

An Urban Response to COVID-19

World Vision case studies for urban programming

Cities are on the frontline of the COVID-19 pandemic. Population density, while essential for productive, healthy and innovative cities, is a catalyst for the virus' rapid transmission. When combined with poverty, marginalisation and informality, density can put over 1 billion people globally living in city slums and informal settlements at heightened risk. Those urban hotspots are characterised by overcrowding, shared facilities and housing, lack of access to essential services and dependence on informal economies. They may exist in low and middle-income countries as well as in fragile states.

Globally, World Vision's urban programming is adapting its [signature citywide approach](#) to respond to the impact of COVID-19 across 56 countries **in over 250 cities**. These cities have significant pockets of poverty in densely populated urban slums, informal settlements and overcrowded low-income neighbourhoods hosting refugees, internally displaced people and migrants.



Honduras

World Vision is using the citywide approach in urban programming for stable and fragile neighbourhoods in urban centres. Most of Honduras' cities are typically affected by violence, including gang violence, organised crime, irregular migration and forced displacement, limited access to infrastructure and services and weak social fabric due to low social cohesion.

Poor urban neighbourhoods are greatly impacted by the COVID-19 pandemic. The pandemic has exacerbated urban poverty due to the loss of livelihoods, particularly from those dependent on the informal economy. According to the Honduras Council of Private Enterprise, more than 400,000 formal jobs and 1 million jobs in the micro and informal sector have been lost in urban areas.

In response, World Vision is partnering with the municipalities, national government, development agencies and the private sector. It continues to adopt the citywide approach focusing on large cities such as Tegucigalpa and San Pedro Sula, and medium-sized cities such as Villanueva, Choloma and El Progreso.



World Vision is adopting technology to develop virtual tools for supporting the youth with soft skills enhancement and entrepreneurship training.

At the neighbourhood level, due to local violence and mobility restrictions, World Vision is collaborating with existing partners (e.g. local churches, community and faith-based organisations) for distribution of food assistance, hygiene kits, and cash and vouchers to vulnerable families and cleaning supplies, personal protective equipment (PPE) and water tanks to local health facilities. World Vision is also ensuring

prevention and child protection messaging accompany all distributions. To date, World Vision has reached and assisted over 48,000 people in urban areas, 29,000 of which are children.

At the city level, World Vision is partnering with the municipalities, the Ministries of Health and Education, UNHCR and corporations such as Walmart Foundation and Bon Cafe for food, hygiene and cash assistance. Additionally, through the citywide approach, World Vision is targeting and assisting new vulnerable groups in the city, such as Honduran deportees from Mexico and the USA who are settling in the poorest urban neighbourhoods.

World Vision was able to influence the Municipal Council for the Guarantee of Children's Rights to adjust and adapt this year's operations plan to the new normal.

At the national level, World Vision is providing PPE and cleaning supplies to the main hospitals, the National Directorate for Childhood, Adolescence and Family and Migrant Assistance Offices to better assist victims of violence and abuse, and people at risk of displacement due to socio-economic disruption.



Kenya

In Kenya, the productive and working segment of society (20-34 years old) is increasingly moving to urban and peri-urban areas and is among the most affected by the COVID-19 pandemic. The precarious living environment in the slums and informal settlements makes the response especially challenging.

In response, World Vision is prioritising multipurpose cash assistance to support the most vulnerable households and focuses on major cities such as Nairobi, Mombasa and Kisumu, and towns such as Kwale and Kilifi. Technology including SMS, hotline numbers, WhatsApp, and mobile money transfer platforms is facilitating awareness, cash transfer and accountability.

The citywide approach is adopted to leverage the response with interventions at various levels:

At the neighbourhood level, World Vision is advocating for child protection against sexual gender-based violence through partnering with 1,201 local faith leaders. World Vision is delivering prevention and behaviour change messages to slum dwellers through local FM radio stations; and hand washing facilities (50 in Roysambu, 20 in Kariobangi and 20 in Embakasi) placed in central locations in the community units¹ for easy access. Community health volunteers are taking a leading role to educate residents on hand washing and other hygiene practices. The government and church-run health facilities within the informal settlements are provided with PPE for the frontline health care providers. Additionally, 100 twenty-litre jerrycans of liquid soap were distributed in the same areas.

At the city level, as a member of the multi-stakeholder Community Health Engagement Working Group (CHEWG), World Vision is supporting the government to identify risk areas and hotspots.



With the CHEWG and other non-state actors under the Joining Forces Alliance (JFA), World Vision is advocating for a coordinated approach to community engagement in informal settlements. It is also advocating for government accountability in terms of response delivery to ensure the most vulnerable children are assisted.

At the national level, World Vision is advocating for child protection targeting the most vulnerable children and families to be included in the national and county response plans, and to ensure the informal settlement dwellers are targeted for economic recovery programmes. Through the JFA, World Vision and partners released a joint statement on COVID-19 and submitted a memorandum to the National COVID-19 Education Emergency Response Committee on re-opening of schools. Through the memorandum, World Vision recommended caution on re-opening schools in the urban slums and informal settlements due to the high number of children per school. Additionally, hygiene, disinfection and protective gear (50 knapsack sprayers, 100 pairs of heavy-duty gloves, 500 pairs of gum boots, 50 protective disposable coveralls, 50 face shields and 50 goggles) were delivered to the Ministry of Health to support quarantine centres including the Kenya Medical Training Center in Nairobi.

¹ A community unit is a defined geographical area comprising a population of about 5000. This is the basic unit under the Community Health Strategy. Community Health Volunteers (CHV - each manning 20 HH) are attached to community units and monitor children and households within their jurisdiction, they do follow ups and referrals to nearest health facilities and are supported and backstopped by CHEWS who are the key Government Primary Health frontline workers at community level.



Lebanon

In Lebanon, social, economic and political instability are key driving factors of poverty, impacting children especially. World Vision uses the citywide approach in its Beirut and Mount Lebanon (BML) Programme to promote child well-being in a complex urban setting comprised of diverse groups of host communities and refugees with different needs and vulnerabilities.

The citywide approach allows the BML Programme to leverage partnerships with local and municipal governments and stakeholders to implement participatory and community-led interventions in response to COVID-19. These partnerships, combined with the use of technology, are generating greater possibilities for mobilising and reaching urban dwellers to broaden impact and create awareness. World Vision is also partnering with UN agencies and other INGOs to scale up the impact.

At the neighbourhood level, the response is focusing on prevention awareness, psychosocial support and protection of children living in urban slums. This is implemented through digital channels (WhatsApp, social media) or face to face (to the extent possible) and in partnership with 71 civil society groups, local government stakeholders and churches. Churches and community-based organisations play a key role in the provision of remote educational engagement and support to parents and children, especially those out-of-school, to build social cohesion.



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Through these partnerships, urban dwellers are mobilised and learn how to deal with the pandemic. Educational/ awareness virtual kits were developed to interact with children and caregivers (the latter provided also with disinfection kits) and shared through World Vision's Facebook page reaching over 7,200 girls, 7,500 boys, 9,000 women and 9,500 men. The youth groups of BML programme played an active role in spreading knowledge and assisting the most vulnerable families by leading a food assistance campaign.

At the city level, World Vision helps local municipalities by providing technical assistance such as supporting the creation of isolation centres that can be accessed by the urban poor in need of isolation and ensuring these are implemented in accordance to official guidelines of the Ministry of Public Health.



Philippines

In the Philippines, World Vision Development Foundation has been implementing an urban programme in Manila for the past ten years addressing poverty in urban slums and the poorest neighborhoods while at the same time connecting with citywide actors to scale up the impact and influence of citywide policies.

The COVID-19 urban response is primarily implemented in fragile urban areas in Manila, Malabon, Quezon, and Marawi. Most of the cases are situated in Metro Manila which is at a higher risk of rapid virus transmission due to its high population density and mix of vulnerable groups. To date, World Vision has reached and assisted over 3.2 million people in urban areas, 1 million of whom are children. Partnerships are deliberately strengthened with key stakeholders and partners (donors, corporations, government and UN agencies) at the barangay (smallest administrative unit), municipal, provincial and national levels for effective response.



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World Vision continues to apply the citywide approach in its response to COVID-19.

At the neighbourhood level, partnering with the urban barangay local government units and other stakeholders was fundamental for the distribution of sanitation and hygiene kits (masks, alcohol, soaps, mouthwash, toothbrushes and toothpastes) to 12,200 individuals; supporting three government-designated hospitals with two mobile storage units and nine Huggy™ tents (320 sq/m. floor area), which serve as triage and isolation areas; the delivery of 1,070 sets of PPE; and reaching 13,369 people in urban areas through information, education, and communications (IEC) materials on child protection.

Through widely available and accessible technology (phone calls, SMS, and online channels), it was possible to collect survey data, and deliver the unconditional cash transfer programme using the Last Mile Mobile Solution.

Additionally, a total of 58.8 metric tons of donated vegetables from local corporate partners was distributed to approximately 25,000 families, frontliners and children (including those with special needs) in childcare institutions in Metro Manila, Davao City, Cagayan de Oro City and Cebu.

Other interventions included unconditional cash transfers to 2,597 beneficiaries from Metro Manila and partnering with media outlets across the country to print and broadcast prevention, control and management of COVID-19 materials and information.

At the city level, World Vision proactively participates in sub-committees, technical working groups, and cluster meetings for the COVID-19 response as a member of the country's National Disaster Risk Reduction and Management Council. World Vision participates in the Humanitarian Country Team (HCT) meetings for COVID-19 organized by the UN-OCHA and World Health Organization, joined by HCT members and donors such as USAID and the World Bank. It also continues to support the Department of Health in information dissemination about COVID-19. Moreover, World Vision is currently doing the preparatory works with the Civil Society Coalition on the Convention on the Rights of the Child (CSC-CRC) and the JFA on the Elimination of Violence against Children to conduct a children's consultation to learn about their situation amidst the quarantine as well as get their inputs and recommendations on the COVID-19 health emergency response in the country.

Key Resources

[Urban considerations for World Vision's COVID-19 response](#)

[Policy brief: COVID-19 and the risk for children in urban contexts](#)

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World Vision is undertaking the largest humanitarian response in its 70-year history to limit the spread of COVID-19 and reduce its impact on vulnerable children and their families, aiming to reach 72 million people, half of them children, over the next 18 months and raising US \$350 million to do so. Response efforts will cover 70 countries where World Vision has a field presence, prioritising scale up of preventative measures to limit the spread of the disease; strengthening health systems and workers; supporting children impacted by COVID-19 through education, child protection, food security, and livelihoods; and advocating to ensure vulnerable children are protected. For more information, read World Vision's [COVID-19 Global Response Plan](#).



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World Vision is a Christian relief, development and advocacy organisation dedicated to working with children, families, and their communities to reach their full potential by tackling the root causes of poverty and injustice. World Vision serves all people, regardless of religion, race, ethnicity, or gender.

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