All children are vulnerable in emergencies, but certain realities place those living in poor urban areas at special risk.

First, epidemics spread fastest in crowded places lacking health services and sanitation facilities. Second, violence by armed groups, gangs, crime syndicates, rebels or government forces spawns instability and insecurity. This can be felt most acutely by children and women, who are also at risk of gender-based violence. Third, conflict or natural disasters in rural areas can lead to a massive influx of internally displaced persons into urban areas, with large numbers seeking refuge not in camps but in host communities where the infrastructure and services are already weak. This puts both host families and displaced people under extreme strain and leaves them more vulnerable to epidemics or urban violence. And fourth, pre-existing deprivations such as inadequate shelter and limited access to clean water, sanitation, education and health care mean that delivery systems must be created before humanitarian aid can reach people.

When emergencies occur in marginalized urban areas, national and international agencies face threats to children’s health, safety and well-being. But innovative responses tried in Port-au-Prince, Haiti; Nairobi, Kenya; and Manila, Philippines, have proved successful and could be applied elsewhere.

Information on slum communities is often inadequate, outdated or nonexistent, making it difficult to locate the most vulnerable and those in greatest need. But solutions are at hand. In Nairobi, impoverished communities identify at-risk families and pass this information on to humanitarian agencies so they can pinpoint those most likely to need emergency assistance.

In Nairobi and Manila, cash-transfer delivery systems have helped recipients regain a measure of food security and restart their livelihoods. Community committees identified the most vulnerable, agencies verified this information, and then SIM cards were distributed, allowing beneficiaries to get cash via mobile phones.

Also in Manila, an early warning surveillance system introduced in May 2010 entails training health workers to report the incidence of disease by sending text messages to computer hubs.

It can be more difficult to identify beneficiaries in cities where rich and poor live shoulder-to-shoulder than in those where the poor live in large and distinct settlements. Some groups — undocumented immigrants, for example — may prefer not to be identified for fear this will bring on politically motivated violence, arrest or expulsion. Blanket targeting can overcome these constraints but it is only appropriate immediately after crisis has struck, when the whole affected population needs assistance. Community drop-in centres providing information, services and protection can also prove helpful.

Scant water and sanitation infrastructure is a major challenge in poor urban settings — even more so when disaster pushes large numbers of people into these areas. The results of such a surge in users can include the contamination of drinking water. Sanitary toilet systems consisting of commodes that can be emptied at designated waste disposal points are being introduced in the slums of Nairobi. Another innovation, the ‘peepoo’ bag, is biodegradable and can be used as compost in gardens, so it does not add to the pressures on local sewage infrastructure. In Manila, raised toilets have been built to withstand flooding. The key to success in each of these cases has been community involvement in the design and implementation of initiatives.

In Port-au-Prince after the 2010 earthquake and elsewhere, ‘child-friendly spaces’ were established to address children’s psychological and social needs — and to help protect children from the increased risk of violence, abuse and exploitation that accompanies emergencies. A particular emphasis was placed on serving the survivors of gender-based violence.

Source: UNICEF Office of Emergency Programmes.