

## Covid 19: Understanding the problem in urban areas in Namibia, and an initial response

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### What is the problem?

*Living conditions* in some low-income areas in towns and cities of the global South are very risky. While settlement density may be comparatively sparse in Namibia, the densities in terms of household are very high; for example, it is common for families of 2-5 people to live in a single room of about 3 metres by 4 metres in a shack or backyard structure. In these situations, households use a single water tap and pit latrine, and in many instances these are shared by many households; in some instances, hundreds depend on a single water source. There is very limited public space and infrastructure, such as clinics. Others are renting informally in formal areas, such as backyard structures. In these cases, there are also high densities and with limited access to adequate water and sanitation. It is impossible for people living in these conditions to practice effective 'social distancing'.

*Incomes are very low and savings non-existent.* Most of the 1 billion 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) or in low paid jobs in the formal economy (e.g. domestic workers, petrol station attendants, security guards). Some of these households will be able to secure food from their extended family networks in rural areas but many will not. Interdependency is a strategy for survival, and the recommendation of 'staying at home' is impossible for those who need to resort to friends, neighbours and extended family for food and supplies.

*Exposure through precarious working conditions.* In addition to the considerable risks related to homes and neighbourhoods, some of these people work in *high risk occupations*. One example are domestic workers in higher-income neighbourhoods. There may also be those who are nurses, cleaners and security guards who are exposed to large numbers of people and who live in these areas. Then there are the shop keepers and stall holders who have a constant interaction – generally through cash – with many local people.

*Lack of access to public facilities.* There is frequently a *lack of affordable health services* in informal neighbourhoods. Even if there are formal health services, these are rarely completely free. Health expenditures when people are sick combined with the lack of income can make the difference in the status of households from 'managing' to 'not managing'.

*There is a looming crisis in economic activity and specifically income generation.* 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 or who get sick but whom are not very ill. Economic activity will slow down, and the number of those in an unstable economic situation will rise; creating anxiety, hunger, and possibly increase in domestic violence.

### What is the immediate need?

There is a need to:

- **Monitor conditions** in informal and formal neighbourhoods
- **Identify high risk locations**
- **Establish effective partnerships** between key stakeholders including organized 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.
- **Organized communities, local government and health ministries** have to work together 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.

### To prepare for this we need knowledge about how to fine-tune the following:

What is clear is that there is an urgent need for an emergency response. And that responses can usefully do the following.

- a. Share ways in which organized communities can work with government health departments and other relevant agencies. What are the new governance arrangements? How are groups developing their capabilities for effective collaboration?
- b. Identify trusted platforms for sharing information and a strategy to address misleading information about the outbreak.
- c. Establish a protocol for assessing conditions in low-income settlements with respect to both the incidence of people who are not well (including Covid 19) and measures taken to reduce the likelihood of those getting sick. And establish a protocol to aggregate this information over time in ways that balance accuracy with simplicity.
- d. Establish a protocol for community leaders to reduce risk that identifies measures to be taken and a means of undertaking these measures. This requires support for social distancing in a vast range of local physical, cultural and social conditions. And to ensure improved access to improved hygiene.
- e. Identify useful actions such as
  - Local firms (those brewing beer, making soap) become involved in sanitizer production
  - Improved access to water and sanitizer or soap for hand washing
  - Access to protective clothing for high-risk professions and workers
  - Places where people who are sick can be isolated.
  - Sources of emergency financial support

**At the heart of this will be a new relationship between citizens, their organizations and government.**

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The **National Alliance for Informal Settlement Upgrading** is a partnership for scaling up security of tenure and housing opportunities through co-production between organised communities, local and regional authorities, central government, and universities; with the aim of taking efforts nation-wide. Contact: [nationalalliance@nust.na](mailto:nationalalliance@nust.na)