

CITIES on the FRONTLINE



Weekly Briefing: July 23rd 2020

Cities for a Resilient Recovery: International Lessons on recovery from COVID-19

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What is the weekly briefing on Cities for a Resilient Recovery?

Each week the [University of Manchester](#) brings together relevant international practices and examples on recovery from COVID-19. The weekly briefing is curated by the [Global Resilient Cities Network](#) to bring key lessons and examples targeted for resilience officers, emergency planners and other city practitioners. The structure of the briefing follows the [City Resilience Framework](#) – specifically the four drivers that cities have been identified as mattering the most when a city faces chronic stresses or sudden shocks - Health and Wellbeing, Economy & Society; Infrastructure & Environment; and Leadership & Strategy.

Highlights of the week

In this weeks' briefing we explore how health and wellbeing outcomes can be improved by considering a **gender inclusive** and **place-based approach to hotspot management**. And focus on how **shocks like heatwaves can put strains on existing human health conditions, and on surge capacity plans for hospitals** already dealing with the COVID-19 pandemic.

As some cities across the world face the second wave of infections and others continue to face the first wave, the city of Pune, India, has taken a place based approach introducing **door-to-door health interventions in hotspot areas**, including COVID testing, hygiene products, and medical and nutritional support, and creating **integrated teams of police, medical staff and community engagement officers** for this hotspot areas.

In Europe, women make up: 93% of child care workers; 86% of personal care workers in health services; and 95% of domestic cleaners. This **gender inequity means a heightened exposure to COVID-19** and the potential for poverty and mental health issues, as these jobs are often undervalued, precarious, and underpaid. Assessing the implications of COVID-19 policies to ensure gendered experiences are recognised and addressed can help to mitigate these pervading challenges.

And experience from Colombia, India and USA indicates that **heat waves pose a particular risk to those already vulnerable to COVID-19 including the elderly (>65 years), and those with pre-existing health conditions** (e.g. cardiovascular, pulmonary, kidney disease), and essential workers. COVID-19 and heat can put strains on health, and on surge capacity plans for hospitals to deal with concurrent shocks and stresses. Cities are already identifying high-risk communities by reviewing where local heat islands occur, and where this may overlap with high incidence or risk of COVID-19; and reviewing and expanding social safety net programmes to support at-home cooling strategies for the most vulnerable e.g. utilise expanding energy subsidies to ensure households can afford home cooling measures.

Health and wellbeing: Everyone living and working in the city has access to what they need to survive and thrive

Consider taking health services and testing into the community door-to-door in communities with outbreaks.

In Pune, an 'Action Plan for Hotspot Areas' was developed in which the local police force supported implementation of contact tracing and wide-spread testing, water and sanitation support, food and shelter planning and public awareness. Teams carried out local door-to-door check-ups of all households in the hotspot areas. Consider how to take public health interventions and information into the community:

- Establish dedicated COVID care booths in hotspot areas
- Allot dedicated ambulances in case serious cases are detected
- Designate, specific localised teams within the hotspot area, including police, medical staff and community engagement officers to conduct thorough, localised door-to-door check-ups of all households in the hotspot areas (including virus testing)
- Use teams to distribute medication to those who need it, and to provide discharge public health packages. These may include:
 - A packet of masks
 - Sanitizer
 - Soap
 - Cleaning products
- Ensure comprehensive medical, nutritional, and psycho-social care for those identified as COVID-19 positive
- To maximise identification of cases, adopt standardized systems for testing

Source: http://cdri.world/casestudy/response_to_covid19_by_pune.pdf

Consider the importance of gender-inclusive policies and decision-making. Including gender-inclusive perspectives can address gender inequalities in health outcomes, the economy and wider society. For example, in the EU, women make up: 93% of child care workers; 86% of personal care workers in health services; and 95% of domestic cleaners (<https://eige.europa.eu/covid-19-and-gender-equality/frontline-workers>). This exposes women to the virus, heighten the potential of poverty and mental health issues as these jobs are undervalued, precarious, and underpaid. Women also bear an unequal burden in unpaid household labour which can undermine access to paid employment. There is a need to assess the implications of COVID-19 policies to ensure gendered experiences are recognised and addressed. Consider:

- The level of exposure of genders to COVID-19 due to gender segregation in the labour market
- The increased risks to occupational health and well-being of women in caring professions
- Increased consultation with, and inclusion of, women in decision-making during crises
- Working with community/religious leaders to promote caregiving/caretaking as everyone's responsibility
- How gender-balanced teams can provide treatment or support for mental health and well-being
- Innovating to mitigate other social issues such as gender based violence
- Offering guidance on domestic violence into existing services e.g. give volunteers, who provide other services, information on victim support
- Educating organisations about the heighten risk of gender based violence since COVID-19 so that they can be part of safeguarding women and girls

Source: <https://www.worldpoliticsreview.com/articles/28815/the-importance-of-gender-inclusion-in-covid-19-responses>; <https://eige.europa.eu/covid-19-and-gender-equality/frontline-workers>; <https://gh.bmj.com/content/bmjgh/5/5/e002595.full.pdf>; <https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2020/03/PGI-and-COVID-basic-guidance-key-messages-and-groups-17March2020.pdf>

Economy and Society: The social & financial systems that enable urban populations to live peacefully, and act collectively

Consider collecting public opinion to understand behavioural, health, and information needs. Tracking public opinion can provide insights into how a society is coping with rapid change, and provides organisations with data that can influence decision-making. During a pandemic this is particularly important as complex information is shared with the public at speed, understanding how this is being understood can help develop evidence-based interventions to support the population. Consider collecting the following types of public opinion information to inform recovery strategies:

- Perceptions of COVID-19 threats to the country, and to individuals

- Use of health services and health seeking behaviours e.g. how comfortable individuals are seeking treatment from hospitals or GPs
- Perceptions of health and care services and how well specific services are managing the pandemic
- Impacts on individuals' sleeping
- Perceptions of local, region or national partnerships e.g. businesses working with local authorities to combat COVID-19
- Impacts of COVID-19 on personal finances, whether positive, negative or neutral
- Perceptions of government performance in dealing with recovery
- The population's outlook on getting 'back to normal'

Source: <https://www.ipsos.com/ipsos-mori/en-uk/public-opinion-covid-19-coronavirus-pandemic>;
<https://www.ipsos.com/sites/default/files/2020-04/coronavirus-covid-19-infographic-ipsos-mori.pdf>

Infrastructure & Environment: The man-made and natural systems that provide critical services, and protect and connect urban assets, enabling the flow of goods, services, and knowledge.

Consider how to manage cultural heritage during COVID-19. A number of countries and regions rely on a tourism industry to support cultural heritage and the arts. The closure of borders and internal movements within a country has disrupted tourist businesses such as accommodation facilities, travel agencies, tourist guides, service industries, and the arts. Consider how to:

- Encourage the enjoyment of cultural heritage in a way that is compatible with restrictions
- Create a dedicated website that lists all available arts and culture in the country or region such as Italy's "Culture does not stop" site
- Curate online exhibitions by gathering contributions from art historians, archaeologists, archivists, librarians, restorers, architects, authors, writers, actors, musicians, etc.
- Employ online guides or experts to provide 'tours' of cultural sites, museums, etc.
- Ensure content is regularly updated in the same way physical cultural experiences are.

Source: <https://www.proculther.eu/the-initiatives-of-the-italian-ministry-of-culture-and-tourism-for-the-management-of-the-cultural-sites-in-relation-to-covid-19-emergency/>; https://www.beniculturali.it/mibac/export/MiBAC/sito-MiBAC/Contenuti/MibacUnif/Comunicati/visualizza_asset.html_422536076.html

Consider measures to minimize contact and maintain distance in schools. A collaboration between primary, secondary and special schools in the UK has developed some examples from practice on how to maintain social distancing. These are not exhaustive and may be adapted and implemented alongside other protective measures in schools. Actions to consider:

For primary and secondary schools

- Stagger lunch and break times of students and, where possible, start and finish times
- Mark the playground in a way that allows for separate 'bubbles' of children to play and for staff to walk round the space safely
- Adjust seating plans to recognize that some children may have had low levels of engagement with others during lockdown and may need to sit nearer the teacher for further support
- Ensure specialist or support staff who may be at risk from COVID-19 can continue providing support e.g. install protective screens and allocate a specific classroom for that staff member
- Negotiate with transport companies to bring children to school in their specific COVID-19 groups (bubbles). This may be especially relevant for children from special schools who have additional health and safety needs

For special schools

- Ensure specialist staff and therapists have the resources to write their reports from home to limit staff meetings
- Find ways to integrate various therapies to limit the use of specialist rooms and facilities

<https://unitedlearning.org.uk/portals/0/unitedthinking/Examples%20of%20protective%20measures.pdf?ver=2020-07-03-192023-697>

Leadership & Strategy: The processes that promote effective leadership, inclusive decision-making, empowered stakeholders, and integrated planning.

Consider the compounding impacts of heat and COVID-19 on health risks. Heat waves pose a particular risk to those already vulnerable to COVID-19 including the elderly (>65 years), and those with pre-existing health conditions (e.g. cardiovascular, pulmonary, kidney disease), and essential workers. COVID-19 and heat can put strains on health, and on surge capacity plans for hospitals to deal with concurrent risks. Additionally, people may expose themselves to other risks such as limiting social distancing measures to check in on older neighbours. Consider how to:

- Collaborate with formal and informal social service systems to identify and reach vulnerable individuals with information and support to protect them
- Increase the use of telephone outreach programmes for daily check-ins with the most vulnerable
- Increase enrolment of vulnerable people into check-ins and resources to run the system
- Review plans for in-home safety checks. Ensure the health and safety of staff, volunteers and the people they visit through training and the provision of PPE
- Identify high-risk communities by reviewing where local heat islands occur, and where this may overlap with high incidence or risk of COVID-19
- Assist efforts to review and expand social safety net programmes to support at-home cooling strategies for the most vulnerable e.g. utilise expanding energy subsidies to ensure households can afford home cooling measures

Source: <http://climatecentre.org/downloads/files/HWG%20appendix%20Extreme%20Heat%20during%20the%20COVID-19%20pandemic.pdf>; <https://www.nrdc.org/sites/default/files/india-heat-resilient-cities-ib.pdf>; <https://www.vox.com/2020/7/10/21311766/covid-19-coronavirus-heat-wave-hot-texas-arizona>

For more international examples please register @ ambs.ac.uk/covidrecovery
Join the Coalition of Cities for a Resilient Recovery [here](#)

If you would be willing to contribute your knowledge to this briefing series (via a 30-minute interview) please contact Duncan.Shaw@manchester.ac.uk

Useful webinars

Key webinars on how cities are building resilience in the face of the pandemic and other shocks & stresses.

Date	Webinar Title (Click to register or for presentation)
1 July	The impact of COVID-19 on routes to funding for SMEs
9 July	Cities on the Frontline: Gender Inclusive Recovery
16 July	Cities on the Frontline: Resilient Housing
16 July	Community and City Resilience and COVID-19: Organizational resilience & the resilience professional and 'new' emergencies
16 July	Pandemics and Climate Change: Colliding Systemic Risks
17 July	Delivering the private sector pipeline after COVID
23 July	Cities on the Frontline: Water, Sanitation and Hygiene in Crisis and Recovery
24 July	Infrastructure after COVID-19 – what will it look like?