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Dealing with COVID-19 in the towns and cities of the global South

Diana Mitlin looks at the particular challenges the COVID-19 outbreak will pose to people living in informal settlements, what steps can be taken to reach the populations in need, and how community organisation networks can be supported to scale up their efforts.

Blog by **Diana Mitlin**
27 March 2020
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The densely packed favelas of Rio de Janeiro, climb into the mountains. Brazil President Jair Bolsonaro has caused confusion with public comments on the coronavirus that have contradicted the global consensus as well as his own health officials (Photo: Chris Jones, via Flickr, CC BY-NC 2.0)

The global spread of COVID-19 poses particular risks for the one billion people living in informal urban settlements in the global South. A range of factors make transition of the virus more likely and

strategies to tackle it extremely difficult to implement.

Despite these challenges, this is an opportunity to forge new partnerships between agencies that – if they work together – can reach the populations in need.

High residential densities, with limited services

In informal settlements across the global South it is common for families of 2-5 people to live in a single room shack or tenement block of around 3 metres by 4 metres. Shacks are often adjacent to each other, with a single water tap and pit latrine shared between 5-10 families.

There is very limited public space for roads and pathways. The average population density of 'slums' in Nairobi, Kenya, was 28,200 people per square kilometre in 2009, a 51% increase in just ten years. One large high-density informal settlement (Mukuru) has a population density of 108,128 people per square kilometre (PDF). This makes it likely that the virus will spread rapidly.

Water supplies may be limited both because of the cost and because there is no access to piped water within the dwelling or even the plot. In sub-Saharan Africa, access in urban areas to piped water on the premises declined between 1990 and 2015.

And even when supplies are available, they are frequently intermittent in lower-income areas, and they are frequently not affordable in the quantities required for good health. The World Health Organization recommends 50 litres per person per day in non-emergency situations. This lack of water makes it hard for frequent hand washing to take place.

Incomes are very low and savings non-existent

Most of the one billion people living in informal settlements have very little savings and nearly all work in the informal economy, often as employees in informal enterprises or as micro-entrepreneurs such as those selling vegetables. A small proportion have low paid jobs in the formal economy such as cleaners, factory workers and guards.

Some of these households will be able to secure food from their extended family networks in rural areas but many will not. Increased use of food from rural areas will require more movement and potentially spread the disease.

It is extremely difficult for these workers to self-isolate; there is every likelihood they will carry on working.

Many occupations are high risk

In addition to the considerable risks related to homes and neighbourhoods, many residents work in high risk occupations. One example are waste recyclers and others working in waste-related industry. There are also those who are paid to work in formal enterprises, such as cleaners, and who are employed as domestic servants in higher-income neighbourhoods.

There may also be those who are teachers and nurses and who are exposed to large numbers of people. Then there are the shop keepers and stall holders who have a constant interaction, generally through cash, with many local people.

A lack of affordable health services

Formal health services are rare in most informal settlements. Even where these services do exist, charges for medicine put them out of reach for many people. Households may supplement these services with informal providers either because they do not trust the quality and/or because costs are lower. In Mukuru, 100,500 households are served by 206 public and private (formal and informal) health facilities.

The most common reason for urban households to shift from 'just managing' to chronic poverty is ill health. Health expenditures combined with the lack of income places severe strain on households.

There is a looming economic crisis

The scale of economic recession will have impacts on the global South. Incomes will fall even for those who do not get sick with COVID-19. The Financial Times (22 March) summarised the current state of economies in the global North and recorded that restaurant bookings globally are running less than 95% of their total last year, while retail activities in the UK, Sweden, the United States and Italy are 20-80% down. In China current power plant coal consumption is 30% below its level on 1 January 2020.

In many countries in the global South there is no adequate programme to address emergency needs.

What needs to happen?

Despite these challenges, there is reason for optimism. Networks like Shack/Slum Dwellers International (SDI) have been developing partnerships with local authorities to address development needs in informal settlements for many years.

There is an immediate need to:

- **Monitor conditions** in informal and formal neighbourhoods across the globe. As seen by news from Rio de Janeiro, Brazil, there is confusion and misinformation. SDI's KnowYourCity data collection programme already has much critical information and the systems in place to monitor regularly. As government agencies learn from local communities what is happening on the ground they will strengthen their relations with these groups, and help to build trust.

- **Identify high-risk locations** and help those individuals who are not well to isolate. Provide them with access to emergency health services if required.

- Identify high-risk occupations and begin to roll out health programmes. These groups are beginning to be organised and are reaching out to government. They need guidance and protection.

- **Establish effective partnerships** between key stakeholders including organised citizens, national and international government agencies, who are responsible for providing finance to those in need, and who are responsible for providing essential services; and NGOs and professional agencies able to provide technical assistance.

  In cities such as Bulawayo, Zimbabwe, organised communities are changing the way that local government thinks about informal neighbourhoods. In India, SDI's Indian Alliance transformed urban programming in some cities so that it was more effective in reaching local needs.

- **Establish reliable sources of information** so that people can act effectively to reduce risk and protect lives.

- **Work together** – organised communities, local government and health ministries have to work with one another to identify and test solutions to this crisis.

- **Capacitate networks** of community leaders (working both in neighbourhoods and specific sectors) to share information that they collect upwards to the responsible agencies and share key health messages downwards.

  Local information translated into appropriate languages is now urgently needed. Muungano waWanavijiji in Kenya is just one of the networks of community organisations that are ready to help. Another is Abahlali baseMjondolo in Durban, South Africa.

Governance and the social contract are key

At the heart of a humane progressive response will be a new relationship between citizens, their organisations and the state. In this context, the state includes local and national government and utilities. All have a critical role to play in responding to COVID-19.

In terms of the immediate health situation, many of the measures will be imposed on informal urban communities. There is a risk that there will be a coercive militarised response. However, that will not be enough to save lives. There is an urgent need for voluntary compliance with the required measures and that means we need to identify, support and share experiments in governance that are effective.

The experiences of networks like SDI is that trust can be built; there are many working in government who have a good understanding of the needs of those living in informal settlements and who understand the capabilities of community leaders. If trust is not established, misinformation and fear will cause many additional problems.

In Asia, the last financial crisis was associated with large numbers returning to their rural homes, which would potentially spread the virus to isolated areas with very few health services. There may be food riots as economic conditions worsen and considerable health risks from malnutrition.

We need to identify measures that help communities respond to the economic crisis, with assistance from social welfare departments and the humanitarian agencies. Once more, these interventions are far more effective if they work with organised communities who can help identify those most in need and help to develop approaches that build on existing capabilities and activities.

Further reading on IIED's work and the coronovirus

- Coronavirus and climate change are two crises that need humanity to unite, blog by Andrew Norton
- Coronavirus threat looms large for low-income cities, blog by Eric Fèvre and Cecilia Tacoli

This blog originally appeared on the Global Development Institute website

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Tags: Urban Matters, Informal settlements (slums), Shack/Slum Dwellers International (SDI), Coronavirus, Zoonotic infectious diseases

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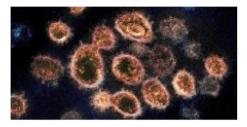The impact of COVID-19 on sustainable development. More in this collection

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