

COMMUNITY SENSITIVE EMERGENCY MEASURES TAKEN DURING COVID-19 IN INFORMAL SETTLEMENTS IN FREETOWN, SIERRA LEONE

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BACKGROUND

The participatory and inclusive approach employed by the ARISE Sierra Leone partners strengthened relationships and trust between communities and the government agency responsible for the COVID-19 response at the district level (DICOVERC - District COVID-19 Emergency Response Centre). This created a more open and conducive environment for health service uptake within these communities. ARISE created spaces to give a voice to communities, allowing them to communicate with service providers on how the lockdown was affecting every aspect of their lives and highlight their evolving needs as the pandemic unfolded. This attitudinal shift amongst health professionals has the potential for long-term influence on how health services for informal settlements are planned and delivered. For informal settlement communities, stronger awareness of, and trust in, health services has positive implications for future health service uptake.

CONTEXT

In March 2020, the first case of COVID-19 was recorded in Freetown, which led to increased public health measures including lockdowns, curfews and inter-district travel restrictions across the country. The imposed restrictions severely negatively affected livelihood, income, and access to services such as healthcare, food, water and sanitation among the marginalised members of informal settlement communities.

Furthermore, there was limited consultation between the government, city authorities and informal settlement residents regarding enforcement of COVID-19 restrictions and addressing their context-specific needs and vulnerabilities. This is consistent with the top-down policy approaches to informal settlements. Freetown City Council (FCC) is the local government structure that oversees the municipality of Freetown. The COVID-19 response in Sierra Leone was decentralised to coordinate the response in each district. These structures were called District COVID-19 Emergency Response Centres (DICOVERCs).

Freetown is in the Western Area district under the Western Area DICOVERC. FEDURP is the community counterpart of ARISE SL partner, CODOHSAPA and is part of the Shack Dwellers International (SDI) network which advocates to promote and improve the welfare and living conditions of people in poor and deprived communities including informal settlements by mobilising residents to actively and meaningfully participate in their own development initiatives and processes.



ABOUT ARISE:

The ARISE Hub – Accountability and Responsiveness in Informal Settlements for Equity – is a research consortium,

instituted to enhance accountability and improve the health and wellbeing of marginalised populations living in informal urban settlements in low-and middle-income countries.

The ARISE vision is to catalyse change in approaches to enhancing accountability and improving the health and wellbeing of poor, marginalised people living in informal urban settlements.

ARISE is guided by a process of data collection, building capacity, and supporting people to exercise their right to health. ARISE works closely with the communities themselves; with a particular focus on vulnerable people living in the informal settlements; often overlooked in many projects and initiatives.

ARISE was launched in 2019 and is a five-year project. It is implemented in four countries: Bangladesh, Kenya, India and Sierra Leone.



THE STORY OF CHANGE

ARISE partners worked closely with three urban informal settlements, Cockle Bay, Dwarzark, and Moyiba during the COVID-19 pandemic to ensure that their perspectives and reality were integrated into planning for protective health measures. ARISE had been working in the three communities since 2019 when the first cases of COVID-19 occurred (March 2020) and the lockdown measures were imposed by the Sierra Leone government. ARISE partners were able to adapt their work and carried out remote interviews with marginalised informal residents which highlighted how the imposed restrictions severely affected livelihood, loss of income, and reduced access to services such as healthcare, food, water and sanitation.

Through the ARISE Responsive Fund, partners worked with informal settlement communities and the city's DICOVERCs to collaboratively design informal settlement specific response strategies to address their priorities. Priorities included low vaccine confidence, medical mistrust, and preventing the spread of the virus in their communities. Through consultation meetings with city officials and the communities, ARISE co-developed context-specific information, education and communication materials and engaged in joint vaccination and sensitisation campaigns. These engagements also resulted in the inclusion of the community in the Western District COVID-19 stakeholder meetings and response. Furthermore, food relief items and personal protective equipment (face masks) was distributed to 300 vulnerable households and 30 hand washing stations were installed across the three communities.

During initial meetings with DICOVERC, ARISE advocated for the inclusion of informal settlements in the city's COVID-19 response using evidence that showed that residents were disproportionately impacted by the pandemic and lockdown measures. Community residents were, as such, included in the decision-making process concerning their health and wellbeing during the COVID-19 pandemic by participating in response planning meetings through FEDURP.



MAR-JUL 2020	Phone interviews were conducted by researchers and co-researchers on the impact of COVID-19 on informal residents in three communities.
AUG 2020	Researchers and co-researchers participated in training in qualitative analysis of phone interviews.
OCT 2020	First face-to-face meeting with Western Area DICOVERC, including the PRO health communication. ARISE team members introduced the Responsive Fund project, findings from phone interviews and the need for collaboration especially in areas of messaging and community involvement in COVID-19 response.
MAR 2021	Formed a working group with DICOVERC to plan the project implementation and timeline.
APR 2021	Summary report produced from the in-depth qualitative interviews in Moyiba, Dwarzark and Cockle Bay Communities.
JUN-AUG 2021	Temporary suspension of Responsive Fund activities due to the third wave of COVID-19.
AUG 2021	Terms of reference with DICOVERC developed.
NOV 2021	Two day workshop on the adaptation of COVID-19 messages attended by community stakeholders, co-researchers, FCC and DICOVERC. Issues were raised on perceptions, beliefs and denial of the COVID-19 vaccination after which community stakeholders agreed to be vaccinated in their communities and that a vaccination campaign should take place in the communities.
DEC 2021	DICOVERC, FCC, researchers and co-researchers jointly engaged in massive community sensitisation and vaccination campaigns in the Cockle Bay, Dwarzark and Moyiba communities.
MAR-MAY 2022	Distribution of relief items and installation of hand washing stations (Veronica buckets) using the Kobo collect platform to provide the geo-spatial location of sanitation facilities installed in all three communities.
JUN 2022	Reflexivity session with co-researchers to get their perceptions of the different Responsive Fund activities.
JUN-AUG 2022	Conducted field visit and monitoring of handwashing stations to three ARISE focused communities.
JUN-AUG 2022	Three blogs written by co-researchers and researchers showcasing the impact of the Responsive Fund initiative on co-researchers and the community.
SEP 2022	Handover of hand washing stations to communities.
MAR 2023	Responsive Fund impact interviews - focus group discussions and in-depth interviews.

ARISE's contribution was significant in establishing links between governance actors and the community and providing a space for more equitable partnership and collaboration - COMAHS was a member of the national COVID-19 operational pillars of response; and CODOHSAPA/FEDURP was part of the development of the decentralisation strategy of the National COVID-19 response organised by FCC and the Ministry of Local Government and Community Development. ARISE was able to leverage these prior collaborations with FCC, DICOVERC and other partners to encourage and shape their response towards marginalised informal residents, and the successful implementation of the Responsive Fund project. This work also strengthened the relationship between FEDURP and FCC and resulted in further collaboration including the development of a COVID-19 application and urban agriculture initiative as part of the COVID-19 response.

Since the COVID-19 work, DICOVERC has been dissolved and staff reintegrated into the District Health Management Team (DHMT) which provides both primary and secondary health care; including preventive, curative and promotive health services and is responsible for implementing policies and strategies of the Ministry of Health at the district level including malaria prevention and control. A former DICOVERC employee, who was part of the 2024 nationwide insecticide-treated bed net distribution campaign for malaria prevention, shared that because of the COVID-19 work through ARISE, they now understood that the approach for distribution must consider the different contextual factors and specific needs of those living in informal settlements compared to those not living in them. COVID-19 also created a new imperative to think beyond provision of immediate response and think in the longer-term to improve infrastructure and relationships between communities and service providers.

“I also realise that they (informal settlements) face a lot of challenges especially accessibility and some of these hard to reach areas are hard to reach areas indeed ... Because in these communities if you are sent there to work and you go there once you may not want to go there again due to the challenging road network and as we know disease does not have these barriers and can go anywhere so we need to work on the infrastructure such as roads and access to electricity as well, to ensure health work can happen in these communities.”

The ARISE research team conceptualised, developed and coordinated the activities, with oversight of all aspects of the process. The Participatory Action Research (PAR) approach enabled ARISE to tailor the Responsive Fund activities to the specific needs of the communities. The inclusion of the community stakeholders in the workshop to adapt COVID-19 behaviour change messages provided the space for other challenges related to COVID-19 vaccine hesitancy to be brought to the fore. This resulted in the inclusion of activities that were not part of the initial action areas in the Responsive Fund proposal such as, the inclusion of images of community stakeholders in posters and a community sensitisation and vaccination drive in which community stakeholders were vaccinated in front of their communities to improve vaccination.

Furthermore, through the ARISE Responsive Fund work, ARISE identified and distributed relief items to households with vulnerable groups including people with disabilities, the aged, widows, female headed households, unemployed youths and single mothers whose livelihoods had been significantly affected by the pandemic. The installation of hand washing stations across the communities including schools was well received and prompted hand hygiene among children and youths. The provision of these relief items and handwashing stations through the responsive fund enabled ARISE SL partners to provide support in response to the needs of the most vulnerable in the community which would not have been possible without ARISE.





The ARISE Community Based Participatory Research (CBPR) approach ensured that co-researchers received training in communication and advocacy which enabled them to participate in community sensitisation events. Co-researchers were involved in the identification of beneficiaries and distribution of relief items, installation, and monitoring of handwashing stations, co-led the development of information, education and communication and media engagement materials, and led community sensitisation and vaccination drives.

The receptiveness of community residents to participate and share their experiences through the telephone interviews helped ARISE prioritise their Responsive Fund activity. The community residents were also receptive to relief items, handwashing stations and vaccine drives. Given the mistrust about the safety of the COVID-19 vaccine among community residents, ARISE held consultations with community leaders and they agreed to lead the charge to tackle this issue by participating in the vaccination drives and choosing to get vaccinated in front of the community, to reassure community members of its safety. This led to the vaccination of 60 community residents. Community leaders also consented to the inclusion of their images in the adapted vaccine education, information and communication materials.

“I really liked the community led action that ARISE uses, with the community people talking to themselves about the importance of the vaccines in their local languages, it made it easier for the health messages to spread and to encourage them to accept the vaccinations instead of us coming in with our English and Krio which would have made it difficult for them to accept the us and the vaccines...”

Key Informant Interviewee, DICOVERC, 2024

SHIFTING ATTITUDES AND PERCEPTIONS OF INFORMAL SETTLEMENTS

As a result of dialogue with communities DICOVERC service providers fundamentally shifted their perspective of informal settlement communities and their capacity for self-representation and to propose solutions to the challenges they face. A number of DICOVERC staff reflected on how influential ARISE had been in shifting their perceptions of informal settlement communities and the urgent need to work alongside these communities to address the huge infrastructure and service deficits they face. For example, one functionary said, “Before the work our perception of informal settlements was as poor areas and the people who live there as bad, uncivilised and uneducated but we got to realise that they have their own structures in place and are not as disorganised as we thought as outsiders. The people there were welcoming and can contribute to the society.”

At a City Learning Platform event in May 2024 a Ministry of Health official noted that:

“Through the discussions today it is clear that perceptions that community members do not have the capacity and willingness to engage in health decision making may not be entirely true, I think we need to go back to the drawing board and come up with more practical way to engage them...maybe we should go to the places they gather and go through their established structures to meet with them instead of calling them to meet in venues where we speak big English and have so much protocols or make decisions on assumptions that we know what is good for them...”

This comment validates the effective participation of community stakeholders at this meeting. Throughout the meeting community members were vocal - discussing their challenges and experiences, and demanding accountability.

IMPROVED COMMUNITY RELATIONSHIPS, ACCESS AND TRUST

ARISE work was foundational in building trust and facilitating connections between informal settlement communities and service providers and duty bearers to increase the efficacy of the COVID-19 response. Workshops were organised where representatives of different vulnerable groups within informal settlements and DICOVERC could engage with one another. These groups adapted existing COVID-19 messages into languages and local slang that communities could identify with to help tackle misinformation and mistrust surrounding the vaccine, while also fostering community ownership and leadership. Know Your City TV (KYCTV) helped in the development and dissemination of social and behavioural change audio messages and jingles.

Following this workshop, governance actors (Western Area district DICOVERC, Freetown City Council) supported the coordination of mobile vaccination teams for vaccine drives, and DICOVERC invited FEDURP to be part of the operational pillar meetings which included discussions and plans for surveillance, case management, laboratory work, food and nutrition, and risk communications. The inclusion of FEDURP was significant as it brought community voices to the response. Responsive Fund activities (vaccination drive and COVID-19 messages) was conducted in partnership with the risk communication work of the Western Area DICOVERC, and they led the coordination of teams that took part in the community vaccination and community sensitisation events.

“The established relationship that ARISE had with the community meant they were well trusted, so with ARISE by our [DiCOVERC’s] side, we were not treated as strangers but we were welcomed and easily accepted in the community which ensured that we could do the work (vaccinations) we went there to do which was very important because there was a lot of misconceptions going around concerning the vaccines and the coronavirus and the government”

REFLECTIONS

In the absence of ARISE it is unlikely that the adaptation of COVID-19 messages to be more relevant to people living in the informal settlements would have happened. The participatory and inclusive approach employed by ARISE was successful in promoting positive behaviour changes such as social distancing and handwashing, to reduce the risk of contracting and transmitting COVID-19 in the three communities where they worked. ARISE were also able to address vaccine hesitancy and facilitate access to social support and services for the most vulnerable, including those affected by lockdown measures. The approach taken strengthened the relationships and trust between the communities and DICOVERC which has created a more open and conducive environment for health service uptake within these communities.

From the community perspective, spaces were created by ARISE to give communities an opportunity to communicate with service providers on how the context of lockdown was affecting every aspect of their lives and highlight their evolving needs as the pandemic unfolded. For the service providers, this experience has fundamentally shifted perspectives of informal settlement communities and their capacity for self-representation and to propose solutions to the challenges they face. Whilst DICOVERC was disbanded following the pandemic, the attitudinal shift among health professionals, who have moved on to roles in the DHMT and the Ministry of Health, has the potential for long-term influence on how health services for informal settlements are planned and delivered. For informal settlement communities, stronger awareness of and trust in health services has positive implications for future health service uptake.

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