THE IMPACT OF INTEGRATED SAVINGS AND CREDIT GROUPS ON SOCIO-ECONOMIC DEVELOPMENT TO PEOPLE WITH LEPROSY RELATED DISABILITIES AND IN TANZANIA: A CASE OF SELECTED LEPROSY COMMUNITIES

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF SOCIAL WORK OF THE OPEN UNIVERSITY OF TANZANIA

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CERTIFICATION

The undersigned, certifies that he has read and hereby recommends for acceptance by Senate of The Open University of Tanzania a dissertation titled: **"The Impact of Integrated Savings and Credit Groups on Socio-Economic Development to People with Leprosy Related Disabilities in Tanzania"** in partial fulfillment of the requirements for the degree of Master of Social Work of the Open University of Tanzania

……..……

Dr. John P.A. Msindai

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……..……..

Date

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DECLARATION

I**, Grace Mwasuka,** do hereby declare that the content of this dissertation is my own original work and that it has not been and will not be submitted for a similar degree in any other university or higher institution of learning.

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Signature

……

Date

DEDICATION

This dissertation is lovingly dedicated to my children Une and Ena for their love, endless support, encouragement and motivation throughout the period i was pursuing the study.

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ABSTRACT

This study investigated the impact of integrated savings and credit groups on socio-economic development to people with leprosy related disabilities in Chazi-Morogoro, Nandanga-Lindi and Hombolo- Dodoma urban and Nyabange- Mara. The study had three specific research objectives which were: first, to examine the effect of integrated savings and credit groups in reducing stigma. Second, to examine the extent to which people with leprosy related disabilities establish and run income generating activities. Third, to investigate whether people with leprosy related disabilities have access to micro credit and entrepreneurship skills trainings. Descriptive research design was used, and both quantitative and qualitative methods were employed in data collection and analysis. The study sampled 96 respondents, majority were women aged 60-64 years, this is due to the fact that improvement of public health services in recent years has promoted early identification of leprosy cases and treatment hence prevents leprosy related disabilities. The study showed that people with leprosy related disabilities were more assertive after joining in the integrated saving and credits groups.100% of the respondents had access to micro credit, entrepreneurship and business management skills like other group members. They have been able to establish sustainable economic activities thus increased regular income and reduced vulnerability; boost self-esteem, respect in the family and community. However, it was noted that, loans provided by the CBR committees were not sufficient. The study recommends that, government and NGOs to develop and implement microfinance programmes that address the needs of persons with leprosy related disabilities. Guide them to identify income generating activities that enhance the quality of life in a subsistence environment.

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LIST OF ABBREVIATIONS

GLRLA	German leprosy and Tuberculosis Relief Association
ICFDH	International Classification of Functioning, Disability and Health
ILO	International Labor Organization
MoHSW	Ministry of Health and Social Welfare
NBS	National Bureau of Statistics
NSGRP	National Strategy for Growth and Reduction of Poverty
NTLP	National Tuberculosis and Leprosy programme
SPSS	Statistical Package for Social Sciences
UNESCO	United Nations Education, Science and Culture Organization
UPIAS	Union of the Physical Impaired Against Segregation
URT	United Republic of Tanzania
WHO	World Health Organization

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the Problem

Integrated savings and micro credit groups comprises a group of micro entrepreneurs having homogeneous social and economic backgrounds, all voluntarily coming together to save regular small sums of money, mutually agreeing to contribute to a common fund and to meet their emergency needs on the basis of mutual help. They pool their resources to become financially stable, taking loans from the money collected by that group and by making everybody in that group self-employed (ILO, 2008).

The basic premise is that the capital generated comes from the group members themselves. External money may be added later, but not before the group has reached a certain target. A group is typically composed of up to 9-11 people, most are women. The group sets its own rules, but there is a strong commonality of practice across groups. The interest paid by the borrower to the integrated saving and credit group is income to the group, and so is also a form of savings which benefits all the members. The capital sum increases as loans are repaid over a period of a few years. The group members use collective wisdom and peer pressure to ensure proper end-use of credit and timely repayment (Thomas, 2002). This system eliminates the need for collateral and is closely related to that of solidarity lending, widely used by micro finance institutions. To make the bookkeeping simple, flat interest rates are used for most loan calculations.

World report on disability (2011) indicates that, there is interconnection between disability and poverty while the efforts to promote development and poverty reduction have not always include persons with disability., There is ample evidence that people with disabilities belong to the 20% of the poorest of the poor: 75-90% of persons with disabilities in Southern countries live below poverty line. One out of 5 poorest people are disabled (Elwan 1999; World Bank, 2001).

Tanzania with total population of 44,900,000 is estimated to have 5.8% of persons with disabilities with different categories (NBS, 2012), roughly 30,000 among them are persons of leprosy related disabilities. The rights of people with disabilities are protected by National disability policy (2004), Persons with disabilities Act. no. 9/2010,National Strategy for Growth and Reduction of Poverty II (NSGRP II 2010.2011-2014/2015) and the United Nations Convention on the Rights of Persons with Disabilities (2008) which was signed and ratified by the government in 2009. However the implementation of these Laws is insufficient (Kaganzi, 2011).

Leprosy is a public health problem as it is still an important cause of permanent disability. While impairment can be prevented with early treatments psychosocial and economic problems resulted as outcome of discrimination and stigma in the community. These diminish the status of the affected person and become a burden to their families and community. (NTLP, 2012).

Over the past 9 years (2005 to 2013) the number of newly notified leprosy cases has slightly decreased from 4,237 cases to 2,005 cases per year while the number of

disability grade 2 among the new cases has increased from 9.6% to 12.6% per year (NTLP, 2012). This indicates that there are still many hidden cases, leprosy transmission is ongoing and the number of new patients already with disability and in need of physical and social –economic rehabilitation is increasing. Tanzania is among the 11 country in the world with prevalence rate of more than 1000 cases per year (Leprosy today, 2014).

In former times people affected by leprosy where institutionalizes in leprosarium for medical treatment, care, support and protection. In Tanzania there were about 17 leprosarium which were being run by government and some by Faith Based Organization, they includes; Nunge –Dar es Salaam, Chazi –Morogoro, Kolandoto - Shinyanga, Bukumbi –Mwanza, Nyabange –Musoma, Mkaseka –Mtwara, Nandanga –Lindi, Hombolo–Dodoma, Shirati-Rorya, Misufini–Tanga and Kilombero-Morogoro, Morogoro Litisha –Ruvuma, Sikonge–Tabora, Busanda-Shinyanga (URT, 2013).

A catalyst for the move from institutions to independent community living was the adoption of 1993 of the United Nations Standard Rules on the Equalization of Opportunities for People with Disabilities, which promoted equal rights and opportunities for people with disabilities. Since these rules were issued, there has been a marked shift in many countries Tanzania being among them.

Currently, social services for people affected by leprosy have been mainstreamed in public health programs (NTLP, 2013). Nevertheless people with leprosy related

disabilities have limited access to basic social services; health care, education, and information. They have been marginalized from mainstream economic development programs and continue to face significant obstacles to equal participation in economic initiatives, particularly in the micro-credit initiatives that are empowering the marginalized groups around the country (GLRA, 2012), thus entering the vicious cycle of disability and poverty.

A rights-based perspective or Social model on disability emphasizes on inclusion and self -empowerment of people with disabilities and (WHO, 2010). This approach, which is highly supported, by government and non-governmental organization working in the field of leprosy and disability, Through self- empowerment people will realize their rights, boost self -confidence and overcome their challenges (Cornieje, 2011).

Integrated savings and micro credit groups is believed to be one way to achieve the aim. Group members voluntarily come together to save regular small sums of money, mutually agreeing to contribute to a common fund and to meet their emergency needs on the basis of mutual help (Thomas, 2002).

The groups originate from self -care groups which focusing on prevention of further impairment through simple home based care (NLCP, 2006). So as to promote inclusion of people with leprosy related disabilities in social economic development activities and reduce stigma the idea of including other people with different categories of disabilities and community members have been welcomed in these

groups. The group members use collective wisdom and peer pressure to ensure proper end-use of credit and timely repayment. This system eliminates the need for collateral and is closely related to that of solidarity lending. To make the bookkeeping simple, flat interest rates are used for most loan calculations (GLRA, 2009).

The Department of Social Welfare under the Ministry of Health and Social Welfare in collaboration with German Leprosy and TB Relief Association (GLRA) supports Community Based Rehabilitation committees as facilitators of integrated Savings and credit groups. The groups focus on income generating activities, social security and advocacy on disability rights and prevention of further impairment to people affected by leprosy (GLRA, 2009).

1.2 Statement of the Problem

Microfinance institutions in Tanzania have been active in promoting savings and credit schemes for marginalized people, particularly women in rural areas. As a result, savings and credit programmes for marginalized people have been introduced by many community development agencies in their target areas. However people with leprosy related disabilities remain to be excluded from these schemes, given their extreme poverty and inability to save, which leaded to the assumption that they are a high-risk group, not credit worthy (Thomas, 1999). They are low priority and ill- treated target group when it comes to social economic integration (ILO, 2002; Lewis, 2004), their economic activities tend to remain small (Handicap International, 2006; Mersland, 2005).

GLRA Tanzania office in collaboration with Department of Social welfare under the Ministry of Health and Social welfare have been playing a role in advocating for the inclusion of people with disabilities as a right holders of microfinance scheme, In Tanzania there about 95 integrated savings and credit groups that include people with leprosy related disabilities .However the coverage is still small compared to the need (GLRA, 2014).

The approach has been implemented since 2006 in nine villages with high number of people with leprosy related disabilities in need of social economic rehabilitation services (URT, 2004). These villages include: Chazi –Morogoro, Hombolo–Dodoma, Kolandoto–Shinyanga, Nyabange, Kuruya and Shirati–Mara, Nandanga –Lindi , Mkaseka–Mtwara and Kindwitwi-Coast .

Numbers of studies have been conducted in African countries on the impact of integrated saving and credit groups; but not much has been explored in Tanzania. Therefore the study intends to assess the extent to which integrated savings and micro credit groups have contributed in the improvement of the social economic status and the general wellbeing of people with leprosy related disabilities in Tanzania.

1.3 Objectives

1.3.1 General Objective

The general objective of this study is to assess the impacts of integrated savings and credit groups on socio-economic development to persons with leprosy related disabilities in Tanzania.

1.3.2 Specific Objectives

i) To examine the effect of integrated savings and credit groups in reducing stigma from the perspective of people with leprosy related disabilities.

ii) To examine the extent to which people with leprosy related disabilities (group members) are able to establish and run income generating activities.

iii) To investigate whether people with leprosy related disabilities (group members) have access to micro credit and entrepreneurship skills trainings.

1.4 Research Questions

i) What are the effects of integrated savings and credit groups in reducing stigma from the perspective of people with leprosy related disabilities?

ii) To what extents do persons with leprosy related disabilities (group members) are able to establish and run income generating activities?

iii) To what extent do persons with leprosy related disabilities (group members) have access to micro credit and entrepreneurship skills trainings?

1.5 Significance of the Study

It is expected that, the study's results will be used by decision makers, policy makers in the ministry of Health and Social welfare and the ministry of Finance and Planning as well as other development partners in the field of leprosy and disability for further enhancement of the approach (integrated savings and credit groups) that address challenges of income poverty and social relations that faced people with leprosy related disabilities promote inclusion in community.

1.6 Organization of the Study

This dissertation is organized in five chapters. Chapter one presents introduction of the study including; background to the problem, statement of the problem, main objective, specific objectives, research questions, significance of the study and operational definitions of key terms.

Chapter two presents the literature review relevant to the study. The chapter conceptualizes key terms in the study, it also presents factors that can lead to early pregnancy from theempirical literature review world wide, Africa and Tanzania. Also the chapter provides summary of the literature, and it identifies the knowledge gap. Finally, the chapter presents Conceptual framework of the study.

Chapter three discusses the research methodology which was adopted in this study. The chapter describes the study area, target population, sample population, methods of data collection, data analysis approaches, validity and reliability as well as ethical issues. Chapter four presents analysis and discussion of the findings per objectives of the study. Chapter five provides summary, conclusions and recommendations of the study. References and appendices are placed at the end of the study.

CHAPTER TWO

2.0 LITERATURE REVIEW

2.1 Introduction

This chapter explains keywords of the research problems and outlines the context of the study. It provides and background on disabilities and barriers that often faced by people with leprosy related disabilities. It gives an overview on current strategies for rehabilitation and integrated savings and credit groups as an intervention, and also policies, Acts and international conventions. It also reviews theories, empirical studies, and identifies knowledge gaps to be filled by this research as well as the conceptual framework.

2.2 Definition of Terms and Concepts

2.2.1 Social Economic Development

It refers to the ability to produce an adequate and growing supply of good and services productively and efficiently to accumulate capital and distribute fruits of production in a relatively equitable manner. The gap between rich and poor, developed and undeveloped. It is measured with indicators such as GDP, life expectancy, literacy and level of employment. Changes in less=tangible factors are also considered such as personality dignity, freedom of association, personal safety and freedom from fear of physical harm, and extend of participation in civil society David J (1998).

2.2.2 Community Based Rehabilitation

Community Based Rehabilitation is a strategy within general community development

development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of all people with disabilities. Community Based Rehabilitation is implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services (WHO, ILO, UNESCO, 2004). Community Based Rehabilitation is in fact a strategy that aims to improve the quality of life of persons with disabilities. It involves working closely with persons with disabilities, their families and service providers in order to remove barriers that result in the exclusion of persons with disabilities from participation in community life (GLRA, 2013).

2.2.3 Disability and Impairment

Disability and impairment are two terms often used interchangeably, but the distinction between them is vital to an understanding of the issues. 'Impairment' refers to problems in bodily function and structure as a result of a health condition, e.g. blindness or paralysis while 'Disability' has a broader meaning. It refers to impairment, limitations in activities (such as inability to go to the toilet; difficulties brushing teeth) and restrictions in participation (such as difficulties in being employed, going to school or making use of public transport) (WHO, 2011).

2.2.4 Poverty

It is important to separate the poverty of people with disabilities from the general picture of poverty in developing country. People with disability tend to be grouped

into the poorest section of the society and poverty reduction strategies ~~will~~ have, therefore, a ~~have~~ significant influence on their wellbeing (ILO, 2008). They face the same difficulties in breaking out poverty as others. Nevertheless, they have added disadvantages of limited access to social services such as education, health, employment, training and credit schemes, which in many cases, are combined with low self -esteem and low expectation arising from their marginalizing position.

2.2.5 Stigma

Stigma is "an attribute that is deeply discrediting," leading to a "spoiled identity", in terms of human suffering. The consequences of stigma often outweigh the burden of physical afflictions (Heynders, 2002). Many people live happily with severe physical impairments, as long as they are accepted, respected, and loved by those around them and are able to function and participate meaningfully in the society in which they live. Stigma is called "enacted" when the person actually faces the effects of stigma, such as discrimination, rejection, physical abuse, loss of employment, or divorce (Scambler, 1998).

Important life areas that are commonly affected by enacted stigma are people's dignity, social status, employment opportunities or job security, family relationships, and friendships (Van Brakel, 2008). Perceived stigma may cause emotional stress and anxiety, depression, (attempted) suicide, isolation, and problems in family relationships and friendships. People have left their families, and even spouses and children, fearing the repercussions of the fact they had leprosy.

2.3 Theoretical Literature Review

2.3.1 Integrated savings and Credit and Persons with Leprosy Related Disabilities

To understand the meaning of integrated savings and credit groups to people with leprosy related disabilities in Tanzania, an outline of some relevant contextual factors and summaries findings from other studies are provided. A review of models accompanies the outline and meaning of disability, thereafter a look at stigma faced by people with leprosy related disabilities in different settings. And current strategies for their 'rehabilitation' and finally, look at on reducing income poverty and stigma to persons with leprosy related disabilities in Tanzania. Role of integrated savings and credit groups in reducing stigma and income poverty to people with leprosy related disabilities.

2.3.2 Models of Disability Rehabilitation

2.3.2.1 Social Model of Disability Rehabilitation

The Social Model of Disability Rehabilitation, first developed by the UPIAS (1976a) defines disability as a condition caused by social restrictions imposed upon disabled people by society (WHO, 2010), is less frequently discussed, in all its consequences, both in rich and low-income countries. The social model of disability says that disability is caused by the way society is organized, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people. When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives (WHO, 2010).

Disabled people developed the social model of disability because the traditional medical model did not explain their personal experience of disability or help to develop more inclusive ways of living. The social model sees disability as a result of the interaction between people living with impairments and an environment filled with physical, attitudinal, communication and social barriers.

It therefore carries the implication that the physical, attitudinal, communication and social environment must change to enable people living with impairments to participate in society on an equal basis with others (WHO, 2010).

A social model perspective does not deny the reality of impairment nor its impact on the individual. However, it does challenge the physical, attitudinal, communication and social environment to accommodate impairment as an expected incident of human diversity. The social model seeks to change society in order to accommodate people living with impairment; it does not seek to change persons with impairment to accommodate society. It supports the view that people with disability have a right to be fully participating citizens on an equal basis with others.

The social model of disability is now the internationally recognized way to view and address ‘disability’. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) marks the official paradigm shift in attitudes towards people with disability and approaches to disability concerns (WHO, 2010). People with disability are not "objects" of charity, medical treatment and social protection but "subjects" with rights, capable of claiming those rights, able to make decisions for

their own lives based on their free and informed consent and be active members of society.

Until recently people with leprosy related disabilities have not been considered as leprosy patients with medical problems only; but rather people with different categories of impairment who need a holistic approach in rehabilitation. This shift of approach from purely medical to a Social Model of Disability Rehabilitation which explicitly takes the human right perspective is reflected in WHO Community Based Rehabilitation (2010).

In practice it is more often translated as a rights-based approach (WHO, 2010). It aims at equal participation of disabled people in the existing system. Furthermore, it seldom leads to immediate and noticeable improvements of the lives of disabled people (Cornielje, 2009). Nevertheless, the social model of disability, too, is criticized and wrongly so (UPIAS, 1976b) that it, in the face of unmet basic needs of disabled people in low-income countries, allegedly ignores reality of what impairment means for disabled people (Hurst, 2006). There certainly is not one answer to the complex problems of people with disabilities in low income countries. Impairment often becomes a central problem to people because of a disabling environment. Barrett (2005) explains how stigma can lead to self neglect and self – injury and people losing their jobs (CCBRT, 2013).

Disability is, therefore, not an attribute of the person only. It is an interaction between the person and his or her environment. Interventions and actions aimed at

enabling people with disabilities to participate in all spheres of life must, therefore, move beyond the traditional concept of rehabilitation and medical treatment. Enabling people to participate in social life can largely be achieved by addressing the barriers that hinder persons with disabilities in their day-to-day lives. These barriers are often found in society.

2.3.2.2 Medical Model of Disability

The social model of disability says that disability is caused by the way society is organized. The medical model of disability says people are disabled by their impairments or differences (WHO, 2011). Under the medical model, these impairments or differences should be fixed or changed by medical and other treatments, even when the impairment or difference does not cause pain or illness. The medical model looks at what is 'wrong' with the person, not what the person needs. It creates low expectations and leads to people losing independence, choice and control in their own lives.

The medical model or illness approach is based on the view that disability is caused by disease or trauma and its resolution or solution is intervention provided and controlled by professionals. Disability is perceived as deviation from normality and the role of persons with disability is to accept the care determined by and imposed by health professionals who are considered the experts. In this model, disability is considered as residing within the individual.

2.3.2.3 Rehabilitation Model of Disability

The traditional rehabilitation model is based on the medical model with the belief

that adequate effort on the part of the person, the disability can be overcomes (Smeltzer, 2007). Persons with disabilities are often perceived as having failed if they do not overcome the disability. Similar to the medical model, the rehabilitation model suggests that care and support are determined by professionals (World Bank, 2011). Therefore, this study used the social model to conceptualize rehabilitation of people with leprosy related disabilities by looking on how integrated savings and credit are use to intervene the difficulties facing people with leprosy related disabilities.

2.3.3 Stigma Practices Faced By People with Leprosy Related Disabilities in Different Settings

Disability is greatly influenced by the interaction between the individual and his or her social, cultural and physical environment. Stigma and poverty are the main barriers faced by people with leprosy related disabilities (WHO, 2009). These barriers are often found in society. Furthermore, important life areas that been affected by stigma are people's dignity, social status, employment opportunities or job security, family relationships, and friendships (Van Brakel, 2008). People have left their families, and even spouses and children, fearing the repercussions of the fact they had leprosy.

Reports and experience showed that people with leprosy related disabilities often face mistreatments in a number of ways and because of various reasons. The World Bank (2011) has estimated that 20% of the most impoverished individuals are people with disabilities because they lack education and employment opportunities to earn

their living. Moreover, they often live in severe poverty due to the challenge of securing a steady income to support themselves and their families and discrimination from their communities and wider society (CCBRT, 2012).

Interventions and actions aimed at enabling people with disabilities to participate in all spheres of life must therefore move beyond the traditional concept of rehabilitation and medical treatment. Enabling people to participate in social life can largely be achieved by addressing the barriers that hinder persons with disabilities in their day-to-day lives. (WHO, 2010).

2.3.4 Current Strategies on their Rehabilitation

Given the well-known needs of people with leprosy related disabilities as well as other people with disabilities, especially in terms of on-going social exclusion, the need for strengthening disability inclusive approaches is of utmost importance. Community Based Rehabilitation is regarded as the most appropriate and realistic strategy to meet the needs of people with disabilities and work towards a more inclusive society. (WHO, 2010).

The effects of disability on the lives of people with disability and their families are enormous and are not limited to physical or health problems only. Besides, the needs of people with leprosy related disability are diverse and go too far to mention them all. What is important though is that all these needs should be addressed (GLRA, 2014). Another notion of working towards a more inclusive society is the necessity to not address individual needs only, but to address also barriers towards inclusion in society.

2.4 The role of Integrated Savings and Credit Groups

Micro-credit is increasingly recommended to improve the economic situation of people with disabilities and is promoted as an intervention that contributes to social and economic empowerment. However people with disabilities continue to be the excluded group despite of the efforts to include them in (Bwire et al, 2009). The reason for this is exclusion is self -exclusion, exclusion by others, exclusion by staff working in the microfinance institutions and exclusion by design as described by Simanowtiz (2001). To access micro-credit program always demand entry fees and prior business experience, persons with disabilities especially those with leprosy related disabilities are not able to serve and have no prior business experience (Cramm, 2008).

Micro-credit through groups become famous in Bangladesh with Greenman Bank ‘’Banker to the poor’’with its founder Yunus (1998). He introduces the philosophy of providing loan to the poor people especially women without collateral and challenges other financial institutions with the definition of credit worthiness. To him, social collateral such as peer pressure in groups is the best way to ensure credit discipline to group members.

Integrated savings and credit groups have the purpose of providing opportunity for mutual support through exchange of experience and knowledge with an expected outcome of increased self-esteem, self-motivated, self –reliance and empowerment to group members (Darling 2003). These groups are very effective way to implement Community Based Rehabilitation as they empower group members (persons with

disabilities), build their skills and confidence and promote integration into the mainstream community, including employment and income generation (ILO, 2002;Cornielje, 2008).

The groups also engage in group savings and loan disbursement to help build capital for group members, particularly for income generation activities (WHO/ILEP 2007). The interest paid by the borrower to the integrated savings and credit group is income to the group, and so is also a form of savings which benefits all the members. The capital sum increases as loans are repaid.

High repayment rates for most integrated savings and credit groups are not a major issue and interest rates are subsidised. The focal point in these groups is more on empowerment of people with disabilities (Cramm, 2008). However, these groups are being criticized for not being sustainable as they are not trying to access bank systems (Mersland, undated) .Yet, less has been done on examining the role of integrated savings and credit groups on reducing income poverty and stigma to persons with leprosy related disabilities in Tanzania. Most studies focuses on leprosy medical services.

2.5 Literature Review on Policies, Acts and International Conventions

The rights of people with disabilities are protected by International and National instruments. A range of international documents including the World Programme of Action Concerning Disabled People (1982), the Standard Rules on the Equalization of Opportunities for People with Disabilities (1993) and the Convention on the Rights of the Child (2004) have highlighted that disability is a human rights issue.

The Convention on the Rights of Persons with disabilities (2006) and Principles and guidelines of the eliminating and discrimination against persons affected by leprosy and their family members (2010) are the most recent and the most extensive recognition of the human rights of persons with disabilities. They both aim to "promote, protect, and ensure the full participation of people with disabilities in their mainstream society.

Addition to that, the East African Policy for disability (2012) ,Parsons with Disabilities Act of 2010 of Tanzania, National Disability Policy (2004) and National Strategy for Growth and Reduction of Poverty II (NSGRP II 2010/2011-2014/2015 advocate for full participation and economic empowerment of persons with disabilities and their families in mainstream society. Despite this notable positive progress reached so far, more is desirable in the implementation of this documents to make this world and in particular Tanzania inclusive society where people with disability regardless of deformity or any other reason can access economic opportunities and participate in social economic activities.

2.6 Conclusion

This chapter described the framework around integrated savings and credit groups of people with leprosy related disabilities, by discussing issues of disability in African countries, particularly in regard to people with leprosy related disabilities in Tanzania, integrated savings and credit groups as a Staircase to promote inclusion and reduce stigma. Apart from positive outcomes of the groups, it has highlighted their potential downsides. This study attempts to understand the impact of integrated

savings and credit experiences of people with leprosy related disabilities (group members) with these groups.

CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

This chapter consists of research design, research population, and sample size, sampling procedures, research instruments used in the study, its validity as well as reliability, data gathering procedures, data analysis, ethical consideration and limitations of the study.

3.2 Study area

The study will be conducted in four different regions with high number of people with leprosy related disabilities (NTLP and DSW need assessment report 2006). The area includes; Chazi village, Mvomero district –Morogoro, Hombolo, Dodoma municipal -Dodoma, Nyabange village, Butiama district -Mara .

3.3 Research Design

The study employed descriptive cross sectional survey and correlation research design respectively. Descriptive research design involves a process of collecting data with an aim of answering questions concerning the current status of the subject in the study Kothari, (2004).

The study employed descriptive design first by formulating research objectives, the data collection methods (Likert scale questionnaires and interview schedules). This design helps in describing the prevailing condition and relationship between the

social economic development and the participation of people with leprosy related disabilities in various regions William, (2006).

3.4 Research Population

The study focused to members of integrated savings and credit groups who are persons with leprosy related disabilities (preferably women) and their family members. Women with disabilities are experiencing the combined disadvantages associated with gender as well as disability and may be less likely to marry than non-disabled women.

These groups were from four different regions with high number of people with leprosy related disabilities (NTLP and DSW need assessment report 2006) and are practising savings and credit activities. These areas with targeted population include; Dodoma –Hombolo village (24 members), Morogoro –Chazi village (24 members), Mara -Nyabange (24 members) and Lindi -Nandanga village (24 members). Therefore, this will amount to a total of 96 respondents.

3.5 Sample size

The sample size are those respondent selected from the targeted population for easy operation out of their responses were taken as the response from the entire population. The sample size was determined on basis of guessed variability (i.e 30%) for maximum sample size as suggested by Kasley and Kumur (1989).

$$n=Z^2V^2/d^2$$

Whereby:

n= Sample size

Z = Normal variate or confidence level about the limit of the error (95%)

V = Assumed variability with respect to number of persons with leprosy related disabilities in the selected areas (30%)

d= Acceptable error margin in the estimates (6%)

$$n= \frac{(1.96)^2 \times (30)^2}{(6)^2} = 96.04 \approx 96$$

According to the applied formula, the total number of respondents is 96.

3.6 Sampling Procedures

Purposive sampling was adopted in order to have specific individuals who have experience of at least 3 years in running integrated savings and credit groups in a particular locality. There are about 10 integrated savings and credit groups in each village and every group consisting of eleven members. However, only 4 groups that have people with leprosy related disabilities were involved in the study where as six members from each group shall be selected for this study.

Moreover, about six more respondent that comprise of Social welfare officer (1), Community Based Rehabilitation committee members (3) (chair person, secretary and treasurers) and Village government leaders (2) in each site purposively selected were involved in semi structured interviews.

3.7 Research Instruments

A five point likert scale ranging from strongly disagree with a one (1) point to strongly agree with 5 points. This type of instrument was used for it allows and enables the researcher to quantify opinion based on items and the perception of the respondents. This scale with balanced keying (an equal number of positive and negative statements) obviates the problem of acquiescence bias Amstrong R, (1987). Therefore the study used questionnaire to capture respondent's opinions on the integrated savings and credit groups on socio-economic development of persons with leprosy related disabilities in the study areas.

3.7.1 Questionnaires

Questionnaires involve a set of questions to be used to collect information from the respondents on their attitudes, feelings or reactions to the problem under study. Questionnaire for this study included closed ended questions in order to capture quantitative information relevant to the study. Closed-ended questions was effective in keeping respondents to the subject of concern due to their objectivity as well as collecting adequate information form a large number of people within a relatively short period of time.

Questionnaire covered the impacts of integrated savings and credits on socio-economic development of persons with leprosy related disabilities, the extent of credits and activities run by persons with leprosy related disabilities. Questionnaires were personally administered by the researcher, by distributing them to respondents after their informed consent. Questionnaires were filled in while in their business

location. The completed questionnaires were immediately collected by the researcher as soon as respondents finished filling them. This method of data collection ensures that all respondents answer questions almost at the same time. Kothari (2004) added that in general, the questionnaire method is an economical method on the ground that they can supply a considerable amount of data at a relatively low cost in terms of material, money and time. Equally important is the fact that confidentiality was assured and guaranteed.

3.7.2 Interview Schedules

An interview is described as a conversation with a purpose (Cohen *et al.,* 2000)**.** The study employed interview to collect data from Social welfare officer (1), Community Based Rehabilitation committee members (3) (chair person, secretary and treasurers) and Village government leaders (2). Interview was used to capture official's attitudes, knowledge, values and skills on the study theme. Interviews were used because they are particularly useful in creation of rich qualitative data due to their flexibility, being focused and time effective (Patton, 2002). The method is useful because it provides an opportunity to probe and expand on interviewees' responses. The instrument was also be used in this study because it provided supplementary information from data to be collected through questionnaire.

3.7.3 Observation

Under this method, the information was sought by the researcher through direct observation in the field without specifically addressing questions to the respondents. This practice was done in business area and in the communities of people with

leprosy related disabilities in the study area. Some of the observation included the following: sites of business, mobility gears like clutches, wheel chairs, tricycles household, assets like housing and food security. Participant observation helped to bridge the discrepancy between what people said and what they actually did. It was useful in capturing indescribable phenomena like living conditions and assets and products in their small shops established in their communities. The researcher took some important points by using digital camera in each village. This helped the process of observation to be documented by photographs and accurately recording the data obtained.

3.7.4 Documentary Review

This study employed documentary review as means of acquiring secondary information from related literatures. Documentary review refers to analysing and deriving of relevant information from primary and secondary sources. Secondary sources are derived from second-hand information (Denscombe, 1998). The study reviewed secondary sources on relevant to the study theme. Documents like dissertations, published and unpublished thesis, books, reports, newspapers, journal articles, pamphlets, brochures and resources retrieved from the internet.

Denscombe (1998) asserts that documentary review has the advantage of providing vast amounts of information. It is cost effective and provides data that are permanent as well as available in a form that can be checked by others. However, Denscombe (1998) further asserted that the method is limited by the fact that it relies on something which has been produced for other purposes and not for the specific aims

of an investigation. To avoid this limitation, the study reviewed documents which only relate to the main study theme.

3.8 Validity

The study employed multiple methods of data collection so as to increase validity of collected information. These methods were questionnaires and observation Golafshani, (2003) confirmed that, studies that use one method of data collection are vulnerable to errors of the particular methods.

3.9 Reliability

Reliability of research instruments is concerned with the extent to which data collection process yields consistent results (Frankael and Wallen, 2000). Therefore it is the quality of consistency of a study or measurement. The test-rested technique was used to ensure the reliability of the instrument, through pretesting them to a few respondents. Thereafter corrections were made to ensure that the information to be gathered using the tolls was reliable. Further to that, experts from the faculty of social work through research supervisor looked at the relevance of the questions in view of the problems, objectives, research questions, the technical review as well as the framework and the related literature. Thus, the face and content validity of the instrument have been achieved.

3.10 Data Gathering Procedures

3.10.1 Before Administration of Instruments

Researcher obtained research clearance from the faculty of Art and Social Science of the Open University Open University of Tanzania provided a. Letters of permission

to conduct the research in identified sites was obtained from the Ministry of Health and Social Welfare.

3.10.2 During the Administration of the Instruments

Due to the nature of work and busy schedule of some prospected respondents, the researcher made an appointment with respondents. Therefore the researcher availed herself to give necessary explanations on some questions where need arose.

3.10.3 After the Administration of the Instruments

The researcher after the expiry of period within which respondents were allowed to fill in the instruments, collected the instruments, sorted, coded, edited where necessary as they were categorized ready, entered into a computer for the operation of Statistical Package for a Social Science (SPSS) for the processing ready for analysis.

3.11 Data Analysis

Data analysis is a process that involves editing, coding, classifying and tabulating the collected data (Kothari, 2004). In this study the researcher will employ both qualitative and quantitative data analysis techniques. After the data collected from the field, the researcher went ahead and made analysis of the data quantitatively using statistical tool. Frequency percentages were used to establish the relationship the socio-economic development and participation of people with leprosy related disabilities.

3.12 Ethical Considerations

Through this research study, the researcher was as much as possible avoiding anything and everything that could cause discredit .The researcher complied to various ethical principles .For instance principle of voluntary participation that required people not to be forced into participating in research was induced to participate in the study willingly and enthusiastically without necessary being forced by the researcher.

Informed consent form was issued to respondents after a detailed explanation about the need of the study and the procedures as well as any risk that could involve, from that point freely the same respondent gave the consent to participate or not. Confidentiality, the researcher made sure and ensured the respondent that information obtained from them were kept and secured and were used for academic purposes only, this guaranteed by not allowing any respondent to show his/her identity either by writing the name in the instrument or revealing the specific office of his/her working place .

3.13 Limitation of the Study

Some respondents voluntarily might refuse to respond to some questions fearing that the information they would give could negatively affect them socially or economically, however this threat was minimized by building a sense of trust in the minds of respondents assuring them that the information furnished were confidentially kept. Besides, difficulties in reaching respondents due to their busy

schedules, was solved by employing a multiple skills like call back massage, re-arranging appointments and extensive mappings.

CHAPTER FOUR

4.0 FINDINGS AND DISCUSSIONS

4.1 Introduction

This chapter contains the findings of the study conducted in four regions of Tanzania. The study assessed the Impact of integrated savings and credit groups on socio-economic development of persons with leprosy related disabilities and in Tanzania. The chapter is divided into four sections. The first section discussed the main demographic and socio-economic characteristics of the respondents. The second section examined the effect of integrated savings and credit groups in reducing stigma from the perspective of people with leprosy related disabilities. The third section discussed the extent to which people with leprosy related disabilities (group members) are able to establish and run income generating activities. Finally, the fourth section assessed whether people with leprosy related disabilities (group members) have access to micro credit and entrepreneurship skills trainings.

4.2 Demographic and Socio-economic Characteristics

This section describes the demographic variables of the respondents including age, sex, age, village of residence, name of the group and duration in a group. This were important features of integrated savings and credit groups on reducing income poverty and stigma to persons with leprosy related disabilities in Tanzania.

4.2.1 Age of Respondents

The study examined the age of respondents. The study sample comprises 96 respondents. All 96 respondents filled in the administered questionnaires with a

response rate of 100 %. The results show that, respondents had mean age of 53.4 years and a median age of 55.0 years. It was further noted that 25.0 % of the respondents were aged 60-64 years, 19.8% were aged 55-59 years, 15.6 percent were aged 45-49 years, 12.5 % were aged 50-54 years, 10.4% were aged 65-69 years, 9.4 % were aged 40-44 years, 4.2 % were aged 35-39 years and 3.1 % were aged 29-34 years. The findings indicated that, the majority of respondents were aged 60-64 years. This is due to the fact that, improvement of health services in recent years has lessened the number of people suffering from leprosy.

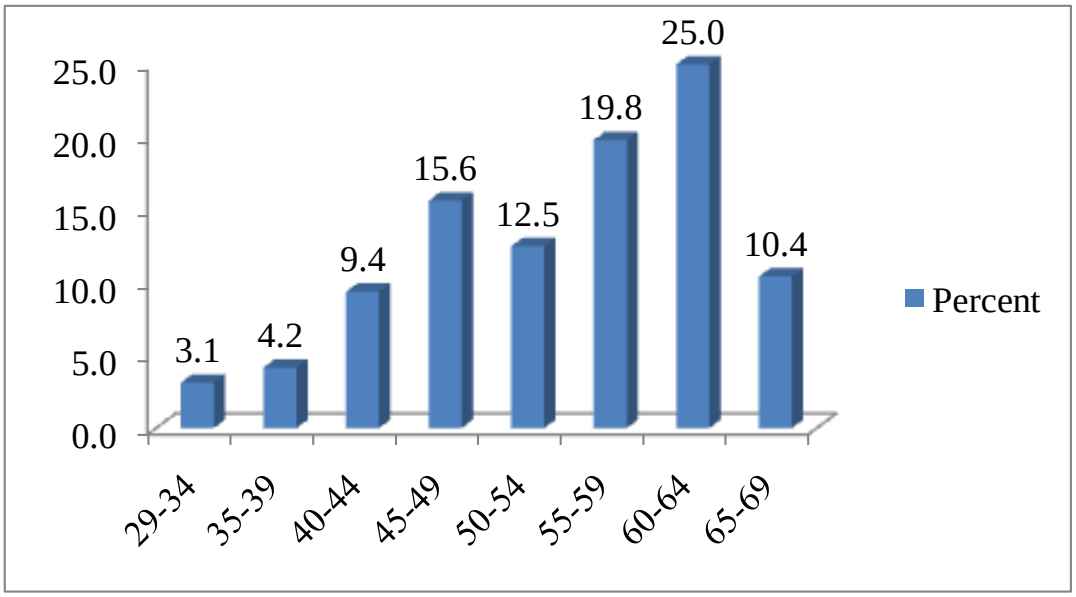

Figure 4.1 Distributions of Respondents by Age

Source: Fieldwork survey (2015)

4.2.2 Sex of Respondents

The study examined the sex differentials among the respondents. According to URT (2004), age and sex are the most basic and most important characteristics of a population as they are used for a wide range of planning and administrative purposes,

such as determining the segments of the population qualified for voting, school enrolment, specific health care needs, pension, as well as access to credit and loans. Therefore, knowledge on the age and sex of respondents is of paramount importance in this study as it has direct implications on specific healthcare ~~and~~ needs among people with leprosy related disabilities in Tanzania. The findings showed that 74.0% were females and 26.0 % were males. Therefore, the results confirmed that majority of respondents in terms of sex were female. This is due to the fact that majority of women with leprosy related disabilities are willing to join integrated and credit groups and run income generating activities while men are so reluctant.

Table 4.1 Distribution of Respondents by Sex

Sex	**Frequency**	**Percent**
Male	25	26.0
Female	71	74.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.2.3 Village of Residence

The study assessed distribution of respondents in terms of village of residence. Knowing the place of residence of the respondents is very important in the study of impact of integrated savings and credit groups on reducing income poverty and stigma to persons with leprosy related disabilities in Tanzania. This helped to classify people according to their place of residence, as well as determining the spatial on access to integrated savings and credit and its impacts on reducing income poverty and stigma to persons with leprosy related disabilities.

The findings revealed that, 25.0% of the respondents were from Nyabange village, Musoma District-Mara region, 25.0 % were from Hombolo village, Chamwino District, Dodoma Region, 25.0% were from Chazi village, Morogoro Region and 25.0% were from Nandanga village, Lindi Region. The sample distribution is equal to each study village.

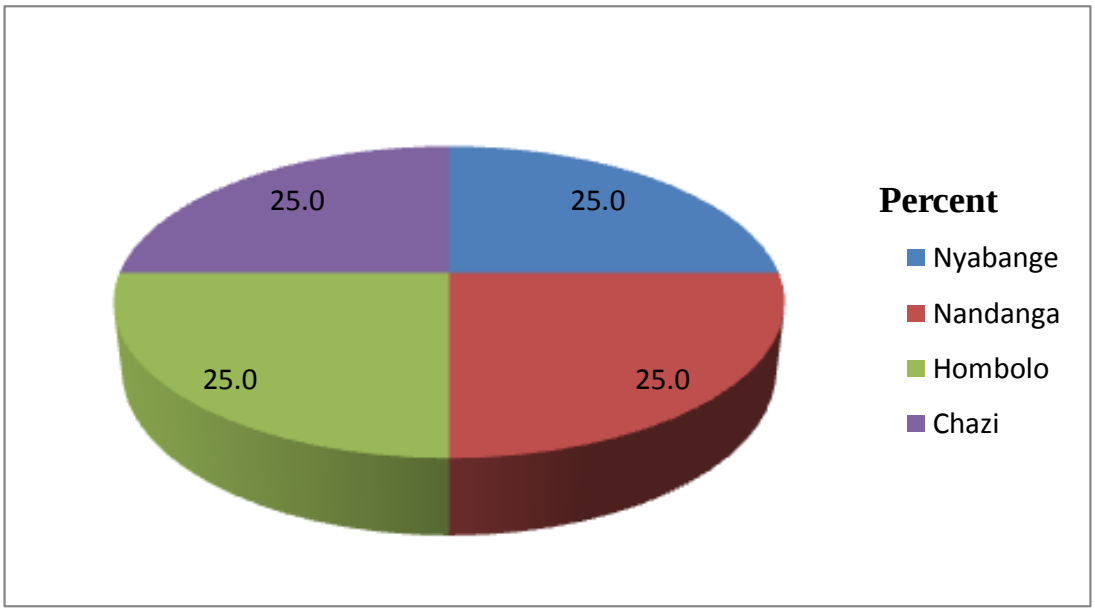

Figure 4.2: Distributions of Respondents by Village of Study

Source: Fieldwork survey (2015)

4.2.4 Name of the Group

The study examined the names of the groups among respondents. The findings showed that in Chazi Village, 8.3 % were from Tumaini group, 8.3 from Mapinduzi and 8.3% from Jitegemee groups. In Hombolo Village, 6.3%were from Wilonze group, 7.3% from Lulu, 6.3% from Juhudi and 5.2 % from Sejeseje group. On the other hand, in Nandanga Village, 12.5% were from Tujikwamue, 6.3 % from Ukombozi and 6.3% from Maarifa group. Morover, in Nyabange village, 6.3% were

from Imani group, 6.3% from Maendeleo, 6.3% from Tuleane and 6.3% from Songambele group. The findings indicated that distributions of respondents across groups were almost fairly distributed across study villages.

Table 4.2 Distribution of Respondents by Name of the Group

Village	Name of the group	Frequency	Percent
	Tumaini	8	8.3
	Mapinduzi	8	8.3
Chazi	Jitegemee	8	8.3
	Wilonze	6	6.3
	Lulu	7	7.3
	Juhudi	6	6.3
Hombolo	Sejeseje	5	5.2
	Tujikwamue	12	12.5
	Ukombozi	6	6.3
Nandanga	Maarifa	6	6.3
	Imani	6	6.3
	Maendeleo	6	6.3
	Tuleana	6	6.3
Nyabange	Songambele	6	6.3
Total		**96**	**100**

Source**:** Fieldwork survey, (2015)

4.2.5 Duration in a Group

The study examined the duration of respondents in a group. It is the duration in a group which determined the accessibility to loans in the study area. The results indicated that 66.7% of the respondents had three (3) years in a group while 27.1% had four (4) years and 6.3% had five (5) years. Generally, the findings showed that majority of the respondents had three (3) years in their groups. This indicates that majority of the respondents had stayed in groups for enough time that qualify them to access loans for investing in income generating activities.

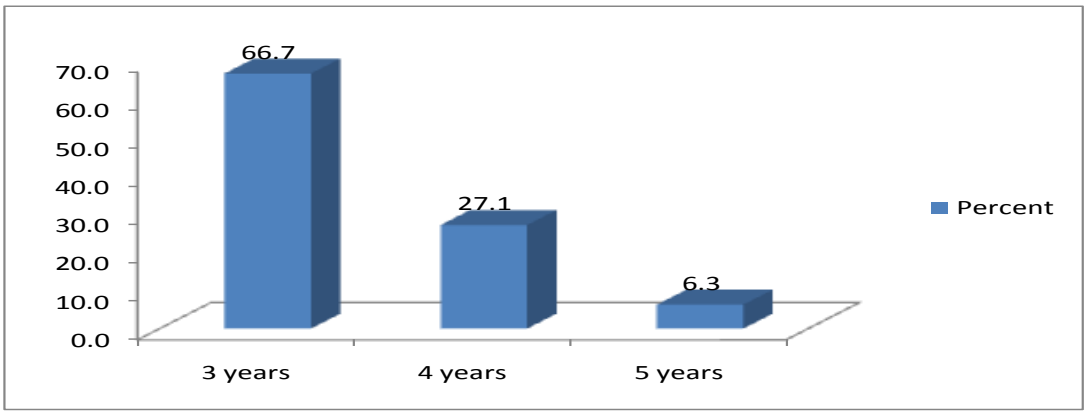

Figure 4.3: Distributions of Respondents by Duration in a Group

Source**:** Fieldwork survey (2015).

During interview with respondents it was noted that staying in the group was one of the criteria for receiving credits, creating fellowship, intimacy and increased interactions among group members as well as eliminating discrimination as towards people with leprosy related disability since all members being treated equally.

4.3 Effect of Integrated Savings and Credit Groups

This is the first study objective. In order to capture the quantitative data, the study employed a five point Likert scale (5=strongly agree, 4=agree, 3=neutral, 2=disagree and 1=strongly disagree) to rate each of the response from the respondents.

4.3.1 Joining Groups and their Rights Being Respected

The study assessed the way persons with leprosy related disabilities join groups and their rights being respected. The findings revealed that 100.0% of the respondents strongly agreed that they were allowed to join groups and their rights were being respected and none of the respondents agreed, disagreed and strongly disagreed. Therefore, the findings affirmed that, all of the respondents (100.0 %) strongly

agreed that theywere free to join integrated savings and credit groups in their localities.

Table 4.3: Joining Groups and their Rights Being Respected

Statement	Frequency	Percent
Strongly agree	96	100.0
Agree	0	0.0
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.3.2 Group meetings taking places in accessible places

The findings examined if group meetings take places in accessible places. The findings showed that 100.0%of the respondents strongly agreed that meeting were taking places in accessible places. However, none of the respondents agreed, disagree, either strongly disagreed or neutral. Therefore, generally, the findings showed that all respondents strongly agreed that meeting of integrated savings and credit groups are taking place in accessible places.

Table 4.4: Group Meetings are Taking Places In Accessible Places

Statement	Frequency	Percent
Strongly agree	96	100
Agree	0	0
Neutral	0	0
Disagree	0	0
Strongly disagree	0	0
Total	**96**	**100**

Source: Fieldwork survey (2015)

4.3.3 Decision-making are sensitive to gender issues and the special needs

The study examined whether the decision-making are sensitive to gender issues and the special needs. The findings showed that 92.7% of the respondents strongly agreed that decision-making were sensitive to gender issues and the special needs while 7.3% of the respondents agreed, and none of the respondents were neutral, disagreed and strongly disagreed. Therefore, the results showed that majority of the respondents strongly agreed that decision-making are sensitive to gender issues and the special needs.

Table 4.5: Decision-Making are Sensitive to Gender Issues and the Special Needs

Statement	Frequency	Percent
Strongly agree	89	92.7
Agree	7	7.3
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.3.4 Increase in Decision-Making Capability to Persons with Leprosy Related Disabilities

The study investigated the increase in decision-making capacity to persons with leprosy related disabilities. The findings showed that 59.4% of the respondents strongly agreed that there is increased capacity in decision-making to persons with leprosy related disabilities, 40.6% of the respondents agreed while none of the respondents disagreed, strongly disagreed and was neutral. Therefore, generally, the

findings indicated that majority of the respondents strongly agreed that there is increased capacity in decision-making to persons with leprosy related disabilities

Table 4.6: Increase in Decision-Making Capability to People with Leprosy Related Disabilities

Statement	Frequency	Percent
Strongly agree	57	59.4
Agree	39	40.6
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.3.5 Groups are Managed and Organized by Members Themselves

The study examined whether groups are managed and organized by members themselves. It was noted that, 94.8% of the respondents strongly agreed that groups were managed and organized by members themselves while 5.2% of the respondents agreed and none of the respondents were neutral, disagreed and strongly disagreed. Generally, the findings showed that majority of the respondents strongly agreed that groups were managed and organized by members themselves.

Table 4.7: Groups are Managed and Organized by Members Themselves

Statement	Frequency	Percent
Strongly agree	91	94.8
Agree	5	5.2
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.3.6 Groups Are Well Adjusted To Capacities and Meet the Needs of All Groups

The study examined whether groups are well adjusted to capacities and meet the needs of all group members. The results showed that 59.4% of the respondents strongly agreed that groups were well adjusted to capacities and meet the needs of all group members, while 40.6% of the respondents agreed and none of the respondents were neutral, disagreed and strongly disagreed that groups were well adjusted to capacities and meet the needs of all group members. Generally, the findings showed that majority of the respondents strongly agreed that groups were well adjusted to capacities and meet the needs of all group members.

Table 4.8: Groups Are Well Adjusted to Capacities and Meet the Needs of All Groups

Statement	Frequency	Percent
Strongly agree	57	59.4
Agree	39	40.6
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey, 2015

4.3.7 People with Leprosy Related Disabilities Are Respected and Fully Functioning

The study assessed whether persons with leprosy related disabilities are respected and fully functioning in their local community. The findings revealed that 25.0 % of the respondents strongly agreed that persons with leprosy related disabilities were

respected and fully functioning in their local community while 75.0% agreed that persons with leprosy related disabilities are respected and fully functioning in their local community and none of the respondents were neutral, disagreed and strongly disagreed that persons with leprosy related disabilities were respected and fully functioning in their local community. Generally, the findings affirmed that majority of the respondents agreed that persons with leprosy related disabilities were respected and fully functioning in their local community.

Table 4.9: People with Leprosy Related Disabilities Are Respected and Fully Functioning in Local Community

Statement	Frequency	Percent
Strongly agree	24	25.0
Agree	72	75.0
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.4 Persons with Leprosy Related Disabilities and Income Generating Activities

4.4.1 Income Generating Activities (IGA) of Persons with Leprosy Related Disabilities

The study unveiled the income generating activities of the respondents. Business undertakings performed by women entrepreneurs varies greatly. This study had been able to realize that there were common businesses undertaken by the respondents especially after taking loans from their groups. The findings revealed that most of the

group members were engaged in business that cost less capital to start up. The findings showed that a good number of respondents 37.5% of the respondents were involved in small businesses as retail shops, 32.3% engaged in poultry, 21.9% in livestock keeping and 8.3% in fishing especially to communities around lake Victoria. Therefore, the findings revealed that majority of the respondents 37.5% were generally dealing with retail shops. These findings were in line with Nollo (2011) who unfolded that most of respondents with disabilities who had loan credit in Dodoma Municipality were engaging in small business including retail shops.

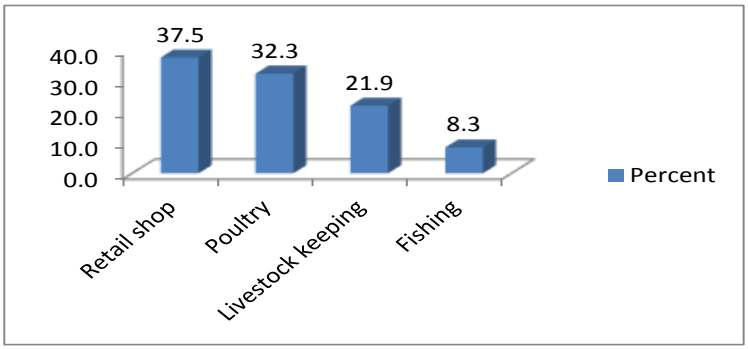

Figure 4.4: Income Generating Activities

Source: Fieldwork survey (2015)

4.4.2 Persons with Leprosy Related Disabilities are Full Involved and Participating in Group Activities

This is the third objective of the study. In order to capture the quantitative data, the study employed five point Likert scale (5=strongly agree, 4=agree, 3=neutral, 2=disagree and 1=strongly disagree) to rate each of the response from the respondents.

The study investigated whether persons with leprosy related disabilities are full involved and participating in group activities. The findings revealed that 94.8% of the respondents strongly agreed that persons with leprosy related disabilities were full involved and participating in group activities, while 5.2% agreed that persons with leprosy related disabilities were full involved and participating in group activities and none of the respondents were neutral, disagreed and strongly disagreed that persons with leprosy related disabilities were full involved and participating in group activities.

Table 4.10: People with Leprosy Related Disabilities are Full Involved and Participate in Group Activities

Statement	Frequency	Percent
Strongly agree	91	94.8
Agree	5	5.2
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source**:** Fieldwork survey (2015)

4.5 Persons with Leprosy Related Disabilities Access to Micro Credit and Entrepreneurship Skills Trainings

4.5.1 Training before Securing Loans

The study examined the types of training offered before loans were offered to respondents. The findings revealed that respondents received various training before loans were disbursed to them. The findings in Table 4.10 revealed that, 42.7% of the total respondents claimed to be trained on bookkeeping while 37.5% were trained on

marketing skills and 52.1% were trained on credit management. Moreover, 66.7% of the respondents received trainings on entrepreneurship skills while 50.0% were of the view that they were trained about customer care in their business before loans were given to them.

Therefore, the findings showed that women entrepreneurs were trained in various business and entrepreneurship area empowering organization before credits are disbursed to them. The findings of this study corroborated with the findings of the study by Gogadi (2011) who found out that PRIDE-Tanzania empowers women economically by offering various business management skills training which includes bookkeeping skills, marketing skills. Credit management skills and customer care skills.

Table 4.11: Types of training offered to People with Leprosy Related Disability

Type of Trainings	Frequency	Percent
Bookkeeping	42	42.7
Marketing	36	37.5
Credit Management	50	52.1
Entrepreneurship skills	64	66.7
Customer care	48	50.0

Source**:** Fieldwork survey (2015)

During interview with key respondents, were of the view that business management skills training offered to women entrepreneurs by microfinance institutions helped them to conduct their businesses successfully, keep proper records (book keeping) find markets for their products and services, manage their loans and take care of their customers. Thus, by training Women to conduct their businesses successfully, had

boost their household income and reduce vulnerability among families of persons with leprosy related disability.

4.5.2 People with Leprosy Disabilities Have Access to Loan Just Like Other Group Members

This is the third objective of the study. In order to capture the quantitative data, the study employed five point Likert scale (5=strongly agree, 4=agree, 3=neutral, 2=disagree and 1=strongly disagree) to rate each of the response from the respondents.

The study examined whether persons with leprosy related disabilities have access to loans like other group members. The results showed that 100.0% of the respondents strongly agreed that persons with leprosy related disabilities had access to loans like other group members and none of the respondents agreed, were neutral, disagreed and strongly disagreed that persons with leprosy related disabilities had access to loans like other group members.

Table 4.12: People with Leprosy Disabilities Have Access to Loan Just Like Other Group Members

Statement	**Frequency**	**Percent**
Strongly agree	96	100.0
Agree	0	0.0
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.5.2 Loan Provided Charge a Fair Rate of Interest

The study examined whether the loans provided charge fair rate of interest. The findings showed that 100.0% of respondents strongly agreed that loans provided to them had fair charge of interest rate while none of the respondents agreed, disagreed, strongly disagrees and was neutral. Therefore, the findings concluded that majority of the respondents strongly agreed that loans provided charge fair rate of interest.

Table 4.13: Loan Provided Charge a Fair Rate of Interest

Statement	Frequency	Percent
Strongly agree	96	100.0
Agree	0	0.0
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.5.3 People with Leprosy Related Disabilities (Group Members) Use the Loan in Accordance to the Objective

The study investigated whether persons with leprosy related disabilities use loans in accordance to the objectives. It was noted that 95.8% of the respondents agreed that persons with leprosy related disabilities used loans in accordance to the objectives while 3.1% strongly agreed that they used loans in accordance to the objectives. However, 1.0% of the respondents disagreed that persons with leprosy related disabilities used loans in accordance to the objectives, and none of the respondents either was neutral or strongly disagreed that they use loans in accordance to the

objectives. Therefore, generally, results showed that majority of the respondents agreed that they used loans in accordance to the objectives.

Table 4.14: Use Loans in Accordance to the Objectives

Statement	Frequency	Percent
Strongly agree	3	3.1
Agree	92	95.8
Neutral	0	0.0
Disagree	1	1.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.5.3 Loans are provided at the right time

The study examined the timeliness of loans provision to members. It was noted that, 64.6% of the respondents agreed that loans are provided at the right time while 2.1% strongly agreed that loans were provided at the right time. On the other hand, 33.3% of the respondents disagreed that loans were provided at the right time and one of the respondents either was neutral or strongly disagreed that loans were provided at the right time. The findings concluded that majority of the respondents agreed that loans were provided at the right time.

Table 4.15: Loans are provided at the Right Time

Statement	Frequency	Percent
Strongly agree	2	2.1
Agree	62	64.6
Neutral	0	0.0
Disagree	32	33.3
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source**:** Fieldwork survey (2015)

4.5.4 Amount of Loans Provided by Rehabilitation Committee is Satisfying

The study assessed satisfaction of members by loans provided by rehabilitation committee. The findings indicated that 80.2% of the respondents disagreed that they were satisfied by loans provided to them by rehabilitation committee while 2.1% strongly disagreed. However, 15.6% of the respondents agreed that they were satisfied by loans provided to them by rehabilitation committee and 2.1% strongly agreed that they were satisfied by loans provided to them by rehabilitation committee. Generally, the findings showed that majority of respondents disagreed that they were satisfied by loans provided to them by rehabilitation committee.

Table 4.16: Amount of Loans Provided By Rehabilitation Committee Is Satisfying

Statement	Frequency	Percent
Strongly agree	2	2.1
Agree	15	15.6
Neutral	0	0.0
Disagree	77	80.2
Strongly disagree	2	2.1
Total	**96**	**100.0**

Source: Fieldwork survey, 2015

4.5.5 Group Members Feel Obligation to Repay Back Loans

The study examined whether loanee feel obligated to repay back their loans. It was reported that loans repayment period was one year. However, loanees were given one month grace period before starting to repay their loans. The findings showed that 94.8% of the respondents agreed that they felt obligated to repay back their loans while 4.2% strongly agreed that they felt obligated to repay back their loans. However, 1.0% of the respondents disagreed that they felt obligated to repay back

their loans. Generally, the findings showed that majority of the respondents agreed that they felt obligated to repay back their loans.

Table 4.17: Feel Obligation to Repay Back Loans

Statement	**Frequency**	**Percent**
Strongly agree	4	4.2
Agree	91	94.8
Neutral	0	0.0
Disagree	1	1.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey, 2015

4.5.6 People with Leprosy Related Disabilities Who Took Loan Have Established Income Generating Activities

The study investigated whether persons with leprosy related disabilities who took loan had established income generating activities. The findings revealed that 84.4% agreed that persons with leprosy related disabilities who took loan had established income generating activities, while 15.6% of the respondents strongly agreed that persons with leprosy related disabilities who took loan had established income generating activities. However, none of the respondents was neutral, disagreed and strongly disagreed that persons with leprosy related disabilities who took loan had established income generating activities. Therefore, generally, the findings indicated that majority of the respondents agreed that persons with leprosy related disabilities who took loan have established income generating activities.

Table 4.18: Those who Took Loan Have Established Income Generating Activities

Statement	Frequency	Percent
Strongly agree	15	15.6
Agree	81	84.4
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source**:** Fieldwork survey (2015)

4.5.7 People with leprosy related disabilities manage small business

The study examined whether persons with leprosy related disabilities manage their small business like other members of the community. It was noted that 85.4% of the respondents agreed that persons with leprosy related disabilities managed their small business like other group members while 14.6% strongly agreed that they managed their small business like other group members.

However, none of the respondents disagreed, strongly disagreed and was neutral that persons with leprosy related disabilities managed their small business like other members of the community. It is therefore concluded that, majority of the respondents agreed that persons with leprosy related disabilities managed their small business like other members of the community.

Table 4.19: Persons with Leprosy Related Disabilities Manage Their Small Business

Statement	Frequency	Percent
Strongly agree	14	14.6
Agree	82	85.4
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.5.8 People with leprosy related disabilities sell and buy things

The study assessed whether persons with leprosy related disabilities sell and buy things just like other community members. The findings noted that 65.6% of the respondents agreed that persons with leprosy related disabilities sell and buy things just like other community members, while 33.3% strongly agreed that persons with leprosy related disabilities sell and buy things just like other community members. On the other hand, 1.0% of the respondents disagreed that persons with leprosy related disabilities sell and buy things just like other community members. However, none of the respondents either was neutral or strongly disagreed that persons with leprosy related disabilities sell and buy things just like other community members. Therefore, the findings showed that majority of the respondents agreed that persons with leprosy related disabilities sell and buy things just like other community members.

Table 4.20: Persons with Leprosy Related Disabilities Sell and Buy Things

Statement	Frequency	Percent
Strongly agree	32	33.3
Agree	63	65.6
Neutral	0	0.0
Disagree	1	1.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.5.9 Established income generating activities enable them to provide their families with all basic needs

The study assessed whether the established income generating activities enable them to provide their families with all basic needs. The results show that 92.7% of the respondents agreed that the established income generating activities enabled them to provide their families with all basic needs, 7.3% of the respondents strongly agreed that the established income generating activities enable them to provide their families with all basic needs.

On the other hand, none of the respondents was neutral, disagreed and strongly disagreed that the established income generating activities enabled them to provide their families with all basic needs. Generally, the majority of the respondents agreed that the established income generating activities enabled them to provide their families with all basic needs.

Table 4.21: Established income generating activities enable them to provide their families with all basic needs

Statement	Frequency	Percent
Strongly agree	7	7.3
Agree	89	92.7
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey(2015)

4.5.10 Income generating activities are recognized Like as other community members

The study examined whether persons with leprosy related disabilities who operate income generating activities are recognized to be capable as other community members in equal conditions. The findings showed that 57.3% of the respondents strongly agreed that persons with leprosy related disabilities who operate income generating activities were recognized to be capable as other community members in equal conditions, while 42.7% agreed that income generating activities of the persons with leprosy related disabilities were recognized to be capable as other community members in equal conditions. However, none of the respondents was neutral, disagreed and strongly disagreed that income generating activities of the persons with leprosy related disabilities were recognized to be capable as other community members in equal conditions. Therefore, the findings of this study concluded that that majority of the respondents strongly agreed that income generating activities of

the persons with leprosy related disabilities were recognized to be capable as other community members in equal conditions.

Table 4.22: Income Generating Activities are Recognized to Be Capable As Other Community Members

Statement	Frequency	Percent
Strongly agree	55	57.3
Agree	41	42.7
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	0	0.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.5.11 Loans are More Appropriate for Those with Business Skills, Experience and Established Business

The study investigated whether loans were more appropriate for those who have business skills, business experience particularly if they have business already. The findings noted that 50.0% of the respondents disagreed that loans were more appropriate for those who have business skills, business experience particularly if they had business already, 37.5% strongly disagreed that loans were more appropriate for those who had business skills, business experience particularly if they had business already. However, 12.5% of the respondents agreed that loans were more appropriate for those who had business skills, business experience particularly if they had business already, and none of the respondents was either neutral or strongly agreed that loans were more appropriate for those who had business skills, business experience particularly if they had business already. Therefore, the findings

of this study concluded that majority of the respondents disagreed that loans were more appropriate for those who had business skills, business experience particularly if they had business already.

Table 4.23: Loans Are More Appropriate For Those with Business Skills, Experience And Established Business

Statement	Frequency	Percent
Strongly agree	0	0
Agree	12	12.5
Neutral	0	0.0
Disagree	48	50.0
Strongly disagree	36	37.5
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.5.9 Micro Credit and Entrepreneurship Skills Trainings are Provided to Group Members Before Disbursing Loans

The study assessed whether micro credit and entrepreneurship skills trainings were provided to group members before disbursing loans. The findings indicated that 81.3% of the respondents strongly agreed that micro credit and entrepreneurship skills trainings were provided to group members before disbursing loans and 17.7% agreed that micro credit and entrepreneurship skills trainings were provided to group members before disbursing loans. On the other hand, 1.0% of the respondents strongly disagreed that micro credit and entrepreneurship skills trainings were provided to group members before disbursing loans. However, none of the respondents either was neutral or disagreed that micro credit and entrepreneurship skills trainings are provided to group members before disbursing loans. Therefore,

the findings of this study concluded that majority of the respondents strongly agreed that micro credit and entrepreneurship skills trainings were provided to group members before disbursing loans.

Table 4.24: Training Skills Are Provided Before Disbursing Loans

Statement	Frequency	Percent
Strongly agree	78	81.3
Agree	17	17.7
Neutral	0	0.0
Disagree	0	0.0
Strongly disagree	1	1.0
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.5.12 Local Government Authorities Provision of Technical and Financial Support

The study examined whether local government authorities provide technical and financial support to community based rehabilitation committee and groups. It was noted that 47.9% agreed that local government authorities provided technical and financial support to community based rehabilitation committee and groups. On the other hand, 39.6% of the respondents disagreed that local government authorities provided technical and financial support to community based rehabilitation committee and groups and 8.3% strongly disagreed that local government authorities provided technical and financial support to community based rehabilitation committee and groups and 1.0% was neutral. However, none of the respondents strongly agreed that local government authorities provided technical and financial support to community based rehabilitation committee and groups. Generally, the

findings showed that majority of the respondents disagreed that local government authorities provide technical and financial support to community based rehabilitation committee and groups.

Table 4.25: Local Government Authorities Provide Technical and Financial Support

Statement	Frequency	Percent
Strongly agree	0	0.0
Agree	46	47.9
Neutral	1	1.0
Disagree	38	39.6
Strongly disagree	8	8.3
Total	**96**	**100.0**

Source: Fieldwork survey (2015)

4.6 Summary of Findings

The study sample comprises 96 respondents. The findings affirmed that, the majority of respondents were female of aged 60-64 years. This is due to the fact that, improvement of public health services in recent years has promoted early identification of leprosy cases and treatment hence prevents leprosy related disabilities . This is due to the fact that, improvement of public health services in recent years has promoted early identification of leprosy cases and treatment hence prevents leprosy related disabilities The sample was equally distributed with 25% from each study village. Moreover, the findings indicated that distributions of respondents across groups were almost fairly distributed across study villages. In addition to that, The results showed that majority of the respondents had stayed in

groups for enough time (3 years) that qualified them to access loans for investing in income generating activities.

Additionally, it was strongly agreed that respondents were free to join integrated savings and credit groups and decision-making were sensitive to gender issues and the special needs. Moreover, it was strongly agreed that there is increased capacity in decision-making among persons with leprosy related disabilities. Moreover, it was agreed that persons with leprosy related disabilities were respected and fully functioning. On contrary, it was disagreed to be satisfied by loans provided to them as well as loans were more appropriate for those who had business skills and business experience only .

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusion and recommendations of the study on Impact of integrated savings and credit groups on socio-economic development to persons with leprosy related disabilities and in selected communities in Tanzania. The study based on the social model of disability (human right approach) to conceptualize rehabilitation of people with leprosy related disabilities by looking on how integrated savings and credit have been used to intervene challenges faced by people with leprosy related disabilities in their respective community.

It also outlines some suggestions for further research on the study theme. The conclusions presented in this chapter focused mainly on the study theme.

5.2 Summary

The purpose of study was to investigate the impact of integrated savings and credit groups on socio-economic development to people with leprosy related disabilities in Chazi- Morogoro, Nandanga-Lindi and Hombolo-Dodoma urban and Nyabange village in Musoma. The study based on the social model of disability (human right approach) to conceptualize rehabilitation of people with leprosy related disabilities by looking on how integrated savings and credit have been used to intervene challenges faced by people with leprosy related disabilities in their respective community.. .

The researcher attempted to address three tasks includes;

- To examine the effect of integrated savings and credit groups in reducing stigma. Second,
- to examine the extent to which people with leprosy related disabilities establish and run income generating activities.
- Third, to investigate whether people with leprosy related disabilities have access to micro credit and entrepreneurship skills trainings.

Descriptive survey design was used with both qualitative and quantitative data collection methods and analysis procedure. The area of the study includes; Chazi village, Mvomero district –Morogoro, Hombolo, Dodoma municipal -Dodoma, Nyabange village, Butiama district -Mara . These are villages with high number of people with leprosy related disabilities that are in need of rehabilitation services (NTLP and DSW need assessment report 2006).

The study used purposive sampling methods in order to have specific individuals who have experience of at least 3 years in integrated savings and credit groups and operating income generating activities in a particular locality. Therefore a total of 96 respondents were involved among them 74% were female , this is due to the fact that women interact easily and have the responsibility for taking care of family . On the other hand, 25% of the respondent aged 60-64 years, this is due to the fact that, in recent years public health services have improvement and promoted early identification of leprosy cases and treatment hence prevents leprosy related disabilities.

Purposive sampling was adopted in order to have specific individuals who have experience of at least 3 years in integrated savings and credit groups and operating income generating activities in a particular locality .The sample was equally distributed with 25% from each study village.

Thematic data analysis approach was used and data was presented descriptively with quotations, tables and figures. Quantitative data were analyzed with the help of computer SPSS program.

The first objective of the study examined the effect of integrated savings and credit groups in reducing stigma. The study wanted to know the effects of integrated savings and credit groups in reducing stigma from the perspective of people with leprosy related disabilities. 96 respondents (100.0%) agreed that integrated savings and credit groups had contributed in reducing stigma towards people with leprosy related disabilities in their respective community. This was noted as 100% of respondent agreed that persons with leprosy related disabilities were free to join the groups just others, groups were well adjusted to capacities and meet the needs of all group members with and they are respected and fully functioning in their respective community. Persons with leprosy related disabilities sell and buy things just like other community members.

The second objective examined the extent to which people with leprosy related disabilities establish and run income generating activities. The study wanted to find out to what extents do persons with leprosy related disabilities are able to establish

and run income generating activities. 100% of the respondents agreed that they had established and manage sustainable economic activities where as 37.5% of the respondents were involving in small businesses as retail shops, 32.3 % engaged in poultry, 21.9% in livestock keeping and 8.3% in fishing especially to communities around lakes and oceans. It was noted that income generating activities of the persons with leprosy related disabilities were recognized to be capable as other community members in equal conditions. Thus increased regular income and reduced vulnerability boost self-esteem, respect in the family and community.

The third objective investigated whether people with leprosy related disabilities have access to micro credit and entrepreneurship skills trainings. To what extent do persons with leprosy related disabilities (group members) have access to micro credit and entrepreneurship skills trainings? 99.0% of the respondents agreed that micro credit and entrepreneurship skills trainings were provided to group members before disbursing loans. The training provided allowed them to gain skills, provide for themselves and their families and enjoy a higher standard of living. Nevertheless 1.0% of the respondents disagreed

Further to that 100% agreed of the respondents agreed to have access to micro credit just like other group members and loans provided charged fair rate of interest (10% of loan taken). 64.6% agreed that loan were provided at the right time while 33.3 disagree because if group members/member do not payback loan on time it also disturb the loan disbursement. On contrary 80.2% of the respondent disagreed that, loans provided by the CBR committees were not sufficient. This because the amount

of loan provided range from TZS 50,000 -200,000 loan periods is 12 months. Additionally, 99.0% of the respondents agreed that they felt obligated to repay back their loans while 1.0% disagree because he believed that people with leprosy related disabilities are no be given grants and not loans.

Moreover 47.9% of respondent agreed that they receive technical and financial support from Local government Authorities in their respective districts.

48% of the disagreed because in some district the department of social welfare and community development have budget allocation for economic empowerment to vulnerable groups including people with disabilities while other district doesn't have that budget.

5.3 Conclusion

In the light of the findings of the study it can be concluded that to a large extent that government and NGOs should develop and implement microfinance programmes that address the needs of persons with leprosy related disabilities and guide them to identify income-generating activities which will sustain and enhance the quality of life in a subsistence environment and find opportunities to make a contribution to family and village-level livelihoods.

5.4 Recommendations

The study findings yielded the following recommendations to all stakeholders in disability and rehabilitation

Recommendation for government ministries and agencies, NGOs and Social workers association

i) Government and NGOs should develop and implement microfinance programmes that address the needs of persons with leprosy related disabilities and guide them to identify income-generating activities which will sustain and enhance the quality of life in a subsistence environment and find opportunities to make a contribution to family and village-level livelihoods

ii) Government and NGOs working in the area of disability should design and provide Training programmes for people with leprosy related disability that need to develop a range of skills – literacy and numeracy, core skills for work, technical skills such as entrepreneurial and business management skills

iii) NGOs and social worker association need to be proactive in the development and implementation of national poverty reduction strategies. A well as advocating for mainstreaming of people with leprosy related disabilities into the existing government programmes and services in their respective communities so as to promote inclusion and reduce stigma towards people with leprosy related disabilities and their family.

iv) Government should support the effective participation of persons with leprosy related disabilities in leadership at all levels of government. Persons with leprosy related disabilities need to be provided opportunities to participate by providing funding and good governance skills for them to participate in the political process.

v) The enforcement of policies cannot be left to government alone. International and local NGOs, other civil society, and private sector must combine forces to ensure that persons with leprosy related disabilities can contribute in the development process.

vi) Strengthening persons with leprosy related disabilities association in order to have representation in decision-making bodies in order to represent their concerns, at both national and local levels.

5.5 Areas for Further Research

The findings of this study did not exhaust all issues on persons with leprosy related disabilities and integrated savings and credits on socio-economic development Tanzania. It is therefore expected that the study will inspire other researchers to investigate more factors pertaining to this study theme. Thus, a need still exists for more detailed and systematic investigation on the study theme. Such investigations are proposed to be based on:

i) This research could be replicated by other researchers using different groups of leprosy communities in the country to see if there are similarities to or differences from this study.

ii) More sample size should be included in the future for comparison purpose in order to increase its validity and reliability.

iii) Investigate the relationship between persons with leprosy related disabilities and level of education, age, income, marital status in order to find if there is significance relationship among these variables is also recommended.

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APPENDICIES

APPENDIX 1: QUESTIONNAIRE FOR SAMPLE RESPONDENTS

I am Grace Mwasuka, undertaking a Master of Social Work at Open University of Tanzania. I am collecting data and information on "Impacts of integrated savings and credits groups to persons with leprosy related disabilities in Tanzania: a case of Chazi, Hombolo, Nandanga and Nyabange group members. The data are collected for academic purposes only, therefore confidentiality is highly guaranteed.

Age……..……..……

Gender…..……

Duration in a group...……..…

Name of a group ……..……

Name of a village ……

Please tick (√) where you think is appropriate

No	Statements	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
1	People with leprosy disabilities are accepted to join in groups and their rights being respected					
2	Group meetings are taking places in accessible places					
3	Decision-making are sensitive to gender issues and the special needs of people with leprosy related disabilities, ensuring equal access.					
4	Increase decision-making capability to people with leprosy related disabilities.					
5	Groups are managed and organized by members themselves					
6	Groups are well adjusted to capacities and meet the needs of all group members					

7	People with leprosy related disabilities who are group members are respected and fully functioning in local community					
8	People with leprosy related disabilities are full involved and participate in group activities.					
9	People with leprosy disabilities have access to loan just like other group members.					
10	Loan provided charge a fair rate of interest.					
11	People with leprosy related disabilities (group members) use the loan in accordance to the objective.					
12	Loans are provided at the right time (when needed by group members).					
13	Loan amount provided by Community Based Rehabilitation Committee satisfied.					
14	Group members (including people with leprosy related disabilities) feel obligation to pay back loan.					
15	People with leprosy related disabilities who took loan have established income generating activities.					
16	People with leprosy related disabilities manage small business just as other group members.					
17	People with leprosy related disabilities sell and buy things just like other community members.					
18	The established income generating activities enable them to provide their families with all basic needs.					
19	People leprosy related disabilities that are running income generating activities recognized to be capable as other community members in equal conditions.					
20	Loans are more appropriate for those who have business skills, business experience particularly if they have					

	business already.					
21	Microcredit and entrepreneurship skills trainings are provided to group members before disbursing loans.					
22	Local government authorities provide technical support and financial support to Community based Rehabilitation committee and groups.					

APPENDIX 2: INTERVIEW GUIDE

1. What are the effects of integrated savings and credit groups in reducing stigma from the perspective of people with leprosy related disabilities?
2. To what extents do persons with leprosy related disabilities (group members) are able to establish and run income generating activities?
3. To what extent do persons with leprosy related disabilities (group members) have access to micro credit and entrepreneurship skills trainings?