

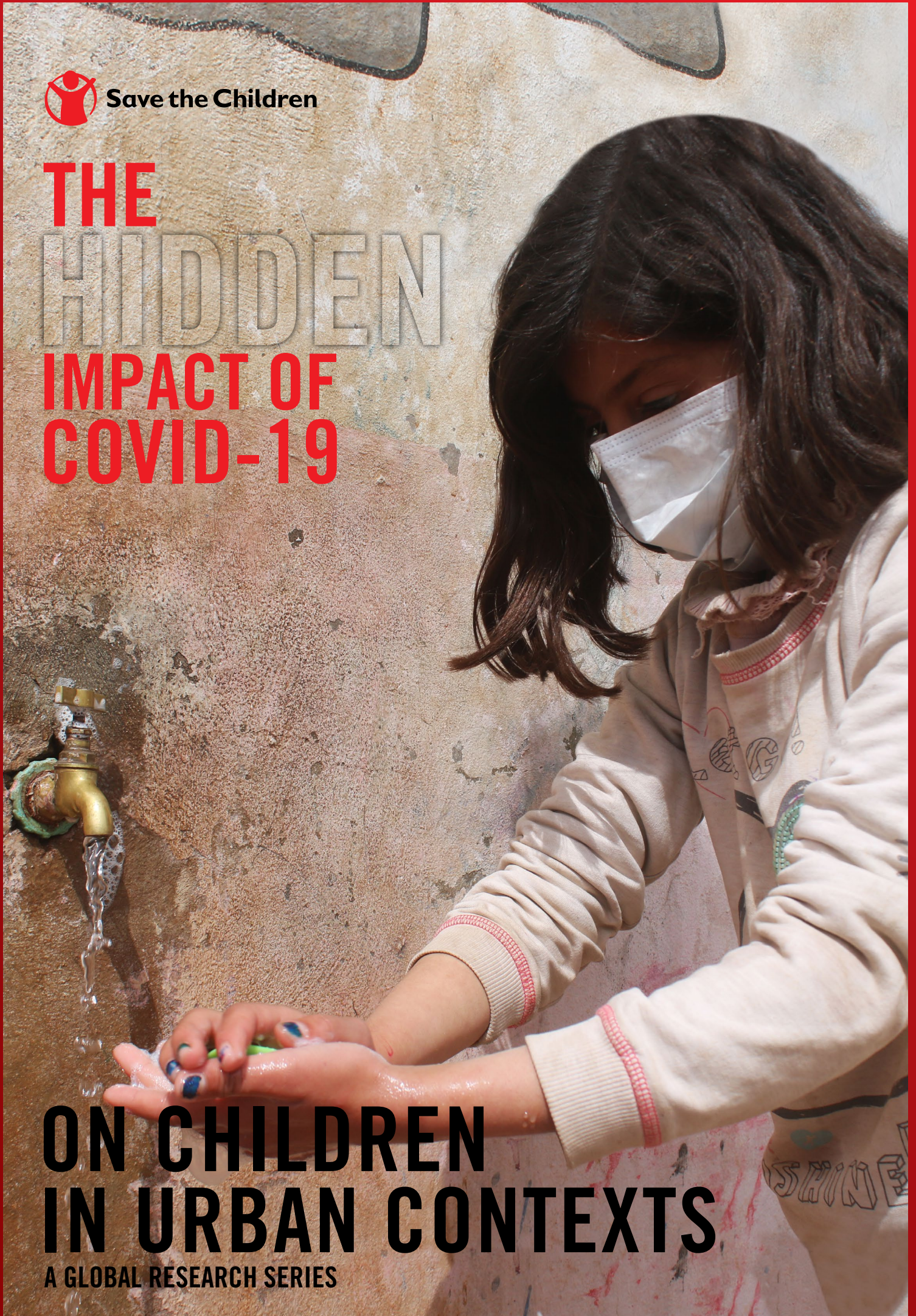


Save the Children

THE HIDDEN IMPACT OF COVID-19

ON CHILDREN IN URBAN CONTEXTS

A GLOBAL RESEARCH SERIES



Prepared for Save the Children International

Authors

Dr Sarah Sabry, James Clacherty

Acknowledgements:

Dr Melissa Burgess, Dr Silvia Mila Arlini, Stephanie Nicol, Dr Sheridan Bartlett, Nicole Dulieu

Disclaimer

This publication does not necessarily reflect the policy position of Save the Children International or any Save the Children member organisation. The information in this publication was based on the information available the time of preparation. No responsibility is accepted by Save the Children International or any Save the Children member organisation for any errors or omissions contained within this publication.

Suggested citation

Sabry, Sarah and Clacherty, James (2021). The Hidden Impact of COVID-19 on Children in Urban Contexts. London, Save the Children International.

Published by

Save the Children International
30 Orange Street, London WC2H 7HH, United Kingdom
Website: www.savethechildren.net

Save the Children Switzerland
Sihlquai 253, 8005 Zurich, Switzerland
Website: www.savethechildren.ch
Email: cities@savethechildren.ch

© Save the Children International 2021

You may copy, distribute, display, download and otherwise freely deal with this work for any purpose, provided that you attribute Save the Children International as the owner.

Cover Photo: Global Media Unit



THE HIDDEN IMPACT OF COVID-19

**ON CHILDREN
IN URBAN CONTEXTS**

A GLOBAL RESEARCH SERIES

CONTENTS

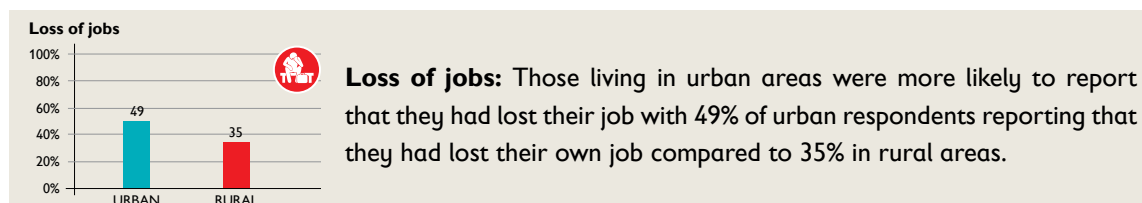
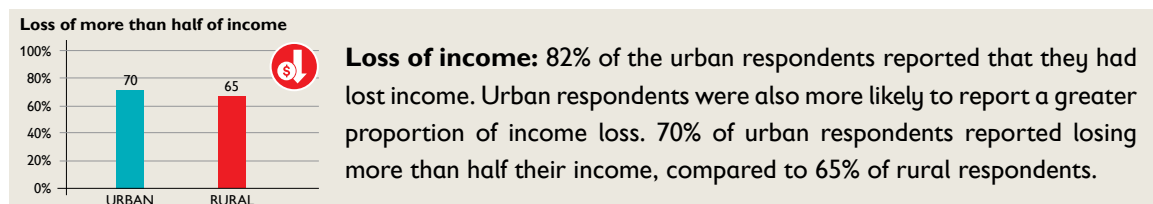
Summary	5
Introduction	7
Methods	8
Key Findings	9
Basic Infrastructure and Services	9
Livelihoods: Loss of Income and Work	10
Food Security	11
Access to Social Protection	11
Housing, Rent, and Overcrowding	12
Violence	13
Play and Public Space	13
Psychosocial Wellbeing	14
Conclusion	15
What does this mean for practice and policy?	15

SUMMARY

'Urban areas are ground zero of the COVID-19 pandemic, with 90 per cent of reported cases. Cities are bearing the brunt of the crisis – many with strained health systems, inadequate water and sanitation services, insufficient housing stock and many other challenges. This is especially the case in poorer areas, where the pandemic has exposed deeply rooted inequalities.'¹ (United Nations 2020)

The characteristics of urban areas increase not only the exposure and vulnerability of their populations to the direct health risks of COVID-19, but also the negative impact of infection control measures. As COVID-19 has spread rapidly across the globe, governments have implemented a range of measures to contain the spread of the pandemic, including school closures, home isolation/quarantine and community lockdowns. These measures have exacerbated inequality in urban areas, disproportionately impacting the poorest and most marginalized children. 'Currently, 1.6 billion people or 20 per cent of the world's population live in inadequate housing, of which one billion reside in slums and informal settlements.'² They live in crowded conditions, with limited access to basic infrastructure, services and social protection services. An estimated 300 million of these residents are children.³

Save the Children has carried out a global study to understand how the COVID-19 pandemic has impacted children's health, nutrition, learning, wellbeing, protection, family finances, and poverty - and to identify the needs of children and their families. The research was implemented in 46 countries with 31,683 parents and caregivers and 13,477 children aged between 11 and 17. This brief summarizes the key findings of the impact of COVID-19 on children in urban areas. Survey respondents in urban areas included respondents living in slum as well as non-slum areas. Below is a summary of some of the most significant findings for child wellbeing in urban contexts. They show how children and their caregivers in urban areas have been disproportionately affected by COVID-19:

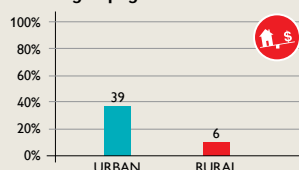


¹<https://www.un.org/en/coronavirus/covid-19-urban-world>

²UN Habitat (2020), World Cities Report (p.xvii) https://unhabitat.org/sites/default/files/2020/10/wcr_2020_report.pdf

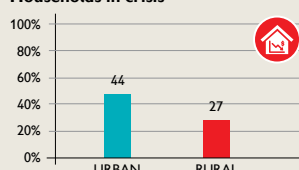
³UN Habitat (2020), World Cities Report

Difficulty to pay rent



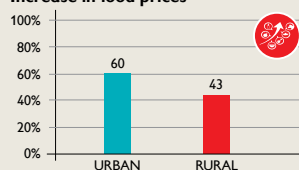
Housing: 39% of urban respondents reported having difficulty paying for rent compared to 6% in rural areas.

Households in crisis



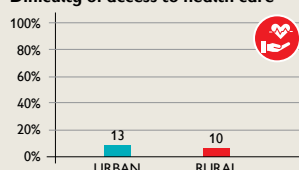
Households in crisis: Due to the loss of income experienced by urban households described above, 44% reported being in a food security 'crisis', compared to 27% for rural areas,

Increase in food prices



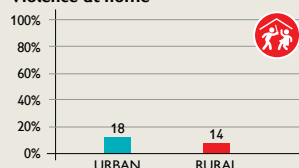
Food prices: 60% of the respondents who reported that food prices are too high lived in urban areas, as opposed to 43% of respondents who lived in rural areas 'reporting the same.'

Difficulty of access to health care



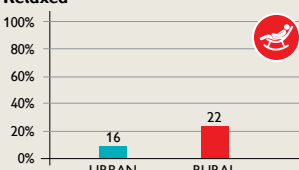
Access to healthcare: 13% of urban respondents reported that long queues were a barrier to accessing healthcare compared to only 10% of rural respondents.

Violence at home



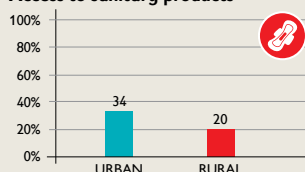
Violence at home: Children in urban areas reported a higher incidence of violence in the home (18%) compared to rural areas (14%).

Relaxed



Psychosocial wellbeing: Children in urban areas were less likely to report being happy (22%) and relaxed (16%) compared to children in rural areas (29% and 22% respectively).

Access to sanitary products



Sanitary products: 34% of urban respondents reported not having access to sanitary products compared to 20% of rural respondents.

INTRODUCTION

The world's urban population has grown rapidly from 751 million in 1950 to 4.2 billion in 2018. In 2018, 55% of the world's population was living in urban areas, a figure projected to increase to 68% by 2050, adding an additional 2.5 billion people to urban areas. Most of this change (approx. 90%) is taking place in Asia and Africa due to population growth, internal migration, and internal displacement because of conflict and climate change.⁴

Approximately one quarter of the world's urban population, 1 billion people, live in slums and informal settlements in crowded conditions, with poor quality housing, limited access to basic infrastructure and services, and without various protections that accompany a formal address. An estimated 300 million of these residents are children.⁵ Slums and informal settlements are the physical manifestation of poverty and inequality in cities today and they have mostly emerged in the last 2-3 decades (UN Habitat).

Assumptions that children are better off in urban areas are based on data comparing averages of indicators in urban versus rural contexts. With increasing inequality in cities, there is a growing recognition that city averages hide significant intra-city inequalities in child-wellbeing indicators, especially for the millions of children growing up in informal settlements and slums. In the limited instances when urban data is disaggregated, it often reveals that child wellbeing indicators in urban slums are comparable to, and sometimes worse than, indicators in rural areas.⁶

The COVID-19 pandemic has further exposed the extreme inequalities in urban contexts with children from poor households consistently facing greater challenges than their wealthier counterparts. Without running water at home children have been unable to regularly wash their hands. Living in crowded and substandard housing has made it difficult for them to follow social distancing guidelines. The lack of adequate public space has not allowed them to play safely outside, and the lack of IT and internet infrastructure has limited their access to online or remote schooling. Data from Save the Children's global survey demonstrates how children in urban areas have been disproportionately affected by COVID-19's impacts relative to their peers in rural contexts.

“That more of my peer youth will be affected by COVID19, and more children will not be able to go to school because like me they have no gadgets for use in online class”

(15-year-old girl, urban area, Philippines, when asked about what worries her the most)

“My mother’s anxiety caused by her, my father and brothers leaving their jobs scares me, especially that my little brothers have many needs to attend to. I want to go back to school and for my father to go back to work.”

17-year-old girl, urban area, Egypt

⁴The 2018 Revision of World Urbanization Prospects (UN DESA), <https://population.un.org/wup/>

⁵UN Habitat (2020), World Cities Report

⁶For example see: Ahsan, K. Z., El Arifeen, S., Al-Mamun, M. A., Khan, S. H., & Chakraborty, N. (2017). Effects of individual, household and community characteristics on child nutritional status in the slums of urban Bangladesh. *Archives of Public Health*, 75(1), 9. Available at: <http://europepmc.org/article/med/28239459>

METHODS

The research was implemented in 46 countries and is the largest and most comprehensive survey of children and families during the COVID-19 crisis to date, with 31,683 parents and caregivers and 13,477 children aged between 11 and 17 participating in the research. The research sampled three distinct population groups: 1. Save the Children programme participants; 2. specific population groups of interest to Save the Children; 3. the general public. A representative sample of Save the Children programme participants with telephone numbers or email addresses was obtained in 37 countries. Purposive samples of specific population groups that Save the Children work with, for example people living in camps for displaced persons, were also obtained in some countries. Additionally, a convenience sample of the general public was obtained. Data collection took place between 26 May and 17 July 2020.

For the first group, the Save the Children programme participant sample, data was collected from 17,565 adult respondents and 8,068 child respondents. Of these, 55% of the adult respondents and 42% of the child respondents lived in urban contexts (cities as well as towns, both large and small). 45% of the adult respondents and 58% of the child respondents lived in rural areas (villages). For the second group, the populations of interest sample, data was collected from 4,302 adult respondents and 2,223 child respondents. For the third group, the general public sample, data was collected from 9,816 adult respondents and 3,185 child respondents from across the world. The requirements for inclusion in the final dataset was a confidence level of 90% and margin of error of 5%. For most countries, this meant a minimum sample size of 273 adult respondents per country. The sample of program participants (beneficiary respondent) is weighted using the proportion of country-level programme participant population.

Data were collected through a single online survey divided into two parts. The first portion of the survey was administered to adult parents or caregivers and gathered household level information, as well as self-report information specifically about the parent/caregiver and children in their care. At the end of the parent/caregiver portion of the survey, the parent/caregiver was asked to consent to their child participating in the second part of the survey. This methodology yielded one consenting adult and one assenting child (aged 11–17) per household participating in the study.

The data in this report is drawn from a representative sample of Save the Children programme participants, disaggregated by rural and urban contexts.

The full details about the sample numbers and characteristics as well as various thematic reports from this global research can be found in separate reports here:

<https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series>

KEY FINDINGS



Basic infrastructure and services

While the global survey did not disaggregate by slum versus non-slums, a significant proportion of Save the Children's urban programme participants live in poor neighbourhoods that lack basic infrastructure and services. Based on an ongoing global mapping of urban programmes implemented by Save the Children approximately one third of our projects in urban contexts are implemented in informal settlements.

UN-HABITAT defines a slum household as “a group of individuals living under the same roof in an urban area who lack one or more of the following:

- Durable housing of a permanent nature that protects against extreme climate conditions.
- Sufficient living space which means not more than three people sharing the same room.
- Easy access to safe water in sufficient amounts at an affordable price.
- Access to adequate sanitation in the form of a private or public toilet shared by a reasonable number of people.
- Security of tenure that prevents forced evictions.”

These deprivations have a significant impact on slum residents' ability to protect themselves from COVID-19 and to cope with transmission control measures.

In our survey:



Water: 23% of urban respondents reported not having access to water compared to 15% of rural respondents.



Access to healthcare: 13% of urban respondents reported that long queues were a barrier to accessing healthcare compared to 10% of rural respondents. Although urban areas generally have better health facilities than rural areas, this data suggests that health facilities are overwhelmed by the large populations that they serve. This situation is only made worse by transmission control measures. 90% of urban respondents reported that their access to healthcare had been affected by control measures. This is particularly worrying given the high burden of existing health conditions experienced by residents of informal settlements.



Hand sanitizer and soap: 58% of urban respondents reported not having hand sanitizer or soap compared to 54% of rural respondents.



Sanitary products: Generally, 34% of urban respondents reported not having access to sanitary products compared to 20% of rural respondents. A higher proportion of women in urban contexts (37%) reported not having access to sanitary products, compared to women in rural areas (18%). A higher proportion of girls in urban contexts (28%) reported the need of sanitary products which were previously given out at school, compared to 16% of girls in rural areas. This has implications for their health as well as their ability to participate fully in household and public life.



Livelihoods: Loss of Income and work

Most of the urban poor are in precarious, insecure and unregulated work. Research published by WIEGO⁷ reports that in Sub-Saharan Africa 81% of total employment is in the informal sector, 60% in the Middle East and North Africa, 51% in Asia and the Pacific and 48% in Latin America and the Caribbean. Urban residents often work in close contact with the public and rely on daily wages to feed themselves and their families and pay their rent. National lockdowns and the fear of employers and informal workers of contracting COVID-19 have caused many of these workers to stop working and earning.



Loss of income: 82% of the urban respondents reported that they had lost income. Urban respondents were also more likely to report a greater proportion of income loss. 70% of urban respondents reported losing more than half their income, compared to 65% of rural respondents.



Loss of jobs: Those living in urban areas were more likely to report that they had lost their job with 49% of urban respondents reporting that they had lost their own job and 35% reporting that another adult in their household had lost a job. This is compared to 35% and 29% in rural areas, respectively.



Financial hardship: Although people's incomes have been affected across all contexts, urban respondents are significantly more affected by financial hardship, with 68% reporting needing money and 44% reporting needing a job, compared to 62% and 32% respectively of respondents in rural areas.



Key concerns related to this reliance on a daily cash income are the impacts that a loss of income can have on a household's food security and access to housing.

⁷Bonnet, Florence, Joann Vanek and Martha Chen. 2019. Women and Men in the Informal Economy – A Statistical Brief. Manchester, UK: WIEGO. Available from: https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/publication/wcms_711798.pdf



Food Security

One in three stunted children are in urban areas, and overweight and obesity affect mostly urban adults⁸. Although there are a number of complex factors that influence urban food security such as climate change, exposure to environmental hazards, distance from supermarkets and a lack of safe, hygienic cooking and storage areas, the root cause of urban food security is a lack of sufficient and regular income. For poor urban residents dependent on a cash economy, any decline in income can have a serious impact on food security.



60% of the respondents who reported that food prices are a barrier to accessing food lived in urban areas, compared to 43% of respondents who lived in rural areas reporting the same barrier.



71% of urban respondents also reported barriers, such as scarcity, long queues and cost, to accessing meat, dairy, grains, fruits, and vegetables compared to 53% of rural respondents.



Due to the loss of income experienced by urban households described above 44% of urban households reported being in a food security crisis (compared to 27% for rural areas) and having to resort to a number of coping strategies such as skipping meals or switching to less nutritious, cheaper food options.



39% of children in urban areas reported eating food less than before the pandemic, and 12% of children in urban areas reported needing a lunch meal that right now cannot be accessed due to school closures compared to 8% of rural child respondents.



Access to social protection

Despite the greater impact of lockdowns and social distancing on urban communities, the proportion of respondents who reported that any individual in their household received government support since COVID-19 is lower among urban households (25%) than rural households (34%). In addition to this 43% of urban respondents reported losing some sort of social security net (such as government benefits, grants, transfers or pensions) that they had before the pandemic compared to 23% of rural respondents.

This may suggest that government support is not reaching a significant proportion of programme participants in urban areas who have been badly affected by the pandemic. As discussed above the majority of urban residents work in the informal sector and therefore do not benefit from income subsidies offered by the state to people who have lost their jobs or from support programmes offered to small businesses. Because of this limited access to social protection mechanisms, their limited ability to save and their lack of access to alternative forms of livelihood such as agriculture, for most residents in informal settlements missing work for a day can impact their ability to feed themselves or their dependants or keep a roof over their heads.

⁸IFPRI. 2017. Global Food Policy Report. Chapter 3. Available from: <http://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/131088/filename/131299.pdf>



Housing, rent, and overcrowding

Formal housing and the legal protections that come along with it are usually inaccessible for poor urban residents with low and irregular incomes, denying children their right to an adequate standard of living that is good enough to meet their physical and social needs and support their development, as enshrined in Article 27 in the UN convention on the rights of the child. As a result, most end up in informal settlements and slums and face the risk of eviction because they are either renting without a contract or living in self built housing without legal tenure. This lack of legal property title often excludes these residents from access to public services, social protection, credit, insurance, the rule of law and even the vote.



Although we do not have data on how many respondents had their access to housing affected by loss of income due to COVID-19, 39% of urban respondents reported having difficulty paying for rent compared to 6% in rural areas. This is a worrying number considering the lack of protection from eviction or access to alternative housing in many informal settlements.



Among those respondents who reported having to move where they lived due to COVID-19 (7% in urban areas compared to 4% in rural areas), a higher rate of caregivers in urban locations also reported being separated from their child/ren due to COVID-19 (28%) than rural parents/caregivers (16%). This trend was statistically significant across all regions.



Having moved from where they normally live due to the outbreak of COVID-19 was also associated with higher reporting of violence in the home by parents/caregivers, which was reported by one-third (33%) among those who had moved, compared to 18% for those who had not.

The precarious housing situation in informal settlements has direct child protection implications.

Overcrowded housing: The high density of urban areas in general and informal settlements in particular increases the exposure of these residents to transmission of the virus. This transmission risk is increased even more when people live in overcrowded houses. Urban households generally have a smaller number of rooms per household than in rural areas. This was reflected in the study findings:



16% of urban respondents reporting living with 5 or more persons per room compared to 11% in rural areas. In addition to the increased transmission vulnerability of overcrowded homes, being confined in a crowded room in a high-density neighbourhood can limit children's access to safe spaces to play, can impact on their psychological wellbeing and can increase the risk of violence or abuse. 18% of children living in houses with 3 to 5 persons per room reported violence.



Violence

Stress and anxiety can increase due to loss of income, overcrowded conditions, in addition to the fear of the virus. Many people in poor urban contexts are confined to small rooms, children are frustrated because they have no space to play and what space they do have is limited to small yards or passages shared by neighbours. This stress and anxiety increase the risk of violence.



A higher proportion of adult respondents in urban areas (20%) reported violence in the home, compared to rural respondents (17%).



In addition to increased violence, caregivers in urban areas also reported being less patient with their children (15% in urban areas compared to 8% in rural areas) and being more aggressive towards them (10% compared to 6%).



Children in urban areas also reported a higher incidence of violence in the home (18%) compared to rural areas (14%) this includes children being hit or verbally abused, or observing adults being hit or verbally abused.



Play and public space

Article 31 of the Convention on the rights of the Child states that every child has the right to relax, play and take part in a wide range of cultural and artistic activities. In many cities and informal settlements there are no adequate and safe public spaces where children can play and socialise safely. This situation is only made worse by restrictions on movement and the need to stay indoors to limit the spread of COVID-19.



The findings show that overall, 48% of the adult participants report that their child does not have access to an outside space where they could play or spend time with friends during the pandemic. 49% of children living in urban areas reported that they played less than before the pandemic compared to 31% of children in rural areas.



Children in urban settings also faced a higher risk of isolation during lockdown – 54% of children in urban areas were reported to not be in touch with their friends compared to 46% of their rural peers.



Similarly, 38% of the children reported that they had “less time for relaxation” compared to before the COVID-19 outbreak. All of these figures suggest that children’s right to play is not being upheld. This has significant impacts on their psychosocial wellbeing and development and is often correlated with increased household labour – especially for girls.



Psychosocial Wellbeing

All the factors described above can have a serious impact on the psychological wellbeing of children and their caregivers. The mental health of child respondents in urban contexts consistently fared worse than rural children.



A lower proportion of child respondents in urban areas reported feeling happy (22% compared to 29% for their rural counterparts) and relaxed (16% for urban children and 22% for rural children). Similarly, a higher proportion of urban children reported feeling more tense (53% compared to 46%) and feeling afraid of becoming sick (49% compared to 45%).



This trend is mirrored in the psychosocial wellbeing of the caregivers themselves, with 77% of adult urban respondents reporting feeling less happy compared to 64% of rural respondents, 46% feeling worthless, and 50% feeling less able to cope than before the pandemic compared to 27% and 29% of rural respondents respectively.



PHOTO: LEI TAPANG / SAVE THE CHILDREN

CONCLUSION



What does this mean for practice and policy?

General data scarcity on informal settlements

The lack of accurate data on the wellbeing and living situation of the most marginalised urban communities makes it difficult to know how best to respond to their needs. Whenever work is being done in urban areas it is vitally important that data is disaggregated between informal settlements and formal, planned neighbourhoods. Because urban areas contain such extreme inequality, urban averages hide the status of the poorest and most marginalised.

Advocacy and partnerships with local government

Although there is a great need to improve access to services for marginalised urban communities, humanitarian and development agencies are often not well positioned to deliver services directly to these communities. This should, ideally, be the role of local governments. NGO intervention runs the risk of slowing down access to basic services for the most marginalised as their work can insulate the state from the consequences of their inaction⁹. Service provision is a weighty task that requires the coordination of a wide range of stakeholders. The most significant value-add that development and NGO agencies can offer may be as advocates, policy critics, development catalysts or facilitators of partnerships between communities and duty-bearers.

Emergency cash transfers for marginalised urban communities to reduce vulnerability

With 70% of urban households losing more than half their income, lack of money has become the biggest threat to food security and access to shelter in these contexts. In addition, because food and other essential items are readily available in shops and markets, and urban markets are generally competitive, giving residents cash is a quick and effective way of ensuring that people have access to that food¹⁰. In addition to this, cash spent within the community will also contribute to the economic recovery of the wider community through the multiplier effect. Cash can also be used to pay rent and ensure that households are not left without housing during this crisis.

⁹GSDRC. 2016. Topic Guide: Urban Governance. Available from: https://gsdrc.org/wp-content/uploads/2016/11/UrbanGov_GSDRC.pdf

¹⁰Smith & Mohiddin. 2015. A review of evidence of humanitarian cash transfer programming in urban areas. Available from: <https://pubs.iied.org/10759IIED/>

High density is not the problem, inequality is

Higher settlement densities in cities contributes to their vibrancy, dynamism, efficiency, sustainability, and affordability. During the COVID-19 pandemic, however, density has also become a major health risk, both in wealthier and poorer urban areas. The real challenge for informal settlements, however, is the combination of high settlement density and overcrowded housing. The poorest urban residents are forced to share small rooms and toilets and facilities with many other people to make them affordable. This increases exposure to infection, as well as the stresses of sharing small spaces with many other people. As the pandemic progresses these conditions make residents of informal settlements more vulnerable to reinfection and for the development of new variants of the virus. Ensuring that urban residents have equitable access to decent housing with adequate space should be a policy priority.



This analysis is based on data collected in mid 2020. With the extended lockdowns in many places it is likely that the living situation has become more challenging.





Save the Children

A heartfelt thank you to all the parents, caregivers and children who took part in our global research in these COVID-19 times.

Your candid responses and honesty in expressing your concerns, fears, hope for the future were beneficial & will prove invaluable to develop Save the Children COVID response and advocacy work further.

A heartfelt thanks for all of us
at **Save the Children**

Additional reports in this series