

**HUMAN TRAFFICKING BASELINE ASSESSMENT IN  
TANZANIA: FINDINGS FROM SELELCTED REGIONS**

**A REPORT**

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## Table of contents

<b>Executive summary</b> .....	4
List of abbreviations .....	6
<b>1.0. Introduction</b> .....	7
The problem .....	8
Rationale .....	8
Objectives of the baseline assessment .....	9
<b>2.0. Methodology</b> .....	9
Study area.....	9
Research tools, type of interviewees/respondents and methods.....	10
Data analysis .....	12
Study limitations .....	13
<b>3.0. Results</b> .....	14
Characteristics of study participants .....	14
Perceived magnitude of HT problem.....	16
Characteristics of HT .....	20
<b>4.0. Discussion and conclusions</b> .....	39
<b>5.0. Recommendations and the way forward</b> .....	45
<b>6.0. References</b> .....	50
<b>7.0. Appendixes</b> :.....	51

### List of tables

Table 1. Characteristics of respondents (household sample) .....	15
Table 2. Study participants by gender and by region .....	16
Table 3. Characteristics of HT victims in the household.....	21
Table 4. Reasons why individuals become HT victims .....	22
Table 5. Activities performed by HT victims reported by the community leaders.....	31
Table 6. Potential collaborators in anti-HT programs identified .....	34
Table 7. Main reasons limiting efforts to curb HT mentioned by community leaders.....	35
Table 8. other reported challenges to overcome HT problem .....	36

**List of figures**

Figure 1. Percentage of reported human trafficking and period they occurred.....18  
Figure 2. Destinations of HT victims .....19  
Figure 3. Percentage of how HT victims are obtained .....24  
Figure 4. Reported activities performed by HT victims .....30  
Figure 5. Factors contributing to HT problem in Tanzania.....43

**List of maps**

Map 1. Study regions.....10

## **Executive summary**

*Background:* Human trafficking is a modern form of slavery. Each year as many as 700, 000 people, primarily the women and the children, are bought, transported and held for the purpose of forced commercial sex or labor worldwide. UN (2007) estimated that 12 million people were trafficked in 2006 and that 70% of all women trafficked are sexually exploited. Tanzania is the source, transit and destination of trafficked human beings. Women, children and men are reported to be trafficked from rural areas to urban areas for the purposes of labor or sexual exploitation. Despite the magnitude of HT problem reported the world over, the regional distribution of HT studies is imbalanced to suggest generalization of findings and measures to combat it. The Tanzanian government, through the MoHSW is engaged in combating HT activities. However, there is scanty evidence on the magnitude, trends, root causes, dynamics, environment for trafficking, the supply/demand sides and the consequences of HT practices in the country that needed to be established to inform and support programs intended to combat this problem.

*Objectives:* This assessment provided baseline data on the current situation of HT in Tanzania, including trafficking trends, root causes and dynamics related to HT from village, district and regional level; assessed the environment for trafficking and the demand; and assessed risk and vulnerability factors on supply side. That is victim's profile, demographics, domestic violence, sexual abuse, susceptibility to infectious diseases and other health-related dangers.

*Methodology:* The study was conducted in eight regions of Tanzania Mainland – Iringa, Morogoro, Dodoma, Manyara, Arusha, Singida, Tanga and Dar-es-Salaam. Both qualitative and quantitative methods were used to generate data needed. In-depth and semi-structured interviews were respectively conducted with selected key-informants and identified members of the community. Household and community leaders' surveys were conducted to generate quantitative data on the HT issues investigated.

*Results:* 799 individuals participated in the household survey. 516 (64.6%) of the respondents were females and 283 (35.4%) were males. 431 (53.9%) respondents were in the 30-49 age group followed by those aged 50 and above years and 145 (18.1%) were 30 years old and below. 463 (57.9%) respondents had completed primary education, 150 (18.8%) had attended above primary education level and a few, 18 (10.1%) had had no formal education. About a half of the respondents (49.4%) were peasants and a few, 53 (6.6%) were employed in the formal sector. Almost all respondents belonged to the two main religious groups: Christian 400 (50.1%) and Muslim 396 (49.6%). In addition to the household survey, we surveyed 78 community leaders with an average age of 45 years and interviewed 112 individuals aged between 18-73 years whose level of education ranged from primary to university levels. Interviewees in the rural areas were aware of young people's migration to distance destinations within and outside the districts or the region but did not consider it a form of HT, a violation of human rights. On a contrast, interviewees in semi-urban and urban sites were aware that HT was a problem in their areas and has been increasing in magnitude and complexity. The percentage of reported human trafficking increased from 5% before 2000 to 71% in a period between 2006 and 2008. Women, girls and young males were reported the main victims of HT. Main

reason for becoming HT victims were increased poverty among family members (78.2%); poor social support (29.5%); family conflicts (24.4%); lack of food/cloth for family members (32.1%); hiding from shame such as pregnancy, divorce, school-failure (9.0%) and 6) victims wanting to get better life somewhere (23.1%). Males and females were equally reported to be traffickers of human beings. Common routes and means of transport in the respective sending areas were used to transport HT victims. Many of HT victims end up becoming domestic servants, bar attendants, sex workers, miners, laborers on farms/construction sites or food vendors. As a result, HT victims have different characteristics and needs that need to be well established. Working conditions for the majority of the HT victims put them at a risk of Several measures and strategies that leave much desired have been taken by the communities, NGOs and local authorities to combat HT. Lack of anti-HT policy and bylaws was reported a major obstacle to the success of such measures.

*Conclusions:* Several intertwined factors – individual, socio-cultural, ignorance about urban life, cheap labor market forces and the lack of law/policy contribute to HT practices and trends in Tanzania. HT leads to several consequences – violation of human rights, including right to health; exploitation/abuse and physical, mental and psychological stress – that jeopardize HT victims’ health status. The HT victims do not access to health care services when they want to due to the lack of money or are not allowed to seek medical by their employers/masters. TH victims suffer from police harassments, taken to the court of law and sometimes sent to prison.

*Recommendations:* deliberate effort should be made to reduce the awareness and knowledge gap on HT among members of the community. Multisectoral poverty reduction strategies targeting the rural areas are important in reducing the likelihood of individuals becoming HT victims. Multi-disciplinary longitudinal research is needed to inform the formulation of evidence-based comprehensive anti-HT laws and policies. The Ministry of Health and Social Welfare is plan and implement health education and health promotion programs targeting community members, policy makers, health care providers, HT victims, traffickers and HT survivors.

## **List of abbreviations**

AIDS = Acquired Immunodeficiency Syndrome

ANPPCAN = African Network for Prevention and Protection Against Child Abuse  
Networks

CHISWEA = Children of the Street Welfare Association

CHODAU = Chama cha Wafanyakazi wa Majumbani na Mahotelini

DCMP = Dodoma Children Multipurpose Project

DIC = Dodoma Inter-African Committee

DODEA = Dodoma Development Association

HIV = Human Immunodeficiency Virus

HT = Human Trafficking

ICES = Ihanda Community Employment Association

ILO = International Labor Organization

IOM = International Organization for Migration

JTF = Jiendeleze Trust Fund

KIWOHEDE = Kiota Women Health and Development

LCCB = Local Community Competence Building and HIV&AIDS Prevention in  
Tanzania

MoHSW = Ministry of Health and Social Welfare

MWAKAUMU = Muungano wa Wanawake Wilaya ya Mufindi

MPC = Morogoro Paralegal Centre

NACP = National AIDS Control Program

NOLA = National Organization for Legal Systems

PQDG = Piece and Quality Development Group

TWCW = Tanzania Women and Children Welfare

TAPU = Tanzania Agricultural and Plantation Union

TYVA = Tanzania Youth Vision Association

WIA = Women in Action for Development

YDA = Youth Movement Alliance

YTF = Yatima Trust Fund

## **1.0. Introduction**

Human trafficking is a modern form of slavery. Traffickers use threats, intimidation and violence to force the victims to engage in commercial sex activities or to labor under slave-like conditions for the trafficker's gain. Each year as many as 700, 000 people around the world, primarily the women and the children, are bought, transported and held for the purpose of forced commercial sex or labor. UN (2007) estimated that 12 million people were trafficked in 2006 and that 70% of all women trafficked are sexually exploited.

A U. S. Department Trafficking in Persons Report (2008) indicated that Tanzania is the source, transit and destination of trafficked human beings. Women, children and men are reported to be trafficked from rural areas to urban areas for the purposes of labor or sexual exploitation. The children – both girls and boys – are trafficked in the country for domestic servitude, street vending, agricultural labor, herding, work as barmaids and commercial sex exploitation.

Similarly, Tanzania was reported to be a transit for human beings trafficked to other African nations, the Middle East, Europe, and Northern America for domestic servitude, enslavement in massage parlors, brothels and forced manual labor including construction industry. Tanzania is also reported to be a destination of women trafficked from other African countries, China and India who are forced directly to prostitution. In addition, it has been reported that children in the country's large refugee population are vulnerable to being trafficked to work on farms and some refugees are recruited as child soldiers for participation in conflict in countries of origin.

Studies conducted by the Kiota Women Health and Development (KIWOHEDE, 2000) a local NGO showed that women and children are trafficked from rural areas for domestic work, commercial agriculture, fishing, mining, and prostitution – many of whom end up engaging in activities that put them at risk of health problems including being infected with HIV. Despite the magnitude of HT problem reported the world over, the regional

distribution of HT studies is imbalanced to suggest generalization of findings and measures to combat it. For instance, of all the studied conducted, Europe has a large share of (44%) followed by Asia-Pacific (35%), Africa (13%), the Americas (7%) and the Middle East shares only (1%) (U. S. Department Trafficking in Persons Report, 2008).

### **The problem**

The Tanzanian government, through the MoHSW is engaged in combating HT activities. However, there is scanty evidence on the magnitude, trends, root causes, dynamics, environment for trafficking, the supply/demand sides and the consequences of HT practices in the country that needed to be established to inform and support programs intended to combat this problem that has physical, psychological and health implications to the traffickers, victims and other citizens.

### **Rationale**

This study, therefore, provided recommendations for the MoHSW for programs to support a public awareness campaign in Tanzania as well as training of health care workers in the country. Similarly, this study provided information to the MoHSW on ways to increase collaboration on anti-HT in areas of public awareness and education with other government and non-governmental agencies with regard to the most appropriate anti-HT messaging interventions/activities for short- and long-term plans.

Finally, the study identified opportunities for combating HT and challenges that need to be overcome through the health sector in general and through the HIV & AIDS response in particular.



## **Objectives**

The objectives of this study were to:

1. Provide baseline data on the current situation of HT in Tanzania, including trafficking trends, root causes and dynamics related to HT from village, district and regional level.
2. Assess the environment for trafficking and the demand. That this, health care response, community awareness on victims of HT, targeted locations of crime and corruption, strength of rule and law to support anti-trafficking efforts.
3. Assess risk and vulnerability factors on supply side. That is victim's profile, demographics, domestic violence, sexual abuse, susceptibility to infectious diseases and other health-related dangers.

## **2.0. Methodology**

### **a) The study area**

The study was conducted in Tanzania Mainland in eight regions selected by the client (Map 1): Iringa, Morogoro, Dodoma, Manyara, Arusha, Singida, Tanga and Dar-es-Salaam. Two districts (one urban and one rural) in the first seven regions and all districts in Dar-es-Salaam were included in this study. The first seven regions were selected on the assumption that they are the main sending areas from which men, women and children are allegedly trafficked to cities – Dar-es-Salaam city in particular – for domestic work, mining, fishing, working on (tea, flower and wattle) plantations, factories and in the lumbering industry (specifically in Iringa, Tanga and Lindi regions).

**Map 1: Selected regions for the study**



NB: Arusha region has been split into Arusha and Manyara regions

**b) Research tools, type of interviewees/respondents and methods used**

The planning phase included the following activities: documentation/review of relevant documents and materials available from the client and other sources, reports/studies on HT in the country and beyond to gain an understanding and experiences from similar projects in other parts of the region and the globe, contacting individuals, ministries and organizations/institutions at the national level that provided support and guidance during

the study process, identifying potential researcher assistants and meeting other research-related logistics.

The research instruments developed accommodated areas of interest suggested by the client. The tools, therefore, included an *in-depth interview guide*, *the observation guide*, *a household survey questionnaire* and *a community leaders' survey questionnaire*. The purpose was to capture the actual, perceived and observed factors that promote or limit HT practices in the study areas. The client/stakeholders reviewed and commented on the prepared tools. Following the client's/stakeholders' comments, the research instruments were re-reviewed, translated into Kiswahili, the national language and pre-tested during the orientation workshop – in Mailimoja Ward, Kibaha district, Coast region that was not included in this study. The rationale for choosing the Coast region was its similar characteristics with Dar-es-Salaam region whose three districts were included in the study. Changes on the tools suggested by the workshop participants and pre-testing results were accommodated accordingly.

Five persons (three research assistants, one NACP staff and the RACC) formed a team that collected data in each region. The consultant, therefore, identified 24 (12 females and 12 males) RAs who joined the 8 RACCs and eight NACP staff in collecting data needed for this study. Generally, the RAs with good experience in conducting field research and administering questionnaires were selected. A training workshop to orient the study team – the RACCs, RAs and the NACP/MoHSW staff members was conducted at Kibaha Conference Centre (KCC) for five days, November 10-14, 2008 (see Appendix I). Data collection lasted for two weeks, that is, November 17-29, 2008 during which the RAs used the methods explained below to collect data.

- First, semi-structured and structured *observations* were conducted throughout the study and at all levels. This method is strong in capturing attitudes, perceptions, beliefs and practices that members of the community would not express during discussions or take them for granted. To do so, each team documented all HT-related information/incidences observed during the period of data collection.

- Second, the team conducted (*in-depth*) *interviews* (IDIs) with selected key-informants. The plan was to conduct IDIs with the Regional Community Development Officers (RCDOs), District Medical Officers (DMOs), representatives of the local government, managers or representatives of NGOs/FBOs/ activists/organizations involved in anti-HT activities in the study areas, influential members of the community and victims/ex-victims of HT. Through experience and networking, the RACCs facilitated the identification of targeted key informants and arranged for the IDIs. Data from in-depth interviews facilitated uncovering some personal, socio-cultural, economic and political factors that promote or limit HT practices in the study areas. Similarly, this information facilitated the assessment of the magnitude and other related socio-economic, cultural and political dynamics related to HT.
- Finally, the research team conducted *household and community leaders' surveys* to generate quantitative data on the issues investigated. The plan was to administer 100 questionnaires to household heads in each region. Data generated enabled the consultant to establish and quantify the socio-demographic features of HT victims, pushing and pulling factors behind HT behavior and practices, sending and receiving areas and the perceived, actual and experienced factors behind HT. The survey started with the village/street leader's household and proceed consecutively until a sample of 100 households was reached. The targeted respondents to the questionnaire were the heads of the households or any person aged 18 years and above who was available at the time of survey. Community leaders that were available in the village/street on the day of the survey were also interviewed.

### **c) Data analysis**

On the one hand, qualitative analysis of issues related to HT problem among communities studied continued throughout the data collection process. This approach facilitated keeping the task focused. The main analysis of qualitative data followed three

interwoven stages - *data reduction, data display, and conclusion drawing and verification* (Miles & Huberman, 1994). Data was organized using a *Grounded theory* approach, whereby analysis begins by developing analytic themes/questions based on research issues under investigation. On the other hand, quantitative data analysis mainly descriptive focused on summarizing knowledge and practice indicators to come up with baseline estimates of these parameters.

#### **d) Study limitations**

One of the limitations faced by this study was the use of the Kiswahili translation of term HT – *usafirishaji haramu wa binadamu* – which was a bit shocking and had a different meaning to the study participant compared to the study objectives. Many participants thought that HT as narrated in Kiswahili was an illegal activity that they should not show to be aware of otherwise legal measure could be taken against them. Others did not consider recruitment of girls and boys for ‘employment’ in urban areas was one form of HT due to the context within which it takes place. As a result, many participants in the household survey answered No to the key questions on the questionnaire. However, this information unfolded during the in-depth interviews after explaining the broad definition, forms and consequences of HT.

Unavailability of data on HT was a problem in all study sites. Every participant who knew of someone who had been trafficked in or out of his/her area could not exactly remember how many and when this took place. As a result the consultant had to use scanty data collected to establish the trend of HT in the study areas over the past eight years; which could be an overestimate or underestimate of actual cases on HT cases in the past three years.

A review of literature on HT study methods reviewed that several areas need to be covered in a study of this kind – the law reinforcement machinery, a thorough analysis of existing policies and laws meant to control HT, analysis of immigration laws and recognized harboring points of trafficked human beings, for instance. However, this study lacked resources to cover all areas. Its aim was to shed light on the magnitude and the

awareness of HT problem in this country. It was able to uncover weaknesses that need follow up in further but detailed studies on all aspects of the problem as presented in the recommendations.

The time allocated for field work was limited to meet all potential interviewees identified during data collection process. Some of the officials were too busy to arrange for interviews and some were away from working stations for various reasons. However, information obtained from successful interviews and observations was sufficient to generate this report. Addresses of missed potential interviewees have been documented for further contacts as indicated in the following subsection of this report.

### **3.0. Results:**

*i) Characteristics of study participants:* On the one hand, 799 individuals participated in the household survey (see Table I). Majority of the respondents 516 (64.6%) were females and 283 (35.4%) were males. The overrepresentation of females could be explained by the fact that the survey was conducted during the day when the males, the bread earners were away from home. Majority of the respondents 431 (53.9%) were in the 30-49 age group followed by those aged 50 and above years and 145 (18.1%) were 30 years old and below.

Majority of the respondents, 463 (57.9%) had completed primary education, 150 (18.8%) had attended above primary education level and a few, 18 (10.1%) had had no formal education. About a half of the respondents (49.4%) were peasants and a few, 53 (6.6%) were employed in the formal sector. Almost all respondents belonged to the two main religious groups: Christian 400 (50.1%) and Muslim 396 (49.6%).

**Table 1.** Characteristics of respondents (household sample) (n = 799)

<b>Region</b>	<b>District</b>	<b>Males</b>	<b>Females</b>	<b>Total</b>
<b>Characteristic</b>		<b>Number (%)</b>		
<i>Sample origin - District</i>				
	Babati		69 (8.6)	
	Ilala		38 (4.6)	
	Iramba		50 (6.3)	
	Kilolo		50 (6.3)	
	Kilosa		50 (6.3)	
	Kinondoni		31 (3.9)	
	Kondoa		99 (12.4)	
	Meru		99 (12.4)	
	Morogoro Urban		50 (6.3)	
	Mufindi		52 (6.5)	
	Muheza		100 (12.5)	
	Simanjiro		30 (3.8)	
	Singida Urban		50 (6.3)	
	Temeke		31 (3.9)	
<i>Sex</i>				
	Male		283 (35.4)	
	Female		516 (64.6)	
<i>Age group (years)</i>				
	< 30		145 (18.1)	
	30 – 49		431 (53.9)	
	50+		223 (27.9)	
<i>Highest education level</i>				
	Never in school		81 (10.1)	
	Some primary education		105 (13.1)	
	Completed primary education		463 (57.9)	
	Above primary education		150 (18.8)	
<i>Main occupation</i>				
	Peasantry		395 (49.4)	
	Housewife		116 (14.5)	
	Petty business		152 (19.0)	
	Formal sector		53 (06.6)	
	Other (fishing, unemployed, etc)		83 (10.4)	
<i>Religion</i>				
	Christian		400 (50.1)	
	Muslim		396 (49.6)	
	Other		3 (0.3)	

In addition to the household survey, we interviewed 78 community leaders from Babati (3), Ilala (6), Iramba (5), Kilolo (5), Kilosa (5), Kinondoni (6), Kondoa (10), Lushoto (6), Meru (8), Morogoro Urban (4), Mufindi (2), Muheza (5), Simanjiro (3), Singida Urban (5) and Temeke (5) districts. Forty seven (60.3%) of these community leaders were males. The age of these respondents ranged from 24 to 80 years with an average of 45 (SD = 11.7) years.

<b>Household sample</b>			
Arusha	42	57	99
Dar es Salaam	35	65	100
Dodoma	34	65	99
Iringa	41	61	102
Manyara	24	75	99
Morogoro	43	57	100
Singida	39	61	100
Tanga	25	75	100
<b>TOTAL</b>	<b>283</b>	<b>516</b>	<b>799</b>
<b>Community sample</b>			
Arusha	16	1	17
Dar es Salaam	14	8	22
Dodoma	10	5	15
Iringa	4	3	7
Manyara	10	0	10
Morogoro	4	18	22
Singida	15	11	26
Tanga	6	5	11
<b>TOTAL</b>	<b>79</b>	<b>51</b>	<b>130</b>

**Table 2:**  
Study participants by gender and by region

On the other hand, 112 individuals were interviewed in the study sites: DMOs 17, DSWO 17, NGO managers 10, HT victims 15 and community members 53. Their age ranged between 18-73 years. Education level of the community members ranged from no formal education to primary education, while all victims had primary education or below. NGO managers, DMOs and DSWOs had formal education ranging from secondary to university levels. As in the household survey, all the interviewees belonged to two main religious groups – Christianity and Islam.



ii) *The perceived magnitude of the HT problem in the study areas:* the study participants were asked whether HT was a problem in their areas. Many of the interviewees in the rural areas – the sending areas – were aware of young people’s movement from their villages to distance places within and outside the districts or the region but unaware that this is one of the form of HT. On a contrast, interviewees in semi-urban and urban sites – the receiving/sending areas – were aware that HT was a problem in their areas and has been increasing (in magnitude and complexity).

A female counselor working with the Kiota Women Health and Development Organization (KIWOHEDE), Arusha Branch, for instance, observed, “HT is a big problem in this region ... The number of trafficked individuals has increased over the past three or four years” (Interview, Arusha Urban, November 17, 2008). A female Ward Community Development Officer interviewed in Morogoro Urban noted, “HT is a big problem in this region ... majority of the house girls/boys or *shamba* boys in this town come form rural areas especially Kilosa and Kilombero districts ... The number of house girls/boys [in this town] has increased beginning in the early 2000s” (Interview, Morogoro Urban, November 21, 2008).

A primary School Head Teacher interviewed in Kilosa town indicated that “the number of individuals employed in the formal and private sectors has increased in our town [Kilosa] ... The majority have hose girls/boys or someone to help them with their petty businesses ... this indicates that HT has been unfolding over the past three or four years” (Interview, Kilosa Town, November 20, 2008). A 25 years old male bus company agent interviewed in Dodoma observed that the number of house girls, barmaids and CDs [female sex workers] has rapidly increased in this town [Dodoma] over the past three years ... [adding] Majority of the house girls and barmaids come from Singida region” (Interview, Dodoma, November 28, 2008). A Community Development Officer for Dodoma Urban observed,

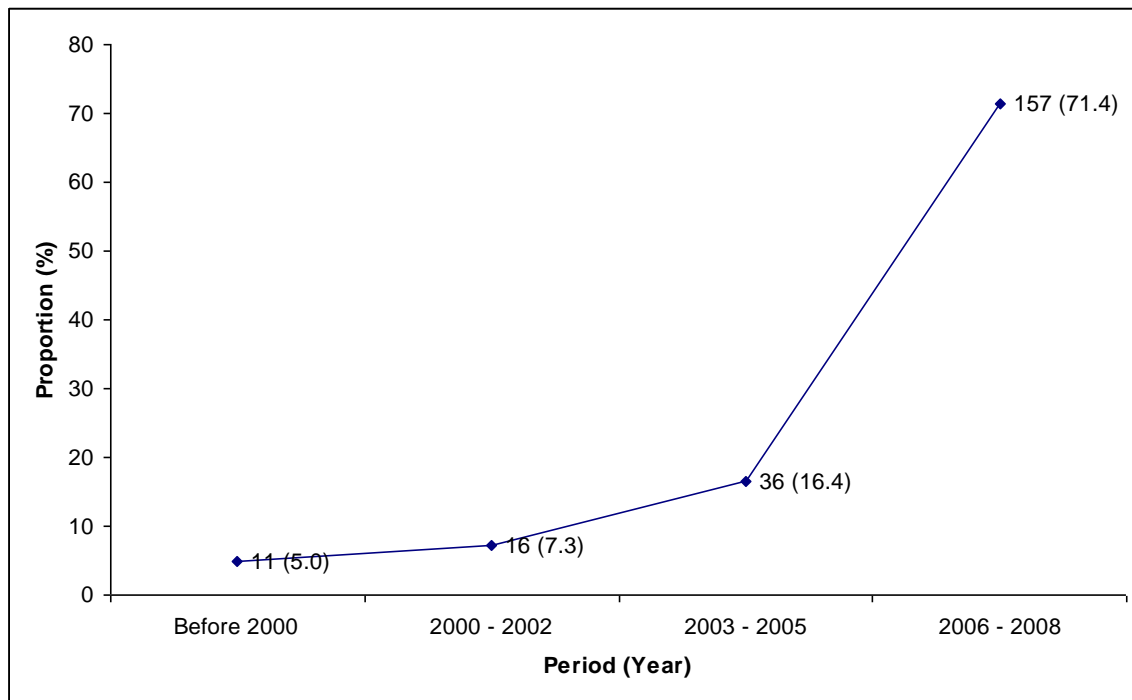
The expansion of the [Dodoma] Municipality has, to a great extent, attracted more people and activities that require cheap labor ... Males and females from different parts of Tanzania come here seeking for opportunities that are not available in

their areas of origins ... Over the past three years, for example, we have noted increasing number of house girls/boys, bar maids/men, petty traders, laborers on construction sites and commercial sex workers ... both males and females ... This is a situation that calls for proper attention and comprehensive research (Interview, Dodoma, November 26, 2008).

Data from the household survey show a similar pattern of the perceived magnitude of HT problem in the study areas (Figure 1). Of the 799 members of the household interviewed, 241 (30.2%) reported to be aware of at least one member in their families to be a victim of HT. While no variation between the months of when HT took place was reported, there were more reported victims of HT in recent periods than before.

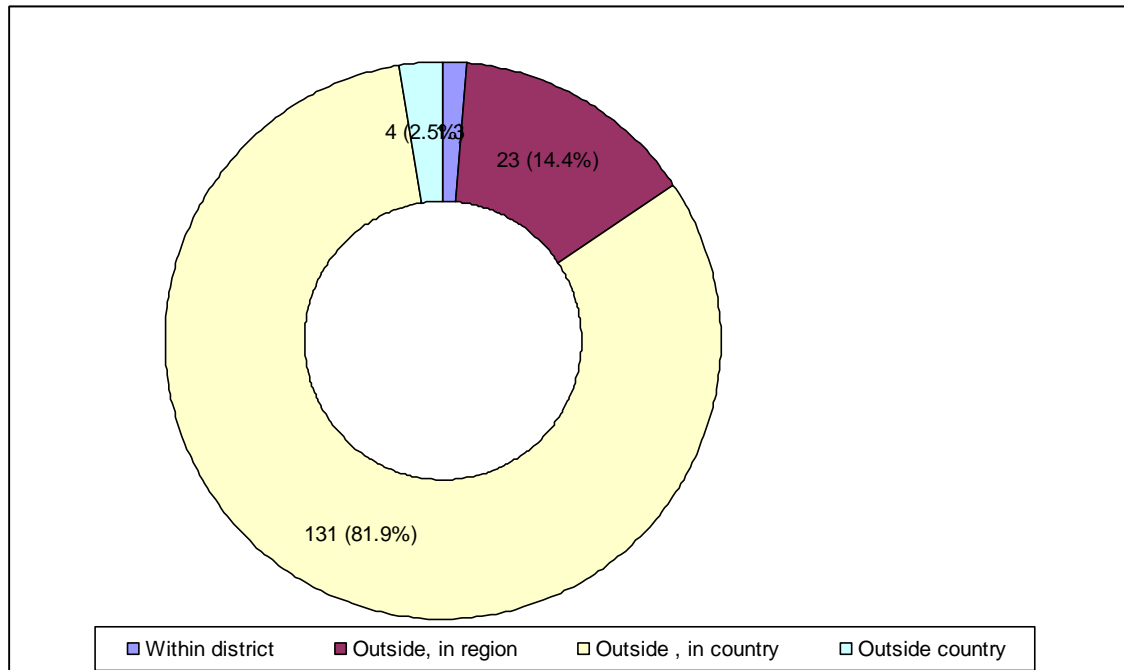
Out of 78 community leaders interviewed, 60 (80%) considered the problem of HT in their areas to be serious whereby 973 victims were trafficked out and 1,276 victims were trafficked in during 2007. Using available estimated total population of 97,047 (based on 21 sites that were available) with 773 victims reported to be trafficked out, we get about 8 victims per 1000 population in 2007.

**Figure 1:** Percentage of reported human trafficking and the period the event occurred



The majority (81.9%), of HT victims were reported to be sent outside the region of residence (Figure 2).

**Figure 2:** Destinations of victims of human trafficking



*iii) The perceived/reported sending and receiving areas:* indeed, the rural and poverty stricken areas were perceived to be the major sending parts of Iringa, Singida, Mbeya, Dodoma, Tanga, Shinyanga and Manyara regions. Dar-es-Salaam, Arusha, Kilimanjaro, Zanzibar and Mwanza were mentioned as main destinations of trafficked human beings. However, there were perceived variations within and between sending regions. Iringa, Singida and Manyara regions were mentioned by majority of the interviewees as leading sending regions; while some districts – Mufindi and Kilolo districts in Iringa region and Iramba district in Singida region – were reported as leading sending districts in the respective regions. Similarly, the Mbulu (Manyara region), the Rombo (Kilimanjaro region), the Hehe (Iringa region), the Gogo (Dodoma region) and the Sandawe and the Nyaturu (Singida region) were reported the most trafficked groups.

A few cases of cross-border HT were reported in Dar-es-Salaam, where a group of nine Somali men were reported to have been trafficked into Zambia (Interview, Dar-es-Salaam, November 19, 2008); Mufindi, Iringa, where men are trafficked to Lindi, Songea and Mtwara to work in the lumbering industry and then some crossing the border into Mozambique (Interview, Mufindi, November 20, 2008; Interview, Kilolo, November 18, 2008) and in Tanga and Arusha where two females were reported to have been trafficked to Mombasa, Kenya, for sex exploitation (Interview, Muheza and Arusha, November, 2008).

*iv) Characteristics of HT:*

*a) Characteristics of HT victims:* participants in both the household survey and the interviewees were asked to provide some characteristics of HT victims. All interviewees reported that the young females are the main victims of HT. However, they observed that “the young males are increasingly becoming targeted for HT” (Interviews, Arusha, Morogoro, Dodoma, Singida, Iringa and Manyara; November, 2008). The reported ages of the victims ranged from 12-30 (depending on the type of the targeted victim). Majority of the victims come from the rural areas, from poor families, have no formal education, primary school dropouts or have completed primary education. A Regional Social Welfare Officer for Dodoma put it clear that “the victims are mainly young females and males ... from all tribes [in Dodoma region] ... aged 10-26 ... without formal education ... the majority are dropouts from primary schools or have just completed primary education ... unemployed but considered trustworthy and potential hard working individuals” (Interview, Dodoma, November 17, 2008).

Data from the household survey (Table 2) showed that of the known sex for the victims of HT, the majority, 200 (68.5%), were females. The mean age of all victims was 20.2 (SD = 6.4) years ranging between 10 and 50 years. More than three quarters, 218 (76.5%) had completed at least primary education. The majority of victims of HT were either unemployed or with unknown occupation.

**Table 3:** Characteristics of victims of HT in the households

<b>Characteristic</b>	<b>Number (%)</b>
<i>Sex</i>	
Male	92 (31.5)
Female	200 (68.5)
<i>Age group (years)</i>	
10 – 14	25 (8.8)
15 – 19	148 (52.1)
20 – 24	48 (16.9)
25 – 29	36 (12.7)
30+	27 (9.5)
<i>Highest education level</i>	
Never in school	29 (10.2)
Some primary education	38 (13.3)
Completed primary education	209 (73.3)
Above primary education	9 (3.2)
<i>Main occupation before trafficking</i>	
Peasant	55 (20.8)
Housewife	19 (7.2)
Petty business	28 (10.6)
Unemployed	99 (37.5)
Unknown	45 (17.0)
Other	18 (6.8)

*b) Reasons why individuals become victims of HT:* participants in this study (interviewees and survey respondents) were asked reasons why individuals become victims of HT. Data from the household survey (Table 3) show that at the individual level, many victims were trafficked because they wanted to get money and a better

standard of living. Among 120 victims with complete information who were said to have been trafficked out, 98 (81.7%) were reported to have migrated out of the region or even maybe outside the country, 17 (14.2%) within the region but outside the district and only 5 (4.2%) were reported to be within the district.

**Table 4:** Reasons why individuals become victims of human trafficking

<b>Reason</b>	<b>Frequency (%)</b>
To get money for themselves	141 (46.1)
To get other family requirements	50 (6.3)
Anticipation to get school	7 (2.3)
Desire for better standard of living	48 (15.7)
Were invited by relative	7 (2.3)
Scared of humiliations at home	36 (11.8)
Other	17 (5.6)

The main reasons cited at the community level that may be leading individuals to become victims of HT were: 1) increased poverty among family members; 61 (78.2%); 2) poor social support 23 (29.5%); 3) family conflicts 19 (24.4%); 4) lack of food/cloth for family members 25 (32.1%); 5) hiding from shame such as pregnancy, divorce, school-failure 7 (9.0%), and 6) victims wanting to get better life somewhere 18 (23.1%).

Interviewees reported that the victims' young age (hence, can not make appropriate decisions), poverty, low level of education [see iv a) above] and ignorance about life in the urban areas influence individuals to become victims of HT. A quotation from an interview with a Regional Community Development Officer (Singida) summarizes the reasons reported by other interviewees. She observed,

There are several reason at the family and community levels that lead individuals to become victims of HT ... Family conflicts that lead to divorce and hence poor parenting of the children are common among families in this region ... Children living with their step-mothers/fathers often get mistreated and lack parental love

and support ... Some families are too poor to afford two full meals a day and find it difficult to provide substantial support to their children ... Currently, we are noting both parents dieing due to AIDS ... The orphans are left under the guardianship of their grandparents who are too poor to afford the upbringing costs ... As a result, children from poor/shaking/broken families and orphans lack parental love and care ... become desperate ... waiting to leave their homes whenever there is an opportunity. In addition, investing in children's education is not a priority to majority of the community members in this region [Singida]. Hence, some parents may prefer their children to get married or work in urban areas rather than spending years in school ... Furthermore, there are no laws or bylaws to control HT at all levels ... Finally, our government has no strategic programs/policies in place to improve the living conditions of the poor citizens in the rural areas ... poor living conditions in the rural area are fueling this problem (Interview, Singida, November 18, 2008).

With specific reference to Dodoma region, a pastor with university education made a further analysis of the causes of HT in this region. He said,

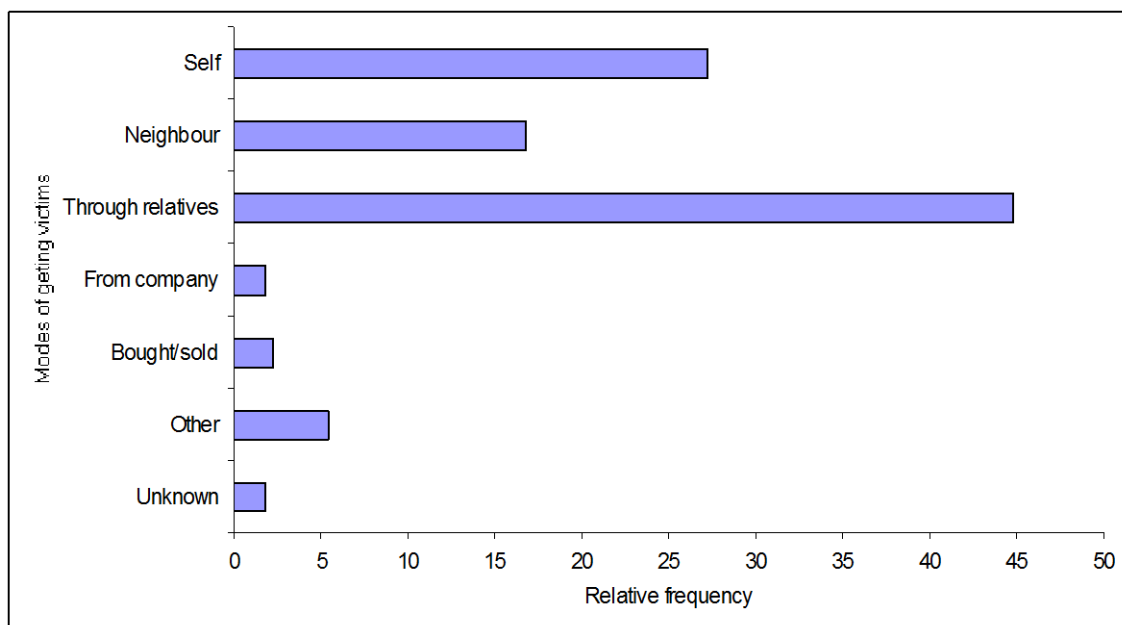
The climatic conditions of this region [Dodoma] contribute to the HT problem in this area ... Dodoma is semi-arid; hence, communities face food shortages or famine most of the year. Historically, when this happened, poor families sent their children to better off families where they worked on farms, at home or grazed animals in exchange for food they ate ... not money ... The children rejoined their families at the end of the dry season ... This phenomenon is still taking place today. However, nowadays the youth are aware of opportunities available in urban centers ... They prefer being employed [paid in cash] rather than working for rich families just for food ... Some youth are willing to go to distant towns and a few never return (Interview, Dodoma, November 22, 2008).

*c) Characteristics of human traffickers and methods used:* participants in this study (interviewees and survey respondents) were asked to provide some characteristics of human traffickers. Data from the surveys showed that victims of HT were persuaded from their homes or relatives almost equally by males, 71 (50.4%) or females 70 (49.6%). However, most of the perpetrators were older (on average 38.4 years (SD = 11.2) than victims. Figure 2 shows how these victims were obtained.

Many victims of HT were reported to be obtained through relatives, 125 (44.8%), by themselves 76 (27.2%) or though the neighbors, 47 (16.8%). Whenever victims of HT

were seduced, these perpetrators were in most cases, 60 (84.5%), known to them or were frequenters to victim's homes. Furthermore, when bought or sold, the average reported payment was about TShs 20,000 (minimum TShs 5,000 and maximum TShs 50,000).

**Figure 3.** Percent distribution of how human trafficking victims are obtained



Data from the IDIs showed that both the males and females participate in HT knowingly or unknowingly. Businesspersons (men and women and from urban areas) operating in the sending areas, for instance, were reported to seduce the youth directly or through their parents/relatives or neighbors. Female timber traders were reported the leading traffickers of girls and boys from Mufindi district (Interview, Mafinga, November 20, 2008). These women, apart from purchasing timber products, they persuade desperate youth by promising them of better life in the urban areas: better paying jobs, marriage or education.



Alternatively, the female traders persuade the youth's parents with fake promises or money ranging from TShs. 20,000 to TShs. 40,000. Parents, particularly the poor, accept the money and dare to force their children to accompany the perpetrator. A Catechist with the Catholic Church interviewed in Kilosa observed, "since the government set the domestic workers' minimum salary at TShs. 60,000, many parents have become eager to send their children in this sector ... ignorant of what is the actual salary and the nature of their working conditions (Interview, Kilosa, November 20, 2008). The Principal of the Help To Self Help Center in Arusha Municipality, which serves the homeless and jobless females – the ex-house girls, ex-barmaids and the primary school dropouts – observed that "some of the girls we take care of were sold by their poor parents in exchange for money or material goods" (Interview, Arusha, November 18, 2008).

Majority of the interviewees observed that some urban residents on holidays in their home villages often have orders from their friends. They seduce the youth, the females in particular, promising to find them work – house girls/boys, *shamba* boys or petty trading. Usually parents trust them and allow their children to go to the urban areas. The parents' understanding and hope is that their children will be successful in the urban areas (Interview, Morogoro, Mufindi, Singida, Dodoma, November, 2008). Other interviewees observed that with increasing access to telephone services – hand sets in particular – a resident in town would call a relative or a friend in the rural area asking him or her to find him or her a house girl/boy. Apart from parents forcing their children –some as young as 10 or 11 years – to go to urban areas to earning living, no interviewee mentioned use of force or abduction to obtain HT victims.

Majority of the interviewees reported that returning youth that had been trafficked to urban areas that appear successful in life and healthy – good clothes, material goods, money and change in lifestyles – were reported to persuade their fellow youth and traffic them to urban areas (Interview, Babati, November 18, 2008; Interview, Morogoro, November 21, 2008). A female primary school Head Teacher interviewed in Morogoro reported,

In my opinion, returning youth that have been trafficked are the major perpetrators of their fellow youth ... They tell good but fake stories about life in town ... luxurious life, freedom from parents and relatives, better jobs [compared to tilling the land] and easy life in general ... which attract desperate youth to run from their homes to urban areas (Interview, Morogoro, November 21, 2008).

Reporting on the role of returning trafficked individuals, a District Community Development Officer (Iramba) reported that “in most cases these returnees get orders from their ‘bosses’ or familiar families in town to get them house girls/boys ... they give them transport costs and money to give to their parents or relatives to let them leave” (Interview, Iramba, November 19, 2008).

It was evident from data from the interviews and observations that over the past three years, there has emerged organized recruitment and trafficking of the men, women and the youth from the rural areas to urban areas to work at the construction sites, in factories, plantations, homes or for sex exploitation. A road engineer aged 45 years interviewed in Dodoma, for instance, reported that his construction company recruits men and women to work at his sites as laborers, often without contracts” (Interview, Dodoma, November 27, 2009). Similarly, the District Community Development Officer (Dodoma Urban) observed that “hundreds of laborers – men, women and the youth – were recruited from all parts of the country to participate in the construction of the new House of Parliament and the Dodoma University” (Interview, Dodoma, November 26, 2008).

Reporting on the role of HT agents (individuals and companies), the District Community Development Officer (Arusha Municipal) stated,

There are individuals and informal groups that recruit men, women and the youth from the rural areas to work in the textile factories and on the flower plantations in Arusha. I remember ... two years ago ... I received four girls in this office who had been brought from Tabora by a man they could not identify but referred to him as an agent of one of the textile factories in Arusha. This man was reported to visit rural areas in distant regions seducing men and women and the youth to come to Arusha where they would be offered better jobs and pocket money before receiving their first salaries ... It is sad to mention that all are fake promises ...

Life does become as easy as they were promised and expected” (Interview, Arusha, November 18, 2008).

It was clear from observations and informal interviews conducted at Ngimbudzi Investment Center or Zakayo Center at Sinza Kwa Remmy in Dar-es-Salaam that this company has specialized in ‘supplying’ house girls in this region. In summary, the company started in 2004 and was registered in 2007. Initially, the owner traveled to the Southern Highlands for business, where he ‘recruited’ several girls, transported them to Dar-es-Salaam and harbored them for two to three days before they could find ‘employers’. However, the running costs become unaffordable. The management turned to advertising in local Swahili Newspapers, soliciting young girls from allover the country seeking for ‘employment’ to send in their ‘curriculum vitae (CVs)’.

Selected ones, that is, girls who have been matched with the applicants in need of house girls are advised to report at the center to be linked with their respective ‘employers’. On the average, the company links about seven girls to their ‘employers’ per day. Each employer pays an application fee of TShs. 30,000 and TShs 10,000 upon receiving a ‘house girl’ of his/her choice. The girl undergoes a three months’ probation. If the ‘employer’ is not satisfied with her effectiveness can get another girl without additional costs (Observation/interview, Dar-es-Salaam, November 19, 2008). Furthermore, the Buguruni community leaders in Ilala, Dar-es-Salaam reported that one woman (name and residential house not disclosed) in that area traffics young girls aged 15-17 whom she ‘sells’ to males or females in need of house girls (Interview, Ilala November 19, 2008).

Data from interviews with key informants showed that there have emerged informal and semi-organized agencies that recruit boys and girls from rural areas to semi-urban and urban centers for the purpose of sex exploitation. A Ward Education Officer interviewed in Morogoro stated “there are fake company agents who attempt recruiting girls and boys from our area but fail to do so because they do not have legal documents to support their claims”; adding,

In July 2007, for instance, two women from Mikumi National Park earmarked a handsome boy – a peanut vendor – in town ... the women seduced this boy to go to Mikumi where they would send him to a famous school ... Apparently, the boy was convinced and was ready to go to Mikumi ... Confidently, the two women reported this case to the Ward Executive Officer to have the process legalized ... After a long interrogation, the women failed to satisfy the ward's leadership regarding this process ... They decided to face the boy's mother for the same ... After receiving some money, the poor mother seduced his son to accompany the two women to Mikumi ... Information from reliable sources show that boys are being trafficked to tourist hotels in Mikumi ... where they are sodomized by white [sex] tourist ... The owners of such boys receive all payments for services rendered (Interview, Morogoro, November 21, 2008).

A research team in Dar-es-Salaam identified houses and guest houses alleged to be brothels. One brothel is in Kinondoni Hananasif, where a female owner was alleged to harbor young girls that are not familiar to the residents and she is alleged to “sell” them to men who exploit them sexually. This lady was reported to have been running this business for several years now. The street leader suspected that the lady earns her living from sex exploitation of these girls. A street leader in Mwanayala Kwa Kopa reported that there were several brothels in the neighborhood, which were difficult to investigate. They could only be reached by condom promoting and distributing groups that have won their trust! The street leader further observed that the truck drivers traffic females from upcountry to Dar-es-Salaam for sex exploitation. He added, “They spend some days with the girls in the guest houses and then abandon them ... many of these girls turn to prostitution for survival ... you can find them at Sinza Makaburini, Kinondoni Makaburini and Leaders' Club grounds ... they charge between TShs. 2,000 and 5,000 for short time” (Interview, Dar-es-Salaam, November 18, 2008).

A Community Development Officer for Arusha Municipality reported on three mid-aged ladies who own brothels and keep girls aged between 10 and 18 years from Arusha, Manyara and Singida (Interview, Arusha, November 18, 2008). A student interviewed at the Help To Self Help Center in Arusha added, “These women orient young girl into sex ... sleeping with them in the same bed ... then fore playing ... With time the girl become used to it and start serving the men” (Interview, Arusha, November 18, 2008). A Principal of Help To Self Help center reported on a case of a student trafficked to Dar-es-

Salaam in 2002 to serve as a house girl. She stayed with a lady who forced her and other girls to have sex with men who frequented that house without payment. The lady claimed that food and shelter was their compensation and threatened any girl who refused to serve any customer. The girl stayed with this lady for five months. With the help from another girl, she ran away; took a bus to Arusha where she was introduced to the center a month later (Interview, Arusha, November 18, 2008).

Participants in the surveys (household heads and community leaders) were asked to evaluate how easy or difficult it was to obtain information on HT victims and the traffickers. Responses to this question showed that it was easier to have information on victims of HT, 18 (23.1%) than information on predators, 8 (10.3%).

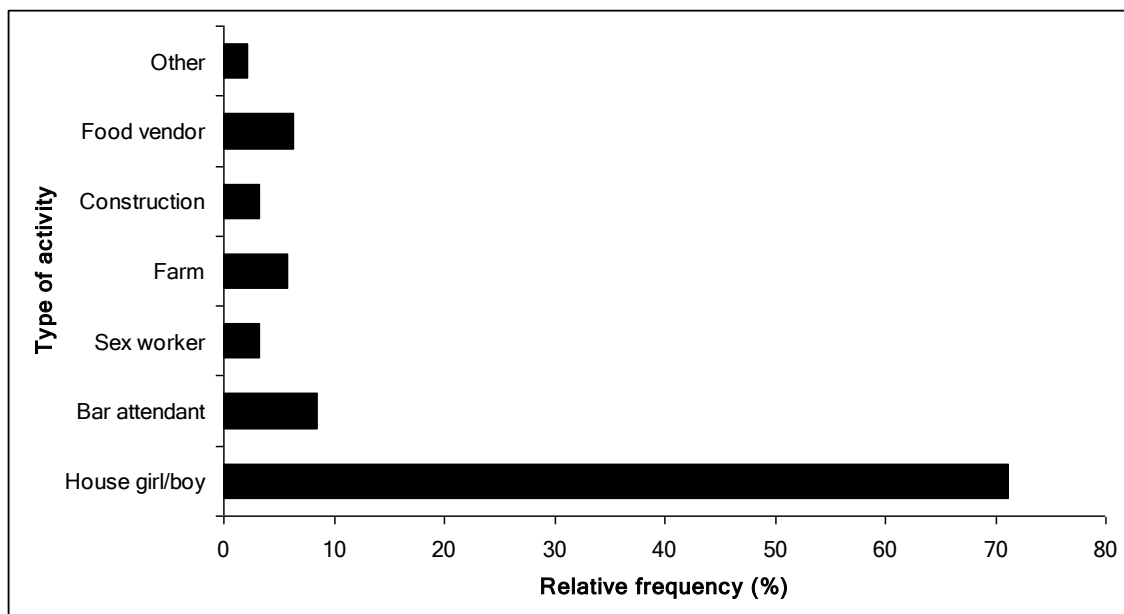
*d) Routes used for trafficking human beings:* common means of transport between the areas of residence to the destination are used to traffic humans – bicycles, buses, lorries, train or personal cars. It was reported from Viti village, Lushoto, Tanga region that victims walk about 10 km to the nearby village, Lukozi to avoid being identified (Interview, Lushoto, November 21, 2008). Girls from Rombo were reported to change vehicles between their villages and the transit point (Interview, Arusha, November 18, 2008). In most cases, the traffickers accompany the victims or hand them to the drivers or bus conductors to drop them at their destinations.

Observations and informal interviews conducted at Ubungo Bus Terminal (November 25, 2008) helped to justify this method of trafficking human beings. It was reported and observed that between 5 and 10 people from upcountry – mainly young girls and boys – report at the terminal Manager's Office seeking assistance to get in touch with their hosts. The problem is that this office does not keep records that could have enabled establishing the trend. The Ubungo Bus Terminal official observed that the office receives more youth of this kind beginning October through December! This could be due to the fact that this is the time when primary school calendar ends and the desperate graduates could move to distant areas. A street leader in Hananasif Ward reported that a group of female commercial sex workers known as Walewale takes advantage of young girls who fail to meet their hosts at Ubungo Bus Terminal. The Walewale members

pretend to be good Samaritans promising to take care of the girls until they get jobs. He observed, “Unfortunately, they end up oriented into prostitution” (Interview, Kinondoni, November 22, 2008).

*e) Type of activities performed, exploitation and health problems experienced by HT victims:* data from the household survey (Figure 3) showed that when victims are trafficked out or when they are trafficked in, the majority 135 (71.1%) end up doing domestic work such as being a house-girl/boy. Other activities reported were serving in the bar, commercial sex, working on farms/taking care of domestic animals, working on construction sites and food vending.

**Figure 4.** Reported activities performed by victims of human trafficking



Similar results were obtained from the community leaders’ survey. The majority, 60 (76.9%) of community leaders reported that many of victims of HT end up in domestic works and being bar attendants (Table 4). Other activities mentioned were commercial sex, working in the mines, farming, working on construction sites, food vending and begging on the streets.

**Table 5.** Activities performed by victims of human trafficking as reported by community leaders

<b>Activity</b>	<b>Frequency (%)</b>
Domestic work	60 (76.9)
Bar attendants	39 (50.0)
Sexual workers	27 (34.6)
Mine workers	17 (21.8)
Farming	18 (23.1)
Construction work	10 (12.8)
Food vending	10 (12.8)
Beggars	6 (7.7)
Other	12 (15.4)

The analysis of IDIs showed that the level and complexity of exploitation faced by HT victims varied with the type of activity(ies) engaged in. However, majority of the victims experience psychological problems, physical injuries and health problems. The house girls, for instance, were reported to work for long hours (from 5.00 am to mid-night or after), have low payment that are not paid regularly, lack freedom and time to relax, some are sexually abused, exploited or raped by the husbands or other male relatives, some get unwanted/unexpected pregnancies and then expelled (Interview, Babati, November 18, 2008) and in some cases they get killed by their “bosses”.

Barmaids are paid between TShs 10,000 and 15,000 per month (Interview, Dodoma, November 22, 2008). The agreement is made between the bar owner and the bar attendant. However, most of the bar owners create situations whereby the attendants are paid less due to claims like being late/absent from work, being unfriendly to customers, breaking glasses or bottles or making a loss. The barmaid interviewed in Dodoma reported to have not received her salary for the last three months due to such incidences, concluding, “this is my address [working place] ... I use other strategies to survive” (Interview, Dodoma, November 22, 2008).

It was reported in Dar-es-Salaam and Arusha that many of the barmaids work without contracts. A potential barmaid applies – verbally and showing up. Once accepted, she buys required working materials – uniform and an opener – and can start working. The conditions are that the girl should work as full-time employee, even for extra hours. She is expected to be ‘sharp’ for her survival – entice male customers to give her favors like keep change, drinks, food, render them sexual services for exchange of money or use this address/chance to win a stable partner (Interview, Kinondoni, November 18, 2008). In some cases, a barmaid would be allowed to leave with her partner anytime under the condition of giving at least TShs. 2,000 to the bar owner or supervisor irrespective of what she gets paid/offered (Interview, Arusha, November 18, 2008).

However, a barmaid aged 26 (a Gogo, ex-house girl, divorced, and ex-food vendor) interviewed in Dodoma indicated satisfaction with her working conditions, stating “I am paid TShs. 30,000 every month and on time ... our employer is so kind to us and supports us when we have problems ... In addition to my salary, I get between TShs. 3,000 and 5,000 per day ... as keep change from customers ... I have happy life than before” (Interview, Dodoma, November 18, 2008).

Men, women and the youth working on plantations and factories work under harsh conditions and situations. Those working on flower plantations [Arusha] were reported to work for long hours and were paid low salaries. In addition, it was reported that they suffer from difficulties in breathing, skin diseases, impotency and poor eyesight from



contacts with insecticides used. Others look malnourished due to lack of balanced diet at the camps (Interview, Arusha, November 27, 2008).

Every interviewee reported that HT victims were at high risk of HIV and STIs infection. This observation follows the fact that the life they lead at their destinations force them to indulge in sexual activities for survival or in exchange for money with multiple partners which, makes them susceptible to this risk. In addition, female victims were reported double disadvantaged; they are also at risk of early and often unwanted pregnancies, which further ruins their well being. Cases of ex-HT victims that have died of AIDS, were living with HIV&AIDS or having children to unknown fathers were reported in every community studied. Substance use – drugs and alcohol – was one of the risk behaviors reported rampant among the HT-victims.

Two interviewees (Dodoma and Singida) observed that HT reduced manpower in the rural areas where labor is important for production and sustainability of families and communities. The explanation is that the old men and women who remain behind can not afford labor intensive activities in the rural areas, which makes the poor families poorer and psychologically and physically depressed.

*f) Measures taken to control HT and challenges faced:* participants in this study were asked to report on any measures taken to control HT in their areas and some challenges faced. Interviewees in Kilolo and Mufindi districts reported that the district authorities passed bylaws that demand each child to attend school to secondary school level. To meet this objective, each ward has a secondary school. The aim this is to ensure that the children do not leave their villages after standard seven. As the Community Development Officer (Kilolo) observed, the challenge is how to create and maintain the level and quality of education needed to achieve this goal (Interview, Kilolo, November 19, 2008).

There are several NGOs in each region whose activities are directly or indirectly aiming at controlling or reducing the impact of HT that are potential collaborators in the anti-HT

programs. Table 6 provides a summary of NGOs identified in six out of the eight regions studied.

Three NGOs identified in the study area – KIWOHEDE, Local Community Competence Building and HIV & AIDS Prevention in Tanzania (LCCB) and the African Network for Prevention and Protection Against Child Abuse Networks (ANPPCAN) are important to this study because their activities are directly related to HT management (identification, control and rehabilitation). First, KIWOHEDE has its branches in four out of eight regions studied – Arusha, Dar-es-salaam, Dodoma and Singida. It targets jobless girls, ex-house girls, ex-barmaids and ex-commercial sex workers. The aim is to empower girls so that they do not become victims of HT and rehabilitating ex-HT victims. However, as noted the Arusha Branch Manager, HT has not been the main agenda of the group, but women empowerment, adding “we didn’t know that our initiatives are related to HT control” (Interview, Arusha, November 17, 2008). The Tanzania Agricultural and Plantation Union (TAPU) operating in Meru district identified, rehabilitates and provides self employment skills to youth who were formerly employed in the flower plantations in Arusha region.

**Table 6.** Potential collaborators in anti-HT programs identified in the study regions

<b>REGION</b>	<b>NGO(s)</b>
ARUSHA	<b>KIWOHEDE</b> , HELP TO SELF HELP, CHISWEA, TAPU, WIA, YOUTH WINGS
D’SALAAM	<b>KIWOHEDE</b> , CHODAU, YTF, PQDG, TWCW, KURASINI ORPHANAGE, ILO, IOM, <b>ANPPCAN</b>
DODOMA	<b>KIWOHEDE</b> , YDA, ICES, DODEA, DIC, JTF, TYVA, DCMP, AFRICARE, ADOPT AFRICA
IRINGA	MWAKAUMU, <b>LCCB</b>
MANYARA	NA
MOROGORO	MPC
SINGIDA	<b>KIWOHEDE</b> , CHODAWU
TANGA	NA

Second, Local Community Competence Building and HIV & AIDS Prevention in Tanzania (LCCB) was reported to be an active anti-HT group in Kilolo District, Iringa region. It targets the female youth, empowering them with self employment skills so that

they avoid being trafficked to urban areas to serve as house girl, which could put them at a high risk of HIV infection. Unfortunately, the LCCB Manager was not available for interviewing at the time of data collection.

Finally, a Dar-es-Salaam-based NGO, the African Network for Prevention and Protection Against Child Abuse Networks (ANPPCAN) that targets abolishing child abuse and neglect through advocacy, counseling, referrals and reintegration has developed network with similar NGOs in East Africa on HT-related issues. In 2006, for instance, the ANPPCAN conducted a study on child trafficking in Iringa, Mbeya, Kilimanjaro, Dar-es-Salaam, Coast and Zanzibar as part of the bigger study in East Africa. Findings from this study have been used to enrich this report. Other NGOs do not have HT on their agenda, but have found themselves working on some aspects of it and need support to do so (Interview, Arusha, November 18, 2008).

However, such effort made by district authorities and NGOs to control or reduce the impact of HT face several challenges as cited by community leaders (Table 7). Main challenges included community’s ignorance of problems associated with HT and the reality about urban life. Many leaders observed that the lack of law against HT at the community, district, region and national levels was the major obstacle to NGOs’ and communities initiatives. One of the community leaders in Arusha observed that the existing laws are one sided, favoring the traffickers adding, “The traffickers, even if caught red-handed are never taken to court ... The victims, unfortunately, are harassed by the police or taken to court ... some end up in prison” (Interview, Arusha, November 19, 2008).

**Table 7.** Main reasons hampering efforts to curb human trafficking as mentioned by the community leaders

<b>Activity</b>	<b>Frequency (%)</b>
Unavailability of law	26 (33.3)
Ignorance of law	17 (21.8)
Poverty	15 (19.2)
Community ignorance	40 (51.3)
Lack of special training	11 (14.1)

Poor planning	15 (19.2)
Lack of political will	6 (7.7)

Further to these reasons, the majority of community leaders affirmed that despite the fact that the problem of HT is well known, 60 (76.9%) reported to have never heard predators of HT being sent to court. Among the 13 community leaders aware of HT predators in court, 8 of them reported that they were punished. Nevertheless, although few community leaders, 14 (17.9%), thought there were elements of corruption, only 25 (32.1%) thought the government was serious to deal with the problem of HT.

Apart from 48 (61.5%) of community leaders reporting that there were no community education campaigns targeting the problem of HT, the main challenges to deal with HT are centered on increased poverty in rural areas and lack of food among communities. Other challenges are presented in Table 8.

**Table 8.** Challenges to overcome the problem of human trafficking

Challenge	Frequency (%)
Increased poverty	35 (44.9)
Lack of food among households	36 (46.2)
Tradition and norms	13 (16.7)
Language barrier	6 (7.7)
Victims denying identity	8 (10.3)
Victims fearing to go back home	16 (20.5)
Lack of good social services	20 (25.6)
Community ignorance	22 (28.2)
Victims ignorance	20 (25.6)
Other	14 (17.9)

Interviewees identified other challenges to HT control. Corruption among law reinforcing institutions and personnel was reported a big challenge. An interviewee in Babati reported that traffickers bribe the police to traffic in girls from rural areas and even outside the country (Interview, Babati, November 18, 2008). A street leader interviewed in Kinondoni, Dar-es-Salaam, who reported witnessing nine Somali men being trafficked from Tanzania into Zambia through Tunduma border crossing point suspected that “the Immigration Officers and the police knew what was going on ... that

is why they did not stop and inspect a van that ferried the Somali men across the border ... they re-boarded [the bus] a few km after Nakonde town in Zambia” (Interview, Kinondoni, November 19, 2008).

Reporting on the challenges faced by the ANPPCAN, the Manager observed on the lack of comprehensive records on HT incidences at all levels. He added “HT takes place in more or less mutual agreement ... the police and immigration officers do not keep records of trafficked human beings identified ... Hence, it is difficult to establish the magnitude and complexity of the problem in this country and the region [East Africa] ... As a result, less attention has been paid to this problem (Interview, Dar-es-Salaam, November 25, 2008).

It was clear from the interviews in Dar-es-Salaam, Arusha, Dodoma and Kilosa in particular, that in urban areas there is an increasing demand of house girls/boys, *shamba* boys, petty traders or sexual entertainers on the one hand, and poor living conditions in the rural areas pushing majority of the youth to become ‘employed’ in these fields. The effect is fueling and making HT more complex to control given the context within which the process takes place.

As introduced earlier, HT is not a priority to the majority of NGOs. For instance, some managers did not consider the recruitment of house girls/boys into urban areas a violation of human rights they are committed to protect. As a result, many NGOs have been focusing on rehabilitation and reintegration aspects of HT management. Identification and control aspects of HT have been left to law enforcing machinery, which was, unfortunately, reported to have many weaknesses to accomplish this role.

A Regional Community Development Officer’s (Arusha) observation on the genuineness of some NGOs raises another challenge for HT control. In his view, there were many NGOs in Arusha that he doubted their capacity to deal with issues listed in their manifestoes/constitutions. Narrating a case of Mkombozi group, he said,

Mkombozi is an NGO operating in Arusha region ... Its objective is to protecting children's rights ... An old British lady is its founder, collaborating with many Kenyans and a few Tanzanians ... The lady recruits Kenyans to work in this country ... Last year, they came to my office with a TShs. 100 million budget for their activities in the region ... They wanted government's contribution to that budget ... We had discussions with the group leaders, only to find that they had no knowledge on NGO registration laws and regulations and knew very little, if not nothing, about children rights ... I am worried, many NGOs do not operate effectively (Interview, Arusha, November 17, 2008).

*g) Recommendations to strategies to combat HT:* participants in this study were asked to recommend on what should be done and by whom to combat HT problem in Tanzania. Majority of the interviewees recommended creation of HT awareness among the youth and community members as a means to reduce the impact of HT in the country. Since the majority of HT victims were primary education graduates, anti-HT education could be included in the primary school curriculum so that they become aware of life in the urban areas and ways to avoid being fooled into exploitation. The community members, the parents in particular, need to be aware of what happens to their children trafficked in urban areas.

In addition, the village/street authorities should, among other things, 1) keep records of trafficked in or out individuals and make follow-up; 2) establish a system to ensure that children do not leave their areas before completing secondary education; 3) penalize parents whose children dropout of school for reasons like marriage, working in distant areas or failure to provide support; and 4) ensuring that orphans – the most vulnerable group for HT – are fully supported to realize their dreams.

Several interviewees recommended that the district and regional authorities should introduce HT controlling laws and bylaws aiming at identifying and prosecuting traffickers, monitoring law reinforcement machinery practices and ensuring that appropriate measures are taken to improve the living standards – social and economic conditions – in the rural areas.

A Catholic Catechist and a RCDO interviewed in Kilosa and Dodoma Urban districts respectively observed,

A key solution to the problem of HT in this country is not to have laws and bylaws in place ... Instead, the government should strive to implement policies that aim to balance social and economic development between the rural and the urban areas ... Social and economic services are well developed in the urban ... which attracts the youth from the rural areas ... many of whom end up in frustration ... some return home in good health or affected in one way or the other (Interview, Kilosa, November 20, 2009).

In their views, the implementation of rural development policies is key to the reduction of the gap between rural and urban development that has fueled the rural youth's vulnerability to HT. Failure of this, they added, "HT will always be a haunting ghost to our people" (Interview, Dodoma, November 28, 2009).

#### **4.0. Discussion and conclusion**

It is clear that HT is taking place in Tanzania and its nature is unfolding and getting complicated over time. Like other countries in the region, the victims – mainly the youth (girls and boys aged between 9-25 years), women and men are trafficked from rural to urban or from urban to urban areas mainly by older people (men and women). Victims are either trafficked or introduced to traffickers by family members (both in rural and urban areas), friends – mainly the victims or ex-victims – or through traffickers' networks. The main method of recruiting being promises of better jobs, education, "lover boy" and very rarely marriage. With the exception of few cases reported in Arusha where parents have sold their children or forced them to go with traffickers (Iringa, Singida and Dodoma), no violence or abduction was experienced in the study areas.

In most cases the parents are given small amount of money or material goods that make them to believe that their children will have better life at their destinations. Indeed, the traffickers take advantage of ignorance about life in the urban areas, low level of education (primary education dropouts or just completed primary education), poverty facing many rural families and the young age of victims to make a living and profits.

However, it was clear that there is little information available on the group of traffickers compared to the victims, a situation that is similar in many countries in the world.

The type of routes used for trafficking human beings depends on the location/place of origin. Common means of transport in the sending areas, therefore – by foot, bicycles, lorries, train or busses – are used often in a combination of some sort. Usually, the victims are harbored in traffickers' houses or guest houses before they are transported to their destinations. In some cases, the victims are handed to vehicle (the bus or lorry) operators to drop them at points where the hosts would be waiting to receive them. However, it was reported (in Dodoma, Arusha and Dar-es-Salaam) that some victims miss their hosts, which make them vulnerable to several risks in the new place. Members of some informal groups, the Wale Wale, for instance, take this advantage pretending to be good Samaritans promising to take care of such girls but, unfortunately they force them into sexual exploitation.

Several reason why individuals opt to be trafficked included: getting money to meet their basic needs and for the family, anticipation to continue with education – vocational education in particular; desire for better standard of living perceived to exist in urban areas compared to rural areas; being invited by a relative or to avoid harsh living conditions in the rural areas. In this regard, poverty prominent in the rural areas was perceived a major reason that makes rural inhabitants – the youth in particular – desperate and eager to take any perceived opportunity in urban areas. As some interviews observed, the existing and expanding gap in development between the rural and urban will always attract the rural youth to leave their places of origin as migrants or be trafficked to distant areas.

The influence of a practice where parents in Dodoma send their children to work (for food) for better off families during food shortages or famines on the HT level reported in this region needs further establishment through community-based research. Furthermore, increased demand of cheap labor in urban areas – domestic sector, agriculture, mining, construction industry – and for sexual exploitation is fueling HT in the country. Majority



of the urban residents are either employed in the formal or informal sector. The nature of their activities usually demands a hand from persons like house girls/boys, bar/restaurant attendants, gardeners, herders, vendors or shopkeepers, which is fueling HT in the country.

The UN (2000) gives three elements of HT that need attention at this juncture in order to understand why studied community members do not perceive HT as professionals do. First, recruiting, transporting and harboring people. Second, traffickers using methods like force, coercion, abduction and fraud to recruit HT victims. Finally, forms of exploitation that HT victims are forced into such as CSW/sex trade, forced labor and soldiering. Community members were aware of HT in the country but less aware of out-of-the country HT practices. Generally, victims' recruitment takes place between persons known to the victim, which basically depends on informal agreement and do not appear to violate the victim's human rights but an opportunity to the individual and his/her family. In addition, improper use of force, coercion, abduction and fraud are not common methods of recruiting HT victims in this country. However, limited data was obtained on the out-of-the country form of HT to allow us to conclude on the absence of improper use of force, coercion, abduction and fraud in the HT process. The community leaders and the influential people compared to the community members were aware that HT was a violation of human rights and needed attention from the government and researchers. It suggested that there is need to raise communities' awareness of the broad definition of HT and its consequences to the victims and the nation.

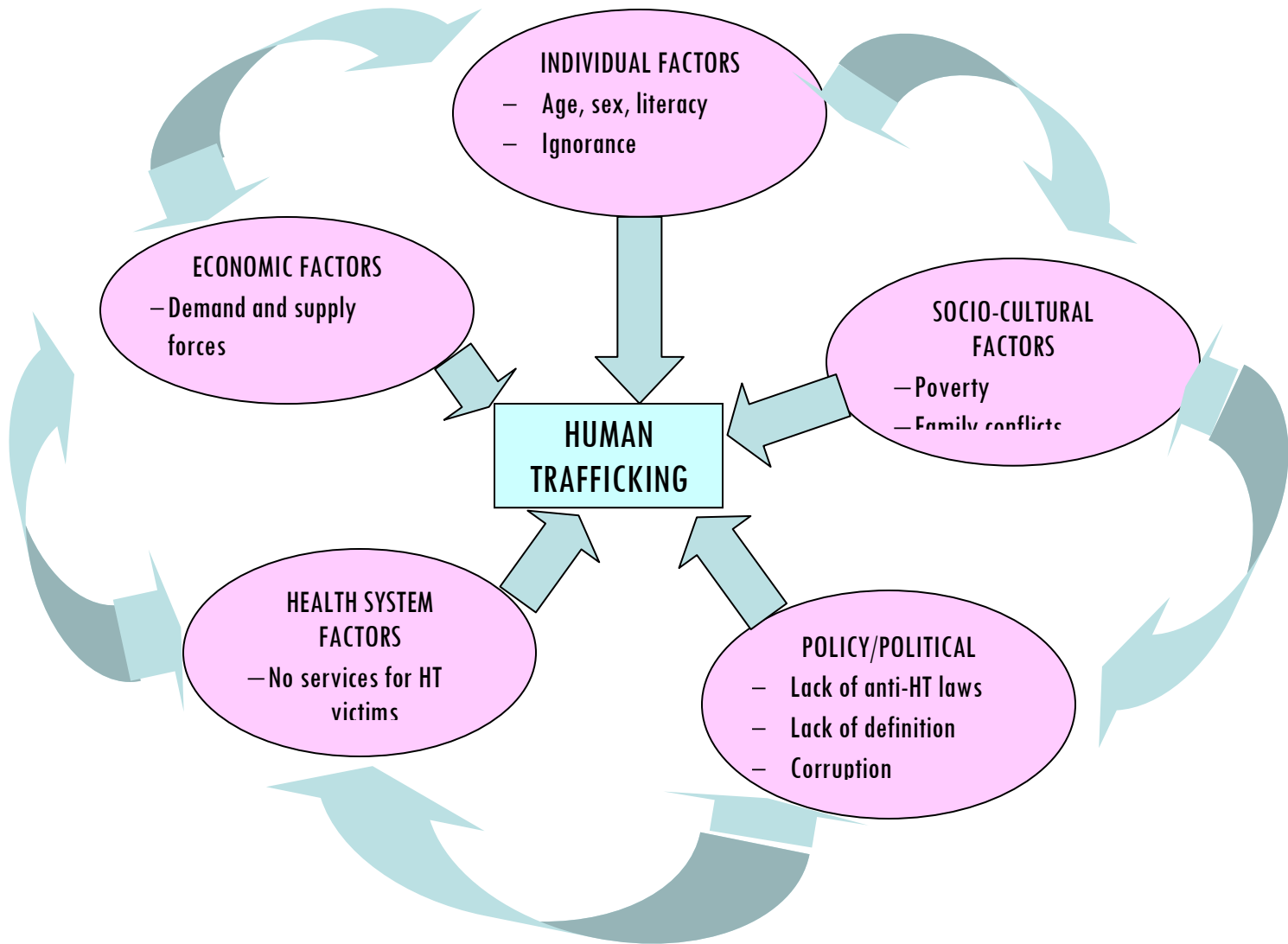
Based on this study, it is evident that although people living in rural areas are aware of movements of young adult to urban areas, many do not consider most of these movements to be HT. However, the recipient populations in urban centers were aware of the problem. Furthermore, it was found that victims of HT were mainly young (less than 25 years old) females but with increasing number of young males; who end up doing domestic jobs, being bar attendants or forced into sexual exploitation mainly within the country but out side of the region of origin. A small proportion of less than 5% either remains within the region or manage to get a route outside the country. The reported main

motive for such movements is poverty. Surprisingly, the perpetrators of HT (facilitators of inducing young females and males to rum outside their homes) were relatives of the victims.

The main reason reported to limit efforts to control HT were ignorance of the problems related to HT among community members/leaders and the unavailability of a strong law against the industry in the country. The challenge, therefore, is to have a separate comprehensive act – not as part of the Penal Code or Criminal Code – addressing HT as a criminal offense and going beyond mere criminalization of HT to a more comprehensive approach. It should be emphasized that care must be taken as there is no legislation model that applies to all countries. Particularities of the Tanzanian legal system, forms/practices of HT and types of exploitation should inform this legislation.

In summary, several intertwined factors (Figure 6) contribute to HT practices and trends presented in this report: individual factors (age, sex, level of education, personal dreams/expectations); socio-cultural factors (perceived poverty, limited investment in children education, ignorance of urban life and peer pressure and recruitment); market forces (increasing demand in urban areas and high numbers of potential HT victims in the supply areas); law reinforcement machinery factors (poor definition of HT, corruption, poor record keeping, targeting victims versus traffickers); political factors (lack of comprehensive HT legislation and development gap between urban and rural areas) and health systems-related factors (not having access to trafficked humans and lack of health education interventions targeting HT victims in place). HT, therefore, leads to several consequences: violation of human rights, including right to health; exploitation and abuse; and physical, mental and psychological stress that jeopardize HT victims' health status. Unfortunately, little is known about this problem in this country.

**Figure 6.** Factors contributing to human trafficking problem in Tanzania.



A key question raised by findings from this assessment is “*Why should the Tanzanian government and the MoHSW/NACP, in particular, worry about HT problem in the country*”? Trafficked human beings – the women and children in particular – are forced into sex trade (forced prostitution, sexual abuse and sex tourism); forced labor (which provides cheap labor to buyers), domestic servants, construction workers, sweat shop workers, miners, farm/plantation laborers and soldiering (mainly children in Africa, Asia and South America), where they serve as child soldiers or slave labor in support positions (U. S. Department Trafficking in Persons Report, 2008).

Like in other countries, HT victims in Tanzania are typically abused, coerced and fooled into exploitation; they have substandard living conditions resulting in physical and mental health problems. Several methods are used to make them vulnerable, dependent and afraid of escaping, contacting authorities or seek health care services. The youth and adults forced into sexual exploitation and cheap labor become at risk early/adolescence pregnancy (the girls) and contracting HIV or STIs (both). The youth and adults working on plantations – the flower plantations, in particular – are exposed to pesticides that cause respiratory infections, impotency, skin diseases or poor sight. This is one of the most at risk population group that interventions available in the country rarely target. It suggested that the MoHSW through NACP could take a lead role in addressing HT problem from the health perspective with the aim of HT awareness creation, prevention, control, recovery and rehabilitation of HT victims.

HT victims were reported to resort to substance use and abuse, which results into a number of health problems. Injecting drug use, for instance, has been reported a contributing factor to HIV transmission (McCurdy, *et. al.* 2005). Findings on sexual behaviors and patterns among substance abusers in Zanzibar (2006) provide an understanding why HT victims injecting drugs are at high risk of HIV/STIs infection and re-infection. They start having sex as young as 15 years; share syringes and practice “flashblood/backloading” that is, drawing back blood into syringe after injecting and then passing it to the companion, often to share a high with mates who cannot buy own drugs (p. 12), practice anal sex (26%), have sex with multiple partners (50%), have low condom use rates, male IDUs have unprotected sex with CSWs (35%) and they have high rates of group sex (16.3%). As a result, IDUs have high prevalence of HIV and STIs compared to non drug abusers. Other infections included Hepatitis B & C, syphilis and often had co-infections (Zanzibar Substance Abuse – HIV & AIDS Strategic Plan, 2007-2011: 14-16). Similar characteristics and behaviors were used to describe most of the HT victims, which suggested that they are one of the hard to reach MARP that needs to be on the anti-HIV & AIDS programs’ agenda.

There are several opportunities and structures that the MoHSW/NACP could harness to achieve this goal. At the international level, there are several protocols and conventions that could be used to build evidence for interventions: the UN Protocol to Prevent, Suppress and Punish Trafficking Persons, Especially women and Children (2000), the ILO Convention 182 on Worst Forms of Child Labor (2000) and the UN Convention against Transnational Organized Crime (2000). At the national level, there are the Children's Act (2002), The Sexual Offences Special Provisions Act (1998), Employment and Labor Relations and Regulations, the Adoption Act and The Education Act (2002), which could guide the anti-HT legislation formulation process in Tanzania. Ministries, directorates and department responsible for the implementation of identified Acts and provisions form a group of potential collaborators. In addition, experience from NGOs currently operating in the study areas on HT-related issues is an added advantage that the MoHSW/NACP should use in this process.

## **5.0. Recommendations and the way forward**

Based on the baseline findings, the following recommendations are made to the MoHSW/NACP:

1. There is limited HT awareness and knowledge among community members and leaders, which has led to poor attention paid to this problem and its consequences to the victims and the nation. The situation may not be different among the health care providers. It is recommended, therefore, that HT awareness creation initiatives developed from the health perspective targeting different population groups – health care providers of all cadres, political leaders/policy makers, community members (both in rural and urban areas), the youth (both in and out of school), traffickers, law enforcement personnel, for instance – should be carefully planned for to meet this objective. Key issues could include the broad definition of HT, root causes, recruitment methods and short and long consequences to victims (violation of human rights) communities and the nation. Communication messages should be context friendly – developed and pre-tested with each sub-

group – rather than generalized ones – developed centrally. Using peer educators, local artists and current or ex-HT victims is highly recommended. The NACP IEC/BCC unit should coordinate this activity. Experience from groups currently involved in anti-HT activities could be harnessed to facilitate the planning, implementation and evaluation of IEC/BCC activities.

*Way forward in reducing awareness and knowledge gaps on HT*

**Objectives**

1. Increase comprehensive awareness and knowledge of HT problem and implications among Tanzanian citizens
2. Reduce stigma and discrimination towards HT victims among community members and health care providers
3. Increase community members’ ability to identify and report on traffickers
4. Establish community-based system of recording persons trafficked in or out of their areas
5. Introduce HT educational programs targeting all population groups

2. On the one hand, poverty, underdeveloped socio-economic infrastructure in the sending areas and increasing demand of cheap labor (including sexual leisure) in the receiving areas on the other hand are the key factors fueling HT in Tanzania. Certainly, regions that are economically disadvantaged they seem more likely to have victims of HT. However, the elimination of these problems demands a multisectoral approach than initiatives from one ministry. It is recommended that the MoHSW/NACP should establish collaboration with Ministries, directorates, the private sector and other development partners to ensure that the existing gap between development levels in the urban and rural areas is addressed. This strategy would greatly reduce the current magnitude of HT in the country. The evaluation of the effectiveness of policies and programs intended to reduce this gap – MKUKUTA and MKURABITA, for instance – could be an entry point to achieve this objective.

*Way forward in reducing poverty among communities in the rural areas to reduce impact of HT*

**Objectives**

1. Advocate/lobby for balanced socio-economic development between rural and urban areas
2. Facilitate regions, districts, divisions, wards, villages and households to have improved economic power and basic social needs
3. Facilitate youth retention programs in the rural areas including compulsory completion of secondary school education

3. Currently, Tanzania has no HT controlling law and bylaws; that is the Tanzanian law is silent on HT control. The intention is implicated in existing international, regional and national agreements and strategies that are not well translated to meet the Tanzanian context. It is recommended that the MoHSW/NACP in collaboration with other stakeholders should initiate a process to introduce a comprehensive HT controlling law. Among other things, the law should: 1) recognize all forms of HT as specific crimes that are subject to serious sanctions; 2) identify trafficked persons and victims of the crime who are entitled to basic human rights; and 3) adopt comprehensive approach to combating HT including prevention of HT activities, protection potential, vulnerable and presumes victims, provision of rehabilitation services to HT victims, prosecution of traffickers and allow full participation of all stakeholders in the anti-trafficking programs.

*Way forward in introducing HT control law in Tanzania*

**Objectives**

1. Initiate and involve other stakeholders in the process of developing, introducing and monitoring a health perspective-informed comprehensive HT control law in Tanzania
2. Establish comprehensive HT monitoring system in the country including strengthening the law enforcement machinery
3. Identify and prosecute traffickers and exploiters of HT victims
4. Introduce system to protect human rights of HT victims including the right to health
5. Empower families, villages, wards, districts and regions to have HT combating initiatives in place

4. The assessment findings showed that HT victims are at high risk of health problems resulting from the living conditions they have. HT victims have limited access to health care services and rarely benefit from most of the health programs and interventions



targeting the most at risk groups. It is recommended to that the MoHSW and other stakeholders should take lead in developing health interventions that are friendly to the HT victims and train health workers to handle their health problems accordingly.

*Way forward in addressing HT victims' health needs*

**Objectives**

1. Identify and address health needs of HT victims by categories and locations
2. Improve health care providers' skills to manage HT victims' health problems

5. This baseline assessment indicates that relevant populations for studies on human trafficking – traffickers, victims and survivors – are hidden populations whose size, boundaries and sampling frame are unknown. Members of these hidden populations are stigmatized and have behaviors and practices considered illegal, which lead them to refuse to cooperate or give unreliable answers to protect their privacy. Results from this baseline study, therefore, might not be comprehensive to provide answers to all issues related to this problem in the country. For example, receiving communities consider disclosing information on HT victims they harbor to be a threat. Therefore, little is know on the number of victims received and the normal day-life (food, shelter, medical care, working conditions, relationships with their masters, etc) of these individuals in the foreign communities. In addition, limited information was obtained on international HT that is reported increasing in this country. Human beings are trafficked in and out of the country. It is therefore, recommended to design a comprehensive longitudinal study that would capture information on HT victims especially in urban areas, that are in most cases receiving centers, to characterize these victims and eventually understand their needs.

*Way forward in conducting research on HT-related issues*

### **Objectives**

1. Design and conduct a population-based longitudinal study on HT victims', traffickers', survivors' characteristics and needs.
2. Use study findings to formulate a policies and comprehensive intervention program

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### **Appendix I: HUMAN TRAFFICKING STUDY IN TANZANIA: RAs TRAINING WORKSHOP TIMETABLE**

**Venue: Kibaha Conference Center – November 10-14, 2008**

Day/Date	Time	Event	Facilitator
Day One: 10/11/08			
Monday	8.00 – 8.15	Arrival/Registration	All/Coordinator
	08.15 – 8.30	Self introduction	All/Coordinator
	08.30 – 8.40	Welcome note	NACP (Dr. Fimbo)
	08.40 – 8.55	Briefing on the HT study	NACP (Dr. Fimbo)
	08.55 – 9.15	HT: An Overview	Kamazima/Kazaura
	09.15 – 9.30	HT: Tanzania context	Kamazima/Kazaura
	09.30 – 10.00	Plan of activities	Kamazima/NACP
	10.00 – 10.30	Nutritional break	All
	10.30 – 01.00	FGDs	Kamazima
	01.00 – 02.00	Lunch	All
	02.00 – 03.30	IDIs	Kamazima
	03.30 – 04.00	Observation	Kamazima
	04.00 – 04.15	Nutritional Break	
04.15 – 05.30	Administering questionnaire	Kazaura/Mayunga	
Day Two: 11/11/08			
Tuesday	08.00 – 08.15	Reflection of Day One	All
	08.15 – 08.30	Questionnaire: General	Kazaura/Mayunga
	08.30 – 10.00	Questionnaire translation (groups)	Groups/All
	10.00 – 10.30	Nutritional break	All
	10.30 – 01.00	Questionnaire translation	All
	01.00 – 02.00	Lunch	All
	02.00 – 04.00	Presentations	Groups/All
	04.00 – 04.15	Nutritional Break	All
04.15 – 05.30	Presentations/discussion	Groups/All	
Day Three: 12/11/08			
Wednesday	08.00 – 08.15	Reflection on Day Two	All
	08.15 – 08.30	Qualitative tools: General	Kamazima
	08.30 – 10.00	Nutritional Break	All
	10.00 – 11.30	Qualitative tools translation	Groups/All
	11.30 – 02.00	Lunch	All
	02.00 – 04.00	Qualitative tools: Presentations	Groups/All
	04.00 – 04.15	Nutritional Break	All
	04.15 – 05.30	Planning for day four	Kamazima/Kazaura/Mayunga
Day Four: 13/11/08			
Thursday	08.00 – 12.00	Pre-testing of tools	All
	12.00 – 01.00	Lunch	All
	01.00 - 04.00	Discussion/finalization of tools	All
	04.00 – 04.15	Nutritional Break	
	04.15 – 05.30	Discussion/finalization of tools	All
Day Five: 14/11/08			
Friday	08.00 – 08.15	Reflection on Day Four	All
	08.15 – 11.00	Plans for fieldwork	Kamazima/Kazaura/Mayunga/NACP
	12.00	Depart to respective study sites	All

## Appendix II: Study tools

### A. HT STUDY: IN-DEPTH INTERVIEWING GUIDE

1. Is trafficking of human beings a problem in this region/district/ community/village/area?

- Probe:** i) Nature of the problem (magnitude of the problem and existed for how long? Any indicators? – numbers increasing, composition, complexity, risks involved, anti-trafficking groups, new laws/bylaws and policies?)  
ii) Traffickers' and the victims' characteristics (bio-data: age, sex, education, SES etc)

**NOTE:** Interviewer ask for copies/references of laws/bylaws and policies referred to.

2. What methods and networks are used to recruit and human trafficking victims?

- Probe:** i) Parents send kids to relatives/friends abroad/urban areas  
ii) Someone promise to provide them with better jobs  
iii) Family members entrusting wealthier person/member of the community to care for him/her as member of the family  
iv) By small-scale freelance agents recruiting persons from rural areas  
v) Use of force, abduction and fraud  
vi) Traffickers offering opportunities (better lives and well paying jobs; how – newspaper, word of mouth, agencies/business fronts

**NOTE:** *Interviewer solicit for examples whenever possible*

3. What factors (push-pull) influence the possibility of being trafficked?

- Probe:** i) The individual victim level (desire to leave place of origin, ignorance of place of destination,  
ii) Family level  
iii) Community level  
iv) District/regional levels  
v) National level

4. Which transit methods are used in the process of trafficking humans from this area?

- Probe:** i) The routes of trafficking and means of transport used  
ii) Destination areas – both within and outside Tanzania  
iii) Harboring places and conditions

**NOTE:** *Interviewer get ranking of routes and destinations by characteristics of victims and traffickers*

5. Forms of victim exploitation (forced labor, sexual exploitation, CSW, domestic servitude, street vending, agricultural labor, herding, barmaids/men, soldiering, pornography etc.,

**NOTE:** *Interviewer form of exploitation by characteristics of victims and traffickers*

6. In your views and understanding what problems are associated with human trafficking?

- Probe:** Socio-psychological (physical, mental, sexual abuse problems)  
Any NGOs/organizations working against human trafficking in the area and their activities – awareness campaigns against CSW/tourism, demand for trafficking, health risks associated with CSW

**NOTE:** *interviewer, record list of NGOs/organizations, targeted group and contact addresses. Plan for interviews with program/project managers.*

7. What could be done to combat this problem in this area and in Tanzania?

- Probe:** i) The individual victim level  
ii) Family level  
iii) Community level

- iv) District/regional levels
- v) National level – evaluation of existing policies and capabilities of law enforcement machinery
- vi) International/globe level (human trafficking a breach of individual human right)

**NOTE: Interviewer note the short and long term strategies and reasons for recommendations/suggestion made.**

8. Do you have any comment that you would like to make on the problem of human trafficking in this country?

- Probe:** i) Short and long term suggestions  
ii) Other knowledgeable persons on human trafficking issues in this area/level

### **B. HT STUDY: OBSERVATION GUIDE**

1. Characteristics of the recruiters, traffickers, and potential victims/victims
2. Socio-economic activities conducted in sending areas (associate with pushing factors mentioned)
3. Forms of exploitation and living conditions in transit and receiving areas (associate with pulling factors mentioned)
4. Any awareness creation activities against HT in study areas
5. Living conditions and activities conducted by rescued victims at rehabilitation homes/camps (if any)
6. Law reinforcement taking place against HT in the study areas

### **C: HUMAN TRAFFICKING IN TANZANIA**

#### **QUESTIONNAIRE FOR HEAD OF HOUSEHOLD**

Name of Interviewer

Date if interview

District/Ward .....

Village/Street

Sex of respondent (circle) Male Female

Age of respondent (years)

*Human trafficking may be defined as recruitment, transportation, provision or obtaining a person from one place to the other for the purpose of labor or commercial sex.*

Has this event ever happened in this household?

When most recent was that? Year Months

What was the sex of a person trafficked out?

What was the age of a person trafficked out?

What was the education status of a person trafficked out?

1. Never went to school
2. Incomplete primary education
3. Completed primary education
4. Above primary education?

Before they were trafficked out, what was the person doing in this family?

1. No activity, dependant to family
2. Just divorced

How was this person trafficked out?

1. Sold by a friend
2. Induced by a relative
3. Induced by a visiting neighbor
4. Decided on their own

If induced by a friend/relative/neighbor, who was this person?

1. Male or female?
2. Estimated age of this person .....
3. Someone known to you or not?
4. Someone outside this area or within the area?

What do you think were the reasons for moving out?

1. To get money for the family
2. To get other properties for the family
3. Was promised to join school elsewhere
4. Was promised to get better life
5. Was invited by our relative

Where did this person end up?

1. In neighboring urban areas (within the district)
2. Outside the district (within the region)
3. Outside the region

What do you think did this family member ended up doing in that place?

1. Domestic work
2. Bar-attendant
3. Sex work (prostitution)
4. Labor in mines
5. Labor in agriculture
6. For construction
7. Food processing
8. Forced begging
9. Other .....

What do you think were the motives behind this person's leaving?

1. Increased poverty among family members
2. Poor social support
3. Family conflicts
4. Lack of food/cloth for family members
5. Hiding from shame (pregnancy, divorce, school-failure, etc)
6. Victims want to get better life somewhere else
7. Other .....

So far, how many members of your family have been trafficked out?

Do you know a person trafficked from the neighboring household?

What is the sex of this person?

What is the estimated age of this person?

What do you think he/she is involved in?

1. Domestic work
2. Bar-attendees
3. Sex work (prostitution)
4. Labor in mines
5. Labor in agriculture
6. For construction
7. Food processing
8. Forced begging
9. Other .....

Do you consider human trafficking a crime?

Give any experience or any story that involved human trafficking

What can be done to control this problem?

## **D: HUMAN TRAFFICKING IN TANZANIA**

### **QUESTIONNAIRE FOR COMMUNITY LEADERS**

Name of Interviewer



Date if interview

District

Ward/Village/Street

Name of Interviewee

Sex of respondent (circle) Male                      Female

Age of respondent (years)

Position/Title of interviewee

Estimated population by age and sex

	Male	Female
Below 18		
18 – 29		
30 – 50		
Above 50		

*Human trafficking may be defined as recruitment, transportation, provision or obtaining a person from one place to the other for the purpose of labor or commercial sex.*

Do you consider human trafficking a problem in this area?

If yes, can you estimate the number of people that were trafficked (out) the past year?

If yes, can you estimate the number of people that were trafficked (in) the past year?

Can you estimate the number of people that were trafficked (out) last six months?

Can you estimate the number of people that were trafficked (in) last six months?

Of these trafficked in within the last six months, what proportion were females?

Of these trafficked out within the last six months, what proportion were females?

Estimate their age groups:

	Out	In
Below 18		
18 – 29		
30 – 50		
Above 50		

Where do you think people trafficked from this place end to?

1. In neighboring urban areas (within the district)
2. Outside the district (within the region)
3. Outside the region

What do you think these people end up doing in those areas?

1. Domestic work
2. Bar-attendees
3. Sex workers
4. Labor in mines
5. Labor in agriculture
6. For construction
7. Food processing
8. Forced begging
9. Other .....

What do you think are the reasons for people being trafficked out?

1. Increased poverty in family members
2. Poor social support
3. Family conflicts
4. Lack of food/cloth for family members
5. Ignorance among victims
6. Victims running as hide-out mechanism
7. Victims want to get better life somewhere else
8. Other .....

Are there reported efforts to capture cases or perpetrators?

1. Yes, for cases
2. Yes, for perpetrators

How many HT cases have been reported in the past six months?

	Male	Female
Below 18		
18 – 29		
30 – 50		
Above 50		

How many during the past six months have perpetrators been reported?

	Male	Female
Below 18		
18 – 29		
30 – 50		
Above 50		

What do you think are the problems associated with anti-trafficking efforts?

1. No laws
2. Laws exist but unknown to community
3. Lack of resources, money
4. Lack of awareness
5. Lack of specific training
6. Lack of procedures

Have you ever heard people involved in trafficking being sent to court?

Have you ever heard people involved in trafficking ever punished?

Do you think there is an element of corruption among government officials responsible for curbing human trafficking in this area?

Do you think the government is serious to curb human trafficking in this area?

Do you know any NGO that is involved in campaigns against human trafficking in this area?

If yes, which one?

Are there any public awareness campaigns to address this problem?

What do you think are challenges against human trafficking in this area?

1. Increased poverty in rural areas?
2. Lack of food among family members
3. Culture supports behavior
4. Language barrier
5. Cases hiding identification
6. Cases fear of deportation
7. Poor social support
8. Ignorance among community members
9. Cases do not know their rights

**QUESTIONNAIRE FOR HEAD OF HOUSEHOLD (receiving)**

Interviewer's identification

Date of interview ...../November/2008

District .....

Ward .....

Village/Street/Kitongoji

Sex of respondent (circle)

- 1. Male
- 2. Female

Age of respondent (years)

Education

- 1. Never to school
- 2. Incomplete primary
- 3. Complete primary
- 4. Above primary

Occupation

- 1. Peasant
- 2. Housemaker
- 3. Petty business
- 4. Employed formal sector
- 5. Fishing
- 6. Retired
- 7. Unemployed
- 8. Other .....

Religion

- 1. Christian (mention) .....
- 2. Muslim
- 3. Other .....

Kabila gani? (Mention) .....

Has someone in this household ever been trafficked in?

- 1. Yes
- 2. No

When most recent was that? Month ..... Year .....

	SEX	AGE	EDU	OCCUP	MEANS
1					
2					
3					
4					
5					

Codes for education status:

- 5. Never went to school
- 6. Incomplete primary education

7. Completed primary education
8. Above primary education?

Codes for occupation before they came here:

3. No activity, dependant to family
4. Just divorce

Codes for means (How did you get them?):

5. Bought by a friend
6. Obtained from business company (agent)
7. Sent by relative
8. Came on their own
9. Other.....

What is this person doing here?

1. Domestic work
2. Bar-attendees
3. Sex work (prostitution)
4. Labour in mines
5. Labour in agriculture
6. For construction
7. Food processing
8. Forced begging
9. Other .....

What do you think were the motives behind this person coming?

1. Increased poverty in family members
2. Poor social support
3. Family conflicts
4. Lack of food/cloth for family members
5. Hiding from shame (pregnancy, divorce, school-failure, etc)
6. Victims want to get better life somewhere else
7. Other .....

Do you in your neighborhood, someone has been trafficked in?

1. Yes
2. No

	SEX	AGE	EDU	OCCUP	ACTIVITY
1					
2					
3					
4					
5					

Codes for what they might be doing

1. Domestic work
2. Bar-attendees
3. Sex work (prostitution)
4. Labour in mines
5. Labour in agriculture
6. For construction
7. Food processing
8. Forced begging
9. Other .....

Do you consider human trafficking a crime?

1. Yes

2. No

Give any experience or any story that involved human trafficking

What can be done to control this problem?