Summary of key learning points about responding to COVID-19 in informal urban settlements (slums)

- Act now. Prepare people. Once the disease gets into a slum it will spread really fast.

- Basic prevention principles are the same worldwide. But they are harder to do in slums. Same strategy:
  - Reduce physical contact with others – stay 1m away from people who are coughing or sneezing.
  - Practice good hygiene especially regular handwashing.

- In slums the acute needs are:
  - Advocacy for external intervention (new handwashing stations, increase supply of water, equipment – masks, soap, gloves.
  - Informal economy: Balance restrictions with livelihood/ social protection.
  - Overcrowding – lack of space for physical distancing. (see below)
  - Poor access to health facilities.
  - Resources for long term development – failure to acknowledge this (and factor meaningfully into response plans) damages trust – adds to ‘response fatigue’ – makes people feel that they don't see the point of engaging as is it doesn't change life in the long term.

- People still need information AND contextual understanding
  - Why are people being asked to treat this differently from other fatally infectious diseases already affecting slums?
  - Communication channels must be two way. People need to know they are being heard.
  - Radio and social media are key tools.
  - Engage religious leaders. Support religious needs (facilitate online or on-air spiritual activities).

- Acknowledge local capacity - Communities should be stewards of their own response
  - Top down control can lead to disengagement.
  - Locally trusted information channels and decision-making may be through informal/opaque power structures. Learn to work with them
  - Foster good relationships with [local] government. They control access to infrastructure.
  - Local organisations, self-help groups and workers are likely to be good sources of local geography, buildings, social, physical and micro-economic resources.
  - Local people understand the possibilities and cultural impact of measures. Solicit local ideas and leadership for:
    - adapting physical distancing practices for local context
    - adapting local facilities to use as clinics / quarantine
    - organising people to implement measures and support mechanisms