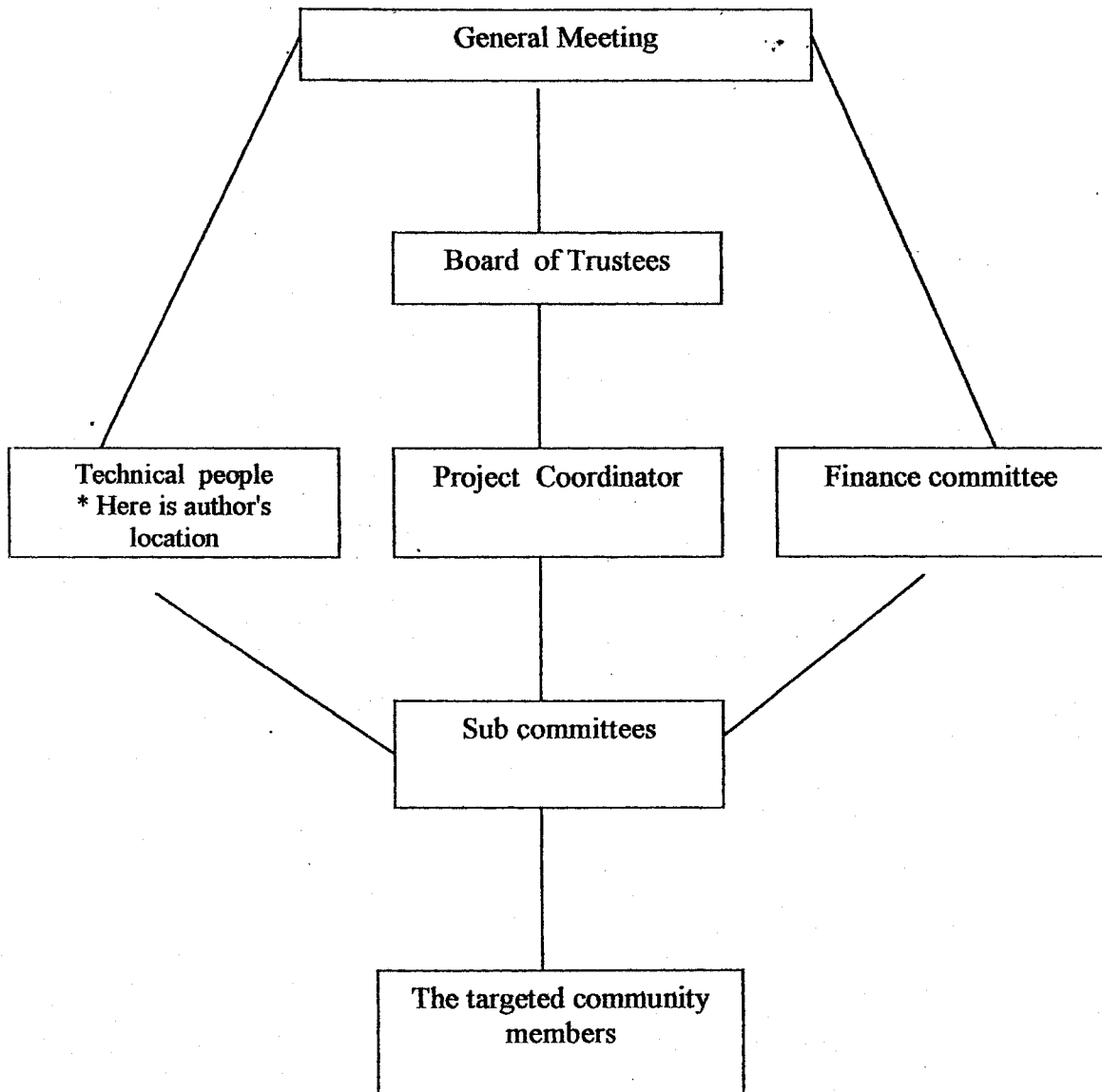


## PROJECT ORGANIZATION CHART



DAWA ZA KIASILI KIKATITI  
(DAKIKA)

KIKATITI NATURAL MEDICINES

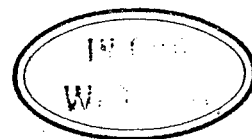
FOR HEALTH PROBLEMS SOLUTIONS

A BRIEF  
HISTORICAL  
BACKGROUND

PREPARED BY

THE DAKIKA CHAIRPERSON - ROSE W. MACHANGE

1ST MARCH 2005.



## A BRIEF HISTORICAL BACKGROUND

DAKIKI registered in 2001 as a CBO came into being in 1991 when Rose Machange leading a group of ten women started planting trees in Kikatiti to help conserve the environment and to alleviate poverty through benefits accruing from healthy surroundings.

Tree planting was very welcome activity in Kikatiti which is a very dry area at the foot of Mount Meru in Arumeru District. To get water in Kikatiti, DAKIKI dug up two wells. The well water intended for the tree seedlings, proved fit for domestic use and this was a great relief to the community women and children who used to walk ten to fifteen kilometers daily searching for water.

Environmentally, the trees act as wind breaks to dust devils which used to raise the soil sky high polluting the air and threatening the already precarious health of the poor community. They also provide shade, fresh air, good scenery and help to prevent soil erosion. Economically, the trees provide fruits, fire wood, animal feed and hang beehives.

The efforts of DAKIKI were remarkable and were noticed by Women Development for Science and Technology Association (WODSTA) an NGO for gender and development. They went into partnership and WODSTA has witnessed the growth of DAKIKI at each stage.

**TREATMENT EVALUATION:**

On the average DAKIKA receives 3 to 12 outpatients daily which add up to between 90 to 300 per month.

85% of these are completely cured of their ailments; 10% continue with prescription for the second round. Among them 5% are cured and 5% lose hope and drop out. 5% others continue taking medicine for the third and fourth round and are completely cured.

Specific results for various diseases are shown below:

Diabetes patients take prescription for 4 to 6 weeks and 90% of them are cured.

95% of Malaria patients are cured after taking prescription for 2 to 3 weeks.

95% of Blood Pressure patients are cured after taking prescription for 4 to 6 weeks

98% of Stomach Ulcers patients are cured after taking prescription for 2 to 3 weeks

98% of Skin Disorders patients are cured after taking prescription for 3 to 6 weeks.

90% of Gout patients are cured after taking prescription for 4 to 6 weeks.

90% of Rheumatism patients are cured after taking prescription for 4 to 6 weeks

98% of Asthma patients are cured after taking prescription for 3 to 6 weeks.

98% of Internal Fungal Infections are cured after taking prescription for 2 weeks.

95% of Teeth problems are cured after taking medicine for 2 to 6 days.

HIV/AIDS patients adverse conditions are reversed after taking medicine for 5 to 15 days.

**FUTURE PLANS:**

DAKIKA intends to build a modern natural medicine factory to produce tablets, ointments, liquid medicines and medicinal soaps. To start with DAKIKA is building a laboratory projected to be completed in 2009 for research purposes and to support the factory.

**MESSAGE FROM THE CHAIRPERSON:**

Rose Machange, DAKIKA Chairperson reminds mankind that having formed the world God put in trees to support life which he created later.

It is God's order of things and logic that for life to thrive and be sustainable, trees are a must .

So We Women and We Men of the earth, she warns, let us plant trees to replace those we have destroyed lest we all become extinct like the dodo.

## **CHALLENGES:**

DAKIKI's mission of environmental conservation and poverty alleviation was an uphill task in 1999 when it began. DAKIKA office was located in a simple hut where those inside could be seen through the big holes in the walls and it also leaked when it rained.

The most difficult task however was the grinding of seed and tree barks using a pestle and mortar. The manual job was tedious and fine irritating powder spread in the small hut sending those within sneezing and coughing uncontrollably besides getting their eyes red. This torture ended when DAKIKA earned enough money and bought a hand grinding machine.

Not only has the grinding machine saved DAKIKA from the choking odors but also churns out larger volume of powder. With the availability of more medicine DAKIKA spread its wings to the districts of Mbulu ; Kiteto and other towns promoting its medicines and urging the communities to plant trees to help conserve the environment and improve their livelihood. The promotion was a great success and agents selling DAKIKA products have been established in several towns. The organization, therefore earned more money and built a modest office where in July 1997 it shifted from the eye sore hut.

Friend and foe alike noticed DAKIKA's success and unfaithful people started selling their medicine masquerading as DAKIKA agents. To combat this DAKIKA has improved packaging and standard of its product to make it more difficult for competitors to imitate. Furthermore DAKIKA is working to patent its products and looking for ways to acquire qualitative and quantitative analysis machines in order to be able to control uniformity of its products and to qualify to enter the world market.

As DAKIKA became more popular more patients visited its premises seeking for cure. To cater for those coming from far away or who are too ill to walk, DAKIKA built a ten room ward which was opened in April 2004. The ward looks more or less like a guest house for lack of medical equipment. However plans are under way to equip it with thermometers, blood pressure gauges, diabetes sticks, microscopes and so forth. A van is also required to rush emergency cases and the seriously ill to conventional referral hospital 50km away in Moshi, and for distribution of DAKIKA products

## **NATURAL MEDICINE PRODUCTION**

WODSTA took DAKIKA under its umbrella in 1992, sensitized on gender leadership and group dynamics and supported the cultivation of the NEEM tree. The NEEM which is a well researched medicinal tree worldwide transformed DAKIKA from merely a tree planting organization to a medicine production entity. By 1995, even before its own trees had matured, DAKIKA was buying NEEM seeds from Dar es Salaam and Tanga for extraction of the precious NEEM oil used as an ingredient in medicine production.

The NEEM oil is proportioned with other products like honey, bee saliva and beeswax to produce different medicines for various ailments including joints problems and skin disorders. From the cake that remains after the oil has been extracted, DAKIKA prepares pest repellants, veterinary dip and obtains fertilizer for organic farming.

In addition to the NEEM tree, DAKIKA has identified more medicinal trees and herbs including world class ones like the Moringa Oleifera, Getropha, and Kikuyu grass and local ones like the Kiloriti, the Mbolomkomba, and Makengera. Mixing the leaves, barks and roots from these trees with hibiscus flowers, avocados, paw paws, carrots, oranges, lemons and other fruits, herbs, spices and oils, DAKIKA produces more than 40 different types of medicines as well as medicinal soaps.

## **OTHER ACTIVITIES:**

In addition to medicine production, DAKIKA processes nutritious food to improve the health of the community and to reduce the adverse effects of HIV/AIDS victims. The government has recognized efforts of DAKIKA in this direction and the group is one of the organizations selected to counsel the community and HIV/AIDS patients on good health practices.

With a view to support and sustain good health, DAKIKA is applying skills and ever growing experiences to establish income generating projects like bee-keeping, grade milk goat rearing, fish farming, mushroom and organic farming. Women and youth have found self-employment in these economic activities raising their incomes and improving their standards of living.

Even the aged have not been denied the satisfaction of contributing to wealth creation and community development. In collaboration with HELPAGE, an NGO for the aged, DAKIKA has learnt how to care and look after these senior citizens. Some projects using biological non-degradable material like plastics and polythene bags have been launched where the elders make ropes, sombrero hats, baskets and carpets. In this way DAKIKA doubly wins by cleaning the environment and by making jobs..

# APPENDIX 3

ROGATH SWAI,  
KING'ORI ADP,  
P. O. BOX 13911,  
ARUSHA.

27/09/2005.

TO THE CHAIRMAN,  
DAKIKI,  
P. O. BOX 295,  
ARUSHA.

**RE: REQUEST FOR COOPERATION IN PURSUING DEVELOPMENTAL ISSUES.**

Kindly refer to the above mentioned heading.

I have honour to submit this request to you so that I may be given an opportunity to work with your organization.

I am a student at the Open University of Tanzania in collaboration with Southern New Hampshire University pursuing master Degree course in Community Economic Development.

As part of my studies, I am supposed to work with one of the CBOs on voluntary basis.


DAKIKI is one of the CBOs that have contributed a lot towards community development for example creating employment opportunities for community members and increasing house hold income. Due to that, I have been impressed to work with you.

If my request will be accepted, I will be ready to work with you for 18 meets on voluntary basis.

If you will accept my request, I kindly request you to inform me when will you be ready to invite the leadership team so that I may talk to them

I will be so much pleased if my request will get you positive consideration

Thank you in advance

  
**Rogath Swai.**  
**Ms Participant.**

Annex 3

DAWA ZA KIASILI KIKATITI (DAKIKI)

Box 295 USA-RIVER

ARUSHA

14/10/2005

ROGAIHE SWAI

KING'ORI ADP

13911

ARUSHA

YAHUSU: KUJIBU GMBI LA ROGAIHE KUJITOLEA KWENYE SHIRIKA LA DAKIKA KWA MUDA WA MIEZI 18 KUMI NA NANE Husika na Kichwa cha habari hapo juu.

Sisi wanachama wa DAKIKA tumekoa kikao na kuona kwamba tumpokee kwa furaha / kukujibu kuwa tumekupokea kwa furaha kwenye mradi wetu. Bila wasiwasi ukizingatia kwamba umetoka kwenye mradi wetu wa King'ori ADP. Hatuna mreno na wewe tunakutakia kazi njema na masomo mema na ushikiano mzuri ndani ya DAKIKA hadi kwa jamii nzima kwa yumla

ROSE W. MACHANGE

*[Signature]*

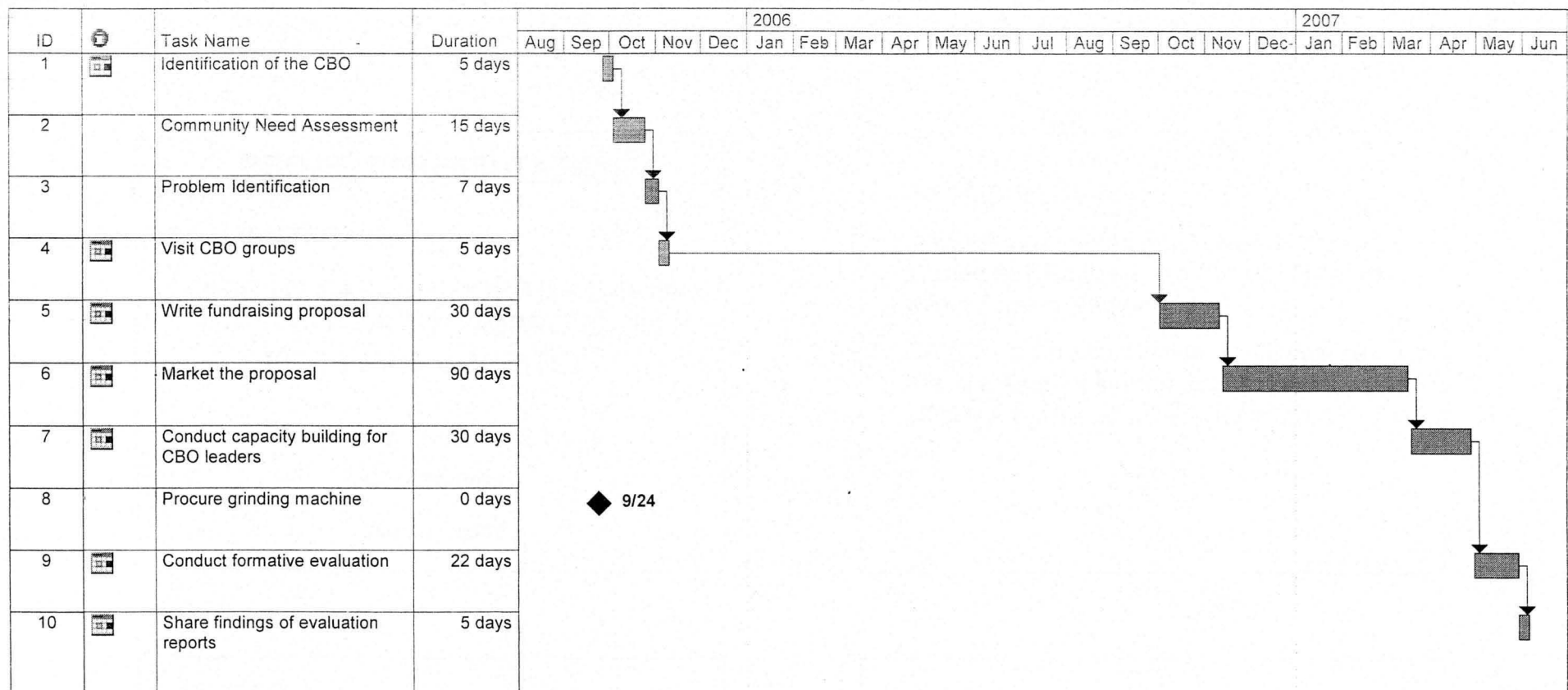
Mwenye KITU WA DAKIKA





## QUESTIONNAIRES ON DAKIKA INCOME

1. Level of education
  - (a) I have not attended any class
  - (b) Primary school education
  - (c) Secondary education form 1- 6
  - (d) University / OthersPut (v) where appropriate
2. Do you think DAKIKA is producing the quantity of medicine which is equivalent to its capacity?
  - (a) Yes
  - (b) NoPut (v) where appropriate
3. If the answer is Yes explain why?
4. If the answer is no explain why ?
5. Have you ever attended any seminar on marketing techniques?
  - (a) Yes
  - (b) NoPut (v) where appropriate.
6. If seminar on marketing technique is arrange, what do you think you can contribute
  - (a) Lunch only
  - (b) Lunch and accommodation
  - (c) I'm not ready to contribute anythingPut (v) where appropriate
7. Does DAKIKA products have reliable market
  - (a) Yes
  - (b) NoPut (v) where appropriate
8. If the answer for no 7 is Yes provide reasons
9. If the answer for no 7 is No provide reasons
10. Does DAKIKA purchase all local materials taken to them by the community members?
  - (a) Yes
  - (b) No
  - (c) I am not surePut (v) where appropriate
11. If the answer for question no 10 is Yes, provide some reasons
12. If the answer for question no 10 is no, provide reasons



Project: Rogathe Swai ProjectCED  
Date: Wed 10/10/07

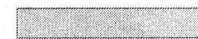
Task



Milestone



External Tasks



Split



Summary



External Milestone



Progress



Project Summary



Deadline



## PROJECT PRESENTATION

### **PROJECT TITLE:**

TO BUILD CAPACITY OF THE DAKIKA  
CBO IN ORDER TO IMPROVE ITS  
ECONOMIC CONDITION

*Prepared By: Rogathe J. Swai*

*CED Student*

*January 2007*

### **INTRODUCTION:**

DAKIKA is a community based organization located at Kikatiti area in Arumeru District within Arusha Region

DAKIKA is an abbreviation for "Dawa za Kiasili Kikatiti" It started in 1991 and it was officially registered as a CBO in 2001.

The CBO started with a group of ten women planting trees so as to help conserve the environment and alleviate poverty through benefits obtained from good and healthy surroundings. Later on the group was facilitated on how to use the trees grown to produce medicine.

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 most felt needs that needed to be addressed

After conducting both, community needs assessment and a research, 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

#### PROBLEM IDENTIFICATION

DAKIKI was facing a problem of having low income enhanced by low productivity due to poor working facilities such as grinding machine for grinding medicine. The CBO lacked quality packing facilities, marketing techniques, reliable market for its products and low level of education for its members.

#### TARGET COMMUNITY

The project targets 200 community members within 4 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

### STAKEHOLDERS:

There were some stakeholders who had a stake in that project. Those were ;-

- The Local Governments
- Community members
- TAWIRI
- SCAPA
- SIDO
- FAIDA
- CED program
- WODSTA

### Project Goal

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

### 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
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 3 CBO leaders (English course for 3months) by Dec 06
  - Purchase quality packages by Jan 07

### EXPECTED OUTCOMES

1. Knowledgeable CBO leaders on marketing techniques
2. Increased quality and quantities of DAKIKA products
3. Increased income of the CBO
4. Smooth communications with customers during trade fair exhibitions
5. Increased purchasing power of the CBO to purchase local materials from community members
6. Increased income for other community members
7. Increased market opportunities

## RESEARCH METHODOLOGY

The instrument used were:- Observation and Questionnaire. The author decided to use those instruments because both of them were considered to be economical; in terms of time and money. The research involved 28 respondents. That was a hundred percent of the population

## FINDINGS

From the research findings it was obvious that there was no reliable markets for DAKIKA products. That was evidenced by the percentage of the respondents. 64.29percent said there was no reliable markets for DAKIKA products. That situation rose a need for capacity building for CBO leaders on marketing techniques.

It was also evident that, the CBO was using poor working facilities, because the respondents explained that, the CBO was pounding medicine manually because it had no quality machine for grinding medicine 71.42 percent said DAKIKA had got no grinding machine and also lacked packing facilities such a quality containers

From the findings it was realized 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. Sometimes the CBO would buy only few varieties of materials taken to them and leave the rest. This situation affected community members economically.

The findings portrayed also that, low level of education affected the CBO's income. According to the findings, 100percent of the respondents had not gone beyond primary school education. That become 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.

### **1. CONDUCT ONE SEMINAR FOR 18 CBO LEADERS ON MARKETING TECHNIQUES**

The seminar was conducted for 16 CBO leaders. 60percent of the costs were incurred by CBO while 40 percent was incurred by the author

### **IMPLEMENTATION**

After analyzing the finding of the research, it was obvious that there was a need to do the following:

- (1) Conduct one seminar for 18 CBO leaders on marketing techniques
- (2) Write a proposal in order to solicit funds for:
  - 2.1 Purchasing one grinding machine in order to improve the quality and increase the quantity of the medicine produced
  - 2.2 Conduct English course training for 3 CBO leaders for 3 months
  - 2.3 Purchase quality packages

### **2. PREPARE A PROPOSAL FOR SOLICITING FUNDS**

The author prepared one proposal and submitted to;-

-MWANAUTA & COMPANY HUNTING & SAFARI (T) LTD

-King'ori Area Development Program

-Negotiations were proceeding with the District council for the same.

### MONITORING AND EVALUATION

The monitoring process was carried out in a participatory way on monthly and quarterly basis through writing reports and visiting the groups.

Evaluation (mid-term) was conducted to see how the project was faring  
summative evaluation was conducted in order to assess the impact made by the project to the people

### SUSTAINABILITY.

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
- There was a great sense of ownership enhanced by community participation

### LITERATURE REVIEW

From different readings which were reviewed by the author it was realized that;

- What DAKIKA was doing could help in alleviated poverty
- There were several policies at the national, regional and international level which were supporting what the CBO was doing for example WHO and others

### RECOMMENDATION

The author recommends 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



## **Appendix 7**

### **PROJECT PROPOSAL FOR SOLICITING FUNDS.**

#### **1.0 INTRODUCTION.**

The local CBO the author is working with is called DAKIKA. This is a local CBO that promotes traditional medicine. The CBO is located at Kikatiti area in Arumeru District within the Arusha Region. The CBO started with a group of women planting trees for environmental conservation purpose. However, the group members were facilitated on how to use the materials obtained from the trees to make traditional medicine. Although for the time being the CBO is producing and selling medicine, yet is facing a challenge of having low income due to low level of education, production of poor quality products, lack of marketing skills and poor working facilities.

This proposal intends to solicit funds in order to support the CBO. After getting the funds the CBO will produce large quantities of quality products, sell them and increase the income of the CBO. Having after increasing the income the CBO will be able to purchase materials supplied to it by the community members and by doing so the income of the community members will increase at the household level.

The community members don't have any cash crop to depend upon. The existence of the CBO to them is an answer to several questions which they had. That's why is important to solicit funds and support the CBO. Once the community members are empowered, they can utilize the local resources which are available within their area the generate income. This is a fact because the CBO has started doing so with the meager resources that are available. This is the best way of sustaining local communities and that's why is very important for the CBO to be supported.

According to the information collected from DAKIKA's office, there are so many people who use medicine produced by DAKIKA CBO. On the average DAKIKA receives 3 to 12 out patients daily which add up to between 90 to 300 per month. 85% of these are completely cured of their ailments. The following is a brief list of specific results for various diseases.

- 95% of malaria patients have been cured after taking prescription for 2 to 3 weeks
- 95% of High Blood pressure patients have been cured after taking prescription for 4 to 6 weeks.
- 90% of diabetes patients have been cured after taking prescription for 4 to 6 weeks.
- 98% of Stomach ulcers patients have been cured after taking the prescription for 2 to 3 weeks.

- 98% of Skin disorders patient weeks' have been cured after taking the prescription for 3 to 6 weeks.
- 98% of Asthma patients have been cured after taking prescription for 3 to 6 weeks
- 98% of Internal fungal infections have been cured after taking prescription for 2 weeks .
- 90% of Rheumatism patients have been cured after taking prescription for 4 to 6 weeks.

#### 4. STAKEHOLDERS ANALYSIS

STAKEHOLDERS	CONTRIBUTION
SIDO	PREPARING THE MACHINE
GOVERNMENT	To popularize the CBO and also to provide technical support.
LOCAL GOVERNMENT	It will be a bridge between the CBO and the people who visit the village
THE COMMUNITY	The Community members were involved during the community needs assessment and also during planning session therefore they are expected to participate well during project implementation ,monitoring ,and evaluation of the project activities. Through participation Community members will ensure project sustainability.

## **5. NEEDS ASSESSMENT**

During community needs assessment session which was conducted by the author in October 2005 through focused group discussion, it was realized that the CBO was facing some challenges which needed to be addressed in order to increase the income of the CBO. The challenges identified were; low productivity, lack of marketing techniques low level of education limited communications especially during trade exhibitions and poor working facilities .All these factors led to low income of the CBO.

The community members insisted that it was important to seek solution for the challenges they were facing because, traditionally people in the Northern part of the CBO used to grow coffee as a cash crop and increase their income through selling it. However, with the decline of the coffee price in the world market, the community members had cut down coffee trees and started growing maize and beans. Unfortunately both maize and beans were used for domestic consumption not for business. As a result they had no cash crop to depend upon for their income. That's why the project was highly valued by the community members.

## **POSSIBLE SOLUTIONS**

During discussion, the community members proposed the following solutions ;

- To develop a proposal on fundraising and market it.
- Conduct capacity building sessions for CBO leaders on marketing techniques
- Procure one grinding machine for grinding medicine.
- Procure quality parking facilities.

## **MANAGEMENT OF THE PROJECT**

The project will be managed by the CBO members CED student and the local Government leaders.

## **COMMUNITY PARTICIPATION.**

Community members will participate in implementing, monitoring and evaluating the project through visiting the groups and writing report on monthly basis.

## **PROJECT BENEFICIARIES**

This project is expected to benefit 200 people directly. However, there are several other people who will benefit indirectly through accessing the products produced by the CBO

## **MONITORING AND EVALUATION**

The project will be monitored by the community members by writing monthly progress reports quarterly and annually. The reports will be both narratives and financial. Evaluation is expected to be carried out after every three years.

## **PROJECT DURATION**

Since this project is community based it has got no ending time.

## **PROJECT SUSTAINABILITY**

This project is expected to be sustainable due to the following reasons

- The project was initiated by community members therefore it is community based
- The project is addressing the needs identified by the community and the community has participated in the project from the beginning.
- All materials used to make DAKIKA's products are produced within the community
- The community members possess the knowledge on how to make their products. Since the community members will always be there; the knowledge will spread to other community members and continue to be used wherever might be needed
- The community members (CBO members) will be capacity built on areas that they feel they lack some skills and the skills will be replicated within the community for sustainability.

- The CBO is making some money already therefore even if the effort to solicit funds from external funding sources will fail, yet in a long run the project will manage to accomplish its goal.

## **BUDGET**

<b>ACTIVITY</b>	<b>COSTS</b>
1. Purchase one grading machine	100,000,000
2. Purchase parking facilities	500,000
3. Conduct capacity building sessions for CBO leaders	400,000
4. Costs for monitoring and evaluation of the project	300,000
<b>TOTAL</b>	<b>2,200,000</b>

## Frequencies

## Statistics

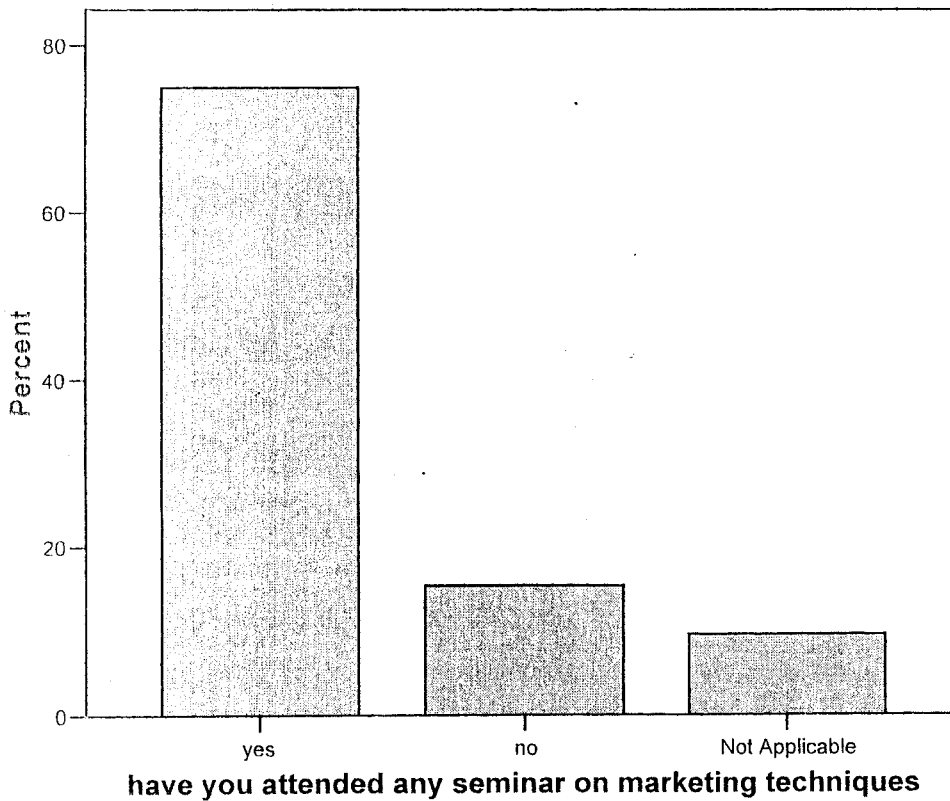
have you attended any seminar on marketing techniques

N	Valid	52
	Missing	0

have you attended any seminar on marketing techniques

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	39	75.0	75.0	75.0
	no	8	15.4	15.4	90.4
	Not Applicable	5	9.6	9.6	100.0
	Total	52	100.0	100.0	

have you attended any seminar on marketing techniques





Frequencies

Statistics

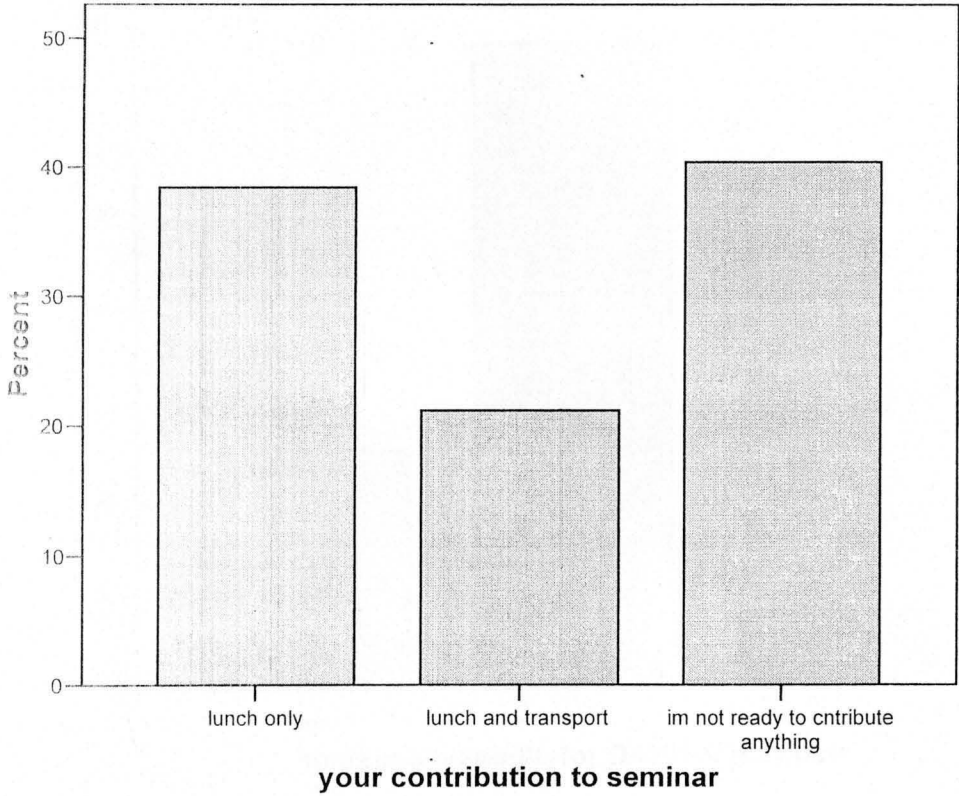
your contribution to seminar

N	Valid	52
	Missing	0

your contribution to seminar

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	lunch only	20	38.5	38.5	38.5
	lunch and transport	11	21.2	21.2	59.6
	im not ready to cntribute anything	21	40.4	40.4	100.0
	Total	52	100.0	100.0	

your contribution to seminar



## Frequencies

### Statistics

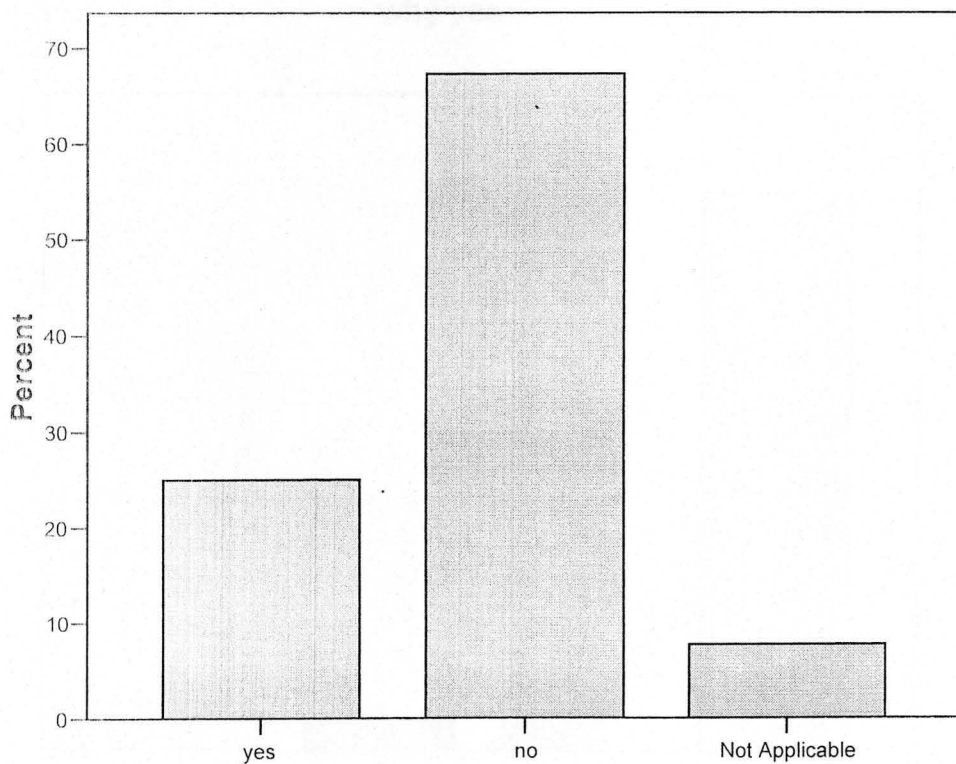
market availabilityfor DAKIKA products

N	Valid	52
	Missing	0

market availabilityfor DAKIKA products

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	13	25.0	25.0	25.0
no	35	67.3	67.3	92.3
Not Applicable	4	7.7	7.7	100.0
Total	52	100.0	100.0	

market availabilityfor DAKIKA products



market availabilityfor DAKIKA products

Frequencies

Statistics

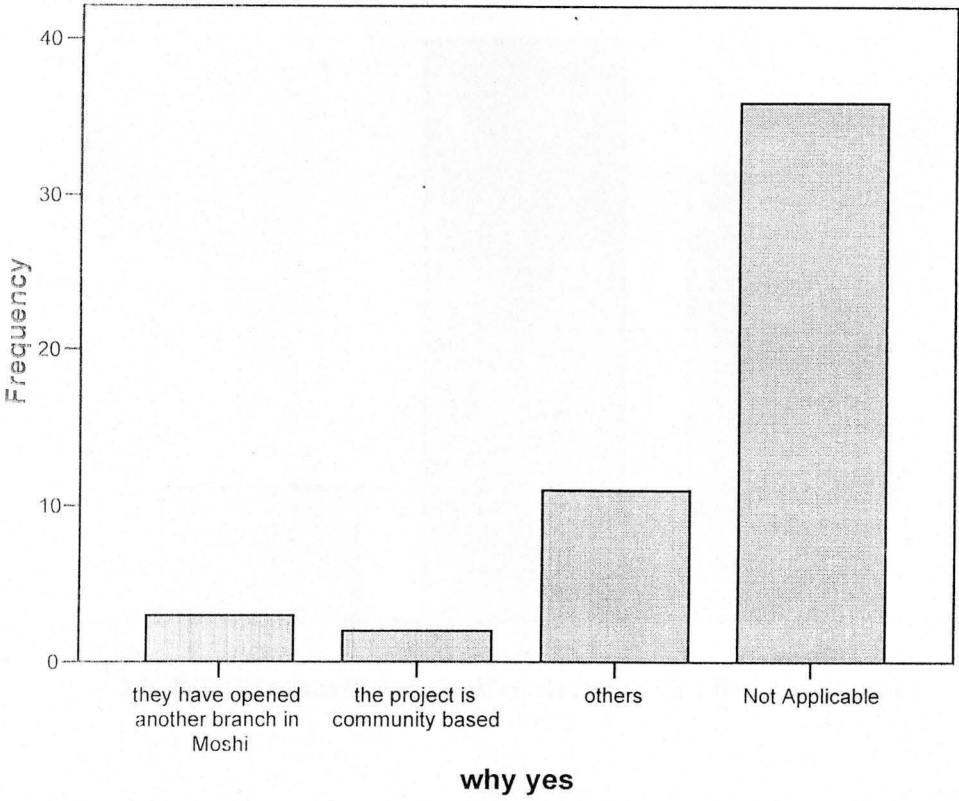
why yes

N	Valid	52
	Missing	0

why yes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	they have opened another branch in Moshi	3	5.8	5.8	5.8
	the project is community based	2	3.8	3.8	9.6
	others	11	21.2	21.2	30.8
	Not Applicable	36	69.2	69.2	100.0
	Total	52	100.0	100.0	

why yes



Frequencies

Statistics

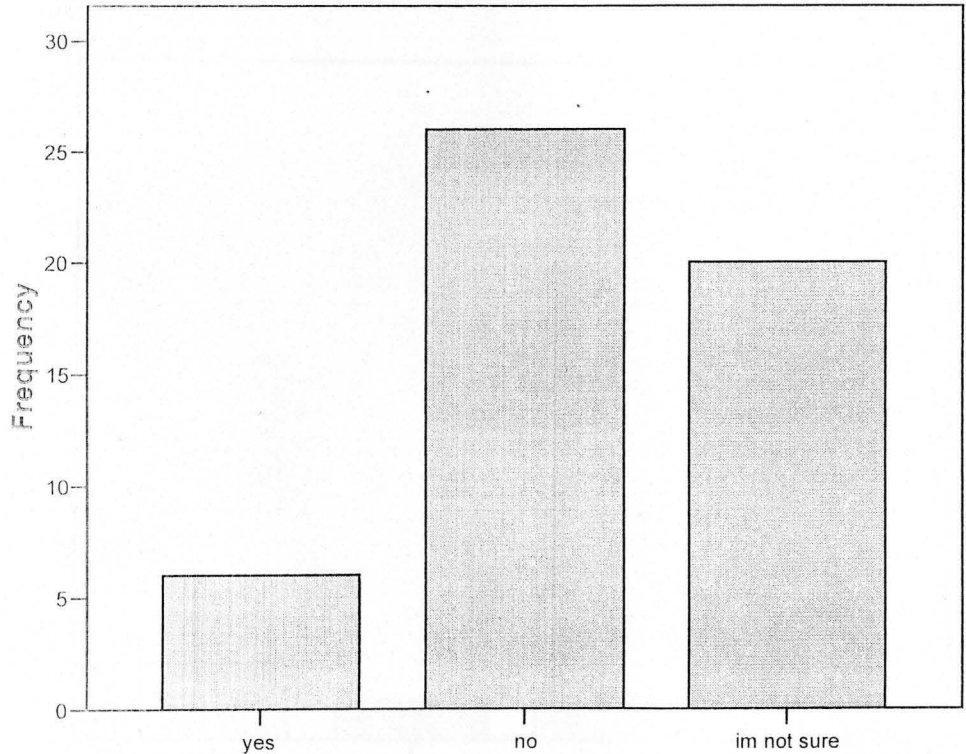
is DAKIKA purchasing all materials from the community

N	Valid	52
	Missing	0

is DAKIKA purchasing all materials from the community

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	6	11.5	11.5	11.5
	no	26	50.0	50.0	61.5
	im not sure	20	38.5	38.5	100.0
	Total	52	100.0	100.0	

is DAKIKA purchasing all materials from the community



is DAKIKA purchasing all materials from the community

# Frequencies

## Statistics

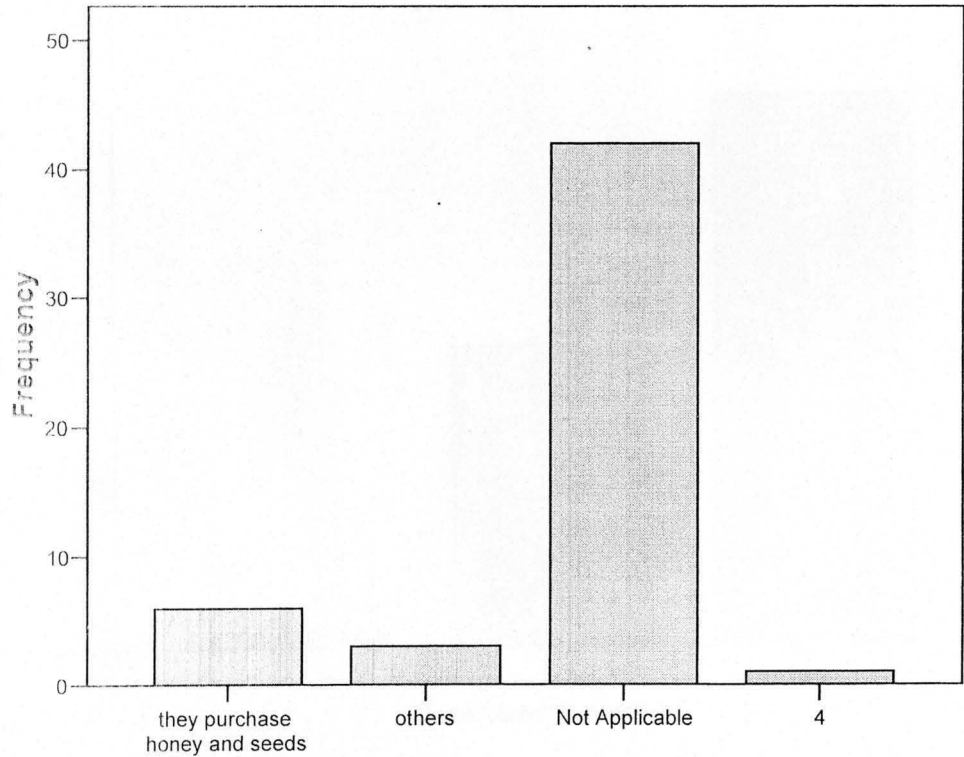
if DAKIKA can purchase all medicine give examples

N	Valid	52
	Missing	0

if DAKIKA can purchase all medicine give examples

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	they purchase honey and seeds	6	11.5	11.5	11.5
	others	3	5.8	5.8	17.3
	Not Applicable	42	80.8	80.8	98.1
	4	1	1.9	1.9	100.0
Total		52	100.0	100.0	

if DAKIKA can purchase all medicine give examples



if DAKIKA can purchase all medicine give examples

Frequencies

Statistics

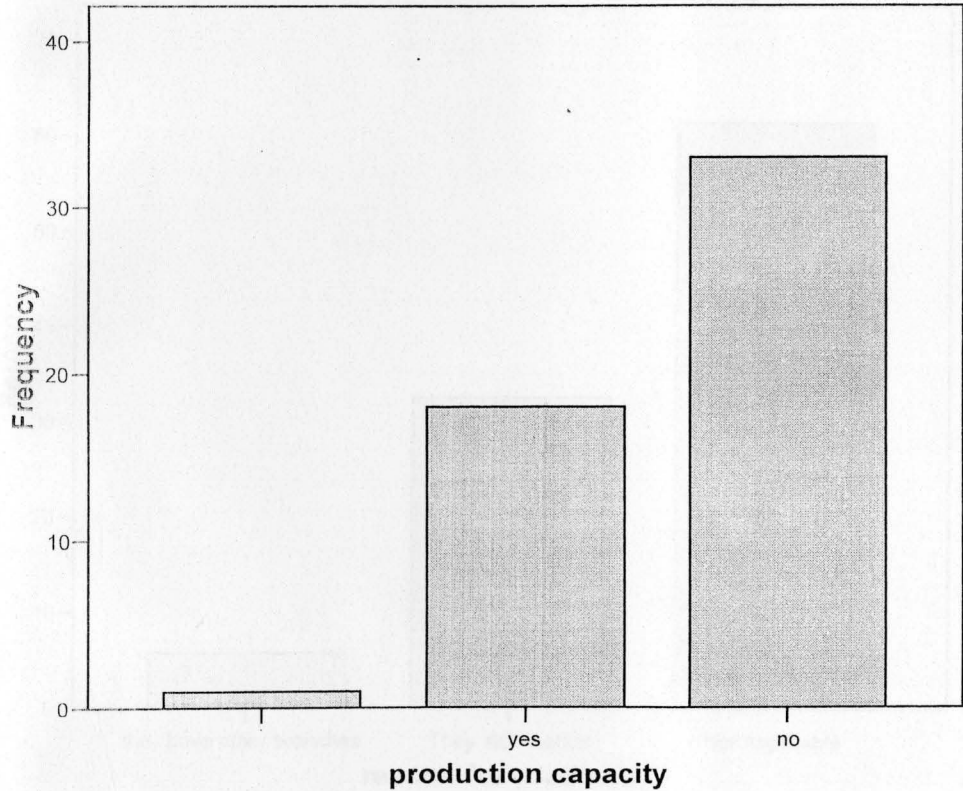
production capacity

N	Valid	52
	Missing	0

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	

production capacity



Frequencies

Statistics

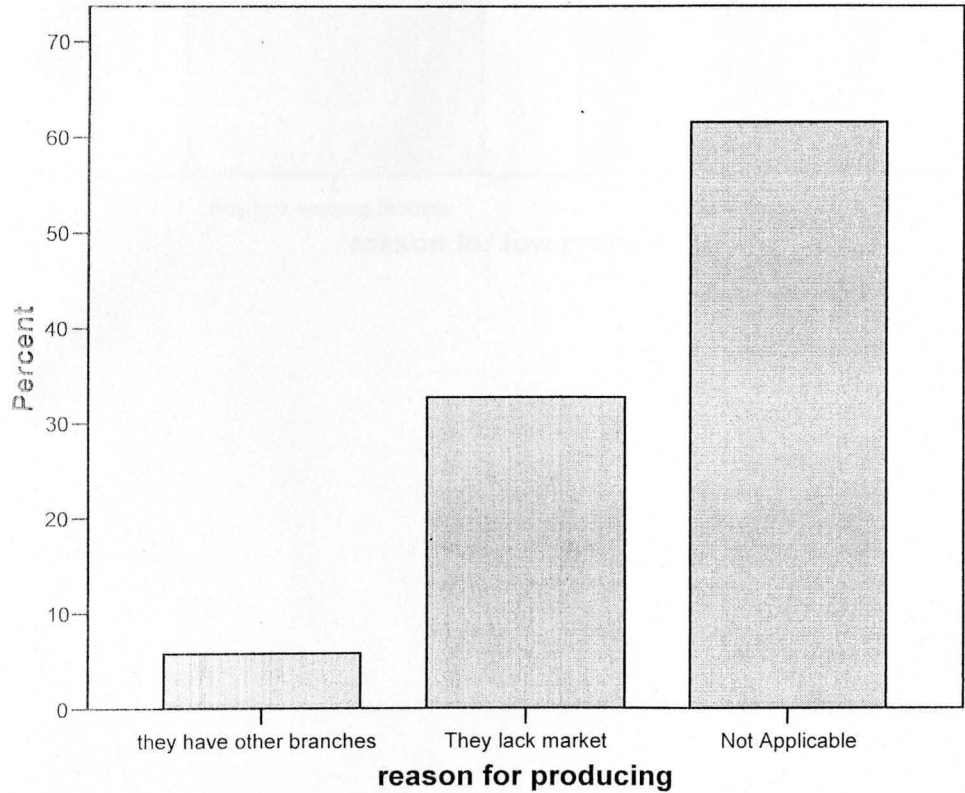
reason for producing

N	Valid	52
	Missing	0

reason for producing

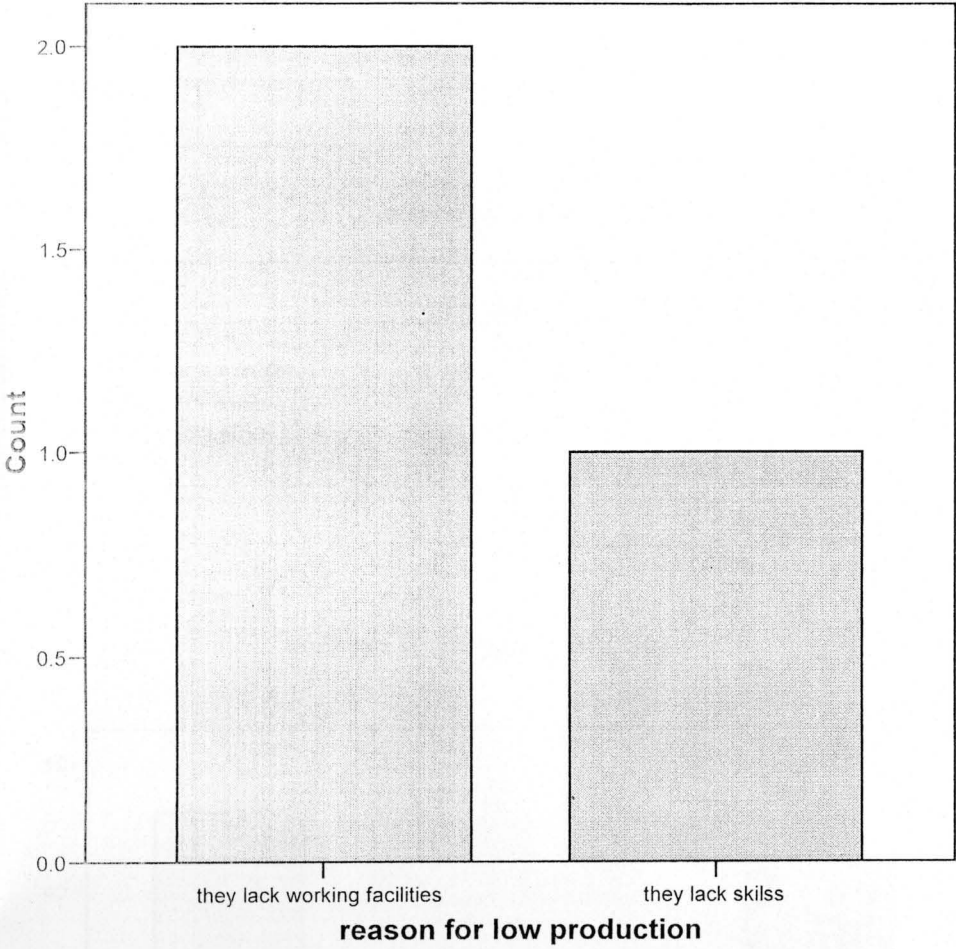
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	they have other branches	3	5.8	5.8	5.8
	They lack market	17	32.7	32.7	38.5
	Not Applicable	32	61.5	61.5	100.0
	Total	52	100.0	100.0	

reason for producing





Graph





Frequencies

Statistics

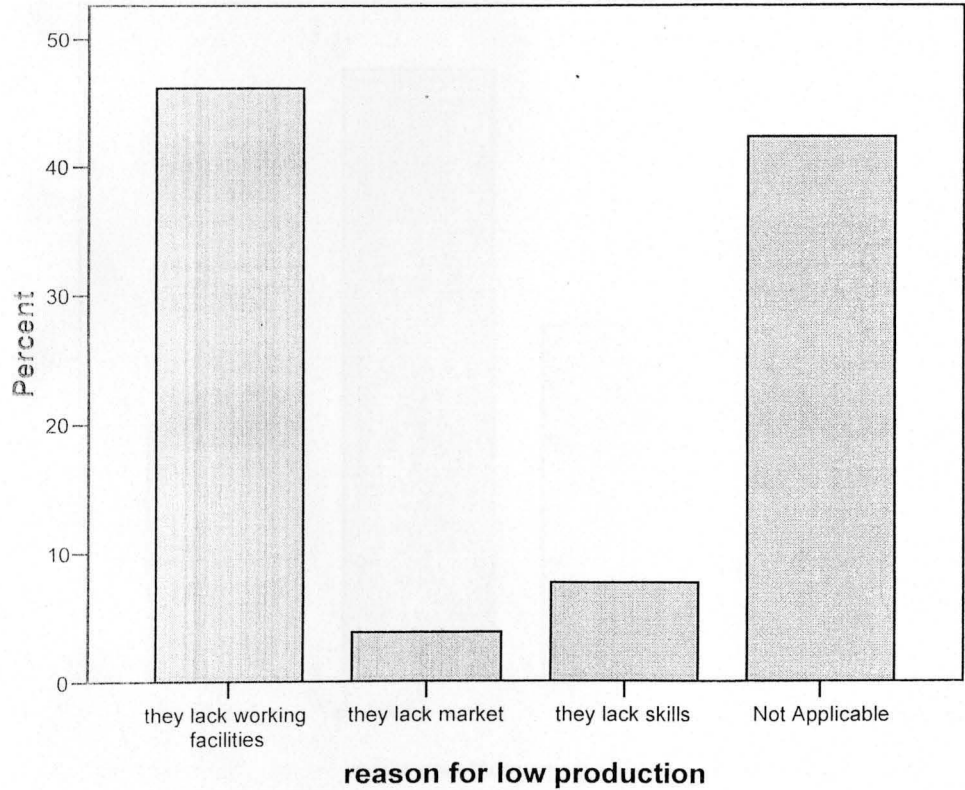
reason for low production

N	Valid	52
	Missing	0

reason for low production

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	they lack working facilities	24	46.2	46.2	46.2
	they lack market	2	3.8	3.8	50.0
	they lack skills	4	7.7	7.7	57.7
	Not Applicable	22	42.3	42.3	100.0
	Total	52	100.0	100.0	

reason for low production



Frequencies

Statistics

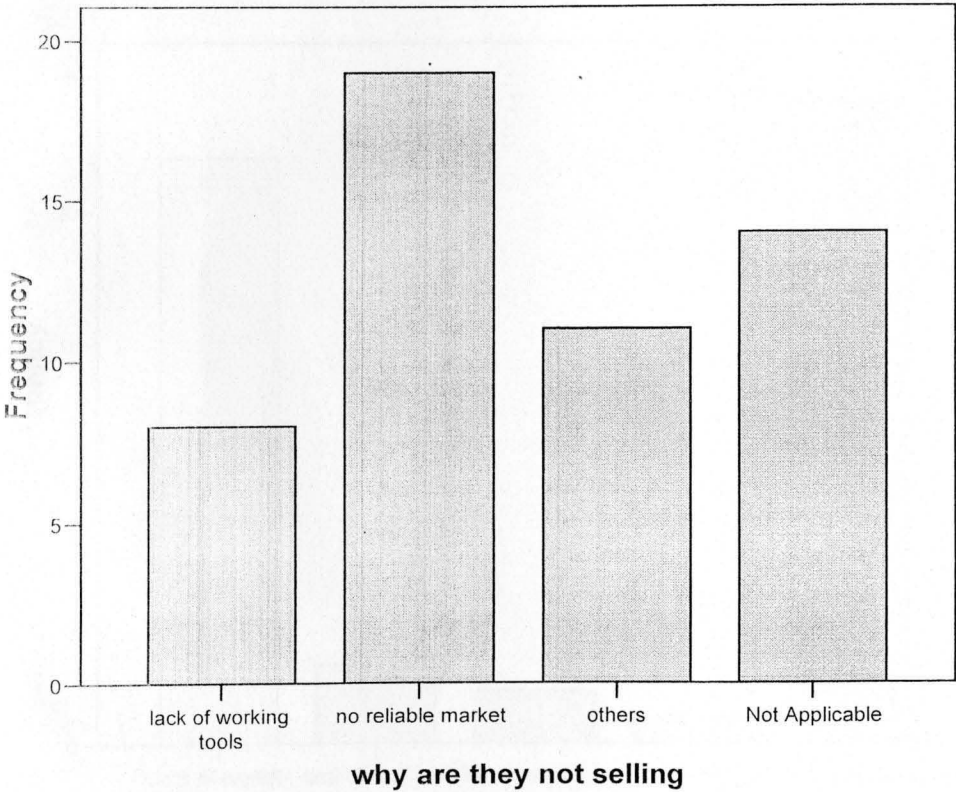
why are they not selling

N	Valid	52
	Missing	0

why are they not selling

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	lack of working tools	8	15.4	15.4	15.4
	no reliable market	19	36.5	36.5	51.9
	others	11	21.2	21.2	73.1
	Not Applicable	14	26.9	26.9	100.0
	Total	52	100.0	100.0	

why are they not selling



Frequencies

Statistics

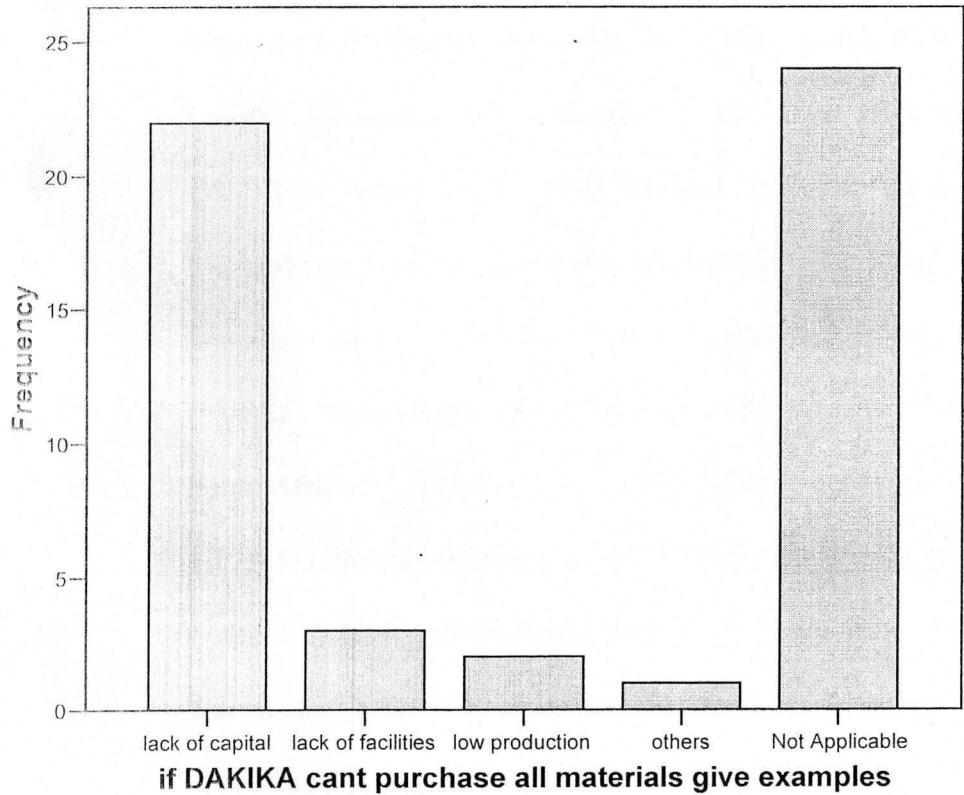
if DAKIKA cant purchase all materials give examples

N	Valid	52
	Missing	0

if DAKIKA cant purchase all materials give examples

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	lack of capital	22	42.3	42.3	42.3
	lack of facilities	3	5.8	5.8	48.1
	low production	2	3.8	3.8	51.9
	others	1	1.9	1.9	53.8
	Not Applicable	24	46.2	46.2	100.0
Total		52	100.0	100.0	

if DAKIKA cant purchase all materials give examples



## Appendix 9

Table 1

Ratios of doctors (practicing Western medicine and traditional medical practitioners to patients in east and southern Africa

Country Doctor: patient TMP: patient References

Botswana — TMPs estimated at 2,000 in 1990 Moitsidi, 1993

Eritrea Medical doctors estimated at 120 in 1995 government of Eritrea, 1995

Ethiopia 1:33,000 World Bank, 1993

Kenya 1:7,142 (overall) 1:987 (Urban — Mathare) World Bank, 1993 1:833 (Urban — Mathare) 1:378 (Rural — Kilungu) Good. 1987: Good. 1987

Lesotho Licensed TMPs estimated at 8, 579 in 1991 Scott et al 1996 Madagascar 1:8,333 — World Bank, 1993 Malawi 1:50,000 1:138 Msothi and Seyani, 1986

Mozambique 1:50,000 (Katutura) 1:500 (Cuvelai) 1:300 (Caprivi) Lumpkin, 1994.

Somalia 1:14,285 (Overall) 1:2,149 (Mogadishu) 1:54,213 (Central region) 1:216,539 (Sanag) — World Bank, 1993 Elmi et al. 1983 Elmi et al. 1983 Elmi et al. 1983

South Africa 1:1,639 (Overall) 1:700 — 1,200 (Venda) World Bank, 1993

1:17,400 (Homeland areas) Savage, 1985 \* Arnold and Gulumian, 1987\*

Sudan 1:11,000 — World Bank, 1993

Swaziland 1:10,000 1:100 Green, 1985 Hoff and Maseko, 1986 Tanzania 1:33,000 1:350 — 450 in DSM World Bank, 1993 Swantz, 1984

Uganda 1:25,000 1:708 World Bank, 1993Amai, 1997 Zambia 1:11,000 – World Bank,  
1993 Zimbabwe 1:6,250 1:234 (Urban) 1:956 (rural) World bank, 1993Gelfand et al.  
1985

Note: references with an asterisk are in Cunningham, 1993.

Figures on the ration of traditional medicinal practitioner to patient and Western  
practitioner to patient are presented in table 1. It is evident that in some parts of the  
region, practitioners trained in Western medicine are few.