

***Ukombozi* means Liberation:  
A case for decolonizing global health research, methodology, and praxis**

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**Abstract**

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Global health research has informed essential responses to health disparities in the world today, shifting the course of such momentous challenges as the HIV/AIDS epidemic. At the same time, the way that global health work is implemented often mirrors colonial relationships which shaped those health disparities in the first place. This thesis presents some of the ways that alternative – specifically Alter/Native – methods may be applied across the research and program development processes to decolonize global health work. The application of these methods are demonstrated within the context of a CBPR cultural and linguistic adaptation for a program called Ukombozi; the program addresses issues of substance abuse, HIV/AIDS, and gender based violence in Dar es Salaam, Tanzania. Key learnings discussed include navigating the gatekeeping practices of research institutions; indigenizing data collection and the definition of what constitutes data; removing sanctions from the research process; shifting researcher positionality; valuing researcher non-fluency; and indigenizing elements of evidence-based programs. This work contributes to a growing body of literature supporting the use of Alter/Native methods as a rigorous, practical, and efficacious means of knowledge production that can be used to inform the development of health programs and interventions.

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## *Kuanza / Introduction*

*“We want to solve these issues through community awareness. We want to solve these issues with peace and unity. Even the name Ukombozi means liberation. We want to be liberating our communities, not locking them up. And liberating ourselves.”*

*– Ukombozi Volunteer*

It is no question that global health research has informed essential and necessary responses to health disparities we see in the world today. The field boasts innovations in technology, pharmaceuticals, and service delivery that have shifted the course of such momentous challenges as the HIV/AIDS epidemic and child malnutrition. At the same time, the way that work happens in the field of global health tragically and ironically tends to mirror the colonial relationships which shaped those health disparities in the first place. It is easily observed that agendas around funding, research, policy, and program design are all largely articulated by Global North entities while Global South nations and communities continue to remain on the “receiving” end of the exchange.

How can we realign our work to fit our values? How can we make good on pursuing the “equity” component of “health equity”? Alternative approaches to global health work have arisen but continue to churn and exist outside of the mainstream influence that comes from within leading research institutions like the University of Washington, major funders like The Gates Foundation, and standard-setters like the WHO. In this way, the field of global health contributes to the perpetuation of colonial relationships between high income and low- and middle-income countries. This inequity is ever-urgent, as health governance transcends borders into the geographies of individual and collective human bodies.

In light of this inequity, it is imperative for global health practitioners to walk down alternative – and, more specifically, *Alter/Native* – paths to research, methodology, and praxis. *Alter/Native* is a term which describes approaches and methodologies grounded in indigenist ways of knowing, rather than western epistemologies. Western assumptions such as researcher independence, positivism, objectivity, and the primacy of rationality are contested. Rather, *Alter/Native* research places participants as central decisionmakers in the research process, acknowledges subjectivity, privileges emic worldviews, and emphasizes researcher accountability and community. *Alter/Native* research is decolonizing, meaning that it “attempts to undo the constructions of colonizing ontologies and epistemologies” (Gonzalez 2000, 80).

*Alter/Native* research often makes use of participatory and action-oriented processes including community based participatory research (CBPR) and participatory action research (PAR). These and other types of anthropological methods may be applied across the continuum of public health practice, including understanding problems, designing programs, evaluating programs, and critiquing policy (Hahn & Inhorn 2009). An increasing body of evidence suggests that the use of CBPR improves the efficiency, sustainability, and equity of health interventions (Wallerstein & Duran 2006).

So then, in a pursuit of decolonizing relationships, scientific rigor, and improved intervention impact, this thesis seeks to apply Alter/Native methodologies across the research process, from identifying aims, to conducting literature review, to data collection and analysis, and finally to presentation of findings.

On a surface level, this paper is about a CBPR study for cultural and linguistic adaptation of a drug abuse program in Dar es Salaam, Tanzania. Once a paragon of harm reduction strategies in Sub-Saharan, Tanzania's political stance on illicit drug use has recently shifted towards severe criminalization (Motani 2017). In this context, in two of the lowest income wards of the city, one community-based organization (CBO) called SEET implements *Ukombozi*, a program which mobilizes and equips community members to address substance abuse, violence, and HIV/AIDS using community-generated self-help strategies.

On a deeper level, this paper is about some of the ways Alter/Native methods can be applied to the research and program development process, transforming colonial constructs in global health work to serve decolonizing purposes. This is explored through a critical ethnography of the Ukombozi program adaptation process, to expose and critique power relationships which have shaped health disparities over the course of history, and which continue to influence present-day responses. Key learnings discussed include navigating the gatekeeping practices of research institutions; indigenizing data collection and the definition of what constitutes data; removing sanctions from the research process; shifting researcher positionality; leveraging linguistic non-fluency; and indigenizing elements of evidence-based programs.

This research contributes to a growing body of literature which normalizes Alter/Native research methods as rigorous, valid, and efficacious means of knowledge production that can and should be used to inform the development of interventions at scale. Practically, it seeks to close gaps in the literature around demonstrations of the "how's" for decolonizing global health work – that is, finding ways of doing global health work which undoes the dominance of western epistemologies and colonial relationships across the spectrum of research, intervention, and policy processes. The goal is to contribute to a reclaiming, reparation, and restoration of power and sovereignty in health governance to previously colonized nations, people groups, and individual bodies. Lastly, this research begins to address programmatic gaps in global health work by presenting early step towards the advancement of interventions to address a growing epidemic of substance abuse in Sub-Saharan communities.

### **Tuende / Let's Go**

The first segment of this paper outlines four Alter/Native research principles which have, like a foundational drumbeat, guided the cadence and direction of many aspects of this work – including the researcher herself, the research process, data analysis, and presentation of findings.

The second segment contextualizes the history, current epidemiology, and responses to substance abuse in Tanzania. By approaching literature review as an inquiry of elders (Ortiz 2003) and relying on First Voice (Graveline 2000), I consult Tanzanian and other African writers and uncover a narrative about the ways in which capitalism and colonialism have increased the exposure of Tanzanians to risk factors associated with substance abuse, and have dismantled spaces for Tanzanian traditional and institutional responses to substance abuse. This background frames a snapshot of the current epidemiology of substance abuse in Tanzania, and the major port city of Dar es Salaam in particular, suggesting a growing burden over the

last thirty years. Sub-Saharan governments and other actors have responded with varying strategies – in Dar es Salaam, one strategy presents itself in SEET’s Ukombozi program, which is implemented with support from the city’s interfaith-government coalition for community health.

The third segment is a critical ethnography of the research process for adapting the Ukombozi program in order to present learnings about ways that Alter/Native methods may be applied to decolonize the research process. The segment begins with the process of Grounding In through my master’s in public health practicum work, which surfaced a research topic and questions, before moving into the research process itself as carried out in collaboration with coresearchers, participants, and community members. Major themes are discussed through what I call *Ngonjera* as Methodology, which presents a dialogue of words and actions between different stakeholders in the research-turned-adaptation process including participants, coresearchers, myself, and UW as a research institution.

Lastly, the current state of the Ukombozi program and the continuation of *Ngonjera* are considered to provoke a discussion of next steps, areas for continued collaboration, and remaining challenges.

## *Sehemu ya Kwanza: Kanuni / Part One: Guiding Principles*

### *Utafiti wa njia tofauti / Alter/Native Research*

#### ***Utafiti ni Sharehe / Research is Ceremony***

As an overarching principle, Alter/Native scholar Shawn Wilson (Opaskwayak Cree) defines research as a ceremony of maintaining accountability in relationships – that is, relationships to the earth and also to one another (2008). From the start, knowledge production must be applicable in the real world, specifically to improve processes of accountability which maintain or restore healthy relationships. In *Decolonizing Qualitative Research*, Gonzalez y Gonzalez & Lincoln (2006) elaborate that “ethnographers who automatically assume they will be working with a local co-researcher, who will pose research questions needing answers which grow from local needs, are likely better positioned to conduct research which truly matters, and which can respond to local needs and desires first and foremost, rather than to the dictates of a distant academy” (7).

This principle of Research as Ceremony may be summed up in the words of a Suquamish elder spoken to researchers at the University of Washington Alcohol and Drug Abuse Institute in 2005 during early stages of their partnership in developing *The Healing of the Canoe*, a tribal-based substance use program. He said, “If the research you are proposing to do doesn’t benefit the community, then it’s not research worth doing here” (Dennis 2005). In research surrounding health disparities, then, there is a particular ethical imperative for researchers to “un-sanction” their research and take up methodologies which combine research and praxis to respond to emergent needs, community goals, and existing assets.

For this thesis, the research topic and questions emerged and evolved during the implementation of the Ukombozi program, as local program staff and volunteers raised the issue of lack of usability and accessibility of the program training curriculum.

### ***Utafiti ni kuona na macho mawili / Research is Etuaptmumk, or Two-Eyed Seeing***

Mi'kmaq Elders Albert and Murdena Marshall have put forth the principle of Etuaptmumk, or Two-Eyed Seeing, in scientific research. Two-Eyed seeing is “to see from one eye with the best in our Indigenous ways of knowing, and from the other eye with the best in the Western (or mainstream) ways of knowing... and [learning] to use both these eyes together, for the benefit of all” (Marshall, Marshall & Bartlett 2010, 35). This principle is viewed as “the requisite Guiding Principle for the new consciousness needed to enable integrative science work, as well as other integrative or transcultural or transdisciplinary or collaborative work” (IISH 2019).

Under Two-Eyed Seeing, Alter/Native and indigenist research methods are upheld alongside Western research methods as valid and feasible ways of producing knowledge for the development of health interventions. Indigenist researchers in Canada and elsewhere have demonstrated the use of Two-Eyed Seeing in developing health interventions around substance abuse in particular (See Rowan et al. 2015, Marsh et al 2015, Hall & Dell 2015, Peltier 2018). For instance, Marsh and colleagues (2015) applied a “Two-Eyed Seeing Indigenous decolonizing methodology” in the cultural adaptation of a Seeking Safety model for treatment of intergenerational trauma and substance use disorders among First Nations communities in Ontario, Canada in order to address treatment gaps.

This thesis contributes to this body of research around the use of Two-Eyed Seeing in the development of interventions for udhibiti, using knowledge and wisdom of Swahili communities to adapt evidence-based best practices from a Western perspective, in this case models based on the 12 Step approach.

### ***Utafiti ni Uwakilishi / Research is Representation***

From a postmodern perspective, research is essentially a representation of reality as seen through the eyes of researcher. When the research “subject” involves other people, there is a long history of ethnocentric, misrepresentative practices that have contributed to structural violence in myriad ways. Fyre Jean Graveline (Métis) (2000) presents an alternative to researcher representation through reliance on First Voice:

I Challenge widely held Eurocentric notions.  
White ‘experts’ can Not  
Should Not study Others  
Ultimately speak for  
on behalf of Us...  
Unlearn White ‘expertism’.  
Use First Voice in Research to address issues of  
White Privilege (McIntosh, 1990)  
White racial identify development (Helms, 1990)  
White racism (Sleeter, 1994)  
European roles in Global colonization, racism, oppression (Said, 1993; Blaut, 1993)  
‘the Imperial gaze’ (Razack, 1998)

When researchers rely on First Voice, they do not speak for or on behalf of other people. For this reason, this research relies primarily on Tanzanian writers and thinkers throughout literature review.

Language is a second important dimension of representation. In outlining four strategies for decolonizing research within academia, Lincoln & Gonzalez y Gonzalez (2008) focus on “producing bilingual dissertations” and “pursuing studies with the indirect influence or presence of a non-English language”.

Because language represents real world concepts from the point of view of the linguistic insider, it requires non-fluent researchers to assume a humbled posture in order to gain understanding of participant dialogue, helping to undo inequities in power between researcher and participant. In translation (and, importantly, lack thereof) the linguistic outsider is prompted to bend or expand definitions and adopt more emic understandings. It enables multiple constructions and interpretations of reality to be presented as equal, which Ortiz names as a key dimension of participatory research in her critical review, “Toward Authentic Participatory Research in Health” (2003). This is particularly relevant, for instance, when it comes to Swahili conceptions of what English speakers refer to “addiction” or “addicts” which do not translate – henceforth, these will be referred to as *udhibiti*<sup>1</sup> and *watumiaji*<sup>2</sup> respectively.

This thesis relies, then, on certain Swahili words used by coresearchers and participants rather than their weak approximations in English. After an initial explanation, those words will be presented without italics or definitions throughout the remainder of the paper. I will also use more verb-centric language as Swahili word structures are animative, lending agency to any and everything.<sup>3</sup> To provide clarity for readers, a short dictionary of words that were shared or commonly used by staff and coresearchers, volunteers, and *watumiaji* in discussing Ukombozi program topics is available in Appendix A.

### ***Utafiti ni Mahusiano / Research is Relationship***

A third guiding principle of this research is the responsibility of researchers to act as researchers-in-relation, “who define their work in terms of personal experiences, families, clans, communities, and nationhood” (Peltier 2018). Working in an increasingly “glocalized” context and in a globalized field, these relations are increasingly fluid and may blur or transcend across scales (Escobar 2006). This is exemplified, for instance, by my relationships with co-researchers and participants in Dar es Salaam – a community to which I am not native but with whom I work. In the next section, I practice the responsibility of “locating myself in the research” to discuss my relationship, subjectivities, and positionalities within the communities where this research takes place.

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<sup>1</sup> Noun. Literally, “control”. There was consensus among *wajitoleaji* and *wafanyakazi* that *udhibiti* is a word that could be used to represent the concept of “addiction” as conceptualized in English, if elaborated upon. It could be used in the sense that in situations of addiction, the substance controls people, and that people do not have control over how they use the substance. In multiple Swahili-English dictionaries, the translation provided for “addiction” is the word “*uraibu*” but this word was not recognized or used by coresearchers, participants, or my Swahili instructor at University of Dar es Salaam who is a Swahili Linguistics Ph.D. candidate. People I spoke with often used the English word “addiction” in the midst of their Swahili conversation.

<sup>2</sup> Noun. People who use [drugs or alcohol]

<sup>3</sup> This is true even when talking about inanimate objects. A very beautiful building, for instance, may be described as “*jengo imejengwa ikajengeka*” or “the building that was built as though it built itself”. The building is not merely described with an adjective, but rather animated as an object which has made itself beautiful.

## *Jinsi ninavyokaa katika utafiti / Locating myself in the research*

*“It is nevertheless in these contradictions that I exist,  
and therefore think, speak, and write.” (Ng 1991, 10)*

In speaking about racial oppression in the United States, writer Ijeoma Oluo points out that when we are unable to articulate the causes behind inequitable relationships, we have little hope of dismantling them. In reality, she says, these causes are not some mystical or nebulous force but rather tangible political and economic systems which create and reinforce inequities in power, positionality, and privilege between groups (2008). By locating myself in the research, I hope to disclose evidence that informs a discussion about some of the ways that power, positionality, and privilege influence the research process. In presenting this evidence, I hope to contribute to an increase in the rigor with which we discuss researcher positionality within global health work.

I’ll begin with a story from my work with the community of Kyakitanga village, a post-colonial settlement of four displaced ethnic groups in Mubende district, Uganda. I first went to Kyakitanga in 2011 as a volunteer for an NGO called HEED, and I continue to work with village members today as a HEED affiliate. In 2013, I facilitated meetings with village members about how to address barriers to food sovereignty. Participants attended the meetings with the expectation that I was there to teach them how to farm. When, instead, I asked participants share their own farming experience and expertise with one another, many were confused or disappointed. Later, I engaged in walking tours of participants’ farms during which they showed me their numerous and nuanced farming techniques. They were surprised to learn that I had little education about farming and absolutely none about farming in central Uganda – I remember one man burst out in laughter when he handed me a *panga* [machete], asked me to harvest an ear of corn, and I replied, “How do I do it?” The wealth of traditional ecological knowledge (TEK) that village members practiced in their farming had been generated, tested, transformed, and passed from generation to generation – and in this area, I was anything but an expert.

The title of “expert” is often afforded to me in situations where it is unwarranted, and this is often because of my positionality as a white person. Because I am white, sometimes I am assumed to be a person who knows the best solutions for a community’s problem (which is not true). Even when I am not assumed to be this person, I am still privileged to make decisions and direct conversations. This type of relationship in global health work perpetuates white supremacy. In “Heteropatriarchy and the Three Pillars of White Supremacy,” Audrey Smith (2006) defines one of those three pillars as Slavery/Capitalism. Through slavery, blackness was equated with property and commodity; this equation endures today in the United States through the prison-industrial complex, which incarcerates rather than overtly enslaves black bodies as a way of managing them. In global health and development work, the notion that a white person is inherently capable and qualified to “manage” brown communities and their problems is at once a widespread (though often covert) assumption, and a perpetuation of white supremacy.

In Dar es Salaam I sought to be critically aware of this dynamic, to resist it, and to find ways of “re-locating myself in the research” as a partner working in solidarity with community goals, rather than an expert. Several things helped in my re-location including Alter/Native methods themselves, building relationship, and my own experience with illness.

When I first engaged with SEET and the Ukombozi program, I mainly interacted with program staff as an MPH practicum student. Although I did not come from Dar es Salaam or the target neighborhoods, had only one year of masters-level public health training, and had never implemented Ukombozi before, I was assumed to be able to make a meaningful contribution to the program in about 120 hours of practicum work. In the beginning I might have been “located” or viewed as *mgeni* [guest], *mtafiti* [researcher], *mwanafunzi* [student], and *mzungu* [white person].

However, I was re-located over the course of my practicum through relationships that were deepened by my own experience with illness. When I first moved to Buguruni, I lived alone in a single room at a hostel, with a shared bathroom. Most of the other tenants were young women around my age – students and young mothers – but I generally did everyday things on my own. Within a week of living at the hostel, though, I was sick with a gastrointestinal infection, a urinary tract infection, hives, and a sty. Friends I had met, including Ukombozi program staff, took care of me and helped me access healthcare as well as move into a different living situation with improved water and sanitation. This illness taught me that I had to re-locate myself not as an independent *mtafiti* but as a member of community. This was something I was already aware of through my work in Kyakitanga, but had failed to practice when I first arrived.

Over the six months I lived in the city, I continued to become close friends with program staff (my coresearchers), participants, and other community members. We cooked *ubwabwa* [rice] for Eid, attended weddings, celebrated birthdays and kindergarten graduations, picked up the kids from school, grocery shopped, ate everyday lunches of *ugali* and *sukumawiki*, visited family farms, and much more together. I was no longer an independent *mtafiti* but a member of the Ukombozi team and the larger community. I was re-located continually to become *mwenzangu* [my colleague], *rafiki* [friend], *dada* [sister], *mwanangu* [my child], and even *Mswahili* [Swahili person].

During the research process itself, the use of Alter/Native methods helped to re-locate myself as a decolonizing researcher by placing participants as the drivers and decisionmakers of the research. Even still, participants often deferred to me with questions about how the research process should be carried out. In these instances, I engaged in the practice of “turning the question around” and asking my participants to answer – more often than not, participants already had an inkling of what they wanted to do. Turning the question around provided an opportunity for them to voice their opinions first, where they were not yet overshadowed by my own.

According to the status quo, my location in the research is an expert who knows the answers, directs conversations, and makes the right decisions. This position stems from the power and privilege afforded to me as a white person, created and reinforced by centuries of institutionalized racism through slavery, colonialism, and neoliberalism. In this research, I sought to re-locate myself as a partner working in solidarity with community members through the use of Alter/Native methods, building relationships, and a “fortuitous” illness. This re-location is imperfect and a constant process, but a necessary act of resistance for those global health practitioners who seek to decolonize research, program, and policy development processes. In the next section, we will see how those same forces of colonialism and neoliberalism played a role in the creation of an uduhiti epidemic in Tanzania, framing the context in which this research takes place.

## *Sehemu ya Pili: Mazingira / Part Two: Context*

### **Mapping the Tanzanian Narcoscape: Colonialism and capitalism as cartographers of Udhibiti**

It is impossible to talk holistically about udhibiti today without also talking the factors which influenced changes in consumption of *pombe* [alcohol] and *madawa ya kulevya* [intoxicating drugs] among Tanzanians in a way that diverged from traditional uses. Udhibiti in Sub-Saharan communities has not arisen in a vacuum, but rather has evolved over time within narcoscapes<sup>4</sup> that are at once highly globalized and also unique to regional geographies and sociopolitical histories (Affinnih 2002).

In accordance with First Voice (Graveline 2000), this chapter relies on the works of Tanzanian writers. The result has been an Africanist-socialist view of historical changes in labor and modes of production, and the impact of those changes on mental health and substance use. This analysis makes visible some of the ways in which capitalism, colonialism, and their neoliberal counterparts have resulted in the dispossession of spaces for indigenous ways of being, in tandem with the inequitable and coercive incorporation of Tanzania into global capital markets. The result, in part, has been a simultaneous increase in exposure to risk factors for udhibiti among Tanzanians, and an undermining of both traditional and postcolonial institutional responses to udhibiti.

#### **The transformation of traditional societies**

When speaking about “traditional” or “indigenous” Tanzanian societies, I draw from the work of Swahili political scientist and writer Ali A. Mazrui. In *The Africans: A Triple Heritage* (1986), Mazrui presents African indigenous identity rooted in a diverse array of hunting, gathering, agricultural, state-led, and stateless societies. Across these societies exist variant themes around the importance of communal identity, of an adaptive relationship with the environment, of past as embedded in present, of oral tradition, and of emotion as a way of knowing. This presentation contests Western notions of traditional and indigenous societies as uniformly “stagnant”, “backwards” or “recipients” of “civilization”. Today, African communities continue to absorb, transform, and indigenize other “heritages”, to use Mazrui’s term, from all over the world.

Historian Isaria N. Kimambo posits that a rapid transformation of traditional societies in Tanzania began not with the establishment of colonial rule, as many might assume, but rather with the penetration of capital markets; along these lines, he often presents the history of the Pare people in what is now the northern Tanzanian highlands as a case example. In the early 1800’s the Pare found their villages positioned along a developing trade route built by Omani coastal merchants, connecting the East African interior to the Indian Ocean. Like many traditional societies in Tanzania, the Pare practiced subsistence

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<sup>4</sup> Affinnih (2002) describes narcoscapes as “the totality of the world’s physical geography, including such natural features as rivers, lakes, deserts, and seas; man-made features like canals, roads, and railroads; political constructs such as international and national borders; and climate conditions, which affect the growth of illicit crops like opium, coca, and marijuana. Narcoscapes also include the totality of global networks— narcosyndicates, as well as individual ad hoc networks—trafficking in heroin, cocaine, marijuana, and other psychotropic substances, and also the distribution networks of legitimate drug manufacturers” (268).

agriculture, employing modes of production characterized by strong kinship ties and communal land ownership. Over time, coastal merchants introduced commodity exchange as they sought salt, iron, livestock, and later ivory in exchange for goods like cloth and guns, and eventually introduced exchange for currency as well. By the 1840's, the East African interior was "fully incorporated into a rapidly expanding system of world trade" (Kimambo 1991, 3).

In addition to functioning as the main unit of production in traditional societies, kinship was also the primary soil in which health and healing were cultivated. The kinship unit provides spiritual and emotional relief, social support, security, education, and moral frameworks which are woven across generations. Disruption of the kinship unit may result in loss of social support and sense of purpose or direction among individuals (Kilonzo & Simmons 1998).

In the 1860's, demand for human cargo increased and Omani merchants equipped indigenous leaders with guns to collect slaves from neighboring communities for export to Zanzibar and, from there, to other parts of the empire across the Indian Ocean. In response, new political units formed who sought control of regions along the trade route. This significantly transformed the fabric of Pare societies as "a class of leaders interested more in profit from trade than in the welfare of the people was coming into being" (Kimambo 1991, 4). As the primary livelihoods of communities shifted from broad-based subsistence production towards the specific industries of ivory and slave trade, classes emerged within communities, conflict increased between communities, agriculture was disrupted, and instances of famine occurred which made communities more vulnerable to disease.

At the Berlin conference of 1885, European powers at once "abolished" slave trade and declared Tanzania to be a colony of Germany. From Kimambo's point of view, German colonial rule was viewed as a shift in who was to manage the continued penetration of capital in the region. A Tanzanian labor class was forcibly established by colonizers through legally acceptable forms of slavery; this included the implementation of a head tax, which coerced Tanzanians to live on large German-owned plantations, or otherwise pay an expensive tax for each member of their household. Destabilized by the shift away from a diversified subsistence economy and towards now-struggling industries (supply of ivory, for instance, was depleted), many Tanzanian families could not afford this tax and were forced to join plantation schemes. A similar system continued after WWI, when Tanzania was then placed under British rule until independence in 1961. Tanzanians demonstrated pointed resistance and resilience in response to these developments; the Pare, for instance, incited the Mbiru revolt from 1945-1947 in response to continuous and increasingly unjust taxation practices (1991, 10).

The conditions of violence, class inequity, and poverty cultivated by these developments are named as key social and environmental risk factors for udhibiti (SAMHSA 2018). At the same time, spaces for traditional ways of being were being systematically compressed, outcast, or dismantled. These spaces provided important contexts for indigenous modes of *afya* [health] and *uponyaji* [healing]. As Kilonzo & Simmons (1998) describe, in traditional Tanzanian societies,

*to be healthy is to be whole in the intricately intertwined spiritual, mental, social, and physical realms. There is a sacred continuity of purpose and communication between the living, the ancestors and the gods who inhabit both the spirit world and the physical*

*environment in which the community lives. Various animals, forests, and celestial bodies are consecrated shrines where the ancestors and the gods dwell. The state of being healthy therefore does not only entail harmony among individuals in the community, but a harmonious relationship between the community and the physical environment, as well as the spiritual world of the ancestors and the gods who sustain them. Disturbance in any area of this complex relationship can lead to mental and emotional disharmony. (420)*

In response to that disharmony, healer and healing process must address the whole system. So then, at the same time that exposure to udhibiti and mental illness risk factors increased, the very contexts which supported traditional models for afya and uponyaji that might have addressed udhibiti were also dismantled. Beyond traditional modes of uponyaji, the German colonial medical system (which included a few mental health services) allocated virtually no resources to the treatment of indigenous Tanzanians (Kilonzo & Simmons 1998).

### **Balancing new national sovereignty and economic growth**

After independence in 1961 a similar pattern continued and then accelerated, shaped by neoliberalism, despite Tanzanian efforts to navigate differently. From independence, Tanzania sought “non-alignment” in the midst of Cold War politics. As the first President Mwalimu Julius K. Nyerere explains in his 1965 address in Peking, “We shall seek economic and technical cooperation from wherever we can find them without strings which limit our freedom. We inherited our economy linked and geared to the capitalist world, and we are shaking off the restrictions which this implied” (Nyerere 1967).

This proved difficult, as at the time of independence Tanzania was one of the poorest nations in the world. The World Bank and other institutions prescribed foreign aid for market-based solutions as a means to stimulate economic growth and, it was assumed, raise standards of living across the country. While the new government heeded the recommendations, engaging with a wide variety of donors, it also sought to maintain political sovereignty. Tanzanian leaders soon learned that aid was often tied to the political agendas of donor countries and institutions. Professor Severine M. Rugumamu outlines how, after several political disagreements with donors including the U.K., West Germany, and the United States (which ultimately led to withdrawal of aid on all three counts), it became clear to leaders that “if aid was foreign policy, *ipso facto*, disinterested aid did not exist. And unconditional reliance on foreign aid, therefore, was bound to compromise national sovereignty” (1997, 122).

The Arusha Declaration of 1967 signaled Tanzania’s shift towards socialism and self-reliance as central strategies for development, rather than the free market strategies which had proven to co-opt national sovereignty. Feminist activist Ruth E. Meena writes,

*The Declaration correlated economic weakness with oppression and humiliation which the people had suffered under colonialism and imperialism. It called for the destruction of exploitative relationships among Tanzania’s citizens and between Tanzania and the rest of the international community. Nationalization of economy, collectivization of the production system, and utilization of local resources for development purposes were seen as a means of achieving the development goals of the nation. A policy of socialism was expected to bring a ‘death Knell’ to the exploitative relationship between Tanzania and*

*the capitalist world... Socialism to be built as a result of the Arusha Declaration was not 'doctrinal socialism' like the scientific socialism defined by Marx and Engels and elaborated by Lenin. Socialism in Tanzania was expected to grow out of African traditional life, with modifications to take account of modern technological possibilities. Collective production, work for all, respect for all, and fair distribution of resources were to be incorporated into the society as the guiding principles. (10)*

At this time Tanzanians endeavored once again to reclaim ways of being and reverse the inequitable relationships which had shaped the emergence of the nation, through self-reliant and Africanist politics that were grounded in dynamic, traditional values.

### **Entrance into a globalizing economy and impacts on health care**

Along with many other Sub-Saharan countries, by the late 1970s Tanzania found itself highly indebted due to myriad systemic forces including hikes in oil prices, rising interest rates, a floating US currency, and falling commodity prices. Nyerere's government sought financial aid and investment on their own terms but struggled to obtain it due to a lack of formal agreement with the International Monetary Fund (IMF). That absence of agreement was essentially a declaration of non-alignment with the dominant development theory that "economic growth is the main goal of development and that growth should always be facilitated, even at the expense of social services" (Gloyd 2004, 43). Bilateral donors to Tanzania gradually reduced their aid as a means of pressuring the country into IMF engagement (Rugumamu 1997).

After Nyerere's retirement in 1985, that mounting economic pressure resulted in an agreement between the IMF and newly-elected President Ali Hassan Mwinyi's government. The agreement provided financial aid on the condition of structural adjustment, or an overhauling of Tanzania's socialist and self-reliant policy approach in favor of free market doctrine. This led to "reduction of state activity in the management of the economy, privatization of the public sector, elimination of the controlled price system, and the introduction of user fees in education, health, and utility services" (Rugumamu 1997, 181). Additionally, annual national budgets required World Bank and IMF approval.

The relative effectiveness of structural adjustment programs (SAPs) in achieving "development" in low income countries is well-studied. Generally, it has been observed that the coercive implementation of neoliberal policies has not improved economic and health equity in low income countries, and this was the case in Tanzania. Writing in 1992, political scientist Andrew Kiondo reflects on the shorter-term impacts of Tanzania's structural adjustment:

*The impact of economic reform in Tanzania is greatly shouldered by those who do not participate in shaping them, that is, the underprivileged classes. An initial examination of the impact of the austerity policies on the budget shows that in social areas, especially those of health, education, and housing, are greatly affected. School fees are partially back, meaning that the children of the poorest sections of the society will no longer have easy access to higher education. The gradual reduction of the health budget means that the generally underprivileged sections of society, notably women and children, will be subjected to the poorest health services. Already maternal deaths are rampant at the national hospital, Muhimbili. (39)*

The Primary Health Care systems that the Tanzanian government attempted to set up after independence were effectively drained of resources, the impacts of which are still felt nearly thirty-five years later – especially in health workforce. Latest estimates posit that in Tanzania there were only 2.2 physicians per 100,000 population in 2014, in a country with a total population of over 60 million (World Bank, 2018). The mental health and udhibiti-related workforce is even smaller (see Table 1). On the whole, there are only 278 mental health professionals in the country – an estimate which includes both government and private facility personnel. As far as facilities offering mental health and udhibiti services, there are 35 mental health outpatient facilities attached to hospitals, 5 psychiatric units in general hospitals, 2 designated mental hospitals, 4 residential care facilities, and one methadone clinic (WHO 2017).

Table 1: Mental Health Care Personnel in Tanzania.

<b>Occupation</b>	<b>Number of personnel (per 100,000 population)</b>
Mental Health Workers (total)	0.052
Psychologists	0.01
Psychiatrists	0.06
Social Workers	0.06
Occupational Therapists	0.02

WHO (2017)

### **Growth of the narcoscape in Sub-Saharan Africa**

Tanzania was only one of many sub-Saharan countries to engage in SAP agreements with the IMF and World Bank. Absorption of Sub-Sahara into a globalizing market signaled the simultaneous absorption of the region into the global narcoscape. The two worked hand in hand to accelerate commodification of goods and services, and flow of capital (both legal and illegal). As Ghanaian scholar and Director of the Sub-Saharan Drug Abuse Research and Consultancy Center, Yahya H. Affinih, argues, “implicit in the narcoscape is the logic and reasoning of capitalism” (2002, 268).

Africa became an attractive transit point for illicit drug trafficking due to geographic location, inexperienced law enforcement agencies, and poor surveillance. Increasingly during the 1990s, traffickers from the Middle East and South Asia used Dar es Salaam and Beira as essential entrance ports for heroine transport (Affinih 2002; WHO 2013). Today, Tanzania is among the most-cited transit countries for opiate trafficking in the world (UNODC 2017).

With the commodification of substances, accelerated flow of those commodities, and increased integration of Tanzania into the global narcoscape as both transit point and market, the availability of substances such as marijuana, opioids, and other madawa ya kulevya has increased – especially in major port cities like Dar es Salaam. At the same time, capital penetration and colonialism increased Tanzanian exposure to risk factors for udhibiti including violence, economic inequality, and social marginalization. The same forces also undermined traditional and institutional responses to udhibiti. These forces coalesce such that “Sub-Saharan countries now have drug consumption problems that were essentially absent prior to 1980, along with the associated health, social, and economic costs” (Affinih 2002).

## Epidemiology of Udhibiti in Tanzania today

Because of the clandestine nature of udhibiti, it is often difficult to obtain comprehensive data around its prevalence and impacts in Tanzania today. In piecing together a variety of studies, we can begin to gain some understanding.

A 2014 WHO assessment found that in 2010, 21% of men and 7% of women engaged in heavy, episodic drinking. The estimated prevalence of *udhibiti wa pombe* [control of alcohol] among men was 9% and 2% among women; the overall population average of 5.5% is higher than the WHO Africa Region average of 3% (WHO 2014). A local urban study around the same time, conducted across five Tanzanian cities, observed an *udhibiti wa pombe* prevalence of 17% and noted that “while [udhibiti] is less prevalent in Tanzania than in richer countries, lifetime consumption rates [of pombe] are significantly higher in poorer areas” (Mbatia et al., 2009).

In 2014, the National AIDS Control Program (NACP) of Tanzania commissioned a literature review and survey to gather information about high-risk populations for *UKIMWI*, including watumiaji and more specifically *wanaopiga sindano* [people who inject drugs, or PWID]. The study estimates that there are approximately 300,000 watumiaji in Tanzania, 30,000 (20,000-42,500) of whom are wanaopiga sindano. Of those wanaopiga sindano, as many as 50% of them are estimated to be living in Dar es Salaam (TNACP 2014).

Udhibiti is embedded amidst a complex web of health determinants and outcomes, in Tanzania most notably *ukali dhidi wanawake* [violence against women] and *UKIMWI* [HIV/AIDS]. The Tanzania 2016 Demographic and Health Survey observed that 80% of ever-married women who have experienced spousal violence reported that their partner “gets drunk very often”. This is a significant number of women, given that 40% of all women age 15-49 have experienced ukali. Among ever-married women, separated, divorced, or widowed women are disproportionately affected by ukali, with 63% reporting experience of physical abuse and 31% reporting experience of sexual abuse (TMOHDCGEC, 2016).

Similarly, *UKIMWI* transmission is closely linked to substance use and related behaviors such as needle sharing, ukali dhidi wanawake, gender norms, and *ngono zembe* [unsafe sex] among others (PEPFAR, 2014). In 2014, *UKIMWI* prevalence was estimated to be 35% among wanaopiga sindano and between 18-25% among watumiaji (TNACP 2014), compared to the general population prevalence of 2.72% (IHME 2018). Within Dar es Salaam, it was estimated that 51% of wanaopiga sindano in Kindondoni District of the city were HIV+. From this sample, wanaopiga sindano who are women were more likely to be HIV+ with a prevalence of 71% compared to 45% among men (TNACP 2014).

Data suggests that the burden of udhibiti is only increasing: The number of annual deaths related to *udhibiti wa pombe* more than doubled since 1990. The number of annual deaths related to *udhibiti wa madawa ya kulevya* [control of intoxicating drugs] has more than tripled since 1990. And DALYS associated with *udhibiti wa pombe* and *madawa ya kulevya* have both more than doubled since 1990 (IHME 2019).

## Navigating the Narcoscape: Responses to Udhibiti in Sub-Saharan

In response to this growing epidemic of udhibiti, over the last twenty years many Sub-Saharan governments have signed onto the United Nations drug conventions, coordinated drug control measures

through regional bodies such as the Organization for African Unity (OAU), enacted national drug legislation, and/or created national drug control agencies (Affinnih 2002).

Even before the governmental commitments, Tanzanians pursued indigenous pathways for preventing and treating udhibiti and mental illness – in particular, through the use of Psychiatric Agricultural Rehabilitation Villages. First developed by Psychiatrist Thomas Adeoye Lambo in 1954 in his home city of Abeokuta, Nigeria, Agricultural Rehabilitation Villages “offer psychiatric services similar to those available in hospitals in an environment intended to duplicate the social and economic milieu of a rural community” (Kigozi & Kenyanda 2006). The villages provide healing by recreating those spaces for traditional ways of being which were dismantled by capital penetration and colonialism, and by reconnecting patients to those contexts in which traditional healing has efficacy and impact. During stays in the villages, patients (sometimes together with their families) engage in traditional livelihood activities, working in agriculture and artisanry alongside other patients with periodic checkups from local psychiatric practitioners. Patient stays vary in length, but reintegration into larger society is a goal (Jegade, 1981).

The first Tanzanian rehabilitation village was started in 1969 in Dodoma by patients themselves, with the help of medical staff, modeled after Lambo’s villages. Throughout the 1970s and 1980s, a total of 11 rehabilitation villages were constructed, serving 450 patients at any given time (Kilonzo & Simmons 1998). These villages represent a valuable contribution in adapting biomedical systems of psychiatric care as auxiliary supports to African indigenous models of health and wellness. The villages are also aligned with Primary Health Care values which guide the health systems of many African countries (Kigozi & Kenyanda 2006). For the last ten years, there has been noticeable silence in the literature surrounding these villages and no one I spoke with in Dar es Salaam seemed to know about them.

While the role of Psychiatric Agricultural Rehabilitation Villages after the 1980s remains unclear to me, in the early and mid-2000s Tanzanian drug policies led the region in harm-reduction strategies. The Ministry of Health opened the first methadone clinic in mainland sub-Saharan Africa in 2011 with measured success (Masao et al. 2014), and hosted the second African chapter of the International Network for People Who Use Drugs (INPUD) in 2013, both in Dar es Salaam (Motani 2017).

In February 2017, however, President John Magufuli announced policies which increased monitoring and stringency around trafficking, sales, purchase, and possession of illicit drugs in ways similar to the Nixon administration’s War on Drugs in the United States (Ng’wanakilala 2017). By July of that year it was reported that 4,000 Tanzanians had been arrested for drug-related activities, including 2,000 who were detained abroad (Motani 2017). According to one local reporter, “authorities publicly framed the development as a war on drug trafficking and corruption among the elite, however, policy implementation seems to have primarily targeted low-level participants in the drug-trade – including people whose main offence is drug use.” (Motani 2017).

### **Dar es Salaam Interfaith-Government Coalition for Community Health**

In this context, a group of public, academic, and faith-based partners in Dar es Salaam came together to form an interfaith-government coalition for community health in 2013. The mission statement of the coalition is to “Bring together faith-based, government and local community leaders in supportive

partnership to improve the health, education, and wellbeing of poor, marginalized and isolated Tanzanians, with Tanzanians living in peace and harmony.”

Institutions from the founding partners include:

- Dar es Salaam Regional Medical Office
- Pwani Regional Medical Office
- Aga Khan Hospital and University
- Hubert Kairuki Memorial Hospital and University
- Sunni Muslim Cleric of Dar es Salaam
- Shia Muslim Cleric of Dar es Salaam
- Anglican Diocese of Dar es Salaam
- Catholic Interfaith Leadership
- Several local and international foundations including: the Khaki Foundation, the Humanitarian Charitable One Trust (HACOT) Foundation, and Health Tanzania Foundation.

Since 2005 the latter foundation partner, Health Tanzania Foundation (HTF), has assisted the Health Program of the Anglican Diocese of Dar es Salaam to build capacity and expand services offered at Buguruni Anglican Health Center (BAHC). The center now runs an award-winning HIV/AIDS program and provides a comprehensive set of services including minor surgery and C-section to patients in the surrounding low-income neighborhood. HTF has also engaged in health systems strengthening efforts, building capacity for emergency response at Amana Regional Referral Hospital since 2011, and working with the Ministry of Health and Kairuki University to develop curriculum and provide clinical practice sites for a national level Family Medicine Masters.

### **SEET and the Ukombozi Program**

Socioeconomic Education Transformation (SEET, formerly Faith in Action Tanzania) was formally established in 2016 as an implementation arm of the Interfaith-Government coalition, just before the start of Magufuli’s war on drugs. SEET works closely with HTF, who provides meeting space, administrative support, and assistance with applications for funding. The lean-staffed CBO is led by Kairuki University Director of Behavioral Health & Ethics, Dr. Masalakulangwa Mabula.

SEET works primarily in Buguruni and Vingunguti wards of the city. The result of rapid and unplanned urban sprawl over the last thirty years, these neighborhoods spill to the southwest from Kariakoo (that is, downtown Dar es Salaam) towards Julius K. Nyerere International Airport, hemmed in by two major outgoing rail lines and a river. Most households, accessible only by foot or an ambitious pikipiki [motorcycle], share water sources and pit latrines. There are municipal electricity lines running along main roads in the neighborhoods, the sky above the winding narrow streets often spiderwebbed with homemade lines to siphon electricity. Buguruni is home to the city’s largest and busiest fruit market and its central Uhuru Street is constantly full of traffic heading to and from Kariakoo. The majority of residents are Muslim but there is also a considerable Christian constituency given the Anglican Diocese sits within the neighborhood. Many people refer to Buguruni as *chini* [down], meaning that is it lower-class.

One of SEET's long-term goals is to see that these two target neighborhoods become communities with reduced rates of UKIMWI, ukali, and udhibiti. The Ukombozi program employs three key strategies in pursuit of this goal:

1. **Foster Collective Action Networks** among mosques, churches, local government, CBOs, school and vocational programs, health centers, and community members.
2. **Equip and Mobilize** volunteers, including volunteer Trainers-of-Trainers (TOTs), to (a) educate community members about *UKIMWI*, *ukali*, and *udhibiti*; (b) conduct outreach to vulnerable individuals; and (c) refer and connect vulnerable individuals to a range of existing services through the Collective Action Network. These services include national health insurance, BAHC and other clinics, vocational training, savings circles and cooperatives, and 12 Step groups.
3. **Identify and Monitor** vulnerable individuals and families on an ongoing basis.

To equip and mobilize TOTs and volunteers, Ukombozi utilizes a training curriculum based on the Drugs-Alcohol, AIDS, Violence Volunteer Educator (DAVVE) model, a community self-help program that addresses a suite of behavioral health challenges including substance abuse, HIV/AIDS and other STI risk factors and treatment navigation, and GBV and other forms of violence. With regards to treatment of udhibiti, the program mobilizes volunteers to start support groups for recovering addicts which are based on 12 Step principles. The DAVVE program was developed through collaboration between HTF President Dr. Henry Ziegler, the MetroHealth System, Cuyahoga Metropolitan Housing Authority, and African American community members in Cleveland, Ohio.

From mid 2017 through 2018, SEET began implementing the Ukombozi program in Buguruni and Vingunguti wards. During that time, the organization:

- Trained fourteen mosque, church, and community members (six male and eight female) to become trainers-of-trainers (TOTs) on issues of substance use, violence, HIV/AIDS and other STIs.
- Trained 55 community volunteers on community health issues (including HIV/AIDS, preventive screening, and malaria); community resource mobilization; drug and alcohol addiction, and violence.
- Trained of 488 community members on drug and alcohol addiction.
- This led to the formation of four 12 Step Groups and training of 29 substance users on 12 Steps for addiction recovery.
- Three former drug users are currently sober

## Sehemu ya Tatu: Utafiti / Part III : Research

### Grounding In as Trickster in Buguruni

One practical and methodological contribution of this research is to demonstrate some of the ways that Alter/Native methods can be used to transform and subvert colonial constructs in global health work in order to serve decolonizing purposes. I argue that this requires the researcher to take up Trickster as a

thinking companion throughout the research process. Trickster refers to a common archetype in indigenous storytelling around the world – examples include Raven in North American Native folklore or *Sungura* [rabbit] in Swahili *hadithi* [fables]. Presented by Esther Priyadharshini in *Thinking with Trickster: sporadic illuminations for educational research* (2012), Trickster as Methodology acknowledges that researchers often reflect certain aspects of the archetype as they occupy multiple and shifting subjectivities; navigate a borderland between two worlds while visiting each; test rules and boundaries; proffer new values and possibilities; and instigate change. By using Trickster as a “thinking companion”, researchers are often able overcome barriers when “the praxis of research feels ‘impossible’, resulting in jaded moments, weighed down by historical-contextual burdens” (Priyadharshini 2012, 547). My coresearchers, participants, and myself all utilized the role of Trickster in some respect over the course of the research period.

For about three months, from July to September 2018, I fulfilled my practicum requirement as an Operations Assistant for SEET under the mentorship of Director of Operations Cyprian Chilowaka, MPH, CO and Community Organizer Faidha Rashid, CNA in Buguruni.<sup>5</sup> Using Trickster as a thinking companion, I sought to decolonize my practicum by also using it as a time for Grounding In, which describes the process of building relationship with coresearchers, participants, and other community members, often resulting in collaborative identification of a research topic (Boston et al 1997).

In August we conducted a midpoint evaluation to gauge how SEET programs were going, and I also regularly engaged in conversation with staff and volunteers to learn various perspectives about the same. Ironically, at this time the Ukombozi program was still in the midst its own Grounding In process, so to speak: socializing the program goals and strategies with the community, identifying vulnerable groups and individuals, and training volunteers. We identified specific facilitators and barriers to program implementation, one of which involved the Ukombozi training manual.

While the Ukombozi training manual had been translated directly into Swahili, both staff and volunteers raised issues of low accessibility and usability of the manual due to its length, difficult translation, and presentation of concepts. While they had attended Ukombozi trainings, none of the SEET volunteers in talking circles had read the entirety of the manual on their own, nor did they use the manual regularly to assist them with volunteer activities.

In East Africa, health belief systems around *UKIMWI*, *ukali*, and *udhibiti* differ from Western notions of HIV/AIDS, violence, and addiction. There is little to no material in the literature about those health belief models for *udhibiti* – that is, the Swahili explanatory model of underlying causes, symptoms, diagnoses and appropriate treatments for *udhibiti*. While indigenous Psychiatric Agricultural Rehabilitation Villages had popped up throughout Tanzania in the 1970s, as mentioned earlier it is unclear to me what role they play today in treatment of *udhibiti* and other mental health issues. And while there are successful adaptations of 12 Step programs in particular within Non-Western contexts, review of the literature indicates a gap in the creation or adaptation of addiction management programs in Sub-Saharan to meet a growing need.

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<sup>5</sup> A summary of practicum activities is presented in Appendix 3.

At the start of my practicum I mentioned to staff that if a need arose which my thesis research might contribute towards meeting, I would extend my stay and continue working with SEET. In August, Chilowaka and I discussed that improving and adapting the Ukombozi training manual would be an important next step for the program. Over the next month, I worked with him to plan a research proposal in order to inform the program adaptation. The five core SEET staff worked with us as coresearchers.

### ***Ngonjera as Methodology***

*Ngonjera* is a genre of Kiswahili poetry which plays an important role in educational settings and social gatherings. One of the genre's major responsibilities is to teach about and discuss contentious or critical issues within communities. In performance of *ngonjera*, two speakers debate an issue of importance to the audience (TIE 1996). Traditionally one speaker plays the part of a "wise" character in debate with the other speaker, playing a "fool" character who, by the end of the performance, has ceded their opinion. The goal of both characters is to complement one another in Trickster fashion, provoking the audience to consider two sides of an argument before reaching a certain conclusion. *Ngonjera* was often used by Tanganyika African National Union (TANU), Nyerere's political independence party, to encourage and mobilize Tanzanians in the pursuit of ukombozi [liberation] from Britain (Kennedy, 2005).

In loose parallel, *ngonjera* is adapted here as a methodology for communicating themes that arose from SEET's program which focuses on a different type of ukombozi – that is from udhibiti rather than the British Empire. In a diversion from traditional *ngonjera*, *ngonjera as methodology* does not position actors in opposition to one another as "fool" and "wise" tropes. Rather, *ngonjera as methodology* is used to present the dialogue and "moves" made between institutions, participants, coresearchers, and myself as we journeyed through the adaptation process together. At times, the moves we made were complementary and at others confrontational. Sometimes they were overt, and at other times implicit. This *ngonjera as methodology* provokes the audience to consider the imperative of ukombozi [liberation] for global health research and praxis through the use of Alter/Native methods. While this dialogue is ongoing and complex, in this section I discuss a handful of moves which played a particularly influential role in shaping the Ukombozi adaptation.

***The Institution says,***

***Research proposals should include an introduction, literature review, research aims and questions, sampling methods, consent protocols, methods section, and analysis plan.***

***I say,  
Okay.***

An inherent tendency of traditional research is gatekeeping, which includes processes such as the approval of proposals, peer reviewed publishing, and rigid structural requirements for manuscripts. In writing a thesis proposal for the Ukombozi adaptation I felt particularly at odds with those structures, which did not coalesce with Alter/Native principles. At the same time, I did not yet feel empowered or supported by my institution to shed those structures and to preemptively claim the use of Alter/Native methods. As a result, I viewed the proposal as a formality which "legitimized" my thesis work to the institution and as a tool to "get through the gatekeepers". I anticipated that most of the planned processes would be revised, abandoned, or replaced during the research process. The proposed aims of the research were to explore:

1. Kiswahili *semi* (sayings, proverbs, and idioms) used by participants in talking about udhibiti,
2. ideal modes and norms for communication about udhibiti use as identified by participants, and
3. participant perceptions of how Ukombozi program materials may be improved for linguistic clarity and cultural relevance.

As anticipated, the original questions decreased in relevance over the course of the research in relation to participant priorities for the adaptation. While the questions acted as a good starting place for talking circles and have informed an improved curriculum translation, participants added to and eventually directed meeting agendas such that they not only informed the adaptation but planned and performed many of the actual adaptation activities. This took place mainly through a collaborative creation and recording of performance art pieces including poetry, songs, stories, and skits.

***The Institution says,  
Randomized and probability sampling ensures validity.***

***The research team says,  
Utafiti ni Mahusiano.***

We recruited volunteers through tiered convenience sampling and also deliberate participant selection, to form one cohort from each target neighborhood (Buguruni and Vingunguti). During recruitment, we shared the Ukombozi adaptation project at each neighborhood's regular volunteer meeting. In Swahili, I shared the goals of the research and also told volunteers of my disposition as a decolonizing researcher (See Appendix 2 for an approximation of the full recruitment script).

After announcing the research and intent, we passed around an interest sheet and asked people to write their name, phone number, gender, and *ushirikiano* (affiliation of how they became connected to Ukombozi, whether it was through *msikiti* [mosque], *kanisa* [church], or *jamii* [that is, general community volunteer activities]). We sought to create groups with an equal mix of men, women, mosque, church, and community volunteers in order to incorporate a diversity of perspectives that was representative of the *jamii*.

In Vingunguti, ten volunteers signed the interest sheet. While we had planned for eight volunteers in each group, we selected all ten volunteers and contacted them via text message; these ten volunteers represented a fairly equal mix of the different target groups. In Buguruni, thirteen volunteers signed the interest sheet. My coresearchers selected 10 of these volunteers to create a mix of the target groups, with the added dimension of representation from Trainers-of-Trainers (TOTs) and regular volunteers. The Buguruni group had been conducting Ukombozi activities for longer and was the only group which consisted of both TOTs and regular volunteers. My coresearchers knew that it would be important to make sure TOTs were included in the study because they had deeper understanding of Ukombozi goals and relationships with *watumiaji*. However, more than those ten volunteers often came to meetings as word traveled amongst them about when the meetings were held. Any and all attendees were included in discussions.

In this recruitment process, I relied on the knowledge and relationships of my coresearchers to guide the recruitment process, abandoning traditional gold standards of probability-based sampling. They even

asked me to call one volunteer who was not present at the recruitment meeting, knowing that she worked closely with watumiaji and that she should be involved. Ultimately, she would be the one to lead recruitment of watumiaji so that we could incorporate their ideas and perspectives into the adaptation.

***The Institution says,  
Focus Groups to solicit data***

***I say,  
Talking Circles to build actionable knowledge.***

After recruitment, we held two Talking Circle series throughout November and December – one series for each neighborhood. Each series consisted of four Talking Circles which built on one another over time, maintaining more or less the same cohort of participants throughout the series progression. These Talking Circles make use of Circle as Methodology – a “cautious adaptation” of Canadian First Nation talking and healing circles. Beyond the soliciting of data typical in traditional focus groups, Talking Circles create an environment in which participants can present, synthesize, and analyze knowledge together, build consensus, and make decisions together about how to address important issues (Graveline 2000, 365). As such, the circles give participants ownership and influence over the research outcomes. The “starter dough” questions for each talking circle were planned by my coresearchers and myself, although we often pivoted with the ideas of volunteers or watumiaji.

In an effort to integrate research into ongoing program activities, talking circles were held at the same place as typical volunteer meetings, at the local maternal child clinic after-hours. For each meeting, participants were provided with *nauli* [compensation] of 10,000 Tsh (about \$5.00 USD).

***I say,  
I'm here to do research.***

***Coresearchers and Volunteers say,  
We live here.***

Talking circles did not always go as we had originally planned, in ways that revealed different expectations about time spent together. For instance, sometimes talking circle agendas became co-opted by discussions about program implementation or activities. At the start of one meeting, we spent about an hour discussing how we might apply to grants to get hand bicycles to help sponsored orphans with disabilities get to school. At the end of another meeting, we spent an hour discussing information about new ART regimens for HIV treatment and where they were offered. Coresearchers and volunteers also used talking circle meetings to plan for a day-long free clinic event offered at a nearby mosque (this was implemented spring 2019). While at first I viewed talking circles as strictly for purposes of the Ukombozi adaptation, they were leveraged by coresearchers and volunteers towards the advancement of program activities because we had everyone in the same place, at the same time, with *nauli* available.

As a second example, during the second meeting with Buguruni Volunteers, Chilowaka was not present for reasons that I still do not know. When we started Talking Circles together, I spoke Swahili at an “advanced intermediate” level. While I could carry on a conversation easily, by no means could I track nuances that might arise within the rapid pace of conversation in a Talking Circle discussion, and my vocabulary did not yet encompass a lot of colloquial language around Ukombozi topics that were

commonly used by participants. For this reason, Chilowaka played an instrumental role in clarifying translations amongst group members and helping me gain a deeper understanding of words.

When I realized he was not at the meeting, I encouraged another of my coresearchers to help facilitate, in particular, Felicia, who has high proficiency in English. Felicia was reluctant to stand up and speak. I think this was partly because she was just starting out as an intern for SEET, partly because she assumed I knew what I was doing more than she did (which I did not), and partly because she had carried her neighbor's young son to the clinic in town that day as he was sick. She was comforting him as he slept on her lap throughout the meeting. This meant I tried to facilitate the focus group without any assistance or clarification in translation, the results of which we will discuss subsequently.

But this sort of mixed-prioritization, between the research activities, program activities, and everyday life activities, was something I often had to check my attitude about. Because I was only in Dar es Salaam for about six months, there was a strange expectation hovering over me about the need to "be productive" and "maximize time together". When I first moved to Buguruni in July, even with all my training, I made a lot of mistakes that stemmed from anxieties about my limited time there which prevented me from integrating with the community. These feelings were captured in a blog post I wrote in August:

*There's this bajaj guy, Stephen, who gave you a ride once and insisted that you put your number in his Nokia brick phone. Annoyed, you hastily typed in your US number knowing full well he could never call you with it. Phone numbers here are sort of considered to be public information and it isn't a very personal gesture to ask for someone's number - nearly every person you have a conversation with asks for your number and you say no to most of them, so this didn't feel very different. You'll probably never see Stephen again, you think. As it turns out, Stephen is friends with all the girls you live with. He's the one your friend calls when you're sick, and he drops what he's doing to come pick you up and take you home. You could have easily called Stephen yourself, but you wouldn't give him your real phone number so you were shit up a creek when you couldn't walk to the bus station.*

*There's also a group of guys who yell greetings towards you every morning on your walk to work. You tell yourself that you can't possibly poa back at every mambo that comes your way and it feels to you like a bunch of catcalling, so you usually just walk past them. But it turns out that the Mambo On The Corner Guys are only sitting on that corner every single day because unemployment rates are in the double digits, and also turns out they are friends with the doctors you work with. You ignore them for five days in a row until you recognize a doctor sitting among them and only then do you decide to greet them back. Don't you sound awful? It's because you're awful. But don't worry because you're not you, I'm you.*

*I know there's a whole lot of important negotiations around gender and safety that influence these decisions which are not to be belittled. But there's also a very American conception of myself as a solitary meteor on a self-determined trajectory that can be*

*interrupted by nobody and nothing which dominates my decision-making in scenarios like these. I subconsciously figure that Dar is a big city – six million people – and I’m only here for three months and I’m never going to see these people again. I figure that most of the time, I don’t need to know who these people are and they don’t need to know who I am. In fact, I am so tired of everyone knowing who I am because there’s really no way for me to be anonymous here given my appearance.*

*But from what I’m learning, anonymity is not really afforded to anyone here because of the way that communities work and that is ultimately a very good thing. On a personal level, it means my meteor has been re-navigating it’s orbit significantly over the past two weeks, and that re-navigation is truly the only thing that’s kept me from crashing.*

By the time we started facilitating talking circles, I had learned through regrettable interactions such as these that while Buguruni was a place that many people passed through on their way to somewhere else, it was also its own community and ecosystem and I was firmly planted in the midst of it. It’s true that I was only in Buguruni for six months and had goals both for meeting institutional requirements and for personal growth. That limited time frame was also the reason that I had no right to monopolize meeting time and space that might be used for other activities as well. The ongoing work of Ukombozi is an integral part of the lives of my partners: Ukombozi was here before I arrived, and it would be there long after I left. This is something I’ve known for a long time, but something I continue to learn anyways. As a researcher, I was privileged to join this community for a short time as they labor together in pursuit of their goals. As such, the research agenda must include blank spaces to advance emergent agendas within the community.

### ***I try to say something in Swahili***

***Volunteers say,***

***I don’t know what you just said but, here’s what I think we should do***

As mentioned earlier, my proficiency in Swahili was not at a level which allowed me to facilitate complex and fast-paced discussions like those at talking circles. While many researchers might view this as a disadvantage and hinderance to conducting rigorous research, my non-fluency facilitated decolonizing research processes in several ways.

First, it created space for participants to provide direction in moments of ambiguity – for instance, when Chilowaka was not present at the second Vingunguti volunteer meeting. At that meeting, coresarchers and I began the talking circle with a free listing activity to bring everyone together, where we prompted volunteers to write down all sorts of figurative language like *maneno ya mtaani* [slang], *misemo* [sayings], *nahau* [idioms], *methali* [proverbs], *vitendawili* [riddles], and others that they might use to talk about Ukombozi topics. Volunteers wrote for ten minutes, laughing and hiding their papers from one another in mock secrecy.

Next, we asked people to share one item that they had written, its meanings, and how they might use it while conducting their volunteer activities. One volunteer offered a methali. Like many proverbs, Swahili methali hold multiple layered meanings, and understanding them is difficult. While there is a surface level

meaning of the words, there is also a deeper meaning which expresses a lesson about life, and conventional grammars are often artistically manipulated to produce a beautiful sounding phrase. In fact, even my Swahili mentor at the University of Dar es Salaam, a native Tanzanian and Ph.D. candidate in linguistics, sometimes had difficulty explaining the meanings of certain methali in both Swahili and English. Here's one methali for illustration:

Methali: *Ukiona chaelea jua kimeundwa*

Methali using conventional grammar: *Ukiona kinaelea, jua kimeundwa*

Surface meaning: *If you see something floating, know that it has been created.*

Lesson: *Nothing happens on its own; someone has worked to make it happen.*

After about ten minutes of trying to unpack one single methali together, we paused, because we were in confusion. People were in disagreement about the meaning of individual words within the methali, as well as the overarching message and when it might be used. What is more, I didn't have the proficiency to wade through those layered meanings in order to suggest any path for further direction.

In the midst of this confusion, one participant stood up and suggested we stick to individual *maneno* [words] for this particular meeting, because they were more direct to explain. Others were in agreement. From there, we had a lengthy and detailed discussion of *maneno ya mtaani* from the free list activity. As participants presented *maneno*, they created categories of "UKIMWI" "madawa ya kulevya na pombe" and "ukali" in order to show how *maneno* related to the different units of the Ukombozi curriculum.

Participants noted that the *maneno* they shared could easily be used in everyday conversation during their volunteer activities because they were *sio kali* [not fierce] – in other words, these words provided covert ways of discussing Ukombozi topics that did not carry the same *unanyapaa* [stigma] as directly-translated terms used in the current curriculum. A full list of *maneno ya mtaani* and their English approximations within each category can be found in Appendix 1.

***I say,***

***Question and answer.***

***Volunteers say,  
Testimony as answer.***

At the same Vingunguti volunteer meeting, one *bibi* [grandmother; elder woman] brought with her a nine-page-long written story about her own life experience with *ukali dhidi wanawake*. After our discussion of *maneno ya mtaani*, she asked to read the story. Other volunteers sat, listened intently, and afterwards asked questions and engaged in deep conversation about how she came to be married, how she escaped her abusive marriage, and what her life was like now.

I pointed out that this story had been a great starting point for honest discussion, and participants agreed. Testimony arose repeatedly as an important communication tool both within talking circles and program activities. In talking circles, conversations that began with a narrow framing tended to expand naturally through the use of testimony. For instance, when we began a conversation about identifying successful outreach strategies, participants presented entire testimonies about a time they conducted outreach towards someone and shared the persons background, what their interactions were like, and how the

person was doing currently. The volunteer strategy was embedded somewhere in that testimony, but they did not call it out directly. Testimonies allowed for participants to contextualize their strategies-in-relation to the community, environment, time, place, successes, and challenges.

Secondly, volunteers presented testimony itself as an important strategy for program outreach. When we discussed ways of increasing awareness about Ukombozi, volunteers began to plan a community event to celebrate program activities to date. A central part of this event would include testimonies of people who had experienced ukombozi from udhibiti, ukali, or unyanyapaa wa UKIMWI. Volunteers stated that real-life testimonies and sharing of stories would help to destigmatize, educate, and spread awareness in the community such that other people may feel encouraged to reach out for help or become involved.

***Volunteers say,  
This story is so amusing.***

***I say,  
Is it amusing at someone's expense?***

My lack of fluency in Swahili also indirectly surfaced a more contentious issue in the adaptation regarding gender. At one meeting, Vingunguti volunteers asked for “homework” to do before our next talking circle. I asked if they might write some stories like *bibi's* to use as illustrations and conversation-starters within the Ukombozi training. When I posed this idea, I used the word *hadithi* when talking about stories.

At the next meeting, volunteers shared their stories. One *mzee* [elder man] went first. His story began with the traditional *hadithi* call and response, in which the storyteller exclaims,

*Hadithi, hadithi!* [story, story!] and the audience responds,  
*Hadithi, njoo!* [story, come!]

The *mzee* shared a story was about a young man who moved back to the *shamba* [farm, often used to refer to a family's village of origin] and then contracted UKIMWI from a woman who had cheated on her husband.

Chilowaka asked volunteers if they felt that this story reflected a scenario that would happen in urban Buguruni, and volunteers said it did not – but they went on to explain that at the last meeting (at which Chilowaka was not present), I had used the word *hadithi*. While *hadithi* does mean story, it refers specifically to a literary composition similar to a fable. Most *hadithi* begin with a traditional call-and-response, and end with a *methali* which summarizes the story's lesson, explaining how things came to be. For this reason, many volunteers took creative license in their stories and the stories did not reflect the same elements as *bibi's* testimony which had raised questions about so many relevant, everyday issues around *ukali* in Buguruni. Had I used the words *kusimuliza* [to narrate] or *kupiga story* [to tell a story] this would have clearly communicated my suggestion about creating realistic or testimony-style content for the curriculum.

However, my *hadithi* mistake was a fortunate one because it raised my attention to issues of gender that may have remained under the radar. This *mzee's* story, along with several others that arose during

different talking circles, tended to place a large focus on victimizing men and painting women in a light of moral depravity.

One story shared within the Buguruni volunteer group presented an extreme example of women as perpetrators of violence towards men: a woman beat her husband and locked him in the house at night while she conducted sex work. From the perspective of volunteers, this particular story was amusing, interesting, and laughable, and people really seemed to enjoy discussing it. Chilowaka again raised the point that while based on a true incident that did happen in the community, this story (like the mzee's story from Vingunguti) did not represent the typical experience of ukali amongst men and women in Buguruni.

From my own perspective, these types of stories perpetuated assumptions of gender inequity in that they suggested (1) male absolution from the spread of UKIMWI and other STIs and (2) the embarrassment and emasculation of men who, in rare cases, are victims of ukali.

For all these reasons my coresearchers and I suggested alternative directions for stories which were more consistent with the typical lived experience of people in Buguruni, and consistent with the central values of Ukombozi which includes gender equity.

***English speakers say,  
Read & write.***

***Swahili speakers say,  
Speak & listen.***

Often in talking circles when someone would share a story, the group would respond with questions, feedback, and input in a sort of oral peer-review. One critique that my coresearchers raised repeatedly is that the stories should be short, so that they are easy for people to read. The length of the current manual was already a barrier to its accessibility and usefulness, and between a new translation and the addition of stories, we did not want to increase the length of the manual.

I began to think, "What if the manual didn't have to be read?" I knew that while you might not find someone reading a book in Buguruni, you will always find someone listening. In each place I stayed in Dar es Salaam, the first thing my hosts or neighbors did in the morning was turn on the radio. Sometimes I resented this, actually, because in Buguruni there was virtually never a moment of silence. Additionally, people were constantly sending short videos or audio clips over WhatsApp to both group and individual chats. I asked my coresearchers what they thought about creating an audio training instead of a written training. Chilowaka responded that he could picture himself listening to the training in the evening after eating dinner and talking about it with his children.

We pitched this idea with the Buguruni volunteers at our next meeting, who became animated at the thought. From here, volunteers started to create not just stories but also *mashairi* [poems], *wimbo* [songs], *mchezi* [plays], and other oratory forms of performance art used in Swahili community settings. They also had the idea of creating videos for the mchezi.

After that, Buguruni volunteers held discussions about how to disseminate the trainings once the material was recorded. They talked about sharing the training via YouTube but decided against it because of how the “comments” section can fill with negativity that distracts from the actual video content. They talked about sending files through WhatsApp on group chats, saying that if each volunteer sent the trainings to their respective group chats, they could quickly spread the training materials through the entire community. And lastly, Chilowaka talked about handing out physical CDs so that people could take them home and listen with their families if they had a CD player.

### ***Ngonjera inaendelea / Ngonjera continues***

Through these various moves, watumiaji, volunteers, coresearchers, and I worked together to create an adapted program with the following key revisions:

- Audio training instead of written curriculum
- New translation of Ukombozi lessons which relies on colloquial language including maneno ya mtaani.
- Mapping of semi and methali onto Ukombozi lessons to summarize key takeaways.
- The addition of originally composed performance art content including mashairi, kisa, and mchezi which demonstrate concepts from the lessons.
- *Maswali* [questions] for each performance art piece in order to encourage discussion amongst listeners.

Today, there are still ongoing moves-in-relation being made, particularly between myself and my coresearchers, as we work to complete this adaptation. To date, we have recorded all the performance art content with volunteers, with one creative piece for each lesson. We have also written and recorded discussion questions to go along with each creative piece. We have re-translated eight of ten lesson scripts using colloquial Kiswahili and methali.

In January, once I returned to the University of Washington in Seattle to complete my remaining master’s requirements, the pace of work on the adaptation slowed considerably. I was reabsorbed into classes, and my coresearchers were reabsorbed into program activities which drew both our time away from completing what we had started together. As I have labored towards finishing these requirements, I feel a hovering, ever-present sense of responsibility to finish the audio training because this was the primary contribution of my “research” to the community in the first place. While I know that the program adaptation does not and should not rest solely on my involvement, I feel dissatisfied with progress made over the last five months when I remember how volunteers asked if might be able to start using the new training materials before I left in December. At the time of this writing in May, we are not much closer to having a usable training.

While it is true that all our capacities are finite, I think this tension speaks yet again to the competing expectations and ideals of Western versus AlterNative research. I would have loved for the program adaptation itself to fulfill thesis requirement, but this was not possible. It is interesting to me that I was told repeatedly by faculty, with the most supportive of intentions, how I should remember that “a good thesis is a done thesis,” “a master’s thesis should get you a journal article,” and I “just need to graduate

first” before fulfilling my responsibility to the community. While I understand and see some truth in all three of those statements, they speak to an education structured in a way that is functionally at odds with fulfilling the foundational responsibility of research as ceremony (Wilson 2008).

Next steps for finishing the audio training include finishing the lesson scripts, recording them, and creating audio files that combine each lesson, their accompanying creative piece, and discussion questions into individual tracks for distribution in the community. We will then need to distribute the new training, test it out, conduct an evaluation in order to ascertain impact, and test out additional relevant adaptations like those mentioned above. SEET’s current funding structure relies on annual grants, and staff have little breathing room for innovation and iteration as they have consistently been preoccupied about their job prospects for the coming year. The Ukombozi adaptation and other areas for collaboration would be best supported by a 3-5 year grant that allows for iteration, innovation, and testing.

Other areas for continued collaboration arose during the Ukbombozi adaptation. In particular, we discussed the idea of continuing to create Ukombozi audio tracks in an ongoing podcast-type program with regular episodes, contributions from community members, and expansions beyond the original training curriculum to include community-adapted trainings on the 12 Steps and The Big Red Book – another resource which has been translated into Swahili but is not accessible to the everyday person.

### **Udhibiti Health Belief Models: The importance of *jamii* [community]**

In addition to continuation of the training adaptation, continued collaboration with Ukombozi stakeholders can make important programmatic and theoretical contributions to the field of global health by building a better understanding of udhibiti health belief models. While working with watumiaji, elements of a Swahili health belief model about udhibiti began to surface themselves. Coresearchers and I held two talking circles with watumiaji who were recruited by one *dada* [sister], a Buguruni volunteer who had worked with SEET over the last year. Three of these watumiaji volunteered to do more in-depth interviews after our talking circles because they wanted to share their stories with the community. During these interviews, they presented testimonies about how they came to be watumiaji, their experience with udhibiti, if and why they decided to stop using, and experience with *kujizuia* [preventing oneself, or abstinence].

From these conversations, I learned that udhibiti is a condition that is conceived in terms of relationship and *jamii* [community] – a conception that is very different from Western views of addiction, which is characterized as a brain disease occurring within an individual. This *jamii*-centered conception of udhibiti applies across the spectrum of causes, impacts, motivation for recovery, and maintaining sobriety.

In talking about udhibiti, watumiaji constantly positioned themselves in relation to other people throughout their journey. For instance, many people started using drugs or alcohol because of a friend or family member who also used. When pursuing *kujizuia*, watumiaji in the city often returned to the *shamba* to go through detox, reconnect with family, engage in more traditional lifestyles, and remove themselves from the community in which they started using. Watumiaji found it difficult to maintain sobriety within the context of the neighborhoods where they lived when they started using drugs.

Connection with family was an indicator of positive progress for watumiaji who wanted to stop using drugs. For instance, reconciling relationship with family was a primary motivator for those pursuing kujizuia. When describing instances of when they felt good about themselves, watumiaji often cited examples of how they contributed to the needs of friends and family as evidence.

On the other hand, disconnection with family indicated a lack of progress and was often connected with feelings of fear and anxiety about udhibiti. Watumiaji described instances where they felt they could not contribute to their community or help others because they were not listened to or taken seriously by friends or family, who often dismissed their words and actions (even good ones) as originating from udhibiti within watumiaji, and not from watumiaji themselves. Those who had suicidal thoughts said that they experienced these thoughts because they no longer had trust or connection with family, so that they felt a lack of meaning for their lives.

The potential to reconcile this disconnection was a major factor in pursuing kujizuia. Watumiaji who were hesitant to engage in recovery processes felt this way because they were afraid of how the community may or may not accept them back once they became sober – as far as employment, involvement, respect, and general friendship. Even during our talking circles, watumiaji chose to meet in secretive and secluded places for fear that the community would think they were gathering together only to use drugs.

In these ways, a jamii-centered udhibiti health belief model began to surface from collaborations between watumiaji, coresearchers, volunteers, and myself. Building out this health belief model is an important area for continued collaboration between watumiaji, volunteers, coresearchers, myself, and other stakeholders, with the goal of working together to design programs for udhibiti prevention and management that are emic to the communities who use them. This health belief model has implications for use not just within communities in Dar es Salaam, throughout East Africa and the Swahili-speaking diaspora, and perhaps in other community-centered cultures. What is more, the participatory processes used to adapt these trainings are replicable in other communities, implemented through CBO's like SEET, local universities, or local ministries of health.

## Mwisho / Conclusion

Sub-Saharan communities are experiencing a growing udhibiti epidemic, and the field of global health may respond in a variety of ways. In Dar es Salaam, Tanzania, a CBO called SEET implements the Ukombozi program as one response that is centered on community education, mobilization, and self-help. However, the program experienced challenges around the usability and accessibility of program materials modeled after United States-based programs, including the volunteer training curriculum.

In response, program staff, volunteers, and myself embarked on a community based participatory process to adapt the training curriculum to Swahili language and culture. We applied Alter/Native methods across this process, from identification of a research topic to presentation and dissemination of findings. As such, this thesis presents how Alter/Native methods can be used to address global health challenges in a way that is at once practical, rigorous, and decolonizing. Key learnings discussed include navigating the

gatekeeping practices of research institutions; indigenizing data collection and the definition of what constitutes data; removing sanctions from the research process; shifting researcher positionality; leveraging linguistic non-fluency; and indigenizing elements of evidence-based programs.

This work contributes to a growing body of literature supporting the use of Alter/Native methods as an efficacious means of knowledge production that can be used to inform the development of health interventions at scale. The mainstreaming of these methods is an important step in realigning our work to fit our values as a field around equity and sovereignty in health governance for all people.

Ukombozi means liberation, a thread which is woven throughout many aspects of this work at the level of communities in Dar es Salaam, in research institutions, and in the field of global health at large. The Ukombozi program itself works to liberate people in Dar es Salaam from the udhibiti of drugs and alcohol. Alter/Native research methods work to liberate traditional research from practices of gatekeeping, expertise, and the pedestalling of Western epistemologies which have worked to exclude non-Western people from institutionally and politically recognized production of knowledge. And finally, the application of such methods to program development processes works to liberate the field of global health from its role as a perpetuator of colonial and neoliberal relationships which caused the health disparities it now seeks to remedy. This Ukombozi is a self-liberation borne of resilience, unity, and resistance in the face of oppression. I will end where we began, with the words of one volunteer:

*“We want to solve these issues through community awareness. We want to solve these issues with peace and unity. Even the name Ukombozi means liberation. We want to be liberating our communities, not locking them up. And liberating ourselves.”*

*– Ukombozi Volunteer*

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## Appendices

### **Appendix 1: Kamusi ya Kiswahili: Nahau, Tasifida, na Maneno ya Mtaani [Swahili Dictionary: Idioms, Euphemisms, and Slang]**

#### **WATU [PEOPLE]**

##### ***Baharia***

- (nomino) rafiki
- (noun) literally “sailor” or “seaman”, but in this context meaning “friend”

##### ***Danga***

- (nomino) mtu ambaye anakupa kitu kwa kawaida
- (noun) sugar daddy, a regular client to a sex worker, someone who provides money and/or gifts

##### ***Mshikaji***

- (nomino) Rafiki
- (noun) literally something like “holder” or “cooperator,” but in this context meaning “friend”

##### ***Mkitaa/Wakitaa***

- (nomino) mtu wa mtaani, Rafiki
- (noun) bro, homeboy

##### ***Mzushi***

- (nomino) muongo
- (noun) snitch

##### ***Mtumiaji / Watumiaji***

- Nomino. Mtu ambaye anatumia pombe au madawa ya kulevya.
- Noun. Person / people who use [drugs or alcohol]

##### ***Mdhibitiwa / Wadhibitiwa***

- Nomino. Mtu ambaye anadhibitiwa na pombe au madawa ya kulevya, na hawezi kujizuia.

- Noun. Person / people who are controlled [by drugs or alcohol]

### ***Mjitoleaji / Wajitoleaji***

- Nomino. Mtu ambaye anajitoa kwa sababu fulani.
- Noun. Person / people who give of themselves towards some purpose (volunteers)

### ***Mwenzangu / Wenzangu***

- Nomino. Mtu ambaye anafanya kazi na mimi. Hapa, ninatumia “Wenzangu” kwa ajili ya wafanyakazi wa SEET ambaye wanafanya utafiti na mimi.
- Noun. This word can mean anything along the lines of “my friend/friends,” “my coworker/coworkers,” “mis compadres” to to speak. In this context, I use “Wenzangu” to refer to coresearchers, who were also SEET employees (wafanyakazi).

## **MAZUNGUMZO [CONVERSATION]**

### ***Chupuchupu***

- (kielezi) kidogo limpate  
mfano: pusha chupachupa atoroke askari
- (adjective) narrowly escaping something bad; by the skin of your teeth.  
example: the drug dealer narrowly escaped the policeman

### ***Dili***

- (nomino) kazi
- (noun) work

### ***Huna swaga***

- (neni) hakuna jipya; huna taarifa mpya; hupendezi  
mfano: “Umesikia, Damian Soul anakuja Sauti za Busara mwaka huu!” “Huna swaga, mkitaa. Tunajua”
- (phrase) You’re not saying anything new; that’s not news; you don’t look good  
example: “Did you hear, Damian Soul is coming to Sauti za Busara this year!” “That’s not news, bro. We know.”

### ***Kama kalambwanda***

- (neni) kama kawaida, poa
- (phrase) like usual, everything is okay

### ***Kausha***

- (neni) nyamanza, kaa kimya
- (phrase) literally, “kukausha” is “to dry” or “to wipe out”. in this context, “kausha” means “be quiet”. used in particular when telling someone not to say something because you may be in earshot of someone who would be offended or angered.

### ***Kimenuka***

- (nahau) kitu kina harufu mbaya. hutumiwa watu walipofanya kitu kibaya na mambo yameharibika  
mfano: wanafunzi wamekunywa pombe baada ya shule na mama amerudi nyumbani mapema. mmoja amemwona alipofika na anawambia wengine, “kaa kimya! kimenuka”.
- (idiom) literally, the verb “kunuka” is “to smell bad” so “kimenuka” means “the thing smells bad”. in this context, it essentially means, “we’re busted”. it is used to express when you’ve been doing something unsavory and you’ve been found out. like.  
example: students are drinking alcohol after school, and mom comes home early. one student sees her arrive and tells the others, “sit quiet! kimenuka”

### ***Kudanga***

- (kitenzi) kuhangaika kwa ajili ya umalaya
- (verb) to move around here and there; specifically refers to sex workers moving around looking for clients.

### ***Kusepa***

- (kitenzi) kuondoka
- (verb) to leave, to go out

### ***Kuswampa***

- (kitenzi) kutembea sana
- (verb) to walk a lot or move around a lot

### ***Kwishine***

- (neni) imeisha, ameisha, hana kitu
- (phrase) it [or they] are over, broke, finished.

### ***Mchongo/Michongo***

- (nomino) mpango/mipango
- (noun) plan(s)

### ***Mnoko***

- (kielezi) kali, katili, au roho mbaya
- (adjective) fierce, strict, or bad-spirited

### ***Mtie nanga***

- (nahau) mfunge, mzuie kufanya jambo
- (idiom) literally, “throw him an anchor” but in this context meaning, “stop him from doing that”

### ***Oya!***

- (neni) salamu sio rasmi hutumiwa kuvuta macho
- (phrase) informal greeting used to get someone’s attention

**Sikusomi**

- (neni) sikuelewi
- (phrase) i don't understand, i didn't get you

**Sio poa**

- (neni) sio vizuri. kwa nini umefanya hivi?
- (phrase) not good, not cool, not okay. how could you do that?

**Umesanda**

- (tasifida) umeshindwa, umesalimu amri
- (euphemism) you have surrendered, you lost (implies there is a side that wins)

**Usinizingue**

- (neni) uzinikolofishe
- (phrase) don't test me; don't make me lose my temper

**POMBE NA MADAWA YA KULEVYA [ALCOHOL AND DRUGS]****Bambaru**

- (nahau) shilingi elfu kumi
- (idiom) ten thousand shillings

**Chiguru**

- (nahau) shilingi elfu mmoja
- (idiom) one thousand shillings

**Chingiri**

- (nomino) pombe; hutumiwa watu wanapooonea kuhusu pombe na tahadhari kubwa
- (noun) alcohol; used when people are talking about alcohol discreetly

**Fegi**

- (nomino) sigara
- (noun) cigarette

**Ganja**

- (nomino) bangi
- (noun) marijuana

**Jikoni**

- (mahali) sehemu kutengenezia jambo (kama madawa)
- (noun – place) literally, "kitchen" ; a place for preparing or cooking drugs

**Jiti**

- (nahau) shilingi mia mmoja

- (idiom) one hundred shillings

#### ***Madawa ya kulevya***

- Nomino. Madawa ambaye yanalevya.
- Noun. Medicines (drugs) which cause one to feel drunk or high

#### ***Mashasha***

- (nomino) bangi
- (noun) marijuana

#### ***Mishemishe***

- (nomino) pilikapilika
- (noun) hustle

#### ***Ngongo***

- (nomino) pombe
- (noun) alcohol

#### ***Pombe***

- (nomino) kunywaji kali hutengenezwa nyumbani
- (noun) strong drink usually brewed at home; often used as a general term for alcohol

#### ***Pusha***

- (nomino) mwuuzi bangi
- (noun) weed dealer

#### ***Todi***

- (nomino) bangi
- (noun) marijuana

#### ***Ubanda***

- (nomino) mwuuzi pombe
- (noun) someone who sells local brew

#### ***Udhibiti***

- Nomino. Uraibu, kama “addiction”
- Noun. Literally, “control”. There was consensus among wajitoleaji and wafanyakazi that udhibiti is a word that could be used to represent the concept of “addiction” as conceptualized in English, if elaborated upon. It could be used in the sense that in situations of addiction, the substance controls people, and that people do not have control over how they use the substance. In multiple Swahili-English dictionaries, the translation provided for “addiction” is the word “uraibu” but this word was not recognized or used by coresearchers, participants, or my Swahili instructor at University of Dar es Salaam who is a Swahili Linguistics Ph.D. candidate.

People I spoke with often used the English word “addiction” in the midst of their Swahili conversation.

***Ukombozi***

- Nomino.
- Noun. Liberation, release, or redemption. The name of SEET’s program.

***Ukali [dhidi wanawake]***

- Nomino.
- Noun. Violence/fierceness [against women]

**UKIMWI [HIV/AIDS]**

***Kinyalanyala***

- (kielezi) hutumiwa kueleza mtu aliyekuwa mwembamba sana kwa sababu ya UKIMWI
- (adjective) used to describe someone who has become very thin because of HIV/AIDS

***Kuwa na umeme, Kuwa na mdudu, Kuwa na ngoma***

- (tasifida) kuwa na UKIMWI
- (euphemism) to have HIV/AIDS

***Kuukwaa***

- (tasifida) kuwa na UKIMWI
- (euphemism) to have HIV/AIDS

***Kunasa, Kuumia , Kuungua, Kukanyaga miwaya***

- (tasifida) kupata UKIMWI
- (euphemism) to contract HIV/AIDS

***Kunyanyapaa***

- (verb) kutenga
- (verb) to stigmatize, especially because of HIV

**Ngono zembe**

- (noun) unsafe or careless sex

**UKIMWI**

- Nomino.
- Noun. HIV/AIDS.

## Appendix 2: Recruitment Script

Asante kwa kuja leo na kusaida kuboresha program yetu ya Ukombozi.

Kama tumesema wiki iliyopita, tunakutana kwenye focus groups mara matatu kuzungumza jinsi tunavyoweza kuboresha Ukombozi. Tunataka kuingiza utamaduni wa Tanzania.

Kwanza, ninataka kuwaambia vitu vichache vya ukubali.

Ninatumia focus groups hii kwa sehemu ya masomo yangu ya afya ya jamii. Nitaandika insha, na walimu wangu na labda wanafunzi wengine watasoma insha ile.

Lakini pia, sitatumia majina yenu, na kila kitu unachosema kitakuwa bila jina.

Ukisipendi kujibu swali lo lote, hakuna shida.

Ukitaka kuacha mkutano kwenye dakika yo yote, hakuna shida.

Hatutarekodi mazungumzo kwenye simu lakini tutaandika ukumbusho.

Kitu kingine muhimu kwa mimi ni hiki.

Nimefanya kazi Afrika Mashariki kwa miaka misaba.

Ninajua kwamba wanafunzi wengi wanaotoka Marekani au Ulaya wanakuja Afrika kufanya utafiti.

Wanakuja, wanafanya dodosa labda, wanaandika insha, na wanaondoka.

Wanafunzi wamepata utafiti lakini Waafrika wamepata nini?

Mimi sipendi hii na utafiti huu ni tofauti.

Ninataka kutumia utafiti huu kufanya kitu pamoja, na umoja.

Tutaboresha program na tutaunda kitu kipya kibora ambacho kitakusaidia kufanya kazi yako.

Kwa sababu kazi yako kwenye jamii ni muhimu.

### Appendix 3: Summary of Practicum Activities

During my practicum we focused on strengthening organizational processes and preparing for organizational growth. Staff and I worked together as a team from August thru October to create internal program materials.

In August, we did a mid-point evaluation to uncover barriers and facilitators to program implementation. Key findings included:

Facilitators:

1. **Community Rapport.** Many of the NGO staff were either local residents or long-time partners working within the target neighborhoods. They were well-known in the community and very effectively facilitated and mobilized volunteers, even on short notice.
2. **Collaboration.** The interfaith-government aspect of SEET's programs worked to build unity across sectors and leveraged a broader, more diverse set of ideas and resources in order to reach many different types of constituents.

Barriers:

1. **Mixed Consensus.** There was mixed consensus among program staff about the program objectives, roles and responsibilities, and activities. In general, routine activities for Ukombozi were not implemented as outlined in the program plan.
2. **Political Climate.** One of the prerequisites to implementing Ukombozi within a community is an agreement from local government bodies. In Rufiji Delta South Islands, government approval has been delayed due to incidences of religious extremism which have led to heightened caution for engagement and increased monitoring of religiously-affiliated organizations like SEET. Despite good rapport built between SEET staff and local government representatives there, bureaucratic processes continue to delay approval as of Spring 2019.
3. **Legacies of Aid.** Among community members in Buguruni and Vingunguti, there was a justified confusion about the self-help and community-driven approach of the Ukombozi program, which differs from the aid-driven efforts that have historically been implemented by CBOs in these neighborhoods. During process evaluation, community members were confused about the purpose of the program and why they had not received some form of direct aid from the organization.
4. **NGO Fatigue.** Among community members in Buguruni and Vingunguti, there was a justified sense of "NGO fatigue" because many NGOs had come to the community, conducted needs assessments, and then did not return to provide promised services. Community members were somewhat hesitant to engage with SEET for this reason

Additional practicum activities included working together to create:

- Organizational theory of change. This theory of change provides a visual roadmap of the outcomes SEET hopes to achieve through their collective action work with community partners, and the

activities they engage in to contribute to those outcomes. The TOC process helped to build staff consensus around program goals, activities, roles and responsibilities. the TOC itself serves as a useful communication tool to external audiences, partners, and potential funders (See appendix)

- Revised measurement and evaluation system. We revised the current measurement and evaluation system to clarify processes and create a suite of tools that facilitate data collection which sought to (1) produce regular, timely data for decision making and (2) not overburden staff or volunteers.
- Based on learnings from Year 1, we created a Year 2 program plan and funding proposal which was granted in December 2018 by the Khaki Foundation.