CITIES on the FRONTLINE

MANCHESTER 1824
The University of Manchester | RESILIENT CITIES NETWORK

Bi-weekly Manchester Briefing #27– 11 March 2021

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

This week, we consider how addressing WASH challenges, increased consumption of single-use plastics, and community-centred mental health approaches can play a key role in the response and recovery from COVID-19.

International Lessons

- Planning for religious holidays as restrictions ease (India)
- Ensuring a community-centred approach to mental health (Palestine and New Zealand)
- Addressing the increased use of single-use plastics (Indonesia, Australia, China)
- Supporting pupils and staff returning to schools (UK, New Zealand)
- Including the community in planning, preparing, and monitoring disaster risk (Tanzania)
- The impact of COVID-19 on commuter behaviour (Brazil, Spain)
- Preparing and responding to WASH challenges (Bangladesh, UNDRR)
- Ensuring social protection programmes are disability-inclusive (Argentina, Kenya, South Africa, Chile)

Case Study – UK National Vaccination Plan

Useful Webinars

INTERNATIONAL LESSONS

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

Consider a community-centred approach to supporting mental health and well-being. Lockdowns, shielding and school closures have significantly reduced social contact for many people, including older people, children, people with underlying health conditions and those with disabilities. Prolonged isolation from family, friends and social activities poses significant risks to mental health and well-being. To address the impacts of this, consider:

- Establish a **community-led mental health and well-being initiative**, to support those at risk of more serious distress, to keep people in the community connected and enable socialisation for those who are isolated
- **Provide Psychological Frist Aid (PFA)** training for those involved in the initiative (see TMB 17)
- Involve local voluntary organisations and businesses in establishing and funding the initiative
- Develop a **'check-in' system** to build relationships with people in the community and develop an understanding of needs and concerns of those shielding or isolating
- Establish a buddying or be-friending programme to enable local volunteers to support the needs of people in the community by shopping for food, picking up prescriptions or simply just calling virtually/popping by for a chat from the garden:
  - Match a volunteer buddy with up to 10 vulnerable adults/families
  - Buddies can link those who are isolating into existing groups and social activities in the community
- Set up online social activities:
  - Virtual story-telling for children by senior citizens, and vice versa

- o   Weekly bingo, book club, quiz night, coffee mornings and kids discos
- o   Add humour and prizes for all, such as drawings made by children, to mitigate competitive behaviour
- o   Online home exercise classes or gardening tutorials
- Recognise that vulnerable people who are isolating may not have access to the internet for virtual activities so also run non-online events:
  - o   'Door-step book club', where buddies call to those shielding and discuss books from the person's garden, ensuring they are socially distanced
  - o   Encourage community donations from businesses/households of unused computers/tablets
  - o   Develop and deliver local newsletters to include activities such as crosswords/puzzles, and stories written by community members

Sources:
https://tinyurl.com/z98byxbv
https://tinyurl.com/4qexonhe
https://tinyurl.com/2u6yrrkk

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

Consider if social protection programmes are disability-inclusive. People with disabilities are more likely to be unemployed or not in education or training, which makes them more vulnerable to the impacts of the pandemic, including increased risk of poverty. Recovery strategies to address the economic impacts of the pandemic should be disability-inclusive. Consider:
- Review/amend **social protection syste**ms to better protect people with disabilities during COVID-19:
  - o   **Raise poverty thresholds to take disability**-related additional costs into account
  - o   Revise the definition of disability in assessment procedures, to ensure they are functioning-based rather than impairment-based
  - o   **Train volunteer community members** to support the rapid identification of people with disabilities for social protection or other assistance: these community volunteers are sometimes called 'key informants' (KIs), are knowledgeable about the topic, the local area and the people who live there
- **Ensure application procedures for social protection programmes** and support services are accessible in the light of COVID-19 social distancing regimes:
  - o   Include disabled people's organisations when reviewing the accessibility of application processes and when disseminating information about support programmes
  - o   Adapt application and enrolment procedures to support the inclusion of people with disabilities
  - o   Provide disability training to programme staff and volunteers, e.g. disability awareness
  - o   Ensure programme information and application materials are available in a variety of accessible formats, e.g. Braille/videos/simplified text
  - o   Establish **COVID-safe community-based registration** services to bring services closer to people, and offer person/home-based assessment procedures for those with mobility limitations
- **Ensure methods to deliver social protection services and welfare payments are accessible:**
  - o   Allow welfare payments to be paid electronically or enable people with mobility difficulties to nominate a trusted individual to collect their welfare payments
  - o   Ensure service points are physically accessible and within the person's local community
- Ensure employment schemes are adequate and accessible for people with disabilities during COVID-19:
  - o   Set up employment schemes to actively employ persons with disabilities, integrating such schemes into broader employment recovery schemes, e.g. green recovery
  - o   **Make infrastructure accessible**, e.g. buildings and workplaces
  - o   Introduce unemployment insurance to cover the informal sector, as people with disabilities, in particular women with disabilities, are more likely to be employed in the informal sector where there is an absence of job security, unemployment insurance and paid sick leave

Sources:
https://tinyurl.com/2ozzx877
https://tinyurl.com/w9pw58hg
https://tinyurl.com/6h63vtr
https://tinyurl.com/18mt4nja

Consider preparing for and responding to water, sanitation and hygiene service (WASH) challenges during COVID-19. Concurrent emergencies such as disruption to water supply or contamination of water resources can have serious impacts on healthcare facilities and the health of individuals, which may be amplified during a pandemic. Water outages or contaminated water can disrupt clinical procedures, e.g. maintaining a sterile environment in hospitals. Protecting water supply is also crucial during a pandemic, as poor hygiene is a catalyst for the rapid spread of infectious disease. Consider:

- **Early scenario planning** to consider different types of water shortages alongside the pandemic, and assess potential impacts on health facilities and public health
- The need to **establish new systems to provide immediate support** to communities in the event of water supply disruption or contamination during COVID-19:
  o Evaluate emergency response measures (e.g. mass water distribution) to determine if they are COVID-safe, and make necessary amendments if required
  o Plan to install handwashing stations in affected communities, to prevent rapid spread of the virus
- The potential for water stagnation to occur in buildings that have been unoccupied over the last year, which may lead to contamination
  o Identify buildings that have been unoccupied and plan for maintenance contractors to test and repair water systems before allowing the building to re-open

Sources:
https://tinyurl.com/hzcqrbmi
https://tinyurl.com/3768syrn
https://tinyurl.com/5ajvwmvp
https://tinyurl.com/1t758ism

Consider the impact of COVID-19 on commuter behaviour. Although home-based working has become the norm for a large percentage of the population, many workers have had to be physically present in their usual workplace. Many who have had to travel to workplaces during the pandemic have changed their mode of transport due to potential infection risks, delays and inconvenience due to cancelled or reduced public transport – i.e. they have changed their commute from public transport to private cars or bicycles. This has reduced their travel time, especially as traffic volumes are below pre-pandemic levels. Consider:

- That traffic congestion and the demand for parking space could increase dramatically as restrictions ease and more people opt for private transport, which may lead to increases in:
  o Infrastructure maintenance costs on roads and motorways
  o Negative environmental impacts, e.g. pollution
  o Road traffic accidents and increased risk to cyclists and pedestrians, plus loss of public space, which may reduce the number of people who choose to cycle or walk
  o Costs and challenges for freight and delivery services
- A **travel awareness communication campaign**, prior to an ease of restrictions:
  o Raise awareness of the benefits of sustainable travel for improving air quality and reducing pollution
  o Promote the health and well-being benefits of 'active transport' such as cycling
  o Communicate the stringent safety measures in place on public transport to increase confidence and encourage people to travel by bus/train
- Draw on learning from previous crises to predict likely behaviours and inform policies that are fit for purpose, e.g. following the 2008 economic crisis, increased traffic increased congestion (Madrid, Spain)
- Expand and **improve cycling and walking space** and infrastructure around workplaces
- In cities, reduce speed limits to allow pedestrians and cyclists to be more confident and social distance
- Promote and **expand schemes such as 'Cycle2Work'** by removing spending caps and allowing people to by bikes through the scheme that are appropriate and relevant for them (see TMB Issue 7)
  o Introduce a reimbursement scheme to reward cycling commuters, e.g. Netherlands offer €0.19 per kilometre cycled to work, or interest-free loans to purchase bikes
  o Trial an e-bike hire scheme in cities, e.g. Leicester (UK)
- Review congestions charge policies and assess if they are appropriate for post-COVID activity
Introduce new policies, e.g. workplace parking levy, a charge on employers who provide workplace parking (Nottingham City Council, UK)

Consider how to support pupils and staff who are returning to school. As schools begin to re-open, it is important to consider the wide range of needs and emotions of young people and staff whose lives and education have been disrupted by the pandemic. Pupils and staff may be anxious or hesitant about returning to school and may require additional support. Consider:

- **Encourage schools to identify learning of what went well and what could be improved** based on their experience of previous lockdowns – and use this learning to improve planning
- Identify the current capacity of and forecast potential demand for social services to which schools may refer children and families. Create additional capacity where forecasted demand exceeds current capacity
- Work closely with schools to monitor school attendance and identify children who have not returned or are showing signs of distress:
  - Encourage school staff to reach out to families to understand the challenges that they are facing in returning to school
  - Enhance partnerships between schools and social services, to ensure any child who needs additional support is identified and appropriate support is offered
  - Ensure schools refer families who are in need of additional support to specialist services
- **Assess the impacts of further disruption and change for children with special educational needs and disabilities (SEND)** and their carers/specialist teachers/support staff in mainstream schools:
  - Staff illness or self-isolation may mean that schools do not have adequate levels of staff with vital specialist training - schools should inform local authorities to discuss alternative arrangements for vulnerable children in this event
  - **Encourage schools to complete risk assessments**, plan for how one-to-one specialist teaching will take place safely, identify potential disruptions and take action mitigate their occurrence
- Allocate funding to provide additional mental health support in schools for pupils and staff who may have experienced trauma, separations from or loss of loved ones or whose family may be struggling financially, e.g. due to job loss
- Encourage schools to prioritise children's wellbeing especially in the first few weeks, avoid rushing to reinstate routines or adding pressure on teachers and students to catch up
- Request a temporary suspension of school inspections to give staff time to implement and adjust to new procedures that may be required, such as health and safety protection measures

Consider how to address the increase of single-use plastics introduced during COVID-19. Although measures to control the spread of the virus have had some positive environmental effects, such as decreases in global emissions of carbon dioxide, the use of single-use plastics has accelerated. For example, some schools have changed to using disposable cutlery during lunches due to COVID-19 restrictions; and bag use has increased to curb virus transmission. Furthermore, PPE waste has strained the capacity of waste management systems due to the complex composition of some PPE materials, making waste recycling a challenge. Consider:

- Address the challenges faced by waste management systems by including surge capacity and the environmental impact of waste in disaster management plans
- Prioritise reusable personal protective equipment
- Move from a linear to **a circular economy** to prevent products (including plastic) from becoming waste:
  - Introduce a phased ban on the use of all types of single-use plastic, e.g. via a tax on plastic packaging
  - Partner with organisations such as 'Recircle', to develop strategies to recycle rubber, a product that accounts for almost 10% of micro plastic waste found in the sea
- **Commit to action at local levels**, e.g. introduce a community single-use plastics policy and action plan:
  - Partner with local waste authorities, charities, community groups, schools, businesses and residents to create action plans to **reduce the use of single use plastic** in the community, e.g. 'Good to know' posters in schools that provide fun facts on the benefits of re-cycling to increase awareness in young people

o   Collaborate with local water management authorities to install COVID-safe water fountains across the community, enabling free refills of water

Sources:
https://tinyurl.com/u72tdzcw
https://tinyurl.com/2585hwmt
https://tinyurl.com/vykx54rw
https://tinyurl.com/aabmy9c7
https://tinyurl.com/hth8pfyv

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

Consider including the community in planning, preparing and monitoring disaster risk. Views from the Frontline (VFL) found that many communities feel that they would benefit significantly if they were to be included in the planning, preparing and monitoring of disaster risk interventions. Communities, and the people within them, are acutely aware of their vulnerabilities and will have diverse needs and priorities. By including the community in the development of plans and actions, local governments can recognise these diversities and directly respond through policies and interventions. Further, inclusion and co-operation can increase a community's awareness of the valuable resources that are available to them before, during and after disasters. Consider:

▪   Facilitate **regular interaction of local government with communities and grassroots organisations** in decision-making and disaster risk reduction programmes (i.e. community consultations/workshops)
▪   Engage and involve local stakeholders in the preparation of local policies, plans and actions aimed at **disaster risk management:**
    o   Ensure the adoption of an inclusive approach when doing so, e.g. including volunteers, marginalised people (women, children, people with disabilities, migrants, older people, LGBTQI+)
▪   **Collate knowledge and ideas,** and generate collective action between local government and communities on what is required to address different types of disaster risk
    o   Collaborative knowledge sharing and action can mitigate threats, address vulnerabilities and improve the community's sense of security and safety
▪   Involve local knowledge of communities to improve risk mapping, generate local ownership and empowerment, and increase awareness and preparedness:
    o   In Tanzania, local residents carry out remote detection to identify sanitation issues in rural areas by sending SMS messages to local engineers and media outlets
    o   This raises the awareness of local people quickly to potential risks and enables local authorities to monitor water supplies remotely and at a lower cost

Sources:
https://tinyurl.com/3gc7de25
https://tinyurl.com/epqxkkug

Consider what planning may be required as COVID-19 restrictions ease across religious holidays. While restrictions are gradually eased, religious festivals will also take place, e.g. Easter, Ramadan, and Ridván. These occasions are often celebrated through community gatherings and special religious services/activities that enhance connectivity for people. As traditional celebratory activities have been unable to go ahead over the last year, and the message of lockdown easing takes hold, consider the need to:

▪   Review local plans that were in place during religious festivals in 2020:
    o   Consult with community members when revising previous plans, to understand what has gone well and what could be improved this year
    o   Support communities in the planning of COVID-safe celebrations for 2021, e.g. by allowing worship to be held in community spaces such as parks or public gardens
▪   Recognise and acknowledge the influence of faith and faith leaders in building trust:
    o   By directly engaging in conversations with communities about religious celebration planning, other conversations can emerge, e.g. vaccination safety, concerns and attitudes towards uptake

Sources:
https://tinyurl.com/5nvjj3x8

CASE STUDY: UK NATIONAL VACCINATION PLAN

Many countries have been praised for their management of COVID-19, and are **delaying vaccination delivery** as they **examine data** on different vaccines (e.g. Australia/New Zealand) and **build public trust** (e.g. Japan)[1]. Others continue to grapple with the virus and have yet to roll out vaccination programmes, largely due to supply issues. In the UK, various factors have enabled more covid-19 vaccine first doses per 100 people than any other nation of comparable population size[1]. These are addressed in the 4 key areas of a **national vaccination plan**;

- **Early investment** in supply and coordinating activities, e.g. the establishment of a UK Government Vaccine Taskforce with the remit of ensuring the UK population would have access to a safe and effective vaccine
- A **clear initial aim** for the vaccination programme (see TMB 28): "the prevention of COVID-19 mortality and the protection of health and social care staff and systems"
- **A focus on Place:** creating a network of vaccination sites to ensure safe and easy access for the whole of the population, e.g. active hospital hub sites and local vaccination centres
- **A focus on People:** the identification of priority groups and rapid recruitment and training of vaccinators

Local governments have played a critical role in leading communities through the pandemic. They have harnessed strong community links and established partnerships with emergency services, community and faith sectors. For example, local governments have supported the planning of local health protection and emergency response, including supporting vaccine delivery. Below, we offer lessons from UK local governments:

Manage logistics:
- Take responsibility for logistical challenges to relieve the pressure on healthcare staff so that they can focus on administering vaccines
- Provide logistical support services to vaccination clinics and centres by mobilizing volunteers and council staff as stewards to all vaccination sites
- Set up marquees at new clinic sites, install heating, resolve parking problems, and organise additional bin collection services to deal with waste.

Address vaccine hesitancy:
- Train community champions or create an army of vaccine advocates to address vaccine concerns and build trust, working with volunteers, and community and faith leaders. Create videos with key COVID-19 safety and vaccine messages in different languages to dispel myths
- Hold online discussions with councillors, healthcare planners and local general practitioners, to create a dialogue with the local community; to hear, listen and respond to their important concerns and questions
- Establish a programme to follow-up with those who have refused the vaccine. For example, The Health Sandwell team are addressing vaccine take-up in their area by using their trained negotiation skills, often used to encourage quitting smoking.
- "Making every contact count approach," where workers in non-healthcare settings are trained to provide guidance and interventions to the community on various health matters such as healthy weight, nutrition and promoting good mental health. For example, Gateshead council works with over 40 organisations across the public, private and voluntary sectors to address vaccine hesitancy in the community

Support accessibility:
- Recruit local vaccinators, e.g. retired health workers
- Recruit or mobilise local community volunteers to provide transport for people who have mobility issues
- Set up vaccination clinics in local community venues used by different groups, e.g. mosques

Key lesssons from UK Vaccine rollouts:
- The community leadership role of local government
- The importance of strategic partnerships within the community
- Harnessing partnerships to enable the co-production of systems and actions between official bodies, voluntary organisations, businesses and individuals, that have direct benefit on the community as a whole.

Sources:
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https://www.irishexaminer.com/news/arid-40212677.html
https://ourworldindata.org/grapher/uk-covid-vaccination-doses-per-capita?tab=chart&stackMode=absolute&time=2025-08-03&region=World
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https://www.local.gov.uk/gateshead-council-using-making-every-contact-count-approach
https://www.local.gov.uk/cambridgeshire-and-peterborough-working-whole-community
https://www.local.gov.uk/kirklees-council-weve-set-free-transport-service-get-frail-residents-vaccination-clinics

USEFUL WEBINARS

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

Date	Webinar Title (Click to register or to access materials)
Previous	
24 February	WPHCA Webinar: COVID-19 Vaccine Distribution Text Messaging Strategies for WI Health Centers
Upcoming	
11 March	Resilient Cities Network, World Bank - Circular Economy: Creating Urban Resilience & Employment
16 March	Developing a Strategy for Ethnic Minority Business Support in the West Midlands
18 March	How has the Post-Pandemic World reshaped our digital lives?

Produced by The University of Manchester, UK (Professor Duncan Shaw, Róisín Jordan, Alan Boyd) in partnership with the Resilient Cities Network (Femke Gubbels, Archana Kannan)

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

Every fortnight the University of Manchester brings together relevant international practices and examples on recovery from COVID-19. The bi-weekly briefing is curated by the 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 & Wellbeing, Economy & Society; Infrastructure & Environment; and Leadership & Strategy.

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-2@manchester.ac.uk