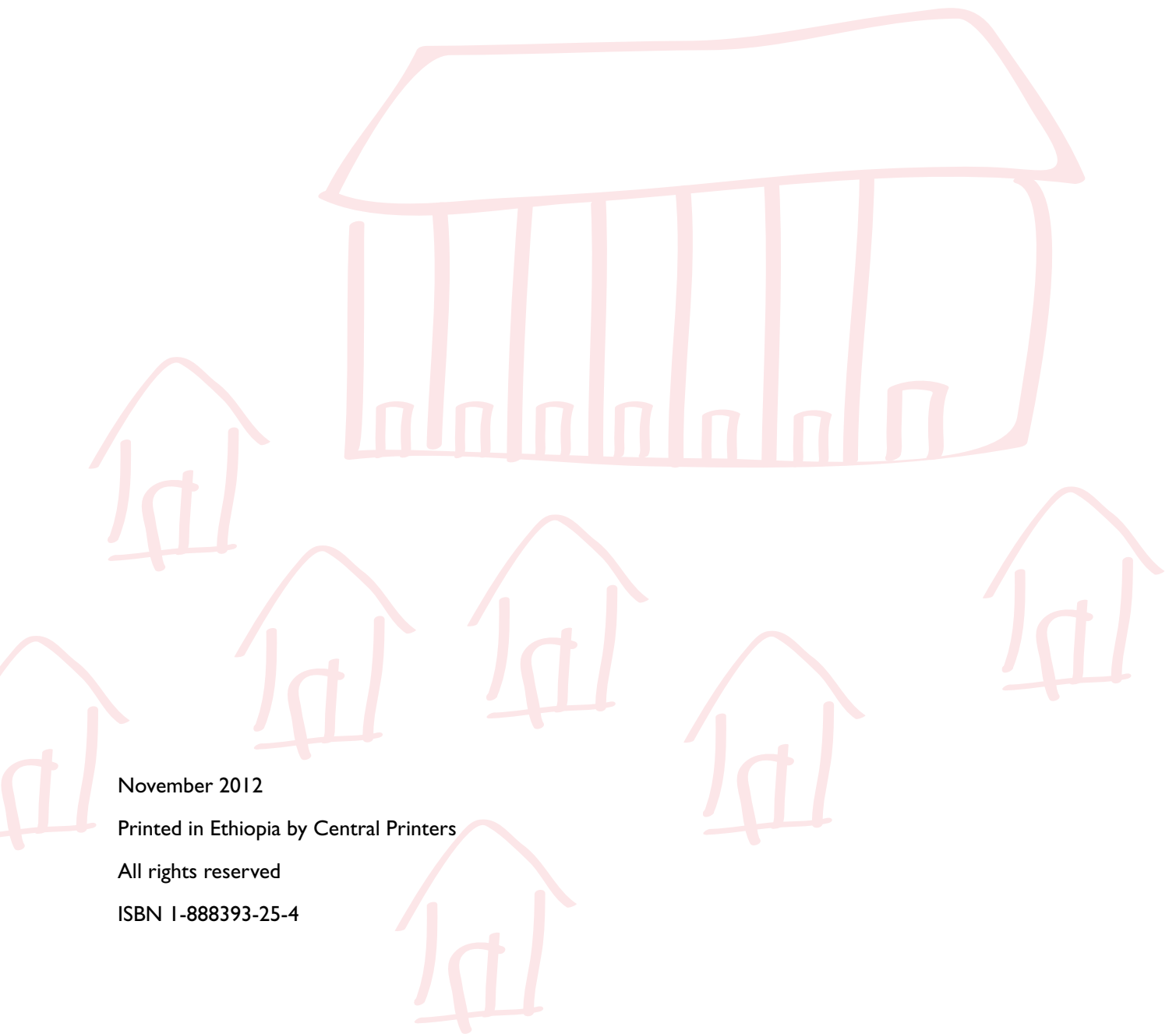


Voices from urban Africa

The impact of urban growth on children



Save the Children



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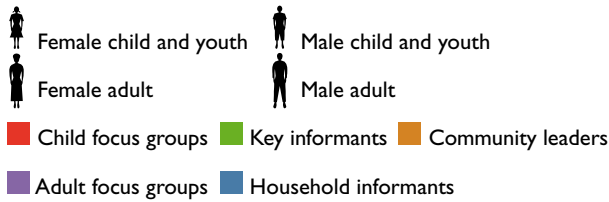
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The voices

This report relied on **participatory rapid appraisal (PRA)**, reflecting the **perceptions and experiences of 1,050 informants**. The data is neither quantitative nor objective, but reference to secondary data is given as background. The research included key informants, household informants, community leaders, male and female community members, children and adolescents in and out of school, and the team used questionnaires, interviews, focus group discussions, PRA tools and observation. Local government approval was received for each area, and informants were selected with the aid of local community-based organizations or local leaders.



Adama, Ethiopia 111 informants



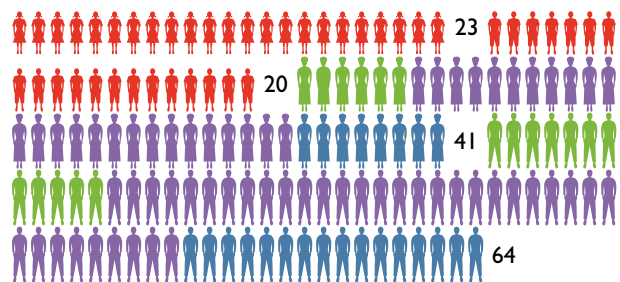
Hawassa, Ethiopia 132 informants



Blantyre, Malawi 250 informants



Sikasso, Mali 148 informants



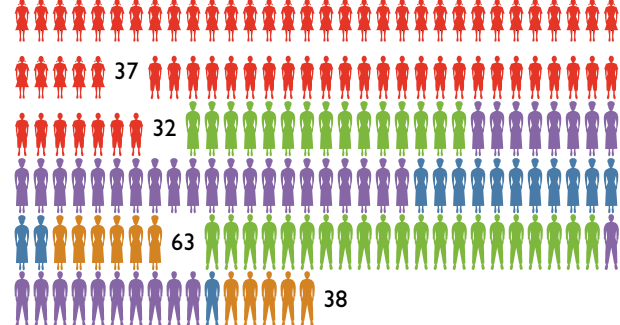
Johannesburg, South Africa 82 informants



Shinyanga, Tanzania 157 informants



Kalulushi, Zambia 170 informants



Foreword

John Mitchell
Africa Area Director
Associate Vice President
Save the Children

More and more children in Africa live in cities. Many of these children are vulnerable. To be an effective partner Save the Children needs a good understanding of the physical and social context in which urban children live. In short this is why we embarked on our multi-country participatory urban appraisals. It is one more step to ensuring, in this very dynamic continent, that every child attains the right to survival, protection, development and participation.

So what did we learn? For me personally several things stood out as we sifted through thousands of interviews from slums across the continent. Firstly, we saw an alarming number of children without family support. More migrate every day due to drought, conflict and more prosaic family problems. When they get to the city they are literally preyed upon.

Secondly, despite the great opportunities that cities provide, many children report living with hunger and in fear. Many slum families eat two, sometimes only one, meals a day and poor children skip school to find food, beg or sell peanuts. Fear comes from living in places where traffic, violent crime and sheer crowding result in settlements without safe places to play, without strong protective networks.

Thirdly, the rural and urban poor face similar challenges in access to health and education. Though we find more schools and health facilities in cities, many marginalized children do not get to school and do not get health care. So some of what I learned about the needs of children was not new but I understood more clearly that we must adapt how we work in the challenging urban context.

Finally, we cannot do it all. Problems of access to water, provision of sanitation and land ownership are simply fundamental in Africa's slums. Save the Children cannot ignore these problems and expect to see improved school attendance and safer play opportunities. We must forge strong and strategic partnerships with expert organizations. Fortunately urban areas offer rich opportunities in this respect. Local citizens are organized and actively looking for ways to address the needs of their children. The private sector is very dynamic and a critical partner in engaging underemployed youth.

In the field we tend to get very caught up in project mode; meeting deadlines, monitoring burn-rates, responding to auditors. This initiative was refreshingly different; participatory, reflective and driven by our shared professional will to understand the issues urban children are facing and think through how we might respond better. Thanks to all my colleagues who gave that little bit extra. This is our report. Let's learn from it. Let's be clear in our ambition to do more with and for children and youth in the growing cities of Africa.



Overview: Why did we do this report?

Urban poverty – and its impact on children – is often overlooked and misunderstood. More than half of the world's population now lives in cities. Each year the number of urban residents increases by nearly 60 million.¹ By 2050, it is projected that two thirds of the global population will be living in urban areas.² It is estimated that 94 percent of urban growth will take place in less developed countries.³

Africa, though it is the least urbanized continent today, is predicted to have one billion urban dwellers by 2040, with a substantial youth majority. Over the next 40 years, 75 percent of urban population growth in Africa will take place in Africa's **secondary cities**.⁴ Currently, over half of the African urban population lives in slum conditions. These figures alone demonstrate the growing importance of prioritizing the urban context in development work.

Coupled with this growing urban population, the development community's reliance on aggregate data, which generally compares development indicators for urban and rural areas within a country, means that children and adults living in urban areas appear to be better off than those living in rural areas. Citywide statistics and the 'urban advantage' allow the wealth of some urban individuals to obscure the hardships faced by those living in urban poverty and the vast inequalities present within urban communities. The absence of detailed data means that the depths of urban poverty are often missed and children living in urban poverty are at risk of not being reached by development efforts.

In recognition of these facts, Save the Children carried out research of urban areas from February 2011 to June 2012 to inform our programming and those of key stakeholders working in the urban context. The analysis focused primarily in secondary cities – where Save the Children currently programs

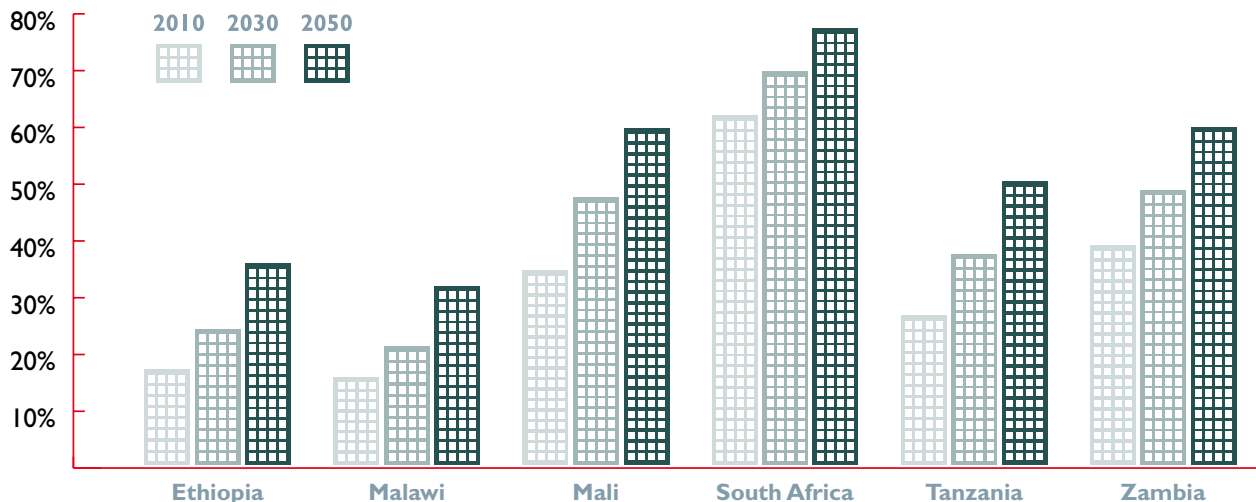
and has relationships with local government and civil society partners. The following urban neighborhoods in seven African cities were selected based on a high degree of known poverty:

- 1 Malawi** Blantyre, Ndirande Township
August 2011
- 2 South Africa** Johannesburg, Gauteng Province, Turffontein Neighborhood
October 2011
- 3 Mali** Sikasso, Mamassoni Neighborhood
December 2011
- 4 Ethiopia** Adama, Neighborhoods 6, 7, 10 and 12
January 2012
- 5 Ethiopia** Hawassa, Misrak Sub-city, Teso and Wukro Neighborhoods
February 2012
- 6 Tanzania** Shinyanga, Ngokolo Ward
March 2012
- 7 Zambia** Kalulushi, Chibuluma Township
April 2012

While much of the existing research on urban growth and the well-being of urban children has a quantitative, statistical focus, Save the Children's research aims to highlight the **perceptions and experience** of those children living in urban poverty within these African cities.

The needs of urban children will only increase as urban growth is likely to coincide with increasing inequality. It is our intent that this report support governments, donors, the private sector and other development partners to develop a strategy for future investment in urban areas – where the majority of Africa's children will live in the near future.

Urbanization in Africa



Urban population as a percentage of country population Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, *World Population Prospects: The 2010 Revision and World Urbanization Prospects: The 2011 Revision*

The year 2008 marked the ‘**urban millennium**’ with the majority of the world’s population living in urban areas for the first time in human history.⁵ While Sub-Saharan Africa has not yet reached this urban tipping point, 37 percent of the continent’s population was urban in 2010 and **the majority of Sub-Saharan Africans are expected to live in urban areas by 2032**. The region is currently experiencing the highest urban growth rates in the world.⁶ At present, about **200 million children** live in Africa’s urban areas.⁷

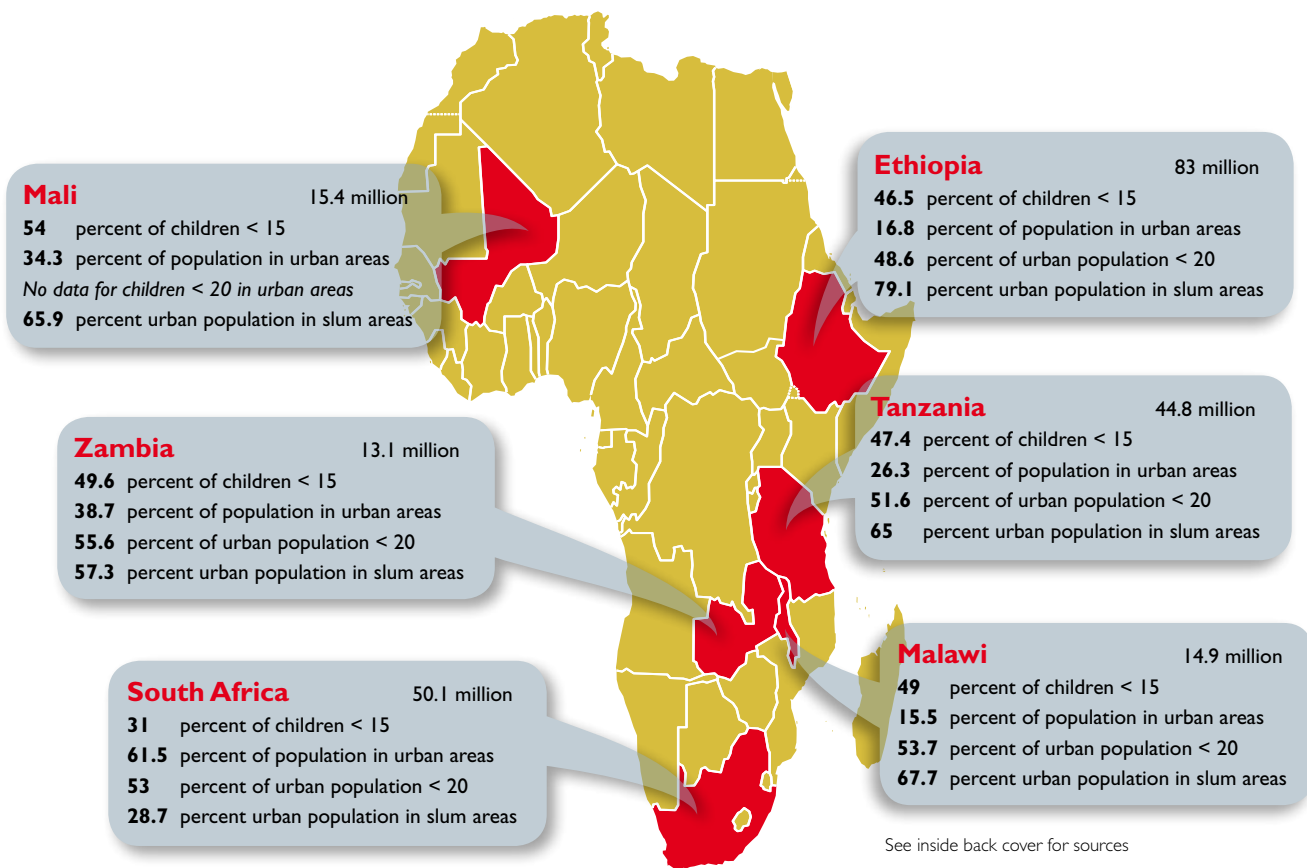
Inequality is rife in urban Africa. **Sub-Saharan African cities contain the highest degree of urban poverty, prevalence of slum populations and measures of urban inequality of any region in the world.**⁸ Over 60 percent of the African urban population lives in slum conditions.⁹

This shift to a predominantly urban population coincides with a ‘**youth bulge**’ – **there are more young people in the world than ever before; half of humankind is under 25 years of age.**

Africa’s youth population (aged 15 to 24) has been increasing faster than in other parts of the world.¹⁰ According to the World Bank, 200 million people in Africa fall into this category, making up 20 percent of the population, 40 percent of the workforce and 60 percent of the unemployed on the continent.¹¹ This demographic shift presents an unprecedented opportunity to utilize the productivity and creativity of youth to produce economic growth and improve social welfare, but only if children and youth are provided with the resources and opportunities required to capitalize on their potential.¹²

If rapid urban growth continues without significant increases in basic infrastructure and social service provision, the urban divide will grow. This widening urban inequality will have especially detrimental effects on young people, who constitute the majority of the population in Africa’s urban slums.¹³ While some urban children are well off, **half of the people living in urban poverty worldwide are children and adolescents.**¹⁴





What is 'urban'?

Urbanization means **an increasing proportion** of national and global populations living in urban settlements rather than rural areas. The causes of urbanization are **population movement, natural growth** (an excess of births over deaths) and **policy change – governments' reclassification** of some places from rural areas to urban settlements. Population movement includes migration for economic and other reasons, trafficking, and displacement through conflict and disaster. The pace of natural population growth depends on fertility rates, but in many countries it accounts for 60 percent or more of urban population growth. **Many governments under-report the size of the urban population**, especially the numbers in

slums and informal settlements, where many poor urban dwellers and some migrants live.¹⁵

There are no commonly accepted international definitions of 'urban' and 'peri-urban'. Individual countries have developed their own definitions of these terms, generally based on population size, government classification, and proportion of people engaged in non-agricultural activities. For example, Ethiopia defines urban areas as having 2,000 or more inhabitants, while Zambia defines urban areas as having 5,000 or more inhabitants, 'the majority of whom all depend on non-agricultural activities.' Peri-urban areas are generally defined as the areas between urban and rural regions, which are usually in the midst of a transition from rural to urban.¹⁶

The overall goal of Save the Children’s research was to enhance our understanding of the urban context in Africa, to respond more effectively to the needs of children.

The objectives of the research were to:

- 1 Differentiate and understand wealth groups amongst urban poor households, and the survival strategies and needs of children in each group.
- 2 Identify services available to the urban poor, and issues of access and quality for each wealth group.
- 3 Identify interventions that Save the Children and its partners could undertake to address the needs of the urban poor.
- 4 Identify areas for further inquiry and learning.

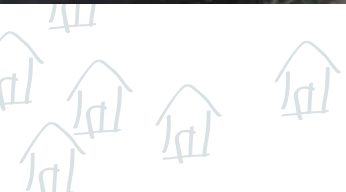
In order to gain a holistic understanding of the living situation of children and adults living in urban poverty, the appraisal focused on the thematic areas of child protection, health and nutrition, livelihoods and education, as well as crosscutting issues such as gender and governance.

This research methodology allows us to highlight the perceptions of poor urban children and communities about what it is like to be a child in an urban setting in Africa.

The report incorporates data from published literature and the research uses original, qualitative data that captures the voices of those with the greatest stake in understanding the impact of urban growth on children – people who actually live in urban settings. This research is especially unique in its focus on wealth groups and differentiating within urban communities to highlight the needs of ultra-poor children and lack of equity in urban settings.

As an organization, **we mapped Save the Children’s current urban programming in Africa, demonstrating the breadth and depth of programming among sectors – child protection, education, health, livelihoods and humanitarian response** (see profiles on pages 19, 24 and 47, and the Save the Children urban programs from page 49).



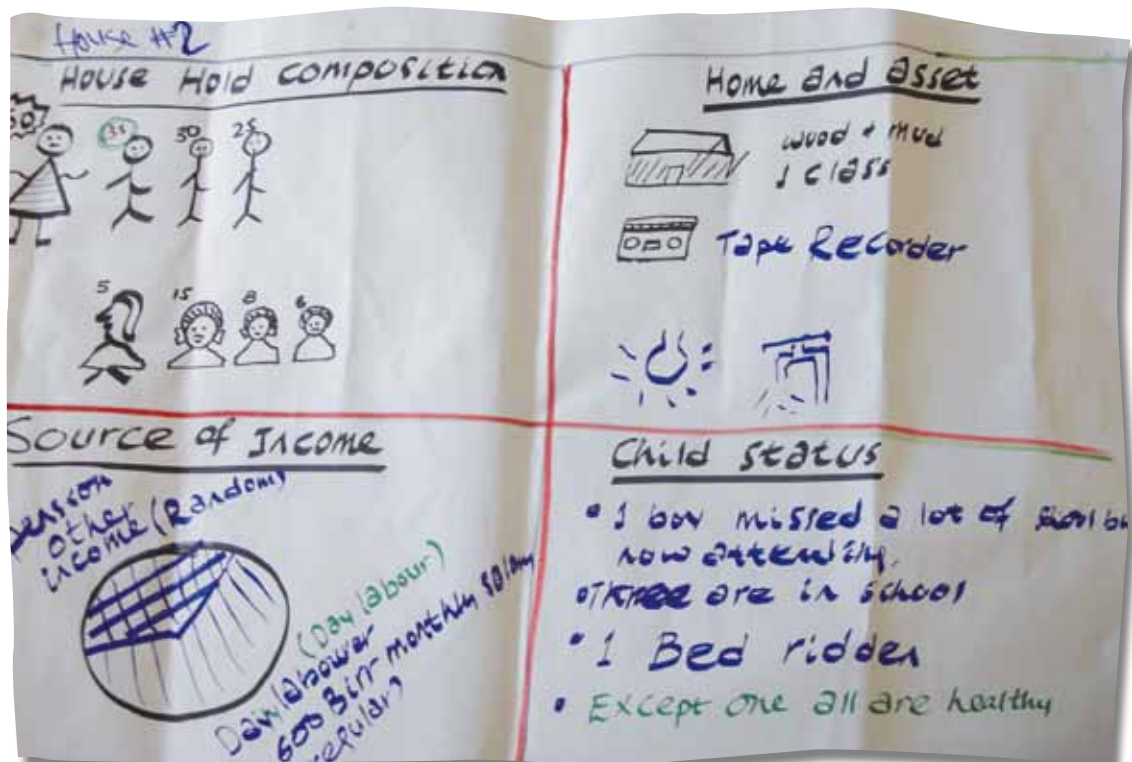


Wealth group ranking methodology: How did we do this?

While the communities in the appraisal were all known to be 'poor', this study highlighted the revealing deviations in wealth within an urban space that are often hidden by city-level statistics. For the purposes of our research, each community was divided into three wealth categories: middle-income, poor and ultra poor. Representatives from local community-based organizations or local leaders carried out an initial wealth ranking and selected between 15 and 24 households for the household interviews. The participation of local partners was crucial because they had a good knowledge of the community and had already earned the trust of the households interviewed. After the selection, the research team administered a five-page structured household survey to each household, covering a broad range of topics including household economy, health, education and child protection issues.

While the three wealth categories were pre-determined, the research team determined the characteristics of each wealth group through analysis of the data collected. The team developed a profile of each household based upon the data collected in the household interviews. Households were then divided into wealth groups based upon characteristics such as family composition, security of assets, sources of income and children's status.

Although wealth ranking is an important tool, it does have limitations – poverty is not the only factor preventing people from accessing goods, services and other needs. However, if this is kept in mind, wealth ranking provides a useful means of recognizing stratification within urban areas that is not recognized by city-level statistics.



Snapshots of African urban communities

As this report highlights, vast differences exist among residents in an urban setting even within a ‘poor neighborhood.’ **A whole spectrum of wealth inequalities and factors including weak governance, the role and beliefs of traditional leaders, varying support from local organizations and the impact of immigrants exists within each urban area.** The proportion of households that fell into each wealth category varied, but because the areas included in the study were generally recognized to be poorer areas, the majority of residents generally were either poor or ultra poor – up to 85 percent in some communities.

Among the households interviewed, higher income was linked to two stable income earners. Middle-income and wealthy households were likely to have both parents present and have more able-bodied adults in the home than children and elderly people. In contrast, poor and especially ultra-poor households had more fragmented household composition, with one or two parents (more often the father) missing and a lower ratio of able-bodied adults to dependents. In South Africa, two of the three middle-income households contained nuclear families with both parents present, versus only five of the nine poor households and none of the four ultra-poor households. According to a young boy in Zambia,

“One time I had stopped school for a month because I had no shoes – because my daddy who used to buy me shoes died.”

Households with higher income generally had more secure assets, including homes, consumer goods, means of transportation and investments. In Mali, the wealth ranking also took into account the number of cattle a household

owned. Households’ ability to access financial services varied by location, but higher-income households were more able to save their income and more likely to access the services available. One participant in the women’s livelihoods focus group in Malawi said about ultra-poor households,

“If they cannot afford to find their daily food, can they buy a blanket or renovate their house? It’s not possible. Life is so hard for them.”

Higher wealth groups also generally had more stable sources of income. Individuals in lower wealth groups were more likely to hold informal employment, have unemployed members of the household and rely on charity or begging. Individuals in higher wealth groups were more likely to hold formal jobs, operate formal businesses and have several sources of income.

Among the households interviewed, children’s well-being was generally associated with the wealth grouping of the household they lived in. While children from middle-income households were generally healthy, attending school and not doing excessive chores or child labor, children in households in lower wealth groups often faced greater health challenges, had lower attendance and success at school and were more vulnerable to exploitation. The three children in the Malawi child-headed household; Wilson, age 13, Manuel, age 11, and Mercy, age 10, said they had dropped out of school (Wilson at Grade 6, Manuel at Grade 2 and Mercy at Grade 4). The children said they had not eaten the day before and that their uncle, who provided them the equivalent of 30 to 60 US cents to supplement the money they made from working and begging sometimes beat them.

Voices in this report are represented in colors:

● Children ● Parents ● Key informants

The differences in children's well-being among the wealth groups were often linked to differential access to services. **Although most households were located within physical proximity of service providers and many services were supposed to be offered free of charge, in reality higher wealth status was associated with greater access to services, including services for children.** Poorer households often faced barriers to accessing services such as health care and education services because of the fees as well as the discrimination they experienced. In many circumstances poor people were reportedly too busy trying to feed their families; thus education, health care and child protection were not a priority. Middle-income and higher-income households could afford to feed their families and provide some dietary diversity, while poor and ultra-poor households said they cut down to two and sometimes one meal a day. According to one mother in Hawassa when asked about her children's education,

"I have no aspirations, if I can feed them two meals a day, it is a great thing."

Lower-income households experienced an inability to pay costs associated with education and food, and that the burden of chores and work were the major hurdles preventing children from succeeding academically. While children in higher-income households were more likely to enroll and stay in school. They were also more likely to access early childhood care and development.

According to one young boy in Shinyanja,

"There are some children like Emanuel dropped in Standard 4 and Hamis dropped in Standard 5. Emanuel was required to collect and sell scrappers and Hamis to go and keep animals."

Among the households interviewed discrimination played a role in access to services.

In Malawi, the women's education focus group alleged that some teachers tend to favor children from middle-income households, because they are good looking, well dressed and well nourished, unlike those from the poor households who often are dressed in tatters. As one woman complained,

"My child has on several occasions not been properly assisted by her teachers when she approaches the teacher to assist her with whatever problems she was facing. I remember at one time my child told me that when she approached one teacher at the school, the teacher openly told her that she could not help her because she was not smart and was smelling."

Children in higher-income households generally did not do excessive chores or work and thus had enough time to attend school, study and play. However, among the lower-income households, many children had a high burden of housework or played a central role in household livelihoods strategies.

Children in lower-income households were also more vulnerable to child protection challenges.

Heads of poor households said their children faced various threats including domestic violence, early pregnancy and marriage, road accidents and 'banditry.' One elderly female head of an ultra-poor household said her thirteen-year old granddaughter engages in transactional sex and her seventeen-year old granddaughter already has two children.

Urban communities

We looked at the role that communities play in supporting children in urban settings. What does a ‘community’ look like in an urban setting? What differences does it make for children? In a recent study of rural-to-urban migration in Uganda, researchers from Save the Children and Tufts University found important differences in the nature of community life and personal networks when comparing rural Karamoja with urban Moroto and Mbale. According to the report, **“Children in rural areas are surrounded by grandparents, cousins, co-wives of their mothers and close neighbors. Young children are rarely far from adults whom they know and trust, even when their parents are out searching for firewood or herding animals.”**¹⁷ This is not the case for children in communities who are often left at home alone for at least part of the day or sent to the market to work. The child protection ramifications to this change of community are explored in the child protection section. Urbanization seemed to have a distinctly detrimental impact on child protection and issues of safety.

In Moroto, a 22-year-old woman said,

“Sometimes when you don’t have food the neighbors offer freely unlike town where each is for his or family and none else... Neighbors in town do not have an obligation to know how the neighbor is, for instance starving to death, sick or has problems – [it] is not their business.”

It would be important to explore the potential for ‘reformulating’ close knit communities and social networks as more and more families with children move to urban areas.

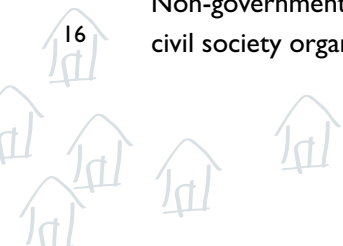
Non-governmental organizations (NGOs) and civil society organizations are present in all urban

areas where the appraisal took place. South Africa has a high concentration of local non-profit organizations as a result of the legacy of the struggle against apartheid. In most countries, many of these community groups and NGOs act as a safety net, assisting the poor, sick and elderly members of the community. In Ethiopia, voluntary associations, including *iddirs* (community-based insurance associations that require regular dues from members to help families cope with the high cost of funerals), *equib* (rotating savings and credit associations) and other community savings and credit groups, community watch groups and parents-teachers associations, supplement the services provided by the local government.

Religious institutions were identified in communities in every country and were almost always valued for their support of education and food provision for the ultra poor. However, some communities did not see the churches or other religious institutions fulfilling a leadership role in the community and community members in certain areas even suggested that one reason for this was that religious institutions had set conditions in order for community members to receive services.

The **seven communities** studied had populations ranging from 3,245 in Chibuluma Township in Kalulushi, Zambia, to over 247,000 in the neighborhood of Turffontein in Johannesburg, South Africa. Some communities could be considered peri-urban, while Johannesburg was undeniably urban.

Each urban area features unique circumstances that draw people to migrate there, both from rural areas and from other urban areas.¹⁸ Among the communities in which this study took place, people had migrated to urban areas to look for employment, to join relatives or get



married, to access education for their children and for a variety of other reasons. Some communities featured a high amount of seasonal migration. Migrants too face specific challenges that are worth additional exploration. One migrant from Lesotho to South Africa, who shares a home with people of different ethnic groups, said,

“There are many clashings in the house.”

The following **three profiles** from communities in which the research was conducted illustrate the variety of community demographics and migration patterns among some urban settings in Africa.



Zambia Kalulushi, Chibuluma Township

Chibuluma Township is a peri-urban settlement within Kalulushi District, in Zambia’s Copperbelt province.¹⁹ Copperbelt is one of the most urbanized and densely populated provinces in the country, with 27 percent of Copperbelt residents living in extreme poverty in 2006.²⁰ Kalulushi district initially developed as people moved to the areas surrounding Kitwe, a nearby city, to work in state-owned mines. Due to this migration, Kalulushi eventually developed into an urban area in its own right. Although the mines have now been privatized and employ far fewer people, the local economy still revolves around mining. The district had a population of 96,206 in 2010, with an annual growth rate of 2.4 percent from 2000 to 2010.²¹

Chibuluma Township had a population of 3,245 people in 2010.²² Among the population served by the Chibuluma government clinic (which covers the entire population) four percent was under the age of one year and 16 percent was between one and five years old in 2010 – meaning that 20 percent of the population is under the age of five.²³ Fifty-one percent is under 18 years old.²⁴

Among the households interviewed, only one informant said she had been living in Chibuluma since birth. The remaining informants had been living in Chibuluma between eight and 41 years, and the average length of time lived in Chibuluma was approximately 30 years. Many of the informants migrated to the area to join relatives or with husbands who were employed, many by the local government.

Ethiopia Hawassa; Misrak Sub-city, Teso and Wurko Neighborhoods

The capital of Ethiopia's Southern Nations, Nationalities, and People's Region (SNNPR), Hawassa is home to an urban population of more than 200,000 people.²⁵ A 2008 article stated that over 30 percent of the city's population lived below the poverty line, and most of them were food insecure.²⁶ Thirty-nine percent of Hawassa's population was under the age of 18 and 84 percent was under the age of 30 in 2007.²⁷ Hawassa has a high rate of migration; the city's major ethnic groups include Amhara (25 percent), Wolayita (22 percent) and Sidama (18 percent). The most common first languages are Amarigna (50 percent), Sidamigna (17 percent), and Wolayitigna (15 percent). Additionally, 11 percent of children under the age of 18 in Hawassa were single orphans and three percent were double orphans in 2007. The 2007 census found that only 32 percent of the city's residents had lived there for ten or more years.²⁸

The study focused on Misrak sub-city, which contains two kebeles (administrative area equivalent to a neighborhood), Teso and Wukro, which had a combined population of more than 27,000 in 2011. Among the households interviewed, none of the informants had been living in Hawassa since birth. The informants had lived in the area between six and 40 years, and the average length of time lived in Hawassa was approximately 24 years. Ten households said they came to Hawassa to search for employment or business, two because they had already secured employment, two to join family members and one to get married.

South Africa Johannesburg; Gauteng Province, Turffontein Neighborhood

South Africa is heavily urbanized. Sixty-two percent of the South African population resided in urban areas in 2010, versus 37 percent in Sub-Saharan Africa as a whole. South Africa has the most unequal cities in Africa, and 29 percent of South Africa's urban population (equal to 8.4 million people) lived in a slum area in 2007.²⁹ Johannesburg is the most populated city in South Africa with a population of 3.9 million in 2007, with 1.2 million households.³⁰ Twenty-six percent of the city's population is under 16.³¹ Johannesburg has the strongest economy of any city in South Africa and Gauteng is one of the wealthiest provinces,³² however, 19 percent of Johannesburg's population lived in informal housing in 2007.³³

Johannesburg is the country's main point of migration. Migrants travel from rural areas, neighboring countries, and other African countries. An estimated 13 percent of Johannesburg's population is foreign-born,³⁴ and 42 percent of Gauteng's population was born outside the province, the highest rate of any province.³⁵

The study focused on Turffontein, a neighborhood in Johannesburg with a population of over 247,000.³⁶ Turffontein has a high migrant population and a high degree of seasonal migration in and out of the community. Of the 16 households interviewed, only one reported that they were originally from Johannesburg, seven contained international migrants, three volunteered that they entered the country illegally and ten contained domestic migrants. Every migrant said they came looking for job opportunities. Five households reported that foreign nationals are discriminated against, and several informants demonstrated prejudice against foreign nationals.



Partnering with the private sector

Supporting urban livelihoods, health and education in Ethiopia

In partnership with the private sector, non-profit organizations and communities can boost sustainable outcomes for vulnerable urban dwellers. **Save the Children's US Agency for International Development (USAID)-funded Food by Prescription** program provides therapeutic food and nutrition counseling to people infected with HIV and AIDS. One aspect of the program encourages participants' household economic sustainability through the *Back-to-Work* initiative in partnership with local businesses.

One such business, the Akaki Garment Factory recently employed 50 recovering patients from health facilities in the Akaki-Kaliti sub-city of Addis Ababa. Ato Getachew Birratu, the managing director of the factory, said:

"I feel it is my duty to give something back to the people who supported me and my community. I do not see any difference between hiring people living with HIV and others."

He noted as well that the company benefits from increased social responsibility and community solidarity as well as obtaining productive employees.

Two participants in the *Back-to-Work* initiative, Misganaw and Ayinalem, are now employed at Akaki Garment Factory in Addis Ababa and shared their experience. Misganaw said,

"Life was not an easy way for me especially after I knew I had HIV. I was living with no hope and no income as well [though] I used to be a truck driver... So it's been such a really tough time in Addis for me to survive."

When asked how Akaki has helped to support Ayinalem, a single mother, she responded,

"I used to work here but stopped working since I know I am infected with HIV as I was very sick and can't keep working in the company. But now thanks to Food by Prescription program I am better and can support my children through Back-to-Work initiative. The job can really support my children be it in food, school and clothing."

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Governance

The contrast between rural and urban governance is very important as we look at how to improve realization of children's rights in urban Africa by creating opportunities for governments, private sector, civil society and NGOs to come together to support children in urban settings. While services in rural areas are typically managed by national ministries, government services in urban areas are often overseen by a mix of national ministries and local municipalities, with roles and responsibilities unclear. Selecting urban partners and defining appropriate roles for them, remains a challenging aspect of urban programming for international non-governmental organizations (INGOs).

Urban governance, or the process and bodies through which decisions affecting local communities are made, represents perhaps the single most critical factor affecting the quality of life of these communities and their residents. Most African governments have embraced some level of decentralization, but have not yet been willing or able to grant the authority or resources to allow municipalities to be effective. The local governments have the mandate, but don't have the resources or capacity to address the needs of the urban poor.

In all six countries where the appraisal took place, each government has established a decentralization plan whereby local government is responsible for ensuring basic social services and maintaining public order. Each city is organized into different levels of local government that have elected and appointed leaders. Municipal revenue typically comes from a range of sources including federal funding and local taxation of individuals and businesses.

Typically, municipal governments are responsible for – and expected to provide – a broad range of services (such as the ones listed for Blantyre, Malawi):

- early childhood development
- primary and distance education
- health facilities and health education
- sanitation, burial services and environmental protection
- maintenance of city roads
- emergency service including ambulance, fire and local disaster management
- public amenities such as community centers and parks
- land use management and building standards
- promotion and regulation of business and tourism
- management of local natural resources
- forestry, fishery and agricultural management
- provision and maintenance of potable water supplies
- community development including youth affairs, street children and orphans
- management of community police services and traffic control.

In some countries, local governments also provided housing at a reduced rate to underprivileged families.

Local municipality offices are understaffed, have large workloads and lack adequate funding and equipment for providing services. While the countries' constitutions and laws shaping urban governance require that the municipal government provide services to the entire population, service delivery is uneven and it is usually the poor who suffer from lack of services. This sentiment was shared not only by individuals within the community, but by local government workers as well.

One local social welfare officer felt that the social services department was not able to fulfill their mandate to protect children because,

“The government has forgotten us, particularly in the budget.”

Additionally, while the governments’ decentralization plans are ambitious, they have not typically been accompanied by the necessary accountability to constituents. According to a focus group participant in Tanzania,

“Leaders here are selfish; they just think of enriching themselves at the expense of others. The rich get richer while the poor get poorer.”

In Zambia, a community leader said,

“The government does not include us or communities in planning, and we only hear when there is money and [we] are asked to mobilize [the] community.”

Government officials at a level closest to the population are still generally considered community leaders and to some communities these officials are highly respected for their fairness and support of the community. However people in urban communities are less likely to have a relationship with their officials and many of these community leaders were hardly identifiable by their constituents.

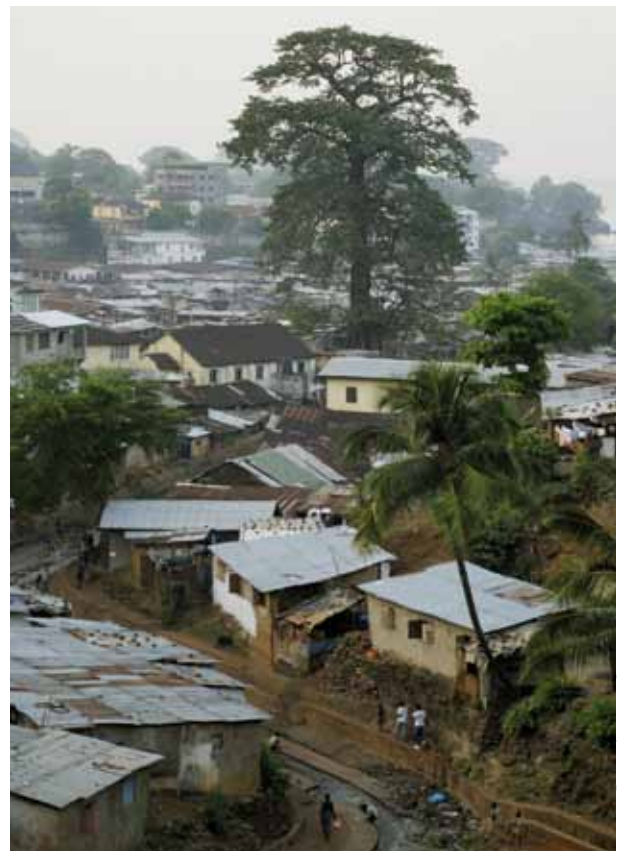
While traditional leadership, typically through tribal leaders and village elders, is the norm in rural Africa, urban settings tend to exhibit a different kind of decision making through elected and appointed leadership. The distinction is not clear cut, however, and traditional leaders – although still impacting decisions in urban settings (i.e. access to land, water

and traditional practices aimed at women and children) – don’t always enjoy the same legitimacy in an urban setting. The influence and overlap of traditional leaders with elected officials in ‘modern’ urban settings lacks sufficient research and needs additional study.

Gender and wealth inequality continues to influence the relationship between communities and the local municipality. In Tanzania, a participant in the women’s livelihoods focus group said,

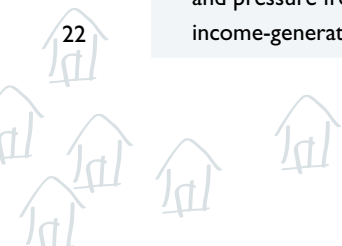
“Rich people are listened to more than people below them because the government will listen to you if you have money”

and argued that ultra-poor individuals do not have any influence in the community. Additionally, community members expressed concern that while women play an important role in community development, they rarely are adequately represented in decision-making bodies in the community.



Community members and key informants repeatedly stressed the importance of working across sectors to create integrated and holistic program responses. Poverty is crosscutting. To help children survive and thrive, we must work in cross-sectoral partnerships to support the child.

Priority need	Potential response
Child protection	
<ul style="list-style-type: none"> ● Children, particularly unaccompanied children, are exposed to risks and dangerous or age-inappropriate situations in public and often private settings. 	<ul style="list-style-type: none"> ● Provide supervised safe spaces where children can play and learn. ● Enhance the capacity of all those who work with and for children to prevent child sexual abuse and other forms of child abuse. ● Develop or strengthen community-based child protection mechanisms linked to and complementing national systems.
Health and nutrition	
<ul style="list-style-type: none"> ● Lack of water and sanitation facilities creates both public health and safety hazards and drains significant time and resources from poor families to meet basic needs. ● Poor families face many barriers to access health services, from cost to travel or waiting time, especially impacting the lives of mothers and babies. Poor nutrition, including satisfying the need for food, disproportionately affects the urban poor. 	<ul style="list-style-type: none"> ● Enhance hygiene and sanitation awareness and practices, while facilitating public-private dialogue to identify appropriate water and sanitation solutions. ● Train and deploy more community health workers in urban poor settings to give information on family planning, encourage mothers to give birth in a health facility with trained health staff and support them to establish and maintain good breastfeeding and nutrition practices. ● Call for the removal of user fees for pregnant women and children under five. ● Link programs to livelihoods strategies.
Livelihoods	
<ul style="list-style-type: none"> ● Poor families often must rely on their children to contribute to surviving in the urban cash economy which can expose them to dangerous situations and hazardous work. ● Youth lack marketable skills and capital to participate effectively in the urban economy. 	<ul style="list-style-type: none"> ● Provide options for school-to-work transition for youth through improved access to jobs, internships and tailored job skills training, targeted at vulnerable youth. ● Link youth training to the provision of grants and loans and other financial services, including effective and innovative social cash transfers. ● Keep children in school (see below).
Education	
<ul style="list-style-type: none"> ● Due to fragmented family care, poor children who enter school are ill-prepared to learn and progress. ● Poor children are not in school or experience many barriers to getting there, such as cost, disabilities, lack of food, bullying and sexual harassment by teachers and students, traditional ideas on gender roles and pressure from families to engage in income-generating activities. 	<ul style="list-style-type: none"> ● Equip children with the skills to succeed in school by providing quality control, standards and training to support early childhood care development. ● Ensure that children stay in school, both when it is compulsory and through secondary school. ● Provide child protection training for all those who work for and with children in the education sector – teachers, administrators, government officials and community-based volunteers. ● Schools must be equipped to provide education to children with disabilities and other special educational needs.



The priority needs of children in urban settings are reinforced by these articles of the UN Convention on the Rights of the Child (CRC). The CRC is a human rights treaty setting out the civil, political, economic, social, health and cultural rights of children. Nations that ratify this convention are bound to it by international law.

UN Convention on the Rights of the Child

Child protection

Article 19 Protection from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Article 31 Right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.

Article 34 Protection from all forms of sexual exploitation and sexual abuse.

Health and nutrition

Article 6 Right to life, survival and development of the child.

Article 24 Right of the child to the highest attainable standard of health and facilities for the treatment of illness and rehabilitation of health; State parties shall strive to ensure that no child deprived of his or her right of access to such health care services.

Livelihoods

Article 26 Right to benefit from social security, including social insurance.

Article 27 Right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

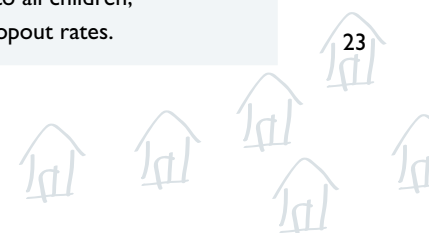
Article 32 Right to protection from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the children's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.

Education

Article 23 Right of the mentally or physically disabled child to enjoy a full and decent life, conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community.

Article 28 Right to education and with a view to achieving this right progressively and on the basis of equal opportunity, the shall, in particular:

- a** Make primary education compulsory and available free to all;
- b** Encourage the development of different forms of secondary education, including general education and vocational education, make them available and accessible to every child and take appropriate measures such as the introduction of free education and offering financial assistance in case of need;
- c** Make higher education accessible to all on the basis of capacity by every appropriate means;
- d** Make educational and vocational information and guidance available and accessible to all children;
- e** Take measures to encourage regular attendance at schools and the reduction of dropout rates.



Partnering with local governments

Improving children's health in urban Uganda

Linking with local government can help establish sustainable programs that impact the lives of children and youth. In the Danida-funded *Positive Prevention Project* that Save the Children implements in Gulu, Uganda, the local government is a close partner working to address the specific needs of children and youth living with or affected by HIV and AIDS.

The *Positive Prevention Project* focuses on strengthening the referral system with other implementing partners, local government officials and the community and to provide child and youth friendly HIV and sexual/reproductive health services.

Successful advocacy efforts with government officials and close rapport with service providers has led to the Gulu District Regional Referral Hospital AIDS antiretroviral treatment clinic to designate every Tuesday as a day for children and youth to come in for referral and treatment. In addition, the local government employed two young people living with HIV working with the project to be based in the clinic to advise and support children and adolescents.

Based on their successful partnership with local government, Sita Michael Bormann, Thematic Coordinator, HIV and Health, with Save the Children Denmark, shares the following recommendations on how to effectively join with local government to strengthen communities:

- **Be transparent.** At the start of the project, Save the Children signed a memorandum of understanding with local officials that described the project and the responsibilities of all stakeholders including local government. This created joint project ownership and sustainability.
- **Coordinate closely with local line government.** Local government remains the primary duty bearer for services therefore coordination with them on technical assistance and monitoring of activities is imperative. Visibility and acceptance of the program will be bolstered by this increased coordination.
- **Let local government staff build local capacity.** In combination with capacity building and partnership with local NGOs (who serve as the link with communities), when possible, capacity building should be carried out by technical staff from the local government as they wield greater authority. Additionally, the collaboration gains visibility from their ownership. Save the Children supported local ministry of health officials to conduct training in pediatric AIDS care, and child and youth-friendly adolescent sexual and reproductive health services.

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Child protection findings

Urban slum areas are a dangerous place for children – particularly unaccompanied children. Both the men's and women's focus group participants and key informants from the People Living with HIV Association in Adama, Ethiopia, indicated that children from the ultra-poor and poor wealth groups are the most vulnerable to abuse and this observation was consistent across communities studied. **Children lack safe spaces where they can play and learn,** they live in overcrowded environments and are exposed to sexual violence, abuse, drugs and alcohol.

Especially vulnerable populations are children with disabilities and unaccompanied children, including orphans and street children.

Participants in the Adama women's focus group said many children are brought to the city from rural areas by their relatives with promises of an education, but made to work as full-time domestic servants once they arrive. They also said many of these girls are abused and even raped by their relatives and are unable to escape their situation.

There is limited coordination for children who have been abused or neglected, and limited information for how those working with children (such as police, social workers, teachers, health care providers) can help prevent the abuse.

Lack of safe play areas leads youth to socialize in dangerous environments and engage in harmful behaviors. A particular condition of children in urban settings is the lack of safe play areas. Informants in Zambia said the lack of safe spaces for play led children to engage in harmful behaviors. Most children felt unsafe moving around the community after dark because of violence.

Kalokoni, a young boy in Chibuluma, Zambia, said,

"I don't feel safe to walk to school because of violence in this area, especially from people who are drunk. I also fear to be beaten by the teacher when I am at school."

Participants in women's and children's focus groups in Hawassa, Ethiopia, bemoaned the lack of safe spaces for children to play adding that youth who are addicted to *chat* (a stimulant narcotic plant) and alcohol harass girls. Boys' focus group participants also said schools are not always safe places, especially for girls, since they are vulnerable to sexual harassment by older boys and teachers.

When asked about the activities they engage in during their free time, participants of the adolescent boys' focus group said they play football, watch pornographic and adventure movies, or gamble with their friends. One boy said,

"Most boys in the community drink alcohol and use addictive drugs like chat and when these boys run out of money to buy the drugs, they steal small items from their homes to sell in the market."

The participants said some boys with addictions also visit commercial sex workers and practice unsafe sex, exposing themselves to sexually transmitted diseases including HIV and AIDS.

Children who are neglected or exposed to harmful behaviors by parents often adopt risky behaviors themselves.



According to the Tanzania Assemblies of God Compassion Center representative,

“One household sold liquor from their home, and children were responsible for serving the drinks, exposing them to alcohol abuse.”

In South Africa, informants identified parks as the most dangerous places in the community. Nearly every girl in the focus group expressed fears about being abducted or raped and said the park was the place where they are most vulnerable. One girl said,

“At that park they kill children.”

Another boy added,

“Children can just be grabbed and kidnapped whilst playing soccer.”

Turffontein lacks recreational facilities to engage youth in sports and activities. In the absence of recreational activities, children and adolescents spend excessive amounts of time watching television. While children are confined to their homes in order to protect them, many homes are not safe environments for children. Children living in close quarters with adults (particularly non-family or large complex households) are exposed to negative or age-inappropriate behaviors such as adult conversations and language, violence, sexual acts and substance abuse. One girl from the Adama adolescent boys and girls focus group said,

“The exposure begins when those evil-minded bachelors who rent part of our family’s home begin intruding and try to attract us with gifts.”

Children also lack sufficient space for play and quiet space to do homework and sleep.

Physical and sexual violence against women and children are widespread, and orphaned and vulnerable children and children with disabilities are particularly at risk. Across each country, children’s focus groups, women and men’s focus groups and key informants – including hospital staff, government representatives, faith institutions and NGOs – said the risk of rape and sexual violence was one of the biggest every day challenges for youth and children in these urban settings.

A participant in the adolescent girls’ focus group in Adama said,

“We are not safe, there is no protection, and we are not confident to walk freely on the streets because we are terrified of harassments.”

One adolescent girl told the story of her friend who was raped by her stepfather in her home and how the issue was not taken up by adults or the authorities. Key informants said most cases are not reported to the police because of lack of evidence and because families do not want to be labeled as troublemakers by other community members.

Multiple informants said girls are vulnerable to sexual abuse by males in their own household or in a household where they are employed, by teachers and by sexual partners.

The Caritas paralegal advisor in Zambia estimated that 60 percent of children experience sexual violence during their childhood and violence most frequently occurs in the home.





Children with disabilities are especially exposed to violence, neglect and abuse. The heads of the center for orphans and children with disabilities in Malawi said **children with disabilities are especially vulnerable to rape,**

“Children living with relatives or caretakers and unaccompanied children, are subject to abuse.”

While some orphanages and homes for children with disabilities operate in Ndirande, Malawi, such services are limited and of low quality.

There were several references made by study participants about **ritual cleansing and black magic.** The heads of the Chikondi Center in Malawi said some community members believe that engaging in sexual intercourse with a person with disabilities can cleanse a person of HIV. Albinos were also mentioned in both Malawi and Tanzania as vulnerable to discrimination and even ritual murder. Boys mentioned ‘Satanists,’ witchcraft (black magic) and ghosts as problems affecting children in Chibuluma, Zambia. Children repeatedly said they feared being killed for ritual purposes.

Boys, especially young boys, are also vulnerable to sexual abuse but this phenomena is likely under reported because of social stigma around this issue. The South African NGO Childline reported that 25 percent of girls and 20 percent of boys were at risk of being raped before the age of 16. South Africa’s largest independent trade union, Solidarity, reported that 45 percent of all rapes were child rapes and 88 percent of child rapes were never reported to the police.³⁷

Four of the eleven adolescent boys in Malawi said older girls sexually abused them when they were young. The Tanzania Assemblies of God Compassion

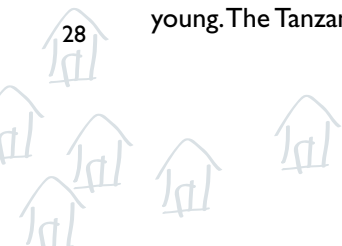
Center representative claimed that the center had reasons to believe that groups of youth were gang raping other boys, though the center could not do anything about it because few of the suspected victims were willing to talk about the issue.

Children face other forms of violence in the home and school. Younger girls and boys in Shinyanga, Tanzania, said other relatives and teachers physically abuse them. They said teachers often beat them on the head for not having a book or a pen.

In a study on violence against children undertaken by the national government of Tanzania, almost three-quarters of both females and males between the ages of 13 and 24 reported experiencing physical violence by a relative, authority figure (such as a teacher), or an intimate partner prior to the age of 18. Relatives and teachers were the most common perpetrators.³⁸

There is limited coordination of identification and response procedures for children who have been abused or neglected. Participants in the study in each country mentioned the involvement of local government officials, the police and the national legal system in supporting the needs of vulnerable children. However, as summed up by a key informant in Adama,

“These organizations lack a strong coordination system to deliver their services in an effective and efficient manner. The lack of coordination and integration among these entities, coupled with a low coverage area and a high turnover of government officials, render the delivery of protection services difficult.”



Most child protection informants added that the government's child protection laws and mechanisms are not effective and corruption prevents cases from being tried fairly and perpetrators punished. The Caritas paralegal advisor in Zambia argued that the community fails to speak up and protect children they know are being abused:

“A child can be defiled, but people are silent. A child is battered, but people are silent. Even a child can be forced to work, but people keep silent.”

Informants in Turffontein, South Africa, said that sometimes government social workers are not available when a situation arises, either because the social worker is negligent and does not take the case seriously, or because social workers have a high caseload due to a shortage of social workers. Although the police have a trauma unit, the police are not cooperative or well trained on how to respond to child protection issues.

The government provides child protection services in Ndirande through the police and the District Social Welfare Office. The community police force includes a child protection unit and a victim support unit, however, according to informants the child protection unit currently has no staff in Ndirande.

Local organizations that provide child protection services reported a shortage of training and resources. Ndirande contains some orphanages and homes for persons with disabilities run by organizations, churches, or individuals. However, the appraisal revealed that often the quality of care in such institutions is so low that they provide an unsafe environment for children.

Informants had mixed opinions of how to address violence against children. In Tanzania teachers launched a campaign (which was considered a success) to educate families on sexual assault. Some said most cases that went to court were dealt with satisfactorily and perpetrators were often imprisoned. However, others argued that bribery was common and many guilty men walked free. They also argued that cases are silenced when fathers are perpetrators, as people fear pursuing the case will destroy the family and that people are reluctant to report their close friends or relatives.

The girls' focus group in Adama felt that parents and other authority figures should provide them with greater security and teach them how to be safe in the community. They confessed that they were afraid of police but recognized the importance of reporting to them if they ever experience any harm.



Child protection recommendations



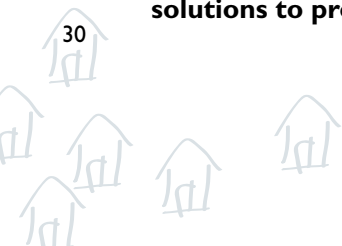
Provide safe spaces for children to play.

Having a safe environment for children and youth to socialize has been shown to reduce youth's vulnerability to abuse and propensity to engage in destructive behavior. Children in urban settings need a safe and protected environment in which to play. As our research indicates a safe place to play includes 'safe supervision' – a physical space is not sufficient without trained and vetted staff that ensures children's safety in these spaces. Governments, the private sector, donors, civil society and INGOs need to work together to identify space, provide the resources for equipment and facilities, and **enhance the capacity of all those who work with and for children** to prevent child sexual abuse and other forms of child abuse and inappropriate behavior that put children at risk.

Promote a national and community-based child protection system to provide a comprehensive, sustainable and coordinated solutions to protect all children. This would

include strengthening the existing child protection mechanisms and establishing community-based organizations such as youth clubs or child rights protection forums to facilitate better coordination among the child protection organizations to address the huge number of child protection violations.

Services provided to orphans, children with disabilities and victims of abuse must be expanded and adequately regulated. NGOs must encourage, support and work together with government and private sector partners to provide child protection training for all those who work for and with children, including police, teachers, government officials, judges and judicial officers, military and peace-keeping personnel, health professionals, social workers and caregivers. This training should also be provided to community-based volunteers who work directly with children, such as members of home-based care organizations. The training should include how to identify violence, provide referrals and ensure the care, protection and confidentiality of the child.



Health and nutrition findings

As stated previously, the differences in children's well-being, especially health, among the wealth groups were often linked to access to basic services.

Access to safe water and sanitation is a major challenge for urban poor populations contributing to poor hygiene and the spread of communicable disease. Contrary to Hawassa citywide statistics that report up to 99 percent access to improved water sources for urban residents, inequalities in access to safe water persist in urban areas.³⁹ Discussions with focus groups, key informants and households in each community confirmed that while wealthier households have access to piped water in their homes, accessing safe water is a major challenge for poor households.

The poor and ultra poor said lack of adequate and safe water supply leads to poor sanitation and health issues. One woman in the women's focus group, Hawassa, Ethiopia, said,

"Solving water problems is solving health problems."

In Adama, Ethiopia, the informant from the town health office's sanitation unit and the men's focus group participants reinforced that waste disposal and drainage systems are poor. The sanitation unit representative said,

"Improper disposal of household waste is the common source of disease in the community, especially diarrhea and malaria."

The Hawassa women's focus group ranked sanitation and hygiene as a major challenge, noting the scarcity of water, inadequate toilets and open air defecation. The main urban health problems in Tanzania stem primarily from communicable diseases associated with poor environmental sanitation.⁴⁰

Most people in Chibuluma, Zambia, access water from shallow wells constructed too close to toilets. Those who have toilets generally access traditional pit latrines that are poorly constructed and shallow. A women's focus group participant said,

"Many people who do not have toilets defecate in plastic bags and throw them on the middle of the road."

The majority of schools lack appropriate sanitation facilities. The mothers group in Zambia said Chitsime Primary School does not have consistent running water or a borehole for accessing safe water. The school heads at Chitsime said the school has only 48 toilets (24 for each gender) for 4,800 students.

In a household interview with one of Adama's ultra-poor household families, one wife said that without a toilet it's very difficult for women to go to the bathroom during the day.

"It's embarrassing because passersby can see everything! ... So the women wait until dark and walk to the area together."

Accessing water and sanitation facilities in urban poor settings also creates safety concerns.

Informants in Ndirande, Malawi, said the majority of the community access water through water kiosks but often have to fetch water very early in the morning, while it is still dark, in order to avoid waiting in long lines.

One women's focus group member said,

"This is inconvenient and puts people at risk of crime such as theft, mugging, and even rape."



Very often children are sent to fetch water, which puts them in danger and interferes with their sleep.

A participant in the Hawassa women's focus group said the inadequacy of safe drinking water is a serious challenge to health of families as well as to the well-being and safety of children,

"We are suffering with so many things, like finding water in other far kebeles, increased work load of children to fetch water and lack of hygiene."

The men's focus group participants also said children are vulnerable to sexual harassment when they have to walk long distances in search of water. In Mamassoni, Mali, the community only has five functional taps or water fountains. One woman said,

"If I want drinking water in the house, I must wake up at 2.00 a.m. to wait in line for water."

Chibuluma informants said wells also pose a danger to children, who may be killed or injured by falling into them.

Even in Johannesburg, where the city reports 98 percent of residents had some kind of access to piped water in 2007⁴¹ and 41 percent of poor households in Gauteng province received free basic water in 2010,⁴² disparities in access exist. Household interviews and observations revealed that people are sharing living space and sanitary facilities with others. The women's focus group participants confirmed this, saying that many households in the community share kitchens and bathrooms with other households. This overcrowding can lead to sanitary problems and the spread of disease. The Johannesburg child welfare representative said children are staying in houses that do not have water or electricity, which poses a safety and sanitation challenge.

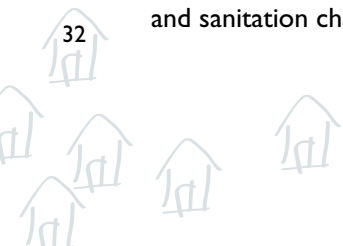
The cost of accessing safe water for the urban poor can be prohibitive. Nkana Water in Zambia constructed two water kiosks, however, one of the traditional birth attendants said,

"Because the kiosks charge a small fee for water, only those who have money have access."

The clinic sells chlorine for the equivalent of 10 US cents, however, the majority of people neither chlorinate nor boil their water.

Ten households interviewed in the poor and the ultra-poor wealth groups in Hawassa said they accessed water from common water distribution points and wells. Seven of the respondents said they spend the equivalent of 85 US cents to 1.70 US dollars on water per month. One visually impaired pensioner said her regular monthly pension is the equivalent of eight US dollars and she spends more than 10 percent of this on water.

Urban poor families have limited access to health services and information, essentially eliminating the 'urban advantage' for children. The World Health Organization reports that nationwide in Zambia, **"children from the poorest urban quintile are more likely to die before the age of five than children from the wealthiest urban quintile and children from rural areas."**⁴³ Most informants said they access government facilities because they are affordable, however the most common constraints for accessing health services were lack of quality services, cost and distance to health services and, for many women, lack of time. The vast inequality between rich and middle income urban dwellers and poor and ultra-poor urban dwellers means that these constraints are similar to what is found in rural settings.



A ward health committee member in Tanzania said,

“Mothers who go [to the Government hospital in Shinyanga] unaccompanied may end up delivering in the queue while trying to register with the records clerk.”

A women’s focus group participant said,

“People sometimes have to pay a bribe to government health workers to be considered quickly.”

Community members in most countries said private hospitals offer faster service, but only wealthy people can afford to access them. Informants in Adama said that although government health services are supposed to be free, they have to pay the equivalent of at least 17 US dollars to access the health facilities and they struggle to afford medications from the pharmacy. The Adama women’s focus group participants said their main challenge in accessing health services is the lack of affordable transport to reach the facilities. In Mali a men’s focus group participant said,

“Food represents 70 percent [of our household expenditure] and 30 percent is devoted to other expenses like health and education”

People have to walk between two and five kilometers to Shinyanga, Tanzania, to access the nearest government hospital. The long distance to the nearest government health center in Shinyanga is especially problematic for pregnant mothers and some end up delivering at home or on the way to the hospital. Most have to travel to the hospital on foot, since they lack money for transport and there are no ambulance services available. A national survey in Malawi reported that, despite the fact that they live in an urban setting, only 15 percent of Blantyre

residents can reach the nearest health clinic or hospital in less than 15 minutes and only 60 percent can reach the nearest health clinic or hospital in less than 45 minutes.⁴⁴

Childbirth can be a dangerous experience for women in urban poor communities.

Most Ndirande residents access health services through the government-run health center, which provides a range of services free of charge. However, the health center is overwhelmed – providing six deliveries and seeing up to 200 children under five per day in addition to patients of other ages.

The health clinic in Chibuluma, Zambia, has a small maternity ward that provides antenatal care, delivery assisted by trained midwives, and postnatal care. However, like most of the urban communities in the study, home deliveries are still common. Some women deliver on the way to the clinic and have delivery complications due to late care seeking among pregnant women – a common cause of maternal morbidity and mortality. The clinic employs five trained midwives to serve its catchment population of 11,162. Traditional birth attendants have been trained, but the government no longer allows them to conduct home deliveries. Although women have access to family planning services, use of these services is limited by widespread misconceptions including beliefs that birth control will make women infertile or cause cancer or birth defects. Health extension workers in Hawassa said poor and ultra-poor women generally choose to access traditional delivery services rather than go to a health care provider.

The government of Ethiopia, with the support of USAID, expanded its health extension worker program to urban areas, and in 2009 introduced the *Urban Health Extension Program* with the purpose of

providing **access to and equity of public health information and services** by deploying more than 4,000 nurses as community health workers, providing house-to-house health services. According to the Adama health bureau representative there has been a gradual improvement in the community's utilization of health facilities since the initiation of the urban health extension program, he added,

“The poor and ultra-poor households are more accepting of intervention by health extension workers than middle-income and wealthy households.”

This innovation provides an important model for reaching the urban poor but support for this urban workforce needs to be expanded and reinforced in other key health areas.



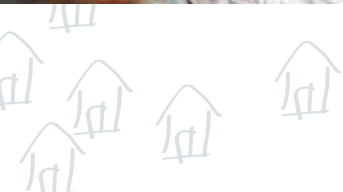
Poor nutrition disproportionately affects the urban poor. In Tanzania children from the poorest urban quintile are four times as likely to be chronically malnourished than children from the wealthiest urban quintile.⁴⁵ The 2010 *Demographic and Health Survey* found that 44 percent of households in urban areas had problems satisfying the need for food in the past year, and 15 percent had this problem often.⁴⁶

During interviews with children and adolescents in Shinyanga, Tanzania, all children said they only eat one meal per day. **One of the adolescent boys fell asleep during the focus group discussion and the other students explained that he hadn't eaten in 24 hours.**

In Mamassoni, poor urban households often eat only one meal per day, scavenging at open-air restaurants at night to feed themselves. In times of hardship, families turn to older, cheaper rice, millet, sorghum and corn as staples in their diets. Ironically, even though Sikasso is the most fertile region in Mali, families often prefer to sell their produce instead of consuming it.⁴⁷ Consequently, Sikasso has the highest rates of stunting in the country, with 45 percent of children under the age of five who suffer from growth deficiencies.⁴⁸

In Zambia many children's nutritional status is poor, and stunting and kwashiorkor (a form of malnutrition that occurs when there is not enough protein in the diet) are common. The Chibuluma basic school parent-teacher association chairperson said,

“Poor nutrition is the most significant health problem facing school-age children – preventing children from focusing in school and lead to high dropout rates, especially in the summer when food is particularly scarce.”



Health and nutrition recommendations

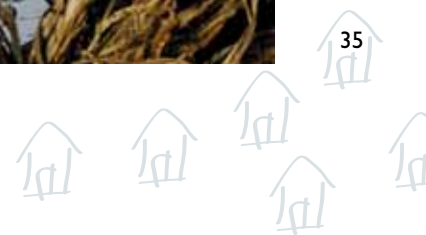
Enhance hygiene and sanitation awareness and practices, while facilitating public-private dialogue to identify appropriate water and sanitation solutions. Vast inequalities in access to safe water persist between the rich and the poor in urban areas. Improving the city's waste disposal and drainage systems will prevent the spread of communicable diseases in the community and help decrease the safety and protection threats faced by women and children. Governments, civil society and INGOs must facilitate community dialogues to address gender and child-focused solutions around water management and poor sanitation. The private sector should contribute to this dialogue by identifying and supporting the installation of durable and safe clean water facilities and waste management systems in urban-poor communities.

Train and deploy more community health workers in urban poor settings, especially midwives and other female health workers, to reach the poorest of the poor with essential lifesaving

care and **call for the removal of user fees for pregnant women and children under five.**

The appraisal revealed that poor and ultra-poor households were especially unlikely to access health services. The further deployment of community health workers as well as ensuring that women and children can afford the services could help increase access. Health worker training should include an emphasis on counseling skills including identifying gender-based violence and child protection issues and providing referrals for services.

Urban health workers should also support mothers to help establish and maintain good breastfeeding and nutrition practices, provide information on family planning, and encourage them to give birth in a health facility with trained health personnel. Additionally, livelihoods strategies, such as Food by Prescription's *Back-to-Work* initiative (see page 19), will need to be employed, with support of the private sector, to improve the poorest urban dwellers' access to food.



An urban story

The choices of an urban poor mother in Hawassa, Ethiopia

Ayelech, a 45-year-old single mother, lives in a one-room mud house with her two children, 14-year-old Getenesh and 13-year-old Bereket. Ever since her husband passed away six years ago, she has struggled to raise her children on her own. She bakes *injera* to support her family.

Over the past six months, Ayelech's hands and legs started swelling up to the point where she can no longer work. The doctor informed her that her veins are constricted and that her pain will worsen if she does not seek regular treatment. Despite her doctor's advice, Ayelech has not been following up with her treatment because she cannot afford the fees. She has tried traditional medicine and holy water but nothing has eased her pain.

Ayelech is behind six months' rent and currently owes the equivalent of 33 US dollars. She says,

"The landlord has not said anything to me so far but I don't know what will happen."

She also owes roughly the equivalent of 11 US dollars for her children's school registration fees. When the school barred her children from taking their examinations, she appealed to the kebele and received an extension on the fees. Even when offered the option to pay in installments, Ayelech simply cannot afford it.

"If they can't continue school, they will have to go out on the streets. I really don't know what I am going to do... If the school refuses to test them, that would be the end of them."

Both children are unsure of what their school will tell them in the coming weeks. Ayelech shares

"If only my hands got better, that would be enough for me to bake injera. That way, I could at least make the school payments for them."

Getenesh, her daughter, says,

"It's hard to focus and succeed in school while worrying about our money situation and our studies. We're afraid they might kick us out of school."

When Ayelech worked, she used to make the equivalent of 22 US dollars and could afford school fees as well as three meals a day for her children. Nowadays, they eat whenever they can. Bereket, her son, says that he goes to school hungry if there's no food, adding,

"Many times, I will just tell them I have nothing and they understand."

Despite all their challenges, both children study hard and are determined to succeed in school. Getenesh wants to become a geologist. Bereket dreams of becoming an astronaut.

Ayelech's neighbors have been helping her as much as they can. She says,

"They buy me water and give me food... But people will eventually get tired of helping."

Livelihoods findings

Impact on children and youth. Reliance on cash in urban areas has a major impact on children's diet, access to school, and availability of parents' time to provide protection. In Ndirande, Malawi, one girl said,

"When my father cannot find a job to do, he fails to buy food and we stay hungry at home."

Children play an important role in households' livelihood strategies. Poor people in urban areas are usually employed informally and do not consistently earn enough to meet all their needs, therefore children help by queuing for scarce water, caring for siblings/themselves and working outside the home to supplement their family's income. Key informants in Hawassa, Ethiopia, said children are the most affected as a result of unstable income which has consequences on their educational opportunities, health and vulnerability to abuse. Nearly every community said the lack of employment opportunities for girls and young women often translates into transactional sex or prostitution.

Several households participating in the study in Turffontein, South Africa, said lack of employment impacted their children. One child suffered from eye problems and asthma, but the family could not afford an inhaler. A focus group participant in Shinyanga, Tanzania, mentioned the effects of unstable income on children,

"Children... know that they must help by doing house chores so that their parents can spend their time trying to find money to buy notebooks and pay fees. Often the whole family will go hungry to pay for these things and then the children don't even have the energy to go school."

Another child had dropped out of school because her household could not afford the school expenses.

A female focus group participant in Hawassa said,

"Families have too many children. A large family size makes living very difficult and forces families to take their children out of school so they can work."

Many children said they contribute to the family's livelihoods strategy by helping with the family business, farming, or running errands.

Women also play an important role in household livelihood strategies. One of the men's focus group participants in Tanzania said,

"Women are breadwinners in this area because they are actively involved in trading."

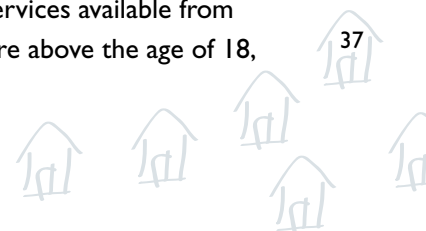
Working parents' role as breadwinners often prevents them from providing children with the attention and care that they need. Poorer children are thus more vulnerable to child labor and abuse. As one man in a Malawi household said,

"I don't know where the children currently are. As they often do many days, I think they have gone to do some piece works or street begging. It's up to them to continue with school or drop out, it really does not concern me."

High levels of unemployment in the area lead some people, especially youth to resort to dangerous activities or crime. A men's focus group participant in Zambia said,

"Because of high levels of unemployment most of the youth in Chibuluma resort to illegal mining and endanger their lives and ladies become prostitutes."

A key informant from Hawassa's Town Microcredit Enterprises (TME) said the services available from the TME are for those who are above the age of 18,



which ignores the younger population. Many children quit school in order to mobilize resources and generate income for themselves and their families. Another key informant said,

“The unemployment rate is on an increase trend which leads many young people into desperate measures, like resorting to dangerous or illegal sources of income, including theft or transactional sex work.”

In Ndirande, microloan providers also provide loan recipients, typically poor women, with one-time business training. However, the reach of such services is limited and the village forestry committee said most Ndirande residents have not received any vocational or business management training.

Poverty forces many children to participate in livelihoods strategies which can expose them to other dangerous situations and hazardous work. Child labor is widespread in Chibuluma, Zambia especially among children not attending school. Children as young as seven work for money or in-kind payment. Child labor includes street vending, piecework and running errands for adults, manual labor in mines and fields, illegal scavenging at mining sites, domestic work and transactional sex.

A Malawi community-based organization child protection representative said **unaccompanied children engage in multiple survival strategies**, many of which leave them vulnerable to abuse.

“These children may turn to begging, casual labor, very small-scale business, stealing, and seeking help from organizations... Female unaccompanied children are especially vulnerable, and may resort to working with older women in beer brewing, engaging in relationships with older men, and transactional sex as survival strategies.”

The district child protection worker in Blantyre, Malawi, said,

“Orphans and unaccompanied children are especially at risk of contracting HIV/AIDS because they are most likely to engage in transactional sex as a survival strategy and most vulnerable to sexual abuse.”

According to a participant in the adolescent boys' focus group in Malawi,

“I often do not do well in class because I work a lot in the morning before I go to school, and this makes me go to school tired and often lose concentration and my results are poor.”

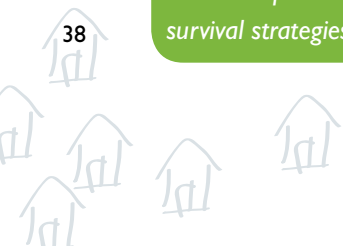
One of the participants in the adolescent boys' focus group in Adama, Ethiopia, said,

“I work for my living; I am not able to manage my time for studies.”

Boys who are involved in illegal scavenging are also exposed to dangerous conditions at mines and vulnerable to getting hurt when chased by police.

Men's focus group participants in Adama said the ever-increasing cost of living leaves many parents unable to support their families, and therefore children's contribution to the family income becomes a necessity for survival. One man further predicted,

“Child labor would increase in the coming years.”



Livelihoods recommendations

Provide creative options for school-to-work transition for youth. Governments, donors, NGOs and the private sector need to work together to improve access to jobs, internships and tailored job skills training, especially targeted at vulnerable youth (male and female). Inadequate attention in the regular curriculum, insufficient volume of trade training opportunities and poor market/training linkages were frequently heard concerns of urban poor.

The situation in Adama is typical, where there is one public and several private Technical Vocational Education and Training (TVET) centers in the city. The public institution only admits a limited number of those who have completed Grade 10, and the private TVETs cost money and admit those who have completed Grade 12. The poor are barred from the TVET program due to high competition, limited space and prohibitively expensive costs. The private TVETs are accessed and utilized by wealthier youth, especially those who perform poorly in university. The 2011 *Urban Employment Unemployment Survey* carried out by the national government stated that only 24 percent of male urban residents in Oromia region and 11 percent of females had received “any kind of professional or vocational training provided by private or government institutions so as to get certificate or diploma.”

Programs such as *Youth, Technology and Careers*, should be adapted to Sub-Saharan Africa, and tailored to fit the health and nutrition, education and protection needs of the urban poor. By investing in the growing youth population in urban settings and giving a voice to disadvantaged youth, the private sector, government, donors and NGOs can bring lasting social and economic change to children and their families in urban settings.

Program example

With youth comprising 70 percent of Jordan’s population, Save the Children is working with the ministry of education, USAID, Ford Foundation and Accenture to prepare teens for their entry into the workforce. Launched in 2009, the five-year *Youth, Technology and Careers* program leverages partnerships between schools and businesses and technology to prepare students for employment. To date, Save the Children and partners have reached 130,000 adolescents across 330 Jordanian schools, providing them with opportunities to explore career pathways and transition from school to working life.

Link training to the provision of grants and loans and other financial services, including effective and innovative social cash transfers.

Once youth are trained, it is important that NGOs work with the private sector and governments to improve the health, education and protection situation of urban poor households through improved access to credit, grants and loans. According to one of the men’s focus group participants in Turffontein,

“Financial capital for starting businesses is limited because people do not want to invest in this area.”

Access to loans in Adama requires collateral, which most people do not have. A participant in the women’s focus group said,

“No loan is available to anyone who is not wealthy or well-connected and so there is no assistance if there is no security [collateral]. The ultra poor and poor can only think of their immediate needs and cannot diversify their income.”



Providing start-up capital for youth is not particularly easy but they are the future. In response to Africa's growing population of unemployed youth (ages 15 to 24) and to accelerate the *Decade of Youth Action Plan* (2009–2018) of the African Union (AU), Pan-African policy makers adopted an agenda to help mitigate the dual problems of lost potential growth and increased crime. With an overall goal of reducing youth unemployment by two percent per year during the decade, the AU must work with member nations to implement policies that address training and access issues, including access to land, that hinder youth from reaching their potential and developing the economy.

Program example

In Malawi some organizations, such as the community-based AYIDO, coordinate apprenticeships and vocational training for youth so that they can gain vocational skills for future employment. AYIDO offers vocational skills training for youth in carpentry, tailoring, and welding.

Once they have completed their training, the youth receive entrepreneurship lessons, certification from TVET (a government program), and a small amount of **start-up capital** to help them to start a small business.



An urban story

Pethias drops out of school in Chibuluma, Zambia

Pethias is a 15-year-old orphan, the youngest of four siblings, living in Chibuluma community catchment area. Since his parents died five years ago, life has become very difficult for him. He and all his siblings dropped out of school to try to earn an income. His 21-year-old eldest brother got work in the scrap metal business and managed to rent a two-roomed house for the two of them. The house is not in good shape and it has no toilet. At the time of our visit there is no food in the house.

Although Pethias passed into Grade 10 this year, he has not reported to school. He is being supported by his eldest brother. His sister married within the area and his other brother stays with friends in another shanty compound. His eldest brother is determined to see Pethias return to school, but is finding it impossible to come up with the money to pay school fees and keep food on the table.

The high cost of living has taken a major toll on the family's livelihood. Food and water prices have increased significantly and it has become very hard to eat three meals a day. To add to the family income, Pethias draws water for families that live a kilometer from the borehole. He also goes to work in the nearby fields to cultivate or weed. He gets only the equivalent of three US cents per day for working in a field for two to three hours. His money goes to buy food for the day and occasionally other groceries. Pethias says,

"I get stomach aches when I don't eat breakfast and I sometimes feel dizzy when I am doing labor-intensive work."

His brother is usually able to buy enough food for two meals a day but now that the scrap metal business has become competitive he cannot manage to buy food and pay for all the household needs. Sometimes Pethias goes to his sister's house for meals and returns to his brother's house to sleep.

Pethias wants to get back to school and become an engineer.

"Whenever I meet my school friends I feel very bad because I can't imagine that I am out of school. Usually I cry and wish my father were here."



Education findings

As this report demonstrates, although urban children, generally speaking, are better off than their rural counterparts – including better educated – the real situation for millions of urban children living in poor urban communities is not well documented and access to quality education can be a big challenge. One out-of-school girl in Malawi said,

“I was sad knowing that my friends were learning while I had missed classes.”

Education is an important way to get children out of poverty, but is much more challenging for children in urban poor settings. Each of the other sectors that we reviewed in this report, protection, livelihoods and health and nutrition, affect a child’s access and interest in education in urban poor communities.

Net school enrolment ratios for girls and boys have increased in both rural and non-slum urban areas of Tanzania, but they actually decreased in slum areas.⁴⁹ Corroborating this disparity, a community schoolteacher in Zambia said,

“Children in higher wealth groups come to school with food and prepared to learn, but those in lower wealth groups often do not.”

Most children are missing out on proven benefits of early childhood care and development, especially those below the age of five. The women’s focus group participants in Malawi, Zambia, Ethiopia and Mali confirmed that poor and ultra-poor children in their communities do not have access to early childhood care and development (ECCD) due to the costs. Nursery schools and ECCD is available for children below primary level in these urban communities, but only for middle-income and high-income wealth groups.

The government of Tanzania declared that starting in 2007 each primary school should contain a pre-primary class, however, it is not compulsory.⁵⁰ Thirty-seven percent of Tanzanian children were enrolled in pre-primary education, but this information is not disaggregated within urban wealth quintiles.⁵¹

And in South Africa, where resources are more abundant, the Johannesburg child welfare representative said, *“In the absence of government-approved and supported facilities, privately run childcare centers lack safe facilities and play areas, and pose direct dangers to the children they purport to protect.”*⁵²

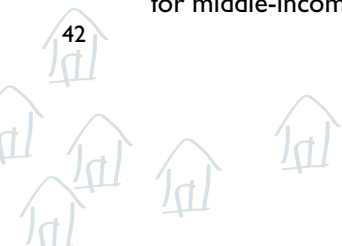
The Park Junior principal in Turffontein said,

“More children under the age of five must access ECCD services in order to be prepared to enter primary school. However, many ECCD centers are overcrowded and do not provide an environment that is conducive to proper child development. Most caregivers do not have professional training.”

Children miss or drop out of school for a variety of reasons, largely related to the economic status of their families. Youth focus group participants in Ethiopia said dropping out of school is a common fate of poor families in Adama. The reasons behind absenteeism and dropouts include inability to afford the required educational materials, lack of food, health issues, disability, displacement, children’s lack of interest in school, family burdens and pressure from families to engage in income-generating activities.

The elderly female head of an ultra-poor household, raising six orphaned grandchildren, said,

“It’s hard to get the children school materials and sometimes they go hungry just so materials can be bought”



A girl in an adolescent girls' focus group in Mali, said,

“One of the biggest problems and dangers that children face in Mamassoni is the difficulty if not the inability of parents to enroll their children in the school because of poverty.”

Although Malawi, like other countries, has a free primary education policy, focus groups said school personnel demand that new students pay an enrolment fee and various other fees throughout the year. In the focus group discussions, both men and women said schools send away pupils who fail to pay the school fund. One community member said,

“We have children who are repeating a particular class, not because they failed the... examinations but because they were not given the examination results because their parents did not pay school fund.”

In Zambia, where government schools from Grade 1 to 7 are free, members of the women's focus group complained that teachers are providing extra tutoring sessions for income-generating purposes and that these teachers, favor students who pay teachers for extra tutoring sessions.

As the livelihoods section of the report demonstrated, many poor children work in the evenings to support their families and are unable to cope with the demands of both survival and schoolwork. The school head at the Malawi Chitsime Primary School said,

“Sometimes you get into the classroom for the lesson at 7.30 a.m. and you find that barely five minutes in the lesson a Standard 6 child is already dozing. If you ask you will discover that the child on that day woke up at around 3.00 a.m. to go and fetch water for household usage.”

Informants in Mali said school children struggle with their health and nutrition, as they often do not have access to clean water or regular meals. One focus group participant said,

“Many children skip breakfast before going to school, and consequently cannot concentrate in the morning due to hunger.”

The Chitsime mothers group in Malawi said the porridge they provide is the only meal some students receive all day. On the days that the group fails to provide porridge for the children, many poor and ultra-poor children loiter around the school premises and beg from passersby. As the chairperson of the school management committee at Chitsime Primary School said,

“A hungry child will never concentrate in class.”

Bullying, gang activity and sexual harassment are common in school settings and affect children's ability to learn in school. Bullying affects children across age and gender. Younger students in Shinyanga, Tanzania, said they feared being beaten on the playground by older students. Adolescent boys said they were the targets of bullying at school because they cannot afford clothes or food, and said they have trouble concentrating in class because other students make fun of them. Youth gangs often target schoolchildren, harassing them until a child becomes so afraid that he stops coming to school or joins the gang. The adolescent girls complained that male peers often harass them and insult and threaten them if they reject their advances.

In Turffontein, South Africa, although children expressed concern about bullying at school, most said they feel safe at school and trust teachers to protect them. Bullying and violence at school were

more severe among adolescents than among younger children, and Forest Hill High School was considered dangerous. Corporal punishment is occasionally used at school, although it is prohibited by law.

The young girls' focus groups in both Ethiopian cities participants groups ranked sexual abuse as the greatest risk they face, and said they feel unsafe when they walk to and from school and that incidents of harassment happen in school settings. One girl said,

"A teacher told my friend, 'if you do not have sex with me, I will give you a poor grade and I will not allow you to attend my session.'"

Children with disabilities are not likely to attend school. A key informant from the educational office said children with disabilities are stigmatized by both their families and the community. They said the available education facilities cannot accommodate the needs of students with disabilities. There are very few easily accessible classrooms and no resources for children with visual and auditory disabilities. All respondents indicated the curriculum fails to address the needs of disabled children.

In a study on children with disabilities in Ethiopia, a community leader in Adama said the community shows a lack of concern for disabled children and the government is negligent in educating them. In the same study, a teacher from Adama said he approached the families of children with disabilities to ask why they were not enrolled in school and the households told him that they feared social stigma; some even said they believed their disabled children to be 'useless' or 'hopeless'. The teacher added that many teachers are unaware that their students have disabilities or do not know how to assist in their learning.⁵³

Another key informant in Adama said,

"The education given to children with disabilities is not sustainable and cannot secure their future economic and employment opportunity."

In Tanzania, forty percent of disabled children between the ages of seven and 13 years were attending school, less than half of the overall attendance rate. Sixteen percent were refused entry into school.⁵⁴

A key informant from the Paralegal Aid Centre Shinyanga in Tanzania said,

"Children with disabilities have no friendly environment... from home to school."

Schools, especially classrooms and latrines, are not built to be accessible to those with physical disabilities.

Gender disparities exist in absenteeism and retention rates of girls and boys, especially in secondary school and underscore the need to work with youth, community leaders and the government to ensure that young girls and young boys have equal access to education. For example, the adolescent girls' focus group in Malawi said they do not have time to do homework because their time is consumed with fetching water and doing household chores, the adolescent boys said they do homework or study and have time to play after school.

Participants of the Hawassa boys' focus group indicated that they miss school because they succumb to temptations of using various dangerous substances, *chat* (a stimulant narcotic plant) and *shisha*, also known as *hookah*, (flavored tobacco smoked through a pipe).

Participants in the adolescent girls' focus group in Hawassa said a major reason for prolonged absenteeism among adolescent girls is the lack of gender-segregated latrines in the schools, which does not provide them any privacy to change their sanitary napkins and forces them to stay home when menstruating. One girl in the adolescent focus group discussion in Malawi said,

“On a monthly basis I miss three to four days and this makes me miss a lot of the materials that my friends have covered in my absence and eventually this affects my performance. Things are even tougher when I menstruate during the examination times as I do miss some examinations.”

The head teacher of Chitsime Primary School in Malawi noted that while boys are performing better than girls in the lower classes, girls are performing better in the upper classes. She said,

“I think the coming in of the mothers group has motivated the girls in the upper classes to work hard, performing far better than the boys. Most boys go to video showrooms that are rampant in this area hence that affects their performance.”

Members of the school management committee confirmed that boys are likely to drop out of school because of this. While mechanisms are in place to encourage girls to stay in school, boys are easily distracted by entertainment and stray from school.

Despite girls' better performance, the women's focus group discussion participants said parents who can only afford to send one child to school typically prefer to send the male child. They argued that girls are prone to get pregnant and drop out of school, wasting family resources invested in their education. Girls are at risk of early and unwanted pregnancy

because they often engage in premarital sexual relationships with adults. Such relationships are an attempt to find a source of livelihood and are often encouraged by peer pressure. The mothers group in Malawi works to encourage child mothers to return to school, however, despite the support they receive from teachers, such students are often the targets of bullying by other children.

In Tanzania, slightly more girls than boys are enrolled in primary school. However, in Shinyanga, there is a gender imbalance in education, with more boys enrolled than girls in 2006. A key informant in Tanzania said,

“I think people in Shinyanga in particular do not understand the importance of girls getting an education.”

Informants said due to low educational levels in Shinyanga, many families in the area undervalue schooling and prefer to marry their daughters once they attain their primary school degrees in order to obtain a dowry. Fifteen percent of reported dropout rates were due to pregnancy.⁵⁵ Informants said girls have much higher dropout rates than boys. Many adolescent girls are expected to do the brunt of the household work, including chores and participating in the family business. One adolescent girl said,

“Due to our numerous household duties, we have no time to do homework, whereas boys are able to set aside some time to study.”



Education recommendations

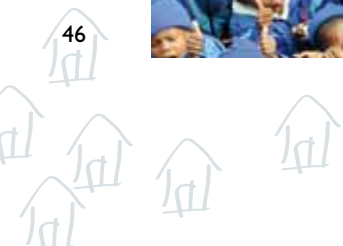
Expand access to early childhood care and development (ECCD) in urban poor communities. Government must partner with the community, private sector and donors to provide quality control, standards and training to support ECCD.

ECCD centers must be regulated in order to provide adequate services for children and measures must be taken to decrease the cost of services and thus increase the accessibility to urban poor families. As in the livelihoods recommendation, job skills training should be targeted to improve the skills and support the needs of the urban poor and improve the well-being of children. Because of this, work and volunteer opportunities should be tailored to provide trained ECCD teachers and childcare providers.

Strengthen the education system to ensure more students, including children with disabilities, and primary-age girls and boys attend school. The appraisal highlighted that poverty underlies school enrollment, retention and absenteeism of children in urban poor communities.

In these urban settings the government's education policy (free/compulsory) must be coupled with adequate resources for schools and teachers and facilities (safe water and latrines). Greater effort must be made for governments to partner with donors, civil society, INGOs and the private sector to ensure that children stay in school, both when it is compulsory and through secondary school. In particular, the community and government need to work with youth to meet the education needs of girls and boys.

NGOs must encourage, support and work together with government to provide child protection training for all those who work for and with children in the education sector – teachers, administrators, government officials and community-based volunteers. The training should include how to identify violence, provide referrals and ensure the care, protection and confidentiality of the child. Schools must also be equipped to provide education to children with disabilities and other special educational needs.



Partnering with communities

Working for jobs and peace in Puntland, Somalia

The *Alternative Livelihood and Employment Opportunities* (ALEO) program worked with government and private sector radio stations in urban Somalia to support innovative programming for youth. The program created job and life skills training and engaged youth in peace building dialogues in this war-torn country.

One of the challenges to effectively changing behaviors, especially amongst youth, is gaining the full trust of community members. Save the Children worked with partners in four major towns (Bossaso, Galkaayo, Garowe and Qardho) in Puntland, to carry out the ALEO program seeking to provide support to unemployed and unskilled youth, susceptible to recruitment into piracy. The program equipped these youth with skills for employment and sought to increase income opportunities. As local cultural norms and religious leadership remain pivotal in influencing behavior change, ALEO garnered support of community members to influence youth while increasing the capacity of government ministries and partner organizations to provide essential life skills training and job skills for vulnerable youth.

The program prioritized local partnerships. In addition to a project advisory committee of crosscutting government ministry staff, local community leaders helped identify youth to participate and ALEO worked closely with already established youth networks throughout Puntland. Through intensive awareness-raising campaigns and life skills training, the program mobilized both youth and the wider Puntland community to replace a culture of violence and criminal activities with a culture of peace, dialogue and responsible citizenry. Through partnering radio stations, community leaders including local religious leaders (imams), successful youth as well as influential government

officials shared key messages primarily aimed at youth. The program linked up with already established youth networks to engage in peace building and conflict resolution, with community elders also trained so as to actively and effectively support alongside youth networks.

With this multi-pronged, community-based approach, ALEO attained key outcomes, including:

- The program established strong partnerships with and strengthened the capacity of local civil society organisations.
- By linking closely with 33 local trade centers, the centers' training capacity grew and local communities and businesses benefited from having greater access to skilled and semi-skilled labor.
- Of the 2,500 youth who entered the program, 98 percent successfully completed the six months training program and 61 percent were still employed six months later.
- A final evaluation revealed a high level of awareness about the negative effects of piracy amongst the community as a result of the media campaigns supported by the project.
- Youth were engaged in mediating and resolving 29 clan conflict cases.

A clan elder, demonstrating the level of confidence the community gained towards youth, said,

"We have a lot of confidence in their capacity when dealing with mediating cases because they are very professional."

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Conclusions

For Save the Children this exploration of the urban context in Africa has been a generative exercise. We rediscovered tools that encourage us to humbly engage children, families and communities as equal partners. **We found an unexpected breadth (16 countries) and depth (55 programs) of our existing work in urban Africa.** At the same time, we recognize that few of these programs are designed for the urban context with the needs of urban poor children in mind. With increasing confidence we have defined some key next steps.

We will also work with partners to explore the following additional areas of research:

- **Better data to learn more about the inequalities and target program interventions** Urban statistics, disaggregated along socioeconomic and gender lines within cities
- **Communities** Potential for 'rebuilding' communities and social networks in urban settings especially important for the protection of children
- **Migration** The role that seasonal migration plays in urbanization and/or immigration across countries to urban settings and how this feeds into discrimination and exclusion, conflict
- **Governance** The influence and overlap of traditional leaders in 'modern' urban settings (clash between traditional practice and law)

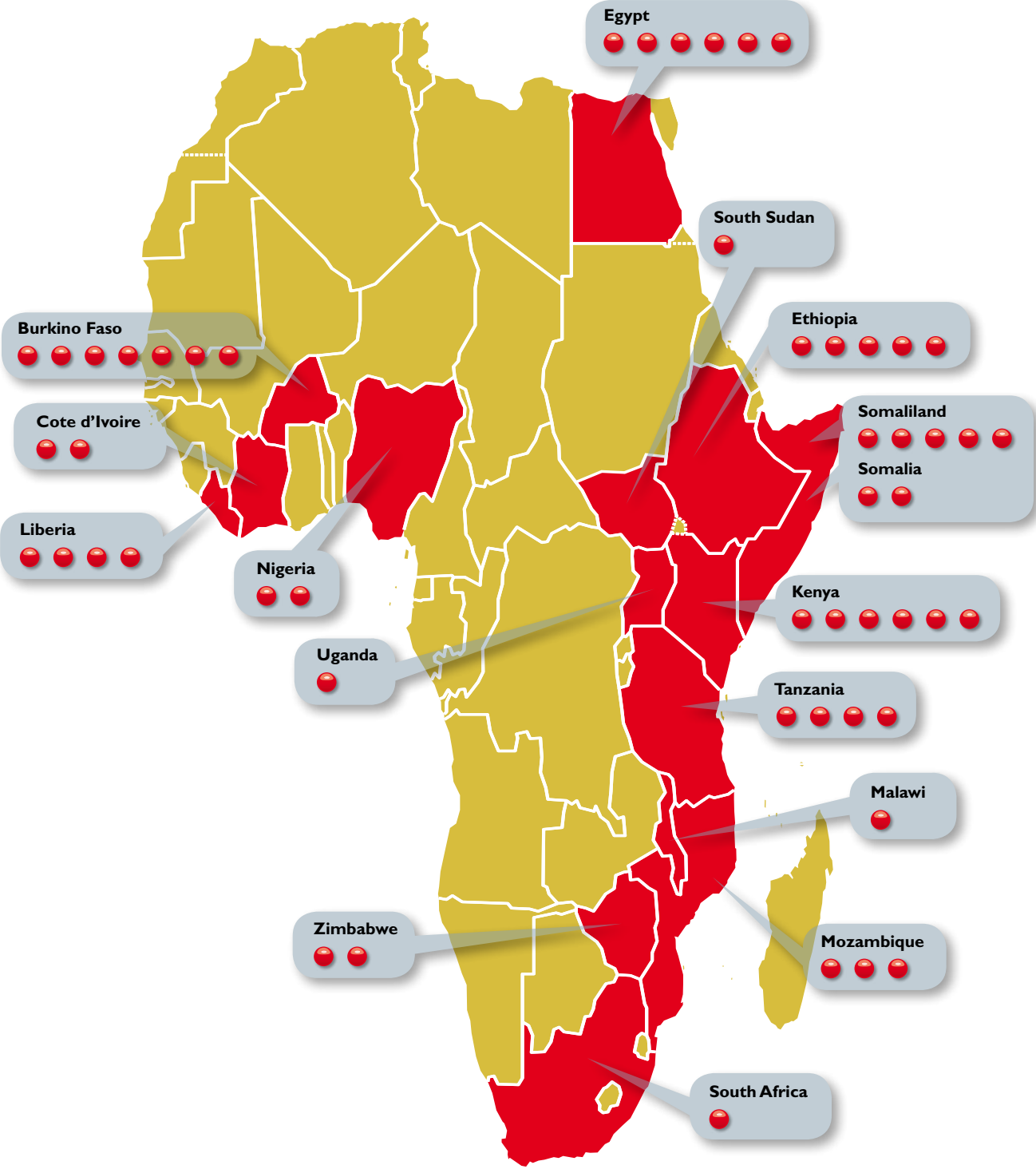
Our colleagues in the Malawi county office were inspired by the PRA process and the challenges of peri-urban Blantyre. They quickly responded by designing the *Ndirande Care and Savings pilot project* and then mobilized resources to address six of 12 key recommendations coming out of our discussions with the community. Over 2,000 households with children under two will benefit from improved livelihoods, health and nutrition.

Additionally, our colleagues in Tanzania have used the PRA findings in Shinyanga to get funding from a private donor to support a pilot project for economic strengthening activities to reach youth.

Going forward, Save the Children will launch more action-research activities, learning by doing as we try out new ideas or adapt proven interventions to the urban setting. Recognizing that we cannot do it all, we will prioritize establishing strategic partnerships with institutions that specialize in city planning, water and sanitation, as well as quality and accountable local government.



Save the Children urban programs in Africa



Program	Location	Donor(s)
Burkina Faso		
Children Lead the Way	Ouagadougou, Banfora, Kaya	Canadian International Development Agency
Protecting Children on the Move Against Exploitation Abuse and Violence in West Africa	Bobo Dioulasso, Banfora Sikasso, Kadiolo, Kolda	Jacob Foundation
Protecting Children on the Move Against Exploitation Abuse and Violence in West Africa	Boucle du Mouhoun – cascades, Hauts Bassins	Oak Foundation
Child Trafficking Project	Boucle du Mouhoun – cascades, Hauts Bassins	UNICEF
Child Survival and Development Project	Kaya Health District	ECHO
Victory Against Malnutrition (VIM)	Kaya Health District	USAID,ACDI/VOCA
Health Development Support Program (PADS)	Banfora Health District	Ministry of Health
Côte d'Ivoire		
Supporting Children and their Families in Post-conflict Côte d'Ivoire	Man, Dix-huit Montagnes	Ministry of Foreign Affairs, Norway
Quality Education and Recreation for Boys and Girls in Duékoué IDP Camp	Duékoué, Moyen Cavally	Bulgari Foundation
Egypt		
Injaz Youth Leadership Program	Cairo, Alexandria	Junior Achievement
Siraj Youth Leadership Program	Cairo, Alexandria	USAID
Naseej Youth Leadership Program	Cairo, Port Said, Alexandria, Sinai, Aswan, Assiut, Minya	Ford Foundation
Maternal and Child Health Project	Cairo, Assiut, Sohag	Save the Children Italy
Safer Environment for Street Children	Cairo, Giza	Italian corporation
Mother and Child Survival and Wellbeing (MCSW)	Cairo, Assiut, Sohag	Save the Children Italy
Ethiopia		
Integrated Community-based Child Protection Systems	Addis Ababa	SIDA, OAK Foundation
Promotion of Safe Schools in Ethiopia	Addis Ababa, Hawassa, Dessie	OAK Foundation, Save the Children Sweden
TransACTION for at Risk Mobile Populations	Addis Ababa	USAID (PEPFAR)
Food by Prescription	Addis Ababa	USAID (PEPFAR)
Ethiopia Network for HIV/AIDS Treatment, Care and Support	Addis Ababa	USAID, Management Sciences for Health
Kenya		
Achieving Education Potential Through Improved Access to School Health and Nutrition	Nairobi	Wrigley Foundation
Helping Youth Build a Tangible Stake in Their Future	Nairobi, Mombasa, Kisumu	MasterCard Foundation
Rift Valley Street Children Profiling Study	Kitale, Eldoret, Molo, Nakuru, Naivasha	UNICEF
Street Children Subgrants Project	Eldoret	Save the Children UK
Promoting Child Rights Governance in Kenya	Mombasa, Kwale, Western, Siaya Counties and national advocacy work	Ministry of Foreign Affairs, Finland
Liberia		
Increasing Access to Basic Package of Health Services (BPHS)	Monrovia	Pool Fund, Government of Liberia
Saving Children's Lives in Liberia	Monrovia	Private individual
Community-based Management of Acute Malnutrition	Monrovia	GSK
Using Evidenced-based Dialogue to Increase Community Engagement in Health Services in Liberia	Monrovia	DFID

Partner(s)	Project dates	Project thematic areas
Ministry of Labor, Ministry of Health, nine local partners	2011 to 2016	Child protection, education, maternal and child health and nutrition
Ministry of Social Action, local partners	2009 to 2011	Child protection
Local NGOs, Child Protection networks, community members, Ministry of Social Service, Ministry of Justice	2012 to 2014	Child protection
Ministry of Social Action, local partners	2010 to 2011	Child protection
Ministry of Health, local partners	2010 to 2012	Nutrition
Ministry of Health, local partners	2012	Health, nutrition
Ministry of Health, local partners	2010 to 2011	Health
None	2011 to 2012	Child protection
None	2011	Education, humanitarian response
Ministry of Education, locally based private corporations	2004 to 2008	Education
Regional and Youth Networks	2006 to 2010	Livelihoods
Local NGOs	2008 to 2010	Livelihoods
NGOs, Ministry of Health	2010 to 2013	Maternal and child health
NGOs, National Council for Childhood and Motherhood (NCCM)	2011 to 2013	Child protection
Local NGOs, Ministry of Health	2011 to 2014	Maternal and child health
Local NGOs, community members	2009 to 2012	Child protection
Local NGOs	2009 to 2012	Education
Ministry of Health, HIV/AIDS Prevention and Control Office, health centers, local NGOs	2009 to 2014	HIV/AIDS
Ministry of Health, HIV/AIDS Prevention and Control Office, health centers, local NGOs	2009 to 2012	Nutrition, HIV/AIDS
Local NGOs, Ministry of Health	2011 to 2014	HIV/AIDS
Girl Child Network, Ministry of Education, Ministry of Public Health and Sanitation	2011 to 2012	Education, school health and nutrition
Kenya Postbank, Kenya Institute for Public Policy Research and Analysis	2010 to 2014	Livelihoods, nutrition, health, education
Department of Children's Services	2011	Child protection
Local partners	2011 to 2012	Child protection
Kenya Alliance for Advancement of Children (KAACR)	2011 to 2013	Child rights governance
Local partner	2010 to 2012	Health
County Health Team	2010 to 2013	Health
County Health Team	2012	Health, nutrition
County Health Team	2012 to 2013	Health



Program	Location	Donor(s)
Malawi		
<i>Ndirande Care and Savings Project</i>	Blantyre City	Private individual
Mozambique		
<i>Education, sponsorship</i>	Nacala Porto	Sponsorship
<i>Child Sponsorship Program</i>	Xai-Xai	Sponsorship
<i>Child Participation, sponsorship</i>	Maputo City, Gondola (Manica), Nacala Porto (Nampula)	SIDA, NORAD, sponsorship
Nigeria		
<i>Links for Children</i>	Nationwide	USAID (PEPFAR)
<i>Education Sector Support in Nigeria – voice, demand and accountability</i>	Nationwide	DFID
Somalia/ Somaliland		
<i>Alternative Livelihood and Employment Opportunities (ALEO)</i>	Bosasso, Qardo, Garowe, Galkayo, Puntland, Somalia	DANIDA
<i>Promotion of the Rights of Displaced Children in Puntland (PRDC)</i>	Garowe, Bosasso, Puntland, Somalia	DANIDA, SIDA
<i>Strengthening Child Protection Systems</i>	Hargeisa, Somaliland	Ministry of Foreign Affairs, Finland
<i>Strengthening Capacity of Teacher Training in Primary and Secondary Education (SCOTT PS)</i>	Hargeisa, Boroma, Erigavo, Lassanoood, Somaliland and Garowe (Puntland), Galkayo (Galmudug) and Mogadishu, Somalia	EU, Save the Children Denmark
<i>Vocational Education and Training for Accelerated Promotion of Employment (VETAPE)</i>	Hargeisa, Borama, Berbera and Burao, Somaliland and Bosasso, Garowe, Galkayo (Puntland), Somalia	EU, DANIDA
<i>Space for Children's Voice, a Brighter Way to Go</i>	Hargeisa, Borama, Berbera, Somaliland	Ministry of Foreign Affairs, Finland
<i>Strengthening Community-based Responses for Improving Care and Protection of Vulnerable Children in Somaliland (SCORE)</i>	Hargeisa, Somaliland	Danish TV Collection
South Africa		
<i>Support to Early Learning Development</i>	Johannesburg	Private individual
South Sudan		
<i>Child Rights Governance Project</i>	Juba	Varies by year
Tanzania		
<i>Tutunzane II Shinyanga Orphans and Vulnerable Children (OVC)</i>	Shinyanga	USAID (PEPFAR)
<i>Shinyanga Community-led Preventing Mother-to-Child Transmission</i>	Shinyanga	Dinswade Trust
<i>Giving Rights to the Silent Majority – Children in Tanzania</i>	Nationwide	SIDA, Embassy of Sweden
<i>Young Reporters Network Project</i>	Temeke and Kinondoni districts	UNICEF
Uganda		
<i>Positive Prevention Project</i>	Gulu	DANIDA
Zimbabwe		
<i>Towards Sustainable Food Security and Livelihoods for Urban Internally Displaced People</i>	Chinhoyi	International Organization for Migration (IOM)
<i>Child Protection project</i>	Nationwide	NORAD, Save the Children Norway

Partner(s)	Project dates	Project thematic areas
Blantyre City Council	2012	Food security, livelihoods
District Education authorities, local municipality, local NGOs	2012 to 2017	Education
Government Ministries, local NGO	2012	Education
Rede da Criança, District Branch of the Ministry of Women and Social Action in Gondola District.	2008 to 2012	Child rights, governance
Local NGOs, Ministry of Health	2009 to 2014	HIV/AIDS
Consortia led by Cambridge Education, Nigerian government, local NGOs	2010 to 2014	Education, school health and nutrition
Ministry of Labor, Youth and Sports, business enterprises, youth networks.	2010 to 2012	Livelihoods
Education Cluster, IDP camp management committees, parents, local NGO, children.	2012 to 2013	Child rights governance
Local partners	2011 to 2013	Child protection
CARE International, Diakonia Sweden, ADRA, NRC	2009 to 2012	Education
CARE International, local partner	2009 to 2012	Livelihoods
Local partners	2012 to 2013	Child rights governance
Local partners	2012 to 2013	Child protection
Cotlands (NGO), Turffontein Municipality	2012 to 2013	Education
Ministry of Justice, Ministry of Gender, Child and Social Welfare	Ongoing	Child rights governance
Local government	2009 to 2014	Child protection
Local government	2011 to 2012	HIV/AIDS
Children Councils, local NGOs, district councils	2009 to 2012	Child rights governance
Children Councils, Radio Tumaini	2011 to 2013	Child rights governance
Health Alert Uganda	2010 to 2012	HIV/AIDS
Development Aid from People to People (DAPP)	2011 to 2012	Food security, livelihoods
Government ministries, Padare	2012	Child protection



Endnotes

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Photographs

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- Cover Schoolchildren playing a hand game at the Msasa Primary School, a Save the Children Sponsorship School. *Michael Bisceglie*
- Page 11 Children play under washing lines in Kroo Bay, Freetown, Sierra Leone. *Anna Kari/Save the Children*
- Page 12 Meeting with the women's focus group, Misrak sub-city, Hawassa, Ethiopia. *Anne Stotler/Save the Children*
- Page 13 Wealth ranking Save the Children staff exercise, Hawassa, Ethiopia. *Anne Stotler/Save the Children*
- Page 17 Kadiatu, nine, washing dishes in the alley outside her home in Kroo Bay, Freetown, Sierra Leone. *Aubrey Wade/Save the Children*
- Page 19 Children in WASH project partnered with Unilever, Yalo district, Afar region, Ethiopia. *Lucia Zoro*
- Page 21 An overview of the community, Kroo Bay, Freetown, Sierra Leone. *Aubrey Wade/Save the Children*
- Page 27 Maimouna, 11, looks through the window of a car taking her to meet her family in Duékoué, western Côte d'Ivoire. *Rodrigo Ordóñez/Save the Children*
- Page 29 Bilal, 12, left, and his friend walk down the street in Kroo Bay, Sierra Leone where they live. *Anna Kari/Save the Children*
- Page 30 Members of the children's council in Mikumbi Village, Lindi District, Tanzania. *Piers Benatar*
- Page 34 Awa, 40, sits with her son Modiba at their home in Benigorola, Sikasso region, Mali. *Jonathan Hyams/Save the Children*
- Page 35 Children carrying water containers wading through the river, Kroo Bay, Freetown, Sierra Leone. *Aubrey Wade/Save the Children*
- Page 40 Tigist, 18, has finished school and is now working as a daily labourer in Wogidi District, South Wollo Zone, Amhara Region, Ethiopia. *Caroline Trutmann/Save the Children*
- Page 41 Pethias, 15, drawing water, to add to family income, Chibuluma, Zambia. *Stephen Filumba/Save the Children*
- Page 46 Children show their support to the *Make your Mark* campaign at Witsieshoek Primary School, South Africa. *Jodi Bieber/Save the Children*
- Page 48 Mtsoaki, whose mother is suffering with AIDS-related illnesses, does most of the cooking in the household, and also does cleaning, South Africa. *Adam Hinton/Save the Children*

Sources for map statistics on page 10

Country population, and population in urban areas

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Percentage of children < 15

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South Africa: Statistics South Africa Community Survey 2011

Percentage of urban population < 20

South Africa: UNICEF Cities Are failing Children, UNICEF Warns, 2012 www.unicef.org/southafrica/media_10413.html

Percentage of children < 15, and percentage of urban population < 20

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Malawi: Malawi National Statistical Office and ICF Macro Malawi DHS, 2010

Urban population in slum areas Refer to endnote 4



Walking and talking with children in shanty towns we saw beauty, hope and laughter but we also heard heart-rending stories of isolation, fear, hunger and abuse.

The specific vulnerability of Africa's urban ultra poor can be easily hidden in the big, fast city statistics. It is critical that research initiatives and programmatic responses take time to disaggregate data and understand the perspectives of the disadvantaged.

We call on fellow civil society organizations, donors, the private sector and governments to listen to these voices from urban Africa.

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