Cities and Children

The Challenge of Urbanisation in Tanzania

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Cities and Children:

The Challenge of Urbanisation in Tanzania

Foreword

Tanzania's cities are growing fast. Already one in four children lives in an urban centre, and the proportion will rise in coming years. Growing up in a city or town can offer these children a brighter future – or condemn them to a life of poverty and social exclusion.

From many dimensions of child well-being, Tanzania's rural areas are catching up with cities. Increasing demand fuelled by population growth has outstripped city's ability to provide social services and infrastructure. As urban performance stagnates and even declines, it is likely that children in poor, under-serviced communities are being hit hardest.

In the midst of growing urban affluence, urban poverty remains largely unnoticed. Yet it is estimated that between one in four families in Dar es Salaam and one in six families in other urban areas around Tanzania live below the poverty line. In some places up to 80 per cent of urban residents live in overcrowded, unplanned settlements that lack clean water and adequate sanitation. Children play in heaps of garbage littered with dangerous and even toxic materials. Their families, dependent on unreliable incomes but facing high costs for food, housing and other necessities, cannot afford quality diets, schools or health care. Children's well-being is at constant risk from a host of social, physical and environmental ills – as well as from human predators that prey on those least able to defend themselves.

It is true that cities enjoy an edge over rural areas: services, infrastructure and amenities are more readily available; by offering more avenues for jobs and education, urban centers can provide children with greater opportunities. But this 'urban advantage' is not shared by all city dwellers. Good quality services and facilities, such as schools and heath dispensaries, are distributed unequally across the urban space, usually concentrated in affluent areas.

Urban centers must seek ways to exploit their advantage – or watch it fade. Competent, accountable and equitable local governance can make the difference between a city friendly to children and one that is indifferent to their needs and rights. Local governments can pave the way for a better quality of life for today's urban child and future generations – for example, by easing the way for families to acquire land and build a home; by improving planning and oversight to prevent the proliferation of informal settlements; by allotting more space for trash removal, upgraded latrines and paved roads; by investing in wider distribution of water, electricity and public transportation; by removing the obstacles that bar access by the urban poor to resources, services and infrastructure; and by cracking down on those who rob children of the protection from harm to which they have a right.

Creating an environment friendly to children in every town and city of Tanzania is not only a laudable goal, but a sensible choice and economic imperative for municipal authorities around the country. Local authorities, communities, families and children must work together to transform today's often hostile urban settings into clean, safe environments where both children and adults can thrive.

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Preface

By 2050, seven out of ten people in the world will be living in urban areas. To call attention to the challenges that unrelenting urbanisation can pose to children, the *2012 State of the World's Children,* UNICEF's global flagship publication, has focused on *Children in an Urban World.* Tanzania is relatively less urban than many countries around the world, but by the same token it is urbanising faster than most. Because we think it is an issue that merits serious consideration, we are offering the present study as a companion volume to the *2012 State of the World's Children,* and a contribution to a debate on how Tanzania can best manage urban change for the benefit of all of its children and their families.

layout and publication of this study, as well as the preparation of additional advocacy materials. Christopher Kallaghe provided critical administrative and logistical assistance.

Our greatest debt, however, is to the many children and adolescents who shared their stories for this report – and whose lives, as well as those of future generations of Tanzania's urban children, we hope the report will contribute to improve.

Dorothy Rozga
Representative, UNICEF Tanzania

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Executive Summary

Cities are becoming home to a growing proportion of Africa's children. In Tanzania, already one in four lives in an urban centre – and many more will in coming years. Within the short span of a generation, more than one-third of Tanzania's children will be raised in a city or town. Growing up *urban* can offer these children the chance for a brighter future, or the grim conditions in which so many are now living in the sprawling cities of the continent.

Increasingly urban

Tanzania is more urbanised than it perceives itself to be. Urban Tanzanians feel emotionally rooted in their villages of origin, rather than in the cities and towns where they live. Despite this perception, conditions that are typical of urban areas are more widespread across Tanzania than official figures disclose. Extensive, heavily populated areas are often counted as 'rural' simply because they are not officially classified as 'urban'. Nestled in one of the world's fastest urbanising region, Tanzania itself is urbanising fast. Nearly half of its urban population is already, and will continue to be, made up of children younger than 18 years.

As urbanisation rapidly transforms Tanzania's physical, social and economic landscape, attention must be paid to the conditions in which new generations of Tanzanian children will be raised. Far too many are living in overcrowded informal settlements that lack clean water and adequate sanitation. They play in heaps of garbage littered with dangerous and even toxic materials. Their families cannot afford quality food, schools or health care; their health and well-being are constantly at risk from mosquitos and other pests that thrive in unsanitary environments – as well as human predators that prey on those least able to defend themselves, exposing children to violence, abuse and sexual assault that increase their risk of HIV infection. Tanzania's urban children today are more often exposed to the ugly underbelly of city life than to its potential advantages. Fulfilling the rights and aspirations of these children will be a major challenge; careful and timely preparation is needed to address it adequately.

Urban advantage

The challenges posed by urban growth continue to receive scant attention from policy makers, due partly to widespread belief in an 'urban advantage' – the idea that compared to rural residents, city dwellers are *invariably* better off. It is true that cities enjoy an edge: high concentration of people, proximity and economies of scale permit cities to become engines of growth. Facilities, services, infrastructure and amenities are more readily available in urban than rural settings. Urban centres offer more avenues for jobs and education, and can provide children with greater opportunities for survival, growth and development. Economic resources and political visibility enhance the scope for investments in critical services and infrastructure that can make service provision less costly and more widely available than in Tanzania's vast and sparsely populated hinterland. Urban areas are also hubs of technological innovation and social interaction. It is no wonder that children and young people are often attracted to cities, where they can draw from resources that are denied to their rural peers.

City promises… and realities

But for many urban children, the notion of an unqualified 'urban advantage' simply does not hold true. Life in the sprawling, unplanned informal settlements of most Tanzanian cities does not match the promise that urban life is supposed to fulfil. The misconception according to which urban dwellers must invariably be better off than rural people stems partly from the tendency to equate *availability* of services with *access* to them. But in most cities adequate facilities and quality services are distributed unequally across the urban space, concentrated in affluent areas that tend to attract the most qualified teachers, health workers and other service providers. Meanwhile, the less well-endowed schools and health facilities are located in the poorer parts of a city – the unplanned settlements where up to 80 per cent of urban residents live, most of whom cannot afford to pay fees and other costs for services. The truth is that the 'urban advantage' is not shared by all city dwellers.

Only a limited few can afford services and amenities that would be unthinkable in a rural setting; the majority not only experience levels of deprivation not unlike those affecting rural children, but a host of social, physical and environmental ills that are specific to an urban context – contaminated water and polluted air, traffic congestion and noise, cramped living conditions in substandard shelters built along riverbanks, on steep slopes or dumping grounds, untreated waste washing away into waterways, lack of safe places for children to gather and play, among other troubling signs of urban malaise.

Narrowing gaps

Official statistics that compare overall conditions in rural and urban areas tend to mask the actual living conditions of poor urban dwellers. Even so, they indicate that the vaunted urban edge is eroding with the passage of time. For many dimensions of child well-being, Tanzania's rural areas are catching up with cities, where the provision of social services and infrastructure has not kept pace with the growing demand generated by rapid urban growth. For instance:

- Availability of basic services, expected to be higher in urban centres than remote rural areas, has been declining. Consequently, the traditional performance gap across the rural/urban divide has narrowed for many indicators in education, health, nutrition, water and sanitation. In some cases rural areas now outperform urban centres.
- As urban performance stagnates and even declines, it is likely that poor, under-serviced communities are being hit hardest. Although aggregate figures for urban and rural areas prevent detailed analysis of intra-urban disparities, evidence from low-income urban communities – on access to basic services and on health and education outcomes – suggests that poor urban children may often be faring worse than rural peers.

Hidden poverty

Despite these trends, national policy and programme frameworks continue to mostly target rural poverty, perceived as the nation's core development challenge. Urban poverty, growing alongside urban affluence, remains mainly unnoticed and, therefore, unaddressed. By depicting rural and urban *averages* that obscure the disparities so prevalent in cities and towns, official statistics largely miss out on the conditions of the urban poor and their children. Moreover, standard measures of poverty typically underestimate its true extent in urban settings, where families have to incur high costs to afford not only food, but also housing, schooling, health, transport and other necessities. In a monetised urban economy, all necessities have to be purchased with cash, a rare commodity when jobs are irregular and poorly paid. Hidden in official estimates and tucked away in peripheral urban fringes, poor children thus run the risk of remaining invisible in development policy and investments. Gathering and analysing *sub-municipal data* must be a priority for planners, service providers and communities; local-area data can help to reveal the actual conditions in which poor children live, as well as the inequalities that exist side by side within the confines of a city.

An urban future

Urban growth is projected to continue in coming decades, and could even accelerate. If the current predicament facing Tanzania's urban centres is not addressed now, conditions will likely deteriorate. As density increases and unplanned settlements become more congested, investments in facilities, services and infrastructure are likely to become costlier, both financially and socially. Unless it is leveraged properly, the potential advantage that cities can offer could turn instead into a *disadvantage*. Already Dar es Salaam has one of the highest proportions of urban residents living in unplanned settlements in all of sub-Saharan Africa. If present trends continue unabated, Tanzania could then find itself facing a daunting scenario: not only are today's urban children exposed to one of the most hazardous environments imaginable, but climate change is poised to further increase their vulnerability. Clearly the future need not pose a threat. It is ultimately up to the current generation of Tanzanians to ensure that their children will get the best, while avoiding the worst that cities have to offer.

Urban governance

Urban centres must seek ways to exploit their edge – or watch it disappear. The difference will lie in how access to resources is managed in Tanzania's towns and cities. A competent, accountable and equitable system of local governance can make that difference. Good local governance can help overcome the disparities that bar access by the urban poor to resources, services and infrastructure: secure land tenure and decent housing, safe water and sanitation, quality education, adequate health care and nutrition, affordable transport. Good local governance can make the difference between a city friendly to children and one that is indifferent to their needs and rights. Municipal governments have the advantage of being close to their constituents; they could make the most of this situation by forming alliances with civil society groups, the media, private sector, community organisations and others, with the aim of improving the conditions in which poor urban families live. Accountable local authorities, proactive communities and children are key actors in a governance process seeking to create an urban environment fit for children.

Citizenship and participation

Children and adolescents have a right to express their opinions in both defining their problems and providing solutions. This is a right enshrined in the Convention on the Rights of the Child. Today, Tanzania's children and adolescents already take part in local governance processes. Some are active in Children's Municipal Councils, School Barazas and other grassroots institutions. But the majority are rarely consulted – at home, at school or in their communities. Listening to children's voices can inform local decision-makers about the world in which they live and how they see it, thereby offering a more nuanced understanding of "childhood" and how specific social, cultural and economic realities condition children's lives. Their scale and proximity makes cities and communities the most relevant place for genuine participation by children.

Child-friendly cities

It is ultimately in Tanzania's local communities that children's rights will be realised and global development goals will be met – in the family, the school, the ward, and the city. Cities offer an ideal platform for convergence of development interventions that normally target children independently, in a fragmented manner. Instead, they need to be delivered holistically, which is easier at the level where children live. Children's horizon is *local*. If development goals and children's rights are not implemented locally, they are likely to remain abstract declarations of intent, without practical translation.

Creating an environment friendly to children in every town and city of Tanzania is not only a laudable goal, but a sensible choice for municipal authorities around the country. Local authorities, communities, families and children can and must work together to transform today's often hostile urban settings into child-friendly cities – as cities friendly to children are ones that are friendly to all.

Introduction

By 2012 half of the planet's population is residing in cities or towns. In a few short decades, all regions in the world will be predominantly urban. UNICEF's *2012 State of the World's Children* notes that by mid-century seven of every ten people will live in an urban area.[1] Until now development experts have focused on rural areas as the main locus of poverty, but many of the rural poor now live in cities and this trend is likely to continue.

Africa: Least urbanised, fastest-growing

By global standards, sub-Saharan Africa displays modest levels of urbanisation, characterised by low population density and limited agglomeration. It remains the world's least-urbanised continent, with only one-third of the population living in cities – compared to a world average of one-half.[2] Africa's cities are generally small; there are only a few large metropolitan areas, even though the number of large cities has been growing over the past 30 years.

Sub-Saharan Africa is not expected to remain rural much longer. Its annual urban growth rate of almost 5 per cent is the highest globally – twice as high as Latin America and Asia. Despite low overall urbanisation, Africa's urban population is larger than that of North America or Western Europe. Over the next two decades, Africa's cities are forecast to become home to an additional 290 million residents, bringing the total number of urban dwellers to 590 million.[3]

If well managed, this trend could serve as an engine for progress and affluence among the population. But Africa already hosts the world's largest proportion of urban dwellers residing in low-income settlements – usually known as "slums." Informal settlements presently accommodate 72 per cent of all African urban dwellers, about 187 million people.[4] Alarming projections indicate that Africa's slum population is likely to double every 15 years.

The rapid urbanisation process that will reshape an entire continent requires the adoption of forward-looking policies to ensure that it benefits city dwellers equally – without neglecting the interests of the population remaining in rural areas. If change is not managed and governed in a timely way, hopes for reducing poverty through urbanisation could instead become what is known as the 'urbanisation of poverty'.

The 'urban advantage'

Urbanisation is often understood to be a precondition for development. Cities, with their industries and services, are engines of national growth, and those living there are believed to have an advantage over rural dwellers. History shows that the most affluent nations are the most urbanised. Linked with high concentrations of human and other resources, economies of scale, proximity and agglomeration, urbanisation boosts business and benefits households, helping to reduce overall poverty and open up opportunities for livelihoods and education.

It is often posited that population density and economic growth are directly correlated. In recent history, growth and development were accompanied by concentration and urbanisation. Vibrant cities unleash creativity and drive the progress of entire nations. Low urbanisation in Africa – particularly in Tanzania – has been criticised for hobbling economic growth within Sub-Saharan Africa, and between Africa and the rest of the world.[5]

Cities can offer children better opportunities for survival, growth and development than rural areas. Urban settings enjoy better economic opportunities, which normally ensure higher incomes, and greater scope for the government and the private sector to fund services and infrastructure. Density favours economies of scale to deliver essential social services. Urban areas are also hubs of technological innovation, social exchange and wealth production. Children and youth living in urban centres should be able to tap into resources that are largely absent in rural areas.

However, these opportunities are not equally accessible to all. The swelling numbers of young urban dwellers (5.6 million, or one of every four Tanzanian children) rarely find in cities the avenues to education, health, protection and shelter that they seek – and to which they are entitled, according to the Convention on the Rights of the Child (CRC). The vast majority are excluded and marginalised, live in poverty and have limited prospects for the future.

Policy-makers and development planners usually measure child well-being by comparing social development indicators for urban children with those in rural areas. The notion of an 'urban advantage' emerges as a result of statistical aggregates that reflect the concentration of resources around cities. Urban centres outperform rural areas in most dimensions of well-being,

such as income, years of schooling, and health status. These comparisons, however, are based on *averages* that tend to obscure differences *within* urban centres, which are sometimes staggering from ward to ward. When data for different wards of a given city are examined separately, poverty and deprivation in low-income urban areas is often more severe than in rural areas.

Unfortunately, this level of data disaggregation is rarely performed, leaving the impression among the public and policymakers that city-dwellers, as a group, are better off. As a result, poor urban children remain invisible and unrepresented in national and municipal development plans. They are lost in "national averages" and tucked away in peripheral neighbourhoods where they are exposed to the worst aspects of unrelenting urbanisation.

Cities and children

Children residing in informal, unplanned settlements in or near Tanzania's cities grow up in one of the most hazardous environments imaginable. Although food, services and infrastructure may be more available than is the case in rural areas, accessing them often requires cash payments that the poor cannot afford. Wealthier, more powerful groups tend to secure good quality health care, education and housing, leaving the poor and their children on the margins.

Urbanisation poses a major stress on the physical and social environment where children live. Population pressure erodes the amount of open space where they can play, intensifies car traffic and the danger of road accidents and causes air, soil and water pollution that threaten children's health.

Local governance

Cities can benefit by relying on the lowest level of government, the one that is closest to people's daily lives. Local authorities are in an ideal position to interpret the needs and aspirations of urban communities and promote development based on human rights, by translating principles of equity and universality into concrete governance practice. The implementation of children's rights in cities implies that municipal planning prioritises young people, focusing on the most deprived and unreached. This report calls upon local authorities to become "child-friendly", by promoting urban environments in which children's needs and rights are addressed.

Urban centres are now home to a growing proportion of Tanzania's children. Are cities ready to meet children's needs and fulfil their rights? Investment in health, education, water and sanitation, the creation of employment opportunities and strengthening of municipal governance systems are urgently needed if cities are to provide equal opportunities to the majority of the human family.

Cities can offer children the best and the worst. To put the urban advantage to work for children, cities need competent, accountable and equitable systems of governance. When governance systems fail to provide equal access to basic services and opportunities, urbanisation can become a distinct disadvantage. But when the gains of growth and development are shared by all, urban centres are better placed than rural areas to improve the quality of life of children and other residents.

This study aims to provide policymakers and others with an understanding of the impact of the current urbanisation trends on Tanzania's urban poor, especially children. The first chapter explores the rise of urbanisation in Tanzania, and the trend toward decentralisation of responsibility for social services. Chapter 2 briefly highlights the problems that could be faced in coming years if urgent action is not taken to address climate change. Chapter 3 addresses urban poverty, not only in terms of low incomes, but also the marginalisation and difficulties faced by the poor in acquiring sufficient quantities of quality food to meet the needs of pregnant women and growing children. Chapter 4 explores the obstacles faced by the poor in acquiring land and building a home, and the impact of growing up in informal urban settlements on children. The next three chapters examine some worrying trends with regard to urban services and infrastructure, with a focus on water and environmental sanitation, health and education. Chapter 8 discusses intrinsically urban phenomena that put children at special risk, such as child labour, trafficking, violence and street life. Finally, Chapter 9 addresses the issue of participation, pointing to ways in which a greater role for children and youth in decision-making could both improve urban planning and management and contribute to the rights and development of young people.

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Tanzania's Cities: Fit for Children?

Tanzania is a predominantly rural country within a largely rural region. Most of its population lives in villages, far removed from urban life. The country continues to perceive itself as the Tanzania envisioned in the post-independence "villagisation" model fostered by President Julius Nyerere. Yet urbanisation has been transforming the physical and social landscape: already one of every four Tanzanian children lives in an urban area, and one of every three babies born this year is likely to live in a city before reaching the age of 20.

A changing landscape

From "villagisation" to urbanisation

Like the rest of Africa, Tanzania is urbanising rapidly. About 27 per cent of the total population of nearly 46 million lives in an urban area and cities are growing at about 5 per cent a year – nearly twice the rate of the country's annual population growth rate (2.9

per cent).[6] With approximately 3 million inhabitants Dar es Salaam is in a class of its own – four times larger than the next largest city, Mwanza. The number of people residing in Tanzania's urban areas is expected to continue growing in coming decades, and could surpass 20 million urban dwellers by 2030. Unless action is taken now to address growing population density, the expansion of urban areas will far outstrip the capacity of services and infrastructure to accommodate the needs of future generations of urban Tanzanians.

The price of urbanisation

The shift from a village-centric, socialistic development pattern to a market-driven economic path relies on urbanisation as a necessary condition to unleash growth. Yet like other African countries, Tanzania has gained from urbanisation at a price. Environmental degradation and pollution, haphazard housing and informal settlement development, insecure land tenure and

deficient infrastructural development are some of the costs of rapid urbanisation. Neither the advantages that urbanisation has generated nor the price being paid are shared equally among urban residents. Places of concentration of wealth and resources, cities have benefited primarily those groups that possess the means and capacity to leverage economic growth, technological advances and modernisation.

Tanzania's Rural Self-Representation

The origin of Tanzania's sparsely populated settlement pattern can be traced back historically to a political model based on cultural self-determination and economic self-reliance rooted in rural development, rather than urban growth. Following Independence in 1961, Tanzania started witnessing migration from villages to its budding cities, where urban growth rates soared. But this trend collided with a new vision for the country promoted by President Julius Nyerere, who gave the initial imprint to Tanzania in the post-colonial era. Nyerere's independent Tanzania sought to preserve the country's rural character via resettlement policies supported by state ownership and allocation of land.

From 1967 to 1973 a uniquely Tanzanian system of African socialism, *Ujamaa*, emerged. *Ujamaa* villages were created to promote the utilisation of modern agricultural techniques in collective production, as well as to expand the provision of drinking water, healthcare and other services to the previously dispersed rural population. In 1974 'villagisation' or the grouping of population into centrally planned rural clusters, became the official, state-mandated development policy, leading to the resettlement of a large portion of rural communities into designated areas.

Socialist economic policies, supported by spatial distribution of the population in the vast rural hinterlands, prevented urban sprawl and reinforced the vision of Tanzania as a primarily rural land, a perspective that persists even in post-Nyerere times.[7]

Conversely, the human, social and environmental cost of urbanisation has been disproportionately borne by poor and marginalised groups, which reap the fewest rewards of growth. A majority of the urban population lives on unplanned land in substandard homes. In cities, where health care facilities, schools and transportation are most widely available and specialised, many have only limited access to such services. While job markets embrace upwardly mobile social groups, the large mass of the poor relies on precarious income from labour in the informal sector.

Tanzania's social and economic development is challenged by sharp inequalities not only between urban centres and rural areas, but also among different socio-economic groups residing within the same city.

Economic disparity is compounded by unequal access to basic services and employment opportunities. Poor education and few vocational opportunities help to trap the poorest urban dwellers and their children into a cycle of poverty.

Because urbanisation is poised to redesign the physical, social, economic and environmental landscape of contemporary and future Tanzania, these disparities must be monitored closely and efforts made to allocate key resources more equally. Home to the wealthiest and the poorest classes in the country, cities are intrinsically unequal, but statistical data tend to underestimate the extent of poverty and inequality in cities.

Acknowledging and understanding these gaps is a key step toward analysis of the determinants of urban poverty and design of more equitable and inclusive policies.

The underside of urbanisation is disproportionately more harmful to children, who often go hungry and become malnourished, drop out of school to work at menial jobs, and forego needed health care. Poverty and limited access to social services begin to put children at a disadvantage from an early age and can have a lifelong impact.

Migration and peri-urban development

Three main factors contribute to the growth of Tanzania's cities: *natural increase* (more births than deaths), *migration* and *reclassification* (an administrative procedure that confers urban status on land formerly considered rural). Migration from rural areas contributes only marginally to Tanzania's urban growth, just 0.6 per cent at the time of the last census in 2002. More significant has been the stream of people moving from one city to another. In most countries migration from rural areas is a key factor spurring urban growth, but in Tanzania rural migrants head primarily to peri-urban areas located outside local government authority (LGA) boundaries. Peri-urban fringes, characterised by lower population density, serve as an initial stepping-stone for rural migrants ultimately headed to a city. The migrants clustered in these peripheral areas are not counted as "urban," but rather as rural dwellers. Nevertheless, migration is a major source of urban growth.[8]

Migrants are often educated youth seeking more attractive job opportunities. When the destitute migrate, it is because they have no alternative, either due to rural decline or environmental calamity. Women have begun to migrate in response to urban demand for nannies, barmaids and workers in the entertainment and tourism industries.[9] Migrants also come from neighbouring countries, especially during unstable times.

In planning services for children and communities, it is critical to consider the role of urban fringes. They act as both a midway point for rural populations moving toward the city and a decompression chamber for urbanites experiencing unsustainable cost of living increases in city centres. Peri-urban areas have less structured settlement patterns than better-serviced urban locations. They provide ample opportunities for planning and for servicing the needs of incoming populations and young families. Planning schools, health centres, water and sanitation facilities, connectivity and housing in today's urban peripheries is necessary to prevent future uncontrolled sprawl, where provision of services and facilities is precluded by cost and lack of space.[10]

Seeking Bongoland

Children and youth below 25, representing nearly 64 per cent of Tanzania's population, are the most likely to seek education and employment opportunities in a city.[11] Even Tanzania's youth living in rural areas are connected to a global urban culture, by information, technological innovation, development aid and an increasingly globalised commodity market – all factors with a strong urban connotation. Many rural youth aspire to an urban lifestyle, which influences their music, fashion, food and lifestyles Young people are especially attracted to *Bongoland* (originally, Dar es Salaam), considered to be the city of *bongo* (brains), where the smart ones go to "make it".

Peri-urban belts can offer a lower cost of living and social networks that could help young migrants to integrate into urban life and gradually access housing, employment, services and other resources.[12] However, as cities expand they tend to push the poor farther and farther away from the centre – where jobs and services are available – to the margins of its fabric, effectively excluding them from employment and other opportunities. The expectations that young migrants carry with them when they leave their village homes do not always match the reality they experience, when migration may represent a change of location, not of circumstances.[13] If they remain and start a family, their children are liable to experience the same poverty and deprivation that led their parent to migrate.

As Tanzania's urban transformation progresses, there is a risk of further marginalisation of the poor as even the least desirable and costly peri-urban land is bought up – especially land located near transport and other services. When more affluent social groups move to the urban fringes, migrants and other groups residing there are forced to relocate to more distant, under-serviced locations.

Urban governance
How cities are governed

The growth and expansion of urban areas has demanded that municipal governments develop new institutional, legislative and regulatory frameworks. Tanzania's two-tier system of government consists of a central government, which frames policy, and local government authorities (LGAs) responsible for planning and implementation within their constituency. The Prime Minister's Office for Regional Administration and Local Government (PMO-RALG) supervises and provides resources to local authorities.

Local Governance

Local government in mainland Tanzania is organised into rural and urban authorities. The Local Government (Urban Authorities) Act 1982 establishes their composition, functions and legislative powers.[14] Urban government authorities with legal and autonomous status include cities, municipalities and town councils which, for administrative and electoral purposes, are divided into wards and 2,600 neighbourhoods *(mitaa)*.[15]

From a politico-administrative perspective, the Local Government Act defines the role that PMO-RALG is expected to play in urban areas and provides for the establishment of an urban authority in any area of mainland Tanzania. In parallel, the Ministry of Lands and Human Settlements Development (MoLHSD) guides the implementation of the National Human Settlements Development Policy 2000 (NHSDP), which provides a classification of human settlements.

The Government of Tanzania has embarked in a process of governance reform. The Decentralisation by Devolution Programme (1997) was undertaken under a newly formed multiparty system of governance, with the objective of improving overall service delivery by devolving roles and responsibilities from central to local government.[16] The reform promotes increased autonomy by the local government through bottom-up planning, with the aim of enhancing transparency and accountability in extending services to the community.

Financing local government

Urban local authorities have witnessed an increase in overall revenues and expenditures, mainly as a result of central government grants rather than revenues generated independently. Nevertheless, LGAs are a potentially critical mechanism for social sector programming, with responsibility in a number of areas concerning children.

Education accounts for the largest share of LGA revenues and expenditures. Out of the 2009-10 total LGA outlay, 49 per cent was spent on education, 14 per cent on health and 4 per cent for the water sector. Though the bulk of funding is for recurrent expenditures, local authorities' strong focus on health and education make them primary actors in promoting children's initiatives at the local level, including in urban areas.[17] A local government that succeeds in setting clear priorities for children on the ground has the potential to influence broader, more forward-looking policy development at the national level.

LGA Spending, Urban and Rural, in TSH Billion, FY 2009/10

Sector	TSH Billion	%
Education	1,103.4	49
Health	313.6	14
Agriculture	119.8	5
Roads	101.8	4
Water	96.6	4
Local administration	299.0	13
Other spending	240.0	11
Total	2,274.1	100

Source: PMO-RALG and Ministry of Finance 2012[18]

Urban LGAs levy from residents nearly five times as much revenue as rural LGAs, and also generate more of their own revenue. In 2006-07, intergovernmental transfers to urban LGAs accounted for 18 per cent, compared to 82 per cent for rural LGAs. Urban taxpayers contribute a substantial share of national revenues. Tanzania's redistributive intergovernmental transfer system, relying on a heavy urban composition of the national tax base, aims to redistribute resources from urban to rural areas.[19]

Recent trends have further weakened LGAs' own-source revenue mechanisms, already hampered by 2008 legislation that transferred responsibility for property taxes to the Tanzania Revenue Authority. Reducing LGAs' capacity to generate their own revenue risks undermining the autonomy of local government to intervene on behalf of its own constituents.[20] Empowering local authorities with greater fiscal capacity, through both inter-governmental transfers and self-generated sources, has direct implications for local government ability to provide services and facilities to better serve children and their families in their own communities.

Governance and civil society

A vibrant civil society can strengthen local governance and contribute to improving its management. Citizens are already active in municipal matters, a human resource that could be tapped more efficiently by creating opportunities for regular participation. A citizen survey on peoples' involvement in local governance found that 81 per cent of respondents voted in the 1999 local election, against a national average of 71 per cent. Overall, people viewed ward executive officers, village executive officers and council staff positively.[21] Another study found that men and the elderly are more active in local government leadership than women and youth. It also suggested that the majority of citizens (78 per cent) believe that local government reforms have contributed to improving service delivery in cities, although corruption was still deemed a major problem.[22]

Decentralisation is key to improving governance processes, based on the active involvement of local constituencies. Participation by local stakeholders is essential to addressing issues that affect the life of the community, which is often passive recipient of disabling policy decisions. Giving children, youth and women in poor communities a voice would provide a concrete channel to make decentralisation-by-devolution a reality, improving the quality of local governance and service delivery along the way.

HOW TANZANIA CAN IMPROVE GOVERNANCE IN CITIES

Exploit the urban advantage: Accountable and equitable local governance systems can make a difference by employing the urban advantage to benefit children and poor communities. Strengthening local governance can have a powerful impact on addressing poverty and improving access to basic services and infrastructure for children. To do so, cities need a strong economic base.

Accelerate reforms: To take on responsibility for planning and implementing social sector programmes, as mandated in recent governance reforms, local governments need a stronger mandate and additional resources to enable them to provide basic services that affect children's well-being, such as education, health, water, nutrition, sanitation, child protection and safety.

Support child-friendly cities: Urban partnerships to make cities child-friendly should be established between local authorities, non-government organisations, the private and business sectors, the media, donor and development agencies, and local communities. Children should be given an opportunity to participate actively in all phases of planning, execution and monitoring.

UNICEF/Jacqueline Namfua

The Urban Environment and Climate Change

Planning for a city's future must also take into account the impact of climate change. As populations grow and economic assets concentrate, urban areas become more vulnerable to the vagaries of climate. A recent case study on the impact of climate change on poor residents of Dar es Salaam – the epicentre of Tanzania's urban expansion – concluded that the national development model has not generated sustainable urbanisation. That is, the increased level of human activity is not being matched effectively by measures to protect an over-exploited urban environment.[23]

Cities are more directly exposed to the impact of natural hazards than sparsely populated rural areas. High concentrations of people, infrastructure and economic assets exacerbate the devastating effects of natural disasters. Communities settled along sea coasts, rivers or drainage areas are also especially vulnerable to extreme climatic events due to heavy rainfall and windstorms that cause tidal surges and floods that destroy human life and property. Climate change is expected to escalate current risks. Sea-level rise causes heavier storm surges and flooding, coastal encroachment and salt-water intrusion. Greater climate variability is likely to result in more frequent and severe storms, rain and drought.

Climate change and adaptation

The price that cities pay for climatic changes is borne unevenly by their residents. Informal settlements are particularly vulnerable to climate variability, which worsens already poor environmental conditions. Because shelters in informal settlements are often constructed on unsuitable land that is prone to flooding and erosion, they are bound to be more severely affected physically, economically and socially than homes in higher income neighbourhoods, which are usually situated in more elevated locations and protected by higher-standard construction.

Changing Temperatures

Climate change has been reflected in rising maximum and minimum temperatures. In Dar es Salaam such increase has been calculated over the past four decades and is projected to continue. High temperatures, combined with heavier rainfall, would translate into increasing humidity, with serious implications for health and environmental conditions in informal settlements, especially among children. There is also an indication that annual precipitation is declining. Rain variability and rainfall intensity have been increasing, and are expected to surge further.[24]

Drought, floods, high temperatures and other climatic factors contribute to further impoverishing poor urban households. They directly impact their livelihoods, which often rely on informal sector occupations on the streets or other exposed environments. The urban poor also suffer a disadvantage in their capacity to respond. They enjoy limited access to information, inadequate resources to overcome losses and weaker safety nets. In the case of evacuation, they are confronted with the additional risk of leaving their homes and belonging in unsafe conditions.

Climate change worsens the already poor health status of those who experience cramped living conditions, poor hygienic practices and lack of safe water. Children in low-income urban communities endure exposure to a number of ailments that originate from unhealthy surroundings. They are exposed to water-borne, vector-borne and parasitic illnesses, which are aggravated by worsening climatic factors. Increased humidity levels and ponding generated by rainfall tend to produce breeding sites for insects and parasites. Heavier rainfall caused by climate change, along with more frequent and severe droughts, are expected to further restrict the limited access that children already have to safe water in such settings, with inevitable repercussions on health, nutrition, hygiene and overall well-being.

Charcoal, the principal fuel employed by the urban poor, is a major greenhouse gas emitter. Its use in congested and poorly ventilated homes often leads to respiratory diseases, which are particularly dangerous in early age. Helping poor households to access alternative fuels would have a direct and positive impact on health conditions, air quality and deforestation.[25]

Tanzania's cities suffer from what has been called an *adaptation deficit* – meaning a reduced ability to cope adequately with existing conditions. This inability, in combination with urban planning that fails to incorporate disaster risk precautions, is likely to exacerbate future vulnerability – especially given urban population growth and the on-going concentration of economic assets.[26]

Rainfall and flooding

In informal settlements, heavy rainfall quickly turns into floods. Flooding tends to be more frequent and potentially devastating in a situation compounded by non-climate factors such as overcrowding and the blockage of rivers and canals by solid waste. These emergencies damage dwellings and public facilities, disrupt livelihoods, and cause loss of life and property. The December 2011 flood in the Dar es Salaam region, described as the heaviest in 57 years, was especially devastating, claiming the lives of more than 40 people and rendering over 5,000 homeless. Flooding in informal settlements limits the availability of clean water and leads to increased incidence of disease.[27]

Coastal cities are highly vulnerable to sea-level rise, and already suffer from degradation and salt-water intrusion; their ecosystems and the livelihoods of coastal communities are directly threatened by climate change.[28] Epidemics occur when people have insufficient access to safe water supply, rely on poor sanitation facilities, and are subjected to overflowing latrines due to a high water table. Many illnesses associated with poverty, such as cholera, malaria, dengue, lymphatic filariasis, fever and diarrhoea stem from degraded environmental conditions.[29]

Drought

Like the rest of the country, Tanzania's cities are drought-prone and experience recurrent dramatic emergencies, such as those of 2006 and 2008-2009. These extreme climatic events cause extensive damage to agricultural production and prolonged loss of electrical power, affecting industrial production. They also impact entire sectors, such as health, energy and transport, influencing both the well-being of people and economic growth. Projections indicate that a combination of increased mean temperatures and fewer rainy days per year could prolong dry seasons or intensify droughts.[30] Drought increases vulnerability in urban areas by reducing the availability of safe drinking water and contributing to food scarcity and higher food prices.

Yusto (13 years), Kinondoni District

"When it rains, the river floods and I can't cross it to get to school."

I am in Standard VII at the Hekima Primary School. Every morning I have to walk about 30 minutes to get to school. But during the rainy season it's not so easy to get to school. Also when it rains, our toilet which is located outside the house, always gets washed away.

We live next to the Mto wa Ngombe river in Magomeni. When it rains the river floods and I can't cross it to get to school. Sometimes the water reaches up to my waist and my clothes get so wet that I have to miss school. Usually there are men who help children cross the river by carrying them on their backs for a fee of Tsh 200 to 500. This helps the students keep their uniforms clean. But since I leave home very early, the men are never there to help me.

I can miss many days from school during the rainy season. Sometimes even the teachers miss school because of the heavy rains and flooding. But it doesn't flood in Mabibo, where my sister lives. So I will go and stay with her when it's time for my final exams.

The interrelationship between drought, disease and malnutrition impacts most heavily on children and pregnant mothers. Power cuts during droughts have an overall adverse effect on urban populations by restricting formal, informal and household-based livelihood activities, thus reducing household incomes.[31]

Global Commitments to Urban Environmental Sustainability

Achieving environmental sustainability is a global aim, spelled out both in human rights and development terms. Children are at the core of the environmental discourse because they represent the future generations for whom the environment must be preserved. Millennium Development Goal (MDG) 7 reflects the commitment made by the international community to ensure environmental sustainability. MDG target 11 aims to improve the lives of at least 100 million slum dwellers worldwide by 2020, through the so-called 'Cities without Slums' initiative.

In parallel, the Convention on the Rights of the Child entitles each child to live a healthy life in a clean environment. The Convention seeks to ensure that all children enjoy the highest attainable standard of health and 'To combat disease and malnutrition, (…) through the provision of adequate nutritious foods and clean drinking-water, *taking into consideration the dangers and risks of environmental pollution'* (Article 24, emphasis added).[32]

Strengthening accountability, raising awareness

Several regulations and policy initiatives have been adopted in Tanzania to address environmental vulnerability and assist adaptation to climate change:

- Ratification of the United Nations Framework Convention on Climate Change.
- National Adaptation Programme of Action to support climate adaptation projects.
- Environmental Management Act 2004, dealing with sustainable management of the environment, prevention and control of pollution, waste management, environmental

quality standards, public participation, and environmental compliance and enforcement.
- Environmental Planning and Management Strategy, adopted in Dar es Salaam and 12 other cities, addressing issues relating to solid and liquid waste management, air quality management, urban transportation, service delivery in unplanned and underserved areas, access to potable water, environmentally sustainable policy and crime prevention.[33]

Despite these recently established legal, policy and institutional frameworks, concern for the environment does not yet feature prominently among the priorities of local governments.Public awareness is generally low, local resource mobilisation meagre, enforcement of environmental rules feeble. The capacity of local authorities to deal with complex and severe environmental challenges remains weak. Local communities are underequipped to deal with emergencies. Building resilience to climate change within government agencies and local communities is necessary precondition for supporting sustainable urbanisation.

Community-based capacity development initiatives focussing on garbage disposal practices, construction and maintenance of improved sanitary latrine facilities, personal and environmental hygiene, and safe drinking water can make a tangible difference in improving health conditions in low-income settlements, especially at times of flood and drought. Communities and schools can be effectively involved in programmes for urban sustainability, such as waste collection, storage and treatment; waste recycling; urban agriculture; distribution of compost and fertiliser; and neighbourhood and city greening.

UNICEF/Jacqueline Namfua

Most families can only afford temporary outdoor bathrooms and/or latrines made of cheap material that usually washes away with the rains.

WHAT CITIES CAN DO TO PROTECT THE ENVIRONMENT AND ADAPT TO CLIMATE CHANGE

Reduce risks: Local authorities have a pivotal role to play in preventing the spread of unplanned settlements, adopting disaster risk-reduction measures to enhance infrastructure resilience, and enforcing regulation of key areas such as waste disposal, environmental sanitation and illegal construction.

Prepare for disasters: Children and poor communities need support to adapt to climate change. The capacity of poor households, service providers and local authorities should be developed to strengthen resilience among the urban poor, with initiatives in the areas of disaster preparedness, community-level early warning mechanisms and environment-friendly practices.

Build knowledge: It is essential to ascertain the nature of transformations that are taking place in specific urban areas as a result of climate change. Residents, including young people, can be effectively involved in local "environmental impact assessments" that will inform environmental planning in their areas of residence.

UNICEF/Paul Joynson-Hicks

Poverty, Hunger and Malnutrition

Cities are the economic engine powering Tanzania's economic development. Though home to just one-fourth of the population, urban areas contribute half of Tanzania's GDP. Revenues from agriculture, Tanzania's primary source of employment, are gradually declining.[34] In parallel, marginally productive and insecure informal employment has increased, particularly in urban areas. Unreliable income reduces capacity to obtain food in the urban setting, leading poor households to eat fewer meals and less nutritious food, putting the health of infants and children at risk.

Poverty, increasingly urban

In Tanzania's cities, rising wealth is paralleled by rising poverty. Despite a slight decline in poverty rates during the last decade, there are more poor people in Tanzanian cities today than ever before. About one in six Dar es Salaam residents (and one of four in other Mainland cities) live below the poverty line. The population living below subsistence level (food poverty) ranges from 7.4 per cent in Dar es Salaam to 12.9 per cent in other cities, meaning that between one in eight and one in 14 urban households are destitute. Due to population growth and reclassification of formerly rural areas, the number of poor urban residents has kept growing. Around the year 2000 just over 12 per cent of Tanzania's poor lived in urban areas; today the figure is closer to 20 per cent, reflecting an increasing *urbanization of poverty*. An even higher percentage of urban dwellers live in poverty in Zanzibar, including many (27 per cent) who are not even able to afford the cost of a minimum basket of essential foodstuffs.[35]

Urban poverty may be even higher than the values reflected in official figures. Poverty measures, in fact, need to be carefully interpreted, as they tend to underestimate actual poverty in urban areas. They are based only on consumption levels and

fail to consider living conditions. Set on the basis of the cost of a minimum food basket, they add a marginal allowance for non-food items. Defining poverty lines according to what the poor spend does not adequately measure what they actually *need*. In a poor family the amount spent for necessities, such as accommodation, schooling, health and transport, is normally low and insufficient to meet these needs. The most accurate way to set a poverty line would be to collect data among urban poor households and calculate the level of income necessary to meet their basic needs, particularly in the context of a monetised urban economy.[36]

A 2009 World Bank study pointed out that, despite high unemployment and the predominance of informal labour, urban incomes – generated mainly by cash-based and non-farm self-employment activities – are still higher than rural incomes.[37] But earnings from poorly paid occupations are usually not enough to meet household needs in a predominantly cash-based urban economy.

"Zanzibar is experiencing an 'urbanization of poverty' as the percentage of basic needs poor living in urban areas increased from 32.5 per cent in 2005 to 35.1 per cent in 2010."

Zanzibar Household Budget Survey, 2009/10

The urban poor spend a sizeable portion of their meagre earnings on food. They rely heavily on cash purchases, and may spend more than half of their income on feeding the family.[38] The cost of food forces them to rely on the least costly food items – but even after this sacrifice, cash is often insufficient to meet other needs, such as water, fuel, education and health services and transport. When crises occur – such as environmental disasters, eviction or job loss– the urban poor can be left completely destitute. Yet the conditions faced by poor urban households remain mostly invisible to planners and policymakers. Key policy documents, such as the National Strategy for Growth and Reduction of Poverty (known by its Kiswahili acronym, MKUKUTA) and the Tanzania

Long-Term Perspective Plan recognise the critical importance of urbanisation for Tanzania's future, but fail to lay out specific strategies and investments, especially in favour of vulnerable groups such as children living in poor urban communities.[39]

Livelihoods

Since the 1990s Tanzanian urban economies have witnessed a swelling of the informal sector, especially self-employment and unpaid family work. Self-employment has become a prevalent source of urban incomes.[40] As formal service sector employment has declined, regular wage earning jobs in the formal, government and para-statal sectors have diminished significantly. Reliance on private wage labour and informal or self-employment has become an increasingly important avenue for generating income for urban residents, including child workers.

According to the 2007 Household Budget Survey, wages and other income from regular employment represented just 36 per cent of household income in Dar es Salaam (down from 41 per cent in 2000/01) and 22 per cent in other urban areas. Income from self-employment, in contrast, increased to 38 per cent in Dar es Salaam (up from 30 per cent in 2000/01) and 37 per cent in other urban areas, signalling growing dependency on unreliable forms of income. Over 43 per cent of households depend on a single source of earnings. Inability to find other work (36 per cent) and family need for additional income (31 per cent) were the main reasons cited by poor urban dwellers for engaging in informal economic activities.[41]

Coping with poverty requires a high degree of flexibility and an ability to adapt to challenging economic environments. Most non-formal jobs carried out by the urban poor are labour-intensive, such as petty trade, food and water vending, stone quarrying, agriculture, sand and salt mining, and livestock rearing. Low-paying jobs often lead the poor to engage in more than one occupation, many of which are hazardous. Children and adults often work in contaminated environments where environmental degradation increases the risk of injury and disease.

Marginalisation and exclusion

Urban poverty is not defined solely by limited access to income and decent employment opportunities, but is rather also correlated with persistent marginalisation. Social vulnerability, compounded by limited access to basic social services, makes economically weak urban communities even poorer.

Within the same community, the impact of poverty varies according to the overall level of vulnerability. Children, for example, tend to suffer more from the effects of poverty than adults. Based on an analysis of deprivation in the fulfilment of essential human rights, UNICEF estimates that *71 per cent of Tanzanian children live in absolute poverty,* suffering from multiple severe deprivations of basic needs (food, water, health, education, shelter).[42] To serve as an engine for local and national development, cities must contribute not only by driving economic growth but also by enhancing household welfare and mobility through human and social development. Cities can and must foster institutional change and service provision in a way that positively impacts the well-being of communities and children.

Demystifying the 'urban advantage'

When children, youth or entire families move to cities, they expect to find higher incomes and better access to services. Population density, proximity, economies of scale, aggregated public and private resources and political visibility are factors favouring greater availability of services in cities.

Urbanites, it is often noted, enjoy better access to basic services than rural populations. These perceptions are borne out by hard data measuring performance against core development indicators in health, education, water or sanitation, which appears distinctly superior in cities compared to rural or peri-urban areas. A report on child disparities in Tanzania concluded that: "Poverty impacts harder on children and remains overwhelmingly rural; 83 per cent of the Tanzanians below the basic needs poverty line reside in rural areas. (…) For six out of seven indicators of childhood deprivation, the proportion of rural children suffering severe deprivation was estimated to be 1.75 to three times higher than the percentage of urban children."[43]

Official figures reinforce the notion of an overwhelming urban advantage across a variety of sectors. Urban households, for instance, enjoy a distinct edge over rural counterparts in accessing basic water and sanitation infrastructure: 80 per cent have access to improved water sources, compared to just 48 per cent in rural areas, while access to improved sanitation is also markedly higher in urban areas (22 vs. 8.5 per cent), although still very low. Similarly, 87 per cent of urban women and 94 per cent of urban men are literate, compared to only 66 and 77 per cent, respectively, of rural residents.[44]

Caution, however, is required when interpreting these statistics. Greater availability of services does not necessarily translate into better access to these services for all city residents. Evidence shows that even when quality services and facilities exist, wealthier social groups tend to access them, to the detriment of poor and less influential segments of the community. Acute scarcity of basic services is a common experience for communities in urban settings that lack sufficient resources and live in marginal, under-serviced areas located at a distance from city centres. For availability of services to be translated into actual access by all, cities must take steps to enhance equity and inclusiveness in service planning and affordability.

The core issue is how to effectively leverage the potential that cities have to offer. If spatial concentration of human and economic activities is left unmanaged, the risks of pollution, disease and social marginalisation may rise to the point of making cities unliveable for all. But if the concentration of population, services and economic resources is managed efficiently and equitably, the urban advantage can be exploited for the betterment of all.

Geography of poverty

Analysis of spatial disparities has long focussed on the traditional urban-rural divide. A more nuanced assessment of spatial disparities would help measure the extent to which rapid urbanisation has upset the geography of poverty in the country by drawing new lines of inequality across not only the physical and social space that separates the urban and rural worlds, but also within cities. To prepare for the far-reaching

repercussions that urbanisation is likely to have on children growing up in poor communities, it is critical to analyse disparities within individual cities, as well as across different urban centres.

Standard urban averages tend to blur significant local social-economic differences. Intra-urban poverty variation can be stark. A World Bank study carried out in 12 of Tanzania's urban centres unveiled substantial differentials in the levels of poverty experienced by households living in different wards of the same municipality. Across the cities analysed, the variation between the lowest and the highest ward-level poverty rates averaged 33 per cent. In an extreme case, intra-urban poverty in Kilosa ranged from 2.3 per cent in Kidido ward to 63.4 per cent in Magubike ward.[45]

Declining Access to Urban Basic Services

Despite progress made in expanding services and infrastructure, Tanzania's alleged urban advantage is starting to show cracks, as revealed by critical shortcomings in the urban social service delivery system. Evidence suggests that the supply of basic services has not kept pace with the increase in demand by a growing population. As the number of urban users has burgeoned, not only has service availability failed to rise, but it has even stalled in a number of crucial areas. With supply insufficient to meet demand, an unequal service delivery system has penalised the most vulnerable groups, which remain excluded, suffering deprivations that may even outstrip those experienced in the country's interior.

For example, in the case of water supply urban household access to an improved source of drinking water has declined over the past decade – from 90 per cent in 2000 to 80 per cent in 2010. Although rural access to water is lower, progress has been made over time (from 46 per cent in 2000 to about 48 per cent in 2010).[46] Urban access to improved sanitation services has stalled, failing to rise above 22 per cent, and coverage is abysmally low in congested urban settlements. When the availability of improved sanitation remains unchanged and population density rises, unsafe excreta disposal is bound to become a growing health hazard for the urban population, especially children.[47]

Moreover, a significant number of urban communities were experiencing conditions of poverty comparable to, or worse than, those of their rural counterparts. In four of 12 townships, nearly 70 per cent of the population lived in wards that were poorer than the surrounding rural interior, challenging the frequent generalisation that equates poverty with rural areas.[48]

Inter-urban disparities

Scrutinising spatial segmentation further, it is possible to unearth variations in economic condition, service provision and housing quality across different urban centres. *Intra*-urban inequalities, in fact, are compounded by *inter*-urban disparities. A city's size often influences its character. Larger centres, displaying more distinctive urban characteristics, tend to enjoy a higher concentration of resources than smaller towns, which often display a mix of urban and rural features.

The ward-level assessment carried out in 12 urban centres suggested that urban poverty rates vary substantially across cities. In the study sample, urban poverty varied from about 12 per cent in Mbeya City to nearly 50 per cent in the Township of Tarime. Poverty rates, in fact, were lower in cities than in townships, which also tended to enjoy better service provision.[49]

Although limited, data available on intra and inter-urban disparities raise important questions that need to be addressed through further analysis. A deeper appreciation of the differences in income and service provision in urban locations would help to refine policy and devise strategies for addressing spatial inequality. Unless measures are taken to favour equal access to economic and social resources in urban centres (along with on-going efforts to overcome rural poverty), the alleged 'urban advantage' is bound to disappear, not only for the poor, but for most urban residents.

The quality of urban governance is critical to positive change. Before unplanned urban sprawl takes over, citizens can envision the city they want and pursue its realisation. Local authorities, civil society and young people can analyse the bottlenecks that make cities unfriendly to children, and find solutions to transform their potential edge into a tangible advantage.

Happiness (15 years), Mbeya City

"I didn't pass my exams. I had too many house chores and responsibilities at home."

One afternoon I was sitting with my mother when my father came in with so much anger and kicked us out of the house. I was only six years old. After two days, my mother found a place for us to live in – one small bedroom that a landlord agreed to rent us.

My mother sells local brews at a bar. She comes home at about 10 or 11 every night. The money she makes she uses to pay for my school. When I was in Standard V she fell very ill and I had to drop out of school. I started doing small jobs to help pay for the rent and food. In the mornings, I would sell firewood at the market, wash dishes and clothes for other people and then rush to school. But when I had to take my Standard VII exams, I failed because I never had time to study properly. I had too many house chores and responsibilities at home. I do all the cooking, laundry, and cleaning while my mother works.

Life in the city is hard. You see so many children working on the streets – they pick chicken bones, burn them and sell them; they carry cement blocks for construction sites; they pick up cans for selling; some eat food from the ground or garbage. When I see this I feel sad and bitter. If I could talk to our leaders, I would tell them to help us disadvantaged children and give us an education, food and safe homes to sleep in.

Global Economic Crisis and Household Food Security in Tanzania

A 2010 study examined the link between income and household food security in urban areas. Carried out among low-income communities in Arusha, Mwanza and Zanzibar, the research demonstrated that urban residents were suffering from food insecurity as a result of losing their jobs in mining, tourism, floriculture, fishing and other sectors that employ unskilled labour. Rising food prices hit net food buyers hardest, as they depend on available cash to meet their food needs.

As a result of the twin global economic and food crisis, accessing food became a pressing problem for impoverished urban households. An estimated 24 per cent of Mwanza's 247,000 residents were moderately or highly food insecure, while another 25 per cent were considered vulnerable to food insecurity. The economic shocks suffered by poor urban households have undermined their purchasing power. As they face destitution families may split up and abandon their children; women and children can sometimes be forced to resort to commercial sex work or crime.[50]

Food insecurity

Access to food also deserves special attention in urban areas, where household food security relies heavily on cash purchases. Livelihoods in urban areas are directly linked to the ability of the poor to acquire food necessary to meet family needs – in sufficient quantity and quality to meet, in particular, the crucial nutritional requirements of pregnant women and young children and. Insecure livelihoods and a rising cost of living contribute to urban food insecurity, which in turn impacts nutritional levels already compromised by poor diets and caregiving practices, unsanitary environments and disease.

Urban farming, increasingly practiced around the world, is not a major contributor to food security in Tanzania. Municipal restrictions, lack of space and scarcity of water are among the main constraints to increasing urban food production.[51] A study of poor urban communities around Tanzania found that 27 per cent of households were engaged in some kind of agricultural production, mostly crop farming (81 per cent) but also livestock (19 per cent), mainly in Mbeya, Lindi and Mtwara. Most produced food for their own consumption, rather than as a source of income. For the majority, urban agriculture did not suffice to prevent food insecurity or provide a substantial source of livelihood.[52]

Instead, the urban poor rely mainly on local food markets – usually small stalls *(genge)* that open at night along roadways in informal settlements. Such stalls are limited in number due to municipal bylaws discouraging their operation. Reaching more formal markets demands the use of costly transport, which poor households cannot afford. Informal stalls pose a safety risk to road users as well as sellers and buyers. The food they sell is often placed directly on the ground and kept in unhygienic conditions, thus posing additional health risks for consumers. Since food sold at informal markets usually originates in rural areas, it must be transported to cities; rising fuel prices in recent years have led to increased food costs for the urban poor.[53]

What's on the Table of the Urban Poor?

The diet of the urban poor fundamentally lacks diversity. Expensive food items, such as milk and meat products, fruits and vegetables are too expensive for most low-income households, whose diet is dominated by carbohydrates. The average number of food items featuring in any single meal is two. Cereals, pulses, legumes and sardines are the most common foods consumed.[54]

A recent survey among 350 Dar es Salaam residents revealed that, as a result of rising food prices, the number of poor households that could afford three meals a day had decreased by 20 per cent between 2010 and 2011, with declining consumption of poultry and milk. The principal reason for excluding certain items from their daily diets was cost. Poor households also have limited means of storing food and need to purchase foodstuff daily. Buying and stocking food is typically beyond their reach.[55]

Food typically takes the largest share of a poor household's budget. On average, Tanzania's urban dwellers spend about half their budget on food, compared to one-third in rural areas.[56] In urban households with lower incomes, the proportion is likely to be even higher. To cope with food insecurity, the urban poor adopt several strategies: eating fewer meals and smaller portions, eliminating costly foodstuffs, and borrowing from traders or neighbours. Another strategy is to merge breakfast with lunch, serving a single meal in the late morning, often *uji* (maize porridge), which fills up the stomach until late afternoon.[57] Children attending school will miss this meal.

Major sources of fuel for cooking are charcoal, paraffin and firewood. Rising prices for these essential commodities have impacted negatively on the diets of the urban poor. Several preparations that are part of the traditional diet and have high nutritional value require prolonged heating. As a result, they have been gradually dropped from the daily diet of the poor.[58] As poor urban households lose access to time-tested diets, they forego not only essential nutrients but also the habit of preparing and eating healthy foods that form part of local culture and knowledge.[59]

Malnutrition

Child nutrition is affected by myriad factors, beginning with whether or not infants are breastfed, how long they are breastfed, and what foods they receive during weaning to solid food. Experts have determined that the first 1,000 days between conception and two years of age are vital to ensuring a healthy baby. The nutritional status of mothers is critical; under-nourished mothers are liable to give birth to under-weight babies, who are at higher risk for illness and death. Lack of adequate care during illness and a diet lacking in key nutrients also puts young children at risk. In cities, where working mothers have insufficient time to breastfeed and nutritious food is too expensive, the health and well-being of children suffer; and their situation is sometimes worse than that of children in rural areas.

A narrowing rural-urban gap

Children in Tanzania's rural areas suffer higher rates of malnutrition than urban children. Nevertheless, recent data reveal that the gap is bridging, as a result of either improvements in rural areas or a slowdown of progress in urban centres. To the extent that urban figures lump together poorer and more affluent families, they are likely to mask the situation faced by children in the most deprived households.

Malnutrition: Long Neglected, but Gaining Momentum

A manifestation of multiple deprivations, child malnutrition is primarily caused by limited access to nutritious food, exposure to disease and unhealthy environments, poor caregiving practices and mothers' own poor health and nutritional status. The consequences of early malnutrition are manifold, exposing children to more frequent and severe episodes of illness, undermining learning and eroding human capital – and, ultimately, productivity, lifelong earnings and economic growth.[60]

Despite the devastating toll that it takes on women and children, malnutrition has long remained fairly marginalised in development policies. However, considerable progress has been recently made in elevating the political prominence of nutrition in Tanzania. In June 2011, the government announced several major commitments, including the endorsement of the National Nutrition Strategy, the establishment of a multi-sector High Level Steering Committee on Nutrition, the introduction of a budget line on nutrition, and the recruitment of nutrition personnel at the regional and district level. For change to take place, commitment is required to promote joint efforts and investments by several sectors at the local level, where communities live.

Low birth-weight

Surprisingly, official data reveal a higher prevalence of low birth-weight babies among urban women with high levels of education. This may be due to a higher proportion of surviving pre-term births and Caesarean-sections among elite groups.[61] Low birth-weight, however, is also high among infants born to poor mothers. An FAO survey in informal settlements in Arusha, Dar es Salaam, Lindi, Mbeya, Mtwara and Mwanza found the prevalence of low birth weight to be 14 per cent – double both the national average of 6.5 per cent and the overall urban estimate of 7.7 per cent reported in the 2010 TDHS.[62] While figures from micro-studies are not strictly comparable with those from a nationally representative survey, they nonetheless provide important insight into the nutritional status of deprived groups living in marginal urban areas.

Child nutrition

Both urban and rural children have seen some improvements since the early 1990s, but the former have experienced little if any change during the last decade.

For instance, progress in reducing stunting (height-for-age) of children under five was substantially greater in urban areas during the 1990s, before it changed direction at the same time that rural areas began to show some positive change. Underweight prevalence (weight-for-age) shows a similar trend of early urban progress followed by stagnation and rural catch-up, while wasting (weight-for-height) declined significantly during the decade starting in the mid-1990s, then rose again: urban and children are wasted in roughly equal proportions. The end result has been a narrowing of the gap between urban and rural children, at rates that are too high even by sub-Saharan African standards.[63]

Trends in child malnutrition, by residence
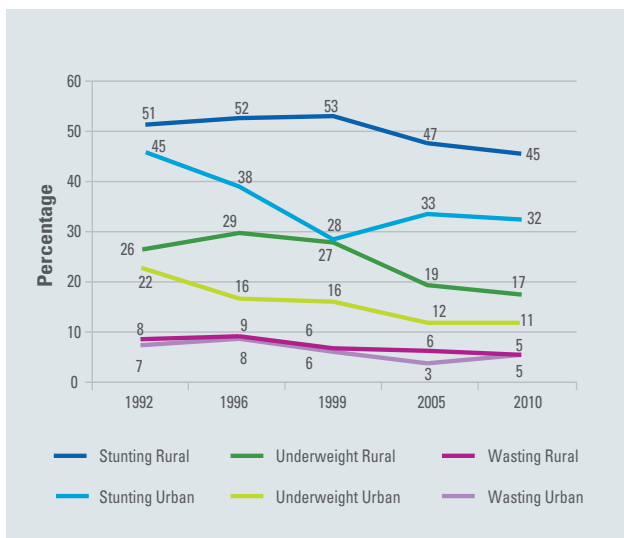
Source: WHO Child Growth Standards, October 2011

Anaemia, vitamin A and iron deficiency

Anaemia is widespread among Tanzania's children. Official data reveal a trend toward convergence between urban and rural areas. Against the background of an overall decline in anaemia prevalence from nearly 72 per cent in 2004/05 to 58 per cent in 2010, the TDHS 2010 found that anaemia levels among children are actually higher in urban than rural areas.

Prevalence of anaemia in children aged 6-59 months
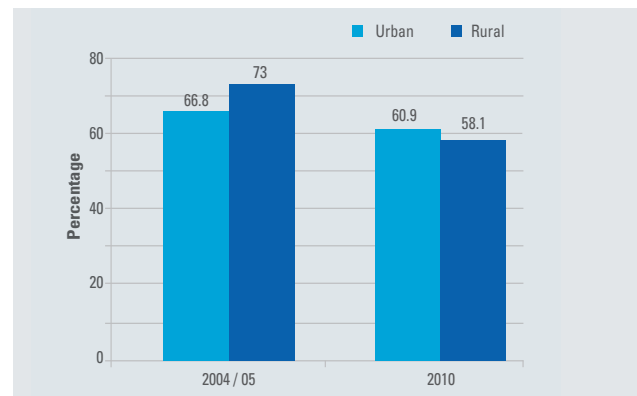
Source: TDHS, 2004-05 and TDHS 2010

Iron deficiency is also higher in urban Tanzania, affecting 41 per cent of children compared with 34 per cent of children in rural areas. Vitamin A deficiency levels are similar in both settings, affecting approximately one-third of children under five years. Interestingly, too, even in urban centres where consumption of iodised salt is higher than in rural areas, only eight out of ten children under five live in households with adequately iodised salt. The rest live in households that consume inadequately iodised or no salt.[64]

UNICEF/Paul Joynson-Hicks

Zaria (37), mother of five, Stone Town

"Life is hard. Every morning we must collect 20 buckets of water from a nearby well. Then I make millet porridge on a charcoal stove and sell it for Tsh 100 per bowl – about ten bowls a day. From the money I collect daily, half goes to buying millet and the rest I combine with money that my son makes from breaking stones to buy some rice. Occasionally we also buy daggar and vegetables, but that is a rare luxury. I have no hope for a better future. I just hustle every day to find food for my children."

Breastfeeding and complementary feeding

The median duration of exclusive breastfeeding is extremely low in Mainland Tanzania: 1.9 months in urban areas and 2.5 months in rural settings. Of even greater concern is the median duration in Zanzibar, where exclusive breastfeeding takes place for only 2 weeks. Of all urban children aged 6-23 months, less than one-fourth receive a minimum acceptable diet, containing breastmilk or adequate milk feeds, adequate meal frequency and adequate dietary diversity. The urban proportion is only *marginally higher* than in rural areas.[65] These poor feeding practices are likely to underlie the high prevalence of stunting in both urban and rural Tanzania.

Intra-urban disparities

Lack of progress in tackling child malnutrition in relatively well-endowed urban areas must be a cause for concern. It could suggest even worsening conditions among disadvantaged children living in cities.

Data gathered in poor urban settings do reveal malnutrition levels significantly higher than the averages in either urban or rural areas. The FAO survey in low-income urban settlements around Tanzania found that rates of stunting, underweight and wasting among children under five years were higher in these pockets than indicated through the national urban data presented in the TDHS.

The survey found a 56 per cent prevalence of stunting, nearly twice as high as the overall urban prevalence reported in the TDHS. Similarly the prevalence of underweight, at 36 per cent, and of wasting, at 13 per cent, was also considerably higher than both urban and rural averages cited in the TDHS.[66]

Although data from micro-studies needs to be interpreted with caution, the staggering levels of stunting detected in marginal urban pockets suggest a need for further enquiry into the nutritional status of poor urban children to inform policy-making and programming to address their persistently high levels of malnutrition.

Undernourished mothers

Urban women and adolescent girls of child-bearing age also show signs of malnutrition, posing health risks to them and infants born to them. Children born with nutritional deficiencies are at higher risk for infection and illness. When these persist through childhood it robs children of energy and the ability to concentrate in school, establishing a pattern of low achievement and productivity that can endure an entire lifetime.

In urban environments, an average of one in every 12 women (8 per cent) is undernourished.[67] Overall, under-nutrition is highest among adolescents aged 15-19 years (19 per cent) and women in the lower wealth quintiles. Despite the success of malaria control efforts, anaemia continues to affect large numbers of Tanzanian women, proportionately more in urban (43 per cent) than rural settings (38 per cent). High levels of anaemia pose serious risks especially in pregnancy, when it can cause spontaneous abortions, premature and low birth weight, and maternal death.[68]

Nearly one-third of Tanzanian females are deficient in iron, in roughly similar proportions in urban as in rural areas, while vitamin A deficiency also remains high, with urban women again faring worse than rural women (40 vs. 36 per cent). The modest coverage of the vitamin A supplementation programme mainly stems from poor capacity by the health care system to reach postpartum women within the first four weeks after delivery – a situation that should be unacceptable in relatively well-served urban settings.[69]

Street Food for School Children

In urban areas, people are far more likely to consume food outside the home than rural dwellers, and more often. Urban lifestyles change food habits: the long hours that caregivers spend away from home make preparation of meals more infrequent.

A survey carried out among students, teachers and food hawkers in Dar es Salaam found that street food represents a frequent item in children's diet. Official permits are not required to sell food in school premises, nor are inspections carried out by government authorities. Vendors usually enter into informal agreements with schools and sell mainly snacks, which they serve in newspapers and plastic bags, often in unsanitary conditions. Meals purchased from vendors are nutritionally inadequate – deep-fried and low in protein and micronutrients, along with sweetened, artificially or naturally coloured drinks. Nearly all school children in the survey purchased food from street vendors, two-thirds of them every day.[70]

Again, disparities *within* urban centres can mean that some women are much less nourished than others. Surveys targeting low-income urban communities found that 18 per cent of women sampled were undernourished, a figure that exceeds both overall urban *and* rural official averages reported for the same time period.[71]

This underscores the need for further analysis to shed light on the determinants of low nutritional status among residents of low-income urban settlements. It also underlines that in poor urban communities, where pregnancy at a young age is widespread, adolescent girls should be a primary target of comprehensive nutrition interventions.

WHAT CITIES CAN DO TO ADDRESS POVERTY, HUNGER AND MALNUTRITION

Start with fringe areas: Less congested urban fringes offer an opportunity to plan better serviced settlement patterns that respond to the needs of a growing, fluctuating population. Investing in peri-urban areas today could prevent costly and disruptive interventions in the future, when density is projected to increase further.

Disaggregate: Disaggregating socio-economic data at the sub-municipal level will help to gauge the many disparities persisting in different urban neighbourhoods. This will make it possible to more accurately gauge poverty, hunger and malnutrition among marginal urban communities, facilitating the search for solutions.

Prioritise: Poverty, food security and nutrition objectives could be more highly prioritised and better integrated into municipal development plans and budgets. Local authorities can establish safety nets to facilitate access to nutritious food by the poor, while sustaining income opportunities and strengthening the production capacity of urban agriculturists, and educate mothers to prepare healthy diets and adopt proper caring and feeding practices.

Target: Because the health and nutrition of women of reproductive age are inextricably tied to the well-being of the next generation of urban dwellers, research and action are needed to improve their nutritional status and living conditions, and seek solutions to growing food insecurity in informal settlements that deprive children of sufficient healthy food.

Educate: To make the best possible use of scarce resources and prepare healthy, balanced meals, caregivers need information about nutrition. They also need to know more about successful infant feeding practices. Cities could hold "Healthy Lifestyle" campaigns, with help from the media, the private sector, academic institutions and technical agencies. Schools and youth groups could help to educate communities on these issues.

Monitor: Nutrition and food insecurity need to be monitored at the household and community levels. Existing surveillance and information systems and survey tools could be modified to disaggregate urban data and better capture the nutritional status of the urban poor.

Saidi (16 years), Arusha

"Since I was nine I've been living on the streets… now my mother depends on me for money."

My father used drugs and was a known as a thief in Arusha. He died when I was very young. My mother used to beg on the street and she would take me and my two younger siblings along with her. Now my mother depends on me for money. I don't like living at home. There is no bed, no food, no dishes, no water, no electricity and no toilet. I prefer to live on the streets. Every morning my mother comes to ask for money so I give her Tsh 1,000 or more to buy food for the day. Even if I have not eaten, I give her my last money to make her happy.

I have been living on the streets since I was nine years old. I sleep on a cardboard box. When it rains I get soaked and the nights are cold. I bathe and wash my clothes by the river. Some days I make no money, so I go to sleep on an empty stomach. Sometimes the bigger boys bully the little ones and take their money, food or clothes.

I wash windscreens for a living. On a good day I can make up to Tsh 3,500. All my money goes to food, usually leftovers by hotel clients, and I get my water from a tap. When I'm sick I get a sick note from a local NGO to give me access to free treatment and medication at a nearby hospital. Life on the streets is very hard. We live on the streets but we don't like it.

UNICEF/Paul Joynson-Hicks

Living in Informal Settlements

A visit to settlements in Kinondoni, an overcrowded and underserviced municipality of Dar es Salaam, reveals that the situation in Tanzania's informal settlements calls for urgent action. The landscape is dominated by extremely poor environmental conditions. Substandard shelters are built along riverbanks and transportation networks, on steep slopes, dumping grounds, and low-lying areas. Although the 1979 Dar es Salaam City Master Plan prohibits house construction on hazardous lands, settlements have expanded to abandoned quarry areas and near waste stabilisation ponds prone to the pooling of polluted water that can pass infections and parasites on to children.[72]

Expanding cities and sprawling settlements have taken over formerly open spaces where children could socialise and play, leaving poor children with few alternatives for recreation.

Securing a home

Accessing urban land and housing

When poor households seek to settle in a city, their first major challenge is to find an affordable place to live. Families cannot support their children or access basic services unless they gain entrance to an established human settlement. Due to land development regulations, they often choose to avoid complicated and costly legal processes; as a result Tanzania's urban landscape is dominated by massive informality, which may be the most pressing problem facing cities today.

Urban dwellers have two broad avenues to achieve land occupancy: formal or non-formal land tenure. Formal tenure is planned and allocated by public authorities according to specific land use regulations that grant occupancy rights.[73] Informal security of tenure may derive from sale agreements, but usually

is accomplished simply through occupation and use, social recognition and political tolerance. "Informal" land is relatively cheaper, and can be obtained and developed with a minimum of official transactions.

Denied Access to Land and Shelter

Supporting access to legal land directly contributes to achieving the Millennium Development Goal number 7, which aims to create cities without slums. In Tanzania, however, access to scarce urban land is hampered by institutional factors that have made legal tenure in cities a distant goal for the majority of the poor.

All land in Tanzania is publicly owned. Tanzania's planning process remains mainly the prerogative of the central government, which deals with most planning standards and decisions. Settlement planning and management are the main responsibility of the Ministry of Lands and Human Settlements Development and the Prime Minister Office, Regional Administration and Local Government. While the latter works with local authorities, the former manages land-related matters, including implementation of the regulatory framework for housing and land tenure. Although LGAs have the authority to recommend land use schemes, final approval is required from the centre. Central government agencies have been established in municipalities to provide water, electricity and road infrastructure in urban areas.[74]

Recent changes in land regulations have led to further increasing centralisation, with the result that local planning authorities are authorised only to control the use and development of land. Moreover, the legislation requires that built-up areas alone can qualify for regularisation, thus excluding informal settlements. Lacking adequate authority, local governments are reduced to a marginal role in regulating and controlling urban development.[75]

Referring to residents of unplanned areas as squatters is somehow inaccurate, since most landowners are not illegal occupants, even though they may have developed the land outside the purview of the law. Although a title deed is not strictly necessary to ensure security of tenure, most poor urban dwellers appreciate receiving title certificates. Legal certification strengthens their bargaining

power and facilitates the process of transferring property and accessing credit. However, numerous administrative hurdles and the lengthy time required to obtain a title certificate discourage the poor from completing the formal process.

Thus prospective land-holders frequently resort to the informal sector to acquire and develop land and housing, ignoring official plans and standards, making it difficult for authorities to intervene formally later. This widespread practice results in a shortage of planned land and standard housing, contributing to a vicious circle of unplanned development.[76]

Due to the highly centralised land-use planning system and limited supply of legal plots, the bulk of the buildings in urban Tanzania are located in unplanned areas. In Dar es Salaam, the estimate is more than 80 per cent. Since occupancy rates tend to be higher in unplanned areas, the proportion on the population living in informal settlements is likely to exceed 80 per cent – one of the highest proportions in all of Sub-Saharan Africa.[77]

The current regulatory framework has a direct impact on the lives of the poor. It leaves them no choice but to encroach on unplanned, underserviced land. It also displaces indigenous customary landowners, who have been traditionally engaged in urban agriculture.[78] Existing land-use practices are a key contributor to perpetuating poverty in cities.

Moreover, as informal settlements expand within declared urban areas, extensive sprawl is taking place in the peri-urban fringes as well. These informal areas remain un-served by municipal administrations, and thus lack the basic services and infrastructure essential to healthy and dignified living conditions and economic development.

Renting substandard, overcrowded accommodation

Most of the urban poor rent, rather than own, dwellings in unplanned settlements. For example, only 30 per cent of residents of Kurasini ward in Dar es Salaam own their home. Most rental properties are of low quality, and lack infrastructure such as roads and water and sanitation facilities. They also tend to be severely overcrowded; data from Kurasini suggest that over one-

quarter of urban households live in one-room facilities.[79] After 2005, when rental legislation changed to enhance protection of homeowners, the issue of rental housing has been relegated in national policy. Property rental is considered as a private matter, depriving tenants of legal remedies or entitlements when disputes arise or sudden eviction occurs.[80]

Community members consulted in unplanned residential areas of Arusha, Dar es Salaam, Mbeya, Mwanza and Zanzibar reported that children and adults often sleep in the same room. Children – unable to do schoolwork in the evenings due to cramped conditions and lack of electricity – perform poorly in school. They are exposed at a young age to sexual activity and girls, in particular, are at risk of sexual abuse by adult relatives or others sharing crowded spaces. Although parents sometimes rent a room close by to address this problem, this leaves them with no way to supervise children at night.[81]

Spectre of eviction

Tanzania's policy towards Dar es Salaam informal settlements has evolved over time. During the 1960s, slum clearance was the prevailing approach to make available sites for high construction standard buildings. Although evictions still take place the economic and social cost of such operations led, in the 1970s and 1980s, to greater emphasis on slum upgrading and service provision projects, mainly supported by the World Bank. Currently, the National Human Settlements Policy recognises that clearing unplanned settlements is not a viable option, and establishes a government policy of progressive upgrading. The Land Act makes provisions for validating urban land acquired in the absence of a right of occupancy, by issuing residential licences that confer temporary land entitlements.

Sometimes, however, cities do resort to land clearance. Following a common pattern, acquisition is achieved by compulsory eviction of those living on land to which they are entitled only through informal or customary tenure. The plot is then planned, surveyed and allocated to new owners. The process is plagued with tedious and lengthy bureaucratic procedures and stifled by a paucity of funds to compensate those evicted. Families ejected from their homes face a precarious situation, and are often reduced to poverty.[82]

Eviction is a traumatic experience that further impoverishes economically weak communities. Slum clearance operations impact residents in many ways: reduction of income, loss of assets and means of livelihoods, decreased productivity and impaired access to basic services. Slum clearance impacts children directly, disrupting school attendance and peer relationships, and even contributing to increased illness and death (especially among young children and infants) as well as worsening mental health due to stress and psychological trauma. Sometimes relocation forces families to separate; for example, when adults leave the household in search of employment or send their children to live with relatives.

Children's play and mobility
No safe place to play

Few safe places for children to play can be found in urban Tanzania. Informal settlements are crowded, with dwellings built closely together, and although the law provides for each school to have a playground area, many do not. Due to the recent need to expand school buildings, formerly open and protected school yards now house classrooms; existing school grounds are often encroached upon by traders, and even drug dealers and prostitutes. In city centres, spaces previously designated for sports and recreation have building sites.

Most of the parents of children living in Tanzanian cities today grew up playing outdoors. Within just one generation, urban children have been literally removed from the primary location of play, socialisation and personal discovery – streets, green spaces and public squares. Buildings and vehicles have invaded cities' public spaces.

Without parks, playgrounds or open spaces, children in Mwanza and other settlements end up playing in dangerous locations, such as on or along roads or hilly, rocky terrains. In the past, Mwanza had places planned especially for young people, such as Uwanja wa Sahara, where children from Bugando and Bugarika used to meet and play. Now this space has been turned into a business centre. Children and adults report similar processes in other cities.[84]

Play and Leisure, Fundamental Rights of a Child

Play is not only fun, it is also a human right. Article 31 of the Convention on the Rights of the Child establishes that "States Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts." Parents and the government – more relevantly the local government – have a responsibility in ensuring that children have sufficient time, space and opportunities for play and leisure.

Traffic and pollution

Vehicle traffic poses a serious threat to children, due to both air pollution and accidents. A study on public transport in Dar es Salaam pointed out that vehicle fumes expose children to elevated levels of sulphur dioxide, which is known to increase morbidity, especially in children under five years. Air pollution is compounded by noise pollution, which impairs hearing. Street vendors, often women with young children, standing long hours on the side of city roads, are exposed daily to high levels of noise and emissions, which worsen at intersections and are exacerbated by poorly maintained vehicles.[85]

Road traffic injuries are one of the leading causes of death globally. Field consultations underscored that mobility poses a challenge for children, who feel threatened when they have to cross main roads. They are frightened by heavy traffic, especially fast moving vehicles, like *bodaboda* (motorcycle taxis). But the situation can be addressed. In Mwanza, for instance, the government has built speed bumps at a location where children had frequently been injured by motor vehicles. At peak time, traffic police help children cross the road and control car traffic. Children feel more protected now; some have joined an outreach programme, after community police visited schools twice a week to teach road safety.[86]

Access to transport

Dar es Salaam's public transportation system has been unable to keep pace with rapid urbanisation, which is also the case in other urban centres. Transport services in unplanned settlements are acutely deficient; around 80 per cent of settlements lack good access to public buses. This isolation, along with transport costs, affects residents' ability to reach social service sites. The better public and private primary and secondary schools tend to cluster around affluent neighbourhoods, so pupils living in low-income areas must travel long distances, sometimes two to three hours, to get back and forth from school. This is also true of health care facilities; the cost and inconvenience of travelling to clinics and hospitals limits utilisation of these services. Inadequate roads and public transportation networks also curtail access to livelihood opportunities by poor urban dwellers.[87]

Climate contributes to further limitations on urban mobility. Daily trips on foot become more arduous during rains, when road conditions deteriorate. Entire neighbourhoods are cut off when bridges or roads collapse, especially low-income areas where access to roads are inadequate and unplanned. Buses are late or stop running, interrupting children's learning process.

Another problem faced by children is discrimination by bus drivers. Children are supposed to travel at a lower fare, but drivers often refuse to allow them to board during busy hours when full-paying passengers want to ride. In Dar es Salaam, there have been several reports of children being physically and sexually abused by bus conductors on their way to or from school. [88]

Magreth (18 years), Kinondoni District

"Some girls engage in inappropriate relationships with daladala conductors…"

I just finished my Form 4 exams and I passed with division II. It really helped me to stay in town with my friend to prepare for my exams, because I didn't have any transportation issues and therefore I could study in peace. Many students living in cities experience serious problems with transport and I'm one of them. Sometimes when I leave home in the morning, I can take up to two and a half hours to get to school. My first class starts at 7.30 am, I often miss it. When I get to class late, it makes it hard for me to understand properly what is being taught. In a week I can miss more than five classes. Some students are unable to complete school because they get tired of the transport challenges and they just skip school. After a while they stop going altogether and most girls choose to get married. Some girls engage in inappropriate relationships with the daladala conductors so they can get on the bus for free.

Sometimes we are in the bus with our fathers and mothers and elders and we are all squeezed together to the point it is not respectful for an African child. Also at times the adults have inappropriate discussions, or the bus conductors curse and I think it's not good for children to be exposed to that kind of language. I finish school around 6pm and even then transport is still a problem, I can get home as late as 10pm. I think the government should provide free school buses to encourage students to go to school.

Such occurrences cannot be simply attributed to the issue of low fares, but rather to social attitudes that tolerate violence and abuse as acceptable ways to relate to children.[89] The Zanzibar Drivers Association now imposes severe penalties on drivers and conductors who mistreat children.

Promoting change

For the most part, neither slum-dwellers' associations nor other community-based or civil society institutions have been able to influence decision-making processes for land administration and management. But organisations such as the Centre for Community Initiatives have partnered with residents of informal settlements to improve housing and environmental sanitation. They form local cooperatives to help negotiate for land acquisition, implement affordable housing schemes and improve water and sanitation infrastructure, by accessing loans and supporting self-help reconstruction efforts.[90]

Land Regularisation in an Informal Settlement

A successful project was facilitated by WAT Human Settlement Trust, a non-government organisation, with the aim of sustaining local communities in a process of land regularisation in the Hananassif informal settlement of Dar es Salaam's Kinondoni Municipality.

Local residents were keenly interested in upgrading their homes, but refrained from doing so because they were built on land that was not their legal property. People's needs were assessed in the community and, subsequently, awareness was raised about legal provisions. An intensive community organising process, based on technical support and social mobilisation, led to a victory by local residents who obtained a 99-year licence for their land, the maximum allowed by law.[91]

In addition, initiatives such as the Community Infrastructure Upgrading Programme are underway in Dar es Salaam, seeking to improve infrastructure development with community involvement. Water and environmental sanitation interventions are at the core of the scheme, which involves local residents in Community Planning Teams.

Community mapping has been carried out, often with the assistance of Children's Clubs and Children's Councils active in the municipality. Young people have contributed to both physical and social planning, including budget development, in collaboration with the Municipal Council.[92]

TACINE, a network of municipal authorities is gathering socio-economic data on the situation of Tanzania's cities, which will provide much-needed disaggregated information to feed into planning and policy-making. Age-specific data will help in understanding the challenges faced by children.

Both of these initiatives show how community involvement and partnerships between municipal authorities, civil society and communities can help to address the conditions faced by poor urban households living in unplanned settlements. Such initiatives are likely to have positive impacts on the lives of children, while at the same time benefiting from their active participation as agents engaged in improving the environment in which they live.

UNICEF

Increasing traffic in urban centers poses a serious threat to children, due to both air pollution and accidents. In addition, street vendors, often women with children, are exposed to high levels of vehicle fumes compounded by noise pollution - all of which affect their health.

WHAT CITIES CAN DO TO IMPROVE CONDITIONS IN INFORMAL SETTLEMENTS

Strengthen planning and oversight: The massive lack of planning characterising urban and peri-urban areas needs to be checked in order to offer decent housing, infrastructure and basic services to expanding urban centres and contribute to child survival and development.

Revise land use schemes: Local governments could be granted additional responsibilities in city planning and management, especially to deal with informal settlement development and secure land tenure, to prevent eviction and displacement. Local communities can likewise be involved in land use scheme development to ensure that official planning processes consider the rights of existing occupants.

Avoid evictions: Children are often the most severely affected victims of eviction and re-settlement processes that take place in informal settlements. When land acquisition processes are planned, the needs and interests of children and families living in informal settlements must be given serious consideration.

Pursue partnerships: Collaboration with civil society groups can help municipal governments gather data, pinpoint key problems and develop solutions favourable to poor urban households and their children.

Plan for play: Municipal authorities and planners need to create spaces where children can safely play, socialise, and experience nature. These needs should be considered during on-going planning processes and include children's perspectives. Rather than building expensive and potentially segregating playgrounds or separate places for young people, child-friendly features can be included in existing urban locations. Secondary roads could be closed at special times to allow children to play games or sports.

Manage traffic: High-speed roads must be diverted from schools and residential areas where children live. Busy intersections near schools could be supervised by traffic police or community members. Special arrangements should be made for children with disabilities, both at road crossings and on public transportation.

Protect pupils: Stricter regulation and enforcement could help protect school children from mistreatment and abuse by bus drivers and conductors.

UNICEF/Paul Joynson-Hicks

Urban Water and Environmental Sanitation

Low-income settlements can be a life-threatening environment for raising children. Poor water quality and availability and an unsanitary physical environment are the root causes of diarrhoeal diseases, long recognised as a primary cause of child malnutrition, illness and death. Crowded conditions multiply the risk of contamination and contagion. Because of their immature immune systems, children are more prone to infection and less capable of overcoming disease.

Thirsty cities

As cities grow, they demand larger and larger quantities of water – for domestic use, industrial and commercial activity and urban farming. Tanzania's largest cities consume about 75 per cent of the total urban water supply; Dar es Salaam alone accounts for the lion's share (43 per cent).[93] City dwellers are widely believed to have easier time obtaining water. Indeed, official figures confirm that about 80 per cent of Tanzania's urbanites have some form of access to improved drinking water. But 'access' does not necessarily mean that water is *available:* only about half (54 per cent) of public improved water-points are functional and just one of every five households has a connection on their plot. National data indicate that over the past decade access by urban households to an improved source of drinking water *declined* from 90 per cent (2000) to the current figure, clearly a cause for concern. The situation in rural areas is worse, but unlike in cities, the trend shows some progress (from 46 per cent in 2000 to 48 per cent in 2010).[94]

Nearly one-third of Tanzania's urban water (29 per cent) is provided by a water authority; thus two-thirds of urban households lack a regular source of water – mainly those living in unplanned settlements. One in five residents has to rely on an unimproved source, about the same proportion as those who have water connections inside their plot. In Dar es Salaam, 38 per cent of households obtain water from wells or vendors. Of the remaining

62 per cent that rely on tap water, more than half obtain it from neighbours, one-fourth from public water distribution points, such as water kiosks and standpipes, and only 8 per cent have piped water inside their house.[95]

Water as a Right

In 2010 the General Assembly of the United Nations recognised access to water and sanitation as a fundamental human right. One of the core Millennium Development Goals, number 7, aims to halve the proportion of people without sustainable access to safe drinking water and sanitation services by 2015. The annual cost estimated for achieving the MDG water supply target in urban Tanzania alone is US$207 million, an amount that considerably outstrips projected government spending (US$35 million for the entire country).[96]

Safe water, adequate sanitation and correct hygiene practices (WASH) are necessary to the survival and good health of children, pregnant mothers and entire communities. Diarrhoeal and other infections caused by poor environmental conditions are responsible for 30 per cent of neonatal deaths in Tanzania. Women and children are disproportionally affected by gastrointestinal diseases and acute respiratory infections, caused by absence of WASH services in informal settlements.[97]

Institutional responsibility for water and sanitation is spread across ministries responsible for water, health, education and social welfare, in addition to PMO-RALG; definitions of specific roles are hazy. When coordination and accountability are weak, activities pertaining to planning, monitoring and financing WASH initiatives risk falling in an institutional vacuum.[98]

Local authorities are directly responsible for ensuring that public utilities and municipal services are managed effectively and equitably, to overcome disparities in exercising the right to water. To fulfil their mandate, LGAs need to address existing constraints, such as insufficient independent regulation, low funding priority, inadequate staff qualifications and absence of civil society engagement.[99] Supporting local authorities' efforts to meet these challenges can help to increase access to WASH services in under-serviced urban settlements.

Considering the substantial amount of water required by a family with young children to achieve good health and hygiene, both water quantity and quality are vital to urban households. But even at functioning water points, water quality is not always in conformity with national and global standards for drinking water.

Accessing water

The proportion of urban households with piped water in their dwelling has hardly grown over the past five years, and remains quite limited. Only stringent monitoring of household consumption can establish the extent of actual access. Equity in the water distribution system is vital to the capacity of urban poor households to access water, not only because they are least capable of investing in their own facilities, but also because they are more vulnerable to inadequate water and sanitation conditions.[100]

The Ministry of Water generates data on access to safe water based on information relating to infrastructure (urban household connections, urban public standpipes and rural water points). This means that 'access' is calculated on the basis of assumptions, rather than measurements of actual household water use. The functionality of water sources is an important point in estimating access, considering that water points in low-income areas are often broken, or only capable of supplying water during limited hours.

During consultations carried out for this publication, children and adult community members from Dar es Salaam and other urban centres spoke about the water shortages they experience, describing how in some areas they receive daily water at set times, while in others, water is available only once a week or less.[101]

Unfortunately, the city's delivery system experiences serious loss and wastage of water mainly due to leakage from old, degraded pipes. Broken pipes also allow water contamination, which can lead to disease, especially for infants and young children. About 60 per cent of the city's water is lost to leakages, in addition to 13 per cent lost to unauthorized use and illegal taps. Moreover, demand far outstrips the city's water treatment capability.[102] The end result is that the overwhelming majority of households in Tanzania's largest city remain cut off from the formal water delivery system.

Water Challenges in Chang'ombe

The majority of residents of Dodoma's unplanned Chang'ombe settlement use the three public taps available in the community as their main source for their drinking water. User fees were cited by most as the primary obstacle to accessing water from the piped scheme. Although the charge for a 20-litre water bucket was set by the water authority at U$0.25, private operators charge US$0.40-0.50. High cost forces households to rely on shallow wells for non-drinking water needs (washing and cleaning), even though these sources are contaminated by nearby pit latrines.[103]

Procuring water in informal settlements

Erratic supply forces the urban poor to diversify water supply sources and reduce consumption. In Arusha, Dar es Salaam and other centres, households buy water from informal vendors, usually male traders who collect water from private or public sources, transport it by bicycle or cart and sell it to poor urban dwellers – often at double the actual cost. Women and children are usually responsible for obtaining water from public taps. Children are often pushed aside by adults, including water vendors; community members and civil society organisations in Zanzibar noted that rationing necessitates fetching water during the night, posing a risk to children involved.[104]

Official data indicates that nationwide, only about half of the urban population uses effective measures to treat drinking water; 47 per cent boil their water.[105] But for some the added cost of fuel for boiling water acts as a deterrent to safe water treatment.

Water policy and equity

Despite the exponential demand for water generated by a swelling urban population, public utility systems have not been upgraded. On the contrary, three decades of underinvestment in a service critical to cities' own survival have left the water supply system in a state of disrepair. The government has adopted two strategies in response: delegating responsibility for water provision to the private sector, to enhance efficiency in utility operation management, and borrowing funds to strengthen the water infrastructure network and expand services to unconnected areas.[106]

As a reflection of the new policy trend, the MoW's former Urban Water Supply Department was renamed the Commercial Water Supply and Sewerage Division. Urban Water and Sewerage Authorities (UWSAs) are now being guided to supply water using a commercial strategy, with the main objective of achieving full cost recovery. UWSAs are expected to become progressively privatised, though presently they continue to be subsidised. An independent agency, the Energy and Water Utilities Regulatory Authority, was established to regulate prices under the new commercial regime.[107]

A Costly, Unaffordable Resource

A study carried out by WaterAid among poor communities in Dar es Salaam suggests that community members are largely unaware of the on-going privatisation process, and feel that it is unlikely to affect them. Being chronically deprived of regular supply and having to pay for it, the poor's number one concern is access to water, immediately followed by price.

A case in point is Temeke Municipality, Dar es Salaam's largest unplanned low-income area, accounting for about half of the city's total population. Some 120,000 of its estimated 200,000 households are unconnected to the municipal water system. Given uncertain water supply, public hygiene is managed through traditional pit latrines and open defecation. Most Temeke residents survive on US$1 a day or less, leaving very limited scope for acquiring water and sanitation services at market prices.[108]

Routine droughts, which reduce water supply, lead to price hikes. The inequalities experienced by the urban poor in accessing water are exacerbated at times of scarcity when, paradoxically, those who are most excluded from water services end up paying the highest price for the system's failure. National data reveal that poor households pay three times more for water, as a proportion of their income.[109]

As the reform is progressively implemented, it is important to ascertain its impact on the capacity of urban residents, particularly the poor, to obtain sufficient, good-quality water. User fees and cost recovery are expected to strengthen the system's sustainability

and generate the resources necessary to maintain and upgrade a fairly dilapidated supply system. But the city's poorest residents may not be able to afford fees. Subsidised connections are being introduced to overcome some access issues, but are unlikely to affect communities in distant, under-serviced locations.

Balancing Cost Recovery and User Ownership

Water has taken centre stage in recent years with citizens, water agencies and other actors becoming engaged in a debate over the introduction of new forms of private sector participation. Shifting from government-controlled to commercially managed water provision is neither simple nor uncontroversial.

Some feel that privatisation risks leaving unaddressed the main causes of inefficient water supply in urban areas; low government capacity, inadequate community ownership, and failed financial and institutional reforms. Entrusting water utilities wholly to private companies may further undermine government capacity to fulfil the fundamental needs of local constituencies.

It is important to involve local communities, the ultimate users, who have long been engaged in the provision, use and maintenance of water services. Whether water services are delivered by the public or the private sector, the government – especially at the local level – must ensure that the interests of its constituents are met on an equal ground. As the entity responsible for providing water to all residents, local governments can make sure that civil society is consulted in planning and monitoring water services.[110]

Making public water kiosks available in low-income areas could assist the poor more effectively. Interventions in poor communities must take into account the real needs of residents, regarding them as a resource rather than merely as 'clients'.[111]

Users have set some promising processes in motion. Since conventional approaches have failed to serve remotely located neighbourhoods, residents of both formal and informal settlements are responding to the water problem on their own, through self-help and local governance. Neighbourhood associations have been formed to bridge the gap created by insufficient public services. Community-based groups organise fund-raising, extend mutual self-help and seek external technical assistance to improve water and sanitation provision, roads and drainage. The main actors are the Dar es Salaam City Council (DCC), political parties, individuals, and women's and youth groups. Donors have provided occasional support.[112]

Unhealthy environments

Another daunting problem faced in informal urban settlements is environmental sanitation. Unplanned settlements are characterised by severely inadequate water and sewage infrastructure and behavioural practices in waste disposal and hygiene.[113] Environmental sanitation in urban residential areas falls short of both national and international goals.

Poor hygiene and sanitation facilities put children at special risk of illness and death from infections caused by contact with faecal material. This can occur, for example, as a result of walking barefoot along pathways where latrines have overflowed, through consumption of unwashed food products or due to lack of water and soap to wash hands before eating or after using the toilet.

Children residing in informal settlements are also impacted by the unsanitary conditions created by improper solid waste disposal. When unsupervised, children and toddlers may play with garbage, running the risk of injury or contracting skin and diarrhoeal diseases. Other children, mainly those living on the streets, play a role in the urban waste collection system, as scavengers at dumpsites and rag pickers.

Following the *Mtu ni Afya* campaign launched in the 1970s by President Nyerere, the use of latrines is well entrenched in Tanzania, which can boast 82 per cent toilet usage in rural areas and 98 per cent in urban centres. But the overwhelming majority are basic, unimproved devices. In cities only about 22 per cent of households employ improved, non-shared sanitation facilities, mainly (pour) flush pit latrines. Close to 60 per cent of urban households share sanitation facilities with other homes and even passers-by,[114] creating a special risk for children, especially at night, and contributing to their often unhygienic state. A study carried out in 45 wards of Dar es Salaam revealed that between 72 and 97 per cent of informal residents are unable to access improved sanitation. Children living on the streets report that most of the city's public toilet facilities are out of order.[115]

Asma (17 years), Stone Town

"I feel horrible having to depend on our neighbours for a latrine."

I want a better and more comfortable bed with a proper mattress. My bed is so painful because the mattress is very thin and worn out. I share a bed with my six year old brother. It is embarrassing because he can sometimes see me naked. When it rains, my siblings and I have to squash into one bed. I feel horrible having to depend on our neighbours for a latrine, especially when I have my period. There is no privacy but we have no choice. We sleep in fear of rats and snakes creeping into our room; the door has this big gap at the bottom. But this is our life.

Most of the time I go to school hungry, and an entire day can go by without food. It helps me get through the day when my friends share their food with me. Sometimes the teacher sends me home because my uniform skirt is torn and I have not paid my tuition fees – I feel so ashamed when that happens! I wish my father could help us more with school and when we get sick.

It is not easy when I see my siblings crying of hunger; I just tell them to keep studying hard to earn a better living. I am now in Form 2. I want to be a nurse at Mnazi Mmoja Hospital so that I can help support my siblings. Life in the city is hard, but I have hope for a better future.

The annual cost for meeting the MDG sanitation target in urban Tanzania was recently calculated at US$55 million per year. Long something of an institutional orphan, the environmental sanitation and hygiene sector recently started receiving overdue attention, with the development of a National Sanitation and Hygiene Policy and a Strategic Plan for School Sanitation and Hygiene.[116]

No room for toilets

In the high-density areas where the poor live a primary obstacle to achieving environmental hygiene is limited space. Poor households cannot afford to improve sanitation facilities, often relying instead on makeshift, poorly designed and constructed and unsanitary toilets. These unsuitable devices pose a major challenge to many, especially children, the elderly and persons with disabilities. Community members in Arusha reported cases of wooden platforms rotting, especially during the rainy season, and children falling into toilets.[117]

Lack of space and resources for proper sanitation facilities and the poor quality of existing latrines, are largely responsible for the deplorable environmental conditions that characterise typical low-income settings. Traditional pit latrines barely serve the primary objective of safely sealing off excreta. In highly congested areas, they are only marginally more effective than open defecation. Pit latrines are also subject to flooding, especially during rainy seasons.[118] When they overflow, they contaminate surrounding areas. Even if pit latrines are emptied, when human waste is discharged into the rainwater, poor drainage systems allow polluted water to contaminate the soil, posing a high risk to children and others. The high disease prevalence in poor communities, especially during rainy seasons, is likely to worsen significantly in light of the new environmental scenarios being projected due to climate change.

Children, civil society organisations and community members involved in field consultations mentioned open defecation as a widespread problem practiced in a number of urban spaces, such as market places, school playgrounds, the ocean (in Zanzibar) and Lake Victoria (in Mwanza).

The few public toilets available in cities are operated by the private sector for a fee. Facilities in Zanzibar are reported to be inadequate, normally dirty and lacking water. To most people it is often unclear whose responsibility it is to ensure good maintenance of public facilities.[119]

Sanitation in Urban Schools

School sanitation is problematic in crowded urban areas, especially in Dar es Salaam. Temeke municipality, where both residential areas and schools are overcrowded, experiences record numbers of annual cholera cases. If schools are connected to the water network and fail to pay a bill, water supply is liable to be interrupted. Lack of water also makes hand-washing a problem in schools, for example in Kinondoni.[120] Most schools do not provide soap either. In congested urban areas, schools may not have sufficient land to build the required number of latrines and other hygiene facilities.[121]

WASH programmes in schools can not only increase children's water, sanitation and hygiene access, but also improve school achievement, as a recent country-wide assessment revealed. Yet a mapping exercise also found that standards between districts varied significantly; the worst performing district was Temeke, with only 21 per cent of the required number of drop holes in schools.[122]

Sewage systems

Urban sewage systems are very limited. In Dar es Salaam, only 8 per cent of residents are connected to the central sewer network. Traditional latrines are emptied in various ways managed by individual households, which cannot rely on a formally organised municipal public hygiene or solid waste service.[123] When latrines are emptied, the final dump site is a further cause for concern.

Drainage systems are inadequate to provide for the needs of the existing population under present rainfall conditions. Given trends toward population growth and intensified rainfall as a result of climate change, urgent action is required to repair, maintain and keep existing drains free of waste, and to invest in long-term upgrading of the entire system, increasing its capacity to cope with larger volumes of storm-water.[124]

Solid waste management

At the beginning of the 1990s only 2-to-5 per cent of Dar es Salaam's garbage was being managed, leaving an estimated 1,300 tons of solid waste uncollected every day. Meanwhile, the swelling of urban populations has led to a steady rise in the generation of solid waste (to more than 4,000 tons per day in 2009), some of which is toxic 'e-waste' that threatens human health and the environment. Only 37 per cent of the city's waste is disposed of in dumpsite or landfill areas. Public sector failure in solid waste management led to the decision to try a public-private partnership approach.[125]

Despite some progress, a number of challenges remain. In addition to persistent weaknesses in the municipal system, due to ineffective bylaws and tendering processes, the new commercial arrangements do not always coincide with users' capacity or willingness to pay for solid waste services. Although fees were set at a lower rate for poorer residents, the haphazard nature of unplanned settlements makes waste collection more problematic and, hence, more expensive. Narrow alleyways and unplanned construction block the path of waste collection trucks, and waste is often dumped into ditches and drains or alongside drainage channels, obstructing flow and contributing to poor sanitation.[126] Urban areas experimenting with making trash collection the joint responsibility of private companies and community-based organisations have found this system to be far from efficient, since garbage accumulates for a long time before being removed, the old vehicles used break down frequently and users often are late with payment.[127]

The problem seems to be most acute in Dar es Salaam. Poor infrastructure and equipment, inadequate coordination among different actors and inefficient billing practices have been blamed for a faulty solid waste management system.[128] But community members consulted in Zanzibar noted that residents are sometimes at fault for unhygienic neighbourhoods, being careless about disposing of garbage in bins. In some areas people have taken on the problem by organising community groups in wards and *shehias*. The Municipal Council provides training, as well as equipment and means of transportation for collecting garbage.[129]

The challenge of solid waste management evolves in parallel with urbanisation, and is likely to worsen in coming years in the absence of effective measures.

Raising awareness among service users and promoting political will among municipal and city administrators are critical for developing a solid waste collection system that can be sustainable from both the economic and environmental points of view.

UNICEF/Paul Joynson-Hicks

Mtumwa (32), mother of five, Stone Town

"My husband makes about Tsh 20,000 per week, not enough to feed and educate our children. Sometimes I have to ask my uncles for help. For the past 20 years, I've been living in this small house I inherited. It has two small rooms, and no running water, electricity or latrine. We get our water from a nearby tap and drink it without boiling because we can't afford charcoal. When it rains, the entire house leaks, the mattresses get wet, so I send my children to the neighbor's house to sleep on a dry floor. Our neighbor lets us use his pit latrine but at night we have to dig a hole outside and it's so dark that I get scared. Putting my children in this situation really pains me, especially my daughters. I pray my children will succeed in school and get the means to improve their lives."

WHAT CITIES CAN DO TO INCREASE ACCESS TO WATER, SANITATION AND HYGIENE

Invest more: Greater investment in water and sanitation services in urban centres is necessary to increase coverage in areas where demand is rising. Awareness is needed to encourage investment by government and households and to generate demand for water, sanitation and hygiene services.

Leverage the urban advantage: Economies of scale, favoured by density, should be leveraged to help cities expand on-going efforts to improve access to WASH services, with a focus on affordable and sustainable technologies that can be maintained and monitored locally to overcome vulnerabilities to water- and vector-borne diseases.

Promote community partnerships: To increase the formal provision of WASH services in informal settlements, local authorities can partner with communities. Local women and children's groups can act as local hubs for WASH activities, encouraging behaviour change in communities and playing a role in mapping local needs and services to inform planning.

Plan for children: Due to children's vulnerability to disease, special attention must be paid to designing child-friendly toilet facilities, especially in schools. Sanitation services must keep into account the needs of children with disabilities. Communities and schools, with active participation by families and children, offer ample room for WASH experimentation, including in emerging areas such as ecological sanitation, composting and urban gardening.

Strengthen planning and monitoring: Recent reforms have opened new opportunities for local government to exercise more control over water, sanitation and hygiene provision. When planning upgrades for informal settlements, local authorities must ensure to incorporate water point provision, latrine construction, pit emptying and solid waste management into planning.

UNICEF/Marko Balenovic

Cities and Health

Keeping healthy in informal urban settlements is a daily challenge. Degraded physical environments and lack of basic services aggravate the vulnerability generated by poverty, leading to a general state of poor health among residents. Children and pregnant women are especially vulnerable to the risks posed by unhealthy and polluted land, air and water, and are more prone to recurrent infections. Given the environmental nature of prevalent forms of illness, climate change is likely to increase health risks in cities.

Common, treatable childhood ailments, such as respiratory and gastro-intestinal infections, easily turn into frequent and acute episodes which, if neglected, may become serious and even life-threatening. Malnutrition compounds most diseases, in a vicious circle of malnutrition and infection that can irreversibly undermine normal growth and development in children. The HIV and AIDS epidemic places an additional burden on the health of low-income communities around the country. HIV prevalence in Tanzanian cities dramatically outstrips that of rural areas.

Maternal health

Despite some progress, maternal deaths are still high in Tanzania – mainly caused by haemorrhage, unsafe abortion, sepsis, obstructed labour and pregnancy induced hypertension. The maternal mortality ratio (MMR) during the ten-year period prior to the TDHS 2010 was estimated at 454 maternal deaths per 100,000 live births. MMR trends are assessed at long intervals and fail to ascertain urban-rural or sub-municipal differentials. To partly address this gap, the proportion of births attended by skilled health workers is monitored under the MKUKUTA plan, to assess progress in the provision of maternal health services.

High maternal death rates are associated with women's low socio-economic status and high fertility rates. Fertility rates are lower in urban centres than rural areas. On average, women in rural areas have 2.4 more children than their urban counterparts (6.1 vs. 3.7), but even in urban areas one in every five married women has an unmet need for family planning. Women's socio-economic background is a major factor affecting fertility, suggesting that the number of births per woman in urban areas is probably higher in poor, unplanned settlements than in wealthier parts of urban Tanzania.[130]

Antenatal and emergency obstetric care

Although the overwhelming majority of Tanzania's pregnant women receive antenatal care, substantial quality gaps persist, even in urban areas – where, for instance, one in six women did not have a urine sample taken during their antenatal visits. An even greater concern is that skilled assistance at delivery, and emergency obstetric care, are quite inadequate: fewer than half of all births are attended by skilled health workers and most facilities are not equipped to perform life-saving procedures in case of delivery complications.

There is also evidence that the care provided to poor pregnant women may be inferior. In Tanzania's cities, almost one in every five women still delivers at home, without the assistance of a skilled health care provider, and more than half do not go for a postnatal check-up after giving birth.[131] These figures, along with persistently high maternal mortality, call into question both access and effectiveness of service provision among those who are most marginalised in urban settings.

Malaria in pregnancy

To strengthen malaria control efforts, in 2002 Tanzania adopted a national policy of intermittent preventive treatment for malaria during pregnancy (IPTp). However, implementation has been slow. Official 2010 data show that less than 30 per cent of pregnant women in urban Mainland areas receive the recommended two or more doses of anti-malarial drugs during antenatal care visits. Equally worrisome, only three of every ten pregnant women living in an urban area had slept under a mosquito bed net the night before the TDHS was conducted. Even fewer women were using the most effective types of insecticide-treated nets.[132]

Adolescent girls

Despite Tanzania's high fertility rates and the well-known risks of starting bearing children at a young age, adolescent health is one area that continues to receive comparatively little attention from policy makers. While there was a 12 per cent decline in age-specific fertility rates among girls aged 15 to 19 years nationwide in recent years, 15 per cent of urban adolescents had already begun child-bearing by the time of the most recent TDHS, with marked differences according to household wealth and girls' educational attainment.[133] It appears that poor, uneducated girls face a deficit of services catering to their need for information and services related to reproductive health. It would be important to gather information in high poverty pockets, including in urban areas where evidence suggests than adolescent girls tend to be more neglected.

Child health

Child survival has improved significantly over the past decade, which has seen a substantial decline in both infant and under-five mortality rates. During this time, the urban-rural gap has progressively narrowed, almost disappearing entirely. Early childhood mortality rates, which had been long higher among rural children, are now similar in rural and urban settings. If anything, mortality rates are now marginally worse in urban centres, a fact that belies the notion of an urban advantage in access to health care services

Trends in childhood mortality, by residence
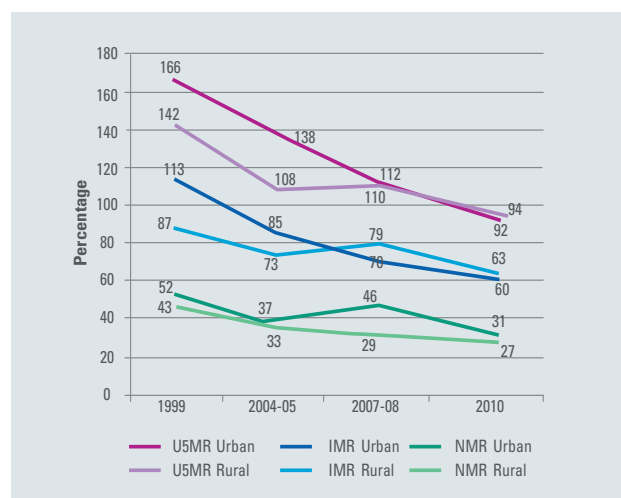
Source: TDHS 1999, 2004-05 and 2010; THMIS 2007-08

UNICEF/Paul Joynson-Hicks

Nadra (11 years), Stone Town

"I will study hard to become a doctor and build a house with water and electricity."

When I hear the call for prayer I know it's time for school. I bathe from a bucket, put on my uniform and walk to school. We are so many students that we have to study in shifts; mine starts at 1 pm until 5:45. Most often I go to school on an empty stomach and don't eat anything until I'm back. It makes it hard to concentrate in class but I try. Once back, I eat plain rice or, if we are lucky, coconut rice with vegetables. Because we have no electricity, I study with an oil lamp.

When I finish school I want to be a family doctor. I will study hard to get my family out of poverty. I will be a doctor and build a house with electricity and water for my mother and siblings.

The least progress took place in neonatal mortality, which now accounts for half of all infant deaths and nearly one-third of all early child deaths. Urban areas are doing the most poorly; deaths during the first four weeks after birth are more frequent in urban Tanzania (31 deaths for every 1,000 live births) than in rural areas (27 per 1,000). The same is true for infant and under-five mortality, where rural areas now marginally outperform urban centres.[134]

With cities losing their edge over the countryside, it is important to gather data showing how under-serviced urban pockets compare with overall urban averages.

Immunisation and illness

The 2010 TDHS recorded positive performance in immunisation in the country. The MKUKUTA target of 85 per cent of DPT-Hb3 vaccination coverage, adopted as a proxy indicator of overall immunisation performance, was met. Tanzania performed better than its neighbours in the region. However, greater progress could be achieved if areas lagging behind were targeted, as suggested by variations in coverage by health quintiles.

Vaccination coverage, by place of residence and wealth

%	2010	
By residence	**All basic vaccinations**	**No vaccinations**
Urban	85.6	0.5
Rural	72.6	2.7
Total	75.2	2.3
By wealth quintile		
Lowest	69.1	2.9
Highest	84.8	1.0

Source: TDHS 2010.

Although 75 per cent of Tanzanian children aged 12-23 months are fully immunised,[135] more than one in every 50 receives no immunisations at all. Performance appears to be lower among the lower wealth quintiles. More urban than rural children are fully immunised, but almost 15 per cent of urban children younger than two years do not receive *all* the vaccines required to fully immunise

them against common childhood diseases. Developing data on immunisation coverage in low-income urban settlements would help identify chronically unreached population pockets.

About one-third of children under five years suffered from some form of ailment during the four weeks prior to the 2007 Household Budget Survey. Fever, often associated with malaria, was by far the principal cause, followed by diarrhoea and ear, nose or throat complaints. Many urban children who had been sick were not taken to a health care provider for diagnosis or treatment: one-in-six children in Dar es Salaam, and one-in-four in other urban areas.[136]

Disease and health care in urban centres

While urban centres attract more government and private health facilities, and offer a wide range of services, not all citizens gain access equally. The people living in the unhealthiest environmental conditions typically have the least access to quality, affordable care. More data is needed to analyse gaps in both access to care and health outcomes between wealthy and poor urban residents.

Food and water-borne diseases

Diarrhoea and cholera both pose a high health risk for children living in overcrowded, unsanitary conditions. One-in-five urban children younger than five years had experienced diarrhoea during the two weeks preceding the 2010 TDHS survey. A leading cause of childhood illness and death, diarrhoea incidence remains constant and widespread, especially in poor communities. TDHS data from 2010 revealed a sharp rise among urban children, from 10 per cent in 2004-5 to about 18 per cent (compared to 13 per cent in rural areas).[137] Systematic collection of information on diarrhoeal infections in informal urban pockets would help to guide municipal planners and health authorities seeking to focus preventive and curative interventions on high-risk areas.

Cholera is a major public health threat, especially in urban settlements where environmental conditions favour the spread of disease. Low-income communities in Arusha, Mtwara, Mbeya and Dar es Salaam routinely have the highest death toll during cholera outbreaks.

Major outbreaks of cholera occurred in 1997, 2002, 2004 and 2006.[138] In 2006, there were over 14,000 cases and more than 250 deaths, affecting 16 of the country's 21 regions. Dar es Salaam alone, where cholera has been directly correlated with poor housing, population density and low-incomes, accounted for 63 per cent of the total cases and 40 per cent of total deaths.[139]

Health Care for Children on the Streets

A study of the health-seeking behaviour of children living and working on the streets in the three municipal districts of Dar es Salaam found that they frequently experience illness and injuries, including fever, skin diseases, headaches, respiratory infections, diarrhoea and stomach upset. The occupations they are engaged in are often the cause of their poor health status. Scavenging and begging expose them to serious health and safety risks. Engaging in high-risk sex and other risky behaviours causes injury and disease, including HIV. Among the respondents who had had sex, 74 per cent of boys and 61 per cent of girls reported never using a condom.

The majority of children living on the streets do not use health care services. Cost and unfriendly attitudes by health personnel are the barriers most often cited by children. They normally opt for self-medication, purchasing drugs from local shops and pharmacies, because it is cheaper and saves time that they can dedicate to income-earning activities. Street children go to the hospital only when they are very sick (38 per cent) or when advised by a friend (32 per cent). Only 30 per cent regard hospital services as effective.[140]

Vector-borne diseases

Women and children under five are the most vulnerable to malaria, which in turns leads to anaemia – a condition that is widespread among children and adults residing in Dar es Salaam and other cities.[141] Despite efforts to control its spread, about 18 per cent of under-fives were infected with malaria nationwide in 2008. Rural areas had higher prevalence levels (20 per cent) than urban centres (7 per cent). But even there, national data show that more than one in three children sleep

without the protection of an insecticide-treated bed net – most likely those belonging to the most vulnerable urban communities. While Dar es Salaam is among the lowest-prevalence regions in the country, research carried out in 2004 showed that between 2 and 10 per cent of schoolchildren in the city had malaria.

Coverage of insecticide-treated nets among children under five years of age, by residence
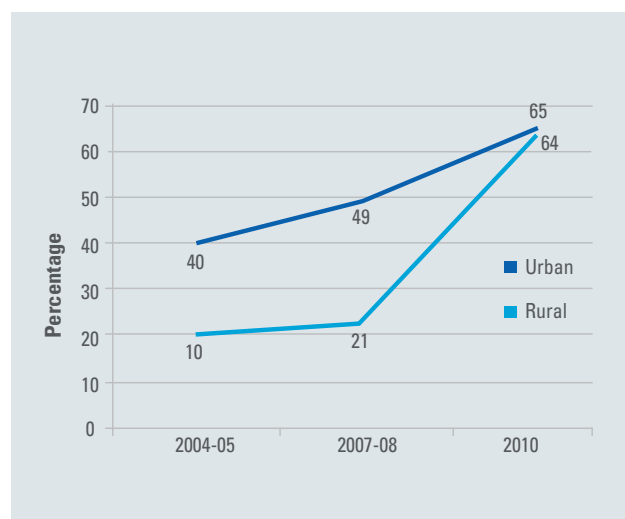
Source: TDHS 2004-05 and 2010; THMIS 2007-08

While mosquito nets are a very effective malaria-control strategy, integrated approaches involving improved environmental sanitation and behaviour change are also important, especially in vulnerable areas that facilitate breeding sites.

Despite massive efforts to control malaria through bed nets and larvicides, eliminating malaria remains a distant goal. The use of long lasting insecticide-treated bed nets is critical, and evidence suggests that cities could do more to encourage their use.[142] It would be useful to estimate malaria prevalence across Tanzania's unplanned urban areas, where constant pools of water invite mosquito breeding, and the population is less capable of accessing health care. It is noteworthy that the proportion of urban children who reportedly had a fever in the two weeks prior to the last TDHS rose by eight percentage points, or nearly one third, from about 22 per cent in 2004 to nearly 30 per cent in 2010 – a sharper rise than that in rural areas.

Self-reported fever in children under five years of age, by residence
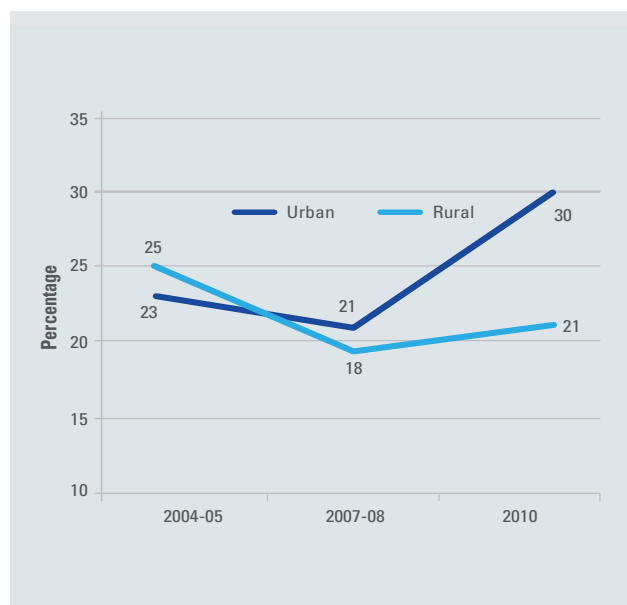
Source: TDHS 2004-05 and 2010; THMIS 2007-08

Dengue fever, also transmitted from mosquitos, is more prevalent in urban than rural areas. Although it does not pose a major health risk at present, climate change is expected to accelerate both dengue fever and malaria incidence by expanding breeding environments for mosquitoes.[143]

Some 30 per cent of Dar es Salaam's population is estimated to be hosting elephantiasis worms, which cause lymphatic filariasis (elephantiasis), another mosquito-transmitted tropical disease. Sadly, the extensive network of drains developed in the city to prevent mosquito breeding by reducing the accumulation of stagnant water actually serve as a major breeding ground for mosquito larvae.[144] Mismanagement of the drainage system, degraded and clogged by unauthorised construction and improper solid waste disposal, has turned a potentially life-saving intervention into a health hazard.

Barriers to health services

Income and spatial barriers are key factors keeping disadvantaged urban residents from accessing health care, as is the limited coverage of social health insurance schemes.

Income barriers

Nearly one-fourth of Tanzanian women cite lack of money for treatment as the primary obstacle in accessing health services, followed by distance to a health facility. Significantly, households in the lowest wealth quintile are more than four times as likely to single out lack of money for treatment as those in the top quintile (42 vs. 9.5 per cent). While these figures are not urban-specific, they indicate the existence of large disparities by wealth, pointing to the need for further investigation into the differentials prevailing in urban contexts where, on average, one in every seven dwellers (14 per cent) fails to seek treatment because of cost.[145] Evidence already gathered suggests that both service utilisation rates and health outcomes are better in areas of low poverty concentration than in those with a high concentration of poor households.[146]

Free or subsidised public health services are supposed to be extended to pregnant women and children under five. But a survey among health service providers and users of Kinondoni, Ilala, Temeke and Kibaha Councils revealed that due to the under-resourcing of public facilities, demand for payment is often made. This is a primary disincentive for the poor to rely on government facilities in low-income urban areas.[147]

Spatial barriers

Distance to health facilities was the second hurdle cited by women seeking health care. Echoing findings from the 2010 TDHS, a survey carried out in four districts in the Dar es Salaam area indicated that the majority of health care service users (67.4 per cent in the urban low-income communities surveyed) were more apt to rely on the nearest health facility, regardless of the quality of care received; location was prioritised over higher quality care. Only 17.4 per cent of those surveyed said they would be willing to travel to achieve better care.[148]

Research conducted in Dar es Salaam revealed a close relationship between poverty, spatial location, health seeking behaviour and access to health care services. Health services are offered unequally in different parts of the city. An upper tier of service provision offers better quality services to those who can afford them, while more affordable, lower quality facilities cater to the needs of poorer social groups. Public dispensaries are often not available in low-income areas, forcing residents to rely on costlier private alternatives or forego health care altogether.[149]

Insurance coverage

Health insurance is mandatory for government and restricted categories of formal sector employees, covered by the National Health Insurance Fund (NHIF). Unemployed and informal sector workers in urban areas can voluntarily enter the TIKA insurance plan, which is not yet widely available. Coverage remains low nationwide; only about 14 per cent have public health insurance coverage, even fewer according to the 2010 TDHS.[150] Coverage also varies by socio-economic status; as of 2008, 12 per cent of the wealthiest groups were insured compared to a mere 4 per cent of the poor.[151]

> *"The health insurance system in the country is almost non-existent."*
>
> **Tanzania Demographic and Health Survey 2010**

HIV and AIDS: An urban epidemic

As is the case in most of Sub-Saharan Africa and the rest of the world, HIV and AIDS prevalence is higher in cities than in rural areas. The percentage of Tanzanian urban dwellers infected with HIV, estimated at about 9 per cent, is almost double that of rural residents (5 per cent). More than one in ten women of reproductive age is reported to be infected with HIV in Dar es Salaam and other urban areas of Mainland Tanzania. The predominant mode of transmission is heterosexual contact.[152]

At-risk groups

Adolescent girls and young women aged 15 to 24 years are at particularly high risk for infection, especially after the age of 17; risks continues to rise as girls age – a trend not seen among boys. Younger children are not much safer: overall, about 11 per cent of the 1.4 million people who are HIV-positive are children less than 15 years of age. National data indicate that about 50 per cent of sexually active adolescent girls used a condom during their last sexual encounter, a 32 per cent rise since 2004, reflecting a decline in high-risk sexual practices.[153] Despite such positive trends, greater attention should be devoted to adolescent girls exposed to high risk of infection by poverty and marginalisation, which may lead to sexual abuse, as well as forced and commercial sex so prevalent in urban centres.

Accessing Health Care in Cities

According to children, community members and local government professionals consulted for this report, the main challenges in obtaining services from public health care facilities are lack of basic equipment and drugs, overstretched health personnel, and cash payments required in the absence of health insurance. Although senior citizens, under-five year old children and pregnant women qualify for fee waivers, corruption and lack of free medicines make policies ineffective. The cost of transport presents an additional burden for the poor, who often delay seeking medical advice in favour of self-medication. Even where health facilities are available, receiving services may be problematic for those who lacking sufficient income, transportation and time to access them.[154]

Prevalence of HIV by sex
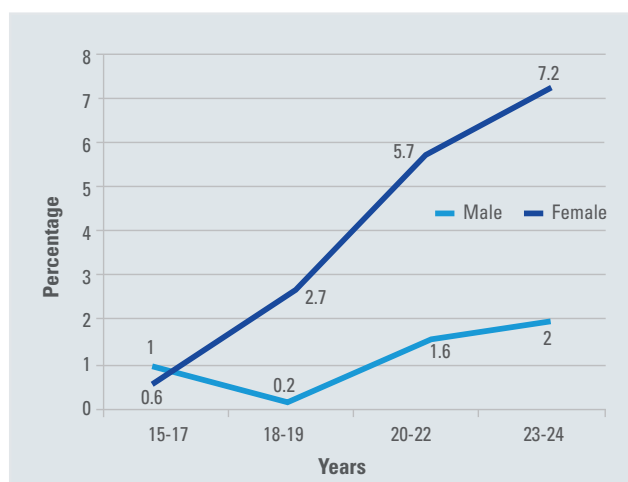
Source: THMIS 2007-08

Developing data on HIV prevalence and socio-economic determinants of infection among disadvantaged urban children would inform preventive policy and action. Presently, it is impossible to precisely measure the impact on this group. Limited data on the population under15 years of age, absence of disaggregated sub-municipal information and the lack of an urban strategy in HIV and AIDS programming leave untargeted a group that is likely to be seriously affected.

Bahati (17 years), Mwanza City

"He told us he was HIV positive and asked us to take him to the hospital…"

I don't know my father. I used to go to school but had to drop out when I reached Standard IV. My mother got sick and couldn't walk, so she had to stop working. Now I have to help find money to support the family. Every day I go to the city at about 7am and don't get home until 9pm – I spend the day begging for money. My first meal is usually at lunch. On average I make about Tsh 4,000 a day, which I take home for buying groceries. Some days I finish too late at night and just sleep in the streets rather than going home.

One day, my friend and I met Wilson (19), who was also living on the streets, and we became good friends. These street volunteers used to come and advise us to go to Kuleana, a local NGO, to get tested for HIV. So we finally decided to go and get tested, but everyone collected their results alone and in secret. After a while we noticed that Wilson had started to lose a lot of weight. He eventually told us that he was HIV positive and asked us to take him to the hospital because he was very ill. He was admitted for about one week. We used to visit and bring him food. One Wednesday last year, we went to see Wilson but couldn't find him in his room. The doctor told us he had died.

Life in the city can be very unsafe, one needs patience and perseverance. But I still have hope. My friends and I once went to the airport to look at the airplanes. I was so impressed with what I saw that I decided I would one day become a pilot.

By 2009 the HIV and AIDS pandemic had left nearly 1.3 million children orphaned, and nearly one-third of all urban households on Mainland Tanzania and Zanzibar were hosting foster and/or orphan children. By the time of the most recent TDHS, more than one in ten children living in urban areas (11.5 per cent) had lost one or both parents.[155]

The populations at highest risks tend to be clustered in cities: commercial sex workers and their clients, injecting drug users, and men having sex with men.[156] Orphans and girls and boys living on the street are also at high risk, due to potential involvement in the sex trade as a survival mechanism.

In low HIV prevalence Zanzibar (where rates range from 0.6 per cent in the general population to 0.9 per cent in antenatal clinic attendees), the epidemic is also most severe among injecting drug users and commercial sex workers. One study showed that about 30 per cent of injecting drug users in Zanzibar were HIV positive.[157]

People with disabilities also face an elevated risk. Penalised by stigma and marginalisation, limited access to information and often poverty, they may be less protected as a result of general misconceptions about their sexual life. Data shows that HIV prevalence among women with disabilities is higher than among men. Even for this group, urban figures outstrip rural ones.[158]

Knowledge and risk perception

Knowledge of key HIV prevention methods is widespread; for example, nearly nine in ten urban residents aged 15-49 years know that the risk of infection can be reduced by limiting sexual intercourse to one uninfected partner who has no other partners.[159] Better knowledge and awareness in urban than rural areas was confirmed by the TDHS and studies carried out in Arusha and Kilimanjaro. In both regions, more urban than rural dwellers report discussing AIDS-related issues, understanding that AIDS is a serious threat to their communities, and seeing themselves at risk of HIV infection.[160]

Nevertheless, THMIS data reveal that one-fifth of urban women, including adolescent girls aged 15-19 years, as well as large numbers of males, engaged in high-risk sex during the 12 months preceding the 2007 survey.[161] The question then is why, in spite of their greater knowledge and awareness, young urban

residents continue to defy the odds and engage in behaviours that put them at high risk of infection.

Removing Structural Barriers to HIV Prevention: Role of Local Authorities

AMICAALL, the Alliance of Mayors and Municipal Leaders on HIV/AIDS, was created in 1998 to support and coordinate activities aimed to prevent the spread of the epidemic in towns and cities of Africa. Promoting a decentralised approach and mobilising local resources such as civil society organisations, the private sector and local communities, African mayors believe that they can serve as effective partners to both the central government and their own local constituencies in controlling HIV and AIDS. African mayors believe that they can serve as effective partners to both the central government and their own local constituencies in controlling HIV and AIDS. The main objectives of the Alliance are to raise awareness, develop disaggregated data and monitor HIV and AIDS activities at the municipal and community levels.

AMICAALL Tanzania recently framed its Third Strategic Plan (for 2011-2015) to contribute to addressing the epidemic in urban areas. Ward Multi-sectoral AIDS Committees are expected to be technically and financially strengthened to expand HIV and AIDS control activities at the grassroots level.[162]

Focus on urban adolescents

The predominance of HIV and AIDS in urban areas challenges widely held notions about how the disease is spread. Despite possessing more information and greater knowledge and awareness, having more economic resources and enjoying better access to health services, urban residents are nonetheless more prone to contracting the infection.

Far from offering an advantage, it is possible that the urban environment provides an ideal terrain for spreading the disease. Recognising that a risky environment plays a more critical role than the virus itself may be a first step toward appreciating why HIV and AIDS spreads faster in urban than rural settings.

More than other groups, adolescent girls epitomise the apparent HIV and AIDS urban paradox. Throughout sub-Saharan Africa, HIV and AIDS has hit women and young people hardest. Adolescent girls are especially vulnerable. A risky urban environment interplays with gender and age to compound their vulnerability.[163] The focus on HIV among urban adolescents is recommended by analysts who stress the important role played by the overall environment where people live in spreading the epidemic.

Taking the social environment in cities into consideration means analysing the structural conditions that influence behaviour to see how they exacerbate vulnerability. This approach looks, for example, at factors such as families' inability to support their children, overcrowded homes, young migrants and orphans with no adults to care for them, and the prevalence of violence against women and children as conditions facilitating the spread of HIV. A study conducted among adolescents living in low-income areas of Dar es Salaam identified several common 'environmental' factors that heighten vulnerability to HIV and AIDS – namely, orphanhood, migration, forced sexual initiation and place of residence – most of which are pervasive in poor urban areas, making them a structural determinant of the likelihood of HIV infection among young urban dwellers.[164]

WHAT CITIES CAN DO TO STRENGTHEN HEALTH AND COMBAT HIV AND AIDS

Gather disaggregated data: More information is required to understand the causes of declining urban performance in child and maternal health. Special focus is required to measure the prevalence of endemically urban diseases (such as vector- and water-borne diseases and HIV and AIDS) in environmentally risky settings, by disaggregating data at the sub-municipal level.

Invest in research: Deeper analysis is needed to identify the barriers limiting access to health care by the urban poor, particularly on weaknesses in the fee waiver and exemption systems, health insurance coverage, and absence of affordable, reliable health services in low-income areas. Mapping the spatial distribution of existing facilities would provide valuable information for future planning aimed at equalising access across income groups.

Conduct HIV risk analysis: There is a need to deepen understanding of how the urban environment and social behaviours contribute to the high rate of HIV infection in cities. This is a critical first step toward developing strategies for the creation of protective environments for children and adolescents exposed to sexual abuse and exploitation.

Promote child and adolescent-friendly services: Since the urban advantage in terms of specialised HIV and AIDS facilities has not reverse the spread of the epidemic in cities, special attention must be paid to prioritising child and adolescent-friendly services for paediatric and adolescent care, including: treatment, care and support and age-appropriate sexual and reproductive health services.

Map health risks: Given their mandate to plan and monitor health and HIV and AIDS activities, municipal authorities can play a critical role in making cities healthier, and HIV and AIDS-free. Ward and community-level mapping could be carried out in partnership with local residents, including young people. Location-specific analysis of major disease determinants and health-seeking behaviour in under-served areas is needed. Children and adolescents should be given an opportunity to participate in processes aimed at making their living environments healthy, protective and safe.

UNICEF/John Badi

Educating the Urban Poor

Tanzania places a high priority on education, to prepare future generations to lead the country. An ambitious reform was undertaken with the aim of enrolling all children in school. Seeking to establish a school in every ward and village, the reform programme is unprecedented in terms of scale and investment. Resources for education account for the lion's share of both national and district local council budgets, and schools have become the most widespread local institution in the country. Now that the reform has reached scale, the key issue is to ensure that it effectively meets its objectives, giving all children opportunities to learn and gain practical and other skills.

Yet the advantages that could be enjoyed by city schools, with their greater access to human, financial and technological resources, are barely visible in poor urban settings. This appears to be largely due to conditions such as overcrowded classrooms, lack of learning materials and teacher absenteeism, all of which contribute to poor educational outcomes. Like their rural counterparts, the urban poor are at a disadvantage when it comes to quality public education – a right that should accrue to every child.

A school in every village and ward

To meet the goal of universal primary education, the government abolished school fees in 2001, enforced compulsory enrolment for primary school-age children and began to recruit, train and deploy teachers to every village around the country. Due to the massive number of new schools built, enrolment in both primary and secondary schools rose sharply during the past decade. By 2011, primary enrolment was measured at 94 per cent, and 35 per cent of 14-to-17-year-olds were enrolled in lower secondary (O level) education.[165]

Levelling the Playing Field: Early Childhood Development

Even prior to entering school, infants and young children often lack the necessary care and development opportunities that they need, especially in poor families. Early childhood development, care and stimulation are essential for a child to grow to her full potential and start learning from birth, well before srarting formal education. By laying the foundation of children's ability to learn, early childhood education favours school success in later years.[166]

Local governments gained a new role as a result of the Declaration from the First Biennial National Forum on Early Childhood Development, signed in Arusha on 23 February 2012, which committed ministers in relevant sectors to strengthen ECD in the country. The first vital step is to effectively implement the draft Integrated Early Childhood Development Policy, which recognises the role of the local government in promoting early childhood development, and calls upon District and Ward level mechanisms to ensure coordination on the ground.

School preparedness

Tanzania's focus on primary education did not extend to include early child development (ECD) or pre-primary education until 2007, with the second round of the Primary Education Development Plan (PEDP II 2007-11). The Plan first addressed the issue on a national scale by encouraging the establishment of a pre-primary education programme for five and six-year-old children, linked to existing primary schools. As a result, the net enrolment ratio for this young age group rose from 33 to nearly 42 per cent between 2007 and 2011. Nevertheless, the bulk of pre-primary education services are still managed privately, by pre-school centres that offer relatively higher quality services compared to community-based childcare models.[167]

Despite the expansion of pre-school centres, regional variations persist. While more available in cities, ECD centres are still few in number in both rural and urban Tanzania. Paucity of data on ECD services, however, makes it difficult to discern access levels by disadvantaged groups in either setting. Consultations held in Mwanza underscored that mothers often carry their young children with them when they go for street vending or other small informal business. Sometimes, they carry an older child along to mind the small one, thus depriving both children of learning opportunities.[168]

Establishing ECD and care programmes in low-income urban areas is critical to promoting children's cognitive, social and emotional development and to provide much-needed support to working parents and allow older siblings to attend school.

An urban education edge?

Compared to those in rural areas, urban primary schools have higher teacher/student ratios, spend more per student on textbooks and teaching materials, pay higher salaries and offer better access to higher education.[169] Cities generally have better-performing schools, as measured by Primary School Leaving Examination (PSLE) pass rates. Teacher deployment, which is tied to school performance, also tends to favour urban schools.

In addition, pre-schools are more available in urban areas, contributing to a student population that is better prepared to learn, and secondary schools usually have more teachers, who are better qualified than their rural counterparts. Such differences result in notable variations in academic performance; students attending secondary schools in Dar es Salaam have an average pass rate of 91 per cent, compared with 69 per cent in other urban schools and 72 per cent in rural areas.[170]

However, not only have rural primary schools been catching up with urban progress, but education data show discrepancies according to household wealth. As shown in the graph on page 64, children from poor families are at a distinct disadvantage compared to better-off peers – and those living in urban areas do not seem to fare any better than their poor rural counterparts.[171]

Mussa (14 years), Mbeya City

"I dropped out of school, my mother couldn't afford to pay for me… Now I sell onions…"

I had just passed my Standard VII exams when my father suddenly fell ill and died. I had to drop out of school because my mother couldn't afford to pay for all four of us, so she decided it was best to let my older brother complete his education so that he could later support the whole family.

Now I sell onions on the street while my mother works on a farm. I'm on the street from 7am until 6pm. I make about Tsh 2,000 a day, my profit is very small but helps me to buy some food.

If I could talk to the Minister of Education, I would ask him to help all disadvantaged children with free education up to Form 6, because education is the key to life. I still help my siblings with their homework. I wish I could go back to school, but unfortunately I can't. Not for now.

Gross enrolment ratios by location, 2000/1 and 2006

%	Pre primary education	Primary education	O' level secondary
Total Tanzania	28.6	116.6	30.9
Urban	45.9	119.6	56.6
Rural	23.8	115.8	21.9
Location Parity Index*	0.52	0.97	0.39

Source: UNESCO (2010). * GER rural/GER urban (urban = 1.00)

Gross enrolment ratios, by wealth quintile
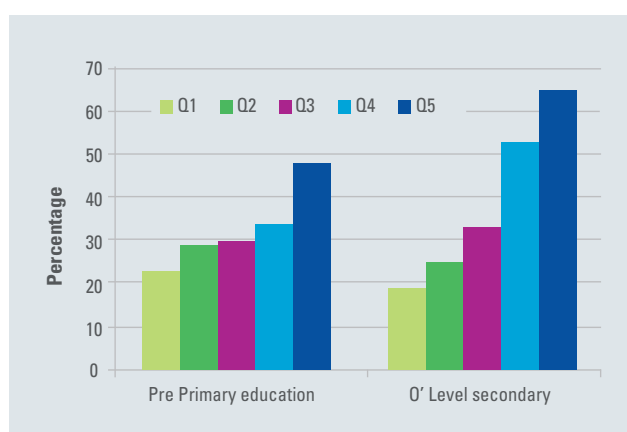
Source: UNESCO, 2010

With the expansion of enrolment the wealth gap has narrowed, but has not disappeared either across the urban/rural divide or within city boundaries, where both the quality and availability of education can vary widely. The best government schools, long established and better resourced, are in high demand among the urban middle class. Private schools attract paying students with English-medium curricula. As demand for quality education rises, poor students find it harder to gain access to affordable, quality education and tend to be pushed farther away, to more peripheral and under-resourced schools.

Thus schools, like other spaces in unplanned urban settlements, are increasingly overcrowded and lack land for expanding classrooms or adding toilets or other facilities. Space formerly used for play and recreation may be taken over for new classrooms, further depriving children. Teachers prefer to work in better-resourced schools, leading to further deterioration of the quality of teaching in schools attended primarily by the poor.[172]

Learning on the Social Margins

From an early age, children in poor families are expected to take up adult roles and contribute to household income. Lack of time for school, limited space for doing homework in overcrowded dwellings and pressure to contribute to family income can all conspire against keeping pupils in school. A recent survey carried out in 40 schools of three districts in Dar es Salaam (Ilala, Kinondoni and Temeke) provides a snapshot of school conditions in Tanzania's largest city. The average number of pupils per classroom was 81, more than double the national target of 40. The most crowded schools have up to 130 pupils per classroom – more than two-to-three times the pupil/teacher ratio of 37:1 in the city as a whole.[173] On average, five pupils share a desk; in almost half of the schools, children have to sit on the floor for lack of benches. Availability of text books is also an issue. The average pupil to text book ratio was 5:1 in lower primary schools and 6:1 in upper primary school classes, reaching 10:1 in some cases.

Field consultations in Ilala and Mbeya also revealed that children are often sent by their teachers to work for them selling vegetables, ice cream, groundnuts or fetching water. Children in Kinondoni reported that teachers often hold "private tuition" classes after school, and those who do not attend may be disadvantaged at school.[174] Teacher absenteeism also tends to be high in schools in urban settlements, where other economic opportunities are easily available to teachers.

Education appears to be another area in which the 'urban advantage' is limited to wealthier groups. Children living in urban settlements face conditions more comparable to those in rural areas, in terms of the quality of school buildings, availability of water, sanitation and hygiene facilities, and recreation and play opportunities, according to a 2011 survey of 40 schools in Dar es Salaam. For example, the average school has just one latrine for

every 90 pupils – far from the government target of one each for every 20 girls and 25 boys.[175]

Accurate information is urgently required to measure school enrolment and completion rates and the quality of education provided to underprivileged urban students. When local authorities begin to disaggregate figures on school completion and reasons for drop-out, it will be possible to map neglected groups and develop inclusive strategies to overcome barriers to education in cities.

Retention and learning

Having built thousands of new classes, recruited teachers and attracted a whole new generation of learners to school, the core challenge is now to retain them and ensure that they learn. Expressing these expectations, MKUKUTA I set a primary school completion target of 90 per cent. As of 2011, however, only 62 per cent of children enrolled in Standard 1 at seven years of age had completed Standard 7 by age 13: one-in-three children enrolled in school fails to complete primary school.[176]

Unfortunately, impressive quantitative growth has not been matched by qualitative improvements. In fact, a focus on scaling up the physical infrastructure may have contributed to overlooking good quality teaching and learning. A recent World Bank analysis of 180 public primary schools around Tanzania (48 of them in urban areas) found that four out of ten teachers in city schools failed a basic test of knowledge of mathematics and language. Their competence in English was particularly poor: only one in twenty teachers was able to display mastery of the curriculum they were teaching.[177]

Most teaching in public schools is by rote, limiting opportunities for developing students' analytical and creative skills. Physical punishment is used to impose discipline. An assessment of learning outcomes carried out by Uwezo, an education-focused organisation, shows that even basic literacy and numeracy standards are not universally achieved at during primary education. Of ten Standard 3 pupils, only three were able to read a basic story in Kiswahili and one in English. The same proportion of this age group had achieved basic numeracy skills.[178] While disturbing, these findings may be hardly surprising considering that even teachers often lack the necessary knowledge to impart to their students.

Absent teachers, short school-day

More than any other input, the quality of learning depends on quality teaching. The Uwezo assessment reports that one teacher out of five was not attending school on the day the survey took place. Even higher rates of absenteeism are reported in the World Bank study comparing urban and rural schools across Tanzania. It found that teacher absences were almost two times higher in urban schools than rural schools, and urban teachers spent less time in the classroom. Of a scheduled school day of five hours and 12 minutes, students in primary schools of Tanzania were estimated to be taught an average of *two hours a day*. Urban students were taught half an hour less than rural peers.[179] Although an intra-urban disaggregation of these figures is not available, they are unlikely to be of higher order in neglected marginal schools serving low-income communities.

Inequalities in teacher distribution also impact the quality of education. Teachers often prefer to be based in better-serviced urban locations, leaving poorer peripheral regions at a disadvantage.[180] Especially in urban areas, where opportunities to supplement low teacher salaries are more available, absenteeism may be more acute, as teachers become engaged in parallel activities at the expense of their primary occupation. Thus, schools in different parts of a city tend to be quite differently endowed, leading to poorer quality education for children attending schools in informal settlements – even as compared to rural areas.

Education costs

A study by UNESCO highlighted a strong correlation between wealth and school retention in Tanzania. According to the study, children from households in the top quintile are four times more likely to reach Standard 7 than children from households at the bottom 20 per cent. Pupils' socio-economic background was also found to be associated with learning outcomes; children from wealthier, more educated families enjoy a learning advantage over others.[181]

The costs associated with education are a major obstacle to achieving school access and retention. Direct costs such as school fees, transport, food and uniforms are the primary deterrent. If children work, households must also factor in the cost of losing whatever income the child earns. When parents believe that the cost of sending a child to school is greater than the benefits associated

with education, the child is at high risk for dropping out.[182] The table shows that 'high cost' was given as the main reason for school drop-out by 13 per cent of urban respondents in the UNESCO study, compared to only 6.4 per cent in rural settings. Similarly, 10 per cent of urban children surveyed reported that they did not attend school because they were working, compared to 5.7 per cent in rural areas. Data from the 2007 Household Budget Survey confirms that cost is a greater obstacle to education in urban than rural areas.[183]

Wealth, Place of Residence and Learning Outcomes

Primary education performance data gathered by Uwezo in both urban and rural locations of Tanzania can shed light on how household wealth and place of residence may influence children's learning outcomes. Data analysis revealed that the chances for children aged 10-16 from non-poor urban households to pass Standard 2 level mathematics tests are 30 per centage points higher than for their peers from ultra-poor families (80.7 vs. 50.6 per cent). A similar gap is present for tests scores in Kiswahili and English. Interestingly, *disparities in learning outcomes are worse in urban than rural areas*. Further analysis is required to assess the reasons underlying these differentials; for example, inequalities in school quality or fewer resources invested in ultra-poor urban children.

Pass rates of children in Math, Swahili and English by residence and household wealth
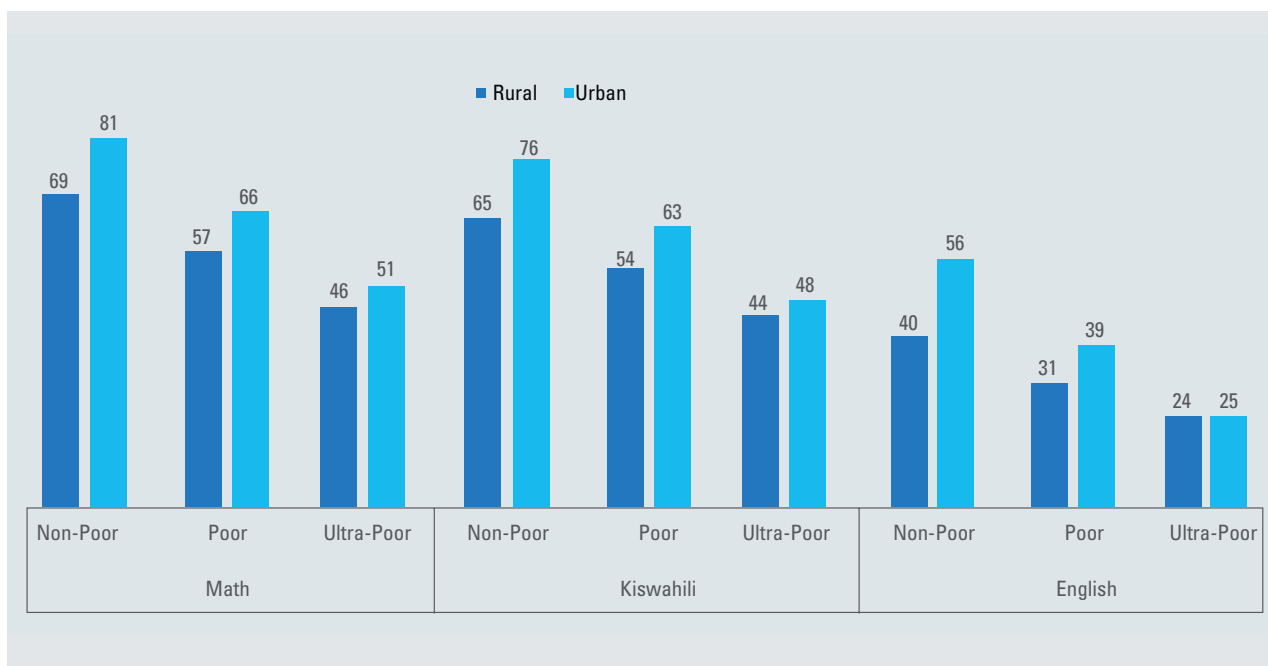
Source: Analysis based on data drawn from Uwezo, Tanzania Annual Learning Assessment Report, 2011.

As the graph shows, disadvantaged urban children from ultra-poor families do no better than ultra-poor rural peers in English. The limited advantage apparently enjoyed by the urban poor in mathematics and Kiswahili is statistically insignificant in the first case, and only marginally significant in the latter. Data shows that urban children belonging to low-income families fare as poorly as economically deprived rural children, thus missing out on the potential advantage that an urban environment could contribute to their education. At least with regard to primary education, the fact that differences in learning achievements are driven more by wealth disparities than location seems to cast doubts on the alleged 'urban advantage' in development outcomes.[184]

Main reasons for school drop-out by location, 2006

Reasons	Location		Total (%)
	Urban	**Rural**	
Too old, too young or completed school	53.2	62.5	59.8
Too expensive	13.2	6.4	8.4
Working	10.0	5.7	6.9
Failed exam	9.7	8.0	8.5
Not interested	6.8	8.3	7.9
Got married	1.7	3.0	2.6
Sick	1.1	2.5	2.1
Pregnancy	1.1	1.1	1.1
Too far away	0.1	0.5	0.4
Other	3.1	1.9	2.3
Total	**100**	**100**	**100**

Source: UNESCO (2010)

Turning the urban advantage into a learning advantage

With education efforts in full swing, it is time to assess how well reforms have benefitted children and adolescents living in underserviced informal settlements. How easily can they access schools and acquire the skills needed to make a living? Are they learning to contribute to the development of their families, communities and country? Are urban pupils exhibiting higher achievement across the socio-economic spectrum? If not, the gains painstakingly won through education reform could stall or even reverse.

To achieve ambitious education goals, cities should endeavour to reap the benefits from their urban location: high population density and concentration of schools, better human resources, economies of scale and widespread means of mass communication. Focussing especially on the educationally deprived urban child, efforts in cities should aim to achieve an inclusive, affordable model that could be gradually expanded until the promise of the reform – universal quality education – is fulfilled.

Decentralising education governance

Education reform has focussed on school governance to enhance accountability by schools and communities, and decentralised many functions to the local level. The role that local authorities can play in furthering education in urban centres needs to be moulded in the context of decentralisation. Both ward and district-level education planning and coordination are weak often owing to low capacity by Ward Education Committees. Strengthening local administration, developing a robust local management information system and decentralising resources – to ensure that they are available to support planning responsibilities at the local levels – are fundamental prerequisites for effective decentralisation in education.[185]

Physical Access Barriers and Disability

Of all barriers preventing access to school, disability is by far the most formidable one, depriving already disadvantaged children of their right to education. In 2011 children with disabilities in primary school accounted for a mere 0.32 per cent of total enrolment. Among urban school-going children aged 7-to-9 years, the incidence of disability was found to be 5.5 per cent for boys and 1.6 per cent for girls. Considering that around 10 per cent of any given population experiences some form of disability, it is apparent that access to schools by children with disabilities is still grossly inadequate. Even when children with disabilities are admitted to school, they normally fail to learn because their special needs are not addressed.[186]

When planning school infrastructure, special attention should to be paid to overcoming physical barriers, making school buildings and classrooms accessible to students, teachers and parents with disabilities by providing ramps, tactile signs, specially equipped bathrooms and other features that facilitate access by physically impaired persons. Training teachers to deliver inclusive education, with contents and techniques tailored to children with special needs, is equally important to fulfilling their right to be educated.

The devolution of funding down to the school level, through capitation and development grants, is an important step toward making each school accountable to its community. Capitation grants, in particular, can be a powerful mechanism for making resources directly available directly to schools, where they can be used to improve the quality of education on the basis of actual need. Instead, disbursement of capitation grants is often delayed, unpredictable, uneven and less than the planned amount, making it difficult for schools to plan expenditures.[187] As long as expenditures are centrally controlled, the autonomy of School Committees will remain more rhetorical than practical. Unless schools are empowered to manage independently, School Committees may be demotivated to work and frame need-based school development plans.

Municipal and ward authorities are directly responsible for making schools accessible to pupils living in poor communities. Working more closely with local communities and listening to their needs and suggestions could create a useful partnership between local governments, schools and communities. Such a partnership could help convince parents and others of the importance and relevance of education, and contribute toward reducing existing disparities.

Child-friendly schools

School is the primary institutional environment in the life of a child. It is where children are engaged for most of the time they spend away from home. Next to the family, the school is the foremost setting where decisions that affect the lives of children are made. Schools are also the most familiar environment to children, where they should be able to express freely their views, knowing that they are listened to with respect.

Unfortunately, children do not always feel protected and enabled in their school. A community dialogue led by the Ministry of Educational and Vocational Training (MoEVT) in seven districts of Tanzania, representing a mix of urban and rural realities, highlighted how children's perspectives may differ quite substantially from those of their parents and teachers. Children said that they felt uncomfortable in their school environment, expressing fear of being beaten and deprived of food. Corporal punishment is still practiced by both teachers and parents, and violence against children is common experience.[188]

Violence at School

According to a recent, ground-breaking study on *Violence against Children in Tanzania,* more than half of female and male students reported being the victim of physical violence by a teacher. The frequency of abuse by teachers is even more worrying: of those who had been abused by teachers, nearly eight in every ten girls and seven in ten boys said they were punched, kicked or whipped more than five times. After someone's house, schools were also reported as the second most likely place where children experience sexual violence, with girls at an especially high risk – including from teachers. Nearly four in ten girls also experienced at least one incident of unwanted touching or attempted sex while at school or when travelling to or from school.[189]

In response to these alarming findings, the Ministry of Education and Vocational Training has committed to a time-bound set of interventions to promote a protective environment for children in all schools. These include training teachers to abide by the national Code of Conduct for professional ethics, enforcing disciplinary action against offending teachers, establishing an effective child abuse complaint and referral mechanism in every school, and ensuring full adherence to school inspection proceedings, with an added emphasis on child protection.

Most schools do not encourage children to contribute as active agents. For children to have a voice, it is essential that a positive attitude toward young people's participation is present among parents, school teachers and community members.[190]

Tanzania's Junior School Councils provide a unique opportunity for children to offer their perspectives about how reforms are fostering democratisation of the education system. In a school friendly to children, educators interact with young people with dignity and respect, in a way that fosters their full capacities and takes their opinions seriously.

A child-friendly school offers young people an open, protective space, at the core of their own community. In

addition to classroom activities, a child-friendly school can provide a venue for remedial education services, organising extra-curricular activities, meeting and playing safely, or hosting a night shelter in areas where children live apart from their families.

Turning schools into community-based institutions dedicated to the implementation of children's rights and participation would give young people a child-friendly space to meet and play, as well as to envision how to shape their living environment into a child-friendly community.

WHAT CITIES CAN DO TO ACHIEVE UNIVERSAL QUALITY EDUCATION

Maximize the urban advantage: Cities could leverage the high enrolment levels achieved by education reform, using the urban advantage – population density, concentration of schools, better teachers and widespread means of mass communication – to improve the education system. Building on these strengths, cities can pave the way to an inclusive, affordable, quality education model that could be progressively promoted in the rest of the country.

Decentralise: To fulfil Tanzania's vision for decentralized education, schools should be understood as the core institution for children. Effective decentralisation can help local schools to serve as platforms for joint planning by school authorities, teachers, ward-level officials, parents and students. School Barazas and other councils and committees can help to plan education activities that respond to the needs of the most neglected social groups.

Enhance teacher performance: Teacher deployment should be organised equally across different areas of the city. Education outcomes will improve if parents and community members engaged in school governance are empowered to hold teachers accountable for attending school regularly and providing quality teaching. Teacher performance can be monitored against clearly set standards, with the involvement of school authorities and members of school governance bodies.

Strengthen local and school governance: Strengthened capacity in districts and wards can equip local administrators to plan for the education needs of their constituencies and focus on those who have not gained access to the school system as a result of poverty, social marginalisation, disability or gender. School Committees also need support to manage schools independently, on the basis of resources made available efficiently and transparently. Establishing a bridge between city, ward and school level governance systems would favour local planning based on the needs of communities, particularly those lacking economic resources.

UNICEF/John Badi

Protecting Children in Cities

Urban areas do not always provide the protective and caring environments essential for children to grow into emotionally and psychologically balanced adults. In cities, families – as the primary institution responsible for children's physical and emotional well-being – are faced with challenges unique to urban living. Poor parents or guardians normally need to spend extended periods of time away from home to make a living, often leaving young children in the care of elder siblings or unfamiliar neighbours who may not be able to provide the necessary supervision. When poverty, social exclusion and domestic conflicts make the urban nuclear family dysfunctional, children may be left to fend for themselves, or run away, migrate and turn to the streets.

Many factors contribute to the progressive breakdown of the strong sense of cohesion that kept families together in traditional Tanzanian society. Economic shocks, the increased cost of living, migration, and the impact of HIV and AIDS are among them. It

has been estimated that 12 per cent of the 1.1 million children considered 'most vulnerable' in Tanzania were living in child-headed households in 2007. In urban areas, about 30 per cent of 15-year-olds belonging to such homes were working; they were found to be worse off than their peers in other settings.[191]

Community networks that protect children in the rural interior are weaker in urban areas. Many adults responsible for raising children in today's cities were brought up in rural villages, where child-rearing was regarded as a shared community endeavour. Children were not only the responsibility of their parents and extended family, but also of the community where they were born, socialised and educated. In modern, urban Tanzania child upbringing is progressively becoming the sole task of parents. When parents are absent or cannot provide adequately, children are directly exposed to the worst aspects of urban life – hunger, poverty and violence. The sheer volume of children living in

such circumstances means that approaches targeting individual children are insufficient. Addressing the child care and protection deficit in cities requires broader-spectrum measures that help poor households to meet their responsibilities to their children.

Child labour

Official figures show that about one in five children from five to 17 years of age is engaged in child labour, including slightly more boys than girls. The figure for urban centres is 7.6 per cent, compared to 24.8 per cent in rural areas where children typically contribute to the farm economy. Almost one in every 20 children is reported to be away from home because of work. Of those involved in child labour, about 5 per cent work in hazardous occupations. A survey of parents and guardians of child workers found that 38 per cent believe that work helps children acquire skills and strengthens their upbringing; another third said they need children to assist in household enterprises, and one in five expects children to work to supplement household income.[192]

An ILO study investigated the worst forms of child labour in Tanzania's urban centres. In Arusha and Mwanza, work in informal garages was predominant among child workers, mainly boys, who have been found to perform the same tasks assigned to adults. In garages, children work in open spaces, exposed to dusty conditions during the dry season and dampness during rainy seasons. They often need to work lying on the ground. The materials used in garages, such as oil, grease and paints negatively affect their skin and respiratory system.

Children of all ages can be found working in quarries, another highly hazardous work environment. In Dar es Salaam, children involved in quarrying are primarily male. Collecting stones from stone crushers and carrying them to lorries is the children's main task, followed by crushing. In quarries, children are exposed to a dusty, open-air environment that becomes extremely hot. The use of dynamite makes the site dangerous. Children engaged in quarrying suffer from a number of water-borne diseases, such as diarrhoea and typhoid, and are exposed to work-related risks such as abuse, injuries and accidents.[193]

Another highly exploitative urban employment area is fishing and fish processing. The ILO estimates that the incidence of child labour in the fishing industry is 23 per cent. They ferry and scale fish, wash and fuel boats, mend fishing nets, process and load fish. This work takes place on boats and beaches, exposing children to hot sun and harsh weather. They often spend long hours in a dirty and unhygienic environment, littered with fish waste products and infested with flies, increasing their risk of contracting diarrhoeal infections.[194]

Occupations such as commercial sex work, domestic child labour and labour in the tobacco sector have been found to have a direct connection with child trafficking.[195]

Eliminating the Worst Forms of Child Labour

In 2001 Tanzania ratified ILO Convention 182, which calls for timely measures to eliminate the worst forms of child labour (WFCL). It also agreed to the international target of eliminating WFCL by 2015. National plans of action for the elimination of child labour, adopted in both Mainland Tanzania and Zanzibar, have sought to incorporate these international standards into national law.[196]

Child labour occurs in both rural and urban areas. While children in rural settings are employed in household occupations (subsistence agriculture, household chores, domestic work, contributing to the family enterprise) or commercial agriculture, those in urban areas they are often engaged in illicit activities and the informal sector – such as commercial sex, street vending, begging or drug trafficking. In both contexts, children can be found working in industry, mining and fishing.[197]

The Law of the Child Act 2009 and the Employment and Labour Relations Act -2004 prohibit all forms of child labour for children under the age of 14, and only allow light work for children aged 14-18 years. The basic principle is that work engaging children must not interfere with education, must not be hazardous and must not be carried out at night.

Child scavengers

Scavenging is a uniquely urban and severely hazardous and stigmatised occupation. Working in a garbage dump is utterly

Patricia (16 years), Moshi Town

"I worked as a maid for nine months and was paid Tsh 20,000 per month."

After I passed my Standard VII exams, I stayed at home for six months with my parents, helping with house chores and farm work, because they couldn't afford to send me to secondary school. My parents are corn and bean farmers from Manyara Region. We didn't always have enough to eat, so one day I decided to talk to them about my future. I told them that I wanted to leave and find a job. It took my parents one full month to give me their blessing. I moved to Moshi with my aunt, who after a while got me a job as a maid.

I lived with a couple and their 18-year old daughter. I would wake up at 5am every day to do the house chores – cleaning, laundering, ironing and cooking until around 2 pm. After a short rest, I would sell cow milk to customers and then prepare dinner for the family. I worked for nine months and was paid Tsh 20,000. I used the money to buy clothes and sent some of it back home. Life in the city has many challenges. You can't walk safely on the streets. You always come across men who try to seduce you, but I simply ignore them. If I had the choice, I would go back to my village, where everyone looks after each other. I would go back to school and learn science, math and Kiswahili, my favorite subjects. I would love to become a Kiswahili teacher. I like the language, it unites us.

unsafe – dirty and littered with dangerous items, such as broken glass, rusty metal scraps and syringes. Scavengers normally do not protect their feet or hands with shoes or gloves. Sadly, what is seen as a hellish setting by outsiders is considered 'normal' by children consulted about their work experience.[198]

City officials actually consider waste pickers to be stakeholders in the municipal solid waste management system. The degradation and the risks implied in this occupation are counter-balanced by the financial gain, although children earn only about half as much as adults.[199]

Growing awareness of the plight of waste-pickers in Dar es Salaam has led to positive action. Non-governmental organisations have been working for their welfare and education, and a Child Labour Unit was created in the Ministry of Labour, along with municipal Sub-Committees on Child Labour. These units have attempted to incorporate actions tackling child labour into existing government systems. Nevertheless, the urban challenge of solid waste disposal remains unacceptably linked with the predicament of child scavengers.

HIV and AIDS, orphans and child labour

HIV and AIDS have worsened the situation of child labour in urban Tanzania. As a result of parental deaths from AIDS, many households now care for at least one orphan. In a poor household, taking responsibility for more children results in overstretching an already scanty budget. Orphaned children, therefore, are often required to work to supplement household income. As a result they are either not enrolled in, or are withdrawn from, school.[200]

Girls are often more vulnerable to both hazardous child labour and HIV infection. Many are engaged in domestic work or prostitution, as well as self-employment activities that include working in hairdressing salons, kiosks, shops, food vending and quarrying. Girls also shoulder heavy household duties, and are more prone to dropping out of school to take care of ailing family members or younger siblings. Working environments tend to be more dangerous for girls, who are often exposed to forced sex by employers, or commercial sex – with the attendant risk of HIV infection.

Child trafficking

The clandestine nature of trafficking in human beings makes it difficult to quantify. Human trafficking is defined as the movement of persons, by means of threat, deception or abuse of power, with the final purpose of exploiting the victim.[201]

Trafficking Internally and Across Borders

Information as well as awareness about the realities of child trafficking are fairly limited. The domestic, trans-national and cross-regional dimensions of trafficking need to be better understood to develop coherent policy and generate action to stop it. A 2008 study on human trafficking in East Africa, conducted by the International Organisation for Migration (IOM), suggested that child fostering in Tanzania is often utilised as a cover for child trafficking. Nearly three-fourths (72 per cent) of the respondents regarded it as customary to place children with better-off friends or relatives living in far-away areas. This practice seems more common in Tanzania, where trafficking is apparently perpetuated mainly internally, than in neighbouring countries.[202]

Since 2005, a programme implemented by the IOM has succeeded in rescuing 440 victims of human trafficking (63 per cent girls), averaging 15 years of age. Children account for 89 per cent of all victims assisted. Boys had mostly been engaged in petty trade, while girls in domestic labour; 10 per cent of them had been exploited in prostitution. The majority of children (75 per cent) were recruited and exploited by a family member who was responsible for fostering them. Truck drivers are reported to be among those who traffic girls.[203]

The majority of trafficking victims are children. According to the International Organisation for Migration (IOM), trafficking moves along the same routes followed by rural-to-urban migration, as recruitment of victims normally takes place in rural areas, mainly around Iringa (15 per cent), Morogoro (9 per cent) and Kilimanjaro (9 per cent), toward an urban destination (Dar es Salaam, Arusha or Zanzibar). Recruiters entice parents and children with promises of education or work prospects. At destination, however, the child is exploited by the trafficker, who

may be the same person as the recruiter, or someone who 'buys' the child from the recruiter.[204]

Once trafficked, children are subjected to intimidation, abuse and exploitation. They are also denied fundamental rights, such as access to education and health care. Sometimes trafficking victims are turned into traffickers. It has been reported that in northern Tanzania, trafficked youth have been sent back to their villages to recruit new children to work in the tanzanite mines. Similarly, girls trafficked into prostitution may return to their home area to recruit younger girls into the sex business.[205]

Violence

Crime and violence are a distinctly urban phenomenon. Crime rates are often high in poor areas deprived of services and jobs; poor children are very likely to be victims of, witnesses to and even perpetrators of acts of violence, assault, mugging and rape. A spatial analysis of homicide in Dar es Salaam revealed that high levels of homicide deaths were clustered around the city centre. Forty per cent of the deaths involved victims of theft, a common offence in urban areas. Higher urban crime rates could be due to many factors, including inequality, the convergence of widespread poverty and concentrated wealth, or even higher use of drugs and alcohol than is the case in rural areas.[206]

Local government representatives, professionals and civil society organisations consulted for this report expressed concern over the growing number of youth gangs, organised into "camps," which are perceived as an added threat in city life. Children may become involved in primary school and remain in a gang through secondary school. Gangs structure themselves around territories determined by school, street or ward, and engage in fights against each other. Members are armed and may become involved in violent crime, such as kidnapping, rape, torture or murder.[207]

Violence against children

The cycle of violence is difficult to halt: victims become perpetrators and the cycle continues. Violence inflicted on children by those who are supposed to protect them –family members, educators, police and other adults – generates permanent damage. Many victims go on to exercise violence against their peers and, eventually, their wives and children.

Rates of sexual violence in Tanzania are very high. According to a ground-breaking national survey published by UNICEF, CDC Atlanta and Muhimbili University in 2011, three out of every ten girls and one out of every seven boys reported at least one experience of sexual violence before the age of 18. Sexual violence is seldom an isolated occurrence. Of those children who experienced violence, nearly four in ten girls and three in ten boys suffered three or more incidents prior to the age of 18 years.[208]

Sexual violence may take place at home by attackers known to the victim. Children are also abused at school. About half of the girls and one-third of the boys assaulted do not report their experience. Even fewer seek or receive services, such as psychological counselling or police and social welfare support. These findings echo those of a study carried out in Mwanza, where 30 per cent of adolescent girls reported that their first sexual contact was forced.[209]

Field consultations suggest that sexual abuse is on the rise in urban communities. Yet incidents are rarely reported officially, since parents prefer to settle matters directly with the perpetrator. Government authorities consulted in Zanzibar believe that the tourism and fishing industries are responsible for both labour and sexual exploitation of children. In hotels and areas where girls provide massage or services, paint henna or plait hair, they are subjected to sexual abuse. Boys who follow tourists can become involved in drug dealing and sexual exploitation. In Tanzania, Gender and Children's Desks have been established at a limited number of police stations; only one operates in Zanzibar.[210]

Physical violence against children is even more pervasive. The same national survey published in 2011 found that about one in seven Tanzanian girls and boys experienced physical violence during the course of their childhood. Physical abuse, especially by parents and teachers, is frequent. Corporal punishment is a considered to be a socially acceptable practice for disciplining children, and is also used as a judicial sanction when children are convicted of a crime.[211]

Episodes of physical violence take place repeatedly during the life of a child, including among peers in the form of bullying and harassment at school and during travel to and from school. In a study involving over 200 schoolchildren in Magu and Ilemela (Mwanza), 70 per cent said harassment and fighting were their worst school experiences.[212]

The national survey was not able gather comparative data on rates of violence against children in urban and rural areas. However, the national figures are probably representative of urban areas, particularly since social norms and controls are generally weaker in urban environments than in close-knit rural communities. This is clearly an area that would benefit from further research to inform the design of an effective response.

From Evidence to Action: Stopping Violence against Children

In response to the United Nations Secretary General's call to stop violence against children, the Government of the United Republic of Tanzania convened a Multi-Sector Task Force, comprising representatives from relevant ministries, development agencies and civil society organisations, to carry out the nation-wide assessment published in 2011. The national survey has shed light on the wide scope of the problem in the country, and the life-long consequences for children who experience violence during their childhood.[213]

In response to the study, a National Plan of Action to Respond to Violence against Children was developed in coordination with relevant government sectors, police and the judiciary, civil society and the media. The Plan sets out priority actions to be implemented by each sector to address the multifaceted problem. Local government authorities are expected to deploy social welfare officers, make budget provisions, implement the Law of the Child Act and related legislation, and strengthen local government systems (such as Most Vulnerable Children Committees, Council Multi-Sectoral Aids Committees and District Child Protection Teams) to implement the national strategy at the local level.[214]

Children living and working on the streets

There are children in cities for whom the street is home. In Tanzania, they are called *watoto wa mitaani*. On streets and at bus and train stations, markets and beaches they try to earn their living, meet, sleep, and scavenge for food. They are unsupervised, living on their own and working on the streets in a quest for survival.

When poverty, violence, abuse or other factors force children to leave home, boys end up more frequently on the streets; girls are less visible, often working as domestics, where they are at risk for economic exploitation and sexual abuse. Available data do not offer reliable estimates of the number of children living on Tanzania's streets, but groups working with them believe that their overall numbers have been rising.[215]

An urban phenomenon

"Street children" gained public visibility in the early 1990s, and appears to be more acute in highly urbanised centres (Dar es Salaam, Arusha, Mbeya, Moshi, Mwanza). Children also spend unsupervised time on the streets and beaches of Zanzibar, but often return home at night.[216] Whether they come from a village or urban home, these boys and girls live on their own or in small groups to seek protection from the many forms of violence, abuse and exploitation prevalent on city streets. They are homeless, socially stigmatised and at risk of being enticed into prostitution and coming into conflict with the law. Life on the streets exposes children to physical, psychological and sexual abuse, and to infection with HIV and other sexually transmitted diseases. Both girls and boys seek security from older boys or night security guards in exchange for sex. Street children often have multiple partners and seldom use condoms.

An abusive family, especially if alcoholism and domestic violence are rampant, can become a disabling setting for a child to grow up in. Victims of abuse, abandonment or parental death from AIDS run away from broken homes in search of a better life. They may also be children with disabilities, unwanted children, born to sex workers or simply out of wedlock. Or they may take to the streets when extended family members cannot or do not take care of them. In these children's own words, they are the result of lack of parental care *(malezi),* or lack of good parental care *(malezi bora),* or recipients of bad parental care *(malezi mabaya/mabovu).*[217]

The city is hostile to street children. People consider them a nuisance; police and other local authorities persecute them as vagrants, beggars and thieves. They are beaten, detained and even sent back to their villages. As victims of abuse, they do not trust adults and tend to perpetuate violence on weaker peers. They seek temporary relief in substance abuse, which further impairs their capacity to survive, and interferes negatively with their physical and mental health.[218]

UNICEF/Paul Joynson-Hicks

Mussa (17 years), Mwanza City

"My dream is to have a container shop… and be better able to support my family."

I am from Chato Village where I lived with my parents and six younger siblings. I didn't know my father, he passed away when I was young. I liked school, but my mother couldn't afford it so we had to drop out. My mother was a cook in hotels, she raised us all alone and it was a struggle. Many nights we went to bed hungry. When I was 15 years old I started to hang around with a bad group of friends. One day I left the house and I didn't say bye to anyone. My friends and I got on a bus and headed to Mwanza City looking for a better life.

'Kemondo' became my new home on the streets of Mwanza City. I used to sleep on a box and cover myself with a sack. I was not scared. I used to beg on the streets and eventually saved enough money Tsh 2,000 to buy raw peanuts. My friend Mali is an adult and he helped me to keep my money safe. I started to sell peanuts, a handful for Tsh 100. Sales picked up and I decided to expand my little business and added sweets and chewing gum. I made about Tsh 4,000 per day. I used Tsh 1,000 for food, I had two meals a day – breakfast and dinner. The remaining Tsh 3,000 I used to save. In January 2012, I had saved Tsh 50,000 and I decided to rent a room in the city. I pay Tsh 10,000 per month and my room just has a mattress with bed sheets and a few dishes. I share the toilet and kitchen. These days I cook at home. My dream is to have a container shop so that I can make more money and be able to better support my family.

Migrating to the streets

Poverty is a central factor in the life stories of disenfranchised children. A survey carried out by the NGO Mkombozi indicated that 22 per cent of children had migrated to the streets as a result of school exclusion and inability to pay school fees. Denial of access to school at an early age is also a risk factor for human trafficking. Of the children rescued by an anti-trafficking programme, 79 per cent of the victims had only attained primary education, against only about 5 per cent who were in secondary school when recruited for exploitation.[219] Young people may also migrate from rural areas when natural disasters or unsustainable agriculture disrupt the household economy.

Consulted on their life, children identified poverty as the main reason for their condition. They recognise, however, that even in a poor household, children can be cared for. It is rather a confluence of poverty-related factors that contributes to alienating children from their families, such as: conflicts in the household, marginalisation within their home environment and lack of basic services, especially school. Unequal distribution of resources within the family, where girls often receive the least consideration, is another factor motivating children to leave home. Gender and age were identified by young people as the most penalising conditions in the life of a child.[220]

For many the street is far from a temporary arrangement. Children may live on streets for years; some are born there to street girls, giving rise to a second generation of pavement dwellers. Children choose homelessness when home is perceived to be worse for the child than life on the street.[221]

Unhealthy streets

Children living and working on the streets of Dar es Salaam often sleep in open spaces, without access to safe water or public toilets. They eat leftovers, foods collected in garbage bins, or purchased from shanty eating places. The unhygienic urban environment in which they live is the main cause of the ailments they suffer from, including primarily malaria, diarrhoea, respiratory infections, scabies and other skin diseases, headaches and eye infections. They seek health care from public city hospitals, receive medical assistance from friends or opt for self-medication. When they do not have enough money to pay for health care, they simply forgo treatment. Street life and homelessness lead to psycho-social distress,

such as depression, anxiety and suicidal tendencies. All of these conditions seem to be more acute in girls who have been sexually abused.[222]

When children come into conflict with the law, they are unlikely to find the legal protection and rehabilitative opportunities to which they are entitled. The most common offences recorded are theft, assault, drug abuse, loitering and prostitution. Civil society organisations from Kinondoni noted that children are often employed by adults in criminal pursuits, to gather information or break into houses through narrow passages. Young people are often themselves victims of crime, which however goes mainly unreported.[223]

Creating Protective and Caring Environments in the City

The swelling number of children in urgent need of care and protection has put pressure on government-run institutional homes. While in the past childcare institutions were few and mainly managed by faith-based organisations, they have grown in number as an immediate alternative to family-based care. Most of the 282 children in institutional homes are clustered in urban areas of Arusha, Kilimanjaro and Mwanza regions.[224]

Residential care centres, however, are not the solution. Not only are their number grossly insufficient, but they also tend to aggravate the very problem they seek to solve. The Law of the Child Act 2009 promotes the principle that institutionalisingchildren is never the answer, and the Government of Tanzania is committed to developing alternative care arrangements, in recognition that institutions risk perpetuating isolation and abuse.

Alternative family and community-based preventive and rehabilitative approaches, including foster care, supervised living arrangements for adolescents and family reintegration, promise to offer a cost-effective response, as well as wider coverage and better results in terms of sustained psychological and emotional support – granted that proper supervision is ensured.[225]

In the absence of a social welfare system that protects children adequately, they may be detained on charges of vagrancy or

begging, whether they are in conflict with the law or just neglected. Most of the children who end up in pre-trial detention are domestic workers or street children, who lack necessary assistance by their families. Since the establishment of juvenile courts has moved ahead slowly, children in conflict with the law are tried in adult courts with no legal representation.[226] Lawyers are scarce and most do not take on criminal cases. Thus, children are often locked up for months or years awaiting trial, for sheer absence of alternatives. When kept in jail with adult criminals, children are exposed to abuse and violence.

WHAT CITIES CAN DO TO PROTECT CHILDREN FROM ABUSE, NEGLECT AND EXPLOITATION

Enforce the law: The Law of the Child Act and Zanzibar's Children's Act make local governments responsible for implementing services and activities aimed at fulfilling children's rights. City and municipal authorities can assume the role of local defenders of children's rights by framing and implementing relevant bylaws and regulations, and promoting programmes to care and protect children.

Assume leadership: City and municipal governments can provide a unifying focus for child protection interventions, acting as a platform for developing a well-articulated programmatic response. Citywide planning would permit identification of children needing special protection measures and favour coordination among service providers in government and non-government sectors.

Gather information: Since knowledge of the magnitude of children's rights violations in urban areas is inadequate to support effective planning and programme development, it is necessary to develop community, ward and district-level data on different types of violations and establish monitoring systems to measure progressive eradication of violence, abuse and neglect of children, child labour and trafficking.

Coordinate with others: City and municipal authorities should coordinate with decentralised bodies responsible for enforcing child protection, such as District Child Labour Committees, Social Welfare Officers, local police and the judiciary. Urban LGAs can serve as a point of convergence among sector interventions on the ground.

Reach out: Since most violations of children's rights take place in settings where children spend the most time, city and municipal governments could build awareness among parents, religious leaders, teachers, community members and young people about the different forms of neglect, abuse, violence and exploitation suffered by children. Municipal authorities can support community efforts to identify and report violations against children.

Provide services: City and municipal authorities must ensure provision of adequate protection services to prevent and respond to violence, abuse, neglect and exploitation of children. This should include adequate number of trained Social Welfare Officers to investigate and refer specific cases, and provide care and protection as required. It also includes One Stop Centers in health facilities, Drop in Centers, outreach and alternative care services, and a Child Helpline.

UNICEF/Paul Joynson-Hicks

Lemna (14 years), Mbeya City

"When I got home he beat me so hard that my blue dress was covered in blood."

One day my step-father gave me Tsh 1,000 for buying flour and vegetables but I didn't have enough to buy kerosene. When I got home he beat me so hard that my blue dress was covered in blood. I was in a lot of pain and I felt very sad. His job is to take sacks of potatoes from the farms to the bus stand for transporting to other towns. My mother is very sick, her chest is always bothering her so she can't work. She goes to the hospital but she can't afford to buy the medicine they prescribe for her. I think the doctors say she has high blood pressure. My father also beats my mother and he hits her chest. The other day he beat her until she was bleeding from her nose. I wish I could get away and take my mother with me, but where would we go, we have no money.

My step-father pays for the rent. The house has three rooms and we are seven people. There is no water and no electricity. Every morning my siblings and I walk about 30 minutes to the river to collect water for the house. When we get back I clean the house and my siblings go to school. I help my mother sell firewood at the market and we use the money to pay for my siblings' school fees and food. If we don't go sell firewood, we sleep hungry. If my step-father comes home and finds no food he beats my mother. My life is hard. I don't even have time to play. I really wish I could go back to school so that I could eventually get a good job and be able to help my mother get treatment.

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Children as Active Citizens

The Convention on the Rights of the Child entitles the child to act as a citizen, literally, an inhabitant of the city. Being recognised as citizens empowers children to influence decisions about the quality of their own lives, and enhances their ability to take action in favour of their community and nation as adults.

Participating in city life

Cities can be an ideal setting for implementing the rights of children. Local authorities are the closest level of government to children, and have the statutory powers (and duty) to hold stakeholders responsible for implementing the CRC. Although children and youth cannot vote, they are capable of influencing decisions at the municipal or ward levels. They can, within their evolving capacities, become engaged in micro-planning processes to improve the conditions of their homes, schools, neighbourhoods and even cities as a whole.

City governance systems can provide a central location for coordinating the provision of services that are normally delivered sector by sector. Vertical, sector-based national programmes and policies can be naturally integrated at the local level.

Influencing public decision-making

Tanzania has already taken a number of steps toward making children's voices heard. The Law of the Child Act (2009) and the Zanzibar's Children's Act (2011) recognise the right of a child to have an opinion and participate in decision-making. Also, the Tanzania Child Development Policy promotes participation, especially by vulnerable children, including orphans. In the framework of the Law of the Child Act, the Government of Tanzania has developed child participation guidelines to orient the running of Children's Councils at the village and ward level.

Over recent years, young peoples' participation in public affairs has been progressively developing in cities and villages of Tanzania, as in many of the world's nations. Influencing public decisions, however, requires powerful negotiation skills and a political clout that young people normally do not possess. In cities, where interest groups are well organised and connected, causes promoted by children may be faced with overwhelming odds. To achieve their objectives, young people need to rely on supportive and sympathetic coalitions that are strong enough to protect their interests. Effective intergenerational partnerships are key to furthering young peoples' agendas.

> *Local authorities have immediate obligations to fulfil children's rights. Depending on how they discharge their duties and responsibilities, they may either open up avenues for children, or preclude potential opportunities.*

Despite recognition by policy and legal frameworks, youth participation has yet to become a common practice in Tanzania, where the very notion of participation often clashes with "cultural and religious conceptions of the role of the child."[227] Young people tend to remain marginalised from local planning processes. Youth are welcome to meetings at the *mitaa* level, but they usually don't attend or openly contribute their views.

School hours and homework, domestic chores and work place practical limitations on children's free time. Platforms for children's participation are normally supported by NGOs and voluntary organisations and may not be sustainable. During field consultations, participants commented that children from middle-class families are more frequently involved in participatory fora, and given an opportunity to express their views. While all children are equally entitled to rights, poverty poses some objective limits on the enjoyment of rights and freedoms.[228]

Children's Right to Participation

Children's participation is not only a sensible practice, but also a fundamental human right. The right to participation, enshrined in Article 12 of the Convention on the Rights of the Child, indicates that listening to children is only the first step leading to participation. Once the point of view of children is understood, it has to be taken into serious consideration in the course of all actions that follow. As such, it is a right in itself as well as one that enables the fulfilment of all other entitlements.

The Convention grants children a clear set of human rights to fundamental freedoms and protections. Though children are not granted the right to vote, the Convention insists that they have civil entitlements, including the right to a name, an identity and a nationality, and to be registered at birth (Articles 7 and 8). It further entitles them to the right to information (Article 17), non-discrimination (Article 2), best interests of the child (Article 3), life, survival and development (Article 6), freedom of expression, thought, conscience and religion, and freedom of association (Articles 13-15). Several clauses of the CRC define how children's participation must take place, providing clear guidance to stakeholders. Entitled to such a wide range of rights, the child can no longer be perceived as a mere recipient of care and protection. Unequivocally, now children are given the scope to participate as active citizens and leave their unique footprint on society.

Inter-generational partnerships

Overcoming generalised adult scepticism toward young people's participation represents a critical step toward building successful participatory efforts. Adults must appreciate that young people's unique perspectives often differ from theirs. An intergenerational, open and frank dialogue can pave the way to gradual understanding of each other's needs and opinions. Motivating, educating and preparing adults – parents, teachers, community members, municipal leaders – to bolster the cause of young citizens within the broader city constituency may be as important as organising young people themselves.[229]

Debora (12 years) and Fadhili (12 years), Mbeya City

"Now we can speak up…teachers help us to bring positive changes to our school."

Mwakibete Primary School has a total of 1,611 students and 35 teachers. The school's Student Council has been active since the school was established in 1996. On average each class has about 130 students. Therefore, the work of the Student Council really helps the teachers to manage the school in and out of the classroom. Both Fadhili and Debora are prefects in Standard VI.

Debora: The Student Council has a total of 20 members from Standards III, IV, V, VI and VII. Each class has two monitors, a boy and girl; they are responsible for maintaining good behavior in class and collecting student exercises. Each class also has two prefects; they are responsible for keeping the school environment clean, ensuring all students have clean uniforms, and that they all arrive to school on time. The prefects are nominated by teachers and monitors are elected by students. I like being a member of the Council because when I give new ideas the teachers listen and act on them.

Fadhili: I think the teachers chose us because we are performing well in class and we lead by good example. The Council is run strictly by students only. The Student Council has helped build a relationship among students and we work closely together to solve issues in the school. It has also helped to build confidence and remove fear among students. Now we can speak up about issues that concern us and the teachers work with us to bring positive changes to our school.

Practice has shown that young people can make the difference. When they are trusted and supported by adults who believe in them and are sincerely interested in promoting their interests, children have been able to identify sensible solutions that suit them best. When they can trust that they are heard and are sufficiently exposed to participatory processes, it is not unusual for children to assume leadership roles with peers and in their communities.[230]

When city planners and policy-makers listen with an open mind to what children have to say, they often end up seeing old problems with new eyes, helping them to understand the world of children from a new perspective. Children can help adults replace a stereotypical notion of "childhood" with a more nuanced understanding of how specific social, cultural and economic realities condition children's lives.[231]

Inclusive participation, inclusive planning

Once municipal authorities acknowledge the value of involving young citizens in the governance process, it is important to create permanent mechanisms allowing youth from across the city to participate, and their views to be systematically shared and translated into practical solutions.

Ad-hoc consultations can reduce the concept of participation to a token act. Granting marginalised children the right to be heard requires a conscious effort in societies where even adult voices – those of their parents and members of their communities– are broadly disregarded. City planners and policy-makers should consciously reach out to the most under-serviced groups – which are likely to also be the least informed and least consulted. Girls' representation should be systematically promoted; a community-level survey on young people's participation found that boys hold more decision-making power than girls, and tend to be over-represented in participatory processes.[232]

Several municipalities have already taken steps to promote youth participation through Children's Councils. Secondary schools in Kinondoni have established school councils and *mbarazas* that give a few children the opportunity to contribute their ideas. Overall, however, children feel that they continue to remain excluded from decisions regarding school facilities, recreational and academic activities. In Ilala and Mbeya, Children's Councils were established in 2000 and are recognised by law. Community

development officers are responsible for facilitating both children's participation and leadership selection in wards, yet civil society groups report that the councils are often constrained by lack of funding.

In Arusha, Children's Councils were established in all of the city's 19 wards and in 81 of 136 mitaa, in accordance with government guidelines. In September 2011, the city councillors resolved to recognise and involve Children's Council representatives in their meetings, giving young people a platform for discussing their problems and taking action. For example, when young people are aware of a case of child abuse, they can report it to the *mitaa* or ward leaders, or to the police. To make the Councils more effective, they must be broadly known to the community, which is still not the case.[233]

Assessing a Tanzanian Experience

A 2011 REPOA study assessed experiences of children's participation supported by Save the Children in both urban and rural settings of Dar es Salaam's Temeke District, as well as Zanzibar (Mjini Magharibi) and Lindi. Council members are elected by children, with adults serving as advisers; the Councils reserve places for disadvantaged children.

To make the Councils more sustainable, efforts were made to integrate them into regular governance processes. Where successful, Junior Councils have created a channel for communication with local decision-makers and have been recognised as bodies legitimately representing children. Councils were found to enhance service delivery to young people by identifying children in need and creating a link with government and non-governmental service providers. Over time, the Children's Councils could become a mechanism for rooting the implementation and monitoring of children's rights at the municipal level, under the purview of the Law of the Child Act 2009.

Children involved in the councils regret that the government still fails to consult them on a regular basis. An attitude that considers children's views as marginal remains embedded in most government officials, despite active advocacy by children from within their newly created democratic platforms.[234]

Making Tanzania's cities friendly to children

With occasional and welcome exceptions, Tanzania's cities (like those in most of the world) are generally not structured to be child-friendly. Although nearly half of the urban population is comprised of children under 18 years, cities generally fail to create safe, enabling and protective environments for them. The urbanisation process that has been fast re-shaping the country's physical, social and cultural profile poses a challenge to the traditional way of life of one of the most rural of Africa's countries, which has not yet been met. Both imbibing and producing an urban culture of their own, young people have a deep appreciation of the potential and the challenges that cities generate, and are ideal allies in identifying forward-looking solutions. Empowering them to contribute to socially and environmentally sustainable communities is the ultimate goal of a child-friendly city.[235]

A city that appreciates the potential contribution of young people to its present and future development strives to multiply opportunities for young citizens to grow up, develop, socialise and express themselves. To do so, children must be healthy and well nourished, achieve education and all-round physical, emotional and cognitive development, and be cared for and protected against abuse, violence, and the spectre of poverty.[236] A child-friendly city takes all possible programmatic and financial steps to ensure that the rights and fundamental needs of children are fulfilled.

Localising children's rights

UNICEF defines a child-friendly city as a system of local governance committed to the implementation of children's rights. National governments are unlikely to succeed in reaching out to every child entitled to rights without the active involvement of sub-national counterparts.[237]

It is at the local level that children's rights and goals ought to be ultimately realised. Unless they become reality within the family, the community and the city where children live, broad development objectives risk remaining sterile declarations of intent. At the local level detailed plans and programmes can be designed to solve problems that are relevant to specific contexts, through negotiations between policy-makers and communities, including young people.

Cities and Children: The International Framework

Launched in 1992 in Dakar, Senegal, the *Mayors Defenders of Children* initiative led to the creation of a global alliance of municipal leaders for children, stressing the role of local authorities in addressing children's rights and raising the profile of children in municipal affairs.

In 1996, the UN Conference on Human Settlements (Habitat II) held in Istanbul, embraced the notion of 'child-friendly cities' as local governance systems committed to fulfilling children's rights. Habitat II identified the well-being of children as the ultimate indicator of a healthy society and defined child-friendly cities as places where not only children but all age and social groups live better. The *Habitat Agenda* promotes the role of young people in shaping their own environment. It states that "special attention needs to be paid to the participatory processes dealing with the shaping of cities, towns and neighbourhoods… to secure the living conditions of children and of youth and to make use of their insight, creativity and thoughts on the environment."[238]

A UNESCO programme, *Growing Up in Cities*, has contributed for several decades to developing child-focused practice at the local level, through participatory action-research and inclusive environmental development with children.[239] From an environmental perspective, *Agenda 21,* which emerged from the Earth Summit held in Rio de Janeiro in 1992, has provided a framework to develop local environmental initiatives with children.

The responsibilities of the local government were further highlighted at the *UN Special Session on Children (2002),* whose outcome document stated that "Local governments and authorities… can ensure that children are at the centre of agendas for development. By building on on-going initiatives, such as child-friendly communities and cities without slums, mayors and local leaders can improve significantly the lives of children."[240]

The *Child Friendly Cities Initiative* promotes rights-based programming in cities. An International Secretariat for Child Friendly Cities, managed by UNICEF, helps document the initiative's progress and supports programme implementers with information and programming tools.[241]

The right to participation is not limited to the political sphere. More familiar settings, such as communities, families and schools, offer additional channels for involvement. In familiar environments, children can be encouraged to set in motion participatory processes more freely and openly. While formal child participation is organised within the municipal context, informal participation can occur through, for example, neighbourhood clubs or schools, to provide every child with opportunities for participation in daily life.

Only when children, their families and communities adapt national goals to their own aspirations, can these be successfully met.

Building the capacity of cities to fulfil children's rights will help move implementation of the Convention on the Rights of the Child from the international and national arena down to the often elusive third tier of governance – the *local* one.

Enabling environments

Given their primary responsibility for implementing children's rights in their city, municipal authorities can foster partnerships with multiple stakeholders to frame citywide agendas for children. Non-governmental and civil society organisations, private sector companies, research and academic institutions, the media and

children's groups can all contribute human or financial resources to improving the conditions of the city's children.

A proactive city government can funnel a variety of domestic and external resources and ensure that they reach children in communities where the need is greatest. Cities can create enabling environments for children in all spheres of social, physical and policy development.

Social environment - Assuring universal access to all types of high quality social services – from health care to recreation – is an overarching goal of child-friendly cities. Children can help service providers and municipal policy-makers design services that respond to their needs by: contributing to mapping gaps in their localities, discussing them with decision-makers and participating in planning processes aimed to bridge the gaps.

Physical environment - All urban settings can be made suitable for children. Roads could be made safer, green spaces approachable, public transport affordable, and health and education facilities user-friendly. Opportunities can be created for play, recreation, culture, sport and socialising.

Policy environment - Children have long been kept at the margins of policy-making, regarded as a strictly adult realm. In the cities where they live, children can be meaningfully involved in governance processes contributing to policy development and implementation. Municipal governments develop and implement numerous regulations, bylaws and plans that have a direct impact on children and their communities; those relating to land tenure, transportation, taxation and housing are critical to survival in cities. The poor, and their children, need to be heard when decisions are being made.

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WHAT CITIES CAN DO TO FOSTER CHILDREN'S PARTICIPATION IN URBAN GOVERNANCE

Decentralise: Local government offers the best platform for fostering children's rights. In the context of Tanzania's decentralisation of several planning, implementation and monitoring functions, city and municipal governments should receive adequate support to guarantee the implementation of children's rights in urban communities.

Involve stakeholders: Through citywide and community-level campaigns, awareness could be raised and capacity developed among parents, teachers, police, the judiciary and local authorities to strengthen their role as facilitators of young people's participation in families, schools and municipal government.

Nurture child citizens: Opportunities for child participation should multiply, primarily at the local level where children live and their contribution can be most relevant. Permanent forums for children's participation in local governance, such as Junior Municipal Councils and Junior School Councils, could be strengthened and expanded to mainstream children's priorities into municipal policies, programmes and budgets, through participatory planning processes

Reach out: Community-based mechanisms are needed to encourage participation by children's groups that may risk being excluded due to their age, gender, place of residence, ethnic and social origin, income, or disability. Young people must be involved in analysing problems affecting their own age group and gathering community-level data to design inclusive child-friendly social services and public spaces in the city.

Foster child-friendly communities: Children and adolescents should be supported to partner with adult stakeholders in government and local communities and develop comprehensive plans to make communities and cities friendly to children.

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