A novel idea: Integrating urban and rural safety nets in Africa during the pandemic

May 4 2020, by Astrid R.n. Haas

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In countries across Africa, the public health restrictions imposed to deal with the COVID-19 pandemic have thrown many people out of work. Cities face the risk of widespread hunger, with the collapse of urban

incomes and disruptions in food supply chains. And where there are government-run relief programs, many have only reached a fraction of the people who have lost their incomes.

Most African countries are experiencing rapid urbanization. But this trend can temporarily slow or even reverse during civil war or economic crisis. This is due to the fact that in crisis, as food prices rise and incomes fall, many people turn to farming to support themselves. Migration to rural areas to access agricultural land thus provides an important type of informal safety net.

Yet one of the unique challenges of this crisis is that restrictions on movement in and out of cities are being used to curb transmissions. For example, countries such as Ghana, Kenya and Nigeria have prohibited people from leaving major cities, effectively cutting off many from the informal social safety net during this time of crisis.

Most African governments are struggling to provide adequate relief to jobless people. Not only COVID-19 but also hunger are real risks to public health. Therefore, it is imperative to develop containment strategies that further ensure people do not go hungry.

Many African governments lack the financial and administrative capacity to launch new large-scale formal safety net programs. But they may still be able to run smaller programs which help people safely migrate back to more food-secure rural areas, simultaneously reducing the risk of transmission.

What might a safe rural migration program look like?

The basic idea is straightforward: help urban residents cover the costs of returning to stay with their extended families in the countryside, provide sanitary supplies to reduce the risk of infection in transit, and scale up

health system surveillance to catch and contain potential rural outbreaks early.

It is important to note that this solution will not work for all urban residents, nor indeed for all African countries. However, in some places and if done properly, it could at least take some of the pressure off surviving in urban areas, and make it more likely that the people who remain can receive other targeted support.

What a safe program would entail

There are a number of important considerations for the design of a safe rural migration program.

First, the safe rural migration approach is only appropriate for countries which already have adequate food stocks in rural areas. It will be difficult for governments to intervene to scale up food production for returnees if it is not already sufficient. And encouraging people to migrate to areas which are likely to be affected by drought, floods, or locusts, will only make it more difficult to provide assistance to them later if their harvest fails.

Second, people should also only be encouraged to consider migrating if they have an extended family support network already available in a rural area. This way, the extended family can help to provide housing and access to farmland for new returnees. If people travel to a rural area without a place to stay or access to land, this could create a new rural poverty crisis.

It isn't feasible for governments to independently verify whether people will have a place to stay in a rural area if they'd like to migrate. But one way to handle this issue is to have the government provide only small subsidies to cover the cost of a one-way bus ticket. This will encourage

people to travel only if they believe they can find a place to stay at the other end.

This subsidized-ticket approach has recently been studied [in Bangladesh](link), albeit to encourage urban migration rather than rural, and before the pandemic began.

Reducing public health risks in rural areas

A safe migration program must also consider the potential trade-off between reducing food insecurity in cities, and increasing the risk of the virus in rural areas. This is a difficult decision.

There is currently no easy way to compare the known risk of hunger in cities like Nairobi, where over [60% of residents in poor neighborhoods](link) report that they are already going hungry, to the potentially high risk of COVID-19 outbreaks in rural areas.

There are major factors to consider if an infected but asymptomatic person does travel back to a rural area. In particular, access to sanitation and healthcare tends to be worse in rural areas, which could result in more rapid transmissions. It's important for governments to take steps to minimize the risk of transmission. The surest approach would be requiring everyone who wished to travel to pass a COVID-19 test before departure.

However, given that African countries have [struggled to scale up testing](link) even for frontline health workers, it is unlikely that a mass testing program for rural returnees could be organized quickly enough.

A second-best strategy would be to organize safe travel for the returnees. At an individual level, this would involve providing them with masks and hand sanitizer.

From a public transport perspective, it would ensure regular disinfection of selected transport modes and collection points, as well as arranging transport on buses, rather than lower capacity vehicles, that would allow adequate ventilation and two meters of distance between each passenger. Governments could also offer to temporarily cover some of the costs of bus companies running at half capacity.

People wishing to return to rural areas should also be provided with information about the risks of transmission and the importance of handwashing and physical distancing.

Scaling up rural health surveillance

The recent Ebola epidemics in West Africa and the Democratic Republic of Congo have offered many lessons about containing outbreaks in rural areas. Building on local knowledge, for example, they have helped develop realistic strategies for patient isolation. This needs to be a key component in a policy on safe migration, as all returnees should strongly be encouraged to self-isolate for 14 days after their trip.

Furthermore, ensuring that new outbreaks of COVID-19 are identified and contained quickly will be a further important part of any safe rural migration plan. To do this, healthcare workers must build trust with local communities so that they can carry out proper surveillance on the spread of the disease. These types of surveillance and support can build on community health worker systems which already exist in many rural areas.

Safe rural migration programs will not be an adequate substitute for formal social protection, or for support to both urban and rural food systems. Furthermore, given the potential health risks, any migration plan should be piloted on a small scale first. Governments should make sure to collect regular data on food security and public health in the

participating rural areas, in order to make sure that the program is working effectively.

But there are no simple solutions for the COVID-19 pandemic. Time is of the essence—to contain new infections, and to prevent people from going hungry. This is just one idea that could buy some African governments time, in the absence of an effective vaccine, to begin developing more formalized support programs, while importantly also keeping people from going hungry.

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Citation: A novel idea: Integrating urban and rural safety nets in Africa during the pandemic (2020, May 4) retrieved 27 April 2024 from https://phys.org/news/2020-05-idea-urban-rural-safety-nets.html