

Research Article

Emmanuel Osuteye*, Braima Koroma, Joseph Mustapha Macarthy, Sulaiman Foday Kamara, Abu Conteh

Fighting COVID-19 in Freetown, Sierra Leone: the critical role of community organisations in a growing pandemic

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Abstract: As the COVID-19 pandemic spreads in Africa, attention is increasingly shifting to the potential and ongoing impact on informal settlements, which face considerable challenges around the implementation of conventional control measures of social distancing, hand washing and self-isolation. In Freetown, Sierra Leone, residents of informal settlements have relied on local community organisations and groups, and their resourcefulness to provide essential preparedness, response and on-going support to alleviate the public health and economic risks associated with the effects of the COVID-19 outbreak. This is also premised on lessons drawn from dealing with previous epidemics, notably the Ebola virus disease in 2014–2015.

This paper will explain the nature and form of community organisation that can be galvanised and leveraged for COVID-19 preparedness and responses that are suited for informal settlements. Secondly, it highlights the critical contribution of community organisations in social protection measures that tackle deeply entrenched inequalities in rapidly urbanising contexts. Finally, the cases examined seek to provide evidence of the value of processes of continuous learning within community organisation that are essential for both humanitarian assistance and emergency management. Although situated in Freetown, the broad lessons drawn are relevant for urban-poor com-

munities and informal settlements in many urban African centres.

Keywords: coronavirus, informal settlements, community organisations, urban health, Africa

1 Introduction

The shift in attention to the rapid spread of the COVID-19 pandemic in Africa is largely premised on the fact that health systems in many countries are already stretched thin and will be quickly overwhelmed [1–3]. In Sierra Leone, the mention of the ongoing coronavirus pandemic is a sour reminder of its recent brutal battle with the Ebola Virus Disease (EVD) in 2014–2015 [4,5]. And similar to Liberia and Guinea that were the other epicentres of the epidemic in West Africa, years of underinvestment in the healthcare systems exposed both the limited capacity to respond to the emergency and the vulnerability of people living in informal human settlements [6–8]. There were not enough surveillance systems, response capabilities, public health infrastructure, or diagnostic capacities in place. Other challenges were posed by limited resources, inadequate understanding of the health threats and an overstretched health workforce. In informal settlements, the burden was disproportionately borne by children and women (especially pregnant women) owing to their higher susceptibility to the disease [4], as well as their vulnerability to the harsh environmental conditions [9–12]. Critical challenges ranged from the shortage of health workers, limited financing, lack of information and limited medical supplies to inadequate knowledge on how to deal with the disease. Again, women and children were disproportionately affected given the substantial reduction in health care utilization especially in the area of maternal health delivery, vaccination coverage and malaria prevention

*Corresponding author: Emmanuel Osuteye, The Bartlett Development Planning Unit, University College London, 34 Tavistock Square, London, WC1H 9EZ, United Kingdom, e-mail: e.osuteye@ucl.ac.uk
Braima Koroma, Joseph Mustapha Macarthy, Sulaiman Foday Kamara, Abu Conteh, Sierra Leone Urban Research Centre, 17A Hill Cot Road, Freetown, Sierra Leone, e-mail: bkoroma@slurc.org (BK), jmacarthy@slurc.org (JMM), skamara@slurc.org (SFK), aconteh@slurc.org (AC)

among children [7,11]. Similarly, the epidemic adversely affected the treatment of chronic diseases, as limited state resources were diverted to fight the health emergency [13]. Overall, the scale of the EVD outbreak severely compromised health systems in Sierra Leone [7,14].

Some improvements have since been made to surveillance systems and reporting mechanisms, and the National Disaster Management Department has been empowered to operationalise emergency response systems [15]. The government of Sierra Leone, with support from the World Bank, launched a National COVID-19 Emergency Preparedness and Response Plan [16], which focused primarily on strengthening surveillance at the three official points of entry even before the country recorded its first case on 31st March 2020. These helped delay the onset of the pandemic and bought vital time for other, centralised government responses.

However, the level of epidemiological vulnerability in the city and their drivers are still not well understood due to data paucity [17]. There is also a limited knowledge on how households are affected by the “double burden” of disease [17] especially in many cases where COVID-19 occurred alongside other protracted health conditions (such as cardiovascular disease, hypertension, diabetes, chronic respiratory disease, and cancer) which are of growing significance in urban areas because of age, poverty status, lifestyle, and living conditions. The detailed impacts of the interactions between chronic and infectious diseases in Sub-Saharan Africa as a whole are largely understudied, particularly in informal settlements where such protracted ailments tend to go unnoticed by healthcare systems [14,18].

Overall, the status of healthcare provision in Freetown remains weak due to the limited scale of infrastructural improvements since the EVD epidemic in Freetown, gaps in technical capacity, as well as ongoing challenges of affordability and accessibility, particularly for the urban poor [8]. Based on this knowledge, this paper seeks to provide a deep dive into how informal settlements in Freetown have coped and to further demonstrate the utility and resourcefulness of community organisations in the COVID-19 fight. More broadly it contributes to the discourse on the repertoire of community-based practices, innovations and interventions as entry points into the understanding of disaster and health risk management in informal settlements in Africa. In the context of COVID-19 responses, it provides an empirical demonstration of how community-based organisations reduce vulnerability and increase capacities of residents, minimise suffering and contribute to recovery from its impacts.

2 COVID-19 in Sierra Leone: another burden for the urban poor

Sierra Leone has recorded relatively few COVID-19 cases – 2,406 cases recorded out of 68,530 tests conducted as of 24/11/2020 [19] and was one of the last on the continent to confirm an index case. The low case numbers can be attributed to limited national testing capacities (only three laboratories nationwide), low staffing levels and weak health referral systems [19].

As in many other countries, urban centres are already bearing the biggest burden and informal settlements residents living in precarious housing conditions on marginal lands, which often lack basic services are at even greater risk [9,20–22]. They are trapped within different cycles of health, environmental and socio-economic hazards which severely impact the health outcomes [23–25] of rapidly expanding cities that have fallen behind on adequate planning [26]. These settlements also typically develop outside the legal systems intended to record land ownership and tenure and enforce compliance with regulations relating to planning and land use, built structures, and public health and safety [27]. Residents of informal settlements in Freetown were hardest hit by Ebola and other seasonal, recurring health risks [28]. In the face of COVID-19, vulnerabilities of informal settlements are even more apparent, because of the impracticality and unaffordability of conventional mitigation measures such as social distancing, self-isolation and regular handwashing due to overcrowding and limited access to safe water and adequate sanitation facilities [29–31]. The projected urban impact of COVID-19 is very dire, especially since over 35% of the city’s population live in very dense clusters (Figure 1).

Despite the known vulnerabilities of informal settlements, the resourcefulness of residents has yet again been brought to the fore in dealing with the threat of COVID-19, particularly in mobilising initial collective responses and initiatives as the first line of defence in the fight against the virus [32]. Initial reports from Kenya, Malawi, India and several other countries with existing local groups and networks such as those belonging to the Slum and Shack Dwellers International (SDI) network highlight the critical role community groups play in managing everyday disaster and health risks and protecting the most vulnerable [33,34] in the wake of the growing pandemic.

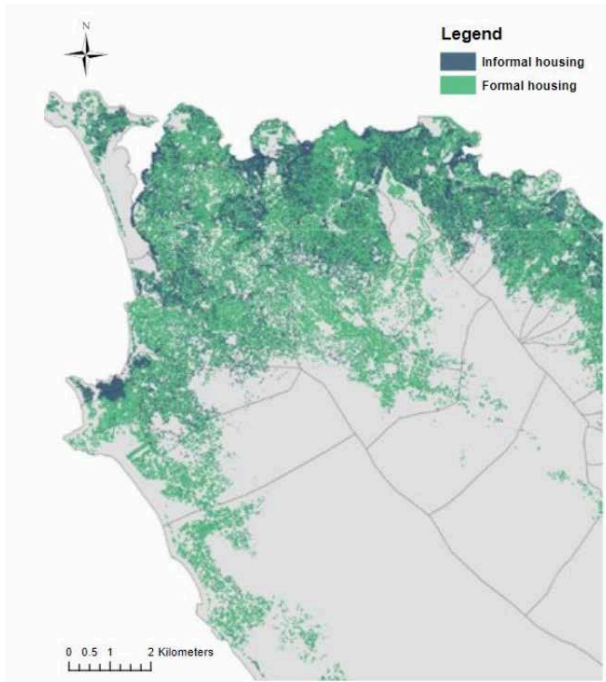


Figure 1: Distribution of formal and informal housing types across Freetown. Source: World Bank, 2019.

3 Methodology: assessing community organisations in informal settlements

Informal settlement residents have considerable agency on the ground [31,35,36] through elaborate and well-organised systems and structures, that have become the backbone of several interventions done locally which bridges development and disaster risk reduction gaps in urban areas [25,27,37]. They have different levels of leadership and agency and able to collaborate and co-produce responses to local needs, and this capacity could be harnessed to help with necessary COVID-19 interventions [38]. Additionally, they maintain strong social networks within communities and with external service providers (e.g. NGOs and government) which they have used to their advantage to meet basic needs like water resources.

In Freetown, the Federation of the Urban and Rural Poor (FEDURP) and the Centre of Dialogue on Human Settlement and Poverty Alleviation (CODOHSAPA) have been instrumental in providing and facilitating leadership of community groups, particularly in informal settlements in Freetown. The FEDURP is an urban grassroots organisation of more than 7,000 individuals from Freetown’s informal settlements, which is supported by CODOHSAPA that provides technical assistance and bridges the gap between

the government and the communities. Together, the two organisations have a common mission to “empower urban poor communities to improve their social, economic and environmental conditions by creating spaces and opportunities through collaborative actions to champion their own transformative and development agenda” [39]. The Freetown Federation is a member of the global SDI network, which is committed to empowering poor residents in urban spaces [40]. The SDI network has spearheaded several initiatives that provide promising practices that increase the resilience of the urban poor. SDI activities include forming savings groups, peer-to-peer exchanges, community profiling, enumeration, and mapping of informal settlements [40,41]. They also implement disaster-risk reduction strategies to respond to local risks such as flooding and landslides, deliver training for community fire preparedness, and collaborate with local governments to advocate for other community-led processes. In Freetown, FEDURP and CODOHSAPA were critical in fighting the Ebola outbreak, and have since played a gradual but increasing role in the city’s development vision, especially through engaging with the Freetown City Council (FCC) and the Office of the Mayor. FEDURP, with the support of CODOHSAPA, coordinates Community Development Committees (CDC) and Local Networks of Savings Groups and Community Disaster Management Committees (CDMC) in nearly all the informal settlements in the city, as well as working with the Community Health Workers (CHW) that are endorsed by the Ministry of Health and Sanitation (MoHS) to strengthen the link between communities and the formal health system [42].

Both CODOHSAPA and FEDURP work closely with the Sierra Leone Urban Research Centre (SLURC) which is a globally connected research centre that produces knowledge for policy, planning and advocacy on urban Sierra Leone. SLURC also builds the capacity of urban stakeholders and fosters knowledge management with the intent of improving the wellbeing and living conditions of marginalised populations in Sierra Leonean cities and towns [43]. SLURC has also played an important role in curating spaces for continuous learning and relationship-building between FEDURP and community residents, including the formation of “Community Learning Platforms” (CLP) for mixed groups of community actors [44] to collectively build their capacities to address urban risk. One of the main activities of the CLP is to support interventions by the local authority and other local-level actors working in informal settlements to improve the wellbeing of residents. The different stakeholders that participate in the CLP work together towards common goals and take on

responsibilities to respond collectively to diverse challenges faced by the rapidly urbanising Freetown.

We draw on the work of SLURC, conducted in partnership with the FEDURP and CODOHSAPA over the last 5 years in advancing pro-poor policies and practices for selected informal settlements in Freetown which provides a contextual knowledge of informal settlements [45]. We also rely on a series of studies conducted by SLURC to assesses the major health determinants, patterns and effects that impact informal settlements in Freetown, as well as the existing practices and community mobilisation that have developed especially in the post-Ebola context of the city [9,44,46] and expand on initial reflections captured as part of this study [47]. We argue that it is imperative to further highlight and contribute to the discourse on the resourcefulness and agency within informal settlements since top-down strategies to address health and environmental risk are likely to ignore the often-robust social groups and knowledge that already exist [31,38].

The study leverages in particular on FEDURP and CODOHSAPA's trust they have built with residents over the years of working together in the selected communities and their leadership enjoys broad support and integration within the communities. They served as the entry points into the settlements through their activities, and collaborations with other community organisations such as that of the CLP, CDMC and CDCs. In the advent of COVID-19, the entry points include the established work of community organisations and their engagement of residents in sensitization campaigns on hygiene practices, mobilisation and distribution of relief items including food, the management of information and dissemination in the settlements, and they serving as liaisons between the local government authorities and residents.

In addition to providing contextual knowledge of informal settlements, we base our argument on qualitative research and interviews conducted between February and April 2020. Our research covered three distinct phases: the first, when the government declared an official state of emergency, the second, when an official lockdown was enforced, and the third, after the index cases of COVID-19 were recorded in urban Freetown. The research was conducted in 6 selected informal settlements: Portee Rokupa, Palmoronkoh, Cockle-Bay, Oloshoro, Thomson Bay and CKG (Crab Town, Kolleh Town and Grey Bush). The settlements were purposively selected based on our experience of working in informal settlements in Freetown, having worked in the six settlements for over four years and being already familiar with the health and wellbeing challenges faced and the kinds of community-level structures present. All six settlements have common features of informality –

all are unplanned and densely settled with poor housing conditions, all lack basic services and laid-out streets, and all are disaster-prone [26], causing severe accessibility problems for any formal health systems' responses, and therefore all rely on the propagation of community-led strategies (Figure 2 and Table 1). These settlements were also selected because they have persistently suffered some of the worst forms of disaster events faced by the city. They were the hotspots for some of the notable health emergencies in Freetown, including the 2012 cholera epidemic and the 2014–2015 Ebola outbreak [48–50]. At the time of writing, only four of the settlements had confirmed COVID-19 cases – Cockle Bay, Portee-Rokupa, Thompson Bay and CKG. Although the remaining two have no officially recorded cases, the overcrowding and unsanitary conditions puts them at high risk of the disease, with great prospects of serving as hubs for its transmission. Therefore, the study of these settlements not only presented a picture of the COVID-19 situation in Freetown but allows for a detailed contextual understanding of community-level actions in response to the pandemic, especially during the critical official lockdown. The key informants in this study were the leadership of FEDURP, and the leaders of the various CDC in the selected settlements. Additionally, the leaders of various CBOs, namely the Foundation for the Future (FFF) in Cockle Bay, the Portee Environmental Youth Organisation, the Millennium Youth in Portee-Rokupa, and the Palmaronkoh Philanthropic Group, were also interviewed. Finally focus group discussions were organised with members of the various Community Development Management Committees, members of the CLP, Councillors and Ward Development Committee (WDC) Members. The selection of these key informants was based on their first-hand knowledge of the issues and involvement in health and disaster management activities and specific roles played in the advent of COVID-19.

4 Raising the first line of defence: community responses to COVID-19 in Freetown

Based on observations, interviews and qualitative research carried out in the six informal settlements, our findings confirm that community organisations in Freetown play a number of vital roles on the ground as the country adjusts to the reality of dealing with COVID-19. These findings feed into the annotated reflections below, by highlighting three critical contributions of community

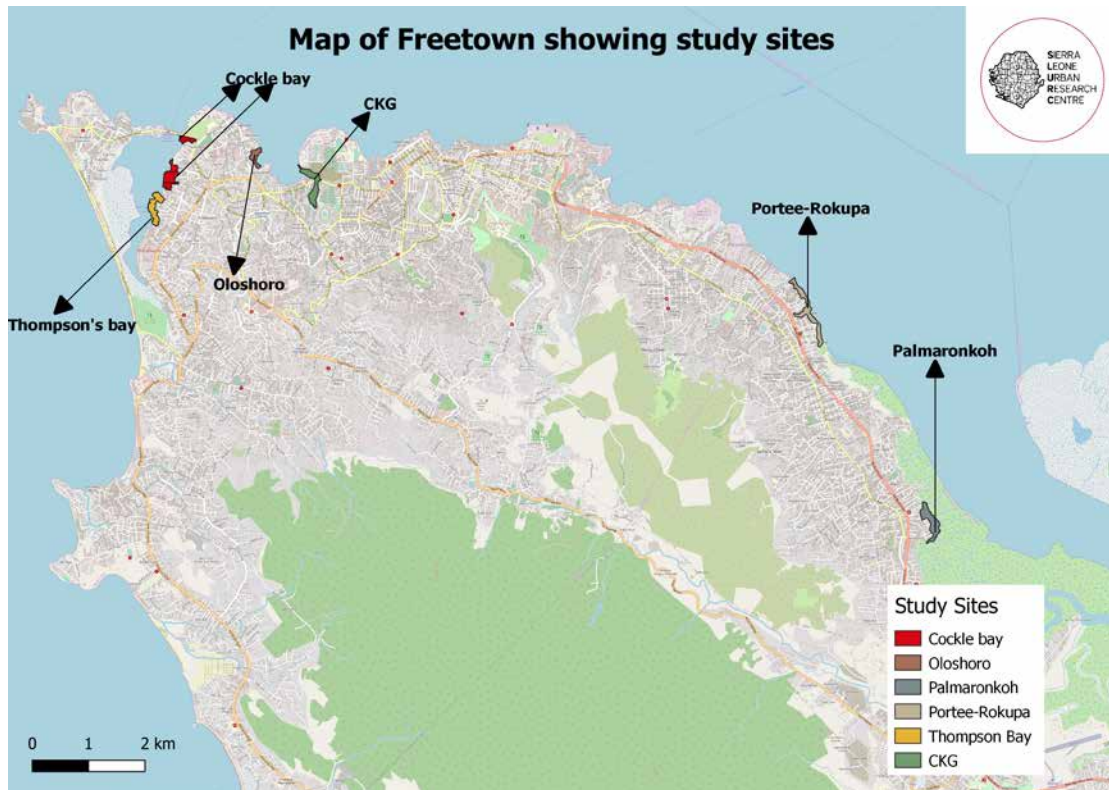


Figure 2: Map of Freetown showing the various study sites. Source: Authors, 2020.

organisations aimed at minimising the spread and effects of the pandemic.

4.1 Managing information

Community groups perform the very useful job of sensitisation and awareness creation efforts and have been instrumental in designing, managing and disseminating information about COVID-19 and its appropriate mitigation. This was done at a very early stage in the pandemic to bridge information flows from official government channels and residents. In all six communities studied, information about COVID-19 was curated from diverse means, including official health channels (World Health Organisation [WHO], MoHS, radio and TV channels). Some community groups like FFF in Cockle Bay, process and reproduce information from the MoHS and WHO websites, and disseminated print outs to community residents. In Portee-Rokupa, respected community traditional leaders and elected councillors have evolved as trustworthy sources of information and residents depend on them for regular updates from MoHS and other health professionals. Practical information about social distancing, the use of face masks, and the need to inform health workers

when COVID-19 symptoms are noticed are further disseminated throughout the community by residents themselves through their local networks, and done predominantly by word of mouth, moving from house to house. As well as through mass dissemination via the social messaging tool “WhatsApp”, which many people already have access to and are conversant with. This task of information dissemination is also championed by the FEDURP coordinated CDMCs and the MoHS supported CHWs, that are stationed within the communities. The CDMCs and CHWs disseminate information with limited support from outside, displaying flyers with COVID-19 prevention information, and using mobile public address systems to educate community residents.

The growing liaison between community groups, particularly FEDURP and the government (MoHS) has been particularly well received and is in itself seen by the community groups as a more effective means of utilising their potential and agency. FEDURP asserts its leadership role in this regard:

We want to take charge of information dissemination about COVID-19 in the informal settlement in Freetown because we want to enhance clear messages as we are able to coordinate with other community structures like CDMC, CHW, WDC, CDC and CBOs to do this. (FEDURP Executive)

Table 1: Brief description of study sites. Source: Summarised from Macarthy *et al.*, 2018; SLURC data and FEDURP interviews

Informal settlement	Brief description	Hazard and risks	Health and wellbeing impact
Portee-Rokupa	Portee-Rokupa was formed out of a merger of two fishing communities (Portee and Rokupa) and is located in a small bay along the eastern coastline of Freetown and surrounded by a cliff. Owing to housing shortages, most of the 6,000 residents resort to traditional land reclamation.	Poor housing conditions (predominantly “pan bodies”- made from corrugated iron sheets and wooden planks), flooding risks, erosion, illegal waste dumping, poor sanitation, loose boulders from cliffs, fire outbreaks (mainly from improper fuel storage), and occupational risks, (e.g. marine accidents for fisherfolk).	Poor access to water and sanitation account for frequent waterborne diseases. Eye and skin irritations caused by smoke from open incineration of waste and excessive salt exposure during fishing activities. Loss of assets from fire outbreaks.
Cockle-Bay	Cockle-Bay is located on the shores along the Aberdeen Creek in Western Freetown. This is one of the largest informal settlements, characterised by people squatting on environmentally protected wetlands and reclaiming land for housing. The low-lying terrain exposes its 20,000 residents to flooding.	Poor housing (predominantly “pan bodies”- made from corrugated iron sheets and wooden planks), poor drainage systems, flood risks (from heavy rains, tidal waves and sea-level rise), land erosion, poor sanitation, risk of building collapse (due to sand mining and land reclamation), and fire outbreaks.	Limited access to sanitation services accounts for the high rate of waterborne diseases. Threats of eviction from authorities. No healthcare service available within the community. Loss of assets from frequent flooding events.
Thompson Bay	Thompson Bay is located on the shoreline of the Aberdeen creek approximately 10 km from the city centre. The entire community of about 6,000 residents is situated on a wetland that has been reclaimed (“banked”) over the years for the construction of homes. The land is 100% state-owned, so tenure is insecure.	Poor housing (predominantly “pan bodies”- made from corrugated iron sheets and wooden planks), weak communal infrastructure, limited access to water and sanitation services, flood risk, poor waste disposal and fire outbreaks.	High occurrence of waterborne diseases, limited access to health services, frequent displacement from seasonal floods and loss of assets, and frequent threats of eviction.
Crab Town, Kolleh Town and Grey Bush (CKG)	Situated in the historic centre of Freetown, CKG is a merger of three informal settlements – Grab Town, Kolleh Town and Grey bush. The community lives in shanty houses bordered by the Congo River and the Atlantic Ocean. The settlements have an estimated population of 2,100. Much of the land has been reclaimed along the river, and a gradual expansion into the nearby dumpsite is happening at a slow rate. The lack of urban planning and housing has contributed to a very high density of housing in CKG, especially in the areas of Crab Town and Kolleh Town.	Fire risks, poor sanitation, ecological damage, poor drainage, waste accumulation, unstable infrastructure (e.g. damaged main footbridge within the settlement and weak storm drains).	Complaints of respiratory problems from pollution from the dumpsite and smoke inhalation from open incineration at the dumpsite. Incidence of waterborne diseases. Limited access to water and sanitation services. Mobility challenges during heavy rainfall.
Oloshoro	A coastal community of over 2,000 people, Oloshoro is located in a disaster-prone area nearby Murray Town. It is characterised by many makeshift structures built on reclaimed land and lacks basic services and infrastructure. There is no access to the electricity grid, sanitation is poor, there are no medical centres, and residents have very little access to clean drinking water. About 90% of the community residents are unemployed and live on less than US\$1 per day.	Officially designated disaster-prone area. Occurrence of landslides related to land reclamation, flooding, erosion, rockfalls, poor sanitation and open waste dumping.	Common occurrence of waterborne diseases and no healthcare facility within the community. Limited access to drinking water and electricity, poor housing conditions and high levels of unemployment. Frequent displacement from seasonal floods and loss of assets.

Table 1 (continued): Brief description of study sites. Source: Summarised from Macarthy et al, 2018; SLURC data and FEDURP interviews

Informal settlement	Brief description	Hazard and risks	Health and wellbeing impact
Palmaronkoh	Palmaronkoh is situated on the eastern coast of Freetown near Calaba Town. Many houses are constructed on reclaimed or “banked” land. It has a population of over 6,000 people with 38% classified as youth. Many young people in the community engage in fishing and processing of oyster shells to produce “whitewash” used locally for painting.	Disaster risks related to land reclamation (landslips and flooding), poor housing structures (predominantly “pan bodies”- made from corrugated iron sheets and wooden planks), weak communal infrastructure (particularly main access footbridge).	High rates of youth unemployment, unsafe water sources and limited sanitation services, frequent waterborne diseases such as incidences of malaria, pneumonia and other upper respiratory infections from “whitewash” powder making and related livelihoods.

Furthermore, the growing liaison and engagement are regarded as a means of legitimising their presence and potential to manage grassroots information dissemination and other COVID-19 mitigation practices. As noted by one organisation’s executive:

We are now happy that most government officials have recognised that it’s not only councillors in the community, we also have various other local structures in the community like traditional leaders, religious leaders, community development groups. Whenever, they have a meeting about anything in the community they call all the groups in the meeting. (Executive, Palmaronkoh Philanthropic Group)

The proactive information dissemination on COVID-19 builds upon an important lesson learnt from the management of the Ebola outbreak, where unfortunately the void in information flows led to the spread of misinformation, distorted health messages and even created panic in communities. With this in mind, community groups have aimed to dispel rumours and misinformation and enhance coherent messaging about COVID-19. In Portee-Rokupa, a loose alliance of all CBOs formed during the Ebola response was reactivated and renamed Portee-Rokupa Corona Response Team, specifically tasked to address misinformation. It has become necessary for communities in Freetown to understand that COVID-19 is a deadly pandemic, but at the same time appreciate that it is not the same as Ebola. Negative messaging such as “Ebola kills” was found to be counterproductive [51–53] and there was the need for more targeted engagement that was geared towards behavioural change. In Cockle Bay the need to address false information was identified as one of the foremost priorities to be championed by the local youth group, FFF which was proactive in designing programmes to respond specifically to that need.

Well, for FFF, we have organised some awareness and sensitization campaigns about the pandemic in the community, and we are identifying and showing them facts to dispel fake information about corona. (Executive, FFF, Cockle Bay)

The critical role of youth groups in community-led COVID-19 responses has also been identified in recent reports from Nigeria, Ivory Coast, Mozambique and Kenya, taking on a variety of initiatives ranging from information management to crowdfunding sanitation projects [54].

In Palmaronkoh, a health expert was invited to provide training for all community stakeholders including representatives of “ataya” bases (communal spaces for socialisation and drinking of tea), social clubs, women’s groups, etc., to dispel COVID-19 related myths. The critical focus in these endeavours has been the need to ensure that information is transmitted in a clear and accurate manner. The FEDURP has played a central role in sourcing and verifying information online from the two approved government channels and translating them into the local language for community dissemination, thereby bridging the digital divide for many residents. Consequently, daily updates are shared by the WDC through designated WhatsApp groups for those with smartphones access, and verbally to other community residents who would ordinarily not be able to access information through social media.

4.2 Dealing with ground-level politics and power relations

It has become apparent in disaster management efforts, especially in urban informal areas, the need to recognise and address local-level politics and dynamics that would be affected by any intervention [46]. In Freetown, community leadership is a multi-layered construct ranging from traditional, religious leaders to elected representation, and reflecting the authority to which different constituents

subscribe [36]. Because of the multi-layered leadership, trust often depends on positionality or specific circumstances. For example, because chiefs are often regarded as old, uneducated, with limited networks with the National Emergency Response Centre (NERC), residents in Cockle Bay and Oloshoro do not trust their knowledge of COVID-19 related information. They rely mainly on the CDC and the WDC leaderships for information. The WDC in Cockle Bay, headed by the councillor, is more trusted because he is privy to first-hand information from FCC and official government channels. The CDC chairman in Oloshoro is believed to be well connected within the FEDURP structure itself as a national executive, and has regular external relations with the Office of National Security (ONS) and FCC. A recognition of the diversity and power dynamics of the different types of local leadership is essential for effective crisis management, as their authority can be leveraged upon for compliance and enforcement functions. This has been useful in Freetown as religious leaders have been instrumental in enforcing the closure of public worship sites as part of crowd control and social distancing measures.

Community organisations have also effectively mediated the activities of security agents and frontline health workers performing contact-tracing and reporting functions in informal settlements. The partnership has raised the confidence and trust of residents in these external surveillance activities and allowed for their smooth functioning [15]. This is seen in the police recently engaging the CDC and the Philanthropic Group in Palmoronko to help enforce social distancing at public spaces like water access points and “ataya” bases, and restrict movement during the official lockdowns. This is a very important observation as in Freetown, the NERC primarily partnered with the police service to conduct contact tracing and also to enforce the lockdown mobility restrictions. The presence of the police in an informal settlement can be unsettling and a tense encounter for most residents, but the partnership with community organisations whom they can identify and trust, made it feasible. Also, the groups eventually took over some of the enforcement functions mandated to the police.

The police cannot ensure proper lockdown measures without our help. It is us who also ensure social distancing measures are followed at water points during lockdown. (Executive, Palmoronkoh Philanthropic Group)

The reception and effectiveness of the contact tracing efforts within the settlements are also attributable to representatives of the community organisations speaking up

against negative comments and dealing with situations of blame and stigma when particular people or households were identified in the process. This intervention was particularly important as the dense housing conditions and communal ways of living meant that contact tracing was quite an open door-to-door activity and devoid of strict anonymity. The importance of dealing with stigma within communities targeted at active and recovered patients and their families, and even for those with unconfirmed cases but in quarantine, has been highlighted as a critical spoke in the management of COVID-19 in other African countries [55,56]. Stigma has severe consequences on people’s mental health, wellbeing and even on future employment and livelihood opportunities, and remains a barrier to prompt testing and treatment [57,58]. The enormity of this challenge will only grow as the pandemic lingers, and community organisations role in that regard remains crucial across the continent.

In Portee Rokupa, the NERC partnered directly with the traditional authorities to help with contact tracing within their community. This marks a departure from the other settlements where community organisations played this role and is a recognition of the strong sense of universal support that the traditional leaders command there, as well as their ability to diffuse tensions and misconceptions arising from the activities of external agents on the ground. This change in tactic highlights the diversity of power dynamics, especially between known community organisations leaders, and traditional authorities when it comes to mobilising support for interventions. This needs to be duly taken on board in planning sustained actions and any other planned interventions in other informal settlements.

4.3 Initiating and sustaining humanitarian efforts

Community organisations have played a critical role in providing assistance to the most vulnerable in the settlements. They have been able to internally mobilise funds to provide potable water for drinking and other domestic uses, particularly during the periods of official lockdown and restricted movement. For instance, in Palmoronkoh and Portee-Rokupa, the pooled financial resources were used to purchase and fill water tanks (two 2,000 litre and one 10,000 litre, respectively) placed in accessible areas of the communities. Similar efforts in Thomson Bay and Oloshoro meant that public water points were now more accessible and residents did not have to leave their settlements or travel long distances for water. Addition-

ally, the local organisations planned and implemented a household quota system for water distribution, with due regard for the elderly and people with disabilities. As well as enforcing strict crowd controls at the water points to conform with social distancing protocols.

The local collective “Portee Ebola Response Alliance Volunteer” (PERAV), established during the EVD outbreak in Portee Rokupa, was revived and they mobilised themselves to provide support to INGOs and MDAs, such as the MoHS, Police and the local WHO office, with contact tracing, and quarantine processes.

The FEDURP and CODOHSAPA have played a critical role in liaising with external support agencies and coordinating relief and support. As part of the Freetown Mayor’s COVID-19 response framework, the FEDURP was identified to support the distribution of relief items meant for selected informal settlements [59]. The FEDURP, through the activity of community learning platforms, coordinated responses such as hygiene awareness promotion campaigns among residents in the informal settlements. They also worked with the ward development committees/councillors to assess and identify vulnerable residents such as the aged, female-headed households, people living with disabilities that may become beneficiaries of any extra or specialised support.

Through the support of the FCC and the NGO GOAL Sierra Leone, the FEDURP managed to establish community kitchens in Portee-Rokupa, Crab Town, Kolleh Town and Grey Bush (CKG) and Cockle Bay. These kitchens were fully operated by women and drew on their culinary skills and abilities to internally mobilise their collective labour. And they provided food parcels to residents during the period of official total lockdown. Community kitchens have been used as critical social initiatives to meet food security particularly in the events of emergencies and in the wake of COVID-19 have become increasingly popular in urban poor communities in many African and Latin American countries [60,61]. The establishment and use of the community kitchens do, however, go further than the distribution of relief, and are seen as “sites of solidarity” [62] and community mobilisation in times of crisis. This is particularly important as the pandemic lingers, as there will be a need for community organisation to become more creative, navigate the complex spaces of mobilising resources and identifying and meeting the needs of the most vulnerable. The partnership with the Mayor’s Office in the community food kitchen initiative has demonstrated one way in which local knowledge is being recognised and valued by city authorities, and how that is useful in addressing the impacts of COVID-19.

Furthermore, community organisations through their partnerships with other external agencies have progressively assumed an active and dynamic role in humanitarian relief efforts, bringing about a shift in the notion of poor communities being merely helpless recipients of aid. For instance, CODOHSAPA has become the main implementation partner of the INGO “Y Care International” in identifying and delivering support and financial buffers to informal settlement residents whose livelihoods have been adversely impacted by the crisis.

What is noteworthy, in the above examples is the adaptability, flexibility and ingenuity demonstrated by community organisations in providing critical services that were non-existent or inadequate in the face of COVID-19. Despite the successes at scale, there remains, however, significant room to enhance the capacity of community organizations to scale up their actions. Beyond the collaborative potential demonstrated through work with the FCC, there is a need for the express recognition of their roles by the central government agencies and authorities, and galvanising that recognition to channel resources to informal settlements across the city. For instance, as the pandemic persists, the FEDURP still reports of a gap in capacity within their ranks for the ongoing need to interpret, update and share health information across the tens of informal settlements, as well as a need for tools that could enhance and expand their roles as community gatekeepers and to perform health screening and surveillance checks, such as temperature checks. These are specific resources that the central government could readily deploy for the immediate benefit of community residents. There is equally a need for increased recognition of the agency of community organisations through the partnership and work of NGOs and other external support agencies. This is required to sustain the efforts of the community organisations, build further capacities, and disrupt the fragilities of NGOs working in silos. NGO’s and external support agencies are critical partners in promoting and enhancing further the visibility of the work and agency of community organisations. The situated work of NGO’s and external agencies within informal settlements albeit commendable needs to be meaningfully designed and delivered with community actors to create the shift for people-centred solutions that challenges like COVID-19 need, starting with the sustainable provision of water and sanitation services in informal settlements in Freetown. Furthermore, there also remains the on-going challenge of including community ideas, inputs or tried solutions in the government’s broader development planning and disaster response.

This calls for progressive negotiations with the government that builds on the need for recognition of the resourcefulness of communities, and the opportunity to co-produce both knowledge and relevant services with them. The FEDURP has taken the lead particularly through its work with the FCC and its implicit image of credibility and track record of community representation. The responsibility also now rests on FEDURP to work to maintain representation, inclusion and coverage of its activities in the other informal settlements across the city, building on the diversity of other grassroots actors, networks and non-federated groups in the fight against COVID-19. Overall, COVID-19 has opened up a new opportunity for community organisations to step up and become more visible.

5 Conclusions

From this brief study, the resourcefulness, strength and value of community organisations in Freetown cannot be overlooked in the fight against COVID-19. Community-based initiatives are empowering to members of the various organisations, as well as to residents and provide an avenue of collective learning, both as an objective exercise (through training and capacity building activities), and from the lived experience of working together in the settlements to fight COVID-19. The elaborate networks and structures of community organisations have become invaluable in helping communities in disaster risk preparedness, reduction and related needs as well as in bridging development deficits in the access to essential services such as water and sanitation. Their skills and ability to organise themselves rapidly and tap into the long-term trusted relationships that they have built with the wider community are particularly relevant in dealing with health challenges such as COVID-19. And the utility and versatility of community organisations has become even more apparent and accentuated during periods of lockdown and restricted movement in the city, and the protracted socio-economic burdens that have arisen as a result.

The paper has also highlighted the critical value of understanding and appreciating the sheer diversity within and between informal settlements in urban spaces. The scope and varied focus of existing organisations such as those encountered in this study, in themselves reflect this diversity, as well as their awareness of and involvement of different social identities such as women and youth in targeted interventions. And although there are similar

developmental challenges across informal settlements, the tangible mechanisms for addressing them, both in emergency and everyday situations would require a tacit acknowledgement and engagement of community organisations. In Freetown, this lesson seems to have been learnt through the Ebola outbreak in particular and the study further illustrates profound ways in which community initiatives can generate collective actions to manage health crisis with limited external support. And this is noteworthy, considering the high levels of deprivation in informal spaces in Freetown and the clear risks it presents for COVID-19 transmission (they are often described as incubators of communicable diseases owing to the unsanitary conditions). The concerted and well-coordinated actions of community groups have shown them to be the first responders during health emergencies, and their critical value should be harnessed to address the need for scaled-up rapid grassroots responses to wider disaster risk management in informal settlements. Furthermore, the increased ability of the community groups to work with external agencies, especially the City Council, is proving invaluable in the COVID-19 fight.

More broadly, it demonstrates how community organisations can broker and manage relationships and constructively engage with city authorities to communicate their needs and concerns. Through this, community organisations are cementing their role as vital intermediaries between the state and the people, on matters of humanitarian relief and bridging development deficits. And in that process, the complementary roles in this relationship between officials and community organisations has become particularly useful in bridging the apparent digital divides that stifled proper information management. Furthermore, this value of community groups goes beyond the mere creation of partnerships and reveals a deeper value of knowledge that can be co-produced and leveraged upon, and which is suited for the peculiar configurations of informal settlements. In most of the Freetown settlements, the usefulness of community knowledge in fighting COVID-19 ranges from the navigation of the actual physical space (in highly dense, unplanned and rapidly changing settlements), to the complex job of identifying vulnerable residents that need extra support in the face of a growing pandemic. More broadly, the initial responses to COVID-19 in informal settlements and communities of the urban poor have clearly shown the power of collective action, and the “repertoires” of interventions as seen in many Latin American [60], Asian [63], and other African countries [61]. Despite the vast differences and peculiarities across these geographies, some commonalities remain in the range of interventions by community

organisations in informal settlements which cover food security, filling information gaps on disease prevention, improved sanitation and income relief. Just like Freetown, community organisations in India, Philippines, Uganda and Kenya have played a vital role in relief distribution efforts and the complex task of identifying and targeting the most vulnerable [32]. The Kenyan slum-dweller federation, a counterpart of FEDURP, has gone a step further to curate its own database on COVID-19 cases, advocated for the establishment of community isolation centres, and contributed to government guidelines on home-based care [32,64]. As the coronavirus pandemic lingers, the overwhelming lesson drawn from these community responses across various countries is the need to explore spaces and resources to scale-up initiatives and deepen their participation in any long-term recovery planning.

Overall, the study has also reflected the important contribution of community organisations in providing social protection measures that tackle entrenched inequalities in rapidly urbanising contexts. The COVID-19 pandemic has brought to the fore the disproportional burdens borne by informal settlement residents in urban settings, but the responses of communities as seen through this enquiry, balances the narrative of how their needs do not equate to helplessness. Instead it demonstrates a range of ground-level capacities that deserve to be highlighted and harnessed for continuous development planning and implementation. The fight against COVID-19 in Freetown remains very active at the community scale.

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