IN CONVERSATION WITH THE CHANGE MAKERS

Mriganka Saxena and Puneet Khanna from Habitat Tectonics Architecture & Urbanism (HTAU), Delhi have prepared the **"Implementation Framework for Containment Plan for COVID-19 for Indian Towns & Cities (20 April 2020)".** The guiding document prepared by them has been shared with multiple cities and states, stressing the need to delineate containment zones at the micro level to curb the transmission of COVID-19 disease in urban agglomerations. The document also stresses on area specific variations and contextual planning models by the urban local bodies for this 'containment zones' strategy to show favorably on the rising number of cases.

Understanding the evolutionary nature, the document sets out protocols for the long-term, over different stages of relaxation of lockdown and intensities of spread, up to the resumption of normal life after the complete eradication of Covid-19. The document also makes an effort towards addressing the need for different measures on the basis of different typologies and nature of urban fabric in Indian cities. Most importantly, it lays out the guidelines for categorization and colour coding of urban areas based on the intensity of the spread.

We bring to you a comprehensive understanding of the Implementation Framework for the Containment Plan for COVID 19 and future strategies that need to be ingrained in the planning and designing of cities, from Mriganka and Puneet themselves.

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Q.1 In early April, you prepared an Urban Planning Strategy for the Containment of Covid-19 in Indian Cities. We believe this led to the formulation of the Implementation Framework for Containment Plan for Covid-19 for Indian Towns and Cities. Can you tell us about how it all started and the journey so far?

MS: It was immediately after the Janta Curfew that we started deliberating on how we, as urban practitioners, could use our skills and contribute...assist city administrations to deal with the crisis. The lockdown that followed gave us the necessary impetus and over the next week or so we prepared the *Urban Planning Strategy for Containment of Covid-19 through Incremental relaxation of lockdown in Indian Cities*. It was an 'Area' based approach. We believe that the best scale at which to contain the spread is at that of Residential Areas, the origin of all trips within a city. We then went about identifying Residential Area Types (RA)s typically found in Indian cities and established seven different RA Types based on criteria such as population densities, dwelling size, household size, available street widths (for access to services), levels of amenity, demographics etc. These also broadly represented community needs, constraints and existing governance structures such as RWA / panchayats, (or lack thereof), which become essential to our response strategy at these times.

PK: The aim, back then, was to align the WHO framework of intensity of transmission - zero, sporadic, cluster, and community - to RA types and introduce the idea of colour-coding these areas as Green, Yellow and Red for ease of monitoring and management. We really wanted to ensure that in areas with 0 Transmission, pre-emptive measures could be implemented so that unaffected parts of the city could be retained as such and resources could be channelized in affected areas more effectively. This approach would also help in the incremental relaxation of lockdown. Similarly, the aim was to prevent other areas from transitioning into higher levels of spread. The Strategy set out protocols for different RA Types and focused on aligning the allocation of health services, essential supplies, food for the needy and constraints of a specific Residential Area. We really believed that this approach would prepare the city for early detection and timely containment through an agile response strategy. We still do!

Q2. So why did you feel the need to prepare an "Implementation Framework for Containment Plan for Covid-19 for Indian Towns and Cities"?

MS: The Urban Planning Strategy we had prepared earlier was shared widely - with Niti Aayog, Central Ministries, multiple State Governments including Delhi, Gujarat, Rajasthan, Maharashtra as well as City administrations of Ahmedabad, Mumbai, Bangalore etc. Soon after, in early April itself, the Ministry of Health and Family Welfare (MoHFW) released the *Containment Plan for Large Outbreaks, Novel Coronoavirus Disease (Covid-19).* This Plan also proposed geographic quarantine, but recommended large areas spread over multiple blocks of one or more districts as containment zones. We realized this would be really difficult for cities to implement and looking at the way cases were spreading, in the long run would put large parts of the city under lock down. We then decided to extend the approach and recommendations of the Urban Planning Strategy, link it to the MoHFW Plan and clearly define the containment zone at a smaller scale making it easier for the cities to implement it. That gave birth to the *Implementation Framework for Containment Plan for Covid-19 for Indian Towns and Cities.* It set out simplified and clear Monitoring and Containment Protocols for RAs and we ensured that these align with the goals of the MoHFW Containment Plan i.e. ensure social distancing, early detection of cases, testing of all suspect cases, isolation of cases and quarantine of contacts, risk communication to create awareness among public, and enhanced active surveillance.

PK: The Implementation Framework has also been shared widely; even more so than the earlier Strategy. Some of the recommendations made by us were also reflected in National directives and advisories – i) Colour-coding different zones as Red, Yellow and Green based intensity of spread of Covod-19, ii) contextualizing the containment zone for urban agglomerations to a smaller geographical area focused on Residential Colonies, and iii) redefining the Orange / Yellow Zone as a Transition Zone between the Red (areas with confirmed cases) and Green Zones (areas with no new case for 21 days).

Going further, we aimed to help cities to first, define the extents of the 'geographical area' for containment on the basis of RA Types; second, map existing data of positive cases to RA Types to arrive at conclusive trends on the spread of the virus; third, resume economic activity in unaffected parts of a town or city when certain other parts may still be

affected; fourth, roll-out simple monitoring and containment protocols across affected and unaffected parts of the city to stop these from transitioning to higher levels of spread; fifth, roll out operational and management protocols for public transport and intermediate public transport through partial / complete relaxation of lock-down; sixth, put in place Monitoring and Containment Protocols for the long-term, assisting them to forward plan resource allocation and budgetary allowances. This approach would have helped identify successful / unsuccessful models and approaches for different types of localities within a city so that lessons learnt in one city could have helped other cities and states to preempt surges and spikes.

Q3. Is the approach inspired by some literature study or is it purely defined by your experience?

MS: It is really defined by our experience at preparing urban strategies and enabling frameworks for city-level initiatives. Looking at urban issues through a place-based systems approach is what we do. I think it is this very approach that guided us on the Covid containment strategies as well.

Q4. You have also undertaken data analytics to establish emerging trends of the pandemic. Could you please elaborate on the findings and explain how this may alter the approach to the Containment Plan going forward?

PK: Yes, in late May, we carried out analysis of the five cities worst by the pandemic. India had just crossed the mark of 1 lakh positive cases. We analyzed the location of almost 1,600 containment zones in Mumbai, Delhi, Ahmedabad, Chennai and Pune and found out that over 65% lie within RA type 2 (RA 02), i.e. areas such as unplanned colonies, chawls, and housing on plots less than 125 sqm. It is not only about high density; the quality of the built environment and resultant poor living conditions is the crux of the issue. These areas are just not fit for home quarantine or isolation or to practice social distancing.

MS: Administrations are experiencing fatigue now. Resources are scarce; healthcare services, health infrastructure and Municipal funds are stretched. If cities want to be ahead of the curve, our analysis clearly demonstrates that they now urgently need to shift their focus on these higher density unplanned areas to roll out monitoring and containment measures for maximum impact.

PK: If the government were to share the data on the Covid patients, while obviously respecting their privacy, mapping actual cases on the RA types would reveal definitive patterns on the spread of the virus vis-à-vis the residential context. It would also reveal interesting relationship between the patient's age, gender, socio-economic group and the residential area type they belong to. This can help in preempting the spread of the virus, identifying both RA types and potential patients' profile much in advance. We strongly believe that the government's response needs to change from reactive to preemptive and data analysis is the key here.

Q5. As you mentioned, a large number of urban dwellers live in informal / unplanned settlements; areas you define as Residential Area Type 02 in the Implementation Framework. How can the Authorities ensure containment in these dense fabrics?

MS: The protocols we recommend in the Implementation Framework really hinge on pre-emptive monitoring and containment measures and social benefit schemes being rolled out in all such areas, even those unaffected by the virus. This is really important; we cannot ignore RA 02s even in the Green Zones! Local health booths manned primarily by volunteers under the supervision of a small medical team that can conduct biweekly door-to-door visits and provide much-needed health updates is something we strongly recommend. This will help in early detection, timely isolation and quarantine, and prevent these areas from transitioning into higher levels of transmission. Similarly, targeted schemes for social and financial assistance including supply of essential provisions and minimum monthly sustenance allowances is also essential. These areas must also be prioritized for pre-emptive testing for asymptomatic cases. These areas are home to a majority of our lower income workforce. Further increase in spread in these areas will also impact the economy grievously.

Q6. Have you also considered behavioral aspects of various socio-economic groups to prepare the plan?

MS: More than behavior, I would say, it is the 'type' and quality of built environment and the day-to-day lifestyle it imposes on people, is what has been considered. Let me explain myself – A large number of these unplanned high-density areas have common bathing and toilet facilities. This building 'typology' compels you to step out of your private habitable space, negating the very premise of home

quarantine. Similarly, the extreme lack of public open space, forces people to use the narrow lanes within these localities as areas of congregation; again, making social distancing an impossibility. The Monitoring and Containment Protocols address such specificities across all RA Types.

Q7. How can the master plans of cities address future pandemics and strategize towards building resilient cities?

MS: I truly believe that pandemics is not the issue that city Master Plans need to address. It is the failure of urban planning! The pandemic is the wake-up call. Our cities are literally bursting at their seams and simultaneously crumbling within. Legislative and regulatory frameworks across scales - national, state and city – must be reviewed and revised to ensure systematic realignment and rehabilitation of urban densities. Within this larger framework, city masterplans need to strategically prioritize and actively enable the urban renewal of these unplanned areas. It is not easy. Redevelopment schemes for such areas are some of the most challenging to plan and implement. But cities do not have a choice! And, city Planning Authorities and Departments and professionals like you and me need to step up to the challenge and play our part.

Q8. What is the way forward?

PK: In the short term, I believe there is still time for cities to course correct. A place-based granular approach is the way forward. Cities must start linking data of positive cases to specific RA Types to identify their priority areas and roll out preemptive monitoring and containment measures. Our analysis suggests that the focus should be on unplanned colonies and weekly monitoring of such areas and an accordingly agile response strategy, can change the narrative for Municipalities. ▪