A six feet distance between individuals in public settings can dramatically reduce the rate of spread of virus, thereby avoiding abruptly overloading the health system with testing and treating infected persons. But with steep emotional and economic costs, how do governments and communities ensure adherence?

ABOUT THE PLAYBOOK
Playbook for Pandemic Response, an initiative led by Final Mile, is a real time documentation of strategies and solutions impacting behavioral outcomes critical to pandemic response that can immediately be used by a variety of stakeholders. A practitioner toolkit is built weekly on a critical behavior theme and compiled into the comprehensive playbook. Elaboration and additional resources / references on the contents of this toolkit are available on the Pandemic Playbook website. Help us build the playbook by submitting ideas here.

MASS COMMUNICATION

WHAT MIGHT WORK

1. Due to the communal nature of living in urban slums, risk communication should be **targeted towards cohorts** instead of individuals or households.

2. Being transparent in communication about plans and **managing expectations** regarding the time period of lockdown and expected extensions, as well as providing assurances and strong motivation to see through the difficult times can help people cope with uncertainty and fatigue.

3. Identify behaviors that pose the highest risk, and then encourage an **alternative action** for each. For example, encourage washing laundry near home (rather than communal areas).

4. For complex information, practice **chunking of information** — that is splitting of content and grouping them into chunks, so as to avoid overwhelming and confusing the audience.

5. Communicate that the desired behaviors are not merely individual choices, but instead constitute a **public good**, in order to ‘activate’ people’s desire to be seen as a good member of society, and their intuition that this ask will be socially enforced.

6. Provide a **counterfactual** to lockdowns and shelter-in-place guidelines to positively reinforce compliance, by sharing the projected extent of the epidemic if these interventions were not being enforced.
**PANDEMIC PLAYBOOK FOR SOCIAL DISTANCING**

**WHAT TO BE CAUTIOUS ABOUT**

1. Authorities should abstain from highlighting accounts of undesirable behaviors (selfish). Though it is framed as undesirable, the huge risk here is that the social proof of non-adherence drives further non-adherence.

2. When an ask is ambiguous, it makes it harder to tell when someone complied, and harder to tell whether everyone else agrees upon what compliance means. This leaves room for both ignorant and wilful non-compliance.

3. The term ‘social distancing’ carries mental and emotional health risks as it invokes social isolation and absence of human connections. ‘Physical distancing’ is a more apt term without negative connotations.

**USER SPECIFIC STRATEGIES**

**POLICYMAKERS / GOVERNMENTS, PUBLIC HEALTH AUTHORITIES AND EXPERTS**

**WHAT MIGHT WORK**

1. **Aggressive physical distancing intervention in early stages** of the epidemic is likely to have the maximum impact on slowing the spread of the virus and minimizing the load on health infrastructure.

2. Provide programming to ensure health services and special incentives for essential workers and their families.

**WHAT TO BE CAUTIOUS ABOUT**

1. **Prolonged lockdowns** can do significant harm, unlike other control measures. Governments should, in due time, move towards more targeted lockdowns with higher restrictions on hotspot areas, and focus on aggressive testing and contact-tracing to identify, isolate and treat infected individuals, while allowing reasonable freedom of movement and assembly to non-infected individuals.

**IMPLEMENTERS AND ENFORCERS / ADMINISTRATORS, LAW ENFORCERS, BUSINESSES**

**WHAT MIGHT WORK**

1. In urban slums, the definition of the locus of self-isolation should be extended to shared lanes or even a cluster that are accessed by people for accessing essential services, sanitation, etc.

2. With schools and day care centres closed, essential workers should be supported with reliable and safe child care.

3. Employers should be flexible in work location, timings and protocols to allow distancing, provide sick pay/leave and family leave and provide protective equipment, disinfecting equipment and specific physical distancing plans.

4. Facilitate a healthy coping mechanism by providing channels of communication that encourage connectedness, especially among populations lacking access to relevant technology.

**WHAT TO BE CAUTIOUS ABOUT**

1. In urban slums and low income neighbourhoods, physical distancing becomes difficult due to the context of tight spaces, blurred distinction between public and private spaces, lack of sanitation and drinking water facilities.
WHAT MIGHT WORK

1. While stationary visual cues such as markers on the floor or appropriately placed chairs may serve in some contexts, moving visual cues, such as a Florida county asking its residents to ‘Keep 1 Alligator’ between themselves, are required while in motion, on walks, etc.

2. In low income and underprivileged communities, using community leaders such as religious/political leaders and elders as a form of authority would be better to ensure buy-in of the messages.

3. Invoke specific people in the community who are impacted or at most risk such as health care workers and the elderly, and share testimonials and appeals from some of those people.

DESIGN EXAMPLES

Why should one stay at home at a huge emotional, social and economic cost? There is no immediate positive reward which demotivates people to comply with social distancing.

One potential way to ensure compliance is to provide a counterfactual to social distancing and lockdown measures so as to create a sense of reward. Without such counterfactuals, the payoff for such preventive measures is absence of further loss (more than current infections).