

World Vision Urban Programming

An Urban Response to COVID-19
in the Philippines



Cities are on the frontline of the COVID-19 pandemic.

The World Health Organization recognizes that as COVID-19 spreads across the globe, many cities have become national epicenters of the pandemic, reflecting the ease of introduction and spread of the virus in densely populated areas.¹ In fact, according to the 2020 Sustainable Development Goals Report, over 90% of COVID-19 cases are occurring in urban areas.² While population density is essential for productive and innovative cities, when combined with poverty, marginalization and informality, it becomes a catalyst for the rapid transmission of the coronavirus, which places the 1 billion people living in the world's densely populated city slums and informal settlements at heightened risk. The impacts of the pandemic is exacerbating the vulnerability of slum dwellers and informal settlers as these "COVID

hotspots" are already suffering from overcrowding (of both housing and public transportation), lacking access to basic infrastructure and services including healthcare, and dependence on informal economies.

Globally, World Vision is adapting its signature city-wide approach to respond to the impacts of the COVID-19 pandemic in over 250 cities across 56 countries including the Philippines. These cities, which are located in low and middle-income countries as well as in fragile states, have significant pockets of poverty in densely populated urban slums, informal settlements and overcrowded low-income neighborhoods hosting refugees, internally displaced people and migrants.³

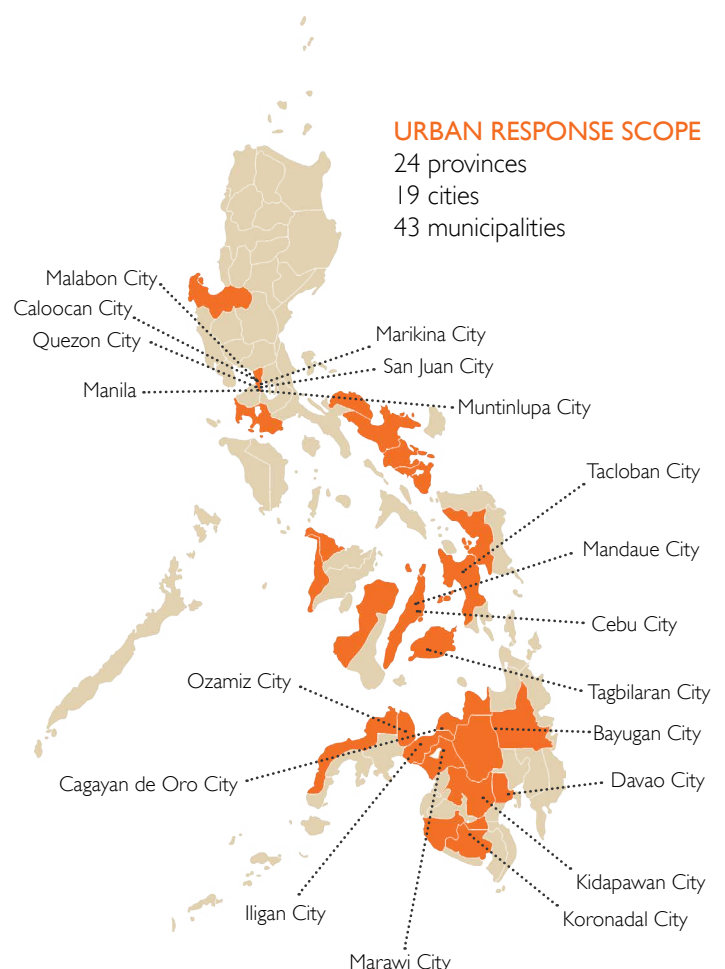
Philippines

World Vision's COVID-19 Urban Response in the Philippines is implemented in 19 cities nationwide but primarily in the fragile urban areas of the National Capital Region or Metro Manila as most cases are situated here. As of 30 January 2021, the Department of Health reports that NCR still has the highest number of COVID-19 cases at 221,402 (42% of total). This leaves the region at a higher risk of rapid virus transmission due to its high population density and mix of vulnerable groups. In 2020, World Vision in the Philippines has reached and assisted over 3.2 million people in urban areas, at least 240,000 of whom are children. Partnerships were 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.

¹ <https://www.who.int/teams/risk-communication/cities-and-local-governments>

² <https://unstats.un.org/sdgs/report/2020/The-Sustainable-Development-Goals-Report-2020.pdf>

³ <https://www.wvi.org/publications/case-study/urban-work/urban-response-covid-19-world-vision-case-studies-urban>





© World Vision

World Vision applies the citywide approach in its implementation of the COVID-19 Emergency Response in the urban context. At the neighborhood (community) level, partnering with the urban barangay local government units and other stakeholders was fundamental for the distribution of hygiene kits to 1,160 families (4,760 individuals) and sanitation kits to 1,875 families (9,248 individuals), which included masks, alcohol, soaps, mouthwash, toothbrushes and toothpastes, among others. World Vision also supported city government designated COVID-19 referral hospitals with 12 Huggy™ tents (42 sq.m.) and 2 Wiik Halls (320 sq.m. floor area), which serve as triage and isolation/treatment areas. A total of 22,487 health personnel benefitted from the distributed personal protective equipment (PPE) kits while the Malabon City Health Office, in particular, received 900 units of donated COVID-19 IgG/IgM rapid test kits.

COVID-19 Urban Response Reach



3.2 million individuals

reached with health, hygiene, child protection and nutrition messages through social media, TV, radio, PA System and IEC materials



22,487 health personnel

benefitted from 1,483 PPE kits



12 isolation tents (42 sq.m.)

and 2 Wiik Halls

(320 sq.m. floor area)

provided to COVID-19 referral hospitals



900 units

of donated COVID-19 IgG/IgM rapid test kits provided to Malabon City Health Office



1,160 families

or 4,760 individuals provided with hygiene kits



1,875 families

or 9,248 individuals provided with sanitation kits



13,511 families

or 55,698 individuals (including 9,478 frontliners) received a total of 31.2MT of donated vegetables from local corporate partner



3,823 beneficiaries

of unconditional cash transfer amounting to a total of USD74,636



16,453 children

received psychosocial support IEC materials



654 activity packs

provided to children in urban Area Programmes

Additionally, a total of 31.2 metric tons of donated vegetables from a local corporate partner was distributed to 13,511 urban families (55,698 individuals) including 9,471 frontliners and children in childcare institutions (including those with special needs). Other interventions involved unconditional cash transfer of Php 1,000 to 3,823 affected urban households amounting to a total of Php 3,823,000 and partnering with media outlets across the country to print and broadcast infection prevention and control of the coronavirus. All in all, an estimated 3.2 million individuals in urban areas were reached with health, hygiene, child protection and nutrition messages thru social media, TV, radio, Public Address System and IEC materials. Furthermore, through widely available and accessible technology (phone calls, SMS, and online channels), it was possible to collect survey data and beneficiary feedback as well as deliver the unconditional cash transfer programme using the Last Mile Mobile Solution.⁴

At the city level, World Vision proactively participated in cluster meetings and technical working groups for the COVID-19 response as a member of the country's National Disaster Risk Reduction and Management Council.

World Vision also took part 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. World Vision also continues to support the Department of Health in information dissemination about COVID-19. And just recently, World Vision conducted a webinar titled, "Let Our Voice Be Heard" in partnership with UNICEF. It was a dialogue between children and government officials from Southeast Asia (the Philippines as among the represented countries) about the impact of COVID-19 on Asia's most vulnerable girls and boys including children in urban areas. Last but not the least, World Vision successfully influenced and contributed in the adoption of five National Level Policies and Advisories related to COVID-19.

⁴ Last Mile Mobile Solutions® (LMMS) is a technology solution developed by World Vision designed to strengthen efficiency, effectiveness and accountability in humanitarian service delivery by digitizing and simplifying beneficiary registration, verification, distribution planning and management, monitoring and reporting.

WVDF influenced and contributed in the adoption of 5 national level policies and advisories related to COVID-19



HEALTH AND NUTRITION

DOH Memo No. 2020-0231

"Guidelines on the Standardized Regulation of Donations Related to EO No. 51, series of 1986 (The Philippine Milk Code), to Health Facilities and Workers, Local Government Units, Non-Government Organizations, and Private Groups and Individuals in Support to the Response to Emergencies, Disasters and Situations Where Health and Nutrition of Mothers, Infants, and Young Children are Affected"

DOH-National Nutrition Council's Nutrition Cluster Advisory No. 02, Series 2020

"Nutrition Cluster Recommendations on Healthful and Nutritious Family Food Packs and Sustainable Food Sources"



CHILD PROTECTION

DILG and CWC Joint Memorandum Circular No. 2020-001

"Reiteration of Protocols on Reaching Out to Children, including Those in Street Situations, in Need of Special Protection, Children at Risk, and Children in Conflict with Law during the Enhanced Community"

DILG Advisory (April 2, 2020)

"Activation of Barangay Violence Against Women (VAW) Desk and Barangay Council for the Protection of Children (BCPC)"



EDUCATION

DepEd Order No. 12

"Adoption of the Basic Education Learning Continuity Plan for School Year 2020-2021 in Light of the COVID-19 Public Health Emergency"



Challenges and Good Practices

Responding to the pandemic is unprecedented not only for WorldVision as an organization but also for the Philippines as a country and so roadblocks and bottlenecks in implementation were inevitable. Movement restrictions due to the enforced community quarantine, especially in urban slums where there are inadequate facilities, made WorldVision's emergency response in the urban context extra challenging. There was a risk of virus exposure for staff during distribution especially in urban slums inadequate facilities, narrow streets and overcrowding. There was shortage/limited supply of relief items even in city centers due to surge in demand and reduced production line especially during the first weeks of the pandemic. With most donors situated in the urban parts of the country or city centers, there was donor saturation and market competition for COVID-19 resource generation.

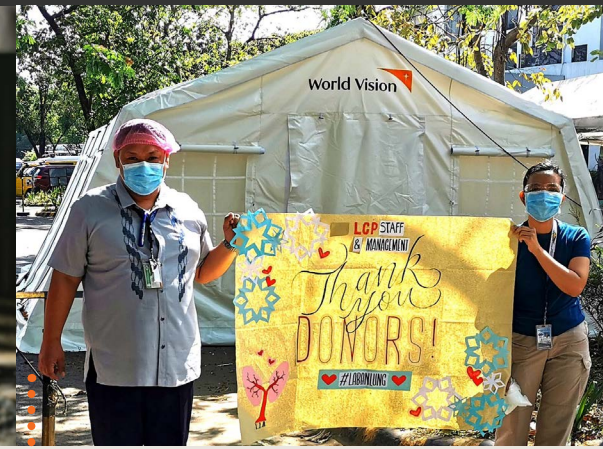
Various strategies were applied by WorldVision in order to address the challenges in implementing its COVID-19 Response in the urban context. The Response Team was made sure to follow minimum health standards set by the city government not only in relief distribution but also during repacking at the Operations Center in Quezon City. WorldVision strongly enforced health standard measures such as ensuring hand hygiene, physical distancing, wearing of mask, and avoiding/limiting mass gathering of people during relief distribution including the unconditional cash transfer (UCT) process, in compliance with the government's quarantine guidelines to protect beneficiaries from getting infected with the coronavirus. These changes/ modifications will eventually form part of the "new normal" in WorldVision's emergency response process not only in the urban context but in rural areas as well.

Maximizing the wide availability and accessibility of technology in the urban areas also proved an effective strategy – from assessment/ data collection, to procurement, to delivering the unconditional cash transfer program using LMMS, up to setting up feedback mechanisms through online, social media and SMS. In doing this, WorldVision made sure to adhere to data privacy protocols and data security guidelines set forth by both the government and the WorldVision Partnership -- from data gathering, information verification, up to the distribution process (especially in the case of the UCT, which relied mostly



on digital technology). Basic household information were asked with prior consent (written and/or recorded) from the beneficiaries and stored in a safe and secure database.

WorldVision takes pride in having exercised strong urban community engagement and in having forged solid linkages and partnerships with city local government units. In the COVID-19 emergency response, urban barangay leaders not only participated in response activities, but also actively involved themselves in the decision-making processes, by providing information to support the community needs and processes as well as in ensuring minimum health standards for safe, efficient, and orderly delivery of relief to the beneficiaries. Moreover, World Vision was able to leverage support from the city governments especially in terms of logistics during the first weeks of the response when both movement and resources were very limited. Lastly, established agreements with reputable financial institutions that are widely accessible in urban areas helped facilitate the smooth and efficient disbursement of the unconditional cash transfer.



• PPE for frontliners

58-year-old Marilyn is one of the barangay health workers in Baseco. In the first weeks of the COVID-19 community quarantine, she has been using a cloth mask while getting the temperatures of those who enter the village. She also monitors the health of her fellow villagers to ensure that COVID-19 cases will not increase. "I have a family to go home to. I fear for our health but I also have work to do and so I continue to do it. The PPE will be very helpful to me and my fellow frontliners," she said.

• Food for families

48-year-old Alma, a mother of 9, struggles as her family continues to feel the impact of COVID-19. World Vision provided the family with fresh vegetables, along with other families in the urban poor community. "We did not have much before COVID-19 happened, but we at least had income, no matter how little, to rely on. This time, everyday is a blur and we can only depend on the help of the government and other people and organizations like World Vision."

• Tents for hospitals

World Vision provided three tents to Lung Centre of the Philippines, one of the COVID-19 referral hospitals identified by the government. "Thank you so much for the donations, especially the tents. We are able to use it first as consultation areas for triage, second as a warehouse, and third as shelter for our employees," Dr. Gloanne Adolor said.

In the Philippines, World Vision has been implementing an urban programme in Baseco, Manila for the past ten years as well as several other urban programmes and projects in Malabon, Quezon City, Taguig, Cebu City, Mandaue, Lapu-Lapu, Tacloban, Davao City, Cagayan de Oro, Ozamiz, Marawi and Cotabato City. World Vision's urban programming strives to address poverty and child well-being issues in urban slums and the poorest urban neighborhoods in the Philippines while connecting with citywide actors to scale up the impact and influence of citywide policies.

Key Resources

- [Impact of COVID-19 to children and their families: A rapid assessment in the Philippines](#)
- [Cash assistance program for families affected by the COVID-19 pandemic](#)
- [World Vision Urban Programming: Safe and Prosperous BASECO](#)



www.worldvision.org.ph



worldvisionph



worldvisionph



worldvisionph



worldvisionph