

Community-based Efforts & Cross-sectoral Engagement

Accelerating the use of evidence to
address nutrition and WASH
inequities among poor urban
children and adolescents in East
Africa



Mr. Churchill Shakim
TAMASHA

USAID'S HEALTH EVALUATION AND APPLIED RESEARCH DEVELOPMENT (HEARD) PROJECT



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**African Population
Health Research**



The Case Study of Tandale slum (Dar es Salaam, Tanzania)



[Drones help communities map flood risk in Dar es Salaam slums](#)

Article & Photo by Kizito Makoye | @kizmakoye | Thomson Reuters Foundation

Tandale Slum Overview:

1. Few economic opportunities in the slum; most slum dwellers are either unemployed or earning income through informal entrepreneurial activities
2. Most residents of Tandale were from rural areas and had a migrant background; ethnicity is revealed to be a key factor in the initial stages of rural-urban migration
3. Slum dwellers associate low quality of life and hardships with poor health systems in the neighbourhood
4. Tandale slum dwellers were not involved during planning or implementation of activities in their neighbourhood; greater engagement is necessary to improve services



Participatory Community-based Data Collection



Data Collection Team

During the study, data collection was done in two stages:

1. Eight (8) focus group discussions were held with slum dwellers living in Tandale, including:
 - Mothers with children under two years (2)
 - Fathers with children under two years (2)
 - Adolescent girls and boys (2)
 - Village and ward leaders (2)
2. Key informant interviews were conducted with:
 - Identified local government officials
 - Municipal officials





How do they compare public and private health and nutrition services?

Government: Most gov't health facilities share similar characteristics

- Unfriendly attitudes of health workers and doctors
- Long queues to see the doctor but they provide affordable services
- Patients must buy prescription drugs from private pharmacies
- People often use the services available in the facility within their community

Private:

- Health workers in private dispensaries are friendlier than the government health workers



Challenges for Nutritional Needs



- Economic constraints to diet diversification
- Time to prepare food is limited
- Nutrition and breastfeeding knowledge is limited
- Barriers to exclusive breastfeeding:
 - Perception that breastfeeding alone is not enough; feel that the milk is too light, so the child might be starving
 - Working mothers don't have time or access to babies because of employment conditions or locations

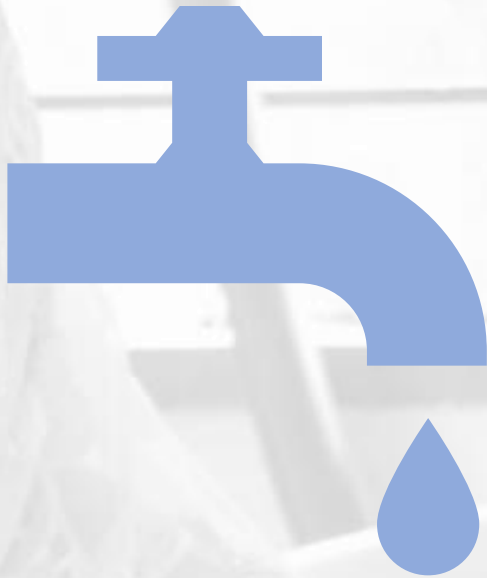


Accessibility of Food in Community

- The Tandale wholesale grain, retail grain, and fruit market is the main food supply for people from Tandale and other parts of Dar es Salaam
- Considerations in food purchasing:
 - Many poor families can only afford "non-diverse diets"
 - People consider the quantity being purchased but not the quality
 - Food served in the family is the same to everyone—there is not a distinction between what is eaten by the adults and children



Water Management



- Not every household has a water pipe in the area, but there are private water points/kiosks available in the subsets of the area
- Families avoid water contamination by separating the buckets of drinking water with other utensils
- Water is not always clean; damaged water pipes are locally and poorly fixed with rubber straps



Waste Management

- Use partly modernized pit latrines and toilet sinks to maintain sanitation (few households use open pit latrines)
- Emptying toilets during rainy season directly impacts exposure to infection
- Government has constructed trenches for drainage; not all areas have access to drainage system due to population density
- Garbage is collected by the government from collection points (households must pay for this service)



Conclusions and Impact of COVID-19

- COVID-19 has disrupted programming in Tanzania despite government denial
- Many donors and implementing partners have introduced or channeled their funds to support COVID-19 related projects
- Hard to access funds related to COVID-19 projects, though this would be the best option to incorporate the issues of COVID-19 into the priorities, programming and implementation of WASH and nutrition in urban slums

