

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

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1. Summary

- Private-sector and civil society groups significantly contributed to **raising awareness** about Covid-19 in Kampala by using several creative strategies that can usefully complement official risk communication strategies.
- An array of non-state actors – including community health volunteers (CHVs), private firms, youth, women's, faith-based and refugee-led organisations – were also key in **assisting marginalised residents**, but these efforts would benefit considerably from additional governmental support and recognition.
- **Collaborations** between state and non-state actors took various forms but were typically emergency responses (for example, providing cash or food assistance), which did not necessarily adopt a strategic, longer-term approach to address urban poverty and deprivation.
- Other emerging interventions – such as to enhance health systems, counter police brutality, support multisectoral upgrading, and engage constructively with informality – may open newfound **possibilities of more lasting, equitable change**.

2. Background

2.1. Introduction: Understanding Covid-19's impacts and responses 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 Covid-19 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, thus 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 that are all essential to manage the pandemic. But Covid's health burdens are not always clear in African cities (often reflecting shortfalls in testing), while its social, political and economic 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 (although see Bukenya et al. 2022). Such findings may help tackle the pandemic's complex local impacts and inform strategies to address the underlying sources of urban disadvantages. 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 Covid-19 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 Kampala.

Kampala is a thriving economic and commercial hub, currently home to about 1.7 million people, with its population rising to 3.5 million because of daily commuters from the surrounding region (Ernstson and Mukwaya 2021). Its population has grown rapidly for decades, with the city's recorded population growth rate reaching 5% per year between 1995 and 2015 (ibid.). Kampala has over 60 informal settlements, which accommodate an estimated 560,000 families. Reflecting both regional and domestic conflicts, Kampala is home to sizable populations of refugees and internally displaced people (IDPs). The city generates as much as 60% of Uganda's GDP and comprises 80% of the country's industrial sector (UBOS 2018). Most residents work in the large informal economy, particularly in trade and also in manufacturing and services. Our findings about Covid's economic, social, and political impacts are taken from a larger research project comparing Covid-19 responses in the cities of Kampala, Nairobi, and Mogadishu, as explained further below.

2.2. Methodology

Our research examined Covid-19's complex impacts upon marginalised urban residents, in addition to considering several strategies spearheaded by government actors, the private sector, grassroots and civil society organisations and international agencies. We analysed pandemic responses in Kampala (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 with low-income residents and community leaders, informal workers and local organisations, NGOs and international organisations, community health workers (CHWs) and government decisionmakers. We sought to understand how low-income residents perceived Covid-19 responses, with attention to 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

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

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. 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.

2.3. Key findings

Low-income residents in Kampala 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. 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.

Violence and insecurity 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 (for example, amongst youth in Nairobi), gender-based violence and teenage pregnancies, often linked to school closures. 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.²

Emergency relief was often inadequate and hampered by political favouritism, limited transparency and poor targeting, which further sidelined informal workers and other vulnerable groups that live outside social protection systems. Kampala residents reported 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 Covid-19 and subsequent lockdown, there was a shift from food relief to cash transfers and a more flexible, horizontal approach (partly due to the end of the election season). But there were still challenges in effectively

² Reuters (2020). "Uganda halts vote campaigning in some areas, opposition cries foul." December 26, 2020. <https://www.reuters.com/article/us-uganda-politics-idUSKBN2900GS>.

targeting relief, and we found limited collaborations 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 all of the most vulnerable groups that had been identified for cash transfer, including vulnerable informal workers, the elderly and low-income women.³ These findings underscore the need for gathering 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 helped to deliver medication in informal settlements 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 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.

2.4. 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 Covid-19 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 due to the negative publicity surrounding the AstraZeneca and other vaccines. More generally, our findings confirm the need to understand the complex set of local beliefs and anxieties about the vaccines, in order to develop respectful, contextually rooted responses to the pandemic (see also Lines et al. 2022 and Leach et al. 2022).

Given the prevalence of misinformation, locally appropriate collaborations to raise awareness while also effectively countering rumours and fake news were essential, as illustrated by initiatives in Kampala. Throughout the pandemic, state and non-state actors developed multiple modes of communicating, including creative strategies by youth, local organisations and partnerships with the Ministry of Health.⁴ For instance, in Kampala's informal settlements, existing structures such as Village Health Teams (VHTs), 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

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).

⁴ 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.

Red Cross and AMREF (African Medical and Research Foundation), as youths 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.”*⁵ Such multi-pronged approaches, which foregrounded youth 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.

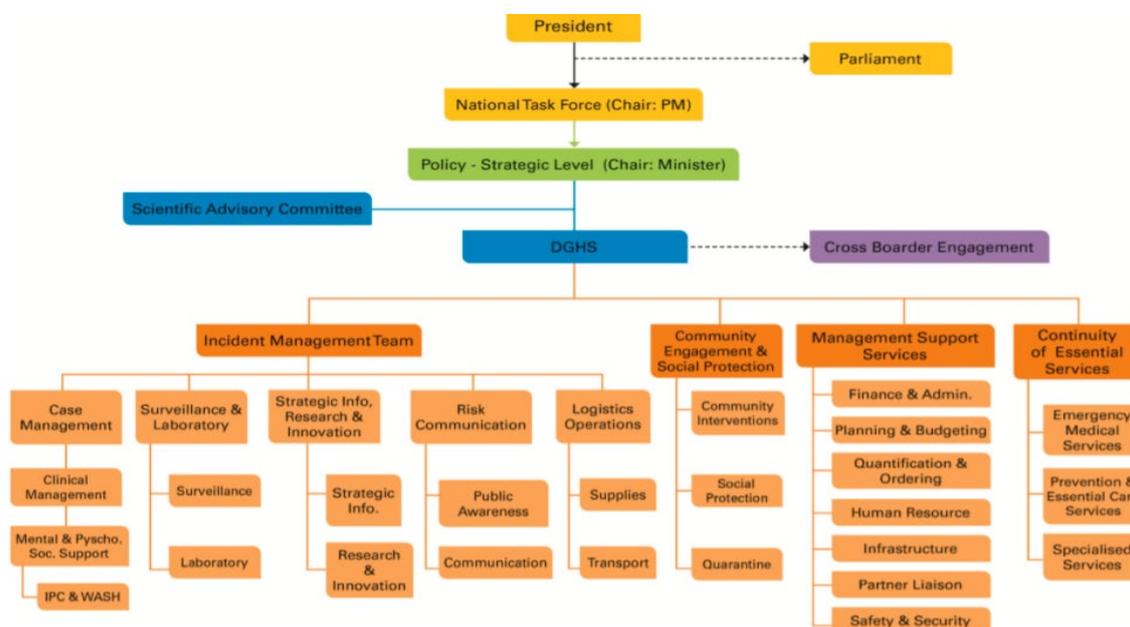
2.5. Coalitions, collaborations and grassroots-led responses

We found a range of responses in Kampala at different scales, such as **national taskforces**; **philanthropic** and **private-sector** initiatives; **aid agency** initiatives; 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 attention to state and grassroots interactions, as well as considering how community-led organisations and other groups sought to address multiple exclusions in urban areas.

In Kampala, the national government often relied upon a centralised taskforce and adopted a highly top-down approach, which proved highly inadequate in 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 Ministry of Health, Internal Affairs, Defence, Works and Transport, and Trade and Industry, as well as 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 Kampala (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 handwashing stations and, in partnership with the NGO WaterAid, 84 handwashing points and 68 standpipes were installed and a further 343 locations for handwashing stations were identified across the city where there were high concentrations of transient population, including entrances to markets, passenger pick-up points, busy bus stops and taxi stages. By mid-May 2020, however, only 75 had been installed (Mutabazi, et al. 2020).

⁵ Focus group discussions with youths in task teams in Kagugube, Namuwongo and Kinwataka settlements.

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



Source: MoH (2020: 11).

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 Uganda Revenue Authority and Local Governments including city governments not to close any business for failure to honour their tax obligations, thereby helping to cushion the pandemic's economic impacts and encouraging diversified livelihoods. Some residents indeed moved into new income-generating activities, such as selling masks and sanitisers. Online shopping was promoted and 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; the effectiveness of these policies has been difficult to assess, especially for low-income households. Nevertheless, 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."⁶ In further efforts to improve livelihoods and stem the rising levels of precarity, SDI's affiliates, ACTogether and

⁶ From boda-boda focus group discussion in Makindye division.

National Slum Dwellers Federation Uganda (NSFU), provided low-income residents with training in new skills such as producing masks, producing sanitisers, and urban gardening.

At the same time, Kampala's refugees often were 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 from organisations like Young African Refugees in Development (YARID), Norwegian Refugee Council (NRC) and the Somali Community Association, respectively. There were also awareness-raising activities from the Somali Community Association and the Covid-19 Solidarity Fund of Africa Humanitarian Action (a partner organisation of UNHCR).

3. Conclusions and policy recommendations

The Covid-19 pandemic has generated several interconnected health, social and economic crises in urban areas such as Kampala. But it has also exacerbated and illuminated major developmental and structural challenges of social and economic exclusion, which are longstanding in Kampala and many other cities in the global South. While past research into the pandemic has usually focused on governmental 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, which we summarise as a typology and cross-scale collaboration patterns in Table 1 and Figure 2.

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 Table 1). Figure 2 then provides a different perspective on 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 (as in Kampala), a range of civil society actors 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 also incorporates 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 significant value of situated knowledge of community actors 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 knowledge can often be overrun or disregarded to a greater extent. One can 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 collective action by low-income residents, key axes of difference, such as ruling party allegiances, economic class position, migration status and other factors, still strongly shaped access to relief and the like.

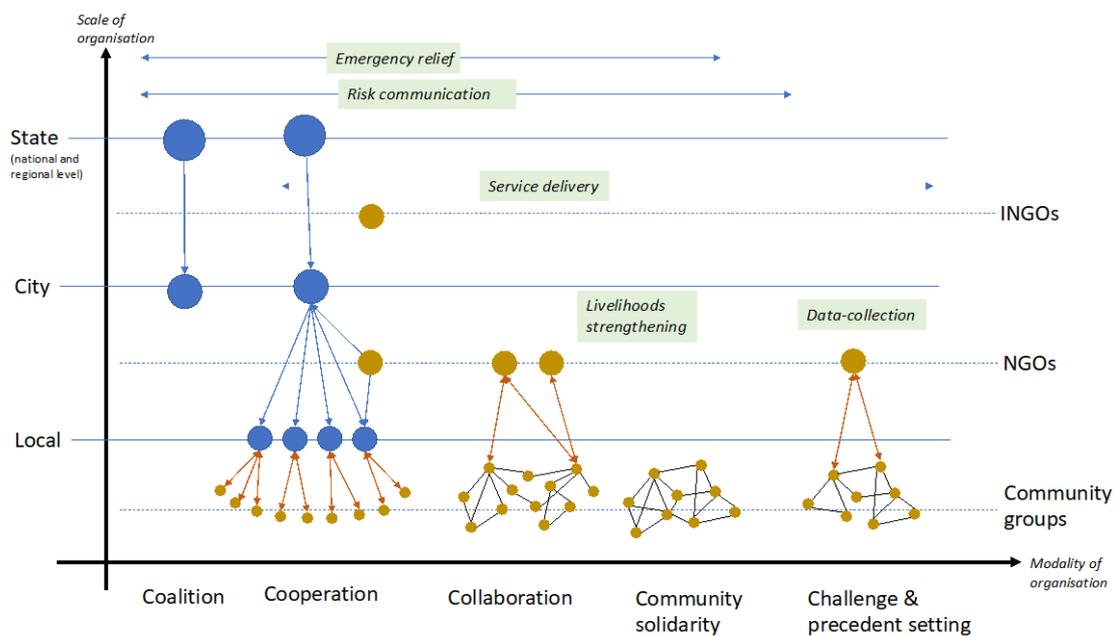
While our research has clearly showed that a range of new forms of collaboration across sectors, levels of government and civil society emerged as a direct response to the *pandemic’s specific dynamics*, it is not clear if and how which or any of these new modes of collaboration will remain in place as we enter post-pandemic “new normal” conditions. The hope that new forms of collaboration could help to address *more structural challenges* of inequality and exclusion that exist in African 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 (below)

Concrete entry points for Covid-19 responses	
Emergency relief distribution: Both cash and food assistance provided by government, INGO, 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 (for example, youth groups in Kampala) or private-sector actors.
Service delivery: This included efforts to enhance WASH and improve health sector robustness (for example, 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 (for example, 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 (for example, 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 (for example, in Kampala), but could be effective as a mechanism to coordinate amongst INGOs and government agencies (as in Mogadishu).</p>	<p>Collaboration: Kampala youths collaborated with Red Cross and AMREF to raise awareness.</p>
<p>Cooperation: Such as state and community cooperation in distributing relief or providing new handwashing stations in informal settlements.</p>	<p>Community solidarity: Grassroots responses, especially in benefiting vulnerable groups (for example, assistance during isolation, medical referrals), but also to support mutual aid and enhance livelihoods amongst savings groups.</p>
<p>Challenging and precedent setting: 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 2: Modalities of interaction across scales in response to the Covid-19 pandemic



Note: These modalities are based on findings from Kampala, Nairobi and Mogadishu. These crystallised around particular concrete needs or entry points to address pandemic dynamics, while also intersecting with longer-term urban challenges.

3.1. 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 mistargeted or exclusionary policies during Covid-19. To ensure a more inclusive recovery, there is a need for detailed **local data collection** with attention to informality and multiple urban exclusions (whether based on gender, age, migration status, ethnicity, disability or other differences).

Grassroots organisations, including Shack/Slum Dwellers International (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 during Covid-19, when many people were newly vulnerable and lost their informal livelihoods. Household-level enumerations, spatial mapping and physical addressing ([see Nairobi brief](#)) 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. Policymakers will need to 1) raise awareness of the vaccine’s benefits and 2) counter misinformation, such as through 3) partnerships with religious leaders and other trusted leaders or youth and community groups, while also 4) responding to local values and beliefs.
- **Strengthen the official support of Community Health Volunteers (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 and can co-develop inclusive responses with marginalised residents to Covid-19 and other crises.
- **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 underlying challenges facing African cities and the multifaceted risks that many marginalised groups already faced before the pandemic. This will include efforts to tackle Covid’s **health-related risks**, such as building robust, trustworthy health systems, social dialogue and supporting universal health coverage (Leach et al. 2022). Further efforts are needed to **address economic risks** and to ensure an equitable, inclusive recovery, with particular attention to 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 intersectoral, multi-pronged strategies with attention to gender, age, forced displacement, ethnicity and other axes of difference that can ensure that the overlapping burdens during Covid-19 are lessened rather than further entrenched in African cities.

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