

# Boa Vista, the Early Childhood capital, faces prejudice and Covid-19

- ▷ Boa Vista is challenged by poverty, lack of resources, and a recent influx of refugees.
- ▷ The city has established a strong focus on services for babies, toddlers and caregivers.
- ▷ Covid-19 has added to pressure, but reinforced the need to focus on young children.

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**The Covid-19 pandemic has put the world on hold. The SARS-CoV-2 virus has spread to all regions, forcing us to break our daily routines, interrupt major projects and direct all our energies to this tragic historic emergency. It requires from us a new perspective to see the present and the future. We are now asking every child, adult, young and elderly person to behave in a way that prevents rapid transmission and the collapse of health systems. From leaders we demand readiness, sensitivity, objectivity and competence to treat the sick, to search for a cure and a vaccine, and to support people's livelihoods, embracing their anguish, providing encouragement and guidance to move forward in the pursuit of a new tomorrow.**

In my country, Brazil, the disease spread in an accelerated and alarming manner. Here the virus encountered a population with widespread suffering: 52.5 million people (25.3%) live in poverty and another 13.5 million (6.5%) in extreme poverty<sup>1</sup>. Among the labour force, 11.6 million are unemployed (11%) and 38.4 million (41%) work in the informal economy (Moreira and Gaier, 2020; Garcia, 2020). Most of these families depend on today's efforts to ensure tomorrow's meal. Due to the pandemic, they have now been joined by millions more who lost their jobs or had their wages cut as a result of the need to stay at home to reduce the risk of infection in the streets.

Brazil has 18 million children aged 6 and under. Not only do 29% of them live in poverty, 23% live in precarious housing. For these children, staying at home does not necessarily offer the protection they require, although it was the only viable measure to tackle the pandemic. For 41% of these boys and girls, the lack of basic sanitation has always been a permanent threat. Now the risk is multiplied by the advance of a virus that, in less than two months<sup>2</sup>, claimed the lives of more than 12,000 mothers, fathers, grandparents and siblings.

1 According to the World Bank's poverty line criteria, people who live on less than USD 5.50 a day are living in poverty, and those who live on up to USD 1.90 a day are considered to be living in extreme poverty (Nery, 2019).  
2 It is very likely that this number is higher if one considers the underreported cases.

The response of the federal government to this huge challenge has, unfortunately, been characterised by denial and resistance to the implementation of crucial and urgent measures. It is unnecessary to mention here examples of this irresponsibility, as much of it has already been reported on by the media the world over, to the embarrassment of Brazilians. However, it is important to note a direct effect of this lack of leadership: where there should have been coordination and communication between the federal, state and

municipal spheres of public administration, we instead witnessed contradictory guidelines and, worse, the downright discouragement of social distancing policies. The inherently challenging task of constraining economic activities and keeping people at home becomes much more difficult when a central authority continually sabotages these attempts.

## A challenging scenario

This scenario of scarcity and difficulties is especially gloomy in my state, Roraima, in the extreme north of Brazil, and especially in my city, Boa Vista. As the capital of Roraima, Boa Vista is home to 65% of the population of the entire state – and the remaining 35% also relies on its more specialised services. For Roraima's 600,000 inhabitants, there are just 30 intensive care beds in the only public hospital offered by the state government. There are more people below the poverty line (32.6%) and in the informal economy (47.1%) in Roraima than the national average (G1-RR, 2019; Garcia, 2020). Little can be expected from the state government, which is in the throes of a long-term crisis. Its compromised management capabilities increase the pressure on the municipal administration.

'On top of its existing challenges, Boa Vista has suffered more than the rest of Brazil from the humanitarian crisis that emerged in neighbouring Venezuela in 2015.'

On top of its existing challenges, Boa Vista has suffered more than the rest of Brazil from the humanitarian crisis that emerged in neighbouring Venezuela in 2015. Boa Vista has become home to 40% of the Venezuelans who have taken refuge in Brazil, increasing its population of 340,000, over just three years, by 60,000. These new residents – about 15% of the population – were fully welcomed as citizens of Boa Vista.

We have received the children with special care. Since 2013, Boa Vista has been designing and implementing integrated policies for early childhood, which are anchored in the idea that large-scale investment in children's development is one of the best ways to overcome historical social problems. Currently, the programme 'Familia Que Acolhe' ('A Family that Welcomes') is looking after 1746 pregnant women and mothers of children up to 2 years old, 777 of whom are Venezuelan. In the municipal public schools, 6101 (13.8%) of the 44,025 students are from Venezuelan families.

Even before the pandemic arrived, then, Boa Vista had become the stage for a unique challenge in Brazil. Having the smallest budget of all Brazilian state capitals – under USD 120 million, equivalent to the 2019 budget of the Roraima State Secretariat for Education – the city had to sustain overburdened public services, in particular the public health system. At the Hospital da Criança (Children's Hospital), under the municipal administration, between 2015 and 2019 the number of Venezuelan patients increased by a factor of 16, from 1719 to 28,196.

The first two cases of Covid-19 in Boa Vista were reported on 21 March 2020. Approximately 50 days later, the number of infected people exceeded 1400, with 31 deaths. Following the guidelines of the World Health Organization, in

the very first days we interrupted non-essential activities and adopted rigorous social isolation measures. We quickly noticed that, as expected, some people refused to comply with the restrictions, reinforced by the divisive message coming from the federal capital. The pandemic also fuelled xenophobia against Venezuelans, who were accused of ‘carrying the virus’ to the city after a baby was diagnosed in a refugee shelter.

## Reflecting on children: the future of humanity

Just as it is across the whole planet, dealing with Covid-19 is a continuous battle in Boa Vista, and we do not know when life will return to normal. But we have a beacon of hope that boosts our confidence in these times of uncertainty. I have learned that reflecting upon children is a natural way of thinking about everyone, and that prioritising them also leads to benefiting the greatest number of people. When we decided to make our city the Early Childhood Capital, we improved its efficiency. Despite increasing pressures, the municipality was able to keep its expenditure balanced and continue offering its services (Prefeitura Boa Vista, 2020).

The Hospital da Criança increased its number of intensive care beds and can count on a staff trained to receive children and teenagers up to 16 years old. There is a specific ward for indigenous people, where the traditional habits of each ethnic group are respected. Since the first cases of Covid-19 were reported

*The Família Que Acolhe programme provides support for pregnant women and mothers of young children*



in Boa Vista, the hospital has treated 13 children, four of them indigenous and five from Venezuelan families. Another 237 professionals have been recruited to work in other health facilities.

A central element of the integrated policy for early childhood, the Família Que Acolhe programme continues to provide support to ensure healthy pregnancies and childcare. Face-to-face meetings with mothers have been suspended to avoid transmission of Covid-19, but contact continues through the visiting teams who deliver powdered milk and basic food, hygiene and cleaning products to 4500 families. The logic is simple: we take care of the caregiver and consequently the caregiver takes good care of the children.

The social assistance, education and health sectors are also using home visits to provide support and protection. Call centres have been set up to monitor and address vulnerabilities. With school closures, an online programme has been created – @Aprendendo em CasaBV ('Learning at Home Boa Vista') – to provide distance pedagogical activities via Instagram. Municipal teachers developed specific content for the programme for kindergarten, elementary schools, special education and indigenous education. At home, children complete

*Mayor Teresa Surita in one of Boa Vista's public spaces designed to encourage playful interactions between children and caregivers*



simple tasks focusing on learning and family social interaction. The programme instructs parents and caregivers on activities such as creating games and playing with household objects.

Before the pandemic, we were in constant conversation with society through neighbourhood meetings and social networks. We have cancelled face-to-face meetings, but intensified communication via online networks, giving priority to health information and guidelines. This interaction has also been important to embrace people's feelings at this difficult time. Uncertainties and fears often generate tension and the need to find 'enemies' to blame.

I try to share with people the vision that differences enrich us and drive us forward. I remind them of the courage and strength of health professionals, as well as the teams that take boxes of food and other supplies to the most vulnerable families, working for everybody with the same commitment. I remind them of the courage and determination of all the professionals who provide essential services in order to urge people to take good care of themselves and others, in particular our children – all children – so that they will love the land where they grew up.

→ Find this article online at [earlychildhoodmatters.online/2020-5](https://earlychildhoodmatters.online/2020-5)

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