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) COVID-19 responses should be tailored to informal settlements ('slums'). An estimated 56 per cent of Kenya's urban population lives in informal settlements.[i] Many informal settlements are very dense (with families often sharing a single room). Residents rely on daily earnings. They often have highly inadequate access to water, sanitation, and hygiene (WASH) and other vital services. Several of the GoK's COVID-19 guidelines are extremely difficult for residents in these areas to observe. This poses a danger to all, especially as residents of informal settlements often work throughout the city (e.g. matatu conductors, domestic workers, street vendors) with implications for the virus' spread.

County and sub-County governments and other stakeholders should proactively identify residents and neighbourhoods at risk. Some residents of informal settlements are at high risk of severe disease (e.g. the elderly) and/or especially vulnerable to the pandemic's economic impacts (due to precarious livelihoods). Many use informal private health services and have limited access to public health facilities.

The economic recession will likely be as difficult for many Kenyans as the health emergency. In the short term, this means providing food aid to low-income Kenyans. Residents of informal settlements need to pay rent and buy water, medicines, and other essential goods; additional support is urgently required.

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**. Rapid and effective action will contribute to universal health care, affordable housing and food security, which are all priorities in the Big 4 agenda.

Joined-up, Coordinated Responses and Inclusive Partnerships Needed in Informal Settlements

The GoK needs to partner closely with residents and community organisations in informal settlements and build trust between the GoK and citizen groups (including women and people with disabilities). Local ownership and ongoing coordination will be key.[ii] A national level coordination mechanism between government, development partners, private sector and community groups can usefully be established to align efforts and raise funds. UN-Habitat's urban community networks may assist here. NGOs such as LVCT Health and SDI-Kenya are already participating in the Ministry of Health's Task Force on Community Engagement for COVID, which is a positive step. Private sector networks have also indicated their commitment.[iii] Task-teams are needed at all levels: national, County and sub-County. County governments must play a crucial role in coordination (helping to avoid duplication) and should link up community, civil society, private sector, development partners, and other key stakeholders to support effective responses, as well as to catalyse grassroots efforts. Special attention must be given to coordinate activities in Nairobi, given its complex governance structures and COVID-19 risks in dense urban areas. The national coordination mechanism must ensure effective support to all Kenyans.

Task-teams need to identify ongoing COVID-19 initiatives and establish an ongoing multi-scalar coordination mechanism. There is a need to coordinate functions and clarify roles of utilities, national officials, and County governments, particularly to improve decentralised delivery of WASH.[iv] Many activities are already taking place, and this underscores the need for strong coordination. UN-Habitat, for example, has shared the COVID-19 Action Plan for Kenya with relevant ministries. Local efforts are exemplified by the 20 COVID-19 related initiatives taking place in Kibera (Nairobi) (as documented by the Kounkuey Design Initiative on 1st April 2020). The potential for vigorous coordination is shown in Mukuru (a large informal settlement), where 42 agencies led by Nairobi County are involved in the multi-sectoral consortia developing the Special Planning Area (SPA).[v]

Both national and County-level taskforces must be representative of the diverse residents of informal settlements; these taskforces must also include youth who are the majority in Kenyan cities).

Areas for Immediate Action

What to do

Effective coordination and communication need to be enhanced by actions to address both the health and economic emergencies. Actions will need to address the needs of residents with COVID-19; reduce risk; and support livelihoods, as explained below.

A) Priorities for Resource Allocation Benefitting Residents of Informal Settlements

- **Maintain and enhance access to health care, including designated spaces within informal settlements.** GoK need procedures for rapid triage, referral and the transportation of acute cases to hospitals and clinics (including public, private and faith-based facilities). Unwell residents need to be reached in informal settlements lacking durable roads. Temporary health clinics may be needed for patients closer to their homes.[vi] Community facilities (e.g. schools, churches/mosques, community centres) may offer suitable locations.[vii] In South Africa, closed public schools are being used to isolate households with a member suffering from COVID-19.[viii]

- **Prioritise CHVs' involvement, ensure they have protective equipment, and offer enhanced support, including a stipend during this period**. CHVs have a vital role to play in informal settlements. Health authorities need to supply CHVs with protective equipment, including waterproof aprons, rubber gloves and masks with visors.[ix] The GoK can further reduce the risks of transmission for CHVs and other health workers by providing mobile phone credit so that they can offer advice remotely. Telecoms in Kenya have cut prices to encourage the shift from cash to mobile money in this health crisis; they should be urged to do more.[x]

- **Establish arrangements to move bodies safely, with agreed protocols for funerals**. Sensitive provision for kinship, social, and spiritual needs is required. Draft protocols will need to be tested with local leaders to ensure they are appropriate.[xi] Since urban Kenyans often travel to rural areas for burials, it will be essential to develop alternatives that still respect local practices.

- **Handwashing facilities are needed across informal settlements. Lack of access to soap and water should not be a barrier to adequate handwashing.** Adequate supplies of affordable piped water must be delivered. Tankers should be used where there is no piped water and may need chlorination. The GoK should remove regulations that prevent rainwater harvesting. Private water providers and landlords in informal settlements should help to ensure water is supplied to all households. For example, they can provide borehole water, which is suitable for handwashing. The GoK has already reduced the cost of water, but more may be required. Community groups are supporting WASH access: they can help to distribute and/or produce soap and sanitiser, and provide wash-stations (e.g. Muungano's and the UN efforts in Mathare, LVCT in their clinics, Sanergy's contribution to local government).[xii] The private sector is also willing to support, as exemplified by Unilever's provision of hygiene goods[xiii] and Sanergy's commitment to continue operating its 3,600 toilets. Adequately spaced wash-stations can usefully illustrate and reinforce social distance guidelines (as seen in market stalls in Kariobangi, Nairobi).

- **Safe spaces for self-isolation of the most vulnerable (not those with COVID-19):** Community organisations and health officials need to develop appropriate solutions for the self-isolation of those most at risk, based on close consultations with vulnerable residents. CHVs and neighbourhood groups will then need to facilitate these interventions. Strategies should consider a range of vulnerable groups, such as elderly residents living alone, orphans, and people living with disabilities, HIV, or other pre-existing conditions.

- **Masks can help to reduce COVID-19 transmission and facilitate appropriate social distancing in high-density residential areas.** Masks can easily be made by households and community groups, as well as by private firms and by universities (e.g. in Zimbabwe).[xiv]

- **Reduce occupational risks in the informal economy, including by providing protective equipment.** Attention needs to be given to high-risk informal occupations, which are common for residents of informal settlements (e.g. street hawking, construction, sex work). Some high-risk occupations, such as waste management, help to reduce COVID-19 and other health risks. Other informal livelihoods, such as those in public transport, will likely need to be curtailed sensitively to reduce COVID-19 transmission. This requires engaging with representative organisations, agreeing

a way forward and disseminating appropriate information to affected labourers.[xv] Safaricom already waived fees for M-Pesa; this is relevant to informal enterprises and is less risky than using cash.[xvi]

- **Review the efficacy of lock-down measures,** recognising people's need to earn incomes and buy food. Work with local organizations to minimise movement between neighbourhoods.

- **Immediately provide cash transfers and ensure emergency access to food and water; otherwise, people must work and thereby will put themselves and others at risk of COVID-19.**[xvii] Low-income households in informal settlements source food daily, typically in small, affordable quantities from informal markets and street food vendors. Without incomes, people will not be able to purchase essential items and are at elevated risk of acute food insecurity. If movement is restricted and if markets or food vendors are shut down, people's ability to access food will be further reduced.[xviii] Cash transfers should be organized based on existing neighbourhood structures to ensure everyone is reached. For example, Korogocho (in Nairobi) is divided into nine villages with known leaders and CHVs in each village. This structure can facilitate distribution to the most vulnerable, while avoiding the centralization of resources with powerful individuals. Working with women-led savings groups (e.g. those supported by Muungano wa Wanavijiji) is a complementary approach that can help to distribute financial assistance and food in emergencies.

B) Develop appropriate communication strategies "downwards"

- Messaging should be targeted at specific "at-risk" groups, as well as providing messages for the general population. Such messages must not further stigmatise residents.[xix] They need to be communicated to citizens, to professionals working in informal settlements and to all relevant authorities (e.g. CHVs, police, local government, service providers). Agencies such as African Population and Health Research Centre (APHRC) have already begun this task.[xx] Specific messaging is required for informal health providers (chemists, clinics etc.).

- Mobile phones (including WhatsApp and Facebook) are useful for communication in informal settlements. LVCT Health[xxi] has used mobile phones to reach over 80,000 young people and CHVs. UJoin and Every1mobile are supporting synergies between business development and health messaging for shop (duka) owners. But mobile phones do not reach all residents. Other approaches are needed, such as community radio and posters. For example, Kenya's slum-dweller federation, Muungano wa Wanavijiji, has produced COVID-19 information posters in Swahili.[xxii] Prior to large-scale distribution, messages and media should be tested with community leaders.

- Community leaders and residents in Kenya are already concerned about COVID-19 misinformation.[xxiii] The GoK can build on existing local efforts to challenge myths.[xxiv] In Haiti's post-earthquake response, free phone hotlines helped provide accurate information. LVCT Health's experience with phone hotlines in Kenya is relevant here.

- **Messaging to support behavioural change needs to be appropriate with a positive tone.** Messages must be feasible, accessible, translated into local languages (including those of major refugee and migrant groups) and be presented in formats appropriate for people with limited literacy.[xxv] Youth groups in Nairobi's informal settlements have already partnered with the Ministry of Health and Oxfam to create a Youtube video with messages about COVID-19.[xxvi] Such collaboration will help to secure results and enhance local relevance. GoK press conferences are an opportunity to demonstrate social distancing.

C) Communication strategies "upwards" are as important as "downwards" messaging

GoK should work with CHVs, community groups, Settlement Executive Committees (SECs), and other citizen groups (e.g. trade associations) to monitor illness and to encourage behavioural change. Muungano wa Wanavijiji has already developed a template for daily monitoring of health conditions and community awareness.[xxvii] Improving and standardising this template can ensure accurate situational analyses across informal settlements.[xxviii] County governments can encourage these efforts by asking grassroots groups and CHVs to report, preparing a process to aggregate this information effectively, and developing their own understanding of "hotspots." In South Korea, the government contacted people on their mobile phones and used similar information to warn people to avoid COVID-19 hotspots. GoK has recently created an app to support case monitoring.

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.

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 quality, environmental health risks, and service provision that may influence the transmission of COVID-19. Residents differ in age, levels of poverty, pre-existing health conditions, ethnicity, migration status, and social networks, all of which may affect their vulnerabilities during the outbreak.

Ignore small towns. Smaller urban centres are COVID-19 hotspots in some countries.

Replicate "good ideas"[xxix] **from elsewhere without consulting locally**. Task teams need to review these "good practices" and see how they might need to be adapted.

Use alarmist messaging and penal enforcement, which can backfire and foster panic.[xxx]

Close local food outlets, forcing people to travel longer distances. Low-income people do not typically shop at supermarkets, and they do not shop once a week.

Stigmatise residents with COVID-19 and their families.[xxxi] For example, avoid dramatic public follow-ups of COVID-19 cases, as this causes panic. Authorities should check all messages to avoid stigmatising patients.

Short- and Medium-term Policy Responses

The UNCTAD predict that COVID-19 will catalyse a recession with rising unemployment.[xxxii] These impacts are evident in Kenya;[xxxiii] and national and county governments' revenues and utility incomes will fall.[xxxiv] Households in informal settlements already have very low incomes,[xxxv] which will reduce further. There is the risk of riots, increased crime and rising malnutrition. Immediate income support is needed, particularly for informal workers whose earnings are typically low and erratic. **The GoK should explore with development partners and the private sector the potential to support the most vulnerable households with cash transfers.** Mobile money may help to distribute payments. Additionally, GoK's procurement should support livelihoods by contracting informal enterprises to provide essential goods and services.

To support effective implementation of COVID-19 strategies, task teams will need to adjust and expand their membership to work with a range of relevant civil society groups.

The GoK should establish a learning strategy with feedback loops to assess the effectiveness of measures undertaken. This should be linked to decision-makers able to design and implement activities at all levels. The GoK's statements can usefully acknowledge uncertainty and areas where more knowledge is required; this approach has been shown to build trust.[xxxvi]

What to do

Develop an inclusive, people-centred response to foster resilience to multiple shocks: Rather than concentrating on the disease, policymakers should focus on residents of informal settlements and develop strategies that reflect local realities (e.g. informal livelihoods, high-density living conditions). Responses should aim to bolster community organisations, promote long-term resilience, and target residents who are vulnerable in health or economic terms.

Ensure basic services are provided to informal settlements, especially WASH and waste management (including informal workers, other private providers, and community groups) in high-density settlements. Assess needs and create new partnerships as required, for example to enhance solid waste management. Considerable efforts in Kenya have been made by water and energy utilities to link to informal service providers but with mixed success.[xxxvii] Learn from these strategies and develop more effective approaches.

Enhance health systems and support services for all vulnerable groups. Ensure that non-COVID-19 health services can still be provided with minimal disruption. Attention is also needed to reducing gender-based violence and child abuse, which are likely to increase due to confinement and stress.[xxxviii] Other health problems, including mental health issues, are likely to increase.

Provide cash transfers, alongside emergency food distribution if cash transfers are delayed in any locations. Address the need to pay for rent and basic services, including water and health services.[xxxix] Promote "rent holidays" in informal settlements until the crisis ends. Community leaders can assist in developing strategies to identify households in need and deliver support.

Support livelihoods by sub-contracting some of the emergency response to informal settlement residents: this can include making masks and sanitiser and waste management services. Nakuru's informal waste-pickers are typically self-employed and provide the main source of income for their households.[xl] Where possible, officials should source essential supplies from these enterprises; locally brewed alcohol may be useful in manufacturing sanitiser,[xli] while garment factories and tailors may produce masks.

Continue to review lock-down measures to achieve a balance between reducing health risks and exacerbating economic and financial hardship. Recognise that people need to earn livelihoods and work closely with grassroots organizations to identify effective strategies (such as improved access to personal protective equipment for informal workers, controls to minimise movement between neighbourhoods with washing-stations at exit and entry).

Continue to ensure access to food. The GoK needs to work with traders' organisations to ensure the safety of markets and street food. Community kitchens may be an option to ensure access to meals, but these must be safely prepared and distributed. Food-related risks need to be reduced, such as the trade in wild animals.[xlii] Keeping livestock generates income and provides milk, meat and eggs.[xliii] Measures to control COVID-19 should review this practice; the risk of malnutrition and increased food insecurity, together with the challenges of enforcement, mean that the GoK should promote safe livestock-keeping practices in informal settlements.

Roll out the "immediate" measures outlined above in lower-density peri-urban informal settlements to minimise the spread of COVID-19.

Support rural areas, particularly those made more vulnerable by urban dwellers' return journeys. Migration back to Kenya's rural areas is likely to continue; urgent action must be taken to address health and livelihood needs in the countryside.[xliv]

What not to do

Allow party political differences to influence the distribution of aid. All locations should be entitled to assistance based on an accurate understanding of their needs, regardless of party affiliation.

Assume food and emergency relief will reach those most in need. GoK can work with civil society to improve accountability and ensure effective delivery.

Fail to integrate humanitarian and development efforts. This crisis is an opportunity to support lasting improvements in health and livelihoods, particularly for residents who are already highly vulnerable to ill-health and struggle with precarious informal livelihoods.

For additional information on COVID-19

- London School of Hygiene and Tropical Medicine

- Social Science in Humanitarian Action

- UNICEF

- UN-Habitat

- Women in Informal Employment: globalizing and organizing (WIEGO)

- World Health Organization

Groups working on COVID-19 in Kenyan informal settlements:

- African Population and Health Research Centre (APHRC)

- ARISE (Accountability and Responsiveness in Informal Settlements for Equity)

- Kounkuey Design Initiative

- LVCT Health

- Mukuru Youth Initiative

- Muungano wa Wanavijiji

- Sanergy

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