URBAN CONSIDERATIONS
FOR WORLD VISION'S GLOBAL COVID-19 RESPONSE
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Context

COVID-19 transmission in cities could impact a significant number of people in a very short time span due to the characteristics of urban environments. While population density in cities might be contributing to fast transmission, higher densities could be helpful in fighting the pandemic. What puts cities at higher risk is poverty and marginalization of specific groups and spaces creating hotspots of the pandemic in urban areas.

- It is estimated that over 1 billion people, globally, live in slums and urban informal settlements. Those are spaces characterized by lack of security of tenure, lack of basic services and infrastructure, inadequate housing, overcrowding and are often situated in geographically and environmentally hazardous locations. Urban slums and informal settlements are usually unrecognized and unaccounted for by city authorities and they can be found in Fragile States as well as low- and middle-income countries.

- The characteristics of urban slums and informal settlements are also shared by dense refugee, internally displaced people (IDPs) and returnees’ camps and settlements. However, increasingly more than 60% of world’s refugees and IDPs are choosing – if not forced – to live in cities and towns rather than in camps; to be able to access work opportunities and live in dignity. The urban areas that host forcibly displaced persons are most often the poorest urban neighborhoods due to unaffordability of housing elsewhere in the city. Those urban spaces already suffer from several socio-economic challenges and are often marginalized. The situation is much worse for fragile cities impacted by urban gang violence, especially in Latin America.

Purpose

This document serves to provide specific recommendations to the four strategic objectives of WV’s global response to COVID-19 in urban contexts; keeping in mind that different countries are in different stages of the transmission and while immediate preventative measures are critically needed, it is also important to start considering what needs to be done beyond prevention and response.

Important to acknowledge: Governments are adopting different mechanisms to prevent the spreading of the virus, from complete to partial lockdowns and introducing curfews and penalties on movement. City authorities and municipalities are taking the lead in imposing restrictions at the local level. In cities and towns that are host to slums and informal settlements hosting refugees, IDPs and urban poor, it is important to ensure that no-one is left behind, and no groups are discriminated based on their age, gender, status, nationality or other criteria. Homeless persons, persons living and / or working on streets, persons without birth registration and other “invisible” groups, especially children among them, could easily fall within the cracks in any development or response initiative. Special measures should be considered when responding in areas where those groups exist.
Specific recommendations to WV's COVID-19 response in urban contexts

**Strategic goal 1: Scale up preventative measures to limit the spread of disease**

1. **Identify urban hotspots that are high risk locations and likely to be severely impacted by the disease and measures implemented to address it.** Mapping urban slums, informal settlements and low-income dense urban neighborhoods hosting refugees, IDPs and urban poor is the first step towards identifying the groups and spaces that are most likely to be severely impacted by the disease as well as the measures put in place to address it. In slums and informal settlements, there is usually no official data about the number of populations, their needs, etc. It is important that WV partners with local grassroots groups, such as Slum Dwellers International, and faith institutions, when present, that have established trust with the urban residents to ensure the response planning is based on accurate understanding of context and needs. It is important to note the diverse groups who live in those urban spaces, and their respective needs, to be able to respond in a conflict sensitive approach that does no harm and improves social cohesion.

2. **Within urban hotspots, identify families and individuals that are at highest risk.** In urban slums and informal settlements, multiple families across different generations often share the same household. Additionally, many individuals, including children, might have no access to shelter at all, working and living on the streets. Households that are at highest risk of pandemic are those that have elderly persons and other adults with compromised health conditions caring for children. Ensure those families and individuals are identified and measures are in place to reach them with preventative approaches and rapid response in case of sickness.

3. **Identify key urban actors, neighborhood leaders and grassroots organizations operating in urban hotspots and ensure they are connected in a two-way communication to key response actors (informing of context issues and opportunities and sharing credible information with local residents).** Consider where a partnership with grassroots organizations can be helpful in assuring reach, relevance or response, and/or greater impact (especially where access of WV staff is limited). In such partnerships, ensure to consider these organizations’ existing capabilities, including engagement in monitoring and accountability activities, and create simple written agreements and shared plans. Non-state and informal actors have an equally important role, as local governments in urban governance processes. A local urban leader could be a member of youth group or a faith group, a gang leader, a business owner as well as a local public servant. Any COVID-19 response planning should take this complex urban governance structures into consideration when planning interventions. Legitimacy of urban actors (outside government) should be well understood as it will have implications on the sources of knowledge and information shared in these settings.

4. **Ensure urban hotspots and high-risk families and individual have access to essential preventative measures.** In informal settlements and urban slums, safe and clean water is in short supply. Water points, toilets and washing facilities are often outside the households, in common spaces, and shared by several households. Quick fix interventions to install handwashing stations, toilets and water points (with appropriate physical distancing measures, when possible or taking turns to access facilities to prevent crowding) should be part of the prevention measures. UN-Habitat and Habitat for Humanity are among the key organizations with expertise to partner with for interventions related to slum upgrading and access to essential services in informal settlements. Any distributions of soap, sanitizers, hygiene kits and
other essential items should take individuals and families as unit of measurement to ensure access to everyone; including multiple families that share households and persons living and working on the streets.

5. **Continuously monitor context changes in urban slums and informal settlements.** Creating a two way communication channel directly with urban residents, through social media and other online tools when possible, as well as local grassroots organizations and leaders is essential for continuous monitoring of context changes and ensuring preparedness and prevention measures are in place for different scenarios that can occur as a result.

**Strategic goal 2: Strengthen health systems and workers**

1. **Understand how residents of urban slums and informal settlements access healthcare.** Proximity to health care facilities in urban contexts does not necessarily mean access. It is important to map who can and cannot access formal and informal health care in those contexts. Access in many urban settings depends on status, as such children not registered at birth, refugees, displaced groups, etc. often don’t have access to health services. Mapping available services in those settings, who can access them and what are the gaps and needs is an important first step. Informal providers and local neighborhoods’ volunteers can be key in detecting early cases. A response needs to make sure those are included in the target group of health system and workers.

2. **Ensure urban hotspots are prepared for emergency health care access, isolation spaces and death management procedures.** Residents of urban slums and informal settlements have no formal access to healthcare facilities and services and depend on informal private providers for drugs. Given space is limited, isolation of high risk (and/or infected) individuals at home is not possible. Available burial spaces might not be enough to accommodate high numbers of death in urban slums and informal settlements. It is important during prevention phase to work with local and national governments, civil society organizations and private sector to 1) ensure residents of urban hotspots will have access to medical care when needed, 2) set up isolation spaces by repurposing existing buildings or setting up tents/other form of accommodation, and 3) develop a protocol in partnership with local actors and grassroots organizations to deal with deaths in a culturally appropriate manner.

**Strategic goal 3: Support children impacted by COVID-19 through education, child protection, food and livelihoods**

1. **Understand how children in urban slums and informal settlements access education.** Most children living in low income neighborhoods in cities, urban slums and informal settlements are not enrolled in formal schooling and instead access non-formal education; especially in the case of urban refugees and displaced groups. It is important to understand what education services are available for the urban poor and that measures are in place to ensure continued education as done with formal schooling. Radio programs might be an alternative to TV and internet to reach children in locations where those are not available.

2. **Ensure children whose caregivers are sick or deceased as a result of the pandemic are cared for and protected.** In urban slums and informal settlements, grandparents are often the main caregiver for children whose parents are busy earning a living. With the risk of death being high for the elderly and those who are pre-disposed for illnesses, many children in urban slums and
informal settlements might end up orphaned or left to care for themselves and their siblings. Those children should be protected and cared for in the most appropriate approach for their context; avoiding institutionalization whenever possible.

3. **Understand how residents in urban contexts access food.** In urban slums and informal settlements, households are not equipped with spaces to store food. Most residents of slums and informal settlements rely on pre-cooked street foods that are not the healthiest options and can increase risks of non-communicable diseases that put people at risk of developing complications or even dying if contracting the virus. When restrictions on movement are imposed, residents of urban hotspots will no longer be able to access food. Cooking in shared facilities goes against the measures of physical distancing. Understanding context of each urban area is important when identifying what foods should be made available in cases of whole-area lockdowns and quarantines. Emergency food assistance needs to be in place to avoid families and individuals resorting to negative coping mechanisms that might jeopardize the protection of children.

4. **Understand what jobs urban residents have.** Most residents of urban slums, informal settlements and low-income urban neighborhoods work in the informal sector. They earn daily wage, have no access to savings and no safety nets. Location is key for urban residents who often live close to where they can work. It is important to identify high-risk occupations of urban residents (such as waste pickers or vendors in busy markets) and include them in the prevention items package distributions (PPE, hygiene kits, sanitizers). Distancing vendors from their market will end their livelihoods. Special considerations need to be in place for families depending on informal economy to make a living and care for their children to avoid resorting to negative coping mechanisms and increase in violence. Cash support could be a life-saving approach in these contexts, as well as a resilience building and recovery tool. Delivering livelihood activities and digital/mobile cash/voucher/financial assistance programming for multiple needs or sector-specific is advisable. It is important to facilitate access to existing or emerging social safety nets, social protection programmes, and ensure social accountability mechanisms (CVA) are effective. Partnering with local and international businesses to deliver these is essential.

**Strategic goal 4: Collaborate and advocate to ensure vulnerable children are protected**

1. **Facilitate a dialogue between urban residents, their representatives and local and city governments around the measures put in place to limit the spread of the disease, to ensure those are not creating additional pressures on the most vulnerable groups.** Top down policies restricting movement and imposing lockdowns and slum-wide quarantines are likely to lead to an increase in violence and tensions given dire poverty levels in those contexts. Urban residents are highly mobile and often on the move throughout the day, commuting in packed vehicles (minibuses) or on busy streets and in hectic markets. Movement can’t be easily controlled as mobility is driven by livelihood options. Short, medium and long-term impact, especially on economic activity, will significantly increase pressures and trigger negative coping mechanisms (e.g. child labor, abuse, etc.). The most marginalized and at-risk groups should be given a voice to influence decisions around measures to address the pandemic for those to be effective at the local level.

2. **Build on urban residents and local organizations’ existing capacity to respond to disasters and ensure good practices are feeding upward into response actors, including local government**
and other non-state actors. Residents in urban slums and informal settlements are continuously subjected to hazards, risks and disasters such as virus/disease outbreak (cholera, dengue, etc.), fires, flooding and mudslides that increase the vulnerability of children and families living in these contexts. Grassroot organizations, including faith institutions, are used to responding to those events locally. When planning COVID-19 interventions, ensure that those build on existing channels and assets, avoid building a parallel system, give agency to local actors and connect them to others who are able to support in further capacity building or resources provision.

3. **Ensure at risk individuals and families have safe and adequate housing during the pandemic and leverage response to advocate for access to housing beyond the pandemic.** Slums and informal settlements are prone to evictions by local governments (recent pre-pandemic examples from India and Bangladesh cities). Shelter is also an issue especially for IDPs and refugees in cities. The urban poor living in formal dwellings are prone to eviction if unable to pay rent due to limited income during physical distancing, quarantine and or isolation imposed by governments. It is important that COVID-19 response in cities where those types of settlements exist include an advocacy component against evictions of people from their areas of residence based on status.

**References and key resources:**

- Coronavirus in the city: A Q&A on the catastrophe confronting the urban poor. [Link](#)
- Key considerations: COVID-19 in informal urban settlements (March 2020). [Link](#)
- Dealing with COVID-19 in the towns and cities of the global South. [Link](#)
- UN-Habitat COVID-19 key messages. [Link](#)
- UN-Habitat COVID-19 and housing key messages. [Link](#)