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.

Lessons Learnt

The citywide approach helped leverage partnerships at various levels of the city and among different stakeholders; increased reach to children and families due to expanded coverage; and led to higher impact as a result of contribution to improved social cohesion and urban governance.

World Vision’s existing presence and relationships at the neighbourhood level allowed for quick adaptation of ongoing programmes facilitating a quick implementation of response interventions.

Partnering with local and national governments, the private sector, churches, local organizations and other key urban stakeholders was paramount at the operational level. It allowed for greater possibilities of influencing policies, acquiring and leveraging resources, and mobilizing and reaching impacted individuals and families through networks of local volunteers.

Focusing interventions on improving the built environment such as installing washing stations and improving shelter and access to basic services such as water and sanitation contributed significantly to reducing the virus spread while improving WASH practices among urban slums residents.

Adopting technological solutions was fundamental for improving reach in the urban response.
Urban programming in response to COVID-19 in cities

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.

For overall response delivery, 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 whom 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 this year’s operations plan to include education and training activities for children on COVID-19 prevention, and to establish child protection virtual training to build awareness on risk of abuse, mistreatment, how to report and where to go in case of violence.

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 multi-purpose 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 units 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 Centre in Nairobi.

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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.
Bangladesh

In Bangladesh, World Vision is operating in three major cities, Dhaka, Gazipur and Chattogram. The response is prioritizing health, food security and child protection interventions in crowded neighbourhoods and in areas declared by government as ‘Red Zone’ due to the great concentration of COVID-19 cases. This context makes social distancing and staff movement difficult. The lack of official data on the slums is an additional challenge.

World Vision is adopting the citywide approach to leverage the urban response through collaboration with stakeholders at all levels of the city including with the Urban Neighbourhood Development Committee (UNDC), local government council - ward councillor, Divisional Commissioner, and City Mayor. World Vision is also collaborating with international and local NGOs and district level government authorities, including Dhaka North and South city corporations, the Ministry of Health & Family Welfare, the Institute of Epidemiology, Disease Control and Research, and the Ministry of Disaster Management.

At the neighbourhood and ward levels World Vision is collaborating with UNDC and the local government to identify the most vulnerable households in the slums and ensure they have access to preventative measures including hygiene kits; accurate information to keep themselves safe and healthy through mobile messages sent on a weekly basis (reaching 57,490 persons living in 16 slums in June 2020); as well as livelihood support through unconditional cash distributions considering specific needs of the most vulnerable families – ‘Urban Cash Package’.

At the city level, World Vision is advocating with the mayor and Divisional Commissioner along with INGOs and development partners to influence policies such as ‘Parenting at the time of COVID-19’ and ‘Guideline for the Prevention of COVID-19 for Pregnant Women’, for ensuring MVC’s rights and basic needs. It is also providing government (municipality, district and local) health workers with Personal Protective Equipment to reduce the risk of exposure and transmission.

World Vision is implementing an reporting system to share information, to support mitigating the risk of duplicated efforts, and for beneficiaries to provide feedback on how to improve the quality of services at all stages of the response. Community engagement processes are in place to allow all community members to participate in consultations and decision-making processes. A central Last Mile Mobile Solution is being used for all beneficiary registration, distribution and reporting/monitoring response implementation.

The citywide approach is leading to higher impact since coverage of beneficiaries is greater and efforts are coordinated leading to enhanced impact on social cohesion and urban governance. A recovery program will specially focus on economic recovery as the pandemic has impacted not only people’s health but also livelihoods in urban areas.

Brazil

The COVID-19 emergency response by World Vision is prioritizing children and families residing in slums (“favelas”) and informal settlements in the outskirts of large urban centres such as Sao Paulo, Rio de Janeiro, Recife and Fortaleza. World Vision is taking a citywide approach and acting at neighbourhood and city levels focusing on the most vulnerable children (including disabled and street living) and families including migrants, refugees and indigenous people.

At the neighbourhood level through the Youth Movement of Public Policies (MJPOP), World Vision is supporting adolescent and young people to evaluate the impact of COVID-19 on their lives, and advocate with local and city authorities for public policies such as ‘Parenting at the time of COVID-19’ and ‘Guideline for the Prevention of COVID-19 for Pregnant Women’, for ensuring MVC’s rights and basic needs. It is also providing government (municipality, district and local) health workers with Personal Protective Equipment to reduce the risk of exposure and transmission.

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Last Mile Mobile Solutions® (LMMS) is a technology solution designed to strengthen efficiency, effectiveness and accountability in humanitarian service delivery. LMMS improves remote data collection, helps better management of aid recipients, enables faster and fairer aid distributions and delivers rapid reporting functionality to aid workers.
guarantee safety, dignity and well-being for residents of urban slums. The formal announcement and legal statements to reduce police presence in schools and surrounding areas during emergency distribution activities to reduce the risk of violence between police and local community is an example that directly contributes to improved urban governance. Community beneficiaries and local organizations such as churches are organized to identify people’s needs while World Vision turns these needs into interventions on the ground.

At city level, World Vision is aligning its response with the municipal development strategies, providing support (e.g. access to and information about people impacted by the pandemic) and collaborating with local government programmes’ adaptation helping beneficiaries to reach all the requirement needed to receive assistance. For example, on education, children are receiving their daily food (“merenda”) at home instead of at school. Citizen Voice Action³ activities have been key to identifying local new needs and advocate for change with the municipalities for good urban governance. Coordinated efforts between municipalities, faith-based and civil society organizations is helping to increase support to a larger number of people while avoiding duplicity. Further partnership with other INGO’s, UN agencies (e.g. UNHCR, IOM, UNICEF) and the private sector helps to create a trust-based network that reports on how World Vision’s response programme is reaching the population promoting accountability through digital channels.

At national and state levels, World Vision shares with transparency the results of the response programme through best practices and lessons learnt. In addition, World Vision acts as a national catalyst to identify actors interested in supporting the well-being of children and families and facilitates connections between actors to increase impact. National campaigns are used as communication channels to build awareness through digital communications, printed materials, and World Vision public voice actions.

Digital solutions play a key role in reaching people during this emergency. However, the lack of access to internet in the poorest urban neighbourhoods make them totally dependent on face-to-face support. During the COVID-19 response, inequality and social vulnerability were more evident with the loss of jobs/ incomes (approximately 70% of people living in the poor neighbourhood lost their jobs and have no savings). Thus, recovery plans prioritize strengthening local livelihoods as they have been significantly negatively impacted by the pandemic, by seeking multilateral, bilateral and private actors’ finance.

Chile

In Chile, the constrained socio-economic situation and population dispersion throughout the region pose significant challenges to the implementation of the urban response. The lack or limited telecommunication infrastructure impacting connectivity and access to information technologies made it difficult to reach the most vulnerable children and families through digital media in the urban and peri-urban districts (“comunas”).

In response, World Vision is partnering with the Sub-secretary for Childhood of the Government of Chile, the private sector, international development agencies and local organizations, mainly faith-based organizations to address the impacts of the pandemic at the district, city and metropolitan levels. At the district level, the response focuses on delivering humanitarian aid such as food baskets, hygiene kits, and money transfers. Partnering with Proctor and Gamble expanded WV’s capacity to acquire hygiene kits donated to health centres and vulnerable families.

At the city level, the response focus is also on the migrant population from Venezuela, a situation which is aggravated due to the difficulty of implementing quarantine; dependence on the informal sector; high unemployment amongst other factors. Migrant children and their families are hit hard in the urban areas of Santiago de Chile and Arica. Through the adaptation of the pre-existing “Hope Without Border” project, which is a partnership with UNHCR (financer), food/non-food, clothing and psycho-educational support is provided to those families. The “Count on Me” campaign was designed specifically to address the impacts of the

³ Citizen Voice and Action (CVA) is World Vision’s unique approach to social accountability and local advocacy. This approach is designed to improve the relationship between communities and government, in order to improve services that impact the daily lives of children and their families.
In El Salvador, children’s vulnerability is mainly driven by the lack of access to basic infrastructure and services. This inequality has exacerbated unprecedented levels of violence throughout the country. The maras or gangs retain stark influence, creating and contributing to a generalized context of violence mainly through homicides and extortion. The COVID-19 pandemic has only aggravated this scenario.

In response, World Vision is taking an integrated phased approach and focusing on health, child protection, food security, WASH and livelihood in urban areas. It is partnering with several actors, including the Ministry of Health, and continues to adopt the citywide approach acting at neighbourhood, city and national levels. Partnering with the private sector, churches and community actors has been critical at the operational level leading to greater possibilities of mobilizing and reaching the territories through community networks of volunteers.

At neighbourhood level, WV is partnering with health clinics and hospitals in both Soyapango and Sonsonate on prevention awareness messaging through digital and print media, child protection in households, strengthening community health facilities, provision of psychological first aid and on reducing domestic violence experienced by children living in crowded households in urban slums. This was possible through establishing constant monitoring of the situation of children through community actors like church leaders and field staff through digital tools such as text messages. Partnering with shelter provider institutions, WV is supporting the improvement of the conditions of reception of returnees and infrastructure improvement and maintenance in established shelters. As part of the recovery phase, WV in partnerships with private companies, is addressing food insecurity through food gift-cards and awareness on issues of healthy nutrition and food security for families. For WASH, interventions focus on the implementation of water harvesting, installation of hand washing stations at the household level and latrines, and construction/rehabilitation of water systems and bathrooms in schools.

At the city level, World Vision is partnering with Soyapango Municipality and Walmart on a food support project targeting 100 families living in urban slums. World Vision is also preparing for the reactivation and recovery of the local economy through training in financial education to vulnerable families; post-crisis psychological support to teachers, church and community leaders and others, and developing productive and entrepreneurial strategies for businesses.

At the national level, World Vision is collaborating with the Country Humanitarian Team and its Education Cluster, which includes organizations such as the World Bank and UNICEF. Together, these actors are seeking to align their efforts towards schools’ reopening strategies and adaptations to education methodologies. In this space, World Vision is advocating for children’s mental health and psychological support; contributing to the development of a psychosocial guide to support teaching staff to prepare to go back to school and training teachers on mental health care, life skills, vision of the future, spiritual nurturing and nurturing with tenderness.
**Ethiopia**

In Ethiopia, World Vision is implementing its urban response in two sub-cities of the capital city Addis Ababa, Kolfe, and Lindeta. World Vision is building its response on existing urban programmes while collaborating with local authorities, community groups, and volunteers at the district level. A task force was formed by government at different levels of the city to facilitate collaboration between civil society, government, local communities, and other urban actors focusing on children and families. Beneficiaries were identified through collaboration between volunteers, local government partners, and community members.

At the district level, World Vision is collaborating with the district task force to provide sanitation and hygiene items and PPE to reduce the spread of the virus. Water tankers and PPE were also provided to the health centre and workers. Emergency food items were distributed to the most vulnerable groups living in the woredas. World Vision is building awareness on prevention and child protection issues at all levels of the city whilst the direct support is geared towards the district level through the distribution of informative materials.

At the sub-city level, World Vision’s response led to the adaptation of both Kolfe and Lindeta area programmes. The Kolfe programme originally proposed an integrated and holistic development approach focusing on education, livelihood, child protection, sponsorship, institutional WASH at schools and health centres. With the pandemic, the programme was re-purposed to focus on WASH activities targeting the community and health centres since schools are currently closed. Child protection and emergency assistance providing food items to severely affected households. As the Kolfe area faces water shortages for implementing WASH activities, the provision of water containers, construction or rehabilitation of hand washing facilities, and water taps in health centres are vital.

In Lindeta sub-city, World Vision, in partnership with Kia Motors, has been implementing the “Green Light” project on automotive training for unemployed youth. With the pandemic, the project was adapted and through the automotive training centre the youth and the community living around the project area were provided with sanitation kits. The project has also provided face masks, sanitizer, gloves and online and hard copy material.

**India**

The impact of COVID-19 and its containment measures on Indian cities have been devastating for the urban poor. A recent study shows that 94.6% of respondents in city slums reported their major source of income was affected by the pandemic. They also reported an increase in domestic violence, unusual behaviour among children, and inability to purchase nutritious food.

In response, World Vision is adapting its signature “My City Initiative” (MCI) to support vulnerable communities impacted by COVID-19 through multi-level interventions. The MCI has been implemented in seven cities across India since 2015 working with citywide actors to address poverty in urban slums. WV India continues applying the citywide approach to leverage the COVID-19 response.

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1. Ethiopia is administratively divided into regional states and chartered cities, zones, woreda (districts) and kebele (wards/neighbourhoods).
At the neighbourhood level, World Vision partners with trusted local actors to distribute PPE to frontline workers, install hand-washing stations, and distribute soap and disinfectants to health facilities. Using available technology, World Vision conducts virtual counselling for families and online art expression classes for children. World Vision’s existing nurtured relationships with residents and stakeholders helped to build social cohesion amongst themselves through remotely (WhatsApp) guiding community-based organisations and their task force teams to advocate for their rights and entitlements. They also helped to coordinate collaboration with local municipal corporations.

At the district level, World Vision is collaborating with the government, police departments and hospitals to identify the gaps in PPE and other needs to prevent the spread of the disease. World Vision is also partnering with schools and providing housing support for those who are sick due to COVID-19.

At the city level, World Vision is collaborating with the municipal government to secure permits for relief operations as well as to coordinate cash transfers for families and testing at quarantine locations. With the National Institute of Urban Affairs, World Vision is assessing the needs of city slums caused by COVID-19. The results will be used to influence city and national urban policies to address the impacts of the virus, implement early recovery initiatives and support long term improvement for the lives of slum residents.

Nepal

In Nepal, World Vision is responding to the pandemic through its existing Urban Kathmandu Area Programme particularly the Building Resilience with Children in Kathmandu’s Brick Kilns (BRiCKK) Project. The Project focuses on children and families – including migrants - in 8 brick factories. Overall, the urban response covers three municipalities in the Kathmandu district and one municipality in the Lalitpur district focusing on poor urban and peri-urban neighbourhoods.

The citywide approach adopted by the Urban Kathmandu Area Programme, and considered in the response, allowed World Vision to leverage partnerships with the municipal government and NGOs for better mobilization of resources and enhancing the social impact. Available technology was used to disseminate messaging – prevention and services available - through social media.

The COVID-19 and its containment measures significantly impacted the urban poor especially the informal workers and small businesses. The response was designed to support the most vulnerable urban families and children prioritizing health, hygiene, food security, livelihoods and protection interventions while promoting social inclusion.

At neighbourhood level, 1,320 households, including 450 households that are part of the BRiCKK project, received food support; 100 ultra-poor households received livelihood support - seeds, plastic tunnels for vegetable production and tools for planting and harvesting to enable local employment and income opportunities; and 200 groups received urban agriculture production and income enterprises support.

At city level, World Vision is supporting the municipal government to lower the risk of infection and contain the spread of the virus through the provision of Personal Protective Equipment for health workers; putting in place effective surveillance mechanisms at local level; building awareness; and promoting personal hygiene and behavioural practices. World Vision is focusing also on policy dialogues on preparedness for future health emergencies and social protection schemes advocating with local government to ensure the most vulnerable children are prioritized for receiving support during the pandemic.
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.

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.

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 neighbourhoods 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.

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 were 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 and the Joining Forces Alliance 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 WorldVision’s COVID-19 response**

**Policy brief: COVID19 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.

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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