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AND THE OPEN UNIVERSITY OF TANZANIA**

**MASTER OF SCIENCE IN COMMUNITY ECONOMIC
DEVELOPMENT**

(2007)

**CAPACITY BUILDING FOR THE DAKIKA CBO IN
ORDER TO IMPROVE ITS ECONOMIC CONDITION.**

SWAI, ROGATHE JAMES

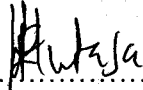
PROJECT "CAPACITY BUILDING FOR DAKIKA CBO IN ORDER TO
IMPROVE ITS ECONOMIC CONDITION" SUBMITTED IN PARTIAL
FULFILLMENT FOR THE REQUIREMENTS FOR THE DEGREE OF MASTER
OF SCIENCE IN COMMUNITY ECONOMIC DEVELOPMENT.

By Swai, Rogathe James, July 2007

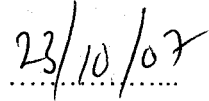
Supervisor's Certification:

I *Mr. Felician Mutasa* certify that I have read this project report entitled “ Capacity building for the DAKIKA CBO in order to improve its economic condition”, and accept it as a scholarly work for submission to the Open University of Tanzania/Southern New Hampshire University of Tanzania for the award of Master Degree of science in CED.

Signature:



Date:

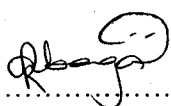


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Declaration

I, Swai, Rogathe. J. hereby declare that this project is a result of my own work and has not been submitted for a similar degree in any other University.

Signature.....

Swai, Rogathe. J.

Dedication

This work is dedicated to my parents Charles and Beatrice. Is also dedicated to my family, my husband James Swai and our beloved children Faith, Debora and Ebenezer without forgetting all close relatives who gave me moral support during my studies.

Abstract

The study focused on a Community Based Organization called DAKIKA. That study was conducted in order to identify the community Based Organization needs and build the capacity of the CBO members in order to improve the economic condition. The main objective of the study was to identify the reasons for low income of the CBO and support the local CBO in order to enhance its economic condition. The Community Needs Assessment was conducted through a survey which took a form of a questionnaire. Focused group discussion was also used to assess the capacities of the CBO. The results portrayed that, the CBO had the following challenges; The CBO was producing little quantities of poor quality medicine because it lacked quality grinding machine. CBO members had low level of education. The CBO failed to purchase materials from community members. This situation affected the income of the community members. It was also realized that, the CBO had no reliable market for its products. The recommendation of the study was to conduct capacity building session for CBO group leaders on marketing techniques and write a proposal for fundraising. The funds that would be collected would be used to purchase one grinding machine, 1000 packages and to facilitate a three months English course training for three CBO leaders. During formative evaluation, it was realized that two objectives had been achieved. The seminar for CBO leaders had been conducted as planned and the proposal for fundraising had been prepared. Findings from summative evaluation portrayed that there were some impacts made by the two objectives that had been achieved. Among others were; record keeping and seeking market outside their area which led to an increased income.

Acknowledgement

I wish to extend my sincere gratitude for the support received from different people in order to make this work a success. I'm so grateful to World Vision Tanzania for granting me permission to pursue this course. I would also like to express my warm thanks to the Southern New Hampshire University and the Open University of Tanzania for admitting me to undertake this course in their University. A special word of appreciation is due to the Academic supervisor Mr. Felician Mutasa who provided academic support which was vital for completion of this work.

All course Instructors are appreciated for their facilitation which enabled this work to be accomplished with little difficulty. The academic support contributed by fellow colleagues is highly appreciated. I also wish to thank DAKIKA CBO members for their willingness to host me and providing me with all support that I needed during my studies.

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ABBREVIATIONS

CBO	-	Community Based Organization
CED	-	Community Economic Development
DAKIKI	-	Dawa za Kiasili Kikatiti
NGO	-	Non Governmental Organization
TAWIRI	-	Tanzania Wild Life Research Institute
SIDO	-	Small Industries Development Organization
SCAPA	-	Soil Conservation – Agro forest Program.
WHO	-	World Health Organization
WODSTA	-	Women Development for Science and Technology Association
SNHU	-	Southern New Hampshire University
IGAs	-	Local Government Authorities
BOT	-	Bank of Tanzania
NPES	-	National Poverty Eradication Strategy
MTP	-	Medium Term Plan
RDS	-	Rural Development Strategy
ASDS	-	Agriculture Sector Development Strategy
NIMR	-	National Institute for Medical Research
MCA	-	Medicinal Culinary and Aromatic Plants
MAPRI	-	Medicinal and Aromatic Plants Research Institute
TK	-	Traditional Knowledge.

EXECUTIVE SUMMARY

The project targeted two hundred community members within four villages namely; Kikatiti, Ngongongare, Sakila and Ngurdoto. This project was initiated by the community members. The Project addresses the needs of the community. Community participation is realized through the way different groups of people within the community are involved for example Children, youths, women, men and aging people regardless of their ethnic groups. Community members had been involved in all stages of the project such as planning, implementing. Monitoring and evaluation, therefore a sense of ownership is obvious. The purpose of the study was to build capacity of the CBO members so as to improve their economic status. In order to build capacity, it was important to collect information analyze the data and identify the needs that needed to be addressed. After conducting community needs assessment it was realized that, the CBO lacked a quality grinding machine for grinding medicine, marketing techniques, reliable markets for its products, quality packing facilities and its members had low level of education. Besides making medicine, DAKIKA had established other income generating activities like bee keeping, processing honey, mango peakle and making soap. Women, youths, and other community members have found self employment by involving themselves in these economic activities. The CBO has got 28 groups. The Project goal was to contribute to an improved economic status of DAKIKA CBO members.

It was expected that the project goal would be achieved because the CBO already existed and it was operating. The community members had shown willingness to support the project through the way they had been participating in project activities. If those challenges had not been addressed the CBO would fail to achieve its goal.

The project had two major objectives. To conduct one capacity building session for 18 CBO group leaders on marketing techniques. To prepare one proposal and market in order to solicit funds for purchasing one grinding machine for grinding medicine, and conducting training for three CBO leaders (English course for 3months) by. The fund was also expected to be used to purchase quality packages. Among the objectives mentioned above two had been achieved. To start with, seminar for CBO leaders on marketing techniques was conducted as planned whereby participants were facilitated on the significance of securing market before any new brand product was produced, how to get the capital, how to keep records of what they produced and what they sold and networking. Another objective which was achieved was preparation of a proposal for fundraising. The task of marketing the proposal was still proceeding. During the project implementation the monitoring process was carried out in a participatory way through visiting groups and sharing views. Evaluation (formative) was conducted after the seminar for CBO group leaders had been conducted. As a result there was an increased confidence for CBO group leaders. Summative evaluation was also conducted during the period under review. The findings portrayed that the groups had started keeping records, seeking markets for their products, registered their groups, and some of them had opened bank accounts after their income had increased. The project was expected to be sustainable because it was initiated by the community members and it was community based.

The community members were involved in all stages from planning, implementation, monitoring and evaluation. Materials used by the CBO for production of its products were acquired from the project area also there was a great sense of ownership enhanced by community participation. From different readings which were reviewed by the author it was realized that; what DAKIKA was doing could help in alleviating poverty because there were several policies at the national, regional and international level which were supporting what the CBO was doing for example WHO and others. The author recommended that; more capacity building sessions should be conducted for CBO members on networking and entrepreneurship. The CBO should be facilitated to develop a strategic plan which would guide the organization to achieve its long term goal.

CHAPTER ONE

COMMUNITY NEEDS ASSESSMENT

1.1 COMMUNITY PROFILE

DAKIKI CBOs office is located at Kikatiti area 30 kilometres from the City of Arusha. The CBO covers four villages namely, Kikatiti, Sakila, Ngurdoto and Ngongongare. Most groups of DAKIKI CBO are located on the Northern part of the Moshi – Arusha highway.

The area is highly populated compared to the Southern area. That is due to the fact that, the area falls on the slopes of Mount Meru which are more fertile compared to the Southern areas. The Southern part is dry and people are scattered. Generally the income is low. That is due to the fact that, traditionally people on the Northern part used to grow coffee because the environment was suitable for coffee production. However, with the decline of the coffee price in the world market the community members had neglected coffee plantations. Some of them had cut down coffee trees and started growing maize and beans. It was very unfortunate that, both maize and beans were mainly used for domestic consumption and not for business. As a result, they didn't have cash crop to depend upon for their income. That's why the project was highly valued by the community members because at least they had a place to sell their products like seeds, backs of trees, honey and others and get money throughout the year.

1.2 COMMUNITY NEEDS ASSESSMENT.

The major objective of the survey was to identify the causes of low income for the CBO. In order to get the information needed and make decision on it, it was important to collect information about the CBO. The data needed was collected through focus group discussion with CBO leaders. Another method used to collect information was a survey which took a form of a questionnaire. The information gathered from the survey was used to lay down strategies to improve the situation

1.3 RESEARCH METHODOLOGY

The survey design was descriptive, observational and cross-sectional. Information was collected at a single point in time from CBO group members through questionnaire and focus group discussion. Both tools were used because they were economical in terms of time and financial resources. The respondents were picked randomly. However, gender biasness was avoided so as to allow information to be gathered from both female and male CBO members.

1.3.1 RESEARCH OBJECTIVES.

The main objective of the survey was to identify the reasons for the low income of DAKIKA CBO and support the local CBO in order to enhance its economic condition. The project had two major objectives. To conduct one capacity building session for 18, CBO group leaders on marketing techniques. To prepare one proposal and market it in order to solicit funds for purchasing one grinding machine for grinding medicine, and conducting training for three CBO leaders (English course for 3 months)

1.3.2 THE CHARACTERISTICS, BENEFITS, AND CONCERNS OF THE DESIGN CHOSEN.

The design chosen for the survey was cross-sectional design. That was due to the fact that, data was collected at a single point in time. That design was more economical when compared with longitudinal design where the researcher was required to collect data over time and have at least three variations. In that survey, the author met the respondents only once to collect information. By so doing, time and money were served.

1.3.3. THE FOCUS GROUP DISCUSSION.

Focus group discussion is a facilitated discussion among 8 to 12 carefully selected participants with similar backgrounds. Participants might be beneficiaries or program staff. This method is good especially when one is not sure that all participants can read and write. Sometimes the facilitator can observe facial expression of participants and get message even if there is nothing spoken. During discussion one might remember a point and share his views. During focus group discussion, the researcher led discussion while the CBO Chair person was taking notes. The number of participants was 12. The researcher decided to use focus group discussion because it allowed social interaction in the group which produced freer and more complex responses. The researcher could also probe for verification and solicit greater detail. Responses had high face validity due to the clarification of the context and detail of the discussion. A wide range of information was gathered in a relatively short time frame.

1.3.3.1 QUESTIONS

The questions asked aimed at looking for the root causes of the low income of the CBO whereby the following areas were assessed;

- Production capacity of the CBO
- Availability of market opportunities.
- Level of education for CBO members.
- Purchasing power of the ADP to purchase products taken to them by the community members.
- Other challenges that the CBO is facing.

1.3.3. 2. SAMPLING.

A sample is a portion or subject of a larger group called population. The participants of focus group discussion were picked randomly from a group of 52 people.

12 CBO members participated on the focus group discussion.

1.3.3.3 TYPE OF ANALYSIS.

After the focus group discussion the researcher analyzed the information documented during discussion and prepared a report on the findings.

1.3.3.4 FINDINGS

After analyzing the information collected through focus group discussion the findings portrayed that.

- There was no proper market for DAKIKA CBO products.
- The quantity of medicine produced for example was small but sold at a high price.
- The quality of the products is not very good due to poor working facilities.

- The CBO was not able to purchase all materials taken to them by the community members.

1.3.3.5 RELIABILITY

The questions asked during focus group discussion were consistent and strait forward. The language used was simple therefore it was easy for the discussants to provide the information needed.

1.3.3.6 VALIDITY.

The information collected was considered to be valid because the researcher used triangulation. The researcher used triangulation method whereby, two methodologies were used in order to compare results against each other. The researcher decided to use triangulation because that method provided more complete understanding of the behaviour of the study group. Respondents who could not express themselves while filling the questionnaires had time to do so during focus group discussion. Questionnaires are structured instruments. They allow little flexibility to the respondent with respect to response format.

However, during focus group discussion, respondents had time to ask questions for clarification of the context and detail of discussion. That situation allowed them to express their views accordingly.

1.3.4 SURVEY METHOD.

According to (A.Fink & J. Kosekoff :1985) A survey is a method of collecting information directly from people about their feelings , motivations, plans, beliefs, and personal educational, and financial background.

It usually takes the form of a questionnaire that someone fills out alone or with assistance or it can be conducted as an interview in person or on the telephone.

1.3.4.1 SAMPLING

A sample is a portion or subject of a larger group called a population. In that survey, a sample of 52 people was taken this was 26 percent of a population. The sampling method used in that survey was simple random sampling. People were selected at random. That meant that, the people who were selected resembled those who were left. Therefore the researcher got an accurate view of the whole group because the sample was representative. That method was chosen because the population taken was not big. Another reason for choosing that method was that, it served time and money.

1.3.4.2 TOOL

The tool used to collect information in that survey was a questionnaire. The researcher considered that tool suitable because participants were free to express their feelings and provide the needed information. Further more, on questionnaire; individual's response was independent of one another. That is, the respondent's response was not influenced by any other person.

1.3.4.3. QUESTIONS.

The aim of the survey was to describe therefore the questions were structured in a way that helped to gather information which portrayed the root causes for the low income of the CBO. The questions were clearly connected to the purpose of the survey. The survey questions were arranged in a way that, the most familiar ones came first and the least familiar ones followed later. The questionnaire had 12 questions which appeared as follows.

- 2 questions were multiple choices.
- 6 questions were open ended questions.
- 4 questions were closed ended.

1.3.4.4. DATA ANALYSIS.

The data collected was analyzed using excel and SPSS 12.0 for windows program.

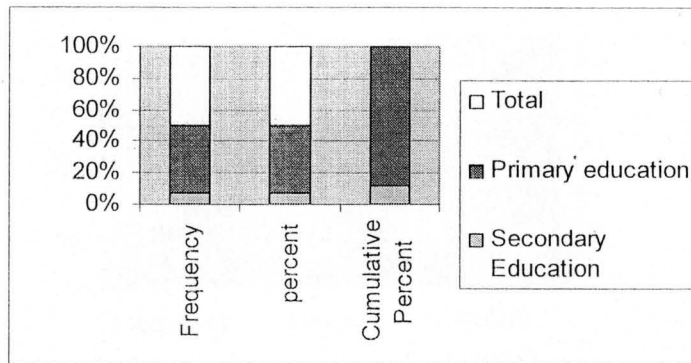
The data collected was recorded as numbers percentages and descriptions. In analyzing the data, tallying and averaging responses, and computation were applied in the form of numbers and percentages. In additional to that, categories, narrations, tables and figures were used.

1.3.4.5 FINDINGS AND DISCUSSION

Table 1 LEVEL OF EDUCATION

Frequency Table

	Frequency	percent	Valid Percent	Cumulative Percent
Valid Secondary Education	7	13.5	13.5	13.5
Primary education	45	86.5	86.5	100.0
Total	52	100.0	100.0	

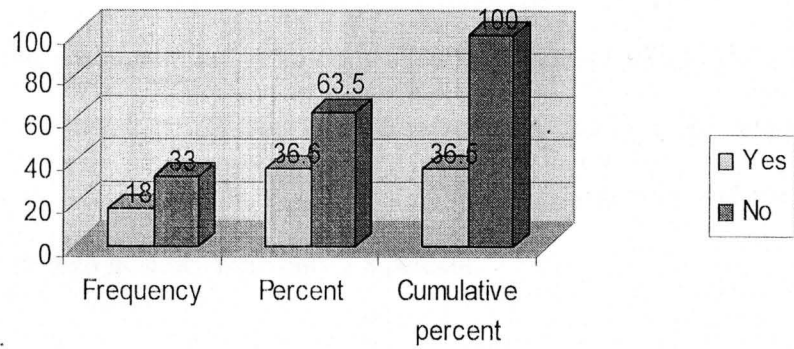


From the research findings it was true that, low level of education affected the CBO's income. According to the findings, 86.5percent of the respondents had not gone beyond primary school education. That became a hindrance to them to communicate and sell their products during trade exhibitions inside and outside the country. Due to that, there was a need to conduct training for CBO leaders on English language.

Table 2

Production capacity

	Frequency	Percent	Valid Percent	Cumulative percent
Valid	1	1.9	1.9	1.9
Yes	18	34.6	34.6	36.5
No	33	63.5	63.5	100.0
Total	52	100.0	100.0	

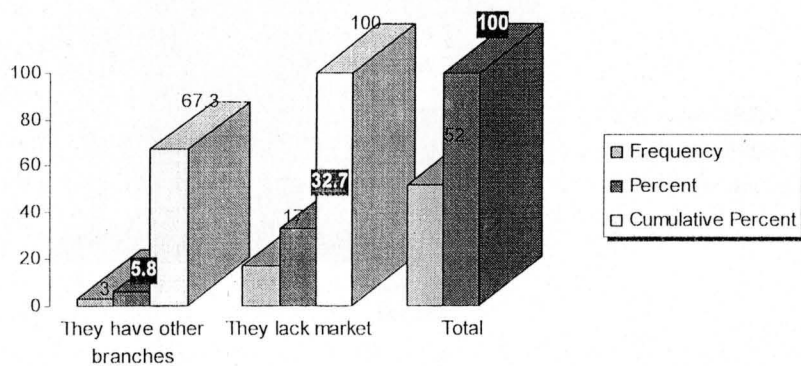


According to the findings DAKIKA was producing little quantities of medicine than expected by the community 63.5 percent of the respondents explained that they expected the CBO to produce more than what the CBO was producing currently but the CBO failed to do so.

Table 3

Reason for producing

	Frequency	Percent	Cumulative Percent
They have other branches	3	5.8	67.3
They lack market	17	32.7	100
Total	52	100	

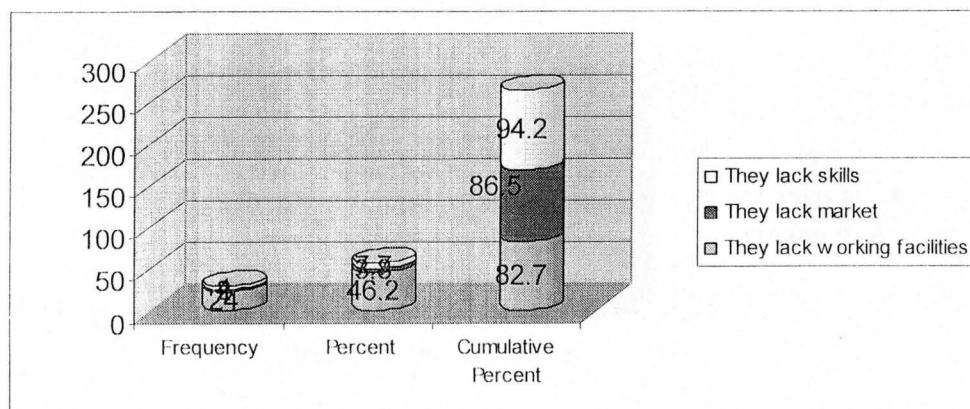


According to the findings there were few people who thought that DAKIKA was producing enough quantities of products. The reason provided by those people was that DAKIKA had other branches to sell their products. Those who said the CBO was producing enough quantity were only 5.8 percent.

Table 4

Reasons for low production

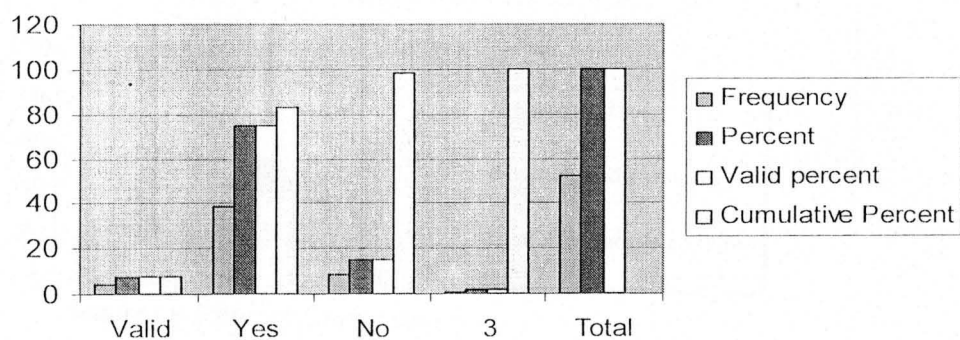
	Frequency	Percent	Valid percent	Cumulative Percent
Valid	19	36.5	36.5	36.5
They lack working facilities	24	46.2	46.2	82.7
They lack market	2	3.8	3.8	86.5
They lack skills	4	7.7	7.7	94.2
5	3	5.8	5.8	100.0
Total	52	100.0	100.0	



From the research findings, it was found that, the main reason for low production of the CBO was poor working facilities. For example the respondents explained that the CBO was pounding medicine manually using a mortar because it had no quality grinding machine. 82.7 percent of the respondents said DAKIKA was using poor working facilities.

Table 5 SEMINAR ATTENDANCE

Have you attended any seminar on marketing techniques				
	Frequency	Percent	Valid percent	Cumulative Percent
Valid	4	7.7	7.7	7.7
Yes	39	75.0	75.0	82.7
No	8	15.4	15.4	98.1
3	1	1.9	1.9	100.0
Total	52	100.0	100.0	

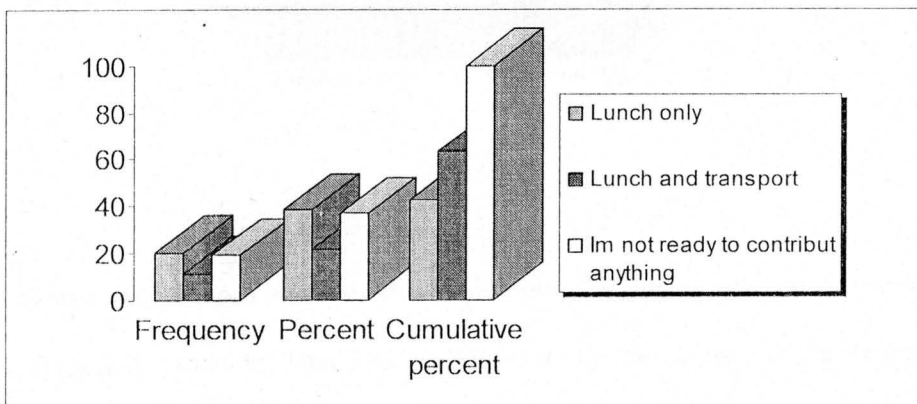


From the analysis it was obvious that majority of the CBO members had not attended any seminar on marketing techniques as a result, they lacked proper skills for marketing their products. 98.1 percent of the respondents said they had not attended any seminar on marketing techniques. That situation led to preparation of one seminar on that topic in order to address that challenge.

Table 6

SEMINAR CONTRIBUTION.

	Frequency	Percent	Valid percent	Cumulative percent
Valid	2	3.8	3.8	3.8
Lunch only	20	38.5	38.5	42.8
Lunch and transport	11	21.2	21.2	63.5
I'm not ready to contribute anything	19	36.5	36.5	100.0
Total	52	100.0	100.0	

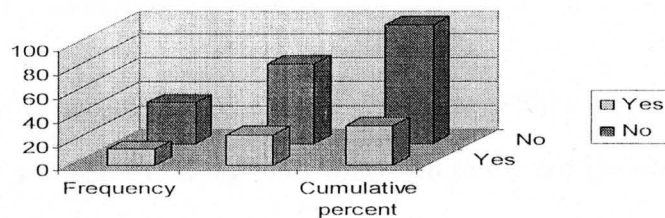


From the findings it was evident that the majority of CBO members were willing to contribute something in order to attend the seminar on marketing techniques if one could be arranged for them. 38.5 percent said they were willing to pay for their lunch in order to attend seminar.

Table 7

Market availability for DAKIKA products

	Frequency	Percent	Valid percent	Cumulative percent
Valid	4	7.7	7.7	7.7
Yes	13	25.0	25.0	32.7
No	35	67.3	67.3	100.0
Total	52	100.0	100.0	

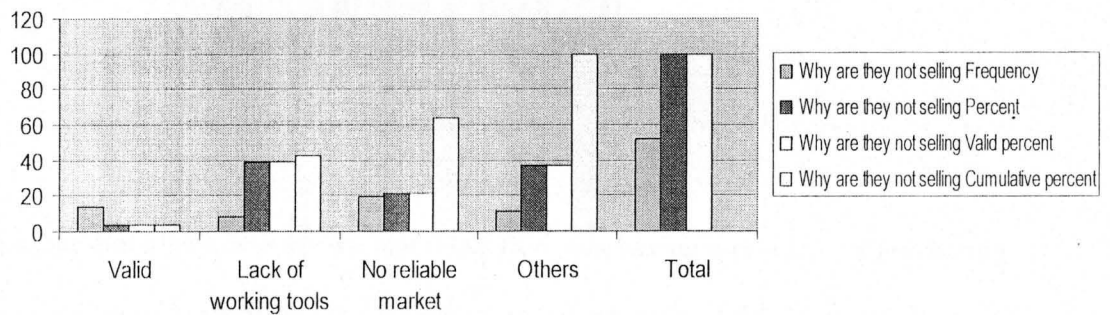


From the research findings it was obvious that there were no reliable markets for DAKIKA products. That was evidenced by the percentage of the respondents. 67.3 percentage of the respondents said there were no reliable markets for DAKIKA products.

Table 9

Why are they not selling

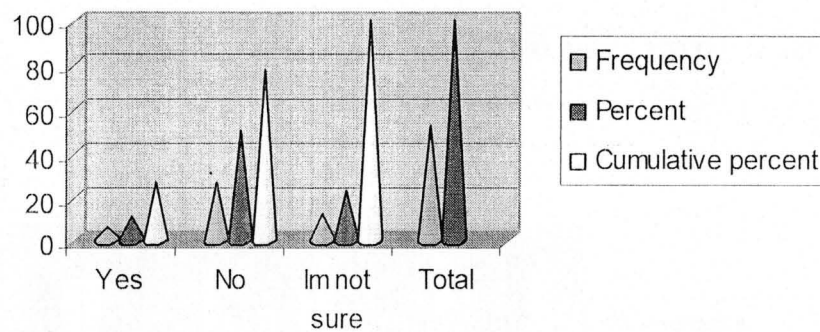
	Frequency	Percent	Valid percent	Cumulative percent
Valid	14	3.8	3.8	3.8
Lack of working tools	8	38.5	38.5	42.8
No reliable market	19	21.2	21.2	63.5
Others	11	36.5	36.5	100.0
Total	52	100.0	100.0	



Research findings portrayed that the CBO was not selling products as expected because it lacked quality working tools which led to the production of poor quality products. 38.5 percent of respondents explained that the CBO was not selling large quantities of products due to poor working facilities.

Table 10**Is DAKIKA purchasing all materials from the community**

	Frequency	Percent	Valid percent	Cumulative percent
Valid	8	15.4	15.4	15.4
Yes	6	11.5	11.5	26.9
No	26	50.0	50.0	76.9
I'm not sure	12	23.1	23.1	100.0

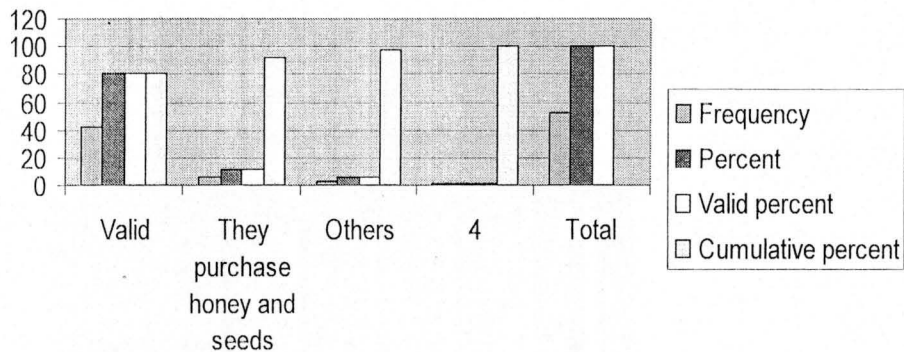


From the findings it was shown that, DAKIKA was having a problem of purchasing materials taken to them by the community members. Some of the respondents said, once they took seeds or honey there, they had to wait for even two months without being paid. 50 percent of the respondents said that the CBO was not able to purchase all products taken to them by the community members.

Table 11

If DAKIKA can purchase all materials give examples

	Frequency	Percent	Valid percent	Cumulative percent
Valid	42	80.8	80.8	80.8
They purchase honey and seeds	6	11.5	11.5	92.3
Others	3	5.8	5.8	98.1
4	1	1.9	1.9	100.0
Total	52	100.0	100.0	



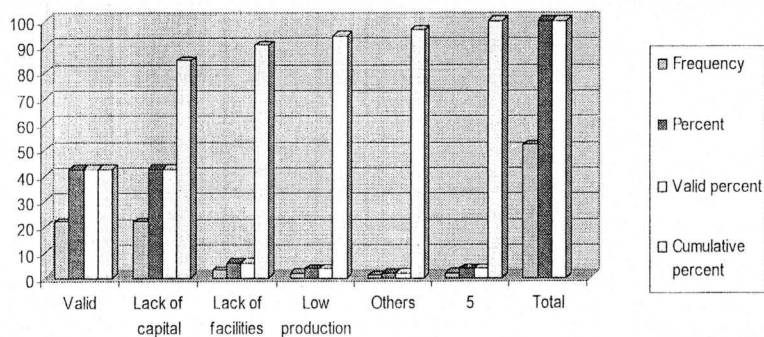
Although some of the respondents thought that DAKIKA was in a position to purchase all materials taken to them by the community member, the research findings did not prove the same. From the examples provided it was only 11.5 percent of respondents who were able to provide examples to prove that the CBO was able to purchase all materials taken to them by the community members.

Table 12.

If DAKIKA cant purchase all materials give examples

	Frequency	Percent	Valid, percent	Cumulative percent
Valid	22	42.3	42.3	42.3
Lack of capital	22	42.3	42.3	84.6
Lack of facilities	3	5.8	5.8	90.4
Low production	2	3.8	3.8	94.2
Others	1	1.9	1.9	96.2
5	2	3.8	3.8	100.0
Total	52	100.0	100.0	

If DAKIKA cant purchase all materials give examples



From the analysis 42.3 percent were able to give examples to prove that DAKIKA was not able to purchase all materials taken to them by the community members. That was the highest percent according to the findings.

1.3.4.6. IMPLICATIONS AND RECOMMENDATIONS.

The results from this survey implied that, although the community members were eager to break the vicious circle of their poverty, they failed to do so due to the challenges that they were facing. One of the methods to overcome such challenges was to formulate integrated promotional strategies that would enable attraction of more buyers and hence increase market opportunities. Another point to be considered was the Government to improve capital base structure in order to ease financial constraints which affected production of local CBOs like DAKIKA.

Since the Government of Tanzania considers improvement in farm incomes of the majority of the rural population as a precondition for the reduction of rural poverty, The government should support the effort of CBOs like DAKIKA in order to achieve its vision of decentralizing development efforts that provide for a modernized agriculture sector, and the creation of an enabling environment for improving agricultural productivity and profitability. Improving farm incomes, reducing rural poverty and ensuring household food security.

CHAPTER TWO

PROBLEM IDENTIFICATION

2.1 INTRODUCTION

Community needs assessment was conducted in order to identify the root cause of the low income for the CBO. The researcher used survey method whereby a questionnaire was chosen as a tool for collecting information. Another method used was focus group discussion. After analyzing the data collected, the findings proved that, low level of education, poor working facilities, lack of marketing techniques and lack of proper market for the CBO products were among the reasons that contributed to the low income of the CBO.

2.2 ROBLEM STATEMENT.

DAKJKA is a local CBO which deals with promotion of traditional medicine. However; it lacks quality equipment for production of its products. As a result, small quantities of low quality are produced. The CBO fails to purchase products taken to them by the community members for production of medicine and other items. The little quantities produced has no proper market to be sold at. This situation impairs the progress of the CBO and of other community members who expect to get their income by selling local materials to the CBO.

The low level of education for CBO members become a hindrance for selling products during trade exhibitions within and outside the country. Due to this situation the CBO finds it difficult to sustain the project. The core problem is low income for the CBO. If those challenges are not addressed, the economic situation of the whole community will continue to deteriorate.

2.3 TARGET COMMUNITY

The project targeted two hundred people within four villages namely: Ngurdoto, Kikatiti, Sakila, and Maji ya chai. DAKIKA is a community project because it originated from the community. Community members themselves initiated the project. That project addressed the needs of the community. Community participation was realized through the way different groups of people within the community were involved for example children, youths, women, men and the aging people. The project was fully owned by the community members therefore it was most likely that it would be sustainable. Community participation contributed a lot to the project because; the project totally depended on the community members for materials used to produce its products.

The community members also depended on the CBO for their income. That was, the CBO created market for what they were harvesting. The project transformed the community members and helped them to realize the significance of the resources which were within their area for along time without being utilized. Those were such as medicinal plants, flours and herbs.

2.3.2 STAKE HOLDERS ANALYSIS

STAKEHOLDERS	DESCRIBE PARTICIPATION	EVALUATION	IMPACT OF PARTICIPATION	RATE	PLAN
I.COMMUNITY MEMBERS	<ul style="list-style-type: none"> - They grew trees and other plants needed for making medicine and sold the materials extracted from those trees to DAKIKA for making medicine -They kept bees and after harvesting honey they sold to CBO. The CBO processed the honey, packed and sold. The left was used for making medicine - The old men collected tree seeds or wild flowers needed for medicine and sold to the CBO. 	HIGH	<ul style="list-style-type: none"> - An increase in household income both for the CBO and community members. - Creation of self-employment for both CBO members and the community. - Sustainability in production of medicine - Strengthened relationships and socialization - The value of trees has increased - Reduced cases of diseases 	Positive	Continued to sensitize the community to grow vegetation, which are not common in the area but useful for making medicine.

STAKEHOLDERS	DESCRIBE PARTICIPATION	EVALUATION	IMPACT OF PARTICIPATION	RATE	PLAN
2. LOCAL GOVERNMENTS	<ul style="list-style-type: none"> - It fed the CBO with information from the government - It stood as a trustee to the organization. - It was a bridge between the CBO and people who visited the village 	MEDIUM	<ul style="list-style-type: none"> - Several visitors had visited the CBO through local government - Provided advice - popularized the CBO 	Negative	Visited the local government and shared views with them about the CBO
3. WODSTA	<ul style="list-style-type: none"> - Sensitized the CBO through different consultants - They make follow up to the CBO to see the progress. - Enabled the CBO to participate in different exhibitions. - This group is the one that provided tree seeds and polythene tubes that the CBO started with. 	HIGH	<ul style="list-style-type: none"> - The sustainability in growing trees. - The CBO was selling seeds to other groups and increased the income. 	positive	Continue to Network with them

STAKEHOLDERS	DESCRIBE PARTICIPATION	EVALUATION	IMPACT OF PARTICIPATION	RATE	PLAN
4. ARECON	-Brought technical personnel who taught the CBO groups about organic farming.	MEDIUM	-There were 8 groups that dealt with organic farming.	Positive	Liaise with them so that more groups are formed.
5. FAIDA	-Facilitated the CBO on how to seek markets and keep financial records.	LOW	No Impact	-	-
6. SCAPA	<ul style="list-style-type: none"> - Facilitated the CBO members on how to grow trees, to prepare nurseries and make terraces (Terraces for the mountain area) - Facilitated the CBO on how to prepare and use organic compost manure - Facilitated the CBO on how to grow trees, grass for feeding cattle and trees suitable for bee keeping 	MEDIUM	<ul style="list-style-type: none"> -The knowledge acquired was used to date - Improved health status of the community members. 	Positive	

STAKEHOLDERS	DESCRIBE PARTICIPATION	EVALUATION	IMPACT OF PARTICIPATION	RATE	PLAN
7. HPI	<ul style="list-style-type: none"> - Dairy cow provision - Facilitated the CBO members on how to make bee hives and fish ponds - Provided rain water harvesting technology - Facilitated CBO on how to make cheese 	HIGH	<ul style="list-style-type: none"> -Improved health status of CBO members - An increase in household incomes. - An increase in hope for people living with HIV/AIDS. 	Positive	
8. ENVIROCA RE.	<ul style="list-style-type: none"> - Provided the CBO with loan worth 800,000 Tsh for purchasing packing facilities and a drier - It allowed the CBO to use their office in Dar to sell medicine. Therefore there was DAKIKA branch in Dar es salaam - They brought visitors to the CBO and when they come they purchased CBOs products. Popularized the CBO in and outside the country. 	MEDIUM	<ul style="list-style-type: none"> - Materials for making medicines dry up even if it's raining and they didn't lose their colors. - It had subsidized costs for renting a house and employing personnel in Dar es salaam. - Increased household income. 	Positive	

STAKEHOLDERS	DESCRIBE PARTICIPATION	EVALUATION	IMPACT OF PARTICIPATION	RATE	PLAN
9.SIDO	<p>- Facilitated the CBO on how to prepare mango pickle.</p> <p>2.SIDO invited DAKIKA when they prepared exhibitions on food processing.</p> <p>3.Provided food processing certificate to the CBO.</p> <p>-Subsidized exhibition costs.</p> <p>-Provided technical advice</p> <p>-Popularized the CBO</p>	MEDIUM	Increased house hold income through selling processed items like honey and mango pickle.		Liaised with them to train CBO on how to process tomatoes.
10. TAWIRI	-Facilitated the CBO groups on bee keeping and how to use products harvested from bee keeping and how to make bee - hives	HIGH	-Availability of honey for medicine production	Positive	Continued networkin g with TAWIRI

2.3.2 Project goal

The project goal was to contribute to an improved economic status to DAKIKA CBO members. It was expected that the project goal would be achieved because the CBO already existed and it was operating. The community members had shown willingness to support the project through the way they had been participating in project activities. The project had low income which was enhanced by lack of marketing skills, poor working facilities and low level of education. The project sought to empower the CBO members with required capacities so that they engaged themselves in economic activities and transform the community where they live.

2.3.3 PROJECT OBJECTIVES

The project had 2 major objectives

1. To conduct one capacity building session for 18 CBO group leaders on marketing techniques by November 06

In order to achieve that objective, the author liaised with the District Trade Officer in order to get a technical person who would facilitate the seminar. There after negotiation was made with the CBO chairperson and having agreed about the cost of the seminar and venue, the chairperson sent information to the targeted people and the seminar was conducted. The costs for running the seminar were shared between the CBO and the author.

2. To prepare one proposal and market in order to solicit funds for purchasing one grinding machine for grinding medicine by Dec 06. Conducting training for CBO leaders (English course for 3 months) by Dec 06. Purchase quality packages by Jan 07. The author sought the information needed for writing a proposal and prepared it. Having prepared it the author sent it to NISI Enterprises, King'ori Area Development Program and Negotiations were proceeding with the District council for the same.

2.3.4 HOST ORGANIZATION

The host organization was DAKIKA. That organization was legally registered and there was no any other organization within the area which was producing traditional medicine.

CHAPTER THREE

3.0 LITERATURE REVIEW

3.1 INTRODUCTION.

This chapter presents theoretical aspect of traditional medicine, empirical literature and policy review. The theoretical literature review shows different definitions of traditional medicine, how traditional medicine is viewed at different levels, that is, globally, in Africa, and in Tanzania. This section shows also the relationship between traditional medicine and poverty alleviation, traditional medicine and environmental conservation, sustainability of traditional medicine and challenges pertaining traditional medicine. Empirical literature portrays different researches that have been conducted on traditional medicine and policy review presents different policies, which support traditional medicine at the national, regional, and international levels.

3.3 THEORETICAL LITERATURE.

3.2.1 Definition.

According to the World Health Organization (WHO:2003), traditional medicine may be summarized as the sum total of all the knowledge and practical, whether explicable or not, used in the diagnosis, prevention and elimination of physical, mental, or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing. Traditional medicine might also be considered as a solid amalgamation of developing countries dynamic medical known-how and ancestral experience.

According to (Isabel Carter: 2001) Traditional medicine is a subject that touches everyone, in our own health. All of us are likely to have experienced some kind of traditional medicine from childhood onwards. Herbal remedies form part of our cultures, but such knowledge is often rapidly being lost. Modern medicine has most of the answers to health problems, but is not always available or affordable. In addition, many countries experience considerable difficulties in obtaining medical supplies.

(Markus Muller and Innocent Balagizi : 2001) state that, There is no one clear, definition of traditional medicine .How ever, there is a huge variety of methods used to treat diseases .These methods are based on personal experience or on knowledge shared, over many generations. Although there might be some good evidence from scientific research for the effectiveness of traditional medicine, people use traditional methods mainly because of their own experience based on their own observations. . This is, in fact, the only common feature of all the different methods of diseases treatment that we call traditional medicine.

Traditional medicine refers to health practices, approaches, knowledge and beliefs incorporating plant, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being (WHO:2003)

3.2.2 The global context

Traditional medicine is widely and increasingly being used in both developing and developed countries. Up to 80% of the population in Africa and 65% in India depend on traditional medicine to help meet their health care needs. Elsewhere, in Asia and in Latin America, historical circumstances and cultural beliefs mean that populations continue to use traditional medicine. In many developed countries, certain complementary and alternative medicine therapies are popular; the percentage of the population that has used complementary and alternative medicine at least once is 48% in Australia, 70% in Canada, 70% in USA, 40% in Belgium and 49% in France. However, comprehensive and reliable data and information about the global use of traditional medicine are not available.

3. 2. 3. Traditional Medicine in Africa.

According to (Alkhidr Abdulbabaqi ;2002)Traditional folk medicine underwent a period of decline and unpopularity that lasted for three decades (from the sixties to the eighties); this is the same period in which African countries experienced the building of a modern state and adopted the western civilization's approach as a model of development in all fields, including medicine. Many factors have contributed to this decline, most important of which are the following: The first one was the increase in the rates of diseases that spread amongst African societies. This increase was interpreted in modern medical circles as a natural result of the people's dependence on developed traditional treatments. The second factor was associating the usage of some traditional medicines with specific pathologic conditions or diseases like the association of anemia with the Apwo formula, which Nigerian

mothers usually give to their suckling babies. The third one was the increasing doubts about the credibility of folk medicine; this was due to not knowing how traditional healers arrived at their medicinal formulas, what the extent of the effectiveness of their medicines was, and how traditional healers could prescribe the same medicine for treating a wide spectrum of similar diseases. The fourth one was questioning the reliance of folk medicine practitioners and traditional healers on superstitious theories, such as necromancy and the attribution of the cause of disease to a formidable force induced through the intervention of a demon inflicting punishment on individuals for crimes they supposedly committed against him or one of the gods. Such theories contradict both the scientific facts of modern medicine and religious beliefs. However, on the late eighties, there was some developments and new phenomena that contributed to reinstating folk medicine as an important and effective means of treatment for many diseases. Some of the development were as follows, first, the emergence of new diseases such as HIV/AIDS, which modern medicine initially concluded had no cure, gave folk medicine practitioners the opportunity to take up the challenge. Many of them declared that they were able to treat the symptoms of the disease, and that they came close to providing a complete cure for it. The second reason was the recognition of effectiveness of traditional treatments by modern medicine specialists, who referred some incurable cases from modern hospitals to the traditional healers whose abilities and skills they trusted. The third one was the co-operation between some doctors and traditional healers in the follow up treatment of some chronic cases. The fourth was the establishment, in various African countries, of unions and associations for folk medicine practitioners and traditional healers, who participated in various forums and conferences, such as

the International Conference for Protection Against HIV/AIDS which gathered about half a million traditional healers in South Africa in 1995. The fifth was the prevalence of exhibitions featuring therapeutic herbs throughout African capitals and cities.

(WHO; 2003) In the past, modern science had considered methods of traditional knowledge as primitive and during the colonial era traditional medical practices were often declared as illegal by the colonial authorities. Consequently doctors and health personnel have in most cases continued to shun traditional practitioner despite their contribution to meeting the basic health needs of the population, especially the rural people in developing countries. However, recent progress in the fields of environmental sciences, immunology, medical botany and pharmacognosy have led researchers to appreciate in a new way the precise descriptive capacity and rationality of various traditional taxonomies as well as the effectiveness of the treatments employed. Developing countries have begun to realize that their current health systems are dependent upon technologies and imported medicine that end up being expensive and whose supply is erratic.

Countries in Africa, Asia and Latin America use traditional medicine (TM) to help meet some of their primary health care needs. In Africa, up to 80% of the population uses traditional medicine for primary health care. In industrialized countries, adaptations of traditional medicine are termed "Complementary" or "Alternative" (CAM).

Traditional medicine is usually rooted in long-standing cultural traditions, takes a holistic approach to health, and is community based. The World Health Organization has long recognized the central role traditional systems of care can play in efforts to provide primary health care, especially in rural areas. This article provides an overview of national policies adopted by African governments following World Health Organization recommendations for the incorporation of traditional and allopathic systems of care. (NANCY ROMERO-DAZA;2003)

3.2.4. Traditional medicine in Tanzania

Utilization of traditional healers and traditional medicine remains widespread in most developing countries, particularly in rural areas. The government of Tanzania has officially recognized the potential contribution of traditional healers, and has established a Traditional Medicine Research Unit within the University of Dar es Salaam to conduct studies in this area. This project will enable the Unit to examine the relationship between the traditional and the formal health systems by means of a survey of the knowledge and attitudes of traditional healers and birth attendants towards modern health practices and health workers; the attitudes of rural people towards traditional medicine and traditional medical practitioners; and the extent to which the rural population relies on traditional healers for medical care. (Evelyn St-Onge; 1999).

Traditional medicine continues to provide health coverage for over 80% of the World population especially in the developing world. In Tanzania traditional medicine is viewed as the most appropriate means of addressing certain health related problems.

Besides providing alternative means of medications yet it can be used as a means for earning income and alleviate poverty for an individual, a group of people or a country at large.

3.2.5 Traditional medicine and poverty alleviation

Currently, 40 percent of Sub-Saharan Africa's population seeks their living in 43 percent of the land mass identified as arid, semi-arid and dry sub-humid. Approximately 25 percent of these lands are classified as degraded as a result of natural and human and livestock actions.

According to the report, responses to land degradation, inadequate healthcare, and identifying new sources of alternative incomes in Sub-Saharan Africa have met with limited success during recent decades. This study views the problem and solution holistically by showing that many indigenous plants in dry lands have multipurpose biological and biotic values that have not been fully exploited.

We are in the middle of the Decade for African Traditional Medicine," said Evans, "however, few actions on the ground have been made in Sub-Saharan Africa to develop either the production or marketing comparative advantage of indigenous medicinal plants."

The study identifies a select number of endemic multipurpose medicinal plants for the Sahel/Sudanian Region and the Kalahari/High-end that could change the situation. The report suggests that these species, if used in community-administered sustainable land management projects, could combine the agricultural aspects with

product development, handling, and market training, thus helping reverse the land degradation trend and reduce the poverty associated with dry lands.

"The global value of herbal medicines is estimated at \$65 billion," Evans added. "If the proposed actions for the African dry lands were to capture only a small share of this value, even one percent, they could bring in \$650 million, which could have a significant impact on both improving the quality of life and rehabilitating traditionally degraded lands. Herbal medicine has gradually become a means of poverty alleviation and economic development. Anselm Adodo, Catholic priest and director of the Pax Clinic and Research Laboratories in Ewu-Esan, Edo State, made the observation when he led a team of the centre on a visit to Newswatch Communications Limited in Lagos recently.

He pointed out that judging from the successful influx and patronage of relatively-expensive foreign herbal medicines by Nigerians, the country would not only enjoy more affordable indigenous alternatives but can generate employment opportunities to cater for the teeming population of jobless citizens if local production of herbal medicines are encouraged. Citing the PaxHerbals experience, he said apart from those hands directly involved in the production process of the herbal preparations, many are engaged as distributors and healthcare providers.

The team was at *Newswatch* to express appreciation for the magazine's extensive coverage of the activities of the centre. Adodo used the visit to highlight some of the achievements of the centre since its inception over a decade ago. They include the building of its ultra-modern complex complete with standard laboratory and

industrial equipment, which aid the production of a wide range of certified, wholly-natural herbal medicinal products.

He said the laboratory is enjoying increasing international recognition as the foremost herbal medicine research and production centre in Africa, as attested to by the recent approval of some of its products by the American Drug Administration, FDA, for consumption in America as food supplements.

He hailed the growing interest the federal government is showing in African traditional medicine, citing the recent government-sponsored visit of newly-appointed ambassadors to the centre in Ewu, shortly before their departure to their respective foreign places of posting. He, however, called for more government support for the sub-sector.

Other speakers at the workshop include Emmanso Asian Umobong, an author and orthodox medical doctor with interest in traditional medicine. Umobong's paper was titled *African Traditional Biology*. Using the parameters of scope of study, nomenclature, essential features and investigative tools etc, he differentiated between traditional and modern biology, emphasizing that the entire body of knowledge found in African traditional biology is divine in origin. He cautioned against the wrongful deployment of African traditional knowledge to diabolic ends.

Zainab Shariff, head, Traditional Medicine Division, Federal Ministry of Health, and member, Presidential Committee on Commercialization of Medicinal Plants, came across, in her presentation, as a self-styled 'modern Africanist.' She urged her

listeners to "look at the positive angles to African traditional medicine which can be commercialized.

"According to her, herbal medicine can be called "the African green gold." She argued for the preservation of original African names for indigenous plants as opposed to their adoptive, foreign scientific or botanical names as they are commonly called.

Shariff announced that a bill on the proposed Traditional Medicine Council has passed its first and second reading at the National Assembly. She explained that the multiplicity of traditional medicine associations militated against the official promotion of the genre of medicine for a long time until the federal government facilitated their streamlining into 13 groups which now constitute the National Association of Nigerian Traditional Medicine Practitioners, NANTMP. (Akutu Ajonye ; 2005)

Here's a dream scenario: Conserve ecosystems by fighting poverty. Sound too good to be true? I was skeptical, too, when I began researching the idea three years ago. But why shouldn't it be so? Ecosystems are the original source of wealth. Close to half of the world's jobs are directly tied to forests, fisheries, farming, and other sources of environmental income. And that share is even higher throughout rural economies in the developing world, where most of the world's poor reside.

Of course, most of the vast wealth of nature ends up in the pockets of the affluent—often extracted unsustainably. But the examples I found showed that, under the right circumstances, environmental income can both be captured by the poor and provide a path out of poverty.

I'm thinking of the case of Nam Pheng village in Laos, where villagers joined in a cooperative plan to sustainably harvest and market cardamom and bitter bamboo—both products of the local forest. Within a few years, income from these forest products brought 10 times the daily wages from slash-and-burn farming. After six years, the village's poverty rate had been halved; diet and nutrition had improved; the death rate for children under 5 had fallen to zero; and the village still had a vital forest.

This example, and many others from around the world, demonstrate that restoring and conserving ecosystems actually increase the environment's power to fight poverty and meet rural development goals such as higher household income, more secure livelihoods, and better education and health.

The truth is, effectively combating poverty requires caring for ecosystems. The environment, after all, is a crucial generator of household income for poor families. Forests alone provide 22 percent of household income to families living nearby, according to a 2004 World Bank study. And most of this income is not from timber, but from non timber products such as fuel wood, wild foods, medicine and fodder for livestock.

The development community has been slow to embrace good ecosystem management as a strategy for poverty reduction. That's unfortunate, because the poverty-alleviation strategies most developing nations have pursued—encouraging urban industries, agribusiness, and large-scale forestry, fishing, and mining operations—have largely failed to deliver jobs or the other benefits of development to rural residents. Even in China, which has lifted 400 million people out of poverty in the past two decades, nearly 150 million people continue to live in poverty, most of them in rural areas.

I believe this kind of positive change has been slow in coming simply because it's hard work. Making the environment an economic stepping stone for the poor requires changes in governance—changes in who controls ecosystems and who gains the benefits and bears the costs of managing them.

Poor families frequently don't control the ecosystems they live in and rely on. Oftentimes ecosystems are owned by the state, even though generations of families may have occupied the land or fished the waters. Successful examples of using ecosystem income to reduce poverty almost always involve reversing this situation, with the state granting local communities some form of legal right to manage and reap the benefits of local resources. This kind of secure resource right helps community members begin to see ecosystems as the valuable assets they are, and provides the rationale for conservation as a community investment. In Fiji, the government has granted villagers management rights to traditional shore-side fishing grounds, and helps villages to draw up and enforce sustainable management plans,

which include no-take zones. One result is a resurgence of clam populations, which are a mainstay of the local diet and a key cash source.

It's high time the development community recognized the power of this approach. Turning ecosystem assets into sustainable income for the poor demands both conservation and good governance that empowers the poor with resource rights.

The evidence I've seen shows this is not an idle dream, but a powerful base for the sustainable growth of rural economies and real progress against poverty. (Gregory Mock ; 2005).

Traditional medicine and poverty alleviation dry land areas in Sub-Saharan Africa have a rich opportunity to use selected multipurpose medicinal plants to halt land degradation, and at the same time provide culturally acceptable healthcare, food and a sustainable source of income by developing rich markets (World Bank report November 3, 2005).

Herbal medicine has gradually become a means of poverty alleviation and economic development. Judging from the successful influx and patronage of relatively expensive foreign herbal medicines by Nigerians, the country would not only enjoy more affordable indigenous alternatives but can generate employment opportunities to cater for the teeming population of jobless citizens if local production of herbal medicines is encouraged. (Akatu Ajonye 2007 July 2nd).

3.2.6. Traditional medicine and environmental conservation

Herbal medicine finds itself at a crossroads. If it continues to become mainstreamed in a commodity-driven health industry, its focus will change from craft-based tradition to globalized industry. On the other hand, if the fundamental importance of tradition to indigenous and no indigenous medicine is respected, ecologic and cultural issues arise. Central here are the issues associated with control of both land and culture.

Many indigenous cultures and their local ecologies are currently threatened by globalization. Historically, successful large corporations have neither respected the environment nor easily acknowledged indigenous claims to land and intellectual property, so no easy resolution of these conflicts seems likely. Our case study of Mapuche medicine allows us to explore the social and cultural conflicts that many practicing herbalists experience. We argue that because of the basic contradictions involved, the protection of cultures and ecologies that underpin the discipline must be made a clear priority. We argue that local cultural traditions are clearly at odds with a globalizing herbal industry. (Tom Jagtenberg ; 2003)

According to Kahemela forest resources play a significant role in the daily lives of many communities. The forests offer many benefits to communities. Some of these are direct benefits such as fuel wood, traditional medicine, charcoal, timber, building poles, and honey. Others are indirect benefits such as water catchments and climate regulations. Although many Tanzanian communities depend on natural resources for their livelihood, former forest policies focused on the protection of the resource from exploitation and the exclusion of people from forested areas. Forest management overlooked the needs of the local communities. This created conflict between

government staff and the communities and resulted in no longer caring about the degradation of their forests. In recent years, managers of the forest resource have recognized that communities need to be involved if forest management is to be sustainable.

The new concept of collaborative forest management is being promoted to enable participation of all stakeholders in forest management. Community –Based Forest Management and Joint Forest management are together known as collaborative forest management. Both approaches involve a partnership between local communities and other stakeholders. The goal of these systems is to improve forest conservation so that there is more equal sharing of benefits among stakeholders.

“By combining indigenous knowledge and modern appropriate technology, communities and researchers can identify sustainable land management practices to halt desertification. Communities can use multipurpose medicinal plants to rehabilitate their degraded lands, and at the same time capture a great share of the increased global value of medicinal plants; both of which will improve the quality of life for some of the most marginalized people in Sub-Saharan Africa. (Warren Evans, World Bank Director of Environment, 2005)

3.3. EMPIRICAL LITERATURE

Traditional medicine in Tanzania is viewed as the most appropriate means of addressing certain problems, not necessary of the same nature as those usually addressed by western medicine. Traditional medicine is not only viewed as the best medicine for some treatments, but that the number of traditional medical practitioner is far greater than that of western medical doctors. Traditional medicine practitioners are plentiful and are culturally accepted as health care providers throughout Tanzania.

3.3.1. Traditional medicine versus Social economic development

Creating awareness, improving investments in research and do it encouraging local manufacturing and export, increase quality and standard awareness of the products and trade information can increase our National export and hence increase earning.

Existence of medicinal plants in the contrary such as *artemisiaannua* and Quinine plants once processed will increase its market value and boost the individual and National economy leading to poverty alleviation.

3.3.2 In Tanzania.

“Traditional health practices in Tanzania have existed for a long time even before the arrival of foreigners. People over the centuries, have developed a wide variety of technologies with due regard to the nature and the ecosystem.

Exploration of medicinal properties of plants, extracts of animals and marine life had created through careful observation, trial and error, a vast heritage of knowledge of

expertise in different ethnic cultures of civilizations. In Tanzania over 60% of health seeking populations have traditional leader as the first point of contact. Likewise majority of people depends on traditional medicine for primary health care. Currently, it is estimated that there are about 75,100 traditional health practitioners in the whole country, exemplifying a ratio traditional health practitioner/population as 1:400, while that of doctors/patients is 1:20,000, of this great task of traditional health practice the practice constitute the main part of their daily earning.

3.3.3 Women and traditional medicine in Sudan.

This project shows the role of medicinal, culinary and aromatic plants in the conservation of natural resources and in the generation of income for rural women. In most parts of the Sudan, women constitute the principal labor force for both cash and food production 80% of women in most rural areas of the Sudan work in agricultural activities. However, men are also involved on this programme under discussion

The traditional medicine plays a very significant role in the Sudan. Only 11% of the population has access to formal medical care, the majority of the population's main medical source is traditional and herbal medicine.

Due to the economic deterioration of the Sudan, women have been facing increased responsibilities. Thus, more women must work in addition to caring for the family. Due to the massive rural -- urban and foreign migration of men, more women have become the head of households

Medicinal and Aromatic Plants play an important role in generating income for women in the Sudan. Thus, women's income can be generated from their participation in the following examples:

1. Cultivation Activities of medicinal plants
2. Collection and selling of wild medicinal plants
3. Small retailers of MCA plants
4. The milling of spices

3.3.4. Kakamega forest integrated conservation project alternative income generating activities

This project is conducted in Kenya

The Kakamega integrated conservation Project promotes income generating strategies that meet the community's economic needs while enhancing ecological success by reducing pressure on the Kakamega forest's biological resources. These strategies include the training of farmers and women's groups, farmer –to- farmer training and technology transfer and assistance from ICIPE to farmers in marketing the products. The project has set up 11 (eleven) co – operative societies to facilitate implementation of the income generating programs within the community.

3.3.5 Commercial cultivation of medicinal plants

The uncontrolled collection and sale of large quantities of plant material from the forest leads to the destruction of many forest plants. Local communities, traditional medicine herbalists and herbal medicine vendors popularly collect roots, bark and whole shrubs.

The project has introduced a new action plan to support sustainable utilization of medicinal plants. Farmers have been mobilized to practice on- farm cultivation of selected medicinal plants.

This results in reduced pressure on forest herbal medicine while providing alternative income to the local community. Candidate medicinal plants for on - farm cultivation and commercialization were selected on the basis of their product effectiveness, toxicity, propagation potential as well as product market evaluation. Extensive agronomic studies accompanied the selection process.

More than 500 members of the community adjacent to Kakamega forest were trained in methods of cultivating M. Whytei on farm (this is the type of plant that cure several diseases. (<http://www.Fao.org/sd/2003/PE>)

3.3.6 Constraints faced by women and men running MCA plant activities

There are many different categories that are running MCA activities:

- The herbalists (healers) category: healers have a considerable knowledge of herbal medicines which can be developed and applied generally in the treatment of common ailments, it is not easy to work with them and they do not readily release the information they know about medicinal plants.
- Some believe that this knowledge is family property, to be inherited and never shared with others. Others believe that it is a secret to be kept, since releasing the knowledge will cause the vanishing of its medicinal value. This has led to a complete misunderstanding of

these herbalists and complicated the assessment of the constraints they face. A dialogue between herbalists and modern health workers is important and will bring about mutual understanding, trust and cooperation.

- The category of men and women who work with the cultivation of MCA plants: Wages are very low and are either paid on a daily or seasonal basis. Options regarding the cultivation of more land areas and planting for additional seasons have yet to be studied. More extension programmes are required for the benefit of the owner and, consequently, those who work with him/her. More attention must be paid to extension programs directed towards women.
- Collectors category: Many men and women work as collectors of wild MCA. Extension programs on the best methods of collection must be carried out to minimize the loss of unwanted wastes. Vendors, who buy these plants to sell them to others, lack the information on market demands nationally as well as internationally.

3.3.7 Overview on Medicinal plants and Traditional Medicine in Africa

The interest in traditional knowledge is more and more widely recognized in development policies, the media and scientific literature. In Africa, traditional healers and remedies made from plants play an important role in the health of millions of people. The relative ratios of traditional practitioners and university trained doctors

in relation to the whole population in African countries are revealing. In Ghana, for example, in Kwahu district, for every traditional practitioner there are 224 people, against one university trained doctor for nearly 21,000 people.

The same applies to Swaziland where the ratios are for every traditional healer there are 110 people while for every university trained doctor there are 10,000 people.

3.3.8 KENYA

Traditional medicine started being incorporated into Kenya's national health policy framework in the late 1970s. Kenya's Development plan 1989 – 1993 (34) recognized medicine and made commitment to promoting the welfare of traditional medicine. The ministry of health or provincial authorities require the registration of traditional medicine practitioners. In 1999, Kenya's patent law was revised to include protection for traditional medicines.

use traditional alternative medicine.

3.3.9 BOTSWANA

Practitioners of traditional medicine provided the only health care services available in most of Botswana until the first part of the decade following independence 95% of people living in rural area depend on traditional medicine practitioners.

3.3.10 GAMBIA

Gambia has official legislative/regulatory texts governing the practice of traditional medicine. There is a licensing process for traditional health practitioners and some traditional medicine practitioners are involved in Gambia's primary health care programme.

3.3.11 BENIN

Eighty percent of the population relies on traditional medicine. There is a licensing process and a registry of traditional medicine practitioners in Benin. Local officials are allowed to authorize the practice of traditional medicine

3.3.12 SENEGAL

PROMETRA is an international organization dedicated to the preservation and restoration of African traditional medicine and indigenous science. It is an institution of scientific and cultural research, medical practice and is an instrument for African integration and international relations. Our purpose is to preserve African traditional medicine, culture and indigenous science through research, education, advocacy and traditional medical practice. PROMETRA International has twenty-two (22) chapters throughout Africa, Europe, the Caribbean and USA. All chapters are officially recognized by their governments, and all chapters (except the USA) are associated with organizations of traditional health care practitioners. PROMETRA International conducts scientific research, hosts international conferences and cultural exchanges, publishes a quarterly bilingual journal entitled *Medecin Verte*, and coordinates a continent wide network of organizations promoting African traditional medicine and culture. PROMETRA International partners with academic institutions throughout Africa, USA, Polynesia and Europe.

In developing countries, modern health care is often defined by its absence missing physicians, staff, equipment, hospitals. Where facilities exist, medical bills are unaffordable for most of the population. The price of modern medications keeps

increasing and moving even farther out of the reach of the people. In the face of this reality, we think it appropriate to draw inspiration from the past to meet the medical needs of the present and to build for the future. We feel that Africa has a fundamental role to play in the search for solutions to our health problems, and we have long urged the world to take a closer look at traditional medicine.

As evidenced by the recent WHO Global Strategy on Traditional and Alternative Medicine, it appears that the developed world is beginning to pay attention.

We have been working since 1971 to restore and preserve African traditional medical practices with individual healers, at our Experimental Center for Traditional Medicine (CEMETRA) in Fatick, Senegal, and with our partners in other countries in Africa and around the world. We began our project in the Fatick region of Senegal because the people there had managed to preserve their traditions of traditional medicine despite centuries of external exploitation, poverty and drought.

After 14 years of field activities, PROMETRA created the Association of the Sine Traditional Healers (Malango) in 1985. Malango is chaired by a regional board that oversees local boards of rural communities. The villages within each rural community also have their own boards. This structure allows efficient dissemination of information from the villages up to the region. Every board has two specific commissions: a penalty commission and a commission against charlatanism. Today, the Malango association has over 555 members, 22% of whom are women. Traditional healers, traditional priests, worship leaders, and soothsayers from all regions of the country are all eligible for membership in the association. Healers are

the custodians of customs and traditions in Africa and deliver health care and health education to the majority of the population. The objective of the Malango healers is to practice their healing art freely and to be part and parcel of the national health system. Therefore, they are committed to any actions aiming at the legalization of traditional medicine. The Malango healers work in collaboration with other healers' associations in Senegal and throughout Africa.

They usually bring their technical assistance to newly created healers associations and involve other healers in their own projects.

PROMETRA International currently conducts scientific research in the areas of HIV/AIDS, diabetes mellitus, viral hepatitis and dermatosis. Clinical observational studies are conducted at the Center for Experimental Traditional Medicine (CEMETRA) in Fatick, Senegal. CEMETRA is a regional center of excellence where all studies are performed under the supervision of an international Scientific and Legal Advisory Committee composed of international scientists, academicians, lawyers, patients and traditional practitioners. CEMETRA boasts the fourth best equipped laboratory in the Republic of Senegal.

PROMETRA International performs training of traditional practitioners throughout Africa with a scientifically based curriculum, entitled FAPEG. This curriculum covers the topics of HIV/AIDS, maternal and child health issues and natural family planning. Since 1999, 5,100 traditional healers have received training through this participatory, culturally specific curriculum.

3.3.13. Communication and network activities

PROMETRA International publishes a bilingual (French and English) scientific journal, *Medecin Verte*, maintains an active web site and produces video documentaries on the topics of African traditional medicine and African culture. A network of officially recognized traditional medicine organizations has been developed and maintained for the purposes of education, research, advocacy and public policy. PROMETRA International's goal is to improve the health and well being of Africa through the use of quality traditional medicine and indigenous science. PROMETRA advocates for the legalization of traditional medicine and the intellectual property rights protection of traditional knowledge

3.4 POLICY REVIEW

3.4.1 Introduction

In the broadest sense of the term, policy can be defined as discourse that is as an ensemble of norms, rules, views, ideas, concepts of values that govern practice and behavior, and interpret social and environmental realities. This suggests that the expressions and instruments of policy can be both formal and informal, and that the manner in which policy issues are discussed and framed in discourse is in itself significant

3.4.2 Worldwide

Each year the World Health organization (WHO), receives an increasing number of requests to provide standards, technical guidance, and informational support to member states elaborating national policies on traditional and complementary/alternative medicine. The WHO encourages and supports member states to integrate traditional and complementary/alternative medicine into national care systems and to ensure their rational use.

Facilitating the exchange of information between Member states through regional meetings and the publication of documents, the world health assists countries in sharing and learning from one another's experiences in forming national policies on traditional and complementary /alternative medicine and developing appropriate innovative approaches to integrated health care.

In 1998, the World Health Organization Traditional Team issues the publication "Regulatory situation of Herbal Medicines.

3.4 .3. Legal status of Traditional medicine.

The 1998'sdocument provided information on the regulation and registration of herbal medicines as it summarizes the policies enacted in different countries of indications of the variety of models adopted by national policy – members intended to facilitated sharing of information between nations as they elaborate policies, regulating traditional medicine or complementary as they elaborate policies regulating traditional medicine and complementary as they develop integrated national health care systems.

3.4.4. National institutes for medical research

“The role of traditional knowledge (TK) National Economy:

The importance of Traditional medicine in Tanzania”

- The future social economic situation due to traditional medicine
- Trade med related products in Tanzania is bright due to
- Government recognition (by having the policy on traditional medicine as well as the traditional medicine and alternative medicine
- Existence if many plants known highly potent medicinal plants.
- Existence of business to among people within the country outside.

Creation of awareness over the importance of traditional medicinal trade will contribute towards poverty alleviation.

3.4.5. Policy in Tanzania.

In act 1970 the national institute for Medical Research (NIMR) through the parliamentary act No. 23 of 1979 was established, among others things the institute was charged with responsibility of carrying out research in traditional medicine so to quicken the Government vision of integrating traditional medicine in the primary health care.

In July 2000 department of traditional medicine was officially established. However, the true functioning of department started in 2003 when NIMR recruited a core group of scientists and technicians to write at the department.

3.4.6 Government versus traditional medicine in the Sudan

It is very interesting to learn that the Government is very much concerned with this issue that it has established a Research institute. The Medicinal and Aromatic Plants Research Institute (MAPRI)

The institute (MAPRI) carries out training courses out for herbalists (men and women). 40 people have already graduated. Out of those only 2 were women while the rest were men.

- The training course includes lectures and many topics in the areas of medicinal plants.
- MAPRI also publishes extension materials in how to grow some important medicinal and aromatic plants
- The government performs many extension programs, especially in large areas, but most of them are directed exclusively towards men. Extension programmes directed at women are only focused on home economic issues

The 2002 World Summit on Sustainable Development (WSSD). Reaffirmed many of the commitments and principles adopted in Rio and promoted the concept of partnerships. One of the most significant developments that have taken place recently on the international scene in the field of natural resources governance is the adoption of the Convention on Biological Diversity (CBD). This significance lies in its forces traditional knowledge practices, in the fact that it is legally binding and in an approach that goes beyond indigenous groups and includes all local communities in the conservation of biological diversity and in the sharing of benefit derived from the use of these resources. Article 8(j) of the convention commits parties to:-

“Subject to (their) national legislation (to) respect/preserve and maintain knowledge, innovations and practice of indigenous and local communities embodying traditional lifestyles relevant for the conservation and sustainable use of biological diversity and promote their wider application with the approval and involvement of the holders of such knowledge, innovation and practices and

encourage the equitable sharing of the benefit arising from the utilization of such knowledge, innovations practices.

Similarly, Articles 10 © stipulates that each country should. “protect and encourage customary use of biological resources in accordance with traditional cultural practices that are compatible with conservation or sustainable use requirements; support local populations to develop and implement remedial action in degraded acres where biological diversity has been reduced; and encourage cooperation between its governmental authorities and its private sectors in developing methods for sustainable use of biological resources.

3.4.7 National Micro-finance Policy (2000)

The objective of the National Micro-finance Policy (2000) is to establish a basis for the evaluation of an efficient and effective micro-finance system in the country that services the low-income segment of society, and thereby contribute to economic growth and reduction of poverty by:

- (i) Establishing a frame work within which micro-finance operations will develop
- (ii) Laying out principle that will guide operations of the system.
- (iii) Serving as a guide for coordinated intervention by participants.
- (iv) Describing the roles of the implementing agencies and the tools to be applied to facilitate development.

Under the policy, the Bank of Tanzania (BOT) has overall responsibility for regulation and oversight of the micro-finance sector.

This provides an opportunity for CBOs to get revolving loans for supporting their activities.

Other efforts made include the formation of the:

- i. National Poverty Eradication Strategy (NPES) which led to the formulation of the Poverty Eradication Policy.
- ii. Poverty Reduction Strategy. This strategy is viewed as a vehicle to scale up national ownership of development policy toward the attainment of the national development agenda articulated in the vision 2025, the National Poverty Eradication Strategy (NPES) and the medium term plan for growth and poverty reduction (MTP,2003)
- iii. Rural development strategy (RDS)
- iv. Agriculture sector development strategy(ASDS)

The Government of Tanzania considers improvement in farm incomes of the majority of the rural population as a precondition for the reduction of rural poverty. Its vision is for decentralized development efforts that provide for a modernized agriculture sector, and the creation of an enabling environment for improving agricultural productivity and profitability. Improving farm incomes, reducing rural poverty and ensuring household food security.

Although the majority population in Tanzania depends on agriculture for income and subsistence, yet the sector has been facing a number of constraints in the past. Such constraints have made it difficult to reduce rural poverty. The sector has suffered from inadequate out reach to the rural poor, insufficient participation of communities in the planning process resulting in supply driven programmes, declining agriculture

productivity due to lack of adequate resources such as water, and irrigation systems, improved technology, improved rural infrastructure and marketing opportunities. In response to those challenges several strategies have been laid down at the national and international level as highlighted previously.

3.4.8 Public policy.

Public policy refers specifically to the deliberations and directives of actions taken by governments of nation states, including local government agencies and institutions. By extension, public also refers to the deliberations and directives of action established and adopted by inter-governmental agencies and institutions, including international conventions. But policy is more than a set of goals and procedures. It encompasses instruments and process such as mechanisms of resource allocation; Institutional arrangements and procedures for public and non-governmental institutions; legal and regulatory frameworks applied by the state; and access, quality, efficiency, and relevance in the delivery of public services.

Policy-making and implementation are inherently political processes, which define a society and reflect its fundamental values and structures.

The process of policy-making (who makes policy and how it is made determines and mirrors the functioning of that society. Policy-making is the privilege of the dictator in an autocratic society. Between these two extremes, there exists a diversity of systems of governance and policy making process that is more or less participatory.

Policies that create environments favorable to co-management seem to pursue three types of goals. The first goal is sustainability, seeking human activities and resource

use patterns compatible with ecological sustainability. The second goal is equity, securing the rights of people and communities, enhancing social and economic benefits, and combating inequalities such as the ones responsible for poverty and exclusion. The third goal is good governance, empowering civil society in decision-making and democratizing government institutions and structures, and markets. Ideally, these goals should be pursued in an integrated and coherent fashion.

In the real world, however, this is more the exception than the rule. Yet co-management approaches can still be fostered and supported by limited and sectoral policies, such as policies, that address only one of the above goals or even just a sub-area within any one of these broad concerns, such as:

- Building the capacities of any relevant actor in a variety of ecological and social communication initiatives and soliciting the active participation of disfavored groups; recognizing and preserving rights, securing tenure or allocating entitlement through devolution mechanism.
- Managing resource use conflict and harmonizing conservation with resources use and human development.
- Optimizing, sharing and fairly sharing the social and economic benefit generated from the use of natural resources.
- Strengthening the identify and culture of indigenous peoples and local communities in particulars regarding customary rights on natural resource management and conservation.
- Fostering the appreciation of cultural diversity, in particulars through different ways of satisfying human needs and managing natural resources respectful of customary laws and practices.

- Policing limits on the concentration of economic power, both nationally and internationally and promotion and state responsibility.
- Safe guarding local communities, institutions and economies, against the negative impacts of unchecked globalization.

Therefore it's obvious that, the policy instrument that are of relevance for co-management extend beyond the regulation of institutional partnerships or the protection of the environment, co-management support policy deals with ecological sustainability, live-hoods, democratically and accountable institutions, social justice and equity in the political and economic arena. In order to succeed in environmental conservation, all stakeholders should participate fully and work collaboratively.

The agenda 21, adopted at the 1992 UN conference on environment and development, called for effective participation in all the elements of planning and development in particular.

- Chapter 8 (Integrating environment and development in decision making) states that “ an adjustment or even a fundament reshaping of decision-making in the light of country specific conditions, may be necessary if environment and development is to be put at the centre of economic and political decision-making, in effect-achieving full in integration of these factors.
- Chapter 23 (strengthening the role of the major groups identifies in the “specific context of environment and development) the need for new farms of participation” and notes “the need of individuals, groups and organizations to

participate in decisions, particularly those that affect the communities in which they live and work.”

- Chapter 26 (recognizing and strengthening the role of indigenous people and their communities, active participation is called for to incorporate their “value, view and knowledge.
- Chapter 37 (national mechanism and international cooperation for capacity – building states that, “as an important aspect of overall planning, each country should seek internal consensus at all levels of society on policies and programs needed for short and long-term capacity building to implement it’s Agenda 21 program

This consensus should result from a participatory dialogue of relevant interest groups and lead to can identification of skill gaps institutional capacities, technological and scientific requirements and resource needs to enhance environmental knowledge and administration to integrate environment and development”

It is important to maintain knowledge, innovations and practice of indigenous and local communities embodying traditional lifestyles relevant for the conservation and sustainable use of biological diversity and promote their wider application with the approval and involvement of the holders of such knowledge, innovation and practices and encourage the equitable sharing of the benefit arising from the utilization of such knowledge, innovations practices.

Similarly, Articles 10 © stipulates that each country should. “protect and encourage customary use of biological resources in accordance with traditional cultural

practices that are compatible with conservation or sustainable use requirements; support local populations to develop and implement remedial action in degraded acres where biological diversity has been reduced; and encourage cooperation between its governmental authorities and its private sectors in developing methods for sustainable use of biological resources.

3.4.9. Conclusion.

From different readings which were reviewed by the author it was realized that, there were other projects which were doing what DAKIKA was doing. Those were such as The Kakamega integrated conservation project that promoted income generating strategies that met the community's economic needs while enhancing ecological success by reducing pressure on the Kakamega forests's biological resources .The project had introduced a new action plan to support sustainable utilization of medicinal plants .Farmers had been mobilized to practice on -farm cultivation of selected medicinal plants. That resulted in reducing pressure on forest herbal medicine while producing alternative income to the local community. Another project was, Women and traditional medicine in Sudan . That project portrayed the role of medicinal, culinary and aromatic plants in the conservation of natural resources and in the generation of income for rural women. Both projects show how cultivation of medicinal plants can help in environmental conservation and at the same time stands as an alternative source of income generation. What DAKIKA was doing could help in alleviating poverty because there were several policies at the national, regional and international level which was supporting what the CBO was doing for example WHO and others. The case studies cited proves the same.

CHAPTER FOUR

4.0 PROJECT IMPLEMENTATION

Implementation implies carrying out what has been planned. This section provides both the original plan and the actual implementation and a report of what was accomplished. The expected products and outputs, planning charts, responsible persons, the inputs needed to accomplish the objectives, staffing pattern and budget summary will also be presented under this section.

4.2 PRODUCTS AND OUTPUTS

The following were the expected products and outputs that would have been accomplished by the end of the second year;

- Capacity building session conducted for 18 CBO leaders.
- Fundraising proposal prepared and marketed,
- One grinding machine purchased.

4.2 PROJECT PLANNING.

The researcher planned to meet the CBO chairperson and plan together on how the seminar could be conducted. From that meeting they would decide on the venue for conducting seminar, costs for the seminar, how seminar participants could be informed and who would facilitate the seminar. The researcher planned to prepare a fundraising proposal and the marketing process was expected to be conducted in a collaborative way whereby the researcher would work with CBO leaders to market it. After the proposal had been marketed the funds obtained would be used to purchase one grinding machine for milling medicine and to pay fees for 3 CBO leaders who would undertake a short English course.

4.2.1 PROJECT PLANNING TABLE.

Activity	Project month																		Resources	Person	
																			Needed	Responsible	
	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sept 06	Oct 06	Nov	Dec 06	Jann 07	Feb 07	Mar 07		
1. Identification of the CBO	X																			Time /Funds	CED Student
2. Community needs assessment		X																		Human resources	CBO Leaders CED student
3. Problem identification			X																	Human resources/ Funds / Time	CBO leaders CED student

Activity	Project month																	Resources Needed	Person Responsible
	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sept 06	Oct 06	Nov	Dec 06	Jan 07	Feb 07	Mar 07
4. Visit CBO groups			X															Human resources / Funds / Time	CBO leaders CED student
5. Write fundraising proposal										X		X						Human resources / Funds / Time	CBO chairperson CED Student
6. Market the proposal							X	X	X	X								Human resources / Funds / Time	CBO chairperson CED Student

Activity	Project month																	Resources	Person		
																		Needed	Responsible		
	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sept 06	Oct 06	Nov	Dec 06	Jann 07	Feb 07	Mar 07		
10. Share finding of evaluation reports with CBO leaders																			X	Human resources/ Funds / Time	CBO chairperson CED Student

4.2.1.1 IMPLEMENTATION PLAN.

<u>Objectives</u>	<u>Activities</u>	<u>Resource required</u>	<u>Responsible Person</u>	<u>Timeframes</u>
To conduct capacity building session for 18 CBO leaders.	Conduct a brief meeting with the CBO chairperson in order to make arrangements on how the seminar could be conducted.	Seminar facilitator, venue, stationeries, funds for meals, transportation and communication costs,.	CBO chairperson and CED Student.	Sept-October /06
To prepare one proposal for fundraising and market <u>it</u> .	Review the historical background for DAKIKA CBO in order to get all relevant information and <u>start writing a proposal.</u>	Human resource, funds and time.	CED Student	June –August/06

4.2.1.2 INPUT NEEDED IN ORDER TO ACCOMPLISH THE OBJECTIVES

Financial resource is required in order to purchase one grinding machine and to pay for 3 CBO leaders who will attend English course. Human resource is needed in order to accomplish planned activities. Technical support is needed in order to contribute to an improved quality of traditional medicine produced.

4.3 STAFFING PATTERN

The CBO had no any employee who had been employed. However, the author recommended that, there should be a facilitator who would provide technical support. A facilitator could be hired temporarily or employed on contract basis. The author recommended also that, beside the CBO leaders being capacitated on how to keep financial record, the CBO should hire an accountant/ or equivalent person to conduct audit in order to get a clear picture of how the CBO was performing.

4.4 Estimated Project Budget

Activities	Sources	Amount Tshs
1. Identification of the CBO	CED Student	10,000
2. Community needs assessment	CED Student / members	50,000
3. Problem identification	CED student/ CBO members	50,000
4. Visit CBO groups	CED student	100,000
5. Write fundraising proposal	CED student	50,000
6. Market the proposal	CED student/ CBO members Committed donors	500,000
7. Procure one grinding machine	CBO members /committed donors	1,500,000
8. Plan capacity building for CBO leaders	CED Student/ Local Government	200,000
9. Conduct evaluation (formative and summative)	CED student/ Local government / CBO members	300,000
10. Share finding of evaluation reports	CED student/ CBO members	50,000
TOTAL		2,810,000

4.4.1 ACTUAL BUDGET TO DATE

Activities	Funds /Sources	Amount Tshs
1. Identification of the CBO	CED Student	10,000
2. Community needs assessment	CED Student / members	40,000
3. Problem identification	CED student/ CBO members	50,000
4. Visit CBO groups	CED student /CBO	200,000
5. Write fundraising proposal	CED student	20,000
6. Market the proposal	CED student/ CBO members Committed donors	10,000
7. Procure one grinding machine	CBO members /committed donors	-
8. Plan capacity building for CBO leaders	CED Student/ Local Government	96,900
9. Conduct evaluation (formative and summative)	CED student/ Local government / CBO members	30,000
10. Share finding of evaluation reports	CED student/ CBO members	-
	TOTAL	456,900

4.5 PROJECT ACTUAL IMPLEMENTATION

The project was implemented by the CBO members in collaboration with other stakeholders for example community members, SIDO, Arumeru District Council and CED student. The CED student played a role of a technical advisor on the process of project implementation.

4.5.1 PROJECT IMPLEMENTATION REPORT NARRATION

Due to the limitation of time, the author did not manage to accomplish all that was to be done. However, the implementation started after the community needs assessment and data analysis had been done. After data analysis, the author shared the findings with the CBO leaders and laid down strategies on how to start implementation to deal with those challenges. Among other challenges, low level of education for CBO leaders, lack of grinding machine, lack of quality packing facilities, low capital and lack of marketing techniques were found to be the major ones. The author started writing a proposal for fundraising while proceeding with seminar preparation. It was very unfortunate that, when the author contacted the District trade officer, he had a very tight schedule therefore it was not easy to get an opportunity for facilitating the seminar. Due to that, the seminar had to be postponed. However, the author was assigned a contact person with whom they planned the seminar. The author started negotiating about how the proposal that was under preparation could be marketed in order to solicit funds. When the author visited the office (trade officers) for the second time, they had a discussion on how the seminar could be conducted.

When both sides were satisfied with preparations the seminar was conducted. The seminar participants were facilitated on how to plan before engaging themselves in any type of business. For example, it was explained that, before starting any business, one had to think about how to get the capital, where were the market opportunities, business license, how to market products and to keep records.

After completion of the proposal, the author submitted it to King'ori Area development office for consideration, NISI INTERPRICES and also liaised with the District trade officer about the same and follow ups were still being made in order to make sure that the funds are secured in order to accomplish the rest of the activities.

4.5.2 IMPLEMENTATION GANTT CHART.

PROJECT IMPLEMENTATION	Project month																		Resource s used	Person Responsible	
	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sept 06	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	Timing funds	CED Student / CBO Members
1. Identification of the CBO	X																			Timing funds	CED Student / CBO Members
2. Community Needs assessment		X																		Timing funds	CED Student / CBO Members

PROJECT IMPLEMENTATION	Project month																		Resource s used	Person Responsible	
	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sept 06	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	Timing funds	CED Student / CBO Members
3. Problem identification			X																	Timing funds	CED Student / CBO Members
4. Visit CBO groups			X			X			X				X		X					Timing funds	CED Student / CBO Members
5. Write fundraising proposal														X	X					Timing funds	CED Student / CBO Members

PROJECT IMPLEMENTATION	Project month																	Resource s used	Person Responsible		
	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sept 06	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	Timing funds	CED Student / CBO Members
6. Market the proposal															X	X	X			Timing funds	CED Student / CBO Members
7. Conduct capacity building for CBO group leaders																X				Timing funds	CED Student / CBO Members/ District trade Officer

PROJECT IMPLEMENTATION	Project month																		Resource s used	Person Responsible	
	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sept 06	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	Timing funds	CED Student / CBO Members
8. Procure one grinding machine																				Timing funds	CED Student / CBO Members
9. Conduct formative evaluation																		x		Time funds, human resourc e	CED Student/ CBO members

PROJECT IMPLEMENTATION	Project month																		Resource s used	Person Responsible	
	Sept 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sept 06	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	Timing funds	CED Student / CBO Members
10. Conduct summative evaluation																			x	Time, funds, resourc e people	CED Student/ CBO members

4.5.3 CONCLUSION.

Although the researcher did not manage to accomplish all that was expected yet it was expected that CBO members could use the knowledge acquired during the seminar to seek new markets and increase their income. The researcher expects that, the CBO will make effort to get an accountant or an equivalent person who will provide technical support in order to know how the CBO is fairing financially. Otherwise what the CBO is doing is vital because they conserve the environment and use the products of good conserved environment to produce medicine. The medicine produced contributes to an improved health status of the community members and Increased income at household level.

CHAPTER FIVE

5.0 MONITORING EVALUATION AND SUSTAINABILITY

5.1 MONITORING

Monitoring is a process of routinely gathering information on all aspects of the project. Monitoring provides managers with information needed to analyze the current situation, identify problems and find solutions, discover trends and patterns, keep project activities on schedules, measure progress towards objectives, formulate/revise future goals and objectives, make decisions about human, financial and materials resources.(CEDPA;1994.)

5.1.1 Monitoring objectives.

- To collect information needed to analyze the current situation
- To identify problem and find solutions
- To keep project activities on schedules
- To measure progress towards objectives.
- To make decision about human, financial and material resources

5.1.2 Project objectives

The main objective of the project was to build capacity of the CBO members in order to improve its economic condition. The specific objectives were;

- To conduct one capacity building session for 18 CBO leaders on marketing techniques.
- To prepare one proposal and market in order to solicit funds for purchasing one grinding machine for grinding medicine

5.1.3 Monitoring plan.

The following planned activities were monitored.

1. Conducting capacity building session for 18 CBO members.
2. Preparing proposal for fundraising.
3. Purchasing one grinding machine.

Due to the nature of monitoring method, the researcher planned that; information on the progress of the groups would be collected by group leaders and brought to the CBO office. The researcher would meet with the CBO chairperson after every two months at the office and collect information.

5.1.4 Monitoring method

The researcher used participatory monitoring method.

Participatory monitoring is the systematic recording and periodic analysis of information that has been chosen and recorded by insiders with the help of outsiders.

The researcher decided to use that method so that the community members could get opportunity to learn how to monitor their project. (World Bank :2004)

5.1.5 Actual monitoring,

The researcher monitored activities, time, and financial resources in collaboration with group members and the CBO chairperson.

Actual monitoring targeted at tracking whether planned activities were conducted as planned or not, how groups were proceeding, how cost estimates were working out in reality, whether planned resource requirements were matching actual utilization, and whether the expected outputs were being created.

5.1.5.1 Tool

Checklist.

The researcher used a checklist to monitor planned activities.

5.1.5.2 Questions

The questions that appeared on the checklist reflected activities that were to be accomplished and objectives to be achieved,

5.1.5.3 Findings.

The findings showed that, the seminar for CBO leaders was conducted as planned. Fundraising proposal was prepared .The process for marketing the proposal was still preceding when the researcher was preparing this report therefore the grinding machine had not been purchased as well. From the findings, the accomplishment of the planned activities was 50%

5.1.5.4 Reliability

The monitoring matrix had information that was in consistence with project objectives therefore it provided all information needed to show the progress of the project activities.

5.1.5.5 Validity

The researcher considered the information gathered to be valid because the monitoring process was participatory and community members had accurate information about how the project activities were proceeding.

5.1.5.6 OBJECTIVES MONITORING

OBJECTIVE GOAL	INDICATO RS	TARG ET	ACHIE VEME NT	COMMENTS
1. To build capacity for 18 CBO group leaders on marketing techniques by November 06	Number of CBO group leaders trained	18	16	Seminar was conducted as planned. The 2 leaders had emergencies therefore could not ahead
2. To write one proposal in order to solicit funds by December 06	Number of proposal written	1	1	The proposal was written and submitted to NISI ENTERPRISES HUNTING & SAFARI (T) LTD for funding still waiting

OBJECTIVE GOAL	INDICATORS	TARGET	ACHIEVEMENT	COMMENTS
2.2 To conduct English train for 3 CBO leaders by December 06	Number of CBO leaders trained (English course)	3	0	Still waiting for funds
2.1 To purchase one grinding machine by January 07	Number of grinding machines purchased	1	0	Still waiting for funds
2.3 To purchase quality container	Number of quality containers purchased	1000pcs	0	Still waiting for funds

5.1.5.7 Expected outcomes

Knowledgeable CBO leaders on marketing techniques. Increased quality and quantities of DAKIKA products. Increased income of the CBO. Smooth communications with customers during trade fair exhibitions. Increased purchasing power of the CBO to purchase local materials from community members. Increased market opportunities.

5.2 EVALUATION

5.2.1 introduction.

Evaluation generally implies measurement, appraisal, or making judgment. Frequently, it is a process designed to assess the degree to which the intended objectives have been achieved. In a project situation, evaluation implies a systematic examination of the project to determine its relevance, effectiveness, impact, or benefits to the target population. (Stanley Gajanayake and Jaya Gajanayake; 1998)

5.2.2 Indicators

Indicators are quantitative or qualitative criteria for success that enable one to measure or assess the achievement of project objectives (.CEDPA; 1994)

5.2.3 Formative evaluation

Formative evaluation is a type of evaluation which has the purpose of improving programmes. It goes under other names such as developmental evaluation and implementation evaluation. It can be contrasted with other types of evaluation which have other purposes, in particular process evaluation and outcome evaluation.

An example of this is its use in instructional design to assess ongoing projects during their construction to implement improvements. Formative evaluation can use any of the techniques which are used in other types of evaluation: surveys, interviews, data collection and experiments (where these are used to examine the outcomes of pilot projects).

Formative evaluation is a process of ongoing feedback on performance. The purposes are to identify aspects of performance that need to improve and to offer corrective suggestions.

5.2.4 Objectives of formative evaluation

The objective of the formative evaluation was, to get feedback on how the project was performing and make necessary adjustment.

5.2.4.1 Evaluation method

The researcher used focus group discussion to collect information. While leading the discussion, the author was also documenting.

5.2.4.2 Sampling

In order to save time and money the researcher took twelve CBO group leaders to participate in the evaluation exercise.

5.2.4.3 Questions

The researcher prepared ten questions which were open ended in order to give room for the participants to provide their views freely.

5.2.4.4 Findings

The findings portrayed that two objectives had been achieved while two had not been achieved. The objectives achieved were, conducting seminar for CBO leaders and preparation of a proposal for fund rising. The objectives that had not been achieved were, purchasing one grinding machine and conducting a three months English course for three CBO leaders.

http://en.wikipedia.org/wiki/Formative_evaluation

5.2.4.5 Reliability

The information collected was considered to be reliable because the questions asked were straightforward and the language used was simple.

5.2.4.6 Validity

The information was collected from CBO group leaders who knew well what the CBO was doing because they were part and parcel of it.

5.2.4.7 Summative evaluation

Summative evaluation is a method of judging the worth of a program at the end of the program activities. The focus is on the outcome.(Bhola;1990)

5.2.4.8 The objectives of summative evaluation

- The objectives of summative evaluation were to collect information on achievement of the project objectives and assess the impact of the project to the community members. The impact of the following activities was evaluated, capacity building session for 18 leaders on marketing techniques, preparation of a proposal for fundraising.

5.2.4.8.1 Evaluation method

The method used by the researcher to collect information was a survey.

5.2.4.8.2 Sampling

The researcher interviewed the CBO chairperson to get information.

5.2.4.8.3 Tool

The researcher used face to face oral interview. The researcher decided to use that method in order to save time. Due to the established system of gathering information from all CBO groups the researcher had no doubt about getting information needed from the CBO chairperson

5.2.4.8.4 Questions

There were four questions and all of them were open ended questions.

5.2.4.8.5 Findings.

The findings indicated that, out of 11 groups, 6 groups had sought new markets. All groups had started keeping records of what they produce or grow and harvest and what they sell. As a result there was an increase of income for some of the groups.

5.2.4.8.5 Analysis technique.

Analyzing data from surveys means tallying and averaging responses, looking at their relationships, and comparing them sometimes over time. Since the data collected was small and all questions asked were open ended , the researcher noted down the information proved by the CBO chairperson.

5.2.4.8.6 Reliability.

All questions asked were consistent in relation to project objectives. Twice a week CBO group leaders go to the CBO office and share progress of their groups with the CBO chairperson therefore the chairperson had reliable information.

5.2.4.8.7 Validity

Validity refers to the accuracy of the information offered by the questionnaire or interview (A. Fink, & J. Kosekoff ;1985) . In order to ensure validity the researcher made sure that the definitions used were grounded in facts. That was possible through taking CBO chairperson who knew exactly what DAKIKA was , how it operated and the challenges the CBO was facing. Since the sample taken was representative, the results produced by that survey applied to the group of people surveyed.

5.2.4.8.8 Achievement

The achievement of the objectives was fifty percent. Two objectives were fully achieved. Those were; the seminar for CBO leaders and preparation of fundraising proposal.

5.2.4.8.9 Challenges

Some of the challenges incurred were ; time constraint, and financial resources.

5.2.4.8.10 The project impact

After evaluation it was interesting to note that some groups had started keeping records

5.2.4.8.11 Summary of evaluation table

Objectives	Activities	Output Indicators	Method	Data source	Responsible person	Time frame
To build the capacity of 18 CBO group leaders on marketing techniques.	To conduct capacity building session for CBO leaders.	Number of CBO leaders trained.	Focus Group Discussion.	Focus Group Discussion report.	CBO Chairperson and CED student.	November 2006 to March 2007
To solicit funds for purchasing one grinding machine for grinding medicine.	Prepare one proposal for soliciting funds and market it	Number of proposals prepared.	Survey	Survey report	CED student.	October 2006 to May 2007

5.3 SUSTAINABILITY

Project continuity or sustainability refers to the capacity of a project to continue functioning, supported by its own resources (human, material and financial), even when external sources of funding have ended.

5.3.1 Social sustainability

- Socially that project was expected to be sustainable due to the ownership enhanced by community participation. The community members valued the project because it addressed health and financial challenges they were facing on their daily lives .

5.3.1.1 Financial sustainability

That project was expected to be sustainable financially because it was operating already therefore what the CBO needed was to improve what they had

The project had established a good networking system with other NGOs which could enable it to get technical and financial support for its sustainability. CBO leaders had been capacitated in marketing techniques and during evaluation it was realized that the group members had started using the skills acquired during the seminar to seek new market opportunities for their products. Some of the groups had opened bank accounts. Further more, the proposal that had been prepared by the author for fundraising was expected to be marketed and get money to purchase grinding machine. That effort was expected to improve production and increase income of the CBO.

5.4.1.1 Political sustainability.

Tanzania has enjoyed national unity, peace and stability for a long time, these attributes provide good environment for people to work and generate income. There were policies that supported what the project was doing at national and international level. That element increased hope for sustainability of what the project was doing.

5.5 Sustainability plan

In order to ensure future sustainability of the project, the researcher recommended that there should be a long term strategic plan for the CBO in place. It was also recommended by researcher that monitoring and evaluation could be conducted regularly in order to realize how the CBO was proceeding.

5.6 Institutional sustainability

Since the CBO had its own vision and mission it was obvious that one day CBO members could achieve their goal because there was no opposition to what the CBO was doing. Poverty alleviation through environmental conservation was a global concern therefore in future there was a possibility of getting support from other institutions and initiate more self sustaining activities.

CHAPTER SIX

6.0 CONCLUSION AND RECOMMENDATIONS.

6.1 CONCLUSION

Generally, the goal and objectives of the project did not change over the life time of the project. The objective which was fully achieved was one. That was to conduct seminar for 18 CBO group leaders. The seminar was conducted and it was successful. The second one was partially achieved that was, preparing proposal for fundraising. The proposal was prepared and the marketing process was proceeding.

Traditional medicine plays a very significant role in poverty alleviation and an alternative way of curing people. Program benefits were more likely to be sustained when local residents were involved in selecting and implementing programs and when they contributed resources for maintenance and improvement. The Peace Corps (2002) had the same view that, projects were more meaningful when the community members were the ones who initiated them. That was, the community members were involved from the identification of the project, planning stage, implementation and evaluation.

Prof. Yoel camayd – Freixas (2003) shared the same view as far as sustainability was concerned. He highlighted that community participation should be taken into consideration to ensure community ownership and sustainability. The main objective for

many CBOs was to bring about transformational development to the communities where they were situated and beyond their borders. If the project was not sustainable over time, then development did not take place. The CBO the author was working with was initiated by the community members and they were the major implementers. Due to that, the chances for its sustainability were higher.

According to Anirudh Krishna (2004) Accountability and transparency were both important on CBO development. Decisions should be taken at forms that people can access relatively easily and then mechanism for their participation was built into institutional design. Equity was also better served when relatively poor persons and others who had been historically excluded were provided with adequate information and access to forums of public decision making.

The CBO the author was working with had included those groups for example women, the aging people and children. All of them had been assigned to carry out some tasks so that they would get money to support their lives. The challenges became serious when the CBO didn't get money to buy materials collected by those people. That's why it was very important for the author to work with the CBO on what they had planned in order to solve that problem. That was, to make sure that, the income of the CBO increased.

Working together, both local governments and community Based organizations can achieve what neither agency can achieve on its own. CBOs can provide mobilization

capacity that enables area residents to act collectively in support of local governments programs. They can help local governments and their constituent populations to connect more effectively with each other. And local government can provide technical support. From different readings which were reviewed by the author it was realized that, What DAKIKA was doing could help in alleviating poverty because there were several policies at the national, regional and international level which was supporting what the CBO was doing for example WHO and others. Not only that but also there was several researches which had been conducted by different people in different countries that proved the same.

6.2 RECOMMENDATIONS.

The community members in developing countries should be encouraged to embody lifestyle relevant for the conservation and sustainable use of biological diversity and promote their wider application with the approval and involvement of the holders of such knowledge, innovation and practices and encourage the equitable sharing of the benefit arising from the utilization of such knowledge and innovation practices.

Integrating environment and development is crucial. Therefore the researcher recommends that, that issue should be put at the centre of economic and political decision to be discussed thoroughly well in order to achieve full integration of those factors.

From different readings reviewed by the researcher, there are several challenges that the CBOs are facing the researcher recommends that, CBOs should share and exchange information, resources and expertise and experiences as well as facilitating formation of

networks, alliances and focal points. Such initiatives will increase their confidence and power for lobbying and influence the policy makers.

From the research that was conducted, the researcher realized that most of the community members lacked entrepreneurship skills. The researcher recommends that capacity building sessions in entrepreneurship skills should be conducted for CBO members and other community because is vital for the development of the CBOs and the whole community in general

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