EXPERIENCES OF OKAHANDJA PARK INFORMAL SETTLEMENT RESIDENTS WITH THE COVID-19 PREVENTATIVE MEASURES IN KHOMAS REGION.

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ABSTRACT

About seventy percent (70%) of Namibia's population comprises of people who live in circumstances that provide limited protection against the Coronavirus disease (COVID-19). One of Windhoek's informal communities, Okahandja Park lacks access to potable water, proper sanitation, and basic housing. It is also overcrowded. This study's goal was to discover and characterise how Okahandja Park informal settlement residents experienced the COVID-19 prevention guidelines. The study used the Theory of Reasoned Action (TRA) method and was qualitative. The study's sample comprised of twenty-seven residents from Okahandja Park who were older than eighteen years. The data gathered was collected with high ethical standards in line with the University of Namibia's (UNAM) ethical clearance standards. Data was collected using four focus group discussions, in-depth face-to-face interviews as research techniques. The Theory of Tesch, which produces themes and subthemes, was used to analyse the data.

The investigation found that the Okahandja Park informal settlement residents were required to wear face masks at all times. The local stores and clinic were overcrowded due to the long lines that resulted from a limited number of people being permitted to enter facilities at a given time. Due to COVID-19, many citizens lost their employment since their employers could no longer afford to pay their monthly salaries. During COVID-19, participants struggled to live due to a lack of food and had to resort to a few coping techniques. Most of the inhabitants lacked sufficient cosmetics to maintain their hygiene practices at home. The study concluded that the WHO preventive measures during the lock down had both an adverse and favourable influence on the Okahandja Park informal settlement residents. The study recommends that public health measures for a pandemic like COVID-19 should be put in place, such that the Office of the President in Namibia and significant NGOs provide food distribution packages to vulnerable populations. In order to improve the informal settlers' abilities and knowledge to run their enterprises successfully, the Namibian Ministry of Industrialisation, Trade, and SMEs Development should offer them training and workshops on SMEs development.

Keywords: COVID-19, Informal Settlements

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List of Abbreviation and/or Acronyms

COVID-19	Coronavirus Disease 2019
FGDs	Focus Group Discussions
MoHSS	Ministry of Health and Social Services
PH	Primary Health
SADC	Southern African Development Community
SOE	State of Emergency
TRA	Theory of Reasoned Action
UK	United Kingdom
UNAM	University of Namibia
USA	United States of America
WHO	World Health Organisation

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Dedication

To my dear sons, this is for you.

Declarations

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CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

The Global South has been affected by the COVID-19 epidemic ever since its emergence in 2019 from the Wuhan Province in China. The epidemiology emphasises the difficulties of containment, mitigation, and control in settings with limited resources and recommends that the most vulnerable populations, notably those in the Global South who depend on informal means of subsistence, need special attention. The virus spread through direct contact and droplet distribution from coughing and sneezing, as it has been described (1). Although evidence suggested that transmission can happen before the beginning of symptoms (2), the most infectious time seemed to be when a person falls ill.

The virus can be detected for a while on surfaces, aerosols, and stool, according to a study (3), but efforts to stop transmission have centred on encouraging physical separation between individuals, vigorous hand washing with clean water and soap, refraining from touching one's face after touching potentially contaminated surfaces and before hand washing, isolating those who have symptoms, and placing oneself under a self-quarantine for 14 days after an exposure. On the economic front, suggestions like working from home have become the norm for employees everywhere. It has been difficult to adhere to these rules in the Global North, particularly in informal settlements.

The difficulties in taking prophylactic measures in informal settlements are getting worse as the epidemic spreads to the Global South. This study's aim was to explore and describe how the residents of Okahandja Park's informal settlement interacted with the COVID-19 prevention measures in the Khomas region. The different parties operating in the Public Health field, including national and local governments, bilateral and multilateral organisations, foundations, community-based organisations, and Non-Governmental Organisations, have obligations to recognise and duties to perform to tackle the COVID-19 Pandemic.

Therefore, this chapter presents the study's background, the statement of the problem, the purpose of the study, the aims and objectives and the significance of the study, respectively.

1.2 Background of the Study

On December 28, 2019, an outbreak of highly transmissible pneumonia of unknown aetiology was reported in Wuhan in China, which later spread globally, resulting in a pandemic (4). This disease was named COVID-19. The World Health Organisation (WHO) recommended frequent hand washing with soap and water, social distancing, and disinfection of surfaces as the main preventative measures (4).

As detailed elsewhere in the Western world such as Europe, China and Asia, the transmission of the virus is by direct contact and droplet spread with cough and sneezing (5). At the onset of COVID-19 pandemic, most of the identified cases were from Europe and the United States of America (USA) rather than from China where the virus originated (6). The most infectious period appeared to be when a person is symptomatic, but data pointed out that the transmission can occur before the onset of symptoms (7). A study in Europe has shown that the virus is detectable for some time on surfaces, aerosols, and stool (8). Nonetheless, the focus on reducing transmission has been promoting physical distancing between people, and vigorous hand washing with clean water and soap. In addition, there have been regulations put in place to avoid touching one's face after touching potentially contaminated surfaces and before hand washing, self-isolation for those with symptoms, and self-quarantine for 14 days after exposure.

The experience in countries outside Africa is that, after initial cases are diagnosed, community transmission occurs rapidly (6). Functional hand hygiene facilities should be present at all points of care for health care (9). The WHO reported that the provision of safe water, sanitation and hygienic conditions practices, in communities, homes, schools, and the marketplace plays a vital role in protecting humans against the COVID-19 outbreak (10).

On the 14th February 2020, the first case of COVID-19 was confirmed in Egypt (11), and the first confirmed case in sub-Saharan Africa was in Nigeria (11). In Africa at large, the majority of people live in urban areas which are susceptible to the spread of COVID-19 owing to the high density of population, overcrowding, and high population mobility. Nonetheless, the informal settlements in Africa are the least prepared for the pandemic of

COVID-19, since basic needs such as water, toilets, sewers, drainage, waste collection, and secure and adequate housing are already in short supply or non-existent (12).
Physical separation and self-quarantine are also impossible in slums due to space restrictions, violence, crowding, and the likelihood of infection spreading quickly (12). During any COVID-19 pandemic reaction, residents of informal settlements are also financially exposed. The existence of sizable portions of the urban population worldwide has been further jeopardised by any COVID-19 responses that fail to acknowledge these realities.

The majority of top-down approaches to stop an infectious disease disregarded the frequently strong social networks and information that already exist in many slums (12).
According to Nyashanu, Simbanegavi, and Gibson (13), the COVID-19 pandemic lockdown had a variety of negative effects on South Africa's informal communities.
These issues were linked to social isolation, overcrowded informal settlement infrastructure, and a lack of financial planning that resulted from income loss and causes of a food crisis. Additionally, it was noted that many residents of informal settlements had anxiety, sadness, and limited access to education in addition to hunger and other ailments (13).

To control the spread of the virus, the Namibian government issued a stay-at-home order, the mandatory wearing of face masks and restriction of public gatherings as measures to prevent the further spread of the virus between regions (14). Experts have long warned that the densely populated urban informal settlements are perfect conditions for the spread of the virus, for example in Namibia (15).

Since basic necessities like water, toilets, sewers, stormwater drainage, waste collection, and secure and sufficient housing are already scarce or non-existent for the estimated close to one billion people who live in urban slums or informal settlements worldwide, they are especially vulnerable to contracting COVID-19 (16,17,18). The vulnerability to COVID-19 was increased by pre-existing comorbidities. Residents of informal settlements are particularly economically vulnerable during any COVID-19 responses because the majority of the urban poor residing in slums are informal workers, which means they must report to work each day in order to earn a living (18). The existence of sizable portions of the urban

population worldwide would be further jeopardised by any COVID-19 actions that fail to acknowledge these realities.

1.3 Statement of the Problem

About 70% of Namibia's population consists of those living in conditions that offer little protection to avert the infection of COVID-19 (3). Okahandja Park is one of the informal settlements in Windhoek with a shortage of basic housing, lack of safe water supply, inadequate sanitation facilities and overcrowding (19). The researcher observed that most people in the Okahandja Park informal settlement were finding it difficult to comply with COVID-19 mitigation measures, as they endured abject poverty daily. The epidemiology highlighted that the most vulnerable groups at most risks of COVID-19 are particularly those living in informal habitats and depending on informal livelihoods (12, 18). A study conducted by Gibson & Rush (19) indicated that effectively implementing social distancing in informal settlements might be a challenge due to their density (20). Social distancing and routine handwashing were not the only challenges for people living in informal settings, children usually lack adherence to wearing masks when they are out in public (20, 21). Thus, urban slums have been at high risk of COVID-19 transmission due to the lack of basic housing, water, sanitation facilities and overcrowding.

1.4 Purpose of the Study

The purpose of this study was to explore and describe the experiences of Okahandja Park informal settlement residents with the COVID-19 preventative measures in the Khomas region.

1.5 Objectives of the Study

The objectives of this study were to:

- Explore the experiences of Okahandja Park informal settlement residents with adhering to COVID-19 preventative measures.
- Describe the experiences of Okahandja Park informal settlement residents with adhering to COVID-19 preventative measures.

1.6 Significance of the Study

The results of this study could shed light on the lived experiences among residents of Okahandja Park for the Ministry of Health and Social Services (MoHSS) to strengthen COVID-19 interventions in informal settlements in the country. In addition, the Municipality of Windhoek would be able to take informed action such as the provision of serviced land with potable water and proper sanitation for the informal settlements. Moreover, this study would also contribute to the emerging local body of knowledge on the COVID-19 pandemic. Additionally, recommendations from the study informed stakeholders who are involved in the decision-making related to the provision of social services to the informal settlement settings in Namibia respectively. Finally, the findings of this study would further inform policymakers about the effective development and implementation of urban informal settlements policies.

1.7 Delimitation of the Study

This study was confined to the experiences of 18 years and above Okahandja Park residents with regards to COVID-19 preventative measures. The study was carried out at the Okahandja park informal settlement, and the study generalised to other informal settlements within the Khomas region.

1.8 Summary

This chapter covered the background, problem statement, aim and objectives, significance of the study and the scope of the study as well as the delimitation of the study. The next chapter presents the literature reviewed.

CHAPTER 2: LITERATURE REVIEWS

2.1 Introduction

This chapter focused on the theoretical framework that the study adopted. The chapter catered for the literature review regarding COVID-19, in the world, in Africa, in the SADC region, and Namibia respectively. The chapter further looked into the Transmission of the COVID-19 Pandemic, the Clinical presentation of the Pandemic, the signs and symptoms, Treatment, and control of the pandemic as well as the experience of COVID-19 Preventative Measures in the informal settlement at large. The chapter presents the identified research gap.

2.2 Theoretical Framework

This study followed the Theory of Reasoned Action (TRA) approach, which contends that a person's attitudes and the subjective norm connected to their behaviours serve as indicators of their behavioural intents (22). This theory was developed at the end of the 1960s (23).

The study employed the TRA to understand what people in the informal settlement experienced in order to comply with steps to reduce the spread of COVID-19. The COVID-19 pandemic and inhabitants' experiences with the disease were the focus of this investigation and the description and investigation of preventative actions were identified respectively.

The researcher was able to observe how the local residents were acting to avoid contracting the COVID-19. The TRA was helpful in analysing public health issues, specifically the COVID-19 pandemic precautions for the Okahandja Park informal settlement residents. Key information for this study was obtained by investigating the residents' responses to the provided COVID-19 preventative measures through narrations of the residents' lived experiences.

2.3 History of the COVID-19 Pandemic

The COVID-19 pandemic has been declared as one of the greatest global health outbreaks worldwide, with devastating impacts on nations. It is one of the biggest challenges the

world has faced ever since World War Two (24). Since its first appearance in Asia in late 2019, the virus has spread to every continent, except Antarctica (24). In Asia, there have been various control measures for the pandemic, where attempts have been introduced to contain the spreading of the disease to other countries. Nonetheless, the attempts were unsuccessful and this resulted the virus spreading to the rest of the world. According to Allam (25), the World Health Organisation (WHO) declared an international Public Health Emergency on the 30th January 2020 and a pandemic on the 11th March 2020 respectively (25). As of the 23th May 2022, the pandemic had caused more than 525 million cases recorded and 6.27 million confirmed deaths globally, making it one of the deadliest diseases in the global Public Health (PH) history (25).

The Southern African Development Community (SADC) recorded its first instance of COVID-19 in early March 2020, and since then, the numbers of recorded cases has been increasing to date. As of the 15th of April 2020, fourteen of the sixteen SADC Member States have been affected by COVID-19. This count included countries such as Angola, Botswana, Eswatini, the Democratic Republic of Congo, Madagascar, Malawi, Mauritius, Mozambique, Seychelles, South Africa, the United Republic of Tanzania, Zambia, Zimbabwe and Namibia (26). Madhi and Nel stated that (26) Lesotho was the last African state to have remained free of the virus, until it reported its first COVID-19 case on the13th May 2020 (26). In addition, COVID-19 impacted the whole world, including the SADC region. Pak et al (27) emphasised that the socioeconomic impacts of COVID-19 in SADC may be unparalleled due to resource limitations, and inadequacies in health systems in many of the SADC member states (27).

Namibia reported the first two cases of COVID-19 on 13 March 2020 transmitted from a couple from Romania who visited the country. By December 2020, the number of confirmed cases was more than 18 000 with more than 170 deaths (28). Five days after the first confirmed cases, President Hage Geingob declared a State of Emergency (SOE) in the country on the 17th March 2020, which introduced measures such as the closure of all national borders, suspension of gatherings and economic-related resolutions (28). Ten days later, these resolutions were followed by a lockdown of two regions namely, Khomas region (including the nearby towns of Rehoboth and Okahandja) and Erongo region for 21 days until 17th April 2020 (28). COVID-19 preventative measures require access to basic sanitary conditions, such as adequate sanitation, and potable running water for

handwashing, which largely remain inaccessible in informal settlements and as such, have widened inequality in Namibia. Informal settlements which relatively accommodate most urban residents in Namibian urban areas are also faced with very high dwelling densities; resulting in overcrowding, scant access to potable water and adequate sanitation, widespread poverty and inadequate health infrastructure (27). Consequently, the crowded nature of housing, and the lack of access to appropriate sanitary measures such as running water make these environments susceptible to the transmission of the virus among the inhabitants.

2.4 Experience of COVID-19 Preventative measures in the Informal Settlements

2.4.1 Europe

San, Samari, Moresky, Casey, Kachur, Roberts, and Zard (29) discovered that governments across countries around the world were simulating restrictive control measures in high-income countries which are not sustainable. The prevention and control measures generated serious additional harm when the socio-economic situations of the urban poor and vulnerable population were left ineffectively addressed (29).

Romania stands apart from other East Central European nations due to the abundance of tiny, segregated Roma villages (30). Given the simple guidelines to manage the pandemic such as handwashing, keeping distance, and working from home — the enforcement of lockdown restrictions disproportionately worsened economic conditions for the Roma, an ethnic minority who reside in marginalised and impoverished settlements.

Firstly, restrictions on travel for the majority of Romanian migrants working abroad were the first interaction that travellers had with those who resided in the informal community. The local residents were impacted by the decline in foreign-based income when cross-border travel was banned (30). Since their primary modes of transportation were cars and small vans, which border police could easily target, the Roma population was particularly heavily struck. A lot of them hastily wounded up in constructed quarantine facilities, some of which received criticism for their unsanitary circumstances.

Secondly, according to SocioRoMap estimates (31), many Roma slum inhabitants' sources of income were impacted. In a total of 527 compact groups with a combined population of

147,600 people, at least 30% of those who worked as day workers had to leave their segregated zones to find employment. There were also compact Roma communities, while fewer in number, that depended on even more precarious forms of revenue, like collecting foraged fruits, collecting recyclables, or begging - all of which were carried out outside of their homes (30). These instances show how the Roma slums' strong reliance on outside resources and free roaming was suddenly disrupted. The latter had significant negative implications on the Romani livelihoods.

In the third instance, the quarantine's imposition exerted strain on community resources like water and access to other utility services. When the water source was outside the house, it was very difficult to isolate oneself. There were 1,495 compact groups with a total of 397, 200 people, and at most 30% of the dwellings had access to running water. In such communities, private bathrooms were even more uncommon, with 1,882 groups (527, 200 people) having restrooms in no more than 30% of homes (32).

On the fourth account, Romani households were ill-equipped to cope with the medical and economic consequences of the Coronavirus outbreak. More than two thirds of them were vulnerable to poverty, almost three times higher than the national average (30). Some residents were engaged in economic practices that required physical and social interactions or work in the informal market, which meant that they could not receive any compensation for the loss of income suffered as a result of the restrictions imposed by the resultant State of Emergency. The social protection system demonstrated poor efficiency and failed to reach the needy (30).

2.4.2 North America and South America

In a study conducted in the United States of America (USA) Golechha (33) found that age and political ideology were significant predictors of compliance with preventative measures. Nonetheless, the review of literature found less of informal settlements in the USA. The existing case study that was comparable to the informal settlements characteristics was the United States Prison System.

About 2.1 million people were imprisoned in the USA, and COVID-19 has had a relatively negative impact on this population (34). Eight of the top ten COVID-19 clusters in the USA

all of which had over 1000 cases were located in prisons or jails, while the other two significant COVID-19 clusters occurred in meat-processing factories, where employees frequently work shoulder to shoulder at low temperatures (35). The amount of space needed for cells and detention facilities was controlled. For instance, the Illinois Administrative Code stipulated a minimum of 4.6 square meters of floorspace, a minimum ceiling height of 2.4 meters, and a maximum occupancy of two people per cell (36).

Despite these space requirements, there were 5.5 times as many Americans in prison who tested positive for COVID-19 than there were in the general population, with a prisoner case rate of 3, 251 per 100, 000 individuals compared to 587 cases per 100, 000 in the general population (37). The USA prison system, particularly the Cook County Board, responded to overpopulation by releasing a sizable proportion of qualified prisoners early (38).

2.4.3 Asia and Australia

Lockdown was a successful tactic in India for slowing the spread of the pathogen.
However, one of the unofficial settlements where the COVID-19 pandemic grew worse was Dharavi-Mumbai in India (39). Because of Mumbai's slum situation, neighbourhoods, health inequities, escalating social disparities, and distinctive cultural norms, lockdown became a difficult measure for the society's less advantaged groups (39). The strict lockdown increased economic losses and rendered poor earnings to the slum's migrant worker population.

The majority of the workers had to leave daily during the lockdown to either decide to search for food and other necessities or gather food packets because they had little to no money. Lockdown procedures were extremely tough, and they were even more onerous for larger communities. The social isolation was also exceedingly challenging for Mumbai's slum dwellers. Additionally, daily wage employees were expected to provide for their families on a daily basis, but due to travel restrictions, this was not practical (39).

Moreover, according to a study carried out in China (40), 3,035 participants in China were asked about their personal experience with some of the preventative measures and the study highlighted that 96% of participants always wore a face mask in other public settings.

However, with frequencies of self-reported sanitising hands, only 70% of participants avoided social and meal gatherings and avoiding crowded places (40).

Additionally, a study conducted in Bangladesh's Khulna informal settlements (41), claimed that the COVID-era vulnerabilities among slum residents were impacted by economic, infrastructure, and health-related challenges that existed prior to the COVID-19. The main external issues in informal settlements continued to be lack of institutional readiness and safety-net programmes, discontinued municipal services, inaccessible/unreliable healthcare services, corruption/bias/non-coordination in beneficiary selection, poor infrastructure and sanitation, informal employment, livelihood diversity, superstition, and comorbidities.

The most widely used strategies have been information sharing, being open to pandemic knowledge, and actively taking part in programmes of training and awareness. Despite criticism, aid programmes prevented famine among residents (41). As a result, this turned out to be a crucial coping mechanism. However, organised financial aid from NGOs provided residents the greatest discretion over their money. Aside from built environment/planning, NGOs were found to be the most significant external stakeholder in every other sector. The focus is still on optimising the use of community infrastructure during future events to boost adaptive capability. Simultaneously, spatial and non-spatial factors appeared essential in addressing complicated poverty profiles, resource shortages, and the Informal Settlements vulnerabilities in Bangladesh (41).

2.4.4 Africa

The COVID-19 pandemic spread to the African continent on 14 February 2020, with the first established case announced in Egypt (42). The first confirmed case in sub-Saharan Africa was recorded in Nigeria at the end of February 2020 and within three months, the virus had already spread throughout the entire continent (42). By the 26th May 2020, it appeared that most African countries were experiencing community transmission, although, at that time, testing capacity was limited in some of the African countries (43).

Emphasis has been placed on maintaining good hand hygiene by using alcohol-based hand rub or soap and water to combat the COVID-19 epidemic. As a COVID-19 preventive step,

physical distancing was largely encouraged, keeping at least 2 meters away from the closest person in queues and covering the mouth when coughing, sneezing, and speaking (44). However, given the characteristics of slums as well as the limited access to clean water and basic sanitation that these areas encounter, these measures continue to be a significant difficulty. Physical separation and self-quarantine have been impossible due to the additional space limitations, violence, and congestion in slums (45).

The suggested home stay was not an option for urban slum residents in many African informal settlement contexts, because of the frequent outdoor engagement nature and labour activities typical of African informal settlements. Due to the difficulty in obeying the placed curfews and other movement restricting regulations, many informal settlements residents experienced government violence (46).

Similar to Kenya and Nigeria, Ghana has also experienced challenges with quarantine in settings where many individuals share a room and when numerous families must use the same bathroom, especially in informal settlements (47). Access to necessities was hindered by the lockdowns that were implemented throughout Africa. Police brutality and humiliation against the poor increased as a result of the imposed lockdowns, which were carried out in nations like India, Nigeria, Kenya, and South Africa (48). Informal settlement health is influenced by their shared physical and social settings as well as their level of poverty in Africa (46).

Since Sub-Saharan Africa accounts for a sizable percentage of slum expansion and disease burden, understanding and containing disease spread in African slums ought to be a top worldwide health priority. According to a study carried out in Saudi Arabia (49), the findings focused on the experience of specific COVID-19 preventative measures within public parks in comparison to other measured settings. Proportions of the individual's not mask-wearing instructions varied according to settings and age group from 5% in shopping malls and other commercial areas to nearly 83% in public parks.

According to Penrose, de Castro, Werema and Ryan (50), pandemics put a lot of strain on poor people who live in vulnerable conditions that lack basic infrastructure including water, sanitation and sewers increasing the risk of infectious diseases such as COVID-19 (50). Many African communities faced social factors during lockdown such as depression, and

this is triggered by economic distress (51). This has been common in many African communities especially when resident lost their employment security and is a major health challenge to informal settlements residents (51). Moreover, living in crowded slums makes community members feel stressed, as they are not able to engage in their daily activities especially not being able to work during the lockdown period. In addition, the lack of recreational facilities, such as sports in the informal settlements, made it difficult to engage in sport or any other physical activities compared to people who are living in formalised neighbourhoods (52).

Nasrullah et al. (53) noted that during the COVID-19 pandemic lockdown, children who lived in informal settlements were unable to access learning due to limited internet access. Nasrullah et al (53) furthermore stated that many parents were concerned that their children would contract COVID-19 if they continued to play in confined quarters without face masks and without social distancing (53).

Almost one billion people around the world call informal settlements home, representing a fair proportion of the urban population in many low- and middle-income countries. The COVID-19 pandemic has imposed new costs, restrictions and risks globally. These changes affect everyone, but urbanites living in informal settlements are more greatly affected because they live very high dense precarious conditions with limited access to potable water and sanitation, widespread poverty and inadequate health infrastructure and services. The COVID-19 pandemic has been a wake-up call for city authorities to rethink their engagement with informal settlements residents. Neglecting public services in informal settlements will be counterproductive both in the control of the current pandemic and the prevention and management of future pandemics.

2.4.5 Southern Africa Development Community (SADC) Region

In conceptualising the socioeconomic impact of COVID-19 on the informal sector, a study conducted in Zimbabwe (54) offers a documentary analysis. The following socioeconomic effects of COVID-19 on the unorganised sector were identified in that report, including disempowerment, exposure to poverty, an increase in gender-based violence, and inequality. In a socioeconomic context that was already in decline, the effects of the lockdown measures have sped up the decline of the informal sector.

According to the study, COVID-19's main effects on the informal economy are poverty and reduced profitability, which made this sector extremely vulnerable (54). In addition, the author suggested for the Zimbabwean government to implement social protection programmes based on indigenous African knowledge systems for this sector during such socioeconomic shocks.

Additionally, a study done in South Africa (55) showed that it has been more difficult to implement social separation in an informal settlement. The 2-meter social separation test, however, showed that a sizable fraction of the informal settlements would likewise be unable to apply social distancing in an efficient manner (55).

2.4.6 Namibia

In Namibia, the Ministry of Health and Social Services (MOHSS) and the Office of the First Lady in Windhoek have been evolving in educating people on basic health promotion.

There are many obstacles limiting the COVID-19 pandemic that affect informal settlements (60). Poor living circumstances worsened the situation, and issues like the lockdown of all of Namibia to contain COVID-19 had a direct impact on communities in the informal settlement (56). The public health personnel in Namibia promoted the use hand sanitisers, handwashing, isolation from gatherings, and practicing social distance (56). However, informal settlements in Namibia face a variety of issues, from high population density to poor access to water and sanitation (57). For many, this makes following COVID-19 guidelines regarding hand washing and social distance unrealistic to achieve.
Social distance has been impossible in Okahandja Park informal communities because residents have large families, yet live in small, confined homes (57).

According to the aforementioned claim, during the lockdown, the populace was at risk of contracting COVID-19 and other contagious diseases. Compared to before the lockdown, residents of informal settlements have been forced to endure more uncomfortable conditions. In order to lessen the effects of pandemics and other diseases, more infrastructure improvements and efforts to supply basic necessities, such as clean water, to communities like Okahandja Park are necessary.

2.5 Treatment of COVID-19

There is no cure available for COVID-19 and currently, only one medication has been approved for treatment Thus far. The FDA has approved the antiviral drug remdesivir (Veklury) to treat COVID-19 in hospitalised adults and children who are aged 12 and older in hospitals, which is given through injections (58). Most people who become sick with COVID-19 might only have mild illness and can get better at home with no special treatment. Symptoms might last a few days and they might feel better in about a week. For mild cases treatment was aimed at relieving symptoms and included rest, fluid intake, pain relievers and cough medication if needed (58).

2.6 Control of COVID-19

Given that the SARS-COV-2 virus is highly transmissible through human-to-human infection, the World Health Organisation (WHO) and the Centre for Disease Control and Prevention (CDC) declared that strict precautionary measures should be applied by governments to combat the spread of the virus (59). The WHO warned that successful control of the pandemic depends upon how and when governments apply such precautionary decisions. The importance for governments to balance strict precautionary measures with the negative impact on daily life activities and the economy has also been stressed (59). Common preventive measures must be strictly followed, including good respiratory hygiene, hand washing, and reduced or no movement into and out of infected areas except for necessity. Also, SARS-CoV-2 like other viruses can be inactivated with a 70% concentration of isopropanol and ethanol apart from 0.1% sodium hypochlorite within 1 min exposure (60). Experience from past health crises, such as Ebola, as well as from countries already fighting COVID-19 showed that achieving the behavioural changes needed including effective physical distancing and proper hand hygiene requires clear, open and regular communication, and close collaboration with affected communities and influential partners (61). Non-government actors are key to mobilising and gaining trust in the community because residents often mistrust government messaging and policies, particularly in settlements where communities have been subject to evictions, employment discrimination and years of neglect (62). Therefore, the strategies for managing the pandemic included:

- Washing of hands regularly with soap and water for at least 20 seconds.

- Quarantine of epidemic areas, and travel restrictions
- Expansion of serological screening
- Mask wearing and social distancing
- Public assurance and fighting misinformation
- COVID-19 Vaccines campaigns

In India, On the 1st April, as soon as the first case was discovered, the neighbourhood municipal responded efficiently (63). In order to curb the pandemic from spreading, the municipal corporation barricaded the entrance and exit to the slum cluster, cleaned 425 public restrooms, started door-to-door screening, robust surveillance, involved private doctors in containment activities, partnered with NGOs to build community trust and provide food to the underprivileged population, increased quarantine and treatment facilities, and implemented the strictest lockdown (63).

The Dharavi model was used as a guide by public health professionals and policymakers worldwide to break the chain of transmission and flatten the curve in crowded urban slum areas (63). It's also crucial to note that the Dharavi model worked best in situations where social distance was either impossible or challenging to maintain. By actively pursuing the four Ts of Tracing, Tracking, Testing, and Treating as part of its COVID-19 response approach, the Dharavi model was able to successfully flatten the curve in just two months. This strategy comprised of proactive screening and thorough surveillance (63).

In Namibia, the UN's global development network, namely UNDP has supported the Government by strengthening community health systems to deal with emergencies in a coordinated manner. Using inclusive people-centred implementation, UNDP Namibia has supported the establishment of local community led task forces in 4 regions to respond to COVID-19 as well as supporting the risk communications efforts of the Government of Namibia.

2.7 The Research Gap

Due to the urgent need to find new answers, the COVID-19 viral epidemic has put research funding organisations in a difficult position. Even while some nations, particularly those in

the SADC and in the setting of the COVID-19 outbreak, there are still challenges of lack of financing for research. Therefore, there is an urgent need for information to comprehend the epidemiology of the disease. This might make it possible to comprehend how diseases spread and how to prevent them.

Only around 9% and 25% of applicable country or regional research has been done, according to Zhang and Shaw (64), on the effects of COVID-19 in the United States and the United Kingdom. This does not reflect a greater disease burden in the informal settlement but appears to be driven by the greater capacity to conduct research (64). In the African context, it is also possible to locate vaccinations, patient clinical characteristics, patient socioeconomic factors, and pertinent medicines. Additionally, the following could be determined: behavioural and mental concerns, as well as creating efficient regional, national, and worldwide disease control policies (65).

More research is required to determine how COVID-19 is affecting other regions of the world, particularly in Africa. Low- and middle-income nations, like Namibia, suffer disproportionately from the pandemic and are notably underrepresented in the literature, particularly in the informal settlement. Even more research is needed on informal communities like Okahandja Park. In Namibia, very little studies have been done to determine how COVID-19 has affected informal settlements. Informal settlements are more prone to contracting and swiftly spreading the disease due to unsanitary conditions and congestion, thus if they are not targeted, this will result in an even larger shock and spread of the virus.

2.8 Summary

This chapter presented the reviewed literature informing the theoretical framework of the study. Secondly, the literature review focused on the history of COVID-19 pandemic and the community transmission of the pandemic. The literature review further discussed the COVID-19 Diagnosis, Treatment and control aspects. Lastly, the chapter focused on the experience of Informal settlements dwellers with adhering to COVID-19 preventative measures.

CHAPTER 3: RESEARCH METHODS

3.1 Introduction

This chapter reflects on the research methodology and the research design method used in this research. It also presents the population and sampling method used, data collection instruments, research questionnaire, data collection procedures and data presentations and analysis. Finally, it also discusses the ethical consideration and yields a summary at the end of the chapter.

3.2 Research Design

This study used a qualitative approach with a narrative design because the researcher primarily performed a narrative study to obtaining different participants' experiences (66). This study was qualitative because it implies an emphasis on the qualities of individuals and on processes and meanings that are not experimentally examined or measured in terms of quantity, amount, intensity, or frequency (66).

3.3. Population

The population of the study was residents of Okahandja Park Informal Settlements in the Khomas Region.

3.3.1 Inclusion and Exclusion Criteria

Inclusion: The study included residents of Okahandja Park Informal Settlement, above the age of 18 years old.
Exclusion: Residents of the Okahandja Park informal settlements who refused to participate or were under the age of 18 were not included in the study.

3.4 Sample and Sampling Method

A Non-probability sampling method was used to conveniently sample and recruit the participants in this study. Convenience sampling relies on data collection from population

members who are conveniently available to participate in the study during data collection (66).

The sample of the study was made up of thirty (30) participants, with (21) participants for the four FGDs, with each FGD' of six (6) participants who were conveniently sampled from their dwells. 3 of the participants that made up Focus Groups did not show up and to compliment this, six (6) other participants were face-to-face in-depth interviewed, as a complimentary to the FGD's. respectively. Nonetheless, not all the participants responded to the questions posed by the researcher.

3.5 Data Collection Instruments

This study made use of one instrument of Focus Group Discussions (FGDs) guide and a Face to Face in depth interview guide to collect data. The guides all consisted of one main question (What was your experience with regards to COVID-19 preventative measure during lockdown?) that was asked to the participants and the rest of the questions were probed while data was being collected. The guide was prepared in English language and there was no translation during data collection because all participants were able to speak and respond in English. In addition, the researcher made use of field notes and audio recording while collecting data.

3.6 Data Collection Procedures

Firstly, the researcher carried out a pilot study to validate the instrument of the research namely, the FGD guide. The data was collected at one of the community leader's yard and the participants and the researcher set outside in a natural shade for the engagement session. Permission was sought from the community leader through the community coordinator to conduct the FGD's and face-to-face in-depth interviews in the Okahandja Park community. The community leader informed the residents and this was done to keep the community residents in the loop. Therefore, the community leader invited participants for discussions and interviews on the day of data collection respectively. The researcher conducted four focus group discussions and each group consisted of six participants for the first three groups. However, the last group had only three participants participating, because the other three participants did not show up. Firstly, the researcher explained the purpose of the study

to the participant and each participant was given informed consent so that they agree to participate in the study. The informed consent was thoroughly explained to the participants and those who agreed to participate signed the informed consent. The first three FDG's composed of an equal gender representation of participants, that are aged 18 years old and above and they are residents of Okahandja Park. The discussions took approximately 30 minutes or more depending on the responses. Participants were given factious names such as Participant 1 to Participant 21. After the completion of focus group discussions, the researcher carried out in-depth face-to-face interviews with residents of Okahandja Park which was conducted to complement the FDGs. The participants of the interviews were given fictious names such as Participant A to Participant F. The researcher had a recorder to capture all being said and the data recorded were transcribed after data collection.

3.7 Measures of Trustworthiness

Qualitative studies employ measures of ensuring trustworthiness in order to support the argument that the findings of the study being carried out have value and are worth paying attention to. Trustworthiness also means being honest and checking the soundness of the data and having the processes open for inspection (94). In this study, trustworthiness was attained by adhering to the four measures: Credibility, Transferability, Conformability, and Dependability (95). This is highlighted in the Table 1 below:

Table 1: Trustworthiness Strategies

Strategies to ensure Trustworthiness		
Strategies	Techniques	Activities
Credibility	• Prolong engagement with the participants until the scope of the data was adequately covered.	• Spend adequate time with participants to establish an understanding, to facilitate relaxation and to increase participants' willingness to known sensitive information.

Strategies to ensure Trustworthiness		
Strategies	Techniques	Activities
		• Repetition and rephrasing questions with the participants in order to gain credibility. • Notes taking of respondent's responses and nonverbal communication
Transformability	• Extensive description of data	• The design of this study provides a clear descripti on of the methods and the report describes the results obtained • Evaluate the transferability of information to another perspective that potential users can judge the transferability.
Confirmability	• Replication of the traditional concept of objectivity (96) • Reflexivity	• Data was recorded, written, analyzed and reconstructed into key themes and subthemes. • Findings from Discussions and in-depth interviews was be read to the participants in order to confirm with them

Strategies to ensure Trustworthiness		
Strategies	Techniques	Activities
		whether they are correct. In addition, the researcher notes and the nonverbal communication information was compared in order to confirm trustworthiness.
Dependability	• Editors invitation • Research Supervision	• Raw data collected by the researcher was color coded, categorised in subthemes and themes according to Tesch's open coding • The research supervisor reviewed and arbitrate the acceptability of the process and procedures followed during the course of research.

Thus, measures of trustworthiness for this study are well enlightened in the following manner:

- **Credibility**

Credibility is a strategy of true value criteria, and is related to the degree of believability of research findings (97). It is demonstrated when participants recognize the research findings as their own experiences (98). The researcher established credibility by prolonging engagement with the participants until the scope of the data was adequately covered. To ensure the credibility of the FGD's and the Face-To-Face interviews, the researcher spent

adequate time with participants to establish the understanding, to facilitate relaxation and to increase their willingness to known sensitive information. The researcher used repetition and rephrasing questions with the participants in order to gain credibility.

- **Transferability**

Transferability is the strategy of the applicability criteria. It "refers to the probability that the findings of the study have meaning to others in similar situations" (98). It is the extent to which the findings from data can be transferred to other settings. Thus, it was not up to a researcher to judge his or her own study with regards to the transferability of the study's findings. A researcher's responsibility was to provide the results so that potential users can judge the transferability (98). The researcher provided an extensive description of data that the reader could assess and, thus, evaluate the transferability of information to another perspective.

- **Confirmability**

Confirmability is the strategy of neutrality criteria. It replicates the traditional concept of objectivity (96). It provides a guarantee that findings, conclusion and recommendations are consistent with the data, and that the evidence could be confirmed by auditors (99). Findings from the Discussions and in-depth interviews were read to the participants in order to confirm with them whether they were correct. In addition, the researcher notes and the nonverbal communication information was compared in order to confirm trustworthiness.

- **Dependability**

Dependability is the strategy of consistency criteria which is met through obtaining credibility of the findings (98). Dependability was achieved by inviting editors to follow and judge the acceptability of the process and procedures used by the researcher (99). To ensure dependability, raw data was colour-coded and categorised in sub-themes and themes according to Tesch's open coding. The research supervisor then reviewed and arbitrated the acceptability of the process and procedures followed during the course of research.

3.8 Data Analysis

The data was manually analysed using Microsoft word document. Data for this study was coded and categorised into units to be listed until data integrity was achieved. Data analysis

was an assorted process that was based on the theory of Tesch (66). Tesch theory was applied as follow: The FDGs and face-to-face in-depth interview responses were reduced into small segments and divided into themes and sub-themes respectively. The researcher made use of procedures, such as bracketing and phenomenological reduction to group units according to the experience of participants and data was segmented into relevant and meaningful units (67). Relevant units were reviewed and listed to eliminate the redundancies from the units with relevant meaning, renewing the efforts of bracketing the phenomenon under investigation (66). Therefore, themes and sub themes resulted by the researcher categorizing and reducing the units by grouping similar themes and narrating the experiences of the participants. Then, Sub themes were obtained from the themes obtained from differed grouped units.

3.9 Research Ethics

3.9.1 Ethical Clearance

An Ethical Clearance Certificate was granted to the researcher, University of Namibia Ethics Committee (Human Research Ethics Committee (HREC)), and a permission letter was obtained from the Ministry of Health and Social Services. Moreover, a permission letter was offered to the researcher by the community leader, to collect data on the community of Okahandja Park informal settlement.

3.9.2 Written Informed Consent

A written informed consent had two section of Information Sheet (this section shared information about the study with the participant) and Certificate of Consent (this section was for signatures if the participant chooses to participate. The researcher read and explained the above-mentioned sections of the consent to all participants and the ones that agreed to participate in the study signed the informed consent form promptly. The researcher indicated in the informed consent to the participants that the participation was voluntarily

3.9.3 Principle of Justice

The researcher treated all participants with fairness and vulnerable groups such as mentally ill population and older people were not included in this study.

3.9.4 Privacy

According to Creswell (66), a researcher will protect privacy by not disclosing the participant's identity after the information is gathered. Therefore, the names of the participants remained anonymous throughout this study. Data was stored in a safe with a lock and key that was kept safe by the researcher and after data entry, the data was stored on a laptop, in a folder with a password known to the researcher only. Moreover, participants were asked permission to tape record before the onset of the FGD and In-depth face-to-face interview sessions respectively.

3.9.5 Principle of Beneficence

The benefits from this study would maximize possible benefits and minimized possible harms to any participant. Participants benefited from this study positively because recommendations emerged from this study will be utilized by the stakeholders for decision making of the community with regards to COVID-19 pandemic in the future.

3.9.6 Principle of Non-maleficence

Non-maleficence assumes that no harm should come to the research participant as a result of taking part in this study (67). The risks of harm to participants were minimal and the participants were told they have the right to withdraw from the study at any time. Justice was served by distributing the questionnaire fairly to all participants that meet the inclusion criteria of the study.

The risks of harm to participants due to COVID-19 exposure were also considered, where participants were protected from exposure to COVID-19 by applying the following measures:

- Each participant was instructed to wear a face mask,
- A social distance of one meter from each other,

- There was a hand sanitizer to sanitize the participant's hands before they enter the venue of the discussions and interviews.

Participants were treated fairly and with no harm. Their willingness to participate will be highly appreciated and they will be treated with dignity there will be no questions that would be sensitive to the participants and they will not go through any trial while being interviewed.

3.10 Summary

This chapter summed up how the design of the research was addressed, and how the sample of the data was achieved. Furthermore, the chapter discussed the data collection tools and instruments used to attain data. Moreover, procedures and data analysis of the study was discussed. The chapter also dealt with the study's ethical considerations, systematically describing the application of the research ethics before, during and after the process of data collection and analysis, following the conventional research principles.

CHAPTER 4: RESULTS

4.1 Introduction

This chapter presents the research findings from the FDGs and interviews conducted in this study. To achieve this, the researcher engaged with residents of Okahandja Park to conduct interviews and FGDs. Data were transcribed and coded to generate themes and sub-themes were generated in line with the objectives of the study. The emerging themes from the data analysis process are presented in this chapter.

4.2 Participants' Details

In this study, demographic data was obtained from the in-depth face-to-face interviews, and entailed information on the participants' background and personal information such as their gender, age, and occupation, as shown in Table 2.

Table 2: FGD Participants' Demographic Data

Name of Participants	Gender	Age	Occupation
Participant 1	Female	25	Student
Participant 2	Female	30	unemployed
Participant 3	Male	26	Security Officer
Participant 4	Female	28	Unemployed
Participant 5	Female	31	Self-employed
Participant 6	Female	40	Shop Teller
Participant 7	Female	28	Security Officer
Participant 8	Male	35	Self Employed
Participant 9	Female	30	Unemployed
Participant 10	Male	30	Bar Tender
Participant 11	Male	35	Bar Tender
Participant 12	Male	45	Unemployed
Participant 13	Male	40	Unemployed
Participant 14	Male	30	Bar tender
Participant 15	Male	31	Community Coordinator

Name of Participants	Gender	Age	Occupation
Participant 16	Male	28	Student
Participant 17	Female	24	Student
Participant 18	Male	26	Taxi Driver
Participant 19	Female	19	Student
Participant 20	Female	25	Unemployed
Participant 21	Male	27	Unemployed

The above Table 2 shows the participant codes assigned to the respondents during data collection. The table further shows the gender as well as the age of the participants in the six (6) FGDs. The participants further stated their occupations, and 28% of the participants were unemployed, some are students (14%), bar tenders (14%), security officers (2%) as well as taxi driver (5%) in that order. The researcher conducted four (4) FGDs, whereby initially each group consisted of six (6) participants, however, the last group only consisted of 3 participants. The first three focus group were composed of an equal gender representation of participants, which was three (3) females, and three (3) males per group, with the last group composing of two (2) Males and one (1) female, that are aged 18 years old and above, residing in Okahandja Park informal settlement.

Table 3: In-Depth Face to Face Interviews Participants' demographic data

Name of Participant	Gender	Age	Occupation
Participant A	Female	35	Unemployed
Participant B	Male	62	Community leader
Participant C	Male	47	Community leader
Participant D	Female	28	Unemployed
Participant E	Male	32	Self-employed
Participant F	Female	53	Self-Employed

The Table 3 above represented the demographic information of the participants who took part in the in-depth face-to-face interviews; it, therefore, presented their gender as well as their ages. The participants were aged twenty-eight years old and above, with an equal

gender representation. Some of the participants were self-employed (33%), Community leaders (33%) and Unemployed (34%). Participants were given fictions names such as Participant A to Participant F individually.

4.3 Presentation of Data from the Focus Group Discussions

The following Table 4 present the Themes and Sub themes emerged from the study:

Table 4: Themes and sub themes of FGDs

Themes	Sub Themes
Theme 1: Residents Experience	Sub theme 1.1: Negative Experience Sub theme 1.2: Positive experience
Theme 2: Basic and Monetary needs	Sub theme 2.1: Water access Sub-theme 2.2: Adequacy of food Sub-theme 2.3: Financial coping mechanisms
Theme 3: COVID-19 Preventative Measures	Sub-theme 3.1: Availability of soap Sub-theme 3.2: Promotion of hand washing, before and after lockdown Sub-theme 3.3: Social Distance Sub-theme 3.4: Self Care promotion
Theme 4: COVID-19 Preventative measures community recommendations	

4.3.1 Theme 1: Residents Experience

4.3.1.1 Sub-theme 1.1: Negative Experiences

Participant 1 stated that her experience during COVID-19 was both positive, and negative because it has been difficult for his studies since he is a student, also since most of the participants are low-income earners, there was no enough money to buy food, and the basic needs in the house. Participant 2, expressed that her experience was negatively impacted

because places where they usually get water was far and they were not allowed to travel long distance due to the lockdown, therefore they did not have sufficient water, and food to eat at home, and she lost her job also due to COVID-19. as a result, she could not provide for her family, therefore COVID-19 pandemic affected them so badly. He further mentioned that they did not receive any help, as a result, she stressed that they want more toilets as the ones they are having now are not enough, and they are being shared by so many people.

However, participant 3 also stated that he had a bad experience during the COVID-19 pandemic as there were no jobs in the communities, and many people lost their jobs. Also, food got extremely expensive, as a result, it was difficult for people to provide for their families given the fact that many did not have money since they lost their jobs, and it was impossible to get another job during COVID-19 as many companies were also closing down.

In addition, participant 4 stressed that during COVID-19, she learned many things like how to budget, how not to never waste food since food was very scares as well as how to stay in one place alone. participant 4 had also a bad experience during COVID-19 as no money or income was coming in, and she ended up spending a lot of money buying medicine because she contracted COVID-19, and immune boosters to keep her immune strong. Participant 5 on the other hand revealed that:

> *"during COVID-19, many people have lost their jobs, and when we use the toilet, one toilet was being shared with more than 100 people as a case previously but now there were measures such as social distancing and quarantine, and we used to hang around at social places such as bars but during COVID-19, we were forced to stay indoor".*

Also, participant 5 stressed that the price of food was just too high, and still high now, as a result, many people went to bed hungry as they could not afford to buy food, and it was a bad experience for everyone that is affected. Participant 6 also revealed that:

> *"during the COVID-19 pandemic, a lot of people lost their jobs, and some were sent back home due to retrenchment, and this made it*

difficult for people to provide for their families, and in Okahandja Park, there are few toilets, thus one toilet is used by more than 1000 thousand people, and imagine having a running stomach, how will you join the line, and what time will you help yourself?, also Okahandja Park got electricity just at one side of the councilor's office".

Therefore, according to participant 6, during COVID-19 they had a very bad experience as COVID-19 affected them negatively, food prices increased during the COVID-19 pandemic, and the majority of the people could not afford their basic needs.
Participant 7 alluded that during the COVID-19 pandemic, they have gone through many problems like loss of jobs, and they have lost most of their relatives, friends, and well-known people during COVID-19. Also, food prices have increased, and most people with low-income find it difficult to afford to buy food.

Participant 8 said that having to stay at home, postpone his studies, and spend more money on a taxi and groceries made his experience at COVID-19 unpleasant. Negative challenges that participant 9 experiences included losing jobs as a result of COVID-19, a food crisis, the inability to work at night owing to the curfew, and being physically assaulted by police officers and NDF personnel for being out in public after curfew, which was at 21:00. Similar to participant 9, participant 10 complained that the COVID-19 pandemic was a bad experience since she couldn't feed her siblings because food got pricey and there wasn't enough electricity at home. Participant 11 also had unpleasant experiences, such as losing her job and that of some family members, and food becoming prohibitively costly, making it impossible for her to purchase food. Participant 12 expressed that:

"during COVID-19, life was hard because many people lost their jobs, there was a shortage of food, and those who had jobs, were not allowed to work till late due to curfew, which means people were working few hours, and their salaries became low".

Participant 12 further revealed that other people who were suspected of COVID-19 were isolated and were in quarantine. In addition, he also had a bad experience as he saw how many people were dying because of COVID-19. Moreover, participant 14 revealed that his

experience during COVID-19 was bad as he lost his job, lost his communication with people, and lost his house business income. In addition, participants 15, and 18 stated that:

> *"COVID-19 brought us extreme poverty as a lot of people lost their jobs, and did not have any other means to support their families, and also neighbor's ties were broken as people did not have peace anymore in the location due to the panicking situation everyone was in".*

Participant 18 further added that the N$ 750 that they received as a grant was not enough, and the toilets were few also, as a result, many community members had to share one toilet, and kids also were forced to remain at home instead of going to school.

Participants 16, and 17 also revealed that they had a bad experience during COVID-19 as they lost their employment and did not have money to feed their families as it was hard to find another job. Participant 19 revealed that everyone experienced difficulties during the COVID-19 pandemic, and many people were dying of hunger because the food is too expensive, and many could not afford it since there was no money because people lost their employment. In addition, the taxi fees were also increased, and this affected people badly.

Moreover, participant 20 alluded that families experienced extreme poverty because people lost their employment, and some had their salary cuts as the companies cannot afford to pay them anymore, and people in the informal settlements were forced to use one toilet with more than 1000 people since there are only a few toilets, food also became expensive, and learners could not go to schools anymore as this affected their education, and churches were also closed, as a result, people lost hope, especially in God. Participant 21 on the other hand stated that her experience during COVID-19 was not so pleasant as they did not have electricity, and sufficient toilets, and the toilets that are there are being used by many people, which made a lot of people contract the virus as people were not even social distancing or washing their hands after using the toilets.

4.4.1.2 Sub-theme 1.2: Positive Experiences

On the other hand, Participant 1 claimed that the lockdown was a good experience because classes were moved to online learning, enabling her to attend her lessons online and saving him money that he was expected to pay for transportation to attend classes at the university. Participants 1 and 14 revealed that they receive water for free which came as an emergency for COVID-19 from the City of Windhoek. In participant 12 views:

> *"The only advantage that the government did was giving the people free water, health facilities, and the COVID-19 grant of N$ 750".*

Participants 3, 7, 11,13 15, 16, and 17 were the majority that revealed that they got free water from the City of Windhoek as well as the N$ 750 as a COVID-19 grant from the government. Moreover, participants 4, 5, 6,9,10 and 12 also revealed that they receive free water and hand soaps from the City of Windhoek as well as free immunization against COVID-19 from the government. Similarly, participants 5, 9, 10, and 12 mentioned that some of the community members as well as the City of Windhoek provided them with soaps and free water. In addition, participant 13 mentioned that some of the good Samaritans provided them with masks, and sanitizers, which helped them to protect themselves from contracting the COVID-19 virus. Furthermore, participants 18, 19, 20, and 21 stated that received water in containers from the Ministry of Health, as well as soaps for washing their hands.

4.3.2 Theme 2: Basic and Monetary needs

4.3.2.1 Sub-theme 2.1: Water Access

All the twenty-one (21) participants mentioned that water access in their community was made available free of charge by the City of Windhoek. Thus, during the lockdown, the people in Okahandja Park have access to water at no cost.

4.3.2.2 Sub-theme 2.2: Adequacy of Food

All the twenty-one (21) participants stated that they did not have enough food during COVID-19. Participants 1, 4, and 19 stated that they survived, and cope with the food that the good Samaritans have given them. Participant 4 elaborated that:

> *"one day a certain church came to our location to give us food, they moved from one house to another with food parcels, which really helped us out since we did not have anything to eat at all".*

On the other hand, participant 2 mentioned that they coped by basically asking their neighbors to assist them with something to eat if they have more to share. According to participant 3, to cope, they sold firewood for money to buy food. On the other hand, participants 5 and 7 mentioned that they coped and survived by doing small businesses such as selling chips, Nik-naks, and fat cakes to make money, so they can buy food. Moreover, participants 6, 11, 18, and 20 coped by only eating once a day, that is eating lunch, and skipping dinner to save and have food for the next day. Participants 10 and 15 mentioned that to cope, they used to go, and hunt birds that they consumed, and sold to others. Participant 13 on the other hand revealed that, to cope she had to cut down on her expenses to cover the gap for food in the house.

4.4.2.3 Sub-theme 2.3: Financial coping mechanisms

All 21 participants revealed that they did not cope well during COVID-19. However, only a few participants, thirty-three percentage (33%) of participants revealed that they coped better before COVID-19. Participant 1, mentioned that:

> *"It was difficult during corona since I was depending on someone for income, and I was financially unstable before COVID-19 hit Namibia and I used to be self-employed hustling in different companies".*

Participants 3, 15, 17, and 19 mentioned that they did not cope well as it was hard to cope because had less to no income. Similarly, participants 8, and 21 also mentioned that during COVID-19 it was hard to cope financially as they just got retrenched as the companies they were working for could not afford to pay them any longer. Participant 4 stated that it was

hard to cope financially because everything was, and still is now expensive. On the other hand, participant 5 mentioned that they were much better before COVID-19, however during COVID-19 it was the situation was unpleasant. Similarly, participant 6 alluded that:

"we were coping at least much better before COVID-19 but since the pandemic started, we lost our jobs, and all means of surviving and we are not able to afford even bread because there is no money, and food became expensive". Participant 7 also mentioned that "before COVID-19, I was working, and I did not suffer financially, however during COVID-19, I became jobless because my boss died, and it was really difficult to get money from somewhere else".

Participant 9 stated that it was hard to cope financially during COVID-19 as she did not have any support, she could not even get bread from her family. Similarly, participant 10 mentioned that:

"Before COVID-19 I used to have a little bit of money as I used to get help from here and there but during COVID-19 it was really hard to survive as there was no one to help me".

Moreover, participant 18 stated that before COVID-19 he used to suffer finally, and during COVID-19 the situation even got worse since no one was willing to help as many people were also struggling, and suffering. Furthermore, participant 20 revealed that:

"Before COVID-19, I use to cope better financially by selling my house business due to a lot of clients that were willing to support, however, during COVID-19 clients were limited as people were not allowed to move around".

4.3.3 Theme 3: COVID-19 Preventative measures

4.3.3.1 Sub-theme 3.1: Availability of Soap

The majority of the participants, fifteen (15) out of twenty-one (21) revealed that they did not have enough soap in their houses to wash their hands. Only, 21% of the participants out of twenty-one (21) mentioned that they had enough soap in their houses to wash their hands. According to participant 3, since they did not have enough hand soap, they used the bar soap the one they use to wash their bodies, or sometimes the washing powder the one they use to wash their clothes. Similarly, participant 5 stated that:

> *"To manage without soap for washing our hands, we use what we can use that moment". Also, participant 6 stressed that "sometimes I ask my neighbors for soap to wash my hands, and he only gives me sometimes when he feels sorry for me but in the event whereby, he cannot give me, I just use my body soap to wash my hands".*

Participants 13 and 18 stated also that to manage, they went next door to the neighbors to ask for soap so they can wash their hands, however sometimes they get it, and sometimes they don't get it. Moreover, participant 7 mentioned that since there was no soap to wash his hands, she just uses plain water without soap to wash his hands. In addition, participant 10 stated that he did not have enough soap, hence he just used social distance, so that he does not contract the COVID-19 virus. Furthermore, participant 14 alluded that he managed by cutting some expenses to buy soap, and she understood that soap is much needed during COVID-19 to kill off the virus.

4.3.3.2 Sub-theme 3.2: Promotion of hand washing, before and after COVID-19 lockdown

The majority of the participant (86%) mentioned that they promoted hand hygiene by washing their hands regularly. According to participant 1, she promoted hand hygiene by washing her hands frequently and sanitizing her hands wherever she goes and using hot water to kill the germs. Participant 7 stated that:

"There is a difference between before and after COVID-19 because before COVID-19 some of us don't use to wash our hands, however, things changed only when COVID-19 came, which made us wash our hands before eating".

Similarly, participant 11 mentioned that they never used to wash their hands, but COVID-19 scared them and made them wash their hands. Participants 13 and 18 revealed that before COVID-19, they only use to wash their hands during mealtime, however, during COVID-19, they normally wash their hands all the time, especially when they move or touch something. Moreover, participant 20 mentioned that before COVID-19 she only used to wash her hand with water but not regularly, however during COVID-19 she started washing her hands with soap and hot water to kill the COVID-19 virus. Furthermore, participant 21 stated that she promoted hand hygiene by always reminding her family and friends to wash their hands with soap at all times, so they do not catch the COVID-19 virus.

4.3.3.3 Sub-theme 3.3: Social distance

Participant 1 revealed that:

"We maintain social distancing as it was given by the Ministry of Health and Social Services by making sure that we maintain the given distance as well as the number of people specified to be transported by taxi drivers".

Similarly, participant 2 stated that she maintains social distancing by adhering to what the Ministry of Health instructed them to do. On the other hand, participant 3 mentioned that by not moving around to people's places, he just stay in his place. Participant 4 stated that:

"It is difficult to tell the community in public to keep a distance from each other, especially when fetching water at the tap or when using the toilet as there are always people overcrowding there".

Participant 5 also stated that:

> *"In the house there was no social distancing, however when we go fetch water, we normally keep a distance of 1.5m".*

According to participants 6, 9, and 18, there was no social distancing at the taps and toilets because the community is full of people, and the toilets and taps are few, so they were at risk during the pandemic. Participant 7 on the other hand mentioned that social distancing was not maintained because some people still don't understand that COVID-19 is real. Moreover, participant 8 revealed that social distancing was maintained in the community as the people were advised to stay at home and adhere to the rules and regulations of the COVID-19 protocols. Participant 10 mentioned that she maintained social distancing by staying far from other people, and she could not even walk with friends.

Furthermore, participants 11, 13, and 19 mentioned that they maintained social distancing by keeping a distance of 1.5m. Similarly, participant 12 stated that:

> *"We followed the preventative measure which the Ministry of Health and Social Services told us, and stayed 1.5m away from each other".*

Participant 14 stated that they maintained social distancing by following the protocols updates from the Ministry of Health which emphasized the limitation of the gathering of people, as well as the importance of staying from each other. In addition, participants 20 and 21 mentioned that they could not maintain social distancing as they were using one tap and one toilet with many people, thus social distancing was impossible.

4.3.3.4 Sub-theme 3.4: Self-care promotion

Participant 1 mentioned that she always makes sure that she put on her mask wherever she is in public areas, carries her sanitizer at all times, and steams herself using different sources. Participant 2 on the other hand mentioned that she wore masks all the time to

prevent himself from contracting COVID-19. To prevent herself from contracting COVID-19, participant 3 mentioned that she got vaccinated, had to social distance, and constantly washed her hands. On the other hand, participants 4 and 16 stated that they steamed with herbs, while participants 5 and 6 used face masks till today. Similarly, participant 7 used masks, sanitized, and social distance. Participant 8 revealed that he wore the mask and steam regularly, and he also used donkey and elephant dunk for steaming.

Moreover, participant 10 revealed that he social distance, and sometimes he could use the smoke of tires to prevent himself from contracting COVID-19. Participant 11 mentioned that she used the strategy of washing her hands, whereas participants 12 and 19 used the strategy of washing their hands also, social distancing, and sanitising. Furthermore, participant 13 stated that to prevent himself from contracting COVID-19, he kept the social distancing protocols and listened to all updates from the Ministry of Health. According to participant 14, she washed her hands before and after entering her slum, sanitized all the time, sanitize her hands wherever she enters public places, and maintain a social distance of 1.5m in every gathering she goes to. In addition, participants 20 and 21 also mentioned that they steam every day, and sanitize their hands after they touch something in preventing themselves from contracting COVID-19 respectively.

4.4 Presentation of Data from the in-depth face-to-face interviews

The researcher conducted one-on–one interviews with six (6) participants from Okahandja Park. The data was recorded, analysed, transcribed, and presented according to the following themes and sub themes shown in Table 5:

Table 5: Themes and Sub Themes of Face-to-Face In-depth Interviews

Themes	Sub Themes
Theme 1: Residents Experience	Sub theme 1.1: Negative Experience Sub theme 1.2: Positive experience
Theme 2: Basic and Monetary needs	Sub theme 2.1: Water access Sub-theme 2.2: Adequacy of food Sub-theme 2.3: Financial coping mechanisms

Themes	Sub Themes
Theme 3: COVID-19 Preventative Measures	Sub-theme 3.1: Availability of soap Sub-theme 3.2: Promotion of hand washing, before and after lockdown Sub-theme 3.3: Social Distance Sub-theme 3.4: Self Care promotion
Theme 4: COVID-19 Preventative measures community recommendations	

4.4.1 Theme 1: Residents Experiences

4.4.1.1 Sub-theme 1.1: Negative Experiences

According to participant A, she had a bad experience during the COVID-19 pandemic because of wearing the masks all the time, and when he went to the shops, the shops were overcrowded because only a certain number of people were allowed to enter at a certain time, which made people stand in queues for long, for instance about three hours or more. Participant A further elaborated that:

> *"Before you go into the shop, and everywhere you are going, even at a clinic, you will be required to sit there for five to ten hours".*

Participant B also mentioned that his experience was bad because people were not able to go to places after nine o'clock in the evening because of the curfew that was implemented to discourage movements during the lockdown. As a result, people were forced to stay in their houses as they were not allowed to move around after nine o'clock in the evening. Participant B added that:

> *"People were also not allowed to attend funerals or church services, which really affected us badly because we could not bury our relatives*

since only ten people were allowed to attend the funeral, which is even few".

Participant B continued to mention that people were not also allowed to go to shebeens as they were completely closed, and they were also not allowed to travel to other regions, and this affected our well-being since we were just confined to the four corners of our houses, which was a bad experience. On the other hand, participant C stated that his experience with COVID-19 was not good because he has been home all alone without visiting his family as people were not allowed to move from one region to another, and he could not go to the shops also because only a few people were allowed to enter. Moreover, participant D mentioned that:

"The COVID-19 pandemic was not good because people were not allowed to attend events such as weddings, as a result, many weddings were cancelled, and churches were also closed because the gathering of people was not allowed as they can spread the disease".

In addition, participant E indicated that the COVID-19 was hard because a lot of things changed, for instance, a lot of people lost their employment because of COVID-19 as employers could not pay their employees anymore, and some of the employers had to cut people's salaries. Participant E added that:

"The long queues at the shops, hospitals, and almost everywhere was one of the bad experiences I had during COVID-19, we had to stand in queues for a very long time just to get the services we need, which was difficult, and unbearable for everybody".

Also, a lot of people lost their lives because of COVID-19, and some of us also lost our relatives to COVID-19, which affected us badly. Additionally, participant F mentioned that she had a negative experience with the COVID-19 pandemic because people's finances are not the same and when people are forced to buy masks instead of bread, it affected some

people badly because people were not allowed to enter certain locations without masks, so people had to buy masks instead of bread. Participant F further mentioned that:

> *"A lot of people did not have jobs, and those that lost their jobs were forced to stay in their houses as the movement was not allowed, and instead of dying of COVID-19, they were dying of hunger as they did not have food to eat".*

Participant F added that:

> *"Only four people were allowed to be in a taxi, which delayed travelers in getting to their destinations. People were also unable to moan their family members because they had to get permission from certain authorities, such as police officials, and if that person happened not to understand your reasons of wanting to go attend the funeral, then they won't permit you to travel".*

In addition, COVID-19 also affected the education of children negatively as many schools closed down, as a result, the kids did not learn anything throughout 2019 and many university students were forced to migrate to online learning, which disadvantages a lot of students as they did not have the means to use the online education platforms.

4.4.1.2 Sub-theme 1.2: Positive Experience

Participants A, C, and E mentioned that they receive an emergency grant of N$ 750 from the Ministry of Finance, and free water as the City of Windhoek opened the taps even for those that owed the City of Windhoek, and had their taps closed, therefore during COVID-19, people were allowed to use the water for free. According to participant B, they did not receive any emergency help during COVID-19, so they just survived on what they had, even though it was not much. On the other hand, participant D stated that:

"We got help from one church that came to bring us food, and fed us with soup, they also gave us soaps for washing our hands, as well as masks, and sanitizers to keep us safe from getting the virus".

Participant F stated that they receive emergency help during COVID-19, from various people who were giving food to the members of the location, because people lost their jobs, good Samaritans came forth to feed the people in the location, however, it was always never enough as the food was never enough for all people. For instance, if they give out 50 parcels, and 100 people need to be given, the other 50 people will be left out by force as the food is not enough for everyone.

4.4.2 Theme 2: Basic and Monetary needs

4.4.2.1 Sub-theme 2.1: Water Access

According to participant A, the water was made available in the community at no cost, meaning for free by the City of Windhoek as the taps were open for everyone to collect water. Similarly, participants B, C, and D mentioned that they had access to water as there are taps in the community, and those taps are open for everyone to use them, so they elaborated that water was technically available, however one had to wait for so long to get water because of the limited number of taps in the community. Participant E mentioned that:

"Normally people use water cards but now I do not know what they did to the taps as the water is just running, and people are fetching for free, meaning that they do not need to use water cards". On the other hand, participant F stated that "the taps were opened by the municipality, and some of the taps are still open until today because they were supposed to close the last month, however, they did not close them, maybe they are still in the process of closing them".

4.4.2.2 Sub-theme 2.2: Adequacy of Food

The majority of the participants A, D, E, and F mentioned that they did not have enough food during COVID-19, and they coped by collecting firewood and selling them for money, selling few items such as sweets, cakes, and chips in front of their houses, and collecting

beer bottles, and cool drink cans and sell them for money. However, participant D coped very badly as he did not have any means to bring food to the table, thus some days they get to eat, while some days they stay without eating. According to participant B, they had food, however, the food was not that enough, and sometimes one had to ask the neighbours, but it did not always work as the neighbours also did have enough or did not have at all, therefore it was difficult to find food during COVID-19. Participant C on the other hand stated that:

> *"We had little food, however, we had to conserve it by putting it somewhere else in the room for it not go bad because if you are with kids, the kids will just waste the whole food, and when you come, there is nothing again".*

4.4.2.3 Sub theme 2.3: Financial coping mechanisms

According to participant A, before COVID-19 came, they survived a bit much better, however during COVID-19 things changed, and it was difficult to survive since they did not have any means of survival. Participant B expressed that:

> *"…before the COVID-19 pandemic, we coped a bit well, however during COVID-19 it was difficult due to jobs, and salary cuts, and many people lost their jobs, as a result, they could not support their families, therefore it was difficult for everyone to survive financially".*

Participant C on the other hand revealed that they coped severely during COVID-19 as they did not have money, there was no food and home, and no one was working at home, however, before COVID-19, they were able to survive better since they had jobs here and there. According to participant D, he coped desperately because he lost his job due to COVID-19, as a result, he was unable to provide for his family, and this put him in a difficult position as he was not even able to go look for another job since people were forced to stay home, not in the streets. Furthermore, participant E mentioned that:

"I was coping badly financially during COVID-19 because the N$ 750 that we were given was not even enough to buy food for one month, and also that N$ 750 was not given to all people, therefore I was forced to share with my neighbor who did not get even though she also applied for the grant like me".

On the other hand, participant F stressed that some people depended on shebeens (bars), however, these people were affected during COVID-19 because alcohol was not allowed to be sold, so shebeens were closed most of the time but later on, they were only allowed to open, and trade during certain times, which was still not enough, this made it difficult for shebeens owners to survive as selling alcohol is their means of making money, and survival.

4.4.3 Theme 3: Covid-19 Preventative measures

4.4.3.1 Sub theme 3.1: Availability of Washing Soap

Participant A revealed that they did have enough soap in the house to wash their hands as there are always people that are coming to their locations to bring masks, and hands, therefore soap was not an issue for them. However, the majority of the participants B, C, E, and F mentioned that they did not have enough soap in the house to wash their hands. Hence, participants B, and F further mentioned that since they were required and expected to wash their hands, they did so without soaps because they did not have soap to use.

On the other hand, participant C stated that at times, he asked his neighbor to help him with soap whenever he does not have soap to wash his hands. Participant D stated that the soap depended on one's financial status because someone people have more money than others, however, there was a project of taps that were giving taps at people's houses, therefore when one gets a tap, it gets fixed there but the problem was just the soap that was not available, and if one put a soap at the tap, it just gets finished faster, and if the little one gets hold of it, they misuse it and play with it, as a result, it does not last for long.

4.4.3.2 Sub-theme 3.2 Promotion of handwashing, before and after lockdown

Participant A promoted hand hygiene during COVID-19 by telling people in her house and around the community to wash their hands since COVID-19 is real and serious. Participant B alluded that they never used to wash their hands before COVID-19, however, during COVID-19 they were encouraged to wash their hands, and started to wash their hands continuous before they ate, before they went to the toilet or before they use anything else, as they were afraid of getting COVID-19. Participant B added that they also encouraged their family members to wash their hands at all times and told their neighbors and friends why it is important to wash their hands at all times.

Moreover, participant C revealed that before COVID-19, people do not use to wash their hands but during the COVID-19 pandemic washing hands was number one, thus he promoted hand hygiene by washing his hands regularly and encouraged others to do the same. Furthermore, participants D and E stated that they promoted hand hygiene by washing their hands at all times and being an example to others as well as by talking to the people at the taps where they fetch water to wash their hands first before they touch the taps and collect water. Participant F stated that:

> *"I told all my neighbours to wash their hands every time because COVID-19 is real, and it is killing a lot of people, and I think it also brought hygiene to the community since people became clean because they had to wash their hands every time, and most of the times before, and after using the toilet".*

Therefore, the washing of hands during COVID-19 brought some changes into people's lives, since until today people are still washing their hands because they were strictly taught to do so during the COVID-19 pandemic.

4.4.3.3 Sub theme3.3: Social distance Measures

All the participants maintained social distancing. Participant A stated that she maintained social distancing by keeping a distance of 1.5m from people as recommended by the Ministry of Health. On the other hand, participants B, and D mentioned that they

maintained social distancing by staying in the house since staying in the house is safer compared to being out there and exposed to the COVID-19 virus. Moreover, participant C revealed that he maintained social distancing by staying away from people as people could only catch COVID-19 by staying too close to each other. According to participant E, everyone feared COVID-19, so since they do not stay in large gatherings, it was not hard to social distance themselves as everyone was just in their houses, and people were not even visiting each other, therefore social distancing was not a problem. Participant F stated that:

> *"There was a major issue of secret selling of alcohol, therefore when people sell alcohol in secret, they tend to forget, and lose their behaviors of social distancing from each other, therefore when they get drunk, they even get to each other, and if there was no alcohol that is being sold in secret, people could still have maintained social distancing".*

Therefore, one of the issues that affected the maintenance of social distancing in the community was the effect of alcohol.

4.4.3.4 Sub-theme 3.4: Self Care promotion

Participant A stressed that "since the was no cure for COVID-19, we tried to use all the cure strategies which the people were talking about such as elephant, and donkey manure, as well as the traditional ways of curing a cold or flu such as the eucalyptus, leaves that one put in the water, and steam with". Participant B added that they used immune boosters, and social distancing as a strategy to prevent themselves from contracting COVID-19, therefore they bought, and used immune boosters, however it was not that effective because one can still get COVID-19, and social distancing, however one can still contract COVID-19 by touching where a person with COVID-19 touched.

According to participant C, they used a strategy of wearing masks, social distancing, and ensuring that they do not get into crowded places; they also bought immune boosters to boost their immune systems so that they do not easily contract COVID-19, and they continue to do so to keep themselves safe. Participant D on the other hand mentioned that

they always washed their hands, especially when they are returning home, and when they finished using the toilet. In addition, participant E added that they used a strategy of social distancing to prevent themselves from contracting COVID-19. Furthermore, participant F explained that:

> *"We used to steam ourselves with a mixture of onions, ginger, and garlic two times a day, in the morning, and evening and this helped us from contracting COVID-19 as none of the people from my house had COVID-19".*

4.4.4 Theme 4: COVID-19 Preventative Measures - Community Recommendations

Participant A recommended that the Ministry of Health educates people more on COVID-19 and how they can properly protect themselves as there are still people in the community that does not understand since many people also spread wrong and misleading information on COVID-19. On the other hand, participant B recommended that the Ministry of Health should provide the community with soaps, hand sanitizers, and masks as these things are quite expensive, since the people in the community do not even have money to buy bread, they won't have money also to buy soaps, masks, and hand sanitisers.

Participants C and F endorsed the Ministry of Health's vaccination campaign, urging the Ministry to continuously educate communities on the importance of vaccination, as it is evident that COVID-19 will not be eliminated anytime soon, and the only way for people to be safe, is through full vaccination. Participant D recommended that the City of Windhoek should provide the community with enough taps to avoid the gathering of people at the taps, and also adequate toilets to maintain hygiene in the community. Participant E acclaimed the Municipality to bring back the free water, and free soaps that they used to provide at the beginning when COVID-19 started in 2019 since the majority of the families in the communities cannot afford them for the benefits, and health of the people.

4.5 Summary

This chapter presented the study's findings, answering each research objective. The next chapter discusses the findings, triangulating the results with current literature.

CHAPTER 5: DISCUSSION, LIMITATIONS, CONCLUSION, AND RECOMMENDATIONS

5.1 Introduction

This chapter aimed at discussing the findings of the study, as well as concluding the study and giving the recommendations that need to be addressed to find solutions to the problem. The conclusions were drawn from the findings of the study that are based on the objectives of the study.

5.2 Discussion of Research Findings

The objectives of this study were to:

- Explore the experiences of Okahandja Park informal settlement residents with adhering to COVID-19 preventative measures.
- Describe the experiences of Okahandja Park informal settlement residents with adhering to COVID-19 preventative measures.

Therefore, these objectives are discussed below as per the themes of the study:

5.2.1 Residents experiences

The study established that the residents of Okahandja Park informal settlement had a bad experience during the COVID-19 pandemic because they had to always wear masks, and the shops, hospitals, and clinics were overcrowded because only a certain number of people were allowed to enter at a certain time, which made people stand in queues for so long. Moreover, the people were not able to go to places after nine o'clock in the evening because of the curfew that was implemented to discourage movements during the lockdown. As a result, people were forced to stay in their houses, as they were not allowed to move around after nine o'clock in the evening. These findings are consistent with Walker et al. (68) who stressed that the COVID-19 pandemic has altered everyday life dramatically for most of the world's population, imposing new costs, restrictions, and risks on everyday life. The later authors elaborated that these changes also affect individuals living in informal settlements, but their options to cope with these changes are worse, hence their study showed a dramatic drop in employment status in May and September 2020. This drop was more extensive for informal settlement dwellers than for the rest of the population and also

when compared to individuals with low education which is a setting for low income in the same districts (68).

Communities were also not allowed to attend funerals or church services, which affected them badly because they could not bury their relatives since only ten people were allowed to attend the funeral, which is even few. In addition, people were not also allowed to go to shebeens as they were completely closed, and they were also not allowed to travel to other regions, and this affected people's well-being since people were just confined to the four corners of their houses, which was a bad experience. In addition, there are only a few toilets in Okahandja Park, thus more than 1000 thousand people use one toilet, and this was, therefore, a bad experience during COVID-19 for the residents.

These results therefore concur with Flaxman et al (69)'s theory that informal settlements' characteristic labour, urban, and social conditions may make its inhabitants disproportionately affected by a health emergency like the COVID-19 pandemic. The authors also mentioned that this crisis has the potential to exacerbate the spatial inequalities that these communities represent. For instance, governments in many countries have implemented strict lock-down and stay-at-home orders, but many people living in informal settlements have a variety of precarious jobs, inconsistent income, and no savings, so they must leave their homes to earn the money they require daily (69).

Additionally, this study found that during COVID-19, life in the Okahandja Park informal settlement was difficult for the residents since a lot of things changed, a lot of people lost their jobs because of the pandemic, and some employers had to reduce salaries for their staff. Furthermore, because of rising food costs, most low-income individuals find it challenging to purchase food. These results are in line with those of Gil et al. (70) who claimed that people living in informal settlements are structurally less equipped to deal with a health emergency like the COVID-19 pandemic.

The results are also in line with those of Ravindran and Shah (71) who found that most companies' layoffs and the closure of businesses during the lockdown were the main causes of the loss of jobs, which had a significant negative impact on people's ability to access necessities and maintain their families.

This study showed that the residents of Okahandja Park informal settlement had a negative experience with the COVID-19 pandemic because community members' finances are not the same. When people were forced to buy masks instead of bread, it had a negative impact on the community members because people were not allowed to leave the house without masks, so they had to buy masks instead of bread. Moreover, only four people could fit in a taxi, which caused many members of the neighborhood to be tardy for work.

This study also showed that COVID-19 had a negative impact on children's education as many schools closed, preventing the children from learning anything in 2019. In addition, many university students were forced to switch to online learning, which disadvantages many students as they lack the resources to take advantage of the online education. These results are consistent with those of Janssens et al. (72), who noted that there is ample proof of the adverse effects of the pandemic and viral transmission control strategies, such as lockdowns and school closures, on economic activity as a result of these effects having led to a sizable loss of employment. Therefore, residents in informal settlements are more economically vulnerable to external shocks in the economy than the general population because a large proportion performs informal jobs earning subsistence wages (72).

The inhabitants of Okahandja Park's informal community received various forms of emergency assistance from various institutions, according to the study's findings. As a result, the study found that residents were given an emergency grant of N$ 750 from the Ministry of Finance and free water during COVID-19 because the City of Windhoek unlocked the taps even for those who owed the city money and had their taps shut. The inhabitants also received assistance from a church, which came to bring them food and feed them soup. They were also given soaps for cleaning their hands, masks to protect themselves from contracting the disease, and sanitisers. This is in line with what Celhay and Gil outlined (73) when they highlighted that communities often survive without assistance from the government by creating strong social networks among their neighbors and with the help of NGOs and other private institutions.

A lot of individuals lost their jobs during COVID-19, so good Samaritans came up to feed the people in the area. However, there was never enough food to serve everyone, so the residents received emergency assistance from a variety of people who were distributing food to the members of the location.

5.2.2 Basic and monetary needs

The study's findings demonstrates that the Okahandja Park informal settlement's residents had access to water because the City of Windhoek made it freely available in the neighborhood and the taps were left open for anyone to use. However, because there aren't many taps in the neighborhood, residents had to wait a long time to get water. The results of the investigation, however, revealed that the Okahandja Park informal settlement's residents lacked access to enough food during the COVID-19 outbreak. As a result, they survived by gathering firewood and selling it for cash, as well as by selling a few other things like chips, candies, and cakes in front of their homes and by gathering beer bottles and cans to sell for cash. Some of the inmates, however, struggled greatly since they lacked the means to provide food; as a result, some days they ate while others they went without food.

Aligned to Calder explanation (74), the lockdown prevented the majority of official workplaces and enterprises from operating, which resulted in minimal revenue creation and retrenchment. It was also challenging for the residents of the Okahandja Park informal settlement to find food during COVID-19 because there was not enough food available. Those who did not have it occasionally asked their neighbours for assistance, but this did not always work because the neighbours either had insufficient food themselves or none at all.

The study also showed that the Okahandja Park informal settlement's inhabitants survived by just eating once per day lunch and missing dinner in order to conserve money and have food the following day. They also hunted birds, which they both devoured and sold to other people in order to subsist. Additionally, they managed by making budget cuts to make up the difference in their spending on food. Owori emphasized (75) that a lack of access to food may result in a reduction in nutrient intake, which may then cause disorders associated with diet and nutrition. Reduced immunity is frequently linked to nutritional problems, which will probably expose more people to COVID-19 and other illnesses (75).

Furthermore, Martin, Markhvida, Hallegatte, and Walsh noted (76) that a lack of income has an impact on the need for medical treatment, the availability of necessities like food and water, and the prevalence of crime. In desperation and pursuit of income for survival,

people are also likely to engage in risky activities like congregating in large numbers and shunning the recommended prevention guidelines, which may lead to their exposure to COVID-19 (76). Therefore, the economic and financial well-being of vulnerable populations should be catered for as part of the pandemic response strategies.

According to the results of the study, the residents of Okahandja Park informal settlement did not cope during the COVID-19 pandemic. Before emergence of COVID-19, they survived much better, however during COVID-19 things changed, and it was difficult to survive since they did not have any means of survival. This was due to jobs and salary cuts and many people lost their jobs, as a result, they could not support their families, therefore it was difficult for everyone to survive financially. Hence, Ravindran and Shah stressed (77) that during the lockdown and after, several businesses in the community collapsed and others had reduced performance in terms of customers and income generation. Therefore, the collapse of businesses was attributed to some people using up the capital for food to survive during the lock-down, and reduced performance was attributed to most people having no money to buy from the business vendors (77).

The findings of the study also revealed that the residents of Okahandja Park informal settlement coped badly during COVID-19 as they did not have money, there was no food and home, and the majority of the people are not working, as a result, they were unable to provide for their families, and this put the residents difficult positions as they were unable to go look for jobs since people were forced to stay home, and not to be in the streets.
However, before COVID-19, the residents were able to survive better since they had jobs. These findings are consistent with Walton, and Allen who expressed (78) that shortage of food among already deprived people can impair the contraction of different infections and development of malnutrition conditions in children like marasmus and kwashiorkor. Therefore, the governments need to establish strong working policies for supporting vulnerable and hard-to-reach communities like those living in the informal settlement and displaced people (78). Such policies can guarantee support for these communities during pandemics like COVID-19.

Furthermore, the study revealed that the residents of Okahandja Park informal settlement coped poorly financially during COVID-19 because the N$ 750 that they received from the government (Ministry of Finance) was not enough to buy food for one month, and also the

N$ 750 was not given to all people, hence those that received had to share it with their neighbours. Thus, Loayza, and Pennings (79) stressed that when applying control measures that restrict social and economic activities, many high-income countries have provided economic support packages to vulnerable communities as a way of mitigating economic challenges. However, according to Loayza, and Pennings (79) such programs are not possible in low and middle-income countries (LMICs) and especially in urban informal settlements, therefore this finding is not in line with the findings of the study.

The study established that everyone experienced difficulties during the COVID-19 pandemic many people were dying of hunger because the food is too expensive, and many could not afford it since there was no money because people lost their jobs. In addition, the taxi fees were also increased, and this affected people badly. These findings are in line with Lau, Samari, Moresky, Casey, Kachur, Roberts, and Zard who highlighted (80) that due to COVID-19, most companies are cutting costs and shedding employees, which means many people have lost their means of survival during lockdown period. As a result, there is apparent hunger and shortage of food as people lose their income and although shops were open, they have no money to buy food, and they also had no saved money to stock food pre-lockdown (80). To the rescue of many, churches in the area have been donating food packs.

The study further revealed that some people depended on shebeens (bars), however, these people were affected during COVID-19 because alcohol was not allowed to be sold, so shebeens were closed most of the time but later on, they were only allowed to open, and trade during certain times, which was still not enough, as a result, it made it difficult for shebeens owners to survive as selling alcohol is their means of making money, and survival. These findings are therefore in agreement with Hasan who revealed (81) that many people in informal settlements are not formally employed and depend on the informal sector to support their families. However, informal sectors hardly generate extra cash for use during hard times like the COVID-19 lockdown, thus a study by Hasan reported (81) that hard times are such as the loss of jobs, no income, shortage of food, and poor support from the central government and this is in line with the study's findings.

5.2.3 COVID-19 Preventative Measures

Based on the results of the study, the majority of the residents did not have enough soap in the house to wash their hands, thus they normally wash their hands without soap. At times, those that do not have soap to wash their hands, typically asked their neighbours to help them with soap, however, the assistance was not always guaranteed. Since the residents of Okahandja Park did not have enough hand soap, they used the bar soap they used to wash their bodies, or sometimes the washing powder used to wash their clothes. In line with, Friesen, Friesen, Dietrich, and Pelz (82) stated that the pandemics put unprecedented strain on poor people who live in vulnerable conditions that lack the basic infrastructure that includes water, sanitation, and sewers increasing the risk of infectious diseases such as COVID-19. The results of the study have shown that not only did the residents of Okahandja Park informal settlement wash their hands, but they also promoted hand hygiene during COVID-19 by telling, and informing people around the community to wash their hands since COVID-19 is a real and serious.

The study further revealed that the residents of Okahandja Park informal settlement never used to wash their hands before COVID-19, however, during COVID-19 they were encouraged to wash their hands, and started to wash their hands continuous before they ate, before they went to the toilet or before they use anything else, as they were afraid of contracting COVID-19. In doing so, the residents also promoted hand hygiene during COVID-19 by encouraging their family members to wash their hands at all times, and also educated their neighbors and friends on why it is important to wash their hands at all times. In addition, the study established that before COVID-19, people do not use to wash their hands but during the COVID-19 pandemic washing of hands was number one, thus the residents of Okahandja Park informal settlement promoted hand hygiene by washing their hands regularly, and by being an example to others as well as by talking to the people at the taps where they fetch water to wash their hands first before the touch the taps, and collect water. Therefore, the washing of hands during COVID-19 brought some changes into people's lives, since until today people are still washing their hands because they were taught to do so during the COVID-19 pandemic.

According to the findings of the study, all the residents of Okahandja Park informal settlement maintained social distancing. The study revealed that the residents maintained

social distancing by keeping a distance of 1.5m from people as recommended by the Ministry of Health. They also maintained social distancing by staying in their house since staying in the house is safer compared to being out there and exposed to the COVID-19 virus. According to Yang and Silverman (83), social distancing involves maintaining a reasonable distance normally 1–2 m between individuals to circumvent the possibility of disease transmission within a population. Therefore, these study's findings agree with Yang, and Silverman's findings (83).

The study established that the residents of Okahandja Park used various strategy of self-care to prevent themselves from contracting COVID-19. Thus, the study revealed that since there is no cure for COVID-19, the residents of Okahandja Park tried to use all the cure strategies people were talking about in the community such as elephant, and donkey manure as well as the traditional ways of curing a cold or flu such as the eucalyptus leaves that one put in the water, and steam with. Also, the residents of Okahandja Park steamed themselves with a mixture of onions, ginger, and garlic two times a day, in the morning, and evening and this helped them from contracting COVID-19.

In addition, the residents of Okahandja Park used immune boosters and social distancing as a strategy to prevent themselves from contracting COVID-19, therefore they bought, and used immune boosters, however it was not that effective since one can still get COVID-19. They also used a strategy of wearing masks and ensuring that they do not get into crowded places. Furthermore, they always washed their hands, especially when they are returning home, and when they finished using the toilet. These findings are in line with Bauza, Sclar, Bisoyi, Majorin, Ghugey, and Clasen (84) who mentioned that restrictions including a total lock-down were instituted with the closure of schools, public transport, and formal workplaces except those offering essential services, also the public was encouraged to practice hand hygiene, social/physical distancing and use of face masks in public spaces.

5.2.4 COVID-19 Preventative measures Community Recommendations

The study established that the Ministry of Health should educate people more on COVID-19 and how they can properly protect themselves as there are still people in the community that does not understand since many people also spread wrong and misleading information on COVID-19. On the other hand, the Ministry of Health should provide the community

with soaps, hand sanitizers, and masks as these things are quite expensive, since the people in the community do not even have money to buy bread, they won't have money also to buy soaps, masks, and hand sanitisers.

The study further established that the Ministry of Health should continue to vaccinate people, and continuously educate them on the importance of vaccination, as it is evident that COVID-19 is not going anywhere, and the only way for people to be safe, is when everyone is fully vaccinated. Moreover, the study revealed that the City of Windhoek should provide the community with enough taps to avoid the gathering of people at the taps, and also adequate toilets to maintain hygiene in the community. In addition, the City of Windhoek should bring back the free water, and free soaps that they used to provide at the beginning when COVID-19 started in 2019 since the majority of the families in the communities cannot afford them for the benefits, and health of the people.

5.3 Conclusions

In conclusions, residents of Okahandja Park informal settlement had both good and bad experiences during the COVID-19 pandemic lockdown. Negative experiences are attributed to many job losses and this led them to find other means of surviving. Food prices increased during lock down, and most people with low-income found it difficult to survive due to the lack of basic needs such as water, soap, food and proper sanitations during the lockdown. Nonetheless, majority of participants received various emergency help from various institutions, which include an emergency grant of N$ 750 from the Ministry of Finance, free water as the City of Windhoek opened the taps even for those that owed the City of Windhoek. Thus, the experience of Okahandja Park residents with regards to COVID-19 Preventative measures during lockdown was both positively and negatively impacted.

5.4 Limitations of the study

Firstly, the availability of participants was limited because most participants wanted to be incentivised. Therefore, the last focus group discussion only had three participants because the other three participants did not show up. Due to the latter, the researcher conducted a total of four focus group discussions with six participants each as proposed, but the last

Focus Group Discussion (FGD) was held with only three participants and this did not have any implication to the study because sufficient data was collected prior to the last Discussion. Secondly, some participants had recall bias because the data were collected only during the 5th wave of COVID-19. In addition, this study carries transferability whereby it was limited to participants in one informal settlement only and cannot be generalized to represent the views of all informal settlements in Namibia. Because COVID-19 emerged three years back, the literature of this study was more based on secondary sources such as articles and limited to primary sources such as text books because few to no books are published specifically addressing COVID-19 in the informal settlement settings.

5.5 Study Recommendations

The following recommendations have been made, following the results of this study:

- The study revealed that many people lost their jobs because of COVID-19 as employers could not pay their employees anymore, and some of the employers had to cut people's salaries. Thus, this study recommends that the Ministry of Finance continue supporting the most vulnerable, and disadvantaged people in the informal settlements who are unable to provide for themselves with the COVID-19 grant until the effects of the COVID-19 pandemic are no longer there.
- According to the results of the study, they did not have enough food during COVID-19, and they coped by collecting firewood, and selling them for money, selling few items such as sweets, cakes, and chips in front of their houses, and collecting beer bottles, and cool drink cans and sell them for money. Hence, this study recommends the Namibian Ministry of Industrialization, Trade, and SMEs Development provide the informal settlers with training, and workshops on SMEs development to enhance their skills, and knowledge to carry out their businesses successfully.
- The findings of the study have shown that the majority of the residents did not have enough soap in the house to wash their hands, thus they normally wash their hands without soap. Therefore, the Namibian Ministry of Health and Social Services should provide the communities with soaps since the people in the community do not even have money to buy soaps to wash their hands.

- The results of the study revealed the seriousness of COVID-19, hence this study recommends that the Namibian Ministry of Health and Social Services continue to vaccinate people, and continuously educate them on the importance of vaccination, as it is evident that COVID-19 is not going anywhere, and the only way for people to be safe, is when everyone is fully vaccinated.

- The study also revealed that the residents of Okahandja Park informal settlement coped by only eating once a day, that is eating lunch, and skipping dinner to save and have food for the next day. Thus, this study recommends that organized food banks should be established in Namibia to provide food with nutritional value to affected communities in the informal settlements. Since the issue of food, and security for vulnerable populations became central due to the impact of the COVID-19 pandemic and lockdown, it is, therefore, imperative that the Office of the President in Namibia and extensive NGOs roll out food provision packages to vulnerable communities before a protracted pandemic lockdown such as COVID-19.

5.6 Recommendations for future research

The study recommends future research to consider the Knowledge, Attitudes and Practice of COVID-19 Preventative Measures in the Informal Settlements in Namibia, given that the research gap indicated that there is less research done with regards to COVID-19 and the informal settlement in Namibia.

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REFERENCES

1. McIntosh K, Hirsch MS, Bloom A. Coronavirus disease 2019 (COVID-19). UpToDate Hirsch MS Bloom. 2022 Oct;5(1):23-7.
2. Rothe C, Schunk M, Sothmann P, Bretzel G, Froeschl G, Wallrauch C, Zimmer T, Thiel V, Janke C, Guggemos W, Seilmaier M. Transmission of 2019-nCoV infection from an asymptomatic contact in Germany. New England journal of medicine. 2020 Mar 5;382(10):970-1.
3. Van Doremalen N, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN, Tamin A,Harcourt JL, Thornburg NJ, Gerber SI, Lloyd-Smith JO. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. New England journal of medicine. 2020 Apr 16;382(16):1564-7.
4. World Health Organization (WHO). Statement-on-the second meeting-of-the-international health-regulations-(2005)-emergency-committee-regarding-the-outbreak-ofnovelcoronavirus-(2019 ncov). Available at: https://www.who.int/newsroom/detail/ [Accessed 26 February 2020].
5. WHO. Novel Coronavirus-Japan (ex-China). Geneva: World Health Organization, Jan 16, 2020. https://www.who.int/csr/don/16-january2020-novel-coronavirus-japan-ex-china/en/ (Retrieved on 23August 2020).
6. Raju E, Ayeb-Karlsson S. COVID-19: How do you self-isolate in a refugee camp. International Journal of Public Health. 2020 May 8:1.
7. Rothe C, Schunk M, Sothmann P, Bretzel G, Froeschl G, Wallrauch C, Zimmer T, Thiel V, Janke C, Guggemos W, Seilmaier M. Transmission of 2019-nCoV infection from an asymptomatic contact in Germany. New England journal of medicine. 2020 Mar 5;382(10):970-1.
8. Van Doremalen N, Bushmaker T, Morris DH, Holbrook MG, Gamble A, Williamson BN, Tamin A, Harcourt JL, Thornburg NJ, Gerber SI, Lloyd-Smith JO. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. New England journal of medicine. 2020 Apr 16;382(16):1564-7.
9. Corburn J, Vlahov D, Mberu B, Riley L, Caiaffa WT, Rashid SF, Ko A, Patel S, Jukur S, Martínez-Herrera E, Jayasinghe S. Slum health: arresting COVID-19 and improving well-being in urban informal settlements. Journal of Urban Health. 2020 Apr 24:1-0.

10. McIntosh K. Coronavirus disease 2019 (COVID-19). UpToDate Hirsch MS Bloom. 2020; 5.
11. Pan Y, Fang Y, Xin M, Dong W, Zhou L, Hou Q, Li F, Sun G, Zheng Z, Yuan J, Wang Z. Self-reported compliance with personal preventive measures among Chinese factory workers at the beginning of work resumption following the COVID-19 outbreak: Cross-sectional survey study. Journal of medical Internet research. 2020;22(9):e22457.
12. Corburn J, Vlahov D, Mberu B, Riley L, Caiaffa WT, Rashid SF, Ko A, Patel S, Jukur S, Martínez-Herrera E, Jayasinghe S. Slum health: arresting COVID-19 and improving well-being in urban informal settlements. Journal of Urban Health. 2020 Apr 24:1-0.
13. Nyashanu M, Simbanegavi P, Gibson L. Exploring the impact of COVID-19 pandemic lockdown on informal settlements in Tshwane Gauteng Province, South Africa. Global Public Health. 2020 Oct 2;15(10):1443-53.
14. WHO. Novel Coronavirus-Japan (ex-China). Geneva: World Health Organization, Jan 16, 2020. https://www.who.int/csr/don/16-january2020-novel-coronavirus-japan-ex-china/en/ (Retrieved on 23August 2020).
15. Riley LW, Ko AI, Unger A, Reis MG. Slum health: diseases of neglected populations. BMC international health and human rights. 2007 Dec;7(1):1-6.
16. Emina J, Beguy D, Zulu EM, Ezeh AC, Muindi K, Elung'ata P, Otsola JK, Yé Y. Monitoring of health and demographic outcomes in poor urban settlements: evidence from the Nairobi Urban Health and Demographic Surveillance System. Journal of Urban Health. 2011 Jun;88(2):200-18.
17. Lopez O, Moloney A. Coronavirus chases the slum dwellers of Latin America. Thompson Reuters Foundation. 2020 Mar 18;18.
18. Raju E, Ayeb-Karlsson S. COVID-19: How do you self-isolate in a refugee camp. International Journal of Public Health. 2020 May 8:1.
19. Nghaamwa RN. An analysis of poverty among the residents of Okahandja Park informal settlement in Windhoek, Namibia (Doctoral dissertation, University of Namibia).
20. Gibson L, Rush D. Novel coronavirus in Cape Town informal settlements: feasibility of using informal dwelling outlines to identify high risk areas for COVID-19 transmission from a social distancing perspective. JMIR Public Health and Surveillance. 2020;6(2): e18844.

21. Montaño DE, Kasprzyk D. Theory of reasoned action, theory of planned behavior, and the integrated behavioral model. Health behavior: Theory, research and practice. 2015 Jul 1;70(4):231.
22. Creswell J, Plano Clark V. Designing and conducting mixed methods research. Los Angeles: SAGE; 2018.
23. Taylor D, Bury M, Campling N, Carter S, Garfied S, Newbould J, Rennie T. A Review of the use of the Health Belief Model (HBM), the Theory of Reasoned Action (TRA), the Theory of Planned Behaviour (TPB) and the Trans-Theoretical Model (TTM) to study and predict health related behaviour change. London, UK: National Institute for Health and Clinical Excellence. 2006 Jun:1-215.
24. Onyeaka H, Anumudu CK, Al-Sharify ZT, Egele-Godswill E, Mbaegbu P. COVID-19 pandemic: A review of the global lockdown and its far-reaching effects. Science progress. 2021 May;104(2):00368504211019854.
25. Allam Z. The first 50 days of COVID-19: a detailed chronological timeline and extensive review of literature documenting the pandemic. Surveying the Covid-19 pandemic and its implications. 2020:1.
26. Madhi SA, Nel J. Epidemiology of severe COVID-19 from South Africa. The Lancet HIV. 2021 Sep 1;8(9):e524-6.
27. Pak A, Adegboye OA, Adekunle AI, Rahman KM, McBryde ES, Eisen DP. Economic consequences of the COVID-19 outbreak: the need for epidemic preparedness. Frontiers in public health. 2020 May 29;8:241.
28. Lendelvo SM, Pinto M, Sullivan S. A perfect storm? The impact of COVID-19 on community-based conservation in Namibia. Namibian Journal of the Environment. 2020 Jul 1;4:1-5.
29. Penrose K, Castro MC, Werema J, Ryan ET. Informal urban settlements and cholera risk in Dar es Salaam, Tanzania. PloS Neglected Tropical Diseases. 2010 Mar 16;4(3):e631.
30. Berescu C, Alexandrescu F, Anghel IM. Vulnerable Roma communities in times of the Covid-19 negative quarantine. Moravian Geographical Reports. 2021;29(2):125-36.
31. Hruschka D, Bischoff R, Peeples M, Hsiao IH, Sarwat M. CatMapper: A user-friendly tool for integrating data across complex categories. Center for Open Science; 2022 Jan 30.

32. Monteiro PJ, Miller SA, Horvath A. Towards sustainable concrete. Nature materials. 2017 Jul;16(7):698-9.
33. Golechha M. COVID-19 containment in Asia's largest urban slum Dharavi-Mumbai, India: lessons for policymakers globally. Journal of Urban Health. 2020 Dec;97(6):796-801.
34. Wallace M. COVID-19 in correctional and detention facilities—United States, February–April 2020. MMWR. Morbidity and mortality weekly report. 2020;69
35. Smith M, Yourish K, Almukhtar S, Collins K, Ivory D, McCann A. Coronavirus in the US: latest map and case count. The New York Times. 2020.
36. Fairlie JA. Illinois Administrative Code. American Political Science Review. 1917 May;11(2):310-5
37. Saloner B, Parish K, Ward JA, DiLaura G, Dolovich S. COVID-19 cases and deaths in federal and state prisons. Jama. 2020 Aug 11;324(6):602-3.
38. Williams T, Weiser B, Rashbaum WK. Jails are petri dishes': Inmates freed as the virus spreads behind bars. The New York Times. 2020 Mar 30;30.
39. Golechha M. COVID-19 containment in Asia's largest urban slum Dharavi-Mumbai, India: lessons for policymakers globally. Journal of Urban Health. 2020 Dec;97(6):796-801.
40. Pan Y, Fang Y, Xin M, Dong W, Zhou L, Hou Q, Li F, Sun G, Zheng Z, Yuan J, Wang Z. Self-reported compliance with personal preventive measures among Chinese factory workers at the beginning of work resumption following the COVID-19 outbreak: Cross-sectional survey study. Journal of medical Internet research. 2020;22(9):e22457.
41. Akter S, Hakim SS, Rahman MS. Planning for pandemic resilience: COVID-19 experience from urban slums in Khulna, Bangladesh. Journal of Urban Management. 2021 Dec 1;10(4):325-44.
42. Gosadi IM, Daghriri KA, Shugairi AA, Alharbi AH, Suwaydi AZ, Alharbi MA, Majrashi AA, Sumayli IA. Community-based observational assessment of compliance by the public with COVID19 preventive measures in the south of Saudi Arabia. Saudi Journal of Biological Sciences. 2021 Mar 1;28(3):1938-43.
43. Pearson CA, Van Schalkwyk C, Foss AM, O'Reilly KM, Pulliam JR, CMMID COVID-19 working group. Projected early spread of COVID-19 in Africa through 1 June 2020. Eurosurveillance. 2020 May 7;25(18):2000543

44. Corburn J, Vlahov D, Mberu B, Riley L, Caiaffa WT, Rashid SF, Ko A, Patel S, Jukur S, Martínez-Herrera E, Jayasinghe S. Slum health: arresting COVID-19 and improving well-being in urban informal settlements. Journal of Urban Health. 2020 Apr 24:1-0.
45. McIntosh K. Coronavirus disease 2019 (COVID-19). UpToDate Hirsch MS Bloom. 2020; 5.
46. Cash R, Patel V. Has COVID-19 subverted global health?. The Lancet. 2020 May 30;395(10238):1687-8.
47. Lilford RJ, Oyebode O, Satterthwaite D, Melendez-Torres GJ, Chen YF, Mberu B, Watson SI, Sartori J, Ndugwa R, Caiaffa W, Haregu T. Improving the health and welfare of people who live in slums. The lancet. 2017 Feb 4;389(10068):559-70.
48. Ozili P. COVID-19 in Africa: socio-economic impact, policy response and opportunities. International Journal of Sociology and Social Policy. 2020 May 29.
49. Gosadi IM, Daghriri KA, Shugairi AA, Alharbi AH, Suwaydi AZ, Alharbi MA, Majrashi AA, Sumayli IA. Community-based observational assessment of compliance by the public with COVID-1919 preventive measures in the south of Saudi Arabia. Saudi Journal of Biological Sciences. 2021 Jan 5.
50. Penrose K, Castro MC, Werema J, Ryan ET. Informal urban settlements and cholera risk in Dar es Salaam, Tanzania. PloS Neglected Tropical Diseases. 2010 Mar 16;4(3):e631.
51. Friesen J, Friesen V, Dietrich I, Pelz PF. Slums, space, and state of health—a link between settlement morphology and health data. International journal of environmental research and public health. 2020 Mar;17(6):2022.
52. Gibbs A, Govender K, Jewkes R. An exploratory analysis of factors associated with depression in a vulnerable group of young people living in informal settlements in South Africa. Global public health. 2018 Jul 3;13(7):788-803.
53. Nasrullah M, Zakar R, Zakar MZ, Abbas S, Safdar R. Circumstances leading to intimate partner violence against women married as children: a qualitative study in Urban Slums of Lahore, Pakistan. BMC international health and human rights. 2015 Dec;15(1):1-7.
54. Nyabeze K, Chikoko W. Socio-economic impact of COVID-19 lockdown measures on the informal sector livelihoods in Zimbabwe. African Journal of Social Work. 2021 Sep 29;11(4):231-9.

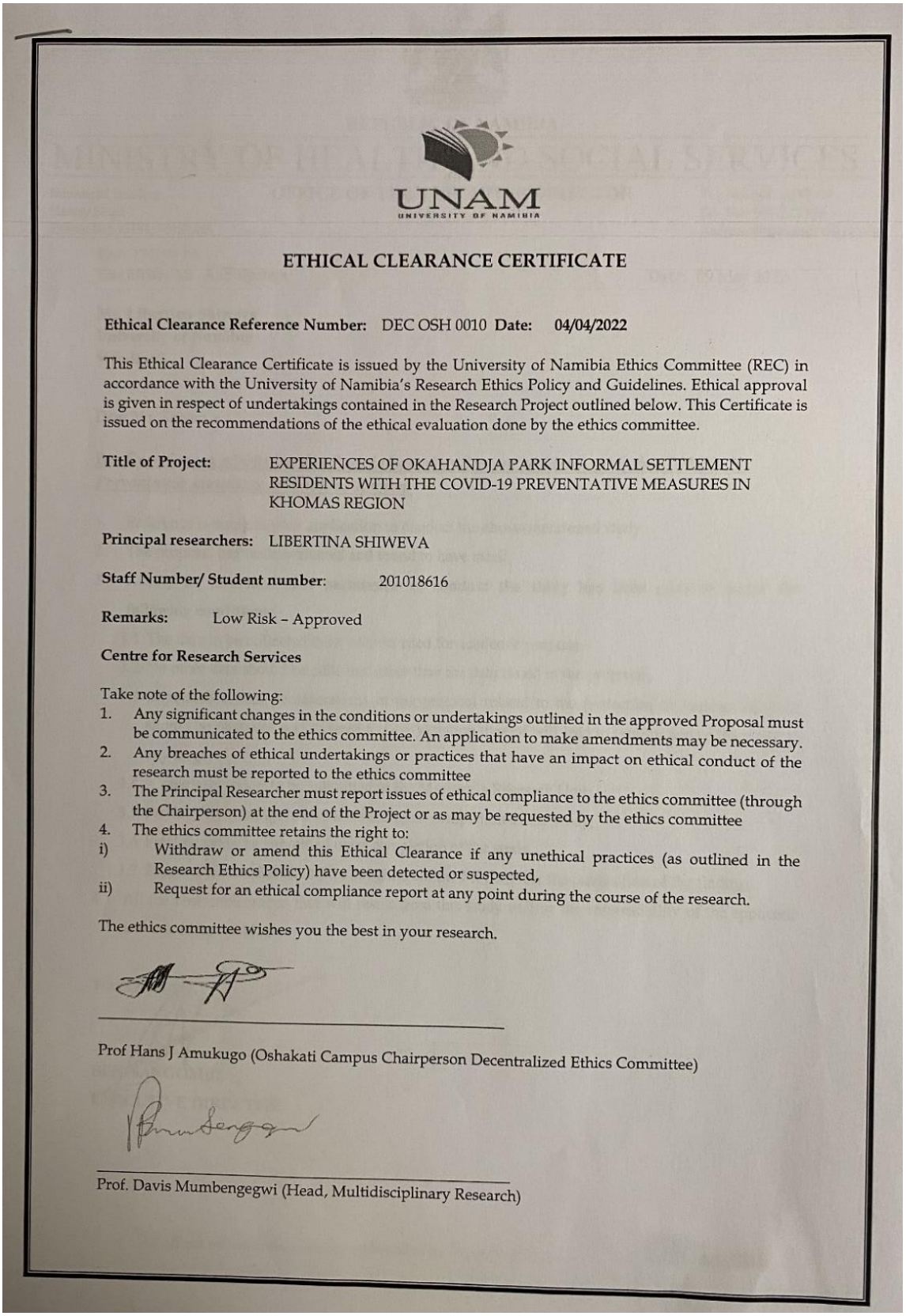
55. Nyashanu M, Simbanegavi P, Gibson L. Exploring the impact of COVID-19 pandemic lockdown on informal settlements in Tshwane Gauteng Province, South Africa. Global Public Health. 2020 Oct 2;15(10):1443-53.
56. Nghaamwa RN. An analysis of poverty among the residents of Okahandja Park informal settlement in Windhoek, Namibia (Doctoral dissertation, University of Namibia).
57. Lendelvo SM, Pinto M, Sullivan S. A perfect storm? The impact of COVID-19 on community-based conservation in Namibia. Namibian Journal of the Environment. 2020 Jul 1;4:1-5.
58. Kampf G, Todt D, Pfaender S, Steinmann E. Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents. Journal of hospital infection. 2020 Mar 1;104(3):246-51.
59. Smith S. Managing Health and Economic Priorities as the COVID-19 Pandemic Spreads in Africa. Africa Center for Strategic Studies. https://africacenter. org/spotlight/managing-health-economic-priorities-covid-19-pandemicspreads-africa/. Accessed April. 2020 Mar 30;20:2020.
60. Zhang H, Shaw R. Identifying research trends and gaps in the context of COVID-19. International journal of environmental research and public health. 2020 May;17(10):3370.
61. Bauza V, Sclar GD, Bisoyi A, Majorin F, Ghugey A, Clasen T. Water, sanitation, and hygiene practices and challenges during the COVID-19 pandemic: a cross-sectional study in rural Odisha, India. The American journal of tropical medicine and hygiene. 2021 Jun;104(6):2264.
62. Ioannidis JP, Axfors C, Contopoulos-Ioannidis DG. Population-level COVID-19 mortality risk for non-elderly individuals overall and for non-elderly individuals without underlying diseases in pandemic epicenters. Environmental research. 2020 Sep 1;188:109890.
63. Golechha M. COVID-19 containment in Asia's largest urban slum Dharavi-Mumbai, India: lessons for policymakers globally. Journal of Urban Health. 2020 Dec;97(6):796-801.
64. Zhang H, Shaw R. Identifying research trends and gaps in the context of COVID-19. International journal of environmental research and public health. 2020 May;17(10):3370.

65. Bergquist R, Stengaard AS. Covid-19: End of the beginning?. Geospatial Health. 2020 May 29;15(1).
66. Creswell J, Plano Clark V. Designing and conducting mixed methods research. Los Angeles: SAGE; 2018.
67. Krueger R, Casey M. Focus groups. Los Angeles: Sage Publ.; 2015.
68. Walker PG, Whittaker C, Watson OJ, Baguelin M, Winskill P, Hamlet A, Djafaara BA, Cucunubá Z, Olivera Mesa D, Green W, Thompson H. The impact of COVID-19 and strategies for mitigation and suppression in low-and middle-income countries. Science. 2020 Jul 24;369(6502):413-22.
69. Flaxman S, Mishra S, Gandy A, Unwin HJ, Mellan TA, Coupland H, Whittaker C, Zhu H, Berah T, Eaton JW, Monod M. Estimating the effects of non-pharmaceutical interventions on COVID-19 in Europe. Nature. 2020 Aug;584(7820):257-61.
70. Gil D, Dominguez P, Undurraga EA, Valenzuela E. The Socioeconomic Impact of COVID-19 in Urban Informal Settlements. MedRxiv. 2021 Jan 1.
71. Ravindran S, Shah M. Unintended consequences of lockdowns: COVID-19 and the shadow pandemic. National Bureau of Economic Research; 2020 Jul 20.
72. Janssens W, Pradhan M, de Groot R, Sidze E, Donfouet HP, Abajobir A. The short-term economic effects of COVID-19 on low-income households in rural Kenya: An analysis using weekly financial household data. World Development. 2021 Feb 1;138:105280.
73. Celhay PA, Gil D. The function and credibility of urban slums: Evidence on informal settlements and affordable housing in Chile. Cities. 2020 Apr 1;99:102605.
74. Calder PC. Nutrition, immunity and COVID-19. BMJ Nutrition, Prevention & Health. 2020;3(1):74.
75. Owori MO. Socioeconomic impact of COVID-19 in Uganda. How has government allocated public expenditure for FY2020/2021. 2020.
76. Martin A, Markhvida M, Hallegatte S, Walsh B. Socio-economic impacts of COVID-19 on household consumption and poverty. Economics of disasters and climate change. 2020 Oct;4(3):453-79.
77. Ravindran S, Shah M. Unintended consequences of lockdowns: COVID-19 and the shadow pandemic. National Bureau of Economic Research; 2020 Jul 20.
78. Walton E, Allen S. Malnutrition in developing countries. Paediatrics and Child health. 2011 Sep 1;21(9):418-24.

79. Loayza N, Pennings SM. Macroeconomic policy in the time of COVID-19: A primer for developing countries. World Bank Research and Policy Briefs. 2020 Mar 26(147291).
80. Lau LS, Samari G, Moresky RT, Casey SE, Kachur SP, Roberts LF, Zard M. COVID-19 in humanitarian settings and lessons learned from past epidemics. Nature Medicine. 2020 May;26(5):647-8.
81. Hasan A. Orangi Pilot Project: the expansion of work beyond Orangi and the mapping of informal settlements and infrastructure. Environment and Urbanization. 2006 Oct;18(2):451-80.
82. Friesen J, Friesen V, Dietrich I, Pelz PF. Slums, space, and state of health—a link between settlement morphology and health data. International journal of environmental research and public health. 2020 Mar;17(6):2022.
83. Yang YT, Silverman RD. Social distancing and the unvaccinated. New England Journal of Medicine. 2015 Apr 16;372(16):1481-3.
84. Bauza V, Sclar GD, Bisoyi A, Majorin F, Ghugey A, Clasen T. Water, sanitation, and hygiene practices and challenges during the COVID-19 pandemic: a cross-sectional study in rural Odisha, India. The American journal of tropical medicine and hygiene. 2021 Jun;104(6):2264.

Appendices

A. Ethical Clearance Certificate



UNAM
UNIVERSITY OF NAMIBIA

ETHICAL CLEARANCE CERTIFICATE

Ethical Clearance Reference Number: DEC OSH 0010 **Date:** **04/04/2022**

This Ethical Clearance Certificate is issued by the University of Namibia Ethics Committee (REC) in accordance with the University of Namibia's Research Ethics Policy and Guidelines. Ethical approval is given in respect of undertakings contained in the Research Project outlined below. This Certificate is issued on the recommendations of the ethical evaluation done by the ethics committee.

Title of Project: EXPERIENCES OF OKAHANDJA PARK INFORMAL SETTLEMENT RESIDENTS WITH THE COVID-19 PREVENTATIVE MEASURES IN KHOMAS REGION

Principal researchers: LIBERTINA SHIWEVA

Staff Number/ Student number: 201018616

Remarks: Low Risk – Approved

Centre for Research Services

Take note of the following:

1. Any significant changes in the conditions or undertakings outlined in the approved Proposal must be communicated to the ethics committee. An application to make amendments may be necessary.
2. Any breaches of ethical undertakings or practices that have an impact on ethical conduct of the research must be reported to the ethics committee
3. The Principal Researcher must report issues of ethical compliance to the ethics committee (through the Chairperson) at the end of the Project or as may be requested by the ethics committee
4. The ethics committee retains the right to:

i) Withdraw or amend this Ethical Clearance if any unethical practices (as outlined in the Research Ethics Policy) have been detected or suspected,

ii) Request for an ethical compliance report at any point during the course of the research.

The ethics committee wishes you the best in your research.

Prof Hans J Amukugo (Oshakati Campus Chairperson Decentralized Ethics Committee)

Prof. Davis Mumbengegwi (Head, Multidisciplinary Research)

B. Research Permission Letter

REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

Ministerial Building
Harvey Street
Private Bag 13198, Windhoek

OFFICE OF THE EXECUTIVE DIRECTOR

Tel: No: 061 -203 2507
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Andreas.Shipanga@mhss.gov.na

Ref: 17/3/3/ LS
Enquiries: Mr. A. Shipanga

Date: 09 May 2022

Ms. Libertina Shiweva
University of Namibia
Windhoek

Dear Ms. Shiweva

Re: *Experiences of Okahandja Park informal settlement residents with the COVID-19 Preventative measures in Khomas Region.*

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. **Kindly be informed that permission to conduct the study has been granted under the following conditions:**
   - 3.1 The data to be collected must only be used for academic purpose;
   - 3.2 No other data should be collected other than the data stated in the proposal;
   - 3.3 Stipulated ethical considerations in the protocol related to the protection of Human Subjects should be observed and adhered to, any violation thereof will lead to termination of the study at any stage;
   - 3.4 A quarterly report to be submitted to the Ministry's Research Unit;
   - 3.5 Preliminary findings to be submitted upon completion of the study;
   - 3.6 Final report to be submitted upon completion of the study;
   - 3.7 Separate permission should be sought from the Ministry for the publication of the findings.
4. All the cost implications that will result from this study will be the responsibility of the applicant and **not** of the MoHSS.

Yours sincerely,

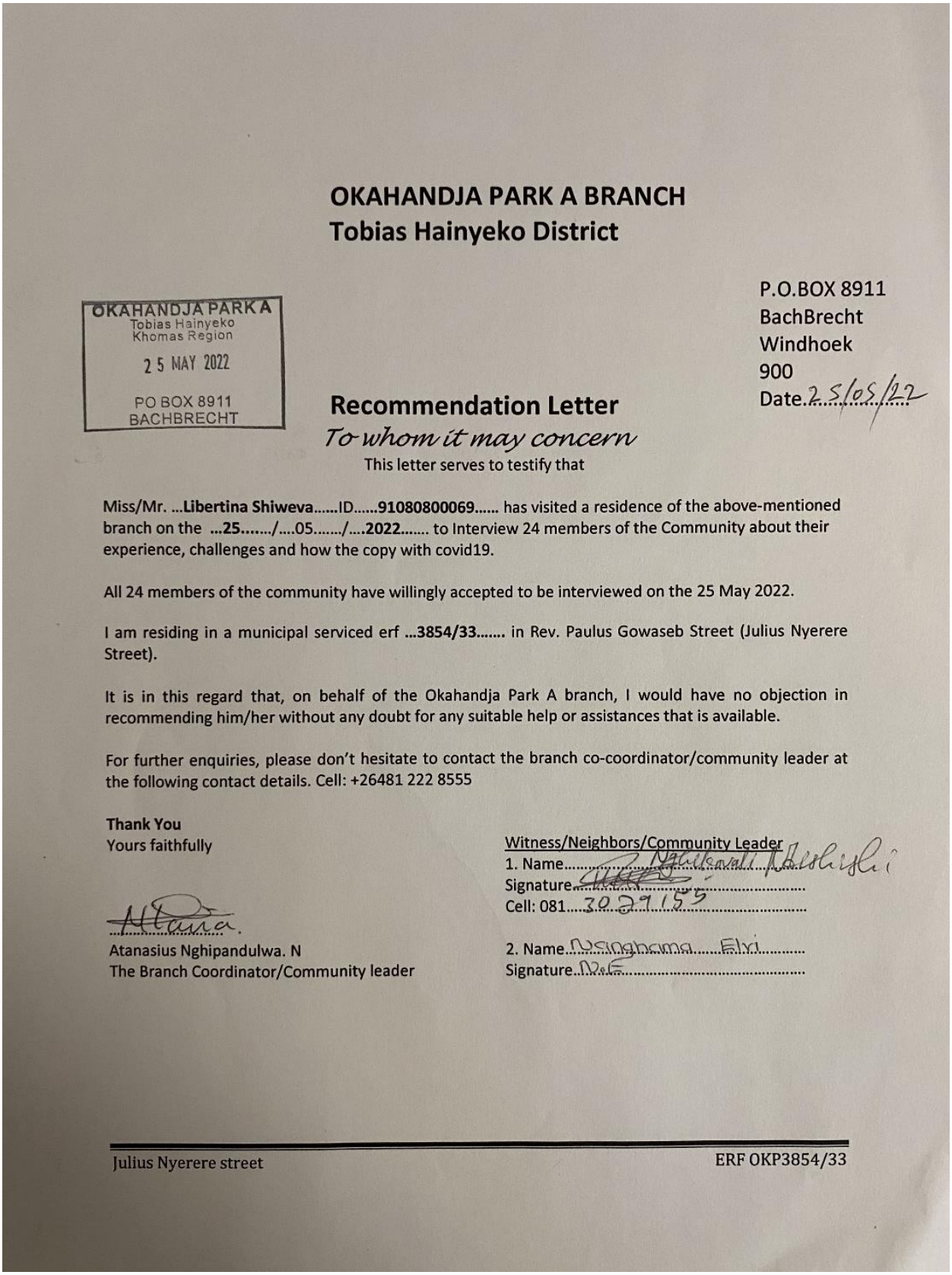
EXECUTIVE DIRECTOR
MINISTRY OF HEALTH AND SOCIAL SERVICES

BEN NANGOMBE
EXECUTIVE DIRECTOR

All official correspondence must be addressed to the Executive Director.

My NAMIBIA

C. Data Collection Permits



OKAHANDJA PARK A BRANCH
Tobias Hainyeko District

OKAHANDJA PARK A
Tobias Hainyeko
Khomas Region
25 MAY 2022
PO BOX 8911
BACHBRECHT

P.O.BOX 8911
BachBrecht
Windhoek
900
Date. 25/05/22

Recommendation Letter

To whom it may concern

This letter serves to testify that

Miss/Mr. ...**Libertina Shiweva**.....ID.....**91080800069**..... has visited a residence of the above-mentioned branch on the **...25**...../....05...../....**2022**..... to Interview 24 members of the Community about their experience, challenges and how the copy with covid19.

All 24 members of the community have willingly accepted to be interviewed on the 25 May 2022.

I am residing in a municipal serviced erf **...3854/33**..... in Rev. Paulus Gowaseb Street (Julius Nyerere Street).

It is in this regard that, on behalf of the Okahandja Park A branch, I would have no objection in recommending him/her without any doubt for any suitable help or assistances that is available.

For further enquiries, please don't hesitate to contact the branch co-coordinator/community leader at the following contact details. Cell: +26481 222 8555

Thank You
Yours faithfully

Atanasius Nghipandulwa. N
The Branch Coordinator/Community leader

Witness/Neighbors/Community Leader
1. Name..... Ndilsavali Theofilus
Signature.....
Cell: 081....3029153.....

2. Name..Nsinghama.....Elvi.....
Signature..N.E.....

Julius Nyerere street

ERF OKP3854/33

D. Informed Consent Documents

UREC Annex 5F: Informed Consent for Qualitative Studies

UNAM
UNIVERSITY OF NAMIBIA

INFORMED CONSENT FORM

Informed Consent for Community members in Okahandja Park Settlement who I am inviting to participate in my Master's degree in Public Health Research Project at the University of Namibia,, titled "Experiences of Okahandja Park Informal Settlement Residents with the COVID-19 Preventative Measures in Khomas Region.

Name of Principal Investigator:	LIBERTINA SHIWEVA
Name of Sponsor:	NONE

This Informed Consent Form has two parts:

• Information Sheet (this section, to share information about the study with you)

• Certificate of Consent (for signatures if you choose to participate)

You will be given a copy of the full Informed Consent Form.

PART I: INFORMATION SHEET

Introduction

My Name is Libertina Shiweva and I am a Master of Public Health student at the University of Namibia. The study being conducted is a research project focusing on your experience during the COVID-19 lockdown with regards to COVID-19 Preventative measures. The purpose of this study is to explore and describe your experience regarding the COVID-19 preventative measures during the COVID-19 period in Khomas Region. To that, thank you

very much for generously offering your time to participate in this study. This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them of me. The report intends for academic purpose only and to contribute towards the creation or stimulating of action for the improvement of the hygienic circumstances of all people living in the informal settlement. I assure you that if you do not understand some of the words or concepts, I will take time to explain them to you, as we go along and you can ask questions at any time.

Purpose of the Research

The purpose of this study is to explore and describe your experience regarding the COVID-19 preventative measures during the COVID-19 period in Khomas Region. I want to explore and describe what people went through during COVID-19, with regards to the World Health Organisation (WHO) preventative measures. Furthermore, I also want to know more about the Preventative measures that are in place in your community because this knowledge might help us to learn how to better control and manage COVID-19 in the informal settlement's settings.

Type of Research Intervention

This research will involve your participation in a group discussion that will take about not more than an hour, and a face to face interview with one of you, that will be a follow up after the group discussion, in order to add to what is said in the focus group discussion and it will be not more than an hour as well.

Participant Selection

You are being invited to take part in this research because we feel that your experience as an informal settlement dweller can contribute much to our understanding and knowledge of COVID-19 WHO Preventative Measures.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate all the services you receive at this focus group discussion and interview will continue and nothing will change. In addition, you may change your mind later and stop participating even if you agreed earlier to participate

Procedures

I am asking you to help us learn more about COVID-19 Preventative Measures in your community and we are inviting you to take part in this research project. If you accept, you will be asked to answer the asked questions and further answer the probed questions.

To add to what I stated above, this interview guide does not have sensitive questions that could possibly cause embarrassment. The interviews, or the survey. If the research involves questions or discussion which may be sensitive or potentially cause embarrassment, inform the participant of this.

You are going to part in a discussion with six other persons (total will be seven, including you) with similar experiences. This discussion will be guided by myself (Liberina Shiweva).

The group discussion will start with me as the moderator, making sure that you are comfortable. I can also answer questions about the research that you might have. Then we will ask you questions about the COVID-19 Preventative Measures and give you time to share your knowledge.

I will not ask you to share personal beliefs, practices or stories and you do not have to share any knowledge that you are not comfortable sharing. The discussion will take place in your Constituency Councillor's office through your community coordinator and no one else but the people who take part in the discussion session and myself will be present during this discussion. The entire discussion will be recorded, but no-one will be identified by name on the recording. The recording will be kept safe in a folder with a password, on my personal computer, and no one else will have access to it because the information recorded is confidential. The Recording will be destroyed after this project is complete, after a year.

Duration

The research will takes place over a year, and the data collection will be about 2 months in total. During that time we will have a focus group discussion that will be held once and will take about not more than an hour. We will visit one of you once for a follow up interview and each interview will last for about one hour each.

Risks

This study is about COVID-19 WHO Preventative Measures, and since we are going to focus on a Group Discussion, you might share some personal or confidential information

by chance while being probed. This might make you feel uncomfortable to answer among your peers, but we do not want you to feel that way. Nonetheless, if you feel some of the questions are uncomfortable to answer, you will be excused not to answer.

Benefits

This study might not benefit you individually, but your participation in this study will highly be appreciated and be able to help us understand what you have been going through during COVID-19 pandemic, of which could contribute to greater decision making abundantly for your community as a whole.

Reimbursements

You will not be provided any incentive to take part in the research, and your voluntarily participation highly appreciated.

Confidentiality

You and the other participants are urged not to talk to each other outside the group, after the discussions and interviews are complete. It will be of good use to us also, if you do not talk to the people in your community about what was said during the discussions. Therefore, we would like all the discussions to remain strictly confidential. We will also appreciate if you tell us the confidential matters in your community, so that we will be able to be aware of the important matters with regards to COVID-19 Preventative measures. The names of the participants will be anonymous throughout this study. Data will be stored in a safe with lock and key that will be kept safe by the researcher and after data entry, the data will be stored on a laptop, in a folder with a password known to the researcher only.

Sharing the Results

Since all matters to be discussed will be confidential, all inputs you tell us today will not be shared with anybody outside the research team, and nothing will be attributed to you by name because you will all be given fictions names like P (Participant)1, P2 and e.c.t. The results will be shared with you, and your community leader. Moreover, we will also share the results with the Ministry of Health and Social Services and the City of Windhoek know your inputs, so that they will be able to make wise decisions, with regards to your experiences.

Right to Refuse or Withdraw

This is strictly a voluntarily participation, and you will be given the right to withdraw your inputs at any given time, and you are also allowed to review your answers and re answer if you wish to do so.

Who to Contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact me [Libertina Shiweva, +264 81 2353406, libertinahshiweva@gmail.com]

This research has been reviewed and approved by the relevant Ethics Review Committee at the University of Namibia, which is a committee whose task it is to make sure that research participants are protected from harm. The committee reports to the University's Centre for Research Services. If you wish to contact this Centre, please call +264 61 206 4673 or send an e-mail to research@unam.na.

You can ask me any questions about any part of the research study if you wish to. Do you have any questions?

PART II: CERTIFICATE OF CONSENT

I have been invited to participate in research about COVID-19 WHO Preventative Measures

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked, have been answered to my satisfaction. I consent voluntarily to be a participant in this study

……

Name of Participant (print) Signature of Participant

……

Date (day/month/year)

……..

If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

……

Name of Witness (print)

Thumb print of Participant

……

Signature of Witness

……

Date (day/month/year)

Statement by the Researcher/Person taking Consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands that the following will be done:

1. Participants agree to be interviewed
2. Participants will be asked questions
3. Participants will be probed for more answers
4. Participants will be recorded and agree to be recorded
5. Participants responses and names will be kept confidential

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this ICF has been provided to the participant.

……

Name of Researcher/Person taking Consent (print) Signature

…… ……

Date (day/month/year)

……

If Assisted by an Interpreter: Statement by Interpreter

I have accurately explained the information sheet to the potential participant in ……OSHIWAMBO…….. and to the best of my ability made sure that the participant understands that the following will be done:

1. Participants agree to be interviewed
2. Participants will be asked questions
3. Participants will be probed for more answers
4. Participants will be recorded and agree to be recorded

5. Participants responses and names will be kept confidential

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been interpreted correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

I declare that I will not divulge any information that I interpret during this research intervention to a third party outside this study.

…….

Name of Interpreter (print) Signature

…… ……

Date (day/month/year)

……..

E. Data Collection Instrument: FGD and Face to Face Interview Guide

HREC-NH Annex 5G: Questionnaire

FGD AND FACE TO FACE INTERVIEW GUIDE

Main question

What is your experience with regards to COVID-19 Preventative measures during COVID-19 Pandemic?

Possible probing questions depending on the responses.

1. Did you receive any emergency help during COVID-19? If so, what type of help and from who?
2. How did you access water in your community during the lockdown?
3. Did you have enough food during the presence of COVID-19? If no, how did you cope?
4. Did you have enough soap in your house to wash your hands? If no, how did you manage?
5. How did you maintain social distancing in your community?
6. How did you promote hand hygiene before and during COVID-19?
7. How did you cope financially before and during COVID-19?
8. What strategy of self-care did you use to prevent yourself from contracting COVID-19?

F. Raw Data Example

Interviewer:

Thank you so much for your willingness to participate in this research. So now, I want you guys to tell me.. the main question of the study is Um what is your experience with COVID-19 Preventative measures during lockdown? We can start with you.

Participant 1: My experience in lockdown. When we're in lockdown, we're having mm hmm..

Interviewer: Just talk, just say anything.

Participant 1: Uh, we're having like, wearing masks too much when we're going to the shops and the shops was overcrowded. Uh, and uuhh..

Interviewer: How was it for you?

Participant 1: It was not nice because everyone should stand for for maybe three hours in the line Before you go into the shop and everywhere you're going, even at the clinic, you'll have to sit there for five hours or 10 hours there.

Interviewer: Do you think maybe there were a lot of people in the queues oor what caused people to stand in the que for a long time?

Participant 1: There's a lot of people because uh, everywhere they allow only a few people to enter. Even in the shops, maybe 10 people or 20 people. They're allowed a few people because of COVID-19. If there's a lot of people there, The COVID-19 will spread too much to people.

Interviewer: Thank you so much. Um, ma'am what was your experience during COVID-19 pandemic?

Participant 2: My experience was If COVID-19, you shouldn't have going after hours to places because they were locked in the lockdown. If you go after hours, they will not allowed you to go after hours to get something and they were having, they will always tell you to stay inside the house and it was not good to just stay in the house and you when they inform us it's a lockdown. You should have rushed to the shops because they were saying you were not allowed to go to shops to buy something. So we were rushing also, even to the shop and everything was just, I don't know how to explain it, but it was just like in the lockdown, it was not nice because you just have to sit at home. They did not allow you to walk around in family at funerals at churches. They were not allowing you, even if you go at the funeral, it was just a seven amount of people that will go to funeral. And even to check they were not allowing us even to shabeens, they were not allowing us and you

should have, there was also a thing you should have not traveled to other regions. You should have only stayed in your region. That was also the thing, that I experience ..

Interviewer: Ok, what was your experience with WHO preventative measures during COVID-19 pandemic?

Participant 3: Yeah. So to me, COVID-19, it is not very good because in time in time um

Interviewer: Speak up please.

Participant 3: in time im been in my home . without no listing on my family and yeah. Ah right, mm hmm. Mhm. And to go to the shop. It is not allowed. That's why I say COVID-19 It is not very good.

Interviewer: Okay. Um next, what was your experience during COVID-19 pandemic?

Participant 4: COVID-19 is not very good because they don't allow you even, we have a wedding isn't that allow people to go at your wedding. Mhm. They don't allow you, people to go at the wedding. Many people mos mhm. Mm hmm. And did they close..

Interviewer: Why didn't they allow many people?

Participant 4: Because they they don't want to people to..

Interviewer: To spread the disease...just talk

Participant 4: Mhm. And they closed the church mos.

Interviewer: So it was not nice for you?

Participant 4: *Mhmm*

Interviewer: Okay. Mm Hmm. Next participant. What was your experience during COVID-19 pandemic?

Participant 5: Uh during COVID-19 It was kind of hard because a lot of things actually changed. Like a lot of people lost their jobs because of COVID-19. You know, because employers could not pay their people anymore. So they some of them actually had to cut their salaries and you know, uh like the queues like they previously said the queues at the shops and at the hospitals and almost everywhere it was unbearable. So it was you have to stand in the queue for a very long time just to get services which was kind of very difficult for almost everybody. And uh also, Okay, a lot of people also lost their lives because of COVID-19, which is actually so some of us also have relatives that lost their lives because of COVID-19. And yeah, so it was basically difficult for almost everybody.

Interviewer: Uh next participant. What was your COVID-19 pandemic?

Participant 6: Uuuhh It's regarding the even the bad or the goods, right?

Interviewer: Everything, yes.

Participant 6: Everything. So one thing which was actually bad is, you know, some people's the financials, the the the money that people's haves are not the same. Right? And then when you are being forced to buy the mask instead of buying bread, it affected some of the peoples, you can't go to certain places because you don't have a mask, you have to buy a mask instead of a bread. And then when the they limited the movements of the people's right? So people who didn't have a job and those who lost their jobs now, they are being forced to stay in the house. They cannot, they need to be brought food again in those houses where they are staying so they cannot go hand for or or struggle with whatever's there used to be doing. So they need to be fed. Instead of dying of COVID-19. They are dying of hunger. Yeah. So, and also when it comes to to to to to movements. You know the the transport, you can't go all of you in the transport. So let me say you go somewhere and uh whatever you went to do, you finished it at nine or eight. By the time we are going to get here It's going to be 10. Which is what's supposed to be the due time of walking. If you meet the police in the middle, they will beat you up. But you are coming from work. Do you understand? So there was a lot of changes which happened uh like moaning of your family members. You can't moan. Your family members because you have to get a permission from a certain person And if that person happened not to understand you or that whatever, whatever you are going, whoever you are going to moan is very close to you then you won't be attending that that, that those funeral and all of the above. So it also gave problems to, to, to, to, to, to to those families where you're supposed to be. Yeah. And uh for students, for kids, it was really bad because it was not easy to force to force kids like in schools to wear a mask. So because a kid can can wear a mask right now, but after two minutes, the mask is already out. Yes. It was, it was different that the COVID-19 was not affect infecting a lot of kids and the kids were having that advantage. But then it was not easy to keep masks on them also. And it's also affected the education part. Yeah. Because instead of being people going to classes to be taught now, they, even students are using uh they they they they they they are doing their testing online and uh, by doing test is online on all of that. You will have to, sometimes your person is just copying their at home. You're not learning anything. It's kind of a copy and paste thing. So instead of them getting to learn really like that the person was doing something by himself. It was things were just done by some other people's for you and you pass without learning anything. And the kids, they are not going to school. They are supposed to go like in groups or the school was stopped for some couples of months. Right. Yeah. So they have to, They were not, the kids didn't learn

anything throughout 2019. Yeah. So even the way they passed, you don't really know that. How was the assessment of? Yeah.

Interviewer: Okay. Thank you very much. Our next question. Did you guys receive any emergency help during COVID-19? If so, what type of help and from whom This one is open to anyone?

Participant 6: Uh, the emergency help that we got is, uh, there were people's supplying foods, giving food to members of the locations. But because people lost the job like we said, so they're supposed to be spoon fed now by good Samaritans, people coming from outside or by the government. But then these things are never enough.

Interviewer: Yeah.

Participant 6: There are never enough for all the peoples. So the only If they give like 50 parcels and there was 100 people's needs to be given. So the other people will be left out. You see, they have to be left out by force. You don't have to finish all of them and all of the above. Do you understand?

Interviewer: Yes.

Participant 6: And uh, um, emergence that, Yeah, like me, I was tested two times because of what I went out. Yeah. So the emergence that we got, It's just when those peoples of that used to test people come to get you here. I'll take you there instead of yourself catching a taxi. Yeah. They come and get you so that you cant spread it in the other people's cars.

Interviewer: Okay. Is there anybody else that received an emergency? What did you receive?

Participant 2: Mm hmm. There was other emergency for from Ministry of Finance. The they gave $750 for people to people. Yeah. That is the other emergency.

Participant 6: There are also people who received 7:15. Yeah. Yeah. Some people received 7:50

Interviewer: *Yeah, yeah.*

Participant 2: And free water, they just opened the tape, like everyone to fetch free water.

Interviewer: Okay, So that was my next question. How did you access water in your community during the lockdown?

Participant 6: Some of the, some of the taps are still open until today because they were supposed to close them last month, but they didn't close them because of we don't know. Maybe maybe they are still in the process of closing all of them.

Interviewer: Okay. So was it easy to access this water or were there regulations on when to get the water? Or what?

Participant 6: There wasn't any regulations. They just open all the taps and then you go fetch for free?

Participant 5: Cause normally people use water cards. So I don't know what they did on the taps. Yeah. So then they just fetching water for free. So they didn't need to use water cards.

Interviewer: Okay. So did you guys have enough food during the presence of COVID-19. If no. How did you cope? did you guys have enough food?

Participant 2: No, Sometimes the food was not that enough. So you have to maybe ask on your Because you could not even ask on your neighbors. Because they should have not also have any food. It was difficult to even find food. Mm hmm. And if you you must be sure if you have food that you must uh get you must make it if you have food, you must be sure to cook it like so that you can still that you can use it also for other time. It was very difficult.

Interviewer: How were you conserving your food? How were you taking care of your food? Not to go bad.

Participant 2: by putting it somewhere else so that it will not get so easy to saving the food. Mm hmm. I used to put it in my room Because if you are with the kids, the kids will just waste the whole food. If you maybe come, there's nothing again. Mm hmm. Yes. Yes. I put some in the fridge also. Mm hmm

Interviewer: Is there anybody going to say something about that?

Participant 6: Most people, most people decide due to the fact that they don't have electricity. Only some of them have managed to pull power from others with those. Yeah. Like you see it here just pulled from there. Yeah. From others. Yeah. So if you pulled you can put in a freeze. But if you don't have it like most of the majority's don't have they'll have to dry the food or because like especially meat you just buy and use, consume it at that time or unless you dry it.

Interviewer: Okay. Uh huh thank you for that. Did you guys have enough soap in your house to wash your hands? If not? How did you manage since they were saying you must wash your hands? And so were you guys having the soap?

Participant 6: The soaps depends on your financial status because uh some people have more money than others but there was a project, there was a project of taps which was giving taps at people's houses, you get a tap, the people put it there, they fix it there or if you want to change it, you fix it yourself. And some people took an examples of the taps, they made their own taps and uh yeah they were washing outside before you end up. the

problem was only the soap which got finished faster and if the little ones catch it it's also a problem they will wash it the whole time and then yah.

Interviewer: okay so how did you maintain social distancing in your community. I want an answer from everyone.

Participant 5: Everybody was actually scared of COVID-19 so people, it was like a mask, it was like you have to tell yourself no I just have to distance myself whether I like it or not in order not to conduct. Mhm. Yeah and so yeah so you know like in our community let me say. We we we we we we we don't really stay like in large gatherings, we are not in large gathering. Everybody's at their place. So the distance, the distance thing was not really a problem.

Interviewer: Okay.

Participant 6: Yeah. But the main issue which was there was the secret selling of alcohol. So because when people sell alcohol in secrets, people, they lose that they happen to lose the behavior of of of distance. Do you understand? So after getting drunk and then they get closer. Do you understand? So yeah, if there wasn't alcoholics which was being sold in secret in secret, then they couldn't they couldn't be like uh those problems of. Yeah. Because I think one of the issues which where COVID-19 happened to spread mostly because of social distance. It was the effect of alcoholics.

Interviewer: Okay. So how did you promote hand hygiene before and during COVID-19 and before COVID-19. How did you promote hand hygiene? And during COVID-19. How did you promote hand hygiene? The washing of hands,

Participant 2: washing our friends was before COVID-19. We we we're not washing our hands. But when we get, when we hear about COVID-19, we started to wash our hands before we eat before you go to the toilet before you use anything else. You used to wash your hands.

Participant 6: I think it's even brought hygiene, people became clean because they have to wash every time. Most of the times. To And after the toilets. So even, uh, you know, there are peoples, People came from different backgrounds, right? Some of them, they eat without washing their hands. So it's, it's really brought uh, some changes into people's lives. Which is even still today, people are still washing their hands because of They were taught it in during COVID-19. Yeah.

Interviewer: Okay. Do you want to say something? You want to say something? So, how did you guys cope financially before and during COVID-19, financially wise, how did you cope?

Participant 2: before COVID-19, You should have really coped. But after COVID-19 because of the work that you you were cut at. Sometimes maybe you were working in the week, the whole week. But sometimes they should have told, you know, you don't need to come in for some days. So, your finance were cut and it was very difficult to cope. During COVID-19.

Interviewer: Mm hmm.

Participant 6: One thing again about financials, you know, people this side, some of them depends on on bars. So, and there's a lot of people who sell alcoholics and there's a lot of people who sell some other different things which were limited to not to be sold during COVID-19. So now there's a lot of people who lost their jobs and all of the, all of those peoples, they were depending on, on, on on, let me say on one person or two people who are working who are having proper jobs in the house. Do you understand? So now all the people who lost their jobs and those who are having bars, they were all supposed to depend only in one Salary of 1 person. Mhm. So how that person has to feed all the people and it also depends on how responsible is that person. if that person who happened to be left working in the house and there is not it's not a person who used to be taking care of people in the house. If if that if he doesn't usually used to pay us, it doesn't usually used to buy food for for people in the house then people in the house have to suffer because those who supplies are those who get money from businesses which are closed or they lost their jobs. Yeah.

Interviewer: Do you want to do something? How did you cope financially before and during COVID-19?

Participant 6: mm. And also the 750 750 is also a problem because it was given only to some people. So people did not get. They applied and they tell the people to apply at games, People Applied two times 3 times. And then that's when she didn't go to everyone. So yeah, all of us we didn't get. And some of us. So yeah. Only you will find some people got twice. And you don't know how did it.

Interviewer: It happened

Participant 6: And you find this other one is working in the government. It's a nurse or as a soldier and they got. And you you didn't get your just you're just there. Yeah. That's one that's also one of the problems.

Interviewer: So now I want you guys to tell me what strategy of safe care did you use to prevent yourself from contracting COVID-19. How Did you prevent yourself from contracting COVID-19 . How are you taking care of yourself?

Participant 5: We started wearing masks, started wearing masks, distance. And then we started distancing ourselves. And then we also had to make sure that we don't go into crowded places. Uh, we also we had to buy immune boosters also to boost our system so that we are not easily so that we don't easily contract, COVID-19.

Interviewer: Okay. Mhm. What other uh, scale measures did you take?

Participant 1: We started to wash our hands like every time where you're going. And when you are coming from the toilet, you have to wash your hands. And

Interviewer: What else?

Participant 1: We started to distance and all that wearing masks,

Interviewer: Were you guys screening yourself? How were you doing it?

Participant 2: We used to steam for ourselves with some with onion with ginger with garlic. We used to mix that up and put it in the water and steam ourselves.

Interviewer: Did you hear that? That you must do that?

Participant 2: They told us even even in the radios sometimes you heard in the radios. Even your neighbor or your colleagues are also telling you that. Mm hmm.

Participant 6: Yeah. Well, some other strategies. Yeah. Since there wasn't a cure for COVID-19, we have tried to use all the other cures which which the people are talking about. Some of them. We are seeing things in videos and some of the videos are not really coming from the Minister of health. You know mos the the world of today of the internet. Yah we can also use this uuuhh, what? We also tried using this uuh what is it called? Elephant shit, elephant shit and uuuhh donkey shit. And uuuhhh hehehe! And uuhh how do you call this omadimba, omadimaba. How do you call them? Yeah, yes those are the things that we have been using but they helped because sometimes you are coughing or you are sneezing and then after using it you wont cough anymore. Or sometimes you are buying immune boosters and you are still getting it so and then you are social distancing but you are still getting it because you ae still coming to sit on the chair where someone who is having it was sitting. Yeah sooo yeah. You have to use all of that.

Interviewer: Okay. That is good, we have to the end of our interview so now I want you guys to tell me what recommendations you have for the municipality and uh the ministry of health. What do you want them to do for you with regards to COVID-19 pandemic. What recommendations do you have for them.

Participant 5: Since COVID-19 is not gong anywhere, like looks like its not coming to an end, maybe what the ministry can do is just, like you know its winter and COVID-19 is normally was not in winter. So maybe what the ministry can do is just bring back those

services that they had at the beginning of COVID-19. Cos now its like they neglected the people they don't do it anymore compared to 2019 when COVID-19 was still around. Maybe they can just bring back those free waters or those free soaps that they use to provide cos majority of families especially this side cannot afford those things its very few off them that can afford those things. So maybe if they can just bring back those services and maybe the municipality can just keep the water running because majority of the families can also not be able to afford the water, maybe if they can just keep those services it will do better for people this side.

Interviewer: Okay.

Participant 6: And uuh you know uuh COVID-19 when uuh it cames when people lost their jobs uuh it was kind of an advantage to some of the companies because when they they they they they they when the employers uuhh

Participant 5: *Retrenched.*

Participant 6: When they retrenched the employers, the employees, maybe they wanted to retrench them before and they didn't want them back anymore, so those people are struggling to go back to their companies or to their jobs where they were working but uh those people are not employing them anymore. So now the services, like now, like she said COVID-19 is now not going anywhere like right now as we are talking its now starting catching a lot of people again so and uh the water is closed. Sooo the projects of the taps is not going on anymore and then uuh the 750 is I think is completely stopped hehehe and then uuhh what uuuhh the food parcels which used to be brought to peoples uuhh it also stopped. But the employment where peoples uuhh where retrenched are not going back. You see you see how the uuh the problem is now. Because people they think because COVID-19 is no more too much, but the people are not employed anymore like they usually used to be. Because if they were going back to their usual jobs then it can be fine, ya people can start taking care of themselves nice nice, but now uuh it seems like uuh it was also maybe good to some peoples, because some people managed to retrench their workers.

Interviewer: Yeah..

Participant 3: I suppose to say ministry can still keep vaccinating uuh people. Ya

Interviewer: Okay. Thank you soo much, we have come to the end of our interview. I really appreciate your input, these suggestions I am going to take them up with the ministry and the city of Windhoek so that they can improve the living hood in your community that's why we are doing this study so that at list we can upgrade the living hood in the informal settlement. Thank you soo much I really appreciate everything. Okay.