NEW DAWN DEVELOPMENT PILOT PROJECT REPORT
SEPTEMBER - DECEMBER 2016

AWARENESS CREATION ON HEALTH, FAMILY AND SAFETY AT WORK
KNOWLEDGE THROUGH THE USE OF DIGITAL SOLAR POWERED AUDIO
PLAYERS IN RURAL COAST REGION TANZANIA. (KISARAWE, MKURANGA AND
KIBAHA DISTRICT)

THE PROJECT IS FUNDED BY URIDU – GERMANY
WITH THE SUPPORT OF TANZANIA MINISTRY OF HEALTH, COMMUNITY
DEVELOPMENT, GENDER, ELDERY AND CHILDREN
ACKNOWLEDGEMENTS

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1.0 INTRODUCTION

Tanzania Coast Region is the lowest levels of GDP per capita among 6 regions and 29 % of its populations are graded as very poor majority being women and girls (MPI in Tanzania by Regions). It has a population of 1,098,668 whereby male are 537,826 and female are 560,842. The Coast Region has a population growth rate ranging between 1.3 – 2.9 and an average size of 4.3 per household.

NDD did feasibility study from August to September 2016 to Kisarawe, Bagamoyo and Mkuranga districts and found that inadequate education services in rural areas has resulted into illiteracies and vulnerabilities in remote areas earmarked as early marriages, early pregnancies, lack of family planning, school dropouts, domestic violence, sexual abuse, use of local alcoholism, cigarettes and drug narcotic.

In this digital era, characterized by the rapid development of Information and Communication Technologies (ICT), illiterate people are at greater risk than ever. Those with less education will find it increasingly difficult to participate in developing knowledge-based societies, thus increasing social division and the digital knowledge divide. Without an innovative intervention to counteract the effects of globalization and technological advances, the gap will only increase, leaving the most uneducated without the necessary skills to ensure their welfare.

1.1 EXECUTIVE SUMMARY

NDD managed to disseminate health related information through digital solar powered audio players to 15 villages and 1 sub village of coast rural region. Project goal is using digital solar powered audio technology to create awareness on health related education in coast region Tanzania.
Project objectives are to prevent unwanted health behaviors and health risk, capacity building training through the use of URIDU MP3 players technology as a learning device. Another objective is to provide health related education, family knowledge and safety at work skills through digital MP3 players.

Capacity of developing countries to generate, acquire, assimilate and use knowledge and technology is a critical ingredient for poverty reduction and for achieving the Millennium development goals. Building science, technology and innovation capacities are therefore essential for poor countries to move up on the ladder of development (Adrian Schlapfer Swiss Ambassador Tanzania Vol/oct-Dec 2009.)

After reviewing the recorded MP3 players contents from the Tanzania Ministry of Health, Community development, Gender and Elderly NDD team also got technical support from the Regional Medical Doctor and District Commissions of the relevant districts to support introducing the pilot project to the selected project areas.

Photo no: 1. 1; Introduction of the project to Ward Health Centre

NDD Chairperson: Jackline Mashauri at the left side, meeting with Kikongo Ward enrolled nurse Julieth Lugano to discuss issues pertaining health sector in coast region
Photo 1.1.2 Introduction of the project to Ward Government Leaders

Jackline Mashauri meeting with Kikongo Ward Primary School Coordinator (Mr Anthony Sibut), Ward Executive officer (Happyness Mdewa) and Ward Community Development officer (Lydia Kato) discussing issues pertaining social and economic development of Kikongo Ward.

“The use of digital solar powered audio players to create community awareness, aimed at bringing impact to improved health delivery systems and scale up the interventions that may reduce burden of diseases. „It is also aimed at improving family wellbeing and societal health so as to be able to engage themselves into different entrepreneurship activities. The use of MP3 players is mostly effective where there is limited social welfare officers, limited network coverage and no electricity”, said Jackline Mashauri.

“Digital inclusion learning can be ideal and unique or just another learning option in education sector. In those regions that lack structural support (ex. teachers, school facilities and illiterate parents) the use of digital MP3 players is a must“, said Mr. Anthony Sibuti, Ward Primary Education coordinator.
2.0 PROJECT JUSTIFICATION

To overcome this gap between illiteracy and literacy NDD in partnership with URIDU Germany started implementing pilot project in rural coast region. The project is promoting health, family welfare and safety at work knowledge through the use of Digital Audio Players. The device has built on secure board memory, built-in solar panel charges battery and operates in harsh environments. It has a built-in speaker for small group listening and intuitive three-level navigation buttons. Digital Solar Powered Audio fosters discussion, exchange and serves as a tool for rural grassroots societies.

The use of solar powered Audio Players is aiming at supporting those who live in rural and remote areas where majority are illiterate (they don’t know how to read and write). Apart from that inaccessibility of business books, brochures, pamphlets and media. The use of Digital Solar Powered Audio Players technology on awareness creation, gain more acceptances to the whole societies of rural coast region as will be aware on a solution through listening.

This year from August to November 2016, NDD through the support of URIDU, managed to improve access to digital inclusion and empower 3400 women and girls into family health, safety at work knowledge. New Dawn Development managed to coach, mentor and provide digital solar powered audio players packed with adequate and quality health, family and safety at work knowledge.

These topics are based on knowledge on the uses of water, good hygiene and sanitation, knowledge concerning pregnancy and childbirth, breastfeeding, nutrition, cleanliness, sexually transmitted infections (STIs) HIV and AIDS, substance abuse, growing older, disabilities, infertility, problems of the urinary system, pneumonia and tuberculosis, malaria, mental health, family planning, child injury prevention, child health, advice for girls. Other topics includes how to prevent violence against women, sexual violence and safety at work topics.
3.0 PROJECT APPROACH

Problem based learning is a model of instruction in which the teacher poses an authentic problem for student resolution. In the course of problem solving, students work cooperatively in groups to learn content and skills related to real world problems. The teacher acts as a facilitator to learning.

Digital audio, on the other hand, is cheap and simple to produce and manipulate, due to the availability of basic sound recording and playback hardware and software in homes and educational institutions. This makes a “just-in-time” delivery model possible. Listening, however, “frees eyes and hands” (Clark & Walsh, 2004) to perform other manual tasks, including doing household chores, walking the dog or driving the car. As such, it is an unobtrusive activity that is able to integrate with other activities in our daily lives.

The approach for empowering women through learning based on distributing Digital Solar Powered Audio Players through women self help groups ranging from 4 -7 women have a well organized leadership structure. Between women groups a trainer was identified by group members in a well transparent manner to oversee the use of URIDU players, take the questions, suggestions, challenges and key lessons for documentation and sharing. URIGU Organization examined a wide range of initiative that could provide vital information that empowers rural women and helps them change their living conditions. They developed a 3 Step Model of Empowerment by using digital solar powered Audio Players. The basic step is to help a woman improve her physical and mental health. For example by improving hygiene or nutrition. The second step is to help a woman improve her family situation and to have control over her reproductive life. For example education on equality in family decisions and ownership of resources. The final step to empower a woman is to help her reach financial independency.
4.0 PILOT PROJECT ACTIVITIES - RESEARCH BASED FINDINGS

4.1 COMMUNITY MOBILIZATION MEETINGS

Project activities were facilitated in 16 centers (15 villages and 1 subvillage) within 3 wards of Kisarawe, Mkuranga and Kibaha Municipality. The 16 centers are Masaki, Kisanga, Gumba, Sungwi and Kibesa in Kisarawe District; North Kilimahewa, North Kimanzichana, West Kimanzichana, South Kimanzichana in Mkuranga District; Kikongo, Ngeta, Mwanabwito, Makutupora, Mkino, Lupunga and Kidai in Kibaha District.

Project Centers were formed in different 15 villages and 1 subvillage in order to bring awareness creation of the project closer to vulnerable women and girls who are living in remote areas where it is hard to reach and there is lack of network coverage and electricity. NDD has project field officers who prepared and coordinated all community meetings to local government leaders who are also responsible to call women and girls to attend meetings.
4.2 FORMATION OF SELF HELP GROUPS

Through the support of URIDU organization, New Dawn Development team managed to mobilize and form 400 women groups in Kisarawe (Masaki ward), Mkuranga (Kimanzichana ward) and Kibaha (Kikongo ward). A total number of 3400 women and girls aging from 16 - 70 years currently are using digital solar powered Audio players packed with health, family and safety at work education.

Photo No: 4.2 Formation of Self help groups

Registration of women self help groups by one of NDD team (Merry Damian) and Local Government Leaders

4.3 AWARENESS CREATION ON THE EFFECTIVE USE OF DIGITAL MP3 PLAYERS FOR LISTENING AND LEARNING

A total number of 3400 women received training on health, family welfare and safety at work. NDD team facilitated a total number of 16 trainings in different villages. Each village received one day training. The groups of women who participated in each day of training were ranging from 100 - 240 women. NDD used participatory approach in capacity building training and participants who were trained were mostly satisfied. At the end of each training, participants were provided players to listen to at least two topics.

The majority of participants agreed that they understood the topics and they were mostly satisfied with all contents available in the players.
Activity no. 1: Awareness creation to women to use effective digital solar powered audio player

Activity No. 2: Addressing and discussing critical problems in the specific areas and raise awareness to solve problem.
Activity no. 3: Introducing contents available in digital solar powered audio players in Lupungu and Mkino villages.

Activity no. 4: Some of women and local government leaders at Masaki Ward are enjoying listening and receiving digital MP3 players.
During group discussion, women at Sungwi village in Kisarawe district said that they were satisfied with this project because they are mostly care givers for their children, the old ones, disabled persons, the sick and their spouses. They added that women have a lot of tasks to do with household chores, and they have no time to seek for medical and health advice. The pilot project gained a very big community acceptance as thousands of women and society in general have got health information and apply in homes and scale up to other members in the community. The pilot project succeeded as 3400 women and girls in Kisarawe, Mkuranga and Kibaha rural areas became aware in health and family matters and got safety at work knowledge. Also they became more independent and more self confident with leadership skills.

4.4 IMMEDIATE FEEDBACK FROM AWARENESS CREATION MEETINGS

4.4.1 MP3 PLAYERS PROVIDES LEARNING SATISFACTION & REWARDING

During awareness creation and introducing the use of digital MP3 players, the 400 group leaders responded to this question: „What are the likes and dislikes concerning the use of digital solar powered audio players?“ All 400 group leaders who were interviewed through focus group discussions were satisfied with the digital MP3 players and the majority of them said that they like to use those devices because MP3 players are easy to carry (portability), and that they provide joy in learning as their contents come in the form of short stories, questions and answers.

**Table 4.4.2**

<table>
<thead>
<tr>
<th>Total Respondents 400 group leaders</th>
<th>The use of Digital MP3 Players (in number)</th>
<th>Respondents Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usability 400 group leaders</td>
<td>400 group leaders</td>
<td>100</td>
</tr>
<tr>
<td>Likes 400 group leaders</td>
<td>400 group leaders</td>
<td>100</td>
</tr>
<tr>
<td>Dislikes</td>
<td>0</td>
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</tbody>
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New dawn Development org: Final Pilot Project field Report in Tanzania. P.O.BOX 31920, Dar es salaam, Kijitonyama, Tanzania. +255 718221949. Newdawndevelopment928@gmail.com www.newdawndevelopment.or.tz
By answering the question, 400 women group leaders provided the same answer as follows: „Digital MP3 players are easy to use as anyone can learn to operate the basic functions of a learning device in a matter of minutes. “

4.4.3 MP3 PLAYERS ARE DURABLE

During awareness creation, the number of women participating in groups was ranging from 100 - 250 women in each village. They were asked the question concerning the usability and durability of the MP3 players device. They said that MP3 players are durable because they appear hard and seem to be highly resistant to shock, oil, water, and dust. In the case of recharging, they said that they have no doubt as they will put their devices on the top of iron sheet where children will not reach them. They said that they think devices will last longer as they now get the access to use solar panel places on the solar rays. Due to the combination of these features, rural women said that they expect to use digital MP3 players for a long time because devices seem to be much more exciting in the remote and inhospitable places where they live.

Photo 4.4.3

Some of women group leaders providing immediate feedback concerning digital MP3 Players
4.5 DIGITAL MP3 PLAYERS FACILITATE THE DEVELOPMENT OF ICTs AND THE USE OF KISWAHILI LANGUAGE

Thus NDD found that communities are satisfied with the digital MP3 players and the recorded Kiswahili language voice is clearly understood. Most of local Government leaders who are the key persons to mobilize communities in social and community development activities said that MP3 players bring fun, satisfaction and reward. The ward community development officer of Kikongo ward, Lydia Kato said that “when you listen the recorded voice in the digital MP3 player, you feel joy of learning.“ Thus a key feature that needs to be incorporated and properly balanced in these applications for rural societies are the regular updates and the development of contents that are missing.

Photos 4.5 : During training rose questions and answers. Women and girls comments and feedbacks will help to update some of MP3 players contents.
NDD mainly works to empower rural society to alleviate poverty. During the pilot study, NDD found that good health and entrepreneurship are critical components influencing the potential of rural society to move out of poverty. The implementation of pilot projects in some of coast region areas will assist men and women in stopping using local alcohol, cigarettes and narcotic drugs by reducing the time they use going to local clubs and traditional ngomas. Instead, they will use their time properly in listening and learning health, family and safety at work knowledge.

At the same time the project will reduce the number of domestic violence, school dropouts, forced marriages and early marriages. Most of adult men living in Coast region force their young girls to get married so as to earn money from dowry. Other they isolate disabled persons, thus through this project the community will learn how to love and take care of them.

Photos 4.5.1: The project promotes special groups to participate in social development agendas.

The project will help women who are living in Coast region and Tanzania in general to stop bad behavior like prostitution, dirty behavior and prevent them from dangerous health behavior, improving their personal hygiene, caring for water sources, toilets and cleanliness of home environment.
The project will as well help to stop domestic violence and help women to concentrate on finding family income through engaging themselves in small income generating activities. The project will assist vulnerable women, old aged women, young women and disabled women to get confidence, to acquire learning, stay in social groups, get advice and establish small income generating activities.

Photos 4.5.2

Women group discussing issues affecting their life with the help of facilitator

During the training session on the discussion of the main health topics, subtopics, questions and answers, women were proposed to have another digital MP3 player packed with entrepreneurial education. Most of them said that they lack also entrepreneurship skills. Thus the development of women groups will be the meeting point to improve their health, family and safety at work. They added that they live in very poor conditions and they have no money to buy even food. Most of them eat once per day. Thus when they get entrepreneurial skills, they will be able to establish saving and loan groups (VICOBA) and initiate small income generating activities using natural resources.

Thus the inclusion of digital MP3 technology will support them in both sides: first to be aware on their health status, to take measures to prevent unhealthy behaviors and to be in good health,
second they will be able to initiate, develop and manage small income generating activities. The inclusion of digital technology packed with health, family, safety at work and social entrepreneurial skills in rural areas will therefore support the development of a healthy and peaceful society.

Therefore the project will be sustainable as investment opportunities will increase, utilization of natural resources, number of small and medium sized enterprises will increase. There will be an increased number of social entrepreneurs, increased number of employment opportunities, and women will gain financial independency. Thus all social evils will decrease.

NDD with the support of URIDU and other stakeholders call the support of both material and in kind contribution so as to ensure there is strategic development of digital MP3 technology to address health, family welfare, life skills and entrepreneurial economic activities in Tanzanian rural and remote areas.

Photos 4.5.3
4.6 DIGITAL MP3 PLAYERS ADDRESS THE CRITICAL PROBLEMS IN RURAL AREA

Most people in rural coast region areas dislike to use boiled water. They told us that boiled water does not taste good. As a result, the majority of them feels good to use un-boiled water which is not safe at all, especially the water from local dug wells. It is important for the community to support them with good sources of water. Lack of sanitation is a critical determinant in the contamination of drinking-water by microbes. Fecal pollution of drinking-water can lead to a number of diseases, including cholera, diarrhea, and typhoid fever. Create awareness on good quality water with proper protection from contamination will help women to change their behavior.

Photos 4.6.1

Shortage and lack of clean water at Gumba village in Kisarawe

We found that Kisarawe District, commonly Gumba village, has noticeable dirty, poor water sources and lack of water. Amoebae may also be transmitted in water and are common in poor-quality water supplies. Providing access to sanitation and hygiene interrupts the disease transmission cycle and reduces the incidence of infectious diseases. Lack of hygiene and water-transmitted diseases which produce skin and eye infections are caused by a lack of soap and insufficient water for washing hands and clothes for personal hygiene. Women and children are
particularly vulnerable to these diseases. The main water-washed diseases are scabies and trachoma. Most women in the pilot project areas were suffering from trachoma disease. Trachoma is an infectious disease that can lead to blindness.

NDD also found that in Coast region the ten top diseases are Malaria, URI (Upper Respiratory Tract Infection), Pneumonia, ARI (Acute Respiratory Infection), Diarrhea, Minor surgical condition, skin infection, ARC (AIDS Related Complex), worm infections and eye diseases. Most of these diseases are resulting from water related infections.
5.0 MONITORING AND EVALUATION RESULTS

Monitoring was done by NDD team so as to get constant feedback from leaders and women groups. Monitoring aimed at identifying potential problems women are facing, monitor the efficiency, evaluate the extent to which the project is able to achieve its general objectives, to influence sector assistance strategy and to improve project design. We used summative evaluation to examine the effects or outcomes of some objects by describing what happens subsequent to delivery of the program of technology, assessing whether the object can be said to have caused the outcome, determining the overall impact of the causal factor beyond only immediate target outcome.

5.1 RESULTS / FINDINGS FROM LOCAL LEADERS

Interview with local leaders was developed by NDD staff to know some barriers for improving sanitation. Here is a list of the main problems which were mentioned:

➢ Technology limitations or affordability criteria for awareness creation. For example lack of newspaper, magazine, mobile phone with health contents
➢ Poor infrastructures (hard to reach areas)
➢ Limited number of health workers, community development officers and social welfare officers
➢ Ineffective promotion and low public awareness
➢ Inequity in service provision: (i) low importance given to women and children and other marginalized groups; (ii) methods/technology ill-suited to context
➢ The low importance given to women and children: women are potential agents of change in hygiene education, and children are the most vulnerable to poor sanitation.
➢ Lack of WASH program to Coast region communities
5.2 RESULTS / FINDINGS FROM WOMEN GROUPS

➢ Through the study we learned that very few women thought to move from or withdraw from learning groups. For example Mwazani Said of West Kimanzichana explained that she was very worried with her husband who seems to be very jealous, she said that, “she had to discuss with her husband first to allow her listening and learning digital MP3 players through women groups”. If her husband agrees, she will join the group. Also she blamed that she was used to forget things, thus if she may put the device somewhere she may forget where it is. Another woman named Rehema Abdallah said that she is worried with her husband who is very angry with her when she usually brings home new things. Also she explained that her husband refuses her to join self help groups and said that her husband considers any social groups are sources of bad debts. Although NDD team explained Rehema Abdallah that MP3 players are provided for free, she was still very worried about her husband and complained about her children who use to take their things like mobile phones and drop them into water bores.

➢ Some women have desire for achievement. They believed that desire for achievement motivated them to continually challenge themselves through listening to digital solar powered audio players. Through listening they look at what’s possible to achieve and set goals to improve the challenging situations.

➢ The pilot project’s results show that those who enter self help groups and learn health and life studies through the use of digital solar powered audio players, become self initiators, they become more optimistic, and they become individuals who feel personally more empowered than those who do not get involved in the pilot project.

➢ Women who got involved in the study said that the pilot project helped them to imbue team members with the courage to act friendly and wise in situations of stress, conflict or ambiguity, for example in the time of domestic violence and economic difficulties.

➢ The pilot study’s findings revealed that those women who were facing domestic violence, after listening to the contents that forbid domestic violence towards women, wanted to
speak from their minds and their hearts, and they were unwilling to be humiliated and publicly criticized. Threat and intimidation were found to be like land mines in most women groups. Through digital audio players they learned where they are and how to avoid the miserable situation.

➢ The women groups approach as a project approach was mentioned to be useful as the goal is focused on an effort to help women achieve a higher level of performance. In the group, women build a culture of trust, discipline, self help and honesty. Over time, group members feel an increasing responsibility towards one another, respect each other, create open lines of communication, including the giving and soliciting of feedback in order to keep unfinished projects among members of the group.

➢ Apart from that, group members stayed together, they challenged one another to stay focused on doing their goals, to make their development agendas thrive, promoting cooperative drive, which overrides group member’s ambitions. Also being in a group, women make renewals on each other’s new life and are more optimistic and share their feelings in difficult times.

➢ Being in groups, women managed to create necessary structures, standards and team disciplines to ensure high level quality, safety and overall performance essential for top team success.

➢ Women like team working spirit. Approximately 90 % of all women said that listening and learning by using digital solar powered audio players improved group discussion as they said that building strong relationships among team members will shift one’s personal priorities to those of the group and to the sharing of resources.

➢ Digital solar powered Audio Players improve listening. Active participation of women in groups through listening and learning created a good atmosphere between women and increased active participation in soliciting feedback. The device has features that allow women to switch on and listen. At this time all women are not allowed to speak. Instead, they keep quite to allow others an opportunity to speak. Audio players have a button which women used to switch off for pause a while and give women opportunity to talk and discuss. Most women said that they liked those features of the digital players as they
provide them time to probe details so that people feel heard and understood the content and grasp the whole picture to manifest their situation.
6.0 CHALLENGES, BARRIERS AND PROBLEMS OF RURAL WOMEN IN COAST REGION

➢ Poor settlements.

➢ Poor environment hygiene and sanitation

➢ Lack of clean water, shortage of water. For example in Gumba village (Kisarawe district) women go 5 kilometers to fetch water.

➢ Problem of remote areas. Most women like to learn and participate in group learning and project meeting. But others fail to attend project meetings because they are afraid of walking long distance by foot and sometimes they may be late to participate in meetings.

➢ Meeting venue. During training, women complained about sitting down on sand with their kids. Sometimes the sun shone too hot.
➢ Rural women complained about low vision (eyes problem). They are not able to read because of eye problems.
➢ Rural women demand to have health insurance cards so that they can seek all insurance medical facilities such as medicine.
➢ Rural women demand to have clean water and a number of water bores/wells which are well protected.
➢ Lack of knowledge. Most women have no knowledge and skills. They do not know the effect of smoking, drinking local beers.

➢ Rural women demand to have specialized doctors to whom they can go for special operations.
➢ Extreme Poverty. Most of rural women complained about a lack of money to send their kids to nursery schools. Also they do not have money to start small business income generating activities. As well as they cannot afford to buy nutritious food and balanced diet. Others they just eat once per day.
➢ Some women complained that they had to come from very far for the group meeting. So it will become trouble to find their group members for listening and learning from the digital audio players.

➢ Lack of personal hygiene. Many women complained that they just take a bath once per day, some women said they take a bath once per week and others said they take bath very rarely.

➢ Most women were requesting more MP3 Players and if possible everyone to get her own player.

➢ Lack of nutritious food. Women requesting the Tanzania Government and other supporters to provide nutrition food for children, pregnant, lactating mothers and old people.

➢ Many women advised that women should be taken seriously and get educated on the subject concerning family planning. Government should insist on this at village level.

➢ Limited number of health, social welfare and community development experts. For example you may find one community development officer/social welfare officer in one ward.

➢ Big number of domestic violence cases.

➢ In some villages, there is no dispensary nearby and even no Rapid Malaria Antigen blood test available.

➢ Lack of diagnosis and vaccination equipment for women when they go for checkup: Geratherm, Hemocure test, Alubustic test, Blood group test, Immuno chromatographic for the detection of Anti-HIV1/2 Test, STIs test

➢ Lack of delivery kits for pregnant: Manuringtash, orthopaedic speciality gloves, pads, cotton wool, chromic catgut, sterile surgical blade, sterile umbilical cord clamp, auto disable syringe.

7.0 CONCLUSION AND RECOMMENDATION
7.1 CONCLUSION

The work of mobilizing women for community meetings, registering women self help groups, training/coaching, distributing of digital audio players, interviewing, monitoring and evaluation started on 15 September to 6th December. Issues and challenges that confront rural women in Coast region are: lack of delivery kits, poor nutrition during pregnancy and after birth, long distance to dispensaries, minimum number of health and social welfare officers, lack of knowledge and skills for improving good hygiene, sanitation and using clean water and toilets.

The pilot project gains a big acceptance from the community and local leaders. In this pilot study we have found that, apart from promoting health education, NDD and URIDU need to promote social entrepreneurship education so that rural communities will utilize their resources and initiate small and medium scale industries. The provision of social entrepreneurship education will help rural women think independently and act towards improvement of their income. In another side we found that in coast region there a lot of social evils and tradition norms such as polygamy system, early marriages, forced marriages, strong alcoholism, use of narcotic drugs, cigarettes, raping and domestic violence. These social evils and risk behaviors might cause dangerous diseases such as HIV, TB, and depression as a result of domestic violence.

Thus to create awareness to entrepreneurial skills, saving and loan skills will reduce the burden of diseases that are results of using cigarettes, strong alcoholics and drug narcotics. Thus promoting social entrepreneurial skills through digital audio players will create awareness to rural societies to concentrate on entrepreneurial activities and gain financial independency instead of becoming idle and thinking on getting money from dowry after forcing their young daughter to get married.

Being economically well, entrepreneurs will manage to build good housing, good toilets, build water bores, attend clinics, improve family nutrition and balanced diet, send their children to schools. Pregnant and expectant mothers will also be able to buy delivery kits and improve their nutrition status.
Thus there is a need of special attention and interventions from those social and economic challenges. NDD must intervene some of the challenges with the collaboration of different Institutions from both private and Government Institution. As well as the support from International NGOs, FBOs, CBOs etc.

7.2 RECOMMENDATION
7.2.1 WASH SECTOR

➢ WASH projects proposed to focus on improving services for those already served, and the unserved or underserved poor. For example building of good toilets connected to a sewerage system.

➢ Family-owned sanitation facilities should be improved. Toilets are being built locally by rural family members. They build poor toilets that may break down soon after bad weather or rainfall.

➢ Lack of knowledge to build good toilets, lack of equipments, lack of money or lack of interest to make good facility.

Photos 7.2.2

Poor and dirty toilets cause dangerous diseases

➢ Hygiene behavior is a crucial link between sanitation, water supply and health. Rural communities lack knowledge and good practice towards good hygiene behavior.
➢ The findings show that most of them do not wash their hands before and after eating, others do not wash hands with soap after toilet use. Most of them do not wash fruits before eating.

➢ Sustainable water supply is a profound problem in Kisarawe rural coast region, Tanzania. Water sources management that integrates awareness creation to monitor water resources, diagnose problems, improve efficiency and innovations in water projects, coordinate management can help to overcome supply challenges as well as strengthen public participation in governance. This pilot study applied awareness creation planning methodology to analyze the potential of using digital solar powered audio players to address water challenges in Rural Tanzania, for example problems with water related born disease and prevention education. The concept combines multi-functional sensors all sources to monitor all sources of water supply with the guidance of health contents available in the digital audio players technology that have built with hard board and at the back compatible with solar panel battery charges. With the connection of the project by the end of 2018 NDD will submit the professional research title “Using Digital solar Powered Audio Players to create awareness on water, sanitation and hygiene (WASH) among women in rural Tanzania”. This will be guided and supervised by competent academic professors and doctors in the relevant field from Tanzania Universities. The research will add value to Tanzania as well as URIDU publications.
7.2.2 PREGNANCY, DELIVERY AND BIRTH
➢ Most women who become pregnant miss important clinical and medical services; for example vaccination and diagnosis test as well as delivery kits before and after delivery.

7.2.3 ALCOHOLISM, DRUG NARCOTICS & CIGARETTES
➢ Idleness and stress from domestic violence cause women to drink local beer, using drug narcotics and cigarettes. In turn some women are found to be victims of HIV/AIDS and TB.

7.2.4 SCHOOL DROPOUTS AND RAPING
➢ Increased number of school dropouts resulting from early marriage and forced marriages.
➢ Idleness for some men living in coast region resulting into rape incidences.

7.2.5 DOMESTIC VIOLENCE
➢ Domestic violence is a very big problem for most rural women in Coast region. During group discussion most women said that poverty, lack of income, polygamy and unfaithfulness are big sources of domestic violence in coast region.
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Some of selected women groups at West and South Kimanzichana during M& E discussions with NDD Social welfare officer (Miss Judith Nderungo)
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Some of selected women groups at Mwanabwito village during M& E discussions with Miss Jackline Mashauri)
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Some of selected women groups at Sungwi village during M& E discussions with NDD Social welfare officer (Miss Maltina Abel)
CASE STUDIES : ISSUES AND CHALLENGES FACING WOMEN

1ST CASE STUDY: MULTIPLE ROLES OF WOMEN - THE LIFE STORY OF JAMILA KUMBINGA (from West Kimanzichana)

Jamila gave birth to 3 children: Sada Abdalla, Mshamu Abdalla and Nasibu Mshamu. Sada Abdalla died on 30th January 2016 and Mshana Abdalla died on 25/6/2016. Her daughter Sada Abdalla left 5 children whose names are Tunu, Hashimu, Amina, Zuhura and Tariki. And her son left one son. Jamila's last born's name is Magigi Abdalla. Her son graduated from Bachelor degree at the university of Dodoma but he has no job. Her husband left Jamila and now she has all responsibilities of taking care of her grandchildren. She said that she has very low income and she is requesting any support from different NGOs, public and private institutions to assist her raising her young grandchildren.

She struggles very hard and succeeds to provide basic needs and to take care of her grandchildren: to pay school fees and other needs. Also she succeeded to provide better education to her son Magigi Abdalla, who now has completed bachelor degree. Currently she cultivates cassava and rice. (Advice from NDD: To join into VICOBAs groups and to save and get loan so as to boost her income.)
2ND CASE STUDY: CHALLENGES AND SOLUTIONS OF POLYGAMY SYSTEM - THE LIFE STORY OF SALIMA MOHAMED MAJALA

Salima Mohamed Majala is 47 years old. She has 3 children. She lives in North Kilimahewa (Kimanzichana). Salma has a husband who is a farmer and her husband has two wives. She cultivates cassava, she collects and sells cashew nuts. She gets Tshs 3000 ($ 1.5) per day. She said that life in North Kilimahewa is too difficult. Her husband’s elder wife has 11 children and she supports her husband in caring for a big family. Salma said that she manages to live together with her husband’s elder wife in one house because they divide roles. They are not jealous, they are not aggressive, and they have a general work plan for all family members and divide roles for each one. Salma said, she knows how to process cassava and to make chips from cassava, to dry cassava, to make cassava cakes, donuts and chapati.
3RD CASE STUDY: PROBLEM OF OVERWORKS AND DEPRESSION -
THE LIFE STORY OF SALMA ALLY MTUPA

Salma Ally is divorced. Now she is living with her four children: Zuriet is a standard four with 11 years. Hadija has completed standard seven. Other children are Isack and Maulid. Salma manages to pay school fees for her children. She told me that she always feels stressed and trembling and gets headache from too many problems, too much households chores, farming and entrepreneurial activities.
4TH CASE STUDY: PROBLEMS OF WIDOWS AND STEP CHILDREN -
THE LIFE STORY OF SALMA JAFARI MLOZI

Salma is a widow. She has five children and five small grandchildren. She is also a care giver for her daughter (Amina Amri) who dropped out of primary school because of early pregnancy. Salma has five children who have no jobs. Salma cultivates maize, cassava and rice. She has got problems with her step children since her husband died. Her step children used to tell her that “she must go out of their father’s house”. Salma Jafari is advising the Public and Private Institutions, NGOs and FBOs to initiate small and medium scale enterprises so that their children would get employment.
5TH CASE STUDY : THE PROBLEM OF SINGLE HEADED FAMILIES/WIDOWS -
THE LIFE STORY OF SOPHIA MOHAMED UPUNDA

Sophia is a widow who cares for 16 children. She gave birth to 12 children; 4 children died and 
8 children are still alive. Among the 16 children who Sophia is taking care for currently, 8 
children are her own children, 5 children are from relatives who passed away and 3 children are 
from her best friend who also died. Sophia is a very hard working woman. She said that she 
occupies 8 hectares of land. Her plan for the next year 2017 will be to cultivate large scale 
farming. She plans to cultivate maize, rice and fruit trees. She said if she will get tillers, she will 
be able to cultivate large scale farming. She blamed also on youth unemployment. She has 5 
children who are idle.
Salima gave birth to ten (10) children, five children died and now she has five (5) children. She was born at Kisiju village. Currently she lives with her daughter named Asha Mushe. Her daughter also is a widow. Salima said that since she was young to old age, she never experienced any harassment or domestic violence from anyone. When her husband died, she got married to her second husband. She doesn’t do anything and her daughter is taking care of her. She said that she likes MP3 for life player (Viutandawazi) for creation of awareness and advice. Since she was 15 years old she has been using cigarettes and no one managed to advise her properly about the side effects of cigarettes or told her to stop smoking. She told that she started using cigarettes in 1955 and her first husband taught her how to take cigarettes. She enjoys them and feels very happy and comfortable. When asked about her health problems, she said she has acne, high blood pressure (BP), Tuberculosis and pneumonia. She used to go to hospital and used a lot of medicine without any success. We told her about the harmful effects of cigarettes and showed her some pictures and told her that anyone who smokes for a long time has some health effects in lungs and liver. The pictures worried Salima very much and she decided to tell some community leaders. She said that the majority of women in Kimanzichana are using alcoholics, cigarettes and drug narcotics. Salima advises that education about the harmful effects of using alcoholics, drug narcotics and cigarettes should be provided in Kimanzichana through MP3 players.
Mwanahamisi Halfan is 28 years old, a charming girl, happy and wise. She is living with her mother who is a widow. Now she cooks and sells donuts. Her mother is also disabled since she was pregnant with Mwanahamisi. She gave birth to two children. Unfortunately, her first son died and left three children (Hadija Kibwana 25, Halfan 22, and Ibrahim Kibwana 19 years). Her mother succeeded to pay school fees for her grandchildren when her son died. Also, she succeeded to send Mwanahamisi into a good primary school boarding from standard 1-7. The school’s name was Salvation Army. Her mother also succeeded to send Mwanahamisi into a good boarding secondary school named Jangwani girls secondary school. She used to provide pocket money of Tshs 50,000 per month. ($ 25 every month) She completed in 2010. Mwanahamisi always suffers from Tuberculosis and takes medicine every month. Although Mwanahamisi is disabled, she manages to cook, to wash her clothes, to clean the house, and to do small business.
Life Challenges faced by Mwanahamisi

Mwanahamisi said since she was young, in her family, community and even at school some people used to isolate her because of her status. She said her own father rejected her when she was born and her mother decided to move. Mwanahamisi added that her father used to say: „in his clan there was no history of member of disabilities in any case.”

Mwanahamisi continued that even when she studied at secondary school some of school and class mates used to isolate her. Mwanahamisi also told me that she had had a boyfriend named Hamidu Kivumbi. They had a relationship for five years, loved each other, but this year 2017, she decided to leave Hamidu because he didn’t support her when she needed support. She used to give her Tshs 15,000-20,000 ($7.5 – 10) after six months and the money were provided when they have met for sexual affairs. She decided to leave Hamidu because he used her. She also explained about her life’s difficulties. Her job is to cook donuts and sell them. For one day she gets only 1500 Tshs (less than a dollar) and the money is very little to cover all family expenses with her mother. The money which she gets is usually used to buy food and helps her to pay those who assist her to fetch water. Mwanahamisi said that when she gets sick, her family has nothing to eat and she decided to ask for support from the village chairperson. She is now requesting support from different NGOs, public or private sectors, to help her initiate a stationery project.
8TH CASE STUDY: MENTAL DISABILITY, LACK OF BASIC NEEDS -
THE LIFE STORY OF HABIBA JALALA

Habiba Jalala is 18 years old, she lives at Kidai Village in Kibaha rural (on the photo above with Habiba’s mother, Amina Rashid). Her parents migrated from Mozambique, but she was borne in Chalinze town in Coast region (this is a popular business town and the meeting point of many public buses from Northern, Southern, Western and Eastern Tanzania). Amina got married 22 years ago with her husband who is Zaramo by tribe. And now they live in Kidai sub village which is far away (almost 6 kilometers from Kikongo ward). In Kidai village there isn’t any school, there is no dispensary, no electricity, no network coverage and no public transport. Amina Rashid met with her husband at Msolwa on the way to Tanga region in Tanzania. Amina Rashid (Habiba’s mother) has four children; 2 sons and 2 daughters.

Amina Rashid said that when she got pregnant with Habiba, she didn’t have any problem until she gave birth to the child. Two days after Habiba’s birth, she got very high fever. Since then, every day from morning to night she assists and supports her daughter. She has to feed Habiba and to bath her. Amina said her daughter likes to eat cooked rice, potatoes and bananas. She likes also books and listening to music. She loves also her father; she sometimes refuses eating food during night until her father assists to feed her. Amina is very grateful to her husband as she said that her husband is cooperative, wise, caring and kind. He didn’t leave her family because of living with a person with disability as many men do in such a case.
Life challenges faced by Amina and her daughter Habiba

Habiba faces many challenges such as failing to bath herself, going toilet, feeding herself and going to school. Amina engages in small income generating activities like cooking chapati and donuts, and selling charcoal. Amina explained that she can never travel, not even in case of a family problem or during holidays. She cannot go farming or go to the market. She doesn’t move because of her daughter’s situation. Amina added that, if she had good income, she could manage to supply her daughter with necessary needs (like pampers and other things that are important for her daughter because of her situation). Then she would be able to engage more effectively in establishing a small scale enterprise. She was happy to receive an MP3 for life player for her personal use. Amina said the player will assist her in listening and learning skills for caring for her daughter and family. Also she will improve in health, family and work related skills as she has no time to attend community and women’s group meetings.
9TH CASE STUDY: MARRIAGE & FAMILY ISSUES, BIRTHS & PREGNANCY PROBLEMS, SUCCESS IN SMALL BUSINESS - THE LIFE STORY OF ZUWENA RAMADHANI BWANGA

Zuwena Ramadhani Bwanga or Mrs. Hamis is preparing lunch for her customers in Masaki small town in Kisarawe District.

Zuwena Ramadhani Bwanga is a slim woman, tall, charming and happy. Zuwena gave birth to six children; two children died, one daughter and one son. Now she remains with four children; one daughter and 3 sons. Zuwena said that she gave birth to her first child in 1980 and to the last one in 1996. Zuwena husband’s name is Hamis Omary. Since she got married with Hamis, they never had difficult unsolved quarrels. She never experienced difficulties in domestic violence like many women do. She said, polygamy and multiple partners highly contribute to domestic violence.

Life challenges faced by Zuwena
She said that, in her lifetime she faced very big troubles during pregnancies and births. During her last pregnancy she felt very sick. She felt pain and her stomach became very large. Her husband took her to the hospital where she was admitted to Amana hospital in Dar es Salaam.
She then was transferred to Muhimbili National hospital. By that time, she had lost her memory and she failed to urinate. She delivered by operation. At those times, 1992, in her village there was no health center, and she had to dress herself. She also did some exercise to recover her health. She explained that currently in Masaki ward there is no specialized doctor for operation.

Advice
Zuwena is advising young girls to be careful with early pregnancy as pregnancy and births are very complicated issues for women. Also, she is advising women to follow menstruation calendar when they meet with their husbands. She advises to take family planning methods, she advises girls to not have sex until they have grown up and to work very hard to get success.

Her success
Zuwena succeeds in business. She has a cafeteria and she works with her husband. They assist each other even to cook food. She said that her success is based on a good communication with her husband. Good customer care, charming communication with customers, cooking tasty and flavored food, working hard and cleanliness make her get a large number of customers every day. She paused a while with a smile and then added that another secret for succeeding in business is the business philosophy of giving. She said that she uses to provide lunch and breakfast free everyday for children in need, disabled and poor people. She said that every day she provides tea and donuts for ten children and during lunch time she provides ten free plates of food.
10TH CASE STUDY: FORCED MARRIAGE / EARLY MARRIAGE -

The story of Revina Yusuph Zakayo

Revina is 16 years old, she lives in Masaki village in Kisarawe District. She is the second born in the family of Mr. Yusuph Zakayo and Mrs. Helena Jerad Zakayo. Revina blames her parents to have forced her to marry a man named Evance (27 years old). Evance has no job and she doesn’t love him. Revina completed standard seven and she wanted to continue with secondary studies. Her parents refused Revina to continue with her education; instead they forced her to get married. They told Revina to move out of their compounds and now she has no place to live. She used to walk around in the streets asking people to assist her with some food. She usually gets support form Zuwena Ramadhani who cooks food in her cafeteria. Last month Zuwena gave Revina some paid cooking jobs in her cafeteria so she could earn her living. Her father came to that cafeteria and chased Revina away telling her that she was not supposed to work there. Revina’s father, Mr. Yusuph, also quarreled with Zuwena about her providing cooking jobs to his daughter. Revina continued to explain while her tears dropped down. She was trembling and said that when she decided to go home, her mother used to beat her and intended to kill her carrying a big knife. Her mother doesn’t support her with food, bed sheets or even clothes. She explained that, as a result of her mother’s cruelty and harassment towards her, her young sister of 15 years decided to move from home and to go find some jobs in Dar es Salaam.
Revina’s future expectations

Revina likes tailoring and would like to run her own shop selling clothes. She especially appreciated the topics in chapter ADVICE FOR GIRLS provided through digital solar powered Audio Players. Revina said, the contents assisted her to be strong, to work hard, and to know her right to make good decisions. They help also to plan her life for a good future and they help her to escape from prostitution and domestic violence in homes.
Masais in Tanzania history are among the tribes which are governed by patriarchy system. Women were not allowed to go to meetings, to do business etc. Thus they were isolated and kept from learning new things including science and technology. Since some years Masai women now are starting to change their attitudes and thinking. This was proven by a big number of Masai who were attending NDD meetings, coming from long distance. They said they travelled by foot and it took them 3 - 4 hours and the distance of 7 – 12 kilometers to reach the meeting centers. They were very happy to get digital solar powered Audio Players packed with health related knowledge. They said that the knowledge provided through digital MP3 players will help them to understand who they are and what they shall do in their local communities. They also feel very happy to participate in social gatherings.
12th CASE STUDY: SINGLE HEADED FAMILY AND FARM WORKERS GROWING RICE & CASSAVA – KIMANZICHANA WARD IN MKURANGA DISTRICT

These are some of the single headed family women with madam Judith Nderungo of NDD. They said that they are doing farming. The most popular crops grown in Kimanzichana are cassava, maize and rice. They can be reached using the nearest popular town of Kimanzichana.

Despite their engagement in farming, these women face shortfalls because they only crop small pieces of land. They believe that if they could crop a larger piece of land and get support for irrigating machines, significant improvement in harvests of cassava and rice will be attained. It is very obvious that using simple technology to crop the land for rice production can give power to women to sell their products at a higher price. Women confirmed that selling a value added product will not only increase their incomes and promote their wellbeing but also make the products more marketable so they could negotiate better terms from buyers.
13nd CASE STUDY: VULNERABLE WOMEN AND CASHEW NUTS PRODUCTION - KIKONGO WARD IN KIBAHA DISTRICT

Some of the women in Kikongo ward are producing cashew nuts. They can be reached using the nearest popular town of Kikongo.

Despite their engagement in cashew nuts production, women face a lack of machines for all processes from grading, steaming, shelling, drying and packaging the cashew nuts. It is very obvious that the use of cashew nuts processing machines can easily add value to their products and give power to women to sell their products at a higher price. Women confirmed that selling a value added product will not only increase their incomes and promote their wellbeing but also make the products more marketable so they could negotiate better terms from buyers.