# RCUK GCRF: Tanzania

**Kick-Off Meeting**

**Centre for Sustainable, Healthy, and Learning Cities and Neighborhoods**

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# Contents

- **Programme objectives:**

  1. **Strengthen research capacity**

  2. Conduct **systematic and comparative studies of urbanization, the formation and differentiation of neighborhoods in urban areas**

- **Context:**

  - Explore the links between urbanization and sustainable development in Tanzania

- **Case Studies:**

  - Two cities in Tanzania

- Identify potential challenges and opportunities

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# Who is Ifakara Health Institute?

- ▶ Established in 1956, based in Tanzania

- ▶ IHI specialises in community engagement; epidemiology; health systems; and research into practice

- ▶ IHI has infrastructure to strengthen research outcome: 1) the Mosquito City; 2) Data Systems and Platforms; and 3) Research Quality Assurance Unit

**Mission:**
Improve community health and wellbeing through research, training and services

| Environmental Health and Ecological Science | Interventions and Clinical Trials | Health Systems, Impact Evaluation and Policy | Training and Capacity Unit |

http://ihi.or.tz

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**28% poverty**

Tanzania has a economic growth rate of 7%

Trade to GDP stands at 48.6%

**10.3% unemployment**

A large sector of the workforce is in the informal sector

**93% primary enrolment vs.**
**42% secondary enrolment**

# 29% Urbanisation

Water access 71%%

Sanitation access 88%

Internet access 22%

Water access   Sanitation access   Internet access

Maternal Mortality
Rate
556

Under 5 Mortality
Rate
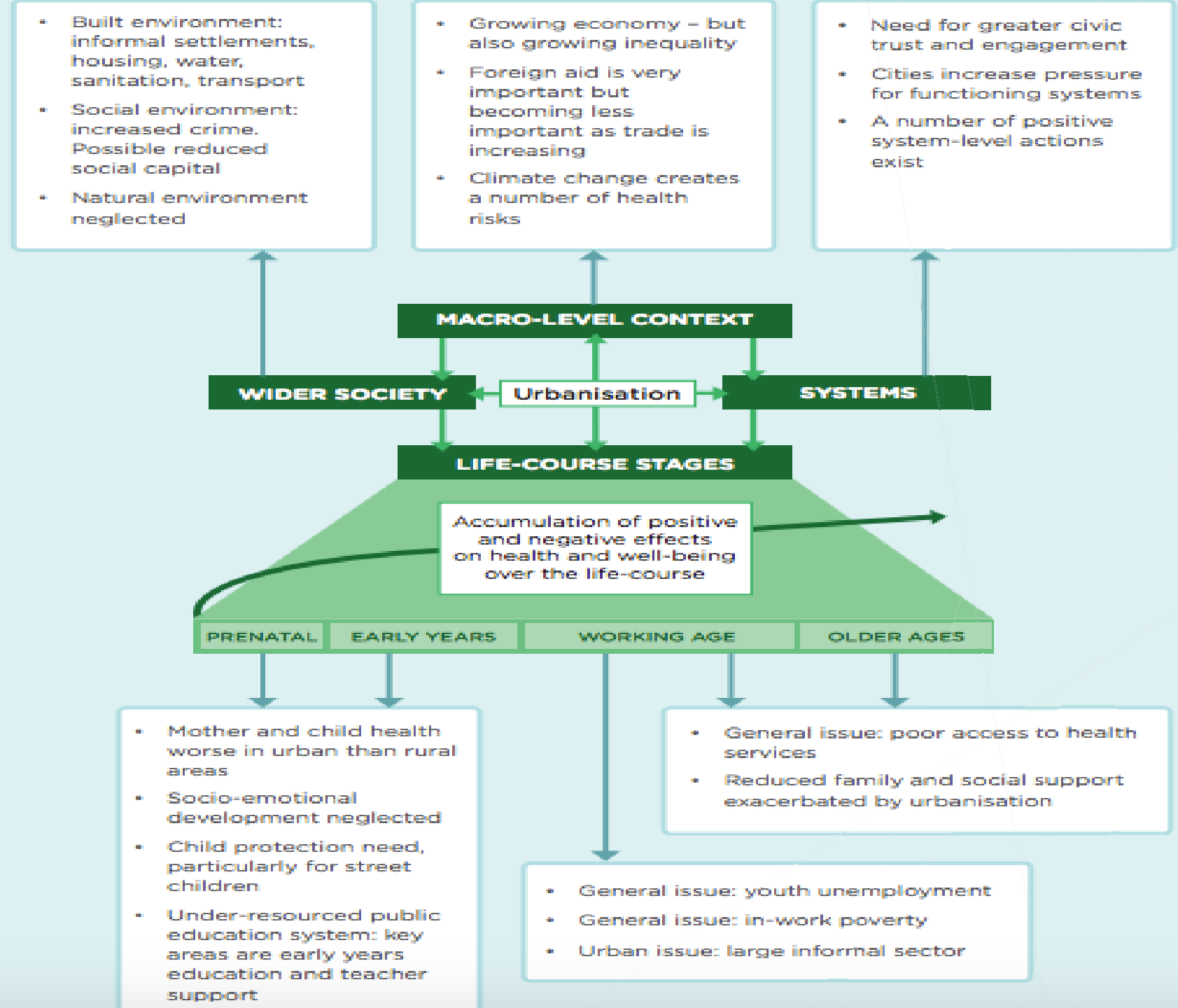67

Women access
FPM
38%

Health insurance
coverage
<10%

# Social Determinants of Health in Cities

▶ Urban areas have improved access to services & preventative measures **but...**

▶ **Lower life expectancies** (59.7 years Vs 62.4 years) and under-5 mortality rate is higher in urban areas

▶ The highest wealth quintiles are located in urban areas but wealth inequality is higher and the cost of living higher in urban areas.

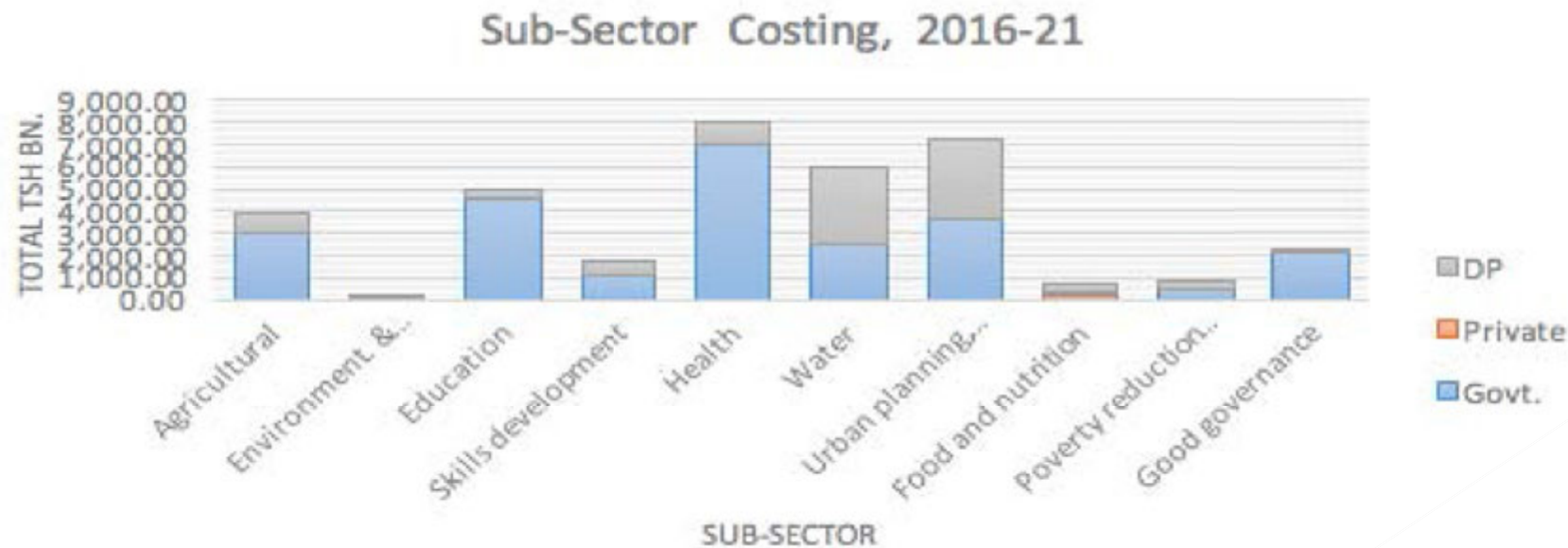▶ Different burdens of disease (and poverty) emerging in urban / rural areas.

# Any urban research needs:

# A synthesized approach

- Built environment: informal settlements, housing, water, sanitation, transport
- Social environment: increased crime. Possible reduced social capital
- Natural environment neglected

- Growing economy – but also growing inequality
- Foreign aid is very important but becoming less important as trade is increasing
- Climate change creates a number of health risks

- Need for greater civic trust and engagement
- Cities increase pressure for functioning systems
- A number of positive system-level actions exist

**MACRO-LEVEL CONTEXT**

**WIDER SOCIETY**  Urbanisation  **SYSTEMS**

**LIFE-COURSE STAGES**

Accumulation of positive and negative effects on health and well-being over the life-course

PRENATAL  EARLY YEARS  WORKING AGE  OLDER AGES

- Mother and child health worse in urban than rural areas
- Socio-emotional development neglected
- Child protection need, particularly for street children
- Under-resourced public education system: key areas are early years education and teacher support

- General issue: poor access to health services
- Reduced family and social support exacerbated by urbanisation

- General issue: youth unemployment
- General issue: in-work poverty
- Urban issue: large informal sector

UK**aid**
from the British people

**INSTITUTE** of **HEALTH EQUITY**

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# What is the state of Sustainable Development in Tanzania?

▶ The programme is key for all SDGs, particularly: **SDG 3, 4 and 11**

▶ Tanzania has domesticated the SDGs in the Five Year Development Plan (5YDP, 2016-2021) – the 5YDP focuses on **industrialization** and **human development**

▶ **7,244.Bn Tsh** allocated by GoT and DPs for urban planning

▶ But **funding is not enough**. Sectors need to link urban realities

## Sub-Sector Costing, 2016-21



Legend: □ DP  □ Private  □ Govt.

X-axis (SUB-SECTOR): Agricultural, Environment &..., Education, Skills development, Health, Water, Urban planning&..., Food and nutrition, Poverty reduction..., Good governance

Y-axis (TOTAL TSH BN.): 0.00, 1,000.00, 2,000.00, 3,000.00, 4,000.00, 5,000.00, 6,000.00, 7,000.00, 8,000.00, 9,000.00

# Key considerations

- **There is a financial gap**
  - The GoT need to know where to prioritize and why: evidence is key
  - The health sector has the highest sub-sector cost

- Minimal understanding on **intra-urban dynamics**, and **connection of the urban environment and social outcomes**
  - Tanzania operates through a decentralized system: evidence and data needs to reflect this
  - We do not know <u>why</u> some health outcomes are worse in urban areas?

- Evidence into sustainable cities needs a multi-sectoral approach and a multi-discipline approach

# Sustainable Cities?

## Dar es Salaam and Ifakara

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# The urban planning process

▶ Planning process operates through decentralization by devolution (D-by-D)

▶ For example, Dar es Salaam is administered as such:

    ▶ Mayor

    ▶ City Director and City Council

        ▶ Depts. i.e. waste, sanitation, urban planning, transport, health etc

    ▶ Three municipalities/ districts: Ilala, Kinondoni, and Temeke

        ▶ District Commissioners; Municipal Council; Urban Planning Committee

        ▶ Ward, sub-ward, village and hamlet leaders

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# Justification for Case Studies:

# Dar es Salaam

- **Historically: a key port and trade city (1862)**
  - Colonialism evident in urban plan of Dar
  - Highest urban population since independence

- Predicted to be mega city by 2030
- High population growth:
  - TFR is 3.6 to 2.9 from 2004 to 2013 respectively (2.0 by 2017)
  - In-migration

- Economic situation:
  - Informal jobs and economy is common
  - Industrialization is very low to absorb the available workforce
  - High rate of unemployment and underemployment

→ Although Dar es Salaam has the highest % of urbanisation, the growth rate of urbanisation varies across regions



Urban Population Growth (% p.a.)

Legend: 1978-1988, 1988-2002, 2002-2012

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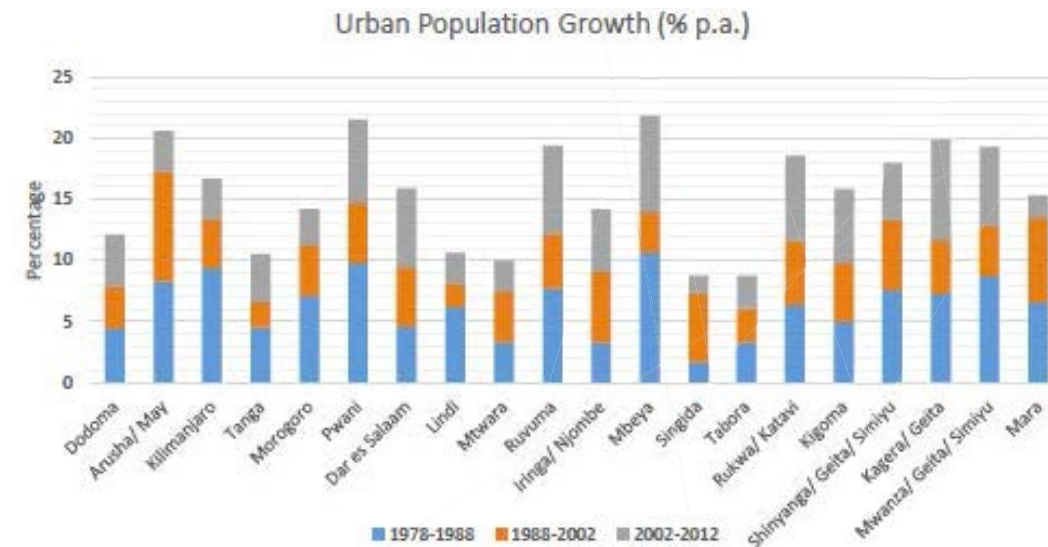
# Dar es Salaam

▶ **Risk mitigation and improved planning essential**

    ▶ Flooding risk mitigation

    ▶ Informal land use, settlements and multi-use

        ▶ 80% residents in informal settlement (UNICEF 2013)

        ▶ The informal and unplanned settlements (Slums) with poor infrastructure, services and poor sanitation lead to a number of outcomes:

            ▶ Floods and disease transmission i.e. cholera: 2% cholera incidence with % increase in population density

    ▶ Investment in infrastructure: Bus Rapid Transit, Port, Railway Network, Roads, but more needed

▶ **A city of inequalities**

    ▶ Informal economy and industrialization

    ▶ Higher prices/ cost of living and lower ownership rate

    ▶ Youth unemployment

▶ **Tanzania scored 0.34 on the Urban Health Index (45th out of 57 cities in ESA)**

# Dar es Salaam: Top ten causes of mortality
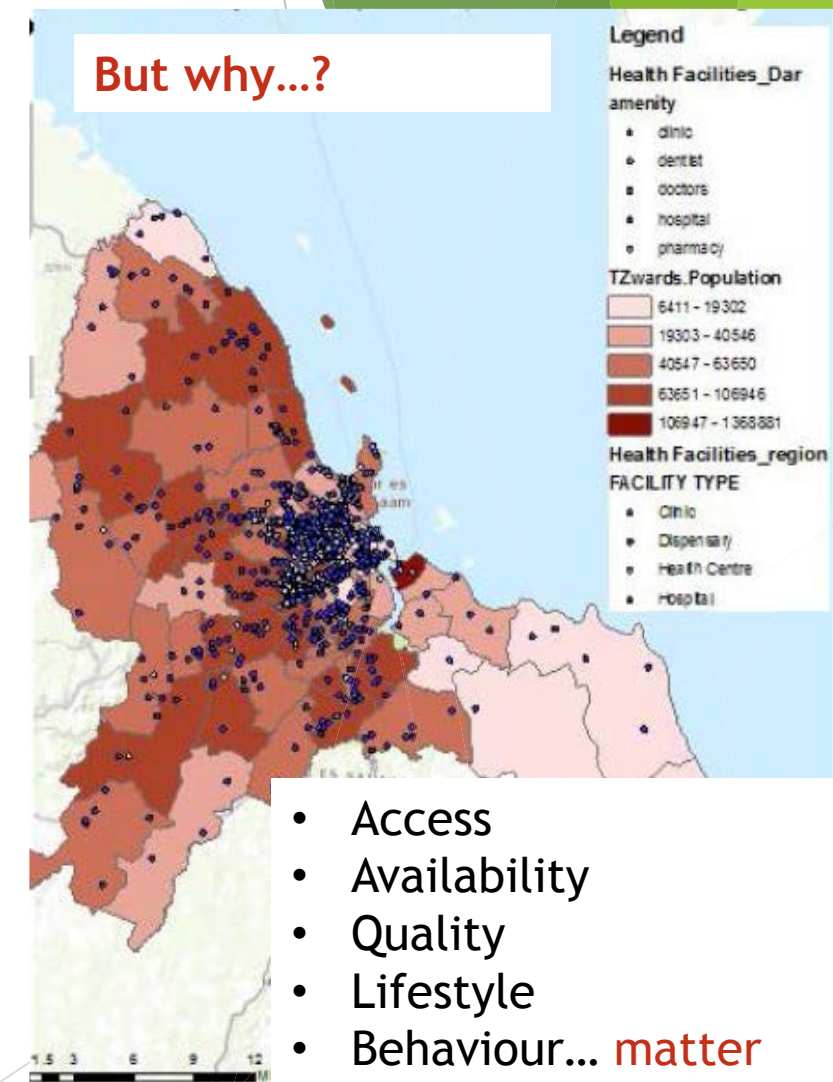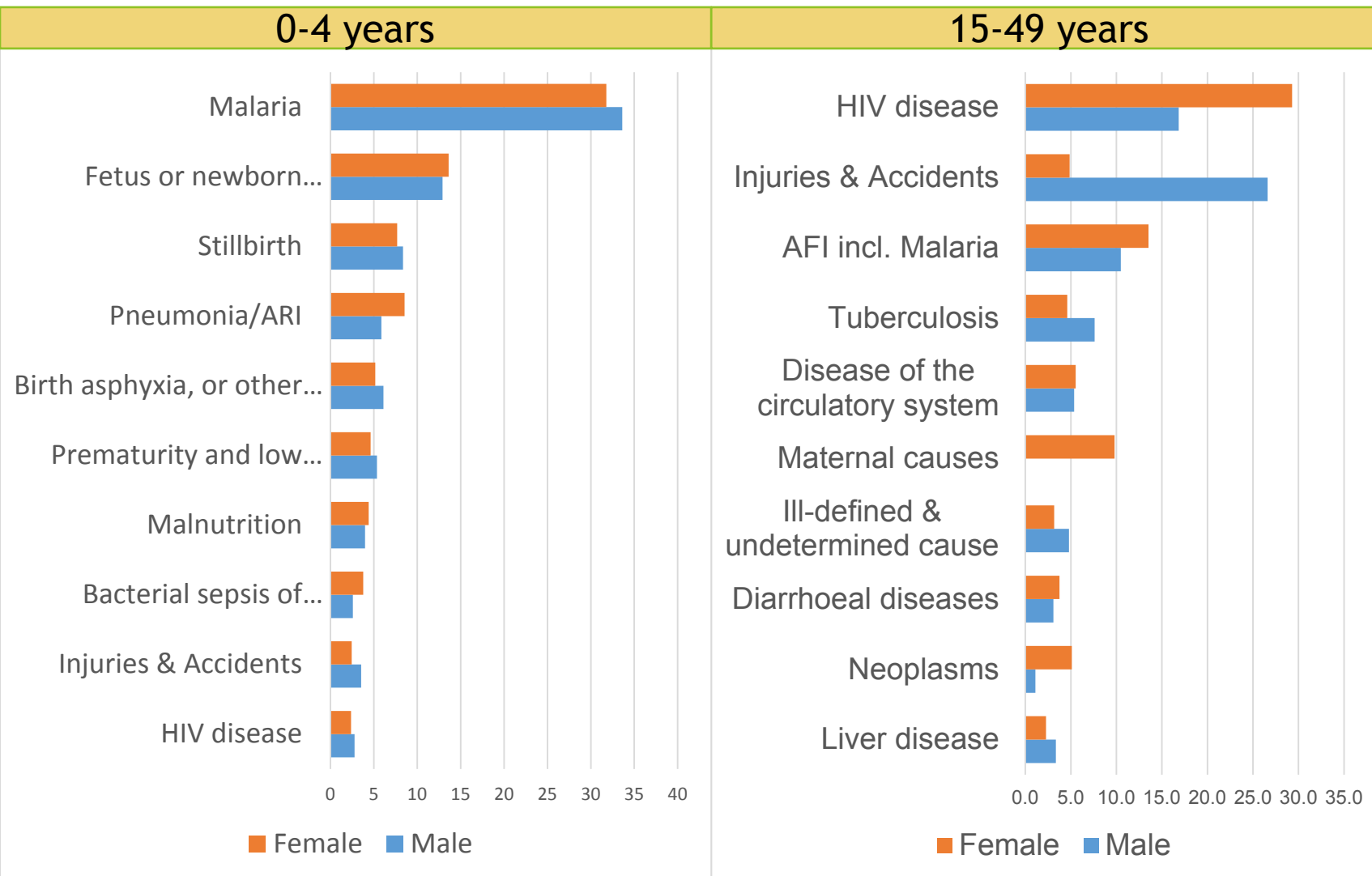
# **Comparing** Dar es Salaam and Ifakara: Mortality rates SAVVY and HDSS

| | SAVVY (2013) DSM | Ifakara Urban HDSS (2012) | Ifakara Rural HDSS (2012) | Rufiji HDSS (2011) | DHS (2006-2010) |
|---|---|---|---|---|---|
| **Neonatal** | 28 | 25 | 23 | 24 | 26 |
| **Infant** | 43 | 54 | 43 | 36 | 51 |
| **Under-five** | 68 | 78 | 67 | 61 | 81 |

N.B. SAVVY and HDSS will be one of the data sources used in the quantitative analysis stage

We aim to produce in-depth city mortality profiles

# Justification for case studies:

## Urban Ifakara

- **Trading centre with fast growth (Morogoro)**

- Agriculture is common: only 43% engage in agriculture, livestock and fishing, the rest in formal jobs and businesses (Underemployed)

- **Demographics:**

  - Total fertility rate is 3.0

  - Life expectancy of 62.8 as compared to 66.4 in rural

  - Drop in mortality rate in rural area but remain high in Ifakara urban

  - Only 46% born in Ifakara

  - In-migration rate is 99.5; Out-migration rate is 120.5

- **Poor housing, infrastructure  and services**

  - Unplanned settlements more affected by floods



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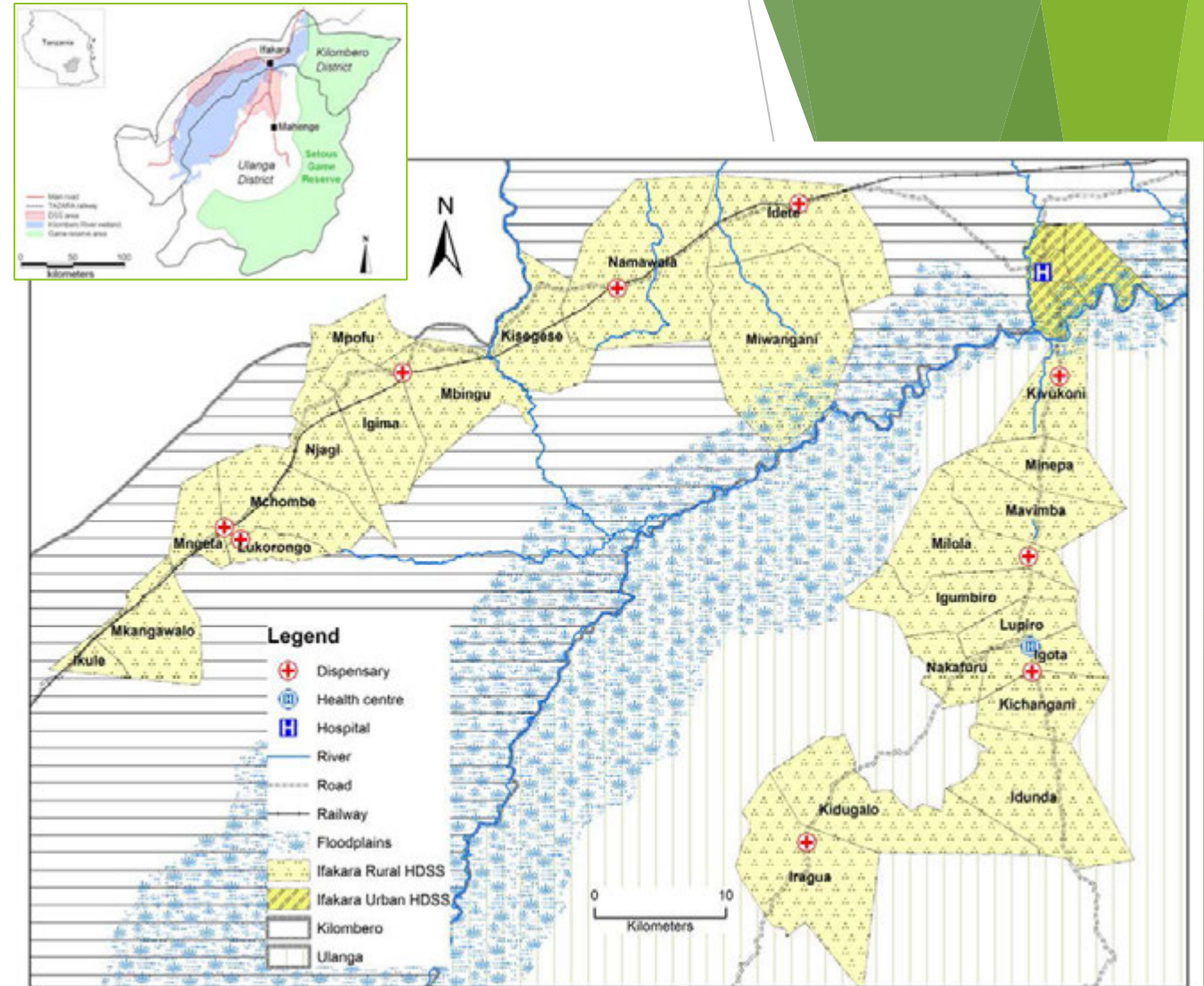
# Data: Changing health trends in Ifakara

## Top 10 Mortality Causes, Young Adults Ifakara (2014)
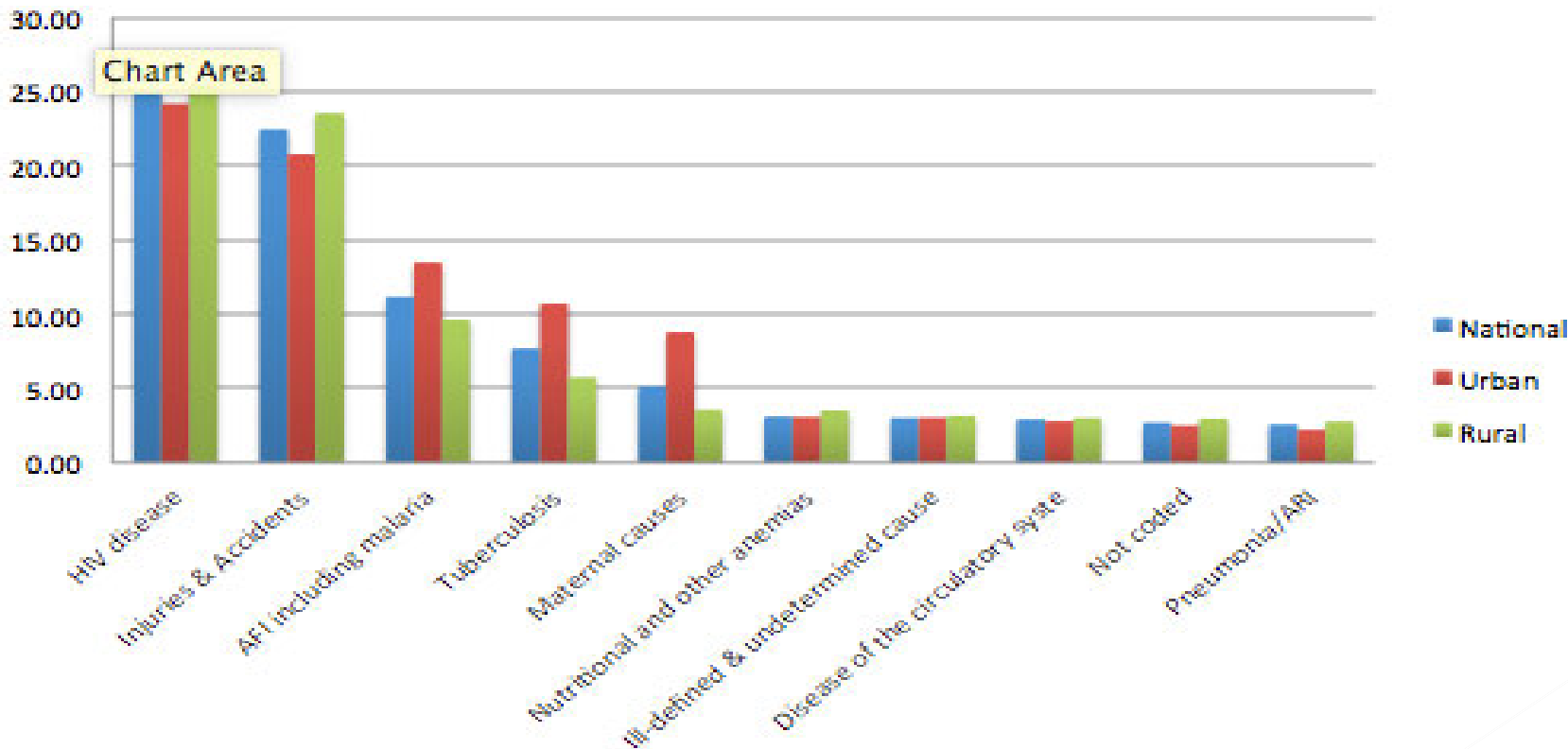


14% decline in Adult mortality in urban Ifakara; compared to 19% decline in rural Ifakara

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# Project Challenges and Future Questions

- Defining neighbourhoods:
    - Will the informal-formal nature of urban space pose challenges in defining neighbourhoods?
    - What criteria/ socio-economic classes to be used when 'income' may be complex?
    - We need to take into account movement and migration in/out of cities, and of neighbourhoods?
    - How quickly will neighbourhoods evolve?

- Sustainable development:
    - We need to define what 'resilience' and 'adaptation' of neighbourhoods is?

- Link to policy-makers (and implementers) key for Impact Plan:
    - Can we, GCRF, create a communications strategy for this?
    - Cities need to be designed for all, but where are the voices of not children, disabled, other participation?

- There is a **great** opportunity to create a **GCRF City Dashboard** with key urban data and infographics during project

**Collection**

**Data**

**Information & Communication**

**Impact**

# Conclusions

▶ Tanzania is one of many countries which showcases the 'urban trend'

▶ The cities are not necessarily 'wealthier' or 'healthier'

  ▶ The question of *'why'* and *'with what impact'* has gaps

  ▶ The GoT has committed to fund urban planning, **remember** cities are social spaces

  ▶ Two **different** cities are justified to provide intra-city analysis

▶ There is **no evidence** on intra-city analysis or triangulation of different data, the timing is right and vital for improving urban realities

▶ We need to ensure the project outlines the **cause and effects** of city life

**What** are urban areas designed like?

**What** is the life like within cities?

**What** can we understand from neighbourhoods?

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# Asanteni! Thank you!

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