

**Reference Manual for:**  
**2002/3 PPA Fieldwork Procedures**

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This Manual was written by the Implementing Consortium for the 2002/3 PPA.

# 1. Ensuring High-quality Research

## 1.1 Keeping the Research Focused:

Link all Activities (including interviews) to an Objective and link all Objectives to the Research Theme..

The "Research Agenda" has been written-out to help you think through some of the key issues/questions to be pursued in the course of your research. Do not LIMIT yourself to the issues in the Research Agenda, but DO make sure you address them. If participants in the research process do not think they are important questions, ask them to explain WHY. See Appendix 1 for English and Swahili versions of the Research Agenda

Regularly reflect on what you have learnt and what you *need* to learn next.

## 1.2 Distinguishing between Fact, Opinion, Rumour, Statements & Interpretation:

Facts are: commonly agreed time and place specific truths

Opinions are: a person's or a group's view on a topic

Rumours are: unsubstantial information from an unknown source

Work to convert "rumours" to "facts" for all important issues. Please don't come back from fieldwork with rumours when what we need is "facts!"

A statement is something someone said. In contrast, an interpretation is what you thought about what they had to say. CLEARLY label which is which in your notes with "S" or "I." This is VERY IMPORTANT!

## 1.3 Researching Sensitive Subjects

Due to the nature of our Research Theme, "vulnerability," we are obliged to address and learn about difficult issues such as hazardous/illegal livelihoods (e.g. prostitution) and "taboo" topics (e.g. HIV/AIDS). Though this is important, **REMEMBER: Do whatever you do in the best interest of the individual, *not* the research or yourself.**

A "sensitive subject" in one community might not be in another... and vice-versa. Always check *first* whether or not a particular subject is fit for public discussion before beginning an activity.

An activity plan is *inappropriate* if it would associate specific people with an illegal livelihood or low status group (possibly HIV/AIDS+). One can, however, discuss these issues in public - and might want to - so long as no individual would be demeaned/placed at risk of social sanctions.

You might want to convene a small group of people (e.g. HIV/AIDS+) to discuss their special circumstances. If you do so, then you **MUST** do so in such a way

that their reputations, etc. are protected. They must also be assured that everything discussed in the meeting will remain strictly confidential.

Identify individuals for one-on-one interviews/household interviews through informal networks. In many cases, a local nurse or CBO working with HIV/AIDS+ households will be able to help you IDENTIFY potential interviewees and help you APPROACH them. Whenever possible, use in-roads such as these... Otherwise, you will have to be more creative. Regardless, the key is to:

- BE sympathetic.
- Do NOT be judgemental.

#### **1.4 Conducting Participatory Research with Children:**

##### **Why involve children in research?**

- To get perceptions of children
- Children important – part of human capital
- Big part of human capital (50%)
- Right to be heard
- Without consultations might be negative effects
- Different angles – points of view

##### **Difficulties**

- Culture “says” children have to be silent
- Children not used to be consulted
- We think we know
- We all have been children
- Power relations
- Raising unrealistic expectations
- How to approach?

##### **Selecting Child Participants**

Clear rules of the game, draw from a hat, etc. or speak to teachers about a group... Go through child-networks.

##### **Introducing yourself**

Plan beforehand. How will you explain who you are and what you are doing? Use simple language.

##### **Time**

Make sure you have enough time. Don't risk arousing strong emotions in children and then leaving. Without helping them regain control over their feelings.

##### **Privacy**

Prepare adults for the fact that you will be talking with children. Make sure that you have adequate privacy. If other people are present, make sure they are trusted by the children. Don't overwhelm a single child with several adult researchers.

##### **Appropriate behaviour**

Different cultures have different customs about how children and adults should behave.

**Lies**

When children lie they usually have good reasons to do so. If you find they are lying don't show anger, press for the truth or interrogate them.

**Story with a Gap**

You can use "Story with a Gap" technique to prompt discussion with children. They can then talk about the story... or about a drawing... rather than about themselves.

**Ending**

Try not to end abruptly. Sum up the conversation, thank children for participating and ask them how they have experienced the conversation. Let them know if you will see them again, but never make promises you cannot fulfil. Close the session, ask them what they felt about the conversation/ process and if there is anything more they would like to add. Explain to the children that what you discuss with them is between you and them - not to be repeated to their teachers or parents.

**Be sensitive to a child's mood and state**

Exhausted, hungry, ill or frightened children need to have their problems acknowledged or dealt with before they can start talking with you. Don't press them for information or leave them with a sense of failure because they have not answered your questions. 30 minute max of attention. Then game/break!

**Recording**

Explain why and how the conversation will be recorded. Don't let recording be intrusive. Give your full attention to children.

**Confidentiality**

Children must know that their identities will not be revealed, that secrets will be kept.

**Clarify - don't interrupt**

Interrupting will often silence children, who fear they have said something "wrong." Wait for a natural pause if you need to clarify points or ask for further information.

**Dealing with stress:**

- Participation in research can be therapeutic for children, but it can also be intrusive. Researchers need to be able to manage distress in children.
- Keep the session short: Half an hour to one and half-hours, depending on the age of the child. It is better to stop and plan a second session if you notice signs of restlessness or unease.
- Starting with activity: such as story or game can help the children feel relaxed.
- The risk of causing distress can be reduced by starting the research process with neutral subjects and gradually introducing more difficult ones.
- Researchers should not negate or dismiss children's feeling and should respond to these feelings naturally. Acknowledgement and acceptance of children's thoughts and feelings is vital, even if these distressing to the researcher (for example with expressions of resentment or revenge).
- It is important not to raise false expectations in children. This can be especially difficult in situation where children are not used to being listened to and taken seriously, or where researchers belong to an aid agency, which supports programs in the research area.
- Only give advice and reassurance that is practical and realistic.

- End the interview or other research process on a positive note; do not leave a child in a distress.
- Be clear what you want and what the children can expect. Give rules of interaction: clapping for people, supporting each other.

NOTE: In the Introductory Meeting with the community, explain that you will be speaking with lots of people throughout the course of your research. Let them know that you will also be seeking to speak specifically with children about the special forms of vulnerability they face, etc. This is important, otherwise community members might be suspicious as to why adults are trying to spend time with children...

Younger and smaller researchers may be the best to bridge the gap between adults and children.

Always define the rules of the game with children (and adults!). For example, explain how long will you meet, in what setting, what will you ask, etc. Be aware of power relations between children, as well as between you and them. If you are going to be working with a small group of children, minimise age and gender differences.

When we speak about children and their vulnerability, we will be looking at three age ranges:

**5-8**

**9-12**

**13-16**

These ranges must be consistently used by ALL Research Teams (unless you have explicitly learnt that other ranges are more significant in your site). We need to understand how children's vulnerability changes with their age and gender. When doing so, ask about fictional scenarios... It is difficult for children to speak about their own situation.

**ABOVE ALL, REMEMBER: Do whatever you do in the best interest of the child, not the research or yourself!**

## 1.5 Conducting Participatory Research with Elderly People

There are different definitions of who is "elderly." At the very least, anyone over 60 years of age is "elderly." However, you might want to discuss this with people in your research site.

Elderly people face: isolation, health problems, low- or no-income, rejection, insecurity, lack of shelter, lack of care. They are also frequent victims of superstition.

There are "lovely" and "wise" and "ugly" and "senile" elderly people. Our research has to grasp the diversity of circumstances experienced by elderly people. We would fail in our task if we only met with the "beautiful" elderly people... Indeed,

it is the elderly people who lack community respect, etc. that are particularly "vulnerable."

Research:

- Elderly people can turn "mute" if your behaviour is disrespectful or suggests lack of acceptance
- Use a local mobiliser who they would accept and trust
- Invite elderly people to use their local language
- Observe cultural norms of dress and decorum when working with elderly people
- Be gender sensitive
- It is best if the researcher is older and the same gender as the elderly people with whom they are working
- The research METHODS you use should be sensitive to the particular conditions of elderly people. For example, some elderly people are hard of hearing, may be blind or lame.
- Go to elderly people with limited mobility, do not try making them come to you..
- Talk slowly and loudly when working with elderly people
- Give "prior warning" to elderly people before showing up (this can be done through your local mobilizer)
- Be sympathetic
- Be sensitive to elderly people tiring quickly (do not demand too much of their time)

## **2. Format, Content & Submission of Reports:**

Activity Plans (see Appendix 2) should be filled in PRIOR to any research activity. It should be kept in the Team Research Folder.

Activity Reports (see Appendix 3) should be filled in immediately AFTER any research activity. Hand written notes (detailed record) should be stapled to the Activity Report and filed in the Team Research Folder (with the corresponding Activity Plan).

Administrative Report (see Appendix 4) should be filled in and submitted to ESRF by the Team Leader following final departure from a Research Site. A copy of this Report should be filed in the Team Research Folder.

Incident Reports (see Appendix 5) should be filled in and submitted to ESRF by the Team Leader immediately following ANY health, safety or disciplinary "incident."

## **3. Interacting with Government Officials:**

### **3.1 Making Contract at Regional and District Levels:**

Research Teams are expected to:

- First, contact the RAS & RC with jurisdiction over their research sites

- Second, contact the DED, DC and DAS with jurisdiction over their research sites. The DED will then facilitate contacting the DPO, etc.

NOTE: Some Research Teams will be going to different Districts in the same Region. Coordinate contacting the RAS, etc.

### **3.2 Arrangements with and Responsibilities of District-based Researchers:**

As per the instructions of PO -RALG, each Research Team will include one "District-based Research Partner." This DB/RP will ordinarily be the District Planning Officer (see letter from PO-RALG to Districts).

The salary for the DB/RP is covered by PO-RALG. However, the DB/RP will receive the same Living Allowance (calculated as Tsh. 30,000 per day) as all other Team Members while out of their Home Base.

The DB/RP is subject to all the same rules as other Team Members. As well, they have all the same rights of emergency care, support, etc.

The DB/RP has one special responsibility: organising the District Workshop. The rest of the Team should backstop and support the DB/RP to meet this responsibility.

### **3.3 Preliminary Site Report & District Workshop:**

After each site, the Research Team will draft a "Preliminary Site Report," the contents of which will be presented to Local Authorities, etc. in a "District Workshop" (see below).

Additions, amendments, etc. to information presented at the Workshop should be incorporated into the final version of the "Preliminary Site Report," copies of which should be sent to:

- The RAS, RC, DED, DC, DPO, WEO, Village (site) Chairman and ESRF.

ESRF's address is:

ppa@esrf.or.tz

The Tanzania PPA Process  
c/o ESRF  
P.O. Box 31226  
Dar es Salaam, TZ

The "Preliminary Site Report" should be written in English and include:

- Executive Summary (no more than two pages in length)
- Introduction (no more than one page in length)
- Methodology (no more than one page in length)
- Key Preliminary Findings
- Conclusions

There is no page limit for this Report.

The District Workshop should be a ½ Day Workshop beginning at 9:00 and lasting until lunchtime. The purpose of the Workshop is to:

- Inform Local Authorities and Civil Society Representatives about research results. This is both a professional courtesy and a means to help bring about change at the local level.
- Verify research results, improve their presentation and get important contextual information.

Practical details:

- The DB/RP should be the primary organiser and facilitator
- An allowance of up to Tsh. 125,000 has been allocated to buy lunch for 50 participants
- District Authorities should provide the Workshop venue
- The Workshop should be conducted in Swahili
- Travel Allowances will be provided to Ward officials and Community Representatives.

Workshop invitees should include:

- The Village chairperson or VEO, as well as a “community leader”
- Ward Officials (the WEO and Councillors)
- Local NGOs/CBOs
- Members of the District Executive Council

## **4. Interacting with Communities**

### **4.1 Selecting the Research Site:**

ESRF will work with Team Leaders to contact District Planning Officers and arrange a community to be contacted prior to the Team's arrival in the site-area.

Each Research Site will be selected on the basis of its conformity to criteria determined by stakeholders in the 5<sup>th</sup> February Workshop.

The DPO will work with Community Development Officers to prepare for the Research Team's arrival. It is, however, the Team Leader's responsibility to ensure that arrangements are made and to ensure that sites conform to the criteria for which they were selected.

### **4.2 Introductory Procedure (Distribution of flyers, literature & video presentation):**

Research Teams will arrange to arrive in their site in the morning. They will then work with community members/village leaders to distribute flyers and *Tanzania Bila Uinashini* in order to further spread the word (already communicated by the CDO) that a video will be shown at an appropriate time and place that evening.

The "Introductory Meeting" should entail an introduction to the Research Team and a showing (several times, if necessary) of the video entitled *Shinikisha Hamanchi Kuondoa Uinaskini*.

After the video has been shown to people's satisfaction, the Research Team will further explain what they will be doing, for how long, etc. and give community members a chance to ask questions. The Research Team needs to provide an overview of the Research Process during this activity. For example, the Teams need to explain that they will be meeting with different groups of people to learn about diverse concerns, points of view, etc. and there will be a "Feedback" event at the end of the research period.

It would probably be ill advised to provide sodas or other forms of remuneration at this first meeting, as it would set a dangerous precedent...

Team Members should "mingle," greet and speak with community members during the evening activity. This may (check with village leaders first!) be a good forum for selecting Community Mobilisers, agreeing when they will meet you the next day, etc.

**4.3 How do we present ourselves (titles, institutions, the work we are doing, what language do we use, what clothing do we wear and presenting a clear and reassuring "team face"):**

[Research Teams to discuss.]

**4.4 Dealing with Community Conflict:**

Based upon our experiences, we know that participatory research can uncover community conflicts (e.g. between farmers and livestock-keepers). These conflicts are important to us as researchers, as they have a lot to teach us about vulnerability and coping mechanisms.

It is highly unlikely that we will be able to "resolve" these conflicts. However, we can contribute to empowering local people to resolve them by improving their understanding of, and empathy for, the other side's point of view.

When conflict arises, we can:

- Begin with a modified version of the "E/W/3" activity, which helps people to recognise that every issue can be looked at in different ways
- Help people communicate their different perspectives in a constructive manner
- Use exercises that help participants "Walk in Someone Else's Shoes" (e.g. men assessing women's work load and vice-versa)
- Use exercises that help participants see their dependent and complementary relationships

Above all, we should use "good planning" to prepare for (and possibly avoid!) the possibility of erupting community conflicts...

#### **4.5 Remunerating Community Participation:**

Each Team will be provided with a "Research Facilitation Fund" of Tsh. 100,000 per site. ESRF will replenish this fund if necessary. Use of this Fund is limited to the items listed in Appendix 6.

Community Mobilizers will be paid at a locally appropriate rate. Usually, this will be Tsh. 1,000 per day. The guiding principle in setting this rate is the PPA's determination not to skew local expectations and/or make it more difficult for NGOs/ CBOs to engage people in efforts to improve their lives.

### **5. Social Contract within Teams**

#### **5.1 Excessive Drinking:**

Researchers have agreed not to drink any alcohol before completing their work each evening.

When drinking, Researchers have agreed to consider where, when and how much they drink.

REMEMBER: You are always being watched, and unprofessional behaviour jeopardises the status of the entire team and the work you are all committed to doing. If drinking alcohol in any way compromises the quality of the work being done or the team's relationship with their community, then this contract has been broken...

#### **5.2 Sexual Harassment:**

Sexual harassment is any unwanted sexual advance towards a team member or community member. Sexual harassment is any "suggestive" behaviour that makes other people uncomfortable.

Sexual harassment is disrespectful of others and ourselves.

#### **5.3 Intimidation (by age, gender, title, etc.)**

We have agreed to put away any status we associated with our "age, gender or title" during the research period.

Also, we have agreed *not* to use patronising or demeaning names for our colleagues.

#### **5.4 Not doing work (Research & sharing camp chores):**

We share work – both in terms of the research load and camp chores – equally regardless of our age, gender or title.

### **5.5 Affairs Within Team & Between Team Members and Villagers:**

We agree that we will not have affairs with fellow Team members or with community members during the research period.

We recognise that affairs within the Team can lead to bias, favours, etc. that undermine work, group dynamics and cohesion. We also recognise that affairs with community members could lead to tensions with other community members and imperil the work we are trying to do.

### **5.6 Conflict Resolution:**

We have committed ourselves to avoiding behaviour that can brew up conflict. Nonetheless, some conflicts will develop. We will resolve them in a mature and professional way by:

- Avoiding gossiping, back-biting and grumbling
- Clearly communicating our frustration after giving ourselves time to cool off
- Accepting constructive criticism

### **5.7 Consequences of Breaking Social Contract:**

If someone breaks our Social Contract, they will be approached by the Team Leader or Team "mirror" to make sure they understand the problem. If the matter cannot be resolved in this way, or if the breach in contract was sufficiently serious (in the best judgement of the Team Leader or a simple majority of Team Members), then the transgressor will receive a written complaint in the form of an "Incident Report."

A copy of the Incident Report will be given to the transgressor, one copy kept by the Team Leader, and one copy immediately sent to ESRF. ESRF will then send the Report to the transgressor's Home Institution.

For each additional transgression against the Social Contract, a new Incident Report will be written, given to the individual and sent to ESRF for delivery to the appropriate Home Institution.

If ESRF receives a third Incident Report for any one individual, that person's Home Institution will be contacted to work with ESRF and remove them from the Research Team. In the meantime, the Team Leader will take the transgressor out of the research community and make sure that the person is safely housed in the nearest town until arrangements for their evacuation have been finalised.

Note: Neither the Team Leader or ESRF are responsible for taking disciplinary measures against Research Partners.

If any violation of the Social Contract jeopardises the safety or perceived security of Team or community Members, the transgressor will be immediately escorted out of the Research Site. In these cases, the Team Leader will accompany the individual to the nearest town, arrange accommodations and

notify ESRF immediately. ESRF will then contact the individual's Home Institution to discuss the situation and make appropriate arrangements for the transgressor's return to Dar es Salaam.

The Team Leader should fill in a complete "Incident Report" as soon as possible and send to ESRF and give a copy to the individual. ESRF will send the Report to the Home Institution.

## 6. Decision-making within Research Teams

Decision-making should, to the greatest degree possible, be consultative and consensual. However, total participation in decision-making would lead to total pandemonium... and few decisions being made in a timely manner.

The Team may appoint someone to be in charge of arranging daily food needs, etc. But the Team Leader is ultimately responsible for making sure that EVERYONE on the Team is reasonably fed and safely housed.

## 7. Management of funds & accounting procedures:

### Stipend Allowance, Schedule and Procedure:

As per Government rates, researchers will be given Tsh. 900,000 per month to cover ordinary expenses while out of their home area of operation. The only exception to this amount may be for Researchers working in Dar es Salaam. Researchers are responsible for making arrangements for payment with the ESRF Finance Manager (Mr. Alex Mwinuka) before 4<sup>th</sup> March.

## 8. Timetable for Field Work:

Dates	Activity
4 <sup>th</sup> March	Depart Dar es Salaam (Begin Research Period)
6 <sup>th</sup> – 21 <sup>st</sup> March	1 <sup>st</sup> Research Site
25 <sup>th</sup> March – 12 <sup>th</sup> April	2 <sup>nd</sup> Research Site
29 <sup>th</sup> – 31 <sup>st</sup> March	Easter Break
16 <sup>th</sup> April – 1 <sup>st</sup> May	3 <sup>rd</sup> Research Site
6 <sup>th</sup> – 10 <sup>th</sup> May	Synthesis & Further Analysis
13 <sup>th</sup> May	Presentation to IC
14 <sup>th</sup> – 17 <sup>th</sup> May	Time in Home Institutions
19 <sup>th</sup> May	Depart Dar es Salaam
21 <sup>st</sup> May – 5 <sup>th</sup> June	4 <sup>th</sup> Research Site
10 <sup>th</sup> – 25 <sup>th</sup> June	5 <sup>th</sup> Research Site
29 <sup>th</sup> June – 12 <sup>th</sup> July	6 <sup>th</sup> Research Site
15 <sup>th</sup> – 19 <sup>th</sup> July	Synthesis & Further Analysis
22 <sup>nd</sup> July	Presentation to IC (End Research Period)

## Research Team A

### Composition:

Dr. Rose Mwaipopop (Team Leader)  
Dr. Emmanuel Mwigomole (Institute of Development Studies, UDSM)  
Mr. Godfrey Tweve (Concern Worldwide)  
Mr. Joachim Njoki (Concern for Development Initiatives in Africa)  
Ms. Atuswegele Mwangomale (Research Intern)

### Schedule:

1. Kyela (Mbeya Region)
2. Newala (Mtwara Region)
3. Lindi Rural (Lindi Region)
- BREAK-----
4. Mwanza Rural (Mwanza Region)
5. Kigoma Rural (Kigoma Region)
6. Kibondo District (Kigoma Region)

## Research Team B

### Composition:

Mr. Charles Kadonya (Team Leader)  
Ms. Annette Ngaiza (ActionAid)  
Ms. Terry Swai (CARE, International)  
Mr. Eston Swebe (National Bureau of Statistics)  
Mr. Samuel Onesma (Research Intern)

### Schedule:

1. Ilala Boma, Ilala District (Dar es Salaam Region)
2. Tandale, Kinondoni District (Dar es Salaam Region)
3. Kihisa, Iringa Urban (Iringa Region)
- BREAK-----
4. Tanga Urban (Tanga Region)
5. Mafia District (Pwana Region)
6. Rufiji District (Pwana Region)

## Research Team C

### Composition:

Mr. Loserian Ole Sangale (Team Leader)  
Dr. Moses Ole Neselle (PI NGOs Forum)  
Ms. Marya Plotkin (African Medical Research Foundation)  
Mr. Omary H. Juma (President's Office - Planning and Privatisation)  
Ms. Pauline Mroso (Research Intern)

### Schedule:

1. Simanjiro District (Arusha Region)
2. Mbulu District (Arusha Region)
3. Kilosa District (Morogoro Region)
- BREAK-----
4. Singida Rural District (Singida Region)
5. Igunga District (Tabora Region)
6. Tarime District (Mara Region)

#### **Research Team D, led by, will be visiting:**

##### **Composition:**

Ms. Fortunata Temu (Team Leader)  
Mr. Gabriel Mbulunya (Christian Social Services Commission)  
Dr. Cosmas Kamugisha (Institute of Development Studies, UDSM)  
Mr. Ezekiel Mpanda (Policy Analysis Division, Ministry of Finance)  
Ms. Emmy Metta (Research Intern)

##### **Schedule:**

1. Chunya District (Mbeya Region)
2. Nkasi District (Rukwa Region)
3. Bagamoyo District (Pwani Region)
- BREAK-----
4. Meatu District (Shinyanga Region)
5. Same District (Kilimanjaro Region)
6. Handeni District (Tanga Region)

#### **Research Team E**

##### **Composition:**

Mr. Patrick Simon (Team Leader)  
Mr. Justine Mdemu (Save the Children – U.K.)  
Ms. Fabiola Shundi (Women's Research and Documentation Project)  
Mr. Amani Manyalezi (Maarifa ni Ufunguo)  
Ms. Flora Protas (Research Intern)

##### **Schedule:**

1. Njombe (Iringa Region)
2. Makete District (Iringa Region)
3. Songea Rural District (Songea Region)
- BREAK-----
4. Dodoma Rural District (Dodoma Region)
5. Manyoni District (Singi da Region)
6. Muleba District (Kagera Region)

## **9. Emergencies**

### **9.1 Emergencies in the Field (emergency funds, who decides on evacuation, etc.):**

Each Team will be provided with an "Emergency Fund" of Tsh. 400,000. ESRF will replenish this fund as necessary. Use of this Fund is limited to the items listed in Appendix 6.

In case of illness, the Team Leader and patient will decide whether evacuation from the research site to a local clinic is necessary. NOTIFY ESRF IF SOMEONE IS TAKEN FROM THE RESEARCH SITE TO A CLINIC. ESRF will then notify the patient's home institution.

IF THE EMERGENCY IS LIFE-THREATENING, THE RESEARCHER SHOULD IMMEDIATELY BE EVACUATED TO THE NEAREST APPROPRIATE FACILITY. THEN, THE TEAM LEADER SHOULD CONTACT ESRF FOR SUPPORT.

In non life-threatening situations, evacuation to Dar es Salaam should be discussed with ESRF prior to departure.

## 9.2 Emergencies at Home (notification, leaving the field, etc.):

A "Home Emergency" is:

- Critical Illness in Immediate Family
- The Loss of Immediate Family

Research Partners should provide family members and their home institution with ESRF contact numbers. If ESRF is contacted by family members or the RP's home institution about a home emergency, then ESRF will work to contact the Research Team/RP as *quickly as possible* to arrange evacuation.

If a RP is directly contacted by a family member or home institution about an emergency, then the RP should contact ESRF - if possible - before leaving the field in order to secure logistical support, etc.

## 10. Health

Each Researcher is responsible for her/his health and health insurance (usually, the latter will be provided by the RP's home institution). Each Team is also equipped with a First Aid kit (including several types of malaria treatment).

RPs are responsible for notifying ESRF and their Team Leader of life-threatening food and medicinal allergies.

## 11. Security

1. Hijacking: Drive only during daylight, avoid taking unauthorised passengers (accept in the case of emergencies), hire armed police escort as appropriate, don't fight back.
2. Mugging: Don't provoke, don't draw attention to your things, don't stay out too late, don't walk alone at night.
3. Witchcraft: Don't provoke.
4. Rape: Stay together, don't walk alone at night.

Don't get involved in local conflicts!

## 12. Special Days (What do we do, and who pays for what?)

Easter Holiday will last from 29<sup>th</sup> - 31<sup>st</sup> March. Teams will stay in the field during this period. However, they may use the rental vehicle to journey to town for religious services.

Teams will decide whether to take off Union Dar, May Day and/or Sabasaba.

Local weddings, funerals, etc. are not holidays. However, during these days and official holidays, the Team should not schedule meetings that would interfere or impede celebrations by participants.

### **13. Other Practicalities**

#### **Communication between the field and H.Q.:**

Each Team will be provided with a "Communication Fund" of Tsh. 20,000 per site. ESRF will replenish this fund if necessary. Use of this Fund is limited to the items listed in Appendix 6.

ESRF will be sending a newsletter to your home institutions. To do this, we need to know where you are and how your research is progressing.

ANY team member is welcome to contact ESRF for any reason.

However, Team Leaders are REQUIRED to contact ESRF on a regular basis to provide "Administrative Reports." These should be sent every time you return to town (e.g. District H.Q.) following in-site fieldwork.

#### **Updating your institutions:**

ESRF will send a monthly update to your home institutions throughout the fieldwork period. *RPs should discuss with their home institutions who the "Contact Point" will be while they are in the field and advise ESRF.*

#### **Transport (type of vehicles, breakdown/stuck procedure):**

Hired vehicles are "upcountry" design (Land Rovers and Land Cruisers). Drivers have money for breakdown repairs, etc. This is primarily the responsibility of the driver. However, "unpredictability" is the only certainty... So, Team Leaders should use their "Emergency Funds" as necessary.

Rental vehicles cannot run beyond town-limits after dark, unless it is for research reasons. In these cases, driving should be kept to a minimum (at the discretion of the Team Leader).

Non-team members should not, ordinarily, be allowed in the vehicle. It is acknowledged that - under critical/life-threatening conditions - exceptions should be made.

#### **What do we bring (and how much)?**

[Teams to discuss.]

**What identification cards do we need to bring?**

Team members are responsible for determining what I.D. they need and bringing it, but everyone should bring some form of identification recognisable by authorities. ESRF will provide identification to Research Interns.

**Business Cards & Letters of Introduction:**

ESRF will provide a "letter of introduction" signed by PO-RALG.

## Appendices

## Research Agenda for the 2002/3 PPA (English)

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The final Research Agenda – to be used by PPA Research Teams as a starting and continual reference point – reflects policymakers’ interest in learning about:

1. The concept of “vulnerability” and who is vulnerable
2. The forces that make people vulnerable and lead to (further) impoverishment
3. “Coping mechanisms” at individual, household and community levels

The following table presents a more detailed breakdown of the core “Topics” and “Issues” to be explored by the 2002/3 PPA:

### 1. The Concept of Vulnerability

#### 1.1 How do people experience and perceive the relationship between poverty & vulnerability?

#### 1.2 Which Social Groups are perceived in diverse communities to be particularly vulnerable?

- Are specific social groups (e.g. female-headed households) *recognised* and *considered vulnerable* in all settings?
- What characteristics do community members see as particularly relevant in assessing whether one social group versus another is categorically “vulnerable”?

### 2. Causes & Consequences of Vulnerability

#### 2.1 Environment & Vulnerability

##### 2.1.1 Popular perceptions

- What environmental factors (including the status of natural resource and climatic conditions) do people perceive as affecting – and how – their vulnerability to becoming poor(er)?
- What patterns do people perceive regarding (a.) environmental conditions and (b.) Government response
- What do people think can be done by themselves and policymakers at various levels to reduce the frequency, intensity and impact of impoverishing environmental conditions?

##### 2.1.2 Environmental Degradation (e.g. Soil, Pasture, Forest & Fisheries)

- How does environmental degradation affect the well-being and vulnerability of different social groups (e.g. women and/or small farmers)?

### **2.1.3 “Natural” Disasters (e.g. Drought & Flood)**

- In what ways do natural disasters affect the wellbeing of diverse social groups?
- Are some social groups more vulnerable than others to the negative affects of natural disasters?
- How do people (at individual, household and community levels) try coping with natural disasters?
- How can Government support local responses to natural disaster and how should it intervene?
- Is vulnerability “seasonal”?

## **2.2 Livelihoods & Vulnerability**

- What role does “child-labour” (i.e. that which precludes formal education) play in household strategies to minimise risk and stave off absolute poverty? How do children themselves view this strategy? Do they perceive it as increasing their long-term vulnerability as individuals?
- Is the vulnerability experienced by unemployed rural and urban youth particularly different from that of other social groups?
- Do the livelihood options open to particular social groups (e.g. women versus men and people with disabilities) mean that some are inherently more vulnerable than the other?
- What forms of vulnerability are associated with specific livelihoods?
- What is the relationship between land-ownership (or lack thereof) and vulnerability vis-à-vis diverse social groups?

### **2.2.1 Hazardous and “Illegal” Livelihoods**

- Why do people engage in hazardous and illegal livelihoods (e.g. prostitution and poaching)? What is the relationship between these livelihoods and “vulnerability”?
- How do some of the worst forms of child labour affect the short and long-term vulnerability of children?
- How can Government facilitate people shifting from hazardous and illegal to safe and legitimate livelihoods?

## **2.3 “Economic Reforms” and Vulnerability**

### **2.3.1 Access to Quality Social Services & Markets**

- What is the relationship between access to quality social services and the vulnerability of particular social groups?
- How do illiteracy and innumeracy contribute to individuals’ vulnerability?
- To what extent has the recent collapse of public social services increased people’s vulnerability?

### **2.3.2 Policy Shocks**

- What effect has the sudden removal of Agricultural Subsidies had on the wellbeing and vulnerability of particular social groups?

### **2.3.3 Cash-Crop Price Fluctuations**

- What effect does cash-crop price fluctuation have on the vulnerability of small-holder farmers?

## **2.4 Good Governance & Vulnerability**

### **2.4.1 Corruption**

- How does corruption in social service delivery affect people’s vulnerability?
- How does corruption affect different social groups’ access to social services?
- What suggestions do people have for reducing corruption in social service delivery?

#### **2.4.2 Unequal Policy Influence between Industrial vs. Small-scale Operators (e.g. artisanal vs. industrial miners and fisherman)**

- Do some social groups experience and perceive themselves as essentially “excluded” from policy debates in general and about poverty alleviation in particular?
- Do community members perceive Government, at various levels, as having been “captured” by elite interest groups?
- Does the limited policy-voice of certain social groups affect their vulnerability? If so, how?

#### **2.5. “Social Power” & Vulnerability**

- How does the exclusion (or diminished influence) of specific social groups in household and community decision-making processes affect their vulnerability?
- What forms of social exclusion significantly increase the vulnerability of certain social groups?
- What social groups are most affected by exclusion from or limited voice in households and community decision-making processes?

#### **2.6 Physical Abuse & Vulnerability**

- What forms of Physical Abuse are perpetrated against particular social groups, and what are the consequences for individuals, households and communities?
- Does the mere threat of Physical Abuse curtail livelihoods and/or undermine wellbeing?
- What measures are taken by individuals, households and communities to guard against Physical Abuse?

#### **2.7 Health & Vulnerability**

- What is the relationship between “health” and the vulnerability of individuals and households?

##### **2.7.1 HIV/AIDS & Vulnerability**

- How does HIV/AIDS affect the wellbeing of individuals, households and communities?
- Do the experiences of HIV/AIDS infection and care taking differ between social groups?
- What are the consequences of HIV/AIDS positive parents for children and grandparents?
- What affects the quality of home care provided to HIV/AIDS patients?
- How do HIV/AIDS positive households cope with the loss of productive labour? Does the significance of lost labour vary according to livelihood?
- Do HIV/AIDS positive individuals and households suffer from “social exclusion?”
- What can Government do to facilitate grass-roots support to HIV/AIDS affected individuals, households and communities?

#### **2.8 Other Shocks & Processes leading to increased Vulnerability**

### **3. Coping Mechanisms**

#### **3.1 Strategies to “Prevent,” or avoid, crises (e.g. moving away from a drought-prone area)**

- What prevention strategies are employed at individual, household and community levels?
- How does membership in one social group versus another affect these strategies?
- Are these strategies changing? Are specific strategies becoming more or less widespread/effective? How so? Why?
- What is the role of non-farm rural enterprises in these strategies?

- ❑ How do power relations at household and community levels affect these coping strategies?

### **3.2 Strategies to “Prepare” for a crisis and prevent negative impact (e.g. building-up food stocks)**

- ❑ What actions have individuals, households and communities taken to prepare for negative shocks/processes? What has the outcome been?
- ❑ Are these strategies (e.g. community-based Disaster Management and safety-net/Care Programmes) changing? How? Why?

### **3.3 Strategies to “Mitigate,” or diminish, the impact of negative shocks/processes (e.g. food-for-work programmes)**

- ❑ What actions have individuals, households and communities taken to mitigate the impact of negative shocks/processes? What has the outcome been?
- ❑ Are these strategies (e.g. community-based Disaster Management and safety-net/Care Programmes) changing? How? Why?
- ❑ What can Government do to encourage and support grass-roots initiatives?
- ❑ What complementary actions can Government take?
- ❑ What is the role of livelihoods diversity at the household level (and particularly rural/urban pairing) in mitigating the impact of negative shocks/processes?

Key “Categories of Vulnerable People” to engage in the participatory research process include:<sup>1</sup>

1. Elderly People
2. People with Disabilities
3. Women
  - ❑ Female-headed Households
  - ❑ Widows
  - ❑ Teenage Mothers
4. Youth
  - ❑ Unemployed Urban or Rural Youth
5. Children
  - ❑ Under 5’s
  - ❑ Child-headed Households
  - ❑ Orphans
  - ❑ Street Children
  - ❑ Child-labourers
6. HIV/AIDS Affected People
  - ❑ Individuals
  - ❑ Households
  - ❑ Communities
7. Pastoralists
8. Hunter-gatherers
9. Small-scale Farmers
10. Rural Landless
11. People in Degraded Landscapes
12. Urban Landless & Squatters

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<sup>1</sup> Of course, individuals belong to many social groups at the same time (e.g. someone can be “male” and “elderly”). Particular combinations culminate in what has been referred to as “multiple lowers” and “multiple uppers.” Thus, listing social groups/Categories of Vulnerable People is necessarily nothing more or less than a heuristic device to ensure an inclusive research process.

**MPANGO SHIRIKISHI WA KUTATHMINI UMASKINI**  
2002/3

**MADA JUU YA HALI INAYOWEZA KUSABABISHA KUFUKARISHWA<sup>1</sup>**

- I. Dhana ya Kuwa katika hatari ya kushuka kimaisha
- II. Hali au mambo yanayosababisha jamii kufukarishwa
- III. Mbinu za (mtu binafsi, kaya au jamii) za kujilinda au kujikinga dhidi ya ufukarishwaji

**I: DHANA YA KUWA KATIKA HALI INAYOWEZA KUSABABISHA KUFUKARISHWA**

1. Watu au jamii huelewa mahusiano kati ya umaskini na kuwa katika hali ambayo inaweza kusababisha kufukarishwa? Kama ndio, ni kwa jinsi gani? Kama sio, kwa nini?
2. Ni makundi gani ya watu katika jamii ambayo hufikiriwa kuwa katika hali ambayo inaweza kuwafukarisha kuzidi wengine?
  - Ni makundi gani ya aina hiyo ambayo yanatambuliwa kuwa katika hatari zaidi katika jamii yetu
  - Ni mambo gani ambayo jamii inayaona ni muhimu katika kutofautisha kundi moja na jingine kuwa katika hatari hiyo

**II: VYANZO NA MATOKEO YA KUKUMBWA NA HALI AU MAMBO YANAYOSABABISHA MTU AU JAMII KUFUKARISHWA**

**3. Mazingira na uwezekano wa kufukarishwa**

**3.1 Mitazamo ya jamii**

- Ni hali gani ya mazingira (kwa mfano: hali ya maliasili; hali ya hewa) ambayo watu huona au hufikiria kwamba vinaweza kusababishia mtu au jamii kufukarishwa.
- Ni kwa njia gani kufukarishwa kunaweza kujitokeza kutokana na hali hii?
- Watu wanaonaje mwelekeo wa hali ya mazingira? - je mazingira yanabadilika? Kwa jinsi gani? Je, serikali nayo inalichukuliaje suala hili?
- Watu wanafikiri ni kwa jinsi gani wao wenyewe pamoja na watunga sera (katika ngazi mbalimbali) wanaweza kupunguza uzito na madhara ya hali ya uharibifu wa mazingira?

**3.2 Uharibifu wa mazingira (mfano: - udongo, malisho, misitu na uvuvi)**

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<sup>1</sup> PPA (2002/3) Research Agenda on vulnerability

- Ni kwa jinsi gani uharibifu wa mazingira unaathiri hali nzuri ya maisha ya makundi mbalimbali (mfano: akina mama na wakulima wadogowadogo) au kuchangia kuwaweka katika hali inayoweza kuwasababishia ufukara?

### **3.3 Majanga ya asili (mfano: ukame na mafuriko)**

- Ni kwa jinsi gani majanga ya asili huathiri maendeleo ya kimaisha ya makundi mbalimbali ya jamii
- Kuna baadhi ya makundi katika jamii ambayo yako katika hatari zaidi ya kufukarishwa kutokana majanga ya asili kuliko makundi mengine?
- Ni jinsi gani ambavyo watu (mtu binafsi, familia, jamii) hujaribu kukabiliana na majanga ya asili
- Ni kwa jinsi gani Serikali inaweza kusaidia mwitikio wa watu katika kupambana na majanga ya asili?
- Hali ya kufukarishwa inandeanana na misimu?

## **4. Njia za Kujikimu kimaisha na hali inayosababisha kufukarishwa**

- Ajira ya watoto (wale walio katika umri wa kwenda shule) inasaidiaje familia au kaya kupunguza makali ya umaskini? Watoto wenyewe wanalionaje suala hili? Wanaona hali hii inaweza kuwasababishia ufukara katika maisha yao ya baadae?
- Hatari ya kufukarishwa inayowakabili vijana wasio na ajira maalum (walio mijini na vijijini) ni tofauti na hali inayowakabili watu wengine katika jamii?
- Uwezo wa sehemu fulani ya jamii (mfano: wanawake, wasiojiweza) kushiriki katika njia kadhaa za kujikimu kimaisha unawaweka katika mwanya mkubwa wa kufukarishwa ukilinganisha na watu wengine (mfano wanaume)?
- Ni hatari za aina gani zinazowezesha mtu kufukarishwa zinazowakumba watu mbalimbali au makundi mbalimbali ya jamii?
- Kuna uhusiano gani kati ya milki ya ardhi/kutomiliki ardhi na uwezekano wa kufukarishwa?

### **4.1 Njia za kujikimu zilizo “hatari” au “zilizo kinyume cha sheria”**

- Ni kwa nini watu hujihusisha na njia za kujikimu zilizo “hatari” au “zilizo kinyume cha sheria” (mfano: umalaya, ujangili nk) Kuna uhusiano wowote kati ya mbinu hizi na hali ya ufukarishwaji?
- Ni kwa jinsi gani ajira mbaya sana za watoto husababisha wakumbwe na hali inayoweza kuwatelezea ufukarisho katika maisha yao ya sasa na baadae?
- Serikali inawezaje kuwasaidia wananchi wajitoe katika ajira zilizo hatari au zisizoidhinishwa kisheria na kujiunga na aina zingine za kujikimu?

## **5. Mabadiliko ya Kiuchumi na hali inayoweza kusababisha kufukarishwa**

5.1 Upatikanaji wa huduma bora za jamii na hali inayoweza kusababisha kufukarishwa

- Kuna uhusiano gani kati ya upatikanaji wa huduma bora za jamii na hali inayoweza kusababisha (mtu, kaya au jamii) kufukarishwa?
- Kutojua kusoma na kuandika kunaweza kumsababishia mtu, kaya au jamii kuwa na hali inayoweza kuleta ufukarisho.
- Ni kwa jinsi gani uzorotaji katika huduma ya jamii kumezidisha hali inayoweza kuleta ufukarisho?

#### **5.2 Mabadiliko ya sera.**

- Kuondolewa ghafla kwa mikopo ya pembejeo za kilimo kumeathiri kwa jinsi gani maendeleo ya watu au uwezekano wa jamii kuwa katika hatari ya kufukarishwa?

#### **5.3 Mabadiliko ya Bei za Mazao ya Biashara**

- Mabadiliko ya mara kwa mara ya bei za mazao ya biashara yana madhara gani kwa hali ya kimaendeleo ya wakulima wadogo wadogo?

### **6. Uongozi bora na hali inayoweza kusababisha kutetereka kimaisha**

#### **6.1 Rushwa:**

- Ni kwa jinsi gani rushwa huathiri huduma za jamii na kuwaweka watu katika hatari ya kufukarishwa?
- Ni kwa jinsi gani rushwa huathiri uwezekano wa vikundi mbalimbali vya kijamii katika kupata huduma za jamii?
- Watu wanatoa ushauri gani juu ya kukomesha kwa rushwa katika utoaji wa huduma za jamii?

#### **6.2 Sera zisisoleta uwiano kati ya Wafanya biashara wakubwa ukilinganisha na wadogo (mfano: wavuvi, wachimba madini wadogowadogo).**

- Kuna makundi ya jamii yanayo jihisi kutengwa na mielekeo ya sera kwa ujumla pamoja na sera za kupunguza umaskini?
- Jamii inaona kama serikali katika ngazi mbalimbali imetekwa kimawazo na makundi ya matajiri wachache?
- Kutokusikika kwa sauti za makundi fulanifulani ya jamii katika kutengeneza sera, kuna athiri vipi kushuka au kutetereka kimaisha?
- 

#### **7. Uwezo/Sauti katika jamii na hali ya kufukarishwa**

- Ni jinsi gani kutokuhusishwa kwa baadhi ya kaya au makundi ya jamii katika kufanya maamuzi (uwezo, kutokusikilizwa) yanavyohusiana na kuathirika kwao na hatimaye maisha yao kubadilika au kuwa katika hatari ya kufukarishwa.
- Ni aina gani za kutokuhusishwa kwa baadhi ya makundi ya kijamii ambazo zinaongeza kuathirika kwa makundi ya kijamii
- Ni makundi yapi yanayoguswa au kuumizwa zaidi na kutengwa au kutokuwa na sauti katika kaya au jamii katika kufanya maamuzi?

#### 8. Unyanyasaji unaoleta madhara ya kimwili na uwezekano wa kufukarishwa

- **Ni aina zipi za unyanyasaji unaoleta madhara ya kimwili unaofanywa dhidi ya baadhi ya makundi katika jamii? Yanayafanywa kwa makundi gani hasa (km: watoto, vijana, wanawake wazee)? Ni nini madhara yake kwa watu binafsi, kaya au jamii kwa ujumla?**
- Ni kweli kuwa unyanyasaji unaoleta madhara ya kimwili ni tishio tosha kupunguza njia za mtu binafsi, kaya au jamii kuweza kujikimu na hivyo kudhoofisha amani, afya na ustawi wao?
- Ni njia zipi zinazotumika kwa mtu mmoja mmoja, kaya na jamii kwa ujumla kujilinda dhidi ya unyanyasaji unaoleta madhara ya kimwili?

#### 9. Afya na hali ya kufukarishwa

- Kuna uhusiano gani kati ya afya na hatari ya kuingia katika ufukara?

##### 9.1 Ukimwi

- Ni kwa vipi ukimwi unaathiri maisha ya watu, kaya na jamii?
- Je, athari za ukimwi kwa waathirika na wale wanaouguza zinatofautiana kufuatana na makundi ya watu?
- Wazazi wenye ukimwi wanawaathiri vipi watoto wao? Watoto wenye UKI MWI wanawaathiri vipi wazazi wao?
- Nini kinachoathiri ubora wa huduma zinazotolewa kwa wagonjwa wa ukimwi waliopo majumbani?
- Ni jinsi gani kaya zenye watu wenye ukimwi zinajikimu kutokana na kupoteza nguvu kazi au watu muhimu katika kaya kama wazalishaji?
- Hivi, umuhimu wa nguvu kazi zinazopotea, hutofautiana na aina ya shughuli ya uzalishaji?
- Watu wenye virusi vya ukimwi katika kaya wanaathirika vipi kutokana na kukosa huduma za jamii?
- Ni msaada gani serkali itoe kwa watu walioathirika kwa UKI MWI vijijini.

#### 10. Mambo mengine yanayopelekea kuongeza hatari ya kuingia katika ufukara.

### III: Jinsi ya Kujihami

#### 11. Mikakati ya kujizuia au kukwepa majanga/dharura (km kuondoka katika maeneo yanayokumbwa na ukame mara kwa mara).

- Mikakati gani ya kujihami na majanga hutumiwa na mtu binafsi, kaya au jamii?
- Mikakati hii hutofautiana vipi kati ya kundi moja la jamii na lingine?
- Mikakati hii inabadilika? Kuna mikakati maalum ambayo inaonekana kuchukuliwa zaidi ya mingine? Kwa vipi? Kwa nini?
- Mbinu za kujikimu (nje ya sekta ya kilimo) zinanafasi gani katika hii mikakati?

- Ni kwa jinsi gani mahusiano kati ya wana-kaya au jamii yanaathiri au kuchangia mikakati hii ya kujihami?

**12. Mikakati ya kujiandaa dhidi ya majanga na kuzuia madhara yake (mfano: kuhifadhi chakula)**

- Ni hatua gani zimekuwa zikichukuliwa na watu binafsi, kaya au jamii kujiandaa dhidi ya majanga haya? Matokeo yake yamekuwaje?
- Mikakati hii (mfano: mbinu za kijamii za kukabiliana na madhara/majanga) inabadilika? Kwa jinsi gani? Kwa nini?

**Activity Plan**

-----

1. Name of Field Site: \_\_\_\_\_
  2. Date: \_\_\_\_\_
  3. Activity Number: \_\_\_\_\_
  4. Activity Name: \_\_\_\_\_
  5. Activity Purpose/Objective: \_\_\_\_\_
- 
6. Expected Duration: \_\_\_\_\_
  7. Lead Facilitator: \_\_\_\_\_
  8. Recorder: \_\_\_\_\_
  9. Materials: \_\_\_\_\_
- 
10. Procedure:

**Activity Report**

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2. Name of Field Site: \_\_\_\_\_
  2. Activity Number: \_\_\_\_\_ Date: \_\_\_\_\_ Time Taken: \_\_\_\_\_
  3. Activity Name: \_\_\_\_\_
  4. Activity Purpose/Objective: \_\_\_\_\_
- 

5. Lead Facilitator: \_\_\_\_\_
  6. Recorder: \_\_\_\_\_
  7. Number of participants & composition of group: \_\_\_\_\_
- 

8. Notes & Visuals (see attached):

9. Key Findings:

10. Key Quotes:

11. Describe adequacy and reliability of information gathered in this exercise. What issues need Follow-up?

12. Comments on Process (continue on reverse):

**Incident Report**

-----

Team Leader: \_\_\_\_\_ Date: \_\_\_\_\_

Individual Involved: \_\_\_\_\_

Home Institution: \_\_\_\_\_

Brief Description of Incident:

Action Taken by Team Leader:

Action to be Taken by Individual Involved:

Expected Follow-up by ESRF:

Expected Follow-up by Home Institution:

Costs Involved (if any):

Remarks/Notes:

**Administrative Report**

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Team Leader: \_\_\_\_\_ Date: \_\_\_\_\_

1. Where are you?

2. Financial situation (status of Funds):

3. Health status of the team members (attach separate Incident Reports if you have not already sent them to ESRF):

4. Where are you going?

5. Important events (e.g. vehicle breakdowns, conflict with community, extraordinary support from community):

6. Mood meter of Team Members (scale of 1 – 5, with 5 being the highest):

7. How to contact the team (is there a phone number where you can be contacted while in town?)

Standardised Site Description<sup>1</sup>

Name of Site: \_\_\_\_\_

District: \_\_\_\_\_ Region: \_\_\_\_\_

Population: \_\_\_\_\_ (total) \_\_\_\_\_ (women) \_\_\_\_\_ (men)  
\_\_\_\_\_ (children aged 6-10) \_\_\_\_\_ (children aged 6-10 enrolled school)<sup>2</sup>

Nature, number and reliability of water sources: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature and reliability of nearest health care facilities and distance to nearest hospital:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of local educational institutions (describe primary and secondary schools – distance from community centre, distance travelled by students, pupil/teacher ratio and percentage of students continuing to secondary school): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Nature and reliability of access roads (surface type and seasonal conditions): \_\_\_\_\_

\_\_\_\_\_

Distance to important markets and district H.Q.:<sup>3</sup> \_\_\_\_\_

-----

Does the community receive grid electricity? \_\_\_\_\_

\_\_\_\_\_

Climate/rainfall patterns (including frequency & intensity of drought, floods, etc.):<sup>4</sup> \_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Basic assessment of natural resources necessary for production and reproduction (including the availability of fire wood and other materials for domestic use):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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<sup>1</sup> The majority of information for this form can be collected through one or two key informants.  
<sup>2</sup> It should be possible to obtain this information from local health care workers (as a result of UNICEF programming) and schools. If the information is not readily available, do not pursue.  
<sup>3</sup> Use vehicle odometer.  
<sup>4</sup> This information should be available at District and/or Regional Headquarters.

Major Livelihoods/Economic Activities for women and men (list key crops, etc.): \_\_\_\_

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Major forms of girl and boy-child labour: \_\_\_\_\_

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Casual labour wage (peak and off-peak) for women, men and children: \_\_\_\_\_

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Price received for keystone local products (e.g. cash-crops/food staples) at peak and low -season: \_\_\_\_\_

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Cost of purchasing food staples (peak and off-peak): \_\_\_\_\_

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Locally active NGOs, CBOs, etc. involved in service provision (e.g. healthcare): \_\_\_\_

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AIDS education campaigns/level of AIDS awareness: \_\_\_\_\_

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When did HIV/AIDS first arrive in the area: \_\_\_\_\_

**Number of:**

Paternal orphans: \_\_\_\_\_ Maternal orphans: \_\_\_\_\_ Both sides orphans: \_\_\_\_\_

Child-headed households: \_\_\_\_\_

Female-headed households: \_\_\_\_\_

Elderly households raising grandchildren: \_\_\_\_\_

HIV/AIDS infected households:<sup>1</sup> \_\_\_\_\_

Disabled persons: \_\_\_\_\_

Other, locally identified, category of especially vulnerable people (name and number):

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<sup>1</sup> This information should be available from a local nurse, CBO, etc. Triangulate whenever possible.

## Financial Protocols

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### 1. Introduction

The protocol forms part of the social contract drawn up by the members of PPA Research Team and endorsed by the ESRF.

Decisions with regard to day to day activities of the team in the field will be made jointly by the Team and in as much a transparent manner as possible. However, the Team Leader shall be held accountable by ESRF for the quality of work of the Team and for the resources made available to him/her for the Team.

### 2. Emergency Fund

This fund shall be set aside and given to the Team Leader (TL) to cater for the following emergencies:

- a) *Emergency Treatment*. The fund will cover costs related to unexpected illnesses of any Team Member as well as his/her evacuation from the field in case of serious medical problem that needs further attention to a District, Region or Dar-Es-Salaam based referral hospital. Team Members are advised to carry with them necessary medicine for illnesses for which they are undergoing treatment.
- b) *Evacuation*. Besides emergency treatment, this fund will also be used for evacuation should emergencies occur that would be threatening to the security of the Team Members while in the field. The evacuation funds apply to the evacuation of the RPs only when their security or health is affected. [Shs.100 000 standby for items a+ b]
- c) On top of that the fund may be used for vehicle repair in an emergency situation. [ Shs. 100 000 standby ]

### 3. Research Facilitation Fund

The facilitation fund will be used to cover the costs of the following aspects:

- a) *Village/Community Mobilizers*. For village/community mobilizers who will be assisting the Team to meet/ reach the community members. [ 35,000 thus total for 3 sites=Shs.105 000]
- b) *Procurement* for unforeseen needs for working facilities and material at the village/local community level [Shs. 50 000 flat provision for 3 sites]
- c) *Village/Community Research Facilitation*. Again when village and/or community meetings will extend from morning to afternoon hours the funding will have to be used to facilitate food and/or simple drinks for them. [Shs. 100 000 per site; thus total for 3 sites=Shs.300 000]
- d) *Entertainment*. [Shs. 30 000 for 3 sites]

### 4. General Administration Fund

This fund will solve the following purposes:

- a) **Communication** . All communications to ESRF from the field sites through mobile, telephone, facsimile, e-mail or courier will be covered by this special funding. Nonetheless, Teams should be careful in using costly communications, e.g. mobile phones. Numbers called will be recorded down and non-official communication will not be covered. [Shs.20 000 per site for first 3 sites].
- b) **District Feedback Workshop** . The costs to be covered could include refreshment, and traveling (out-of town) allowance for the local officials (e.g. CBOs, Ward boss, Ward Counselor, Village Chairperson and someone chosen by the team from the respective site and/or community). [Shs. 375 000, which is equivalent to Shs 2500/= per workshop participant and Shs 50,000 per site to cover travel costs and accommodation for local officials].

## 5. Daily Subsistence Allowance (DSA)

A living allowance of Shs. 30 000 will be paid monthly to each RP and will be used for personal up-keeps and out-of pocket expenses (e.g. shelter, food, water, personal hygiene, clothing bedding, etc..) of team members. An allowance of Sh. 30 000 per day will be paid to the district – based partner. When in town and the district-based planner stays over-night in his/her residence, the allowance will be Shs. 5 000 per day for effective duty and not Shs. 30 000 as provided for other members of the Team.

## 5. Replenishment and Accounting for the Emergency and the General Administration Funds

The Administrative Report issued at the end of the visit to each community site, should contain a section on the general situation regarding the above funds. When there is no need for replenishment of the funds, the reporting through the Administrative Report will suffice, till the midterm break (i.e. after 3 sites).

The above funds will be replenished after 3 sites after accounting for the use of the previous disbursements. ESRF will issue the TL the appropriate accounting and expenditure forms. Emergency replenishment requests will be treated on case by case basis.

## 6. The Vehicle

The vehicle is for the service of the group. It will be available to an individual to use only upon authorization by the TL. No driving after dark is allowed except for research reasons of emergency nature.

## 7. Salaries

Allowances and monthly salaries for RPs will be deposited in their bank account, except for the first payment. Finance department at ESRF will need to have details of bank account for each RP. RPs are required to have an account with CRDB Bank Limited or NBC Limited in order for them to be able to withdraw money from any part of country.

## Driver Protocols

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Further to the agreement/ contract made between ESRF and Shella Beach Investments, this addendum provides for specific conditions, obligations and standard behavior of the driver that should be adhered to at all times during travel to and between sites and while conducting research, in order to ensure that the research process is not undermined due to conducts or circumstances that could otherwise be prevented by the subscriber or his agents including the driver.

### 1.0 Shella Beach Investments shall

- 1.1 Communicate the specific instructions regarding conduct and obligations of the drivers of the vehicles supplied to ESRF, while on duty in terms of section 3.0 and 4.0 of this addendum.
- 1.2 Ensure that the vehicles provided to ESRF are **comprehensively** insured, road worthy and in good mechanical condition with standard wheels that are not worn out.
- 1.3 In terms of section 4.1 to this addendum instruct the driver to adhere to the instructions given to him by the Team Leader and other instructions that may be communicated to him by ESRF prior to departure to the sites.
- 1.4 Ensure that each driver is in possession of a tool kit with standard tools such as wheel spanner, jack, spare wheel and adequate resources for petrol, repairs and other eventuality that may not be foreseeable.
- 1.5 Replace the driver promptly in the event that the Team Leader communicate to ESRF that there is a need for such replacement due to the driver's gross misconduct contrary to section 3.0 of this addendum.

### 2.0 Replacement Procedures

Shella Beach Investments shall ensure that such a replacement is effected in such a manner that the research is not compromised. The following procedure shall be followed:

- 2.1 In the event that the driver has conducted himself in a manner that constitutes gross misconduct such that the Research Team opines that it no longer has confidence in him, the Team Leader shall notify ESRF promptly.
- 2.2 ESRF shall then inform the subscriber who shall then immediately dispatch a replacement.
- 2.3 Upon the arrival of an alternate Driver, the Team Leader shall then discharge the outgoing driver in writing .
- 2.4 The outgoing driver shall immediately hand over the vehicle, keys and any other items that are necessary to facilitate the new driver to perform his roles as a Driver of the Research Team in the field.
- 2.5 The handing over shall be done in the presence of the Team Leader and any other research partner(s) .
- 2.6 The Team Leader shall then write an incident report and transmit it to ESRF.
- 2.7 The outgoing driver shall then proceed to Dar es Salaam .
- 2.8 ESRF shall not be held responsible for the Driver's eventualities thereafter.

### **3.0 Act of Gross Misconduct**

The following behavior by the driver shall be construed as gross misconduct:

- 3.1 Reckless and dangerous driving ( driving under influence of alcohol,overspeeding, )
- 3.2 Drinking while on duty
- 3.3 Reporting late for duty for more than three times
- 3.4 Using abusive and /or inappropriate language to the Team Members
- 3.5 Disregarding instructions of the Team Leader and that of other Team Members that have been supported by the Team Leader
- 3.6 Causing disharmony in the community as a result of acts that the community disapproves and hence could jeopardize the research process.
- 3.7 Any other act or omission that is life threatening to the research team members or the community or that jeopardizes the research.

### **4.0 The Driver' Obligations:**

- 4.1 To obey the instructions of the Team Leader and/or that of other research partners that are supported by the Team Leader.
- 4.2 To maintain the vehicle ( ensuring it is in good mechanical conditions, it is cleaned and has adequate fuel at all times)
- 4.3 To strictly adhere to the Road Traffic rules as stipulated in the Road Traffic Act.
- 4.4 To record mileage and produce a log book daily to the Team Leader for signature
- 4.5 To maintain high moral standards while on duty and while in the community at all times.

**Research Team Destinations**

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**Research Team A, led by Dr. Rose Mwaipopo, will be visiting:**

7. Kyela (Mbeya Region)
8. Newala (Mtwara Region)
9. Lindi Rural (Lindi Region)

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10. Mwanza Rural (Mwanza Region)
  11. Kigoma Rural (Kigoma Region)
  12. Kibondo District (Kigoma Region)

**Research Team B, led by Mr. Charles Kadonya, will be visiting:**

1. Ilala Boma, Ilala District (Dar es Salaam Region)
2. Tandale, Kinondoni District (Dar es Salaam Region)
3. Kihisa, Iringa Urban (Iringa Region)

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4. Tanga Urban (Tanga Region)
  5. Mafia District (Pwani Region)
  6. Rufiji District (Pwani Region)

**Research Team C, led by Mr. Loserian Ole Sangale, will be visiting:**

1. Simanjiro District (Arusha Region)
2. Mbulu District (Arusha Region)
3. Kilosa District (Morogoro Region)

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4. Singida Rural District (Singida Region)
  5. Igunga District (Tabora Region)
  6. Tarime District (Mara Region)

**Research Team D, led by Ms. Fortunata Temu, will be visiting:**

1. Chunya District (Mbeya Region)
2. Nkasi District (Rukwa Region)
3. Bagamoyo District (Pwani Region)

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4. Meatu District (Shinyanga Region)
  5. Same District (Kilimanjaro Region)
  6. Handeni District (Tanga Region)

**Research Team E, led by Mr. Patrick Simon Ngowi, will be visiting:**

1. Njombe (Iringa Region)
2. Makete District (Iringa Region)
3. Songea Rural District (Songea Region)

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4. Dodoma District (Dodoma Region)
  5. Manyoni District (Singida Region)
  6. Muleba District (Kagera Region)