Informal Settlements and COVID-19: Water and Sanitation as a Frontline Response

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Informal settlements in Bangladesh

- ⅓ of the total population of Bangladesh lives in urban areas and more than 30% populations of the major cities live in slums and low income communities.
- Over 100,000 population live in Korail slum alone.
- Slum dwellers makes up an essential segment of the urban labour force in the country, but yet are the most vulnerable population.

30% in major cities live in slums and low income communities.
Scenario of slums in Bangladesh

- The slum dwellers are using common water and sanitation facilities.

- People live in congested place, often living 5-7 people in one single room and social distancing is nearly impossible.
Govt and other actors made responses at slums in Bangladesh so far

- Relief distribution mostly limited to food by the Government
- Philanthropies, individuals and few NGOs
- Slums still lack adequate WASH facilities to fight COVID-19 as preventive measures
WaterAid’s response at slums so far

WaterAid is serving 500,000 people living in 150 slums that range over 4 big cities and 3 small-towns in Bangladesh
Installation of context specific handwashing facilities at entry points of slums or any other convenient places

Distribution of hygiene kits (soaps, masks) for maintaining family hygiene

Disinfecting wash facilities

Ensuring environmental cleanliness and disinfection campaign at slums

Designed and disseminated context specific awareness raising communication materials

Oriented sanitation workers living in our working slums and provided them with the safety gears
Till 21 July 2020, identified COVID-19 cases are over 200,000
Range of test per day is 10,000-15,000
Range of COVID-19 test cost: BDT 500-5000
Unfortunately, slum dwellers are neglected in both communicating message on COVID-19 and testing.
Risks of city dwellers increases manifolds
Piloting early detection and potential case management at slum through mobile application

COVID-19 Tracker Application will help collecting data from the underserved slum dwellers for surveillance of the health condition for early detection and linking the potential cases to avail testing and quarantine to save the rest of the slum population.
Partnerships

- Aspire 2 Innovation (A2i), a project of Government of Bangladesh
- Institute of Epidemiology, Disease Control and Research (IEDCR), Ministry of Health, GoB
- National Urban Poverty Reduction Programme (NUPRP), United Nations Development Programme (UNDP)
- BRAC
- SDC, SIDA
A community response team (CRT) is formed inclusive of youth, women and people from slum to support the dwellers for screening using the application by answering simply questions.

The application allows determination of the risk level on triage scale – red, amber, green depending on health conditions. The high risk people are connected with the call centre to get doctor’s advice and suggested for testing.
Existing community spaces in each of the slum will be converted into isolation centres equipped with required water supply, sanitation facilities etc.

CRTs to sensitize the community to help maintain isolation properly

CRTs to provide support to isolated patients and their families and serve as communication channels between them.

Critical patients to be supported to be taken to the designated hospitals

CRTs will extend support to the people who will remain at quarantine within their own house coordinate to get all the supports required
There is a potential of using this application as a platform for Plasma bank

Potential use in identification of zoning (red/amber/green) as per the government declaration

After successful pilot, the project will be replicated by BRAC and NUPRP

The learning will be documented and disseminated widely
Thank You.