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<p>Abstract: This paper aims to understand grassroots responses to COVID-19 and how they impacted the well-being of low-income informal communities in Dar es Salaam. An exploratory qualitative research design was adopted in the informal settlements of Ubungo Kisiwani and Hanna Nassif in Dar es Salaam, where respondents were interviewed using semi-structured questionnaires. Focus group discussions were held with selected members of the community, including women groups organized with the support of the Mtaa (sub-Ward) and Ten cell leaders. The selection of respondents took into account the socio-economic and spatial characteristics of the two communities. Although Tanzania's response to COVID-19 was based on partial lockdown, the measures led to temporary retrenchments and curtailed movements, grossly undermining household incomes and overall wellbeing. The livelihood activities including the petty trading of many urban poor suffered huge losses leading to the closure of many stalls and other vending outlets. Likewise, several low-salaried persons, including employees in the hospitality industry, long-distance transport drivers, guards and other auxiliary staff employed in various firms were temporarily retrenched owing to the poor business environment. Severely affected households experienced challenges of the inability to pay for basic services. The social capital deployed by the grassroots actors, together with the community-led social support services were crucial safety nets, particularly for the most vulnerable. These have to be acknowledged, nurtured and coordinated. The mixed land uses in informal settlements proved useful in providing convenient access to basic needs required by households; reducing the need to travel outside ones' neighbourhood and thus enhancing the resilience of the communities. However, action is required to check unregulated densification processes in informal settlements, which are gradually depleting outlets of food and other basic services.</p>	

Understanding the Impact of COVID-19 Partial Lockdown in Tanzania: Grass-roots Responses in Low-Income Communities in Dar es Salaam

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Abstract

This paper aims to understand grass-roots responses to COVID-19 and how they impacted the well-being of low-income informal communities in Dar es Salaam. An exploratory qualitative research design, using semi-structured questionnaires, was adopted for use in Ubungo Kisiwani and Hanna Nassif settlements. Focus group discussions with select members of the community, including women's groups, and *mtaa* (sub-ward) and ten-cell leaders, were held. The selection of respondents took into account the socio-economic and spatial characteristics of the two communities. Although Tanzania's response to COVID-19 was based on partial lockdown, these measures led to decline in income and loss of livelihoods among the poor. Likewise, several low-income persons, particularly those working in the hospitality industry, were temporarily retrenched owing to the poor business environment, severely undermining their ability to pay for basic services. The largely collective but limited social capital deployed by grass-roots actors were crucial safety nets for the most vulnerable. These have to be acknowledged and coordinated. Mixed land use in informal settlements also proved useful in providing convenient access to the basic needs of households; reducing the need to travel outside one's neighbourhood, thus enhancing the resilience of the communities.

Keywords: COVID-19, partial lockdown, informal settlements, social capital, livelihoods

1. Introduction

Inadequate potable water, poor sanitation services, high housing density, poor ventilation and widespread poverty make informal settlements potential areas for the rapid spread of diseases such as COVID-19 (Corburn et al., 2020; Wilkinson, 2020; Dahab et al., 2020). In Tanzania, like in most other African countries, unprecedented urbanisation, coupled with the weak resource capacities of the public sector, have given rise to extensive informal settlements, and high housing density (Satterthwaite et al., 2020). At present over 75 per cent of the urban population

37 in most sub-Saharan African cities live in informal settlements, without adequate basic
38 infrastructure services (Saghir & Santoro, 2018). The outbreak of COVID-19 has exacerbated
39 public health risks, because, inter alia, overcrowded and poor housing cannot accommodate the
40 World Health Organization guidelines to contain the spread of COVID-19, such as maintaining
41 social distancing, frequent hand-washing and staying home if unwell with symptoms of COVID-
42 19 (Mwoka, 2020). For instance, because the well-being of most low-income households
43 depends on their ability to travel to areas where their sources of livelihood are located, total
44 lockdown measures grossly undermine access to basic needs such as food, particularly for the
45 most vulnerable residents (Megersa, 2020; Resnick et al., 2020). Most vulnerable groups also
46 depend on local support systems that include access to local market outlets and community
47 actors that are willing and prepared to assist them. This paper provides insights into the
48 precarious conditions that marginalised groups living in informal settlements are subject to
49 during pandemics and the collective community-led responses that are making a difference. It
50 also highlights areas for policy and action necessary to enhance the resilience of low-income
51 communities. This includes building upon the substantive social capital to mitigate the adverse
52 effects of pandemics and other similar crises in the future.

53

54 **2. Understanding the Role of Social Capital in Grass-roots Organisations**

55 Responding to public health and socio-economic challenges associated with COVID-19 requires
56 collective and coordinated effort that acknowledges the role and position of community
57 institutions and other stakeholders (Wilkinson, 2020). This is particularly so for cities such as
58 Dar es Salaam, where public support for the poor is underfunded due to resource paucity
59 (Ajwad et al., 2018), basic infrastructure deficits, lack of reliable data on the number of
60 infections and hotspots, and most importantly, lack of formal social security systems (Bond,
61 2020; International Institute for Environment and Development [IIED], 2020; Chitekewe et al.,
62 2020). Appreciating the potential of community actors enhances opportunities for ensuring that
63 the voices of those who will be most affected are heard and addressed in the mitigation strategies
64 (Marston et al., 2020). Prins (2021, citing Hawkins & Maurer, 2009, Elliott et al., 2010) reports
65 that social capital can help provide access to information and resources required in a community.
66 Besides, social institutions, including faith-based organisations (FBOs), can mobilise support
67 from within and outside the organisation.

68

69 In whatever form the state decides to engage with stakeholders, especially local communities, the
70 focus ought to be on appreciating their social capital and building upon their potential,
71 knowledge, networks and experiences. Social capital, especially trust, norms and networks with
72 various local actors, can facilitate the delivery of emergency support services, such as food,

73 medicine, drinking water and cleaning materials to the most needy and vulnerable (Manzoor et
74 al., 2022; Wakiaga, 2020; Osuteye et al., 2020). Ijjasz-Vasquez et al. (2020) report that local
75 community groups in Kibera, Nairobi, have provided hand-washing facilities, community toilets
76 and clean water kiosks. Similar actions have been taken by communities in Sudan, where local
77 institutions are making and freely distributing homemade sanitiser to residents.

78
79 In doing so, social networks help mitigate the adverse effects of disasters where public capacities
80 are lacking or limited (Villalonga-Olives et al., 2021). This is important considering that the bulk
81 of urban inhabitants in Dar es Salaam (73 per cent) live below the poverty line (Mwoka, 2020),
82 and earn their livelihoods from multiple sources, many of which are located outside their
83 settlements (Kombe, 2017). Often, local community leaders at the ten-cell,¹ *mtaa*,² and ward
84 levels in Tanzania are aware of the needs of the most vulnerable households in their
85 neighbourhoods (Kombe & Kreibich, 2006). In the absence of a social security system in most
86 sub-Saharan African countries, Tanzania being no exception, community institutions and actors
87 are important safety nets that provide desperately needed support services, particularly to
88 marginalised groups (Fransen et al., 2021).

89
90 Marston et al. (2020) observe that engagement with communities also provides a basis for
91 putting in place a framework for preparedness to address the outbreak of future pandemics.
92 Experiences from the response to the 2014–2015 Ebola virus epidemic in West Africa show that
93 communities can also play a critical role in managing rumours and stigmatisation associated with
94 disease outbreaks (Marston et al., 2020; Burki, 2016; Campbell, 2017). However, effective
95 engagement with local communities requires appropriate mechanisms for sharing information,
96 monitoring and reporting.

97
98 Urgently addressing the imminent threat of COVID-19 requires that the central and local
99 governments, and other key stakeholders recognise and build upon the experiences of local
100 communities and other grass-roots institutions. The emphasis on engagement with communities
101 does not compromise the role of the central and local governments as the lead actors in devising
102 and putting in place appropriate macro policy environments and mechanisms for information
103 management and reporting. Besides, the state is also the lead actor in mobilising resources and
104 prioritising the delivery of basic services in deprived areas.

105

¹ A ten-cell is the smallest administrative unit of a sub-ward, created during the single-party democracy. They are still operational but largely non-partisan.

² Sub-wards or *mtaa* are the smallest administrative units of the local government.

106 This paper aims to understand how COVID-19 has impacted low-income, informal communities
107 in Dar es Salaam, and especially how social actors at the grass-roots level helped communities
108 reduce the adverse effects of COVID-19 among the most vulnerable. This paper also discusses
109 how communities adapted to the general public health measures prescribed by the government
110 and their impact on the everyday lives of residents.

111
112 The overarching argument is that social capital is critical and can play an important facilitative
113 role in the mobilisation and use of existing local resources necessary to mitigate the adverse
114 effects of COVID-19, particularly in situations where public support is weak, and livelihoods of
115 the poor are disrupted, due to loss of capital, employment and income sources. In such situations,
116 social capital, including norms and values, structures, relationships, formal and informal social
117 groups, and networks held by individuals and communities, are critical engines of local
118 voluntary action.

119

120 **3. Methodology**

121 This study employed an exploratory qualitative, and where available, quantitative, approach to
122 data collection. Interviews were conducted with 43 respondents in Ubungo Kisiwani and 54
123 respondents in Hanna Nassif informal settlements using semi-structured questionnaires. Open-
124 ended questions provided complementary qualitative responses on the pandemic experience.
125 Most interviews were conducted during working hours. As a result, the majority (73 per cent) of
126 respondents were female, as men were often not at home. Indeed, given the traditional gender
127 relations and gendered division of labour, women are traditionally the carers in households. This
128 role may also extend into community mobilisation around mutual care and solidarity. Women
129 also predominate in informal sector income-earning activities. Thus, the high number of female
130 respondents may reflect a particular and informed view on grass-roots impacts and responses to
131 the pandemic.

132

133 The selection of respondents took into account the socio-economic and spatial characteristics of
134 the two communities, especially low-income households. A mix of homeowners and tenants, as
135 well as poor and better-off residents, was selected. A focus group discussion (FGD) was
136 undertaken, comprising six local leaders (three men and three women), selected from among
137 *mtaa*/sub-ward and ten-cell leaders. In addition, FGDs were separately held with two women's
138 groups. The groups were selected to give insight into experiences related to social support
139 engagement at the grass-roots level. The fact that two of the authors knew the community leaders
140 in the two settlements was an important factor that helped build rapport, facilitating easy entry
141 into the community.

142

143 A household survey was also conducted, in which local leaders helped identify early tenants and
144 homeowners, as they were familiar with the areas and members of the households. This was
145 important to elicit trust from respondents. Face-to-face interviews were held with the
146 respondents during field visits, and the online Open Data Kit (ODK) tool was used to prepare the
147 questions in the interview guide. All necessary precautions against COVID-19 were taken to
148 protect both researchers and respondents during the interviews.

149

150 **4. Findings**

151 **4.1 The Context of Hanna Nassif and Ubungo Kisiwani**

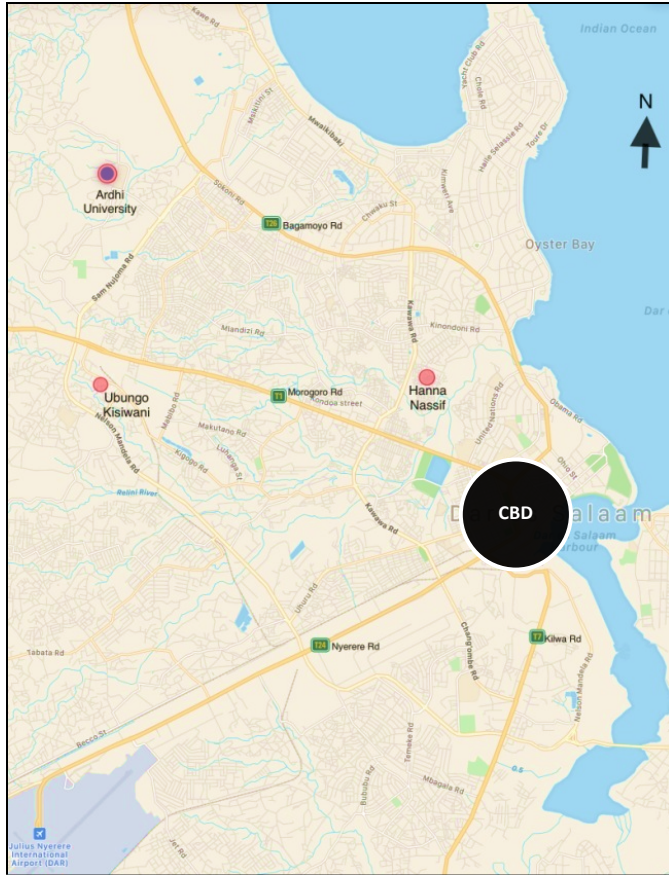
152 Hanna Nassif and Ubungo Kisiwani settlements are located close to the city centre (Figure 1)
153 and within key employment areas of Dar es Salaam. Over 70 per cent of the households in both
154 areas were low-income earners engaged in small-scale enterprises (like repair workshops), or as
155 vendors and petty traders, and casual labourers. According to the local government's
156 administrative structure, *mtaa* are administrative units of local government whose
157 responsibilities include coordinating and implementing the decisions of the government at the
158 local level.³ *Mtaa* leaders are also responsible for overseeing the security and safety of their
159 communities. This includes ensuring compliance with various government guidelines and
160 directives related to the containment of public health threats, such as those related to the COVID-
161 19 pandemic. In addition, local social groups, both formal and informal, were active players in
162 promoting community well-being.

163

164 **Figure 1**

165 *Map of Dar es Salaam*

³ Dar es Salaam city comprises five municipalities, namely Kinondoni, Illala, Temeke, Kigamboni and Ubungo. The municipalities are divided into wards and *mtaa* or sub-wards; the latter are headed by appointed and elected leaders.



166
167

168 As of 2021, Hanna Nassif had a population of 5,252, comprising 458 houses, whereas Ubungo
 169 Kisiwani had a population of 16,150 and 3,500 houses. Most of the houses in the two settlements
 170 are Swahili detached houses, which often accommodate several families, who may rent a room
 171 or two. In both settlements, the habitable rooms were occupied by an average of three persons—
 172 this is above the national average of two persons per room and thus indicates overcrowding.
 173 Hanna Nassif has 458 houses with 1,473 households, whereas Ubungo Kisiwani accommodates
 174 1,500 houses with 3,011 households, indicating an average of 3.2 and 2.0 households per house
 175 in the two settlements respectively. Most rooms in informal settlements were small and
 176 accommodated large families; maintaining social distancing was impractical (Gibson & Rush,
 177 2020). This was the situation observed in the two areas of study.

178

179 Like many other unplanned low-income areas, Hanna Nassif and Ubungo Kisiwani settlements
 180 are densely built (about 30 units/ha) and overcrowded, with very few outdoor recreational areas.
 181 Most parents in these settlements complained that children had to spend most of their time
 182 indoors, in the courtyard, or playing in the streets when schools were closed due to the COVID-
 183 19 pandemic. Men were observed congregating and playing cards on the verandahs in front of

184 their houses, in small outdoor spaces, or adjacent to corner shops. The female respondents
185 asserted they were experiencing overcrowding in their housing areas. One respondent said,

186 Our housing is overcrowded. I occupy only a room with my spouse and two children; the
187 couple in the other room has three children. We are more than 15 tenants living in four
188 rooms. We have only one toilet-cum-shower. The landlord has his toilet and a shower.
189 (Female, Ubungo Kisiwani)

190

191 With regards to water and sanitation, a fifth of the households did not have access to potable
192 water in the compound. They normally bought water from their neighbours. The rest had water
193 connections either in their houses or in the compound. Sanitation was generally poor in both
194 settlements with over 90 households using pit latrines, most of which were in poor condition and
195 lacked hand-washing facilities. All houses that accommodated multi-family households shared
196 toilet facilities. Like in many other low-income settlements, toilet facilities were shared by at
197 least three households. This was a common practice among low-income urban households.
198 Although the housing conditions in the two settlements may appear precarious, the lack of
199 alternatives forces people to tolerate them even in the face of a pandemic.

200

201 **4.2 Impact of the COVID-19 Pandemic**

202 Although the impact of COVID-19 in urban areas is still unravelling, studies conducted in the
203 two settlements have revealed some economic, social and environmental effects on the local
204 communities. These are briefly presented below.

205

206 **4.2.1 Economic Impact**

207 Despite the adoption of partial lockdown to reduce the possible economic impacts of the
208 pandemic, the studies conducted in the two settlements revealed that over 60 per cent of the
209 active labour force in both settlements were engaged in employment and income-generating
210 activities outside the two settlements. They had to commute daily to and from their areas of work
211 to earn their livelihoods. Following the outbreak of the pandemic, most income and employment
212 activities, including those of low-income households, were either operating at a loss or
213 temporarily closed. A food vendor (*mama ntilie*) in Ubungo Kisiwani noted:

214 Before the coronavirus, I used to earn TSh. 30,000–40,000 per day. I had to stop selling
215 food because my main customers were industrial workers and truck drivers, the majority
216 of whom have been temporarily retrenched due to low business activities. Following this,
217 I hardly earn TSh. 10,000 per day.... Sometimes, I sold nothing at all....

218 I am a stay-at-home wife while my husband works in a transport company dealing with
219 cargo trucks going outside of the country (Uganda, Kenya, and Zambia). Their company

220 stopped working due to transport restrictions and barriers during the coronavirus. His
221 salary per month was TSh. 200,000; losing his job made him start looking for
222 opportunities somewhere else and now he works as a casual labourer in construction,
223 where he earns less than TSh. 10,000 per day. We used to have three meals per day but
224 now we have to take two to match the budget to what my husband currently earns. We
225 take late breakfasts; say around 11 a.m. instead of 8 a.m., and have late lunches around 4
226 or 5 p.m. instead of 2 or 3 p.m., like we used to. I have also minimised unnecessary
227 expenses such as luxury goods (e.g., cosmetics, soft drinks). Generally, our lifestyle has
228 changed a lot but we are coping with the situation while hoping for things to get back to
229 normal soon. (Female, Ubungo Kisiwani)

230

231 Owing to economic hardship, poorer families were forced to reduce their meal intake. The
232 majority reported taking two meals per day instead of the normal three. The quote above points
233 to the diversification of jobs to mitigate hardships, namely, opting for a lower paying job such as
234 casual labour. Before the outbreak, 67 per cent and 42 per cent of the respondents in Hanna
235 Nassif and Ubungo Kisiwani respectively depended on informal business activities, such as food,
236 vegetable and fruit vending, small repair workshops and tailoring, as their main source of
237 income. Formally employed and salaried people accounted for about 20.4 per cent and 16.3 per
238 cent in Hanna Nassif and Ubungo Kisiwani respectively. The rest were reportedly either working
239 as casual labourers, were unemployed, or largely dependent on their close relatives. About 65.2
240 per cent and 52.8 per cent of the respondents in Hanna Nassif and Ubungo Kisiwani respectively
241 did not have stable sources of livelihood, suggesting that the pandemic had a severe impact on
242 households.

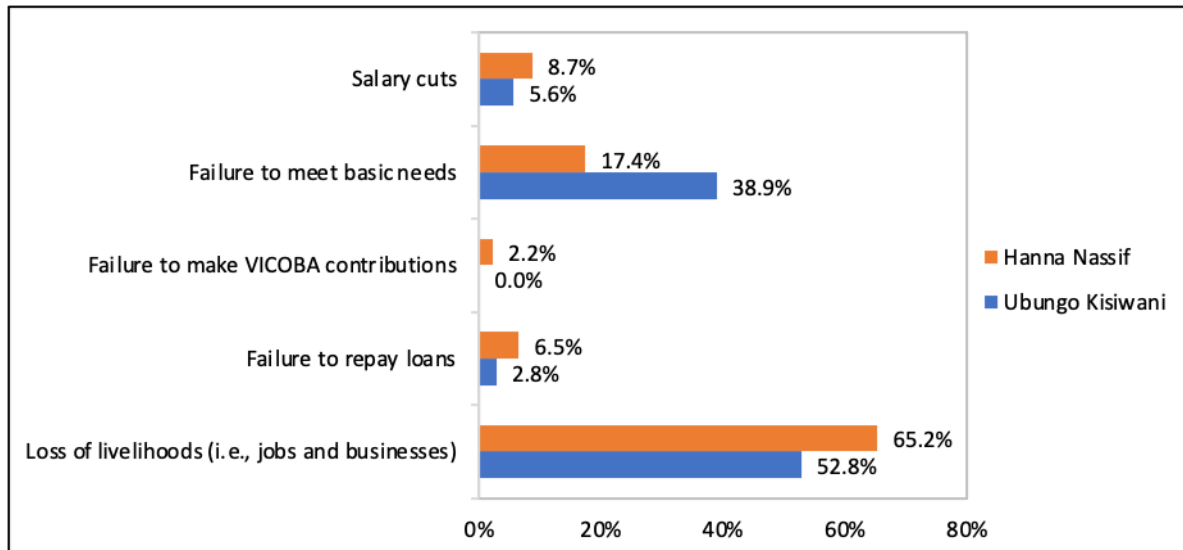
243

244 Respondents reported economic hardships associated with the pandemic, such as failure to pay
245 rent, loans and contributions to microcredit associations like village cooperative banks
246 (VICOBAAs), due to declining household incomes (Figure 2). Women were particularly hit by the
247 decline in income, and women who spent more time in the house, within the compound, suffered
248 most (Kombe, 2017). As the main carers of children and the elderly, women struggled to meet
249 their basic needs, including food.

250

251 **Figure 2**

252 *Economic Challenges Associated with the COVID-19 Pandemic*



253

254

255 Respondents who were employed in informal businesses or as casual labourers were earning
 256 between TSh. 10,000 and 30,000 (i.e., between USD 4.3 and 12.9) per day before the outbreak of
 257 the COVID-19 pandemic. Few earned more than TSh. 30,000. Following the outbreak, business
 258 activities slowed down, leading to a 10–30 per cent decline in income among the low-income
 259 groups who were earning between TSh. 10,000 and 30,000 per day. Those who were earning
 260 above TSh. 30,000 per day reported a significant drop in income, of at least 50 per cent, to
 261 between TSh. 10,000 and 15,000 (USD 6.5) per day.

262

263 One of the respondents noted:

264 Majority of food vendors [*mama ntilie*] closed their businesses because most of their
 265 customers were either eating at home or had reduced their meal intake to cope with the
 266 decline in income. Individual households also had to cut down on meals. Moreover, fruits
 267 are now a luxury among most households. The only fruits I sell a lot are oranges and
 268 lemons. COVID-19 has made these fruits “hot cakes” because there is a belief that these
 269 boost one’s immunity against COVID-19. (Female, vegetable vendor, Hanna Nassif)

270

271 Due to the closure of business activities and the consequent loss of income, most of the
 272 respondents asserted that they were unable to meet the basic needs of their households. Coping
 273 mechanisms included soliciting financial support from friends and relatives, and negotiating with
 274 landlords/ladies to postpone payment of rent. In some cases, tenants were evicted, whilst in
 275 others, they decided to go back to their villages because of their inability to pay room/house
 276 rents. A male houseowner respondent in Ubungo Kisiwani elaborated:

277 One tenant who works as a food vendor wanted to vacate the rented room as she could
278 not any longer pay the rent. However, she negotiated with me and I allowed her to pay in
279 monthly instalments instead of the usual six months up front.

280 Another respondent added:

281 Just before the partial lockdown, there was a rush, especially among the affluent, to buy
282 and stock food, such as rice, cooking oil, beans, etc. Also, medication that was said to
283 help COVID-19 patients, including antibiotics and antihistamines, was stocked, leading
284 to high prices and scarcity in some areas. (Female, Ubungo Kisiwani)

285
286 FGDs invariably revealed that poorer households were hit harder than the better-off households,
287 mainly because they barely had savings.

288

289 **4.2.2 Local Social Support Responses**

290 Despite being relatively low-income settlements, the two local communities took initiatives to
291 reduce vulnerability, especially among the most vulnerable households. The evidence from
292 Ubungo Kisiwani and Hanna Nassif shows that the communities did not sit and wait for support
293 from the central and local governments. The *mtaa* and ten-cell leaders used their positions and
294 networks to solicit support for the most vulnerable in their communities, to supply them with
295 basic needs such as food, clean water, soap, and basic medicament like vitamins. To identify the
296 most vulnerable, voluntary women's groups in the settlements used a list prepared by the social
297 support institution, the Tanzania Social Action Fund (TASAF), a government department
298 responsible for 'safety net' programmes in Tanzania. This list was used to extend cash
299 assistance, to enable houses to initiate income-generation activities. The list did not show the
300 most vulnerable households that were affected or required other forms of assistance. The latter
301 were mainly reached by individual households living close by or by FBOs. In terms of
302 organisations, women's groups and other support groups either worked with *mtaa* officials or
303 directly with the needy. Most of the items provided were in-kind donations from community
304 members. Respondents reported that there were no cash contributions from community-based
305 groups.⁴

306

307 Respondents also added that individual members of the community, as well as religious groups,
308 collected cash and materials to support the elderly and other vulnerable groups. This was done as
309 part of the charitable services of most religious groups. For instance, prayer groups in the Sinza
310 and Mbezi Beach areas of the city were reported to have mobilised their congregations to

⁴ Local communities often choose not to contribute cash and prefer in-kind contributions because of worries that cash contributions may be misused.

311 contribute food, clothing and cleaning materials to support poorer households within and outside
312 their localities. ‘In our prayer congregation, we occasionally collect contributions from members
313 to support the neediest. This is a common practice in our community,’ said one female
314 respondent in an FGD. Another elderly male said, ‘We contributed cash [TSh. 30,000,
315 approximately USD 12], which was equally distributed to the elderly and the sick during
316 COVID.’

317

318 A female respondent reported that children from better-off households in the Ubungo Kisiwani
319 settlement were encouraged to share food with their friends from poorer households. The
320 respondent further elaborated:

321 During lunch, my children would always come with their playmates from the nearby
322 households to share the meal. Initially, they used to wait at the gate until they were told to
323 come in. I decided to extend support to them because as a resident in this area, I knew
324 their families could not afford it.

325

326 These revelations underline the significance of social networks and local support systems, not
327 only in dealing with individual household matters that concern COVID-19 but also in
328 galvanising collective initiatives required to reach the most vulnerable, such as the elderly.
329 Similar observations where the ‘haves’ share meals with the ‘have-nots’ has been reported in
330 Ethiopia (Sakketa, 2020). Marston et al. (2020) add that community actors are critical in
331 enforcing compliance with the directives of partial lockdown and other prescriptions from the
332 top, but also in taking care of the most vulnerable, independent of the local and the central
333 governments’ plans. Similar community-led social welfare support services for the poor during
334 the pandemic were reported in other settlements in the city. However, community leaders in both
335 settlements complained about the weak linkage between the *mtaa* and the municipal authorities.
336 This, in particular, includes a lack of direct support services for the poor and up-to-date
337 information on COVID-19 trends in the municipality.

338

339 As noted earlier, at the time that the field studies were being undertaken in the two settlements,
340 there was no consolidated data or information at the *mtaa* or ward levels on the most vulnerable
341 households, or households that had to be supported to cope with the pandemic. However, ten-cell
342 leaders reported that they had identified nine households in Hanna Nassif and seven households
343 in Ubungo Kisiwani requiring social support.⁵ Support services from community groups and

⁵ Local leaders at the *mtaa* and ten-cell levels are normally expected to be aware of members in their community who need support because of old age, sickness or destitution. The leaders are connected by formal and informal networks that may also include links with other members, including other leaders.

344 FBOs were reported to have been channelled directly to the needy without being coordinated by
345 the statutory committees or departments dealing with emergencies and disasters at ward,
346 municipal or ministerial institutions.

347

348 **4.2.3 Social Interaction**

349 Life in African communities hinges on strong social interaction and gatherings that bring people
350 together to congregate, celebrate and share, as they navigate their everyday lives. This includes
351 voluntary contributions in cash and in kind to individuals and households facing hardships or
352 misfortune. The outbreak of the COVID-19 pandemic in Tanzania led to dramatic changes in
353 many socio-cultural norms (but not voluntary contributions and support) leading to the
354 suspension of public and social events that brought people together. Akwi et al. (2020) observed
355 that weak social interactions associated with pandemics such as COVID-19 disrupt cultural and
356 psycho-social values that nurture and hold communities together. The cultural norm among most
357 Tanzanians of greeting each other by shaking hands was replaced by bowing or elbow/arm
358 touching.

359

360 The suspension of social gatherings also implied that many men spent more time at home with
361 their families. Respondents in both areas asserted that men spent much more time supporting and
362 following-up on the performance of their school-going children. However, this did not seem to
363 have changed gender relations or households' care burden. The pandemic also seems to have
364 induced some changes in lifestyles. For example, the majority of male respondents noted that
365 they reduced routine visits to local pubs to meet friends because they were afraid of contracting
366 the disease. A male respondent in Ubungo Kisiwani noted:

367 Me and my friends used to go to a local pub almost every evening after work, but
368 currently we do not do that anymore due to the coronavirus. We just buy takeaway beers
369 and drink at home.... Although I am still getting used to it, I prefer this new lifestyle and
370 I think I'll continue doing this even after the coronavirus pandemic.

371

372 On the other hand, women respondents noted that they have reduced outings, visits to friends and
373 relatives, as well as shopping for non-essential and luxury items. Underlining this, a female
374 respondent from Hanna Nassif observed, 'Due to a decline in income, I cannot afford cosmetics,
375 hair braids and frequent outings with friends. Having experienced this for some time now, I have
376 realised that I could live with these changes and it would be just fine.'

377

378 The pandemic has had negative social and economic impacts on many households. However,
379 when safety nets, including networks and relatives, that could help cushion the shocks are
380 disrupted, the poor are made helpless. The following quote illustrates this:

381 I sometimes seek financial help from my friends and neighbours, but during this
382 situation, I cannot do that because I know everyone is facing similar difficulties. I think
383 the government should have taken measures to help the most vulnerable groups in
384 societies including low-income earners. Most importantly, those who have dependents
385 who are elderly and disabled should have been considered and given priority. (Male,
386 Ubungo Kisiwani)

387
388 These views represent the concerns of many respondents regarding the role of the state in
389 supporting poorer social groups during pandemics such as COVID-19. In the absence of reliable
390 data and information on the most vulnerable groups and their whereabouts, the needy can hardly
391 be reached.

392

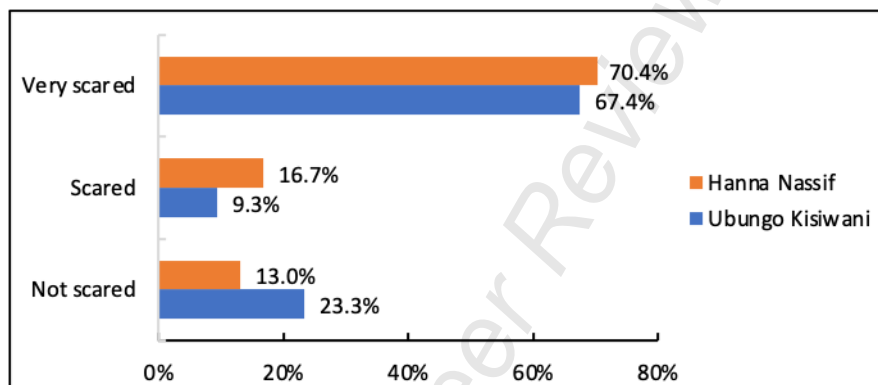
393 4.2.4 Fear, Panic, Stigma and Their Implications

394 The inhabitants in the two areas, like other persons in the city and elsewhere in the country,
395 reported that they were shaken by the outbreak of COVID-19 and more so by the terrifying
396 social media narratives and exaggerations of the various ways one could be contaminated by the
397 deadly virus. Asked about how scared they were about the pandemic, responses varied, as
398 indicated in Figure 3.

399

400 Figure 3

401 Respondents' Fear of COVID-19



402

403

404 Misinformation (especially the association of deaths and hospitalised cases with COVID-19),
405 isolation, quarantine conditions and medical protocols for handling COVID-19 patients were
406 reported to have been the main sources of fear, panic, stigma and psychological stress. For

407 instance, even persons with mild symptoms of flu or cold, such as coughing, were stigmatised in
408 public places. Most importantly, fear and stigma undermined collective efforts, causing loss of
409 social and emotional solidarity necessary to support each other and overall community well-
410 being (Mahmud & Islam, 2021). Stigmatisation and fear may complicate initiatives to manage
411 pandemics such as COVID-19 (Abuhammad et al., 2020; Osuteye et al., 2020; Muhumuza,
412 2020). This is more pronounced in a situation where sources of reliable information to counteract
413 misinformation are lacking.

414
415 While social media groups played an important role in disseminating information, particularly on
416 protection measures against the spread of the disease, where such information and data were
417 exaggerated, fear and panic escalated. Respondents noted that there were also social media
418 platforms that were dismissing misleading information about COVID-19 and played a
419 moderating role, reassuring and promoting hope and optimism, particularly among their group
420 members. This was especially seen in faith-based groups. A male local leader noted, 'In our
421 WhatsApp group, we used to receive and send each other reassuring messages and
422 encouragement, often with quotes from the Bible.' The members trusted each other, and were,
423 therefore, more willing to listen to information and facts shared in these groups.

424
425 Most respondents asserted that the early months of the COVID-19 pandemic were more
426 threatening and traumatising than the threat of HIV/AIDS, but over time, and with repetitive
427 government information campaigns asking people to be cautious but continue with routine
428 activities, the fear and panic declined. In addition, the government promoted calls and campaigns
429 urging the general public to use alternative therapies and homemade remedies for COVID-19.
430 These included the inhalation of steam of lemongrass and ginger to fight symptoms of
431 respiratory infection such as sore throat and coughing.⁶ Despite unresolved questions regarding
432 the efficacy of traditional herbal concoctions, respondents reported that the use of such remedies
433 was an important action, that reduced panic and enhanced mental well-being because the
434 concoctions were widely reported to have helped overcome symptoms of COVID-19 in infected
435 persons, as illustrated by one female respondent: 'I used a mixture of ginger, lemongrass, lemon
436 fruit and garlic several times a day. After several days, the sore throat, coughing and fever
437 disappeared.'

438

⁶ The era of the late President John Magufuli, from 2015 till 2021, was dominated by the denial and lack of appreciation for conventional medicine, including vaccination. The government of Samia S. Hassan that followed has instead gone down the same path as other countries, including running campaigns promoting vaccination.

439 FGDs with five women who were members of a social group in Hanna Nassif asserted that after
440 the call to use herbs, many adopted the steaming and the herbal mixtures routinely. The herbal
441 concoctions were also used alongside conventional medicines. The use of herbal remedies
442 alongside Western medicine for reducing the symptoms of COVID-19 has also been reported in
443 China (Ang et al., 2020). Traditional herbs have been used to cure many communicable diseases
444 in Tanzania and elsewhere in Africa. However, the prominence that herbal therapies received
445 during the COVID-19 pandemic cannot be dissociated from the political campaigns and the
446 position of the government on this matter.

447

448 **5. Discussion**

449 **5.1 Partial Lockdown Versus the Socio-economic Realities of the Poor**

450 Given the nature of the social and economic effects of the partial lockdown in Tanzania,
451 including a sharp decline in household incomes, loss of capital, closure of business activities, and
452 so on, it is apparent that total lockdown would have been catastrophic. This is primarily because
453 such a move would have made most low-income urban households unable to meet their basic
454 needs, including food. Loayza and Penning (2020) note that the measures applied in high-income
455 countries cannot be replicated in low-income countries. UN-Habitat (2020, p. 5) underscores the
456 risks faced by urban citizens working in the informal sector in periods of total lockdown, citing
457 the International Labour Organization's observation that lockdowns and curfews reduce working
458 hours and thus adversely affect the livelihoods of working people.

459

460 The decision to opt for partial lockdown and to encourage communities and those in the business
461 sector to continue with routine (livelihood) activities was well received by many, including low-
462 income communities. However, with unconfirmed reports on social media about COVID-19-
463 related deaths and infections, criticisms mounted against the partial lockdown, particularly
464 among elites from within and outside the country, especially from neighbouring countries such
465 as Kenya, Uganda and Rwanda, which opted for total lockdowns and strict quarantine measures.
466 While the full impact of the government-imposed partial lockdown is yet to be assessed, the
467 study has revealed the lack of a coherent policy framework that could have facilitated the
468 distribution of state interventions for households that faced hardships (beyond community-led
469 support). Anecdotal evidence shows that many households experienced hardships such as short-
470 term inability to repay loans and failure to pay for housing and utilities.

471

472 As one respondent put it, 'Had we opted for total lockdown, we would have died of hunger.'
473 This does not mean that partial lockdown had no costs—owing to the severity of poverty, the

474 government was faced with difficult trade-offs, especially to avoid options that would be more
475 economically devastating, particularly for the poor.

476

477 **5.2 Informality, Social Networks and Resilience**

478 The positive side of informality is often underrated by planners and policymakers, primarily
479 because it does not feature the physical fantasies or dream cities they have seen or wish to see
480 (Kombe, 2017). COVID-19 was a wake-up call that has shown that despite all odds, informal
481 settlements have contributed to communal resilience against the pandemic. This includes
482 convenient access to local outlets providing foodstuff such as vegetables, fruits, cereals,
483 dry/fresh fish, and so on, which most poor households require on a daily basis (Figure 4). Most
484 importantly, because such outlets are often widely distributed and within walking distance from
485 most households in a neighbourhood, they helped reduce unnecessary travel and interaction with
486 large crowds, thereby reducing the transmission of the disease. However, the ongoing
487 unregulated housing densification is increasingly displacing informal activities, including such
488 food outlets, and depleting outdoor recreational spaces, compounding public health problems.

489

490 **Figure 4**

491 *Stalls for Food and Other Household Items*



492

493

494 What is worth noting is that there is a strong link between social capital, social support networks
495 and the socio-economic well-being of low-income households. Addressing severe pandemics
496 such as COVID-19 in a situation where there is no formal social support requires collective
497 action, particularly at the grass-roots level, where social ties and networks play a critical role in
498 deploying this social capital to reach out to the poor, as demonstrated in Hanna Nassif and
499 Ubungo Kisiwani. This is particularly a concern in places such as in Tanzania, where the state is
500 unable to provide social support to the most needy. In many ways, the social support services

501 provided by grass-roots actors are an attempt to fill the gap. For instance, the informal social
502 networks, which include better-off families, friends and neighbours, supporting the elderly and
503 children from poorer households with food and other basic needs, are critical safety nets that
504 cannot be overlooked. Sakketa (2020) argues that African governments have underlined the
505 potential of social capital in filling the gaps in safeguarding livelihoods threatened by COVID-
506 19.

507
508 However, the lack of consolidated data and information at the *mtaa* level on the number of
509 vulnerable households who require support during disasters can undermine initiatives to
510 consolidate such community-led social support systems. Besides, the long-term sustainability of
511 such welfare services hinges on the state's recognition of their value, as well as other structural
512 considerations such as the regulation of informal land markets and the provision of mechanisms
513 to build and maintain disaggregated databases, especially at the *mtaa* and ward levels. These are
514 areas where concentrated effort by the state and other actors is required. Bibby et al. (2020)
515 underscore the role central and local governments, grass-roots actors, private sector institutions,
516 and individual households have in enabling everyone to live a healthy and better life. These
517 actors have to coordinate if they are to effectively deal with the challenge of disasters like the
518 pandemic at the local level.

519

520 **5.3 Informal Settlements, Upgrading and Mixed Land Use**

521 Crowded housing and public transport systems compound the issues of managing the pandemic
522 (Corburn et al., 2020). Adhering to social distancing in crowded houses/rooms with inadequate
523 basic services or hardly any outdoor recreational space is quite a daunting challenge. This
524 suggests the need for prioritising the upgradation of basic services in informal settlements and
525 introducing soft regulations (bylaws and 'the dos and don'ts') to check excessive housing
526 densification and maintain mixed land use.

527

528 **6. Conclusion**

529 The outbreak of the COVID-19 pandemic has worsened livelihoods, and threatened incomes and
530 existing employment. Tanzania's public health response to COVID-19 was based on partial
531 lockdown and restricted movement, resulting in severe socio-economic impacts, particularly on
532 the poor. Many income generation and employment activities were either closed or operating at a
533 loss, leading to retrenchment. Likewise, small petty trading and informal economic activities
534 were hit hard by the partial lockdown. This suggests that total lockdown would have had much
535 more severe socio-economic impacts.

536

537 The importance of consolidating social capital, especially the community-led social
538 infrastructure, mobilised to support the well-being of the most vulnerable, cannot be
539 overemphasised. The social infrastructure observed in the two settlements, if mobilised, can
540 enhance individual and community resilience, and the ability to prepare for and respond to
541 disasters such as the pandemic (Makridis & Wu, 2021). In the absence of formal social security
542 systems or state interventions to support the neediest, such community-based social support
543 systems can play an important role in mitigating the adverse effects of a pandemic by providing
544 basic supplies, data and information, and advocating for public support. The extra load that
545 women in the settlements shoulder requires recognition and capacity building of the social
546 capital exhibited. It also requires concentrated efforts at different levels of society to address the
547 socio-cultural norms which tend to release men from caregiving responsibilities at the household
548 level.

549
550 However, inadequate coordination and lack of guidelines to support the operations of these
551 grass-roots initiatives is a real gap that seems to undermine efforts to boost the resilience of low-
552 income communities against the pandemic. This requires not only a more mainstream role for
553 local governments in managing disaster risks, but also in building cross-sectoral partnerships. In
554 cities such as Dar es Salaam, where informality in terms of housing and livelihoods dominates,
555 the challenges of mitigating the effects of pandemics are growing with housing densities. The
556 pandemic has affected different social groups differently, with women and children bearing the
557 brunt, because of the gendered nature of responsibilities at the household level, which are
558 patriarchal in African communities.

559
560 Unregulated densification in informal settlements is making living and working conditions more
561 precarious, compounding the problem of managing the pandemic. Unless this trend, largely
562 driven by unregulated land markets, is managed, in the long run, informality will not be able to
563 deliver these services. These are challenges that grass-roots institutions cannot deal with without
564 concentrated efforts by the local and central governments, who need to intervene and provide
565 policy and other operational guidelines necessary to improve governance of land development in
566 informal settlements.

567
568

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