



## [Disaster preparedness of municipalities in the face of Coronavirus](#)

South Africa is declared a national state of disaster. New cases of the coronavirus are being reported daily throughout the world and South Africa is no exception. The number of confirmed positive cases of people with the virus has risen since the lockdown was declared on 27 March. Covid-19 has now been confirmed a pandemic by the World Health Organization (WHO) thereby raising alarm across the world. A pandemic by WHO standards is a disease that is spreading across the world rapidly and at the same time; it demands greater and coordinated efforts from multi-government spheres to prevent and curb its spread. South Africa has generally been accused of having a laissez-faire attitude towards the virus. While the virus was spreading at a rapid speed through China and some European countries, South Africa was not putting any noticeable plans in place in anticipation of the outbreak in its territory.

The Ministry of Health has been at the forefront of combating the virus and it continues to call on South Africans to not panic. Before the lockdown was announced, the Eastern Cape's premier, Oscar Mabuyane, stated that the province is particularly vulnerable to the coronavirus due to the province's ailing health infrastructure. Along with securing border posts along provincial lines, Mabuyane said the province would establish field hospitals which would employ nurses and trained health workers, secure sufficient food stocks in hospitals, distribute more water tanks and soap for people to wash their hands and provincial government would postpone events. While these measures are welcomed, we share the premier's anxiety in the state of preparedness of the province in dealing with this pandemic.

South Africa is now on Stage 4 of the lockdown, which allows certain industries to function under strict measures, and allows for minimal movement between provinces. The intent of the lockdown was to 'flatten the curve' thereby buying South Africa some invaluable time to improve its health care system so that it is in a better position to respond to the coronavirus when it peaks in August or September as predicted by scientists. While we believe that South Africa has a relatively improved health care system compared to many of its African neighbouring countries, there are still many unsettling and important questions that must be asked, and they must be asked openly:

- How prepared are primary health facilities for the Coronavirus, especially in rural areas where chronic medication is often out of stock and the capacity of health care professionals is relatively low?
- Many municipalities across the country are struggling to provide clean and safe drinking water without the scare of the Coronavirus, has the distribution of water tanks, as we have seen in some municipalities, been sufficient in reaching remote informal settlements and rural areas? Are there plans in place to assist municipalities to prepare for the worst?
- Are the disaster management measures municipalities have in place (and one hopes that these

are designed to cope with a pandemic of the nature of Covid-19) being properly communicated to residents so as to allay fears and panic?

- What support mechanisms are put in place to ensure that people living with HIV/AIDS, TB and other pre-existing conditions in rural areas and informal settlements receive the added support they need for the prevention of the coronavirus? These are people whose immune systems are often compromised due to inadequate access to nutritious food, inadequate health care and are at risk because of these pre-existing conditions.
- Municipalities are by law mandated to initiate public engagements on the draft budget and Integrated Development Plan (IDP), in light of the lockdown conditions; residents are urged to avoid public gatherings as far as possible. Where does this leave municipalities and their constitutional mandate to consult and to consult widely and effectively?



According to Stats SA, half of South Africa's population lives in poverty with the Eastern Cape and Limpopo having the highest share of poor households. These households have basic necessities to prioritise and find it difficult to budget for hand sanitizers and face masks - the price of which recently sky rocketed. In many informal settlements around the country regular washing of hands is a luxury when drinking water is in scarcity. The prevailing drought conditions and the crumbling infrastructure of some municipalities means that access to water, clean and safe drinking water for some, is an absolute scarce resource.

Many municipalities argue against the provision of basic services to informal settlements because they view informal settlements as temporary, thus a waste of money. Whether you live in formal or informal housing, citizens have the constitutionally guaranteed right to access basic municipal services such as clean running water, sanitation, electrification and primary health care.

But South Africa's reality is completely different to what is constitutionally mandated and what the numbers reflect. For instance Buffalo City Metropolitan Municipality had at least 154 informal settlements in 2015 and there are also numerous villages that are densely populated where space is constrained and often there is only one tap that is shared between 50 people. This is a similar scenario to other municipalities in South Africa. Poor infrastructure in informal settlements poses serious public health problems.

Nationally, we still have a long way to go to upgrade informal settlements just with basic services;

this without the coronavirus being added to the mix. Every year flash floods and fires ravage informal settlements in Khayelitsha and Mamelodi raising questions about the capacity of municipalities for disaster management. It must always be remembered that residents of informal settlements are part and parcel of the fabric of our cities and towns and it is our obligation to protect vulnerable members of society – the poor, elderly and those with compromised immune systems.

Very few municipalities (if any) have disaggregated health and population data on residents in informal settlements, which makes planning for the provision of water, sanitation, and primary health care initiatives extremely difficult. This poses additional challenges for epidemiological models to predict the spread of a virus like COVID-19 in informal settlements.

The capacity to deal with the effects of the coronavirus lies with the South Africa's National Executive, but as communicated by the National Disaster Management Centre, local municipalities also have a role to play to help with strengthening and supporting "existing structures to implement contingency arrangements and ensure that measures are put in place" to prevent the spread of the virus. This means that municipal plans must be aligned to national thinking. National thinking might not consider the varied needs of local communities in different municipalities.

Municipalities must therefore be proactive in thinking about the complexities of issues affecting their own areas and how the virus might affect such communities. Local municipal disaster management planning must not take place in a silo. Municipal Disaster Management Units must plan with Human Settlements, Water, Sanitation, Electrification, Primary Health Care and IDP units. These plans must speak to district, provincial and other municipalities in the region. The virus knows no border and thus requires everyone to work together.

As part of COGTA's disaster management plans, it has been communicated that in informal settlements where people don't have the luxury to take themselves for testing and isolation, municipalities will identify places where people will be quarantined. Municipalities will also distribute sanitizers to those who cannot afford. But this is far from enough. Local disaster planning should at least include measures to provide clean running water and sanitation services to informal settlements and villages, especially in areas where young girls often have to walk long distances to fetch water from rivers and dams. These plans should seek to protect the elderly and those people with HIV/Aids, TB and those who have compromised immune systems. Children should be protected, especially those who head households or are dependent on grandparents who might fall victim to this pandemic. In a state of disaster, municipalities should take control of empty or disused buildings and repurpose them as emergency centres and places where the homeless could self isolate.

As part of their disaster planning, municipalities must understand the implications of COGTA's Regulations to guide municipalities on the national disaster proclamations vis-à-vis its normal municipal processes and day-to-day operations. For example, the law states that municipalities must engage with the public during the IDP and Budget Roadshows. Failing to comply with the law could result in the municipal budget not being passed which will have serious negative consequences for municipal service delivery to communities. Municipalities have been requested by COGTA to postpone their IDP Roadshows, even when they do occur at a later stage, the meetings will have smaller numbers of people. Even with smaller groups of people, municipalities need to plan for potential health risks to communities now more than ever. With gatherings of more than 100 people prohibited, what will this mean for municipalities with more than 50 wards whose full sitting constitutes more than 100 people?



As part of disaster preparedness in the face of coronavirus, municipalities should explore alternative methods for public participation without compromising a community's abilities to fully and meaningfully participate in such municipal processes. Appropriate technology-based applications should be explored so that it compliments (and not necessarily replace) existing conventional communication methods.

After President Ramaphosa's state of disaster announcement one can say that the government is communicating and taking the country into confidence in disaster management strategies and its preparedness for the coronavirus. However, it is critical that municipalities are disaster-ready in the face of the coronavirus and that its state of disaster readiness is properly and promptly communicated to communities as well, so as to prevent unnecessary panic. One thing that is clear, the virus is spreading and it is spreading very rapidly.

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