EFFECTS OF CONFLICT ON THE DELIVERY OF SOCIAL SERVICES
A CASE STUDY OF NUNGWI, NORTH “A” DISTRICT
NORTH UNGUNJA: ZANZIBAR, TANZANIA.

BY MOH’D KHAMIS HAMZA
BGC/43389/101/DF

A RESEARCH REPORT SUBMITTED TO THE FACULTY OF SOCIAL SCIENCES IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD
OF THE BACHELOR OF GUIDANCE AND COUNSELING AT
KAMPALA INTERNATIONAL UNIVERSITY

OCTOBER, 2011
DECLARATION A

I, MOH'D KHAMIS HAMZA, hereby declare that this is my original work and has never been presented anywhere else for any other academic qualification at any university or any other institution of higher learning.

Signature........................................

28/10/2011

Date.............................................
DECLARATION B

"I confirm that the work reported in this thesis was carried out by the candidate under my supervision".

MR. JACOB WAMBUGU

Signed

Supervisor

Date 28/10/2011
DEDICATION

This study is dedicated to first and foremost my wife Fatma Machanu Moh'd and my son Khamis Moh'd Khamis. Thank you for support, Love and encouragement you accorded me.
ACKNOWLEDGEMENTS

My sincere gratitude goes to Family members and my friends Haji Mwalimu Haji, Ali Ibrahim Ali, Moh’d Ame Wadi and Juma Mdungi Juma.

Special thanks go to my supervisor, Mr. Jacob Wambugu for his invaluable intellectual guidance and support without which this work would not have been successful.

I would also like to express my appreciation to my teachers, classmates and friends who helped me in many ways.

Finally, I wish to thank Nungwi District authorities in Northern Zanzibar who did their best to facilitate me in my research.

Thank you very much indeed
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<td>DANIDA</td>
<td>Danish Agency for International Development</td>
</tr>
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<td>HIV</td>
<td>Human Immune Virus</td>
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<td>Lutheran World Federation</td>
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FPE  Free Primary Education
FSE  Free Secondary Education
USAID  United States Agency for International Development
WFP  World Food Program
WHO  World Health Organization
ABSTRACT

This study investigated effects of armed conflicts on delivery of social services in Nungwi District of Zanzibar. The region continues to experience intermittent conflict from Bachaga and Sukuma. The specific study objectives include; finding out the services affected by the conflicts; to identify the people affected by conflicts in accessing services and to find new methods of delivering the services in such violence – tone areas. The literature indicates little success in resolving the conflict.

The method for the study involved the use of questionnaires, interviews, and an observations source of data was qualitatively analyzed. The use of SPSS techniques of analysis helped in establishing tables for easy interpretation and analysis. The study sample size was 200 respondents and sample technique used include simple random sampling and purposive.

The major finding of the study indicates that cattle rustling and civil wars are the common forms of conflicts. The factor for the increased prevalence of conflicts is Socio – cultural factors, legal factors and lack of commitment by the government in resolving the conflict. Effects of the conflict manifest themselves in low levels of socio – economic development, poor health service delivery among others. The study recommends for concerted efforts by all stakeholders in bringing meaningful life to the effected people as in chapter five.

The conflict vastly affects the welfare of children, women i.e the people of Sukuma in Nungwi District.
CHAPTER ONE

INTRODUCTION

1.0. Background to the study
The chapter contains the background to the study, statement of the problem, objectives, and research questions, significance of the study, scope of the study and definition of key concepts.

Nungwi District is located in the Northern region of Zanzibar. Ngomemi division is semi-arid with a flat topography interrupted by occasional volcanic mountains and oozes a total land of 531 sq km. It receives annual rainfall ranging between 500 - 700MM. The rainfall received is exceptionally unreliable with mean annual variability ranging between 20 and 30% seasonally.

The estimated population of about 2,400 persons mainly depends on livestock keeping as the main occupation and supplementary subsistence agriculture. Part of the population especially the younger males practice transhumance, which involves seasonal movements of herds from place to place in search of water and pasture. This type of economy has been adversely affected by the effects of conflicts and violence in the region in recent years. Bachagaa has been sucked to numerous wars, violence and destructive conflicts country wide. Recently the government was involved in a bitter war amongst the war lords in Bachagaa.

In the North-Northern part of the country, particularly Sukuma region conflicts and violence which have become pandemic, various clans of Sukuma and the Bachaga have head persistent raids and counter raids occurring amongst themselves in an effort to carry out revenge for previous raids, to retrieve stolen livestock from other clans or try to acquire more cattle as a means of increasing
one's stolen herds for payment of bride price, which could be between 80 to 200 heads of cattle and a mass of wealth.

Conflicts (Cattle rustling) is a bloody stock theft by force mainly organized by warriors and involving the male youths of Bachaga and Sukuma.

The causes of conflicts range from traditional (to replenish the herd after loss to epidemics or drought) to socio economic (to meet the basic requirements of food, marriage and for prestige reasons). The intensity and brutality of conflicts has increased since the Bachaga acquired modern weapons like AK-47 rifles compared to the locally made ‘amithida” used before and the spears used in pre-colonial days.

The frequency and scale of violence has led to great loss of life, displacement, hindered development, human, animal and ecological alike. The most apparent consequences being common presence of widows and orphans who have become a social and economic problems, displacement and loss of property led to deliberate object poverty, disruption of health programs e.g. vaccination, immunization coverage to rural areas, transportation of drugs has been affected severely, education.

The effects of conflicts to health, education and other related sectors has become more complex and far reaching than previously imagines and has become an issue of regional, national and global magnitude.

With this kind of scenario the researcher felt the aced to assess the effects of conflicts centered mainly on health and education in Bachaga. The effects of conflict to the Bachaga highly polarized along clan divisions, which have resulted to widespread suspicion and mistrust between the clans. Cattle raids and counter raids regularly occurred between neighboring communities and they involve shooting and killing of hundreds of people and the destruction of property.
The intricate clan and sectional loyalties and rivalry complicate the management of the conflict in Bachaga because of a simple theft or an act of aggression between two people can be interpreted as a provocation to the entire clan. The demographic trends in Bachaga have been described through events on the ground as a tribe with a recessive population especially in the male-female gender balance.

Agnes Lotte, an old woman in Panyangara lamented “I have lost all my men to foreign things- I have seen many raids and when my Sons do not return I know the inevitable has happened to them. Death is just a matter of time...”

1.1. Statement of the problem
Conflicts always leave children dead, abandoned, starved. The inadequate access to health, education and food compounds the problem children experienced in Nungwi Bachaga – Conflict indicates high death rates, displacement and outbreak of disease. The problem here is lack of insufficient service delivery to the people. Governments seem to give little attention to the people’s plight. Why is the government not responding adequately enough? What will the future of the people be like without adequate social service delivery? Will the children’s future be good without schools, health and other welfare concerns? These grave issues and the problems on the ground provoked this study

1.2. Purpose of the Study
The purpose of this research was to find out the core effects of conflict on the delivery of social services a case study of Nungwi district Northern Zanzibar

1.3. Objectives

General Objective
To assess the effect of conflicts on the delivery of social services in Nungwi district Northern Zanzibar.
Specific objectives

(i) To find out the services affected by the conflicts.
(ii) To identify the people affected by conflicts in accessing services.
(iii) To find new methods of delivering the services in such violence-tone areas.

1.4. Research Questions

(i) What services are affected by the conflicts?
(ii) Which people are affected by conflicts in accessing services?
(iii) Which interventions are put in place towards service affected by conflicts?
(iv) What new methods can be designed to provide services in the violence-torn areas?

1.5. Significance of the study

Study provided the foundation for the different professionals like social scientists, economists, planners, educationists, policy makers and researchers. It helped to devise possible strategies for improving the situation and interventions implying that the raiders were abscond from conflicts and appreciate more social service benefiting activities.

The research will help future researchers and academicians to increase on the available literature for further studies.

The local community members in Nungwi, their leaders and decision makers from their respective authorities would find out the outcome of the study useful.

It will also act as a benchmark upon which local leaders can get acquainted on the need to sensitize the community members on how to improve on the
delivery of social services in war torn areas. The study may be useful in a number of ways; the government will be able to know the reasons for slow development once this study achieves the objectives.

The research will help the researcher to obtain a degree of Guidance and Counselling in Conflict resolution and Peace building at Kampala International University.

1.6. Scope of Study
The study covered mainly health, education sectors, women and the state in which these have been affected by conflicts, in Nungwi especially the rural living in with Bachagas. The study will help to show how children and women are affected by the disruptions of social service delivery. It is not intended to cover urban settings which are either protected or not directly affected by internal raids and the study was also limited to post conflict effects rather than the cause of the conflict and time scope for this study was based on the years ranging from (1990 - 1995).

1.7. Content scope
The researcher focused mainly on the effects that have affected the delivery of social services and what measure can be put to effectively deliver the social services in the war torn areas. This was done through consulting the available work of authors and by getting into the field where the researcher gathered views from people themselves.

1.8. Time Frame
Bachaga has been sucked to numerous wars, violence and destructive conflicts especially in the northern parts as early as 1986 (records from Zanzibar Police, Health Units 1985-1995). But as per this research, the researcher’s main emphasis of study will be to cover a period of three years starting from 2008-2011.
1.8.1. Theoretical Framework

The common argument in post-conflict peace-building literature emphasizes that the progress in peace-building mainly relies on the (positive) transformation or restoration of broken relationships between people in conflict (Schirich, 2005; Jeong, 2005; Lederach, 1997; Ramsbotham, 2005).

This is so since one of the terrible costs of violent conflict is the resulting damage done to human relationships. Such conflict strain interpersonal relationships and make it difficult for conflicting parties to recognize that they share common needs and goals. Fear, mistrust, anger and hostility become the norms of interaction, causing adversaries to become suspicious of each other. Parties in conflict tend to form negative stereotypes and enemy images and to dehumanize each other (Jeong, 2002; Opotow, 2000; Blomfield et al, 2003; Burgess, 2003).

Therefore, peace building, at this level, needs to address that negative attitudinal relationship, by at least engendering a minimum basis of trust so that there can be a degree of cooperation and mutual reliance between people in question (Blomfield et al, 2003). What this requires, among other factors, is truth; perpetrators' repentance, which implies acknowledgement of wrong doing and remorse, apology and request for forgiveness and consequently a reestablishment of positive relationships.

Where divides are bridged and other negative relational attitudes, and behaviours are broken in favour of positive ones. This is possible through contact, common goals, interests and humanity.

The contact hypothesis: The contact hypothesis is a broad generalization about the effects of inter-group contact on prejudiced opinions and discriminatory behaviours. The general idea is that more contact between individuals belonging to antagonistic social groups tends to undermine and/or reduce negative stereotypes and prejudice, while improving intergroup relations (Forbes, 1997:ix).
The most frequently cited statement of the contact hypothesis was provided by Allport (1954). Although his statement underscores a number of conditions for contact to reduce prejudice, Allport admits that the case is not so simple. He recognizes that contact has complex effects, and prescribe how an analysis of these effects should be conducted, by distinguishing different types of contact that may have different effects in different circumstances. While the early understanding of contact was simply that contact—particularly close and sustained contact—with members of different cultural groups promotes positive, tolerant attitudes, and that, by contrast, the absence of such contact is believed to foster stereotyping, prejudice, and ill will toward these groups, research showed that contact between the members of different groups did not always reduce prejudice, and that only certain kinds of contact does this (Weaver, 2007:). Inter group contact theory stands as one of socio-psychology's strategies for transforming interpersonal relations by reducing negative-dehumanizing attitudes and behaviors, including prejudice, negative stereotyping, or discrimination, while fostering positive-humanizing ones among conflicting parties (Ortiz et al., 2007; Dovidio et al., 2003; Brown and Hewstone, 2005; Pettigrew and Tropp, 2005 2006; Saguy et al., 2008:.

Common goals, interests and humanity: There is a general belief that one of the keys to successful contact is for both conflicting parties to participate jointly in a task, the completion of which is important to both groups. Allport holds that even though groups might have good will toward contact, no one can improve community relations in abstract since good will contact without concrete goals accomplishes nothing (Allport, 1954:)

The general point is that for contact to contribute to improved relationships participants must be pursuing a common goal, or common goals, interests and humanity, because prejudice reduction through contact requires an active, goal-oriented effort toward a goal the groups share (Allport, 1954: Miller and Harrington, 1992; Bloomfield, 2003: Hewstone, 2003: Pettigrew and Tropp, 2003:).
However, the fact that conflicting parties share goals, interests and humanity is not enough. As Allport argues: Only the type of contact that leads people to do things together is likely to result in changed attitudes...It is the common-goal activity that enhances solidarity. Although the fact that people of different groups want to come together and do something to repair the ravages of prejudice in the community is good beginning (the ground of acquaintance thus laid), an agenda for the improvement of community relationships can gradually be evolved, as common — task activities like the case of Nungwi will then endeavor to fortify and implement what might otherwise be abortive good will.

In this study's particular context—post-genocide Rwanda—individuals belonging to the community of the district under study are constituted of genocide survivors and former genocide perpetrators, as well as their respective family members. The theoretical journey begins with the concept of peace-building, while the restoration of interpersonal relationships dimension is positioned. Our study will exploit this theoretical framework vis-à-vis its hypothesis.

**Socio-economic recovery**

livelihoods are the means by which households obtain and maintain access to the resources necessary to ensure their immediate and long-term survival. It is acknowledged that livelihoods and employment require sustained attention beginning early in the socio-economic recovery process. Meeting these needs is essential to ease suffering and help people in conflict-affected societies to re-establish their lives. Active employment is also considered crucial for occupying demobilized combatants and unemployed civilian youth, and committing them to the peace process. By contrast, the failure of livelihoods can contribute to conflict by weakening society's social fabric and forcing people to resort to violence in order to obtain necessary resources.

**Safety and security**
Peace-building is multi-dimensional and multi-layered and, at its very basic level, must address the concerns of both the state and its population, in conjunction and in parallel with the political and socio-economic aspects of reconstruction. In its simplest sense, how can any war blighted country hope to move forward when it has former soldiers and combatants, regular and irregular, sometimes child soldiers, who are roaming unchecked in the countryside and cities; where large numbers of people have in their possession small arms and light weapons (SALW) and a culture of using their arsenal in order to survive; when police and army units are ineffectively led and unaccountable; when the intelligence apparatus is unchecked and abused; where anti-personnel landmines remain un-cleared and their victims not assisted; where the basics norm of society have been denigrated over successive human rights violations and when previous perpetrators are not brought to justice, no reparations awarded and the legal regime not enforced.

Reconciliation and Justice
Justice and order are important aspects of peace-building in a post-conflict situation where there is a need to end violence, disarm combatants, restore the rule of law, and overcome or transform the enmities developed during a violent conflict and “build bridges between ordinary people” suggests a need for reconciliation.

Community based development policies
Measures and programs intended to enable people recognize their own ability to identify their problems and use the available means and resources to solve them and build a better life for themselves. In Rwanda, these measures and programs can involve associations, cooperatives, community-policing, ubudehe (mutual assistance), ingando (solidality camps) and indeed umuganda which is the case of this study.

Community based development policies and sustainable peace
Community-based development approach seeks to empower local community groups and institutions by giving the community direct control over investment decisions, project planning, execution and monitoring, through a process that emphasizes inclusive participation and management. According to Lederach (1995), the community-based development approach has been adopted in fragile and conflict-affected societies. It can be an effective approach to peace-building, defined as the range of measures necessary to transform conflict towards sustainable, peaceful relations and outcomes.

Since public institutions are often weak in conflict and fragile settings, community-based approaches can be used to re-connect the state with its citizens and to strengthen local governance. Community-based development processes and their participatory community forums can also be used to build social capital in divided societies by providing safe spaces for interaction, communication and joint decision-making. Such processes can help to overcome mistrust and set a precedent for peaceful and constructive management of local disputes.

1.9. Key Definitions

**Pastoralism:** A system where people live mainly from herds of domesticated animals using primarily natural pastures. Example cows, goats, donkeys, sheep.

**Anomalism:** Pastoral system where all people are in motion without permanent settlements. Move in search of water, pastures and erect temporary Manyattas/structures no one claims for land being settlement being owned communally.

**Transhumance:** A pastoral system where the people actually have permanent settlement, but only part of the family that hics move out of homestead and return back wherever rain falls.
**Internal raids:** Refers to conflicts that exit within different clans such as Matheniko Vs Bokora it involves “forceful attacks and removal of people’s animals” as asserted (Ocan 1992 pg. 2).

**Social service delivery:** A group of service organized by local government, or NGOs to help people who don’t have money or family problems, community problems to improve the standard of living.
CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction
The chapter contains the relevant literatures, research documents from various scholars related to the variables of the topic under study. It was from this that the researcher managed to formulate testable and measureable objective reliable instruments and analyze the data. In this chapter, citations front numerous experts were extracted and examined in relation to the study topic.

2.1. Conceptual Framework
Community based approaches are relevant across sectors when applied to individual community level projects. They can be focused primarily on achieving development outcomes, such as service delivery, could be seen as a peace building project, if it seeks as well to bring together groups across conflict divides to work together to fulfill the need for services.
This shows the relationship that exists between conflict and delivery of social services and it is illustrated below

2.2. Conceptual framework

<table>
<thead>
<tr>
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<th>Dependent variables</th>
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<tr>
<td>CONFLICT</td>
<td>- Social services delivery</td>
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<td></td>
<td>- Health sector</td>
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<td></td>
<td>- Education sector</td>
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<td>- Welfare sector</td>
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Extraneous variables
- Unwillingness of the government to budget for them
- Poor attitudes by the ministry of supply
- Ignorance
The services affected by the conflicts

Health

Addressing the director and indirect effect of war on health and health system represents a major challenge to those concerned with the post conflict rehabilitation. Conflict affected counties are among the most health poor performers and the combination of war super-imposed on structure poverty means that access to health facility is extremely difficult in this population (Janjoun, 1999).

During the active phase of the conflicts people affected by the conflict may reach epidemic levels and large scale emergencies involving wounded, death, displacement, and outbreak of infectious diseases and serious problems of malnutrition may seriously overstretched the capacity of existing health services. In certain cases health services remain operational but access remains difficult, dangerous or even prohibited from sections of the population, moreover, normal health services may find themselves overwhelmed by emergency cases lives can lead to serious health problems like not being attended to, among the direct effect of conflict, people can be killed or injured. Medical structures being destroyed and people flee their homes in search for security ICRC 120001.

Over the years Nungwi district has consistently performed poorest in terms of Key health indicators. The number of deliveries in health units is extremely low for the entire Nungwi division; it stands at 14.4% in Ngomeni Division, 17.5% in Kamusiliu division, 38% in Mitamisyi division and 14.3% in Nungwi District all are attributed by the armed conflicts.

Health services has recently been compounded by the "cordon" search and disarmament operation, in which health centers have been targeted during military infrastructure and services. The resulting of health services to those affected by the armed conflicts, but also preferential treatment. The creation of
new districts possesses a challenge due to the ongoing tribal conflicts so not have capacity to set up functional health service delivery system due to constant conflicts considerably (UHRC 2002).

Because of district and highly moralized culture of sexual purity exercised by the young courting couples in Sukuma the instance of HIV/AIDS had for a long time remained a myth in the region. However with the breakdown of the moral fabric of the Nungwi society with vices like rape during conflicts being used as a weapon to dehumanize the enemy, HIV AIDS cases are on the increase and pandemic is now finding its way into a hitherto clean society'.

This was a major concern for the health sector in armed conflict area. The transfer of the army from government on the disarmament program s another channel through which grievous diseases like AIDS could be spread within Nungwi as well as health services because of poor infrastructure and road network system to provide effective health services, ongoing conflicts, reliance on roads raids and banditry, people that had no intention of engaging in illegal possession of guns have taken to this kind of their survival needs causing threats to health service providers in the region (Zanzibar Human Right's Commission Special Report 2004).

An assessment of health in Sarajevo before and after the conflict indicated that, prenatal mortality increased from 15-39 deaths per 100 life births and researcher considered’ the increase of low birth- weight infant from 5% - 13% and difficulty in managing infant care due to damage of health infrastructure by war to be important underlying factors (T. McGinn 2002).

Cattle rustling has had a great effect on traditional institutions and traditional leadership, traditional’ healers and workers (THWs) being targets of post conflict disaster (LWF 1995).
The specter of conflicts has had reaching devastating effects on the victims. These are mainly poverty related accompanied by malnutrition diseases of animal protein, it has also been responsible for infant mortality and acceleration of the old and sick (AWE 2000).

Most casualties of conflict in Kimela and Kavaani since mod 90 have been the civilian population. The displacement caused by the war has led to increased diseases and a high mortality rate, precarious living conditions in the camps have contributed to the spread of diarrhea, cholera, tuberculosis, malaria and other life threatening diseases that overwhelmed the capacity of health providers coupled up with destruction caused to medical structures by the rebels, some medical personnel flee the area leaving service at a standstill. Increased poverty and social breakdown have promoted the spread of HIV and other STDs (Jeannie Anan, Gelen Williams, Caroline Aloyo 1999).

A number of studies have linked the spread of HIV/ AIDS and other STDs to conflicts and population shifts they propel a 1990 examination of distribution and spread of HIV/AIDS in Zanzibar during the 1980s linked the pattern of geographical spread of the epidemics and concluded that to a large extent the association between war and diseases accounted for the geographical distribution of HIV/AIDS that affected people hence difficulty to provide service effectively(McGivin 1990).

2.3. Education Sector
Poor access, retention and quality of education, children, teachers, others have been killed during the conflicts. Some schools are being abandoned such as Sooma. Conflict has affected education severely. Primary school completion rates are extremely low, standing at an average of 1.3% in the three divisions and compared to national average of 22%. In the divisions of Ngomeni, Nungwi and Kamuwongo, only 21%, 19% and 17% respectively of 6-12 years old attend
school. The lowest attendance rates in the district, boys are sometimes involved in cattle rustling placing their lives at even a greater risk, girls are often involved early marriages. The free flow of modern arms and ammunition have complicated the cattle raids and rendered governments efforts to provide security ineffective that made most children to drop out of schools to take part in this cultural practice (Save the Children in Uganda 2006).

Education is seen as one of the effective ways of breaking recruitments of young boys into warriors Ngalisa remains the least literate region in the country with rate of 6%, compared to the national average of 70%. This is mainly because the current formal syllabus is not suitable for the lifestyle of pastoral children and this has affected education service delivery due to tribal conflicts.

The majority of primary schools lack clean water for children and teachers. Secondary schools lack science teachers due to fear of conflicts prevailing in the region, harmful traditional and cultural practices seemingly affects education sector. Cordon and search approach on recovery of illegal contributed to the closure of some primary schools, cattle rusting have become increasingly violent with firearms being used more and more frequently. Raids are carried out by individuals with community support that involves looting of schools, murder of school children which has greatly affected the education sector.

**People affected by conflicts in accessing service**

**Children**

Babies, infants and school going children in war torn areas do not have regular vaccination, immunization and proper nutrition, and they are more prone to diseases. Well known disease like tuberculosis, skin diseases appeared in epidemiologically significant figures (Di-Vatrti 1997).
Armed conflicts deprive children of their families and caregivers, accessibility to their schools and their health centers, it forces them to suffer witness or even take part in acts of violence. It creates an environment of distributed relationship and erosion of values. The impact of these and other events is often physically, psychologically, socially traumatic with catastrophic consequences for their development and well-being. The fact that many of today’s conflicts are of long duration, the reality of present and recent conflicts leaves the civilian to continue being the principle victim of conflict (Office of Emergency Operations and Esaro 1997).

Nungwi has many children orphaned as a result of harsh climatic conditions that often cause water shortage and famine, rampant insecurity due to conflicts, and poor hygiene and sanitary conditions resulting into illness and even death as a result of poor access to medical facilities for example during an interview with UNICEF supervisor in Kimangawo parish Nungwi district, the team was informed that by the first school term of 2006 there was a total of 250 complete orphans, whose parents were victims of the conflict in Nungwi district. Of these, 140(56%) were boys and 110 (44%) were girls of primary school going age in primary 107 there was also a total of 55 orphans in secondary schools, 35 boys and 20 girls. These orphans often lack material and psychological support.

Part from the nominal support received from sister Rosaria, Charity sisters and forum for African Women Educationists (FAWE) in terms of scholastic materials and fees, these orphans lost their parents due to conflicts and they are vulnerable to sexual exploitation, boys as well are exposed to exploitative tendencies and hard work. In the case of Nungwi, vulnerable children comprise the following categories of orphans, children affected by and involved in the vicious cycle of armed cattle rustling and counter raids, abused and neglected children due to the prevailing hard socio-economic conditions pastoralists
children in very mobile hard-to-reach communities, children in and working under exploitative and health threatening conditions, internally displaced children (IDC) and children affected by trafficking and security responses such as disarmament.

Children are the most vulnerable. Prolonged conflicts disrupt their education and destroy their fortunes; slaughter of civilians, training of children to torture and kill, the abduction of young girls for sexual slavery and campaigns of mass rape denied them access to health, education in conflict war-torn areas “... the world has witnessed a number of armed conflicts in which children have been directly involved, internal wars have emerged as a characteristic of post-cold war they are not to be understood according to the old world order, where conflict was seen as a temporary state of instability in the formation of states. Rather they are symptoms of protracted disorder in which women and children have become routinely subject to violence and abuse”

More than 80% of war victims in Northern Zanzibar are civilians, especially children and women. War impacts on health and medical service delivery in a variety of ways ranging from outright destruction of physical facilities to the flight of health workers, displacement of people, decline in investment in health service and shortage of supplies and equipment. It also contributes to an increase in child mortality rate (Dr. Alice, Bwgana, Gr. Gioviani, Galli 2002).

The psychological effects of war differ between children who remain with parents and those who experienced separation or loss of parents. Younger children remaining with their families in the war affected areas may not comprehend the inherent danger posed by war but with the disruption of infrastructure and production activities. Many children begin to exhibit symptoms of anxiety may further contribute to undesirable behavioral changes such as trembling, shaking bladder or bowel control and reversion to aggression behavior. Torture and displacement experienced by parents lessens
their ability to respond to their children’s increased need for physical closeness and reassurance with patience and understanding because many people have lost access to resources and income (Children of war in the Horn of Africa 1992).

Women
An inter aid food agency security assessment initiated by the non-governmental organization Oxfam January 2002 found out that due to conflicts there are cases of food insecurity, poor standard of health care, poor public health environment and inadequate access to health care due to the occurrence of the conflicts. The assessment also found out that women lacked sufficient time to learn about nutrition and accessibility to health services and to properly wean and take care of their children (Oxfam 2002).

Armed conflict is the greatest obstacle to development and most important cause of poverty in North-Northern Zanzibar that has affected women to access social services, cattle and other livestock have been taken away from them by force yet women could sell some of their animals to meet the basic social services but now all animals are taken away, “we cannot educate our children, provide medicine to our children we cannot get enough food for ourselves as a result of the armed conflict, many people are not at peace with themselves, this experience has left lasting effects on emotion and behavior which has resulted to post traumatic stress disorder such as constant anxiety.

The disarmament program deployed government soldiers who at one time engaged Cordon and search operation for guns created a lot of fear that made most women to run away for refuge severely affected accessibility of health services, education for their children in order to avoid the army. This displacement also to an extent involved the entire household due to the fear that the army had information about guns hidden in a particular homestead.
Government Intervention towards services Affected by the Conflicts

In education sector

Education is seen as one of the effective ways of breaking recruitment of young boys into warrior-hood. Despite significant government interventions to improve education in Nungwi through the Free Primary Education (FPE), classroom construction and the School Facilitation Grant (SFG) and teacher training and support from development partners like World Food Program, which has continued to support the school feeding program, Nungwi remains the least literate region in the country, with a literacy rate of 6%, compared to the national region of 70%. This is mainly because the current formal syllabus is not suitable for the lifestyle of pastoral children. The majority of primary schools lack clean water for children and teachers yet many of the schools are located hundreds of kilometers from trading centers where accommodation could be available. Secondary schools lack science teachers. Some of the secondary schools in the region do not have science laboratories whereas the region needs students with science background so that they can be trained in veterinary, dry lands agriculture, mining water resources, engineering etc. A number of development partners such as European Union (through KPIU) have supported construction of science laboratories at a few schools.

Free Primary Education (FPE) was introduced in Nungwi to bridge the gap between the rigid formal education delivery arrangement and the semi-nomadic pastoral lifestyle where household economics rest substantially on roles filled by children. FPE was intended to provide flexible education programs to complement the FSE so as to enable those children who were not enrolled in the formal schools get the opportunity to get basic education. In Nungwi district, there are two FPE learning centers which by May 2002 had registered 6,000 children, compared to 22,000 children in all the 44 FPE schools in the
district. FPE is supported by Save the Children Norway (65%), Government through MOBS (25%) and UNICEF (10%).

Funding has in the past also been received from the United States Agency for International Development (USAID). Communities are sending children to the learning centers and following up the children to see that enrolment rose from 5,500 (1997) to 23,262 (2002; in the catchment areas, FPE enrolment supersedes that of formal Schools. The program was conceptualized to target 6-year old children out of the formal school system. However, it has attracted adults above 18 years of age, as well as under 6 years who follow their elder siblings to the learning centers.

FPE instructors have been mainstreamed on the payroll. Some of the FPE instructors are being scaled up to provide services in formal education sector in Nungwi, including secondary schools, although there are still problems of supporting children in secondary, post secondary, tertiary institutions and higher institutions of learning including university.

The education sector has started implementing the provision of top-up allowances for teachers in the hard to-reach areas of Nungwi. School teachers in get an allowance, although it is not commensurate with the revised salary structures. The treacle to construct teacher’s houses has been recognized as efforts are undertaken to where girls can be encouraged to join higher level of Primary Teachers’ College (PTCs). There are several donors who are supporting a wide range of interventions in the education sector in Bachaga. These include the following among others UNICEF, WFP and Adventist Development Agency (ADRA), Irish Aid. Irish Aid has been supporting post primary education and training in Nungwi. It has over the years supplied textbooks, equipment and furniture to 13 post primary institutions in the region. It also supports a bursary program, implemented by the Foundation for African Educationalists (FAWE), which supports 50 students (65% of them girls) to attend secondary education.
UNICEF has launched the “Go to school, Go back to school and stay back in school” campaign following a discovery in Nungwi that enrolment in primary schools which had increased by 800% after launching various education programs, dropped by more than 50% in just one month. UNICEF has also supported 25 schools in the five districts of Nungwi to receive the (UNICEF) full package of support, which includes water and sanitation, teacher training, roll out of thematic curriculum, increased district supervision and the setup of Early Childhood Development (ECD) centers as well as the provision of scholastic, recreational and teacher supplies. The schools that have been identified together with the District Education Officers as being in the most marginalized areas of each district and in need of the greatest support also received the full range of WFP assistance including food for education, girls’ take home rations, school kitchens, teacher houses support, school gardens and woodlots. The schools below were also going to be included in the launch of the Go-to school campaign that is currently under finalization with MOES.

Table 1: List of primary schools to be targeted by WFP and UNICEF for all inputs

<table>
<thead>
<tr>
<th>Division</th>
<th>Names of primary schools supported</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nungwi</td>
<td>Marisi, Matooni, Kalambani, Ivonyangya, Nidatani</td>
<td>5</td>
</tr>
<tr>
<td>Mitamisyi</td>
<td>Kathalaani, Kimela, Mitamisyi, Malawa, Nzaini</td>
<td>5</td>
</tr>
<tr>
<td>Ngomeni</td>
<td>Kasiluni, Mandongoi, Kavaani, Mutiiru, Inyanzai</td>
<td>5</td>
</tr>
<tr>
<td>Mivukoni</td>
<td>Kasaini, Ithoka, Masyngwa, Katilinge, Masevesevenyi</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total number of schools supported</strong></td>
<td></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

*Source: UNICEF, Northern Region Office, January 2007.*
WFP provides meals to children at more than 230 primary and secondary schools in Nungwi, as well as to one teacher training college and vocational training college. The food acts as an incentive to children to enroll in school and attend regularly, while discouraging drop out. The food also helps children concentrate and learn. Girls who attend regularly receive additional ration to take home, as an incentive to increase girls’ attendance. WEP also supports schools by building latrines, water tanks and other facilities. WFP is assisting 200 schools to establish wood lots and vegetable gardens. WFP and district partners are also supporting construction of teachers’ houses and 32 food stores and kitchens. In each WFP supported school in Mitamisyi, Matooni and Inyanzai the pupils had planted an acre of land with trees. By March 2007, each school had planted 244,000 trees during 2006/07. On average, 166,000 trees survived. The project was extended to Mumoni and the rest of Nungwi. Trees planted through this project.

Between 1999, and March 2000, ADRA implemented a school feeding program in Nungwi district with support from DANIDA and WFP. The project, Nungwi School Feeding 11, benefitted and estimated 56,000 people, involved distribution of food to reduce short term hunger and maintain school attendance, promoting women participation in adult literacy programs, encouraging adoption of the FPE program among the pastoral Sukuma children and parents, and monitoring food distribution/utilization and its impact on education in Nungwi.

Apart from emergency humanitarian assistance in Nungwi district between May and June 2003, ADRA with funding from DANIDA, implemented an education project in Nungwi valued at US$2,411,545 between October 2002 and September 2005.

2.4. Ethical Considerations
After the research proposal had attained approval from the supervisor, the instruments for data collection were designed and drafted. These were
discussed with the supervisor in order to register representiveness of behavioral domain under investigation. The tools were pilot tested and adjustments were made accordingly.

Preparations and arrangements for field data collection were made. An introductory letter was obtained from the school of post graduate studies to allow the researcher access the communities for data collection. The researcher introduced himself physically and in writing to the authorities of Nungwi district and was subsequently facilitated and introduced to the communities during the general session of Nungwi at district level, in order to allow him to collect data from different respondents. In order to fulfill ethical considerations, the researcher promised informants, especially those who participated in the survey questionnaire, that he would ensure confidentiality of information. In addition, the researcher first sought the consent of the individuals who answered the questions. This is because sometimes the discourteous attitude of the researcher may be perceived as an invasion of privacy. Indeed as advised by different researcher (World Bank, 2006) in social sciences, right, needs values and desires of the informants must be respected. The frustration of an informant by the researcher is detrimental. If it does not still push the informant to first refuse cooperation, it pushed him in any case to calculated or suspicious communication. Thus the researcher required the prior approval of the sources, before any sound recordings of interviews. Where this was not possible or people did not accept that their words be recorded, the researcher settled for taking notes. On the whole respondents consented.

2.5. Interventions in the Health Sector
Over the years, Nungwi district have consistently performed poorest in terms of key health indicators. Although the region has high immunization rates for some of the antigens, completion among children is only satisfactory in Nungwi and commendable in Ngomeni, but Kimela and Kasaini have high dropout rates.
The rates for Ante Natal Care (ANC) attendance in Nungwi as a whole are commendable, except in northern region has crude mortality rate (10,000 per day) of 3.9 compared to 1.54 for the mid-north and a national average of 0.46. Sukuma has a high maternal mortality rate (per 100,000) live births of 750 compared to national average of 505. While at 4.3%, Kamuwongo still has the lowest HIV/AIDS prevalence (compared to 9.1% in mid-north and a national average of 7%). It however has the fastest rising of new infections.

The numbers of deliveries in health units are extremely low for the entire Nungwi; it stands at 14.4% in Mitamisyi division, 17.5% in Ngomeni division, 3.8% in Kamuwongo and 14.3% in Nungwi district. Access and use rate of insecticide treated mosquito nets are very low across the region. Household latrine coverage is very poor. It is at 2% in Kimela and Kasaini, 3% in , and 10% in Nungwi. Rates of Malnutrition among women and children in Kavaane are only slightly above the emergency level cut-off point of 9.8%. Even districts in Northern Zanzibar that have been ravaged by a 20 year old armed conflict, malnutrition has reduced further compared Kamuwongo. Take Ngomeni for example, the rate of malnutrition among women and children decreased from 33% in 2003 to 4.5% in 2005, compared to Nungwi, which at 27% was better than Ngomeni in 2003, but reduced only marginally to 12.1% in 2005.

Table 2: Selected divisions Health Indicators for Nungwi Region

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Nungwi</th>
<th>Mitamisyi</th>
<th>Ngomeni</th>
<th>Kamuwongo</th>
<th>Nutritional level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved posts filled by trained staff</td>
<td>46.3%</td>
<td>38%</td>
<td>90%</td>
<td>55%</td>
<td>68%</td>
</tr>
<tr>
<td>DPT3 vaccination coverage</td>
<td>46.5%</td>
<td>1046%</td>
<td>84%</td>
<td>71.8%</td>
<td>89%</td>
</tr>
<tr>
<td>DPT1-3 dropout</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The health seeking behaviors of the Sukuma are influenced by a combination of socio-cultural and climatic factors, which are complicated by the high prevalence of armed conflicts. Much of the support to the health sector of Nungwi region has been provided by government through the Public Health Care Conditional Grants to districts, used for routine delivery of health services. MOH and some partners have been working developing an appropriate health service delivery model for the nomadic population, based on Nomadic community workers. The curriculum and training manuals have already been designed and are going through approval process. There is ongoing community mobilization and advocacy in the area of reproductive health services and sanitation.

Under the second health sector strategic plan (HSSP II), government significant efforts to mobilize and allocate resources to enhance the delivery of health services in the region. MOH is developing appropriate health service delivery models to cater for the nomadic lifestyle of the majority of the people of Nungwi, especially “mobile health services” delivered by practitioners who combine basic veterinary health care knowledge and human medicine. To support the development of health infrastructure, MoH will provide support under Essential Medical Equipment Credit Line. This credit line will be to

<table>
<thead>
<tr>
<th>rate</th>
<th>15.4%</th>
<th>5%</th>
<th>2.4%</th>
<th>15%</th>
<th>29%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliveries Health Units</td>
<td>14.4%</td>
<td>17.5%</td>
<td>14.3%</td>
<td>3.8%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Outpatients (OPD) utilization rate</td>
<td>0.49%</td>
<td>1.2%</td>
<td>0.9%</td>
<td>0.55%</td>
<td>57%</td>
</tr>
<tr>
<td>Household latrine coverage</td>
<td>2%</td>
<td>2%</td>
<td>10%</td>
<td>3%</td>
<td></td>
</tr>
</tbody>
</table>

channel and coordinate medical equipment for the region and other parts of the country. MOH has also proposed to reintroduce the to-reach-areas incentives scheme, through which monetary and non-monetary incentives will be provided to attract and retain health workers in this region and especially in rural areas.

While there has been a slight overall improvement in some division in Nungwi in terms of certain health performance indicators, a lot still needs to be done. Any interventions in Nungwi require long term investment in understanding of the circumstances and financing. There have been some limited direct interventions undertaken by development partners like UNICEF, the Church (Catholic Church, CPK, ACK) and NGOs like Action Aid, World Vision, KIRIRA, MEDAIR and CUAMM. DANIDA has continued to fund the implementation of HSSP through which funding is provided to MoH to support District Directorates of Health Services (DDHS) in the old district of Mwengi. Resources made available under this support have been used for rehabilitation and building of health units, training of staff, and provision of drugs.

WFP’s HIV/AIDS and tuberculosis (TB) intervention in Nungwi provides food to people affected by HIV/AIDS or TB and their families, as well as to orphans and caregivers. The food acts as an incentive for clients to use health services and to prevent default on Anti-Retroviral and other treatments, while also providing vital retroviral (ARV) and other treatments, while also providing vital nutritional support. WFP also recently launched a Maternal Child Health and Nutrition initiative. This activity implemented in partnership with MOH and other UN agencies provides food to pregnant and breastfeeding mothers and children under the age of two. Food is provided as a conditional transfer to mothers who attend ante natal, post natal, young child clinic and other services, reducing the likelihood of birth defects and maternal mortality. The food also provides vital support at a critical time in a child’s development. Since its launch in May 2006, attendance has increased dramatically, with a
fourfold increase in the numbers attending assisted ante/post natal clinics from June to August 2006, compared to the period in 2005. An estimated 6,377 people in Nungwi will benefit from WFP’s US$ 734,000 HIV/AIDS and TB intervention in 2007/08.

WFP therapeutic and Supplementary feeding activities support children and breastfeeding mothers. About 66,116 people in Nungwi are expected to benefit from WFP’s US$ 2,165,000 Child Health and Nutrition intervention in 2007/08. An additional 530 people in Nungwi are expected to benefit from US$ 950,000 supplementary and Therapeutic Feeding intervention in 2007/08.

In Sukumani, like other parts of the country, the creation of new districts poses a challenge. These districts do not have capacity to set up a functional health service delivery system. There are extremely low levels of community involvement and participation in health care planning and delivery. The delivery of health services in Nungwi requires an appropriate response because of prevailing service gaps in health service management, human resources for health and infrastructure. Health service delivery has recently been compounded by the “Cordon, search and disarm” operations, in which health centers have also been targeted during military operations undermining local confidence in, and utilization of health infrastructure and services. The resulting armed clashes have complicated the provision of health services in Nungwi, requiring not only any emergency response to deliver services to those affected by armed conflicts but also preferential treatment.

2.6. Disarmament Interventions

Disarmament Interventions Phase

Unsettled herding in Bachaga is responsible for continued inter-ethnic clashes. The practice has frustrated government efforts to settle the nomads; the unrestricted settlement of the Bachagas in their region which has made it
difficult for government and NOCs to effectively deliver health and other services like education (FPE, FSE) to the region. Severe malnutrition manifesting in the form of kwashiorkor and marasmus has become, a common identity among the under five in the region (LWF 1995).

In the same period of the British Military occupation in 1921, they were preoccupied with disarming the Bachagas and enforcing land labor on them through chiefs after deploying permanently strong soldiers with arms and closing the district to all traders in July 1911 in order to stop cattle rustling and importation of guns.

However as Welch argues, the introduction of a civil government in Bachagaa did not mean a significant change in policy and procedures worked out by the British colonizers. During this period based as they were upon the military structuring of administration, and later were continued by the independent Zanzibar government in form and content.

According to N. Dyson-Hudson, not until 1955 that any central government was made available in Bachaga region for general development, planning. However, it was meant that agriculture not pastoralism as to be developed in Nungwi for example in 1945. Five experimental agricultural farms were started in the district and in 1946, a district agricultural officlyer appointed while herds were dropped and the cattle sold when the natives resumed to a smaller extent left for the women, children and elder.

As part of the strategy of encircling the Bachagas in order to force them to settle, the British colonial administration also adopted another method of territorial demarcation, which put aside much of the Bachagas as crown land under the control of colonial government. Any cattle found grazing in these areas was confiscated and also by the state. Later more lands were gazette as “forest reserve”, “Game reserves national parks’, which exist up to date. It is
also recorded that between 1920 and 1840, 3885 to 5180 square Kilometers of what was previously used by Bachagas as grazing land was transferred to the administration of Zanzibar colony for use by white farmers. Wilson (1962) and Dyson Hudson (162) has estimated that the seizure of this land constitutes 15% of all the grazing land available to the Bachagas cattle herder at the time (Mamadam 1921).

According to Dyson- Hudson (1953), the government adopted the policy of confiscation of female cattle under pretext of controlling cattle raids. This undermined reproduction, but also denied milk to the population. This was intended to turn the Bachagas into agriculturalists. By 1950s this approach failed, and a new policy was adopted. The government now pursued the policy of alliance with traditional system of administration elder against war-load traders. But this meant setting up a hierarchical system of administration based on chiefs. This was resisted by elders and however the elders reorganized themselves into traditional councils and in effect undermined the colonials appointed chiefs. The British were forced to use this system for their new policy of administrative reforms. This policy did not however, weaken the traders/warriors.

2.7. Methods of delivering the services in such violent - tone areas:
Ministry of health developed a new method to health services delivery model to clear for the nomadic lifestyle in the war ton areas of Karamoja especially “mobile health service” delivered by practitioner who combined basic veterinary health care knowledge and human medicine at the kraal, community mobilization and advocacy in the area of reproductive services and sanitation need to re-introduce the hard - to reach - areas incentive scheme, through which monetary and non- monetary incentives will be provided to attract and retain health worker. In this region and especially the rural areas affected by the conflicts, government through the public health care conditional grants to
districts, used for routine delivery of health services MOH and some partners
such as catholic church have been working developing an appropriate health
workers with the allocation of enough resources to support the piloted method
of service delivery of outreach programs of immunization and mobilization of
the pastoralists to benefit from these services (KIDDP).

Alternative basic education for Karamoja (ABEK) was introduced as a new
method of delivering services in war tone areas of Karamoja, ABEK instructors
were trained and instructional materials like bicycles, black hoards, dusters,
chalk, registers, rulers procured for them. Community centers were established
with rain water system installed. ABEK instructors have been mainstreamed on
the payroll, some of the ABEK instructor are scaled up to provide services in
formal education sector in Karamoja, including secondary education, ABEK
graduate have been absorbed into secondary schools with massive support
from UPE and USE programs, instructors, travel to provide mobile education at
the kraal being supported by the government, Irish Aid, UNICEF, WFP to
provide education services to the rural community. This is because the formal
syllabus is not suitable for the lifestyle of pastoral children, functional adult
literacy classes have been opened to enable adults’ embrace education in the
region and construction on many UPE schools to cater the children of the
nomadic community.

The general provision of social services in war affects areas of Karamoja is
extremely poor.

Government proposed in the 2004 PEAP to provide mobile basic social services,
so that seasonal migration of pastoralist does not prevent access to health and
education, and examine the best method of providing social service in order to
reduce the warrior - folk in Karamoja. Without education many of the boy and
girls are socialize predominantly through a traditional customary value system.
This system needs to be broken through formal and non-formal education in order to build a strong foundation for sustainable peace, (KIDDP 2007).
CHAPTER THREE

METHODOLOGY

3.0. Introduction
This chapter consists of the systematic methods and techniques that were used during the study and they included the following: study design, study area, study population, sample selection, data methods, data processing analysis.

3.1. Study design
The research design is explanatory type; here quantitative information basing on percentages and figures, interpretation of the finding was obtained from the people affected by the effects of conflicts.

3.2. Study population
The study has been carried out in Nungwi District. The district has four divisions mainly; Nungwi, Ngomeni, Kamuongo and Mivukoni has a population of about 5000 person s per Sq.Kms, and covers a total land area of 10000 Kms. The study was limited to the sub-county of Nungwi.

3.3. Sample Framework
The population study will constitute mainly of rural communities. Nungwi sub-county has a total population of about twenty three thousand nine hundred and thirteen (23913) while females constitute (12845).

3.4. Sample Size
Given the need to capture a representative sample of adult population, the most appropriate, reliable and current frame at the time of the study was 400 the total number of registered Sukuma attendants in Nungwi district during the general community works where every sector and cell is represented.
The qualitative method enabled the researcher to conduct interviews, discussions and debate with target groups involving 200 respondents in selected sector of Nungwi district: The distribution of the respondents is classified according to the below;

**Table 3:** The sample size selected in 400 population size who participated in Nungwi activities.

<table>
<thead>
<tr>
<th>No. of categories of respondents</th>
<th>No. of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health workers</td>
<td>20</td>
</tr>
<tr>
<td>Teachers</td>
<td>40</td>
</tr>
<tr>
<td>Local councilors</td>
<td>10</td>
</tr>
<tr>
<td>Children</td>
<td>40</td>
</tr>
<tr>
<td>Women</td>
<td>40</td>
</tr>
<tr>
<td>Provincial Administration</td>
<td>10</td>
</tr>
<tr>
<td>Security Officers</td>
<td>10</td>
</tr>
<tr>
<td>Elders</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>200</strong></td>
</tr>
</tbody>
</table>

Source: KADP:Community peace meeting 2009

### 3.5. Sample Techniques

The simple random sampling method was used to select 20 Health workers. Purposive sampling was used to select the 40 Teachers from the 120 schools and 10 Local councilors from the 10 sectors of Nungwi district plus 10 provincial administrators at district level because all these administrators live within the area hence they have the real information about the area of the study and because the sample ought to be spread thought the district population.

To determine or calculate the ideal sample size for a population, SLOVIN’S formula is
\[ n = \frac{N}{1 + N(e)^2} = \frac{400}{1 + 400(0.05)^2} = 200 \text{ Respondents} \]

Where \( n \) = the sample size
\( N \) = the study population
\( e \) = the level of precision (sampling error)

### 3.6. Sampling Procedures

Simple random sampling was employed in uniform of rotary, without replacement till the number of respondents will be got. For instance, under multiage cluster sampling two basic steps are involved. Listing and sampling of the study population. The list of the primary sampling unit comprised local community leaders, girls, elders and Non Government Organizations’ stuff. These were compiled and selected and stratified for sampling. This sample of these units were selected and then listed.

Quota sampling addressed issues of repetitiveness where matrix describing the characteristics of the target population which was used to know what proportion of the population which is affected by conflict.

Purposive sampling of the population has been on the basis of researchers own understanding and knowledge of the population being studied, its elements and the nature of the research designed especially in the initial design of the questionnaires where the researcher wish to select the widest variety of respondents to test the broad applicability of the research questionnaires that being designed.
3.7. Methods of Data Collection  
**Instruments of data collection**

Means were devised to construct instruments which could help gather relevant data about the study. In this situation the visited are literate, questionnaires were designed. The items were both open-ended and close-ended in nature.

(a) **Questionnaire**

Questionnaires were admitted to get data on the effect of conflict in service delivery; the questionnaire consists of both, open-ended and close-ended questionnaires. The questionnaires were distributed to local community comprising of both male and women involved orphans, abandoned, starved inadequate access to education and without any medical attention this is basically because these people do not have time to be interviewed.

(b) **Observations**

In this method the researcher observed what was occurring in real life in the field and also taking their records. The researcher observed the type of housing people are living in, the sanitation and hygiene, the dressing code, transportation method and the, scholastic materials and the structures of schools in existence water sources and the type of meal. The researcher intends to use this technique to data collection because it gave him an opportunity to observe physically what is taking place in the field, as a result the researcher is in a better position to make critical judgments and come up with detailed information on the effects of conflicts on social services.

(c) **Interviews**

In this method, oral interview was used to collect information about phenomenon and interview was administered to the district officials, non
governmental Organizations (NGOs) and the area politicians. This method was supported by question guide or interview guide. The purpose of this tool is to give more information or data that is the respondents may yield qualitative data resulting from free expression.

3.7.1. Sources of data
The study used both primary and secondary data. Primary data was gathered from the field at a later stage, while secondary data was gathered by reviewing different researcher's literature.

(a) Primary source
This involved data collection through interviewing respondents and submission of questionnaires to be filled by the respondents who are literate.

(b) Secondary source
Here, data was collected from the previous reports on the research problem. The major source of data here were; libraries, internets, textbooks, and journals to analyze the problem.

3.7.2. Data Processing
Data was collected from subjects using two methods that are qualitative and quantitative from the questionnaires that were arranged according to the subjects that were filled. The quantifiable data was then be coded and laid out in sections according to what they addressed.

Qualitative data was arranged and organized according to the variable of the study that was identified. Where necessary the researcher presented the data in table and that facilitated better analysis of the issues at stake.
3.8. Data Analysis
It is important to note that the study primarily used quantitative and qualitative techniques of data analysis. Quantitative data analysis enabled the researcher to analyze closed questions exemplified by those involving demographic data, variables that were tested to analyze factors influencing peace building. In this study, frequencies and across tabulation tables will allow the researcher to give a comprehensive analysis of the study. Frequencies and across tabulation tables generated by SPSS software allowed the researcher to give a comprehensive analysis of the study.

In addition, a qualitative data analysis made possible for the researcher to analyze that open questions existing in the questionnaire and questions for interviews. These included questions like those addressed to the stakeholders during focus group discussions and interviews of the key formats. After data entry, analysis and interpretation, information gathered, completed by qualitative information collected from focus groups were brought together forming a draft report.

3.9. Ethical Procedures
The researcher obtained a letter of introduction from the Faculty of Social Science of the University and used this letter as prove that he is a student of Kampala International University. He showed it to the respondents while seeking permission to conduct the research study. The researcher made a program with various leaders on the day of conducting the study; the researcher sampled married families, dropped girls from schools, divorced families, and gave them questionnaires. He also sampled non-governmental officials and conducted the interview with them. The researcher thanked the respondents and moved to the next area of the study.
The researcher also ensured that during research the budget allocation is budgeted within the budget framework.

The researcher also applied anonymity when conducting the interviews and this did not expose the respondents and lastly was expected to keep secret not exposing the community to the outside world because this would lead to embarrassment of the members of the community.

3.10. Limitations
Some minor delays to our study have been experienced particularly in accessing all information needed from Provincial Administration in Nungwi district with a few come tomorrows but in most cases patience paid.

Some hindrances to our study have been expected particularly in accessing all information needed from respondents, the researcher has claimed an allowable 5% margin of error at 0.05 level of significance.

(i) Extraneous variables which have been beyond the researcher's control such as respondents' honesty, personal biases and uncontrolled setting of the study.

(ii) Instrumentation: The research instruments on resource availability and utilization are not standardized. Therefore a validity and reliability test has been done to produce a credible measurement of the research variables.

(iii) Testing: The use of research assistants could bring about inconsistency in the administration of the questionnaires and explanations given to the respondents. To minimize the threat, the research assistants have been oriented and briefed on the procedure to be done in data collection.
CHAPTER FOUR

PRESENTATION, INTERPRETATION AND DISCUSSION OF THE FINDINGS

4.0. Introduction

This chapter contains the presentation and discussion of the research findings/results and data analysis. It presents data that was collected using questionnaires and interviews. In the same chapter, data is interpreted, discussed and analyzed along the themes namely: forms of Conflicts, key perpetrators of conflicts and how conflicts have affected the delivery of social services.

4.1. Socio - Demographic background

**Age of respondents**

*Table 4: Age of respondents*

<table>
<thead>
<tr>
<th>Age</th>
<th>Respondents</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 – 16</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>17 – 30</td>
<td>35</td>
<td>58.3</td>
</tr>
<tr>
<td>31 – and above</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>60</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

The majority of respondents were in age bracket of 12-16 (16.7%). This was because it is around this age that many of them are prone to diseases hence needs services like Vaccination, proper nutrition, Education and health services and hence it is the same age that either suffers the accessibility of social services in these war tone areas.

The majority of respondents (66.7%) were female. This is because women are mostly affected by conflicts hence it gave them a chance to express their attitude.
4.2. Sex of respondents

**Table 5:** Sex of respondents

<table>
<thead>
<tr>
<th>Sex</th>
<th>Respondents</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>20</td>
<td>33.3</td>
</tr>
<tr>
<td>Female</td>
<td>40</td>
<td>66.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

The majority of respondents (66.7%) were female. This is because women are mostly affected by conflicts hence it gave them a chance to express their attitude.

4.3. Common Forms of Conflicts

**Cattle Rustling**

The causes of conflicts range from traditional (to replenish the herd after loss to epidemics or drought) to socio economic (to meet the basic requirements of food, marriage and for prestige reasons). The intensity and brutality of conflicts has increased since the Bachagas acquired modern weapons like AK-47 rifles compared to the locally made “amithida” used before and the spears used in pre-colonial days.

4.4. Cases of Cattle Rustling

**Table 6:** Cases of cattle rustling

<table>
<thead>
<tr>
<th>Period</th>
<th>R</th>
<th>SD</th>
<th>HD</th>
<th>G/A</th>
<th>CR</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCT - 2002</td>
<td>35</td>
<td>16</td>
<td>01</td>
<td>23</td>
<td>30</td>
</tr>
<tr>
<td>NOV - 2002</td>
<td>15</td>
<td>03</td>
<td>10</td>
<td>17</td>
<td>20</td>
</tr>
<tr>
<td>DEC - 2002</td>
<td>10</td>
<td>00</td>
<td>05</td>
<td>10</td>
<td>22</td>
</tr>
</tbody>
</table>

R: Rape G/A: General assault SD: School Dropout CR: Cattle rustling HD: Indecent Assault
4.5. Civil wars.

Table 7: Opinion on whether civil wars have been the key factor affecting the delivery of social services

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Number</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>45</td>
<td>75</td>
</tr>
<tr>
<td>Not sure</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Disagree</td>
<td>15</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Results from table indicate that 75% of the respondents were of the view that Civil Wars have been the key factor affecting the delivery of social services in the area. Only 25% of respondents were not in agreement with the statement that civil wars are the factors affecting the delivery of Social Services.

The researcher found out from household interviews carried out that women and girls suffer the worst humiliation in accessing the social services. Most of them are left as widows hence making it difficult for a woman to provide all the need for the families.

4.6. Key perpetrators of Conflict

One of the common forms of conflicts (cattle rustling) has been perpetrated by the intricate clan and sectional loyalties and rivalry complicate the management of the conflict in because of a simple theft or an act of aggression between two people can be interpreted as a provocation to the entire clan. The demographic trends in Bachagaa have been described through events on the ground as a tribe with a recessive population especially in the male female gender balance.

4.6.1. Factors for the Increased Prevalence of Conflicts

The research from household interview found out that conflicts are as a result of complex interplay of individual, socio-cultural and environmental factors.
At the individual level, biological factors such as temperament, aggression and impulsivity combined with low education attainment and low self-esteem are some of the characteristics that increased the likelihood of being a victim of perpetrators of conflicts.

4.7. Socio-Cultural Factors

**Table 8:** Opinion on whether socio-cultural factors are root cause of conflicts

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>40</td>
<td>66.7</td>
</tr>
<tr>
<td>Not sure</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Result from the finding indicated that 66.7% of the respondents agreed that socio-cultural factors are root cause of conflicts. This is because boys are sometimes involved in cattle rustling placing their lives at even a greater risk; girls are often involved in early marriages. 16.7% of the respondents however either did not agree with the statement or were not sure. Meaning that they did not understand or they could have misinterpreted the questions.

4.8. Legal Factors

**Table 9:** Opinion of respondents on whether legal factors are root cause of conflict which hinder the delivery of social services

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>30</td>
<td>50</td>
</tr>
<tr>
<td>Not sure</td>
<td>14</td>
<td>23.3</td>
</tr>
<tr>
<td>Disagree</td>
<td>16</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Results show that half of the respondents (50%) said that legal factors are root cause of conflict which hinders the delivery of social services. The rest of the
respondents were not sure about the statement or disagreed with the statement. Information from NGO interviews confirmed that lack of legal services, justice, protection for the rights are major factors in effective delivery of social services.

4.9. Lack of commitment by government

Table 10: Opinion of respondents on whether lack of commitment by the government is root cause of poor service delivery in the area

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>45</td>
<td>75</td>
</tr>
<tr>
<td>Not sure</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>5</td>
<td>8.3</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Findings show the lack of commitment by government is root cause of poor service delivery in the area (75%). However 8.3% of the respondents did not agree with the statement and another 16.7% of the respondents were not sure. Lack of commitment and misuse of weapons and irresponsibility of the Government and civil societies in combating conflicts as the contributing factor.

Effects of conflicts on the Social Service Delivery

The study revealed the following effects of conflict on social service delivery ranging from the effect on socio-economic development, effects on mental health, effects on family planning and effects on STD and AIDS presentation as discussed in page 40.
4.11. Effects on social-economic

Table 9: Opinion on whether conflicts break down the social economic development of the people in the area

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>54</td>
<td>90</td>
</tr>
<tr>
<td>Not sure</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>Disagree</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

Results from the findings indicate that respondents agree with the view that conflicts break down the socio-economic development of women (90%) only 10% of respondents were not sure.

Conflicts affect people’s ability to act in the world. This serves as a break in accessing the services on the socio-economic development. The development community has come to realize that such problem (conflicts) result to deforestation, hunger and poverty which cannot be solved without the help of social services required.

The research informants (NGOs) reveals that the scars of victims can also lead lower future educational attainment and income levels for such people. Cattle rustling affected people’s income indirectly through its impact on education and mental and physical health hence making it hard in the deliverance of social services.

Conflicts like cattle rustling can also wart the development of the wider community through its effects on delivering social services to the hand caped like women, children, lame and the elderly in participating in development projects.
4.11. Effects on material health

**Table 101:** Opinion of respondents on whether conflicts affect mental health

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>40</td>
<td>66.7</td>
</tr>
<tr>
<td>Not sure</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Disagree</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

It is during pregnancy when women are being helpless in receiving social services like health facilities and antenatal care. It is indicated that the number of pregnant women were battered and raped during conflicts. In this study 50% of the respondents interviewed, reported beatings to the stomach during pregnancy and 60% of the beaten women who sought service in Bokora County reported. Being beaten and raped during pregnancy and rest reported miscarriage due to conflicts which affects the efficient delivery of social services.

Unwanted pregnancies due to acts of brutality during conflicts, un-safe abortions, infections with sexually transmitted diseases including HIV/AIDS combined with the inadequate health service and counseling services, take their toll on the health of the victims and result in the high rate of mortality among the women and those who are affected.

4.12. Effects on the family planning

**Table 11:** Opinion of respondents on whether conflicts lead to poor family planning

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>50</td>
<td>83.3</td>
</tr>
<tr>
<td>Not sure</td>
<td>10</td>
<td>16.7</td>
</tr>
<tr>
<td>Disagree</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>
Discussions from the finding indicate that all respondents (83.3%) agree that conflicts lead to poor family planning. Only 16.7% of the respondents were not sure.

From the finding of the study many couples do not get access to contraceptive due to unavailable nearest health centers. Therefore a woman's request to use birth control is interrupted. Although the end of conflicts is not always the deciding factor, the study has found out that it was the single greatest predictors of delivering women's contraceptive facilities.

The respondents recounted the story of the young couple who lived in a camp. Although they used to earn a decent wage, the woman found it very hard to get the access of using birth controls due to the fact that the services were nowhere to be seen. This made them to have more children hence a burden in looking after the children.

Although there are no studies to quantify the cost of conflicts on the delivery of social services, this research reveals that such war pressure exerts heavy human and economic toll and cost to nations. Loss of productivity resulting from injuries, disability being put in camps absenteeism from work and premature death and the costs for health care are examples which leads to poor delivery of social services. The study shows that victims of conflicts also become violent to other tribe hence taking conflicts/cattle rustling as a norm.

Loss of self worth, %the erosion of self esteem and self worth is one of the most devastating effects. 90% of the politicians, opinion leaders and community leaders reported that a lot of service providers are victims of such conflicts, often escaping and then going back to situation of conflict hence leaving others helpless.

From the questionnaire distributed to respondents, findings show that women, children and the elderly are the most affected in accessing social services. With
the prevalence of HIV/AIDS, rape and other forms of sexual abuse essentially death sentence.

4.13. Effects on STDs and AIDS prevention

Table 12: Opinion of respondents on whether conflicts lead to STD and AIDS

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>60</td>
<td>100</td>
</tr>
<tr>
<td>Not sure</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Disagree</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

All respondents agreed that conflicts lead to the contraction of STD and AIDS, in this case, there is an increase on rape, forced marriage, immorality due to living in camps, hence increasing the spread of AIDS. This leads to illness and general weakness among the victims of which it acts as a hindrance in acquiring basic services like health services, high rate of school dropout which is a challenge in delivering social service.
CHAPTER FIVE

SUMMARY OF THE MAJOR FINDINGS, RECOMMENDATIONS AND CONCLUSIONS

5.0. Introduction
In this chapter, the conclusions from the study and the recommendations made are presented. The study used both qualitative and quantitative methods of analysis.

5.1. Summary of the Findings
A study conducted to assess the effects of conflicts on the delivery of social services and which group inks mostly affected. The study covered age bracket from 16 and above. The results indicate that 90% of the total respondents are victims of conflicts as a result of low status accorded to females compared to male and the unequal power relation between females and males.

The total of 60 respondents were interviewed in this study where by 40 were female and 20 were male. This is due to the fact that the male population was involved in fighting and others would be at work hence not taking part in this particular research: finally policy recommendations were drawn that the researcher saw necessary in response to the evil of conflicts that have for long affected the delivery of social services.

The return trend from camps in Nungwi, was slower compared to other parts of the Northern region. This means that majority of the populations were still staying in camps. The main factor resulting into this situation is the unique position bordering Sukuma, Bachaga and Oloma. In this particular area, there is still a security threat from the neighboring cattle rustling community, a security threat that has existed longer than the SPF incursions. Cattle rustlers still have similar methods of stealing cattle, rape, abduction and random murdering of the population. It is largely true that the fear of the castle rustlers sends strong notions about the return of these populations in their former
dwelling places. To them staying together seems safer than going back home to face the wrath of rustlers who remind them of The LRA war mayhem. To the people of Bukora County, it is a situation of double jeopardy (cattle rustlers and the LRA incursion) that affects all the community members. Unless strong security measures are in place it may be a very slow rate of return for people in Bukora County to normalcy.

The estimated population of about 2,400 persons mainly depends on livestock keeping as the main occupation and supplementary subsistence agriculture. Part of the population especially the younger males practice transhumance, cattle raring which involves seasonal movements of herds from place to place in search of water and pasture. This type of economy has been adversely affected by the effects of conflicts and violence in the region in recent years. Bachagaa has been sucked to numerous wars, violence and destructive conflicts country wide. Recently the government was involved in a bitter war with the Bachaga Patriotic Front in the northern part of the country.

The preliminary results of the findings on early marriages conducted in Nungwi District revealed that there is an increasing incident of early marriages in the community. The contributory factors among others include domestic violence, household poverty, mistreatment by parents, use of obscene language and loss of hope in education among the young boys and girls. For the parents, this is an important source of family income and an outlet from household poverty. For the young boys and girls, it’s a way of coping up with their situation. This practice deprives the affected children of their basic human right to education, a gross violation of child rights.
5.2. Recommendations
The following are the recommendations that are necessary to make response of the government to effective service delivery in war tone areas. There is need to implement or td do the following.

5.2.1. Recommendations to the government
There is need for high priority on comprehensive measure to address the effects of conflicts on the delivery of social services. This can be done through enactment of legislation on cattle rustling as soon as possible in order to ensure there is effective delivery of social services in war tone areas.

Accelerate the law reform process to harmonize the relationship between the cattle rearing communities through introduction of public education and legal literacy campaigns relating to the convention and the international and national commitments on the reduction and elimination of conflicts.

The government should carry out an assessment of the extent to which all its social service delivery policies should be conducted in war torn areas. This is the only way to find out if the government’s response to civil wars is effective or needs adjustment.

Accelerate the law reform process to harmonize the acquiring modern weapons by the Bachagas, weapons like a-K47: introduce public education and legal literacy campaigns relating to the convention and the international and national commitments on the reduction and elimination of civil wars and conflicts.

Take national employment policy and special measures to create employment opportunities for war victims. Introduce specific legislation with accessible procedures, compensation for victims and penalties for perpetrators.
5.2.2. Recommendations to the Civil Society Organizations

Intensify efforts to encourage women to take up leadership positions which will enable them to stand in their own individual capacity as women and not the current affirmative action policy which makes women look incapable of pausing a political force to reckon without the support of men. There is need to support programmes for current and future women leaders and undertake awareness raising campaigns on the importance of women's participation in decision making.

The interactive learning sessions, should be conducted by the Non-Governmental Organizations which should be Community Oriented Model of imparting Knowledge, including the right Helping Skills and Attitude. The learning with the Non-Governmental Organizations should be directed at what they needed to know more especially on experience they go through during conflicts and also civil societies should support the persons with depression, understanding signs and symptoms of suicide and where to refer, providing emotional support to victims and families, following them up and educating families on appropriate home based care and use of posters to disseminate at the community level.

Non-Governmental Organizations should implement projects that can be designed to increase the scale of providing the social serves in the war tone areas, protection of children and women in the return areas. These should focus on the ways through which communities can be empowered to identify, prevent and mitigate their own psychological trauma inflicted on them by displacement, abductions, torture and loss of livelihood opportunities during years of past conflict. Henceforth, such projects are targeted in and out-of-school children and other members of the community.
5.2.3. Recommendations to the local community

It is anticipated that many former abducted children, especially those with inadequate family care arrangements will need to be supported through family and community dialogue on sustainable reintegration and recovery. Through parents’ support groups, the situation and needs of formerly abducted children should be discussed. This way, effective family care arrangements should be set up. Local leaders should continue following up the identified loop holes in the delivery of social services in their families to provide emotional support and counseling as well as educational programmes like psychosocial life skills to enhance social functioning and meaningful interaction with the entire community.

Map existing services within the sub-counties and set up referral systems to link vulnerable people to basic services and support and coordinate with agencies for support for the most vulnerable persons and monitor child protection committee activities.

Carry out community participatory identification of children who were affected by the conflicts in the return areas. Also the local community should carry out an exercise in the project area to identify and document child protection concerns in the return areas. These will form a basis for the scaling up child protection committees as well as form topics for community education and sensitization.

5.2.4. Recommendations to the International Community

Conduct regular community awareness campaigns on conflict resolution, prevention and response. During the awareness sessions, Communities more specifically child protection committees and other community support structures should be supported to develop action plans to prevent and respond to identify the prevention of conflicts in Northern Zanzibar.
Training in journey of life for community mobilization & action, personal growth and awareness. The Journey of life is a practical tool that the deliverers of social services should use for community mobilization & action, awareness raising and personal growth for caregivers. International Communities should target the selected community support structures and children and women groups with the Journey of life workshops. The international Community should continue to carry out joint supervision visits with the social service providers based at the district level. As a way of building the capacity of the probation office and the community services department, International Community should work closely with the social service provider at each level of provision. International community social workers should carry out joint family/camp visits and visits to the Child Protection Committees together with the Community development officers or local leaders in each sub-county.

5.2.5. General recommendations
Adopt an accessible complaint procedure to enforce constitutional guarantees; introduce literacy campaigns 'to make people especially in the rural areas, aware of their participation in the delivery of social services and to end conflicts. This can be done to help and strengthen the efforts to address about the responsibilities of nongovernmental organization, women and men towards the delivery of social services and the end of conflicts.

There is need to actively engage the community based support systems and families that will encourage community members to identify cases of sexual abuse and report them to the relevant authorities, it is hoped that their efforts will help reduce children's exposure to vulnerability in target sub-counties and provide a mechanism for reporting incidences of abuse against children. Other school bodies such as the SMCs and PTAs have to be targeted with training on
teachers' code of conduct and safer school concept so they can monitor and report cases of gross violation of child rights both in schools and in community levels.

Special focus will be given to actively engaging the trained community support structures, caregivers, and other stakeholders to actually identify vulnerable people and provide frontline support and in accessing social services / or refer them for specialized services. This way, a protective environment for the vulnerable members of the community should be created in the return areas.

**Area for future research**
The researcher recommends the following areas for future research in Bokora County; the impact of women in conflict resolution, the need for men's rights because most men remain silent after being mistreated by their aggressive wife and also the effects of weak government policies towards conflict resolution.

**5.3. Conclusions**
Basing on the case study, it has been found out that conflict as shown in this chapter, has diverse effects on both the children, female, community and nation as well. These posses strong challenges on both health and economic development of the people in the area. The result of conflict is; death, displacement, outbreak of infectious diseases and serious problem of malnutrition which can overstretcher the capacity of providing health services to the victims since most are vulnerable.

The increased civil conflicts and cattle rustling in Northern Zanzibar especially in Nungwi region have left a number of social service programs damaged. For example schools, hospitals and trading centers have been destroyed leading to economic down fall. A long solution to those problems can come only from the people themselves, the government, the international community and Non-Governmental organizations. The government should provide enough security
and peace talks to people through educating them on the negative impacts of conflicts on the delivery of social services and government must allow the people to work to achieve their own destiny, in order to achieve their goal targets. This can give the women the capacity to participate in conflict resolution.

Conflicts and poor delivery of social services are therefore strongly inter-related addressing one in isolation of the other will not translate into reduced rates off loss of life, displacement, and hindered development, human and animal brutality. The issues present numerous challenges from the conflict prevention campaign in Northern Uganda today. It calls for other approaches that should be focused on addressing civil conflicts and cattle rustling in Northern Uganda.
REFERENCES


APPENDIX I: QUESTIONNAIRE

Dear Respondent,
I am Moh’d Khamis Hamza, a student of Kampala International University, carrying out an academic research on the topic “To Access the Effect of Conflict on the Delivery of Social Services (A Case Study of Nungwi District Northern Zanzibar).” You have been randomly selected to participate in the study and you are therefore kindly requested to provide an appropriate answer by either ticking the best option or give explanation where applicable.

NB: The answers provided will only be used for academic purposes and will be treated with most utmost confidentiality.

A) PERSONAL INFORMATION.
1. Sex
   Male
   Female
2. Age
   25 – 30
   31 – 35
   36 – 40
   41+
3. Educational level.
   Note sure
   Primary
   Secondary
   College
4. Occupation
   Farmer
   Teacher
   Business
   Lawyer
   House wife
   Others (specify) .................................................................

5. Religion
   Catholic
   Protestant
   Muslim
   Others (specify) .................................................................

6. What are the common causes of conflicts in your area?
   ........................................................................................................
   ........................................................................................................
   ........................................................................................................

7. Who are the victims (vulnerable group) of conflict in your area?
   ........................................................................................................
   ........................................................................................................
   ........................................................................................................

8. How are the victims of conflicts acquiring social services in war tone areas?
   ........................................................................................................
   ........................................................................................................
   ........................................................................................................

9. Are the children also affected in acquiring the social services? If yes, how are they affected?
   ........................................................................................................
   ........................................................................................................
   ........................................................................................................
10. What are some of the reasons hindering the cease of conflicts and cattle rustling in your area?

11. Have you or any of your relative ever been affected by conflict towards accessing social services?
   - You
   - Relative

12. If yes, how were you affected?

13. Did you report the incidence you or your relative faced?
   - Yes
   - No

14. What has the community leaders in your area done to stop conflicts and cattle rustling?

Thanks for your contribution towards the completion of my study
APPENDIX II: INTERVIEW GUIDE

Name of interviewer
..............................................................................................................................................

1. Socio-demographic information of respondent
(a) Sex ...........................................................................................................................................
(b) Education level (highest) ...........................................................................................................
(c) Main occupation ....................................................................................................................... 
(d) Ethnicity ......................................................................................................................................
(e) Nationality ...................................................................................................................................
(f) Religion .........................................................................................................................................
(g) Marital status ............................................................................................................................... 
(h) Duration lived in the area ...........................................................................................................

2. Are conflicts a hindrance of the delivery of social services in your area? If so, list the different forms, causes, and the effects of conflict.

<table>
<thead>
<tr>
<th>S/N</th>
<th>FORMS</th>
<th>CAUSES</th>
<th>EFFECTS</th>
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3. Who are the most affected and why? (Interviewers probes to get reasons why women and girls are most affected)
...........................................................................................................................................
...........................................................................................................................................
...............................................................................................................................................
4. What are the effects of each form of conflicts mentioned in question (2) above (probe for social psychological and physical effects)
(a) On the victim/survivor ...............................................................
(b) On perpetuators ...........................................................................
(c) Community development/ social service delivery .........................

5. What support systems exist in your area for effective social service delivery?
...........................................................................................................
...........................................................................................................
...........................................................................................................

6. How are the victims of wars handled in your community?
.........................................................................................................
.........................................................................................................
.........................................................................................................

7. How are the offenders dealt with in your community?
.........................................................................................................
.........................................................................................................
.........................................................................................................

Thanks for your contribution towards the completion of my study