

How to tackle Covid-19 in informal settlements

[Mark Weston](#) 27 Mar 2020



In these environments, staying at home can itself be a risk. Cramped, often poorly ventilated dwellings housing large numbers of people are potential petri dishes for Covid-19. (David Harrison/M&G)

Western governments, following the example of China, have adopted broadly similar approaches to tackling the [Covid-19 pandemic](#). After initial hesitation, and [when infection rates and deaths have reached sufficiently alarming levels](#), they have enforced countrywide lockdowns.

Lower-income countries are beginning to copy this model. Rwanda, South Africa and India are on full lockdown, while Kenya and Sudan are on partial lockdown. Measures implemented by other low-income countries in Asia, Africa and Latin America grow stricter by the day.

A one-size-fits-all approach, however, risks overlooking the enormous differences between rich and poor countries with regard to living

conditions, social mores and the availability of resources and services.

In particular, the large number of low-income-country residents who live in informal settlements, or slums, will be ill-served by measures that rely on the stockpiling of food, the availability of savings, the ability to work from home and the need to keep your distance even from close relatives.

In these environments, staying at home can itself be a risk. Cramped, often poorly ventilated dwellings housing large numbers of people are potential petri dishes for Covid-19. [Queuing to use shared toilets or draw water from wells or boreholes](#), using crowded public transport or simply walking past others in narrow lanes heightens the risk of exposure.

If informal settlements are locked down and their inhabitants lose access to work, food and other essentials, there will be a risk not only of the coronavirus ravaging communities that contain large numbers of individuals who are vulnerable to its most serious effects, but also of exacerbating malnutrition, increasing the risk of other diseases and plunging millions of people into — or further into — long-term poverty.

Policymakers need tailored rather than uniform approaches to tackling Covid-19 in informal settlements. Here are eight ideas for doing it differently.

1. Adapt to the context

Just as measures that work to combat Covid-19 in high-income countries will not necessarily be suitable for the developing world, so will blanket measures covering all informal settlements likely be ineffective. A Brazilian favela is very different to a slum in rural Tanzania. An informal settlement in Ouagadougou is different to a Turkish gecekondu or refugee camp.

In rural areas, for example, residents of informal settlements will be better able to implement social distancing measures to contain Covid-19 than their urban counterparts. They will be better able to grow their own food

in the event of a prolonged lockdown. Residents of urban slums, on the other hand, may be protected from the virus to some extent by their relative youthfulness and their higher education levels, although vulnerable elderly residents of urban settlements may be more likely to live alone and have weaker support networks than their rural cousins.

There are many other differences between informal settlements that will affect the response to the virus. These relate to the physical environment, the climate, population size, cultural and linguistic factors, crime rates and the presence of gangs, the relationship with the state, intergenerational relationships and so forth. Policies including resource provision, educational messaging, and training and support for community leaders will be effective only if they are adapted to the characteristics of each settlement.

2. Test and tailor education messages

Educating the residents of informal settlements about how to avoid infection, what to do if they are infected and how to care for the sick are critical tasks in environments in which state-provided healthcare is [largely or completely absent](#).

Education messages must be appropriate to their audience. They need to speak their language (in urban slums in particular, residents often hail from a number of different ethnic groups or countries and speak many different languages), respond to their concerns, take account of available resources, be distributed through media that slum residents use and counter false information. To transmit messages effectively, moreover, trusted messengers must be deployed, and their buy-in secured.

Although some messages — such as the value of regular handwashing — are universally appropriate (at least where people can access soap) and can be delivered immediately, others will need testing and refining over time.

For example, early messages about HIV/Aids in Africa so alarmed people that they created enormous stigma around those people suspected of having the virus. This made people more reluctant to present for testing and helped the disease to spread more quickly. During Sierra Leone's Ebola [epidemic](#), researchers discovered that government health workers, who in the early days had been charged with delivering prevention education, were not trusted in many informal settlements. In Sudan, myths about the coronavirus include the protective effect of mangoes, ice cream and previous use of chloroquine for malaria treatment. In the United States, President Donald Trump's claim that the virus was a hoax has persuaded many people that they have nothing to fear.

Only research can show educators the level of existing knowledge in different populations and help them to develop culturally appropriate messages that will help to combat rather than aggravate the virus. And only research can show them who is best placed to deliver resonant messages in each context — and to different population groups in each context.

3. Don't expect to eliminate risk

People living in informal settlements have much more contact with others than those who live in formal settlements — research in [Delhi](#) found they have 50% greater contact duration per day than non-slum residents. Policies that aim to eliminate Covid-19 transmission will, therefore, need to be so draconian that all other activities must cease. For households that bring in only enough income each day to buy a day's supply of food, the risks of such confinement will be impossible to bear for long.

But although mass self-isolation may be undesirable, more limited containment measures can help reduce transmission. Banning large gatherings at weddings and funerals; persuading religious leaders to postpone services, or at least to hold them outdoors or stagger them to reduce attendance; closing video halls and bars (perhaps allowing the latter to sell take-outs only); and educating people to stand as far as

possible apart while queuing are obvious first steps.

Temporary measures to isolate cohorts of people — whereby individuals group themselves into the smallest possible unit that can provide each member with essential provisions and services — can also slow transmission. In Europe the predominant cohort unit is the household, but in informal settlements it might encompass a house, a compound, a street, a block, or even a district or village.

Such cohort units could assign specific dwellings for those people at [high risk](#) of Covid-19 infection (a measure known as targeted quarantining), people who are infected and in need of care, and people who have to leave the unit to work. They could also develop rota systems to reduce the number of members who go out to the market or to fetch water, dispose of sewage, collect mobile payments or use public transport.

The number of entry points to these units should be minimised — in Brazil, gangs have placed soap by public water fountains at the entrance to [favelas](#), with signs urging those who enter to wash their hands — and [outdoor areas](#) can be assigned for limited numbers of outsiders to visit relatives inside the unit, as well as for unit meetings to be held. With larger units, such as whole villages, travel between them should be prohibited except in emergencies. Mobile food-distribution points can serve those that struggle to sustain themselves. In both cases, when a member falls sick the entire unit should self-isolate for 14 days, with food, water and sewage services provided from outside.

4. Focus resources on the vulnerable

The governments of countries that have large slum populations are generally strapped for resources. Targeting education messages, regular testing, treatment and isolation strategies at pregnant women, older people (in slums, those aged over 60) and people with known or suspected chronic underlying conditions is a more realistic approach

than aiming to protect the entire community from the disease.

Families with more than one room or house, too, could be encouraged to allocate a living area to high-risk household members before the virus hits, and taught to use infection-control methods to prevent the entry into that area of the virus.

5. Enlist and support community leaders

Community leaders are best placed to advise on the appropriate isolation units and on the measures and constraints that might be accepted by the inhabitants of each informal settlement. This is particularly important in slums where the state has limited legitimacy and capacity.

Such figures may include local chiefs or councillors, religious leaders, medical and other professionals, businesspeople, traditional healers or youth group leaders, and will vary depending on the settlement. Most informal settlements have some form of community-based organisation or residents' association, and the acceptability of coronavirus control measures will be greatly enhanced if they have these groups' support.

Community leaders can play a role in disseminating education messages, identifying and isolating suspected cases, enforcing rules such as social distancing in queues and limited movement between units, and distributing protective equipment such as masks, soaps and hand sanitisers.

They can also develop measures of their own, which may be more appropriate to the local context than broad-based policies developed by central governments. Sudan's [Neighbourhood Resistance Committees](#), which were instrumental in ousting the dictator Omar al-Bashir last year, have been making and distributing hand sanitisers using alcohol originally intended for use in illicit liquor. During Sierra Leone's Ebola epidemic, groups of young men used plastic bags and rice sacks to make their own [personal protective equipment](#) for conducting safe burials.

But community groups should not be expected to go it alone. Local and national governments, nongovernmental organisations, businesses, diaspora groups and the international community must support them with materials — soap and hand sanitisers, educational posters and leaflets, testing equipment and so on; with basic services — free water, waste disposal, food provision for people unable to feed themselves, and mobile clinics to complement a slum's existing health centres; and with training to give them the knowledge and skills they need to identify those most at risk of severe Covid-19, recognise symptoms, deliver information, and organise the care and quarantining of people who fall sick.

6. Don't forget human rights

In [Rwanda](#) and India, police have already killed citizens for breaking curfew. Residents of informal settlements often have a troubled relationship with state institutions and beating people to death for [going out to buy milk](#) is unlikely to improve matters.

If populations are to comply with Covid-19 containment and prevention measures, they will have to trust the people who are enforcing them. Without trust — and if governments trample human rights in their efforts to contain the disease — rules will be ignored and the virus will spread more quickly.

Engaging community leaders to help implement and enforce the response to the virus will ensure that rights are upheld. Regular consultations with slum residents will apprise external actors of both their concerns and their suggestions for fairer ways of implementing policies.

7. Empower the youth

Although young people in informal settlements are less vulnerable to severe coronavirus than their elders, they will need support to maintain

their livelihoods. Some governments, such as the state government of Uttar Pradesh in India, can afford to [pay people not to work](#), at least in the short term. In Sudan, donations from the diaspora have been used by the Sudanese Professionals Association, a trade union, to persuade street vendors to stay at home.

Most governments in countries with large slum populations cannot afford such policies. It may be cost-effective, however, to pay young people to provide services during the epidemic. Youth underemployment is rife in many slums, and young people can be recruited to deliver provisions to the sick or to self-isolating units, to police toilet and borehole queues, to assist with waste disposal and water delivery, to transmit educational messages to their peers, to impart lessons to children whose schools have shut down and to perform many other tasks.

In this way, the virus can be an opportunity to unleash the potential of young slum residents, giving them cash while the epidemic persists and much-needed capital to set up their own businesses in its wake. Their entrepreneurialism and creativity should also be rewarded — those who come up with new ways of tackling the virus and its effects should be given cash rewards. Young women, too, will be empowered by such strategies and will devise new ideas of their own for use both during and after the epidemic.

8. Don't forget long-term challenges

For the majority of people living in informal settlements, Covid-19 will be far from the biggest health threat they have faced. It is important to continue to provide services to prevent, detect and treat other communicable and noncommunicable diseases, regardless of whether they are aggravated by Covid-19 infection.

To reduce the burden on health services, the provision of non-essential services could be postponed until the coronavirus epidemic has subsided, while shuttered schools could be opened to treat people with

minor health issues, to deliver childhood vaccination programmes, or to attend to people with conditions that might be exacerbated by Covid-19 infection. Opening more healthcare delivery points will also reduce the footfall of people who may be infected with the virus (in some countries there have been reports of crowds of people queuing outside hospitals with suspected fevers, for example), thereby reducing transmission.

At the same time, residents of informal settlements have many other long-term challenges to deal with, which risk being neglected if resources are diverted to Covid-19 control. Cutting education budgets, for example, would have serious long-term consequences — including health consequences — for slum residents. Neglecting sanitation, environmental, microfinance and other programmes will also pose grave risks.

The coronavirus is one challenge among many for those living in the world's informal settlements. Balancing the response to it with broader healthcare and other development priorities will be essential if their long-term resilience to such threats is to be strengthened rather than dismantled.

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