

A photograph showing a health worker in a blue cap and mask using a handheld device to screen a woman in a colorful sari. They are in a narrow alleyway of an informal settlement. Other people are visible in the background.

“There is another form of density within the informal settlements, which is the density of social connections and networks. Practices of reporting, isolation and sanitation were community-designed and new infrastructure was created from them. The community manages the pandemic at the street level.”

– Gautam BHAN, Indian Institute for Human Settlements, Bangalore

Image Source: A health worker screens for symptoms of COVID-19 in Dharavi, one of Asia’s biggest slums in Mumbai. The number of people infected with the coronavirus in India rose by another 80,000 and is near Brazil’s total, the second highest in the world. Image by AP Photo/Rafiq Maqbool. Note: We apologize for the low image quality.



Gautam BHAN
Indian Institute for Human
Settlements (IHS)
Bangalore, India

Southern urbanism and collective life

Worldwide, countless initiatives led by cities, communities, NGOs, and citizens have helped people dealing with the socio-economic consequences of the COVID-19 crisis. However, they have rarely been connected with or supported by government's initiatives.

COVID-19 affects people of all social geographies. It's different from cholera and malaria, the so-called poor people's diseases, which further marginalise and criminalize the poor. The kind of community that has been hit the most by the pandemic is the proportion of the population that cannot work from home such as janitors, bus drivers, nurses, street cleaners and so on. These are also often people who are living in overcrowded conditions and multi-generational households.

When the pandemic started, everyone was convinced that density would be the matchstick for the corona virus to

spread. Informal settlements all over the world, places like Dharavi as one of the most densely populated areas in the world, were expected to perform the worst. However, the opposite seems to occur, because there is another form of density within the informal settlements, which is the density of social connections and networks. Practices of reporting, isolation and sanitation were community-designed and new infrastructure was created for them. The community manages the pandemic at the street level.

If communities are actually given the resources to leverage the social density that they require and to mitigate the accompanying challenges of spatial density, these informal communities are able to actually self-regulate themselves. That is, when communities can come up with solutions rather than the constraints, a shift in scale occurs. For example, in terms of isolation, the unit of spatial isolation is the communal street rather than the private home. In terms of sanitisation, the unit of sanitisation is the public water tank rather than washing hands. In terms of restricting of movement, this meant that the local community controls the various entry and exit points of their streets.

In India, the reporting of COVID-19 cases to the government was done via the community level. It was not done through the government surveyors and the municipal health inspectors. Community resilience works when reporting respects people's privacies and the control of the reports is shifted back to the community. Some of these community-based

organizations have been the intermediaries between the state and the community. During the COVID-19 pandemic completely informal community-level organization at the street level popped up everywhere and filled the gap where there is no underlying formal organisation.

<https://www.societyandspace.org/articles/the-pandemic-southern-urbanisms-and-collective-life>