

Towards a comparative understanding of community-led and collaborative responses to Covid-19 in Kampala, Mogadishu and Nairobi

Alice Sverdlik, Henrik Ernstson,
Paul Mukwaya, Jane Wairutu,
Jackie Waithaka

June 2022

Working Paper 5

Alice Sverdlík

Lecturer in Global Development, The University of Manchester, UK

Henrik Ernstson

Lecturer in Human Geography, The University of Manchester, UK

Paul Mukwaya

Lecturer, Department of Geography, Geo-Informatics and Climatic Sciences, Makerere University, Uganda

Jane Wairutu

Programme Manager, SDI-Kenya

Jackie Waithaka

Communications and Documentations Officer, SDI-Kenya

Acknowledgments

We gratefully acknowledge the research carried out for this paper by the following persons in alphabetical order: Teddy Kisembo, Shuaib Lwasa, Judith Mbabazi, Hafisa Namuli, Elvira Songoro, Junior Alves Ssebanja and Hakimu Sseviiri. We also are grateful to Abdifatah Tahir and other anonymous reviewers.

Abstract

In this paper, we explore the Covid-19 pandemic's evolving impacts and wide-ranging local initiatives in Mogadishu, Kampala, and Nairobi. Low-income residents often experienced Covid-19 less as a health crisis (especially in its early waves) and more in terms of its devastating socioeconomic, political and violent impacts. Although there were widespread misconceptions about the virus and vaccine, private sector and civil society groups also raised awareness about Covid-19 via several creative initiatives that can usefully complement official risk communication strategies. Moreover, we found a range of Covid-19 responses at different scales, including national taskforces; philanthropic and private sector initiatives; aid agency initiatives; and grassroots and other civil society interventions. Some new collaborations and constructive engagements emerged between state and non-state groups. An array of non-state actors – including community health volunteers (CHVs), private firms, youth, women's, faith-based and refugee-led organisations – were key in assisting marginalised residents, but these efforts would benefit considerably from additional government support and recognition. We develop a typology of responses that ranges from quite top-down coalitions to increasingly bottom-up community solidarity networks. The typology encompasses efforts around emergency relief distribution, risk communication, service delivery, livelihoods strengthening and data collection. Collaborations between state and non-state actors took various forms but were typically emergency responses, which did not necessarily adopt a strategic, longer-term approach to addressing urban poverty and deprivation. Other interventions – such as enhancing health systems, countering police brutality, supporting multi-sectoral upgrading and engaging constructively with informality – may open newfound possibilities of more lasting, equitable change.

Keywords: Covid-19, health, informal settlements, informal labour, Uganda, Kenya, Somalia, cities, civil society, community-led responses, coalitions, risk communication, grassroots data

Cite this paper as:

Sverdlik, A, Ernstson, H, Mukwaya, P, Wairutu, J and Waithaka, J (2022). "Towards a comparative understanding of community-led and collaborative responses to Covid-19 in Kampala, Mogadishu and Nairobi". ACRC Working Paper 2022-05. Manchester: African Cities Research Consortium, The University of Manchester.

ISBN: 978-1-915163-04-2

Supported by the UK Foreign Commonwealth and Development Office (FCDO), the Covid Collective is based at the Institute of Development Studies (IDS). The Collective brings together the expertise of, UK and Southern based research partner organisations and offers a rapid social science research response to inform decision-making on some of the most pressing Covid-19 related development challenges.

This report was funded by the UK Government's Foreign, Commonwealth and Development Office (FCDO) through the Covid Collective. It is licensed for non-commercial purposes only. Except where otherwise stated, it is licensed for non-commercial purposes under the terms of the Open Government Licence v3.0. Covid Collective cannot be held responsible for errors, omissions or any consequences arising from the use of information contained. Any views and opinions expressed do not necessarily reflect those of FCDO, Covid Collective or any other contributing organisation.

© Crown copyright 2021.



1. Background and introduction: Understanding Covid-19's impacts and responses to it in East African cities

Covid-19 has inflicted a major health toll while heightening socioeconomic inequalities and its impacts are still reverberating across the Global South. For low-income urban residents in the Global South, measures intended to contain the pandemic were often disastrous for livelihoods and wellbeing (Gupte and Mitlin, 2021; Sverdlik and Walnycki, 2021). Many low-income city dwellers lacked savings or access to emergency relief, leading to spiralling levels of precarity and food insecurity. Additionally, Covid-19 resulted in lockdowns that were sometimes associated with rising police brutality, alongside a spike in gender-based violence and other entrenched forms of insecurity. Today, low-income urban residents in African cities still overwhelmingly lack access to decent housing; social protections; water, sanitation and hygiene (WASH); and Covid-19 vaccines, all of which are essential to managing the pandemic. But Covid's health burdens are not always clear in African cities (often reflecting shortfalls in testing), while its social and political crises are increasingly interwoven with other longstanding health, economic and infrastructure challenges.

More positively, there are opportunities to learn from Covid-19 responses at the urban and neighbourhood levels, which have usually been missed in discussions of national or international pandemic interventions. Such findings may help tackle the pandemic's complex local impacts and inform strategies to address the underlying sources of urban disadvantage. It is also essential to explore any equitable, inclusive initiatives created during the pandemic and their relevance when responding to other urban crises.

Research into the pandemic has usually focused on early lockdowns and governmental strategies, leaving few insights into changes over time and how local officials, civil society and other non-state groups in cities have collaborated during Covid-19.¹ Although urban self-help pandemic initiatives have been widely documented in the Global South (Fransen et al, 2022; Loewenson et al, 2021; Recio et al, 2021; Duque Franco et al, 2020), fewer studies have investigated such bottom-up Covid-19 responses in East Africa. Nor is there much investigation of how the disease has interacted with longstanding concerns in African cities such as fragile governance institutions, overstretched health systems and elevated levels of violence. To help fill these gaps, we analysed the pandemic's evolving impacts and diverse local initiatives based on action-research with partners in Mogadishu, Kampala and Nairobi, three important Eastern African cities with population sizes ranging from 2.9 to 3.5 and 4.3 million, respectively.

2. Methodology

Our research examined Covid-19's complex impacts upon marginalised urban residents, in addition to considering several strategies spearheaded by government

¹ For discussion of urban governance and responses to Covid-19, see McGuirk et al (2020), Gupte and Mitlin (2020), Sverdlik and Walnycki (2021), Connolly et al (2021) and Acuto (2020).

actors, the private sector, grassroots and civil society organisations, and international agencies. We compared pandemic responses in the three cities (from March 2020 until early 2022) using document analysis and qualitative data collection with an array of stakeholders. In particular, we conducted at least 30 semi-structured interviews per city with low-income residents and community leaders, informal workers and local organisations, NGOs and international organisations (INGOs), community health workers (CHWs) and government decision makers. We sought to understand how low-income residents in the three cities perceived Covid-19 responses, with a focus on issues such as equity and inclusion. For instance, we explored how residents viewed the fairness and adequacy of emergency aid distribution (with consideration of both state and non-state relief measures). Our interviews also examined community attitudes towards vaccination and levels of trust in various information sources on Covid-19, which may help to inform appropriate outreach and messaging strategies during crises. Finally, we analysed an array of bottom-up strategies in low-income neighbourhoods, various collaborations between state and non-state actors, and ways to support more equitable responses during any future crises.

Working in close collaboration with local partners, we developed an interview guide that was subsequently adapted and tailored to stakeholders in the cities. In Nairobi, our interviews were conducted mainly in Mathare, an informal settlement with 200,000 people facing high levels of insecurity, police violence and multiple deprivations (van Stapele, 2020; Kimari, 2020). Research in Kampala explored Covid-19's impacts and responses with a focus on informal settlements and informal businesses; this included both semi-structured qualitative interviews and focus group discussions (FGDs) with low-income residents. Meanwhile, interviews in Mogadishu examined Covid-19's impacts upon internally displaced persons (IDPs), businesses and other low-income residents.

3. Key findings

Low-income residents in the three cities often experienced Covid-19 less as a health crisis (especially in its early waves) and more in terms of its *devastating socioeconomic, political and violent impacts*. Our interviews consistently found that harsh, top-down Covid-19 measures deepened the marginalisation of precarious residents, who were often unable to earn a living. Although the informal economy usually sustains the low-income urban majority, many informal jobs vanished following Covid-19 lockdowns and mobility restrictions. With few assets and limited social protections, many urban residents were plunged into severe poverty. For example, even as incomes declined, Mogadishu residents grappled with rising costs of food, fuel and basic commodities (as a result of disrupted imports and other Covid-related impacts). In Nairobi, the disappearance of informal livelihoods meant that many tenants could not pay their rent in informal settlements; landlords sometimes removed the tin roofs of their shacks if rent was unpaid, only deepening tenants' precarity. There were also several newly poor groups: in Kampala, these included unemployed teachers,

public transport workers and others who could no longer work because of Covid-19 containment measures.

3.1. Violence and insecurity

These manifested in different ways and with distinct triggers, although rising levels of gender-based violence and police brutality were common in some of our study sites. Our findings suggest that Covid-19 has been associated with increased levels of substance abuse (eg among youth in Nairobi), gender-based violence, and teenage pregnancies, often linked to school closures (including in Kampala). Residents of Mathare regularly grappled with police brutality; in line with longstanding patterns, young men usually bore the brunt of such violence (Kimari, 2020). The pandemic in Nairobi provided new opportunities for police harassment and rapacity: when Mathare residents were caught not wearing facemasks, police often demanded payments of Ksh 500 (far above a mask's retail cost of Ksh 10). Violence in Kampala was often linked to party politics, in line with experiences during previous elections. Before the Ugandan elections in January 2021, politicians affiliated to the ruling party were allowed to hold public rallies, but opposition rallies were met with arrests and police violence. Police brutality in Mogadishu led to protests in April 2020, after which the city's curfews were lifted, but insecurity and political contestation continued to affect the city's daily life. This was partly an effect of how narratives and counter-narratives to postpone general elections (because of the pandemic) were politicised by different elite groups.²

3.2. Emergency relief

Emergency relief in Kampala and Nairobi was often inadequate and hampered by political favouritism, limited transparency and poor targeting, which further sidelined informal workers and other vulnerable groups living outside social protection systems. In Nairobi, there were significant shortfalls and inequitable distribution of cash and food assistance, reflecting several irregularities and lack of capacity among both government officials and community leaders (see also HRW, 2021). Respondents in Mathare often criticised local officials for not proactively supporting residents (except for perhaps distributing masks and hand sanitiser). Some local officials were even perceived only to be assisting their own families or supporters. According to an elderly woman in Mathare, "Only those who knew the MCA [Member of County Assembly] personally benefited greatly. Those who have no contact with him, on the other hand, have received no assistance." More positively, there were efforts by NGOs such as Shining Hope for Communities (SHOFCO) and Give Directly to provide aid, sometimes in collaboration with government officials and local organisations. For instance, the Kenyan slum-dweller federation Muungano and its partner NGOs helped develop a list of some 50,000 vulnerable households, which was utilised by Give Directly and the

² For more on how elite networks and political settlements partly shaped the dynamics under the pandemic in Mogadishu, but also in Kampala and Nairobi, see reports from an associated research project by Tim Kelsall and colleagues (Bukenya et al, 2022).

Ministry of Health to provide such households with monthly stipends of Ksh 3000 or US\$30 (see below on collaborations).

Kampala also experienced inequalities in relief food distribution, which typically was allocated to ruling party allies and wealthier households, rather than residents urgently in need of support. During Kampala's second wave of the pandemic and subsequent lockdown, there was a shift from food relief to cash transfers and a more flexible, horizontal approach (partly thanks to the end of the election season). But there were still challenges in effectively targeting relief and there was still only limited collaboration between national government and local leaders. Our research indicated that cash transfer recipients were often supporters of the ruling party, and the grants rarely reached the most vulnerable groups identified for these transfers, including informal workers, the elderly and low-income women.³ As in Nairobi, these findings underscore the need to gather detailed data on vulnerable residents and for greater recognition of the often-politicised challenges to ensure equitable, transparent relief measures. Local task teams and leaders in Kampala did help identify those with critical health concerns and issued travel permits; additionally, volunteers in informal settlements helped deliver medication for malaria and HIV/AIDS (sometimes using *boda-bodas* – motorcycle taxis – or bicycles). When the city's toll-free lines went unanswered and ambulances took several days to respond (because of a lack of fuel and other logistical challenges), some Kampala residents were forced to hire private vehicles or seek support from vehicle-owning households to transport patients. While many of the above efforts from civil society organisations were relatively short-term and could not reach the vast numbers of residents in need, they did provide much-needed support, especially when government assistance was limited or absent.

Mogadishu

Meanwhile, in Mogadishu, the government's direct relief was limited overall, and official initiatives typically focused on enhancing access to healthcare and coordinating responses by international humanitarian actors. Mogadishu residents' access to Covid-related healthcare was widely seen as equitable, which represented a notable achievement during the pandemic. Covid-19 medical treatment was made available for free, providing "an opportunity for the vulnerable people such as IDPs who were not able to pay treatment fees" (according to a community leader). Similarly, another community leader noted that there was equitable access to Covid-19 treatment, including for IDPs. At the same time, there were other relevant Somali governmental measures to help cushion the pandemic's impacts, such as providing a tax exemption for businesses to reduce consumption taxes on key items (eg wheat flour and vegetable oils). However, the effect of this policy is difficult to judge because taxes are also collected by other authorities in Mogadishu (including Al-Shabaab) and it is unclear if the tax break ultimately reduced prices for consumers. Nevertheless, an array of international agencies, private firms and other actors collaborated with

³ For a full listing of the 12 categories of vulnerable groups identified and selected to benefit from the Covid-19 cash funds, see Initiative for Social and Economic Rights (ISER) (2021).

government actors to address Covid-19 in Mogadishu, which included addressing the proliferation of fake news about the disease, as discussed in the next section.

3.3. Countering misinformation and tackling the Covid ‘infodemic’

We uncovered a range of misconceptions about the Covid-19 virus and vaccine, which highlighted the need for appropriate communications and outreach strategies to tackle such local concerns. Some residents in Kampala believed that warm weather could kill the virus or that eating vegetarian food would offer protection; some resorted to herbal medicines and similar concoctions meant to build their immunity; others held that Africans were immune to the virus (according to our focus group discussions). There were often major concerns about the vaccines’ side-effects and their safety, partly as a result of the negative publicity surrounding the AstraZeneca vaccine in particular. In Nairobi, many male residents were hesitant about vaccination because they believed it would cause impotence and serve as an unwanted form of family planning. There were similar findings in Mogadishu, where it was commonly believed that vaccines can cause infertility; there were also instances of Al-Shabaab urging people to reject the AstraZeneca vaccine as dangerous (interview with IDP in Hawl Wadag).⁴ More generally, our findings confirm the need to understand the complex set of local beliefs and anxieties about vaccines, in order to develop respectful, contextually rooted responses to the pandemic (see also Lines et al, 2022; Leach et al, 2022).

Given the prevalence of misinformation, it was essential to develop locally appropriate collaborations that could raise awareness while also effectively countering rumours and fake news, as illustrated by several initiatives in the three cities. Throughout the pandemic, state and non-state actors developed multiple modes of communicating, including creative strategies by youth and local organisations, and partnerships with the Ministry of Health.⁵ For instance, in Kampala’s informal settlements, existing structures such as Village Health Teams and the local council leaders were instrumental in several Covid-19 information campaigns. Key tactics included the use of mounted radios and megaphones, door-to-door sensitisation campaigns and educational efforts by youths with support from the Red Cross and the African Medical and Research Foundation (AMREF). As these young people explained:

“We received training from AMREF and Uganda Red Cross Society on how to effectively communicate Covid-19 related information to communities. In addition, we [utilised] Facebook, Twitter and YouTube to enhance our understanding... Fellow youths were mobilised [at] neighbourhood level through using megaphones to communicate such messages.”

⁴ Similarly, based on research in Sierra Leone, residents sometimes believed Covid-19 was a disease engineered by the US or China. There were also widespread fears about the vaccine’s potential to reduce fertility and to poison ethnic minorities or those opposing the government (Leach et al, 2022).

⁵ See Dash et al (2021) and Adebisi et al (2021) for further discussion of how to address the Covid ‘infodemic’, including recent examples from several African nations.

Such multi-pronged approaches, which foregrounded young voices and creatively used social media, capacity building with health organisations and inclusive strategies at the neighbourhood scale, may offer valuable lessons for other cities seeking to develop effective, equitable risk communication strategies.

In Nairobi, Mathare residents typically trusted NGOs and community organisations more than the government, with community health volunteers (CHVs) seen as especially helpful during the pandemic. As in many other cities in the Global South, CHVs in Nairobi played a pivotal role in addressing the Covid-19 health crisis and raising public awareness, as well as in contact tracing, providing referrals and assisting patients in self-isolation (Bhaumik et al, 2020). A CHV recounted her efforts to educate fellow residents in Mathare that Covid-19 was real (helping to combat rumours and misinformation); she also explained to them how to wear masks properly, adequate hand-washing technique, and the importance of maintaining social distance. SHOFECO was one of the few organisations that recognised and supported Mathare's CHVs during the pandemic; it also encouraged vaccination uptake and provided hand sanitiser and masks in collaboration with CHVs. Significantly, there was newfound recognition of CHVs stemming from grassroots advocacy: in June 2021, they began receiving a stipend after the passage of the Nairobi City County Community Health Services Act (Muungano, 2021a). The Bill initiated a monthly stipend for CHVs of Ksh 3,000 (\$30), plus a contribution of Ksh 500 to the National Health Insurance Fund. Nairobi's County Government began providing further training of CHVs, and their number was increased across Nairobi. Meanwhile, Muungano wa Wanavijiji and SDI Kenya engaged in outreach activities via murals, videos and other creative media in Mathare, in order to raise awareness of Covid and to link to ongoing campaigns aimed at upgrading interventions (Kimari et al, 2022. See also below).

In Mogadishu, religious leaders played a significant role in addressing misinformation, and external actors also worked with local organisations to raise awareness about Covid-19. For instance, the Youth Peer Education Network, with support from the UN Population Fund, sought to raise awareness about Covid-19 in Mogadishu using social media and local radio. In a complementary effort, Somali artists worked to counter stigma around mask wearing (with support from the EU). During additional inclusive strategies, a women's group worked with district authorities to raise awareness about the pandemic and support women who had been adversely affected. Meanwhile, religious leaders were pivotal in encouraging residents to adopt prevention measures, including overcoming resistance and addressing fake news. Religious leaders also worked with Somalia's Ministry of Religious Affairs, Ministry of Health and Ministry of Information to help raise awareness of Covid-related preventive measures. Relatedly, religious leaders helped to combat erroneous claims that Covid-19 was a disease spread by non-Muslims, and to support vaccination uptake. For instance, it was reported that one elder had initially opposed such interventions (eg mosque closures), but after the government and religious leaders intervened, he adjusted his views and was one of the first to be vaccinated.

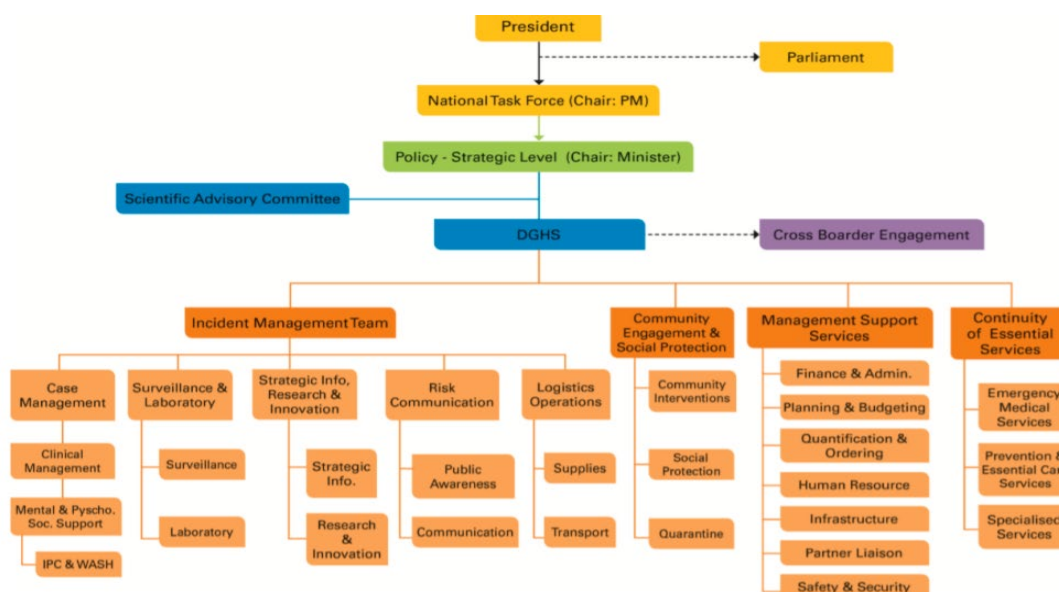
3.4. Coalitions, collaboration and grassroots-led responses

All three cities had a range of responses at different scales, including national taskforces; philanthropic and private-sector initiatives; aid agency initiatives (especially in Mogadishu); and grassroots and other civil-society interventions in low-income settlements. In some cases, we uncovered new collaborations and constructive engagements between state and non-state groups. Below we offer illustrative findings with a focus on state and grassroots interactions, as well as considering how community-led organisations and other groups sought to address multiple exclusions in urban areas. Particularly in Nairobi and Kampala, we explored several bottom-up initiatives that helped to address the shortcomings in government responses and foster greater recognition of low-income residents. In Mogadishu, we analysed how a multi-stakeholder taskforce, private firms, religious leaders and international aid agencies all played a significant role in the city's emergency response efforts.

Kampala

In Kampala, the national government often relied upon a centralised taskforce and adopted a highly top-down approach, which proved thoroughly inadequate at reaching low-income residents. The overall coordination of Uganda's national Covid-19 response was led by a multi-sectoral National Task Force (NTF) headed by the president, and coordinated by the Office of the Prime Minister and representatives from the Ministries of Health, Internal Affairs, Defence, Works and Transport, and Trade and Industry, as well as the information and communications technology sectors, Kampala Capital City Authority (KCCA), and the private sector (Figure 1). However, the NTF was often faulted for failing to conduct adequate contact tracing, awareness raising or equitable access to emergency relief, with major delays and irregularities in distribution (particularly in Kampala's first wave). KCCA coordinated with NTF but also set up its own Kampala City Task Force, with expertise from previous management of cholera outbreaks and the 2010 terrorist bombings in the city (Twinokwesiga, 2020). Focusing initially on saving lives, it boosted the real-time ambulance-calling system and provided special buses and transport for health workers. All KCCA facilities installed hand-washing stations. In partnership with the NGO WaterAid, 84 hand-washing points and 68 standpipes were installed and a further 343 locations for hand-washing stations were identified in areas across the city with high concentrations of transient populations, including entrances to markets, passenger pick-up points, busy bus stops and taxi stages. But by mid-May 2020, only 75 stations had been installed (Mutabazi et al, 2020).

Figure 1: Overview of the top-down formal structure of Uganda's Covid-19 response led by the NTF



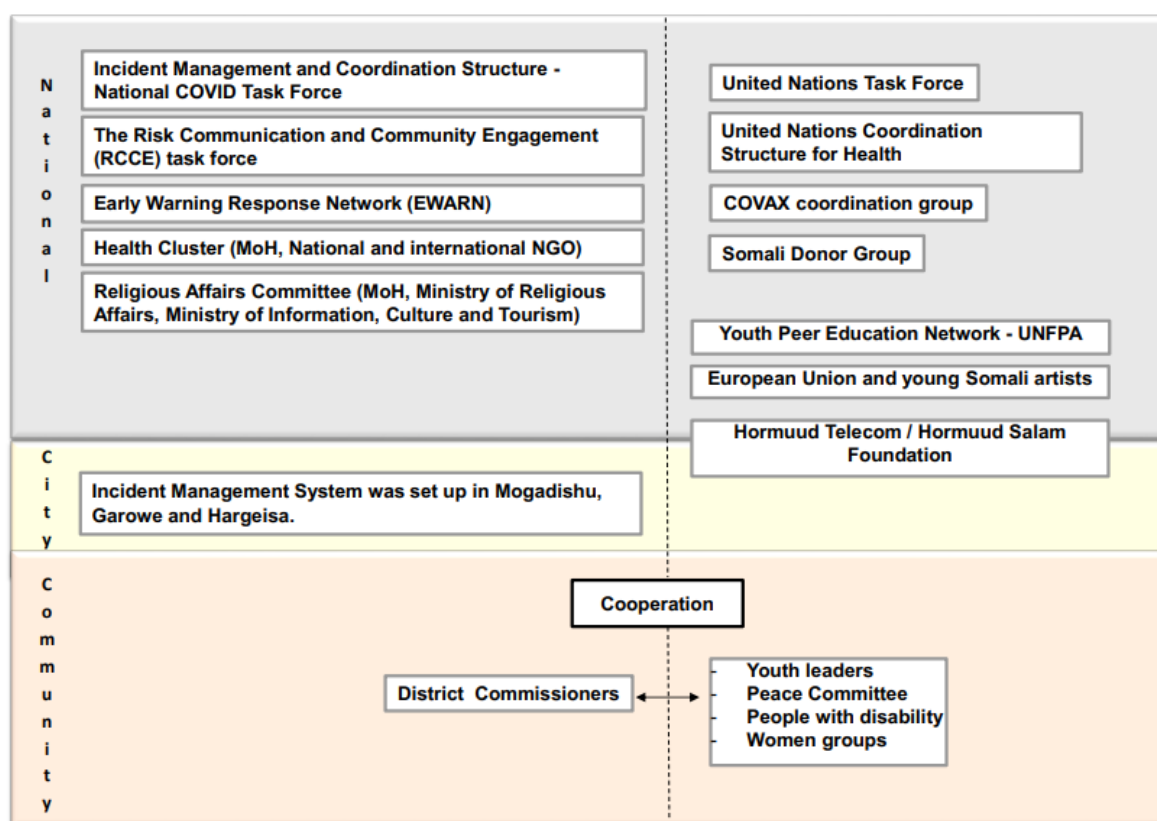
In Kampala we also found examples of creative and inclusive responses. For instance, there were renewed efforts to enhance livelihoods and strengthen community savings groups. In a notable governmental reversal, KCCA decided to temporarily suspend its trading licence costs for informal enterprises. This reflected a national requirement detailed in the Presidential Directives (released in March 2020) for the Uganda Revenue Authority and Local Governments, including city governments, not to close any business for failure to honour their tax obligations. This helped to cushion the pandemic's economic impacts and encourage diversified livelihoods. Some residents did indeed move into new income-generating activities, such as selling masks and hand sanitiser. Online shopping was promoted; KCCA suggested a number of home delivery options, from *boda-bodas* to Uber, Jumia, Bolt and Swift Mile; and a list of phone numbers to market contact persons was circulated. But the effectiveness of these policies has been difficult to assess and appears to be limited, especially for low-income households. Few of Kampala's hard-hit informal workers were able to benefit from official relief measures, and our research suggests that grassroots responses were far more pivotal in cushioning the pandemic's impacts. For instance, *boda-boda* drivers turned to savings groups for the first time and their wives started diversifying their incomes: "we never used to believe in savings [but] after the lockdown experiences, we have learnt the value of savings [and] of having multiple income sources...many of our wives have started working towards additional businesses" (*boda-boda* FGD in Makindye division). In further efforts to improve livelihoods and stem the rising levels of precarity, SDI's affiliates ACTogether and National Slum Dwellers Federation Uganda (NSFU) provided low-income residents with training in new skills such as producing masks, producing hand sanitiser and urban gardening.

At the same time, Kampala's refugees were often hard-hit during the pandemic, but they sometimes received support with their businesses and improved access to healthcare (including HIV/AIDS treatment and community health services). Additionally, food relief was distributed to Congolese, South Sudanese and Somali refugees by organisations like Young African Refugees in Development, the Norwegian Refugee Council and the Somali Community Association, respectively. There were also awareness-raising activities by the Somali Community Association and the Covid-19 Solidarity Fund of Africa Humanitarian Action (a partner organisation of UNHCR).

Mogadishu

In Mogadishu, multi-stakeholder taskforces helped to coordinate interventions by several state and non-state actors who operated alongside a range of other initiatives at several scales (Figure 2). As illustrated below, the Federal Government of Somalia and the Ministry of Health created a Risk Communication and Community Engagement Task Force with UNICEF, the World Health Organization (WHO), the African Union Mission in Somalia, and media partners. There was also regular coordination between the Ministry of Health and the Benadir Regional Administration, which governs the Mogadishu area, as well as ongoing interactions between community groups and district officials. Meanwhile, international NGOs donated medical equipment to Mogadishu's hospitals, provided cash assistance and participated in official taskforces. There were also notable efforts by the private sector to raise public awareness, enhance relief efforts and strengthen Mogadishu's public health system. Hormuud Telecom and the money transfer company Dahabshiil both donated medical equipment, PPE and ambulances. Hormuud's foundation even supported the construction of the first public oxygen factory in Mogadishu, and it funded the renovation of Banadir Regional Hospital, which created 200 additional hospital beds. To promote public understanding of the pandemic, Hormuud also broadcast Covid-related awareness messages on its platforms and sponsored a call centre with thousands of callers.

Figure 2: Overview of the formal structure of Somalia's Covid-19 response, including the Mogadishu Incident Management System



Nairobi

Nairobi's local government collaborated with health workers, distributed relief and supported awareness-raising campaigns, while the national government was felt to have a more limited role. Emergency aid was distributed by Nairobi's Assistant County and District County Commissioners, but Mathare residents typically considered these efforts unfair or biased (as noted above). Local officials implemented several interventions in partnership with CHVs, but our interviews suggest that CHVs played a more significant role on an ongoing basis. Below we focus upon how the slum-dweller federation Muungano wa Wanavijiji and its partner NGOs collaborated significantly with government and non-state actors to advance priorities such as improving access to WASH, promoting recognition for grassroots data, and laying the groundwork for future interventions in informal settlements.

Mathare

In Mathare, there were some collaborative efforts to address the pandemic's short-term impacts and support more inclusive interventions in the longer term, with grassroots data proving catalytic in strengthening relations with government officials. Muungano and its partner NGO, SDI Kenya, participated in the national government's taskforce

(led by the Ministry of Health), while also gathering data on the pandemic's impacts in informal settlements (GDI, 2020). In addition, the Muungano Alliance contributed to official guidelines on Covid-19 isolation and, more generally, demonstrated the significant contributions of grassroots data in responding to crises in informal settlements where official data were largely non-existent. For instance, SDI Kenya's comprehensive profiling data from 2014 for Nairobi's informal settlements were crucial to help plan responses for all settlements (the government's data only covered 75 settlements, while SDI Kenya had data for over 150). Muungano had also gathered data on CHVs in informal settlements, who were sometimes serving several hundred residents (or more), which helped to motivate additional government support for CHVs. Muungano's data made visible the needs of informal settlements and led to government increasing the number of hand-washing stations, PPE and other items sent to these settlements. As one Muungano leader explained, the federation had used its expertise in gathering household-level socioeconomic data, spatial maps and settlement profiles as a way to bargain effectively for an expanded role in official decision making: "We have information that you [ie the government] don't have and this information is helpful. For us to give [you] our maps, we need to be in that space where decisions are being made and we can influence the decisions...it's in our DNA for communities to collect their own data [and] update that information." Given the shortfalls in official data on informal settlements (and the ensuing major exclusions of vulnerable residents during the pandemic), Muungano's detailed data were able simultaneously to help fill these gaps, demonstrate community expertise and raise its standing with government officials, all of which would prove invaluable in supporting more inclusive and contextually grounded responses to Covid-19.

Other significant collaborations in Mathare have focused on police violence and inclusive planning interventions, in order to tackle underlying risks and foster more accountable governance. For instance, Mathare's Member of County Assembly (MCA) organised a meeting to discuss police harassment during the pandemic; meetings between the MCA and Officer Commanding Station were said to help reduce police harassment. Efforts by civil society also helped to address violence; they included the Mathare Peace Initiative and Life and Peace Institute seeking to promote dialogue between police and local youth. Furthermore, action-research in Mathare is seeking to develop a longer-term strategy to ensure visibility and recognition of poor households. This would include multi-sectoral upgrading initiatives that respond to residents' priorities and foster accountable governance. Letters have been submitted to Nairobi Metropolitan Services requesting the declaration of a Special Planning Area in Mathare, which would usher in a multi-faceted upgrading partnership, as in Nairobi's other settlement of Mukuru (Sverdlik et al, 2020).

Recently, with the support of Muungano wa Wanavijiji, Mathare community members also established a physical address system (with household-level address plates provided), which can foster the planning of future investments, promote contact tracing and facilitate access to services and infrastructure (Muungano, 2021b). The physical address system will make it easier for CHVs to locate residents during routine data

collection and reporting. Furthermore, during any subsequent crises, the physical address system will aid in the equitable distribution of disaster relief and other efforts, which proved extremely challenging during Covid-19 (as noted above). This will help to identify the most vulnerable residents and ensure that no-one is left behind. At a more fundamental level, the addresses can make residents visible and recognised by the government, while also supporting local unity and a deeper understanding among fellow residents (who may be quite mobile). A related aim is to support the formation of residents' associations, which can build upon the lists generated by the street addresses. Although some residents did not initially want to be given addresses (as tenants were afraid of being evicted), Muungano leaders were able to reassure them during sensitisation meetings, and village elders helped to explain the need for addresses. The street addresses thus provide a tangible opportunity to foster greater recognition of Mathare's citizens, simultaneously moving beyond a crisis response towards more equitable urban development with multiple potential benefits for health, services and social inclusion.

4. Conclusions and policy recommendations

The Covid-19 pandemic has generated several interconnected health, social and economic crises in urban areas, not least in the three East African cities that we studied. But it has also exacerbated and illuminated major developmental and structural challenges of social and economic exclusion, which are longstanding in these and many other cities in the Global South. While past research into the pandemic has usually focused on government strategies, we applied a more 'bottom up' lens to understand the type of collaborations that were created by (or at least included) local officials, civil society and other non-state groups. Above we explored several concrete entry-points for Covid-19 interventions and multiple forms of engagement between state and non-state actors in the three cities, which we summarise as a typology and as cross-scale collaboration patterns in Table 1 and Figure 3.

Table 1 outlines several concrete entry-points for collaboration (in the upper part of the table), all of which stemmed directly from the pandemic's specific challenges, and it was around these concrete tasks that different modalities of collaboration were articulated or crystallised (see lower half of the Table). Figure 3 then provides a different perspective, showing how these concrete tasks of collaboration and modalities of organising across scales have developed between different actors. As indicated in Table 1, our results suggest a typology of organising that ranges from quite top-down coalitions, to increasingly bottom-up community solidarity networks. For instance, emergency relief distribution (especially during lockdowns) was a difficult, complex task to realise and required state–community cooperation. While central governments sometimes sought to take the lead (eg in Kampala), a range of civil society actors – and a private actor in Mogadishu – also came on board to either try to support the state or to organise parallel relief distribution networks, including food and cash transfers. The typology encompasses related efforts around Covid-19 risk communication, service delivery, livelihoods strengthening and data collection (see Table 1).

What explains these diverse modalities of organising is more difficult to assess at this stage, making this a key topic for additional research. One underlying dynamic seems to be the significant value of community actors' situated knowledge about their neighbourhoods and networks – local knowledge that became increasingly important for the state and other formal actors to draw upon when seeking to contain the pandemic in marginalised urban areas. Under 'normal' urban conditions, such situated forms of knowledge can often be overrun or largely disregarded. One might also note how cross-city networks such as Kampala's Community Health Teams became a real asset in coordination efforts. Another underlying dynamic is how existing, often inequitable power relations and divisions were sometimes reinforced during the pandemic response. Despite the clear value of local knowledge and grassroots collective action, key axes of difference (eg ruling party allegiances, economic class, migration status and other factors) still strongly shaped residents' access to relief and the like.

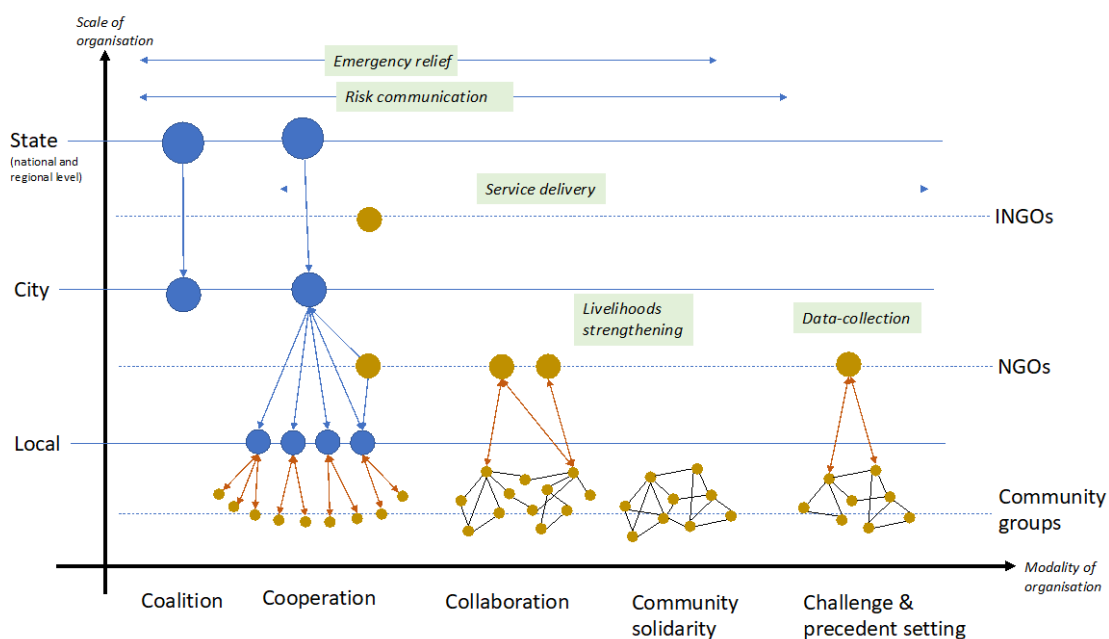
While our research has demonstrated that several new forms of collaboration across sectors, levels of government and civil society emerged as a direct response to the pandemic's specific dynamics, it is not clear if and how any of these collaborations will remain in place during 'new normal' conditions. The hope that new forms of collaboration might help to address the more structural challenges of inequality and exclusion that exist in all three cities, however, should not be dismissed. More research is needed to follow this up, using the above findings as a starting point. Below, our policy recommendations build on our findings to seek ways to strengthen cities' capacity to respond to structural challenges and future crises.

Table 1. Summary of key Covid-19 responses (top) and different cross-cutting modalities of interaction between actors in the three cities (below)

Concrete entry-points for Covid-19 responses	
Emergency relief distribution: Both cash and food assistance provided by government, INGOs, private-sector and community groups (differing markedly in their inclusion and legitimacy).	Risk communication strategies: Both state and non-state approaches using several media. Sometimes combined with grassroots (eg youth groups in Kampala) or private-sector actors (eg Hormuud in Mogadishu).
Service delivery: This included efforts to enhance WASH and improve health sector robustness (eg in Mogadishu), also sometimes focused on vulnerable groups like refugees in Kampala.	Livelihoods strengthening: Sometimes with new skills and diversification, with longer-term potential to enhance grassroots organisations (eg SDI's Ugandan affiliate NSFU making inroads among <i>boda-boda</i> drivers in Kampala).
Data collection with potential to change the terms of inclusion and visibility to local authorities (eg street addressing and settlement profiles by SDI Kenya and Muungano).	
Modalities of interaction	

<p>Coalitions: National or local-level government taskforces that were typically top-down and inflexible (eg in Kampala), but could be effective as a mechanism to coordinate INGOs and government agencies (as in Mogadishu).</p>	<p>Collaboration: Kampala youths collaborated with Red Cross and AMREF to raise awareness and religious leaders collaborated with local officials in Mogadishu.</p>
<p>Cooperation: Such as state and community cooperation in distributing relief or providing new hand-washing stations in informal settlements.</p>	<p>Community solidarity: Grassroots responses, especially those that benefited vulnerable groups (eg assistance during isolation, medical referrals), but also to support mutual aid and enhance livelihoods among savings groups.</p>
<p>Challenging and precedent setting: In Nairobi, Muungano and SDI's street addressing and pushing for new Covid-19 guidelines in informal settlements, gathering data to enhance understanding of informal settlements, and grassroots efforts to challenge police brutality.</p>	

Figure 3: Modalities of interaction across scales in response to the Covid-19 pandemic



As shown in the figure, the modalities of interaction crystallised around particular concrete needs or entry-points to address pandemic dynamics, while also intersecting with longer-term urban challenges.

4.1 Key Recommendations

- Gather detailed data with vulnerable groups to address multiple exclusions:* Limited official understanding of informal workers, residents of informal settlements and other vulnerable urban groups often led to mis-targeted or exclusionary policies during Covid-19. To ensure a more inclusive recovery, there is a need for detailed local data collection with a focus on informality and multiple urban exclusions (whether based on gender, age, migration status, ethnicity, disability or other differences). Grassroots organisations including SDI have generated extensive data on informal settlements and livelihoods, which may provide the foundation for ongoing data collection and equitable interventions. There is a need to deepen understanding of urban vulnerabilities – both during crises and in ‘normal’ times when poverty, precarity and informality are pervasive across many African cities. Such challenges were especially acute in the pandemic, when many people were newly vulnerable and had lost their informal livelihoods. Household-level enumerations, spatial mapping and physical addressing (as in Nairobi) can all combine to enhance understanding of urban vulnerability and to ensure that any responses are appropriate, equitable and inclusive.
- Promote vaccination uptake via trusted intermediaries and locally rooted strategies:* Although some East African residents are already keen to be vaccinated, others may be dissuaded by fake news and limited trust in government. Policy makers will need to 1) raise awareness of the vaccine’s benefits and 2) counter misinformation, eg through 3) partnerships with religious leaders and other trusted leaders or youth and community groups, while 4) also responding to local values and beliefs.
- Enhance levels of official support for CHVs, grassroots leaders, and local groups:* Across many urban areas, CHVs are a vital element of inclusive health systems and crisis response. Grassroots organisations, religious leaders and other bottom-up actors have similarly been indispensable in raising awareness, distributing relief, and helping to address the pandemic’s inequitable impacts. Further governmental support and partnerships are needed with these local leaders and organisations, particularly as they can serve as key intermediaries with marginalised residents and co-develop inclusive responses to Covid-19 and other crises. There is also a need to understand private-actor responses, including their motivations to engage in relief efforts (as in Mogadishu), as well as opportunities to build upon and strengthen their efforts to foster wider public benefits.
- Promote farsighted responses to tackle multifaceted risks:* There is an increasing need for accountable and responsive governance that can tackle police brutality, inequitable development, and entrenched exclusions in urban areas. Covid-19 markedly exacerbated the underlying challenges of African cities and the multifaceted risks that many marginalised groups were already facing before the pandemic. Such action will include efforts to tackle Covid’s health-related risks by building robust, trustworthy health systems through social dialogue, and by supporting universal health coverage (Leach et al, 2022). Further efforts are needed to address economic risks and to ensure an equitable, inclusive recovery with a particular emphasis on women, youth, IDPs, refugees, precarious informal workers and others facing multiple socioeconomic disadvantages. Relatedly, there is a need to understand and avoid key risks linked to the enforcement of emergency measures such as police violence,

heavy fines and other burdens that have overwhelmingly affected low-income urban residents. Moving forward, it will be essential to develop inter-sectoral, multi-pronged strategies with a focus on gender, age, forced displacement, ethnicity and other axes of difference, in order to ensure that the overlapping burdens in African cities during Covid-19 are lessened rather than further entrenched.

References

- Acuto, M (2020). "COVID-19: Lessons for an Urban(izing) World". *One Earth*. 2(4): 317–9.
- Adebisi, YA, Rabe, A and Lucero-Prisno III, DE (2021). "Risk communication and community engagement strategies for COVID-19 in 13 African countries". *Health Promotion Perspectives* 11(2): 137–147.
- Bhaumik, S, Moola, S, Tyagi, J, Nambiar, D, and Kakoti M (2020). "Community health workers for pandemic response: a rapid evidence synthesis". *BMJ Global Health*. 5(6):e002769.
- Bukenya, B, Kelsall, T, Klopp, J, Mukwaya, P, Oyana, T, Wekesa, E and Ziraba, A (2022). "Understanding the politics of Covid-19 in Kampala, Nairobi and Mogadishu: A political settlements approach". ACRC Working Paper 2022-04. Manchester: African Cities Research Consortium, The University of Manchester.
- Connolly, C, Keil, R and Ali, SH (2021). "Extended urbanisation and the spatialities of infectious disease: Demographic change, infrastructure and governance". *Urban Studies* 58(2): 245–263.
- Dash, S, Parray, AA, De Freitas, L, Mithu, MIH, Rahman, MM, Ramasamy, A and Pandya, AK (2021). "Combating the COVID-19 infodemic: a three-level approach for low and middle-income countries". *BMJ Global Health* 6(1): e004671.
- Duque Franco, I, Ortiz, C, Samper, J and Millan, G (2020). "Mapping repertoires of collective action facing the COVID-19 pandemic in informal settlements in Latin American cities". *Environment and Urbanization* 32(2): 523–546.
- Fransen, J, Peralta, DO, Vanelli, F, Edelenbos, J, and Olvera, BC (2022). "The emergence of urban community resilience initiatives during the COVID-19 pandemic: An international exploratory study". *European Journal of Development Research* 34(1): 432–454.
- GDI (2020). "The power of data in a pandemic: repurposing Muungano's data-collection expertise to fight Covid-19 in Kenya". Blog. Global Development Institute, 6 October. [Available online](#) (accessed 4 March 2022).
- Gupte, J and Mitlin, D (2021). "COVID-19: What is not being addressed". *Environment and Urbanization* 33(1): 211–228.
- Human Rights Watch (HRW) (2021). *We are All Vulnerable Here": Kenya's Pandemic Cash Transfer Program Riddled with Irregularities*. New York: HRW. [Available online](#) (accessed 29 April 2022).
- ISER (2021). "A drop in the ocean: Uganda's COVID-19 cash transfer". Kampala. [Available online](#) (accessed 5 February 2022).

- Kimani, J, Steege, R, Makau, J, Nyambuga, K, Wairutu, J, and Tolhurst, R (2021). "Building forward better: inclusive livelihood support in Nairobi's informal settlements". *IDS Bulletin* 52(1): 37–44.
- Kimari, W. (2020). "Outlaw Nairobi versus the pandemics". *City & Society* 32(2). [Available online](#).
- Kimari, W, Kimani, J, Otieno, R, Sverdlik, A, and Waithaka, J (2022). "Amplifying grassroots COVID-19 responses in Kenya". London: IIED Briefing.
- Leach, M, MacGregor, H, Akello, G, Babawo, L, Baluku, M, Desclaux, A, Grant, C, Kamara, F, Nyakoi, M, Parker, M, Richards, P (2022). "Vaccine anxieties, vaccine preparedness: Perspectives from Africa in a Covid-19 era". *Social Science & Medicine* 114826.
- Lines, K, Wamala, J, Dzimadzi, S, Mitlin, D, Mudimu-Matsangaise, P, Rao, V, and Zidana, H (2022). "Covid-19 vaccine rollout: Challenges and insights from informal settlements". *IDS Bulletin*, In Press.
- Loewenson, R, Colvin, CJ, Szabzon, F, Das, S, Khanna, R, Coelho, VS, Gansane, Z, Yao, S, Asibu, WD, Rome, N, Nolan, E (2021). "Beyond command and control: a rapid review of meaningful community-engaged responses to COVID-19". *Global Public Health* 16(8–9): 1439–1453.
- McGuirk, P, Dowling, R, Maalsen, S and Baker, T (2021). "Urban governance innovation and COVID-19". *Geographical Research* 59(2): 188–195.
- Mutabazi, R, Byansi, J, Ndyabakira, A, Nalwanga, E, Okello, DO, Bateganya, NK and Nkurunziza, A (2020). "Upscaling coverage of handwashing facilities in response to the COVID-19 pandemic in Kampala". *KCCA [Kampala Capital City Authority] Public Health and Environment Bulletin* 1(1). [Available online](#).
- Muongano (2021a). "Nairobi's CHVs to receive monthly stipend". Muungano wa Wanavijiji blogpost, 9 July. [Available online](#) (accessed 2 March 2022).
- Muongano (2021b). "Making every household count through a community driven process". Muungano wa Wanavijiji blogpost, 30 June. [Available online](#) (accessed 4 March 2022).
- Recio, RB, Lata, LN and Chatterjee, I. (2021). "Rising inequalities, deepening divides: Urban citizenship in the time of COVID-19". *Geographical Research* 59(4): 500–513.
- Sverdlik, A and Walnycki, A (2021). "Better cities after COVID-19". London: IIED Issue Paper. [Available online](#).
- Sverdlik, A, Makau, J, Kimani, J, Mumbi, C, Njoroge, P, Otibine, E, Nyambuga, K, Wairutu, J and Waithaka, J (2020). "Achieving scale, social inclusion, and multifaceted shelter solutions: Lessons from the Special Planning Area (SPA) in Mukuru, Nairobi". London: IIED City Briefing. [Available online](#).

- Twinokwesiga, A (2020). “Kampala: The first port of call during the COVID-19 pandemic in Uganda”. Blog. Innovative Governance of Large Urban Systems (IGLUS), 31 August. [Available online](#) (accessed 3 March 2022).
- van Stapele, N (2020). “Police killings and the vicissitudes of borders and bounding orders in Mathare, Nairobi”. *Environment and Planning D: Society and Space* 38(3): 417–435.