

Do's and Don'ts for local governments engaging with urban poor communities and informal settlements during COVID-19

Note: this is designed to be generic guidance that can be adjusted or tailored depending on country and city context.

Do

1. **Rapidly scale up affordable provision of water and safe sanitation maintained by the community** e.g. provide handwashing stations with the help of utility and private companies in easily accessible locations where crowding can be avoided, near essential service markets for food and groceries, and at exit and entry points between settlements. Remove regulations that prevent rainwater harvesting.
2. **Issue moratoriums on water and electricity charges in partnership with service providers** to ensure continuous access for those who are unable to pay due to loss of income and those who have been previously disconnected for non-payment.
3. **Cease all evictions** particularly in cases where individuals cannot pay their rent and have nowhere else to go, exposing already vulnerable populations to a greater risk of infection. Provide support for individuals at risk of eviction or homelessness e.g. hotlines.
4. **Provide clear guidelines on worker safety and physical distancing norms, protective equipment and soap** for local government officials, those caring for the sick or working in essential services such as water utility workers, community healthcare volunteers and garbage collectors. Train and inform local enforcement agencies and community members on the implementation and monitoring of guidelines.
5. **Arrange emergency cash grants and transfers and ensure emergency access to food and water** that can be distributed safely through community associations or using mobile phones and ensure that community members are well aware of the support mechanisms.
6. **Identify existing facilities** that could be re-purposed or temporary low-cost structures built as community care facilities for isolating and caring for the sick, people with chronic health problems, pregnant women and the elderly.
7. **Provide clear information and advice in local languages about COVID-19**, the common symptoms, why it is different from other infectious diseases and what individual responses can be taken. Such messaging must account for the limited access to safe water and sanitation, different languages and cultural groups utilising various communication channels (posters, radio, social media) and how people might seek medical advice or help, as well as helping to combat stigmatisation. Specific messaging is required for informal health providers (chemists, clinics etc).
8. **Develop strategies for physical distancing** while using public transport, queuing for water and food distribution, avoiding any social gatherings including religious ceremonies.
9. **Decentralise larger main markets into micro markets** in open areas and other locations to avoid overcrowding, support physical distancing and ensure a functional food supply chain that keeps food prices as stable as possible.

10. **Develop distribution networks for food, water and other essentials** that could be sub-contracted to displaced or unemployed workers and youth.
11. **Implement a pre-emptive strategy and undertake area classification based on risk assessment of residential areas** including density, household size, socio-economic and demographic profiles. Neighbourhoods can then be demarcated and graded based on current risk level and degree of transmission.
12. **Establish arrangements to move bodies safely, with agreed protocols for funerals.** Sensitive provision for kinship, social and spiritual needs is required.
13. **Engage and improve dialogue with national and international organisations, civil society organizations and networks** such as WEIGO, Slum/Shack dwellers International, Asian Coalition for Housing Rights, UN Habitat who have already begun to organise and develop messages and may have greater data on socio-demographics, healthcare and other infrastructure and can assist with service delivery.
14. **Reach out and encourage more community leaders to replicate your efforts.** Assess other community networks, community services and institutions such as community centres, schools, community-based organizations representing diverse groups within the community and make them your partners.

Don't

1. **Impose informal settlement wide quarantine unless local conditions are taken into account.** Crowded living conditions and poor ventilation mean people will be exposed to infection and community members may be forced to venture outside to continue their livelihood activities. Measures for access to food, medicines and other essentials must be put in place.
2. **Adopt a one-size fits all policy or top-down measure that does not account for differences within and between formal and informal settlements.** Communities themselves are best placed to respond and take effective control measures through existing networks and leadership structures that understand the spatial and social composition of the settlement. These should be supported rather than dismissed.
3. **Use alarmist messaging and harsh enforcement** as these can backfire and promote panic.
4. **Close local food outlets,** forcing people to travel further distances.
5. **Stigmatise residents with COVID-19 and their families.** Avoid dramatic public follow-up of cases as this causes panic, all messaging should be checked to ensure it does not stigmatise patients.
6. **Neglect the food, health and sanitation needs of the homeless population and those without permanent shelter.**