

Policy advice to respond to COVID-19 in Urban Informal Settlements

PREPARED FOR THE GOVERNMENT OF KENYA

Why Focus on Informal Settlements during the COVID-19 Outbreak?

The Government of Kenya (GoK) must tailor its COVID-19 responses to informal settlements ('slums'). Several COVID-19 guidelines are extremely difficult to observe in these areas. For instance, residents in dense housing cannot feasibly practise social distancing. They rely on daily earnings and so cannot stop working; they have highly inadequate access to water, sanitation, and hygiene (WASH). **The recession will likely be as difficult for many Kenyans as the health emergency; the GoK must address both the health emergency and residents' livelihood needs.**

The GoK should develop an inclusive, people-centred response: rather than concentrating on the disease, policymakers should focus on residents and respond to local realities. Strategies should strengthen local organisations, target vulnerable groups (e.g. the elderly, with pre-existing health conditions, and/or precarious livelihoods) and enhance long-term resilience in informal settlements.

This note will outline actions for the GoK to consider when responding to COVID-19 in informal settlements. **Recent GoK attitudes towards informal settlements are supportive, and this is an opportunity to continue enhancing officials' constructive relations with residents.** Affordable health care, affordable housing and food security are all priorities in the Big 4 agenda and will require further action in informal settlements, particularly given the COVID-19 pandemic.

Key Recommendations

1. **Joined-up, Coordinated Responses and Inclusive Partnerships Are Needed.** Establish a national coordination task-team between government, development partners, the private sector, NGOs and community leaders. UNICEF and/or UNHABITAT will also need to participate. This task team should raise funds and coordinate efforts.

Coordination at local, sub-County, County and national levels will be essential. The GoK should establish city-level, multi-stakeholder task-teams with community leaders, grassroots organisations, civil society, private sector and official agencies. These task-teams must recognise that community ownership is key to successful COVID-19 responses. Special attention must be given to coordinate activities in Nairobi, given complex governance structures and COVID-19 risks in dense urban areas. The GoK must also recognise that residents may differ in age, shelter provision, pre-existing health conditions, and other factors that may influence vulnerability to COVID-19. All residents must be included in developing COVID-19 responses. Based on experience during the Ebola outbreak, mobility restrictions work better when they are managed by communities and not externally through coercion. Task-teams need to identify priority settlements based on high residential density, lack of basic services and decrease in economic activities.

2. Today – immediate actions

- Support enhanced access to health services. Ensure that CHVs and other health providers can identify, assess and look after people with COVID-19. Develop sensitive, locally suitable arrangements in the event of death.
- Prioritise the involvement of Community Health Volunteers (CHVs), ensure that they have protective equipment, and offer enhanced support, including a stipend during this period.
- Seek to reduce transmission by 1) providing additional handwashing facilities, 2) encouraging the production and use of masks, 3) providing places for isolation for the most vulnerable, and 4) distributing personal protective equipment to workers in high-risk occupations (including sanitation and health workers).
- Alleviate the economic emergency through cash transfers. Supply food and ensure access to basic services immediately if cash transfers are delayed.

3. Tomorrow - short/medium-term action

- Ensure basic services are provided to informal settlements. Support livelihoods by sub-contracting to informal settlement residents (e.g. making masks, providing WASH and solid waste management). Increase access to handwashing stations and work with private-sector firms to provide supplies.
 - Enhance health systems and support services for all vulnerable groups. Policymakers should ensure that non-COVID-19 health services are provided with minimal disruption. Attention is also needed to reducing child abuse and gender-based violence, which may increase due to stress or confinement.
 - Provide cash transfers. Governments should provide income support to informal settlement residents and ensure they have access to food and basic services. This requires a community-led process to identify those most in need. Work with community groups to persuade landlords to offer “rent holidays” for tenants in informal settlements. Find ways to provide economic support for informal workers using GoK procurement processes.
4. **Communication between all stakeholders and communities will be key to effective collaboration.** Clear ongoing communication is central to addressing COVID-19 more generally, encouraging appropriate action, and ensuring GoK and task-teams are appropriately informed.

Messaging needs to be appropriate, highlight practical steps, and establish two-way communication mechanisms (both ‘downwards’ and ‘upwards’). It should be targeted at specific “at-risk” groups, as well as messages for the general population. The GoK should work with Community Health Volunteers (CHVs), Settlement Executive Committees (SECs), and other citizen groups (e.g. trade associations) to monitor illness and to encourage behavioural change. There are opportunities to reach young people, particularly through social media and YouTube. GoK press conferences are an opportunity to demonstrate social distancing.

What not to do

- **Downplay the threat of COVID-19 or deliver contradictory messages to the public.**
- **Assume all informal settlements are the same.** These areas differ widely in residential density, shelter and service provision, and other living conditions that may influence the transmission of COVID-19. Residents also differ in age, levels of poverty, pre-existing health conditions, migration status, and social networks, all of which may again affect their vulnerabilities during the outbreak.
- **Assume that a full lockdown of informal settlements can effectively reduce COVID-19 transmission;** unintended consequences and difficulties in complying may only instigate spread. Work with local organisations to develop appropriate measures to contain the virus.
- **Replicate “good ideas” from elsewhere without consulting locally;** such “good practices” may need adaptation.
- **Use alarmist messaging and penal enforcement,** which can be foster panic.
- **Close local food outlets,** forcing people to travel longer distances. Low-income people do not shop at supermarkets, and they do not shop once a week.
- **Stigmatise those with COVID-19 and their families.** Authorities should check all messages to avoid stigmatising patients.

Lessons from Ebola:

- Working through trusted local leaders including “[a] chief or councillor...a business person, traditional healer, a member of a youth group, or even a gang leader” is essential. In Monrovia, “Ebola started to be defeated when the communities took ownership.”
- Faith-based groups were vital in fighting misinformation during the Ebola epidemic.
- Question and answer sessions with officials and experts worked well to address misinformation and ensured that people were accurately informed. Persistent local rumours typically continue because they resonate with residents’ fears. Respectful, prompt and thorough responses help to build trust between citizens and government.
- Upward communication about Ebola’s incidence was shared by community activists and led to effective actions that ensured widespread testing, secured treatment and reduced the risk of transmission.
- Quarantines work better when managed by communities and not externally through coercion.