

Children in an Urban Tanzania

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Contents

Acknowledgements	4
Executive Summary	6
Methodological Note	8
1. Growing Up in Fast Urbanising Tanzania	9
<ul style="list-style-type: none">• Urbanisation• Urban Poverty and Exclusion• Growing Up in Informal Settlements	
PANEL: <i>What Cities Can Do</i>	
– To Promote Good Local Governance	
– To Address Poverty and Exclusion by Ensuring Access to Basic Services	
– To Favour Access to Land Tenure and Housing	
2. The Urban Environment and Climate Change	27
PANEL: <i>What Cities Can Do</i>	
– To Protect the Environment and Adapt to Climate Change	
3. Water, Sanitation and Hygiene	31
<ul style="list-style-type: none">• Water• Sanitation and Hygiene• Solid Waste Management	
PANEL: <i>What Cities Can Do</i>	
– To Increase Access to Water, Sanitation and Hygiene	
4. Nutrition and Food Security	41
<ul style="list-style-type: none">• Child Nutrition• Women’s Nutrition• Household Food Security	
PANEL: <i>What Cities Can Do</i>	
– To Improve Nutrition and Household Food Security	
5. Health and HIV and AIDS	51
<ul style="list-style-type: none">• Child Health• Maternal Health• HIV and AIDS	
PANEL: <i>What Cities Can Do</i>	
– To Strengthen Health and Combat HIV and AIDS	
6. Education	62
PANEL: <i>What Cities Can Do</i>	
– To Achieve Universal Quality Education	

7. Child Protection	73
• Children Living and Working on the Streets	
• Child Labour	
• Trafficking of Children	
• Violence	
PANEL: <i>What Cities Can Do</i>	
– To Ensure Child Protection	
8. Places for Children	83
PANEL: <i>What Cities Can Do</i>	
– To Create Safe Places for Play, Recreation and Free Mobility	
9. Children As Citizens	87
• The Right to Participate	
• Governance For and With Children	
PANEL: <i>What Cities Can Do</i>	
– To Foster Children’s Participation in Local Governance	
Bibliography	99
Notes	110

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Executive Summary

One in four children being born in today's Tanzania is likely to be growing up in an urban area. It is projected to be one in three in the short time span of one generation. Tanzania is more urban than it perceives itself and official figures disclose. Urban Tanzanians feel emotionally rooted in their villages of origin rather than in the cities and towns where one quarter of the total population lives. Urbanisation figures fail to account for extensive high density areas just because they are not officially classified as urban. Despite a persisting rural self-representation, Tanzania is one of the fastest urbanising countries in one of the world's fastest urbanising regions. The nearly half urban population aged 0-18 may well be the first truly urbanised generation in the history of the nation.

As urbanisation is rapidly transforming the physical, social and economic landscape of the country, how has Tanzania equipped itself to provide adequate water, sanitation, health care, education, protection services to meet the fundamental needs and rights of a swelling number of urban children and communities? National policy and programmatic frameworks still broadly target rural poverty, perceived as the nation's core development challenge. Urban poverty, growing alongside urban affluence, remains mainly unaccounted for and, as a result, unaddressed. The condition of poor and marginalised urban groups escapes official urban figures. Standard urban-rural disaggregation generates statistical averages that overshadow sub-municipal disparities. Also poverty lines tend to underestimate actual poverty. Based on mere consumption levels, they disregard living conditions, thus leaving unaccounted for several necessities that poor households are normally forced to acquire through cash purchases in a monetised urban economy. As a result, urban poverty is broadly overlooked and poor urban children, lost in skewed official estimates and tucked away in peripheral unplanned urban fringes, risk remaining invisible in development policy and investments. In-depth analysis based on sub-municipal data is urgently needed to accurately measure urban poverty in its multiple dimensions of income poverty, inadequate access to basic services and powerlessness.

The assumption underpinning the limited attention that has been paid to urban poverty is that of an urban advantage. Undoubtedly, cities enjoy an edge over rural areas. Urbanisation drives the development of a whole nation. High population concentration, economies of scale, proximity and agglomeration make cities engines of growth. They offer greater avenues for livelihood and education, and should be expected to afford children better opportunities for survival, growth and development than rural areas. Better economic resources and political visibility hold a potential to offer higher incomes and enhance the scope for the government and the private sector to fund services and infrastructure. Density, favouring economies of scale, promises to favour delivering of essential services.

Children, adolescents and youth are attracted to city life, aspiring to access better jobs, higher education and a richer cultural life. Urban areas are also hubs of technological innovation, social exchange and mass communication. Urban children can draw from resources that are denied to rural peers.

The urban advantage, however, is being eroded. Provision of social services and infrastructure is failing to keep pace with growing demand being generated by urbanisation.

- **Availability of basic services, expected to be markedly higher in urban centres as compared to remote rural areas, has been declining.** Decreasing urban access to improved sources of drinking water over the past decade epitomises this trend. The traditional urban – rural social sector performance gap has been narrowing against most indicators in the areas of education, health, nutrition, water and sanitation. In some cases gaps have been actually bridged and rural areas are even outperforming urban centres.

- **As urban social sector performance is declining, it is likely that it is the poor, underserved communities to remain unreached.** Although statistical averages prevent any level of sub-municipal analysis, limited data available on access to basic services and health and education outcomes in low-income urban communities suggests that the urban poor may be faring even worse than their rural counterparts.
- **Urbanisation growth is projected to continue in the future. If the present scenarios are not going to be addressed now, they are likely to deteriorate further.** As density increases and unplanned settlements become more congested, investments in social facilities and infrastructure can only be expected to become costlier, both financially and socially.

If not properly leveraged, the potential advantage that cities offer can turn into a disadvantage. A concentration of children in areas where services and infrastructure are lacking is a major disadvantage. Children residing in overcrowded and degraded settlements characterised by poorly managed sanitation systems, inadequate provision of safe water, inefficient solid waste management are faced with one of the most life-threatening environments possible – with climate change posed to increase vulnerability further. Such a disadvantage can be daunting in a situation where the overwhelming majority of urban dwellers reside in unplanned settlements, which in Tanzania’s primate city, Dar es Salaam, are estimated to accommodate over 80 percent of the population, one of the highest proportions in Sub-Saharan Africa.

Availability and access are not synonymous. In most cities, availability of basic services does not translate necessarily into access. Higher quality and availability of services needs to be equally distributed across social classes and space to achieve equal access by all citizens. The difference between successfully exploiting the urban advantage and passively reeling under the urban disadvantage can be made by the way access to resources is managed. A competent, accountable and equitable system of local governance can make that difference. Good local governance can help overcome the disparities that still bar access by the poor to safe water and sanitation, quality education, adequate health care and nutrition, affordable transport, secure land tenure and decent housing. Accountable local authorities, proactive communities and enabled children are the key actors in a local governance process leading to the creation of cities friendly to children.

Young people are already participating in local governance processes. They are active in children’s municipal councils, children’s school councils and other similar institutions. Avenues for child participation needs to be strengthened and opened to all children, not only in institutional settings, but also in families and communities having primary responsibility for children’s well being. Cities and communities provide the most relevant scale for genuine children’s participation, where young people can effectively engage in addressing the problems that directly affect them.

Though universal human rights and global development goals are set at the international and national levels, it is ultimately in a myriad of local Tanzanian communities that they are expected to be fulfilled – in the family, the school, the ward and ultimately the city. The city government offers an ideal platform for converging a plethora of sectoral interventions independently targeting children and delivering them holistically, at the local level where children live. The horizon of children is local. Within the local dimension, children’s goals and rights can be met and monitored by duty bearers who have primary responsibility for their fulfilment. If development goals and human rights are not implemented locally, they are likely to remain abstract declarations of intent and sterile. Local authorities, communities, families and children together can transform today’s child unfriendly urban settings into child-friendly cities – as cities friendly to children are friendly to all.

Methodological Note

The objective of the report is to explore the likely impact of urbanisation on children in Tanzania. Recognising the intrinsic advantage that cities potentially offer, the interest is drawn primarily on disparities affecting children who are unable to exploit the urban advantage because they live in poor and marginalised communities, on the streets, or in middle class neighbourhoods employed as domestic labour. The focus of the report is, therefore, on urban children and communities that are disadvantaged as a result of social, economic and spatial disparities. The spatial lines of disparity analysed are not only the traditional ones separating urban from rural areas, but also, critically, those broadly unexplored that divide urban low-income communities from more affluent groups residing within the same city boundaries.

In Tanzania, there is no consensus on terms such as *urbanisation*, *urban* or *periurban*. A variety of attempts have been made to define such notions from different points of view. For the purpose of this report, no single formal classification of urbanisation has been adopted. It has been simply (and more practically) recognised that wherever there is density of human and economic activities in a given spatial location, there is a need to intervene with basic social services, physical infrastructure and good governance. The terms urbanisation, urban and periurban, therefore, are broadly employed with reference to the literature on which the report is based.

The term *child* has been used to refer to a person aged 0-18, according to the definition provided by the UN Convention on the Rights of the Child. Where the context requires it, the terms adolescent, youth or young people have also been employed to refer to older children.

The report has adopted two basic methodologies – literature review of secondary data sources and stakeholder consultation.

The literature review has explored both quantitative and qualitative secondary data. A desk review exercise has sieved through a variety of sources dealing primarily with urbanisation, urban poverty, children living in urban settings, implementation and evaluation of social sector programmes, and access to basic services in urban areas. A range of academic and official publications, including national statistical surveys, have been relied upon. Programme and policy documents prepared by the government, non government organisations and donor agencies have been further reviewed.

In addition, a series of consultations have been conducted with stakeholders in several urban locations of Tanzania, including Arusha, Mwanza, Ilala, Mbeya, Kinondoni and Zanzibar, with the facilitation of non-government organisations. The purpose of the consultations was to gather voices from the field, among local authorities, parents, service providers and young people.

An initial draft of the report has been shared with a peer-review group comprising specialists in the fields of urbanisation, migration, health, nutrition, education, child protection, water, sanitation and children's rights. A second and final draft has been prepared reflecting the comments received.

The major challenge faced in the preparation of the report has been the extreme scarcity of data, analysis and field experience on issues pertaining to urban poverty in Tanzania, coupled with an even more scanty availability of information on urban poverty among children. Drawing exclusively on limited available secondary data, the report may be therefore regarded as an initial exploratory attempt to take stock of existing evidence and, importantly, point to the need for deepening the understanding of the predicament of a disadvantaged urban childhood. The ultimate aim of the snapshot taken here is to advocate for the forgotten urban child and spark a debate that will hopefully lead to action.

1. GROWING UP IN A FAST URBANISING TANZANIA

1.1. URBANISATION

1.1.1 Children in an Urban World

By the middle of the 20th century, three out of ten people in the world lived in urban areas. Today, half of the planet's population resides in cities and towns. By the middle of this century, all of the regions will be predominantly urban, with Eastern Africa projected to close an irreversible cycle by just after 2050. In the coming decades, the world's population growth will be concentrated in urban areas.¹ Interpreting development only through a rural lens is to disregard the fact that world is now urban. Many of those who have been long living in poverty in rural areas are now residing in cities. The challenge for the future is to avert that the rural poor be transformed into the urban poor.

As cities are becoming home to a growing proportion of the world's children, what have they been doing to turn into places friendly to their young constituencies? The 2012 UNICEF State of the World's Children Report, *Children in an Urban World*, has urgently called the attention to the 7 out of 10 people that by mid-century will live in urban areas of the planet.² Very little time is left to invest in basic services, build infrastructure and strengthen municipal systems of governance to accommodate the majority of the human family in inclusive, safe and sustainable cities within just one generation or two.

1.1.2 The Urban Advantage

It is often stressed that urbanisation is a precondition for the development of a whole nation. Cities are engines of growth. There is a direct correlation between economic growth and density.³ In recent history, growth and development have been accompanied by concentration and urbanisation. Urbanisation, linked with high concentration, economies of scale, proximity and agglomeration, boosts business and benefits households, reducing overall poverty and opening up new opportunities for livelihood and education.

Cities should be expected to afford children better opportunities for survival, growth and development than rural areas. Urban settings enjoy better economic resources, which normally ensure higher incomes, and greater scope for the government and the private sector to fund services and infrastructure. Further, density favours economies of scale in delivering essential services in the areas of education, health, water, sanitation.

Cities and towns are places where young people often aspire to live. They offer better job prospects, higher education and rich cultural life. Urban areas are also hubs of technological innovation, social exchange and mass communication. Children and youth living in urban centres can tap into resources that are denied in rural areas.

Opportunities that cities promise, however, are not equally accessible to all. The nearly 5.6 million children living in urban areas of Tanzania, accounting for almost half of the total urban population, and nearly one quarter of the country's total child population,⁴ do not always find in cities the avenues to education, health, protection and shelter that they seek – and that the Convention on the Rights of the Child entitles them to. Excluded and marginalised, they live in poor communities. While adults endure the same predicament, young age amplifies the sense of deprivation.

Urbanisation poses a major stress on the physical and social environment. Population pressure in cities erodes green and natural spaces, intensifies car traffic, and causes air and water pollution that threaten the health of children. Urban expansion is constantly associated with serious environmental problems, including inefficient solid waste disposal, obsolete or poorly managed sanitation systems,

and inadequate provision of safe water. Children who reside in informal, unplanned settlements grow up in one of the most hazardous environments possible. Though services and infrastructure are more available in urban areas, accessing them often requires cash payments that the poor can not afford. Wealthier and more powerful groups tend to secure available good quality health care, education and housing, leaving the poorest communities to fend for themselves.

Cities can offer children the best and the worst. For cities to fully exploit the urban advantage – and prevent that it turns into its opposite – they need competent, accountable and equitable systems of governance. When governance systems fail in their role of providing equal access to basic services and opportunities, urban concentration can become a distinct disadvantage. Conversely, when governments strive to ensure that the gains of growth and development are tapped into by all equally, urban centres stand a better chance than rural areas to improve the quality of life of their residents.

Cities can benefit by relying on the lowest level of government, the one that is closest to people's constituencies. 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 child-friendly local authorities to engage in fostering inclusive communities, where children's needs and rights are met.

1.1.3 Lost in Statistics

It is common practice for policy-makers and development planners to measure child wellbeing by comparing development indicators relating to urban children with those for rural ones. The urban advantage is normally captured in statistics, which reflect a concentration of resources around cities. Expectedly, urban centres outperform rural areas in most dimensions, whether in terms of income, years of schooling, or health status. These assessments, however, are based on averages that tend to obscure intra-municipal disparities, which may be staggering at times. When disaggregated information is worked out for low-income urban areas, it is not uncommon to record conditions of poverty and deprivation that are worse than those stemming from rural areas.

Poor and excluded urban children remain often unaccounted for and, as a result, unrepresented in national and municipal development plans. Lost in aggregate figures and tucked away in distant peripheries, poor urban children are often invisible, reeling under the pressure of unrelenting urbanisation. Social services, housing, land are simply insufficient to meet their needs in the underserved areas where they live. Growing up in illegal settlements, their rights are negated.

The Least Urbanised, Fastest Growing Continent

By global standards, Africa displays modest levels of urbanisation, characterised by low population density and limited agglomeration. It is the world's least urbanised continent with only one-third of the population living in urban areas, as compared with a world average of one-half.⁵ Cities are mainly small sized and metro areas are few as compared to other regions. Most of the continent's urban residents reside in medium and large sized towns, although the number of larger cities has been growing over the past 30 years, a trend that is likely to continue.

But Africa is not expected to remain rural much longer. Sub-Saharan Africa's annual urban growth rate of almost 5 percent is the highest globally, twice as high as in Latin America and Asia.⁶ Despite a low overall urbanisation rate, Africa's urban population is larger than North America or Western Europe⁷. In the short span of the coming two decades, Africa's urban areas are forecast to become home to an additional 290 million residents, bringing the total number of urban dwellers to 590 million.⁸

While urbanisation is expected to work as an engine for progress, critical attention must be paid to the growing numbers of urban poor living shoulder-to-shoulder with an expanding affluent urban middle-class.

Africa hosts the world's largest proportion of urban dwellers residing in low-income settlements – popularly and sometimes derogatively known as *slums* –, which presently accommodate 72 percent of urban African citizens, accounting for about 187 million people.⁹ Alarming projections indicate that Africa's slum population is likely to double every 15 years.

The rapid urbanisation process that is likely to re-shape an entire continent requires that forward-looking policies be adopted to ensure that the advantages promised by urbanisation equally benefit the large majority of people residing in cities – without neglecting in the process the interests of the populations living in surrounding rural hinterlands. If such a far-reaching phenomenon fails to be timely governed, there is a risk that the hoped for eradication of poverty through urbanisation turns instead in a process already known in Africa as the urbanisation of poverty.

1.1.4 Tanzania's Rural Self-Representation

Tanzania is still a predominantly rural country within a largely rural region. Most of Tanzania's households live in villages, far removed from the glamour, as much as the perils of urban life. Should then Tanzania be alarmed about the potentially negative effects of urbanisation on its children? Although urbanisation has been fast redesigning its physical and social landscape, broadly Tanzania continues to perceive itself as the country of the post-independence *villagisation* model fostered by Baba wa Taifa, Father of the Nation, Julius Nyerere. While already one out of four children lives in Tanzania's urban areas, one out of three babies being born today is likely to live in a city by the time she turns 20.

As the rest of Africa, Tanzania is urbanising very fast, with 27 percent of the total population living in urban areas, according to census projections, equal to over 12 million people out of a national population close to 46 million.¹⁰ The urban population is growing at about 5 percent a year,¹¹ i.e., about twice the national population growth rate of 2.9 percent.¹² With approximately 3 million inhabitants, Dar es Salaam holds a high level of primacy, being 4 times larger than the next largest city, Mwanza.¹³

While several attempts have been made to estimate urbanisation rates, caution should be applied in interpreting such figures. The term urbanisation has been much contested. Various definitions have stemmed from a variety of criteria, such as population concentration, or administrative boundaries, for example. To overcome theoretical disputes, some have taken a pragmatic approach, focussing on *density* instead. Irrespective of whether an area is administratively classified as urban or rural, it is argued, what really matters for planning purposes is its density. Everybody recognises that in high density areas economic and social dynamics change. Infections spread faster, safe sanitation devices become essential, crime rises, environmental pollution presents a worse threat. Where human and economic activities concentrate, it is necessary to intervene with at least three crucial inputs – social services, physical infrastructure and effective governance. If Tanzania's urbanisation rates were estimated through the lens of density, they would be probably higher than the ones presently emerging from figures based on official definitions of urbanisation. Accordingly, existing assessments may underestimate the actual rates of poverty and service provision in urbanised areas.

1.1.5 The Price of Urbanisation

The shift that has taken place in Tanzania from a village-centric, socialistic development pattern to a market-driven economy path has pursued urbanisation as a necessary condition to unleash growth. The direction followed has been to concentrate economic development, and improve urban infrastructure and services. The economic reform has resulted in sustained growth, especially in the agriculture, mining and export sectors, accompanied by rising urbanisation.¹⁴

Like other African countries, Tanzania has gained from urbanisation at a price. Environmental degradation and pollution, haphazard housing and informal settlement development, land tenure insecurity, deficient infrastructural development have been the cost of fast urbanisation. However, neither the advantage that urbanisation has generated, nor the price that has been paid has been

shared equally among urban residents who have contributed to building cities. Places of concentration of wealth and resources, cities have benefited primarily those classes that possess the means and capacity to leverage economic growth, technological advances and modernisation.

Conversely, the human, social and environmental cost of urbanisation and modernisation has been disproportionately borne by the poor and marginalised groups, those that have least reaped the rewards of growth. In cities, where housing quality is highest, the vast majority of the population lives on unplanned land and in substandard shelters. Where health care facilities, schools and transportation are most widely available and specialised, many gain only limited or no access at all to quality basic services. Where new job markets have opened up to the upwardly mobile social groups, the large mass of the poor resort to subsistence livelihoods in the informal and self-employment sectors.

Urban areas pose specific challenges to poor communities. The threats of urbanisation are disproportionately graver for children. Whether it is coping with poverty, growing up lacking supportive social networks, or being denied access to essential basic services, life in a city presents complexities that impact children more, also as a result of their young age.

Tanzania's social and economic development is challenged by deep income inequalities not only between urban centres and rural areas, but also among different economic groups residing within the same city. Economic disparity is compounded by unequal access to basic services and employment opportunities.

As urbanisation is posed to transform the physical, social, economic and environmental structure of contemporary and future Tanzania, a constant check must be kept on disparities. Home to the wealthiest and the poorest classes in the country, cities are intrinsically unequal. Overshadowed by net gains, urban figures tend to underestimate poverty and inequality in prosperous cities. Appreciating sub-municipal gaps is key to analysing the determinants of urban poverty and designing equitable and inclusive policies.

MIGRATION AND PERIURBAN DEVELOPMENT

1.1.6 Migrating to Town

The population of Tanzanian cities has grown from natural increase (an excess of births over deaths), migration (an excess of individuals moving to the city, compared with those leaving it), and reclassification (a planning and administrative process conferring urban status on formerly rural residents and territory). Net migration to urban areas has contributed only marginally to Tanzania's urban growth, accounting for 0.6 percent of the population residing in cities and towns of mainland Tanzania in 2002. The degree of turnover is more significant with 5.3 percent of the urban population moving to or from urban areas, and streaming between urban centres (2.6 percent).¹⁵

Migration data in Tanzania may appear counter intuitive since urban growth is normally led by population in-flows. Such anomaly may be explained by the fact that migration concerns primarily periurban areas located outside local government authority (LGA) boundaries. Periurban fringes characterised by lower population density play an important role by offering an initial stepping stone to migrants aiming for an ultimate urban destination. The clustering of migrants in peripheral fringes that are not classified as urban eludes official statistics, while it is actually a major source of urbanisation.¹⁶

1.1.7 Confined into Peripheries

Migrants hailing from rural villages are often young, poor people, seeking new opportunities in urban areas. The periurban belts offer a lower cost of living and social networks that can help integrate into urban life, and progressively access housing, employment, services and other resources.¹⁷ The impact of urbanisation on poverty often comes to fruition through the city pushing the poor farther and farther away, to the margins of its fabric. Inequitable forces generated by cities tend to socially and spatially exclude the poor from formal opportunities offered by urban economies. As Tanzania progresses in its urban-rural transformation, there is a risk that gentrification further marginalises the poor. Even cheaper periurban lands are being progressively bought up, especially when they are located strategically with regard to transport connectivity or other services. As more affluent social groups move into urban fringes and develop them into middle-class neighbourhoods, the previous residents, whether they are earlier migrant or native populations, are relocated to farther away, less serviced locations.

In planning services for children and communities, it is critical to consider the role of urban fringes, which act as both a midway home for rural populations moving toward the city and a decompression chamber for urbanites experiencing unsustainable levels of urban pressure, such as, for example, increasing cost of living in city centres. Peripheral areas have less structured settlement patterns than better serviced urban locations. They provide ample opportunities for planning and servicing for 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 social facilities would be just precluded by increased cost and lack of space.¹⁸

1.1.8 Seeking Bongoland

Migration is a phenomenon closely linked to young people for the high mobility characterising this age group.¹⁹ Youth and children below 25, representing nearly 64 percent of Tanzania's population, are the most affected by urban transformations in their quest for education and employment opportunities.²⁰ Although the majority of Tanzania's youth still lives in rural areas, they are nevertheless connected to a global urban culture, by accessing information, technological innovation, tourism, development aid and a globalised commodity market, all factors having a strong urban connotation. Some have spoken of a globalised youth culture, which influences their music, fashion, food and lifestyles. Rural as much as urban youth aspire to an urban life.

Young people's ultimate attraction to the urban world is Bongoland (Dar es Salaam, originally), the city of *bongo* (brains), where the smart ones go and make it. Dar es Salaam, literally *Haven of Peace*, has become home to just about all of Tanzania's 122 ethnic groupings, which have migrated to the city for a variety of social, economic, cultural and political reasons. Over the past decade, Tanzania's primate city has undergone deep changes, and offers today a new urban experience with its shopping malls, cell phones, and internet cafés.²¹ Moving to Bongoland is the utmost aspiration of young people who see in the city opportunities for work, study and escape from the boredom of village life. Before making it to Dar es Salaam, migrants may move to small and medium size towns, more accessible to young people's social networks and limited resources.²²

The International Labour Office (ILO) suggests that migrants are mainly illiterate and unskilled adults, youth and children (potential child workers) as well as better educated youth seeking more attractive job opportunities.²³ A research study has highlighted that youth who move away from their villages are normally those who have enough financial, economic or information resources to do so. When the destitute migrate, it is because they have no alternative, either as a result of rural decline, or environmental calamities. In addition to young people, women have started migrating independently, responding to an urban demand for nannies, barmaids, or workers in the entertainment and tourism industries.²⁴ Migrants also generate from neighbouring countries, especially during unstable times.

Overall, the deagrarianisation that the Tanzanian society is undergoing leads young people to seeking new opportunities in cities, even if it has to be in the form of an unrewarding occupation in the urban informal sector. The expectations that young migrants carry with them when they leave their village homes do not always match the reality they find in the city. In that case, migration may turn into a change of location, not of circumstances.²⁵

LOCAL GOVERNANCE

1.1.9 Urban Local Governance

The progressive expansion of urban settings has required a parallel development of the institutional, legislative and regulatory framework guiding the municipal government. Tanzania's system of government is structured on two-tiers. Central government frames policy, while local government authorities (LGA) are responsible for policy supervision and implementation within their own constituencies. The Prime Minister's Office for Regional Administration and Local Government (PMO-RALG) supervises and provides resources to the local authorities constituted in Tanzania. Local government in mainland Tanzania is organised in two divisions, rural and urban authorities. The Local Government (Urban Authorities) Act 1982 establishes the composition, functions and legislative powers of urban LGAs.²⁶ Urban local government authorities with legal and autonomous status include cities, municipalities and town councils (or district headquarters) (27), which, for administrative and electoral purposes, are divided into wards and 2,600 neighbourhoods (mitaa).²⁷

From a politico-administrative perspective, the Local Government Act defines the role that the Prime Minister's Office for Regional Administration and Local Government (PMO-RALG) is expected to play in urban areas, by providing for the Minister to establish an urban authority in any area of mainland Tanzania. In parallel, from a human settlement perspective, 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.

Government of Tanzania has embarked in a process of governance reform. A Decentralisation by Devolution (D-by-D) 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.²⁸ The D-by-D 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.

1.1.10 Financing Local Government

Urban local authorities have witnessed an increase in overall LGA revenues and expenditures, although as a result of rising reliance on central government grants rather than own-source revenue. The local government is financed through the national government budget approved by the parliament. Local government authorities work as a potentially critical mechanism for social sector programming, with responsibility in a number of areas concerning children. Education accounts for the largest share of revenues and expenditures. Out of the 2009-10 total LGA outlay, 49 percent was spent in education, 14 percent in health and 4 percent in water sectors (logintanzania.net) (Table 1). Though the bulk of the LGA budget is spent in recurrent expenditures, local authorities' main focus on health and education make them primary actors in promoting children's initiatives at the local level, including in urban areas.²⁹ When the local government succeeds in setting in motion successful processes for children on the ground, it holds the potential of influencing broader, forward-looking policy development at the national level.

Table 1 - LGAs Spending (FY 2009/10)

Education	1,103,365,389,943	49%
Health	313,639,862,952	14%
Agriculture	119,764,357,926	5%
Roads	101,815,570,868	4%
Water	96,595,535,209	4%
Local administration	298,953,769,031	13%
Other spending	240,023,270,230	11%
Total	2,274,157,756,159	100%

Source: logintanzania.net³⁰

Urban LGAs levy from residents nearly 5 times as much revenue as rural LGAs and generate more own-source revenue than rural ones. In 2006-07, intergovernmental transfers to urban LGAs accounted for 18 percent against 82 percent to rural LGAs. Urban tax-payers 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 at redistributing resources from urban to rural areas.³¹

Recent trends have further weakened LGAs' own source revenue mechanisms, which had been already hampered by legislation that in 2008 transferred responsibility for property taxes to the Tanzania Revenue Authority (TRA). Disempowering LGAs in their capacity to generate own revenues risks undermining the autonomy of the local government to intervene in favour of its own constituencies.³² Empowering local authorities with greater fiscal capacity, not only as a result of inter-governmental transfers, but also out of self-generated sources, have direct implications for the government ability to provide services and facilities locally, to better serve children and families in their own communities.

1.1.11 Creating Avenues for Civil Society Participation

Arguably, the most critical element in strengthening local governance is the contribution that a vibrant civil society can make to the management of the city. Citizens are already active in municipal matters, a resource that can be tapped more efficiently by creating opportunities for regular participation. A citizen survey focussing on people's involvement in local governance indicated that 81 percent of respondents voted in the 1999 local election against a national average of 71 percent. Overall, people viewed ward executive officers (WEOs), village executive officers (VEOs) and council staff positively. However, although local officials had been trained in good local governance issues in the context of D-by-D, the citizenry seemed to remain unclear about the reform underway.³³ A further study estimated that men are more active than women in local government leadership, and the elderly more than youth. It also suggested that the majority of citizens (78 percent) believed that local government reforms have contributed to improving service delivery in cities, though corruption was still deemed a major problem.³⁴

Decentralisation is key to improving good local 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. Participation by the urban poor and other excluded groups in improving the quality of local governance and service delivery is pivotal in achieving sustainable poverty reduction and development objectives. Giving children, youth and women in poor communities a voice would provide an effective channel to make decentralisation-by-devolution a reality.

1.2 URBAN POVERTY AND EXCLUSION

URBAN POVERTY

1.2.1 Cities, Engines of Growth, Homes to Poverty

Tanzania's economic development is clustered around cities. Though home to one quarter of the population, urban areas contribute half of Tanzania's GDP. Agriculture, Tanzania's primary employment sector, is progressively declining.³⁵ In parallel, marginally productive and insecure informal employment has been growing sizeably, particularly in Dar es Salaam and other urban areas.

In Tanzanian cities, a concentration of wealth is paralleled by a concentration of poverty. Despite significant strides made over recent years, poverty is still a major challenge not only in rural but also in urban Tanzania. About 18 percent of the urban population (excluding Dar es Salaam) lives below the basic needs poverty line, with Dar es Salaam displaying nearly 16 percent levels. The proportion of the population living below the food poverty line is 8.8 percent in urban areas (excluding Dar es Salaam) and 7.6 percent in Dar es Salaam.³⁶

Nevertheless, urban poverty may be even higher than the values reflected in official figures. Poverty lines, in fact, need to be carefully interpreted as they tend to underestimate actual poverty. Based only on consumption levels, they 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 on what the poor spend can not be regarded as an adequate measure of what they actually need. In a poor family the amount spent for necessities, such as accommodation, schooling, health and other requirements, is normally low and at any rate inadequate to meet these needs. The most accurate way to establish a poverty line would be to collect data among urban poor households to assess the income level that would be necessary to meet their basic needs, particularly in the context of a monetised urban economy.³⁷

A World Bank study has pointed out that, notwithstanding the high degree of informality and unemployment, urban incomes – generated mainly by cash-based and non-farm self-employment activities – are higher than rural ones.³⁸ In practice, however, earnings from poorly remunerative occupations are often insufficient to meet the needs of urban households in a predominantly cash economy.

The urban poor spend a sizeable portion of their meagre earnings on food (as discussed later in the Food Security chapter of this report). To meet their food requirements, urban residents, especially in Dar es Salaam, depend mainly on purchased food commodities, ending up spending more than half of their resources on feeding the family. A close relationship has been found between levels of income and proportion of income spent on food. The lowest income earning group would proportionally spend more on food than higher income earning groups. As a result, with a decrease in income, the proportion of the family budget allocated to food would rise.³⁹ With food taking such a substantial portion of their income, the poor resort to a cheap diet and are still left with insufficient cash to meet all other basic needs, such as water, fuel, education and health services, transport, as well as respond to family crises, such as environmental disasters, eviction and unemployment.

Government of Tanzania has engaged in tackling poverty through major social-oriented initiatives, such as the National Strategy for Growth and Reduction of Poverty (NSGRP), better known in Kiswahili language as MKUKUTA. Mechanisms to specifically address urban poverty in low-income urban areas, however, have not been prioritised, either in MKUKUTA or in other major development plans. The recently framed Tanzania Long Term Perspective Plan, while recognising

that urbanisation is a key element to contend with in envisioning the future of Tanzania, fails to indicate urban-specific strategies and investments, especially in favour of vulnerable groups, such as children living in poor urban communities.⁴⁰

1.2.2 Urban Livelihoods

Over the 2001-2006 period, the urban unemployed population remained virtually the same in absolute numbers, while its proportion in urban areas declined, from 46 to 31 percent in Dar es Salaam and from 26 to 16 percent in other cities.⁴¹ If unemployment is one of the key determinants of poverty, underemployment may be considered the other face of the same economic vulnerability coin. During the 1990s, Tanzanian urban economies witnessed a swelling in the informal sector, especially in the areas of self-employment and unpaid family work. Self-employment in the informal economic sector has grown to become a prevalent source of urban employment.⁴² As service sector investment and employment within the government have declined, regular wage earning jobs in the formal, government and parastatal sectors have diminished significantly, since the late 1980s and 1990s, as a result of structural adjustment policies. Recurring to informal or self-employment and private wage labour has become increasingly an income-generating avenue for urban residents, including child workers.

According to the Household Budget Survey 2007, wages and other income from employment provided 36 percent of household income in Dar es Salaam (as compared to 41 percent in 2000/01) and 22 percent in other urban areas, while income from self-employment increased to 38 percent in Dar es Salaam (from 30 percent in 2000/01) and 37 percent in other urban areas, signaling growing dependency on this source. Over 43 percent of households depended on one single source of earnings,⁴³ an indication that a sizeable proportion of the city's population survives on a limited household income. The main reasons cited by poor urban dwellers for engaging in informal activities are inability to find other work (35.6 percent) and family need for additional income (31 percent).⁴⁴

Coping with poverty requires a high degree of flexibility and ability to adapt to challenging economic environments. Most activities engaging the urban poor are labour intensive, such as petty trade, cooked food vending, running food market stalls, stone quarrying, agriculture, sand and salt mining, livestock rearing, water vending, handcraft, blacksmith. A subsistence mechanism frequently adopted to cope with low-paying jobs is to engage in more than one occupation.

The urban poor, including working children, are forced to work in hazardous areas, such as contaminated environments. Disease, dust and environmental degradation, exacerbated by climate change, pose daily challenges to the poor engaged in making a livelihood.

MARGINALISATION AND EXCLUSION

Urban poverty can not be only equated with limited access to income and decent employment opportunities. Poverty is also correlated with persistent social marginalisation. Social vulnerability, compounded by limited access to basic social services, makes economically weak urban communities even poorer. Within a 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. UNICEF has assessed that 71 percent of Tanzanian children living in absolute poverty suffer multiple severe deprivations of basic needs.⁴⁵

To continue working as an engine for local and national development, cities can contribute not only by driving economic growth, but also by enhancing household welfare and social mobility through human and social development. Cities can foster institutional change and service provision in a way that positively impacts on the wellbeing of communities and children.

1.2.3 Basic Services in Urban Areas: Availability versus Access

When children, youth and entire families move to cities, in addition to higher incomes, they normally seek better services. Cities are regarded as places where both concentration and standards of social facilities outweigh the scantier provision that is feasible in sparsely populated peripheral areas. Population densities, proximity, economies of scale, aggregated public and private resources, political visibility are urban-specific factors that favour higher availability of services in cities.

Urbanites, it is often noted, tend to enjoy better access to basic services, facilities and amenities than rural populations. Whether in the areas of health and education, or in the water, sanitation and housing sectors, performance against core development indicators appears distinctly superior in cities as compared to the remote rural hinterland. A large body of evidence has highlighted how children and adolescents living in poor and rural households are disadvantaged in a number of ways, by being less registered at birth, less enrolled in school, less served by reproductive health and vocational services. A report on child disparities in Tanzania has estimated that “Poverty impacts harder on children and remains overwhelmingly rural; 83 percent 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.”⁴⁶

A bird view of availability of basic services in Tanzania as emerging in official aggregate figures would most certainly reinforce the notion of an overwhelming urban advantage. The critical water and sanitation sectors offer a telling example. Urban households enjoy a distinct edge over their rural counterparts in accessing basic infrastructure. About 80 percent of urban households have access to improved water supply sources, as compared with about 48 percent of households in rural areas.⁴⁷ Similarly, access to improved sanitation (namely, flush toilets or improved pit latrines) is markedly higher in urban areas (22 percent) than in rural settings (8.5 percent).⁴⁸

Caution, however, must be applied in interpreting such estimates. Data on access to basic services in urban areas may be grossly misleading. Greater availability of services, in fact, does not necessarily translate into greater access. Evidence shows that even when services and facilities exist, better resourced or connected social groups tend to access them, at the detriment of weaker segments of the community. Acute scarcity of basic services in urban settings is common experience among communities that lack sufficient resources to access them and live in marginal, underserved areas at a distance from where the city’s facilities are located. For *availability* of services to be translated into actual *access* by all, cities must take measures to enhance equity and inclusiveness in service planning and affordability.

1.2.4 Declining Access to Urban Basic Services

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

Taking again the case of water supply, over the past decade, urban household access to an improved source of drinking water has declined from 90 percent in 2000/1 to and 80 percent in 2010. Although rural access to water is lower, progress has been made over time, shifting from 46 percent in 2000/01 to about 48 percent in 2010.⁴⁹ Similarly, in sanitation, urban access to improved sanitation services has remained constant, failing to grow beyond a mere 22 percent, a coverage

abysmally low in congested urban settlements. As availability of improved sanitation remains unchanged despite rising population density, unsafe excreta disposal is bound to become a growing health hazard to the urban population.⁵⁰

1.2.5 Achieving Spatial Equality

Limited or even negative progress in increasing access to basic services in urban centres – with water supply provision epitomising a general trend – has been related to the speed at which urbanisation has been growing over the past couple of decades. Regional level data shows how access by Tanzanian urban dwellers to basic services stands low even when compared to African standards. Analysing disparities through an urban lens helps detect one more dimension of deprivation that goes often unnoticed – spatial inequality. Space-sensitive local policies can contribute significantly to achieving a balanced distribution of wellbeing through fair provision of social services across space. The challenge facing Tanzanian cities is to keep up with fast population growth in providing basic services and facilities not only adequately, but also equitably.

SPATIAL DISPARITIES IN URBAN AREAS

Analysis of spatial disparities has long focussed on the traditional urban-rural divide characterising Tanzania. A more nuanced assessment of spatial disparities would help estimate the extent to which rapid urbanisation has upset the geography of poverty in the country, by drawing new lines of inequality not only across the physical and social space that separates the urban and rural worlds, but also within the urban context itself. In order 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 taking place within individual cities, as well as across different urban centres.

1.2.6 Intra-Urban Disparities

Standard urban averages, it has been noted, tend to blur significant local social-economic differences. Intra-urban poverty variation can be stark. A World Bank study carried out among 12 urban centres of Tanzania has unveiled substantial differentials in levels of poverty as experienced by households living in different wards within the same municipal boundaries. Across the cities analysed, the variation between the lowest and the highest ward-level poverty rates averaged 33 percent. In an extreme case, intra-urban poverty in Kilosa ranged from 2.3 percent in Kidido ward to 63.4 percent in Magubike ward.

Challenging the frequent generalisation that tends to equate poverty with rural areas, the assessment revealed that a significant share of the urban communities lived in conditions of poverty that were comparable or worse than those of their rural counterparts. The study pointed out that a significant proportion of the urban population resided in wards that were poorer than the rural hinterland. In 4 out of the 12 reviewed townships, nearly an average 70 percent of the population lived in wards that were poorer than the surrounding rural interior.⁵¹

1.2.7 Inter-Urban Disparities

Scrutinising spatial segmentation further, it is possible to unearth variations in economic condition, service provision and housing quality that run across different urban centres. Intra-urban inequalities, in fact, are compounded by inter-urban disparities. The city size often influences its own urban character. Larger urban centres, displaying more distinctive characteristics of urbanisation, tend to enjoy a higher concentration of resources as compared to smaller townships, often characterised by a mix of urban and rural features.

The ward-level multi-centric assessment carried out in 12 urban centres has suggested that urban poverty rates vary substantially across cities of Tanzania. In the study sample, urban poverty rates spanned from about 12 percent in Mbeya City to nearly 50 percent in the Township of Tarime.

Average poverty rates appeared lower in cities than in townships, whereas service provision tended to favour large urban centres over small ones.⁵²

1.2.8 Achieving Spatial Equity

Although limited, data available on intra and inter-urban disparities raises important questions that need to be addressed with further analysis. A deeper appreciation of the differences existing in income and service provision between different urban locations would help refine policy and devise urban-specific strategies apt to address spatial disparities.

If a considerable share of the urban population continues to remain at the margins of what cities have to offer, achieving a decent quality of life is likely to become an increasingly elusive goal for the urban poor. There is a risk that unless preventive, long-term measures are taken to favour equal access to economic and social resources in urban centres (in parallel to critical efforts to overcome the rural watershed), the much hoped for urban advantage is going to deteriorate further, not only for the poor, but for most of the urban residents.

The core issue for urban Tanzania is how to effectively leverage the potential that cities have to offer. If spatial concentration of human and economic activities is left unchecked, the risks of pollution, disease, social marginalisation may rise to the point of making cities unliveable to all. On the contrary, if density of population, services and economic resources is managed efficiently and equitably, the urban advantage can be exploited for the betterment of all social groups. The critical element making a difference between these two contrasting scenarios confronting urban Tanzania is ultimately the quality of its governance. Before unplanned urban sprawling 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 communities, and find solutions to transform the potential edge into a tangible advantage.

1.3 GROWING UP IN INFORMAL SETTLEMENTS

The idea that there are no slums in Tanzania is often defended by many who are rightly proud that their country has succeeded in averting sprawling shanty towns, such as Kibera in Nairobi or Khayelitsha in Cape Town. A visit to settlements in Kinondoni, an overcrowded and underserved municipality of Dar es Salaam, however, will show that the progressive deterioration underway in Tanzania's informal settlements calls for urgent action. The landscape opening up to children and families living in those localities is one dominated by extremely poor environmental conditions. Substandard shelters are built along riverbanks and transportation networks, and on steep slopes, dumping grounds, and low-lying areas. Despite the fact that the 1979 Dar es Salaam City Master Plan prohibits house construction on hazardous lands, settlements have expanded to abandoned quarry areas, or built close to waste stabilisation ponds. Water logging is common in such unhealthy surroundings and children are more prone to contracting infections.⁵³

1.3.1 Denied Access to Land and Perpetuation of Poverty

When poor households move to settle in a city, the first challenge they face is accessing shelter. In congested urban areas, securing a piece of land and a home is perhaps the hardest hurdle to overcome. Families can not support their children and avail of basic services unless they gain entrance to an established human settlement.

Supporting access to legal land directly contributes to achieving the Millennium Development Goal number 7, which aims at creating cities without slums. In Tanzania, however, access to cramped

urban land has been further 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 placed under public ownership. 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 Ministry of Regional Administration and Local Government. While the latter deals with local authorities, the former manages land-related matters, including the implementation of the regulatory framework concerning housing and land tenure. Though the local government has the authority of drawing up land use schemes, final approval must be sought from the centre. At the municipal level, central government agencies have been established to provide water, electricity and road infrastructure independently in urban areas.⁵⁴

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 sparsely built settlements. Lacking adequate authority, the local government plays merely a marginal role in regulating and controlling urban development.⁵⁵

1.3.2 Accessing Urban Land and Housing

In cities of Tanzania, urban dwellers have two broad avenues to achieve land occupancy: formal and non-formal land tenure. Formal land is planned and allocated by public authorities according to specific land use and tenure parameters, giving the landowner a granted right of occupancy.⁵⁶ In non-formal land, security of tenure is derived from sale agreements in some cases, though most often from occupation and use of the land, social recognition and political tolerance. Informal land is relatively cheaper, and can be obtained and developed with no major official preclusion. Referring to unplanned areas' residents as squatters is somehow inaccurate, therefore, considering that 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. The numerous hurdles that prevent obtaining a title certificate, however, discourage prospective landowners. In particular, a very lengthy and bureaucratic procedure makes it elusive to pursue a formal process.

In such a situation, prospective developers resort to the informal sector to acquire and develop land and housing, ignoring official plans and standards, thus making it difficult for the authorities to intervene formally later. Such widespread practice results in a shortage of planned land and standard housing, leading to a vicious circle. An indicator of the gap existing between land demand and supply can be evinced from the discrepancy recorded between applications for planned plots and the number of plots that are actually surveyed and allocated. At the national level, the recorded annual shortfall is of about 95 percent.⁵⁷

As a result of a highly centralised land use planning system and the 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 of over 80 percent. Hence, considering that occupancy rates tend to be higher in unplanned areas, the proportion of the population living in informal settlements is likely to exceed 80 percent. Tanzania has one of the highest proportions of urban residents living in informal settlements in the Sub-Saharan African region, whose estimates range between 50 and 80 percent.⁵⁸

The existing regulatory framework impacts directly on the lives of the poor. It leaves them no choice but encroaching on unplanned and underserviced land. It also displaces indigenous

customary landowners, who have been traditionally engaged in urban agriculture.⁵⁹ Such land use practice is a key element by which poverty in cities is perpetuated.

As a result of the land development impasse, the urban landscape of Tanzania is dominated by massive informality, possibly the top problem challenging Tanzanian cities. While informal settlements have been developing within urban areas, extensive sprawling is taking place in periurban fringes as well. Informal areas are inadequately served by municipal administrations, lacking therefore basic services and infrastructure that are essential to healthy and dignified living conditions as well as economic development.

1.3.3 Rented Overcrowded Accommodation

A common means of accessing housing in cities and townships is rental accommodation, considering that a large number of poor residents rent, rather than own, dwellings. Informal renting is common in unplanned settlements. For example, in Kurasini ward of Dar es Salaam, only 30 percent of the population owns its house. The majority of rented homes display very low quality, are overcrowded and lack adequate provision of infrastructure, such as roads, and water and sanitation facilities. Data from Kurasini suggests that over one quarter of urban households live in one room facilities.⁶⁰ Since 2005, when rental legislation has changed to enhance protection of homeowners, the issue of rental housing has been ignored in national policy, rent being considered a private matter. As a result, tenants have been left to purely commercial avenues to access shelter, deprived of an institutional ground on which claim entitlements.⁶¹

Community members consulted in unplanned residential areas said that sharing rooms with adults is very common. Children, who are unable to do schoolwork in the evenings living in such cramped conditions and with no electricity at home, perform poorly in school. Girls, in particular, run the risk of being sexually abused by adult relatives who stay with them.⁶² Parents who have many children sometimes rent a room close by to protect them. But when children are on their own, parents can no longer supervise them and sometimes they may even get involved in illicit activities, such as theft, drugs use or commercial sex.⁶³

1.3.4 The Spectre of Eviction

The National Human Settlements Policy recognises that clearing unplanned settlements is not a viable option and establishes that the government policy is of progressive upgrading. The Land Act, in accordance with the National Land Policy, makes provisions for substantially validate urban land acquired in the absence of a right of occupancy, by issuing residential licences, which give an entitlement to land, though not permanently.

A successful project has been facilitated by WAT Human Settlement Trust, a non-government organisation, with the aim of sustaining local communities in a process of land regularisation in Hananassif informal settlement of Dar es Salaam's Kinondoni Municipality. Local residents were keenly interested in upgrading their homes, but refrained from doing so having them built on land that was not their legal property. People's needs were assessed in the community and, subsequently, awareness was raised on 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 on their land, the maximum allowed by law.⁶⁴

There are situations, however, when citizens are unable to defend their rights and cities do resort to land clearance. Following what has been defined an 'acquisition-clearance- planning-allocation' approach, acquisition is achieved by clearing the existing landowners – whose entitlement is based on informal or customary tenure – from their own land through compulsory eviction. The plot is then planned, surveyed and allocated to new owners. The process is plagued with tedious and lengthy bureaucratic procedures and stifled by paucity of funds to pay compensation. Under the

Land Acquisition Act, compensation is not payable for bare, vacant plots. Those who are expropriated of their land often fall in a precarious situation and many end up in poverty.⁶⁵

Neither the urban poor, organised in associations of slum dwellers, nor are other local community-based and civil society institutions permitted to play any substantive role in conveying the needs of poor households in land administration and management decision-making processes. Slum dwellers' organisations, such as the Centre for Community Initiatives (CCI), partner with informal residents 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.⁶⁶

1.3.5 The Impact of Displacement on Children

Though mass eviction may not yet be the case in Tanzania as it has been in several other fast urbanising countries, the present situation calls for timely action to break the nexus existing between denied access to land and urban poverty.

Eviction causes acute distress and it further impoverishes economically weak communities. Slum clearance operations impact on residents in many ways, the main effects including reduction of income, loss of assets and means of livelihoods, decreased production and impaired access to basic services. Other negative implications are disruption of social networks, psychological and social stress and violation of human rights. Eviction is a traumatic experience in the lives of local residents, especially women, children and the elderly.

What has been named Development-Induced Displacement and Resettlement (DIDR) impact directly on children. Involuntary displacement and resettlement have been associated with disruption of normal school attendance, thus impairing access to education, during the period of transfer and even thereafter.⁶⁷ It has been further correlated with increased morbidity and mortality, especially among the elderly, children and infants. Mental health may be challenged as well, as a result of social stress and psychological trauma. Relocation often results in pushing residents to areas which are located farther away from services and livelihoods. Separation of families can also be experienced.

A research study has analysed the case of the Kurasini Redevelopment Plan implemented since 2006 to allow provision of land for Dar es Salaam port expansion. While displaced populations have been compensated with cash payments, according to Tanzania's Land Policy no provision has been made to support the resettlement and rehabilitation process.⁶⁸ Families determined to keep their children in school decided against transferring them to the relocation area. This meant that children had to travel a long distance to reach school every day. Parents would forego work during the time of escorting young children to school. Transport cost also increased. Some of the resettled households reported managing their children's education with the money they had received for land compensation.

1.3.6 Dealing with Informality

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. The unsustainable economic and social cost of such operations led, in the 1970s and 1980s, to initiating slum upgradation and service provision projects, mainly supported by the World Bank.

Presently, initiatives, such as the Community Infrastructure Upgrading Programme (CIUP), underway in Dar es Salaam, are being implemented to improve infrastructural development with the involvement of the community. Water and environmental sanitation interventions are at the core of the scheme, which involves local residents through Community Planning Teams.

Community mapping has been carried out also 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.⁶⁹

A further initiative, TACINE, a network of municipal authorities, has engaged in gathering socio-economic data on the situation of Tanzania's cities, which is likely to develop much needed disaggregated information to feed into planning and policy-making. Age-specific data is expected to shed new light on children living in urban areas.

PANEL: *What Cities Can Do –*

To Promote Good Local Governance
<p>Like the rest of Sub-Saharan Africa, Tanzania is fast urbanising. One in four Tanzanian children already lives in urban areas, one out of three is projected reside in cities within one generation.</p> <p>Rapid urbanisation implies facing distinct challenges in achieving child survival, growth and development, especially in poor and marginalised urban communities. Urban-specific strategies need to be framed to address the problems affecting urban children who live in poverty and are denied access to essential basic services.</p>
<p>Cities offer a potential urban advantage. A stronger urban economic base should be expected to sustain governments and private utilities in funding basic services and infrastructure. Density and proximity are supposed to favour economies of scale making services more accessible and affordable. If the urban advantage is not leveraged, however, concentration of children in underserved areas can turn into a serious disadvantage.</p> <p>Accountable and equitable local governance systems can make a difference in exploiting the urban advantage to the benefit of 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.</p>
<p>Governance reforms underway in the country have transferred authority to the local government, which has been entrusted the responsibility of planning and implementing social sector programmes.</p> <p>The local government should acquire a stronger mandate and additional resources with regard to the provision of basic services that affect children’s well being, in particular in the areas of education, health, water, sanitation, child protection and safety.</p>
<p>Good local governance can greatly benefit from involving local stakeholders in envisioning cities friendly to children, recognising that a child-friendly city is friendly to all.</p> <p>Partnerships for and with children should be established at the municipal level, between local governance actors, such as 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 fulfilling their rights.</p>

<p>To Address Poverty and Exclusion by Ensuring Access to Basic Services</p>
<p>Because services are more widely available in cities, it is often assumed that urban dwellers enjoy an advantage over rural residents.</p> <p>Better service availability in urban centres does not automatically translate into better service access. The urban poor are often excluded from quality services, which are instead accessed by better-off groups. Municipal authorities are key in overcoming social and spatial disparities in service delivery and planning taking place locally.</p>
<p>Although supply of services and infrastructure is higher in urban areas as compared to rural settings, provision has failed to keep pace with growing demand generated by urbanisation.</p> <p>Service provision in urban areas needs to receive renewed attention, to ensure that urban children living in underserved informal settlements gain access to quality and affordable services. Less congested urban fringes offer an opportunity to plan serviceable settlement patterns that respond to the needs of a growing, fluctuating population. Investing in periurban areas today would prevent costly and disrupting interventions in the future, when density is projected to increase further.</p>
<p>Available social and economic data is normally disaggregated by broad urban-rural categories. Urban averages are ineffective in analysing the condition of the urban poor because they overshadow the disparities that exist within and across different cities.</p> <p>There is a need to disaggregate data at the sub-municipal level to gauge disparities persisting between poor and affluent classes living in cities, in order to estimate poverty among marginal urban communities, in its multiple dimensions of inadequate income and assets, limited access to basic services and voicelessness in decision-making.</p>

<p>To Favour Access to Land Tenure and Housing</p>
<p>The plight of the majority of urban Tanzanian households living in informal settlements is closely interwoven with denied access to land and housing. Acquiring planned and serviced land remains beyond the reach of the urban poor.</p> <p>The massive informality characterising urban and periurban areas needs to be checked if a growing number of residents have to be reached with housing, infrastructure and basic services, necessary conditions for children to survive and develop adequately in urban centres.</p>
<p>The local government plays only a marginal role in the process of developing land for housing and facilities, and assuring security of tenure.</p> <p>Local governments should be granted additional responsibilities in city planning and management, especially in order to deal with informal settlement development and promote secure land tenure to prevent eviction and displacement. Local communities should be involved in land use scheme development to prevent that official planning processes upset the existing land occupiers.</p>
<p>Children are often the worst victims of eviction and re-settlement processes that take place in informal settlements.</p> <p>Children living on illegal land continue to have rights. When land acquisition processes are planned, the primary interest of children and families living in informal settlements needs to be taken into serious account.</p>

2. THE URBAN ENVIRONMENT AND CLIMATE CHANGE

2.1 Urbanisation and Climate Change

Rapid urbanisation generates a host of problems connected with the environment. As population grows 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 urban expansion, has concluded that the development model adopted by Tanzania has not generated sustainable urbanisation. Increased levels of human activity have not been matched with adequate measures to protect an over-exploited urban environment. Greenhouse gas emissions are likely to continue to rise and land is going to become scarcer.

As compared to sparsely populated rural surroundings, cities are more directly exposed to the impact of natural hazards. High concentration of people, infrastructure and economic assets exacerbate the devastating effects of natural disasters. Communities settled along sea coasts, rivers or drainage lines are more threatened by extreme climatic events. Heavy rainfall and windstorms can cause tidal surges and floods that destroy human life and property. Climate change is expected to lead to risk escalation. Sea level rise is going to influence heavier storm surges and flooding, coastal encroachment and salt-water intrusion. Higher climate variability is likely to result in more frequent and severe storms, rain and drought.⁷⁰

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. One of MDG 7 urban dimensions, 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 (CRC) entitles each child to live a healthy life in a clean environment. The Convention commits 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).⁷¹

2.2 Climate Change and Adaptation by the Urban Poor

The price that cities pay for climatic changes is borne unevenly by their residents. As compared with planned areas, informal settlements are more vulnerable to climate variability, which impacts on environmental deterioration already entrenched in such settings. Unplanned settlements are bound to be more severely affected physically, economically and socially than higher income neighbourhoods, which are potentially more protected by standard infrastructure and housing, and are often situated in more elevated locations. Shelters in informal settlements are often constructed on unsuitable land that is already prone to flooding and erosion.

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 in other exposed environments. The urban poor suffer also a disadvantage in the 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.

In particular, climate change worsens the already poor health status of those who daily 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 already exposed to water-borne, vector-borne and parasitic illnesses, which are bound to get further aggravated by worsening climatic factors. Increased humidity levels and ponding generated by rainfall tend to produce breeding sites for vectors. Rising climate variability and heavier rainfall caused by climate change, along with more frequent and severe droughts are expected to further jeopardise the restricted access that children already have to safe water in such settings, with inevitable repercussions on health, nutrition, hygiene and overall well being.

Tanzania's cities suffer from what has been called an *adaptation deficit* – an incapacity to cope adequately with existing conditions. Such inability, matched with urban planning practices bereft of disaster risk management measures, is likely to exacerbate vulnerability in the future, especially in the backdrop of urban population growth and further concentration of economic assets.

The bomb explosions that took place in 2009 in Mbagala and again in 2011 in Gongolamboto, as a result of unprotected military installations, led to civilians losing their lives and parents being separated from their children. These are sad reminders of how disaster prevention and preparedness are still grossly deficient, especially in dense urban centres where they are most needed.⁷²

2.3 Rainfall and Flooding

In informal settlements, especially those built in flood-prone areas, heavy rainfall quickly turns into flooding. Flooding tends to be more frequent and potentially more devastating in a situation compounded by a host of non-climatic factors, such as overcrowding, or blockage of rivers and canals by solid waste. Such an emergency leads to damage to dwellings and public facilities, disruption of livelihoods activities, loss of property and even loss of life, a recurrent event over recent years. 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.⁷³ Flood modelling exercises have demonstrated how, in such areas, flooding, as much as drought, limits the availability of clean water and leads to increased disease incidence. Disease and epidemics may be precipitated in the presence of insufficient access to safe water supply, reliance on poor sanitation facilities, and overflowing of unsanitary latrines due to a high water table. The illnesses of poverty, such as cholera, malaria, dengue, lymphatic filariasis, fever, diarrhoea, all stem from degraded environmental conditions.⁷⁴

Coastal cities are vulnerable to sea level rise. Coastal areas already suffer from coastal degradation and salt-water intrusion, and are expected to have their coastal ecosystems threatened as a result of projected climate change and possible sea level rise, with likely direct impact on the livelihoods of the coastal communities.⁷⁵

2.4 Drought

Tanzania's cities, like the rest of the country, are drought-prone and experience recurrent dramatic emergencies, such as the ones occurred in 2006 and again in 2008-2009. These extreme climatic events cause extensive damage to agricultural production and prolonged electricity cuts, thus 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.⁷⁶

Drought increases vulnerability in urban living, by reducing availability of safe water, and causing food scarcity and rising food prices. The interrelation between drought, disease and malnutrition is common experience, impacting more heavily on children and pregnant mothers. In addition, in cities depending on hydropower for electricity generation, during drought periods, power cuts adversely influence the wellbeing of the population, in particular the poor. With restricted domestic electricity use, household livelihood-generating activities are impaired, along with the ability by children to do homework and study at home after school hours.⁷⁷

2.5 Temperatures

Climate change has been reflected also in rising maximum and minimum temperatures. In Dar es Salaam such increase has been calculated over the past four decades and is projected to surge further. 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 precipitations are declining in the course of the year. Rain variability and rainfall intensity have been increasing and are expected to increase further. A rise in sea level would affect coastal degradation and storm surges, which in turn would intensify flooding and impact entire communities socially and economically.⁷⁸

2.6 Urban Greenhouse Gas Emissions

Charcoal, the principal fuel employed by the urban poor for its competitive price and widespread availability, is a major greenhouse gas (GHG) emitter. Its use in congested and poorly ventilated homes often leads to respiratory diseases, which are particularly dangerous in early age. Helping poor households access alternative fuels would have a direct impact on health conditions, air quality and deforestation.⁷⁹

2.7 Strengthening Accountability and Raising Awareness

Several regulations and policy initiatives have been adopted to address environmental vulnerability and assist adaptation to climate change, such as

- The Ratification of the United Nations Framework Convention on Climate Change
- The National Adaptation Programme of Action to support climate adaptation projects
- The 2004 Environmental Management Act dealing with sustainable management of the environment, prevention and control of pollution, waste management, environmental quality standards, public participation, and environmental compliance and enforcement
- The Environmental Planning and Management Strategy, which Tanzania has adopted in Dar es Salaam and in twelve 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.⁸⁰

Despite the legal, policy and institutional frameworks recently established, concern for the environment does not yet feature prominently among the priorities of the local government. 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. Overall, communities are underequipped to deal with emergencies. Building resilience to climate change in the government and the community is a necessary precondition to sustain an urbanisation process that is unlikely to reverse in the future.

Community-based capacity development initiatives focussing on garbage disposal practices, construction and maintenance of improved sanitary latrine facilities, personal and environmental hygiene, 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, neighbourhood and city greening.

<p>PANEL: <i>What Cities Can Do –</i></p>
<p>To Protect the Environment and Adapt to Climate Change</p>
<p>The urban development pattern adopted in Tanzania is not environmentally sustainable. Adequate measures have not been taken to protect an over-exploited urban environment.</p> <p>Local authorities have a pivotal role to play in preventing the sprawling of unplanned settlements and adopting disaster risk reduction measures to enhance infrastructure resiliency, in addition to enforcing existing regulations, especially with regard to waste disposal, environmental sanitation and illegal construction.</p>
<p>Climate change is increasingly threatening the living conditions of children residing in unplanned settlements. Climatic variability is projected to impact more severely on degraded environments, increasing water and vector borne diseases, thus posing a high risk to children and communities.</p> <p>Children and poor communities must be supported in adapting 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.</p>
<p>Location-specific analysis is essential to ascertain the nature of transformations that are taking place as a result of climate change in specific urban areas.</p> <p>Residents, including young people, can be effectively involved in local environmental impact assessments to inform environmental planning of their areas of residence.</p>

3. WATER, SANITATION AND HYGIENE

Low-income settlements may be among the most life-threatening environments for children to grow up in. Poor water quality and quantity, coupled with an unsanitary state of the physical environment are the root causes of diarrheal diseases, long recognised as primary causes of children's ill health, malnutrition and mortality. High concentration of people multiplies the risk of contamination and contagion. Because of their immature immune system, children are more prone to be infected and less capable of overcoming disease.

WATER

3.1 Water as a Right

As cities grow, they demand larger and larger quantities of water. In urban areas, high population concentration requires vast water supply for domestic use, as well as for industrial and commercial activity, in addition to farming. Tanzania's largest cities consume about 75 percent of the total urban water supply, with Dar es Salaam accounting for 43 percent, Morogoro for 3.5 percent and Bagamoyo for 2.8 percent of total urban consumption.⁸¹

A common view sees cities as advantaged in the enjoyment of the water resource. Official figures estimate that about 80 percent of Tanzania's urbanites have access to potable water connections.⁸² The term access, however, needs to be qualified, considering that, actually, only 54 percent of public improved waterpoints are functional⁸³ and a mere 20 percent of the households have connections inside their plots.⁸⁴ Considering the substantial amount of water required in a family with young children to maintain adequate personal and environmental hygiene, quantity is a critical parameter in water provision. Water quality is as crucial to positive health outcomes. Unfortunately, even at existing water points, water quality and conformity with WHO and national drinking water standards continue to be a cause for concern.

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 percent of neonatal deaths in Tanzania. Women and children are disproportionately affected by gastrointestinal diseases and acute respiratory infections (ARI), caused by absence of WASH services in informal settlements.⁸⁵

In 2010, a historical resolution of the General Assembly of the United Nations recognised access to water and sanitation as a fundamental human right, an entitlement connected to the enjoyment of the right to life as enshrined in the Universal Declaration of Human Rights. Fulfilling the fundamental right to health and survival hinges critically on the capacity that cities have to access affordable and sustainable water and sanitation services, especially by the poor. 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 is US\$ 207 million per year, an amount that considerably outstrips government spending as projected by AMCOW (US\$ 35 million for the entire country).⁸⁶

Institutional responsibility for water and sanitation are spread across ministries responsible for water, health, education, social welfare, in addition to PMO-RALG, with hazy definitions of specific roles. When coordination and accountability are weak, activities pertaining to planning, monitoring and financing water, sanitation and hygiene initiatives risk falling in an institutional vacuum.⁸⁷

Local authorities have a direct responsibility in ensuring effective management of public utilities and municipal services in cities in a way that disparities in exercising the right to water are overcome. To fulfil their mandate, local bodies need to address a number of constraints, such as insufficient independent regulation, low funding priority, inadequate staff qualifications and absence of civil society engagement.⁸⁸ Supporting local authorities in meeting such challenges can make a difference in increasing urban access to WASH services in urban underserved areas.

3.2 Thirsty Cities

MKUKUTA targets aim at increased access to clean, affordable and safe water, sanitation, decent shelter, and a safe and sustainable environment, thereby reducing vulnerability from environmental risks.⁸⁹ MKUKUTA's goals have been set in a climate of urban service deterioration.

Over the past decade, urban household access to an improved source of drinking water has declined from 90 percent in 2000/1 to 79 (in 2007) and 80 percent (in 2010). Although rural access is lower, its trend has been more encouraging, showing signs of progress over time. Access to an improved source of drinking water by rural households suffered a decline from 46 percent to 40 percent between 2000/01 and 2007, but increased to 48 percent by 2010.⁹⁰

In urban centres, the majority of the population relies on piped water, either from within their dwelling or plot (20.1 percent), shared tap/standpipe (25.4 percent), or public tap/standpipe (12.4 percent). About one third of urban water (29.1 percent) is provided by a water authority, with 67 percent of households still having no provider at all.⁹¹

In Dar es Salaam, 38 percent of households obtain water from wells or water vendors and 62 percent use tap water. Out of these, 8 percent have piped water inside their house, 38 percent obtain it from neighbours and 16 percent from public water distribution points, such as water kiosks and public standpipes.⁹²

3.3 Accessing Water in Urban Areas

The proportion of urban households having piped water in their dwelling (20.1 percent – TDHS 2010) has hardly grown over the past years (18.6 percent – TDHS 2004/05). In addition to assessing infrastructure development, it is important to ascertain availability of water supply. Only stringent monitoring of consumption at the household level can establish the extent of actual access. Equity in the water distribution system is the issue at the core of urban poor households' capacity to access water. Equity in achieving international and national water targets is key not only because the poor are least capable of investing in their own facilities, but also because they are more vulnerable to inadequate water and sanitation conditions.⁹³

The Ministry of Water (MoW) generates data on access to safe water. Such estimates are based on information relating to infrastructure (urban household connections, urban public standpipes and rural waterpoints). Access is therefore 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 waterpoints in low-income areas are often dysfunctional, supplying water only during limited hours, in state of disrepair, or completely dilapidated.⁹⁴ From the perspective of water service, a variety of parameters are adopted to measure service level, such as continuity of supply, quantity supplied, pressure at consumer points, tariff. In view of deteriorating water quality, service level may be under serious jeopardy as well.

In a series of consultations carried out toward the development of this publication in urban areas of Tanzania, children and adult community members of Dar es Salaam spoke about the water shortage that they experience. They described how in some areas they receive daily water at set times, though in others, they access it only once a week or, sometimes, even less.⁹⁵

3.4 Lack of Water and Water Waste

Degraded delivery facilities often suffer from enormous loss and wastage of water being transferred from sources to the city. Dar es Salaam's faulty water distribution system is undermined by huge water losses. Moreover, broken pipes cause water contamination, which may lead to disease.⁹⁶

It has been estimated that 60 percent is lost through leakages, in addition to 13 percent through unauthorized use and illegal taps. The current water demand already far outstrips the city's water treatment capability.⁹⁷ Despite the recent water reform, only 23 percent of Dar es Salaam's water users are billed and only 16 percent actually pay, though World Bank estimates are even lower (8 percent).⁹⁸ The overwhelming majority of Tanzania's primate city, namely, 80 percent of the urban population residing in unplanned settlements, remains cut off from the formal water delivery system. To access the precious commodity, the urban poor, together with middle income communities, habitually practice illegal water tapping.⁹⁹ Urban agriculture is possible mainly during the rainy seasons.¹⁰⁰

3.5 Procuring Water in Informal Settlements

The flip side of a failing formal supply system is the myriad of informal water procurement mechanisms devised by the poor. In several cities, like Arusha and Dar es Salaam, for example, a common practice is to purchase water from vendors, informal entrepreneurs who bridge the huge gap that has formed between an expanding demand for water emerging from the majority of the urban population and the inadequate supply being provided by the city. While water fetching in Tanzania is primarily a woman's responsibility – with the frequent assistance of girls –, it is men who manage water as a business. Water vendors are urban poor informal male traders serving urban poor clients, who make a living by collecting water from their own taps, or other private or public water sources, carrying it by bicycle or cart, and selling it in underserved areas per bucket or jerry can. Vendors tend to assert a priority over public taps, pushing back individuals, often children, queuing for personal use. Sanitation in unplanned urban settlements is normally handled by informal *frogmen*, responsible for emptying household pit latrines and disposing solid waste. Any attempt to upgrade the formal water and sanitation system in marginal areas would pose a threat to these informal community-based workers.¹⁰¹

Erratic water supply has induced urban poor households to diversify water supply sources and reducing consumption. Consulted community members and civil society organisations revealed that, in Zanzibar, water rationing necessitates fetching water during the night, posing a risk to children who are involved.¹⁰²

Majority of the residents of Dodoma's unplanned Chang'ombe settlements 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 has been set by the water authority at US\$ 0.25, private operators charge US\$ 0.40-0.50 to make a profit. Such unaffordable prices have forced households to rely on shallow wells for non-drinking water needs (washing and cleaning), although these sources are contaminated by nearby pit latrines.¹⁰³

Official data estimates that 52.9 percent of the urban population treats water for drinking purposes adopting appropriate methods, boiling accounting for 47.2 percent.¹⁰⁴ Findings from field consultations indicate that the added cost of fuel required to boil water acts as a deterrent to proper treatment.¹⁰⁵

3.6 Water as a Commodity

Despite the exponential demand for water being generated by a swelling urban population, the public utility system has not been upscaled. On the contrary, it has fallen in a state of disrepair as a result of three decades of underinvestment in a service that is critical to the cities' own survival.

Many have spoken of an urban water crisis, especially in Dar es Salaam. The government has adopted two core strategies to contain the emergency. On the one hand, it has delegated responsibility for water provision to the private sector, in a bid to enhance efficiency in utility operation management. On the other, it has accessed loans to strengthen the water infrastructure network in order to expand services to unconnected areas.¹⁰⁶

Recent policies include the National Water Policy (NAWAPO), 2002, the National Water Sector Development Strategy (NWSDS), 2006, new water legislation in 2009 and the Water Sector Development Programme (WSDP) launched in 2007 under the Ministry of Water (MoW) and supported by basket-funding. As a reflection of the new policy trend, the former Urban Water Supply Department at MoW has been renamed the Commercial Water Supply and Sewerage Division. Urban Water and Sewerage Authorities (UWSAs) are now guided to supply water through 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 managed with operational subsidies. In parallel, an independent agency, the Energy and Water Utilities Regulatory Authority (EWURA), has been established with the mandate of regulating prices under the new commercial regime.¹⁰⁷

As the reform is being progressively implemented, it is important to ascertain its impact on the capacity of urban residents to attain water, according to key parameters of quantity, quality and equity. User fees and cost recovery are expected to strengthen sustainability, and generate the resources necessary to maintain and upgrade a fairly dilapidated water supply system. The issue with regard to the urban poor is how to ensure access to water by those who may not be able to afford fees. Subsidised connections are being introduced to overcome the problem of accessing the water network, though such measures are likely to benefit those who live along the distribution systems, rather than communities that are settled in distant, unserved locations. Public water kiosks made available in low-income areas may be able to assist the poor more effectively, provided that interventions in these communities take into account the real needs of residents, regarding them as a resource, rather than mere clients.¹⁰⁸

There are promising processes that users themselves have set in motion. With Dar es Salaam Water and Sewerage Authority (DAWASA) conventional approaches failing to serve remotely located fringe neighbourhoods, citizens residing in both informal and formal settlements have resolved to respond to the undeferrable water problem on their own, through self-help and local governance. Neighbourhood associations have been formed to bridge the gap created by public sector 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 in the locality. The main actors involved are Dar es Salaam City Council (DCC), civil society organisations, including political parties, individuals, and women and youth groups. Donors have been providing support from time to time.¹⁰⁹

Perspectives by Urban Communities

A study carried out by WaterAid among poor communities of Dar es Salaam suggests that these are broadly unaware of DAWASA privatisation process and tend to 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 its price.¹¹⁰

A case in point is Temeke Municipality, Dar es Salaam's major unplanned low-income area, accounting for about half of the city's total population, where an estimated 120,000 out of a projected 200,000 households are unconnected to the municipal water system. In a setting characterised by uncertain water supply, public hygiene is managed through traditional pit latrines, followed by open defecation. The income of the majority of Temeke's residents does not exceed \$1 a day, leaving very limited scope for acquiring water and sanitation services at a market price.¹¹¹

To economise, nine out of ten households buy only drinking water, procuring it from vendors or neighbours. The bulk of the water requirement, for washing and other purposes, is met from a variety of different, more affordable sources, compromising on quality. Additional water demand for urban agriculture is met through wells or rivers, which are usually polluted with untreated waste.¹¹²

Routine droughts, reducing water supply, lead to a hike in water prices. The condition of inequality experienced by the urban poor in accessing water is exacerbated at times of scarcity, when, paradoxically, those who are most excluded from water services end up paying the highest price for the system failure.¹¹³ National data estimates that poor households pay three times more for water as a proportion of their income.¹¹⁴

Finding a Balance between Cost Recovery and Ownership by Users

The issue of 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 (PSP). In Tanzania, like in other countries, shifting from government controlled to commercially managed provision of water has not been either simple, or uncontroversial.

Some actors involved in the urban water sector have felt that the privatisation of water risks leaving unaddressed the main causes of inefficient water supply in urban areas, namely, low government capacity, inadequate community ownership, failed finance and institutional reforms. Entrusting water utilities wholly to private companies may lead to undermining the capacity of national and municipal governments to take responsibility in fulfilling the fundamental needs of local constituencies.

Along with the commitment of the government, it is important to keep involved local communities – the ultimate users – who have been long 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 constituencies are met on an equal ground. As a guarantor, especially of the social segments that are most underserved, the local government can make sure that civil society be consulted in planning and monitoring water services.¹¹⁵

SANITATION AND HYGIENE

3.7 Hygiene and Environmental Sanitation

Arguably, the most daunting problem affecting an informal urban settlement is environmental sanitation. Unplanned settlements are characterised by severely inadequate sewage infrastructure, household water provision, waste disposal and hygiene behavioural practices.¹¹⁶ Despite goals set at international and national levels, proper environmental sanitation in urban residential areas is yet far from being achieved.

The Mtu ni Afya campaign launched in the 1970s by President Nyerere fulfilled its core objective of introducing latrines in the majority of Tanzanian homes. The culture of utilising latrines has since been well entrenched in the country, which can boast an 82 percent toilet usage in rural areas and 98 percent in urban centres.¹¹⁷

Despite this achievement in terms of coverage, the overwhelming majority of latrines in use in Tanzania are basic, unimproved devices. Only about 22 percent of the urban households employ improved, non shared sanitation facilities, with the (pour) flush pit latrine being most widespread (10.2 percent). As many as 57.2 percent of the urban households share sanitation facilities.¹¹⁸ When toilets are shared by several houses and even passers-by, children do not feel safe to use them, especially at night, when a tin is resorted to instead to avoid going outside.¹¹⁹

In unplanned residential areas, the most commonly adopted sanitation system is traditional pit latrines. A study carried out in 45 wards of Dar es Salaam, accounting for 84 percent of the city's

population, unveiled that 71.7 to 97.3 percent of informal residents have no access to improved sanitation, with a mean of 92.4 percent.¹²⁰

Recent estimates indicate that annual cost for meeting the MDG sanitation target in urban areas of Tanzania is US\$ 55 million per year.¹²¹ All along something of an institutional orphan, the environmental sanitation and hygiene sector has recently started receiving overdue attention with the development of a National Sanitation and Hygiene Policy, and a Strategic Plan for School Sanitation and Hygiene.¹²²

3.8 No Space for Toilets

In high density areas, where the poor live, a primary hurdle in achieving environmental hygiene is limited space. Also, poor households may ill afford improved sanitation facilities and often recur to makeshift unsanitary toilets, undermined by inadequate design and construction. Such unsuitable devices pose a major challenge to a considerable portion of the community, in particular, 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.¹²³

Lack of space and resources for proper sanitation facilities, coupled with poor quality of existing latrines are the leading factors responsible for the deplorable environmental conditions that characterise a typical low-income setting. In real terms, traditional pit latrines hardly serve the primary objective of safely sealing off excreta and, especially in highly congested areas, they may be regarded only marginally as more effective than open defecation. Moreover, pit latrines are subject to flooding as a result of heavy rainfall, especially during rainy seasons.¹²⁴ When they overflow, they tend to contaminate surrounding areas. Even if pit latrines are emptied, when human waste is discharged into the rainwater, poor drainage systems are responsible for polluted water to remain undrained, and contaminate soil and humans. The high disease prevalence recordable in poor communities, especially during rainy seasons, is likely to worsen significantly with new environmental scenarios being projected as a result of climate change.

Contrarily to a common perception, disposing children's stools may prove hazardous too. Where safe latrines are missing and baby nappies are thrown in the open or just rinsed away, they may contaminate the surrounding areas. It has been estimated that 6 percent of children's stools are disposed off unsafely in urban areas.¹²⁵

Street children, civil society organisations and community members involved in field consultations quoted open defecation being a common problem, practiced in a number of open spaces, such as market places, school play grounds, and the ocean (in Zanzibar) and lake Victoria (in Mwanza). Using plastic bags and throwing them away is also a frequent practice.¹²⁶

Some public toilets are available in urban areas and are operated by the private sector for a fee. Participants in the urban consultations in Zanzibar (children, community members, professional and civil society organisations) felt that such facilities were inadequate, being normally dirty and lacking water. It was also unclear whose responsibility it is to ensure good maintenance of public facilities.¹²⁷

3.9 Sewage Systems

The sewage system in Tanzanian cities is very limited. In Dar es Salaam, only 8 percent of residents are connected to the central sewer network. Traditional latrines are emptied in a number of ways organised by individual households, which can not rely on any formally organised municipal public hygiene or solid waste service.¹²⁸ When latrines are emptied, the final dump site is a further cause for concern. In a city like Mwanza, the sewage system is severely deficient. Poor people encroaching the hillsides can not afford to drill toilets in the rocky soil. Lacking even rudimentary toilets, many resort to using drums and tins.¹²⁹

The available drainage system is inadequate to provide for the needs of the existing population under present rainfall conditions. The projected intensification of rainfall, which can be expected as a result of climate change in the coming future, calls for urgent action not only to repair, maintain and keep free of waste the existing drains, but also to invest long-term in upgrading and enhancing flexibility in the entire system to increase the capacity of accommodating for larger volumes of stormwater.¹³⁰

Accessing WASH Services on the Streets

A research study carried out among children living and working on the streets of Dar es Salaam has found that bathing is done in public bathrooms located in railway stations, from leaking pipes and public kiosks, or even from the ocean's water. While using public water sources, children are often harassed by city residents and law enforcement officials. Most children use public toilets facilities, though they complain that most of them are out of order.¹³¹

Sanitation in Urban Schools

School sanitation is most problematic in urban crowded schools, especially in Dar es Salaam. In Temeke municipality, a district displaying the highest number of cholera cases per year, overcrowding is a reality not only in residential areas, but also in schools. It is not uncommon for water supply to be interrupted in schools that fail to pay water bills, when they are connected to the piped water networks. Hand washing has been reported being a problem in schools as, for example, in Kinondoni, for lack of water.¹³² Majority of 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.¹³³

A recent country-wide assessment of the School WASH programme has established that such initiative has succeeded not only in increasing water, sanitation and hygiene access by children, but also in contributing to schooling achievements. A mapping exercise found that standards between districts varied significantly, the worst performing district being Temeke, with only 21 percent of the required number of drop holes in schools.¹³⁴

SOLID WASTE MANAGEMENT

Solid waste management is a problem that evolves in parallel with economic growth and urbanisation. At the beginning of the 1990s, only 2-5 percent of Dar es Salaam's solid waste was being managed, leaving an estimated 1,300 tons of garbage uncollected each day. Failure in solid waste management by the public sector led to opting for a public-private partnership approach.¹³⁵ Solid waste generation has been steadily rising from less than 2,000 tons per day in 1998 to more than 4,000 tons per day in 2009, of which only 37 percent is disposed off in dumpsite or landfill areas.¹³⁶ Emergence of electronic waste, following importation of cellular phones, computers and television sets, has caused a new environmental challenge, as e-waste contains toxic substance that threatens human health and the environment.¹³⁷

Despite progress, a number of challenges still face the city. In addition to weaknesses persisting in the municipal system relating to ineffective bylaws and tendering processes, the new commercial arrangements do not always meet with the users' willingness to pay for the service. Although fees have been set at a lower rate for poorer residents, the very structure of informal settlements makes waste collection more problematic and, hence, more expensive. Narrow alleyways and unplanned construction block the way to waste collection trucks, with the result that waste is often dumped into ditches and drains, or alongside drainage channels, thus obstructing flow and contributing to poor sanitation.¹³⁸

In several urban areas, garbage collection is the joint responsibility of private companies and community-based organisations. The system, however, is reported to be far from efficient, with garbage accumulating for a long time before being removed, employment of old vehicles which frequently breakdown, and delays by users in paying waste collectors.¹³⁹

The problem seems to be more acute in Dar es Salaam. Poor infrastructure and equipment, inadequate coordination among different actors and inefficient refuse collection charges have been blamed for a faulty solid waste management system. Both awareness raising among service users and promoting political will among city administrators have been identified as necessary conditions for developing a solid waste collection system that can be sustainable from both economic and environmental points of view.¹⁴⁰

Community members consulted in Zanzibar noted that sometimes residents are also responsible for keeping their neighbourhood dirty, being careless about disposing garbage in bins. In some areas, however, people had taken the problem to heart and organised community groups in wards and shehias. The Municipal Council provides training, as well as equipment and means of transportation for collecting garbage.¹⁴¹

While children who reside in informal settlements are impacted by unsanitary conditions created by improper waste disposal, children living on the streets are informally involved in the urban waste collection system, as scavengers at dumpsites and rag pickers. When unsupervised, children and toddlers may play with garbage, running the risks of being injured, or contracting skin and diarrhoeal diseases.

<p>PANEL: <i>What Cities Can Do –</i></p>
<p>To Increase Access to Water, Sanitation and Hygiene</p>
<p>Cities are posed to consume the bulk of Tanzania’s water supply as a result of growing population and economic activity.</p> <p>Higher investments in water and sanitation services in urban centres are necessary to increase coverage in areas where demand is fast rising. Demand creation should be generated for water, sanitation and hygiene services through awareness raising campaigns in order to encourage both government and households to invest.</p>
<p>Inadequate WASH services have a higher impact on poor urban communities who live in congested, underserviced areas, especially with regard to water and vector borne diseases and acute respiratory infections (ARI) affecting primarily women and children.</p> <p>Economies of scale favoured by density should be leveraged to help cities expand ongoing efforts focussing on affordable and sustainable technologies, which can be maintained and monitored locally.</p>
<p>Recent reforms have opened new opportunities for the local government to gain more control over water, sanitation and hygiene provision.</p> <p>When planning for informal settlement upgradation, local authorities should ensure that water point provision, latrine construction, pit emptying and solid waste management are integral components of infrastructural development.</p>
<p>Information is missing on unequal access to WASH services at the sub-municipal level, preventing policy makers from assessing service deficits where these are more acute.</p> <p>Local authorities and communities should map underserviced areas, to assess cost of water, time and mode employed to procure it, quality of sanitation and hygiene facilities in private homes, schools and health facilities to inform planning at both community and municipal levels.</p>
<p>Remaining outside the scope of the municipal regulatory framework, informal settlements are often excluded from formal provision of WASH services.</p> <p>Local authorities can partner with communities, facilitating, where necessary, additional support in the form of rewards to social safety nets, especially for hardware components, micro-financing and revolving funds. Urban governance partnerships may also be created to foster demand creation, coupled with sanitation marketing, for WASH services and reward best performing areas. Local women and children’s groups can act as community hubs for WASH activities, placing behaviour change communication activities at the core of planning and monitoring processes.</p>
<p>Poor communities have given proof of resilience and great imagination in coping with insufficient water supply and grossly inadequate sanitation conditions, and have started organising innovative neighbourhood level initiatives.</p> <p>Community-based organisations formed to enhance access to common resources offer a model for replication in urban areas. Strengthening communities with information, awareness and capacity to plan for their needs would help turn clients passively depending on government services into proactive resources.</p>

Efforts are underway to overcome inter-ministerial fragmentation in WASH provision.

At the level of the community, convergence can be achieved between WASH efforts and related programmes aimed to strengthen children's health, nutrition, protection and education status.

In planning and monitoring WASH initiatives, the needs of children have been often sidelined, though they are among the most vulnerable groups, especially in poor communities.

Special attention should 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 the active participation of families and children, offer ample room for WASH experimentation, including in emerging areas, such as ecological sanitation, composting and urban gardening.

4. NUTRITION AND FOOD SECURITY

NUTRITION

Malnutrition is a relevant issue in Tanzania, a manifestation of multiple deprivations faced by children, aggravated by the low nutritional status of their mothers. Lack of proper nutrition not only increases susceptibility to diseases and is correlated with infant and child mortality – it also impairs the all-round development of a child. The consequences of early hunger and malnutrition are manifold, exposing children to more frequent and severe episodes of childhood illness and chronic disease in adult age, undermining school attendance and learning, eroding human capital and reducing labour productivity, and, ultimately, affecting income, economic growth and labour market outcomes.

While the immediate causes of malnutrition are inadequate dietary intake and disease, the underlying causes include inadequate access to food, inadequate care for children and women, and insufficient health care services and unhealthy environment. Urban low-income households are prone to suffer from most of such deficiencies. Poor urban communities live in intolerable sanitary conditions. With diseases such as diarrhoea and malaria being prevalent in unsanitary informal urban fringes, the impact of illness on nutrition is likely to be substantial in such areas. As the living environment of informal settlements poses a constant health risk, access to health care services is limited.

Further, providing proper child care is often problematic in families where single mothers or poor parents engaged in the informal sector may spend long hours away from home. While in rural areas, the majority of women are engaged in agricultural activities, in urban centres, employment in unskilled manual labour jobs appears to be on the rise, suggesting that urban female workers may spend long hours away from home.¹⁴² With data lacking on child care approaches adopted in poor urban communities, more research would be required to analyse practices relating to breastfeeding, complementary feeding and food diversity, in poor urban households where adult care can not be ensured to the young child on a regular basis.

Adequate access to food, finally, is an issue deserving special attention in urban areas, where household food security chiefly relies on cash purchases. Livelihoods and income in urban areas are directly linked to the ability – or lack thereof – by the poor to acquire food necessary to the family needs, in particular the urgent requirements of young children and pregnant women. Susceptibility to malnutrition mirrors the same root causes of living in poverty. Urban vulnerability to malnutrition, as a proxy of poverty, is heightened by insecure livelihoods, dependence on purchased foods and food prices, high cost of living, poor environmental sanitation, limited access to health care, criticality of human and physical assets, particularly education, labour and marketable skills.

Despite the devastating toll that it takes on women and children, malnutrition has long remained fairly marginalized 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 for nutrition, including the endorsement of the National Nutrition Strategy, the establishment of a multi-sectoral 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 in the multidimensional realm of malnutrition, commitment is required in converging a combination of efforts and investments by several sectors over time.¹⁴³

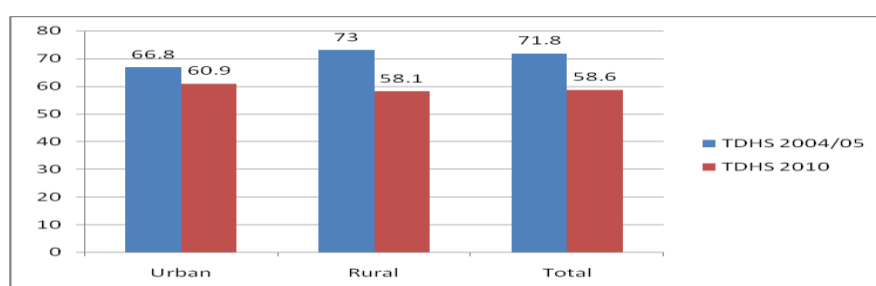
Child Nutrition

Recent national statistics portray an overall bridging of the urban-rural gap in several aspects of child and woman malnutrition, as a result of either performance improvements in rural areas, or a slowing down of progress in urban centres. Further analysis would be required to appreciate the reasons behind such spatial trends, especially considering that urban overall figures tend to conceal the specific situation of children living in contexts that are potentially vulnerable to malnutrition, such as low-income areas, or the city streets. In discussing urban malnutrition in this section, reference will be made to both urban-rural breakups as provided in nutrition-related national figures and, where possible, to evidence emerging from research that has been carried out in marginal urban areas. Though data stemming from micro-studies, gathered through methods such as household surveys, is not comparable with national statistics, it nevertheless provides important leads in the nutritional status of deprived social-economic segments.

Low birth weight – A sharp paradox emerges from measured birth weight, where official data reveals a higher prevalence of low birth weight babies born to women with higher education and residing in urban areas. Such unexpected results have been explained as a higher proportion of surviving pre-term births and c-sections in elite groups.¹⁴⁴ Low birth weight, however, is likely to be higher in infants born to poor mothers as well. A survey carried out among households living in informal settlements of six urban areas of Tanzania assessed that the prevalence of low birth weight was 14 percent, double than the national average of 7 percent (as per TDHS 2004/05). Dar es Salaam and Mwanza displayed the lowest prevalence of low birth weight (both 8 percent).¹⁴⁵

Anaemia – Anaemia is widespread among children of Tanzania. Similarly to infant mortality and several malnutrition indicators, official data indicates a trend toward convergence in anaemia between urban and rural areas. Showing an overall decline in the prevalence of anaemia among children (from nearly 72 percent in 2004/05 to about 58 percent in 2010), TDHS 2010 data sets anaemia at 60.9 percent in urban centres versus 58.1 percent in rural areas (Figure 1).

Figure 1: Prevalence of Anaemia in Children



Sources: TDHS (2004/05); TDHS (2010)¹⁴⁶

Iron deficiency – Iron deficiency affects 41 percent of urban children as compared to 34 percent of rural children.¹⁴⁷

Vitamin A Deficiency – Vitamin A deficiency (VAD) levels in children are fairly close in urban and rural settings (31.9 and 33.3 percent, respectively).¹⁴⁸

Breastfeeding and complementary feeding – National figures indicate that, in Tanzania, the median duration of exclusive breastfeeding is 1.9 months in urban areas, which is marginally less than in rural settings (2.5 months).¹⁴⁹ A mere 24 percent of urban children aged 6-23 months receive a minimum acceptable diet, defined as containing breastmilk or adequate milk feeds, adequate meal frequency and adequate dietary diversity. The urban proportion is only marginally higher than in rural areas (21 percent).¹⁵⁰

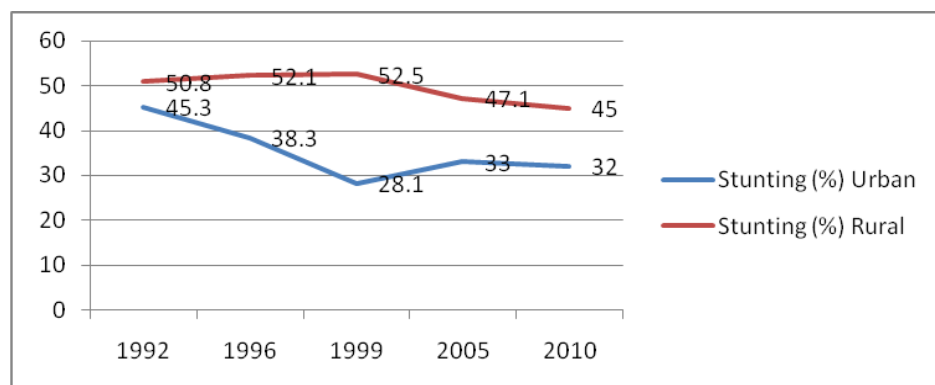
4.1 The Narrowing Rural-Urban Child Malnutrition Gap

The fight against malnutrition in Tanzania has traditionally targeted rural areas. Childhood malnutrition in the sparsely populated, unreached vast hinterland has been found to be consistently higher than in cities. Official figures, providing overall rural-urban breakups, show that children in rural areas suffer higher rates of malnutrition than urban children. Following a global trend, however, Tanzania has been witnessing an increase in the nutritional urban-rural gap in the 1990s, followed by a narrowing in the last decade.¹⁵¹

According to WHO Global Database on Child Growth and Malnutrition, based on national DHS figures, a decline in malnutrition has been recorded in all key dimensions of stunting (measuring the height of a child compared to the height of children of the same age in a reference population), underweight (measuring the relationship between weight and age in a child), and wasting (measuring the weight for height ratio compared to a reference population). Although stunting remains Tanzania's core nutrition challenge, its overall prevalence has marginally decreased over the past couple of decades, more so in urban than rural areas. While in the 1990s progress was substantially greater in urban areas, it became more marked in rural areas over the past decade. The final result of such trends has been a narrowing in the urban-rural gap (Figure 3). Underweight prevalence has followed a similar trend, reducing in both urban and rural settings, thus leading at narrowing the gap that had been prevailing in the past between the two spatial settings (12 percent in urban and 17 percent in rural areas) (Figure 4). In parallel, a reduction in wasting has similarly occurred both in urban and rural areas, with the proportion being at 4.9 percent in both contexts (Figure 5).¹⁵²

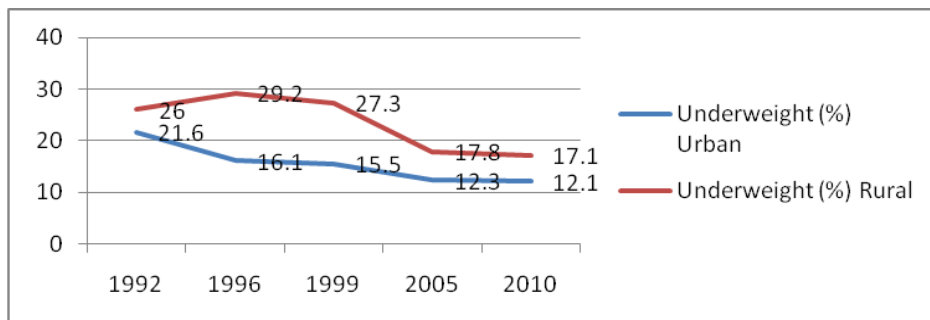
UNICEF has observed that “Over a longer time perspective, it is clear that the improvement in height-for-age (stunting) in urban areas preceded rural areas, before reaching a plateau; while improvement for rural children is confined to the latest five-year period. Thus over the 15-year period urban-rural disparities widened considerably before narrowing again. This phenomenon of early urban progress – followed by relative stagnation and rural “catch-up” parallels the trend in urban-rural mortality disparities.”¹⁵³

Figure 3: Trends in Stunting, by Residence



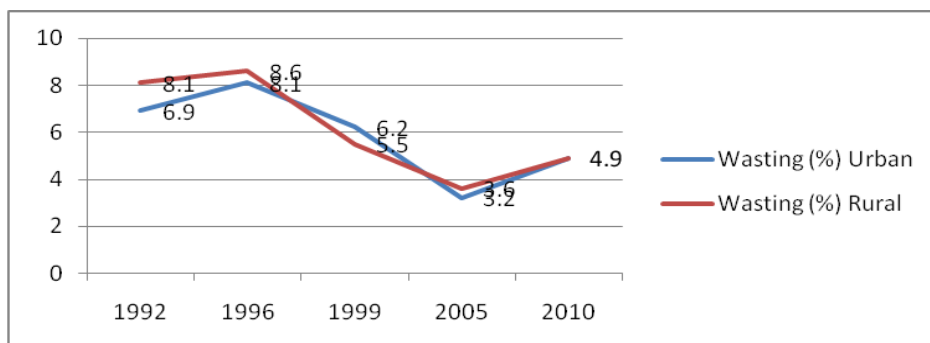
WHO Child Growth Standards, WHO Global Database on Child Growth and Malnutrition, 14 October 2011

Figure 4: Trends in Underweight, by Residence



WHO Child Growth Standards, WHO Global Database on Child Growth and Malnutrition, 14 October 2011

Figure 5: Trends in Wasting, by Residence



WHO Child Growth Standards, WHO Global Database on Child Growth and Malnutrition, 14 October 2011

4.2 Nutritional Status of Children in Poor Urban Communities

While statistical figures have started showing that the urban-rural nutrition gap is being bridged, data gathered in poor urban settings unveils levels of malnutrition significantly higher than both urban and rural averages.

A FAO-BACAS household survey carried out among 773 families identified for living in low-income settlements in 22 wards of six urban centres of Tanzania (published in 2009) found that nutrition-related performance was poorer in such pockets as compared to levels emerging from national urban data (TDHS), in all dimensions of weight-for-age, height-for-age and weight for height.

In the sampled areas, the prevalence of stunting among children below five years of age was 56 percent, more than double of the overall urban prevalence of 26 percent in the survey period. In the same areas, the prevalence of underweight among under-fives was 36 percent, significantly exceeding both the official urban average figure of 17 percent and rural average of 23 percent. Finally, the prevalence of wasting in children below 5 years of age was 12.7 percent, considerably higher than the overall official urban rate of 2.8 percent and rural one of 3 percent in the survey period.¹⁵⁴

Although, as mentioned, data emerging from micro-studies is not readily comparable with national statistical figures, information being generated from sub-municipal pockets urgently calls for further enquiry into the nutritional status of the urban poor to inform both policy-making and programming. The staggering levels of stunting detected in marginal urban communities, in particular, point to the need for in-depth analysis on child malnutrition prevalence among the urban poor.

Women's Nutrition

Women's undernutrition seriously affects not only women's health, but also birth outcomes in pregnant mothers. Deleterious consequences include maternal and child mortality, low birth weight and malnutrition in early childhood. Greatest attention should be given to the critical 1,000 days starting at pregnancy and lasting through the second year of the child, when the risk of malnutrition setting in is highest. This is the most critical period in human development when most of brain growth takes place. Failing to intervene at this critical window of opportunity results in lifelong and irreversible physical and cognitive damage.¹⁵⁵ In the course of a woman's life cycle, special attention should be paid to ensure that the nutritional needs of adolescent girls are met so they enter their first pregnancy with good nutritional status. Especially in poor urban communities where early pregnancy is found to be widespread, adolescent girls – and their babies – should be a primary target of comprehensive nutrition interventions.¹⁵⁶

TDHS 2010 estimates that 11 percent of Tanzanian women in the reproductive age are thin or undernourished. Rural women are more likely to be thin (13 percent) than urban women (8 percent). Overall, under-nutrition is highest in adolescents in the age group 15-19 years (19 percent) and women in the lower wealth quintiles.¹⁵⁷

Assessments made in low-income urban communities (as referred to previously), however, estimated that 17.6 percent of sampled women were undernourished, a proportion higher than the overall urban and rural official figures in the same time period. Women were more undernourished than men.¹⁵⁸ Although, as already stressed, a comparison between national statistics and location specific micro-study data is not feasible, the sharp differentials in nutritional status emerging from low-income settlements call for further analysis among urban poor groups.

4.3 The Double Burden of Malnutrition

In Tanzania, female undernutrition coexists with over-nutrition giving rise to a phenomenon described as the 'double burden of malnutrition', a new dimension of nutrition insecurity. In the same population where female under-nutrition sets in, 22 percent of women are overweight or obese (BMI 25kg/m² or above).¹⁵⁹ Obesity, which leads to high blood pressure, cardiovascular disease, diabetes and cancer, has been associated also with individuals who were born with low birth weight and were malnourished in early childhood, especially during the first two years of life. The insurgency of obesity has been linked to increased calorie consumption, sedentary lifestyles and changing urban dietary habits. Obesity is more widespread among urban women, who are more than twice as likely to be overweight or obese as women in rural women (36 and 15 percent, respectively). Dar es Salaam is the region with the highest proportion of overweight and obese women, at 45 percent level.¹⁶⁰ Women in higher wealth quintiles are more likely to be overweight or obese.¹⁶¹ Though more of a middle-class trend, obesity on children is on the rise the world over, favoured by a sedentary lifestyle and a progressive shift from playing on the streets to staying indoor, captured by electronic games or TV.

4.4 Anaemia and Micronutrient Deficiencies

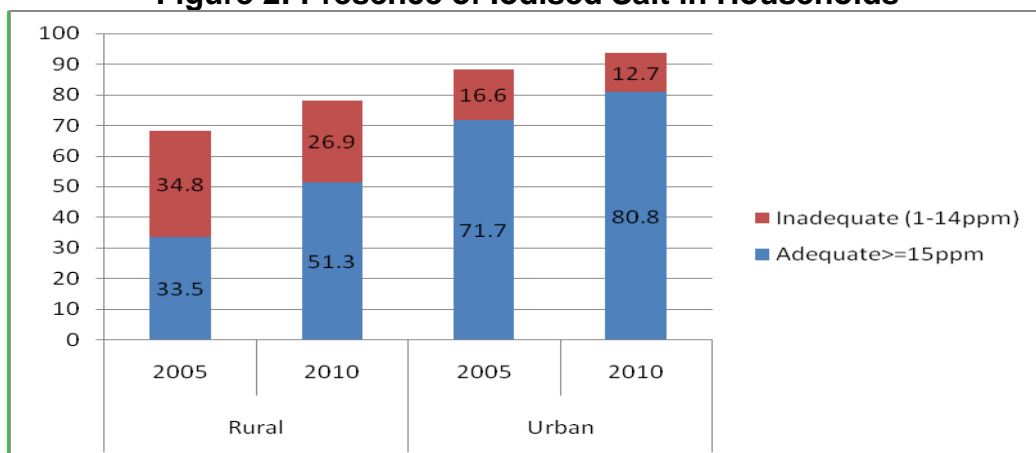
While severe anaemia has declined significantly, also as a result of malaria control efforts, anaemia rates remain high among Tanzanian women, posing serious risks especially in pregnancy, when it may lead to maternal mortality, spontaneous abortions, premature births and low birth weight outcomes. TDHS 2010 data indicates that, in Tanzania, 40 percent of women in the age group 15-49 are anaemic, with 1 percent being severely anaemic. When compared with the 2004-05 TDHS, anaemia prevalence has declined by 17 percentage points, although its proportion, for any form of anaemia, remains higher in urban centres (42.8 percent) as compared to in rural areas (38.2 percent).¹⁶²

Younger women, women with fewer births and with at least some secondary education are more likely to access supplementation with vitamin A. The modest implementation of the vitamin A programme mainly stems from poor capacity by the health care system to reach postpartum women within the first four weeks after delivery.¹⁶³ Vitamin A deficiency in women is still high, with urban settings (39.9 percent) outstripping rural areas (35.5 percent).¹⁶⁴ Iron deficiency affects 31 percent of women in urban centres and 30 percent in rural areas.

The median Urinary Iodine Concentration (UIC) in women (374.5 ug/L) in urban areas exceeds the upper threshold recommended by WHO (300ug/L) due to good access to iodated salt. The high level may reflect excessive salt intake in the urban diet and/or excessive iodation by salt producers, and far outstrips rural areas (117 ug/L) where access to iodated salt is lower.¹⁶⁵

Iodine deficiency disorders (IDD) affect the healthy development of children and may lead to intellectual deficits, goitre and cretinism. The fortification of salt with iodine is a common public health strategy to prevent iodine deficiency disorders. TDHS (2010) data indicates that salt has been tested for iodine in 94 percent of households. Out of the surveyed households, 59 percent use salt that is adequately iodised (15+ ppm), while 23 percent use salt that is inadequately iodised (< 15 ppm), thus indicating that 41 percent of households consume no or inadequately iodised salt. Urban households are more likely to rely on adequate salt as compared to rural ones (Figure 2)

Figure 2: Presence of Iodised Salt in Households



Source: TDHS 2004/05, p. 186; TDHS 2010, p. 181

HOUSEHOLD FOOD SECURITY

4.5 Food Insecurity in Urban Areas

Historically, Tanzania has not been prone to the African scourge of famine. When rainfall is satisfactory, Tanzania has the capacity to yield enough food to meet its internal demand, and surplus to export to neighbouring countries. In urban areas, where markets are stocked with all varieties of food items, food insecurity is primarily an outcome of impaired food accessibility at household level, which, in turn, significantly derives from weak household economic capacity.

A traditional development focus on rural food insecurity has resulted in prioritising monitoring and intervention initiatives in rural areas perceived as more deprived than cities. A rural bias in policy and programming has tended to position urban areas as having an edge in terms of income and food availability, with a risk of ignoring the fast emerging predicament of urban poverty. Recent urbanisation trends, accompanied by dropping incomes and rising food and fuel prices, have led to

reconsidering problems relating to household food insecurity and malnutrition in urban areas. It is being increasingly felt that it is crucial to understand the long overlooked determinants of urban poverty, including how the urban poor earn their livelihoods and achieve human welfare, such as household food security and nutrition.

Establishing the causes of household food insecurity – and its impact on malnutrition – in urban areas requires a set of criteria that vary from the ones traditionally adopted in rural contexts. Urban dwellers are normally net-buyers of food and, therefore, rely primarily on their income to access adequate diets. In poor households, however, income often depends on seasonal, poorly remunerated employment. Limited cash available to the urban poor acts as a primary hindrance in obtaining food that in urban markets normally costs considerably more than in rural hinterlands. The recent hikes in food prices experienced by Tanzania have posed one more hurdle in securing an acceptable diet. In addition, high levels of environmental pollution, and contaminated water and food affect the quality of food being sold in poor urban markets and generate infections that interfere with reaching proper nutrition status. City dwellers can not rely on food self-sufficiency depending on a very limited and progressively challenged urban agriculture. They also remain normally untargeted by government social and economic safety nets and are mainly dependant on the vagaries of the food market.

In gauging the challenges faced by urban dwellers in achieving adequate nutrition, especially for their children, it is key to understand that urban household food security is correlated to the variability of a wide array of conditions, on which the urban poor have often limited control. Achieving food security, across all standard dimensions of food availability, accessibility, utilisation and safety, in a poor urban household is challenged by several economic and environmental threats that require to be further analysed and addressed.

The Impact of the Global Economic and Financial Crisis on Household Food Security in Tanzania

An analysis carried out on behalf of World Food Programme (WFP) Tanzania has sought to establish the direct correlation existing between income and household food security, especially in its critical urban dimension. The research study, carried out among low-income communities residing in Arusha, Zanzibar and Mwanza, has documented how urban residents have started suffering from food insecurity as a result of losing their jobs in declining mining, tourism, floriculture, fishing and other sectors employing unskilled labour. The study argues that rising food prices, causing food inflation, have worst hit net food buyers who depend on purchases to meet their food needs, such as, specifically, poor urban dwellers.

As incomes are jeopardised by the twin global economic and food crisis, exacerbated domestically by harvest failing as a result of drought, accessing food becomes the most daunting problem in impoverished urban households. For example, in Mwanza, the study estimated that out of the city's 247,000 inhabitants, over 24 percent were either food insecure or highly food insecure, and 25 percent were vulnerable to food insecurity, resulting in about half of the population being prone to food insecurity.

In parallel, deep changes take place in the lives of persons who have lost their livelihoods. Informants reported rising destitution and children taking to the streets, either as a result of parental abandonment or as an escape route, women recurring to commercial sex work, growing petty crime and broken families. The economic shocks suffered by poor urban households have undermined their purchasing power, resulting in coping mechanisms that, in turn, lead to more food insecurity.¹⁶⁶

Assessing Household Food Security in Urban Settings

Food security and nutrition assessments are essential instruments in monitoring the nutritional status of communities, and alerting on nutrition and health risks that vulnerable households may run at critical times. Existing tools, however, are conceptualised and designed to monitor food insecurity in rural settings. New methodologies need to be devised to measure household food insecurity among vulnerable urban communities as well.

Pointing to a rural bias prevailing in nutrition programming, as well as in professional expertise, an agency engaged in the area of food security, World Food Programme, has recently developed technical tools to address existing methodological and conceptual gaps while conducting food and nutrition security assessments in urban areas.¹⁶⁷

The methodology hitherto utilised to measure the extent of food insecurity in rural areas has been progressively adapted to capture the diversity and complexity of urban contexts. Household analysis has been retooled to adapt to different eating habits, with household members routinely taking meals outside the home. Food groups have included street foods, which are more commonly consumed in cities. Finally, although the main source of food remains markets, in urban assessments a distinction is made between foods purchased with cash and foods acquired on credit (or borrowed, obtained through gifts, begging, scavenging, aid) to gauge debt accumulation associated with fulfilling household food needs. Even identifying income sources is complex in urban settings, where the poor cope through diverse survival strategies.¹⁶⁸

Food Consumption Patterns by the Urban Poor

The diet of the urban poor fundamentally lacks diversity. Expensive food items, such as milk and meat products, fruit and vegetables are barred to low-income urban dwellers. The diet of the urban poor 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 food groups consumed.¹⁶⁹

A World Bank-sponsored project, implemented in Dar es Salaam, has carried out a series of surveys among 350 citizens employing mobile phones to assess how rising food prices have affected consumption patterns, especially among cash-strapped urban dwellers. The surveys revealed that the number of poor households that could afford three meals a day had decreased by 20 percent between 2010 and 2011, with declining consumption of expensive food items, such as poultry and milk. The principal reason cited for excluding certain food items from daily diets was cost.¹⁷⁰

4.6 Coping Strategies in the Face of Household Food Insecurity

Food expenditures typically account for the largest share of a poor household budget. On average, families of Dar es Salaam spend half of their budget on food (52 percent), while in other urban areas the proportion rises to about 59 percent.¹⁷¹ It is plausible to assume such a proportion to be even higher in poor urban homes.

The urban poor adopt a variety of coping strategies to deal with household food insecurity. They reduce the number of meals and the quantity of food per meal, they consume less preferred foods, borrow food from traders and neighbours, and diversify their income. Frequency of meals varies according to the availability of food in the household and it increases as food is more in plenty.¹⁷² Another strategy being adopted is merging breakfast with lunch, having a single meal in the late morning, often in the form of *uji* (maize porridge), which fills up the stomach until late afternoon.¹⁷³

Major sources of fuel for cooking are charcoal, paraffin and firewood. Hikes in the price of all of these essential commodities have impacted negatively on the diets of the urban poor. Several preparations belonging to the traditional diet and having a high nutritional value require prolonged heating, thus progressively inducing the poor to reduce them in their daily diets.¹⁷⁴ As poor urban households lose access to time-tested diets, they forgo not only essential nutrients, but also a habit of preparing and eating healthy foods belonging to local culture and knowledge.¹⁷⁵

4.7 Local Food Markets

In contrast with communities living in rural areas where agriculture and animal rearing constitute primary economic activities, urban residents only marginally produce their own food. Local food markets are the major sources of food for poor urban dwellers. While higher income households can afford to rely on big markets even when located at a distance from home, poor people usually procure their food supplies from small informal food stalls (*genge*), located close to residential areas, which open at night on the road pavements. Informal stalls pose a risk to road users as well as

sellers and buyers. Moreover, the food they sell is kept in unhygienic conditions, being often placed directly on the ground.¹⁷⁶

4.8 Urban Agriculture and Food Supply

A source of food in cities and smaller townships is urban agriculture, developed especially in periurban fringes.¹⁷⁷ Research conducted in Dar es Salaam found that about 4 percent of the city's land is employed in market-oriented crop and vegetable farming, regarded as a highly productive and profitable economic activity, though often constrained by tenure insecurity and demand for non-agricultural land.¹⁷⁸ A previously mentioned study carried out among poor urban communities of Tanzania has reported that 27 percent of the total households surveyed were engaged in some kind of urban agricultural production, such as crop farming (81 percent) and livestock keeping (19 percent). The majority of the households are engaged in agriculture to produce food for personal consumption, while the rest as a source of both household food and income. The highest proportion of families that practise agriculture are to be found in Mbeya, Lindi and Mtwara.¹⁷⁹

Despite being a fairly widespread activity, urban agriculture does not suffice to prevent food insecurity, or provide a substantial source of livelihood. While urban farming is promoted in many of the world's cities, which practice it in abandoned plots, on rooftops, in sacks or containers, urban agriculture is threatened in Tanzania by urban development and municipal bylaws, which limit the types of crops and number of animals that can be raised within municipal boundaries.¹⁸⁰ Where agriculture is allowed, urban farmers are restrained by limited availability of water for irrigation and high water user fees, as well as shortage of land.¹⁸¹ As a participant in field consultations rhetorically asked, "Where there is not even space enough to place a garbage pit, how can urban farming be practiced?"¹⁸²

Street Food for School Children

In assessing food consumption patterns in urban areas, a primary factor to consider is that individual household members are far more likely to consume food outside the home than rural dwellers, and do so much more often.¹⁸³

Not only market forces, but also urban lifestyle lead to changes in food habits, both in low and higher income homes. The long hours spent away at work or at school make preparation of home-made meals more infrequent. A case in point is the heavy reliance by urban school children on food street vendors. A survey carried out among students, teachers and food hawkers, seeking to assess the impact of commonly consumed street food on nutrition, found that street food represents a frequent item in children's diet. Meals purchased from vendors are nutritionally inadequate, being street food chiefly deep-fried and drinks sweetened, artificially or naturally coloured, and low in protein and micronutrients.

Nearly 97 percent of the school children purchased food from street vendors, 67.5 percent of whom every day. On average, about 47 percent of the children in rural schools reported buying street food everyday, as compared to more than 80 percent in schools located in urban and periurban areas.¹⁸⁴

Community members involved in field consultations in Arusha said that food is available in schools where parents agree to make contributions, although generally not at primary school level. Some mothers were concerned that giving money to children on a daily basis was just not sustainable. A suggestion was made for parents and schools to collaborate and plan a food budget affordable to families, so that children could have a proper meal at school.¹⁸⁵

<p>PANEL: <i>What Cities Can Do</i> –</p>
<p>To Improve Nutrition and Household Food Security</p>
<p>The multidimensional causes of malnutrition and household food insecurity are complex in urban settings, where a host of factors interplay to affect the wellbeing of poor communities, such as low-income, high food and fuel prices, limited access to drinking water, poor hygiene and sanitation, inadequate childcare practices and changing lifestyles.</p> <p>It is essential to investigate the constraints faced by urban poor households in meeting the nutritional needs of their young children and women of reproductive age in low-income urban areas, and in particular to understand childcare practices in view of heavy workload on women, reasons for limited access to health care services, the impact of inadequate WASH conditions on health and nutrition status, and the correlation between low remunerative livelihoods and household food insecurity.</p>
<p>Traditionally, nutrition and food security interventions have prioritised rural areas, perceived as more at risk. There is insufficient on the nutritional status of urban poor populations to inform the allocation of resources.</p> <p>Nutrition status and household food security among urban dwellers, especially those with limited access to adequate income and livelihoods, safe environmental sanitation and water, and quality health services, requires to be monitored at the household and community levels. Existing surveillance and information systems, and survey tools should be modified to disaggregate urban data and capture the nutritional status of the urban poor.</p>
<p>Achieving adequate nutrition and household food security in low-income communities requires action by multiple sectors.</p> <p>Local authorities can provide a platform for coordinating a number of efforts underway in urban areas around the multi-faceted nutrition and household food security goals. The capacity of municipal decision-makers and communities should be built to converge interventions at the level of the community in the areas of health, sanitation, water, hygiene, care of the young child, social safety nets, access to food and decent livelihoods.</p>
<p>Nutrition and household food security interventions are not prioritised at the local government level.</p> <p>Household food security and nutrition objectives should be better integrated in municipal development plans and budgets. City planners and policy makers need to liaise with the central government in an effort to jointly plan and monitor malnutrition and household food insecurity at the municipal and sub-municipal levels, especially in pockets where poverty is more pronounced. Local authorities should establish safety nets and avenues to facilitate access to food by the poor, also sustaining income opportunities and strengthening the production capacity of urban agriculturists.</p>
<p>Inadequate incomes and evolving urban lifestyles tend to influence the food consumption patterns and dietary habits of the urban poor.</p> <p>Caregivers and community leaders should be provided household food security and nutrition information to help poor households make optimal use of limited resources in preparing healthy and balanced diets. In addition, they should be supported in adopting correct infant feeding practices and properly managing childhood illnesses, to avoid growth faltering, and foster growth monitoring and promotion. Schools and youth groups can be involved in educating the community on healthy lifestyles and preventing diet-related diseases. Information campaigns can be promoted by the city, in partnership with the media, the private sector, academic institutions and technical agencies, to encourage healthy lifestyles, low-cost healthy diets, breastfeeding, complementary feeding, mosquito net usage, proper hygiene and sanitation practices.</p>

5. HEALTH and HIV and AIDS

5.1 Unhealthy Cities

In informal urban settlements, often encroaching on land unsuitable for human habitation and bereft of most elementary services and amenities, keeping healthy is an open challenge. Degraded physical environments aggravate the vulnerability generated by poverty, leading to a general state of poor health that affects the majority of the population. Children and pregnant women are more exposed to the risks presented by unhealthy and polluted land, air and water, and more prone to recurrent infections. Given the environmental nature of prevalent forms of illness, climate change processes underway are likely to aggravate 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 has been placing an additional burden on the poor health status of low-income communities. HIV prevalence in Tanzanian cities dramatically outstrips rural areas.

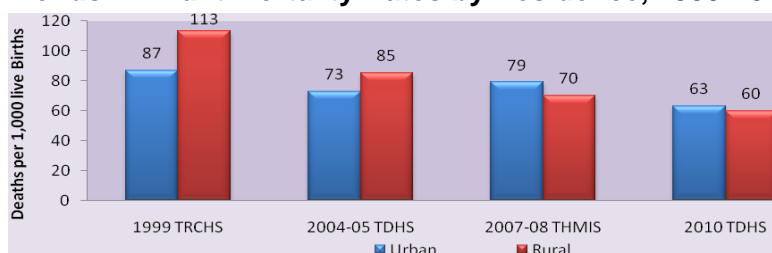
While urban centres attract most of the government and private health facilities, offering a wide range of services spanning from routine to specialised care, not all citizens gain access equally. In fact, the social segments that live in the unhealthiest environmental conditions are normally the least likely to access quality and affordable care. More evidence needs to be developed to analyse the gap existing in both access to care and health outcomes between well-to-do and poor communities in urban Tanzania.

Child Health

5.2 Infant and Child Mortality

A highlight in Tanzania's performance in the area of child survival is a substantial decline in both infant and under-five mortality rates over the past decade. Not only have overall child survival achievements improved significantly over time, but also the urban-rural gap has progressively narrowed to almost disappear. Infant mortality rates (IMR), which had been long higher among rural children, are now similar in rural and urban settings, with rural areas marginally outperforming urban centres (60 and 63 deaths per 1,000 live births, respectively) (Figure 1).¹⁸⁶ Such unexpected development calls for deeper analysis in the critical area of maternal and child health in urban areas. In particular, with cities losing their IMR edge over remote hinterlands, a plausible question may be raised about the likely rates in under-serviced urban pockets.

Figure 1: Trends in Infant Mortality Rates by Residence, 1999-2010

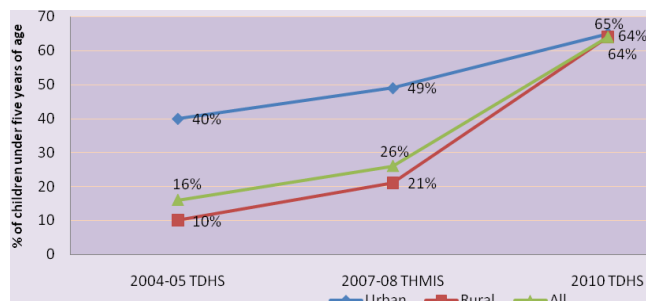


Source: NBS and ICF Macro (2011)—TDHS (2010)¹⁸⁷

According to UNICEF, one reason explaining the evolving scenario may relate to household ownership of mosquito nets, which started early on in urban areas, but eventually tapered off losing

its initial momentum. Conversely, net ownership trends have been growing steadily in rural areas, though taking off from a modest threshold. Therefore, the groups that remain unreached by mosquito net programmes are likely to be those living in poor, remote rural areas, on the one hand, and those belonging to the most vulnerable urban communities, on the other. (Figure 2)

Figure 2: Percentage of Under-Fives who Slept under an Insecticide Treated Net (ITN) the Night before the Survey – Rural and Urban, 2004/05, 2007/08 and 2010

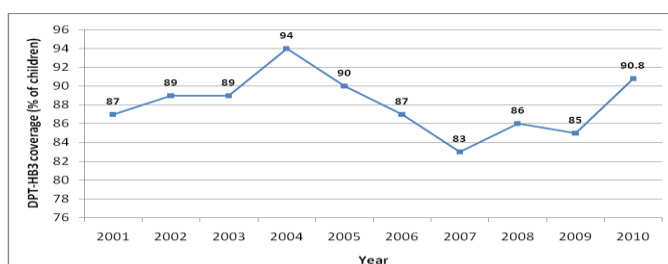


Source: TDHS 2005, THMIS 2008, TDHS 2010¹⁸⁸

5.3 Immunisation

The 2010 TDHS recorded positive performance in immunisation in the country. The MKUKUTA target of reaching 85 percent in DPT-Hb3 vaccination coverage, adopted as a proxy indicator of overall immunisation performance, has been met, with Tanzania performing better than its neighbours in the region (Figure 3).¹⁸⁹ However, greater progress could be achieved if areas lagging behind were targeted, as suggested by variations in coverage by health quintiles in Table 1.

Figure 3: Coverage of DPT-Hb3 Vaccine in Children Aged 12 Months



Source: PHDR (2011)¹⁹⁰

In Tanzania, 75 percent of children aged 12-23 months are fully immunised and only 2 percent have received no immunisation at all. There are differences in immunisation coverage between urban and rural areas, with the former outstripping the latter. Nevertheless, urban vaccination performance appears to worsen in the lower wealth quintiles (Table 1). Developing data on immunisation coverage in low-income urban settlements would help identify population pockets which may be chronically unreached.

Table 1: Vaccination Coverage (percentage) by Sex, Place of Residence and Wealth Quintiles

	2004/05		2010	
	All basic vaccinations	No vaccinations	All basic vaccinations	No vaccinations
Male	70.1	4.5	75.8	2
Female	72.1	4.2	74.5	2.5
Urban	81.5	3.1	85.6	0.5
Rural	68.8	4.6	72.6	2.7
Wealth quintiles				
Lowest	58.3	7.3	69.1	2.9
Second	70.8	5.1	74	3.2

Middle	70.8	3.5	70.8	2.3
Fourth	80.6	2.2	81.1	1.3
Highest	80.7	2.4	84.8	1.0
Total (national average)	71.1	4.3	75.2	2.3

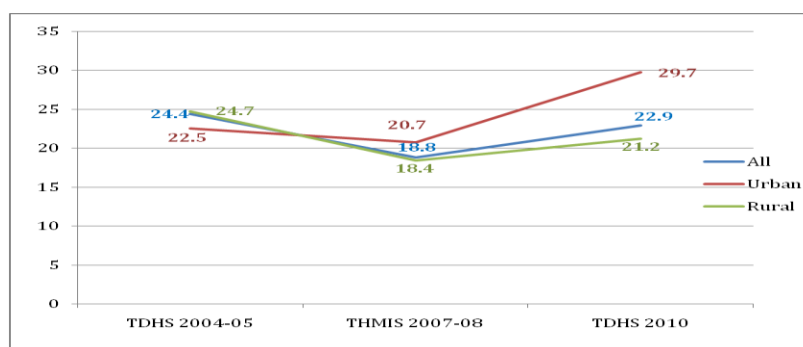
TDHS (2004/05, page 153); TDHS (2010, page 147) Basic vaccines include BCG, measles, and three doses each of DPT-HB and polio vaccine (excluding vaccine given at birth)¹⁹¹

5.4 Childhood Illnesses

Although data on childhood illnesses in Tanzania is not regarded as sufficiently reliable, the 2007 HBS revealed that about one-third of children in the under-five age group had suffered from some form of ailment during the four weeks prior to the survey. Respondents reported that fever was the principal cause of illness in both age segments, followed by diarrhoea and ear/nose/throat complaints. About 20 percent of those in the age group 5-15 years experienced morbidity, in a similar proportion in urban and rural areas.¹⁹²

Fever - The proportion of urban children under five years reporting fever in the two weeks prior to the survey rose from about 22 percent in 2004-05 to nearly 30 percent in 2010, following a sharper trend than in rural areas (Figure 4).

Figure 4: Percentage of Children Under Five Years with Fever in the Two Weeks prior to a Survey, by Residence, 2004/05, 2007/08 and 2010



Source: TDHS 2005, THMIS 2008, TDHS 2010¹⁹³

Food and Water-Borne Diseases

Diarrhoea - In the midst of unsanitary practices and modest investment in preventive measures, diarrhoeal diseases have persisted over time. Diarrhoea continues to be more serious in urban areas, as indicated in Table 2 showing the proportion of under-5s who had diarrhoea during the two weeks preceding the TDHS survey (2010). A primary cause of childhood illness and death, diarrhoea remains widespread, especially in poor communities, showing no declining trends since 1996. TDHS data discloses a hike in diarrhoea in urban areas, from 10 percent in 2004-5 to about 18 percent in 2010 among under-five year old children. Higher diarrhoea prevalence in urban centres (18 percent) as compared to rural areas (13.6 percent) is normally attributed to poor environmental sanitation, especially in unplanned settlements.

Table 2: Diarrhoea Prevalence in Under-5 Year Old Children

	Diarrhoea Prevalence in Children Under Age 5	
	2004/05	2010
Male	13.5	15.2
Female	11.7	13.8
Urban	10.0	18.1
Rural	13.2	13.6

Sources: TDHS (2004/5)¹⁹⁴ and TDHS (2010)¹⁹⁵

As Government of Tanzania is introducing rotavirus and pneumococcus vaccine for the prevention of pneumonia and diarrhoeas, systematic collection of information on diarrhoeal infections in informal urban pockets would go a long way in guiding municipal planners and health authorities to focus on high-risk areas, with both preventive and curative interventions, especially during high prevalence seasons.

Cholera – Cholera, a major public health threat, affects in particular poor urban settlements where overcrowding and inadequate sanitary conditions favour the spread of this deadly disease. Low-income communities in Arusha, Mtwara, Mbeya and Dar es Salaam routinely pay the highest health and death toll during cholera outbreaks.

Cholera epidemics have been recurrent, registering peaks in 1997, 2002, 2004 and 2006.¹⁹⁶ In the year 2006, Tanzania experienced a total of 14,297 cases of cholera, with 254 deaths (1.8 percent case fatality rate), in 16 out of its 21 regions. Dar es Salaam alone accounted for 62.7 percent of the total cases and 101 deaths (39.8 percent of total deaths), where cholera has been directly correlated with poor housing, population density and low-incomes.¹⁹⁷

Vector-Borne Diseases

Malaria - Women and children under 5 years of age are most vulnerable to malaria. Although effective efforts have been made to control its spreading, THMIS has revealed that overall 18 percent of under-fives have been found positive for malaria. Rural areas display distinctly higher prevalence levels (20 percent) than urban centres (7 percent). Dar es Salaam is among the low prevalence regions with less than 1.2 percent rates.¹⁹⁸ Recent research conducted in Dar es Salaam has indicated that the average number of infectious mosquito bites per person per year (EIR, entomologic inoculation rate) has dropped to less than 1, although it estimated prevalence to be around 10 percent on average.¹⁹⁹ Further research has pointed out that between 2 and 10 percent of schoolchildren living in urban Dar es Salaam are reported being infected with malaria. Malaria leads to anaemia, a condition widespread among children as well as adults residing in the city.²⁰⁰

While figures vary with reference to Dar es Salaam as a whole, it would be relevant to estimate malaria prevalence across unplanned urban areas of Tanzania, where water accumulates permanently and the population is less capable of accessing adequate preventive and curative health care. The massive efforts carried out by promoting both bed nets and larviciding should have probably led to better results, thus indicating that the challenge of eliminating malaria is far from being negligible in urban areas.

TDHS 2010 data has indicated that, at the national level, ownership of any type of mosquito net has increased from 46 percent of households in 2004-05 to 75 percent in 2010. While bed net ownership is higher in urban than in rural areas (respectively, 84 percent vs. 72 percent of household ownership of any type of net), owning at least one ITN is comparable in the two settings (65 percent of urban households and 63 percent of rural ones.) Ownership of Long Lasting Insecticide Nets (LLIN) is instead higher in rural areas (57 percent, as compared to 44 percent in urban households). These findings, however, should be interpreted cautiously, considering that Dar es Salaam (which displayed the largest share of households owing ITNs in Mainland as per 2004-05 TDHS and 2007-08 THMIS) revealed low LLIN ownership in 2010, possibly as a result of the LLIN distribution programme not being initiated in the region by the time of the 2010 TDHS data collection.²⁰¹ Evidence on malaria control in urban Tanzania shows that, although performance is better in Dar es Salaam as compared to other areas in the country, household use of mosquito nets (treated or untreated) is low.

Though mosquito nets are a very effective strategy in controlling malaria, there is a need to adopt integrated approaches, especially in environmentally vulnerable areas, by intervening in parallel on improving environmental sanitation and promoting behavioural change.

Dengue Fever - Dengue fever, a tropical disease transmitted through a mosquito bite, unlike malaria is more prevalent in urban areas. Although it is not regarded as posing a health risk at present, climate change is expected to impact dengue fever as well as malaria outbreaks by increasing breeding environments for mosquitoes.²⁰²

Lymphatic Filariasis (Elephantiasis) - It has been estimated that up to 30 percent of Dar es Salaam population hosts elephantiasis worms, which cause lymphatic filariasis (elephantiasis), another mosquito-transmitted tropical disease. Sadly, it has been found that the extensive network of drains developed in the city to prevent stagnant water accumulation and mosquito breeding, actually provides a major breeding ground for mosquito larvae.²⁰³ Mismanagement of the drainage system, degraded and clogged up by unauthorised construction and improper solid waste disposal, has turned a potentially life-saving device into a health hazard.

Maternal Health

Despite progress made in the health sector, maternal deaths – mainly caused by haemorrhage, unsafe abortion, sepsis, obstructed labour and pregnancy induced hypertension – are still high in Tanzania. The maternal mortality ratio (MMR) during the ten-year period prior to the TDHS 2010 survey 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 fill this gap, the proportion of births attended by skilled health workers is monitored under the MKUKUTA plan, in an attempt to assess progress in provision of maternal health services.

In addressing such a serious and widespread problem, special attention must be paid to the first 1,000 days of an individual's life, the critical period that starts at pregnancy and lasts through the second year of the child's life, when the risk of malnutrition, and child and maternal mortality are highest. Especially in poor urban communities, priority should be given to adolescents. Though at the national level a decline has been recorded in adolescent pregnancy, specific information should be gathered in high poverty pockets where adolescent girls are more neglected.²⁰⁴

The main root causes identified for high maternal death rates are low socio-economic status of women and high fertility rates. Improvements in the total fertility rate (TFR) have been marginal over the past decades (1996 TFR=5.8; 1999 TFR=5.6; 2004-5 TFR=5.7; 2010 TFR=5.4). Fertility is lower in urban centres as compared to rural areas. On average, women in rural areas have 2.4 more children than their urban counterparts (6.1 and 3.7 children per woman, respectively).²⁰⁵

Antenatal and Delivery Obstetric Care – An overwhelming majority of pregnant women (97 percent) access antenatal care from skilled personnel in Tanzania. No substantial difference has been recorded between urban-rural residence (98.6 and 95.1 percent, respectively).²⁰⁶

Evidence shows that skilled assistance at delivery and emergency obstetric care centres is still inadequate, with less than half of all births being attended by skilled health workers.²⁰⁷ Moreover, most facilities are unequipped to perform life-saving procedures in case of delivery complications.²⁰⁸ National figures identify in urban residence and wealth an advantage in accessing skilled attendance, with 83 percent of assisted deliveries in urban areas as compared to 42 percent in rural settings.²⁰⁹ The persisting levels of high maternal mortality, however, call into question both access and effectiveness of service provision among those who are most marginalised.

5.5 Malaria in Pregnancy

To strengthen its efforts toward malaria control, in 2002, Tanzania adopted a national policy in intermittent preventive treatment for malaria in pregnancy (IPTp). As a result, the proportion of pregnant women who received 2+ doses of “SP” in urban areas is 31 percent, as compared to 26 percent among their rural counterparts.²¹⁰ Nonetheless, overall achievements in IPTp have been modest, considering that the policy provides for all of the 95 percent of women attending antenatal care services to receive it.²¹¹

Accessing Health Services in Low-Income Urban Areas

Income Barriers – The 2010 TDHS identifies in lack of money for treatment (24 percent) the major barrier to women’s access to health services. Distance to the health facility is the second hurdle cited in seeking health care. This is true of urban dwellers too. Although only half as many as in rural areas, still 1 in every 7 urban dwellers cite lack of money as the main barrier to health care, followed by distance to a health facility. Significantly, households in the lowest wealth quintile are more than 4 times as likely to single out lack of money for treatment as those in the top quintile (42 vs. 9.5 percent). While these figures are not urban specific, they provide an indication of the existence of large disparities by wealth, thus pointing to the need for further investigation in the differentials prevailing in urban contexts.²¹²

Research seeking to establishing a correlation between household-level poverty and health status showed that population belonging to all the wealth terciles residing in areas where poverty concentration was low had better health outcomes and service utilisation rates than households living in high poverty concentration neighbourhoods.²¹³

Free or subsidised public health services do not always respond to the health demand by the urban poor. A survey carried out among health service providers and users of Kinondoni, Ilala, Temeke and Kibaha Council areas revealed that, although pregnant women and under five year-old children are exempted from paying medical fees and drugs when attending government services, they may be requested to cover such costs as public facilities are often under-resourced. This shortcoming has been identified as a primary disincentive for the poor to recur to government facilities in low-income urban areas.

Spatial Barriers – Despite evidence of how spatial factors influence health seeking behaviour, these are too often ignored by public health planners. Echoing TDHS data, the same study indicated that the majority of health care service users (67.4 percent in the urban low-income communities surveyed) were more keen to rely on the nearest health facility, regardless of the quality of care received. Vicinity was prioritised over higher quality care that might have been obtained at a longer distance (with only 17.4 percent being willing to travel to achieve better care).²¹⁴

Location can indeed prove a major deterrent in accessing health care by the poor, even in urban areas, where such issue is often overlooked. Research work conducted in Dar es Salaam revealed a close relationship between poverty, spatial location, health seeking behaviour and access to health care services. In the city, a segmentation of the health care market on spatial basis has led to an unequal distribution in the offer of health services according to location. 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. Where public dispensaries are not available in the low-income areas, residents are forced to rely on substandard though relatively costlier private alternatives. When finally private services are unaffordable, they just resort to drug stores or forego any kind of health care altogether.²¹⁵

What Community Members Say about Accessing Health Care in Cities

During a series of consultations carried out toward the development of this report, street children, community members, civil society organisations and local government professionals shared their experiences in seeking services from government health care facilities. The main challenges reported were 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 poor regard also the cost of transport as an additional burden, which tends to delay seeking medical advice in favour of self-medication. Participants have pointed out that, even where health facilities are available, receiving services may be problematic to those who do not have sufficient resources to access them, such as income, transportation and time.²¹⁶

Health Insurance

Health insurance in Tanzania is mandatory, albeit only 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 are given the opportunity of voluntarily entering the Tiba Kwa Kadi (TIKA) insurance plan, though this scheme is not widely rolled out. Evidence shows that overall health insurance coverage remains low in the country, with only about 13.6 percent being under public health insurance coverage (5.8 percent by NHIF, and 7.8 percent by voluntary schemes).²¹⁷ Health insurance coverage varies by socio-economic status, with 12 percent of the wealthiest groups being insured as compared to a mere 4 percent of the poorest (in 2008).²¹⁸

Access to Health Care by Children Living on the Streets

A research study on health seeking behaviour of children living and working on the streets in the three municipal districts of Dar es Salaam has documented 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. Children have mentioned that, for example, scavenging and begging expose them to serious health and safety risks. Also engaging in high-risk behaviours, including unsafe sex, cause injury and illness, such as contracting HIV. Among the respondents who had had sex, 74 percent of the boys and 61 percent of girls reported never using a condom.

Majority of children living on the streets does not rely on health care services. The cost of services coupled with unfriendly attitudes by health personnel are the barriers to access 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 to dedicate to income-earning activities. Children go to the hospital only when they are very sick (38 percent), or when advised by a friend (32 percent). Only 30 percent regard hospital services as effective.²¹⁹

HIV and AIDS

5.6 HIV and AIDS – An Urban Epidemic

HIV and AIDS is highest in urban Tanzania. Urban-rural disaggregation indicates that, like in most of Sub-Saharan Africa and the rest of the world, HIV and AIDS prevalence is higher in cities as compared to rural areas.²²⁰ The proportion of urban dwellers infected with HIV, estimated at about 9 percent, is almost double the percentage among rural residents, at 5 percent.²²¹

Tanzania has made some progress in containing the epidemic. If compared with 2003-04 THS data, 2010 TDHS figures show a marginal decline in overall prevalence of HIV among adults, from 7 percent in 2003-04 to 6 percent in 2007-08.

Prevalence has decreased for all age groups, except for the 45-49 one. Not only adults, but also children and adolescents are vulnerable to the infection. It is encouraging to note, however, that prevalence in HIV infection among those aged 15-19 shifted from 2 percent in 2003-04 to 1 percent in 2007-08. While 0.6 percent of the 15-17-year old girls are HIV-positive, the proportion rises more than four times in the age group 18-19 (2.7 percent) and continues to grow as age increases – a trend that emerges less sharp in boys.²²² The predominant mode of transmission is heterosexual contact. About 1.4 million people are HIV-infected, of whom approximately 11 percent are children below 15 years of age.²²³ There are significant interregional variations, with HIV prevalence ranging from 16 percent in Iringa to 2 percent in Kigoma. The Dar es Salaam and Mbeya regions display concerning infection rates, both at 9 percent levels.²²⁴

5.7 At Risk Groups

National data indicates that about 50 percent of sexually active adolescent girls used a condom during their last sexual encounter, a 32 percent rise since 2004, reflecting an increase in condom use and a decline in high-risk sex practices.²²⁵ Despite such positive trends, greater attention should be devoted to adolescent girls exposed to high risk of infection by poverty and marginalisation, which lead many to sexual abuse, and forced and commercial sex, primarily in urban centres (as discussed in the Child Protection chapter).

Developing data on HIV prevalence and social-economic determinants of infection among disadvantaged urban children would critically inform preventive policy and action. Social stigma and barriers created by policies and legislation have exposed these groups to high vulnerability. Presently, it is impossible to measure how the scourge of HIV infection has impacted on them. Limited data relating to the population below 15 years of age, absence of disaggregated sub-municipal information and a missing urban strategy in HIV and AIDS programming leave untargeted a group that is likely to be seriously hit.

Specific population groups are disproportionately affected by the infection, in particular, commercial sex workers and their clients, injecting drug users (IDUs), men having sex with men (MSM), fishing communities and miners.²²⁶ By 2009, the HIV and AIDS pandemic had left nearly 1.3 million children orphaned, out of the total 3 million orphans in the country.²²⁷ Women engaged in commercial sex are also acutely vulnerable. HIV and STI prevalence among the estimated 7,000 female sex workers of Dar es Salaam, at 31.4 percent, has been found to be significantly higher than in the general sampled population (9.3 percent). Almost three-quarters of the sex workers reported having a steady non-paying partner, while 20 percent had casual non-paying partners. The majority of female sex workers (about 83 percent) said that they used condoms the last time they had sex. Consistent condom use was highest with regular clients and lowest with steady partners. The most common reason for not using a condom was partners' objection or being paid more for unprotected sex.²²⁸

In low HIV prevalence Zanzibar (with rates ranging from 0.6 percent in the general population to 0.9 percent in antenatal clinic attendees), the effects of the epidemic are concentrated in most at-risk populations (MARPs), particularly drug users (DUs) and commercial sex workers (CSWs). Research unveiled that the prevalence of tested infections was highest among injecting drug users (30 percent).²²⁹

People with disabilities are also a group at risk. Penalised by marginalisation, limited access to health information and often poverty, they are prone to the infection and 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 men. Even in this group, urban figures outstrip rural ones.²³⁰

5.8 HIV and AIDS Knowledge and Risk Perception

Official figures indicate that knowledge of HIV prevention methods is widespread. Nearly nine in ten respondents are aware that the chance of becoming infected with the AIDS virus is reduced by limiting sexual intercourse to one uninfected partner who has no other partners. Three-quarters of respondents know that the HIV infection can be prevented by using a condom. Youth aged 15-19 display lower levels of knowledge than older age groups. Awareness of preventive methods is higher in urban than in rural areas.²³¹

A study carried out among young people living in urban and rural areas of Kilimanjaro confirms such data, revealing that boys are more knowledgeable about HIV and AIDS than girls, and urban youth are more aware than their rural counterparts.²³² Similar findings have stemmed from a research study aimed at comparing perception of the risks of HIV infection between urban and rural communities in all age groups of the Arusha Region, which has concluded that knowledge is more widespread in urban areas. Urban dwellers have reported discussing AIDS-related issues more frequently, having a deeper perception of AIDS as a serious threat to their communities, knowing someone infected with HIV, and seeing themselves at risk of HIV infection more often.²³³

5.9 Urban Vulnerability - Focussing on Adolescents

The prominence of HIV and AIDS in urban areas challenges a set of widely accepted notions about the mechanisms governing the spreading of the disease. It is commonly assumed that urban residents have an advantage in controlling the epidemic. They possess more information and knowledge, they are more aware of the risk posed by the disease, they are endowed with better economic resources, they enjoy a higher concentration of diagnostic and treatment health facilities. Yet, they are more prone to contracting the infection. Some authors have argued that, in fact, far from offering an advantage, the urban environment provides an ideal terrain for spreading the disease. Recognising that in any epidemic (AIDS being no exception) a risky environment plays a more critical role than the virus itself may be a first step in appreciating some of the reasons for HIV and AIDS spreading faster in urban than in rural settings.

More than other groups, adolescent girls epitomise the HIV and AIDS urban apparent paradox. In Sub-Saharan Africa, like in most of the world, HIV and AIDS hits hardest women and young people. Hence, adolescent girls are especially vulnerable to the infection. A risky urban environment interplays with gender and age to compound vulnerability.²³⁴

The urgent need to focus on adolescent children residing in cities has been stressed by those who believe that addressing such an epidemic requires an environmental view rather than the individual approach focussing on behavioural change that has been adopted predominantly. The degraded, overcrowded and contaminated urban physical environment provides a ground for both spreading the infection and favouring risky behaviour. The urban social environment further contributes to vulnerability, especially for girls and young women who have migrated to town, live with inadequate family support, may have low education levels, work in the city, and are exposed to several forms of sexual abuse and exploitation. Widespread orphanhood exacerbates the condition of vulnerability, with child-headed households, frequent in poor urban communities, being more exposed to sexual and other forms of exploitation.

An environmental view of the epidemic supports the notion that relying essentially on communication strategies to modify personal behaviour may risk inverting cause and effect. While behavioural approaches assume that personal attitudes and behaviours must be changed to prevent vulnerability being caused by the disease, an environmental perspective supports the idea that certain urban groups are already vulnerable as a result of several structural conditions influencing

their behaviour and, therefore, it is the environment rather than the behaviour that must be modified to achieve change.²³⁵

To explore the nature of the structural barriers leading to the disease, a study conducted among adolescents living in low-income areas of Dar es Salaam identified a number of common and often interlinked environmental factors that heightened vulnerability to HIV and AIDS among young urban dwellers – namely, orphanhood, migration, forced sexual initiation and place of residence. Many of the risk factors identified are frequent in poor urban areas, making such places a structural cause enhancing the likelihood of being infected with HIV.²³⁶

The Role of Local Authorities in Removing Structural Barriers to HIV and AIDS Prevention

AMICAALL, the Alliance of Mayors and Municipal Leaders on HIV/AIDS, active since 1998, has been created to support and coordinate activities aimed to prevent the spreading of the epidemic in towns and cities of Africa. Promoting a decentralised approach, African Mayors believe that they can act as effective partners to both the central government and their own local constituencies in controlling HIV and AIDS, by mobilising local resources, such as NGOs, civil society organisation, the private sector and local communities. The main objectives of the Alliance are to raise awareness, develop disaggregated data, and monitor HIV and AIDS-related activities at the municipal and community levels. AMICAALL Tanzania has recently framed its Third Strategic Plan for the period 2011-2015 to contribute to addressing the epidemic in urban areas.²³⁷ Ward Multisectoral AIDS Committees (WMACs) are expected to be technically and financially strengthened to expand HIV and AIDS control activities at the grassroots level.²³⁸

<p>PANEL: <i>What Cities Can Do –</i></p>
<p>To Strengthen Health and Combat HIV and AIDS</p>
<p>Urban performance against a number of maternal and child health indicators is losing its edge over rural areas, with underserved communities likely to have the worst health outcomes.</p> <p>More information is required to understand the causes for patchy improvements in child and maternal health in urban areas. In particular, evidence is needed to measure the prevalence of ailments that are endemically urban, such as vector and water-borne diseases, and HIV and AIDS, especially in environmentally risky settings, by disaggregating data at the sub-municipal level.</p>
<p>Health care service provision is scanty among urban poor groups, who are often denied access to affordable, quality facilities.</p> <p>More analysis is necessary to identify the barriers limiting access to health care by the urban poor. Special attention must be paid to failure by the exemption system, limited health insurance coverage, heavy reliance on out of pocket payments, and dependence on low quality private dispensaries and drug stores in absence of affordable and reliable health services in low-income areas. Mapping spatial distribution of existing facilities would provide valuable information for service planning aimed to enhance equal access by different income groups.</p>
<p>HIV and AIDS prevalence is double in urban as compared to rural settings. Adolescent girls living in vulnerable urban settings are at high risk. Information, however, is lacking with regard to the magnitude and nature of the epidemic in potentially risky urban environments where disadvantaged children and adolescents live.</p> <p>There is a need to deepen the understanding of the determinants of fast HIV and AIDS spreading in urban settings. Identifying the environmental and social causes of the epidemic would help shed light on modes of infection among urban vulnerable groups and inform the development of location-specific strategies aimed to remove structural barriers and create protective environments for children and adolescents exposed to sexual abuse and exploitation.</p>
<p>The relative advantage that cities enjoy in terms of specialised HIV and AIDS facilities has not been able to reverse the fast spreading trends characterising the epidemic in urban centres.</p> <p>Special attention should be paid to developing child-friendly services where both paediatric and adolescent care be given priority, providing information, treatment, care and support, including age-appropriate sexual and reproduction health care and preventive services.</p>
<p>Municipal Councils have an institutional mandate to plan and monitor health and HIV and AIDS activities. Limited technical and financial capacity, however, leaves untapped a multiplicity of local resources that could be mobilised through effective municipal and ward level governance.</p> <p>Urban authorities can play a critical role in making their cities healthier, and HIV and AIDS-free. Ward and community-level mapping should be carried out in partnership with local residents, including young people. Location-specific analysis of major disease determinants and health-seeking behaviour in underserved areas should be carried out in collaboration with the local government. Children and adolescents should be given an opportunity to participate in processes aimed to make their living environments healthy, protective and safe.</p>

6. EDUCATION

Education is a fundamental right of the child (UN Convention on the Rights of the Child, Article 28). Tanzania accords high priority to education, expected to lead the country into the future.²³⁹ An ambitious primary education reform has been undertaken over the past decade with the aim of educating all of the country's children. Aiming to establish a school in every ward and village, the primary education 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. As schools have mushroomed to become the most widespread local institution in the country, the potential impact of the education reform on shaping a children's agenda in local communities is likely to remain unmatched. With the programme being brought to scale, the key issue is to ensure effectiveness in meeting its fundamental objective of educating all children, and giving them opportunities for better employment and capacity to articulate a voice in the public sphere.

In seeking universal education, the problem of overcoming inequalities takes centre stage. Spatial variation in availability and quality of education services is not only limited to the urban-rural watershed, but can be also observed within city boundaries. The quality of urban schools is not standard across sub-municipal areas. Reputed government schools, long established and better resourced, are in high demand among an urban well connected middle class. Private schools fill the remaining gap, attracting 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.

In areas that are poorly planned or not planned at all, there is no space to expand classrooms, add toilets or other facilities. As the number of students grows, school space becomes cramped. Under such demanding conditions, teachers prefer to work in better resourced schools serving the middle class, with the result that quality of teaching deteriorates further in schools attended by the poor.²⁴⁰

6.1 A School in Every Ward, All Children in School

In order to meet the overarching goal of achieving universal primary education and gender parity, the government has adopted a sector-wide approach, resulting in enforcing compulsory elementary enrolment for primary school-age girls and boys, abolishing school fees, and recruiting and re-training teachers. With the ambitious objective of establishing a secondary school in each ward, an exponential number of school buildings have been constructed, involving also a major contribution by local communities.²⁴¹

Impetus has been given by the Primary Education Development Plan (PEDP) and the Secondary Education Development Plan (SEDP), which have significantly boosted enrolment, also as a result of abolition of school fees. In the first year of PEDP 2002-2006, total enrolment in Standard 1 rose by 43 percent.²⁴² Following the introduction of PEDP in 2001, net enrolment ratio (NER) in primary school (7-13 age group) soared from 66 percent in 2001 to a peak of 97 percent in 2007 and 2008, though since 2008, the NER has steadily declined to reach 94 percent in 2011.²⁴³

The growing demand for education promoted by PEDP has led to expanding access to secondary education. In response, the Secondary Education Development Plan (SEDP), implemented in 2004-2009, has resulted in a rise in secondary education enrolment rates, which had been previously among the lowest in Sub-Saharan Africa.²⁴⁴ The net enrolment of children between the ages of 14 and 17 years, in lower secondary school (Forms 1 through 4), increased from 21 percent in 2007 to 35 percent in 2011.²⁴⁵

6.2 Keeping Children in School

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 a mass of students in schools. Expressing the expectations of the government, MKUKUTA has set a primary school completion target at 90 percent. By 2011, however, only 62 percent of children, who enrol in Standard 1 at seven years of age, completed Standard 7 by age 13. Practically, 1 in 3 children enrolled in school has failed to attain primary education.²⁴⁶

Truancy has been identified as the primary reason for leaving school. Causes for truancy, however, are not unveiled in school statistics. A number of hurdles may induce children to abandon school after having successfully enrolled.

6.3 Stumbling Blocks to Attaining Education

Poor Learning – The success of the extraordinary expansion achieved by the national education programme must be measured primarily by its effectiveness in educating all. Unfortunately, impressive quantitative growth has not been matched by qualitative improvements. In fact, a focus placed on scaling up the physical infrastructure may be partly blamed for overlooking the hardest of the changes to bring about – good quality teaching and learning.

In Tanzanian public schools, teaching is done mainly by rote. Opportunities for developing analytical and creative skills are limited and physical punishment is used as a way to impose discipline. An assessment of learning outcomes carried out in schools of Tanzania by Uwezo, an education-focused organisation, has shown that even basic literacy and numeracy standards are not universally achieved at primary education level. Out of 10 Standard 3 pupils, only three are able to read a basic story in Kiswahili and one in English. Similarly, only three out of ten Standard 3 pupils have achieved basic numeracy skills.²⁴⁷ Although an urban disaggregation of these figures is not available, learning outcomes are unlikely to be of higher order in neglected marginal schools serving low-income communities.

Uneven Spatial Distribution of Teachers – More than any other education input, quality of learning requires quality of teaching. A recent assessment has reported that one teacher out of five was not attending school on the day when the Uwezo survey was carried out.²⁴⁸ Especially in urban areas, where opportunities to supplement low teacher salaries are more available, absenteeism may be more acute a phenomenon, as teachers become engaged in parallel activities at the expense of their primary occupation.

Also spatial inequality in teacher distribution contributes to uneven quality of education. Frequently, teachers are reluctant to move to remote, isolated areas and prefer to be based in better serviced urban locations. It has been noted that poorer peripheral regions normally have fewer teachers, while urban centres tend to enjoy good education professionals in higher numbers. The pupil-teacher ratio also varies across regions and tends to swell in remote areas, as a result of failed deployment of adequate numbers of teachers in rural schools.²⁴⁹

A research study conducted in Tanzania and Senegal to compare basic education performance in urban and rural settings has found that the urban absence rate of teachers, measured as the share of teachers not in school as observed during one unannounced visit, far outstripped rural ones. The absence rate in urban schools of Tanzania was almost double (0.36) than in rural schools (0.20). Even when physically at school, teachers may not be in the classroom teaching. Tanzanian teachers were found to be absent from the classroom more than half of the time spent in school, and more so in urban (0.68) than in rural (0.50) contexts. Out of a scheduled school time of 5 hours and 12 minutes, on average, students in primary schools of Tanzania were estimated to be taught 2 hours a day. Urban students were taught half an hour less than rural peers.²⁵⁰

Cost of Education – It has been often observed how pupils’ socio-economic background correlates with learning outcomes. Evidence shows that children originating from wealthier, educated, Kiswahili speaking families enjoy a learning advantage over others.²⁵¹

A UNESCO study has highlighted the strong positive correlation existing between wealth and school retention variables in Tanzania, on the basis of wealth indexes. The probability for a child belonging to the 20 percent wealthiest households to reach Standard 7 is nearly 4 times higher than the one observed for a child belonging to the 20 percent poorest households. The ratio is less marked as far as access to secondary school is concerned.²⁵²

Cost of education stands as a major hindrance in achieving school access and retention.²⁵³ Direct costs, including school fees, transport, food, uniforms, are often regarded as the primary deterrent. Opportunity cost can be a burden as well, considering the revenues lost to the household economy as a result of the foregone child contribution. When the cost of sending a child to school is perceived to outstrip the benefits associated with it, the risk of dropping out increases. Data indicates that, in 13 percent of cases, the reason given for dropping out in urban areas has been ‘too expensive’ (against 6.4 percent in rural settings). Similarly, ‘working’ has been a reason in 10 percent of cases in urban centres as compared to 6.9 in rural areas (Table 1).²⁵⁴

Table 1: Main Reasons for School Drop Out by Gender and Location (%), 2006

Reasons	Gender		Location		Total (%)
	Male	Female	Urban	Rural	
Too old/Too young/Completed school	58.4	59.8	53.2	62.5	59.8
Fail the exam	8.5	8.5	9.7	8.0	8.5
Too expensive	9.1	8.4	13.2	6.4	8.4
Working	5.4	6.9	10.0	5.7	6.9
Not interested	12.7	7.9	6.8	8.3	7.9
Got married	0.4	2.6	1.7	3.0	2.6
Sick	2.2	2.2	1.1	2.5	2.1
Pregnancy	0.0	1.1	1.1	1.1	1.1
Too far away	0.9	0.4	0.1	0.5	0.4
Other	2.4	2.2	3.1	1.9	2.3
Total	100	100	100	100	100

Source: UNESCO (2010)

Malnutrition – Malnutrition, compromising healthy, all-round child development, acts as a vitiating factor in attaining education. The vicious circle of poverty and malnutrition limits the ability of households and communities to educate their children and undermines the child’s individual ability to develop to his full potential.²⁵⁵ As malnutrition is becoming a growing cause for concern in urban Tanzania, more evidence should be developed on malnutrition patterns emerging from urban poor and food insecure communities, along with their impact on child development and education.

Violence at School – Awareness is building on schools being un-protective and even abuse environments for children. A recent study on violence against children in Tanzania estimated that 53 percent of female students and 51 percent of male students reported being victim of physical violence by a teacher. Nearly 4 in 10 girls also experienced sexual violence while at school or when travelling to or from school.²⁵⁶

Many are the stumbling blocks standing in the way of achieving universal primary education. Most of them are likely to challenge disadvantaged urban children. Nevertheless, in the absence of sub-municipal disaggregation in figures on school completion rates and reasons for dropping out, it is

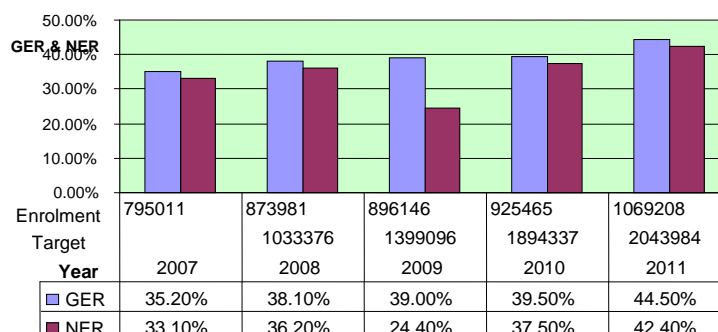
not possible to map neglected groups and develop inclusive strategies to overcome barriers to education in cities.

6.4 Pre-Primary Education

Even from 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, much before entering formal education. By laying the foundation of children's ability to learn, early childhood education favours school success in later years.²⁵⁷ The First Biennial National Forum on Early Childhood Development (ECD) Declaration (Arusha, 23 February 2012) has committed relevant sectoral ministers to strengthen ECD in the country, first and foremost by effectively implementing the draft Integrated Early Childhood Development Policy. Significantly, the declaration recognises the role of the local government in promoting early childhood development, calling upon District and Ward level mechanisms to ensure coordination on the ground.

So far, attention paid to pre-primary education in Tanzania has been far from matching the priority that has been accorded to primary education. PEDP II (2007-2011) has first addressed this important issue on a national scale and encouraged the establishment of a pre-primary education programme for 5-6 year old children, linking it to existing primary schools. Although in the 2007-2011 period, the net enrolment ratio in the 5-6 year age group rose from 33 to nearly 42 percent, the bulk of pre-primary education services are still being managed privately, by pre-school centres that offer relatively higher quality services as compared to the community-based childcare models (Figure 1).²⁵⁸

Figure 1: Enrolment Target, Actual Enrolment, GER and NER in Pre-Primary Schools, 2007-2011



United Republic of Tanzania, *Education Sector Performance Report 2010/2011*, Education Sector Development Committee, Dar es Salaam, 2011

Virtual gender parity has been achieved in enrolment, although access by children with disabilities remains limited being services still unequipped to enrol large numbers and for periods of time long enough to support working parents adequately.²⁵⁹

Regional variations persist. Granted that early childhood development centres are grossly inadequate both in rural and urban areas, they are more available in the latter.²⁶⁰ Paucity of data on early childhood development services, however, makes it difficult to discern access levels by disadvantaged groups in either setting.²⁶¹ 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 as well to mind the small one.²⁶² Establishing early childhood development and care programmes in low-income urban areas is critical to

promoting children's cognitive, social and emotional development, and in parallel supporting working parents and allowing older siblings to attend school.

6.5 Children with Disabilities

Of all barriers preventing access to school, disability is by far the most formidable one, discriminating children in their fundamental right to education. In 2011, children with disabilities in primary school accounted for a mere 0.32 percent of total enrolment. Among school-going children aged 7 to 9 years, the incidence of disability was found to be 5.5 percent for boys and 1.6 percent for girls in urban settings (versus 2.9 percent for boys and 2.6 percent for girls in rural areas). Although there is no analysis to explain the even lower representation of girls in such figures, considering that in any given population, a standard 10 percent is expected to experience some form of disability, it is apparent that access to schools by children with disabilities is still grossly inadequate.²⁶³ An NBS and UNICEF study has pointed out that, even when children with disabilities are admitted to school, they normally fail to learn effectively, as their needs remain often unaddressed.

It should be further noted that, in the process of developing education physical infrastructure, special attention ought to be paid to overcoming architectural barriers, making school buildings and classrooms accessible to students, teachers and parents with disabilities by providing ramps, tactile signs, specially equipped bathrooms and other accessible building elements.

6.6 The Urban Education Edge

It is common opinion that urban areas enjoy a distinct edge in school education services. The frequently underscored urban education advantage is reflected in a number of statistical indicators – higher education institutions are mainly urban-based,²⁶⁴ primary urban schools on average have more teachers per student, the average expenditure per student on textbooks and teaching materials in urban schools outstrips rural ones. Urban councils (including Dar es Salaam) have overall lower pupil/teacher ratio and spend more on recurrent expenditure for primary schools (wage and non-wage inputs). They also have better performing schools, as measured by their average Primary School Leaving Examination (PSLE) rank. Hence, deployment of teachers, being correlated with school performance, tends to favour urban schools.²⁶⁵

Similarly, in secondary urban schools, on average, teachers are in higher numbers, are more on government payroll and better qualified than their rural counterparts. There are also notable variations in performance, with secondary schools in Dar es Salaam having an average pass rate of 91 percent, other urban schools of 69 percent and rural schools of 72 percent.²⁶⁶

Although not sufficiently updated, UNESCO data generated on the basis of HBS 2000/01 and 2006 figures indicates that, while levels of gross enrolment in primary education are high in both urban and rural areas, urban figures outstrip rural ones at the secondary level. Also in pre-primary education, urban centres significantly outperform rural areas (Table 2).²⁶⁷

Table 2: Gross Enrolment Ratios by Location, and Income Group, 2000 and 2006 (all levels)

%	Pre Primary education	Primary education	O' Level secondary
Total Tanzania	28.6%	116.6%	30.9%
Male	29.9%	114.6%	31.7%
Female	27.2%	118.8%	30.2%
<i>Index 2000</i>	<i>0.89</i>	<i>0.95</i>	<i>1.13</i>
Urban	45.9%	119.6%	56.6%
Rural	23.8%	115.8%	21.9%
<i>Location Parity Index (GER rural/ GER urban) (urban = 1.00)</i>	<i>0.52</i>	<i>0.97</i>	<i>0.39</i>
<i>Index 2000</i>	<i>0.53</i>	<i>0.79</i>	<i>0.13</i>
Q1	23.0%	117.1%	19.1%
Q2	29.2%	126.0%	24.7%
Q3	30.2%	124.8%	33.4%
Q4	34.1%	148.6%	53.4%
Q5	48.1%	125.3%	64.8%

Source: UNESCO (2010)

6.7 Accessing Education from the City Margins

Nevertheless, having more and better schools in cities does not coincide with accessing them easily. Or at least, not by all children regardless of their background or condition. Experience showing that children and adolescents living in low-income settlements and on the streets are severely constrained in pursuing education is confirmed by the limited data developed on urban schooling in such settings.

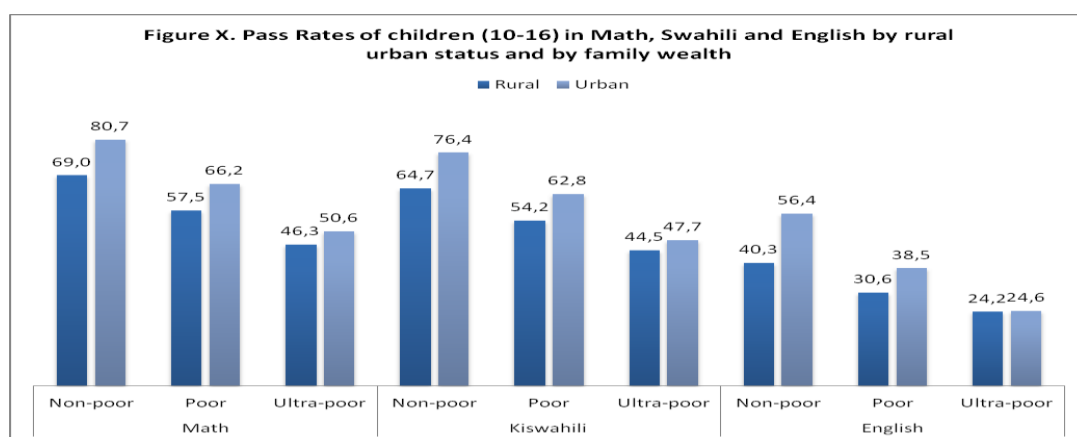
A recent survey carried out by a citizens' organisation in 40 schools of Dar es Salaam's three districts, Ilala, Kinondoni and Temeke, provides a snapshot of the dire conditions that some education institutions in Tanzania's largest city face. The average number of pupils per classroom has been found to be 81, more than double the national target of 40. The most crowded schools have up to 130 pupils per classroom,²⁶⁸ more than two to three times the pupil teacher ratio of 37:1 assessed in the city as a whole by official figures.²⁶⁹ On an average, five pupils would share a desk. In almost half of the schools, children have to sit on the floor. Availability of text books is also an issue. The average pupil to text book ratio has been found to be 5 to 1 in lower primary schools and 6 to 1 in upper primary school classes, with this figure going up to 10 to 1. School sanitation conditions in urban schools may be deplorable. The 40 schools surveyed in three Dar es Salaam districts, with an average pupil to latrine ratio of 90 to 1, are far from meeting the government target of one pit latrine/toilet for 20 girls and one for 25 boys. Quality of facilities is also substandard. Water availability is missing in a number of schools, which resort to the help of forthcoming neighbours. Also, one out of four schools does not have a playground and most of the existing ones are inadequate, thus impairing sports and other physical activities.²⁷⁰

During field consultations held in Ilala and Mbeya, community members said that children were being sent by their teachers to work for them, for example, selling vegetables, ice cream, groundnuts and sometimes fetching water. Among the children consulted in Kinondoni, a few mentioned that a common practice in their school is to pay private tuition offered by their own teachers. Those who do not attend special tuition classes may be disadvantaged at school.²⁷¹

Accurate information is urgently required to assess school enrolment and completion rates, and quality of education prevailing among urban unprivileged students. From an early age, children in poor families are often expected to take up adult roles and contribute to the household income. Lack of time for school, limited space for doing homework in overcrowded dwellings, pressure to contribute to the family income, the allure of quick earnings that the city offers, certain urban subculture models, all contribute to keeping pupils out of primary school and discouraging adolescents from pursuing higher education achievements.

Factors Influencing Learning Outcomes – Wealth and Place of Residence

Primary education performance data gathered by Uwezo, in both urban and rural locations of Tanzania, can help shed light on how household wealth and place of residence may influence learning outcomes in children. Data analysis has unveiled that the chances for children aged 10-16 from non-poor urban households to pass Standard 2 level mathematics tests are 30 percentage points higher than for their peers from ultra-poor families (80.7 vs. 50.6 percent). A similar gap is present for tests scores in Kiswahili and English, subjects displaying lower overall performance. Interestingly, disparities in learning outcomes are worse in urban than in rural areas. Further analysis would be necessary to assess the determinants of such differentials, such as, for example, inequalities in school quality, or lower resources invested in ultra-poor urban children. **Figure X** shows how disadvantaged urban children from ultra-poor families do no better than ultra-poor rural peers in English. The limited advantage recorded in mathematics and Kiswahili that urban ultra-poor students seem to enjoy over rural ones is statistically insignificant in the first case, and only marginally significant in the second. 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.²⁷²



Own analysis based on data drawn from Uwezo Tanzania Annual Learning Assessment Report, 2011

6.8 Turning the Urban Advantage into an Advantage for Education

With education efforts in full swing in the country, time has come to ascertain how the reform has given a chance to children and adolescents living in underserved informal settlements to access school – and acquire adequate skills to make a living and meaningfully contribute to the development of their families and communities. The urban advantage that cities enjoy in terms of almost universal enrolment needs to be turned into an advantage in boosting education achievements, especially in terms of ensuring quality teaching and learning. Missing that, the vast numbers of students enrolled in school would be likely to dwindle, as trends already seem to show.

Cities can make it more easily than rural areas to achieve such ambitious but necessary goals, taking advantage of population density, concentration of schools, better human resources, economies of scale and widespread means of mass communication. If cities fail, the prospects for the rural poor are likely to become grimmer. Focusing especially on the educationally deprived urban child, efforts in cities should aim to achieve an inclusive and affordable model that could be progressively extended elsewhere until the promise of the reform – universal quality education – is fulfilled for all.

6.9 Decentralising Education Governance to Local Authorities and Schools

The education reform has focused on school governance to enhance accountability by schools and communities. It has also decentralised functions at the local government level. The role that local

authorities can play in furthering education in urban centres needs to be moulded in the context of the governance devolution reform promoted by D-by-D. District-level strategic education planning is still weak and even ward level coordination is feeble, often owing to low capacity by Ward Education Committees. Strengthening local administration, developing a robust local management information system and implementing a fiscal reform to allow for resources to be available along with planning responsibilities at the local levels are fundamental prerequisites for effective decentralisation in education.²⁷³

The devolution of funding all the way down to the school level, through capitation and development grants, is an important step in the direction of making each school accountable to its community. Especially the capitation grant offers a powerful mechanism to make resources available directly to the school, where they can be employed to improve quality of education on the basis of actual need. However, as long as the pattern of permissible expenditure is centrally controlled, the actual autonomy of the School Committee is bound to remain more rhetorical than practical. Further, the disbursement of capitation grants is often delayed, unpredictable, uneven and short of the planned amount, thus making it difficult to plan expenditures at the receiving end.²⁷⁴ 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 have a direct responsibility in making schools accessible to pupils living in poor communities. Presently, a 43 percent share of the municipal budget is earmarked for education programmes.²⁷⁵ Although the bulk of municipal resources for education are spent on salaries and emoluments, a partnership among local government, schools, families and children would go a long way in making education more relevant to local communities. Participatory planning with local residents (including young people) would contribute to addressing the disparity that still exists between various types of school facilities, access levels and quality of teaching within the city.

6.10 Participating to Make Schools Child-Friendly

School is the primary institutional environment in the life of a child. Here is where children are engaged for most of the time they spend away from home. The school, next to the family, is the foremost educational and emotional setting where decisions that affect the lives of children are made. They are also the most familiar environment to children, where these 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 exercise led by the Ministry of Educational and Vocational Training (MoEVT) and supported by UNICEF 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.²⁷⁶ Corporal punishment is still practiced by both teachers and parents, and violence against children is common experience.²⁷⁷

At school, children are not encouraged to contribute as active agents. For children to have a voice, it is essential that a positive attitude toward young people's participation is formed in parents, school teachers and community members, to improve the way they communicate and make decisions together.²⁷⁸ Tanzania's junior school councils provide a unique opportunity for children's participation to inform the way the reform is fostering democratisation of the education system. In a school friendly to children, educators interact with young people with dignity and respect, in a way to foster their full capacities and take their opinions seriously. A child-friendly school offers young people an open, protective space, right at the core of the community where they grow up. In addition to hosting formal school sessions, a child-friendly school provides a venue for extending education support and remedial education services, organising extra-curricular activities, meeting

and playing safely, or running a night shelter, especially in areas where children live disenfranchised from their families and communities.

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

<p>PANEL: <i>What Cities Can Do –</i></p>
<p>To Achieve Universal Quality Education</p>
<p>The unprecedented boost given to education in the country has succeeded in enrolling almost all children in school. To continue building on the substantial financial and social investment that has been made, the challenge is to keep children meaningfully in school and prevent dropping out.</p> <p>Ensuring that quality learning takes place at school is perhaps the foremost goal that the reform must strive to meet. Quality education, a protective and inclusive school environment, and social safety nets for the poor are the key preconditions to keep children in school. High enrolment levels achieved by the reform should be leveraged, starting from urban areas. The urban advantage – made of population density, concentration of schools, better teachers and widespread means of mass communication – can be turned to the advantage of the education system. Concentration can help scale up the programme faster. Building on these strengths, cities should pave the way to an inclusive, affordable, quality education model that could be progressively promoted in the rest of the country.</p>
<p>A key objective in the education reform is decentralising the education system. Placing the school at the core of service delivery calls for greater transparency and accountability for education at the level of the community.</p> <p>To fulfil Tanzania’s vision for education, it is critical to emphasise the role of schools as the core institution for children in the community. Effective decentralisation should make local schools work as platforms for joint planning by school authorities, teachers, ward level officials, parents and students. Junior School Councils should coordinate at par in school governance processes, contributing with School Councils and Committees to plan education activities in a way that responds to the needs especially of the most neglected social groups.</p>
<p>Teachers are the backbone of the education system. Teachers, however, are often absent, especially in urban schools, and quality of teaching and learning is poor.</p> <p>Deployment of teachers should be organised according to equal spatial patterns across different areas of the city. Parents and community members engaged in school governance should be empowered to hold teachers accountable for attending school regularly and providing quality teaching to students. Teachers’ performance should be regularly monitored against clearly set standards, with the involvement of school authorities and members of school governance bodies.</p>
<p>The education reform has emphasised transparency in school governance, assigning a central role to local authorities and school-based committees, responsible for planning, monitoring and budgeting activities.</p> <p>The capacity of the local government should be strengthened at both district and ward levels, to equip local administrators to plan for the education needs of their constituencies with a special focus on those who have not gained access to the school system as a result of poverty, social marginalisation, disability or gender. Similarly, School Committees should be supported in their role of managing 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 the communities, particularly of the most deprived members.</p>

Local planning of education activities in cities is presently impaired not only by institutional deficiencies but also by lack of disaggregated data capturing social and spatial disparities.

Capacity should be built among municipal and ward authorities, and school partners to identify clusters where poverty is highest in cities, to gauge barriers to children's equal access to school. Locally-generated data would provide information necessary to design education services inclusive of hard to reach communities and social groups, where potential first generation learners continue to find it difficult to overcome the inequalities that separate them from the classrooms.

7. CHILD PROTECTION

Cities offer a wide variety of resources that can help young people fulfil their health, education, socialisation and cultural needs and rights. Nevertheless, all-round development is possible only if children are also protected in a way adequate to their young age. Urban areas do not always provide the protective and caring environments that are essential for children to grow into emotionally and psychologically balanced adults. In cities, families – as primary institutions responsible for children’s physical and emotional well-being – are faced with challenges that are unique to urban living. Moreover, poverty tends to aggravate the vulnerability of households settled in marginalised communities. 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 or household dysfunctional, children may be left to fend for themselves.

Service providers and local authorities have responsibility for the care and protection of children, when caregivers are absent, or can not provide adequately. When the local government is aloof, poverty and marginalisation may act as a barrier to accessing services and families alone are often unable to shield their children from the jolts of urban life.

7.1 Fragmented Urban Families and Communities

Economic shocks, increasing cost of living, migration, HIV and AIDS resulting in urban households being headed by a single parent, a child or an elderly person, all contribute to progressively breaking down the sense of cohesion that had kept families together in traditional Tanzanian society. It has been estimated that in the country 12 percent of the 1.1 million children considered ‘most vulnerable’ lived in child-headed households in 2007.²⁷⁹ In urban areas, about 30 percent of 15 year olds belonging to such homes are working and have been found to be worse off than their peers in other settings.²⁸⁰

Community networks that protect children in the rural interior are weaker in urban low-income areas where different ethnic groups are kept together mainly by common social and economic conditions. Many adults responsible for raising children in today’s cities have been brought up in rural villages, where child rearing was regarded as a shared community endeavour. Children were not only the responsibility of their kin, but also the community of which they were members from birth, and where they were educated and socialised. In modern urban Tanzania, child upbringing is progressively becoming the sole prerogative of parents. When they are unprotected and uncared for, children turn to the streets, migrate and run away, frequently enticed by city lights.

7.2 Protective Policy Frameworks

With families fragmented and dispersed, it is apparent that intervening on the child alone might prove insufficient, a way to deal with the symptom rather than the root cause. An effective approach to addressing the fast growing child care and protection deficit in cities requires measures apt to support households in meeting their responsibilities.

Growing awareness and sheer evidence of the gross violations of human rights being inflicted on children has resulted in government and non-government agencies setting in motion new legal, policy and programmatic initiatives in favour of vulnerable groups. Besides ratifying a number of international instruments, in 2009, the Tanzania Parliament passed the Law of the Child Act, a landmark piece of legislation aimed at incorporating the principles of the UN Convention on the Rights of the Child into the national legal framework.²⁸¹ In addition to recognising a number of

rights and duties relating to children and parents, the act provides a framework for child protection. The law, however, remains silent on important aspects, such as, for example, corporal punishment, legal age of marriage and protection measures for unaccompanied children, such as those living on the streets, whether they are in need of care and protection, or in conflict with the law.²⁸²

Although in urban centres birth registration takes place up to five times more than in rural areas (44.2 and 9.7 percent, respectively), poor and marginalised children are likely to belong to the half of the urban child population that is not registered.²⁸³ Children living on the streets, child workers, domestic helpers, orphans, victims of violence, children forced into early marriage, sexually abused children are a visible sign of how cities have continued to fail children.

CHILDREN LIVING AND WORKING ON THE STREETS

There are children in the city for whom the street is home. Streets, bus and train stations, markets, beaches is where they spend most of their time, scavenge for food and even sleep at night. In Tanzania, they are called *watoto wa mitaani*. They are unsupervised children, living on their own and working on the streets in a quest for survival.²⁸⁴ When children are forced to leave home, boys end up more frequently on the streets, while girl children become more invisible, employed in domestic shadow work (another predominantly urban issue), where they are often economically and sexually exploited and abused.²⁸⁵ Dearth of comprehensive data does not allow for reliable estimates on the number of children living on the streets of Tanzania, although organisations working on the ground believe that their overall number has been on the rise.²⁸⁶

7.3 An Urban Phenomenon

The phenomenon of the so-called *street children* had its onset in the early 1990s, when Tanzania moved into an accelerated urbanisation and modernisation phase. The problem appears to be more acute in highly urbanised centres, with evidence stemming from cities such as Dar es Salaam, Arusha, Moshi, Mbeya, Mwanza. Consultations held with community members, children and professionals towards the preparation of this publication in the cities of Arusha, Mwanza, Ilala, Mbeya, Kinondoni and Zanzibar, all confirmed having children living and working on the streets, except for Zanzibar. Here, it has been reported that there are mainly children who spend time unsupervised on the streets, in market places or along the sea shores, and return home at night.²⁸⁷

Whether they originate from village or city-based homes, these boys and girls live on their own or in peer groups of four or five to seek security and protection from all the forms of violence, abuse and exploitation that city streets can reserve. Lacking identification documents, they are homeless, can not access basic services, are socially stigmatised, and are at risk of being enticed into prostitution and coming into conflict with the law.

Sometimes girls (and also boys) seek security from older boys or night security guards in exchange for sex. Life on the streets exposes children to physical, psychological and sexual abuse. Children normally do not use condoms and tend to have multiple partners. Risky sexual behaviour, as a result of sex being exchanged for money, security or other forms of reward, exposes children to being infected with HIV and AIDS and other sexually transmitted diseases.

The city is hostile to them. People consider them a nuisance or troublemakers, police and sometimes local authorities persecute them as vagrants, beggars and thieves. They are beaten, detained and even sent back to their rural 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.²⁸⁸

7.4 Non-Protective Family Environments

When domestic violence and alcoholism lead to frustration, a family may turn into a disabling setting for a child to grow up in. Victims of abuse, abandonment or orphaned by AIDS, young people run away from broken homes in search of a better life. They may be also children with disabilities, unwanted children, born from sex workers, or simply out of illicit relations. There may even be a failure by extended family members to take care of their kin's offspring. In 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*).²⁸⁹

Children whose parents died from AIDS are susceptible to being stigmatised and rejected by relatives. After being disowned, they risk being harassed and exploited as domestic help within the extended family or in wealthier households in urban areas.²⁹⁰

Consulted on their life, children identified poverty as the main reason for their condition. They clarified, however, that it is not poverty alone to be blamed. They recognise that even in poverty a child may be cared for. It is rather a concurrence of factors relating to poverty that contributes to alienating children from their families, such as conflicts within the household, marginalisation within their home environment and lack of basic services, especially school. Unequal distribution of resources within the family, where female members, girls in particular, receive the least, and children being excluded from decision making are seen also as reasons for making family life undesirable. Gender and age were identified by young people as the most penalising conditions in the life of a child.²⁹¹

7.5 Migrating to the Streets

Poverty does take centre stage in the life stories of disenfranchised children. A survey carried out by Mkombozi, an NGO, suggested that 22 percent of children had migrated to the streets as a result of school exclusion and inability to pay school fees.²⁹² Denied access to school at an early age can be regarded as a risk factor also for human trafficking. Out of the children rescued by an anti-trafficking programme, 79 percent of the victims had only attained primary education, against only about 5 percent who were in secondary school when recruited for exploitation.²⁹³ Young people migrate from rural areas when natural disasters or unsustainable agriculture disrupts the household economy.

For many the street is far from being a temporary arrangement. Children may live on streets for years. A cause for concern is the age of children living on their own on the street, some of them being actually infants, at times born to street girls who have given birth to second generation pavement dwellers.²⁹⁴ The choice of homelessness may become a necessity when, as Mkombozi, an NGO working with at risk children, has put it, home is worse for the child than life on the street itself.²⁹⁵

7.6 Unhealthy Streets

A research study carried out among children living and working on the streets of Dar es Salaam has shed light on how they manage to access even marginal resources that the city can offer. They sleep in open spaces, do not access safe water and use dirty 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.²⁹⁶ They have reported seeking health care from public city hospitals, receiving medical assistance from friends, or opting for self-medication. When they do not have enough money to pay for health care, they simply forgo any form of treatment. Street life and homelessness lead also to psycho-social distress, such as depression, anxiety, suicidal tendencies, all conditions that seem to be more acute in girls who have been sexually abused.²⁹⁷

7.7 Neglected and in Conflict with the Law

When children come into conflict with the law, they are unlikely to find the legal protection and the rehabilitative opportunities they are entitled to. The most common offences recorded are theft, assault, drug abuse, loitering, prostitution.²⁹⁸ Civil society organisations consulted in Kinondoni underscored that children are often employed by adults in criminal pursuits and used to gather information, for example, or break into houses by entering through narrow passages. Young people are often themselves victims of crime, which, however, goes mainly unreported.²⁹⁹

Though plans have been made, presently police is not trained in children's rights. In the absence of a social welfare system and child protection mechanisms, children may be detained on charges of vagrancy or begging, whether they are in conflict with the law or just neglected. The judiciary faces the same dilemma when children appear for pre trial determination. Most of the children ending up in pre trial detention are domestic workers or street children who lack necessary assistance by their families. With juvenile courts taking time to be established, children in conflict with the law are tried in adult courts with no legal representation.³⁰⁰ Lawyers are few and most of them do not take on criminal cases. Besides, no one is permitted to have legal representation in primary courts, where the majority of children's cases are heard. Children are often locked up for months or years awaiting trial, for sheer absence of alternatives rather than because they pose a danger. When they are kept in jail with adult criminals, they are exposed to abuse and violence.

7.8 Creating Protective and Caring Environments in the City

The swelling number of children in urgent need of care and protection has been putting pressure on the government institutional homes. The Department of Social Welfare has identified in the recent urbanisation decades a main cause for thousands of children having been left unaccompanied and in need of care. While in the past childcare institutions in Tanzania were few and mainly managed by faith-based organisations, during this time, these have grown in number as an immediate alternative to family-based care. Most of the 282 children institutional homes being presently managed in Tanzania are clustered in urban areas of Arusha, Kilimanjaro and Mwanza regions.³⁰¹

Residential care centres, however, are not the solution. Not only are they grossly inadequate in number, but also they tend to aggravate the very problem they seek to solve. The Law of the Child Act promotes the principle that institutionalising children is never the answer and Government of Tanzania is committed to developing alternative care arrangements recognising that institutions risk perpetuating isolation and abuse. Alternative family and community-based preventive and rehabilitative approaches, including foster care, kinship care, supervised independent living arrangements for adolescents, as well as more emphasis on family reintegration, promise to offer a cost-effective response, wider coverage and better results in terms of sustained psychological and emotional support – granted that proper supervision is ensured.³⁰²

An important step in this direction has been taken by addressing the problem of children living on the streets as part of MKUKUTA. For the first time, Tanzania targets children in need of special protection in a national policy. Strategies aimed to strengthen the asset base and safety nets of poor households are expected to address the root causes of the problem. A collaboration of government, civil society and non-government organisations can make an impact in meeting child-oriented MKUKUTA's goals. Citizens, particularly young people, should be consulted on how to develop comprehensive child protection mechanisms, starting from local communities.³⁰³

CHILD LABOUR

A large proportion of the population that relentlessly moves to cities in search of livelihoods and opportunities are poor children and youth. Whether they migrate with their family, or they come to the city on their own, trafficked or run-away, young people may end up in child labour. Tanzania has ratified ILO Convention C 182 in 2001, which calls for time bound measures to eliminate the worst forms of child labour (WFCL), and has subscribed to the international target of eliminating all WFCL by 2015.³⁰⁴ MKUKUTA targets elimination of the worst forms of child labour as one of the important measures to tackle poverty, following provisions already framed in law. National plans of action for the elimination of child labour, drafted for the United Republic of Tanzania and for Zanzibar, offer operation instruments to achieve such urgent goals.³⁰⁵

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

The national action plan points out that child labour in Tanzania is widespread in both rural and urban areas. While in rural settings children are employed in household occupations (subsistence agriculture, household chores, domestic work, contributing to the family enterprise), or in commercial agriculture activities, in urban areas they are mainly engaged in illicit activities and the informal sector – in commercial sex, street vending, bagging and drug trafficking. In both contexts, children can be found in industries, mining and fishing.³⁰⁶ Attention has been often called upon occupations that are connected with child trafficking, such as commercial sex work, domestic child labour, or labour in the tobacco sector.³⁰⁷

In Tanzania, an estimated 20.7 percent of children in the age group 5-17 years is engaged in child labour. Boys (22.8 percent) are more likely than girls (18.5 percent) to be involved in some form of labour. The figure for urban centres is 7.6 percent, as compared to 24.8 percent in rural areas. Almost 5 percent of children are reported to be away from home because of work. Out of those in child labour, about 5 percent are engaged in hazardous occupations. Parents and guardians of child workers believe that work helps children acquire skills and enhances their upbringing (37.6 percent), need children to assist in the household enterprise (32.5 percent), or expect them to work to supplement household income (20.8 percent).³⁰⁸

7.9 Worst Forms of Child Labour in Urban Areas

An ILO IPEC study investigated into worst forms of child labour in a number of Tanzania's urban centres. In Arusha and Mwanza, it focussed on informal garages. Working in garages was predominant among child workers, mainly boys, who have been found to perform the same tasks assigned to their adult counterparts. When engaged in garages, children work in open spaces, being exposed to dusty and windy conditions during the dry season and dampness during rainy seasons, a situation that is worsened by the fact that they often need to work lying on the ground. The materials used in garages, such as oil, grease and paints, negatively affect the skin and the respiratory system.

A further labour activity regarded as severely hazardous is quarrying. In Dar es Salaam, children involved in quarrying have been found to be primarily male, though the participation of girls is also frequent. Quarrying engages all age groups. Collecting stones from stone crushers and carrying them to lorries is the children's main task, followed by stone crushing. In quarries, children are exposed to a dusty, open-air environment that becomes more inhospitable during the hot hours. The use of dynamite makes the site dangerous. The absence of toilets subjects workers to water-borne

diseases, such as diarrhoea and typhoid. Children engaged in such forms of hazardous labour suffer from a number of work-related diseases, and are exposed to injuries, accidents and abuses.³⁰⁹

Another highly exploitative urban employment area is linked to fishing and fish processing. ILO estimates that the incidence of child labour in the fishing industry is 23 percent. Children are employed to carry out a number of activities, such as ferrying or scaling fish, washing and fuelling boats, mending fishing nets and assisting adult fishermen, processing and loading fish. Children normally work on beaches and are exposed to harsh weather conditions. They spend long hours in a dirty and unhygienic environment, littered with fish waste products and infested with flies, which make them prone to contracting diarrhoeal infections.³¹⁰

7.10 Child Scavengers

A severely hazardous and stigmatised occupation involving poor urban children is scavenging. A research study has pointed out that the city officials actually consider waste pickers as stakeholders in the municipal solid waste management system. The degradation and the risks implied in this occupation are condoned by financial gain, even though child earnings amount to about half of an adult's income.³¹¹

The garbage dump working environment is utterly unsafe. The surroundings are dirty and strewn with dangerous items, such as broken glasses, rusty metal scraps, syringes. Scavengers normally do not protect their feet or hands with appropriate shoes and gloves. Sadly, a hellish setting, as defined by outsiders, is considered quite 'normal' by children who have been consulted on their work experience.³¹²

Awareness being generated on the plea of waste pickers in Dar es Salaam has led to action to improve their predicament. A number of non-government organisations have been working for their welfare and education, while, at the government level, a Child Labour Unit, created in the Ministry of Labour, along with municipal Sub-Committees on Child Labour have attempted to include action aimed to tackling child labour into existing government systems. Despite such efforts, however, the urban challenge of solid waste disposal remains unacceptably linked with the predicament of child scavengers.

7.11 Child Labour and HIV and AIDS

An ILO study has shed light on the deleterious effects of HIV and AIDS on child labour in urban Tanzania, focussing in particular on four categories of labour representative of occupations prevalent in the country: domestic service, self-employment, child prostitution and quarrying.³¹³ The majority of the parents/guardians surveyed reported taking care of at least one orphan. Most of these had lost one or both parents for HIV and AIDS-related causes. Taking responsibility for more children in a poor household meant overstressing an already scanty family budget, in particular with regard to the cost of education. In most cases, therefore, orphan children were inducted into income-generating activities to supplement family income, removing them from school, or not enrolling them altogether. Eventually, it would not be uncommon for children who had started working early to be moving forward on their own, seeking alternative independent employment elsewhere, outside family boundaries. This, however, would often expose children to the worst forms of employment and to HIV infection.

Girls were found to be more vulnerable to hazardous child labour as well as to HIV infection. Most of the girl child respondents were engaged in domestic work or prostitution. Self-employment activities among girls included working in hairdressing salons, kiosks, shops, food vending, or quarrying. In addition, girls shouldered heavy household chores and were more prone to dropping out of school to take care of the family whenever parents fell sick or died. Working environments tended to be more dangerous for girls, who were often exposed to forced sex by employers, or commercial sex and, eventually, to HIV infection.

TRAFFICKING OF CHILDREN

The clandestine nature of trafficking in human beings makes this phenomenon still little known. 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.³¹⁴ Information as well as awareness about the realities of child trafficking are fairly limited, both within families and communities, and the national and local governments.³¹⁵ 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. In Tanzania, however, trafficking seems to be perpetuated mainly internally, though analysis and policy responses are still to be adequately developed.

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 of Iringa (15 percent), Morogoro (9 percent) and Kilimanjaro (9 percent) regions, toward an urban destination, such as Dar es salaam, Arusha and Zanzibar.³¹⁶ The recruiter entices the family 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. Children are subjected to intimidation, abused, exploited, and denied fundamental rights, like access to education and health care. Development of transport and communication routes, from rural to urban areas and across countries, favours trafficking. In Tanzania, truck drivers are reported to traffic girls.³¹⁷

Since 2005, a programme implemented by IOM succeeded in rescuing 440 victims of human trafficking (63 percent girls and 36 percent boys), averaging 15 years of age. Children account for 89 percent of all victims assisted. Boys had mostly been engaged in petty trade, while girls in domestic labour; 10 percent of them had been exploited in prostitution.³¹⁸ The majority of children (75 percent) were recruited and exploited by a family member who was responsible for fostering them.³¹⁹ A 2008 IOM study on human trafficking in East Africa suggested that child fostering in Tanzania is often mis-utilised as a cover for child trafficking. The assessment reported that 72 percent of the respondents regarded it as customary to place children with better off friends or relatives living in far away areas. This practice emerged as being more common in Tanzania than in neighbouring countries.³²⁰

There are instances when victims of trafficking may be turned into traffickers. It has been reported that in northern Tanzania, trafficked youth have been sent back to their villages to recruit new children for work in the tanzanite mines. Also, women engaged in prostitution had returned to their rural homes to recruit young girls into the sex business.³²¹

VIOLENCE

7.12 Violence in the City

Crime and violence distinctly characterise urban environments. Children are victims, witnesses and perpetrators of acts of assault, mugging, communal conflict and murder. In urban communities violence is often intertwined with poverty. It is a vicious cycle of violence keeping people in poverty and poverty, in turn, generating violence. Poverty is a form of violence in itself, an unjust condition imposed on urban children and families who have to defend themselves against eviction and gentrification, and keep moving in search of housing, jobs and new opportunities for survival. Crime rates are often high in poor areas deprived of services and jobs.³²² A map analysis of

homicide in Dar es Salaam revealed that high levels of homicide deaths were clustered around the city centre and the more urbanised areas. Homicides rarely occurred in rural areas. Forty percent of the deaths regarded victims of robbery, theft being a common offence in urban areas. Eighty percent of homicides of children in Dar es Salaam were neonaticides.³²³

Local government representatives, professionals and civil society organisations involved in consultations in a select number of urban centres expressed concern over the growing number of youth gangs, organised in *camps*, being perceived as an added threat in city life. Children are involved as early as at primary school level and remain engaged up to secondary school age. Gangs structure themselves on a territorial ground, determined by school, street or ward, and engage in fights against each other. Members are armed and may become involved even in violent crime, such as murder, kidnapping, rape and torture.³²⁴

7.13 Violence Against Children

Violence is a chain hard to break. The victim often turns into the perpetrator – and the chain of violence continues. Violence that children suffer from those who are supposed to protect them most – family members and educators – generates permanent damage throughout their lives. It is likely that victims continue to exercise violence on their peers and, eventually, the children they are going to be responsible for in adulthood. A number of non-government organisations working with children with disabilities have raised concern about violence affecting them. It has been argued that segregation and neglect tend to increase vulnerability to violence, the extreme violence exercised against the albino child being a case in point.³²⁵ Physical abuse, especially by parents and teachers, is frequent. Corporal punishment is a socialised practice and is ordinarily meted out to discipline children. It also remains a judicial sanction and is often handed down as a sentence for children convicted of a crime.

In response to the United Nations Secretary General's call to stop violence against children, a Multi-Sector Task Force, comprising representatives from relevant ministries, development agencies and civil society organisations, has been convened by the government of the United Republic of Tanzania to carry out a nation-wide assessment. The household survey has highlighted a number of criticalities that require programme intervention, as well as deep changes in adult attitudes and practice toward children.

7.14 Sexual Violence Against Children

The rates of sexual violence in Tanzania are very high, with 3 out of every 10 girls and 1 out of every 7 boys reporting at least one experience of sexual violence before the age of 18. Sexual violence is seldom an isolated occurrence. Out of the children who have experienced violence, nearly 4 in 10 girls and 3 in 10 boys suffered three or more incidents prior to the age of 18 years.

Sexual violence takes place at home, often by attackers who are known to the victim. School is also a place where children are supposed to be protected, but in fact are sexually abused. About one half of the girls and one third of the boys do not report their experience. Even fewer seek or receive services, such as psychological counselling, or police and social welfare support.³²⁶ These findings reflect those emerging from an urban study carried out in Mwanza, where 30 percent of adolescent girls reported their first sexual contact being a forced experience.³²⁷

Participants in field consultations felt that sexual abuse is on the rise in urban communities, where residents even know who are the abusers. However, when episodes of sexual abuse on children take place, only a few are reported officially for prosecution, since normally parents prefer to settle the case directly with the perpetrator. Such widespread practice is partly the result of a communal ethic prevailing in certain groups, but also of secondary victimisation suffered by victims who have been abused by the police officials to whom the incident has been reported. Till date, gender and children

desks have been established only at a limited number of police stations, with Zanzibar having a single one operating in Madema.

Government authorities consulted in Zanzibar believe that tourism and fishing are responsible for both work and sexual exploitation of children. In hotels and areas where girls provide massaging services, paint henna or plait hair, they are subjected to sexual abuse, while boys who follow tourists are involved in drug dealing and sexual exploitation.³²⁸

7.15 Physical Violence Against Children

Physical violence against children is even more pervasive than sexual violence. The nationwide *Violence Against Children* study has estimated that, in Tanzania, 72 percent of girls and 71 percent of boys experienced physical violence in the course of their childhood. Physical abuse is perpetrated mainly by parents (60 percent) and teachers (above 50 percent). Episodes of physical violence take place repeatedly in the life of a child.³²⁹

Violence is also perpetrated by children on children. Pupils are bullied by older peers, often at school and while travelling to or from school. A research study focusing on travel to school has surveyed over 200 schoolchildren in Magu and Ilemela, Mwanza, revealing that the most frequently reported bad experience, by 70 percent of children, was harassment and fighting among students.³³⁰

7.16 Facing Multiple Forms of Violence

The majority of children experience overlapping forms of childhood violence, according to the study, with orphans being more vulnerable. Suffering violence in early age may increase the risk of sexual and reproductive health problems and transmission of HIV and other sexually transmitted infections. It may also lead to mental health problems in the population. Especially women who are sexually abused are more likely to experience depression, anxiety, sexually transmitted infections and drinking alcohol. Similarly, women who have been physically abused run a higher risk of being in fair or poor health, feeling anxious and having suicidal thoughts.

Children should be supported in disclosing the experiences of violence, abuse, exploitation and neglect that they have suffered or witnessed. Young people can become active agents in a wider societal effort to break an unabating intergenerational and gender-based chain of violence. Participating in efforts aimed at preventing violence and abuse can help children build self-confidence and a sense of worth to counteract the effects of abuse and shocks.

In parallel to such landmark study, a *National Plan of Action to Respond to Violence against Children in Tanzania* has been framed in coordination with relevant government sectors, police and the judiciary, civil society and media, with the goal of addressing the multifaceted problem of childhood violence. The Prime Minister's Office-Regional Administration and Local Government (PMO-RALG) has been identified as a critical partner in the plan. Local government authorities are expected to deploy social welfare officers, make budget provisions, implement the Law of the Child Act and allied legislation, and strengthen local government level systems, such as Most Vulnerable Children Committees, Council Multi-Sectoral Aids Committees, District Child Protection Teams, to implement the national strategy at the local level.³³¹

<p>PANEL: <i>What Cities Can Do –</i></p>
<p>To Ensure Child Protection</p>
<p>The Law of the Child Act provides for the local government to assume responsibility for furthering the implementation of children’s rights in Tanzania.</p> <p>Local authorities should be empowered to act as local defenders of children’s rights. The local government can frame bylaws and regulations, and promote programme inventions to protect children.</p>
<p>Child protection programmes tend to be fragmented, with responsibilities shared among sectoral ministries. Child protection policy and programming lack a universal approach, like the one successfully adopted in education.</p> <p>The local government can provide a unifying focus for child protection interventions, acting as a platform for developing an organic programme framework. Citywide planning would permit identification of children needing special protection measures and favour coordination among service providers in the government and non-government sectors.</p>
<p>Information on the extent of children’s rights violations in urban areas is inadequate to support effective planning and programme development.</p> <p>It is necessary to develop community-level data on different forms of rights violations, especially against vulnerable groups, and establish monitoring systems to measure progressive eradication of child labour, control of trafficking, and prevention of violence, abuse and neglect of children.</p>
<p>Promising efforts are underway to develop child protection and social welfare systems at the district and ward levels.</p> <p>Local authorities should be enabled to coordinate with mechanisms that are being developed to decentralise child protection functions at the local level, such as District Child Labour Committees, District Social Welfare Officers, local police and the judiciary, acting as a point of convergence among sectoral interventions on the ground.</p>
<p>Most violations of children’s rights take place in local settings where children live – the family, the school and the community.</p> <p>Awareness needs to be generated among parents, teachers and community members about the different forms of abuse, exploitation, neglect and violence suffered by children. Communities should be engaged in playing a sentinel role, to identify and report violations against children.</p>
<p>Protective families and communities are enabling environments where preventive rather than curative approaches can be fostered.</p> <p>Strengthening families, schools and communities should stand at the core of an urban child protection strategy. The city can become a place where protective environments for children are created, such as child-friendly schools, community youth centres, safe play spaces, child-friendly police stations, child-friendly transport networks, information, counselling and legal aid centres for women and children victims of violence.</p>

8. PLACES FOR CHILDREN

When adults think of their childhood, they often remember it in terms of places. For many of us, childhood memories are linked to significant spatial experiences – places for play, places for exploration, places for friendship and family life. In today's urban world, children find themselves more and more constricted in environments that prevent self-discovery and experience of physical, natural and social space. Yet, a friend's home, a street, a corner shop, a park, a dismissed area are the spaces that all children for generations have drawn pleasure and learning from. Progressively kept indoor, children are becoming unable to engage in street play and youth constrained in their need to hangout with peers. Videogames, TV, cell phones and web-based social networks are providing a virtual replacement for testing out reality first hand. Socialisation in poor neighbourhoods may be less mediated by technology as compared to more affluent residential areas. A sense of alienation, however, risks becoming common experience across classes. Only limited research is available on the likely effects of being denied, from early age, the opportunity of entering in direct contact with the surrounding environment and experience the possibilities that space can afford.³³²

8.1 The Right to Play in a Safe City

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.

Like all human rights, play is also a fundamental need. Children need to play to fully develop and grow healthy. In organised and, more so, in spontaneous play, children learn how to socialise with peers, express their creativity and strengthen cognitive capacity. They further improve physical abilities and develop motor-coordination and advanced motor skills, do physical exercise, relieve stress and anxiety. In urban settings, child play provides an alternative to overcrowded indoor life and helps mix with peers of different ages and backgrounds, thus educating to tolerance and openness.³³³

Field consultations held in different cities toward the preparation of this publication have pointed out that there is a lack of safe play places just about everywhere in urban Tanzania. Although the law provides for each school to have a playground area, many do not have any. Even when they do, school grounds, which are expected to be spaces reserved to children, are encroached by traders. A rise in demand for education and the subsequent recent expansion of school buildings have also meant that open and protected school yards have been built upon, further eroding space for play.

In Mwanza, consultation participants have highlighted that, because children do not have sufficient places to play, they move to unsafe locations, such as roads or rocky terrains, exposing themselves to potential threats. Spaces that used to be previously designated for sports are now occupied by buildings. People recall that, in the past, the city had places planned especially for young people, such as Uwanja wa Sahara, in Mwanza. Children from Bugando and Bugarika used to meet and play there. Now this space has been turned into a business centre.³³⁴

Play and socialisation in fringe neighbourhoods is hampered by lack of space dedicated to recreation or sports. Participating in arts and music activities depends on contacts being made with voluntary or faith-based organisations that may offer such opportunities.³³⁵ Not only space, but also time may be a constraint to play and socialise. Children who work, and have to attend to sibling care and household chores have very limited time for play and leisure.

8.2 Places Where to Hang Out

Those who remember Dar es Salaam and other cities of Tanzania the way they were only a few decades back say that urban development has been voraciously eating away all green and free spaces where young people used to hang out together. A green area of Dar es Salaam, which had been preserved by the government in the heart of the city, is now being used for prostitution in the evenings, where even teenage girls can be found. Open spaces where to meet informally are progressively disappearing. To get together, youth now need to rent private places, or join organised establishments. Their way of hanging out has thus changed. Rather than meeting in open public spaces, they gather in clubs, along the beach, where they pay for music, have a drink and stay together. Such avenues, however, are precluded to the poor. Even the cost of transport may be a hindrance for an unemployed youth to move out of a low-income neighbourhood and travel to the city centre.³³⁶

8.3 Young People's Free Mobility

Most of the parents of children who live in Tanzanian cities today are likely to have grown up playing outdoor. Within only one generation or so, children of Tanzania (and most of the world) have been removed literally from the primary location of play, socialisation and personal discovery – streets, squares and public places of their cities. Cars have invaded all public urban spaces and pushed people farther indoor.

In Dar es Salaam, the existing 1,950 km city road network is paved for less than 60 percent and, overall, it is inadequate to satisfy the needs for safe free mobility that children and the city population have. Space, in fact, is inadequate even for transportation, thus increasing pressure on pedestrian infrastructure, such as sidewalks and crossings. Tanzania's largest city accounts for about 52 percent of the country's vehicles, with a traffic density growth rate of over 6.3 percent per year. Most roads are not equipped with bicycle paths and suffer from non-segregation of traffic.³³⁷

People's mobility depends primarily on public transportation, particularly *daladalas* (minibuses and minivans), though these tend to be more affordable to the affluent and serve the most profitable lines. The public transport system is negatively affected by congestion and poor vehicle conditions. Their gas emissions contribute substantially to air pollution. Users experience frequent delays, poor customer services and uncomfortable travelling conditions. Bus fares are inadequate to cover operating and maintenance cost, especially considering the growing number of road accidents.

Children may access lower fares in virtue of their age. Paying less, however, exposes them to discriminatory treatment by bus conductors, who prefer to serve full-fare paying travellers. Children may then be pushed back or not boarded at all, especially during rush hours when they end up reaching school late.³³⁸ In Dar es Salaam, there have been several reports of children being abused by bus conductors on their way to school. It has been noted that such occurrences can not be simply attributed to the lower fares to which schoolchildren are entitled. A generalised social attitude toward children sees violence and abuse as acceptable ways to relate to them.³³⁹

During field consultations in Ilala and Mbeya, it emerged that it may take students two to three hours to reach school depending on the distance and direction that the bus takes during rush hours. In Zanzibar, the Drivers Association has approved a bus fare exemption for students. Bus conductors are expected to follow the regulations set by the association. If they mistreat schoolchildren, thus violating their regulations, they may undergo even severe sanctions. While schoolchildren in general face delays in reaching school (and potential punishments by their teachers), girls also risk sexual harassment when travelling by public transport, as they commonly do on their way to school.³⁴⁰

8.4 Traffic and Pollution

Vehicular traffic poses a serious threat to children. A study on public transport in Dar es Salaam has highlighted the effects of traffic pollution on urban residents. Fumes from vehicular traffic expose to elevated levels of sulphur dioxide, known to increase morbidity, especially in children under five years. Air pollution, aggravating ARI diseases, is compounded by noise pollution, which impairs hearing. Street vendors, often women, standing long hours on the side of city roads with small children, are especially exposed to high levels of gaseous car emissions, which worsen at road crossings and in the presence of poorly maintained vehicles.³⁴¹

Road traffic injuries are one of the leading causes of death globally. Field consultations have underscored that moving around the city is a challenge for children. Young people feel threatened when they have to cross main roads. They are frightened by heavy traffic, especially fast moving vehicles, like *bodaboda* (motorcycle taxi). It was reported that, in Mwanza, the government has built road bumps in a location where motor accidents used to be more frequent, causing also injuries to children. At peak time, traffic police help children cross the road and control car traffic. Children feel more protected now and have also joined an outreach police programme, where a community policeman visits schools twice a week to teach road safety.³⁴²

8.5 Physical Access to Services

As for other services, the poor social, economic and environmental performance of the Dar es Salaam's public transportation system stems primarily from an incapacity to keep pace with rapid urbanisation – a case that may be emblematic of other urban centres as well. Services are more acutely deficient in unplanned settlements, with about 80 percent of such areas experiencing inadequate access to public buses. Climatic factors contribute to further impairing urban mobility. Daily trips on foot become more arduous during rains, when road conditions deteriorate. Entire neighbourhoods may be cut off when bridges or roads collapse, especially low-income areas where access roads are inadequate and unplanned.

Road access and conditions, together with quality of the public transportation system, are closely correlated with the capacity by a community to avail of basic social services and facilities. The limited availability and cost of public transport often hamper access to health and education services. Majority of poor households travel outside their neighbourhood only when strictly indispensable. As both public and private primary and secondary schools tend to cluster around affluent neighbourhoods, pupils residing in low-income areas need to travel longer distances than better off children. Besides, bus fare cost increases the total cost of schooling and it may act as a deterrent to regular school attendance among poor children.

Similarly, health care facilities, such as clinic and hospitals, are located at a greater distance from unplanned areas, as compared to higher-income neighbourhoods. The cost and inconvenience of travelling to health facilities limit access to existing health care services. In addition, inadequate availability of roads and transportation severely curtails access to livelihood opportunities by poor urban dwellers.³⁴³

<p>Panel: What Cities Can Do –</p>
<p>To Create Safe Places for Play, Recreation and Free Mobility</p>
<p>City planning tends to overlook children’s needs for safe play and mobility.</p> <p>For cities to become safe and nurturing places for young people, municipal authorities and planners need to create spaces where children can play and meet friends, experience nature in green environments, hangout freely, develop a sense of identity, express themselves and feel protected. Rather than building expensive and potentially segregating playgrounds or separate places for young people, child-friendly features can be included in existing urban residential, commercial and cultural locations.</p>
<p>Rapid urbanisation erodes free spaces that had been previously used by children for playing and adolescents for meeting and socialising.</p> <p>Local authorities and communities should address children’s needs for play and socialisation in ongoing city planning processes. Adults and young people can work together to identify and reserve safe and protective spaces between residences, or in dismissed areas for children to play, and adolescents to get together. Secondary roads can be closed on special times and days to allow children to play football or games where sports facilities are unavailable.</p>
<p>Increasing urban traffic and motor vehicle accidents pose a severe risk to children, causing disease, injury and death.</p> <p>Urban mobility plans need to pay special attention to children’s safety. High speed roads should be diverted from schools and residential areas where children live. Traffic segregation and speed reduction are measures that save the lives of children. Especially at times when children reach and leave school, busy road crossings should be supervised by traffic police, in absence of which the community itself could take responsibility. Special arrangements should be made for children with disabilities, both at road crossings and on public transportation. Communities and schools may be involved in road safety education programmes, such as the <i>usalama wetu kwanza</i> project.</p>
<p>Cities often deny children’s need to establish contact with the natural environment.</p> <p>Despite urban congestion, city planners should make an effort to provide for green spaces in residential areas, including low-income settlements, recognising that natural landscapes positively affect children’s physical, mental, social and spiritual health.</p>

9. CHILDREN AS CITIZENS

The Right to Participate

The Convention on the Rights of the Child, upholding the civil right to participation, entitles the child to act as a *citizen*, literally, an inhabitant of the city. In its original meaning, city is the *polis*, the place of politics, where decisions are made for the common good. Recognised as citizens, children acquire the prerogative of influencing decisions to improve the quality of their lives, while enhancing in the process that of the community as a whole.

Encouraging effective forms of children's participation entails a transformation in the way young people's views, sensitivity and needs are regarded by the adults who are responsible for them. The principal duty-bearers called to respond for the wellbeing of the child are parents, supported by the members of the community and service providers. The government is also a primary duty-bearer. Even before a distant central government, local authorities have immediate obligations toward fulfilling the rights of children. According to how they discharge their duties and responsibilities, they may either open up avenues for children, or preclude potential opportunities. Whether they deal with schools, health care, social services, housing, land tenure, transport, mobility, public spaces or the environment, policies and plans that the mayor, the members of the municipal councils, ward and mitaa officials frame as part of their mandate have implications for all citizens, albeit they impact more deeply individuals who are vulnerable and have fewer options. Children living in poor urban households are among those.³⁴⁴

When young people are able to influence the decisions that adults make at home, at school, in the community and, ultimately, in the government, they start taking control over their lives. They can make suggestions about their education, their health status, and the way they wish to fulfil their aspirations. They can also speak up and contrast forms of violence, abuse and exploitation being perpetrated against them. When children are given an opportunity to participate, they contribute original ideas and solutions appropriate to their needs, thus potentially enhancing effectiveness in designing and delivering services aimed to their wellbeing.

9.1 Participating in the Life of the City

A city offers a potentially ideal setting for implementing the rights of children, both from an institutional and a physical point of view. Institutionally, like all levels of government, local authorities have the statutory powers and duties to hold stakeholders responsible for implementing the Convention on the Rights of the Child. As compared to higher levels of government, local authorities are closest to children. While representative democracy processes are precluded to young people, influencing decisions within the local government, at the municipal or ward levels, is within their reach.

Similarly, from a physical view point, urban proximity enables children to contribute concretely. While it may be unrealistic for children to address national level problems, it is feasible and relevant for them, according to their evolving capacities, to become engaged in micro-planning processes aimed to improve the conditions of their homes, schools, neighbourhoods and even cities as a whole.

Children's participation can be effective only in the real world that they experience. Making it possible for young people to understand and forge their immediate experiential horizon during childhood prepares them to appreciate and influence the more complex realm of democratic decision-making as they grow into adult, responsible citizens.

The city system of governance provides a unifying focus through which it is possible to coordinate the provision of services that are normally delivered in a fragmented fashion. Vertical national programmes and policies can find their natural integration at the level of local government, where convergence is possible. Cities should adopt children's rights application as one of the indicators of good local governance.

9.2 Article 12

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.

While the Convention does not extend to children the same political rights granted to adults, it accords them a clear set of human rights to fundamental freedoms and protections. Though children are not granted the right to vote, the Convention insists that children have civil entitlements, granting them a 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), the rights to freedom of expression, to thought, conscience and religion, and to freedom of association (Articles 13-15). Several clauses of the Convention on the Rights of the Child define how children's participation must take place, providing clear guidance to stakeholders involved with young people processes in cities.

Entitled to such a wide range of civil, political, economic, social and cultural 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 in society.

Child participation does not mean that children are expected to act on their own, independently from their family or community. On the contrary, it gives adults primary responsibility in fulfilling children's rights, including facilitating genuine participation processes.

Article 12 and allied articles entitle children to engage in a dialogue with adult counterparts and even challenge them when they fail in their role as protectors and defenders of children. They further bind government, including the local government, and society to reflect children's perspectives in the way they envision change through laws, policies and social interventions that have an impact on the constituency of young citizens. Even when children suffer as a result of detrimental decisions that adults make on their behalf, they should not be regarded as mere victims. It must be acknowledged that young people are agents in a process of individual and social development which they can contribute to shape.

9.3 Influencing Public Decisions

Tanzania has taken a number of steps toward making children's voices heard. The Law of the Child Act 2009 recognises the right of a child to have an opinion and participate in decision-making. Also the Tanzania Child Development Policy promotes children's participation, especially by vulnerable children, including orphans. In the framework of the Law of the Child Act, 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 people's participation in public affairs is an experience that 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, more so if poor, normally do not possess. In cities, where interest groups are well organised and connected, the causes promoted by children are faced with overwhelming odds. In order to achieve their objectives, young people need to rely on supportive and sympathetic coalitions that are strong enough to protect their interests. Effective and motivated intergenerational partnerships are key to furthering young people's agendas.

UNICEF has pointed out that, despite being recognised by policy and legal frameworks, young people's participation has yet to become a common practice in the Tanzanian context, where the very notion of participation often clashes with "cultural and religious conceptions of the role of the child."³⁴⁵ During consultations carried out in urban communities, it emerged that in local planning processes following the Opportunities and Obstacles to Development (O&OD) approach, the discussions that take place at the mitaa level are quite inclusive, although young people tend to remain marginalised.³⁴⁶ Youth are normally welcome to such meetings, even though often they either fail to attend or to contribute their views openly.³⁴⁷

In the life of a child, there are also practical limitations to participating in social activities. School hours and homework, domestic chores and work leave children very limited free time. Furthermore, platforms for children's participation are normally supported by NGOs and voluntary organisations and may not be sustainable. During the field consultative process, participants believed that children are involved more frequently in middle-class families, where it is more common for them to be given an opportunity to express their opinion.³⁴⁸ While all children are equally entitled to rights, it is a fact that poverty poses an objective limit to the enjoyment of rights and freedoms.

9.4 Creating Inter-Generational Partnerships

Overcoming a generalised skepticism that adults have toward young people's participation may prove perhaps the most critical step toward building a successful participatory effort.³⁴⁹ Adults must appreciate that young people's unique perspectives often differ from theirs. An intergenerational open and frank dialogue can pave the way to a progressive understanding of each other's needs and opinions.³⁵⁰ 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 critical as organising young people themselves.

Adults working together with children towards a common goal does not disqualify or lessen the contribution of children; rather it validates the process and helps forge a more just society where children are seen as valuable partners. Young people tend to be trusting towards the adults whom they perceive as standing by their side. They willingly engage in an exchange whereby adults help them shape their creative and often visionary ideas into feasible outcome.

Practice has amply 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. Moreover, when they can trust that they are heard and are sufficiently exposed to participatory processes, it is not unusual for them to take up leadership roles with peers and other community members.³⁵¹

9.5 Offering Municipal Policy-Makers and Planners a Child Perspective

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. Those who have worked with young people have often started looking at the world of children more the way they see it. Children can help adults replace a rhetorical notion of a monolithic childhood with a more nuanced understanding of how specific social, cultural and economic realities condition their lives. When young people speak of themselves and bring forward their needs and desires, it becomes evident that universally held children's rights need to be translated into processes that are tailor-made to the situation of individual children, different for age, gender, income, religion, ethnic origin, disability and so on.³⁵²

In particular, participation processes have helped put into sharper focus children who belong to social, economic and ethnic groups whose voice has been long ignored. The points of view of younger children, children with disabilities, girl children, working children and school drop-outs, children living with HIV and AIDS, orphans, albino children, children in conflict with the law, children separated from their families or living on their own without family support, children in conflict situations, children growing up in poverty, children belonging to ethnic or religious minorities, migrant families, or growing up in red-light areas and informal low-income settlements are unique for the different perspectives that they can contribute.

9.6 Inclusive Participation for Inclusive Planning

During field consultations, a journalist pointed out that virtually every TV or radio station regularly broadcasts programmes aimed to raise visibility of issues concerning children. When the involvement of children is required, it is normally the private or affluent schools that send students to participate in such media programmes where they can air their views. Despite efforts made to have the voices of the poor heard, obtaining the participation of children living on the streets, for example, had proved hard.³⁵³

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. A city sensitive to children's needs strive to assess the real conditions in which they are growing up. City planners and policy makers know which are the neighbourhoods where the most under-serviced groups live – the same that are likely to be least informed, least aware of their entitlements and least consulted. Participating as an equal citizen is the right of every child, regardless of where he lives. A squatter colony may be illegal, but no child residing there is so. Unless all children are given an opportunity to regularly exercise their right to participation, a sporadic or skewed involvement is unlikely to bring about real change from the perspective of all different groups of children represented in the city.

When efforts are made to bring to the fore groups which are regarded as uninfluential, girls' representation should be systematically promoted. A community level survey on young people's participation has pointed out that boys hold more decision-making power than girls and tend to be over-represented in participatory processes.³⁵⁴ Male children may be expected to play a more public role than girls and encouraged to develop skills that they can master as decision-makers later on in life. Conversely, girls may be generally perceived as being more in need of protection and less oriented to social and political life. In poor families, girl children and adolescents are burdened with the care of young siblings and domestic chores in a way that limits their participation in out-of-home activities.

9.7 Creating Forums for Children's Participation in the City

Lacking voting rights, citizens aged 0-18 do not have their interests represented through elected bodies. Municipal authorities that acknowledge the value of involving young citizens in governance processes must support forums where to enlist their fair representation. Time has come for the right to participation to be implemented through sustainable and accountable processes. Consulting young people on an ad-hoc basis undermines the principle, reducing implementation to an empty ceremonial act. Permanent mechanisms should be created for children's views to be systematically shared and translated into practical solutions.

In Tanzania, young people's participation has been promoted in a number of local realities, with municipal authorities taking the lead in several cities. In Ilala and Mbeya, children's councils have been recognised by law and established since the year 2000. It is the responsibility of community development officers to facilitate both children's participation and leadership election at the ward

level. Civil society organisations have reported that children's councils, however, are often constrained by lack of funding.

In Kinondoni, municipal councillors support the formation of children's councils, whose representation is encouraged at local government meetings. Children have pointed out that, while the involvement by pupils is lacking in primary school, there are school councils/mabarazas that, at secondary level, 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 Arusha, it was reported that children's councils have been established in all of the city's 19 wards and in 81 out of 136 mitaa by Save the Children Fund in collaboration with local authorities and according to the government guidelines. In September 2011, the city councillors resolved to recognise and involve children's council representatives in their meetings. Children have now a platform where to discuss their problems and take action. For example, when young people are aware of a case of child abuse in the area, they can report it to the mitaa or ward leaders, or the police. Nevertheless, despite this effort, the councils remain broadly unknown to the community, as pointed out by participants in the urban consultations.³⁵⁵

9.8 Assessing a Tanzanian Experience

A 2011 REPOA study has sought to assess experiences of children's participation supported by Save the Children in both urban and rural settings of Dar es Salaam's Temeke District, Zanzibar (Mjini Magharibi) and Lindi.

Adult-initiated children's council activities were found to be managed by children quite independently. The members of the councils are elected by children, with adults accepted in an advisory position. All persons aged 0-18 are eligible to become members of the council, in which seats are reserved for disadvantaged children.

For children's councils to be institutionalised in local government, or at least to be sustainable, a need was felt to move beyond external donor's support. Such mechanisms require to be integrated in 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. Such relationship could be strengthened by enhancing accountability and establishing institutional relationships between the children's councils and the local administration on the basis of existing legal frameworks.

Children's councils have been found to enhance service delivery to young people. The councils act as a bridge between service demand and supply, by identifying children in need and creating a link with service providers in the government and non-government sectors. The councils have the potential of becoming progressively 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. The attitude of considering children's views as marginal remains embedded in most government officials, despite the active pressing that children make from within their newly created democratic platforms.³⁵⁶

9.9 Opportunities for Participation

Although the right to participation granted to young people may entail an implicit political dimension, its realisation can not be limited to the political sphere alone. The realm of politics may not be the most congenial to children's expression of all of their individual and social needs. More familiar settings, such as the community, the family, the school, may offer additional conducive and

relevant channels for involvement. In informal environments, children may be encouraged to set in motion participatory processes more freely and openly.

While formal child participation is organised within the municipal framework, informal participation can be made possible through a number of different community-based forums, such as neighbourhood clubs or schools, to provide every child with opportunities for participation in daily life. Informal groups afford participants a number of opportunities:

- Different rules and methods can be adopted, according to the group profile, such as age, gender, personal background, individual preferences and priorities.
- Young participants can assume leadership roles on rotation, thus allowing everyone to take responsibility for representing the group.
- Children can seek partnerships with adult stakeholders from time to time, on the basis of needs and set objectives.
- Potential shortcomings in terms of poor sustainability and limited recognition in informal participation practice may be counterbalanced by a wider scope for freedom and self-determination.

Participation should not be confined to an ad hoc or preordained activity. It should, instead, become an ongoing opinion-sharing and joint decision-making process that permeates the entire life of children in all the environments where they grow up – the family, the school, the community, the cultural, social and sports group, and the city governance setting at large.

Governance For and With Children

9.10 Making Tanzania's Cities Friendly to Children

When passing through Dar es Salaam, or any of Tanzania's smaller townships, we may come across a colourful school decorated with students' projects and nurtured by caring teachers, a bus organised to transport safely children with disabilities and pregnant women, a protected corner in the airport where mothers can breastfeed their babies, a restaurant where a nappy can be changed, a low-income settlement where space has been made for children to play in a clean and safe environment, or a municipal council where young people are encouraged to participate in decision-making for the city. Any such scenario will make us think that we are in a city that welcomes and respects children.

In Tanzania's cities, however, as much as in most of the world's urban centres, the chances are that successful child-friendly solutions are outnumbered by child-unfriendly situations. Although nearly half of Tanzania's urban population is below 18 years of age, cities have often failed to create safe, enabling and protective environments for children. The urbanisation process that has been fast reshaping the physical, social and cultural profile of Tanzania has challenged the traditional way of life of one of the most rural of Africa's countries and has not been always able to offer viable alternatives.

Local authorities start recognising that they can no longer act as mere leaders of urban economic and physical growth. Citizens also expect them to become stewards of social and environmental sustainability among their communities. Young people are the first constituency needing to be addressed. Not only are they the ones who have been impacted by urbanisation most, but, importantly, they embody one of the first generations to be truly urban in Tanzania. Imbibing and producing an urban culture of their own, they 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.³⁵⁷

9.11 Fostering Children's Survival, Development, Protection and Participation in Cities

A city that appreciates the contribution that the agency of young people can make to its present and future development strives to multiply opportunities for young citizens to grow up, develop, socialise and express themselves to achieve their full potential.

A city is child-friendly when it ensures that all children have the opportunity to be healthy and well nourished, achieve education and all round physical, emotional and cognitive development, and are cared for and protected against all forms of abuse, exploitation, neglect and violence. When children are valued, they are also given due visibility and are encouraged to contribute in shaping their own lives and those of their communities. Giving space to children means listening to their unique perspectives and supporting them in mutual respect.

A city committed to fostering children ensures that adequate social services, physical infrastructure and economic resources are available for young people to grow up protected by the worst of all forms of violence – poverty.³⁵⁸

Ultimately, a child friendly city makes all possible programmatic and financial efforts to ensure that the fundamental needs of children are met, by recognising the human rights to which all children are entitled. A city-friendly local government uses its statutory powers to act as a local children's rights institution.

9.12 Localising Children's Rights

UNICEF defines a child-friendly city as a system of local governance committed to the implementation of children's rights.³⁵⁹ The national government is unlikely to succeed in reaching out to every child entitled to rights without the active involvement of sub-national counterparts.³⁶⁰

Government of Tanzania ratified the United Nations Convention on the Rights of the Child (UNCRC) in 1991 and the African Charter on the Rights and Welfare of the Child (ACRWC) in 2003. Following the ratification, legal and institutional frameworks have been developed to harmonise national with international law and standards, the latest and most prominent one being the 2009 Law of the Child Act. Programmes impacting children's survival and development have further been framed, at national and global levels, such as MKUKUTA and the Millennium Development Goals. It is, however, 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. It is locally that 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, who are directly responsible for action.

Experience shows that effectiveness increases when stakeholders are involved. Participation is both a good means and a legitimate end. In the case of children and youth, the entitlement to participate can be fulfilled in real terms only within the horizon of their immediate community. Above the local level, the right to participation risks being exercised in a tokenistic manner. Locally, young people can be nurtured to develop their naturally evolving capacities to participate meaningfully.

Global and national goals, laws, policies, resources for children may be perceived as imposed from the top if they are not internalised on the ground. When they are translated into the myriad of local situations in which people live, broad objectives can be merged with specific needs stemming from communities. Only when children, their families and communities adapt national goals to their own aspirations, these can be successfully met.

Building the capacity of cities to fulfil children’s rights will help the implementation of the Convention on the Rights of the Child move from the international and national levels, all the way down to the third tier of governance, the one that has remained more elusive so far, the local one.

Defining a Child-Friendly City

UNICEF defines a child-friendly city as a system of local governance which “guarantees the right of every young citizen to:

- Influence decisions about their city
- Express their opinion on the city they want
- Participate in family, community and social life
- Receive basic services such as health care, education and shelter
- Drink safe water and have access to proper sanitation
- Be protected from exploitation, violence and abuse
- Walk safely in the streets on their own
- Meet friends and play
- Have green spaces for plants and animals
- Live in an unpolluted environment
- Participate in cultural and social events
- Be an equal citizen of their city with access to every service, regardless of ethnic origin, religion, income, gender or disability”³⁶¹

9.13 Governance Stakeholders Responsible for Children’s Rights Locally

As primary duty-bearers responsible for implementing children’s rights in the city, municipal authorities can foster partnerships with a multiplicity of local governance stakeholders in order to frame citywide agendas for children. Non-government and civil society organisations, private sector companies, research and academic institutions, the media can all contribute resources toward improving the conditions of the city’s children.

Young people, individually or organised in groups, can act as key actors in local governance processes concerning them. Children can not longer be regarded as a problem, or even worse, a threat to cities. They are not clients or consumers either. They must be welcome as a resource and respected as citizens.

9.14 Enabling Environments for Children

Various are the spheres where the condition of children can be improved in a municipal setting. Local authorities are concerned with most of them and can intervene to make them more child-friendly. A proactive city government can funnel a variety of resources stemming from the government, donors and the private sector to ensure that they reach children in their communities with the help of location-specific plans. Cities can create an enabling environment for children in all spheres of social, physical and policy development.

The social environment – Assuring universal access to services of good quality, such as health care, pre-schools and schools, safe water and environmental sanitation, child-friendly police and judiciary, social welfare and family support schemes, transportation, recreation and the arts should be an overarching goal in making cities friendly to children. Children can help service providers and municipal policy-makers design services in a way that responds to their needs. They can contribute to mapping gaps in their localities, discussing them with decision-makers and participating in planning processes aimed to bridge them.

The physical environment – There is really no need to build special spaces for children in a city. In fact, a more inclusive approach suggests that all physical settings characterising cities can potentially be made suitable for children. Roads can be safer, green spaces approachable, public transport affordable to facilitate access by young citizens. Opportunities can be created for play, recreation, culture, sport and hanging-out, where young people can meet safely in a conducive environment. Overall, the city can be made safer from traffic, crime and drug dealing to protect young people. Environmental sustainability and green spaces should be enhanced to promote good health and prevent natural disasters.

The policy environment – Children have long been kept at the margins of policy-making, regarded as a strictly adult realm. Yet, in the closer institutional horizon of a city, children can be meaningfully involved in contributing to policy development and implementation. There are numerous regulations, bylaws and plans that municipal governments frame and implement which impact children and their communities, especially when poor, directly. Regulatory frameworks relating to land tenure, transportation, taxation, housing are critical to survival in cities. The poor need to be heard when decisions are made. Children belonging to poor families should be given a voice too.

The International Framework

Over the past couple of decades, a widespread process of governance decentralisation, which has taken place in a majority of the world's nations, has reformed the role of local authorities. Local government has been increasingly entrusted with social sector services and programmes, including those targeting children. In Tanzania, the health and education sectors account for the largest portion of the municipal budget outlay. Several international initiatives have stressed the new roles that municipal councils can play in promoting human rights locally.

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. Networking mayors through international colloquiums, the initiative contributed to stressing the role of local authorities in addressing children's rights and raising the profile of children in municipal affairs.

In 1996, at the UN Conference on Human Settlements, also called Habitat II or the City Summit, held in Istanbul, UNICEF and UNCHS (now UN-HABITAT – United Nations Human Settlements Programme) put into focus 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. Governments attending the conference committed to promoting children's issues at the local level in their own national contexts.

The *UNESCO MOST 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.³⁶²

From an environmental perspective, *Agenda 21*, which emerged from the Earth Summit, held in Rio de Janeiro in 1992, gave birth to Local Agenda 21, which, among other things, has provided a framework to develop local environmental initiatives with children.

The *Habitat Agenda*, which was endorsed at the *Istanbul UN City Summit* in 1996, promoted the role of young people in shaping their own environment, by stating that “The needs of children and youth, particularly with regards to their living environment, have to be taken fully into account. Special attention needs to be paid to the participatory processes dealing with the shaping of cities, towns and neighbourhoods; this is in order to secure the living conditions of children and of youth and to make use of their insight, creativity and thoughts on the environment.”³⁶³

The *World Summit for Children*, in 1990, in the context of setting a global agenda based on the Convention on the Rights of the Child, gave due recognition to the important relationship that exists between child development and sustainable environmental development.

The responsibilities of the local government were further highlighted at the follow-up *UN Special Session on Children (2002)*, whose outcome document stated that “Local governments and authorities through, inter alia, strengthened partnerships at all levels, can ensure that children are at the centre of agendas for development. By building on ongoing initiatives, such as child-friendly communities and cities without slums, mayors and local leaders can improve significantly the lives of children.”³⁶⁴

At the turn of the millennium, the Millennium Summit (2000) gathered the leaders of the world’s nations at the United Nations headquarters in New York to take stock of the progress made by social and economic development in the world. The priorities identified to fill the deep gaps to achieve global development were addressed in a set of Millennium Development Goals (MDGs), pledged to be achieved by 2015 (<http://www.un.org/millenniumgoals/>). Set for all of humanity, the MDGs clearly prioritise children, who are more vulnerable and likely to suffer the most from lack of health care, inadequate nutrition, poor education and development opportunities, and a degraded environment.³⁶⁵

The *Child Friendly Cities Initiative* has been promoted to sustain rights-based programming in cities. An International Secretariat for Child Friendly Cities (www.childfriendlycities.org), managed by UNICEF, helps document the progress of the initiative, supporting programme implementers with information and programme tools.³⁶⁶

(Note: This box can be graphically placed anywhere in this chapter)

The Nine Building Blocks to Create a Child Friendly City

The global Child Friendly Cities Initiative has framed nine building blocks to develop a city friendly to children. The steps follow a logical sequential flow, though experience shows that cities may start the process from different levels, top-down, bottom-up, or with a combination of different entry-points.

A municipal government engaged in building a child-friendly city contributes to the wider national and global process of implementing the Convention on the Rights of the Child.

The steps in the process are:

- 1. Fostering children's participation:** Encouraging children's participation in decision-making processes and listening to their views to ensure that they are reflected in action affecting them.
- 2. Establishing a municipal child-friendly legal framework:** Ensuring that municipal regulatory frameworks, including bylaws, policies and procedures, consistently promote and protect children's rights.
- 3. Framing a citywide children's strategy:** Developing a comprehensive and integrated strategy or plan of action for implementing children's rights in the city.
- 4. Institutionalising a children's rights municipal coordinating mechanism:** Establishing institutional mechanisms that coordinate various levels of local governance to ensure that priority consideration is granted to young people.
- 5. Developing local children's budgets:** Allocating adequate resources to ensure full implementation of activities planned in the citywide strategy for children.
- 6. Developing regular data on the city's children and monitoring progress of the children's strategy:** Supporting planning and promotion activities with evidence-based documentation on the state of the city's children, and monitoring progress toward full implementation of their rights.
- 7. Carrying out child impact assessment and evaluation:** Systematically assessing the impact of law, policy and practice on children's lives, in advance, during and after implementation.
- 8. Making children's rights known:** Raising awareness on child rights among young people and adults.
- 9. Promoting independent advocacy for children:** Supporting human rights institutions to defend and promote children's rights.³⁶⁷

The nine steps are interconnected and mutually supportive. The first and most fundamental step – fostering children's participation – cuts across the entire process. It represents both a step in itself and a process supporting each of the other steps.

(Note: This box must be placed at the end of this chapter)

<p>PANEL: <i>What Cities Can Do –</i></p>
<p>To Foster Children’s Participation in Local Governance</p>
<p>Recently framed social sector policy and programmes concerning children have decentralised several planning, implementation and monitoring functions to the local government.</p> <p>The local government system offers the best platform for fostering children’s rights at the local level. The local government should be supported to act as the local institution for children’s rights implementation.</p>
<p>Cities offer children an opportunity to exercise their rights as citizens at the level that is more appropriate to them – locally.</p> <p>Children act as citizens when they can contribute to promoting their own wellbeing while improving the condition of their communities. Opportunities for child participation should multiply primarily at the local level, where children live and their contribution can be most relevant.</p>
<p>Institutional forums for child participation have started to be created in the local government and in schools.</p> <p>Permanent forums for children’s participation in local governance, such as junior municipal councils and junior school councils, should be strengthened and expanded to mainstream children’s priorities in municipal policies, programmes and budgets, through participatory planning processes.</p>
<p>Participation efforts underway are limited in number and fail to involve all children.</p> <p>In addition to institutional channels, informal opportunities for child participation should be provided in the family, the community and all other settings where decisions are made for children. Mechanisms should be established to encourage participation by children’s groups that may risk being excluded on the basis of age, gender, place of residence, ethnic and social origin, income, or disability.</p>
<p>Young people are often marginalised in planning processes taking place in the city.</p> <p>Young people should be involved in analysing problems affecting their own age group and gathering community-level data to plan inclusive child-friendly social services and public spaces in the city.</p>
<p>Though children’s participation has been promoted in policy and programmes, deep-rooted negative attitudes persisting in adults may hamper the involvement of all children in regular participatory processes.</p> <p>Through citywide and community-level campaigns, awareness should be raised and capacity developed among parents, teachers, police, the judiciary and local authorities to strengthen their role as facilitators in the participation of young people in the family, the school and the municipal government.</p>

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