

COVID-19 AND SLUMS

WBG LAC:
A Multisectoral
Approach



Why focus on slums?

Slum inhabitants are the most vulnerable groups in the short and long-term:

The *risk exposure to the virus is likely to be exacerbated in slums*, where people live in overcrowded conditions, and tend to lack access to basic sanitation services and hygiene, health services, waste management and adequate transportation options.

Slum inhabitants are the least resilient to confront shocks: they are mostly informal workers with irregular incomes, higher incidence of poverty, little or no savings.

Slums are highly interconnected with the rest of the city:

Rapid spread in poorer areas likely to link to more outbreaks in higher income areas and vice versa, because people living in slums regularly move back and forth across the city

Slums need a differentiated response: What works in the rest of the city, may not work here

- Social distancing and self-isolation might not be an option
- No access to water supply for handwashing
- Shared sanitation facilities
- High dependence on daily income

Research on Ebola outbreak in Liberia shows that low-income areas had 3.5 times more cases and risk exposure than higher income areas:

- A person in a dense slum is likely to have close contact with more people in an average day than someone living in a suburban community.
- People in small, inadequate housing are forced to move out more than people in large houses.

What are cities in LAC doing today:

Argentina:

- President called in priests who live and minister in slums to coordinate messaging on COVID-19 prevention
- Barrio 31 (Buenos Aires): neighborhood suppliers were hired for home improvement
- COVID-19 App allows people to self-test for coronavirus

Brazil

- Distribution of vouchers worth R \$600 to all informal workers that don't receive resources from the two flagship cash transfer programs
- Mutual aid networks and social media based COVID-19 Twitter-news letter established in Rio Favelas (prevention, awareness raising and tracking of cases)
- Handwashing stations installed by local communities to wash hands before entering the favelas
- Curfews are imposed by local communities to make sure people are staying inside

Mexico City:

- Provision of Medical Kits and Mobile Clinics (Unidades Moviles) to attend symptomatic patients

City of Panama:

- Distribution of food packages in poor neighborhoods of the city

Asuncion:

- Cash transfers and food cooking centers

Bolivia

- Introduction of the Bono Familia program to feed children of low-income families who will not have school breakfast during quarantine

Colombia

- Water services provided free of charge for vulnerable families

El Salvador

- Waiver on utility bills for COVID-19 positive people

¿Cuáles son los síntomas del coronavirus?

- Fiebre
- Dolor de garganta
- Tos
- Mucosidad
- Dificultad para respirar
- Falta de aliento

En caso de presentar estos síntomas y además haber viajado a un país donde circula el virus o haber tenido contacto con algún enfermo, acercarse a cualquier Centro de Salud.

Buenos Aires Ciudad

Vamos Buenos Aires



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What to do?

Step up Response:

a paradigm shift is needed to incorporate health aspects into traditional concepts of urban resilience and neighborhood upgrading

Phased:

mix of soft, community-based measures with hard infrastructure measures in the (i) short-term, aimed at transmission control and relief, (ii) medium-term aimed at recovery and (iii) long-term aimed at social and economic resilience

Tailor-Made:

to urban sector development and slum characteristics

Technologically Savvy:

leverage geospatial expertise and innovative tools to identify hotspots of disease transmission and guide short- to medium term response mechanisms

Evidence-Based:

capture lessons learned from effective responses to other health crisis (Ebola, H1N1, etc) and emerging lessons from COVID-19



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Phased, Integrated, Multisectoral Support to Slums *Short-Term*

1

Health response
& community
engagement
programs



2

Social
Protection, Jobs
& Institutional
support



3

Rapid,
Technology-
based Urban
and Social
Assessment



4

Access to basic
services and
adequate
housing

Phased, Integrated, Multisectoral Support to Slums: *Short-Term: Menu of Options*

1

Health response & community engagement programs

Health: mobilize resources for massive testing, contact tracing and isolation (e.g. outside the slum) of those testing positive; ensure effective case management, promote safe burial practices, offer transportation options to health providers, enable access to health providers through telemedicine or e-health center, expand distribution of soap, hand sanitizers and masks, explore options for the distribution of test kits and ensure availability of PPE, isolate (where necessary) neighborhood to contain spread of disease

Community engagement and communications: engage community leaders with active CBAs and NGOs; awareness campaigns and culturally/linguistically tailored messages to promote basic hygiene measures, to educate about the virus and fight rumors; creative platforms and social media have proven effective in reaching a wider audience (e.g. cellphone service providers to deliver prevention messages to callers before connecting them; popular music, etc.)

2

Social Protection, Jobs & Institutional support

Expanding and improving social protection services: establish voucher and cash transfers that reach the informal sector, e.g. through mobile money platforms; ensure delivery of food supplies; give financial support to small businesses; ensure continued nutrition and education for children; provide targeted social protection for vulnerable populations such as women and children due to increased incidence of domestic violence; migrants, the elderly, disabled

Jobs and inclusion: use high-intensive labor force for the response, train community leaders and volunteer groups to track vulnerable people and deliver food and medication; expand internet services

Institutional support: ensure that local governments have the operating budgets, including budgets for salaries of municipal employees and resources for basic maintenance of municipal infrastructure and equipment; support local governments in linking up with effective community based responses and the local research community to help scale testing and modeling; develop protocols for queuing at grocery stores and street market

3

Rapid, Technology-based Urban and Social Assessment

Leveraging data for transparency, monitoring and response: Available geo-spatial tools using technologies such as earth observation, remote sensing, drones, and artificial intelligence, can help to locate, quantify and characterize homes and neighborhoods that need upgrading; assess overall accessibility to urban health services, infrastructure and amenities, and the location of hospitals and clinics vis-à-vis specific vulnerable groups (i.e. the elderly, single mothers, those with no access to cellphone network). Identify and map areas of heightened risk for disease transmission due to the intersection of population density and the (absence) of infrastructure and services

4

Access to basic services and adequate housing

Adequate Housing: avoid evictions, provide rent support and temporary shelters for the most vulnerable, including survivors of GBV; use local labor for immediate home improvement and upgrading program

Ensure basic services provision: install hygiene and hand-washing options (emergency water tankers and bowzers), provide water and other utilities free of charge; ensure waste collection; develop protocols for queuing at communal sanitation facilities; repurpose public spaces and community centers for emerging needs

Phased, Integrated, Multisectoral Support to Slums: *Medium-to Long Term*



Phased, Integrated, Multisectoral Support to Slums *Medium-to Long Term: Menu of Options*

1

Integrated neighborhood assessments

Assess Public Health System Resilience as part of Disaster Resilience Scorecard for Cities (UNISDR)

Incentivize the use of technology to gather basic social and demographic information, to develop cadasters and to locate, and identify homes and neighborhoods that need upgrading.

2

Community engagement programs

Community engagement and communications: continue public health and hygiene education and awareness campaigns; explore consumer-focused social marketing approaches to change behavior (e.g. handwashing); in the recovery phase, community-based small urban upgrading program (urban CDD) can play multiple roles: generate jobs, provide social protection, improve basic infrastructure and community cohesion

3

Design and implementation of Neighborhood Upgrading Plan 2.0

Housing: massive, immediate investment in sanitary, upgraded housing (new and improved), backed by geospatial data; use local labor for home improvement and construction

Improve basic infrastructure and service provision with a public health focus: water and sanitation, waste collection and access to energy are key; expand access to health services, childcare and education and elevate food security and nutrition concerns; focus on public health benefits of public spaces (parks, food supply, markets); invest in mobility and transportation options to improve connectivity and access to other parts of the city

Jobs: reactivate local economic development by empowering local suppliers and local workers in the recovery effort and upgrading activities

4

Urban Planning and Housing policy

Long-Term Vision

Urban Planning: improve land use and zoning, incorporate public health and social inclusion aspects in urban development plans

Housing Policy: Develop comprehensive housing policy, incorporating public health and social inclusion aspects, including new housing, home improvement, rental and land tenure security

Institutional strengthening: strengthen local government institution to address needs of slum inhabitants, invest in preparedness and effectively incorporate health aspect in urban resilience planning



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Tailor-made Response

- Response Package must adapt to the local context in terms of urban sector development and slum characteristics
- **Clients with extensive urban upgrading programs (Argentina, Colombia, Brazil, Mexico and Bolivia):** focus on expansion of social services, reaching underserved areas and ensuring access to liquidity --> Neighborhood Upgrading 2.0
- **Clients without extensive urban upgrading programs (Haiti, Honduras, El Salvador, Peru):** launch urban upgrading activities, more hands-on approach, stronger engagement of non-state actors, roll out emergency-based service delivery (e.g. handwashing stations)
- Required daily resources, infrastructure provision and informational campaigns must meet slum population “where they are”

SPECTRUM



Technologically Savvy Response

The Bank's geospatial expertise and innovative tools can effectively support clients in the design and implementation of emergency response, recovery and relief efforts to:

- Map population movements, population density and the (ab)sence) of infrastructure and services to identify hotspots of disease transmission
- Locate, quantify and characterize homes and neighborhoods that need upgrading
- Identify vulnerable people that require targeted social protection

Existing WBG Tool Box: Housing Rapid Housing Assessment Tool (GPHR); Urban Planning and Decision-Making Tools under World Bank's City Planning Labs, the Hotspots/Suitability tool developed under GPSDD, EO4SD analytics jointly developed with ESA, DRM tools developed under GFDRR.



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Evidence-Based Response

Capture lessons from effective responses to COVID-19 in China, Europe and the US, as well as other health crises (Ebola, H1N1, Sars)

The recent Ebola crisis in Liberia provides some guidance on effective slum engagements to blunt the impact of outbreaks:

- Lessons suggest that effective **community engagement** must build on existing social and community structures
- With the right information and support structure, affected populations can be effective in medical self-surveillance, self-management and self-triage
- Need to focus on **Prevention** (training, hygiene, infrastructure and surveillance), **Response and Treatment** (referrals, quarantine management, care provision and safe burials) and **Aftermath** (taking care of orphans and survivors)
- **Importance of sanitation and waste collection** (Pee-Poo Bags), access to health services (mobile health services) and targeted social protection schemes
- Explore consumer-focused social marketing campaigns for **behavior change** (handwashing)



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WBG **Comparative Advantage** in Designing and Implementing a Coordinated Response

- Leverage WBG Rapid Response Instruments: restructure and expand existing IPFs, activate CERC components, mobilize emergency response DPLs and IPFs to provide liquidity and refocus Trust Funds to provide targeted technical and operational assistance
- Use of tested and innovative technology to guide relief, response and recovery efforts
- Incorporate Public Health System Assessments in Disaster Resilience Scorecard for Cities (UNISDR)
- Deploy multisectoral response teams
- Leverage WBG experience with disaster response across the world



Step up Response:

expand traditional concept of **neighborhood upgrading** to incorporate public health issues

Focus on the social and health function of basic infrastructure:
“Neighborhood Upgrading 2.0”

- Prioritize **housing**
 - Adequate, sanitary housing is fundamental to prevent and contain the spread of diseases
- **Water and sanitation**, solid waste management and sewage, electricity and internet are key
- Expand **health care services**, public awareness and hygiene campaigns and focus on food security
- Improve childcare and **education**, including access to technology and digital communication
- Improved **public spaces** must include aspects of public and environmental health, e.g. safety of food markets, pollution alerts
- Local economic development and **jobs**
- **Land use** and zoning to improve tenure security, prevent overcrowded living conditions, mitigate settlements in hazardous areas
- **Improved transportation** and mobility links to break down barriers to the rest of the city, enable rapid access to health care services and prevent overcrowding of shared services



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Step Up Response:

expand traditional concept of **urban resilience** and to incorporate public health issues

In DRM, a paradigm shift is needed to expand traditional concepts of: (i) hazard and vulnerability assessments; (ii) preparedness; (iii) response; and (iv) recovery measures to incorporate public health issues

The Disaster Resilience Scorecard for Cities (UNISDR) must include assessments of Public Health System Resilience, which includes data on:

- Public health system capacity, stakeholders, planning
- Public health infrastructure
- Data on health outcomes of previous disasters
- Demographic data, including for vulnerable population
- Community and professional feedback on system capacity and effectiveness