Learning from Our Cities

Compendium of global and local inclusive interventions that prioritized Persons with Disabilities, the elderly, and children during the COVID-19 outbreak
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Image: Citizens receiving vaccination as part of the vaccination drive for covid-19
Source: www.unsplash.com by Swarnavo Chakraborti
# Foreword

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Source: www.unsplash.com by Oskay Calgar
Everything about Covid-19 has affected us, disrupting our everyday lives. It is the first truly global pandemic in modern times and each of us has been forced to grapple with its effects, both individually and collectively. The effects have caused disruption of essential services and support, pre-existing health conditions in certain cases leaving population with high-risk health conditions. Vulnerable groups particularly the elderly, persons with disabilities, and children are among the population who are at higher risk of being affected by the coronavirus and of having worse outcomes from COVID-19\(^1\).

For vulnerable groups, especially persons with disabilities and the elderly, everyday barriers such as physical inaccessibility, basic hygiene measures, lack of affordable healthcare, and limitations with health insurance can be life threatening especially amid a pandemic. Furthermore, vulnerable groups are often excluded from health information and mainstream health provisions, and often even lack access to public goods and services. With regard to young children on the other hand, lack of regular education and basic facilities such as access to parks and play spaces, and most importantly lack of access to education and peer group learning can have lasting effect on their overall health and skill development. Particularly, for children with disabilities, these barriers and challenges become more intense and it is difficult to receive the right care and support in such circumstances. These everyday challenges faced by a large section of urban population makes it essential that responses to the COVID-19 pandemic at the local, national and global levels through cooperation, investment and direct support from all stakeholders are inclusive.

To tackle the impact of the pandemic and to include the vulnerable population back into the cities, globally, cities, their local leaders, and administration, through their responsiveness to community needs and active interventions, have achieved more equitable outcomes and a vision for a resilient urban future. To elaborate and share some of these good practices, the compendium focuses on how cities have been innovative, yet well timed towards meeting the needs of persons with disabilities (PWDs), the elderly and young children and their caregivers during this crisis, while maintaining a foresight for better rebuilding, with inclusivity and sustainability.

John Adams Jr. once rightly said that “every problem is an opportunity in disguise”. It is in this critical moment that an active discussion and mapping of contextualised responses from cities, on their readiness to overcome a health emergency, urban administrations need to ensure the safety and protection of all its citizens.

Learning from Our Cities: Compendium of global and local inclusive interventions that prioritized Persons with Disabilities, the elderly, and children during the COVID outbreak, furthers this commitment in serving as a ready reference for city agencies and other stakeholders. It offers lessons on good practices across the world, which can further help Indian cities to adapt and learn from these interventions to strengthen their efforts towards improving the everyday lives of persons with disabilities, the elderly, and young children. This is done with an intent that these active global interventions documented in the compendium will help cities promote basic rights and choices of vulnerable groups while linking them safely and directly to their local geography and facilitating their mobility.

I hereby congratulate the Building Accessible, Safe and Inclusive Indian Cities (BASIIC) Programme team for bringing together these innovative cases and lessons from across the globe. I hope that these inspire positive and impactful changes in Indian cities, and in the process, becomes the building block towards the global endeavour of ‘Leaving No one Behind’.

Hitesh Vaidya
Director NIUA/
Head, Inclusive Cities Centre
The COVID-19 pandemic, since its emergence in late 2019, is the defining global health crisis of this century and the greatest challenge the world has faced in decades. The pandemic has had a devastating impact on the social, economic, and political landscape globally by putting most of the countries under stress. The impact of these aspects is generally much higher on the vulnerable groups, particularly persons with disabilities, the elderly, and young children as they are likely to be excluded from basic health care and educational facilities, employment opportunities and participation in community engagements. With the national closures and contraction of the economy due to COVID-19, the impact of existing challenges faced by vulnerable groups, has further been worsened. Additionally, COVID-19 protocols such as physical distancing and virtual participation in routine engagements have further added disruption in their everyday lives and has caused added stress.

Building Accessible and Safe Inclusive Indian Cities (BASIIC) is being implemented by the National Institute of Urban Affairs (NIUA) and supported by the Foreign Commonwealth and Development Office (FCDO) and the Ministry of Housing and Urban Affairs (MoHUA), Government of India. The programme intends to mainstream the dialogue on disability inclusion within the urban realm in order to understand what cities across the globe are doing now or have done to ensure inclusion within the city through their efforts. Some of these efforts often extend beyond spatial interventions and it is in this context that the compendium has collated selected global good practices, mapping their response towards vulnerable groups, primarily focusing on persons with disabilities, the elderly, and young children during the CoVID 19 pandemic.

The compendium aims to learn and share the findings from the active responses that have worked in the cities and have addressed the needs of persons with disabilities, the elderly, and young children. With an end goal to distil the lessons learned from these interventions, this compendium further translates them to the Indian context and actively supports Indian cities in planning and implementing similar solutions.

To undertake the study and capture the most out of the mapped solutions, these practices are documented under the following three categories:

1. **Prevention** – Mapping the immediate, existing, and ongoing efforts including tracking & tracing, procuring and delivering basic resources and responses to protect vulnerable populations and communities.

2. **Mitigation** – The practices that include efforts to mitigate the adverse effects of CoVID, economic and health recovery plans, social alleviation plans especially focusing towards persons with disabilities and other vulnerable populations including children, caregivers, and the elderly.

3. **Rebuilding better** – These interventions intend to capture active efforts taken towards the promotion of resilient and safe cities to strengthen the existing social support mechanisms.

Learning from Cities compendium brings together a carefully chosen collection of case studies that demonstrate the powerful positive impact of well-implemented interventions in urban areas. The collection lays emphasis on practices of technological based solutions and community driven interventions that have a huge positive and significant impact on including vulnerable groups, especially persons with disabilities, by protecting their everyday freedom and ensuring their safety.

The BASIIC team hopes that it would be a valuable resource book on innovative and easily scalable solutions within the Indian context. These solutions can successfully ensure the safety and security of vulnerable groups, particularly persons with disabilities, children and the elderly, and further support the efforts towards collectively building a resilient urban future.
Service staff working during covid, following covid protocols
CoVID 19 Response

1.1. Introduction

“We must guarantee the equal rights of persons with disabilities to access healthcare and lifesaving procedures during the pandemic.”

—UN Secretary-General António Guterres at the launch of the Policy Brief on Persons with Disabilities and COVID-19 _6 May 2020._

The COVID-19 pandemic, since its inception, has become an unavoidable and communal reality for all. The novel coronavirus, which was initially detected in the Wuhan province, China in 2019, has since then spread across the globe and has impacted the lives of millions of people across countries. In response, in order to control the spread, The World Health Organisation, as precautionary and mitigation measures, has brought out multiple guidelines and information resources for citizens. Additionally, medical research teams across various nations have also supported each other with new research, medical supplies, vaccination etc. However, given the fact that since late 2019, people are living with the pandemic and in a state of influx, it has not just remained a health crisis, it has instead extended to a social and economic crisis impacting the global economy, with the rise of unemployment rates, deepening the poverty levels, slowing down the development interventions, and it has impacted the public and social services. Furthermore, the nationwide lockdowns, as part of the immediate response and mitigation measures, have restricted people to their homes and have had to be in isolation, the essential transport systems have been closed along with other non-essential services.

The impact, both in terms of health crisis and social and economic crisis, has been hardest on the cities due to their density, connectivity, the crowded living conditions, exposed occupations. City administrations everywhere have been overworked, having to play a significant role towards taking active measures for preparedness, prevention and mitigation and adapting to the needs of the population while controlling the pandemic spread. The COVID-19 pandemic and the immediate response measures taken at the urban level have affected and severely impacted the everyday life and functioning of every individual, especially those from the vulnerable groups, particularly the elderly, persons with disabilities, children given their age and limited mobility, and people


with prior health conditions. Given the current circumstances, they have been living largely isolated lives due to limited accessibility and social distancing measures. Children have also been limited to homes with no access to public spaces such as playgrounds, schools, impacting their overall development and learning opportunities at an early age. Furthermore, these limitations on all the vulnerable groups have increasingly made them dependent on others, especially on online resources and information.

In view of this pandemic and the challenges it has posed, the significance of a balanced built and natural environment, equal access to urban services, building strong communities, livelihood safety nets and judicious use of data to make informed decisions in disasters, has been highlighted. It has become the need of the hour to move towards a more resilient urban future and to prepare cities, its people and administrators with apt knowledge and adequate resources in order to act efficiently and in a timely manner.

With this premise, the compendium is a collated document of good practices, which cities across the globe adopted to for their vulnerable citizens, primarily for persons with disabilities, the elderly, and children. The main objective of the document is to promote peer-learning among cities in India and to disseminate learnings from cities across the globe and learn about the effective interventions that prioritize the marginalized in the cities, by being more pragmatic, resilient, and inclusive.

The following sections deep dive on the impact of COVID-19 on persons with disabilities, the elderly, and children, and also understand the role that city administrations could play during future pandemics and disasters through responding and by re-positioning their resources.

1.2. COVID-19 and its impact on the vulnerable population living in Urban Areas

As mentioned earlier in the introductory section, the current global emergency has extended beyond a health emergency and has impacted individuals socially and economically. As this crisis has put vulnerable population more at risk, this section delves into the different challenges they are currently facing, and the urgent need to collectively take adequate measures to respond and ensure their safety and security during the health crisis.

Persons with disabilities

According to a 2011 Census, 2.2 percent of the population lives with disabilities in India\(^3\). Persons with disabilities often need support in their everyday lives given their underlying health conditions, making them even more prone to the COVID-19 virus\(^4\). With the focus shifting towards treating COVID-19 positive patients and curbing the spread of the virus, inaccessibility to health services and medical facilities has risen, leaving them with their health needs unmet\(^5\). The inaccessibility to necessary health facilities has been severely impacted, such as regular physical and other therapy sessions, medical supplies, blood transfusion, and chemo sessions, due to increased social distancing and lockdown measures. Furthermore, limited medicine supplies in the market, and lack of ample economic resources due to loss of jobs and reliance on caregivers for support and access to public health system has left them vulnerable with far more difficulties than otherwise\(^6\).

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\(^6\)Goyal, “People with disabilities during the COVID-19 pandemic in India.”
One of the major challenges has been maintaining basic hygiene measures such as handwashing and social distancing due to inaccessibility to WASH facilities such as hand basins, sinks, water pumps, and lack of sanitisers, soaps in public and common facilities accessed by persons with disabilities. Often persons with weak lower and upper limbs must rely on holding surfaces such as hand bars, walls, floors for support and balance thus making it difficult to maintain hygiene and staying safe. The measure of maintaining social distancing, staying isolated is particularly challenging for the elderly, for persons with disabilities and young children due to their dependency on caregivers and other support systems.

Accessing and retaining jobs and education also has become difficult mainly because of the measures which have been put in place. Persons with disabilities working in non-essential shops, malls and factories were either laid off or were not paid for few months leaving them in severe financial crisis.

Above all, these challenges have made the everyday lives of persons with disabilities particularly demanding, impacting their mental health, leaving them with a greater sense of isolation, helplessness, and depression.

The Elderly

As per a 2011 Census, nearly 104 million elderly (age 60 years and above) reside in India. The virus is known to impact the elderly the most; approximately 53 percent of the overall deaths that have taken place have been among a population of 60 years and above. This high mortality rate due to the virus has been one of the key reasons for establishing strong measures like isolation and social distancing, in order to protect them from the virus and reduce the transmission. The biggest challenge the pandemic has brought to the elderly is isolation while making the basic services and social support care and networking inaccessible to them. Beyond this, it has brought uncertainty, in terms of loneliness, not being able to meet their families and a lack of health services. Since 2020, their dependency on community support systems and safety nets have increased; dependency for even basic services has increased, such as buying groceries, medicines, access to banking services for pension and access to information. Furthermore, elderlies with co-morbidities such as heart diseases, lung disease, diabetes, kidney disease have become more vulnerable and are continuing to live in isolation and fear, with no access or limited access to public space for regular exercise and limited or no social network system.

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2. Narayanan, “Pandemic and a lockdown: Persons with disabilities grapple with more challenges.”
3. Narayanan, “Pandemic and a lockdown: Persons with disabilities grapple with more challenges.”
5. India, “Census of India 2011 Data on Disability.”
Children

The lockdown and movement restrictions in the country also brought the routine of children on hold. With closing of schools and continued learning online, no access to public spaces or hobby classes, children have been stuck at home with no one of their age to interact with and play, hence affecting their physical and psychosocial wellbeing. Since children fall under the direct care of their parents or caregivers, the impact of lack of interaction and socialisation with the outside world might not be visible immediately but it impacts their social and emotional learning, in the long run.

Children living with poor and average socio-economic conditions are particularly more vulnerable as they are likely to fall under extreme poverty while facing lack of proper nutrition due to loss of jobs and reliance on a single earning member in the family.

With these challenges coming into light, the pandemic has highlighted the need for inclusive, yet pragmatic and even innovative solutions in improving our cities both through built environment and social environment. Additionally, it has brought to the fore the critical need to better design more participatory, transparent, and co-productive urban processes which include these diverse stakeholders into cities and making cities sustainable, equitable and resilient place to live in and thrive. To reach towards these aspirations, chapter 2 details out the methodology and framework which would help understand the case studies discussed in the compendium, from the perspective of the vulnerable populations and their needs. As we move into chapter 2, the next section highlights the need to reposition cities in order to imagine a resilient and sustainable urban future for all.

1.3. Repositioning Cities

COVID-19 has been added to a long list of infectious diseases like, Cholera outbreaks, the Spanish flu of 1918, the Ebola Virus of 2014, which have made a long-lasting impact on urban cities while putting them on pause, momentarily. During the pandemic, many city leaders and administrators responded creatively so as to manage the spread, and address the challenges everyone was facing, by creating, for example, new bike lanes, strengthening the surveillance systems and the COVID response system. The pandemic has highlighted the need for rebuilding and strengthening the functioning of cities, particularly for its most vulnerable citizens, and to make them more resilient and inclusive.

To begin with, it is necessary to reflect and emphasise that the severity of the impact on cities is not only connected to their density, connectivity, urban living conditions, built environment but also the governance and how cities respond during situations. Understanding that cities are composed of diverse neighbourhoods and people and that development is multi-scalar, it makes it pertinent that the response process, both during and post disaster, includes various important stakeholders, especially city officials, administrators, CSOs and policy makers and

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most importantly its citizens. To successfully overcome the challenges, it is important that the capacity of cities is built to act in a timely manner and that resources, such as technologically advanced infrastructure support, digital and transport connectivity, basic health systems, digital infrastructure support for online education are put in place to overcome the pandemic\textsuperscript{23}. These are critical, not just to overcome the disaster, but also to take active steps towards creating ample livelihood opportunities in the given circumstances, create economic and social safety nets, while moving towards building a resilient urban future.

\textit{Urban and territorial planning} becomes critical and necessary because of the fragile and dense infrastructure which exist in the cities. From the plague outbreak in Bombay in the late 19\textsuperscript{th} century, the lesson the city learnt was to reduce unclean and unhygienic areas and improve the living conditions in low-income settlements\textsuperscript{24}. Similarly, at this point of time, the pandemic has provided insights to improve the quality of WASH services, public health hospitals, and increase open spaces considering the needs of vulnerable populations\textsuperscript{25,26}. For cities, it is crucial that the decisions are taken quickly, efficiently and considering the local contexts, it is critical to think unconventionally and tackle and contain the spread of the virus\textsuperscript{27}.

\textit{Housing and housing policies} is another sector which needs repositioning within the cities to be able to accommodate the vulnerable population. The migration crisis seen in India in 2020, was due to unaffordable housing, inadequate housing and services and no tenure security which vulnerable groups lived in (Agrawal et al., 2021; UNESCAP, 2020). Furthermore, due to the lockdown, the housing markets and construction sector were severely affected. Therefore, it becomes necessary that safe, affordable and public housing is produced in the long run so that no kind of population is left out to struggle in such pandemics (Agrawal et al., 2021). There is also a need of land tenure security and provision of basic services in the informal settlements (Agrawal et al., 2021).

\textit{Transport}, especially public transport, was one the first infrastructure which was impacted where individuals switched to individual’s vehicle or other private vehicles for many months. This caused increased pollution and traffic jams on the roads (Agrawal et al., 2021). Besides this, the temporary shutdown of public transport affected the jobs of millions of populations as they could not afford private transport to commute (Agrawal et al., 2021; Sequeira, 2020). Even though the lockdown brought relief from air pollution, once offices opened up, individuals preferred to use domestic vehicles to commute, since public transportation such as buses, auto rickshaw, metro, local trains, ferries, bore the risk of virus transmission (Agrawal et al., 2021; UNESCAP, 2020). Therefore, it is critical that the relationship with public transport is mended, and alternatives such as creating spaces for pedestrians and cyclists, redefining hygiene and cleanliness standards and bringing financial relief with long-term infrastructural changes are put in place where people are able to travel safely via public transport (Agrawal et al., 2021; Berg et al., 2020). Similarly, traffic on the road must be managed so that one is able to access their employment places within 60 minutes of their residence (Agrawal et al., 2021). It is further suggested that it is the responsibility of movement providers to make transportation more accessible, safe, inclusive, and affordable (Agrawal et al., 2021; Berg et al., 2020).

\textsuperscript{24}al, “Indian Cities in the Post Pandemic World.”
\textsuperscript{25}al, “Indian Cities in the Post Pandemic World.”
\textsuperscript{27}al, “Indian Cities in the Post Pandemic World.”
Significant gaps in public health systems have also been exposed during the pandemic. The healthcare system has been overburdened with the need to treat COVID-19 positive patients. As a result, the population living with other diseases and illnesses such as tuberculosis, cancer, diabetes, respiratory diseases did not receive adequate medical care (Agrawal et al., 2021). It is recommended that city administrators, healthcare professionals, and other relevant stakeholders equip themselves; especially the primary health care system, so that they are able to respond during such emergencies (Agrawal et al., 2021). There is a need for them to upgrade their technology, their modes of communication, and other tools such as the ability to raise funds in such times, so as to be able to act quickly (Agrawal et al., 2021). Furthermore, this would also help them to gain insights on real-time data and bridge the gap between demand and supply (Agrawal et al., 2021).

Bridging the gap in public health systems also hints at the administrators strengthening basic services in urban poor settlements such as basic hygiene and water facilities (Berg et al., 2020). The focus must shift towards upgrading these services and making them safe, inclusive, and accessible (Berg et al., 2020). This could be done by restoring the local resources and engaging with the communities and bringing in participatory approaches to bring ownership and management at the local level (Berg et al., 2020).

Repositioning the cities by considering the environment as one of the key elements could be understood from three perspectives, i.e., economic geography, pollution, and public and open spaces (Agrawal et al., 2021). With disparities being visible among the rich and poor, tier 2 & 3 cities are expected to expand sooner and become denser, while tier 1 cities expansion would be at a slower rate due to already existing infrastructure (Agrawal et al., 2021). It is advisable that necessary investment on infrastructure in tier 2 & 3 cities must be sustainable and inclusive to the vulnerable (Agrawal et al., 2021). Air pollution is another factor which cities administrators must consider. As cities open up, many would travel by private vehicle, which would result in a rise of emissions, at an even higher rate than before the pandemic (Agrawal et al., 2021; UNESCAP, 2020). Lastly, investment in public spaces is also absolutely necessary to manage outbreaks and maintain social distancing (Berg et al., 2020). This could be done through the use of digital infrastructure. Furthermore, it is also recommended that public spaces are created in neighbourhoods in an inclusive, sustainable manner (Agrawal et al., 2021). Re-thinking environment could also be linked to the larger picture of climate change, since during the pandemic, cities in India also experienced floods, cyclones, heat waves (Cyclone Amphan) which worsened the situation (Berg et al., 2020). Therefore, to enhance the climate resilience and fasten the recovery, cities must be built as smart, circular and inclusive cities, addressing future climatic events, restoring the ecosystems and the biodiversity (Berg et al., 2020).

Although the National and city level response and efforts in India have been exhaustive, with promoting city level data dashboards28, unified command and control centres, better known as 'COVID-19 war rooms'29 have helped cities to respond and act fast and in focused locations to take adequate action. Additionally, healthcare facilities working tirelessly to curb the impact of the virus and collaborating with city administrations to set up temporary isolation centres, have been a game changer. India was one of the first countries globally to implement the national lockdown and ensuring the curb of spread of the virus early on30. Furthermore, good practices and

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timely interventions taken, such as by the Delhi government encouraging hotels to change into COVID-19 isolation wards with the support of hospitals in order to reduce the load on hospital wards for beds, was an impactful and effective step. Simultaneously, cities such as Mumbai, promoting a drive-in vaccination for the elderly and persons with disabilities, was one of the most poignant steps towards being sensitive towards its most vulnerable citizens.

These are commendable government efforts, however, with the virus constantly mutating and cities under intense pressure to get back to regular life and working, it is important that there is better preparedness for the future and collective action towards a resilient urban future. As with the increasing burden on cities, the cities need to prepare for and strengthen their efforts towards a more resilient and adaptive future. And learning and adapting efforts from peer cities across the globe becomes a resourceful tool to achieve the expected outcomes.

Furthermore, city administrators, CSOs, planners and policy makers while still dealing with the effects and impact of the virus and curbing its spread in the cities, they must be equipped with adequate skills and knowledge and resources at the source, to be better informed and prepared as we move towards a post pandemic urban future.

The compendium shares these innovative and impactful CoVID responses from cities globally, particularly focusing on the response to vulnerable groups in chapter 3. Before that, chapter 2 defines the key objectives and frameworks for the study, in alignment with the BASIIC programme, while addressing the needs of vulnerable groups.

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Practice social distancing.

Stand within this circle.
Objective and Framework for the Compendium

The compendium documents global good practices from cities, specifically targeted at addressing the needs of vulnerable groups – persons with disabilities, women, children, and the elderly, during the on-going pandemic. The main objective of the document is to promote peer learning and disseminate learnings among cities which have been effective in targeting service delivery to the vulnerable groups during the crisis. It is also to acknowledge the efforts of Indian cities and help them find ways to scale their own efforts and support in undertaking measures to make the communities and cities more inclusive and resilient to disasters as we move towards a post pandemic future.

2.1. Objective of the Compendium

- **Shared learning amongst cities for effective crisis management and post-COVID 19 measures:** The collective knowledge aims to help cities in developing an effective emergency response mechanism both in terms of budget and institution, to protect vulnerable groups from the pandemic and mitigate the impacts. The measures being initiated in some cities will help other cities to initiate programmes and interventions at the local level.

- **Prepare for a medium/long term outcome:** The learnings from the compendium are aimed to help understand the ways in which cities across the globe are leading their initiatives to manage the current crisis especially in addressing the challenges of vulnerable groups. This is further aimed at helping cities and local administrations in India to develop mechanisms for a resilient and sustainable urban future.

- **Contribute to a deeper understanding of knowledge and capacity gaps at the city level:** The learnings intend to contribute to the existing knowledge and capacity related gaps and address the specific needs of vulnerable groups during crises. This is a key step to facilitate focused research, development of learning modules and targeted training for stakeholders for on-ground interventions. The objective also aligns with the overall objective of the BASIIC programme and the institutional efforts towards inclusion and capacity building.

- **Contribute towards developing a FRAMEWORK for Post Pandemic Response:** The Compendium aims to support in developing a sustainable and resilience focused framework for cities which could be applied for all future emergency response work for the vulnerable population.

2.2. Framework of the study

The framework of the study is designed to better understand the global case studies and align them with the objectives of the compendium and the BASIIC programme mandate. A comprehensive framework has been developed to identify and document good practices by cities to cater to the specific needs of vulnerable groups.
during the pandemic. The measures are categorised as: (a) prevention; (b) mitigation of adverse impacts of the lockdown measures; and (c) rebuilding communities and cities to be more inclusive and resilient.¹

Figure 1: Diagram showing the framework of the Covid response study development

Prevention of the spread of contagion amongst vulnerable groups: The first emergency response measures to contain the spread consist of closure of all non-essential services, and testing, tracing, and treatment of the infected population. The role of data and technology is critical in this phase for ensuring the availability of adequate assistance to vulnerable groups. Interventions in the category include:

- Distribution of kits and health advisories for persons with disabilities, women, the elderly and children
- Digital interventions to support and assist people in distress
- Focused interventions that targets specifically persons with disabilities, women, the elderly and children
- City level interventions, for example data dashboards

Mitigation of the adverse impact of prevention strategies on vulnerable groups: The compendium documents efforts that cities have been taking in mitigating the adverse impacts of prevention strategy such as and including lockdowns and closure of non-essential services, resulting in loss of individual incomes and low access to non-COVID-related health care for vulnerable groups. The adverse impacts were highlighted by the phenomenon of ‘reverse migration,’ many of whom were in vulnerable groups. The mitigation measures for vulnerable groups include:

- Financial and non-financial aid to the marginalized population segments that include monthly cash pay-outs and free/subsidized rations
- Affordable formal housing options for those unable to pay monthly rentals due to loss of incomes owing to the economic slowdown.
- Allocated budget or social protection mechanism to support vulnerable groups, including persons with disabilities

¹The framework has been designed by the BASIIC team internally to respond to the compendium objective and the BASIIC programme mandate. Although, as the document follows the global terminology of prevention, mitigation and rebuilding better, for a better understanding and correlation with global practices, some global references for use of these globally accepted terms and developing frameworks to map case studies through a comparable criterion these documents were referred to:
- Promotion of community driven responses for vulnerable groups, particularly persons with disabilities and the elderly
- Addressing mental and social needs, through mechanisms such as toll-free call numbers and other efforts
- Any health related and other support persons with disabilities and caregivers may require

**Rebuilding better:** The pandemic has highlighted the vulnerabilities of urban populations to disasters and the need for making cities inclusive and resilient, so as to contain the impacts of such phenomena. The measures include interventions and efforts for future proofing of cities and making long term investments to create resilience in the face of disasters and pandemics.

- Highlighting the role of technology in the future in terms of better inclusion of persons with disabilities through city level dashboards, war rooms for better mapping and response mechanisms
- Better social support mechanisms to ensure the rights of persons with disabilities
- Long term budget and social protection schemes for persons with disabilities

The case studies detailed and researched for the compendium, falls under these three broad categories, additionally, a detailed extensive list of good practices was also collated to better map the scope and interventions that have taken place globally. This list has been shared in the annexure for reference and for broader discussions and dissemination. The detailed case studies in the compendium have been studied with a focus on key takeaways and learnings that could help cities to take active interventions within their local contexts and additionally to become a resourceful tool for change through the BASIIC programme, moving forward.

### 2.3. Approach and Methodology

The compendium is premised on an extensive desk review of global and local interventions adopted by cities for protecting and providing access to urban services and social facilities to persons with disabilities, women, the elderly, and children during the pandemic.

**The first stage** involved preparing a long list of city initiatives based on literature review, web search of city initiatives focused on addressing pandemic-related challenges that the vulnerable groups faced, and collating these interventions for further review (*refer to annexure II for the long list*).

Subsequently, a set of evaluation criteria was developed to sieve, shortlist, and identify the most noteworthy practices amongst the long list of city initiatives for further detailing and research. This concluded the **second stage** of the process.

The following are the evaluation criteria that were used for shortlisting the practices, and their definition.

<table>
<thead>
<tr>
<th>No</th>
<th>Criteria</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Relevance and Alignment</td>
<td>Relevance and alignment to the focus and impact towards improving lives of persons with disabilities, elderly, and young children during and post the pandemic (CoVID).</td>
</tr>
<tr>
<td>2</td>
<td>Viability and Economies of Scale</td>
<td>Scope for scalability and adaption keeping in mind the time, budget and resources required for implementation within the context of Indian cities.</td>
</tr>
<tr>
<td>3</td>
<td>Alignment</td>
<td>Alignment to the three key categories of prevention, mitigation and rebuilding better with a focus on ensuring safety, accessibility, and inclusion of persons with disabilities, the elderly, and young children.</td>
</tr>
</tbody>
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**The third stage** involved the identification and formulation of a 6-member peer review group to evaluate the interventions against the set criteria. Each member was asked to score each of these initiatives from the long list and select their 10 best practices. The peer review group included sector experts working on inclusion and accessibility issues relating to vulnerable groups (*refer to Annexure III*).
The **fourth and final stage** involved further investigation into the identified good practices in order to capture the learnings from the cities, globally and locally.

Special emphasis was also given to make the document more resourceful for city administrators and practitioners. This was ensured through documentation of key learnings sourced from each case study. This was further refined to help formulate long-term engagement strategies at the city level. This was done to make the process clearer and support cities in taking up initiatives within their local contexts and support the government programmes and ongoing missions.

*Figure 2: Diagrammatic representation of designing the methodology and framework*
2.4. Limitations of the study

The study is primarily based on desk review of published literature on the initiatives taken up by cities to address COVID19-related challenges. The sources include articles, news and reports available online.

Considering that most cities globally are still at various stages of recovery and rebuilding from the pandemic, the compendium is a rapid mapping of the interventions that have worked at various levels.

The compendium is limited to focus on vulnerable groups primarily towards persons with disabilities, the elderly and children.

- Due to the ongoing nature of the pandemic, the mapped interventions might have evolved or phased out by the cities.
- The document is purely recommendary in its use and intent. The listed good practices in no way represent the entirety of all urban interventions focused on the CoVID response.
- The approach and methodology have been devised to exclusively identify interventions that prioritize the vulnerable or marginalized society groups in a city.

The mapped interventions and its research are entirely desk based and reliant on secondary sources. Although, special attention has been given to fact checking and wherever possible the information source has been cited.

2.5. Strategy for dissemination and outreach

The document, prepared under the BASIIC programme, will be disseminated amongst partner institutions and the larger knowledge network. It will also be shared with key government agencies and cities for better dissemination and ensuring that cities have access to the research undertaken to support them. The programme will ensure that if there are interventions and projects being undertaken to support vulnerable groups, especially persons with disability, the elderly and children, the compendium is made available to them, and that all other support is provided. In addition, the BASIIC programme will share the learnings with the academic and city partners for a better learning exchange.
The findings and the report will be shared through the digital mediums of SmartNet, NULP, social media handles and newsletters for a better and wider outreach on this critical subject.

<table>
<thead>
<tr>
<th>Mode of Dissemination</th>
<th>Dissemination Strategy &amp; Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Media (Physical copies)</td>
<td>With key aligned ministries and officials, along with a letter from the Director, NIUA</td>
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<tr>
<td></td>
<td>Ministry of Housing and Urban Affairs</td>
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<td>Ministry of Social Justice</td>
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<td>Ministry of Health</td>
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<td>Focusing on Mission Directors and other key influential representatives</td>
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<tr>
<td>Digital Media (Smart Net Portal)</td>
<td>On the Smartnet portal, along with key tag words for a better way of finding them</td>
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<tr>
<td></td>
<td>Targeting mainly the Smart City officials, Amrut Cities.</td>
</tr>
<tr>
<td></td>
<td>To a wide audience of more than 20,000 active users of the Smartnet portal</td>
</tr>
<tr>
<td>Digital Media (National Urban Learning Platform)</td>
<td>As BASIIC programme is a partner with the NULP platform, the report can be made into a reader for a module on Persons with Disability and Interventions that cities can undertake.</td>
</tr>
<tr>
<td></td>
<td>Target audience and intent would aim at ensuring the documents are utilised well and become a valuable learning resource.</td>
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<tr>
<td></td>
<td>This will be targeted at specific officials who want to take up initiatives towards making cities more inclusive. It will focus on aligning their needs with the report findings and best practices.</td>
</tr>
<tr>
<td>Digital Media (BASIIC Webpage)</td>
<td>The platform is under discussion and construction. It will be a very valuable resource for its users</td>
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<td></td>
<td>This will also help share the links and other resourceful information through a singular source</td>
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<td>This will target our partners, institutions and academic cohorts</td>
</tr>
<tr>
<td>Digital Media (NIUA internal teams and other relevant partners)</td>
<td>Internal office teams and partners and other partners</td>
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<tr>
<td></td>
<td>This can be done through email, weblink, hard copies and more information shared with interested partners</td>
</tr>
<tr>
<td>Digital Media (Social Media)</td>
<td>NIUA Twitter handle and LinkedIn Handle</td>
</tr>
<tr>
<td></td>
<td>For larger outreach with the audience.</td>
</tr>
</tbody>
</table>

Image: Volunteer providing home delivery to households during COVID19, Chennai
Image: Young child washing hands following CoVID norms
Source: www.unsplash.com
Chapter 3

Global and Local Initiatives at the City level
3.1 The Municipality of Lima Conducts Telephone Monitoring and Activates the Network that Cares for and Monitors the Health of Elderly and Disabled Adults

Lima, Peru

Municipality of Lima

05/03/2020

Social and capacity building

Prevention

Designed specifically as a reaction to the COVID-19 outbreak
About the project

The Municipality of Lima, in coordination with the Ministry of Development and Social Inclusion, took over the initiative to train more than 300 social service professionals and coordinators of Amachay. Amachay, started in May 2020, is a support network for the elderly at high risk and persons with severe disabilities, which regularly monitored their health during the coronavirus pandemic; almost 10,000 residents of the Lima district were being monitored. Additionally, the project was designed to provide counselling and preventive support during the state of emergency because of COVID-19, by conducting telephone monitoring of 2,000 elder adults and over 1000 persons with disabilities in the district.

Objective of the project

The objective of the project was to maintain a communication network that allowed monitoring of the situation for the most vulnerable neighbours (particularly the elderly and persons with disabilities). The elderly and persons with disabilities were consulted about their health, their diet, if they had any difficulties or required any medical, psychological, or legal support or guidance and if they needed to be referred to specialised professionals.

Key features

Surveillance and monitoring: The epidemiological surveillance task consisted of identifying any health warning signs related to COVID-19, through telephone monitoring during the first stage and, later, through home visits. If a serious symptom was noticed, the respective alert was issued, leading to immediate attention at the corresponding health centre. The monitoring and surveillance team oversaw the staff of the Comprehensive Centre for the Elderly (CIAM) of Lima and the Office of Attention to the Person with Disabilities (Omaped). In addition, the trained volunteers ensured support to a population in need, provided supervision during the immunisation process and responded to health emergencies. All these interventions and active support have been possible due to comprehensive data available with the municipality.

Training programme: The work of these social workers was coordinated by the Municipality of Lima and the Ministry of Development and Social Inclusion (Midis), who trained staff through a virtual course. The duration of the course consisted of 30 academic hours and was divided into five modules.

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7 health, "municipalidad-metropolitana-de-lima-activa-red-que-cuida-y-monitorea-la-salud-del-adulto."
Topics such as prevention measures against COVID-19, local network implementation, information management, and guidelines for emotional care and management were developed as part of this course. In addition to this, practical cases were presented for the care and support of the elderly or for persons with severe disabilities.

In this way, the Municipality of Lima joined in the efforts for the care and protection of the health of the vulnerable population, especially in preventing the contagion and spread of the coronavirus.

**Key Learnings**

- The city development authorities can setup a dedicated network of professionals who can be trained to focus and cater to the needs of the elderly and persons with disabilities. Being a structured mechanism, it would be able to respond to the needs of persons with disabilities and of the elderly in an efficient manner as the volunteers would take care and respond adequately on the field.

- Although the programme was designed as an immediate response, the initiative is a very good example of responding to critical needs of vulnerable groups during a pandemic and has a great potential for scaling up, to rebuild better and develop more advanced mechanisms. Especially in Indian cities, where initiatives focusing on the elderly and on persons with disabilities are primarily undertaken through CSOs and NGOs working in the field. The government support and training methods could make the response and functioning of such a network extremely efficient.

- The case study is a good initiative for ongoing programmes such as the BASIIC programme to support in scaling up initiatives within the Indian context, given the broad network of partners and expertise that the programme collaborates with. The training and capacity building modules could be added in these initiatives as examples for larger outreach and further training of local volunteers towards providing an immediate response. Furthermore, such training could be added as part of the network to obtain a better outcome from the programme and for a timely response in the event of disasters.

- The case study also represents a great way to use technology-based platforms such as the National Urban Learning Platform (NULP), supported by the Ministry of Housing and Urban Affairs for creating and disseminating capacity building initiatives at a larger scale for cities across India and promote inclusive development.
Image: Volunteer working on the digital portal
Source: Municipality of Lima

Image: Volunteer speaking with beneficiaries through the tele service
Source: Municipality of Lima
3.2 Greater Manchester Develops a Symptom Tracker to Provide Support to Care Homes in the Fight Against COVID-19

Manchester, UK

Health Innovation Manchester

05/03/2020

Designed specifically as a reaction to the COVID-19 outbreak

Prevention/Mitigation

Technology driven

1Title borrowed from Health Innovation Manchester news story
About the project

Greater Manchester (GM) was one of the worst affected areas in the UK during the COVID-19 pandemic. The GM authority observed the rise of cases especially among care homes, understanding the susceptibility of residents against the virus in care homes. To manage the risk and provide well-coordinated health services during this time, the Greater Manchester Health and Care professionals (GMHSC)\(^8\) collaborated with Health Innovation Manchester (HInM)\(^9\), Tameside and Glossop Integrated Care NHS Foundation Trust, Tameside Council and Safe Steps\(^10\) to track the COVID-19 spread\(^11\). Digital tools and platforms were used to track the spread and coordinate the availability of services\(^12\). Tameside and Glossop were one of the first localities who implemented the use of the tracker which benefitted care homes located in the vicinity\(^13\). At present, this platform monitors the health and wellbeing of 4000 residents across 130 care homes.

Objective of the project

During the pandemic, the project was launched to manage the COVID-19 outbreak in care homes in Greater Manchester. The idea was to use digital technology and equip care homes with the necessary technology tools and platforms so that information was accessed easily\(^14\). This initiative is one of its kind which not only provided a tracking platform but also supported medical professionals in coordinating medical services, social care, and hospitals\(^15\).

Key features

With the help of the tool, the staff in care homes were able to feed and receive COVID-19 spread and care related information such as whether residents were infected, whether they recovered, how many residents were in critical care, they were able to manage the residents’ care plan, obtain timely assessment by health professionals, which could easily be tracked by the NHS response team in order to assess the situation and the spread. The tool also provided a visual display with summarised results\(^16\). In the future, the plan is to expand the project to the extent that the care staff will be able to provide more health-related information concerning the residents such as flagging critical signs at an early stage, helping the staff monitor the patients, recognise early signs, make observations, monitor the vaccination status among the care homes etc.

\(^{8}\) Greater Manchester Health and Social Care Partnership (GMHSC), “is a devolution deal with government to address the health and wellbeing needs of 2.8 million people, living in ten boroughs, in Greater Manchester” | W: https://www.gmhsc.org.uk/

\(^{9}\) Health Innovation Manchester, “is an academic health science and innovation system to transform health and wellbeing of population of Greater Manchester” | W: https://healthinnovationmanchester.com/

\(^{10}\) Safe Steps is a “platform of multidisciplinary team of carers, clinicians, researchers, patients, designers, data scientist, software engineers and families” | W: https://safesteps.tech/


\(^{13}\) “GREATER MANCHESTER DEVELOPS A SYMPTOM TRACKER TO SUPPORT CARE HOMES IN THE FIGHT AGAINST COVID-19.”

\(^{14}\) “Health Innovation.”

\(^{15}\) “Health Innovation.”

\(^{16}\) “GREATER MANCHESTER DEVELOPS A SYMPTOM TRACKER TO SUPPORT CARE HOMES IN THE FIGHT AGAINST COVID-19.”
Key Learnings

- The project recognises the benefits of digital technology to manage outbreaks, track early symptoms, monitor vaccination status in care homes. Similar initiatives can be explored within the Indian context where a tracking application could be developed for the elderly, persons with disabilities, women, and children. Linking these to the health services and the unified data and command centres in India could marginally decrease the load for the frontline workers and have a better organised health system to help persons in need.
- The tool additionally offers the potential for health professionals to obtain up to date information and stay informed about any escalation. This can provide support in contacting emergency health services and make timely on-call consultations.
- Prestigious technology and management institutions such the Indian Institutes of Technology, the Indian Institute of Management could partner with the centre and states to collate and track.
- With the smart cities mission being mandated to develop data dashboards at the city level, this could not only be a potential way to organise and manage situations at the ground level, but local municipalities could also play a very important role, as they are well versed with local data to make provisions and align the local priorities with the relevant government schemes for better funding and scaling opportunities.

Image: The online interface of the digital portal

Source: https://safesteps.tech/
Image: People accessing public spaces and nature during covid.
Source: unsplash.com by David Knudsen
3.3 To Open Schools and Public Spaces for Public to Use

Taipei City, Taiwan

Taipei City Government, Department of Social Welfare, Health, and Public Transportation

19/06/2020

Designed specifically as a reaction to the COVID-19 outbreak

Mitigation/Rebuilding Better

Social and urban
About the project

The Taipei City Government announced that with the virus outbreak slowing down, all school campuses were to be opened for public use. This decision was taken so as to encourage the public to perform recreational activities and make use of the school spaces. Facilities such as the school playgrounds, swimming pools and even classroom or other facilities were made available to the public with proper permission from the school and in compliance with the regulations.17 18

Objective of the project

The initiative focused on the recovery and opening up of schools and other public spaces, however taking into account the present local conditions and reduction in COVID cases. The objective was to open up these places so that young children, particularly, and their caregivers could access places for performing exercises and physical activities outside their homes following a set of instructions and norms. The initiative focused at ensuring the overall physical and mental health of children during the pandemic. The decision to open up school open spaces was taken up with prior discussions with the faculty, staff and the PTAs. The education authorities took this decision to avoid further delays in the education programmes of children of different age groups.

As part of the guidelines, of opening up school spaces, the public could access the track and fields before and after school hours, as well as all day during holidays and on weekends. Furthermore, they could exceptionally reserve time slots for summer classes and programmes; the majority of campuses were made accessible to the public during the summer vacation. The education department held extensive discussions with respective faculty members and PTAs before taking any decision.

To ensure the safety of children and caregivers while accessing these spaces, detailed instructions were established and had to be adhered with, at all times. The initiative was to encourage physical activity among children and also promote the use of vacant spaces during this time.

Other than this, the New Taipei City Government also adopted the Real Name Registration System for swimming pool visitors.19 With fixed timing and proper compliance of guidelines observations, citizens could also get access to classrooms and other facilities in the school.20

Key Learnings

- The key takeaway here is the effort taken by the Taipei Government to take into consideration the needs of young children and to take initiatives with key stakeholders, and hold discussions and planning.
- Furthermore, the usage of schools and their facilities is a smart way of making use of the city’s available resources for the common good of its citizens. The initiative represents a key aspect of including stakeholder discussions, and understanding the needs of the citizens and responding to them in a timely manner. The example can be followed in many Indian cities where the pandemic outbreak has decreased and schools and other common spaces can be revitalised for children and citizens in general.

19Department of Information Technology, Taipei City Government / Publish Date?2020-06-16
20Department of Information Technology, “Deputy Mayor of Taipei City: School Grounds to Reopen to the public starting June 20.”
3.4 Mental health services and support for Incheon citizens during the COVID-19 outbreak

Incheon, South Korea

Authority: Incheon Metropolitan Mental Health and Welfare Centre

22/05/2020

Designed specifically as a reaction to the COVID-19 outbreak

Prevention/Mitigation

Social
About the project

Due to the pandemic, a rise in cases of mental health were reported across the globe. To support the citizens of Incheon in managing mental health issues such as anxiety, depression, stress related to COVID-19, Incheon Metropolitan City launched initiatives through the Incheon Metropolitan Mental Health and Welfare Centre, such as tele counselling services, psychological counselling and the provision of virus-related information, known as the Cheer up Incheon Citizens Project.

Objective of the project

The project was launched to address the grief, fear, pain and isolation felt by citizens during the pandemic and to provide support to rebuild their lives. The two most common challenges citizens faced were stigma due to positive testing and lack of social support structures, due to shutting down of places such as churches, schools, workplaces, leading to isolation.

Key Features

The initiative focused on multiple aspects, some of the key features were:

- **Prevention & Mitigation:** Crisis Tele-Counselling Services, focused on providing tele consultation to citizens facing mental health challenges. It also focused on preventing COVID-19 led suicides. As family members were becoming continuously infected, citizens showed symptoms of depression and anxiety as a result of quarantines. Caretaking through tele counselling services supported family members during difficult times.

It was reported that in February 2020, the total number of counselling sessions were approx. 34,372 and they increased to approx. 4585 in March, 8269 in April and 9077 in May and increased by 13.8 percent in September during the course of the pandemic.

- **Prevention:** 'Cheer up', the Incheon Citizens campaign was a social distancing campaign launched for citizens at home in isolation. A website was launched which provided contents on live streaming of cultural performances, home workouts, opera, healing sessions, home cooking sessions, virtual tours of museum etc. This campaign helped the citizens to continue to benefit from performances and other events while they were social distancing.

Key learning

During the pandemic crisis, it is not only the physical health but also the mental and wellbeing of people that has been impacted. People's routines have been put on halt, social gatherings have been stopped for almost a year and half, and many citizens have not been able to meet their loved ones and have also lost people during the outbreak. This impact would take years to rebuild. To begin the healing process, the promotion of a mental health and wellbeing initiative through the city government was a great step towards recovery and rebuilding a resilient urban future.

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23Jun, “Mental Health and Psychological Intervention Amid COVID-19 Outbreak: Perspectives from South Korea.”
25“Australia observatory on health systems and policies.”
26“Mental Health Services’ during the COVID-19 pandemic.”
27“Australia observatory on health systems and policies.”
28“Australia observatory on health systems and policies.”
Destigmatising mental health issues is a great step taken by the city administration to promote healthy living and promote the work done by CSOs, psychologists, activists. To promote healthy living and to cope with the pandemic, positive and destigmatising messages could be displayed in local languages in public spaces such as parks, public transports etc.; these messages displayed through posters can initiate discussions on such subjects; it could be a good step to promote such interventions locally in Indian cities.

Campaigns similar to ‘Cheer up, Incheon’ have been undertaken in India as well, where artists from various fields and art forms have come together to promote wellbeing and share their craft with the people through digital mediums. However, a government or a city led campaign could be a great step to promote the local artists and performers while encouraging discussions regarding stigmatised subjects such as mental health and other locally pertinent issues. This would not only bring change in content which is streamed on everyday basis, but would also support the local artists, PTE instructors and other important professions who may have lost their jobs during the pandemic.

Helplines for mental health and well-being is another aspect that can be further linked to the same concept to scale up efforts in association with a team of counsellors and psychologists. This can further promote the fact that people who are not able to afford such services could get access to mental health services at a subsidised cost, or free of charge through government support. The happiness curriculum in Delhi schools is a similar initiative that has been promoted and which has been undertaken in the past in Indian cities. Learning from the responses and transformations of such initiatives, better focused programmes, such as these, could be promoted.

Image: The local administration ensuring public benches are sanitised post use for the public. These places encourage people to spend some time in nature and heal.
3.5 Accompaniment and support to the elderly through the Local Telecare Service

Barcelona, Spain

Barcelona Provincial Council

05/13/2020

Designed specifically as a reaction to the COVID-19 outbreak

Prevention/Mitigation

Social

Title borrowed from Cities for Global Health online publication on the initiative taken by the Barcelona Provincial Council
About the project

Due to the pandemic crisis, the Barcelona Provincial Council recognised the elderly as one of the most vulnerable population who were dealing with isolation, living in a precarious situation and were also at high risk. To address their health and social care needs, as an immediate response, a free telephone 24/7 helpline was launched in support with the social cohesion, citizenship, and welfare association for the elderly of 65 years & above. By May 2020, the telephone service received approximately 370,280 calls related to emergencies caused by COVID-19. Additionally, this telecare service continues to provide its services to approx. 91,000 elderly.

Objective of the Project

The project was launched to support the needs of the elderly. The project aimed at providing active support and safety, identifying the risk and vulnerabilities of the elderly, mainly for the population above 65 years, who are also at a high-risk to Covid-19.

Key Features

The launch of a 24/7 telephone service supported the elderly with regard to their health, social care needs and accompanied them in fragile situations, by providing them with an immediate response. This is a free telephone line service which could be used via a fixed or mobile phone. Besides reaching out to requests, the service also expanded its services by providing follow-up services to people in vulnerable situations.

Given the positive response and feedback, the service was further expanded to provide support to people experiencing anguish, stress, and other mental health related concerns. The service has included people in the platform who were not even subscribed to any social service through their local governments.

Key Learning

- Setting up a telephone service can be easily replicable by city officials to address the vulnerable population’s needs in Indian cities. Although many such interventions have been initiated at the local level by CSOs and NGOs, at the National, state or a local government level, supported initiatives in collaboration with the relevant CSOs and other relief groups in order to respond to the basic needs of people such as providing food, health care and wellbeing, social security needs could be taken care of, on an emergency basis.
- Understanding that the interventions are low budget and quickly scalable, support and volunteer groups could be incentivised through RWAs and other local bodies to come forward in supporting people who have to social distance and are in isolation.
- As this helpline service is designed and used primarily by any mobile/landline user, similar adaptations could be made for the population who are not well versed with technology or who are not able to afford the same. Following up is a key feature which must be taken into consideration.

31 ACCOMPANIMENT AND SUPPORT TO THE ELDERLY THROUGH THE LOCAL TELECARE SERVICE.”
3.6 Campaign inviting people and hotels to help the elderly in daily activities and shelter them

Brasilia, Brazil

The Secretariat of Justice and Citizenship

29/04/2020

Designed specifically as a reaction to the COVID-19 outbreak

Mitigation/Rebuilding better

Social
About the project

In the month of April 2020, The Secretariat of Justice and Citizenship (Sejus) launched two programmes to support the elderly during the pandemic. The first program focused on inviting hotels to provide their space to the elderly, people above the age of 60, who were in isolation32. In this initiative, approx. 800 hotels came forward to support the elderly and extended their solidarity. In the second initiative, ‘Adopt an Elderly’ mobilized young people and adults to protect the elderly by carrying out their daily activities. Through this initiative, approx. 100,000 elderly were expected to get support.33

Objective of the project

The objective of the two programmes aimed at protecting the elders of Brasilia during the pandemic and support them while they were social distancing, were in isolation or had no one to take care of their daily needs and chores34.

Key Features

Mitigation: The initiatives were launched considering how severely the elderly were affected by the outbreak, understanding that they are a high-risk group and would need focused intervention. This was not only to mitigate the issues, but also to extend solidarity towards the most vulnerable group of society.

The initiative to provide hotel spaces to the elderly came to fruition based on a survey carried out by the Planning Company of the Federal District which identified approx. 14 thousand elderly people who lived in inadequate housing. The initiative was focused on the elderly population who did not have proper isolation facilities35. The hotels which were transformed into a hosting facility, not only provided them with space to isolate but also extended their services by providing them meals (breakfast, lunch, snack, and dinner) for a period of three months to begin with36.

Rebuilding Better: In the second initiative, The Secretariat of Justice and Citizenship (Sejus-DF) asked young people and adults to show solidarity by carrying out daily activities for the elderly37. A specific portal (www.portaldovoluntariado.df.gov.br) was launched as a part of this program which saw 26,000 volunteers registering for this initiative. This initiative ran on a voluntary basis and was expected to reach 100,000 elderlies. Furthermore, the residents of buildings and condominiums were also asked to participate in this initiative.

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34“SOLIDARITY HOSPITALITY: SECRETARIAT OF JUSTICE AND CITIZENSHIP (SEJUS) PUBLISHES NOTICE.”
35“SOLIDARITY HOSPITALITY: SECRETARIAT OF JUSTICE AND CITIZENSHIP (SEJUS) PUBLISHES NOTICE.”
36“Publicado edital de chamamento para hotéis abrigarem idosos.”
37“Publicado edital de chamamento para hotéis abrigarem idosos.”
Key Learning

- The above two initiatives were resourceful in protecting the elderly from the pandemic. They bring forth good interventions and aspects, showing that a society needs to take collective action in difficult times to ensure inclusive development.
- Similar initiatives have also been launched on a voluntary basis in India. However, with the support from local governments, these localised interventions will be strengthened, in terms of response and outreach. It will also help build a sense of community amongst citizens.
- Organisations such as CSOs, NGOS, and RWAs could play an important role towards carrying out some of these interventions in the field.
- Another aspect to consider is that, as in the case of the second wave in India, both the spread and impact has been severe, especially on the elderly. Similar interventions could play a pertinent role in ensuring that vulnerable groups receive proper isolation and other much needed support in such times.

Invitation for people to help the elderly in daily activities

Although the need of the hour was to assist the elderly in the midst of the pandemic, the initiative for people to assist seniors in their daily activities is a good step towards social inclusion and behavioural change with regard to the elderly in our society. To encourage citizens to be socially conscious, such initiatives can be taken even post the pandemic, to rebuild better and together, by engaging the youth and providing help not only to the elderly, but also to other vulnerable populations, such persons with disabilities, homeless children, domestic violence survivors, etc.

This initiative taps into the power of community building and the need to have a strong community that comes together to take joint actions. In India, this is more relevant, since people have a strong sense of community and kinship. Therefore, there is a huge potential to use this measure to bring behavioural change and to volunteer for social causes.

The call for hotels to shelter the elderly

The call for hotel to accommodate the elderly is an effective response to issues that require immediate interventions. During the pandemic, metropolitan cities like Delhi, Mumbai, Pune, and Kolkata, etc. were faced
with the challenge of how to maintain social distancing in lower income settlements. It was an even greater risk for the vulnerable population to be in a housing that was inadequate to maintain social isolation. This particular initiative is a useful case study on using resources to provide emergency response for low-income people.

Image: Volunteer helping an elderly at the care centre with masks on
3.7 Cancun’s cartographic micro sectorisation for identifying and prioritising attention to groups of people at risk

Title borrowed from Cities for Global Health news publication on the initiative by the Quintana Roo government
Learning from Our Cities

About the project

The city of Cancun, using mapping functions and graphic representations, launched an initiative which could gather real-time information related to the spread of the pandemic\textsuperscript{39}. This helped the city local bodies to make active decision through a GIS based platform which was used for evidence gathering, without risking the health of their staff. The graphical representations and mapping functions also provided insights on the interdependence between the population and the urban environment the citizens lived in, especially people at a high risk.

The cartographic map was developed by AGEPRO, along with various state agencies and the Municipality of Benito Juarez\textsuperscript{39}. The GIS map has been ground-breaking, allowing decision makers to make counteractive actions against the pandemic and its effect on the city/citizens\textsuperscript{40}.

Objective of the Project

The geo spatial mapping driven exercise for the city is aimed at obtaining real-time data concerning the pandemic, in order to find and act towards containing the virus spread and to prioritise interventions and actions for high risk and vulnerable populations, such as the elderly and persons with disabilities\textsuperscript{41}.

Key features

Mitigation: The mapping was developed through a UTM cartographic (coordinates based) technique. Initially, the National Institute of Statistics and Geography carried out sector-based analyses in urban areas, with the primary focus on roads and settlements\textsuperscript{42}. From this initial mapping, vulnerable population of 50 years and above was identified along with the nearest medical facilities, commercial food supply areas, open spaces, transportation systems. By analysing the population and the services available to them, the authorities of the state of Quintana Roo were able to speed up their responses\textsuperscript{43}.

Rebuilding better: The cartographic map provided information on the lapses in services and infrastructures. Therefore, the identification and information concerning vulnerable areas and zones were helpful for the authorities, as they could then use this information to make interventions wherever required. In addition, the use of real-time data and information also helped the authorities to make informed decisions quicker and thus provide speedy responses\textsuperscript{44}.

Key learning

- The following case study is an example of how evidence-based decisions can be used to help policy makers make informed decisions, and formulate more relevant and contextualised policies.
- It also depicts how, with better modern and advanced technologies, tools such as a cartographic map can be applied to map very minute details about the city. The process is then transformed into making important intervention plans.

\textsuperscript{40}(AGEPRO n.d.)
\textsuperscript{41}(AGEPRO n.d.)
\textsuperscript{42}(Cities for global health, 2020)
\textsuperscript{43}(INEGI n.d.)
\textsuperscript{44}(Cities for global health, 2020)
The case study is also a good indicator of how, even the most vulnerable population can be identified in an area. This then helps understand which area/group needs immediate interventions or which area/group should be focused on more.

This is a particularly good case study for Smart cities in India, as they have initiated a data dashboard development at the city level. The study can help cities better understand the challenges and ways in which they can take measures to reduce inconsistencies.

Such interventions in India are still at a nascent stage. As we take the BASIIC programme forward, training and capacity building modules could potentially focus on such interventions, and officials, particularly data officers, can be trained in digitising information at the city level.
Estrategia de Zonificación COVID - 19
Comercio y Abasto
Paraderos con mayor afluencia de usuarios

Source: AGEPRO, The Strategic Projects Agency of the State of Quintana Roo
3.8 COVID-19 Collaborative Action by the Government and the Civil Society Organisations (CSOs) / Organisations of Persons with Disabilities (OPDs)

Pan-India

Samarthyam (www.samarthyam.com) Member, National Institute for Transforming India (NITI) CSO Standing Committee, India

Designed specifically as a reaction to the COVID-19 outbreak

Mitigation and Rebuilding Bett

NA
About the project

In order to respond to the sudden CoVID outbreak and its impact on persons with disabilities, a multi-sectoral collaboration and policy partnership was planned for a pan India connectivity with persons with disabilities. The initiative was planned with a perspective to reassure that their survival is a priority, and to raise sensitive understanding regarding the anxiety among persons with disabilities towards recovery and life after COVID-19. Samarthyam worked closely with the Department of Empowerment of Persons with Disabilities, the Ministry of Social Justice and Empowerment in order to mobilise efforts in this direction.55.

Objectives

The interventions undertaken by Samarthyam focused on ensuring that persons with disabilities were taken care of during the pandemic outbreak, and that they had access to basic and emergency services, during the lockdown. To take this initiative forward, the organisation collaborated with the government and local agencies across the board, to plan and make recommendations and provide on the ground support.46.

Key Features

- Created a High-Level Government Officers' WhatsApp group with the support from the Department - Secretaries, Chief and State Commissioners for Persons with Disabilities, in order to provide an outreach in rural and remote areas. The group shared government orders, details of local nodal officers, procurement and dissemination of daily needs, e-passes for caregivers, etc. It was a good networking platform and huge support to local authorities, helping them get the local media news to connect effectively.49.
- After the lockdown, an immediate action was taken to get a comprehensive disability inclusive guideline for the protection and safety of persons with disabilities in light of COVID-19. This was issued by the Department of Empowerment of Persons with Disabilities of all States. A notice was sent to the state health authorities to provide accessible facilities to persons with disabilities in quarantine and access to health centres.50.
- The State Commissioners for persons with disabilities which did not have a webpage, were encouraged to create and maintain one. Many webpages for local support were created; hence, social media connectivity and linkages increased through the support of the Samarthyam team. The initiative encouraged state officials to respond to queries more effectively and tackle grass root issues through networking with OPDs, in order to ensure that no one was left behind.51.
- The COVID-19 pandemic and lockdown measures imposed forced exclusion, increased inequalities and distress, impacting girls and women with disabilities. Already facing difficulties in general, they were further confined to their homes, resulting in increased domestic violence. The measure showed that they were unable to reach out to OPD volunteers in times of distress, and this work and the partnership helped leverage connectivity.52.
- In the current situation, the motive of the institution has been to enhance prevention, preparedness and readiness in order to ensure a robust response of ‘connectivity’ for the most vulnerable groups.

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45(CSO India, 2020)
46(CSO India, 2020)
47Network of 31 Secretaries of Social Welfare Departments, 25 State Disability Commissioners, government officers and 340 Organisations of Persons with Disabilities (OPDs) covering 29 states and 7 union territories in India
48(CSO India, 2020)
49(PIB, 2020)
50(PIB, 2020)
51(Samarthayam 2020)
52(Samarthayam 2020)
Key Learnings

- The interventions highlighted the need to provide hand holding support. City level administrations and agencies need to take initiatives focusing on vulnerable groups and their daily needs and issues. It also brought about the aspect of strategic local planning to address unique issues, both to recover from the pandemic and moving forward post the pandemic.

- The government was proactive in providing all the necessary resources given the circumstances, there is however, a clear need for a better mechanism in terms of long-term planning, mitigation and rebuilding better. As the next steps, the government-CSO/OPD partnership can focus on reinforcing preparedness for the eventual recovery, for future emergencies and implement gender, age and disability inclusive exit strategies.

- The need for capacity building at the city level is critical due to a lack of sufficient information and resources, in addition to the paucity of adequate data. This is a key reason for lack of immediate action. With the support of local governments in association with OPDs, awareness creation, training and capacity building can be promoted through virtual platforms to break through the stereotypical gender roles.

- Better participation and inclusive action-oriented methods need to be designed with a vision to rebuild better for the future. In order to make a real difference, it is important to include local support systems in order to provide and ensure access to essential services, personal medical emergencies, food and financial resources. It is vital that the government and local councils work with markets to ensure that persons with disabilities have access to food and medical services.
Positive messaging through sticky notes at a community centre

Source: www.unsplash.co

People being checked for their oxygen levels to ensure covid symptoms

Image: People being checked for their oxygen levels to ensure covid symptoms

Source: www.unsplash.co

Stay Home
Be Safe
Keep Your Distance
Don't go out!

Write a Letter
Read a Book
Online Chat
Phone a friend

Image: Positive messaging through sticky notes at a community centre
Source: www.unsplash.co
3.9 Establishment of bike lanes and other movement and transport measures in Bogota

Title borrowed from Cities for Global Health news publication on Bogota’s city level initiative
About the project

During the pandemic, to make the city "caring, inclusive, sustainable and conscious", the government of Bogota designed a public health strategy implemented by the Health Ministry of Colombia\textsuperscript{53}. As part of its efforts, to control the spread, the city administration decided to run the mass transportation system at 35% capacity and bikes and carpooling system were further promoted. In addition, 105 kms of new bike lanes were constructed in order to promote the use of bikes instead of mass transit during CoVID.

Objective

The initiative was launched to control the spread of the virus and create a more sustainable means of transportation in Bogota city\textsuperscript{54}. The initiative aimed at integrating bicycles infrastructure as public transportation, and reduce motorised traffic in order to improve the condition of public spaces.\textsuperscript{55}

Key features

The initiative aimed at preventing crowding in public transportations, thus helping in controlling the spread over the city\textsuperscript{56}. The city administration also set guidelines for the frequency of cleaning and new cleaning standards for public transports. Furthermore, handwashing facilities were made available along with the removal of elements such as carpets, seat covers etc. which could increase the spread.

Stations and bus stops which saw a greater foot fall of frontline workers on specific routes were identified. Systems were established through an algorithm and closed-circuit cameras were installed to monitor and ensure 35% capacity in any transport mode. To maintain social distancing during public transit, fences were installed, entrance lines were organised, bi-articulate stickers were posted and adequate information was communicated.\textsuperscript{57}

The city officials also organised hackathons to gather data from experts on analysis and impact monitoring to reduce transmission\textsuperscript{58}. Dedicated bike lanes were also constructed to promote decongesting public transport.

Key learning

The city authorities took active actions to ensure the safety and accessibility of basic services throughout the pandemic. Making movement one of its priorities, the city has been able to achieve not only better accessibility to services, but also helped ensure essential services to those who needed them the most, such as persons with disabilities, children and the elderly.

Most cities in India often struggle with implementing public transport measures or promoting non-motorised transport, but through limited travel in the TransMilenio and promotion of bikes and other alternatives, the city of Bogota was able to successfully implement the change.

\textsuperscript{53}(Cities for good health, 2020)
\textsuperscript{54}(Cities for global health 2020)
\textsuperscript{55}(C Pardo et al n.d.)
\textsuperscript{56}(Cities for global health 2020)
\textsuperscript{57}(Bogota City Government, n.d.)
\textsuperscript{58}(Bogota City Government, n.d.)
Delhi metro has been exceptionally efficient and effective during CoVID, however due to a lack of adequate planning, and no other parallel transport systems, the load on the metro has been immense resulting in the absence of social distancing during peak hours.

Cities such as Delhi, Mumbai, and Chennai must promote and encourage non-motorised transport options, especially since the pandemic has encouraged people to commute and maintain social distance.
Learning from Our Cities

Image: Volunteer taking temperature and thermal screening for covid symptoms
Source: https://www.freepik.com
3.10 Pop up bike lanes

Berlin, Germany

City Development Authority

04/2020

Designed specifically as a reaction to the COVID-19 outbreak

Rebuilding Better

Social Infrastructure
About the project

During the pandemic, the demand for individual movement options changed dramatically in Berlin. While the overall traffic declined noticeably, an ever-growing number of Berliners decided to choose bicycles as their preferred mode of transport – allowing an active and contact-free way to travel.59

The city of Berlin had been planning and conducting the rollout of dozens of kilometres of bicycle infrastructure before the COVID-19 outbreak. Nevertheless – with the strict distance requirements that were put in force, to reduce the risk of infection, and in view of the rising number of cyclists, and to relieve congestion in the streets and in public transport – an urgent need for quick improvements arose.60

As a response, the Senate Department for the Environment, Transport and Climate Protection61 – in close collaboration with Berlin’s boroughs – took immediate action and set up “pop-up bike lanes” (temporary cycling infrastructure) in a number of corridors that promised fast and considerable benefits for cyclists.

Objective

Safety is important for many people when deciding whether to ride a bike or not. According to surveys, this is especially true for women, families and elderly people. With the pandemic still spreading, anyone who rides a bike is helping not only themselves, but others as well. Safe distances can be maintained, and the risk of infection is minimised. It further helps reduce traffic jams and creates more space in buses and trains to maintain distancing requirements. With the objective that these efforts would help restore trust in public transport systems after the pandemic, and to encourage cycling in the city, Berlin has been setting up temporary cycle lanes – also known as pop-up bike lanes.62

Key features

In April 2020, the Senate Department for the Environment, Transport and Climate Protection of Berlin released the standardised plan “Temporary Installation and Extension of Cycling Facilities”63. Using this as a basis, the borough offices of the city planned and prepared for setting up cycle lanes together with the Traffic Management Department of the Senate Department.

Temporary cycle lanes were set up in a way similar to roadworks. Yellow delimitation strips marking bike lanes were placed. As far as possible, they were additionally separated from car traffic by barrier posts. The distance between bike lanes and parking lanes was usually marked by a 1-metre-wide barrier so that cyclists don’t feel endangered or hindered by car doors being opened. The protected cycle lanes were at least two metres wide.

It was possible to implement the new temporary cycle lane design in one day. As temporary bicycle infrastructure does not require much construction work, it was relatively cheap to put it in place – especially when compared to other movement-infrastructure projects. The city covered all the costs of the boroughs while implementing these measures64.

59(Czeh 2020)
60(Toggenburger 2020)
61(Berlin Administration, n.d.)
62(Cantrill 2020)
63(Toggenburger 2020)
64(Czeh 2020)
Cycling during the pandemic not only protects against infection, but also relieves congestion on roads, buses and trains. Temporary bike lanes are created where there is a particularly high demand, and new cycle paths are being planned. So far, 24 kilometres of pop-up bicycle infrastructure have been put in place along major roads – and more are to follow. The aim is to replace them with equivalent, permanent cycle paths in the future.

The corridors that have been adapted so far are therefore part of a wider network of corridors that had been identified for a thorough redesign in line with Berlin’s Movement Law. The law, which was passed in 2018, is the first of its kind in Germany and sets ambitious goals for the sustainable reconstruction of the city’s movement networks – favouring active modes of travel and the use of public transportation over individual cars.

Barriers and Challenges

The temporary bicycle infrastructure could only be implemented on roads that did not require any modifications in the city’s building structure. These measures were therefore limited to certain streets, which were not necessarily those with the highest demand for cycling infrastructure. Another challenge lay in addressing problems related to particularly dangerous intersections.

Key Learnings

The construction of protected cycle lanes is new in Germany. Therefore, their effectiveness will be examined in detail in the future, with a particular focus on protective elements. It will be essential to analyse which markings were most suitable in terms of cyclists’ safety. However, it is an interesting intervention as it gives cities the opportunity to have interventions with lesser investments and act as test beds for long term actions and on ground changes.

Cities in India can especially take this case study to initiate some pilot interventions to promote inclusive and sustainable urban development. Although, since the city had already a movement policy in place, it was easier to take up this pop-up bike lane project. Such policies are both promoted by the national and state governments, which also promote actions taken by cities to meet their local priorities.

This measure will also help in setting aside budgets for such interventions and promote city level engagements and interactions supported by the city administration. Such measures will build the faith of citizens in the administration and its efforts.

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(Czeh 2020)

(Berlin n.d.)

https://www.berlin.de/en/

(Berlin n.d.)
Image: Citizens travelling in public transport following covid protocols
Source: www.pexels.com by Arjun Kulal
### Overview of the interventions

<table>
<thead>
<tr>
<th>Country</th>
<th>City</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Peru</td>
<td>Lima</td>
<td>Telephone monitoring and activated network for the elderly and disabled adults</td>
</tr>
<tr>
<td>2 England</td>
<td>Manchester</td>
<td>Mobile application for symptom tracking among the elderly</td>
</tr>
<tr>
<td>3 Taiwan</td>
<td>Taipei</td>
<td>Open schools and public spaces for public use</td>
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<tr>
<td>4 South Korea</td>
<td>Incheon</td>
<td>Online and telephonic services for mental health and support</td>
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<tr>
<td>5 Spain</td>
<td>Barcelona</td>
<td>Accompaniment and support to the elderly through the Local Telecare service</td>
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<tr>
<td>6 Brazil</td>
<td>Brasilia</td>
<td>Inviting people and hotels to help the elderly in daily activities and shelter them</td>
</tr>
<tr>
<td>7 Mexico</td>
<td>Cancun</td>
<td>Cartographic micro sectorisation to identify and prioritise actions for people in need</td>
</tr>
<tr>
<td>8 India</td>
<td>Pan-India</td>
<td>Covid action collaboration by the Govt and CSOs of PwDs</td>
</tr>
<tr>
<td>9 Columbia</td>
<td>Bogota</td>
<td>Development of bike lanes and other movement and transport measures</td>
</tr>
<tr>
<td>10 Germany</td>
<td>Berlin</td>
<td>Pop up bike lanes</td>
</tr>
<tr>
<td>Type of Intervention</td>
<td>Prevention</td>
<td>Mitigation</td>
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</tbody>
</table>
Learning from Our Cities

Image: Tele counselling centre in Chennai for covid support
The Way Forward

The compendium for the CoVID response aimed at collating information and lessons that can help cities in India in their ongoing initiatives, and help mobilise their efforts in the right direction, particularly concerning vulnerable groups such as persons with disabilities, the elderly and children and their caregivers, during the pandemic. Most cities came forward in a big way for its citizens during these testing times and more so for people who needed the most care, given their needs and vulnerabilities. Their immediate action-oriented approach and in situ thinking were critical in these times. As many cities across the globe are slowly moving towards rebuilding better, the compendium tries to collate some key takeaways from those initiatives.

Taking this programme as one of our key learnings towards our commitment to improve urban systems and make them work better for everyone, key findings from the compendium have been put together for better and quicker understanding.

4.1. Role of Technology

Given the challenges of social distancing used to curb the virus and the challenges of lockdowns, technology became one of the key resource tools for everyone during this period. It has been valuable for city officials as it helped connect them with the citizens and obtain quick and active analysis of the current scenario, helping them take actions on the ground. Technology supported tools were especially relevant for healthcare workers who worked tirelessly and in overwhelming conditions to help citizens, particularly the most vulnerable people, remotely.

Initiatives such as telecare and the online health support examples of Lima and Manchester were especially empowering for people with disabilities and the elderly who are not mobile. They could access most of the basic services through online applications and could request help when in need. Cities need to further explore ways in which they can empower its citizens and strengthen their own infrastructure to cater to pandemics and other difficult situations.

Particularly in India, with the unified data and command centres being set up in cities across the country, these could become a good tool to ensure the safety and security of vulnerable groups through inclusion, assessment, and mapping of their needs in the system. Not only will it make the response time prompter, but it can also help revolutionise the way urban administrations respond to vulnerable groups through engagement, active participation, and digital inclusion.
4.2. Community Engagement

The pandemic also highlighted that city authorities and managements themselves cannot resolve all the problems at all levels, and that community engagement and strong participation and safety nets are critical to the response, resilience, and robustness of urban ecosystems.

Initiatives such as “Adopt an Elderly” were some good examples where safety nets and strong community engagement and participation from the citizens themselves became key aspects to the success of the initiatives. Although strengthened by management and infrastructure support provided by the government, these initiatives are real bottom-up solutions that can help neighbourhoods become resilient and inclusive. Initiatives like the Taipei school parks opening for everyone through administration support and the participation of parents, teachers and other key stakeholders was a result of good decision making, which also helped built trust in government agencies, while helping the citizens in these difficult times.

In Indian cities, RWAs, NGOs and CSOs play a critical role in mobilising community engagement. However, the pandemic impact on these actions has been severe and government led programmes in these areas with the support from local agencies will help create more collaborative and engaging initiatives as well strengthen the faith of the community in such government led programmes.

4.3. Collective action

A key takeaway from the cases has been that the city administration needs support and collective action. Cities where the sector experts, on ground organisations and administrations have worked together, have had really successful results. Particularly in India, where organisations such as Samarthyam, a focused organisation working towards the empowerment and inclusion of persons with disabilities, has played a critical role in ensuring that the needs of the vulnerable members of the community are addressed and taken care of during the pandemic. Through their active work, they helped mobilise and create awareness among government agencies with regard to the specific requirements of vulnerable groups during the pandemic. They ensured that their needs are catered to as well. This is a valuable lesson towards understanding the gaps at the city administration level and the need to develop better training and capacity building mechanisms to support and enhance programmes that are inclusive and sustainable.

The cases documented here may not make up an expansive list of all the interventions taken up by city authorities to ensure the needs of people with disabilities and other vulnerable groups were met during the pandemic, however, there are some very innovative and adaptive ways which are also cost effective and can be easily put in the Indian context. The intent of the compendium is to support cities and help build their capacities to have interventions that can help them better understand how they can efficiently and effectively cater to the needs of vulnerable groups in a more active way.
5.1. Annexure I

Honourable Mentions

Some additional examples of responses to COVID-19 that have considered disability inclusion:

**India:** Food and pension payments are being delivered to persons with disabilities in Kerala, Tamil Nadu, Delhi, Uttar Pradesh and Himachal Pradesh. Advance pension payments have been provided to persons with disabilities in Tamil Nadu, Delhi and Himachal Pradesh. Tamil Nadu is providing rehabilitation services for persons with disabilities online and through a network of therapists. Maharashtra is also providing a mental health helpline.

**Jordan:** The government is delivering packages of food and essential items to people in quarantine, older people, and parents of children with disabilities. They have provided smartphones and access to a hotline with video conferencing for people who require sign language interpretation to address medical, gender-based violence, and in-kind support requests. They are also providing at-home medical care for persons with disabilities and additional support to persons with disabilities living alone.

**South Africa:** Persons with disabilities are receiving advance payments of social grants and facilitated transport support to minimise the risk of contracting COVID-19 at payment points. Social grants for persons with disabilities have been increased, and persons with disabilities have been exempt from travel restrictions – there are flexible taxi hours for people who have a disability card.

**USA:** Hospitals around the globe have seen unprecedented situations and the health infrastructure has had an overwhelming response because of the CoVID-19 outbreak. To cope up with the pandemic, hospitals across the USA have taken this opportunity to transform the existing health infrastructure by adapting new technological means, digital health, resilient infrastructure and the doctors have to abide by the new regulations and practices. To cater to escalating patient casualties, hospitals have adopted an approach of transformative telemedicine. Major investments from innovators and health-tech companies have assisted health care institutions in adapting to the technological changes. This further benefits the hospitals in diverting the necessary care and assistance to the overwhelming number of critical patients during the current pandemic, and reduce the burden on the hospital staff to a certain extent. Another major criterion is that hospitals have had to consider the need to cater to critical patients suffering from ailments which would require intensive surgery and medical care and attention.

1. (U.S. Department of Health and Human Services 2020)
2. (Organisation 2020)
5.2. Annexure II

A long list of Good practices was created as reference to understand the situation and interventions and actions taken as a response to the impact of CoVID for persons with disabilities.

1. Pune’s Vision for Streets Puts Children First

2. Sensory park in Chennai
   https://cscl.co.in/sensory-park/

3. Smart streetlights making the city safer in Pune, India

4. Responding to COVID-19 - Learnings from Kerala

5. Municipality of Lima conducts telephone monitoring and activated network that cares for and monitors the health of the elderly and of disabled adults
   https://www.citiesforglobalhealth.org/initiative/municipalidad-metropolitana-de-lima-activa-red-que-cuida-y-monitorea-la-salud-del-adulto
   https://www.citiesforglobalhealth.org/initiative/municipalidad-de-lima-realiza-monitoreo-telefonico-personas-adultas-mayores-v-con

6. Greater Manchester develops a symptom tracker to support care homes in the fight against COVID-19

7. School grounds to reopen to the public starting June 20 in Taipei City

8. Mental health services and supports for Incheon citizens during the COVID-19 outbreak
   https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7105405/

9. Accompaniment and support to the elderly through the Local Telecare Service
   https://www.citiesforglobalhealth.org/initiative/accompaniment-and-support-elderly-through-local-telecare-service
10. Secretariat of Justice launches campaign that invites people to help the elderly in daily activities

11. Cancun’s cartographic micro sectorisation for identifying and prioritizing attention to groups of people at risk

14. Development of bike lanes and other movement and transport measures in Bogota
   https://use.metropolis.org/system/images/2137/original/Cycling_Infrastructure_in_Cities-Bogota%CC%81.pdf
   https://trid.trb.org/view/1372796

15. Pop up bike lanes, Berlin Germany

16. Issuance of curfew passes to the caregivers for Persons with Disabilities during the lockdown in Tamil Nadu

17. COVID-19 Free counselling support to Persons with Disabilities / Parents

18. Work undertaken by Samarthyam during the Covid-19 outbreak in India

19. What the Post-Pandemic Hospital Might Look Like
20. The rise of telemedicine, the need to move care closer to communities and the likelihood of future viruses are changing the infrastructure of health care.

21. Shift Architecture Urbanism designs social distancing into the food market
   https://www.dezeen.com/2020/04/03/shift-architecture-urbanism-designs-social-distancing-into-the-food-market/

22. Ponti Design Studio creates driverless tram concept for Hong Kong post-Covid
23. Arrival launches an electric bus with features to help people travel safely following the pandemic  

24. Post-CoVID housing for new city in China  

25. London, New York, Paris and Milan give streets to cyclists and pedestrians  
https://www.dezeen.com/2020/05/07/london-new-york-paris-milan-cyclists-pedestrians/

26. Park helps Liverpool’s restaurants reopen during social distancing measures  

27. Foster + Partners shares architecture challenges for children in lockdown  

28. Social-distancing picnic blanket for life after lockdown  
https://www.dezeen.com/2020/05/03/paul-cocksedge-here-comes-the-sun-social-distancing-blanket/

29. To Rethink the School Run, Get Rid of the Cars  
https://www.bloomberg.com/news/articles/2020-12-04/-school-streets-ban-cars-so-kids-can-walk-or-bike

30. Efforts by Samarthyam  
COVID-19 Collaborative Action by the Government and the Civil Society Organisations (CSOs) / Organisations of Persons with Disabilities (OPDs)  
https://globalaction2030.blogspot.com/2020/04/access-to-essential-services-including.html

31. Improvement without barriers  
https://use.metropolis.org/case-studies/improvement-without-barriers#casestudydetail

32. Persons with disabilities living on their own during the Covid 19 lockdown can now get groceries/food delivered to their doorstep  
https://enabled.in/wp/corona-virus-lockdown-helpline-for-persons-with-disabilities/

33. Healthcare guidelines for the rehabilitation of homes during Covid  
5.3. Annexure III

Cumulative feedback by the peer review group of the long list of good practices for further selection and alignment with regard to the study. The categories for selection were divided into three key parts shared along with the feedback form.

<table>
<thead>
<tr>
<th>No</th>
<th>Criteria</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Relevance and Alignment</td>
<td>Relevance and alignment with regard to the focus and impact of improving the lives of Persons with disabilities, the Elderly and Children during and post the pandemic (CoVID).</td>
</tr>
<tr>
<td>2</td>
<td>Viability and Economies of Scale</td>
<td>Scope for scalability and adaption keeping in mind time, budget and resources required to implement the measures within the context of Indian cities.</td>
</tr>
<tr>
<td>3</td>
<td>Alignment</td>
<td>Alignment to the three key categories of prevention, mitigation and rebuilding better with a focus on ensuring safety, accessibility and inclusiveness for Persons with Disabilities, the elderly and Children.</td>
</tr>
</tbody>
</table>

Selecting the Case Studies

<table>
<thead>
<tr>
<th>No</th>
<th>Criteria</th>
<th>Relevance and Alignment</th>
<th>Viability and Economies of Scale</th>
<th>Alignment to key categories</th>
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<tr>
<td>1</td>
<td>Pune’s Vision for Streets Puts Children First</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>2</td>
<td>Sensory park in Chennai</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>3</td>
<td>Smart streetlights making the city safer in Pune, India</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>4</td>
<td>Responding to COVID-19 - Learnings from Kerala</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<tr>
<td>5</td>
<td>Municipality of Lima conducts telephone monitoring and activated network that cares for and monitors the health elderly and disabled adults</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6</td>
<td>Greater Manchester develops a symptom tracker to support care homes in the fight against COVID-19</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7</td>
<td>School grounds to reopen to the public starting June 20 in Taipei City</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>8</td>
<td>Mental health services and support for Incheon citizens during the COVID-19 outbreak</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
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<tr>
<td>9</td>
<td>Accompaniment and support to the elderly through the Local Telecare Service</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>10</td>
<td>Secretariat of Justice launches campaign that invites people to help the elderly in daily activities</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>11</td>
<td>Cancun’s cartographic micro sectorisation for identifying and prioritizing attention to groups of people at risk</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>12</td>
<td>Development of bike lanes and other movement and transport measures in Bogota</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>Case Study</td>
<td>Relevance and Alignment</td>
<td>Viability and Economies of Scale</td>
<td>Alignment to key categories</td>
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<tr>
<td>13</td>
<td>Pop up bike lanes, Berlin Germany</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>14</td>
<td>Issuance of curfew passes to the caregivers for Persons with Disabilities during the lockdown in Tamil Nadu</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15</td>
<td>COVID-19 Free counselling support to Persons with Disabilities / Parents</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>16</td>
<td>Work undertaken by Samarthyam during the Covid-19 outbreak in India</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>17</td>
<td>What the Post-Pandemic Hospital Might Look Like</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>18</td>
<td>Shift Architecture Urbanism designs social distancing into the food market</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>19</td>
<td>Ponti Design Studio creates driverless tram concept for Hong Kong post-Covid</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>20</td>
<td>Arrival launches an electric bus with features to help people travel safely following the pandemic</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>21</td>
<td>Post-CoVID housing for new city in China</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>22</td>
<td>London, New York, Paris and Milan give streets to cyclists and pedestrians</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>23</td>
<td>Park helps Liverpool’s restaurants reopen during social distancing measures</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>24</td>
<td>Foster + Partners shares architecture challenges for children during the lockdown</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>25</td>
<td>Social-distancing picnic blanket for life after the lockdown</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>26</td>
<td>To Rethink the School Run, Get Rid of the Cars</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>27</td>
<td>Efforts by Samarthyam COVID-19 Collaborative Action by the Government and the Civil Society Organisations (CSOs) / Organisations of Persons with Disabilities (OPDs)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>28</td>
<td>Improvement without barriers</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>29</td>
<td>Persons with disabilities living on their own during the Covid 19 lockdown can now get groceries/food delivered to their doorstep</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>30</td>
<td>Healthcare guidelines for the rehabilitation of homes during Covid</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Image: Volunteer providing home delivery to household during Covid19, Chennai
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Established in 1976, National Institute of Urban Affairs (NIUA) was tasked to bridge the gap between research and practice on issues related to urbanization, and suggest ways and mechanisms to address these urban challenges of the country. For more than 40 years now, NIUA has been the vanguard for contributing to, and at times, building the urban narrative for a fast-evolving urban India. The institution has been actively working towards bringing forth key areas of concern for urban India in order to build the urban discourse at various scales.

It has utilized its competencies in research, knowledge management, policy advocacy and capacity building to address the urban challenges, and continuously strive to develop sustainable, inclusive, and productive urban ecosystems in India. It has emerged as a thought leader and knowledge hub for urban development in India, and is sought out by both Indian and international organizations for collaborations and partnerships for India’s urban transforming journey. NIUA is committed towards aligning its efforts towards achieving the Sustainable Development Goals (SDGs) through all its initiatives and programs.