Women’s Legal Aid Centre (WLAC), Tanzania Women Lawyers Association (TAWLA – a current IIED partner on land rights, with an office in districts including Mwanza), Tanzania Gender Networking Programme (TGNP). TAWLA is also the secretariat for Tanzania Land Alliance (TALA) is a member-based organisation representing land rights civil society organisations in Tanzania. The Legal and Human Rights Centre is a nongovernmental human rights organisation also mentioned, that might also be relevant. These organisations are worth bearing in mind as key informants on the status of women in Tanzania and maybe Misungwi.

**HMIS, DHIS2 and MTUHA Books**

**DHIS2**

The DHIS2 system is the online element of the national HMIS system is, which is an electronic data capture platform for aggregate data. Monthly summary forms from facilities are sent to the council where they are entered into the system in accordance with national HMIS guidelines, under the supervision of the DHIS2 focal person. Once data is entered into the DHIS2 system it is available to council, regional, and national authorities.

**The MTUHA**

The MTUHA is the paper-based component of the HMIS system comprising fifteen books, of which 12 are data collection tools - books/register.

**Books/register**

There are 13 data collection books (register/book), each used to record patient data, a book for each service provided, representing different aspects of health (Books No. 3, 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15). Tally Sheet Forms are used to track data for analysis, which is then used in report writing. Each HMIS register/book should have a tally sheet which will be used jointly with each register/book for collecting data.

**Monthly Report Forms**

The HMIS uses monthly report forms to collect data each month. These forms are in duplicate with one copy is sent to the district while the other is kept at the health facility.

Computer programmes are used at district level for analysis and storage of data.

**Constraints of HMIS data on DHIS2**

Since data entry is based on tally information, there will be no flexibility. Age ranges used do not allow for separation between women of reproductive age and older women. Using the data for the study means we will not to highlight or test for differences between the two groups. Note that the community health workers will be feeding into the MTUHA books. Beyond the referral forms, it is unclear what further information the CHWs will collect and how the data is processed.

**Refugees and cookstoves**

I spoke briefly to the Kivulini ED about organisations working with refugees and on energy, in Mwanza, and potentially in Kigoma. He confirmed that there were no organisations working on either subject in Misungwi, and that he didn’t know about the work in Kigoma, although Kivulini was reported to operating in Kibondo district in Kigoma that is home to a refugee camp. However, he did mention that he would be able to share the details for someone at Oxfam – bin venture (Lake zone), UNHCR, and Lucy at UN Women (the contact at UN Women may be the same Lucy from UN Women I know of through Marek Soanes, from the Climate Change group at IIED).

**Assessment of data sources**

What follows is an assessment of the data available from the data sources considered and explored. In reviewing the data, the following are considered:

- Whether it is temporal data, best case scenario, daily. Monthly would suffice. In addition, the data would go back at least ten years.
- Whether it is raw (not summarised) data to allow for disaggregated analysis by gender, age, locality, type of violence, and other demographic factors.
- Whether it is available electronically, rather than paper form – cost and time implications
- Whether it is available in English – cost and time implications
- Whether it is likely that there will be privacy, confidentiality, data protection and/or ethical issues involved

Weather station data and climate change scenarios for Misungwi

Trends in precipitation and temperature will be compared to trends in GBV, livelihoods, food security, nutrition, health and indicators to understand whether links exist.

Scenario analysis will be used to understand the implications of climate change for Misungwi and to prompt longer term strategic thinking about risks and opportunities. They will ultimately also be used to ascertain the potential burden on health services, also enabling for longer term strategic thinking about risks and opportunities to mitigate the impact of extreme weather events and climate variability.

Weather variables to be tracked

- Trends in precipitation, and minimum and maximum temperature across Misungwi weather stations.
- Projected trends through climate change scenario

Sources of data

Though not clear as to the level of detail and the duration we can expect of data from TMA, I don’t think we will have issues obtaining data from them. They are also able to provide scenarios. It is worth including them as a research partner, with their role being that they develop the weather scenarios.

Overall assessment

Suitability of existing data

I don’t anticipate there being any issues with the data that TMA will be able to provide, provided we are able to pay for it.

Trends, seasonal variation and drivers of gender-based violence

The study will look at ascertaining the extent of trends and seasonal variation in the levels of different forms of violence, GBV and VAWG towards women and girls, potentially including compared to men and boys. It will also look at whether violence affects or is affected by other aspects of their lives, including their livelihoods, food security, nutrition, health, and health seeking behaviour.

Indicators for GBV to be tracked

- Rates of different forms of GBV
- The drivers of GBV

Sources of data

None of the explored potential sources of information on gender-based violence had readily available quantitative temporal data, and certainly not for the assessing seasonal variability.
**Kivulini**

It had been the hope that Kivulini would be able to provide GBV data, particularly that collected by the community activists. However, with the organisation focusing on primary prevention, not delivering much crisis support there is limited information on GBV cases. None of the tools used by community activists that were shared include the tools that were reported to have a provision for recording disclosures - in rows and columns with limited fields during or following community activities. It is possible that it in fact the tools used by the paralegals that have this provision.

**Misungwi Police Gender Desk**

The gender desk has not yet been ruled out as a source of information for the study. However, it should be noted that if gender desk staff use a similar tool to the one used in Mwanza, accessing the data will require datamining GBV cases from hand written reports (possibly in English – the column heading were in English), which will require the data-miner to assess each entry and make a judgement, based on the information captured whether cases qualify as GBV cases. There is a chance that data might be entered into an electronic system. A further limitation of the data that will be available from the gender desk stems from the fact that the only cases of GBV that are reported and captured will be only those that are recognised as criminal offences that have to be dealt with at the police, including physical and sexual violence. This will not include other forms of GBV which would be dealt with at the community level such as psychological and economic abuse cases. Further limitation of data, even amongst relevant criminal cases is that reporting of cases to is often not a true reflection of the situation in households, with families and communities often hiding violence and suppressing reporting. Also, in analysing the data, it is worth bearing in mind that the person reporting the crime is likely not always the person who experienced the crime.

**One Stop Centre Gender Desk**

As with data from the gender desk, cases reported to the police officer at the one stop centre are logged by hand into the report book. There was no opportunity to see whether this was the same version used at the Mwanza police station, or if it was a version specifically for capturing cases of GBV.

**MTUHA Tools and HMIS (DHIS2)**

Although the MTUHA books used at the Sekou Toure One Stop Centre collect information on GBV, it is unclear, and unlikely, that there is a similar dedicated GBV data collection tool in Misungwi district. If information is collected in health facilities on GBV cases, the data collected in the first tool would be ideal, as these tools often have details on individual cases dealt with, with dates for each case. However, with each case represented by a single row, it is hoped that the recorders record enough detail to be able to identify the cases of the different forms of GBV. But as was the case with data from the police, this data is likely to be limited to that on ‘serious’ cases, where the type of GBV is physical or sexual, often meeting the threshold of being a criminal offence. Although the one stop centre may capture cases involving survivors who reside in Misungwi, it is likely this will be a very small number of cases.

**MITU/NIMR**

From the meeting, there might be information on domestic violence Tanzania, maybe even Misungwi.

**Village protection committees’ case ledger**

Though this could not be investigated, the village protection committees’ ledger could be a useful source of quantitative temporal data on GBV cases, which would otherwise not be reflected in hospital and police records, being non-criminal in nature, e.g. psychological and economic violence.

**Key informants**

Information from key informant would be a major source of data. Potential key sources include:

- Women and men from the community to understand their perceptions of GBV and other gender issues, and how they affect their lives and those of their families, particularly with respect to their livelihoods, food security, health and health service access. Also, how their own and their families’ nutrition and children’s education (early childhood, primary and secondary), particularly girls are affected. Also, worth exploring their ambitions.
• Community and traditional leaders on their perceptions of GBV and other gender issues, and how they affect their communities, and whether there are any links with health and climate variability. Also, to understand how cases are dealt with.

• District officials including those in agriculture/cooperatives, fisheries and livestock, community development office, etc.

Overall assessment

Suitability and limitations of existing data

No one source of comprehensive existing data on GBV was identified during the visit. Police and one stop centre are likely the most useful sources of data, although this is limited to cases qualifying as a crime, and ‘serious’, where there has been physical injury or sexual assault. The village committee and sub-village committee ledgers might also be as useful a source of raw dated quantitative data. However, obtaining these most relevant data for ascertaining the extent of trends and seasonality will likely require special permissions, as well as intensive data mining, as well as translation. With the ledgers, it is yet unknown whether there is ten years’ worth of data to work with.

Aside from the challenge of finding suitable data sources, ascertaining the extent of seasonality in levels of GBV in Misungwi will be a challenge, and probably not feasible, given that levels of reporting of GBV cases in an area are likely affected by the level of GBV awareness activity by Kivulini or similar programmes are operating in the area. The ten wards within which Kivulini is operating are in the first two phases, soon to be progressing to the second and third phases of the SASA! approach – the loudest phases since they involve a lot of community awareness raising activity. Reporting of cases will be affected by the level of awareness of GBV as well as the options for dealing with violence. Assuming people can report, it is likely that reporting levels fluctuate, spiking following a community awareness raising activity, and may taper off with time, potentially until the next awareness raising activity.

The best we can do in the Kivulini wards in Misungwi is rely on qualitative data from informants collected via focus group discussions and interviews, which alone, is not ideal. Quantitative data from these wards could still be worth collecting to test out the assumption that community activists’ activities effect fluctuations in GBV reporting. To test the seasonality of the GBV through quantitative, we will need to look at GBV being reported in areas where there is GBV data from a period of time when no Kivulini-like projects were not operating. As such, assuming Kivulini activities are not affecting the wards that the project is not operating in, to establish seasonality of GBV levels, the study could focus on collecting data from those ‘unaffected’ wards. And even collect data from a different district, which could also be used as a counterfactual for the other elements of work.

Assuming there is no GBV activity taking place there, Itilima would be handy as a counterfactual to assess whether a CHW project in an area where there are no GBV-related activities (awareness raising and influencing) would be as effective as one with such activity. Or it could be a different district altogether.

Whatever the chosen option, we would need a community/ies within which awareness of and attitudes towards GBV are not being addressed at all or are at stable levels where it can be assumed that GBV discourse has no impact, ideally ‘GBV mature’ communities – where GBV is well recognised and communities have plateaued in terms of sensitivity to GBV messaging.

Aside from the challenges outlined above which may reflect potential gaps in information, I was not able to identify clear sources of information on some forms of psychological forms of GBV. Some of Kivulini’s SASA! content addressed emotional violence forms, but with the organisation not doing much crisis support, and in turn not collecting data on it, it is the hope that cases so get reported to the village executive committee. Otherwise, the study will likely to draw heavily on key informants’ knowledge for information on GBV.

Trends, seasonal variation and drivers of health and health service take-up and provision

The study could look at trends and seasonal variation in the

• Levels of potential need for health services by looking at health indicators including prevalence of health conditions and diseases against weather patterns. If we find that there is seasonality to
GBV, wider gender issues, livelihoods and food security, these will also be fed in as potential drivers for need for services.

- **Levels of health service uptake** by looking at the services sought, through health facility data, focus group discussions and KIIs. We will also seek to ascertain the extent of links with GBV, wider gender issues, livelihoods and food security.

- **Levels of availability and supply of health services**, also through analysis of health facility data, FGDs and KIIs. Assuming such information is not already available to include in the literature review, it would be useful to include climate change assessments of all, or a sample of health facilities, looking at the physical infrastructure and understanding how vulnerable the facilities are to extreme weather. This would also include an assessment of how people and medical supplies and equipment suppliers access the facilities, and how vulnerable the routes are to extreme weather. CHW’s activities are also bound to be impacted. In doing so, we would be able to project how well services would be able to hold up considering the climate scenario projections. Ideally, the study will gain access to incident reports as well, noting events like power outages, mud and water supply related issues, etc, which can impact service delivery. Perhaps the electricity and water providers in Misungwi will be able to share temporal electricity related data that can be compared to weather patterns. At the very least, they are worth including in KIIs to find out if they see a link to extreme weather events and supply of electricity, water and medical supplies and equipment to health facilities. Also, instances of health facility equipment failing could be explored, e.g. ambulance breakdown.

**Indicators for health, nutrition, and health services to be tracked**

- Prevalence of health problems including a selection of key communicable/non-communicable, vector, and climate-sensitive diseases and conditions, malnutrition (including drawing on the nutritional status of Misungwi), nutritional deficiency anaemia, HIV, maternal deaths, pregnancies, including early pregnancy among girls, etc

- Rates of different health service access by women, men, girls and boys

- Rates at which different health services were available

- Rates at which different health service delivery was impeded

**Sources of data**

**MTUHA Tools and HMIS (DHIS2)**

The MTUHA book-based information will likely be the most important source of health service provision data, including for diseases, malnutrition, maternity and outpatient activity.

Diseases whose prevalence could be collected include cholera, measles, malaria, Ebola, yellow fever, Polio, Dengue, request to MoHCDGEC. We will need to consult with informants as to which other indicators and health conditions, including diseases, to prioritise for the study. Also, worth exploring is the extent to which prevalence and service provision data are the same thing, that is, is service provision data the only source of information on prevalence, which would assume that all cases of disease make it to the health services.

Nutrition indicators that could be tracked from HMIS/DHIS2 data weight of Under 2. include, Wasting and Acute malnutrition, Stunting, Height for age. Tracking prevalence anaemia using HMIS/DHIS2 data might be problematic since it can result from iron deficiency including nutritional dietary, or be chronic illness related. Extracting data from the first tool of the MTUHA books (outpatient and probably maternity services) might allow for the distinction, although this would require datamining.

**CHW-collected data**

In addition to the information that the CHW feed into the MTUHA books, there might be an opportunity to draw on the data in the referral forms they use, although there wasn’t an opportunity to explore this.
DNuO
The DAICO provided some nutritional data for 4 years based on rates of weights of malnutrition in children, likely under 5. I didn’t get a chance to find out from the DNuO whether she had access to this data and how far back it would go. Otherwise, it looks like we will need official health data from the HMIS data. National survey data will be useful in building a profile of Misungwi health over the years. However, given that the surveys take place every few years, they will not be useful in determining any seasonality over the past decade.

National surveys
National survey data will not be a useful source of temporal data. It will be useful for literature review on the status of various indicators, but we are looking at 2015/16 and 2010 reports, with the odd Malaria or nutrition focused surveys in between.

Mama na Moto, and other projects in Misungwi
While this was not explored, from the meeting and further information shared and review of relevant websites and blogs, Mama na Moto might be a useful source of data on health and service provision in Misungwi. CUHAS might also be able to support access to the volunteer community health workers under the programme.

Key informants.
Information from key informant would be a major source of data. Potential key sources include:

- Women and men from the community to understand their experience of health issues, their health seeking behaviour, any barriers to accessing health service, and experiences of health services
- Health facility staff
- Community health workers and volunteer community health workers from other programmes
- District officials including those in health
- Utilities providers (electricity, water, etc)

Other health indicator data sources
The Ariel Glaser Pediatric AIDS Healthcare Initiative (AGPAHI) was identified as a potential source of HIV/ AIDS care and treatment service provision (HIVCTC2) data. It is reported that for each patient receiving treatment, each contact with health care services if recorded with a date. This might allow for tracking new cases, likely disagreeable by gender and other demographic and social characteristics. It will also allow for tracking for seasonality of people’s, including women’s, use of services, the theory being that in time of good income, people are more likely to stick to their care.

Village health charts were also identified as potential sources of data, although this was not explored as the itinerary did not allow for a visit to the villages. Time did not allow for a meaningful look into Health surveillance data, this is worth pursuing, as it may provide a more accurate picture of need, than that based on health service provision data, as it could include cases where no health services were pursued.

Various sources of open data including the demographic and health surveys will be useful in building a profile of Misungwi and identifying key priorities for the study.

Overall assessment
Suitability and limitations of identified data and data sources
With regard to nutrition, based on the limited information that the DAICO shared, and assuming that it is not limited to 4 years’ worth of data, it is likely that there is further data available which would be useful. However, it should be noted that we were only provided with data on nutrition based on infant health. There currently are no data sources identified which would be able to inform on women and girls’ (and indeed men and boys’) nutrition.

Overall, based on the MTUHA tools, health centres are likely to have data across the range of health and nutrition indicators, including that which can be used to look at health services provided. Indicators that
can be easily be tracked from the MTUHA books include those directly linked to women, such as antenatal care, births, etc, and those not directly linked to women, such as immunisation, etc.

However, for information on women’s, and other community members’ need for, experience of, and barriers to accessing health-service seeking behaviour, the study will need to collect information directly from them, ideally through surveys, although focus group discussions and interviews may suffice. Without time series data, establishing trends and seasonality in the factors affecting women’s health-seeking behaviour, would therefore not be possible through quantitative data, thus the study might have to rely on qualitative data.

The Mama na Mtoto project work addressing maternal and infant health in Misungwi using a very similar approach to that being taken by the TUWATUMIE project represents significant implications for the study and TUWATUMIE’s work. Similar to the situation of Kivulini’s awareness raising work, and levels of GBV reporting, the activities of the Mama na Mtoto project will affect the levels of maternal and infant health service accessing behaviour. In addition, it will be extremely difficult to establish attribution, particularly with respect to maternal and infant health outcomes. For other health outcomes, assuming no other programme, particularly involving CHWs is taking in the district, with attribution towards health outcomes in the community could be established.

Trends, seasonal variation and drivers of livelihoods and food security

The study could look at production and the status of markets and food supply to understand the level of wealth and food security on in Misungwi, including ascertaining the extent to which these are affected by climate variability. The hypothesis being that in bad seasons, due to weather, there is little income for producers, cost of commodities is high, etc. As a result, access to health services is affected.

The study could also look at other dimensions, such as how women and men get by through the seasons, good and bad. One aspect that would be interesting to understand is whether household adopt any and which strategies to cope with variability in weather. And if the study takes an expanded approach to gender inequality and issues, beyond GBV, this would also involve investigating any gender disparities, and any links to health-seeking behaviours.

It will also be worth assessing whether the activities of CHWs and vCHWs are affected by seasonality of livelihoods and food security. Contrasting vCHWs will be a useful counterfactual to the CHWs under the TUWATUMIE project. In order to assess for gender issues, the study may also do a gender analysis of the key value chains.

Indicators to be tracked

- Projected and actual production, productivity, income across the three main sectors
- Extent to which families have enough money, including disposable income, and what they spend it on.
- Extent of use of coping strategies by households, men and women in the face of extreme weather events and other shocks including need for emergency money

Sources of data

**DAICO**

We’ve secured some solid data from the DAICO that will be useful in assessing for trends and livelihoods and food security. He shared data on 13 crops - prices, production, area planted – since 2008. We won’t be able to assess for seasonality from this data as it is effectively annual data so ten data points for each variable. He also provided annual crop calendars for 10 food crops and 4 cash crops. Though confirmation would be required, it looks like the crop calendars are static, that is not updated each year, so there is an opportunity to cross-reference the calendars with the weather information to see whether any shifts in weather patterns would have impacted crop productivity, and in turn food security and livelihoods.
Food Security Situation Updates

Literature review of monthly Food Security Situation Updates generated by FAO and WFP and shared with the Agricultural Working Group, might provide useful data sources. Note that the reports cover the whole of Tanzania, though certain outlier regions or even districts where situation was bad are highlighted. In addition to food security information, it also shares TMA season forecasts and annual headline inflation rates, touching on prices and harvesting.

Key informants

Information from key informant would be a major source of data. Potential key sources include:

- Women and men from the community to understand how they make a living, whether they make enough, and understanding their priorities for spending, and whether household health, including accessing health services, nutrition and children’s education (early childhood, primary and secondary), particularly girls feature as priorities, ideally or in practice.
- District officials including those in agriculture/cooperatives, fisheries and livestock, community development office, etc.

Overall assessment

Suitability and limitations of identified data and data sources

Since most of the population on the district relies on agriculture for income, if it was the case that we could not secure further information on livelihoods and food security, with some qualitative data collection, including through literature review, KII and FGDs, we probably will have enough information to ascertain the extent of seasonality and trends in livelihoods and food security, albeit with no potential for assessing for gender disparities. However, it will be worthwhile looking into the livestock and fisheries sectors for further quantitative data. And noting that people and households will tend to diversify income sources to get by, it will be worth building in into a survey or even gender analysis, questions to that regard, although establishing seasonality and trends would be impossible, without a longitudinal study.

Trends, seasonal variation and drivers of other gender issues

As mentioned earlier in the report, mission staff expressed the hope that the study scope would include investigating wider gender issues, beyond just GBV. As this was a development at the very end of my visit, I was not able to explore any data sources to this effect. However, given that gender is a crosscutting issue, some of data sources identified for looking at trends, seasonality and drivers of GBV, livelihoods, food security and health are potentially relevant, particularly if the data is detailed enough to analyse in a disaggregated manner.

Indicators for gender issues to be tracked

Ideally, indicators to be tracked would be identified through gender analysis in Misungwi, which would highlight key issues, and through consultations with stakeholders including members of the community, government officials, civil society groups including organisations implementing in Misungwi, etc, which is recommended to be included in the study. However, there are ideas for indicators that would be key for the study:

- Issues related to time-use by, mobility, employment, different sector value chain participation, livelihoods, for women and men, individually, and at the household level.
- Girls (and boys) education indicators, including from schools and education departments, e.g. attendance, enrolment (net), attainment and pregnancy rates over the past decades, ideally daily or monthly to assess seasonality and trends, but also understanding the drivers for poor education outcomes, any links to GBV, climate, health, and nutrition.
- Indicators for out of school children, including girls totally out of education system, or those in vocational training and educations.
- Participation in formal and informal financial institutions, including rates of taking out loans and defaulting on loans. The study could also seek information on individual loans to see if seasonality and/or climate variability is reflected in the sizes of loans taken. Although the CDO’s loans programme
would not be able to generate enough data, other providers including NGOs might have access to a larger set of loans data. Women’s groups themselves could have this data.

Potential sources of data

Village protection committees’ case ledger
In addition to recording cases of GBV in the ledger, the village protection committees, which also handle other cases in the community, record non-GBV issues reported and handled, which may have a gender element to them. As aforementioned, the data is bound to be quantitative temporal data, likely in Kiswahili.

Health facilities, MTUHA Tools and HMIS (DHIS2), CHW collected data
Analysis, through a gender lens, of the health issues being reported and the health services being sought

Police
If information of cases reported is indeed available electronically, analysis of cases may highlight gender disparity in crime, not limited to gender, looking at perpetrators and victims or people reporting.

Key informants
- Women, men, girls and boys from the community including for the gender analysis
- Duty-bearers, gatekeepers,

MITU/NIMR
From the meeting, there might be information on health issues and child maltreatment in Tanzania, maybe even Mwanza or Misungwi. Also mentioned was extensive research on young people, regarding their behaviour, adolescent health referencing the high HIV burden among young people. There are also plans to study sexual harassment in Mwanza. Not having had the opportunity to go into this any further, it is not clear whether this information would be temporal data going back ten years, and specific to Misungwi, or indeed whether the data is available to share. If available, the information would be useful in building a profile of related issues in Misungwi.

Further potential sources identified but not explored
Further potential sources identified but not explored include the Fisheries officer, and Livestock officer who potentially have similar information to that available from the DAICO. CHWs, health facility staff and their MTUHA tools, Femina Hip and, AMREF Africa/Mkapa PANITA and Misungwi partner tools and reporting, District gender desk, etc. I am hoping that the meetings with Femina Hip and AMREF tomorrow can happen. Otherwise, I am hoping that they will be able to share their tools.

Existing Volunteer Community Health Workers (vCHW)
There are various programmes in Tanzania, Misungwi included, that use volunteer community health workers. Note that these vCHW are linked to specific programmes, e.g. HIV, Maternal and infant health, nutrition, thus focusing on the respective issues, unlike the formalised community health workers who will be supported under the IA funded work, who will cover the range of health issues.

These would be a useful source of qualitative information for the study and for the IA funded project baseline. They could be a useful counterfactual to the vCHW.

Form F204 - record of infant deaths
During my internet research into the MTUHA tools, I came across the Form F204, which is used to record the death of infants who are under the age of one month that happen within the community. This will be a useful data source to explore, being an indicator of infant mortality, as it will be useful for the study and the baseline for the work in Misungwi.
Assessment of potential research partners

Both research organisation would be an asset to the study, MITU/NIMR with its research in GBV, teen health and behaviour and epidemiology experience, and CUHAS with experience in maternal and infant health, including through community health workers, and having a station in Misungwi. Both are able to support with primary data collection from key stakeholders and informants, including members of the community, women and girls included. Given the interest expressed by MITU/NIMR the organisation’s involvement could be expanded beyond just data collection, which this project could benefit from. CUHAS was also keen, but there wasn’t any indication of the desire to have a bigger role beyond data collection. However, that’s not to say they wouldn’t be up for it. Although having a research partner already involved in CHW work addressing maternal and infant health would be an asset, I wonder if this might also pose a problem, which would need to be well managed.

Way forward for the study

Develop a logic model for work in Misungwi

As there isn’t one yet, work with embassy programmes staff, and other key stakeholders, to develop a logic model for the work in Misungwi. This will be the framework upon which the case study will be based. Climate variability and weather, livelihoods and food security and any other hindering factors will be approached as risks, reflected in the model as assumptions, with work addressing GBV, nutrition and adolescent health the facilitative factors.

Document and literature review will be used to gain more nuanced understanding of the embassy’s ambitions for the work in Misungwi to support development of the theory of change. Also, map the situation/operating context in, profile Misungwi, including the external forces that will impact this, e.g. the NPA on VAWC, Health related policies, etc. The element will also include mapping out, including spatially, the players (key stakeholder, decision-makers, duty-bearers, etc.) and contextual factors particularly those in a position to hinder or facilitate progress.

The logic model will highlight the assumptions (relevant for the study) and hypotheses (relevant for programme evaluation) for the case study to test, from which a list of research questions can be developed, based on the priority areas to be covered in case study and the programme evaluation. Thereafter, the approach to the study and workplan can be developed, and research partners selected.

The model may also be used to assess the existing baseline for the TUWATUMIE project and the whole embassy programme of work in Misungwi, enabling the identification of gaps that the case study may be able to support.

Proposed Outputs

- Theory of change of the work in Misungwi, which includes the TUWATUMIE project
- Study approach and workplan and budget