

The United Republic of Tanzania
President's Office – Planning and Privatization



The 2002/3 Tanzania Participatory Poverty Assessment

Site Report for:

Mtambani B Sub Ward
Ilala Municipality, Dar es Salaam City

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ACRONYMS

CSW	-	Commercial Sex Worker
HUJAKWAMA	-	Huduma kwa Maendeleo ya Jamii
IMF	-	International Monetary Fund
KIWOHEDE	-	Kiota Women and Health Development
MALIP	-	Malaria Project
PLWA	-	Persons Living with AIDS
STD	-	Sexually Transmitted Diseases
WAMATA	-	Walio Katika Mapambano na UKIMWI

EXECUTIVE SUMMARY

This report is a result of a research done in Mtambani B Sub ward, which is in Jangwani ward in Ilala municipality. It was carried out to investigate how different social groups in that community are vulnerable to different situations, the causes, consequences, coping mechanisms and interventions strategies. The selection of the site started at the municipal level where Jangwani ward was chosen and the Sub ward chairpersons using the provided criteria chose Mtambani B Sub ward.

In this study the following came as key findings:

(a) Risk factors that expose the community to vulnerability

In this community risk factors included poor health, lack of or inadequate water supply, low income, gender, corruption, lack or inadequate social services, socio-cultural issues, illness or disability, poor or lack of education, unemployment/underemployment, insecurity, lack or inadequate capital, and poor environmental sanitation.

(b) Consequences

Consequences in the community included increased rate of crimes and insecurity, prostitution, drug use and addiction, increased rate of school drop outs, family break ups, social unrest, risk of infectious diseases, just to mention a few.

(c) Coping Mechanisms

This community copes at different levels: individual, household, and community level.

(d) Individual and household level

- ☞ Diversifying their sources of income
- ☞ Engaging in commercial sex work
- ☞ Selling drugs
- ☞ Petty crime
- ☞ Skipping meals
- ☞ Remittances
- ☞ Money borrowing

(e) Community level

- ☞ Informal credits (UPATU)

(f) Policy Recommendations

- ☞ There should be enforcement of policy directives, e.g. orphans, the elderly, human rights, corruption, drug trafficking and treatment of industrial waste.
- ☞ Government and NGO institutions offering credit facilities to low income earners should reduce the interest rates charged in order to minimize their vulnerability.
- ☞ The Municipal council should set aside special business premises for the various vulnerable social groups to conduct petty business in order to make their ends meet.
- ☞ The government should create an enabling environment for more people to be employed or employ themselves.
- ☞ The politicians should not give false promises to the people since promises raise expectations.
- ☞ Youth should be represented at different levels of decision making from community to national level in order to ensure that their interests are taken care of.
- ☞ The municipal council should create good learning environment for school children of both gender.
- ☞ The elderly and people with disabilities who can work should also be given credits and training for different skills like other social groups in the community.
- ☞ The government should establish counseling centres at different levels to promote behavioural changes in the community with regard to drug use, prostitution, homosexuality, etc.
- ☞ The drug addicts who are ready to quit using drugs should be given free treatment.
- ☞ People living with HIV/AIDS should be given grants and not credits.

1.0 OVERVIEW OF THE TANZANIA PPA PROCESS

1.1 Introduction

Institutions committed to poverty reduction must have ideas about why it occurs, why it persists and how it can be overcome to guide their work. Indeed, they have always operated on the basis of specific theories about poverty that reflect their understanding of cultural, social and economic realities.

Since the second half of the 1980s, public institutions have developed increasingly sophisticated multi-topic surveys as their preferred means to measure, analyze and learn about poverty. In contrast with single-topic surveys (such as Employment, Income and Expenditure Surveys), these multi-topic Household Surveys are designed to generate information on a wide range of issues intimately linked to household welfare. At the same time, private development aid institutions and, to a lesser extent, academic institutions were rapidly pioneering a “participatory approach” to developing information and understanding about poverty.

In their current forms, both methodologies involve poor people in the production of data. The primary difference between participatory and survey-based research is that the former systematically involves poor people in the analysis of its findings. It is this analysis, as much as the raw data, which is then synthesized to inform pro-poor policies.

Some of the advantages to Participatory Policy Research are obvious. First, data analysis does not depend on speculation by urban elites about the conditions faced by poor people. Instead, it is the result of poor people – the “everyday experts on poverty” – reflecting on, theorising about, debating and explaining the world in which they live. Second, Participatory Policy Research contributes to social democratization by engaging poor people in policymaking processes.

On the basis of these characteristics, the Government of Tanzania has decided to make Participatory Policy Research, in the form of Participatory Poverty Assessments (PPAs), a routine part of its Poverty Monitoring System.

The 1st PPA Cycle began in January 2002 and will run through December 2003. A Consortium composed of the following fifteen institutions is implementing the PPA:

1. The President’s Office, Planning and Privatization (PO-PP)
2. The Ministry of Finance (MoF)
3. The National Bureau of Statistics (NBS)
4. Christian Social Services Commission (CSSC)
5. The Economic and Social Research Foundation (ESRF)

6. Concern for Development Initiatives in Africa (forDIA)
7. The Institute of Development Studies (IDS), University of Dar es Salaam
8. Maarifa ni Ufunguo
9. Women’s Research and Documentation Project (WRDP)
10. Action Aid, Tanzania
11. Pastoralists and Indigenous NGOs Forum (PINGOs)
12. African Medical Research Foundation (AMREF)
13. CARE International, Tanzania
14. Concern Worldwide, Tanzania
15. Save the Children, UK.

ESRF is the Lead Implementing Partner. As such, it is responsible for coordinating and facilitating the Consortium’s activities.

The 2002/3 PPA is being conducted in thirty sites chosen through a rigorous process (involving numerous stakeholders) of “purposeful sampling.” Sites are located in every Regions of mainland Tanzania, including:

- | | |
|------------------------|------------------------|
| 1. Bagamoyo District | 16. Manyoni District |
| 2. Chunya District | 17. Mbulu District |
| 3. Dodoma Rural | 18. Meatu District |
| 4. Handeni District | 19. Muleba District |
| 5. Igunga District | 20. Mwanza District |
| 6. Ilala District | 21. Newala District |
| 7. Iringa Urban | 22. Njombe District |
| 8. Kibondo District | 23. Nkasi District |
| 9. Kigoma Rural | 24. Rufiji District |
| 10. Kilosa District | 25. Same District |
| 11. Kinondoni District | 26. Simanjiro District |
| 12. Kyela District | 27. Singida District |
| 13. Lindi Rural | 28. Songea Rural |
| 14. Muheza District | 29. Tanga Urban |
| 15. Makete District | 30. Tarime District |

1.2 Objectives and Subject

The first Stakeholders’ Workshop for the PPA Process was held on 7th March 2001 in the Courtyard Hotel, Dar es Salaam. Representatives from Government, donor institutions and civil society organizations attended, discussed and debated the shape to be taken by the PPA Process in Tanzania. Their conclusions, in combination with Government’s prior expectations, led to the formation of specific goals. These are:

- Enhancing, through in-depth description and analysis, research participants and policymakers’ understanding of key poverty issues.
- Exploring the (a.) different and sometimes competing priority needs of poor people, (b.) likely impact of policies and (c.) tradeoffs and potential compromises between diverse interests in order to develop ‘best bet’ recommendations for poverty alleviation.
- Facilitating the constructive engagement of civil society in pro-poor policymaking processes.

Each PPA Cycle will focus on a particular subject, or “Research Theme,” strategically selected to contribute timely information to key policy debates. The 1st PPA Cycle focuses on “vulnerability” due, amongst other reasons, to its immense impact on people’s well-being and capacity to rapidly erode improvements made by the PRSP. The working definition adopted by the PPA (2002/3 cycle) understands vulnerability as – ‘the susceptibility of individuals, households and communities to becoming poor or poorer as a result of events or processes that occur around them’. More specifically, the study is concentrating on:

- The concept of “vulnerability” and who is vulnerable.
- The forces that make people vulnerable and lead to (further) impoverishment.
- “Coping mechanisms” at individual, household and community levels.

1.3 Methodological Considerations

Many aspects of the 2002/3 PPA Methodology – including its core beliefs, principles and methods – are typical of participatory research. For example, the PPA’s methodology is founded upon:

- The belief that ordinary people are knowledgeable about, and are capable of particularly reliable and insightful analysis of their own life-circumstances.
- The principle that all people – irrespective of age, gender, level of formal education, etc. – have a fundamental right to participate in informing the decisions that shapes their lives.
- The use of proven methods, such as Seasonal Calendars, Venn Diagrams, etc., to facilitate the meaningful involvement of people in the research process.

Nonetheless, the 2002/3 PPA’s methodology is less than typical in:

- The number and nature of steps taken to ensure that a wide variety of people are aware of encouraged and supported to participate in the research process.
- Its focus on people’s “successes” and “strengths” rather than “problems” and “weaknesses”.

These innovative directions are elaborated upon below:

1.3.1 Ensuring Diversity

Participatory Poverty Assessments and participatory planning processes (exemplified by PRA and PLA) are very different. Though they are practical expressions of the same beliefs and values, their respective roles in poverty alleviation imply distinct methodological necessities and forms. For example, the goal of PRA/PLA is to generate effective, locally owned action plans. As a result, the methodology places a lot of emphasis on Village Assembly-sized meetings in which a critical degree of consensus is fashioned around a specific plan of action. In the process of pursuing this worthwhile goal, marginal perspectives and agendas for change are frequently left behind.

PPAs do not need to develop “community consensus.” In order to fulfill their mandate and contribute to well-informed, effective policies, PPAs must learn about the range of conditions people face as well as their concerns, competing priorities, success stories, etc. Instead of determining a single course of action, PPAs can – on the basis of such rich information – recommend hundreds. This is an ideal outcome that would significantly undermine the likelihood of PRA or PLA exercises leading anywhere at all. Therefore, the 2002/3 PPA Methodology reflects many decisions and incorporates many techniques to access the breadth of circumstances, experiences and lessons learnt by ordinary people.

1.3.2 Positive Inquiry

During the PPA Training Programme, researchers discussed the pros and cons of various approaches to participatory research and concluded that they needed to make something new something that meets Tanzania’s needs, answers Tanzanians’ concerns and belongs to them. This methodology-in-the-making includes:

- Focusing on uncovering people’s “success stories” rather than producing lists of urgent problems to be solved by Government. With regards to the 2002/3 PPA, this implies (a.) learning about effective coping strategies employed (now and in the past) at individual, household and community levels and (b.) exploring how Government can encourage, facilitate, buttress and complement grassroots initiatives to diminish vulnerability.
- Helping research participants see themselves as key actors in poverty alleviation rather than dependent upon the action of others.
- Helping research participants develop a better understanding of the circumstances they and their neighbours face.
- Creating useful information for policymakers operating at village, district, national and international levels.
- Avoiding the creation of false expectations by using methods better suited to the participatory production of local action plans.

2.0 THE RESEARCH SITE

2.1 Mtambani B: A Brief Description

The research was conducted in Mtambani B, a sub ward that is found in the Jangwani ward, Ilala municipality in Dar es Salaam region. On its Eastern part Mtambani B is separated from Kinondoni municipality by the Morogoro road. On its Southern part Mtambani B is bordered by Ukombozi sub ward, whereas on its Western side Mtambani A borders it. On its Northern part the Mtambani B sub ward borders Magomeni. The population ranges between 1800 to 2500 people (Sub ward Chairperson). Also, according to the chairperson number of occupants in a single housing unit ranges from 20 to 30 people.

The main economic and social livelihoods of the people of Mtambani B include self and formal employment, petty business and agriculture. Illegal livelihoods include commercial sex work, drug pushing and/or selling (including marijuana, illicit liquor - 'gongo' and other drugs). According to the chairperson, 60 – 65 percent of the active labour force in Mtambani B is unemployed.

The community is predominantly Moslem with few members from different Christian denominations. The site is characterized by dominance of Zaramo people with few people from other ethnic groupings, which are Makonde, Hehe, Nyakyusa, Kurya, Pemba, Baniani, Luguru, Nyamwezi, Somali, Indians, Rundis, etc. The housing condition in this community is very poor; there is overcrowding and poor sanitation. Many houses have electricity but are not connected to piped water; they instead rely on public/community piped water, which is sold at Tshs. 20/- per bucket.

Social services like hospitals, schools, police post, market, although not located inside Mtambani B area are however, very near to the community. For instance, the Kariakoo market and Mnazi Mmoja hospital are about 1-5 kilometres away from Mtambani B. Other social services situated within the community include traditional healers, transport, communication facilities, hotels, bars, playing grounds and water. The research team observed people idling around, giving the impression that unemployment is rampant.

2.2 Methods of Data Collection

In the first stage the field site was identified by the members of the research team in collaboration with ward and sub ward leaders and guided by the criteria initially used to select the Municipality to be included in the study.

In the second stage the team itself visited the site, met with community leaders and together with them, identified community mobilizers.

In the third stage the team met with the community members, in groups of men, women, youth and children to identify, among other things, specific groups that they think are most vulnerable in their community.

In the fourth stage the team met the identified specific groups which were youth with unreliable employment, female headed households, orphans, widows, children, commercial sex workers, drug addicts, valley dwellers, people with disabilities, people living with HIV/AIDS, the elderly and sick persons. Various activities were carried out, such as community introduction meeting accompanied by guided discussions. Specific methods were employed including interview with key informants, transect walk, free listing, free ranking, community social map, daily activity calendar, livelihood analysis, individual interviews, pictorials, etc.

In the fifth stage the process-involved feedback to community members to verify the validity and reliability of the information collected and to enhance ownership of the exercise by the community.

There were several challenges in the process. The local community sub ward leaders assisted the team in selecting the community mobilizers. This may have an impact of who actually came in the first community meeting and subsequent specific social groups' discussions and who was left out. For instance, in the case of drug addicts, it was almost impossible for the research team to meet with them after rumours had spread that the community mobilizers had set a trick to arrest the group. It was only after the team had recruited another influential person from the community and assuring them of their security that they agreed to meet with us. Similarly, there was poor gender representation of the voices of the poor women in the discussions that involved both genders as women in most cases decided to remain silent and never said anything. There were also very few people with disability and/or long illnesses invited to participate in the discussions. Representation of the people living with HIV/AIDS and homosexuals was extremely low which may have affected our information on their perception of vulnerability, coping strategies and intervention measures. Because of the need of businessmen and women as well as formally employed and self-employed individuals to attend to their chores, their attendance was quite limited. In particular business people of Asian origin as well as *Daladala* drivers and conductors did not attend any of the meetings.

Facilitation of the community members helped build confidence in the process, consequently yielding good results. In some instances, however, this may have led to chorus responses, which sometimes dampened the views of the minority.

Similarly in the field the team encountered difficulties in sticking to the timetable it had set itself for. This was largely due to unforeseen events and situations such as floods and deaths that occurred in the community at the time when the team was supposed to meet some

specific social groups. As such the team had to reschedule the timetable something that meant that the team had to spend more days in the field.

2.3 Lessons Learnt

- (a) That flexibility is very important for researchers to reach people. This was seen during fieldwork at the community level because the team had to reschedule their timetable every now and then at the convenience of people so that it does not interfere with their daily routine.
- (b) That dynamics of the urban community are very different from the rural areas. For example whatever urban people do they will always expect money.
- (c) That, community mobilizers play a big role in getting people to discuss about sensitive issues, in particular Drug Users and Commercial sex Workers. However the research team struggled even harder to get People Living with AIDS since the community was not ready to talk about it.
- (d) That, it is important to identify local Institutions working in the area and what they do for the sake of triangulating information.
- (e) That, over-researched communities are usually hostile in the beginning and teams have to build trust by improving on the practices of previous researchers who never give feedback.

3.0 KEY FINDINGS

3.1 Introduction

Having seen the general background information on the process of the study i.e. the introduction and description of the research site, the main objectives of the study and the methodology, this chapter attempts to investigate the factors that make the Mtambani B residents vulnerable and lead to (further) impoverishment. The chapter is divided into two parts. First part presents perceptions of the concept of vulnerability by the community members, and the second part presents, the causes, consequences, coping mechanisms and recommendations and/or policy implications.

3.2 Perceptions of Vulnerability

In order to get the perception and experiences of community members about the concept of “vulnerability” and who they consider to be vulnerable in their own community, the researchers held focus group discussions and/or individual interviews with different people. In most of the focus group discussions conducted and/or individual interviews, the concept of vulnerability was expressed in terms of conditions and situations. Perhaps, the following issues from a number of focus group discussions and/or individual interviews held better summarises the community’s perceptions of the concept:

- (a) Living in poor housing and/or shelter;
- (b) Lack and/or inadequate nutritious food;
- (c) Demolition of their business premises by the City and/or Municipal Authorities;
- (d) Poor health status;
- (e) Caring for the patients for a long duration;
- (f) Lack and/or inadequate education;
- (g) Living under unreliable livelihoods; and
- (h) Lack of and/or insufficient income.

3.3 Causes, Consequences, Coping Mechanisms and Policy Implications

In order to determine the causes, consequences, coping mechanisms and policy implications of vulnerability, the researchers held a number of individual or key informants’ interviews, focus group discussions with various social groups which include the groups of men, women, youth with unreliable employment, drug abusers and/or addicts, commercial sex workers, the elderly, children, female headed households, orphans, widows, people with disability, valley dwellers, people living with HIV/AIDS and the sick persons. The presentation of key findings of this study will revolve around the following issues and how they relate to vulnerability: illness and/or disability, poor and/or lack of education, unemployment/underemployment, insecurity, lack and/or inadequate capital, poor

environmental sanitation, lack of information, poor health, inadequate and/or lack of water and low income.

3.3.1 Poor Health

The research team observed and was told about poor environmental sanitation, which frequently causes the outbreak of diseases particularly cholera and malaria. It was reported that malaria has even caused mental retardation to some people. There is an NGO namely, Care International - Tanzania which is doing some efforts to curb malaria in the area through a project known as Malaria Project (MALIP). People use their money to cure malaria, which has implication on their costs of living.

In the focus group discussion with the elderly, it was found that there are elders in this community who qualify to get free health services but have never enjoyed this kind of service. When they go to hospitals they are treated and asked to pay like other patients. So, for them the announcement of the government to provide free health services for the elderly is still a theory rather than a practical thing. Most of the elderly people who participated in this research had complex health problems with low or no income and most of their caretakers are unreliable, or low-income earners. So, taking care of these people consumes a lot of resources especially money and has implication to the elderly themselves and the people who take care of them in terms of vulnerability.

“The Government has said that elderly people should get treated free of charge but up to now when you fall sick it becomes your own problem and you have to pay for your treatment” (Mrisho Ally).

“I have all types of diseases, I have BP, I am suffering from asthma, and I cannot walk as you can see me seated here. That is how I stay and treatment is very expensive” (Zena Nassoro).

“If all of the elderly die who will advice the Government?” (Abdalla Omary).

There is a possibility of high infection of HIV virus due to the fact that there is a good number of commercial sex workers (CSWs) in the Mtambani B community with clients of different types and calibre. During the focus group discussion with CSWs they mentioned that even those clients who are elites and diplomats do not bother about their health status when having affairs with them. For example, some participants said:

“Sometimes you are forced to sleep with a client without a condom, what can you do?” (Valentine).

“...A client tells you that he wants to sleep with you without a condom because he trusts you and he asks why can’t you trust me! Imagine this is a person who does not even know you and he has just met you how can he trust you?” (Bernadette).

“... Most of us go without condoms” (Flora).

Commercial sex workers are also at the risk of being permanently handicapped. This is due to the physical abuse that they face from their clients. One of the commercial sex workers up to this moment is in bed and cannot walk because two of her clients pushed her on the road where she was hit by a speeding car passing by. One woman, in expressing the kinds of risks they face said,

“Some men do not want to use condoms, if you refuse to have sex with them they beat you up and they can even shout that you are a thief and that you have stolen their money! Just to embarrass you” (Bernadette).

When the researchers conducted focus group discussion with drug abusers, it was found that the drug addicts knew and could link drug abuse and vulnerability and explained it in terms of their own life experiences. In the course of discussion, it was revealed that in that community, pharmacies have been dispensing drugs without physicians’ prescription. That being the case, drug abusers said that when they do not have enough money they go for cheap and readily available drugs, notably ‘valium’. Most of them come from the productive labour force (youth), but who have been affected psychologically and physically and so cannot work properly, even if given jobs. Even those who can make some income said that, in their expenditure, buying of drugs is the top most priority. When drug addicts are in need of using drugs, they can steal, rob, or sell home and/or personal properties. According to the drug addicts their behaviours have made them ostracised and not trusted in the community they live in. Drug users also have ended up becoming robbers since what they want is money so as to get the “stuff”. But they realise they are now ostracised.

“Drugs have made us be socially discriminated from the community and people fear that we will steal their properties” (Ahmed Kassim).

“When one becomes a drug addict quitting becomes a big problem” (Mwamini Saidi).

In the course of our discussions, drug users pointed out that they normally use various coping mechanisms. These include, buying drugs from pharmacies and when they run out of money, they even resort to stealing or selling what they have to get the cheap but dangerous drug known as ‘valium’ from the pharmacies that have mushroomed as a result of trade

liberalization. To them coping meant having money to buy drugs. Otherwise even communicating will be a problem.

At individual level this group seemed to be ready to quit drugs if they get assistance and they are much aware of the consequences of using drugs.

“This stuff is really making us vulnerable since I started, stopping has been a problem if I get assisted and I stop I will be grateful” (Rashid Abbas).

On the other hand, commercial sex workers have been trying to convince their clients to use protection like condoms. This has not been the case for all of the clients they have. Some have been forced to have sex without condoms, which they admit exposes them to higher risk of getting infected with STDs and HIV/AIDS. And consequently, making them vulnerable to ill health and eventually death. When clients get violent, the participants noted that they forego the money just to avoid any type of physical abuse.

On their part, the elderly have never had any good health services. To them their coping is to make sure that they get money to buy medicine or for those who believe in traditional medicine they would go for that alternative to avoid cost. Through community mapping exercise there were more than ten traditional healers identified and located in Mtambani B Sub ward alone.

With malaria infection, most of the participants we spoke to from various social groups, noted that they are used to buying drugs from pharmacies or going to private or public hospitals and/or dispensaries to get a cure whenever they felt its symptoms.

The commercial sex workers, drug abusers and the elderly mentioned the following recommendations to get rid or reduce the processes that expose them to vulnerability and hence pushing them to poverty:

- (a) At Individual level CSWs and drug users were ready to quit those livelihoods if they are helped through counselling and treatment.
- (b) They also requested if they could be assisted with either loans (after counselling) for doing some petty businesses or employment to have something to depend on, and be able to stop whatever they are doing.
- (c) They request the government to control all inlets where the drugs enter the country. This approach could stop spoiling them rather than exacerbating the problem.
- (d) The government should seriously fight corruption that breeds all other evils, including facilitating drug entrance in Tanzania.

- (e) They advised the government to set aside a special ward at Muhimbili referral Hospital that will take care of counselling, treatment and cure for drug addicts who are ready to quit.
- (f) The government should have a system of giving the elderly identity cards so that they may get free treatment as is stipulated in the National Health Policy. This can be done from the Sub ward level.

3.3.2 Lack and/or Inadequate Water Supply

Water is one of the basic necessities every human being should be able to access. In this particular community water is still a big problem. This is evidenced by the long queues on one single public water tap and the team of researchers observed thus during transect walk with key informants and community leaders. In a focus group discussion with women they lamented that due to water shortage they are compelled to purchase each bucket at Tshs. 20/-. The women further noted that they often spend a lot of money buying water, which would have been used on other equally important things, like income generating activities to make ends meet. During focus group discussions with women, they associated some of their conflicts to water scarcity. As Naimu Ally observed:

“I wish you were here the day people from the Fire Brigade Department came! You will have seen how women were running to get free water! That is where women fight and use abusive language. All this is because everyone is fighting to get water”.

“...If you manage to get that free water because it is not so clean you use it for washing and the one you buy you use it for drinking”

The Mtambani B community and women in particular cope with water scarcity problem through depending on the water that they get from the Fire Brigade Department while refilling their lorries, which they use, for washing and the one they buy is used for drinking. This helps them to minimise the cost.

3.3.3 Low Income

Low income is a major determinant of vulnerability. When an individual, household or community do not have sufficient income, there are likely to be exposed to various processes and events that trigger vulnerability. During focus group discussions with different social groups (men, women, children, youth with unreliable employment, the elderly, CSWs, drug users and valley dwellers) many participants in Mtambani B complained about the problem of low income, which affected them differently. The situation was further aggravated by high unemployment rate and/or unreliable employment among the active labour force.

For instance, in a focus group discussion with the children, they mentioned low income of their parents and/or caretakers as one of the major reasons why orphans do not go to school or drop out completely. Children also noted that the end result of not going to school or dropping out completely was to become unemployed whose consequence was to make them become future beggars, robbers, drug users, commercial sex workers, to mention just a few socially unaccepted livelihoods and behaviours.

On top of that, children further revealed that due to low income that their parents and/or caretakers have when it comes to who should go to school they would choose their biological children. Moimbo Ramadhani confirmed thus:

“I completed my standard Seven in the year 2000 and passed my exams to join Form one in Tabora. Since then, I have never gone to school because I do not have school fees to do so” (Moimbo Ramadhan).

Yet another child participant put it succinctly that low income manifests itself in a number of colours, which in turn adversely affect their health, psychological well being and self-confidence:

“... Sometimes at home we take breakfast, we do not take lunch and we just take a small amount of food for supper. I do not have school uniforms, shoes, school bag and socks” (Mariam Bakari).

In the focus group discussions held, coping mechanisms between and within social groups varied significantly. They ranged from socially accepted livelihoods, such as petty business, borrowing, remittances from relatives and friends, to socially unaccepted livelihoods like prostitution, drug pushing, brewing illicit liquor to robbery. The two quotes below paints a picture of how different individuals from different social groups try to cope to make ends meet.

“You find that you do not have a job, the family depends on you, you are in the rented house, levy collector is after you to collect the small money you get from your small business, I think even the Government is responsible for our vulnerability!” (Grace Makundi).

“... That is when you get Mohamed or Bakari approaching you and you accept and become a sex worker, at the end you even get infected with diseases!” (Fatuma).

There were many recommendations given with regard to the problem of low income:

- (a) That the government should create an enabling environment for all social groups to be able to engage themselves in socially accepted livelihoods.
- (b) That the government should give training to its City and/or Municipal militia men not to harass or loot their properties during their operations of demolishing their premises.
- (c) That the government should give loans to all social groups without discrimination, i.e. the youth, women as well as the elderly.
- (d) That the government/local government authorities should chart out ways to ensure that they do not harm the low income earners and that they are levied in the same way as other business group.
- (e) That the institutions that offer loans to these social groups should think of lowering the interest rate which is too high for the poor to afford.

3.3.4 Gender

Gender is a socially and not biologically constructed phenomenon. It determines the division of labour between men and women, access and ownership of asset as well as decision-making. These socially constructed gender roles tend to affect women more adversely than men. In Mtambani B the researchers found out that, women were more overburdened in terms of workload of caring for the sick and disabled persons. In the semi – structured interviews held with women who are caring for the sick and disabled children, they mentioned the burden of caring for the disabled or sick persons as being solely left on their shoulder. This has an implication on the time lost for caring the sick and other opportunities foregone that would have otherwise been used productively for involving themselves in petty business. As Sofia Ramadhani a mother of five children revealed:

“I stopped doing income generating activities for the last two years in order to attend to my sick child. For the moment her disease has become chronic!”

Due to the precarious environment in which these women find themselves in, they frequently relied on small handouts from their relatives and friends to eke out a living. Because of the gender burden some of these women have been exposed to in their households forcing them to use various means to eke out a living, the rate of HIV/AIDS in this particular community might be very high. Some of the women who resorted to CSW for instance, complained of their clients not sometimes caring in terms of using protective gears to minimize the risks of contracting HIV/AIDS making them vulnerable to the deadly virus causing death.

What does the above scenarios mean on policy? In view of the fact that women lack power, assets and participation in formal institutions to an extent, even in informal institutions and that their views are not wholly heard, it is high time that a deliberate policy that would help mobilize women for different economic, political, social and cultural activities either by themselves and/or along with men is very necessary.

3.3.5 Corruption

Corruption is an abuse of power or office entrusted to an individual for private gains. In Mtambani B corruption featured highly as among the major causes that leads to vulnerability of various categories of social groups. It affects everyone – men, women; youth with unreliable employment, children; commercial sex workers drug users; the elderly, people with disability; people living with HIV/AIDS and even people with long illnesses; etc.

In the focus group discussions with drug users and commercial sex workers, participants spoke bitterly on how corruption contributes to their vulnerability. On one hand, drug users complained that the police, who are entrusted to maintain law and order, collude with drug traffickers (apparently big potatoes) such that when they are arrested at the Airports, they frequently bribe their way out.

On the other hand, commercial sex workers complained that the police round them up at night on allegations of loitering but then demand to have sex with them as a condition for not filling charges against them. They were of the opinion that this was shameful to the police force entrusted as a custodian of law and order.

Children in their focus groups expressed concern about rapists in the community who get away with it just because they had bribed the law enforcers. To cap it all, they noted that those who dared report the cases ended up being victims after offenders are set free by the police.

As if the above scenario was not enough, the youth with unreliable employment cited examples of situations whereby one has to give bribes in order to secure a job. This was at best confusing and at worst frustrating, as they did not have money in the first place. How could they bribe then? This situation meant that the gap between the haves and have-nots would keep on widening resulting in exclusion of disadvantaged social groups and social unrest. As one Mohammed reported:

“There are more than seventy incidences reported at the police post per month. One man was last week attacked by the unemployed youth at 11: 00 A.M. and sustained serious injuries. The situation is that bad”

Several coping mechanisms are employed by commercial sex workers and people with disabilities to curb vulnerability. These include prostitution, since these people have no choices or any other options to make their ends meet. And they are often faced by government bureaucracies or responsibilities that create corruption. Commercial sex workers urged that the government does not to value its people especially women or family disintegration, that is why they opt to sell their bodies at least to earn that little amount of money, which will be helpful to feed their family on that particular day they get clients. Otherwise, if they don't secure any customer they will have no other means of living like having no money to buy food and call it a day without eating.

3.3.6 Lack and/or Inadequate Social Capital

Researchers interviewed people with disabilities directly or discussed with them through their caretakers because most of them were not able to speak. Through the interview or discussion on the causes of vulnerability, people with disabilities or through their caretakers mentioned that there are several reasons that make them become more vulnerable but the major one seemed to be the lack and/or inadequate social capital. Caretakers seem to be more vulnerable because their close relatives, whom they could share or seek social capital either provide very little assistance or nothing at all. Though they were quick to attribute the erosion of social capital to the hardship of life in the city today than it was in the past.

Since the caretakers are left with all responsibilities of taking care of the people with disabilities and without any substantial assistance from the other relatives, they generally become overwhelmed by the costs, time and other opportunities forgone for the sake of caring and nursing. Hence, they are more susceptible to impoverishment and destitution.

3.3.7 Socio-cultural issues

Socio-cultural issues have a significant role to play in determining the vulnerability of any individual, household or community towards impoverishment and eventually destitution. During individual interviews with persons living with HIV/AIDS and focus group discussions with children and women in Mtambani B, they mentioned socio-cultural beliefs as contributing to their vulnerability. For instance, the culture of secrecy surrounding issues regarding sexuality among most Swahili people in this community was cited to contribute to the spread and increase of HIV/AIDS to majority of members of Mtambani B.

Furthermore, even when a person is found positive or infected with HIV/AIDS, most residents would rush him/her to witchdoctors for divination, suspecting witchcraft at play. Such belief has always increased the degree of vulnerability of a person living with HIV/AIDS, caretakers and other household members as a lot of resources have been diverted from important household basic expenditure to witch-hunting. By the time an individual or household accepts the reality of the person's HIV/AIDS status, damage in terms of disposing

household valuable assets has been done, leaving behind individuals or household into immerse pauperism.

How do they cope? People living with AIDS have been receiving, though in secrecy, some support from those NGOs, which deal with HIV/AIDS Programs. All this is the bid to avoid stigma and social exclusion from the community.

3.3.8 Illness and/or Disability

In Mtambani B there are a number of people with different kinds of disabilities. These people as a social group were covered in the research with the aim of learning the link between disability and vulnerability.

It was found that most people with disabilities require close and intensive care. The caretakers who are virtually all women with little and unreliable incomes spend much time and finance on these people and less time in productive activities. In so doing, they become vulnerable. Also, because of intensive care for the disabled, they find themselves losing opportunities in life.

Illness and/or disability affect also the person with disabilities. For instance, those disabled who are supposed to attend school or engage in productive activities cannot do so and hence are exposed to vulnerability.

In short, illness and/or disability affect both the caretaker and the victim himself/herself. The entire household in which the disabled belongs to is also affected in terms of too many resources being spent on the disabled and hence household may also become vulnerable.

It has been learnt that those female-headed households, which have persons with disability, are overburdened with caring of the persons with disabilities but on a coping side, they mentioned to have been receiving some little assistance from friends and relatives which is unreliable as well.

3.3.9 Poor and/or Lack of Education

Human capital is essential for sustainable socio-economic and political development. If the same is poor or lacking in any community then that particular community is vulnerable. In Mtambani B, the study revealed that there are good number of people who have poor or lack of education.

In the community discussion with regard to the importance of education one community member pointed out:

“Maendeleo hayaji bila elimu. Serikali haithamini elimu ndani ya nchi yake. Shule zinajengwa lakini elimu inayotolewa ni duni ambayo haisaidi” (Abdalah Issa Jamali).

In an interview with the chairperson and some other key informants it was learnt that there are many adults who are illiterate. The research team was informed that in the year 2000/2001 adult education class organized by the Ilala Municipality was conducted in the community and attracted a lot of people. Moreover, some research activities required participants to write. When asked to do so, several participants always provided some excuses like, *‘I have sight problems or, I have forgotten my reading glasses.’* According to the researchers, this situation depicts that illiteracy is in the community.

In the focus group discussion with female-headed households as a social group it was found that the essential capital is lacking particularly the entrepreneurship skills. Some of these women are already in some petty trade or want to diversify or start new petty trade but lack sufficient entrepreneurship skills, which would help them invest in viable economic activities.

In the general community discussion (meeting), poor primary and secondary education was pointed out as a cause of vulnerability to children. The community was of the view that most of youths are unemployed because they lack relevant and good quality education and skills for today’s labour markets.

During focus discussion with a group of children, the children showed concern about some parent’s favouring male children against female children in education. Children said that if this habit continues, girl children would be gradually exposed to vulnerability. Moreover, the children themselves mentioned that there is violation of human rights in primary and secondary schools in which they attend. One child remarked:

“Matroni wa kike, Hadija anatuuzi sana, anatumchukuwa wale ambao hatuna uzu, anatumpeleka ofisini kwao anaanza kutupekuwa kama mtu hajavaa pedi. Umevaa anaanza kukupigeni kwa kweli hiyo siyo tabia nzuri” (Alijah).

There are some male teachers who ‘unlawfully’ inspect female students’ under pants on the grounds that it is a ‘lawful’ cleanliness inspection. Besides, some male teachers seduce or sleep with female students. Children were quoted claiming:

“Mwalimu wa kiume anakagua chupi za wanawake na kuwashika matako” (Zubeda Omary)

“Naomba waalimu wa shule zote waache tabia ya kuwanyanyasa na kuwatongoza wanafunzi” (A. Bakari)

Children said that this teacher's behaviour make them feel uncomfortable when at school and consequently fail to concentrate on their studies. Implicitly, such kind of behaviour may contribute to some students quitting school and in the process become vulnerable to destitution.

School going children were as well concerned about the increased 'unlawful' money contribution in the primary schools. These kinds of contributions are significant in terms of increasing the vulnerability of both parents and children. The little resources which parents have, could be invested in economic activities drained by the informal school contributions. As a result of increased contributions some children may be stopped from going to school by their parents when they do not have money. In that process, children would miss education so become vulnerable.

Children recommended that the school-learning environment should be improved including stoppage of human rights abuse and particularly children rights abuse. There should be concerted efforts on the creation of jobs for school leavers. School going children lamented that they lack models to emulate because their brothers and sisters who have completed school have no jobs and they are at home idling. The group of female-headed households recommended for business skills training and capital for doing business.

3.3.10 Unemployment /Underemployment

Several social groups mentioned unemployment and underemployment as major causes of vulnerability. As such, a recent census and/or survey carried out in the area revealed that 60 - 65 percent of the active labour force in Mtambani B Sub ward is unemployed (Chairperson - Mtambani B). Some individuals claimed to have stopped working voluntarily due to underpayment as one participant in the youth with unreliable employment put it

“Mshahara wa shilingi 800/- kwa siku ni mdogo sana ukizingatia kwamba unatumia nauli kila siku kwenda na kurudi kazini achilia mbali matumizi mengine”.

Literally translated it means his daily income of Tshs. 800/- is small bearing in mind that he has to use it for bus fare as well as fulfilling other equally important basic needs.

Various groups in the community especially men, youth and women felt that unemployment had recently increased as a result of trade liberalization, privatisation and public sector reforms.

Those who worked in private firms, were of the opinion that liberalization had brought with it competition. This competition forced some firms to close down or lay off some of its staff as they failed to cope with heavy taxes. On the other hand, retrenchment in the public sector left many people struggling to survive as the government strive to meet the IMF and/or World Bank conditionality of maintaining a slimmer public sector.

Also, as the government embarked on privatisation of the state firms, many people were laid off as the new management that came into being had their own criteria for recruitment. For the new firms/companies that continue to mushroom in Dar-es-salaam, only people with specific and/or particular skills could take up jobs in these firms. These jobs require particular levels of education and skills, which community members in Mtambani B were lacking.

For the self-employed in both small and big businesses, many were forced out of business due to taxes and levies they had to pay. As the government embarked on expanding its tax base, small entrepreneurs found it difficult to cope with the taxes and/or levies, eroding their capital base and finally closing shops.

The impact of unemployment /underemployment on different groups was significant in this community. For instance, in the families where men were heads of households, most of them get frustrated as they fail to provide for their families- (food, clothing, shelter, school fees, health services, etc). Others opt to engage themselves in illegal/hazardous livelihoods e.g. mining, robbery. Marital conflicts and disintegration of families are also very common. In a focus group discussion with men's group, a participant said:

“Rafiki yangu ameachwa na mkewe kwa kukosa kazi”. (lit: his wife has deserted his friend after he had been retrenched)

Women as caretakers of their families were also impacted differently compared to other social groups. For instance, some were forced into illegal livelihoods (such as prostitution, selling illicit liquor, drug business) whose result was to have poor nutritional status and health. Female heads of households complained about low income, as fewer people buy what they produce in their small businesses, frustration for failing to provide for their families, poor nutritional status as well as poor health.

On their part, children were affected too in terms of family breakdowns resulting to children being brought up by stepmothers and/or stepfathers; going to school without breakfast resulting in less concentration in class and poor performance; less resistance to infections due to poor nutritional status; dropping out of school for failing to pay school contributions; becoming street children; and being discouraged from schooling, as their brothers have no jobs (no role models).

Most youths were found idling in the streets; engaging in illegal livelihoods (e.g. theft, drugs, sex) exposing themselves to the possibility of being killed or landing in jail; despair (no bright future); poor health; as well as social exclusion due to immoral behaviours unacceptable by the community members themselves.

The elderly were more worried as their children or caretakers can no longer provide for them, leave alone increased diseases and suffering.

The reasons why unemployment impacts differently on different groups were the following:

- (a) Social capital—those with broader networks in terms of relatives and friends had a lesser impact.
- (b) Those who have some savings are better able to start up small business.
- (c) Those who have diversified sources of income.
- (d) Those with smaller families/dependants are better off than those with bigger families.
- (e) Those with appropriate skills and education stand a better chance of taking up alternative jobs.

Perhaps, the most challenging question could be what does this entire scenario mean to policy?

3.3.11 Insecurity

Security of human lives and properties in the community visited was fragile. There were a number of reported cases of petty crime and armed robbery nature committed at Mtambani B Sub ward. Most cases were attributed to unreliable and/or lack of employment among the people in the community. At the community feedback meeting a participant reported the following:

“I myself have been robbed five times” (Mohamed Rashid).

“...If there is no police patrol, it is the same as doing nothing. At our Sub ward up to 70 robbery cases per months are reported at the Msimbazi Police Station” (Mohamed Rashid).

The participants also questioned the rationale of the government sending forty (40) police at mid night to demolish people’s business premises. One participant was quoted saying:

“...When the City Militia came on Friday midnight, they demolished the premises where chips vendors used to sell their business. In the following day, all chips vendors and their families slept without any meals” (Mohamed Tambaza).

Yet another participant lamented:

“It is unbelievable for the government failing to provide at least four armed police men to patrol our Sub ward while when it comes to demonstrations you find policemen all over the road!” (Mohamed Khalid).

In a focus group discussion with women and elderly, they reported that, time and again robberies are committed on passers by and sometimes residents, which in some incidences left people with permanent impairment. The general insecurity of both human lives and properties acts as a big set back towards a number of efforts by community members in this area on poverty eradication. For instance, women cannot leave their houses early in the morning alone to go to their businesses for fear of their security. Similarly, the elderly fear about their security while going to attend early morning prayers in the mosque.

Perhaps one would ask, what does insecurity mean? In this case, the maintenance of law and order (to ensure security of people's lives and property) should be regarded as a service to the community; it is indeed a traditional function of the state, but a function whose proper discharge serves the society in a particular way. It is on this account that the maintenance of law and order should be regarded as a service. And in its provision today, the state in Tanzania and in Ilala in particular, cannot claim exclusive monopoly and competence. Hence, there is the need for co-operation between the government and the community, which is certainly necessary for the maintenance of law and order. However, this co-operation should lead to the assumption that "*Sungusungu*" or any other popular organisation can engage in maintaining law and order in the same manner and to the same extent as the police. Notwithstanding the impressive recent falls in crime rates in some parts of the city and other claims in praise of "*Sungusungu*", it is only a people's self help institution and should never be regarded as having the efficiency or capacity to substitute for the police force.

3.3.12 Lack and/or Inadequate Capital

In most focus group discussions held, participants lamented of lack and/or inadequate capital making it difficult if not impossible for them to have a starting capital to invest seriously in business.

To make matters worse, even where credit facilities exists, they are either inadequate, or the conditionalities and strings attached are too difficult for the unemployed and/or person with unreliable employment, who are the majority to afford. The situation therefore did not encourage the community members to start or expand their petty business into modern ventures due to the lack and/or inadequate capital for the same.

Irrespective of various members of the community coping through various illegal livelihoods mentioned above, there are also positive coping strategies used (e.g. engaging in petty business, such as selling burns and tea, second hand clothes, UPATU, etc) to more dangerous ones (e.g. skipping meals and attending to traditional healers when they fall sick).

To rescue the situation the community in partnership relation with the government, international and local NGOs could build upon the community's positive coping strategies to more sustainable manner through providing a policy that will guide the various stakeholders in lending/repaying the loan in a more accountable and transparent manner.

3.3.13 Poor Environmental Sanitation

The environment in which people live has a huge influence on their health and vulnerability to diseases and consequently becoming poor. For the Mtambani B residents, environmental sanitation posed a greatest risk on their health. The researchers observed particularly the dirty environment and breeding sites for mosquitoes, poor hygiene (often compounded by inadequate water supply), improper garbage disposal and poor drainage among the valley dwellers. In addition, overcrowding in the households and housing units meant a greater risk of communicable diseases among the community. It is no wonder that during the first introduction community meeting, focus group discussions, with various specific social groups and interview with individual and key informants they mentioned malaria, diarrhoea and frequent cholera outbreak as leading killer diseases in the community. The impact of poor environmental sanitation in the community is attested by two malaria death cases and one cholera case that occurred during our thirteen-day stay in the field.

The consequences of poor environmental sanitation in Mtambani B Sub ward manifest themselves in terms of diseases (malaria, diarrhoea, and cholera), which seem to place a heavy burden on many individuals and households' health budget. The economic costs of these diseases are generally the direct costs of prevention, cure and care and the indirect costs of labour (income forgone and/or lost) because of illness and death of patients. As a caring mother from an interview observed:

“...I stopped my petty business for two consecutive years to nurse my child who suffered from severe malaria that culminated into cerebral palsy. ...My daughter doesn't get her right to education...due to chronic mental illness she has. Sending her to school is a problem for security reasons due to speeding cars” (Sofia Ramadhani).

Sofia Ramadhani's story is just a tip of an iceberg of several other individual, households and community cases in Mtambani B of being vulnerable to environmental sanitation.

Besides the above, the poor environmental sanitation compounded by poor drainage system has been a major cause of floods making the valley dwellers vulnerable to losing their assets and properties, either through natural course or forceful government eviction, which involves demolition of their buildings, hence making them poor. In a focus group discussion with the valley dwellers, they narrated very saddening and shocking experiences:

“Floods make me vulnerable to becoming poor. For despite our efforts to make progress some of our valuable assets such as sleeping matrices end up being destroyed by floods” (Mama Hadija).

“It doesn’t mean that I do not have money or cannot get assistance...to put cement/concrete floor in my house. Rather it is because I’m afraid of the government threat to demolish all houses in this area” (Bakari Balawa).

Irrespective of various forms of vulnerability caused by poor environmental sanitation, the community members have been coping accordingly. For instance, in times of sickness, deaths or floods participants in focus group discussions and individual interviews said that they normally rely on either assistance or loans (in terms of money, food, consolation, or accommodation during floods) from neighbours, relatives or friends. And when matters come to worse, some resort to illegal livelihoods, such as selling illicit liquor, drugs, prostitution or unacceptable coping livelihoods like skipping meals, etc.

The community members used different ways to cope with the situation at hand. For example, during flood seasons they normally move to their relatives and friends’ houses to return back once the floods are over.

What are policy implications for improving environmental sanitation? The most powerful forces for reducing drastic risks to health are raising incomes and education for individuals and household members. Higher incomes make it possible for people to afford the household improvements, including better environmental sanitation and related services, which they desire. As people acquire more education, their hygiene improves, and their responsiveness to public information programs increases.

To support households’ efforts, government has an important role in setting and enforcing appropriate environmental standards and disseminating information on, for example, the health benefits of good environmental sanitation and effects of exposure (especially children and the elderly) to malaria and floods.

The government should also concentrate on strengthening security of tenure (which is essential for encouraging households to invest in their housing) and on establishing a legal, regulatory, and administrative framework that facilitates responsive, accountable, and efficient provision, often of private suppliers, of services that people want and are willing to pay.

3.3.14 Low level of Awareness and Lack of Information on Credit Issues

Other equally important factors exposing individuals, households and the community members at Mtambani B Sub ward to vulnerability are caused as well as aggravated by the existing inequalities particularly on access to information.

The several meetings and focus group discussions held with people with disabilities, women, men, the elderly, and youth with unreliable employment, it was evident that they lacked information and transparency on the provision of various social services e.g. the criteria used by the Municipal council in giving out credits. On the other hand, low levels of education (STD VII leavers, drop outs or those who never went to school at all) in this community, was seen as a handicap when it came to dealing with government bureaucracy and accessing other micro finance institutions.

Due to low literacy rates and economic status among Mtambani B residents, most of them fall under the disadvantaged or the most disadvantaged category¹. Illiteracy leads to low self-confidence and esteem vis à vis the more advantaged middle class (i.e. the NGO officials, businessmen, Municipal Officials), who perceive the poor as lacking socially accepted behaviour.

¹ According to the Sub ward chairperson 60 to 65 percent of the active labour force in Mtambani B have unreliable employment or unemployed. During focus group discussions with specific social groups, participants revealed that youth engage themselves in drug business, commercial sex work, petty crimes, robbery as well as selling illicit liquor.

5.0 CONCLUSIONS AND RECOMMENDATIONS

This chapter presents conclusions and recommendations. The recommendations are divided into a number of categories, geared towards the individual/household, community and municipal and/or government.

5.1 Conclusions

The conclusions that we draw from these findings are that the processes and triggers that surround them affect various social groups differently. And despite the hardships that various social groups have been facing, still they have been coping by adopting various strategies and mechanisms. These range from both legal and illegal ones. As such various share and stakeholders need do concerted efforts in order to capture positive coping mechanisms that people have been using all along to survive. However, to make these developments have sustainable impact on the community concerned, participatory approaches need to be done more frequently and in consultation with the people in all matters regarding their own development.

5.2 Recommendations

5.2.1 Individual Level

There was general consensus among various social groups that the following should be done:

- That individuals should do away with extravagant expenditure which do not tally with their income levels;
- That people should not aspire for expensive goods and/or services that do not correspond with their income levels;

5.2.2 Household Level

The following were proposed for intervention purposes:

- That families and/or households should care orphaned children in the same way as they care their children;
- That families and/or households should provide equal opportunities for children regardless of their gender; and
- That families and/or households should strive to maintain peace and security in order to avoid separation and/or divorce whose consequences for children's socialization and vulnerability are beyond compare.

5.2.3 Community Level

At this level the community recommended the following:

- That women in this community should ostracize homosexuals who present a bad image to the society; and
- That the Mtambani sub ward residents should provide good socialization to all children regardless of their gender.

5.2.4 Municipal/Government Level

At the Municipal and/or Government level participants had a long shopping list of recommendations. They include the following:

- That a big ridge be built to block water to avoid water that causes floods at Jangwani Valley;
- That credits with too high interest rates should be reduced in order that they could be accessible to most disadvantaged vulnerable groups;
- That the government should set aside sufficient business premises for all groups;
- That the government should increase more employment opportunities for the able-bodied members of the community;
- That various relevant authorities should stop from giving false and non implementable promises;
- That the government should give the youth opportunity to be represented in most of the decisions made at various levels of society;
- That the government should strive to stamp out corruption and corrupt related vices;
- That the government should make sure that it assists orphaned children to go to school to avoid dropping out on the basis of lack of basic necessities e.g. school uniforms, food, shelter, etc.;
- That the government should improve the school environment to motivate both parents and children to send and/or attend school;
- That the government should assist the elderly to form groups that would be easy to be provided with necessary support and funding;
- That the government should issue special exemption cards for the treatment of the elderly who cannot afford cost sharing;

- That the government should tighten its borders to prevent importation of illegal drugs in the country;
- That the government should establish special counselling centers for drug addicts;
- That the government should provide free Medicare for treating drug addicts and people affected by drugs;
- That the government should provide assistance People living with HIV/AIDS;
- That people with disabilities who are able to work and/or do business should be assisted accordingly;
- That people with disabilities should be provided with vocational training; and
- That the government should get rid of human rights violation in primary and secondary schools.