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

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1. Summary

- Private-sector and civil society groups significantly contributed to **raising awareness** about Covid-19 in Mogadishu 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 (Mitlin and Gupte 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. 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 Mogadishu.

Serving as Somalia's capital and largest port, Mogadishu faces significant challenges with heightened levels of insecurity, inadequate service provision, and elevated levels of poverty. It is a fragile city that has regularly experienced communal clashes, political violence, and terrorist attacks (Earle 2021). Municipal boundaries in Mogadishu have not been formalised, and few reliable statistics are available, with Somalia's most recent Census dating back to 1975 (ibid.). Population estimates for Mogadishu range widely from 1.7 million to 2.9 million, while city boundaries range from 80.4 km2 to 148.9 km2 in size (ibid.). There is low-quality provision of housing and services, with water, transport, healthcare, and electricity typically provided by NGOs, private sector, or other non-state actors (Bonnet et al. 2020). Poverty rates in Mogadishu are estimated at 72%, which is equivalent to levels in Somalia's rural areas (Earle 2021). In 2018, the city was home to an estimated 500,000 internally displaced persons (IDPs), who often experience severe shortfalls in services and even higher rates of poverty (ibid.). Much of the city's population works in the informal economy. Additionally, Mogadishu is characterised by hybrid governance arrangements, as an array of non-state actors such as humanitarian agencies, "gatekeepers" who govern IDP settlements, and other groups helping to fill the power vacuum left by national and local authorities (ibid.). As explained below, we analysed how IDPs and other low-income residents in Mogadishu experienced the pandemic and how a complex constellation of state and non-state actors have responded to the crisis. 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.

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 compared pandemic responses (from March 2020 until early 2022) using document analysis and qualitative data collection with an array of stakeholders. In

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[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).

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, 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 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. Interviews in Mogadishu examined Covid-19's impacts upon IDPs, businesses and other low-income residents.

2.3. Key findings

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.** 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 (due to disrupted imports and other Covid-related impacts).

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. Police brutality in Mogadishu led to protests in April 2020, after which the city's curfews were lifted but insecurity and political contestations continued to affect the city's daily life, partly as an effect of how narratives and counter-narratives to postpone general elections due to the pandemic were politicised by different elite groups.[2]

Regarding emergency relief in Mogadishu, the government's direct relief was overall limited, 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

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[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 Bukenya et al. (2022).

available for free, providing "*an opportunity for the vulnerable people such as IDPs, who were not able to pay for treatment fees*". 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 (for example, 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 whether the tax break ultimately reduced prices for consumers. Nevertheless, an array of international agencies, private firms and other actors collaborated with government actors to address Covid-19 in Mogadishu, which included addressing the proliferation of fake news about Covid-19, as discussed in the next section.

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. In Mogadishu, 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.[3,4] 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 Mogadishu. Throughout the pandemic, state and non-state actors developed multiple modes of communicating, including creative strategies by youth, local organisations and partnerships with Ministry of Health.[5] 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 UNFPA 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 to overcome resistance and address fake news. Religious leaders also worked with Somalia's Ministry of

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[3] Interview with IDP.
[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.

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 about Covid-19 as a disease spread by non-Muslims and to support vaccination uptake. For instance, it was reported that one elder had initially opposed Covid-related interventions (such as mosque closures), but after the government and religious leaders intervened, this elder adjusted his views and was one of the first to be vaccinated.

2.5. Coalitions, collaborations and grassroots-led responses

There were 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 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 Mogadishu, we analysed how a multistakeholder taskforce, private firms, religious leaders and international aid agencies all played a significant role in the city's emergency response efforts.

In Mogadishu, multistakeholder taskforces helped to coordinate interventions by several state and non-state actors who operated alongside a range of other initiatives at several scales (Figure 1). As illustrated below, the Federal Government of Somalia (FGS) and Ministry of Health created a Risk Communication and Community Engagement Task Force with UNICEF, WHO, the African Union Mission in Somalia (AMISOM) and media partners. There was also regular coordination between the Ministry of Health and the Benadir Regional Administration (BRA), where Mogadishu is located, 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 1: Overview of the formal structure of Somalia's Covid-19 response, including the Mogadishu Incident Management System
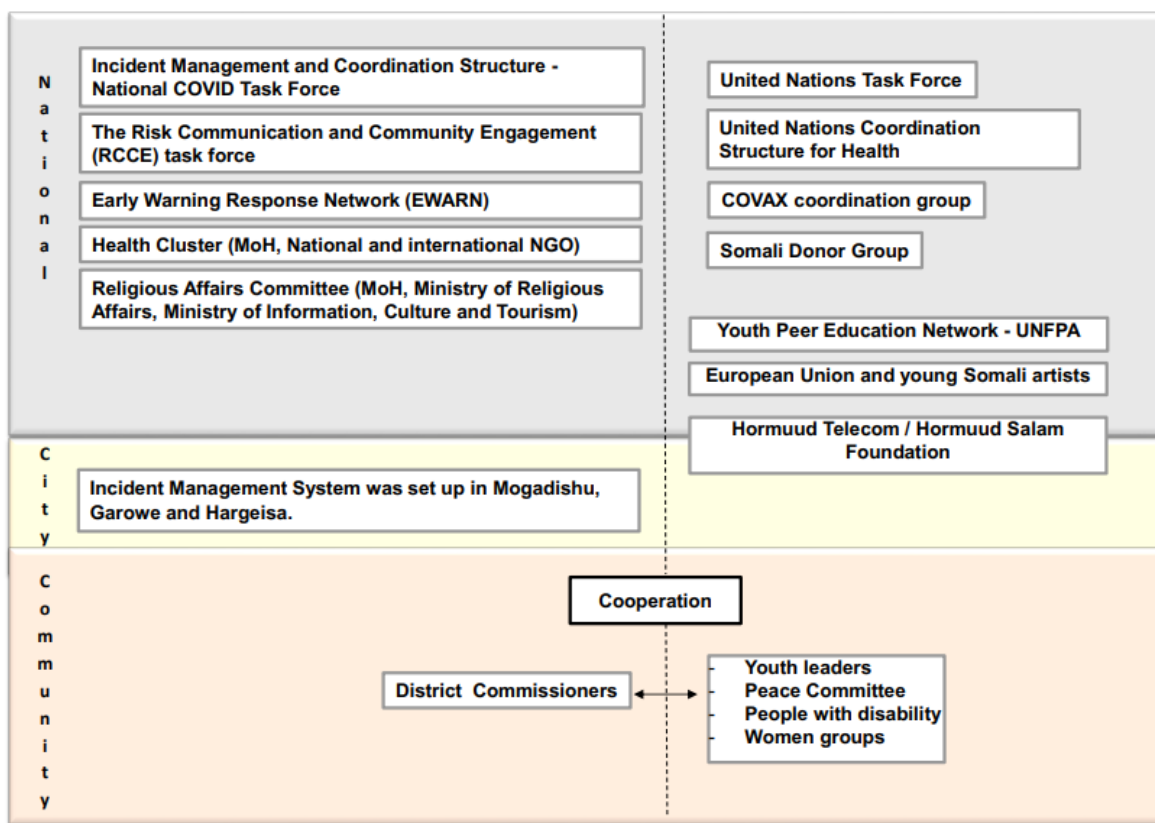
3. Conclusions and policy recommendations

The Covid-19 pandemic has generated several interconnected health, social and economic crises in urban areas such as Mogadishu. But it has also exacerbated and illuminated major developmental and structural challenges of social and economic exclusion, which are longstanding in Mogadishu 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). Figure 2 then provides a different perspective of 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, 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 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 the 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. 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 shown 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 (such as youth groups in Kampala) or private-sector actors (for example, Hormuud in Mogadishu).

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 *boda-boda* 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	
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).	**Collaboration:** Kampala youths collaborated with Red Cross and AMREF to raise awareness and religious leaders collaborated with local officials in Mogadishu.
Cooperation: Such as state and community cooperation in distributing relief or providing new handwashing stations in informal settlements.	**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.
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.	

Figure 2: Modalities of interaction across scales in response to the Covid-19 pandemic
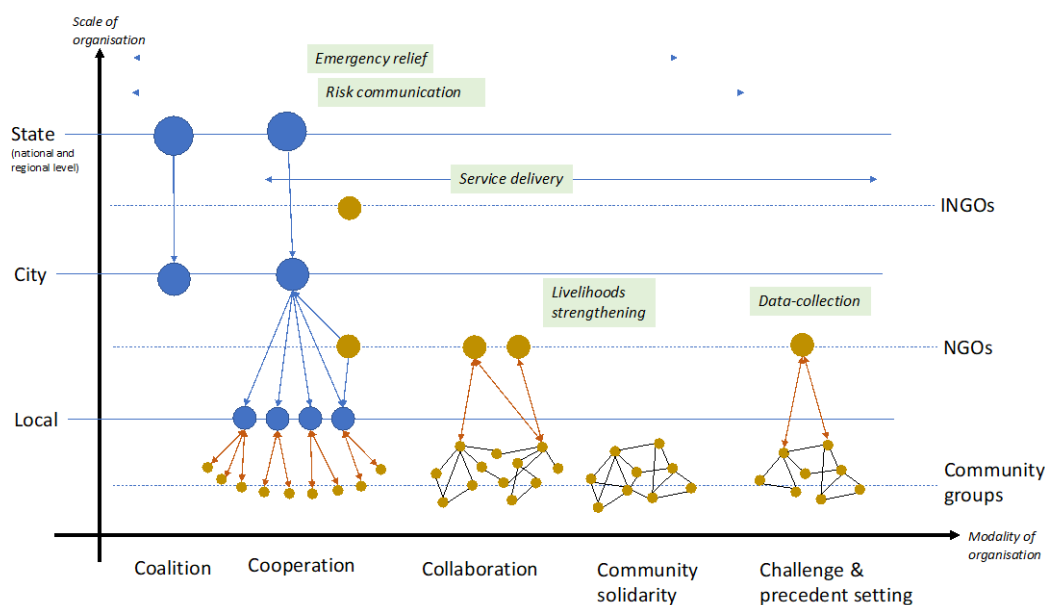
Note: These modalities crystallised around particular concrete needs or entry points to address pandemic dynamics, while also intersecting with longer-term urban challenges

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](#)) all can 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 co-develop inclusive responses with marginalised residents to Covid-19 and other crises. There is also a need to understand private-sector 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 underlying challenges faced by 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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