

Pakistan COVID-19 Urban Slums Response Programme (PCSURP)-Pilot Project

Dhok Hassu & Dhok Mangtal, Rawalpindi



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United Nations Human Settlements Programme (UN-Habitat)

Address Level 3, Plot 4C, Diplomatic Enclave, Sector G-5/5, Islamabad, Pakistan

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Dhok Hassu & Dhok Mangtal, Rawalpindi

COVID-19 pandemic and its impact on residents of Dhok Hassu and Dhok Mangtal

Author: UN Habitat, Pakistan

Contributors: Jawed Ali Khan, Almas Shakoor, Faiqa Aziz, Sheraz Ali, Basharat Hussain

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Executive Summary

In line with the UN Secretary-General's Report calling for the immediate health response to suppress transmission of the virus to end the pandemic and to tackle the many social and economic dimensions of this crisis; UN Habitat Headquarters and Country offices around the world launched a comprehensive COVID-19 response programme particularly, in Urban Slums. The UN Habitat, Pakistan office in collaboration with the Ministry of Climate, developed "Pakistan COVID-19 Urban Slums Response Programme", (PCUSRP) to effectively respond to the threat of the spread of COVID-19 as well as for mitigation of socio economic impacts on the poor and vulnerable population living in urban slums in the major cities. It was however, considered appropriate to launch a PCUSRP Pilot prior to countrywide implementation of this programme to lend an opportunity to incorporate the lessons learnt prior to its launch at the national level. Hence, a Pilot of PCUSRP was launched in two urban slums called Dhok Hassu and Dhok Mangtal for a period of seven weeks commencing from 11 May to 30 June 2020. The aim of the Pilot was to field test efficacy of the three pillars the programme comprising;

1. Support local governments and community driven solutions for prevention of spread of COVID19 in urban slums.
2. Provide urban data evidenced based mapping and knowledge for informed decision.
3. Mitigate economic impact and initiate recovery.

The rationale behind the selection of the above mentioned three pillars of the PCUSRP were based on the behaviour and the impact of the COVID in the country over the past three months i.e. from February 2020 when two confirmed cases were identified in February 2020 but started multiplying rapidly initially through the external transmission of virus from foreign travellers but in a month's time the spiralling rise were observed particularly through widespread local transmission of COVID-19 virus in the country. The widespread impact of COVID-19 pandemic were found on the most vulnerable poor population living in the urban slums of the country, where 35-40 per cent of the total urban population of 75 million lives in these areas. Informal settlements and slums are particularly vulnerable because of their overcrowding, lack of access to water, sanitation and formal health services, and food insecurity. The implementation of solutions to slow transmission of the virus like self-isolation, quarantine, physical distancing, contact tracing, etc. were very hard to apply in these settings. Further, the socio- economic impact of COVID-19 was also hardest on these people as, they are largely daily wage earners engaged in odd jobs.

The Pilot was implemented by UN Habitat in collaboration with the Government, national and local level NGO and a Technology and Research organization. These organizations jointly provided full back up support to the local NGO and mobilized the community, launched mass awareness through community IT Platform and carried out Rapid Assessment Survey. The local NGO served as a strong conduit in delivery of services and distribution of sanitizers, masks, installation of hand washing stations, spraying of disinfectants, solid and liquid waste management, temperature reading through laser guns, display of banners, posters etc.

On successful completion of the Pilot Phase of the PCUSRP, the lessons learnt has been incorporated for launch of PCUSRP at the country level focusing on immediate action in poor and densely populated areas. The lessons learnt from the Pilot has clearly brought out that the slums are the reservoirs and hot spots of COVID-19 which can lead to triggering disastrous consequences if, not addressed timely.

UN Habitat therefore, invites UN and donor agencies as well as the government to commit funding support to launch the PCUSRP at the country level as soon as possible.

Key Findings of Rapid Assessment of Dhok Hassu and Dhok Mangtal

Population Profile:

- 84.8 per cent of the population in the pilot project were in the age bracket of 20-45 years.
- Household size of 60.4 per cent of the families comprised of 6-10 persons while, 18.8 per cent families were above 10 persons per household.

Access to Water, Sanitation, and Hygiene facilities and healthcare

- 49 percent of the respondents reported to limited Water, Sanitation and Hygiene (WASH) facilities
- 62.7 percent people responded to have easy access to health care facility which is less than 15 minutes away.
- 37 percent of the people are afraid of going to hospitals due to multiple reasons including fear of getting virus from hospital and mistrust on the hospital about the treatment being given.
- In Dhok Hassu and Mangtal, approx. 20-30 percent are Afghan refugees. They do not have easy access to healthcare in public hospitals. They reported that they always take a Pakistani national with them for making the slip for checkup

Livelihood Security and Household

- 46% of the respondents are doing job either in the public or in private sector. 34% are businessmen, most of them run small shops in the nearby market. While 19.5 % of the respondents are laborer who mainly work in vegetable markets, skilled workers and construction sector.
- COVID19 pandemic has seriously impacted the economic conditions of the community. As 37 percent of the respondents in the sample stated that they have lost their jobs after the lockdown imposed. The business community also suffered a lot due to lockdown and Covid19.
- A striking rate of income is reduced compared to pre-COVID time. 18 percent of the respondents have lost more than 70 percent of their income.
- 35 percent of the respondents have taken loans to meet the basic needs like for purchase of food items, house rents and school fee. 50 percent of the loans are above PKR 50,000; 33 percent loans ranges from PKR 25,000-50,000; while 17 percent of the loans taken are less than amount of PKR 25,000.

- 92.1 per cent of population received no support while 7.9 per cent received support either in the form of cash or food items. 3.9 per cent households received cash support from the government while, 3.8 per cent received food support from religious and private charity organizations.

Food Security

- The rapid assessment of two urban slums revealed that only 8 percent of the community respondents receive assistance for covering their expenses for rentals, fees and food items. 92 percent of the respondents did not receive any assistance
- Food insecurity remains high across selected areas, 83 percent of households in the sample reported that they are worried their stock of food would run out before having money to buy food

Security of Tenure

- 57 percent of the respondents lives in their own houses while 43 percent lives on rent

Transport

- Walking and Motor bike are the major source of transport in the area. It is reported that 76 percent of the respondents go to their work by walk as the most of the business community resides close to the business area

Knowledge, Attitude and Practices (KAP) related to COVID-19

- 66-82 percent of the households are aware of the symptoms and mode of transfer of covid19.
- 6 percent of the households reported that there is no corona and the matter is being politicized by the government.
- Despite of awareness regarding symptoms and mode of transfer of covid19, attitude and practices of households to prevent the spread is generally low. 90 percent of the respondents donot practice social distancing. Many residents responded that it is common for children and adults to roam around the community and to gather in small groups. One interviewee noted that efforts to ensure 'safe' queueing, at least a meter apart, outside shops was also proving to be ineffective. In some cases, residents have had to sit in the streets due a lack of space at home but in the majority of cases people were not observing government guidelines. The area is densely populated and practicing social distancing is difficult. 92 per cent of households reported that there was no space for social distancing in their settlements.
- Knowledge of handwashing as a necessary preventive action remained high (60 percent). Even though Dhok Hassu and Mangtal residents are aware of the need to keep their hands clean, unreliable water supplies represent a barrier to handwashing. Researchers suggested that steps be taken to set up communal handwashing stations at regular intervals and mentioned the need to distribute soap in the community to ensure that this preventive measure against the virus can be followed.
- Only 15.7 percent of the respondents use hand sanitizers. Most residents found sanitisers to be unaffordable, however, they can buy soap for the home.

- Only 30 percent use masks in public. 46 percent of the respondents reported lack of money to buy masks as a barrier.
- 49 percent of the respondents reported to limited water availability to wash hands at home.
- Television and Facebook are the most common resources for information on COVID19 in the community and respondents highlighted the need for broadcast campaigns to explain the importance of social distancing protocols and how to correctly observe them.

Level of Satisfaction with Pilot Interventions

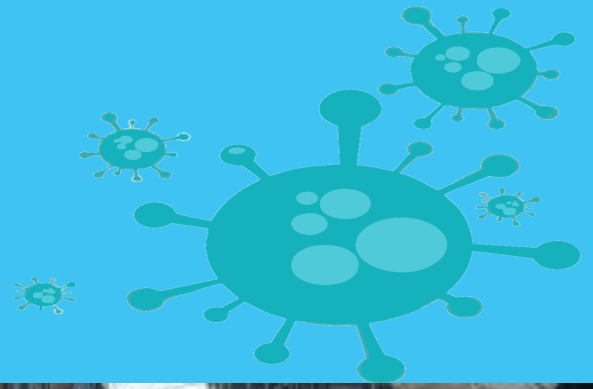
- The overall community is satisfied with the project activities being implemented in Dhok Hassu and Dhok Mangtal.
- 81 percent of the respondents reported to be satisfied with the handwashing stations being installed in the business area. Approx. 200 people wash hands daily in the four stations installed
- 75 percent of the respondents reported to be satisfied with the disinfection of streets which is being carried out on daily basis in the pilot area. There is huge demand for masks and sanitizers
- Community is of the view that provision of free masks and sanitizers is the responsibility of government and other NGO's
- 70 percent showed satisfaction with regard to solid waste management in the area. Stitching of masks at the community level was also appreciated with respect to generation of income generation opportunity but the general perception for buying and using cloth masks is low, as they feel that this type of masks are not convenient to use.

Lessons Learnt

- The slums are hub of active working poor's who provide critical support to urban economic growth and development.
- The living conditions including housing and Waster, Sanitation and Hygiene (WASH) services poses health and environmental threat to the urban slum dwellers. Thus, there is a need to urgently initiate programmes focused on improvement of housing and WASH services in these areas.
- Urban slum dwellers are the most economically hard hit segment of urban society. There is a need for policy and programmatic interventions to uplift the socioeconomic conditions of the slum population.
- Absence of focused Covid19 urban slum response programme in Pakistan, is depriving large segment of urban poors living in slums from structured support from government and charity organizations.
- Lack of level of awareness on factors causing spread of COVID19 is a threat to sparingly rise of COVID19 from the urban slums of Pakistan.

- Improvement of attitude and practices to prevent spread of COVID19 needs to address through behavioral change tools.
- There is a need to involve Local water supply service and providers in order to maintain sustainability of water supply to the handwashing stations.
- Select the locations for handwashing stations where supply of water could be easy.
- Identification of location for installation of handwashing stations is vital. Best locations are found to be market places, Health units, schools and communities to provide easy access of handwashing facilities to majority of population.
- Establishment of community groups greatly facilitated outreach of the project to achieve its objectives.
- There is a need to involve waste management providers to provide them trainings with respect to management of hazardous waste like masks and gloves and other medical waste in the community.

INTRODUCTION





The socio-economic impact of COVID-19 and health response measures such as lockdowns in urban areas is not limited to only reduced income or loss of livelihood. The strong relationship between the informal and formal economy often remains misunderstood and mitigation measures are often limited only to the formal sector.

UN Habitat's COVID -19 Global Response Plan

The United Nations Human Settlements Programme (UN-Habitat) has the mandate to promote socially and environmentally sustainable towns and cities with the goal of providing adequate shelter for all. In line with its mandate UN-Habitat is ideally placed to support COVID-19 responses focusing on urban areas placing particular attention on informal settlements.

UN-Habitat COVID19 Response Plan 2020 is focusing on three major response areas to tackle COVID-19 and its impact in different urban contexts and types of communities.

1. Support local governments and community driven solutions in informal settlements
2. Provide urban data evidence-based mapping and knowledge for informed decision
3. Mitigate economic impact and initiate recovery

UN-Habitat is working closely within the United Nations system at the country, regional and global levels in its response to the pandemic and is supporting the three tracks outlined in the UN Secretary-General's report: Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19.

Programme Integration into the broader COVID-19 response

The programme was implemented jointly by UN-Habitat, MOCC, Sheharsaaz and National Cleaner Production Center as joint response under the National Action Plan for COVID-19 and National Preparedness and Response Programme. The pilot project was designed to fill up the gaps as the other interventions did not focus on prevention as well as mitigation of socio-economic dimensions simultaneously. The project is in alignment with Habitat UN Habitat COIVIS19 Response Plan, Country Programme Pakistan 2020-2023, and UN Habitat Regional Strategic Plan 2020-2023 and New Urban Agenda aiming for a better quality of life for all in an urbanizing world.. The PCUSRP pilot project covered two urban slums in Rawalpindi namely Dhok Hassu and Dhok Mangtal comprising approximately 200,000 people and is in the heart of the Rawalpindi city

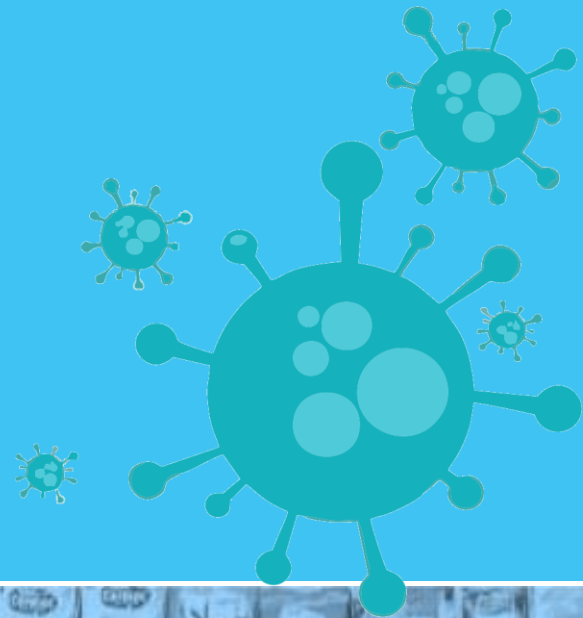
Pakistan COVID-19 Urban Slums Response Programme (PCUSRP)

PCUSRP has been piloted in two urban slums in Rawalpindi namely Dhok Hassu and Dhok Mangtal. The programme is based on an integrated approach to focus on prevention of spread of COVID -19 pandemic as well as mitigation of socio-economic impact on the poor urban communities living in slums.



OUTPUTS & ACTIVITIES

Outputs & activities



1. Awareness and Advocacy
2. Access to Preventive Measures
3. Mitigating Economic Impact
4. Assessment of urban slums

1. **Awareness and Advocacy:** Raising awareness and behavior change in urban slums through participation and community ownership of initiatives.
2. **Access to Preventive Measures:** Improving access to COVID19 Health Care preventive measures
3. **Mitigating Economic Impact:** Provision of income generation opportunities and capacity building of local communities to initiate recovery through production of masks and gloves and disinfecting the areas.
4. **Assessment of urban slums:** Conduct detail assessment and analyzing key challenges issues and concerns that can be used to identify vulnerabilities and will help to create longer-term response plans.



Activities under Outputs

Output 1: Raising awareness and behavior change in urban slums through participation and community ownership of initiatives.

Activities:

- Information Education and Communication (IEC) material were used to illustrate measures to prevent spread of COVID 19 including hand washing, social and physical distancing, use of masks.
- Developed and displayed IEC material in key business locations and residential areas.
- Created community-based IT plate-forms for awareness and sensitization including women as agents of change.
- Data of the community was collected through rapid assessment carried out from sample survey of randomly selected 10% households in Dhok Hassu and Dhok Mangta through the IT based Platform.
- Disseminated water, sanitation and hygiene education in urban slums through IT platforms and virtual sessions.

57 poll hanging panaflexes were printed for Dhok Hassu and Dhok Mangtal for dissemination of information and communication with illustration in Urdu language about COVID-19. Overall their response was good in both communities. These panaflexes were displayed mainly on business locations where people can read easily and try to understand and implement their message about COVID-19.

Under this pilot phase, two (2) community based IT groups were formed in both target areas. In each group, 50 what's app mobile numbers were collected. One group titled with Dhok Hassu group and another titled with Dhok Mangtal's group. All group members from community were male; due to cultural restriction no female was part of this group. During one month period, we disseminate information and knowledge about COVID-19 in Urdu language not only written form but also it was included as voice message as well. As people who do not understand the written message; they can understand by voice message.

There were two purposes to create this IT based platform:

- One to disseminate the knowledge and information about COVID-19 among target areas and;
- Second was to conduct rapid assessment about COVID-19 and their socio –economic conditions of the target areas.
- Regarding the dissemination of information about COVID-19, following activities were followed to create and maintain whats app group in both target areas:



- Aman Development Foundation, (local community based organization) facilitated us to collect what's app numbers from both areas.
- Later we created two groups; one with Dhok Hassu group and second with Dhok Mangtal group.
- To develop reputation and familiarity among what's app group members, initially we started welcome messages and gave brief introduction about project and project's members. These messages were in local language.

Within two or three days continuous, we developed good understanding among them and started information about pandemic. Later group members were also started to share and forward their information and knowledge about this pandemic in form of videos, written and voice messages as well.

Output 2: Improving access to COVID19 Health Care and WASH preventive measures

Activities

Installation of communal handwashing facilities in key locations including business area in the community.

- Training on handwashing as per WHO guidelines.
- Identified, trained and hired local persons for repair and maintenance of handwashing facility.
- Technical training session were held on mask making, waste management and segregation of infectious waste, chlorination and spraying disinfectants and taking temperature through laser thermometers.
- Distribution of masks and hand sensitizers to the local community.

Hand Washing Facility



To prevent communities from COVID-19. Four (4) hand washing facilities were installed in both target areas; two in Dhok Hassu and two in Dhok Mangtal. These hand washing facilities were designed according to WHO guidelines and keeping in view the demand and sensitivity of the areas as well. Approximately, 200 people are benefiting daily to each hand washing facility, total more than 800 people are washing their hands to prevent COVID-19. Children, sanitary workers and business community are one of the major groups in the community who are taking benefit from these facilities.

- Size of the water tanks is about 300 liter that is mix with small amount of chlorine. Water tanks are labeled with precaution measure that “This water is not for drinking purpose; chlorine is mixed in water tank”. This message was imprinted in local language and it was also protected to sun rays and rainfall. Soap facility was also provided with these facilities, so that people can wash their hands as well.
- These water tanks were installed with mutual consensus of the local community members and Aman Development Foundation. Keeping in view the safety and security of hand washing facilities, water tanks are fixed with iron chains and water tanks’ stands are fixed with cemented.
- Information banners were also installed with each hand washing facility.
- 1000 face masks, 100 surgical gloves and 400 hand sanitizers were distributed to business community members/ shopkeepers, sanitary workers and community members.
- To check the status of the health of the community, 200 people in Dhok Hassu and 200 in Dhok Mangtal; total 400 people checked with laser thermometer. Only 20 people found 99 degree centigrade temperature; which were later referred to dispensary or take medicine panadol.



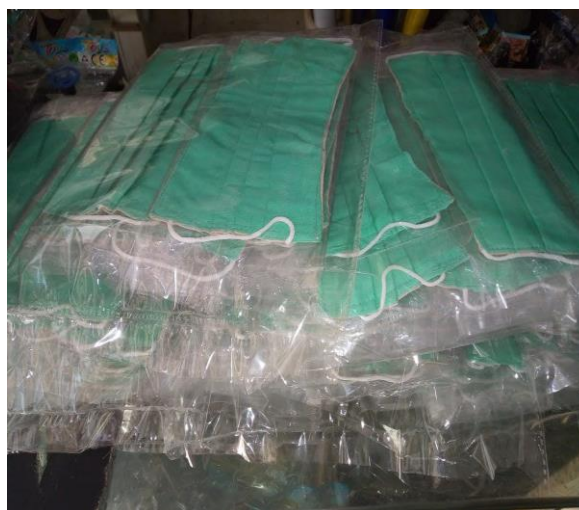
Output 3: Provision of income generation opportunities and capacity building of local communities to initiate recovery through production of masks and disinfecting the areas.

Activities

- Income generation opportunities were created for women through production of masks and gloves and for people who lost their jobs by disinfecting the areas.
- Training sessions were arranged while maintaining physical distancing for production of masks.
- Provided raw material and sewing machines for production of masks to the community members.
- Provided disinfectant spray machines and chemicals.
- Spray of disinfectant at the hot spots and in the selected area to prevent spread of COVID19.

To generate income opportunities and improve socio-economic condition of the community, mask making activity was generated in the target areas. For this purpose, two females were selected to make masks to sell at the local level. Before mask making, one half day online training session was organized. Raw material and sewing machines were provided to females by the project to making masks. Around 400 masks were stitched; 200 by each woman in each target area and sell in their local markets. Price of the mask was 20/- Pakistani Rupees. Before marketing, masks were also packed in polythene bags to avoid any uncertain situation. Face masks are prepared, keeping in view all the safety and precautionary measures.

1000 households were selected to disinfect streets, business and mosques areas; 500 in each target areas. Two (2) persons from each area were selected and organized one half day training to operate spray machines in their respective areas.



These persons disinfected their areas on daily basis. These spray machines were filled with mixture of water and chlorine to prevent with COVID-19.

Output 4: Conduct detail assessment and analyzing key challenges issues and concerns to identify vulnerabilities and help to create longer-term response plans.

- IT based platforms were used for detailed baseline assessment that outlines vulnerabilities, challenges, existing capacity and community concerns. This assessment was critical in determining the scope and content of longer-term response plans.
- Ten percent of the Households were selected for rapid assessment survey. Regarding the online rapid assessment survey following activities was organized:
 - All what's app numbers were in-lined in excel sheet and gave code number to each mobile number. These code numbers were given according to the target areas. Total 100 whats app numbers were collected on both target areas; 50 in each area.
 - One half day on-line training was organized to conduct online rapid assessment survey. Participants from UN-Habitat, Shehersaaz, National Cleaner Production Cell (NCPC) and Akhtar Hameed Khan Memorial Trust (AHKMT) were participated. During online session, demo was also conducted; as most of the participants were not familiar to conduct online assessment survey.
- Formal message was sent to whats app group members about online rapid assessment survey. Four (4) teams were formed to conduct online survey. And each team members were given 25 whats app. Results of the online survey is attached with this report.

'For 8 years, 40y old Kamran Khalil worked as a primary teacher in a private school located in Dhok Hassu. Before COVID19 he used to earn PKR 40,000. Due to COVID19 pandemic schools were shut down.

He told that lockdowns had impacted economic conditions of the community. To cut down the expenses most of the parents didn't payed the school fees and as a result school administration fired most of the school staff.

With his only source of income now terminated, Kamran and his family of five are struggling to make ends meet'

RAPID ASSESSMENT OF DHOK HASSU AND DHOK MANGTAL



Rapid Socio-Economic impact Assessment of Covid-19 in Pilot Project Area

Demographic Profile

Total 100 contact numbers were collected from the community with the help of community representatives, 50 from each slum i.e. Dhok Hassu and Dhok Mangtal. The age profile of the respondents are as follows:

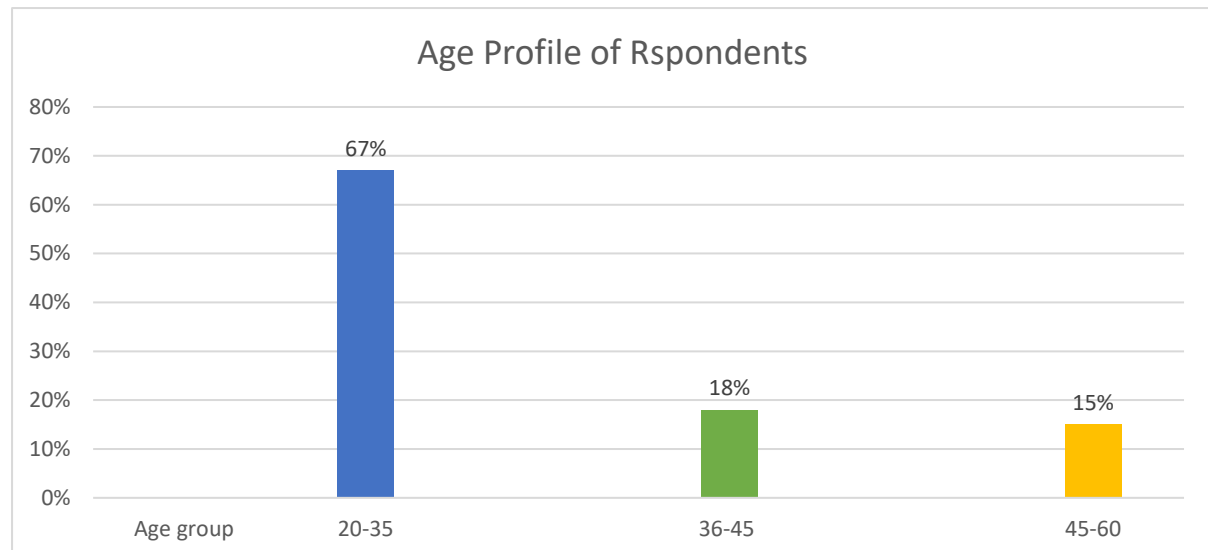


Figure 1. Age Profile of the respondents

The survey sampled higher number of men than women, 98 out of the 100 respondents were men. The cultural values of the society donot allow female members of the community to share their contact numbers. 77 percent of the respondent are married while 23 percent are reported unmarried. Position of the respondent in the family is shown in Figure 2.

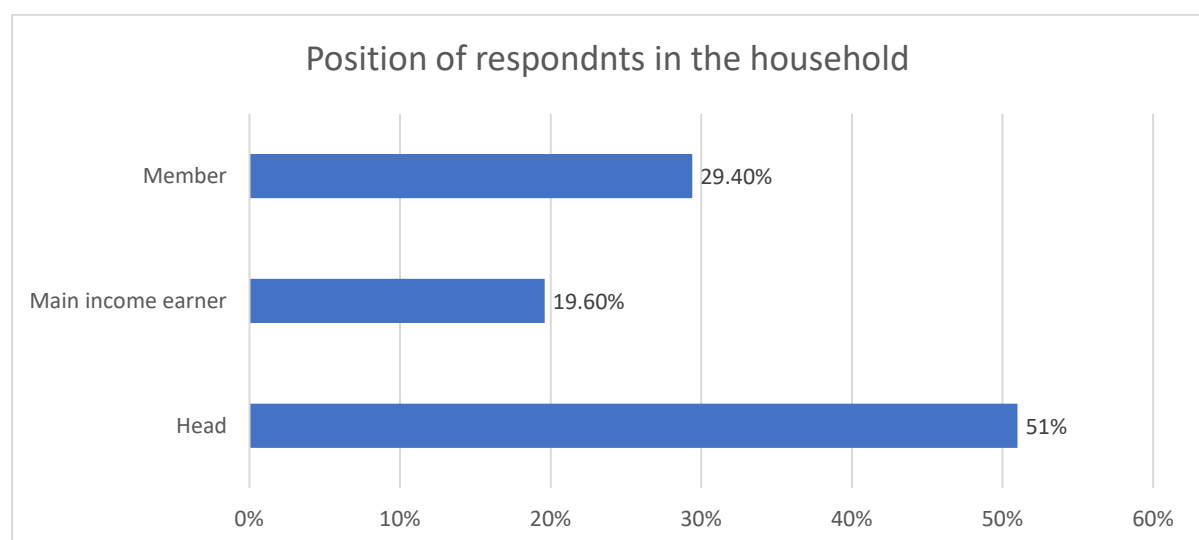


Figure 2: Position of respondents in Household

Sixty Percent of the households have 6-10 members, twenty one percent have 1-5 members, ten percent have 16-20 members while eight percent have 11 -15 persons as shown in Figure 3.

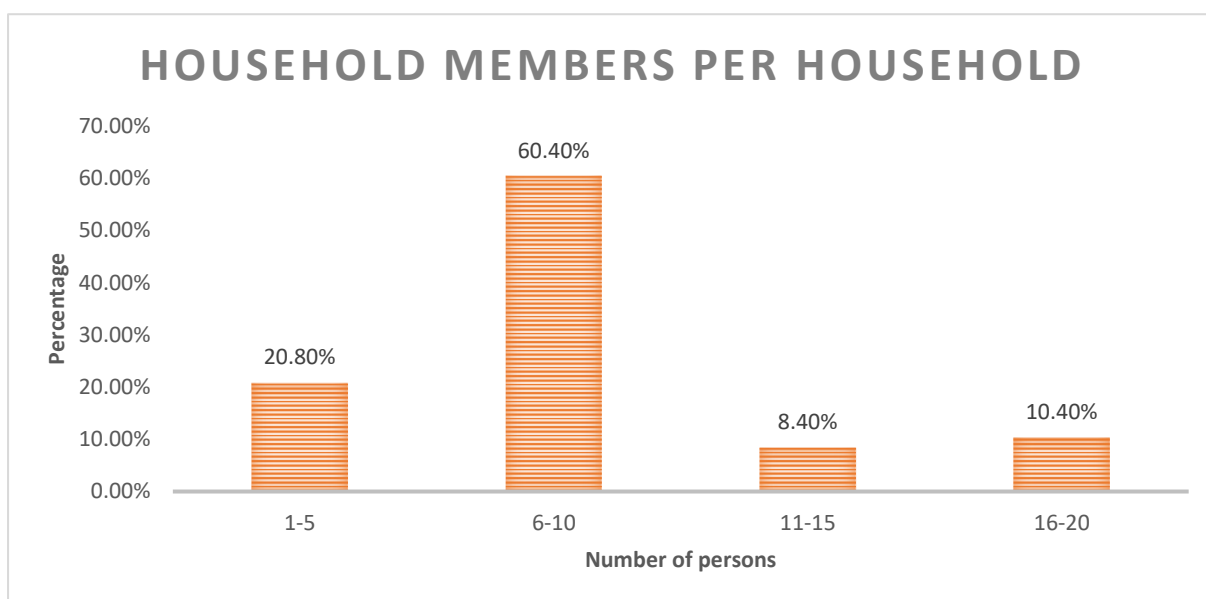
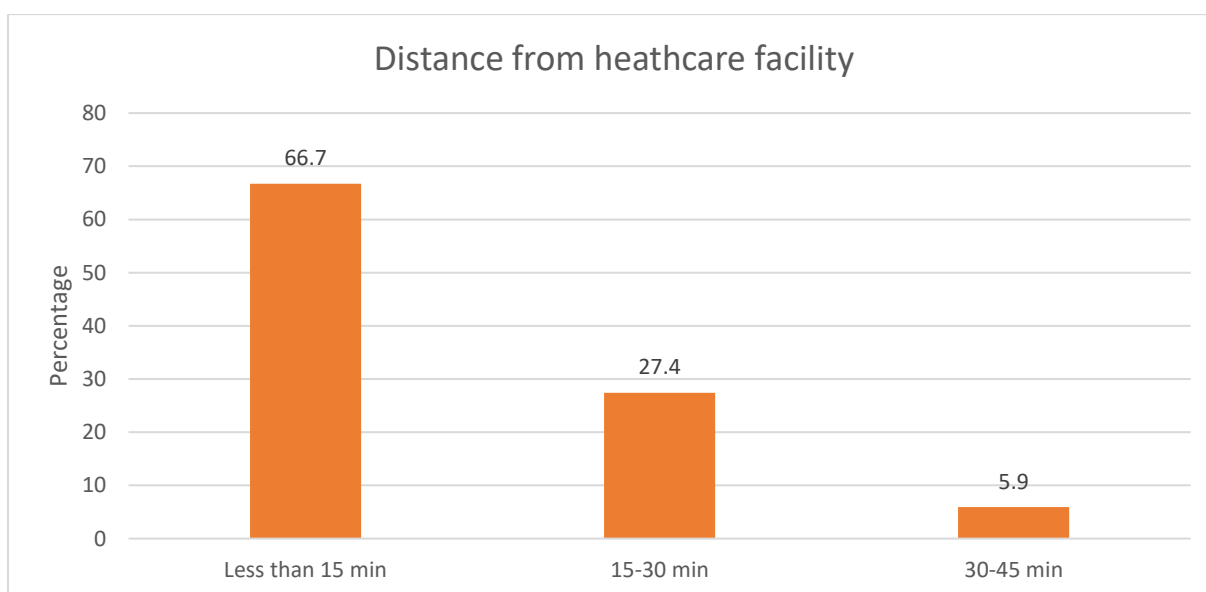


Figure 3: Number of household members per household

Access to healthcare

Overall, 66.7 per cent of households reported being in close proximity (less than 15 minutes) to a health facility, 27.4 per cent reported to use healthcare facility which is 15-30 minute away while only 5.9 per cent of the residents use healthcare facility which is 30-45 minute away.

62.7 percent people responded to have easy access to health care facility which is less than 15 minutes away .



51 % people stated that they go to public hospital as private clinics and hospitals have very high fee which they cannot afford. 27.4 % goes to private hospitals while 21.6% goes to a private dispensary nearby.

Overall 62.7 % respondents are satisfied with the health care facility while 37.3 are not satisfied with the healthcare facilities provided at the public and private hospitals. Problems they face include non-cooperation of staff, raised fees, and hospitals supposed to be a contaminated space due to corona. 37 percent of the people are afraid of going to hospitals due to multiple reasons including fear of getting virus from hospital and mistrust on the hospital about the treatment being given. 26 percent reported that raised fee for healthcare. In Dhok Hassu and Mangtal, approx. 20-30 percent are Afghan refugees. They described that they have to face much difficulty in accessing health care facilities as they have to take some other person with them to make the slip in public hospitals (Fig. 5).

Khushab Khan is an unregistered Afghan Refugee living with his family in Dhok Mangtal. He stated that He and alike community do not have easy access to healthcare in public hospitals. They always take a Pakistani national with them to the public health facility for making the slip for checkups.

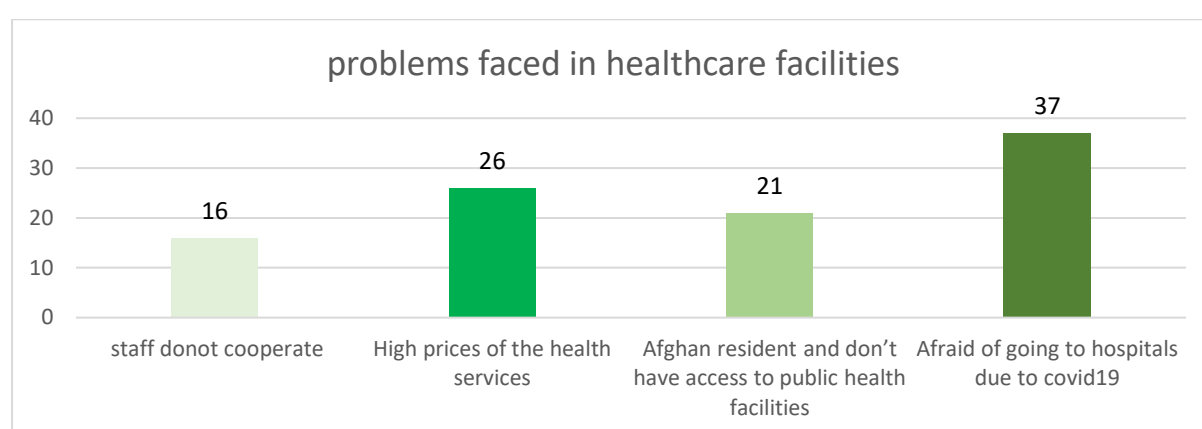


Figure 5: Problems faced in health care facilities

Livelihood Security and Household

People residing in Dhok Hassu and Mangtal have three basic income resources i.e. business, job, and laborer (Fig.6). 46% of the respondents are doing job either in the public or in private sector. 34% are businessmen, most of them run small shops in the nearby market. While 19.5 % of the respondents are laborer who mainly work in vegetable markets, skilled workers and construction sector.

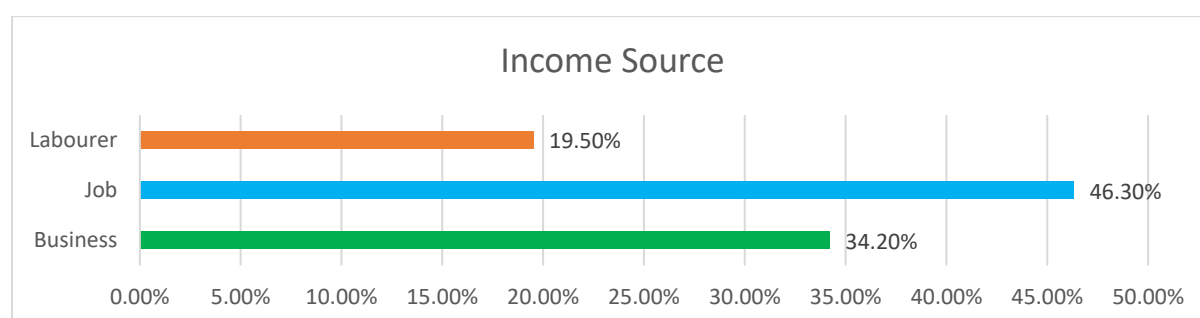


Figure 6: Income sources

53% of the households have 1-2 members who work in a family while in 35.7% households 3-4 family members work and in 10.7% households 5-6 members work (Fig. 7)

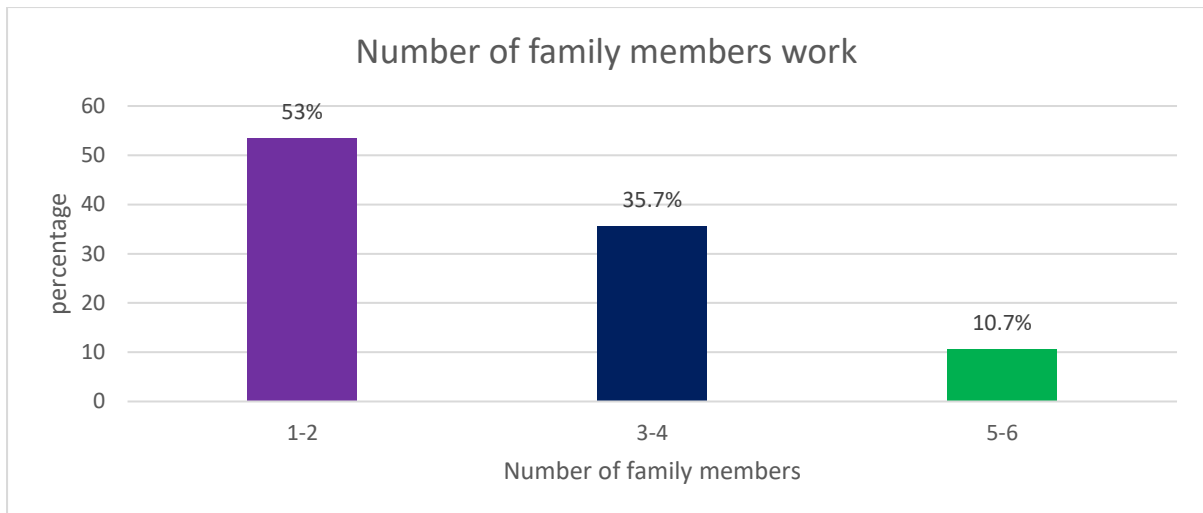


Fig. 7. Number of family members work

Before the Covid19 pandemic, 45 percent of the respondents earn PKR 31,000-50,000; 28 percent earn 10,000-30,000; 17 percent ear 51,000-70,000; while 10 percent earns more than 71,000 PKR (Fig.8). However, COVID19 pandemic has seriously impacted the economic conditions of the community. As 37 per cent of the respondents in the sample stated that they have lost their jobs after the lockdown imposed. The business community also suffered a lot due to lockdown and Covid19.

37% of the respondents in Dhok Hassu and Dhok Mangtal have lost their jobs due to pandemic

A striking rate of income is reduced compared to pre-COVID time. 18 percent of the respondents have lost more than 70 percent of their income, 10 percent of the has lost 51-70 percent of their income, 45 percent people reported to have lost of 31-50 percent of their income, while 27 percent reported to lost 10-30 percent of their income (Fig.9).

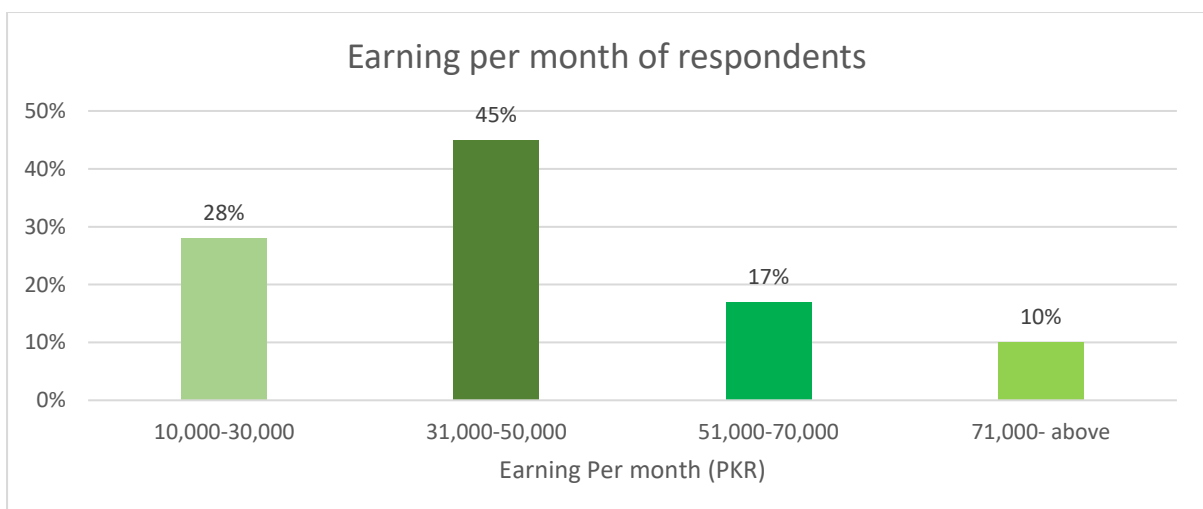


Fig.8. Earning per month before pandemic

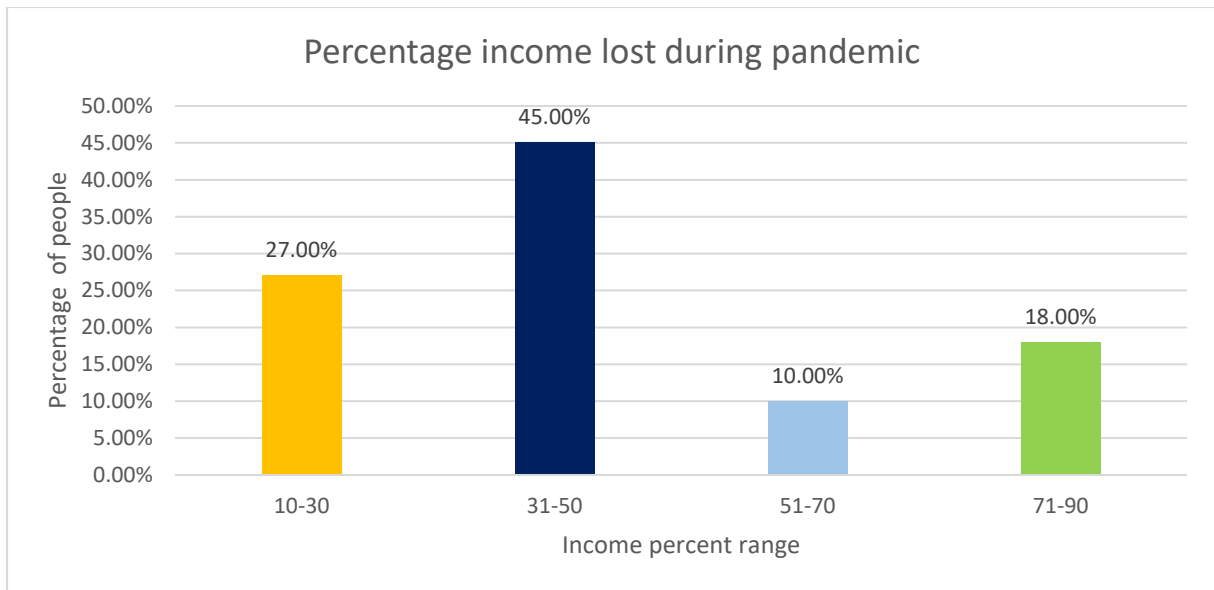


Fig 9. Percentage income lost during pandemic

Due to lost in jobs and loss in businesses, It was reported that 35 percent of the respondents have taken loans to meet the basic needs like for purchase of food items, house rents and school fee. 50 percent of the loans is above PKR 50,000; 33 percent loans ranges from PKR 25,000-50,000; while 17 percent of the loans taken are less than amount of PKR 25,000 (Fig.10). 90 per cent of respondents reported having no alternate sources of income. 10 per cent reported pensions, rent from land/house, and income from tutions as alternate sources of income.

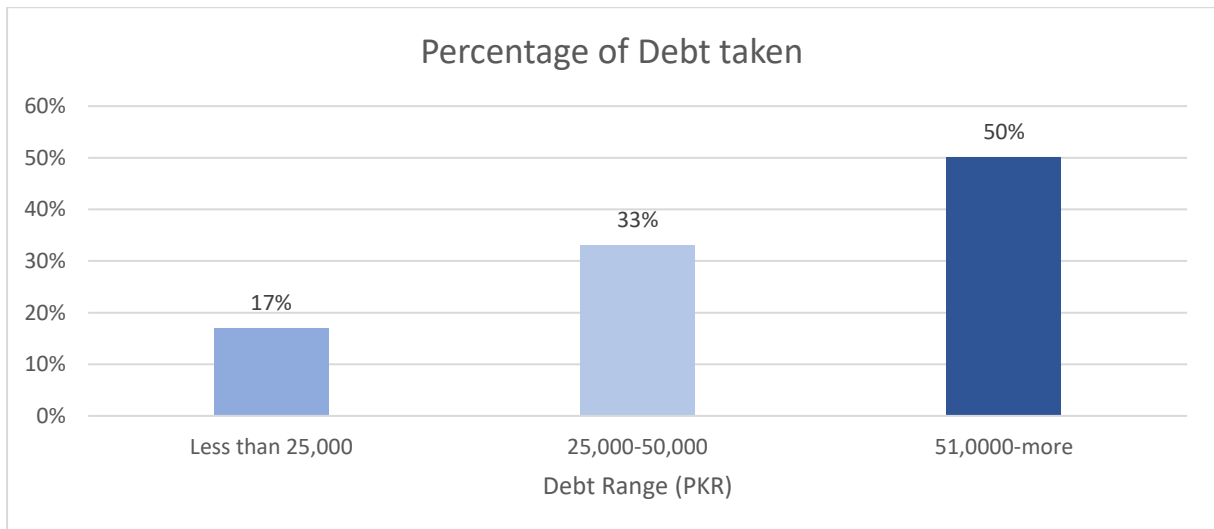


Fig.10. Percentage of Debt taken during pandemic

Food Security

The rapid assessment of two urban slums revealed that only 8 percent of the community respondents receive assistance for covering their expenses for rentals, fees and food items. 92 percent of the respondents did not receive any assistance. As Figure 11 presents, out of 8 percent of the households who receive assistance, 52 per cent of households reported receiving food assistance from religious

organizations and private donors and 48 percent from government in form of cash. 12,000 PKR is given to households under the Ehsaas Programme.

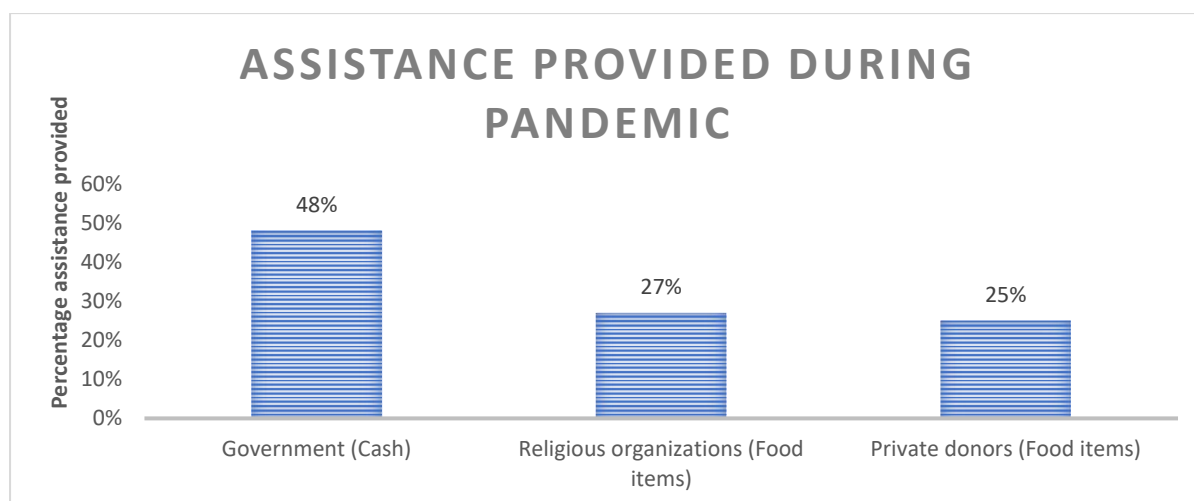


Fig.11. Percentage assistance provided during pandemic

Food insecurity remains high across selected areas, 83 percent of households in the sample reported that they are worried their stock of food would run out before having money to buy food. As presented in Figure 12, 56 percent of sampled households reported having food stocks to last for a week or less. In comparison, 26 per cent of households reported food stocks for two weeks while 18 percent reported having food stock to last for a month.



Fog. 12.Availability of food stocks

Security of Tenure

57 percent of the respondents lives in their own houses while 43 percent lives on rent. 15 percent of the people living on rent are being threatened for eviction due to non-payment of the rents. 58 percent of the respondents feel secure for eviction as they live in their own houses while rest 42 percent feel insecure as the economic conditions are deteriorating day by day due to lockdowns and lost of jobs.

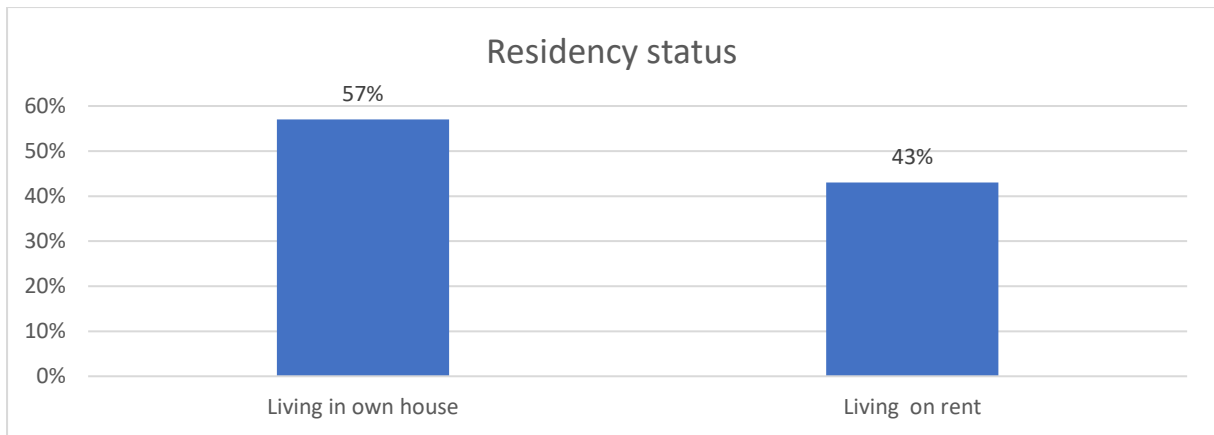


Fig.13. Residency status of the respondents (make pie of pie chart of this figure to show 43 percent eviction)

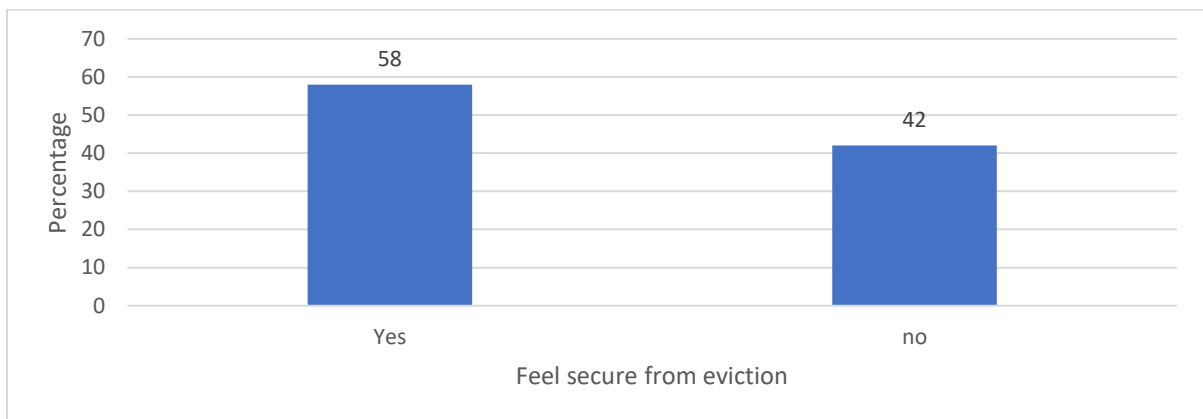


Fig.14. Does your household feel secure from eviction in your current residence

Transport

Walking and Motor bike are the major source of transport in the area. It is reported that 76 percent of the respondents go to their work by walk as the most of the business community resides close to the business area. 19 percent uses bike for going outside the residential area. Only 2.4 percent uses car for transport.

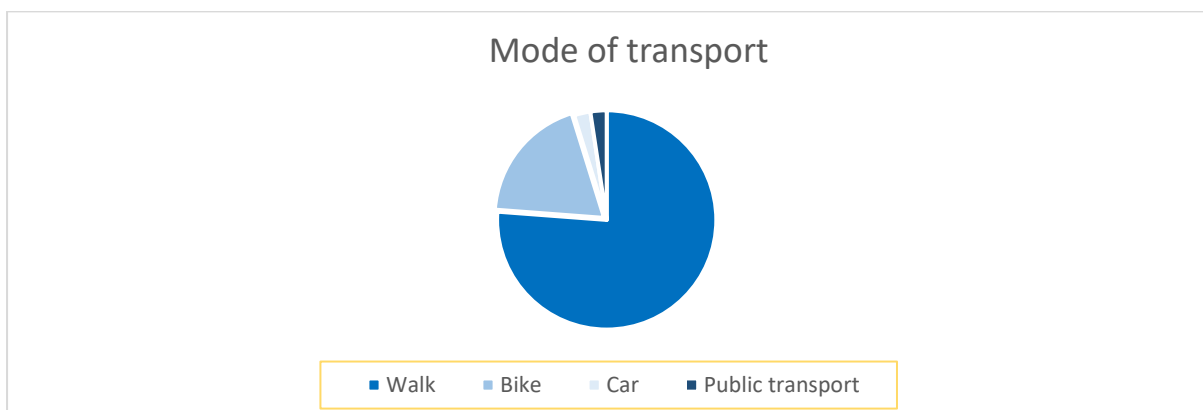


Fig.15. Mode of transport in the pilot area

Knowledge, Attitude and Practices (KAP) related to COVID-19

As shown in Figure 16, households reported awareness regarding knowledge of COVID19. 66-82 percent of the households are aware of the symptoms and mode of transfer of covid19. Massive campaigns by media and NGO's succeeded in creating awareness regarding COVID symptoms and mode of transfer. 12-23 percent of the households reported that they don't know about the symptoms and mode of transfer of virus. However, 6 percent of the households reported that there is no corona and the matter is being politicized by the government.

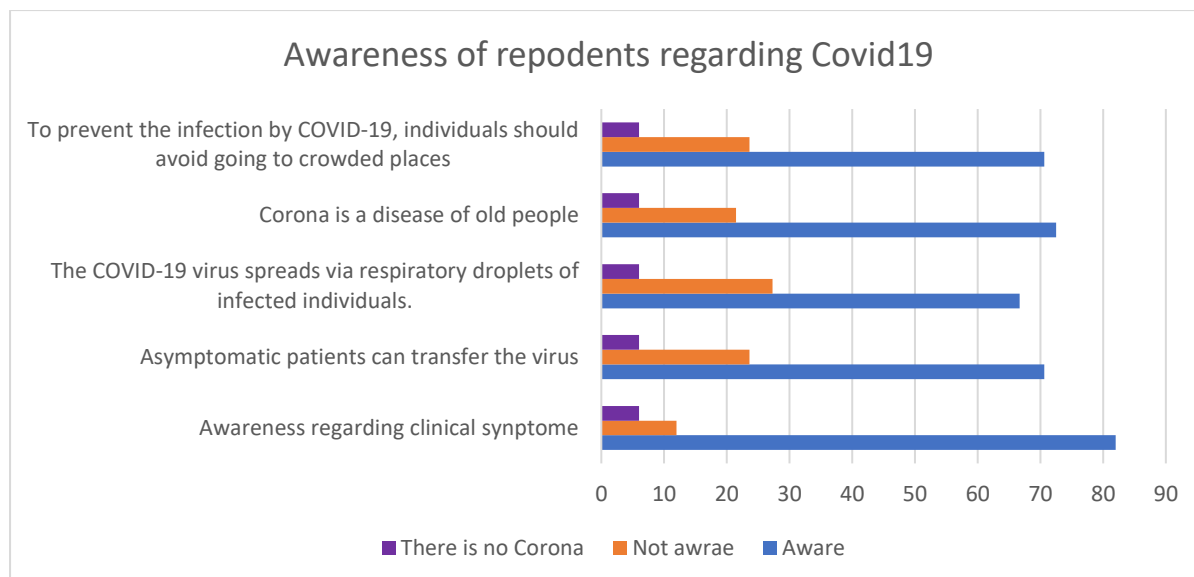


Figure 16. Percentage of households aware of COVID-19

Despite of awareness regarding symptoms and mode of transfer of covid19, attitude and practices of households to prevent the spread is generally low. 90 percent of the respondents donot practice social distancing, as the area is densely populated and practicing social distancing is difficult. Knowledge of handwashing as a necessary preventive action remained high (60 percent) while 30 percent use masks in public. Only 15.7 percent of the respondents use hand sanitizers. 84.3 percent of respondents donot use hand sanitizers due to unavailability and high prices.

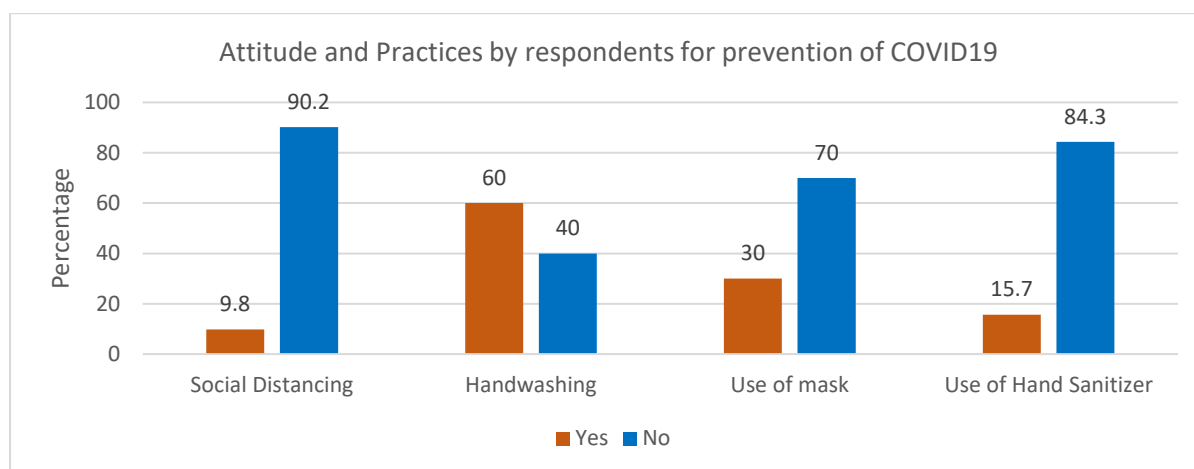


Fig. 17. Attitude and Practices by respondents for prevention of COVID19

Among the main barriers that households reported to follow the most common COVID-19 prevention actions, 92 per cent of households reported that there was no space for social distancing in their settlements (Fig.18). 46 percent of the respondents reported lack of money to buy masks as a barrier. There is reluctance to use mask of clothes as the respondents feel that it will make them uneasy to breath. Only 1 percent of respondent reported that they don't have money to buy soap. 49 percent of the respondents reported to limited water availability to wash hands at home.

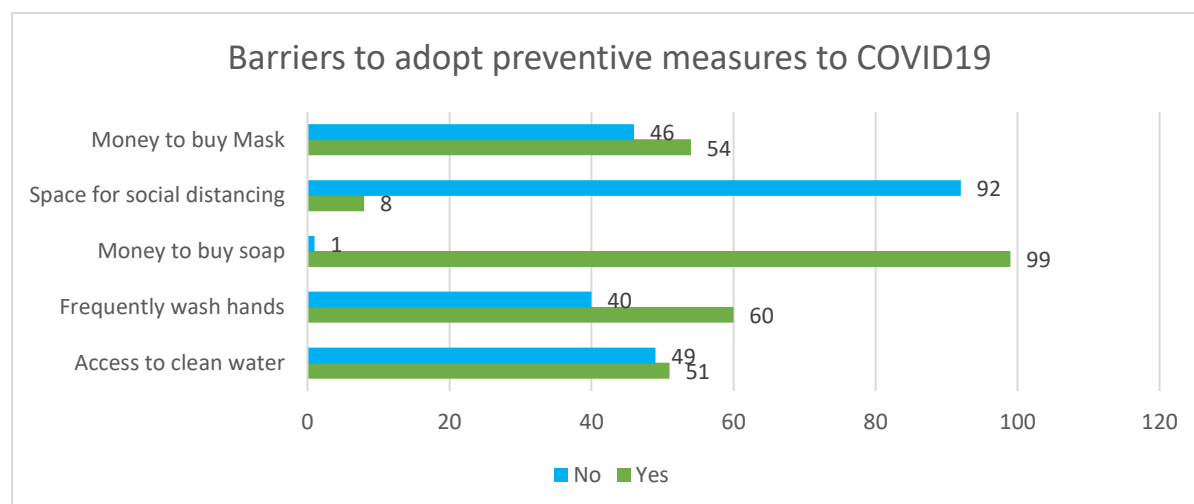


Fig. 18. Barriers to adopt preventive measures to Covid19

The main source of information for COVID19 in Dhok Hassu and Dhok Mangtal includes Television, facebook, whatsapp, posters, friends and relatives, newspaper and government announcements. Most of the people rely on multiple resources for information. Television and Facebook are the most common resources for information on COVID19. 55 percent of the respondents rely on television for information on COVID19; 45 percent on facebook; 40 percent through Whts app; 42 percent through friends and relatives; 23.5 percent through posters displayed in the settlements; 19.7 percent on government announcements; while only 15 percent rely on newspaper.

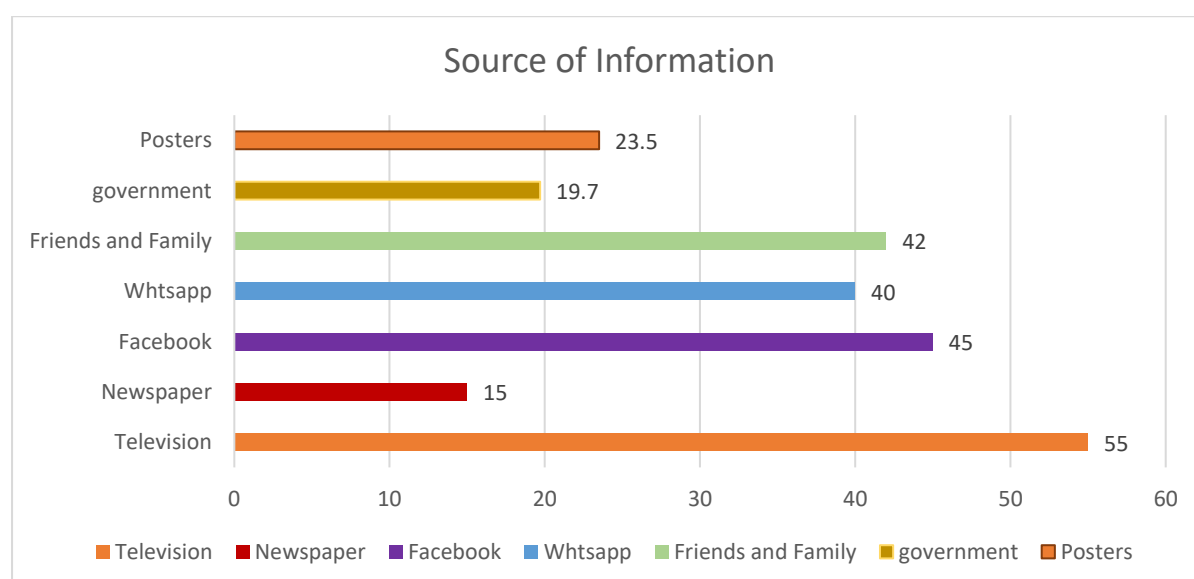


Fig. 19. Source of Information regarding COVID19

Level of Satisfaction with Pilot Interventions

The overall community is satisfied with the project activities being implemented in Dhok Hassu and Dhok Mangtal.

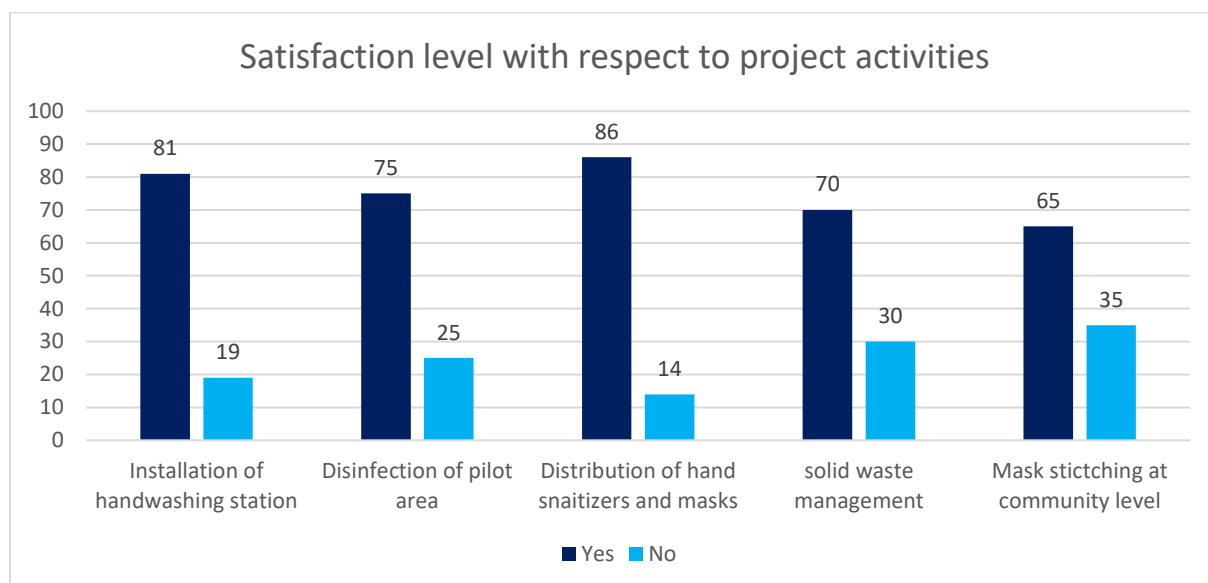


Fig. 20. Satisfaction level of community with respect to project activities

81 percent of the respondents reported to be satisfied with the handwashing stations being installed in the business area. Approx. 200 people wash hands daily in the four stations installed. Sanitary workers, business community, and children frequently wash hands through the handwashing stations. 75 percent of the respondents reported to be satisfied with the disinfection of streets which is being carried out on daily basis in the pilot area. Moreover, Masajids in the area were also disinfected under the project. 86 percent of the respondents welcomed the initiative of distribution of mask and sanitizers. However, there is huge demand for masks and sanitizers which cannot be met due to less funds. Community is of the view that provision of free masks and sanitizers is the responsibility of government and other NGO's.

Solid waste was daily collected under the project in two month's time and segregated for sending it to the Integrated Resource Recovery Center while hazardous waste was also segregated for separate disposal. 70 percent showed satisfaction with regard to solid waste management in the area. Stitching of masks at the community level was also appreciated with respect to generation of income generation opportunity but the general perception for buying and using cloth masks is low, as they feel that this type of masks are not convenient to use.



Picture Gallery







United Nations Human Settlements Programme

Level 3, Plot 4C, Diplomatic Enclave, Sector G-5/5,
Islamabad, Pakistan

Tel: +92 51 835 7363

Fax: +92 51 835 7359

Website: www.unhabitat.org.pk

Facebook: <https://www.facebook.com/UN-Habitat-Pakistan>