World Vision

Policy Brief
COVID-19 & the Risks to Children in Urban Contexts

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Cities are on the frontline of the COVID-19 pandemic. Population density, while essential for productive, healthy and innovative cities, can act as a catalyst for the virus's rapid transmission. When combined with poverty, marginalization and the invisibility of undocumented people who live in informal settlements, work in informal economies, and access only informal education and health provision, urban density is putting more than 1 billion people—including 300 million children[1] - living in city slums and informal settlements, known as "urban hotspots", at heightened risk. The results can be devastating for children and families living in these areas, as well as for the countries' progress toward achieving the Sustainable Development Goals (SDGs), particularly SDG #11.[2]

Urban hotspots are found in fragile, violent and conflict-affected contexts as well as in low- and middle-income countries. They are a melting pot of diverse population groups and home to more than half of the world's refugee, internally displaced persons (IDP) and returnee populations. While these and other vulnerable and marginalised groups move to towns and cities in a common search for work opportunities and a dignified life, that is often their only similarity. Urban settings have complex governance structures and the COVID-19 pandemic is exacerbating the needs of these diverse population groups.

The pre-existing tensions and lack of social cohesion amongst them makes it impossible and unsuitable to apply a one-size-fits-all response approach in these contexts.

Residents of urban slums, informal settlements and low-income neighbourhoods endure living conditions that make it challenging to protect against COVID-19. It is nearly impossible to self-isolate or physically distance when you live in an overcrowded household where several multi-generational families shelter under one roof, sharing cooking facilities, toilets and water points with other households, and where there is insufficient access to public spaces. Limited access to safe, clean water also forces residents to make the tough choice between use of water for cooking or for handwashing.

"[…] Another challenge is accessing the public toilets. Earlier we could go at least three to four times in a day, but now we go just once to the toilet. When we go there it is very crowded and there is always a police van nearby. If people are not wearing masks, then they get whacked by them. There are a few people who just make excuses to use the loo but just roam around, so that is irritating."

Shivmangal, 14-years-old boy, living in Dharavi (Mumbai)

Despite the lack of health data for populations living in urban slums and informal settlements, it is widely recognised that chronic and acute health issues, particularly illnesses and diseases related to sanitation (e.g., diarrhoea), infectious diseases and malnutrition are prevalent in these areas. Most urban poor have limited access to nutritious food and instead rely on pre-cooked, often fried, street food, leading to health conditions such as diabetes and heart disease. These pre-existing co-morbidities heighten the urban poor's vulnerability to COVID-19.

World Vision's recent report[3] on the indirect effects of COVID-19, found that as many as 30 million children in fragile contexts, many of whom live in urban slums and informal settlements, are at risk of disease and death because the pandemic is overwhelming health systems. But even where health services are available, access is not necessarily ensured for all urban residents equally. Discrimination based on status—especially for refugees and migrants—and prohibitively high costs are major barriers to health care, leaving many urban poor to rely on informal private services or to go without during this health emergency. Movement restrictions can also halt access to the critical COVID-19 and other health services, including to mental health and psychosocial support, that so many refugees, IDPs and other vulnerable groups may need now more than ever.

In these marginalised spaces, the urban poor, including refugees, IDPs and migrants, suffer immense socio-economic challenges. They survive on unstable income, relying largely on daily earning and informal economies heavily impacted by efforts to contain the spread of COVID-19. In recent household survey conducted by World Vision and the National Institute of Urban Affairs in urban slums in 10 cities and 3 peri-urban areas in India, 94.6% of the respondents, most of whom are self-employed or engaged in casual labour, reported that their major source of income was affected due to lockdown.[4] Local and national governments, often associate informal economies with illegality and thus fail to support informal enterprises or recognise their contributions to enhanced economic outputs for cities and the nation as a whole. In the absence of alternative solutions to formalise housing and economies, local governments often resort to evictions and to restricting activities within these marginalised populations.

Together, government-imposed one-size-fits-all COVID-19 response measures (e.g., movement restrictions, quarantines) and the absence of basic financial safety nets for the urban poor leave these populations at heightened risk of infection and additional socio-economic impacts.

Children suffer disproportionally from the immediate and long-term impacts of these living conditions in urban hotspots and the added hardships created by COVID-19 response measures. Families live in shared households with grandparents—a highly vulnerable group to COVID-19—who often serve as the children's main caregivers. This not only increases children's risk of exposure to the virus but also their likelihood of losing their caregiver, especially given most families' inability to access or afford healthcare if ill.

> *"Because of the lockdown, my whole community looks empty. We get vegetables and groceries only in the morning and during the rest of the day all the shops are closed,"*
> **Roshan, 12-year-old boy, living in Mumbai**
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> *"We are unable to go out, unable to play and only talk with our friends over the phone. This lockdown should get over quickly. There are many people, who do not have jobs. So for them to start earning we should go to work like before,"*
> **Dharshika, 12-year-old girl, living in Chennai**

Movement restrictions and other COVID-19 response measures, such as lockdowns, also leave parents and caregivers less able to meet their children's basic needs. Loss of income, lack of savings and inability to purchase food or store it at home affects children's health and nutrition. This added stress in the household may provoke caregivers' negative coping mechanisms and heighten children's risk of exposure to physical and gender-based violence, exploitation and abuse. World Vision's recent report[5] found that up to 85 million more girls and boys worldwide may be exposed to physical, sexual and/or emotional violence in just three months because of the lockdowns.

Children of working age, or those already experiencing exploitation as under-aged labourers working on the streets, may also lose the income they were contributing to their household, leading their families to perceive them as an additional financial burden or to subject them to compounded abuse. For instance, in the same household survey in urban slums in India 40% of respondents reported a spike in domestic violence since COVID-19 related restrictions were imposed. Respondents attributed this spike in violence in part to the reduction in family income.

COVID-19 related lockdowns and quarantines also affect children's already limited access to largely informal education in urban slums and informal settlements—the implications of which go beyond loss of learning to also loss of the only safe spaces many have to interact freely, play and have a daily nutritious meal. The same survey of urban slums in India found that 38.6% of responding households reported children exhibiting unusual behaviours during the lockdown, including 44% reporting increased irritation at inability to go outside, 24.7% disturbing and fighting with other family members and 9.5% having unusual eating patterns such as reduction in number of meals. [6]

COVID-19 will have a catastrophic impact on children and families in urban hotspots without urgent action to address their unique vulnerabilities. The absence of essential spatial and population data on demographics, health and the economic situation in many urban slums and informal settlements poses a challenge for determining baselines to design response interventions. It is therefore critical that all stakeholders work in partnership with local grassroots actors to target these areas with tailored prevention, response and recovery measures to reach and adequately address the needs of these most vulnerable and marginalised groups. These efforts will not only protect children and their families today, but also the national progress so many countries have made toward achievement of the SDGs in future.[7]

World Vision's Response

World Vision is present in most urbanised and rapidly urbanising countries and regions around the world, promoting just and inclusive cities where children thrive in safe, healthy, resilient and prosperous environments.[8] In urban contexts, World Vision's approach builds on local grassroots presence and mobilisation through local partners including faith communities. It involves citywide engagement[9] with governmental and non-governmental urban actors including the private sector, media and other non-state actors who influence urban policy, programmes and municipal budgets at the city level.

World Vision is responding to COVID-19 in many of the countries with significant pockets of poverty in densely populated urban slums, informal settlements and overcrowded low-income neighbourhoods hosting refugees, IDPs and migrants. In these contexts, World Vision is building on existing partnerships with municipalities, grassroots organisations and local actors, particularly churches and faith actors, to ensure that the urban poor have access to credible information about how to prevent COVID-19 and what to do if infected.

Through local partners, World Vision is also providing hygiene kits, access to water, sanitation and child-friendly washing stations as preventative measures and supporting vulnerable families in accessing food and other essentials with direct cash transfers, using mobile technology where available. In addition to communicating with communities about preventative measures, World Vision is mobilising existing networks and partnerships to disseminate messaging about positive parenting and caring for children at home, providing psychosocial support by phone, and ensuring continued access to online formal and informal education.

World Vision is providing local volunteers and frontline workers with personal protective equipment to continue to play their role in identifying COVID-19 cases and providing referrals for healthcare access and other essential services.

In Brazil, for example, World Vision is providing children and families living in slums (favelas) on the outskirts of large urban centres with educational kits, hygiene kits and unconditional cash transfers, and leading digital awareness campaigns on COVID-19 prevention. Additionally, through the Youth Movement of Public Policies, World Vision is supporting adolescents and young people from the periphery to evaluate COVID-19's impact on their lives, and demand public policies that guarantee security, dignity and well-being for this important part of the Brazilian population.

In Addis Ababa, Ethiopia, World Vision has provided personal protective equipment to students in its automotive training course for urban youth and transitioned coursework to support them in continuing their studies at home.

In cities impacted by gang violence and organised crime in Honduras, World Vision is collaborating with churches, local governments and other partners to reach the urban poor with humanitarian health services, food aid and prevention messages, while also focusing on child protection and recovery of the social fabric, livelihoods and local economy. World Vision Honduras is also supporting government institutions responding to the displaced and those at risk of displacement, as well as supporting returned migrants before and during this COVID-19 crisis.

World Vision's Recommendations

COVID-19 and the indirect impacts of government response measures threaten the immediate and long-term health and well-being of already incredibly vulnerable children and youth in urban contexts, especially those hosting refugees, IDPs and migrants. The diverse needs and demographics of residents in these urban contexts make one-size-fits-all approaches difficult or impossible to implement, and risk leaving those most vulnerable behind. It is critical that all stakeholders proactively develop tailored, inclusive COVID-19 prevention, response and recovery measures, and use this crisis to spur actions that improve children's future living conditions and access to services in these urban spaces to make cities safer, more inclusive, resilient and sustainable going forward. Based on extensive experience working with children, families and urban communities in crises, World Vision recommends:

National Governments should:

- Ensure national response plans and strategies include and adequately budget for tailored efforts to address the needs of residents in urban hotspots, regardless of status;

- Provide municipalities with the technical and financial support to design inclusive, localised solutions to addressing the diverse needs of residents in urban hotspots, in partnership with local and grassroots actors and other key stakeholders;

- Classify frontline health and humanitarian workers and supplies as 'essential' and allow for exceptions to travel and movement restrictions to ensure continued provision of critical assistance to affected children and families in urban hotspots;

- Ensure frontline workers, including waste pickers, informal health and social workers, and volunteers have protective equipment;

- Urgently roll out child-friendly, age-appropriate distance education methods such as TV, radio or online learning to ensure continued education and to limit the impact of disruptions to formal and informal education for children in urban slums, informal settlements and low-income neighbourhoods;

- Include universal access to affordable housing, healthcare, child protection, education, social protection for the most vulnerable and sustainable income generation opportunities for the urban poor in national and local development plans beyond this crisis.

Local Governments should:

- Assess the impact of COVID-19 and government response measures on children and families in urban hotspots and use the findings to develop and adequately fund strategies and plans with tailored approaches for delivering critical health and social services to all residents in these areas, regardless of status. Plans should be conflict sensitive and promote social cohesion. Share assessment findings with national authorities to inform countrywide plans;

- Engage local organisations, including faith actors, in the design of contextualised COVID-19 prevention, response and recovery plans for vulnerable urban residents building on their existing capacity to respond to disasters, risk and hazards. Plans should target those most vulnerable for support with preventative measures (e.g., handwashing stations), and include preparedness measures (e.g., death management protocols) and efforts to ensure all, especially those dependent on informal economies, are able to meet their basic needs, access essential services and care for their children;

- Immediately stop evictions of urban residents in informal settlements and ensure access to housing for the most vulnerable families and groups as part of city development plans;

- Map and include urban hotspots in future population data collection efforts to inform city preparedness, recovery and development plans. This should be done in partnership with local networks and grassroots organisations, and build on data already being collected by these groups;

- Assess the need for informal economies and include representatives of informal sectors in local COVID-19 response planning as well as longer-term local economic development strategies to both protect against the spread of the virus and reduce future risks to this already vulnerable population;

- Share evidence-based COVID-19 prevention, response and recovery solutions with other cities and towns within the country and beyond national borders.

UN agencies and NGOs should:

- Apply a citywide holistic approach when planning interventions for cities dealing with the pandemic;

- Support local municipalities with the necessary financial, technical and material resources to design, implement and evaluate preparedness, response and recovery plans to reach the most vulnerable and marginalised groups, including children;

- Work with and build the capacity of trusted local, grassroots and faith organisations, individual volunteers and other neighbourhood leaders to maintain two-way communication and provide information on pandemic transmission and preventative measures (top-down) as well as local needs and opportunities (bottom up). Information must be available in all relevant languages;

- Establish and support humanitarian and social accountability mechanisms at local neighbourhood and city municipal levels;

- Target children and families in urban hotspots under quarantine/lockdown with food assistance and water, sanitation and hygiene programming, and work with the local authorities to ensure children in these areas have sustained access to community-based child protection mechanisms.

- Build partnerships, together with private sector actors and organised urban networks, to ensure quick access to multipurpose cash[10] (digital/mobile money transfers as much as feasible), inclusion into Government Social Protection mechanisms[11] and economic recovery support programmes;

- Ensure prevention, response and recovery planning takes a conflict sensitive approach to avoid creating or exacerbating social tensions especially in highly diverse urban contexts where refugees, IDPs and migrants live alongside urban poor hosting communities, and where gangs or other armed groups are in control.

Donors should:

- Urgently increase flexible funding to support children and families in urban hotspots, especially those hosting refugees and IDPs, with access to multipurpose cash and voucher assistance, child sensitive and gender responsive social protection, services and economic opportunities;

- Maintain funding for continuity of existing humanitarian assistance to refugees and IDPs in urban areas and long-term development plans addressing extreme poverty among the urban poor;

- Increase funding for improved and systematic data collection, analysis and sharing in urban contexts to inform local and city development plans that are inclusive of diverse groups, especially those living in urban slums and informal settlements, and the displaced in urban settings.

[1] UNICEF, "Millions of the world's poorest urban children are more likely to die young and less likely to complete primary school than their rural peers,"27 November 2018. https://www.unicef.org/press-releases/millions-worlds-poorest-urban-children-are-more-likely-die-young-and-less-likely & UNICEF, "Global Framework for Urban Water, Sanitation and Hygiene," April 2020. https://www.unicef.org/documents/global-framework-urban-water-sanitation-and-hygiene

[2] UN Department of Economic and Social Affairs, Statistics Division, "SDG 11: Sustainable Cities and Communities," https://unstats.un.org/sdgs/report/2019/goal-11/

[3] COVID-19 Aftershocks: Secondary impacts threaten more children's lives than disease itself, World Vision International, April 2020. Findings show that as many as 30 million children's lives are in danger from secondary/indirect health impacts such as deadly diseases like malaria, a lack of immunisation, or increased malnutrition, as health systems are overwhelmed by COVID-19 across 24 of the most fragile countries identified in the UN Global Humanitarian Response Plan: https://www.wvi.org/publications/report/coronavirus-health-crisis/covid-19-aftershocks-secondary-impacts-threaten-more

[4] World Vision India and National Institute of Urban Affairs - India, "Webinar on Impact of COVID-19 on Lives and Livelihoods in Urban Slums," 26 May 2020. https://www.youtube.com/watch?v=-TDQPYIz15I&feature=youtu.be

[5] COVID-19 Aftershocks: A Perfect Storm, World Vision International, May 2020. Findings show that up to 85 million more girls and boys worldwide may be exposed to physical, sexual and/or emotional violence over three months as a result of COVID-19 quarantine, and as many as 13 million extra child marriages might occur in the years immediately following the crises, with at least four million more girls married in the next two years: https://www.wvi.org/publications/report/coronavirus-health-crisis/covid-19-aftershocks-perfect-storm

[6] Ibid

[7] Ibid

[8] World Vision, "Cities for Children Framework," https://www.wvi.org/urban-programmes/cities-children-framework

[9] World Vision, "Citywide Self-Sustaining Model," https://www.wvi.org/urban-programmes/citywide-self-sustaining-model

[10] World Vision, "Cash and Voucher Programming During COVID-19," 1 April 2020. https://www.wvi.org/publications/report/coronavirus-health-crisis/cash-and-voucher-programming-during-covid-19

[11] Collaborative Cash Delivery (CCD) Network, "CCD Social Protection Working Group: Advocacy in Response to COVID-19," 8 April 2020. https://www.wvi.org/publications/disaster-management/ccd-social-protection-working-group-advocacy-response-covid-19

*Quotes in textboxes are from interviews conducted through Zoom with children in seven cities in India that are part of My City Initiative (Delhi, Chennai, Mumbai, Kolkata, Guwahati, Hyderabad and Bangalore). To learn more about WV India's My City Initiative visit: https://www.worldvision.org/child-protection-news-stories/urban-life-india-7-families-7-journeys

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 Emergency Response Plan.

World Vision

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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