Access to safe water and sanitation services is critical to stop the spread and reduce the impact of COVID-19 in urban settings. The water, sanitation and hygiene (WASH) needs of people living in informal settlements and slums, require specific attention.

Many WASH-related COVID-19 guidelines are almost impossible to implement in informal settlements. Most residents do not have the facilities at home to wash their hands with soap and running water. Maintaining physical distancing is equally difficult as most water and sanitation facilities are communal.

Decision-makers at the national and local level need to address the differentiated needs of all urban residents considering the local conditions, constraints and opportunities. The WASH needs of vulnerable populations such as children, older people, people with underlying medical conditions and people living with disabilities require targeted strategies.

Water and sanitation service providers must be supported to maximize access to services in urban areas, particularly in slums and informal settlements, and are instrumental in stopping the spread of COVID-19. They should be engaged alongside health officials and other relevant partners to:

- **Maximize access to safe drinking water**, especially for vulnerable communities. Maintaining, where possible, water service continuity, proper treatment and consideration for accessibility for all, ensuring that affordability is never a barrier. For unserved areas, temporary measures can be taken to facilitate access to safe water, or to facilitate household water treatment. Without access to safe drinking water, people are at higher risk of other water-borne diseases and therefore more susceptible to becoming seriously ill if infected by COVID-19.
- **Promote and facilitate good hygiene practices**, for example by leading awareness campaigns about COVID-19 transmission and setting up handwashing stations in high-risk locations such as health centres, bus and railway stations, ferry crossings, markets and shopping centres.
- **Maximize access to safe sanitation services**. Although current knowledge on transmission dynamics appears to suggest that transmission of COVID-19 through faecal-oral routes is unlikely, there is evidence that aerosols and droplet formation of contaminated waste water could transmit the virus. Immediate measures to minimize faecal contamination by residents and water and sanitation workers should be a priority, particularly in vulnerable communities.
- **Ensure vulnerable populations receive priority attention**. Older people and people with underlying medical conditions are at highest risk of suffering severe health complications from the virus. Priorities should include specific measures to ensure adequate WASH services in hospitals and care homes for older people. Low-income communities and informal settlements may also be particularly vulnerable to outbreaks because of crowding and inadequate services.

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1. [https://www.thelancet.com/journals/langas/article/PIIS2468-1253(20)30087-X/fulltext](https://www.thelancet.com/journals/langas/article/PIIS2468-1253(20)30087-X/fulltext)
- **Keep water and sanitation workers safe** so they can continue to play their important role in protecting others. Ensure that workers who are feeling sick or are required to attend to household members can stay at home without risking their livelihoods. People working in affected areas require proper personal protective equipment related to their tasks and associated risks.

In informal settlements and slums, COVID-19 preparedness and response measures should empower community-level WASH organizations and facilitate community-led actions. Community leaders and existing slum networks and groups should be actively engaged for effective control of the spread of COVID-19. They should also be engaged through existing community and youth centres and networks for online training of community volunteers, setting up and management of handwashing facilities and continuous sensitization and awareness campaigns.

Emergency measures such as safe drinking water and handwashing facilities should be put in place in strategic locations in informal settlements and high-density public places. These can include providing water tanks, standpipes, handwashing facilities and sanitizers accompanied by hygiene education. Given the speed and intensity of the COVID-19 pandemic, priority should be given to the provision of WASH services that can be rapidly deployed and delivered at scale.

The collection of community-led georeferenced and disaggregated data is a key element of disease surveillance systems and can be used to ensure WASH services are provided to areas where they are lacking. Establishing linkages between local conditions, such as access to WASH and health care services, and the incidence and prevalence of disease is important. Developing appropriate community-led surveillance in informal settlements that take into account these linkages can be a useful, cost-effective management approach to respond where the need is greatest. Given current evidence on the presence of the virus in waste water, this could include measuring its presence in sanitation facilities in slums as an early-warning system.

Water and sanitation operators should ensure collaboration and peer-to-peer exchange, particularly in the worst-affected countries. Water and sanitation operators can support each other with knowledge, best practices and innovative ideas on maintaining essential basic services where they are most needed.

Emergencies such as the COVID-19 pandemic demonstrate that effective and resilient local water and sanitation service providers are critical to maintaining public health and resilience, especially in poor communities. UN Habitat’s [Global Water Operators’ Partnership Alliance (GWOPA)](https://gwopa.org/) can help strengthen the capacity of local utilities to support communities.

**Resources:**

GWOPA #UtilitiesFightCOVID resources: [https://gwopa.org/covid-19/](https://gwopa.org/covid-19/)