

## *Original Paper*

# Containing the High Incidence of COVID-19 in the Urban Slums of Nairobi: The Case of Kibera

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### **Abstract**

*Globally, urban slums (in most cases, informal settlements) have been hit badly by novel coronavirus (COVID-19). The reasons for this include the cramped living conditions that make social distancing impossible, and high levels of poverty and unemployment that make masks and clean water for hand washing unaffordable to many slum residents. This paper makes the case for upgrading Kibera, which is long overdue. The United Nations General Assembly endorsed the upgrading of urban slums as a priority Sustainable Development Goal in 2015. To win the war against coronavirus in Kibera, the Government should adopt a bottom-up approach, using the existing community leadership and youth groups, as opposed to a top-down approach. Given the increasing number of positive cases of coronavirus in Kibera, the Government must apply a selective lockdown, as it did in Eastleigh, Mombasa and old town Mombasa. Winning the war in Kibera ultimately depends not only on Government efforts, but also on the commitments of local communities and individual residents.*

### **Keywords**

*COVID-19, Kibera slum, bottom-up approach, social distancing, Nairobi County*

## **1. Background**

Most coronavirus cases, globally, are concentrated in major urban areas, and particularly in cities with large informal settlements. For example, in Brazil most cases are found in the slums of São Paulo and Rio de Janeiro. In New York, the affected areas were in the poor neighborhoods of the boroughs, such as the Bronx, Brooklyn, and Queens. Ironically, in Italy the epicenter of infection was in the wealthy Lombardy region, with a large population of mainly elderly, retired people. In South Africa, the main concentrations of infection are in townships, where most poor people live. In Kenya, Nairobi has nine

slum areas within the city. The biggest is Kibera followed by Mathare. This paper examines why the concentrations of infection are in the major slums of the city, particularly Kibera. The paper also addresses what should be done to contain the outbreak in Kibera and what lessons can be drawn for the future in the event of similar outbreaks.

## **2. Methodology**

This paper is based on a desk review, including reviews of daily press statements released by the Kenya Ministry of Health as well as interviews of people working with Non-Governmental Organizations (NGO), and focuses on Kibera<sup>1</sup>, the largest slum area in Nairobi, which currently has the most cases of COVID-19.

## **3. Results**

### *3.1 The Kibera Situation*

Kibera covers an area of 256 hectares. The number of inhabitants is variously estimated to be between 180,000-500,000. The inhabitants constitute a diverse, fluid society, with a constant ebb and flow of people. Planning interventions and the provision of assistance in such areas is a major challenge, especially during the current coronavirus pandemic.

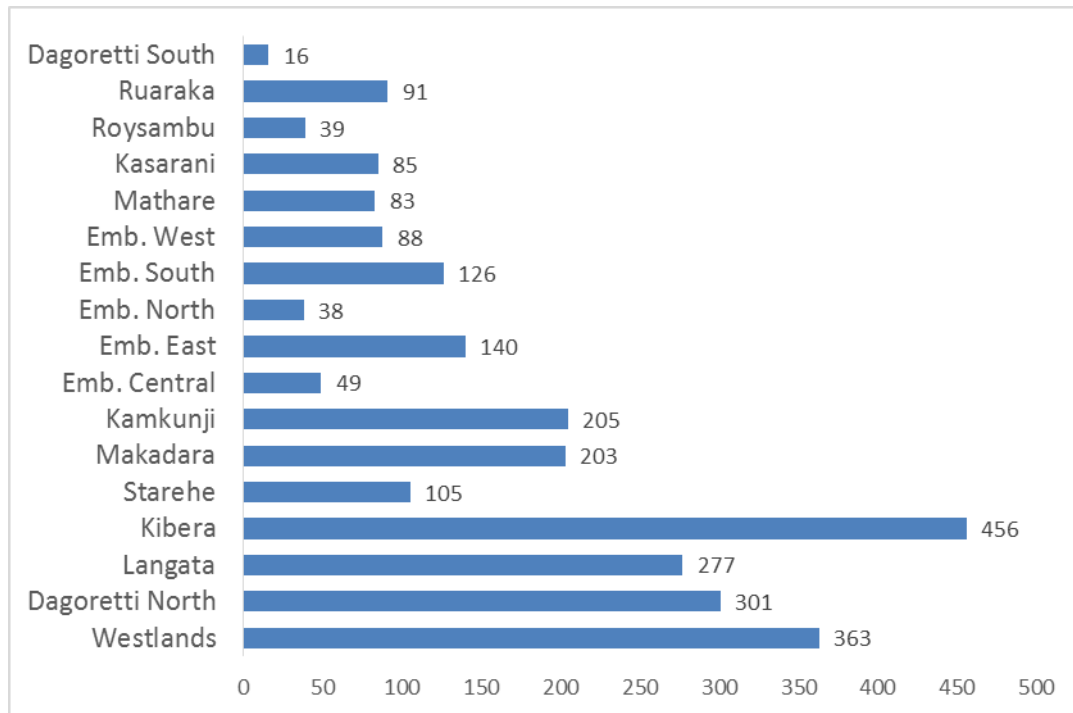
Most of the buildings in Kibera are temporary and dilapidated. Sanitary conditions are bad, and most families share public latrines. Most residents lack access to electricity, running water, medical care, and other basic amenities. Many residents live in small rooms, 12 by 12 ft shacks, with mud walls, corrugated iron roofs and dirt floors (Osman, 2018).

Unemployment is rife, with half the population without a job. Most employed residents work as unskilled labour, eaning around a dollar per day. Poverty prevails. Drug and alcohol abuse are common, and HIV affects about 20 per cent of the population (Torres, 2019).

It is clear to most observers that the inhabitants of Kibera live in relentless and degrading poverty, but the Government contends that they are illegal squatters on Government land (Kibera UK, 2014). This impasse cannot be allowed to continue and must be resolved.

### *3.2 Kibera and COVID-19*

Kibera has been hit hard by COVID-19, accounting for 17% (456 of 2,665) of reported cases in Nairobi County, as of 30 June 2020, as indicated in the figure below.



**Figure 1. COVID-19 Cases in Nairobi County by Sub-County (as of 30.06.2020)**

COVID-19 cases predominate in other informal settlements, notably in Kawangware in Dagoretti North, and Kangemi in Westlands. Informal settlements account for 60% of reported cases.

With houses barely a meter apart and housing up to 8 persons per room, social/physical distancing has been impossible. Most residents depend on the informal sector for their livelihoods, which means that they have to leave the sub-county to seek work in other areas. The effect of this is that if the contacts of known cases are not entirely traced and quarantined, they are likely to infect others, both within and outside Kibera.

### *3.3 Challenges Facing the Residents of Kibera*

Kibera residents cannot practice social distancing because of their crowded living conditions and as a result, the number of cases of COVID-19 is likely to increase and spread further (MSF, 2020).

Two main water supplies have been installed by the Municipal Council and residents are charged for their use. Water is controlled by youth groups to ensure that the pipes are not damaged. However, water does not reach every household because some families cannot afford piped water.

During the COVID-19 outbreak, most water storage tanks and sanitizers have been provided by NGOs and charities at no charge. Otherwise, regular hand washing, as recommended by the Ministry of Health and the World Health Organization, would not be realistic or sustainable.

Complicating the situation, a large proportion of Kibera residents have underlying health conditions such as HIV and tuberculosis, and non-communicable diseases like hypertension and diabetes, that

increase the risks associated with COVID-19 infections (MSF, 2020).

#### **4. The Way Forward**

Moving forward to contain the situation in Kibera, several things need to be done, including:

##### *4.1 Selective Lockdown*

The Government should apply a targeted lockdown for Kibera, as was done in Eastleigh, and carry out comprehensive testing of the residents of its 12 constituent villages. During lockdown, the Government, NGOs and other concerned groups should assist residents with food, cooking and water for hand washing. This should be well-coordinated among the Ministry of Health (MOH), police and the village chiefs and elders to ensure the exercise is done effectively.

##### *4.2 Changing the Attitudes of the Residents*

Most people in Kibera live from hand-to-mouth. Hence, they are more concerned with getting food to feed their family than combating coronavirus. They do not see COVID-19 as a dangerous and deadly disease. One Kibera resident noted that *“the conditions in the slum are very dangerous, particularly where 30–50 people have to share one public toilet and some mess up the toilet and they don’t care that others have (to) use it after them”*.

Despite these challenges, the Kibera community is taking matters into its own hands (Odede, 2020), so there is some hope of implementing effective disease control measures. Shofco (Shining Hope for Communities, a local NGO established by Kennedy Odede) in partnership with local community leaders, has set up hand washing stations across Kibera, running a door-to-door campaign creating awareness of COVID-19 and distributing various materials, including bleach, homemade soap and hand sanitizers (Odede, 2020).

According to a recent survey of Nairobi slums including Kibera, carried out by Austrian and Abuya (2020), many young people think that they are not at high risk of becoming infected compared with older people. Whilst this may be true, young people are still at risk of becoming infected. Some young people are even saying that the coronavirus does not kill or is not dangerous. Much more needs to be done to target organized youth groups to assist them in countering widespread misinformation and disinformation about COVID-19. Dissemination of reliable information and appropriate messaging about how to control the disease is essential to encourage people to take personal responsibility for protecting themselves, especially where education and literacy levels are low.

##### *4.3 Self-isolation and Social Distancing*

Most residents of Kibera live in very small, sub-standard accommodation no more than 12 ft by 12 ft, with an average occupancy of 3 to 7 people. Self-isolating is impossible under such circumstances, if one person becomes infected, it is highly likely that they will infect other cohabitants. People rub shoulders as they walk along narrow passageways. Given the physical space, achieving social

distancing is next to impossible. Without individuals taking personal responsibility to protect themselves by using masks, the number of cases in Kibera will continue to increase. Where practical, the use of face masks should be compulsory.

#### *4.4 Reducing Uncoordinated Responses*

Many activities are currently being conducted by various inter-governmental organizations, donors, NGOs, charities, and individual organizations in support of communities affected by COVID-19. Most are providing food, water tanks and sanitizers. However, these efforts are not well coordinated and some are politicized. Given the current situation, Manke (2020) recommends that Government should partner with the existing community leadership and partners to form an emergency planning committee to come up with an appropriate, locally coordinated response, rather than relying on top-down directives. Participation should include the county Government as well as the national Government. If not, Kibera will continue to be neglected and stigmatized by the political and economic elite.

It should not be forgotten that Kibera has been a hotspot of violence in the past, especially during the previous general elections. One of the lessons from the Ebola outbreak in the slums of Monrovia, Liberia, is instructive: mistrust between the poor and the medical and public health professionals contributed to misinformation and treatment delays. Well-coordinated support through community-led committees and groups should, therefore, be encouraged.

#### *4.5 Water and Sanitation*

Washing hands with soap and the use of sanitizers are two important ways of combating the coronavirus, but access to water and sanitation is a major constraint in Kibera. Various projects have been implemented in the past to provide water and sanitation points but are insufficient to meet demand. Additional supplies are currently being brought by vehicle to serve local water stations, but this is unsatisfactory and unsustainable. Urgent consideration should be given to improving and extending water supply and sanitation facilities in Kibera.

### **5. Recommendations**

The Government of Kenya should make a concerted effort to address the challenges of urban slums, particularly Kibera, through the provision of affordable housing with water and sanitation. This would be a major national contribution towards achieving Sustainable Development Goal (SDG) 11 (make cities and human settlements inclusive, safe, resilient and sustainable), under target 11.1, whereby member states should, by 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums.

Currently, all the land occupied by Kibera belongs to the Government. The Government should conduct a census of Kibera to establish who is living there and when they arrived. Long-term residents should be given priority in buying property in an affordable housing scheme. If individuals are unable to buy,

they should be provided with low-interest loans to enable them to purchase. All new houses should have in situ toilets and clean running water, including new infrastructure with basic amenities. Improved housing and living conditions are in line with the Kenya Government's endorsement of the SDGs in 2015. It will also enhance human health and reduce the spread of infectious diseases. The Director General of Nairobi Metropolitan Services has prioritized the upgrading and development of infrastructure in Nairobi's long neglected informal settlements (Kinyanjui, 2020), which should include Kibera.

Experience from other countries would suggest that the actual number of COVID-19 cases in Kibera is likely to be far higher than reported. Given that bed capacity for isolation within Nairobi is limited and that isolation and home care in Kibera is unrealistic, the MOH and Nairobi County Government should consider the temporary use of the exhibition buildings at Jamhuri Park to isolate COVID-19 cases. Similar actions have been taken in other countries to avoid overwhelming existing hospital facilities, including the United Kingdom (BBC News, 2020), Nigeria (Akinola, 2020), Australia (Davey et al, 2020), and South Africa (Winning, 2020).

## **6. Conclusions**

COVID-19 is a wakeup call for all Kenyans to join forces to build the resilience of informal settlements such as Kibera to protect residents against the coronavirus pandemic. At the United Nations General Assembly in 2015, member states committed themselves to ensuring access for all to adequate, safe, and affordable housing and basic services, and upgrading slums before 2030, as one of the Sustainable Development Goals. Kenya played a key role in the discussion and approval of these Goals and it is now up to the Government to demonstrate its commitment.

The provision of affordable housing is one of President Kenyatta's Four Pillars of future development. Priority should be given to the construction of low-cost housing and basic amenities in areas such as Kibera. By so doing, we should be better prepared for the next pandemic, as noted in the Standard newspaper editorial on 20 June 2020 (Standard News, 2020).

Better coordination of external support to Kibera requires the active participation and collaboration of community leaders with personal knowledge of local conditions and needs, otherwise, haphazard donations and initiatives will have minimal impact.

With COVID-19 cases increasing daily in Kibera, the Government must act urgently to implement a targeted lockdown, as it did in Eastleigh, Mandera and old town Mombasa, and provide adequate water supplies for hand washing and cooking, weekly food rations, and sanitizers.

Government, NGOs, and other partners should continue to work closely with local community leaders and empower them to disseminate reliable information and messages from the Ministry of Health and the World Health Organization.

Winning the war against COVID-19 ultimately depends not only on Government efforts, but also on the commitments of local communities and individual residents, including the washing of hands and the wearing of face masks, when and where required.

### Disclaimer

The views, thoughts and opinions expressed in this article belong solely to the author and not necessarily to AFICS-Kenya.

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### Note

Note 1. All data used in this document were obtained from the daily press briefings on the Ministry of Health website. It is important to note that on some days, cases were not disaggregated into the various sub-counties of origin. The total of 2,665 cases referred to in this study includes only disaggregated records from sub-counties. The aggregated total for the whole of Nairobi was 3,130 cases on 30 June 2020.