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**Abstract**

Covid-19's acute phase has now subsided, but its lasting socioeconomic, health and political consequences remain poorly understood, especially in African cities. This paper discusses the pandemic's impacts and grassroots responses in Harare, Kampala, Lilongwe and Nairobi. In these four cities, affiliates of Slum/Shack Dwellers International (SDI) led our action research examining household- and community-level impacts of Covid-19 (from 2021 to 2023). We also analysed a range of grassroots responses and emerging collaborations with government actors. Finally, we explored SDI's organisational tactics and efforts to revitalise grassroots savings groups, as these schemes are integral to SDI's bottom-up model of change in informal settlements.

The aftershocks of Covid-19 are still reverberating and intersecting with other crises, and we found relatively few households that had made a robust recovery. Rising precarity was common in the four cities and often linked with exclusionary governance, depleted assets and increased costs of living. Our small-scale surveys indicated that in late 2022, most informal workers were still unable to work in Lilongwe, Harare and

Kampala. Compounding such challenges, we found multiple instances of state-led evictions to “clean up” low-income residents, alongside market-led displacements, owing to the rising unaffordability of shelter or services. Early Covid-related water, sanitation and hygiene (WASH) interventions were rarely maintained over time, which underscores the importance of sustaining political will and responsiveness to low-income citizens. We also uncovered promising efforts to promote community health systems and strengthen grassroots organisations. SDI affiliates have revived savings groups and enhanced recognition for grassroots knowledge, including via creative media. All four SDI federations have developed a set of flexible, inclusive strategies, such as a communal food fund in Nairobi. We close with key recommendations for policymakers.

**Keywords:** Informal settlements, informal workers, African cities, social movements, social protection, urban inequalities

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## 1. Introduction

Covid-19's acute phase has now subsided, but its lasting socioeconomic, health and political consequences remain poorly understood, especially for marginalised residents and workers in African cities. The pandemic has helped to reveal the ongoing political contestations over urban informality and represents a critical juncture in how cities are governed (Shatkin et al., 2023; Sverdlik and Walnycki, 2021; Wahba, 2022). Prior research on cities during the pandemic has typically centred upon early lockdowns, including partnerships to provide emergency relief and bottom-up strategies to address the crisis (Duque Franco et al., 2020; Acuto 2020; Connolly et al., 2020). Many residents of informal settlements confronted strict containment measures and could not socially distance, while also facing deficient shelter and inadequate access to social protection (Gupte and Mitlin, 2021; Corburn et al., 2020; Wilkinson, 2020). More recently, there is scattered but sobering evidence of the slow economic recovery amongst women informal workers and other precarious urban labourers (Reed and Skinner, 2023; Harvey, 2023; Nur and Jabeen, 2023). Yet Covid-19 research is usually based on trends from 2020-21, when the virus' spread was the most intense and official restrictions were particularly stringent (for a recent review, see Amirzadeh et al., 2023). To date, there are few insights into how low-income residents responded over time to Covid-19 and how other contemporary concerns, like inequitable local governance or the impacts of climate change, also influenced the pandemic's effects in urban areas (although see Sahoo et al., 2023; Fransen et al., 2023; Ruszczyk et al., 2022; Koroma et al., 2022).

With a combined interest in informal workers and residents of informal settlements, this paper will discuss Covid-19's multifaceted impacts and grassroots organisations' responses in four African cities during the post-pandemic phase. From September 2022 to February 2023, we conducted action research in Harare, Kampala, Lilongwe and Nairobi, where affiliates of Slum/Shack Dwellers International (SDI) led our data-collection and policy uptake activities. SDI is a grassroots movement active in over 18 nations across the global South, which has promoted inclusive urbanisation via community-led interventions and partnerships. During this project, SDI affiliates conducted focus group discussions (FGDs) with residents and informal workers varying in age, gender, disability and type of livelihood. Our data collection sought to understand changes and continuities since the official Covid-19 restrictions were lifted in the four cities. We examined household- and community-level impacts over time, such as deteriorating livelihoods and rising levels of insecurity, while also considering any equitable collaborations with government actors. Additionally, we analysed SDI's efforts to revitalise grassroots savings groups, as these schemes are integral to SDI's bottom-up model of change in informal settlements. Grassroots savings help federation members to access SDI's low-interest loans that are often utilised for improving shelter and livelihoods. Savings schemes also promote collective mobilisations and advocacy with local officials; foster grassroots networking opportunities; and enhance social capital in informal settlements (see Section 5). Women comprise most savings group members and typically use savings to strengthen their livelihoods, as well as buying

food or otherwise supporting their households as part of their gendered reproductive care roles (Chitekwe-Biti and Mitlin, 2015). As discussed below, savings groups in the four cities have faced various setbacks but have continued to respond creatively and rebuild in the post-pandemic phase.

In our research, many informal workers and residents reported facing stark socioeconomic losses and cost-of-living crises, with inequitable impacts that usually remain unaddressed. Some informal workers successfully shifted into alternative livelihoods, found new spaces of work, and/or utilised digital tools to bolster their incomes. But, all too often, informal workers have struggled to recover because of depleted savings and assets, alongside heightened care burdens. Across the four cities, we found that residents' incomes and employment declined substantially (during and after Covid-19 governmental restrictions). Informal workers' recovery was further hampered by major state-orchestrated evictions or "clean-ups", including in Harare and Kampala. Moreover, access to relief and social protection usually was inadequate, reflecting the short-term nature of support, political biases in distribution, and/or incomplete data on beneficiaries.<sup>1</sup> We also discuss how access to water, sanitation and hygiene (WASH) and healthcare provision changed over the course of Covid-19, including more responsive, equitable community healthcare systems. However, our findings indicate that many Covid-related gains in WASH and other services were only temporary. We also explain how Covid-19 has increasingly been eclipsed by other socioeconomic, political and health challenges, such as the cholera outbreak in Lilongwe and the spiralling cost of living across all cities.

In response to these challenges, SDI federations sought to revive local savings groups and to bolster recognition for grassroots knowledge, including via creative media. For instance, youth federation members developed songs and social media campaigns that feature alternative, bottom-up visions of urbanisation (as part of SDI's "Dignified Urban Life" campaign<sup>2</sup>). A key overarching change has been the ongoing uptake of digital technologies across the four cities, with strong potential to strengthen both livelihoods and SDI's savings groups. All four SDI federations have developed flexible, inclusive strategies in the face of Covid-19,<sup>3</sup> such as the creation of a communal food fund in Nairobi. Although Covid's acute and increasingly chronic shocks have deepened long-

<sup>1</sup> See Matamanda et al. (2022) for similar findings on biases in Covid-19 relief distribution in South Africa, Zimbabwe and other African nations. They note that such relief and recovery packages typically did not materialise, failed to benefit vulnerable groups, or, in some instances, only reached political cronies.

<sup>2</sup> See [www.youtube.com/watch?v=5VNr9Zxv8CY](https://www.youtube.com/watch?v=5VNr9Zxv8CY) and [www.youtube.com/watch?v=37QrgbhI4RU](https://www.youtube.com/watch?v=37QrgbhI4RU) (accessed 25 March 2024).

<sup>3</sup> At the beginning of the Covid-19 pandemic, each SDI affiliate received USD 10,000 to utilise as they saw fit to combat the crisis in their communities. Many SDI affiliates conducted far-reaching public information campaigns on preventative measures, which also helped to dispel misinformation and advertise local resources or support services. Other federations focused upon upskilling youth and provided vocational training for them to produce hand sanitiser, soap and masks. Some affiliates launched mobile information facilities; others coordinated the delivery of care packages to high-risk individuals. With this seed funding, the network was able to address the rapidly evolving needs and develop tailored, locally appropriate responses.

standing inequalities in African cities, we argue that there are opportunities to build on entry points for progressive change.

We begin by explaining our methods, study settings and research questions (Section 2). Next, we discuss Covid's impacts since 2021, using illustrative findings in the four cities on the following topics: access to WASH, housing and education; care burdens; insecurity; and informal livelihoods, with attention to disadvantaged as well as workers who were better able to recover (Section 3). We subsequently analyse access to social protection and local governments' stances in the four cities, considering both inclusive and exclusionary interventions (Section 4). In a key set of contributions, we discuss individual and community-led responses, featuring SDI's changing strategies in the face of the pandemic (Section 5). We conclude with recommendations that can foster recognition and a more inclusive recovery for low-income urban residents (Section 6). We reflect on how to tackle future urban crises with appreciation for grassroots assets, as well as underscoring the complex interrelated challenges of working and living informally.

## 2. Methods and study settings

We used a mixed-methods, collaborative approach with key partners in the four cities of Harare, Lilongwe, Kampala and Nairobi. This was built on our prior Covid Collective research that explored bottom-up responses, urban coalitions, and vaccine access in African cities (Kimari et al., 2022; Lines et al., 2022; Sverdlik et al., 2022), while adding consideration of the changing impacts and responses since 2021. From September 2022 until February 2023, we conducted FGDs in informal settlements, small-scale quantitative surveys (in all cities except Nairobi), and key informant interviews (KIIs) with local officials, grassroots leaders, community health workers and volunteers (CHWs and CHVs, respectively), and other key stakeholders (Table 1 below).

During the present collaboration, we co-designed data-collection tools with SDI partners and local researchers in the four cities. In **Lilongwe**, the Malawi Federation of the Rural and Urban Poor (FRUP or "Federation") works in alliance with its partner NGO, Centre for Community Organisation and Development (**CCODE**). In **Kampala**, the National Slum Dwellers Federation of Uganda (NSDFU or "Federation") has worked closely with **ACTogether Uganda** and with the **Urban Action Lab (UAL)** at Makerere University to conduct action research, including during this project. In **Harare**, **Dialogue on Shelter Trust** acts as the technical partner supporting the Zimbabwe Homeless People's Federation (or "Federation"). Finally, in **Nairobi**, the federation is known as **Muongano wa Wanavijiji**, and during this project Muungano has partnered with its support NGO, **SDI-Kenya**, to conduct research in the informal settlement of Mathare. Together we developed qualitative and quantitative tools (while drawing upon the survey tools created during phase 1), and University of Manchester researchers worked closely with the four city teams to analyse the findings.

Our data collection focused on those working and living informally in the four African cities (where informal livelihoods and residences are extremely common<sup>4</sup>), and we explored how precarious workers with insecure, low-quality housing have responded to Covid-19 since 2021. In all cities except Nairobi, the teams chose three informal settlements in which to collect data. In **Harare**, research centred upon the three informal settlements of Epworth, Hatcliffe Extension and Stoneridge. Data collection in **Lilongwe** occurred in the three settlements of Kaliyeka, Area 36 and Area 50, which differ in their locations and livelihood patterns. In **Kampala**, data collection took place in three informal settlements of Naguru II, Mulago II and Nakulabye, which have high levels of economic vulnerabilities and were again the study sites during our phase 1 Covid Collective research. Meanwhile, in **Nairobi**, the study focused on the large settlement of Mathare, home to over 245,468 people (based on Muungano's data collection from 2021-22), and fieldwork was conducted in three of Mathare's neighbourhoods ("villages") called Kosovo, Mathare 4B and Gitathuru.

Additionally, we conducted a small-scale quantitative survey of key local informants (N=130 in Kampala; 90 in Harare; 59 in Lilongwe) to explore their perceptions of key events from mid-2022 to January 2023. The survey examined vaccine access and uptake over time in each settlement, building on a similar tool used in the 2021 research (Lines et al., 2023; Lines et al., 2024). Survey participants were also asked about their settlements' health and socioeconomic experiences more generally during the post-pandemic period. The survey tool was not designed to be statistically representative, but rather it explored patterns amongst a limited number of community leaders and residents, who should have a good sense of trends in their areas. By drawing upon these knowledgeable informants, we were able to capture some of the variations and evolving patterns in vaccine uptake across Eastern and Southern African cities. We also examined change over time since the previous study in late 2021: in Kampala and Harare, the same settlements were the focus of the 2021 and 2022/3 surveys, and many interviewees were part of both rounds of research. Data was collected individually and face-to-face in the study settlements, using printed questionnaires or tablets, then uploaded to Qualtrics software for tabulation and analysis. Our surveys also considered issues of unemployment, incomes and savings groups' activities in Harare, Lilongwe and Kampala. Meanwhile, we convened FGDs with community health volunteers in Nairobi (where a survey was not conducted) to understand vaccine uptake and local health responses more generally (see also Lines et al., 2024).

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<sup>4</sup> According to recent UN data, 56% of the urban population in sub-Saharan Africa lived in "slums" (UN-Habitat, 2022). Meanwhile, based on ILO data for 2019, 74% of urban residents in sub-Saharan Africa worked in informal employment (ILO 2023).



**Table 1: Study sites and methods**

City	Study sites	Number of focus group discussions (FGDs) and total number of participants	Number of key informant interviews (KIIs)	Number of survey respondents
Harare	1) Epworth 2) Hatcliffe Extension 3) Stoneridge	7 FGDs with 103 participants (70% female)	5 KIIs	90 survey respondents (65% female)
Kampala	1) Nakulabye 2) Naguru II 3) Mulago II	15 FGDs with 130 participants total (50% female)	27 KIIs	130 survey respondents (66% female)
Lilongwe	1) Kaliyeka 2) Area 36 3) Area 50	9 FGDs with 120 residents (70% female)  2 FGDs with total of 50 federation and youth leaders (88% female)	12 KIIs	59 survey respondents (54% female)
Nairobi	In Mathare's villages of Kosovo, Mathare 4B and Gitathuru (in Hospital ward)	8 FGDs with 93 residents (58% female)	4 KIIs	N/A (no survey conducted)

Through this empirical material, we have explored the pandemic's socioeconomic impacts and change over time, including in living conditions, levels of insecurity, livelihoods and care burdens. At the individual level, we sought to understand which residents especially struggled and who could better recover from Covid-19's socioeconomic impacts. We also consider Covid's community-level socioeconomic and health impacts in informal settlements, alongside issues of vaccine access and equity. In Section 3 below, we examine the socioeconomic burdens and related inequalities in the four cities from 2021 to 2023. Using both qualitative and quantitative data, we consider the pandemic's impacts on livelihoods, with attention to multiple exclusions based on gender, age, disability and other vulnerabilities. Afterwards, we consider individual, community-level and local government responses (again with a focus on 2021 onwards), followed by consideration of how the pandemic has affected SDI's savings groups and organisational strategies.

### 3. Multiple inequalities: Uneven recovery patterns and impacts over time

In all four cities, many residents have struggled to recover from Covid-19, while facing other major crises, like cholera in Lilongwe (starting in March 2022) and economic knock-on effects of Russia's invasion of Ukraine (since February 2022) that contributed to escalating food and energy prices. The depletion of savings and assets during Covid-19 often led to heightened deprivations amongst informal workers; these losses were only exacerbated by faltering local demand and rising costs of living.<sup>5</sup> Whilst workers commonly faced an array of challenges, we found that other labourers were better able to shift into new livelihoods, or could benefit from digital tools and new trading locations. Encouragingly, our findings suggest that hygiene awareness has remained higher than pre-pandemic days. Although access to water and sanitation improved in some settlements (which residents often appreciated), such gains in WASH facilities were rarely maintained over time. We also discuss how Covid-related disruptions are still reverberating in education and housing provision. Finally, we note that many local governments in Africa have used the pandemic as an excuse to “clean up” informal settlements and informal livelihoods, which aimed to evict and demolish informal housing and markets (Matamanda et al., 2022), including in Harare and Kampala. Subsequent sections will continue to explore key responses to these multifaceted crises.

#### 3.1. Behaviour change and access to water, sanitation and hygiene (WASH)

In a substantial positive trend, uptake of hygiene and handwashing measures often improved in informal settlements, even as cases of Covid-19 have declined. In **Nairobi**, a woman in Mathare explained that she continues to prioritise handwashing and boiling water to maintain hygiene, which she attributed to the greater public awareness of hygiene since Covid:

There are changes, because before Covid, people were not considering hygiene to be important but for now, as a mother, I make sure that my child washes hands before the start of touching things. I ensure I boil drinking water properly and maintain hygiene.<sup>6</sup>

Similarly, a youth in **Lilongwe** highlighted residents' newfound understanding of handwashing and hygiene practices, with important potential to promote health more generally:

Nowadays people are generally conscious of handshakes, handwashing properly [and] observing social distancing, even though [Covid] has slowed ... This is a good thing, because these hygiene practices are important for our health and wellbeing.<sup>7</sup>

Federation-led activities also helped to produce hand sanitisers and detergents, which continue to provide livelihoods (as explained in subsequent sections).

<sup>5</sup> See Reed and Skinner (2023) and Harvey (2023) for similar findings from WIEGO's “COVID-19 crisis and the informal economy study” in 12 cities across the global South and North.

<sup>6</sup> Mathare, female participant, FGD04.

<sup>7</sup> Federation youth member, Kaliyeka, FGD02.



But after short-term WASH improvements, our fieldwork uncovered a return to poorly maintained, overcrowded facilities that starkly illustrate governmental neglect of informal settlements. In **Kampala**'s informal settlements, upgraded water tanks had been largely abandoned or broken down at the time of our FGDs (in November 2022). Kampala's public toilets were renovated from 2021 to 2022 but subsequently fell into disrepair, due to a lack of water tanks or on-site caretakers.<sup>8</sup> In **Nairobi**, the local authority, Nairobi Metropolitan Services (NMS), provided free water to informal settlements starting in April 2020, but this was halted by early 2022, with many low-income residents still struggling to access water (Schramm et al., 2023)<sup>9</sup>. Although we found that some youth groups helped to maintain WASH facilities in Mathare, Nairobi's handwashing facilities and boreholes typically deteriorated because of poor maintenance and vandalism (ibid.). In **Harare**, there were again concerns with maintenance and paltry government commitment to WASH, as water provision has declined recently. As a Federation leader lamented, water kiosks in the settlement of Hatcliffe were implemented early in the pandemic but eliminated in late 2021 and lengthy queues reappeared:

Here in Hatcliffe, water kiosks were installed by the City of Harare [during] the peak of the pandemic to reduce the long queues on the communal water points; however, these kiosks were taken back around the end of 2021.<sup>10</sup>

There are similar challenges in Harare's informal settlement of Epworth, where women and girls often wake up "as early as 3am to go and queue for water, but by walking around this time, we risk being sexually abused, robbed or murdered".<sup>11</sup> Thus, recent challenges with WASH have again resulted in long waiting times and gender-inequitable burdens, including elevated risk of gender-based violence in informal settlements (cf. Sommer et al., 2015).

In **Lilongwe**, Malawi's cholera outbreak in early 2022 belatedly spurred WASH improvements, but many informal settlements still grapple with cholera or other communicable diseases. Malawi's Ministry of Health declared the cholera outbreak a public health emergency on 3 March 2022, and Lilongwe City Council subsequently implemented prevention and control measures, such as limiting street vending and banning the sale of water, ready-to-eat foods and cooked foods in public places.<sup>12</sup> Similar to the early Covid-19 lockdown measures, the ban has further entrenched precarious livelihoods and food insecurity in informal settlements. From March 2022 until May 2023, Malawi recorded a total of 58,785 cases of cholera, with about 1,760 deaths (WHO, 2023). In late May 2023, the most affected districts in Malawi were in

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<sup>8</sup> FGDs 01, 04, 11.

<sup>9</sup> In March 2020, NMS was initiated by President Uhuru Kenyatta to address the city's deficient services and corruption, signalling a recentralisation of local governance that subsequently was reversed with a new governor's election in August 2022 (Ouma, 2023). Meanwhile, in February 2023, the Kenyan auditor-general found that at least 55 million litres of water freely supplied to Nairobi's informal settlements (through June 2021) could not be accounted for (Omulo, 2023).

<sup>10</sup> Federation leader, KII.

<sup>11</sup> Epworth youth FGD.

<sup>12</sup> LCC cholera outbreak notice 2022.

Chikwawa, Blantyre, Lilongwe and Balaka, which together accounted for 77% of new cholera cases reported (ibid). Meanwhile, the World Bank has provided USD100 million for WASH improvements to Lilongwe's City Council and Water Board (from 2018 to 2024), targeting 500,000 people with initiatives such as building 8,000 lined pit latrines in informal settlements, alongside construction of 27km of transmission mains, extension of sewer lines, and sanitation facilities in ten markets and ten schools (World Bank, 2023). The Bank's project has also supported the management and provision of sewerage services by the Lilongwe Water Board (ibid.). By August 2023, the Malawi Ministry of Health declared that cholera was no longer a national public health emergency, following a total of 88,835 cases and 2,686 deaths nationwide.<sup>13</sup> However, the outbreak only underscores the governance failures and long-standing neglect of WASH, including in Lilongwe's informal settlements. During Covid's post-pandemic phase, dire shortfalls in WASH unfortunately are still salient in Lilongwe, as well as in the other cities that we studied. The health, gendered and economic burdens of inadequate WASH remain profound and often rooted in inadequate political will, as illustrated by reversals from improvements earlier in the pandemic.

Next, we consider low-income residents' housing access in the four cities (from 2021 onwards).

### 3.2. Access to housing

Unaffordable housing costs are closely intertwined with reduced incomes and rising food prices (which are themselves linked to Russia's invasion of Ukraine and major droughts in Africa). In turn, we found that forced evictions and voluntary relocations were common in our cities, as were residents' struggles to reduce housing expenditures and indebtedness. In **Kampala's** settlements of Naguru and Kawempe, residents witnessed evictions from late 2021 until mid-2022, as many families could not afford to pay rent, amid spiralling food and other costs:

The [cost] of living is so high .... There is little money in business now, and things are not moving like the way they used to before Covid .... Food is expensive [and] we do not pay rent on time like we used to because the situation after Covid is bad.<sup>14</sup>

In **Lilongwe**, Covid-19 has often led to heightened eviction threats and voluntary relocations, as income losses have resulted in tenants' inability to pay rent and rising potential for displacement. Landlords also face financial challenges and have therefore been inflexible in negotiations, while tenants' fear of losing their homes has increased their stress and uncertainty. For instance, a male tenant from Mtandire informal settlement shared, "Dealing with rent arrears and the possibility of eviction has been really tough. Our incomes have dropped, making it hard to pay rent on time. This has led to rent arrears piling up, and it's scary because eviction could happen".<sup>15</sup>

<sup>13</sup> See [www.afro.who.int/countries/malawi/news/malawi-contains-cholera-outbreak](http://www.afro.who.int/countries/malawi/news/malawi-contains-cholera-outbreak) (accessed 25 March 2024).

<sup>14</sup> FGDs 10, 08.

<sup>15</sup> FGD in Mtandire.

Meanwhile, in **Nairobi**, some Mathare residents explained going into debt to pay their rents,<sup>16</sup> with others relocating to the settlement as a strategy to contain their housing costs. For instance, some residents came to Mathare following evictions or job losses, and some of these newcomers continue living in Mathare. A man explained that his adult children could not pay rent and were evicted from their homes in Githurai (on Nairobi's outskirts), leading them to relocate and stay with him in Mathare until the present day. Another woman moved to Mathare from Saika (a middle-income area) after she lost her job: "Rent was piling up [and] debts are not good, I had to come back. [We] were laid off, but still I had my own business ... I now had to do my business full-time and looked for other small projects".<sup>17</sup>

For **Harare** residents, there was a spike in demolitions because the city council took advantage of the crisis to "clean up" the capital during the pandemic and post-pandemic. In reality, "clean-ups" meant evictions and demolitions of both informal dwellings and markets (see Section 3.5 on livelihoods).

### 3.3. Education

The lasting effects of Covid-related school closures still reverberate across all four cities, but with varying impacts based on gender, disability, income losses and other factors. In **Lilongwe**, we found major concerns with educational completion and achievement, which simultaneously reflects and contributes to deepening poverty. For instance, a woman from Area 36 said her three children had dropped out because she could not afford their school fees. Some students in Lilongwe also had to repeat classes and thus pay additional money for student fees, compounding their financial burdens. In **Harare's** informal settlement of Stoneridge, a mother noted that her child with hearing and speaking impairments could not benefit from the government's radio lessons (which were introduced in June 2020), underscoring the need for disability-inclusive programming during crises.<sup>18</sup> Meanwhile, in Harare, girls who became pregnant during Covid-19 sometimes dropped out of school; some boys left school due to drug addiction; and still others dropped out for financial reasons, as "parents had lost their jobs and could no longer afford to take us to school".<sup>19</sup> In **Kampala**, teachers themselves were unable to work and sometimes relocated to rural areas. Many private schools in Kampala closed and their buildings were transformed into new uses, like rental housing.<sup>20</sup> Furthermore, some primary and secondary schoolchildren in Kampala have not returned to school, but rather were sent to apprenticeship programmes. There are also increased cases of teenage pregnancy in Kampala's informal settlements, which were attributed to pandemic-related disruptions in education.

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<sup>16</sup> FGD03.

<sup>17</sup> FGD01.

<sup>18</sup> "I have a child who has difficulty hearing and does not speak, so when radio lessons were introduced, my child lagged behind ... In future shocks or pandemics[,] the government should also consider children with disabilities and avail resources that cater for disability needs" (female Stoneridge resident).

<sup>19</sup> FGD05 with Hatcliffe youth.

<sup>20</sup> KII 13.

School closures not only led to highly gender-inequitable care burdens (see below), but also curtailed parental livelihoods and led to additional fees after schools reopened. In **Harare**, some primary teachers began charging an unaffordable USD1 per child for weekly extra lessons held during school hours, so that low-income students fell even further behind: “Children who didn’t pay for the extra lessons were not taught ... Most young children were now hesitant to attend classes if their parents hadn’t paid for extra lessons”.<sup>21</sup> Another negative effect was the knock-on impacts upon livelihoods, such as for food vendors and other traders, who could no longer sell to schoolchildren. In **Nairobi**, a disabled shoemaker who primarily caters for schoolchildren said his business has never recovered, even after Kenya’s schools reopened in January 2021 and lockdown was lifted in October 2021:

Covid-19 affected me so much as I am a businessman .... When schools [are] open, I sell shoes to parents. I was affected that time because I did not sell well [and] orders were no longer there. I passed through a lot.<sup>22</sup>

As explained below, rising insecurity was also linked to Covid-related school disruptions and job losses in the study sites.

### 3.4. Insecurity and violence

In some cities, our respondents highlighted the links between unemployment, school disruptions and increased levels of crime and insecurity. In **Nairobi**, respondents noted that livelihoods have often remained stagnant or deteriorated, even as residents in Mathare have faced rising insecurity and costs of living. According to an FGD in Mathare: “Things are becoming worse because [insecurity] is getting worse; because the youth do not have jobs, they are mugging people and stealing their phones”.<sup>23</sup> Similarly, in **Kampala**, youth leaders noted that the pandemic has been linked to “worsened criminality, because some people lost jobs, and now we have more unemployed people who are engaging in criminal activities ... The jobless have resorted to stealing, in order to survive”.<sup>24</sup>

Meanwhile, in **Lilongwe**, there have been rising cases of domestic and gender-based violence (GBV) often linked to men’s inability to fulfil their traditional breadwinner roles (cf. Agarwal, 2021). For instance, a woman selling tomatoes in Lilongwe reported being beaten frequently by her husband, who mostly stays at home and drinks cheap beer because he cannot secure a job. Our FGDs found that greater numbers of women are seeking medical care for their injuries; community leaders in Area 36 and Kaliyeka were often notified of these alarming incidents. By contrast, in **Harare**, our findings did not centre as much upon crime or violence, but there was a spike in evictions and demolitions that upended many lives and livelihoods. The next section delves further into livelihood-related impacts in the four cities.

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<sup>21</sup> FGD03 in Epworth.

<sup>22</sup> FGD02.

<sup>23</sup> FGD03.

<sup>24</sup> Youth leaders of Nakulabye (KII15), Naguru (FGD02) and Mulago (KII14) settlements.

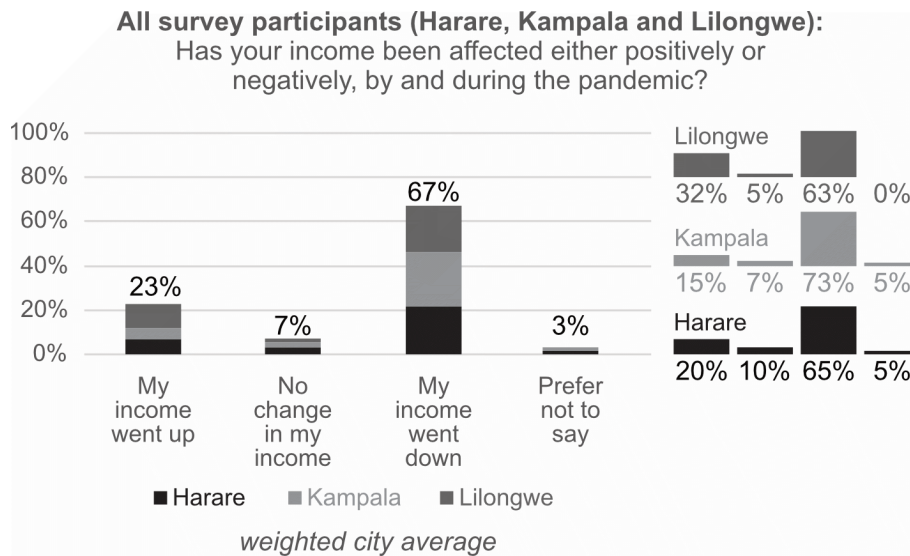
### 3.5. Understanding vulnerable and more robust livelihoods

Across the four cities, we found a glacial pace of economic recovery and very few workers who could seize new economic opportunities, use digital tools, or bolster themselves with savings. More resilient livelihoods thus appear to be exceptional amongst the struggling, highly precarious informal and retrenched formal workers. This will come as no surprise, since the capacity to face crises like Covid-19 is directly linked to structural inequalities and vulnerabilities generated long before any disrupting event (Gupte and Mitlin, 2021). Rooted in such structural inequalities, including the lack of political voice and unequal access to services in highly deprived settlements, the pandemic led to a rise in poverty, indebtedness and food insecurity (especially after the Russian invasion of Ukraine).

This section begins by focusing on key patterns per city, before discussing our overarching findings about vulnerable groups and the factors that enabled others to recover more effectively. Our surveys from Harare, Lilongwe and Kampala indicate that many informal workers were still struggling to recover from pandemic-related shocks. In a worrying commonality from these three cities, our surveys found deterioration or stagnation in levels of savings, incomes and unemployment since our prior research in late 2021 (Lines et al., 2022). Below, in Section 5, we discuss the ways that savings were sometimes able to help members cope with food insecurity and precarious livelihoods.

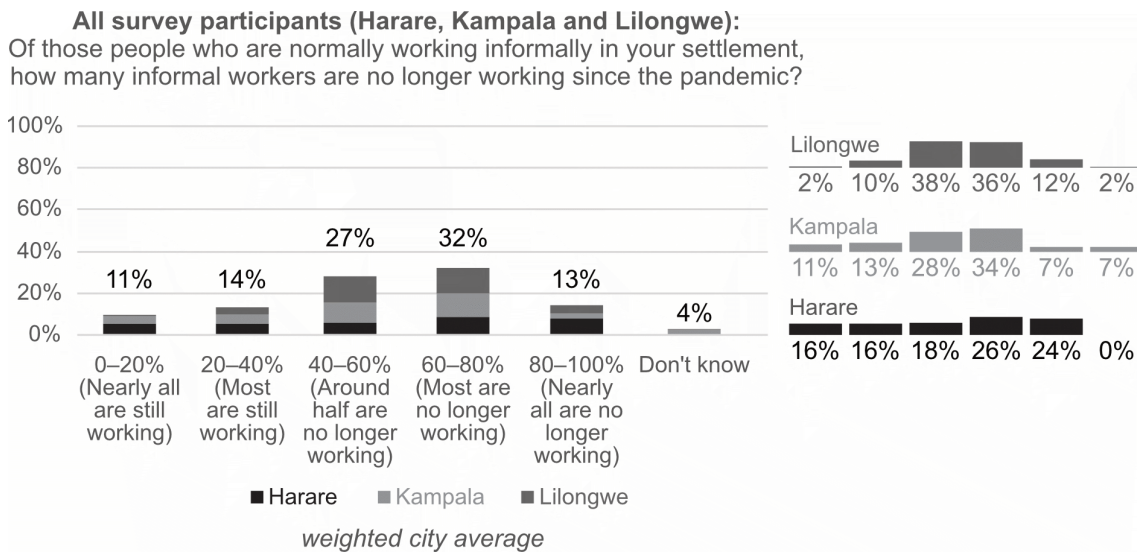
In our surveys, we uncovered major reductions in incomes and employment since the pandemic's outset. An average of 67% of respondents across Harare, Kampala and Lilongwe said that their incomes had declined, ranging from 63% in Lilongwe to 73% in Kampala (Figure 1 below). Meanwhile, 23% of respondents said that incomes went up. Our surveys also found that many informal workers are no longer working, with the most common responses being 40-60% or 60-80% of workers no longer working informally across the three cities (Figure 2). Such declines in incomes and employment have proved calamitous, not only for household-level food security, mental health and wellbeing but also for SDI's savings groups (see below).

**Figure 1: Covid’s impacts on incomes in Lilongwe, Kampala and Harare**



(N= 58 in Lilongwe, N=130 in Kampala, and N=90 in Harare)

**Figure 2: Covid’s impacts on informal employment in Lilongwe, Kampala and Harare**



In **Lilongwe**, many residents of informal settlements lost their jobs, and those who are still working have faced ongoing uncertainties and deprivations. When asked “how many informal workers are no longer working since the pandemic?” (Figure 2 above), 38% of respondents said around half of informal labourers are no longer working and another 36% said most are no longer working. For instance, construction workers have faced persistent challenges, as a mason from Area 36 reported: “Many of us lost our jobs when construction projects were put on hold, due to the pandemic. Even now, it is difficult to find work and support our families.” Additionally, domestic workers, street



vendors who sell on behalf of shops, and minibus/taxi drivers have remained highly economically vulnerable groups. Manufacturing workers have also struggled to recover; a worker at a rice and flour company was retrenched, leading to economic challenges until the present day: “They told us that we will be called when the economy has re-established. [But] it’s been two years now, and they have not contacted us. Life has been so hard.” Finally, underscoring workers’ adaptability in the face of major constraints, our FGDs traced the complex livelihood strategies of a 22-year-old female university graduate in Kaliyeka informal settlement. Due to Covid-related travel restrictions, she was forced to halt her clothing imports from Tanzania and resorted to smuggling goods, but her merchandise was confiscated. Ultimately, she pivoted to sell sweet beer (*thobwa*) and food items, but this has generated far smaller profits, leaving her in a much more precarious position.

In **Nairobi**, workers again have confronted significant setbacks in rebuilding their livelihoods, with challenges often compounded by rising prices and indebtedness. A male respondent from Mathare highlighted the enduring difficulties for informal businesses (locally known as *jua kali*, or “hot sun” in Swahili). As he noted: “This thing [Covid] came and completely reduced their work; till [today] it has not recovered. In every sector, the *jua kali* industry has not recovered completely”.<sup>25</sup> As costs of living spiralled, many workers in Mathare struggled to rebuild their livelihoods, and they increasingly shouldered debts or stopped working because customers were unable to pay. According to a woman who owns a small kiosk, “Another challenge was retail prices doubling. Prices went so high; there were no buying customers, only mostly debtors. So restocking meant loaning or quitting the business altogether”.<sup>26</sup> Based on our qualitative findings in Mathare, both men and women workers are still struggling to recover in the face of such indebtedness. Nevertheless, a few workers were able to begin selling PPE and sanitisers before returning to their original businesses. For instance, a businessman explained that he “started selling masks [and soap] while still proceeding with my struggling business, and when curfew was dropped, I got back to my business fully”.<sup>27</sup>

In **Harare**, evictions adversely affected many informal workers, although we found some instances of collective livelihood initiatives and use of WhatsApp to bolster livelihoods. Echoing the destructive evictions of Operation Murambatsvina (in 2005), Harare’s city council again used the pandemic as an excuse to “clean up” and demolish markets, leaving many residents in informal settlements both jobless and homeless. According to residents in Epworth, “When we were evicted from our marketplaces and some markets were demolished ..., our situation in informal settlements got worse. We ended up using all the savings we had left, with no capital to start up again”<sup>28</sup> (see Section 5 for more on savings). According to our surveys with 85 Harare residents, the majority agreed that 50% or more of residents who usually work informally were no

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<sup>25</sup> FGD03.

<sup>26</sup> FGD05.

<sup>27</sup> FGD05.

<sup>28</sup> FGD04 in Epworth.

longer working (Figure 2). At the same time, workers in Harare could sometimes make PPE and detergents with support from the Federation and/or other ongoing projects (for example, an initiative with Cities Alliance). Additionally, workers in Harare successfully used WhatsApp to launch collective projects. For instance, members of a Federation savings scheme in Stoneridge explained that after their market stalls were demolished, they utilised savings to start a thriving poultry project: “This project has helped us as a group during and post Covid ... We started with only 50 chicks, but now we have 200 chicks in different batches”.<sup>29</sup> Additionally, WhatsApp helped many informal workers in trades like food or clothing: “Buying and selling through WhatsApp sustained us during Covid. Some were selling food, clothes and many other items. It really helped move our businesses. Most people have adopted this kind of trading even up to now”.<sup>30</sup>

Much as in Harare, workers in **Kampala** made adaptations to their livelihoods, but many struggled to cope, especially in light of exclusionary government tactics. During the so-called “Smart City” campaign from January 2022 onwards, Kampala Capital City Authority (KCCA) has targeted motorcycle riders (*boda-boda*), street vendors, hawkers and other workers to decongest the city, with highly deleterious effects. According to our Kampala surveys in December 2022, unemployment levels had risen to over **60%**, and as many as **73%** of the participants had faced reduced incomes during the pandemic (Figures 1 and 2). Many of these disruptions are directly related to KCCA’s Smart City initiative, as migrants in Naguru settlement explained, “KCCA told us to stop selling our goods from the street and [instead] sell from the buildings where rent is high ... *Boda-boda* riders are being arrested and motorcycles also impounded”.<sup>31</sup> Furthermore, **59%** of the 130 respondents noted that most formally employed people had been laid off (especially in Nakulabye and Naguru), which highlights the crosscutting nature of the crisis in Kampala’s formal and informal economies. In response, street vendors shifted their locations in Kampala and/or began working in their own settlements; the latter tactic helped to access customers and restrict the spread of the virus, while enabling customers to spend less on transport.<sup>32</sup>

Notably, a wide range of workers in Kampala benefited from online platforms like WhatsApp, Facebook and Instagram. Hairdressers, *boda-boda* riders, market vendors and mechanics formed WhatsApp groups where they shared tips on how to manage and sustain businesses; some of these groups have remained active. Similarly, market vendors, restaurant owners, saloons, boutiques and some *boda-boda* drivers reported using WhatsApp, Twitter, Facebook, LinkedIn and Instagram to sell goods and services. More generally, there is rising adoption of digital entrepreneurship and e-commerce, especially amongst youths in Kampala’s transport industry, food sales and petty trades. This reflects a broader trend of increased internet usage in the country: in 2019, Uganda had 17m active mobile-broadband subscriptions, but subscriptions rose

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<sup>29</sup> FGD02 in Stoneridge.

<sup>30</sup> FGD01 in Hatcliffe.

<sup>31</sup> FGD03.

<sup>32</sup> KII 20.

rapidly to 25.7m in 2022.<sup>33</sup> We will return to the role of mobile tools when discussing responses by SDI's savings groups (Section 5).

Across the four cities, our respondents identified the following groups as being particularly vulnerable during the Covid-19 pandemic:

- People living with disabilities (PLWDs)
- Elderly people, people living with HIV/AIDS, and others with pre-existing health conditions
- Youth without jobs
- Refugees (especially in Kampala and Nairobi)
- Single mothers and others with care burdens, as discussed in the next subsection

### 3.6. Mental health impacts

The pandemic's interrelated socioeconomic and health shocks in African cities inevitably took a major toll on mental wellbeing. According to a young woman in **Nairobi**, job losses frequently led to depression, especially amongst women and children; she also noted the spike in break-ups and lost hope amongst many residents:

[Many] husbands [stopped] work, and the wife's business was low. This brought depression in women and children. There were separations in most houses because there was no money. Most people became sick because they did not have hopes for the future.<sup>34</sup>

Furthermore, the lack of access to schools and childcare during Covid-19 led to rising stress and anxiety amongst mothers, which was compounded by rising food insecurity. As another woman in Mathare recalled, "I passed through a lot of challenges, and feeding [the kids] became a challenge as schools were closed and all the children were in the house. One would wonder what they would eat...".<sup>35</sup> As one response to foster mental wellbeing, Mathare residents partnered with Muungano and SDI-Kenya to hold art therapy sessions (Section 5 below).

In **Lilongwe**, Covid-19 again led to significant impacts on mental health, including for those who were bereaved and men unable to earn a living. According to a community leader, "Many people cannot talk about it, but we are struggling. The future is so uncertain".<sup>36</sup> In Lilongwe and many other cities, men's inability to fulfil their traditional roles as breadwinners has been linked with rising levels of mental illness and suicides (an issue which predates the Covid-19 pandemic). Based on findings from the Malawi Police Services, there were 208 suicide cases from January to August 2022, with 168

<sup>33</sup> International Telecommunication Union (ITU) data on "Active mobile-broadband subscriptions" for Uganda, available online at [datahub.itu.int/data/?e=UGA&c=701&i=11632](https://datahub.itu.int/data/?e=UGA&c=701&i=11632) (accessed 25 March 2024).

<sup>34</sup> FGD04.

<sup>35</sup> FGD04.

<sup>36</sup> Block leader in Area 50.

males and 40 females, indicating an increase of about 40% from the same period last year (Mwanoka, 2022).

In **Kampala**, we found that digital platforms can help to provide social and psychological support, including for youth and migrants. Refugees in Nakulabye depended on digital platforms to sell and purchase goods or services, with the tools also providing psychosocial support<sup>37</sup> (Sseviiri et al., 2022). Across **Harare** and our other cities, savings groups were often a lifeline (Section 5). But as we explain in Section 4, shortfalls in healthcare provision and exclusionary government responses were further challenges, negatively affecting both mental and physical health.

#### 4. Official responses: Exclusionary, heavy-handed approaches alongside nascent collaborations

Across the four cities, official strategies remained top-down, elitist and sometimes heavy-handed, with only limited support for vulnerable workers and residents. As a result, residents often felt further marginalised and excluded from official relief or even their basic right to livelihoods. In **Harare**, a Federation member explained that post-pandemic “clean-ups” had “led to a lot of tensions ... especially [for] informal workers and the government. The grassroots organisations really feel that the government does not care for us people living in informal settlements and informal sector workers”.<sup>38</sup> In related challenges, **Kampala**’s informal workers faced governmental betrayal and abandonment, as well as the indignity of confiscations and arrests. According to business owners in Kawempe in December 2022, “The city authority [KCCA] confiscates our property using the police and army while [we are] vending on the streets ... *Boda-bodas* [motorcycles] are being impounded by the military and city authorities”<sup>39</sup> (see also Mallett et al., 2023). Although post-pandemic **Nairobi and Lilongwe** did not experience such harsh crackdowns, below we discuss the widespread biases in relief measures in all four cities that did little to stem ordinary residents’ economic hardship and deepening exclusions.

This section examines post-pandemic relief measures, community health systems and incipient collaborations between grassroots and government actors. We also briefly consider how civil society organisations (CSOs) provided support to informal workers and residents of informal settlements (Section 4.1). Across the cities, we uncovered several concerns with government and CSOs’ assistance, including politicisation of beneficiaries, duplication alongside exclusions, and other biases in targeting or distribution. Our discussion of health system responses focuses on community health workers, who often played a pivotal but poorly supported role during Covid-19 (Section 4.2). There are some indications of more responsive health systems in Kampala, but with unresolved issues, such as lack of remuneration and recognition for community

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<sup>37</sup> FGD14 and FGD08.

<sup>38</sup> Mother Federation FGD participant.

<sup>39</sup> FGD10.

health workers. Section 4.3 closes with a few more promising, inclusive collaborations in the four cities, although their longer-term impacts currently remain unclear.

#### 4.1. Multiple challenges in accessing relief

We identified several concerns with accessing government assistance that typically reflect a mix of political cronyism, funding shortfalls, limited community engagement and/or unclear lists of beneficiaries. In **Lilongwe**, the national government provided loans through the National Economic Empowerment Fund (NEEF) to various groups, including some Federation savings schemes. However, NEEF loans were also heavily politicised, so that most beneficiaries needed connections to powerful political elites.<sup>40</sup> Many of these well-connected beneficiaries have not repaid the loans, making it even more difficult for others to receive support. Other notable relief measures include Malawi's first urban social protection programme, known as Covid-19 Urban Cash Intervention (CUCI) (Zidana and Luka, 2023). This programme offered cash transfers via mobile money platforms (£35 for three months) and also distributed three bags of maize to vulnerable residents in low-income areas (such as PLWDs, female- and child-headed households). CUCI benefited approximately 200,000 low-income urban households, or 35% of the urban population in Malawi (ibid.). However, CUCI was widely perceived as illegitimate and plagued by political capture, as the ruling party-affiliated community governance structures had discretion over beneficiary selection (Mwalyambwire and Sambakunsi, 2022). In a contrasting view, a key informant at the Lilongwe City Council claimed that CUCI's shortfalls were due to the widespread levels of need and funding gaps, rather than mismanagement.<sup>41</sup> For instance, in Area 50, there were only 70 beneficiaries from the 2,000 vulnerable families identified. Whether out of cronyism or resource constraints, government relief was evidently very inadequate in the face of Lilongwe's multiple unfolding crises. As Section 3 noted, government agencies did provide support that directly benefited those in need, such as WASH provision during Covid-19. But in many instances, such government efforts were only on a very small scale or were drastically curtailed once the pandemic subsided. Meanwhile, NGOs in Lilongwe have often provided loans as a Covid response measure, but these usually proved very hard to repay (see Section 5).

In **Harare**, residents bemoaned the lack of coordination, paucity of relief, and other biases in both CSO and governmental relief distribution. The national government failed to provide economic relief or meaningful amounts of food support (except for some rural communities). Although there was some PPE provided, residents critiqued this as well and argued for greater community participation in future: "It was always the same people receiving the PPE, and the other beneficiaries would actually resell PPE ... The government should first consult the communities and assess the needs of communities".<sup>42</sup> Meanwhile, international organisations such as UNICEF as well as

<sup>40</sup> Unfortunately, we could not readily find information on the scale of NEEF loans provided in Lilongwe.

<sup>41</sup> KII.

<sup>42</sup> FGD01 in Hatcliffe.

CSOs (for example, GOAL) offered buckets and soap, food hampers and cash transfers. However, this relief was usually concentrated in Harare's well-known informal settlements (for example, Epworth), and neglected in other, less accessible informal settlements like Hatcliffe and Stoneridge. CSOs' selection criteria also had biases; for instance, one person was sometimes on several beneficiary lists of different CSOs, whilst other people did not benefit at all.

Similarly, in **Nairobi**, Mathare residents reported receiving scanty government support and criticised the politicisation of relief and short-term, often piecemeal forms of support offered. According to Human Rights Watch (2021) research on Kenya's pandemic social protection in 2020, "the Covid-19 cash transfer program provided support to less than five percent of the socio-economically vulnerable families in Nairobi."<sup>43</sup> These cash transfers of Ksh. 1,000 (USD 10) helped provide vital support, but many Mathare residents felt it was still extremely insufficient, with few residents benefiting or sometimes receiving the weekly transfers only for one month. Some local chiefs in Mathare were reportedly biased in selecting beneficiaries for food relief and other Covid-19 support, and residents often complained that only those with political connections could receive assistance: "Getting help was not easy. Even if you had a neighbour who was a government official, they would not help you when donations came; they would [only] deal with their own people".<sup>44</sup> Residents with physical disabilities lamented that they could not queue for food relief, making it impossible to receive support. Meanwhile, starting in November 2022, President William Ruto's "Hustler Fund" has provided loans to restart businesses and support low-income entrepreneurs, but the loans are usually very small and must be repaid within a limited time period (Otieno, 2022). For instance, a man in Mathare had already received four loans of just Ksh. 900 each (USD 6.78; total of USD 27.12), and he lamented that "there are reminders to pay within the first two weeks, before even getting profits from its investments ... They should make the repaying duration longer [for the Hustler Fund]".<sup>45</sup> Meanwhile, many Mathare residents appreciated support from NGOs including Give Directly, Ghetto Foundation, and Shining Hope for Communities (SHOFCO), which provided sanitisers, food or cash assistance (Fransen et al., 2023). But many of these civil society initiatives were small-scale or again very short in duration, reaching few of those in need. Residents in Mathare also noted that support had tapered off recently, despite Covid-19 still being present: "NGOs and government stopped their support. Does it mean the disease is over?"<sup>46</sup>

Although Uganda's government offered a wider range of relief programmes, low-income **Kampala** residents rarely received such assistance, while some elite beneficiaries allegedly received support. Several existing government initiatives were

<sup>43</sup> From April to October 2020, just 29,000 households in Nairobi's informal settlements had benefited from government relief measures (which were meant to be Ksh. 1,000 or USD 10 per week). That is, less than 5% of households in Nairobi's informal settlements had received cash support from the Kenyan government (Human Rights Watch, 2021).

<sup>44</sup> FGD03.

<sup>45</sup> FGD05.

<sup>46</sup> FGD03.



leveraged to provide social protection and foster economic recovery, like the Uganda Women Entrepreneurship Programme (UWEP), National Special Grant for Persons with Disabilities (NSG-PWDs) and Social Assistance for the Elderly (SAGE). For instance, the Community Development Department and UWEP offered on average UGX 5 million and 30 million (USD 1,340 to 7,948) to groups of between five and 30 individuals. Beneficiaries included female market vendors, PLWDs, sex workers, people living with HIV/AIDS, and youth in Kampala. However, our respondents in informal settlements felt that such funds were insufficient to reach the many vulnerable residents in the wake of Covid-19. There were also wider concerns, such as elite capture and misappropriation of relief funds. Indeed, a KII noted that Uganda had received Covid recovery loans from the African Development Bank (AfDB) of USD 31.6 million and a World Bank loan of USD 300 million (from December 2020 to January 2022), which were meant to support small businesses and the health sector but were instead benefiting elites.<sup>47</sup>

While not a focus of this research, there are other well-known instances of procurement scandals and clientelist or highly exclusionary distribution of Covid-19 relief in African cities (Mwalyambwire and Sambakunsi, 2022; Matamanda et al., 2022), as well as in the global North.<sup>48</sup> Our conclusions will return to the need to develop transparent processes of identifying beneficiaries and of expanding access to social protection for informal workers, residents of settlements, migrants/refugees and other typically invisible groups (Section 6). Meanwhile, as Section 4.2 discusses next, there were some improvements in healthcare access and localisation of vaccination efforts.

#### 4.2. Strengthening vaccine uptake and community health systems

Regarding Covid immunisation coverage to date, Uganda and Zimbabwe have vaccinated about 45% of their populations (that is, receiving at least one dose), as compared to about 28% of the population in Kenya and Malawi. Few official statistics on urban vaccination rates are available in most countries; in Kenya, the Ministry of Health reported that 48.5% of Nairobi's adult population had been fully vaccinated by May 2022 (Ministry of Health, 2022). There are also stark variations in the percent of doses administered, with Kenya leading and Uganda lagging in this measure (see Table 2, using WHO data). Below we discuss our findings from the four cities, with a focus on community health workers' (CHWs') key roles in vaccination efforts and complementary initiatives to enhance community health systems.

<sup>47</sup> KII, local official. This allegation has been denied (see Ngwomoya, 2021).

<sup>48</sup> For instance, the *Guardian* reported that "a fifth of UK Covid [procurement] contracts 'raised red flags for possible corruption'" (Pegg, 2021).

**Table 2: Vaccination roll-out in Kenya, Malawi, Uganda and Zimbabwe**

Country	Cumulative doses received	Doses administered (% of those received)	% of population receiving at least one dose
Kenya	33,958,650	23,750,431 (70%)	27.9%
Malawi	14,397,380	8,539,717 (58%)	27.7%
Uganda	50,252,820	26,406,936 (53%)	45.3%
Zimbabwe	22,397,800	13,936,112 (62%)	45.5%

Source: WHO [Africa Covid-19 Dashboard](#), as of 3 February 2024.

Our findings in all four cities confirmed the essential role of CHWs, who are community residents typically without formal professional training, but who are integral to health promotion and crisis response (Zulu and Perry 2021). First promoted at a 1978 WHO conference, CHW programmes were usually scaled down in the late 1980s and 1990s across Africa, although in other low- and middle-income countries they have been prioritised and played a key role in improving population health.<sup>49</sup> Locally, they are known variously as village health workers (VHWs) in Harare, community health volunteers (CHVs) in Nairobi (Ouma et al., 2023), health surveillance assistants (HSAs) in Lilongwe, and village health teams (VHTs) in Kampala. Much as in other settings, these positions are overwhelmingly held by women, who typically receive little to no remuneration (Bhaumik et al., 2020). During Covid-19 and prior health emergencies, CHWs consistently proved valuable in contact tracing efforts as well as raising awareness and countering stigma (ibid.; Salve et al., 2023). This section explores their contributions and partnerships, including to support Covid-19 vaccine efforts (see also Lines et al., 2024). As explained below, there is encouraging evidence of collaborations in Kampala with VHTs to expand healthcare access for low-income groups. At the same time, we acknowledge persistent challenges, such as vaccine hesitancy and the rise of other health threats (for example, cholera in Lilongwe and Ebola in Kampala) that typically eclipsed local interest in tackling Covid-19.

<sup>49</sup> Many CHW programmes were established in low- and middle-income countries in the 1970s after being promoted at the UN-sponsored 1978 Alma Ata conference on primary healthcare to reach WHO's goal of "Health for All by the Year 2000" (Van Ginneken et al., 2010). Interest dissipated in many countries in the late 1980s and 1990s because of Structural Adjustment Programmes, government failures and changing ideologies. However, Zulu and Perry (2021: 1-2) recently argue that "there is growing interest globally in large-scale community health worker (CHW) programmes" in that they "extend promotive, preventive, and curative health services into communities through community-level approaches while fostering collective community action and local accountability". While CHW programmes have been underfunded in much of Africa, there is mounting evidence from countries that have invested and prioritised large-scale CHWs programmes (for example, Bangladesh, Brazil, Ethiopia and Nepal) that they successfully improved the health of their populations (references in Zulu and Perry, 2021). The typical challenges for expanding CHW programmes are summarised as "inadequate financing, lack of supplies, low compensation of CHWs and inadequate supervision" (Zulu and Perry, 2021: 3).

A range of grassroots collaborations helped to promote vaccination uptake, but these efforts recently faced challenges, especially as Covid's toll proved less dire than initially feared. According to CHVs in **Nairobi**, they worked effectively with an NGO called SHOFCO and the Kenyan slum-dweller federation Muungano wa Wanavijiji to raise awareness about the vaccine while combating fake news: "It is our duty to mobilise the community to go get the vaccine [and] educate the community about the myths [to] discard such myths ...".<sup>50</sup> There were also complementary outreach efforts by Mathare's community leaders, again supported by the Kenyan federation: "The chief and the village elders went door-to-door creating awareness".<sup>51</sup> But as the coronavirus' toll was less severe than expected and other health crises arose, interest in Covid-19 vaccination often waned (Lines et al., 2024). As a CHV in Mathare explained, "Currently, the rate at which people are taking vaccination has reduced ... the disease is not taken seriously any more".<sup>52</sup>

Meanwhile, in **Lilongwe**, there were unfortunate shortfalls in Covid-19 vaccine supplies, including at the peak of the third wave (April–August 2021). The government did expand the number of immunisation sites, introduce mobile vaccination units and support grassroots campaigns by health surveillance assistants (HSAs). Under the "Vaccinate My Village" strategy, HSAs led door-to-door Covid-19 vaccination efforts. In a complementary effort to localise Lilongwe's immunisation efforts, the "Covid Vaccine Express" sought to ensure availability of all components of the vaccination programme at one platform near communities (Sethy et al., 2023). Nevertheless, Covid-19 and cholera vaccination campaigns in Lilongwe have struggled with widespread prevalence of fake news and anti-vaccine stances, including religious beliefs that sometimes undermine cholera vaccination efforts.<sup>53</sup>

In **Harare**, there has been a wider level of vaccination because of the government's requirements and strong links with China, with the latter providing nearly all vaccines. Zimbabwe's strong links with China contributed to the prevalence of Sinopharm and Sinovac vaccines, with Chinese vaccines overwhelmingly donated and purchased in Zimbabwe (Reuters, 2022). According to WHO data from January 2024, of the vaccine types utilised in Zimbabwe, Sinopharm supplied 56% and Sinovac another 43% of doses.<sup>54</sup> Our surveys confirmed that these vaccines were available in our three informal settlements (Lines et al., 2024). Except for a few distribution hitches and surges in demand, vaccines have remained available in Harare and government campaigns have encouraged uptake. Although vaccinations in Zimbabwe are officially voluntary, vaccine certificates were in fact necessary for state employees (including

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<sup>50</sup> FGD07 with CHVs.

<sup>51</sup> FGD07 with CHVs.

<sup>52</sup> FGD07.

<sup>53</sup> KII, Ministry of Health.

<sup>54</sup> See WHO's African Covid-19 Dashboard, available at [app.powerbi.com/view?r=eyJrIjoieWJiNDNiZDI0YmViZS00NWQ2LTgwNDQtY2JmNTM5NTNINDM0liwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9](https://app.powerbi.com/view?r=eyJrIjoieWJiNDNiZDI0YmViZS00NWQ2LTgwNDQtY2JmNTM5NTNINDM0liwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9) (accessed 25 March 2024).

health workers) as well as those visiting government offices, travelling on public buses, market trading and attending church.

For CHWs in **Nairobi**, Covid-19 only belatedly resulted in official recognition and remuneration, with similar challenges in **Kampala**. A CHV in Mathare noted indignantly that they were at the frontlines, yet they did not receive pay or PPE during the initial outbreak: “We are the only ones that were used to directly reach the patients, [but] were not provided with protective gear ... We risked our lives and our families, while we were not getting paid”.<sup>55</sup> More positively, following advocacy by Muungano and other grassroots organisations, Nairobi County’s Community Health Services Act in June 2021 pledged to provide CHVs with stipends (Steege et al., 2021). Starting in February 2022, CHVs began receiving monthly stipends of Ksh. 3,000 and a contribution of Ksh. 500 to Kenya’s National Health Insurance Fund. Subsequently, in February 2024, the stipends were increased to Ksh. 5,000, but CHVs remain concerned over whether the additional funds will indeed be allocated monthly. Meanwhile, in **Kampala**, VHTs typically lacked protective gear and payment, so they “had to walk lengthy distances ... and didn’t have any facilitation [for] stipends or transport”.<sup>56</sup> At the peak of the pandemic, VHTs and home-based health providers in Kampala did receive stipends but these were merely tied to specific projects, without longer-term sustainability for these workers. In Section 4.3, we explain how vaccination efforts in Kampala and other partnerships may offer opportunities for inclusive change.

#### 4.3. Emerging collaborations and platforms for change

VHTs in **Kampala** have collaborated closely with Ministry of Health officials and the National Slum Dwellers Federation of Uganda (SDI’s affiliate, hereafter “Federation”), which fostered accessible, inclusive responses during both Covid-19 and Ebola outbreaks. Starting in early 2022, VHTs engaged in Covid-19 sensitisation efforts with Federation members, who were tasked with supporting health and hygiene (H&H) teams to enhance neighbourhood health services. These H&H team members are drawn from the local slum dweller federation as well as local councils (at zone and parish levels) and other residents with a history of community work. In particular, the Federation selected eight H&H teams per region of Kampala to partner with VHTs and the Ministry of Health on Covid-related programmes. Having been trained by the Ministry of Health, the VHTs and H&Hs together conducted door-to-door Covid sensitisation efforts and raised awareness about vaccinations across Kampala’s informal settlements. VHTs and H&Hs thus partnered closely in pandemic responses with health officers, gaining valuable networks and rising their profile with city authorities, as Federation leaders noted:

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<sup>55</sup> FGD07.

<sup>56</sup> FGD12.

Our H&H coordinators at parish level are now increasingly being recognised by city authorities and government ... These continue to be part of the Ministry of Health and city health department's VHT system to deliver health services at local level.<sup>57</sup>

Subsequently, during the Ebola outbreak in September 2022, VHTs and H&H teams again supported outreach and sensitisation strategies in informal settlements.<sup>58</sup> Signalling the durability and adaptability of this collaboration in informal settlements, grassroots volunteers helped to ensure locally rooted strategies during multiple health crises. Below we briefly consider other promising collaborations in the other three cities.

In **Lilongwe**, a range of collaborative efforts have sought to respond more equitably to the pandemic and foster longer-term change, such as initiatives led by Malawi's Federation of the Urban Poor (SDI's local affiliate) and by Malawi Union of Informal Workers (MUFIS). The latter is part of another global network called Women in Informal Employment: Globalising and Organising (WIEGO).<sup>59</sup> MUFIS has focused on how pandemic restrictions negatively affected informal workers such as street vendors, artisans and home-based enterprises. As well as highlighting these workers' exclusion from social protection measures, MUFIS helped to inform the urban cash transfer pilot during the Covid-19 pandemic.<sup>60</sup> Meanwhile, community-led task forces with local chiefs and community governance structures were established to monitor and address the pandemic's impacts in informal settlements. These task forces identified gaps in government support programmes and recommended co-produced strategies to make the interventions more sustainable. In particular, the Malawian Federation has established women-led task forces that monitor how Covid-19 has affected women and girls in informal settlements. Both MUFIS and the Federation have sought deeper changes that can foster social justice, such as advocacy for increased participation in urban governance issues amongst low-income residents and more equitable distribution of resources (see also Section 5).

In **Harare**, Covid created fewer opportunities for collaboration, but there is a longstanding platform called the "Urban Informality Forum" (UIF) that has offered valuable entry-points (Nyamangara 2023). Starting in 2018, the UIF began holding regular meetings at the University of Zimbabwe with government and civil society participants, including SDI's Zimbabwe affiliate (Zimbabwe's Homeless People's Federation or ZIHOPFE), its partner NGO called Dialogue on Shelter, policymakers and central government officials. The Forum was launched out of the realisation that informal settlement upgrading experiences are typically disconnected from policymakers. Additionally, its broad focus deliberately sought to address both informal settlements and economic informality in Zimbabwe. During the pandemic and post-pandemic period, UIF partners worked with the University of Zimbabwe's Rural and

<sup>57</sup> FGDs with Federation leaders of Kawempe, Rubaga and Nakawa.

<sup>58</sup> KII10.

<sup>59</sup> For more information, see [www.wiego.org/malawi-union-informal-sector-mufis](http://www.wiego.org/malawi-union-informal-sector-mufis) (accessed 25 March 2024).

<sup>60</sup> FGD03.

Urban Planning School to hold a regular urban informality seminar series (co-chaired by the head of school and an urban land and housing administrator). The seminar series is a multistakeholder platform for reflection that utilises urban informality as an entry point for future interventions. During one UIF session, our Covid Collective research findings were discussed to catalyse conversations on communities as first responders to disasters and health crises. More generally, the UIF has encouraged an inclusive, crosscutting approach that can contribute to lasting solutions co-produced with both informal workers and residents of informal settlements.

Finally, in **Nairobi**, the slum dweller federation Muungano and other local organisations have helped to distribute relief, improve WASH and support longer-term upgrading efforts. For instance, Mathare Safety and Response Team is a community-led organisation that partnered with Kenya Red Cross and the government to provide food after residents were vaccinated.<sup>61</sup> Mathare Roots is another youth-led grassroots organisation that partnered with the local government to provide hand-washing stations during Covid-19. Other WASH initiatives were funded by Kenya Red Cross and AMREF, which supported the government's provision of hand-washing stations.<sup>62</sup> Moreover, there is an emerging grassroots-led initiative to upgrade Mathare and secure the declaration "Special Planning Area" to foster multipronged upgrading partnerships, as in another Nairobi informal settlement called Mukuru (Horn, 2021). In Mathare, grassroots organisations have over several years formed a flexible collective called "Mathare Special Planning Area Research Collective" (MSPARC), seeking to improve access to basic services and land tenure, foster environmental health and promote the rights of Mathare's informal workers and residents (Kimari et al., 2022). To date, the declaration of a Special Planning Area has not been made in Mathare. But MSPARC has already harnessed a range of civil society and social movements, with important potential to tackle both Covid-related insecurities and underlying structural exclusions in Mathare. Below we turn to other SDI-led responses in the four cities, focusing upon organisational and tactical changes in the face of multiple crises.

## 5. Bottom-up responses during the post-pandemic era

### 5.1. Reviving SDI's savings schemes

Savings groups remain the backbone of SDI's movement, but they have had to adapt their processes substantially in the aftermath of Covid-19. Based on their shared residence and commitment to community-led development, savings scheme members often develop strong social bonds, with women typically predominating as both members and leaders (Patel et al., 2012). Across SDI's affiliates, there are well-established rituals of ongoing savings and periodic loans, which are typically utilised to 1) improve housing and livelihoods, and to 2) promote collective priorities like access to land or services (ibid.). Such expectations and norms of regular savings are rooted in trust, accountable leadership and face-to-face contacts between members at regular

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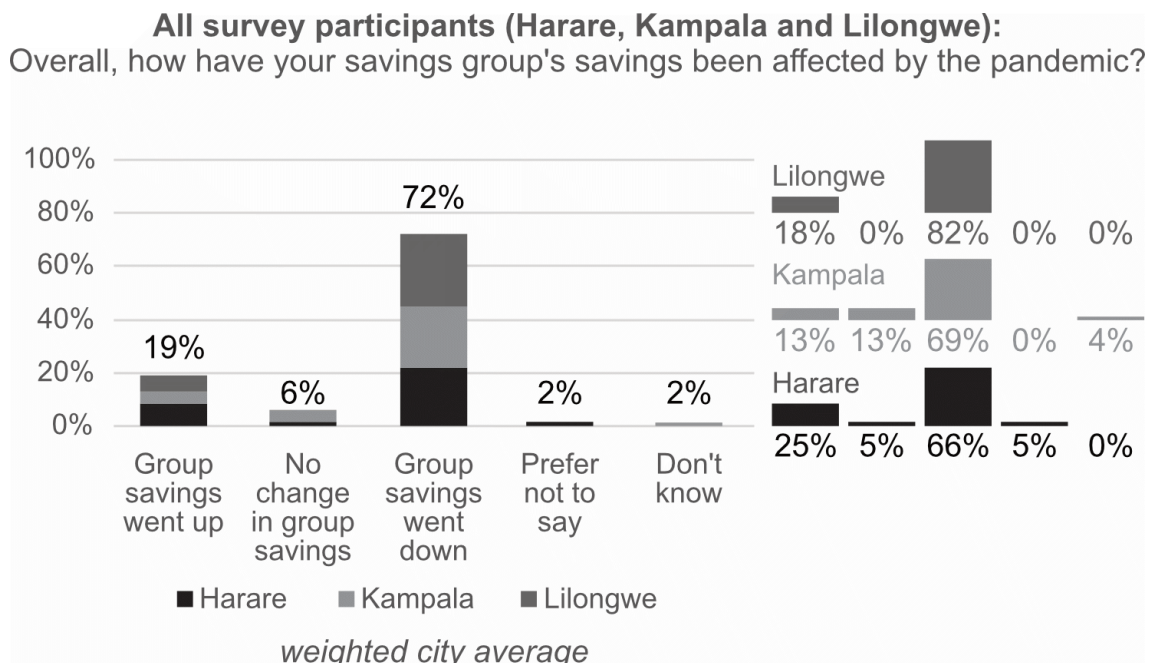
<sup>61</sup> FGD07.

<sup>62</sup> KII02.



meetings. However, the pandemic often radically undercut these practices in SDI's savings schemes. Due to official restrictions on public gatherings, groups typically had to shift to Zoom meetings that excluded low-income members (who lacked access to smartphones or data bundles). More fundamentally, savings schemes were frequently undermined by Covid's socioeconomic and health crises, as few members or leaders could continue their key ritual of community savings (Figure 3 below). Based on our surveys in Harare, Kampala and Lilongwe, **72%** of respondents said that their group savings declined, with reductions especially common in Lilongwe, where 82% of respondents noted reductions in savings. Many SDI loans thus went unpaid, and some recipients moved away (including to their rural homes), further undermining the savings culture amongst formerly close-knit groups.

**Figure 3: Covid's impacts upon savings groups in Harare, Kampala and Lilongwe**



Across our four cities, some savings groups had to dissolve entirely, and many others are still grappling with how to rebuild trust and confidence in these vital bottom-up processes. In **Nairobi**, a woman from Mathare recalled the wrenching interpersonal challenges when it was clear that no one could repay their loans:

We tried following up on those loans, [but] one would even feel ashamed of going to ask for the loan because even yourself you had nothing ... We had to understand [their] situation that they have to buy flour, instead of paying the loan.<sup>63</sup>

Such challenges with repayments also led to feelings of despair and helplessness amongst loan defaulters. For instance, in **Lilongwe**, a federation member had a loan to improve his business but could not repay: "I can no longer afford to repay the loan. I

<sup>63</sup> FGD06.

cannot pay any bills. I'm living a hopeless and painful life".<sup>64</sup> Over time, there has often been a vicious circle of unpaid loans, faltering trust and lost confidence in federation leadership across the four cities. According to leaders in **Kampala**, "Some people ran away with loans [without repaying], whereas some saving groups collapsed ... People lost trust in some of the leaders, which has resulted in reduced savings".<sup>65</sup> But, as explained next, federations have adjusted their approaches to foster flexibility and inclusion in their savings practices, while also pioneering alternative tactics to attract members and selectively embracing digital tools.

In **Harare**, savings groups have begun to remobilise members using a range of new activities, digital tools and forms of organisation. Federation members recalled that savings had been repurposed to buy food during lockdowns and when restrictions were lifted in late 2021:

We started remobilising [and] started to meet again for savings, although some members had relocated to rural areas or to better places [with] cheaper rentals. We are still trying to recover from the disaster.<sup>66</sup>

Some Harare groups successfully launched poultry initiatives (as noted above), while other groups cultivated vegetable gardens (initially during early lockdowns) alongside other creative strategies. There has been a notable rise in digital tools, both for business purposes and to improve the federation's internal communications. According to members in Hatcliffe, the federation has continued to use Zoom, WhatsApp and Teams to expedite communication; they also use text messages to reach those who lack funds for data.<sup>67</sup> In another tactic to strengthen local groups, the federation has mentored "Solidarity Groups", which are not fully-fledged SDI schemes but have benefited from skills training (such as sewing face-masks or producing soaps) and may receive small loans for businesses, solar lights and so on. In Stoneridge, a Solidarity Group has continued making soap until the present day and recognised the importance of savings during Covid-19.<sup>68</sup> While these Solidarity Groups in Zimbabwe pre-date the Covid outbreak, they have proved an inclusive innovation during the pandemic that encouraged local groups to self-organise on more flexible terms.

Other strategies from Uganda and Malawi to strengthen savings groups have centred upon digital tools, livelihoods training, humanitarian assistance and new savings practices. In **Lilongwe**, the federation introduced mobile money services for savings and loans (helping to reduce transaction costs and time of managing loans). Additionally, the Malawian federation has provided humanitarian support (such as food and PPE) and also skills training via mobile learning to enhance livelihoods (for example, in sausage making). Similarly, in **Kampala**, the federation and its NGO partner, ACTogether, have sought to revive livelihoods via savings, enterprise

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<sup>64</sup> FGD01.

<sup>65</sup> Federation leaders of Mulago (FGD09) and Naguru (FGD02) settlements.

<sup>66</sup> FGD02 in Stoneridge.

<sup>67</sup> FGD01 in Hatcliffe.

<sup>68</sup> FGD02 in Stoneridge.

development and skills training, with a focus upon youth and women entrepreneurs. Using start-up capital from a Cities Alliance-funded SDI project called “Build Back Better”, a total of 110 livelihoods groups were formed in Kampala; they were encouraged to revitalise their savings practices and diversify livelihoods to help cope with future shocks.<sup>69</sup>

In **Nairobi**, the federation has relaxed its requirements for savings, while also developing new ways to foster solidarity and food security. Many savings groups eliminated their requirement to save daily (instead, members save either weekly or twice per month). At the same time, the minimum amount of savings has been reduced to just Ksh. 50 per week (USD 0.37) or even eliminated altogether. In a new initiative to strengthen food security and savings groups, a group in Mathare’s Hospital Ward started a communal food fund (which has continued since 2021) in which members contribute by sharing flour or other staple items. As a leader explained, this communal food fund has successfully expanded the group’s rapport and membership, thanks to small contributions:

We contribute food and share the food, as this brings people closer. And with the Ksh. 50 [per person] we gather food like sugar and flour ... One can save as little as Ksh. 50, so that at least one will come to the meeting with the mindset that they will receive two packets of flour and give out Ksh. 50 ... Things are still hard, so I am using my strategy to bring people on board.<sup>70</sup>

Elsewhere in Mathare, Bondeni savings group is similarly using a “merry-go-round” to attract participants to join their scheme, with members saving just Ksh. 50 (per week) before receiving food every three months. This strategy can effectively encourage people to join savings groups and reap concrete benefits in terms of food security: “We agreed to save at least Ksh. 50 and as everyone loves food, we talked of distributing the foods after three months, which might attract back the members also ...”.<sup>71</sup> In a complementary strategy to enhance accessibility of loans, some groups in Mathare have reduced their interest rates (from 10% to 5% per month), plus the repayment period was extended in hopes of encouraging more borrowers to repay.<sup>72</sup>

Finally, the Kenyan federation’s financial support agency, known as Akiba Mashinani Trust (AMT), has helped mobilise resources via crowdfunding to support vulnerable women in informal settlements. The initiative is called “Mama Kwa Mama” (“mother to mother”), which brought together different local organisations like the Architectural Association of Kenya and a construction social enterprise called BuildHer.<sup>73</sup> AMT helped to mobilise resources through an online platform called M-Changa, which has fundraised over Ksh. 1 million (USD 7,000) to date, split between cash transfers and

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<sup>69</sup> KII20.

<sup>70</sup> FGD06.

<sup>71</sup> FGD06.

<sup>72</sup> FGD06.

<sup>73</sup> [www.muungano.net/browseblogs/2020/8/4/mama-kwa-mama-a-kenyan-women-to-women-fund-helping-thousands-of-nairobis-most-vulnerable](http://www.muungano.net/browseblogs/2020/8/4/mama-kwa-mama-a-kenyan-women-to-women-fund-helping-thousands-of-nairobis-most-vulnerable) (accessed 25 March 2024).

food: “We were able to raise Ksh. 1.2 million, half of it was used to buy food and give the most vulnerable people, and the other half was used as cash transfers to the different vulnerable groups”.<sup>74</sup> This initiative provided support to various vulnerable groups, including PLWDs, individuals with pre-existing health conditions, the elderly, widows, single mothers and pregnant women. The significant solidarity initiative continues to operate, focusing on extending support to vulnerable populations in informal settlements.

## 5.2. Grassroots advocacy, data collection and other tactics to enhance recognition

Across the four cities, grassroots organisations have sought to advance recognition for urban informality and support more equitable visions of urbanisation. A key strategy has been community-led data collection: for instance, in **Nairobi**, the Kenyan federation shared its data on informal settlements to inform official task forces during the early stages of Covid-19 (Sverdlik et al., 2022). Muungano’s data again helped to improve targeting of relief efforts in Nairobi, such as when the non-profit organisation, Give Directly, used the federation’s findings to ensure that cash assistance was delivered to vulnerable families.<sup>75</sup> Meanwhile, in **Lilongwe**, both the SDI federation and MUFIS have utilised data collection to advocate for inclusive interventions and raise awareness during Covid-19. MUFIS collected data on informal workers’ needs for digital literacy and income diversification, while also exploring their awareness and access to vaccines.<sup>76</sup> Like other SDI affiliates, the Malawian federation has a history of community-led profiling, mapping and enumeration that simultaneously helps to strengthen advocacy for shelter and underscore the contributions of grassroots knowledge.

As part of this project, the four SDI affiliates launched a “Dignified Urban Life” campaign and related outputs seeking to transform narratives and public perceptions of informal settlements. The partners in **Harare and Nairobi** held photo exhibitions in community halls or other local venues, which explored how residents have responded to the pandemic and provided opportunities for shared reflections. SDI-Kenya and Muungano also provided Mathare residents an opportunity for art therapy during a wellness session with CHVs, which sought to promote mental health especially for youth in Mathare (Koyaro et al., 2023). Furthermore, SDI has convened intergenerational dialogues and discussed how to capacitate youth leaders within the federation to address current and future crises. In another initiative, SDI federations have created a campaign known as “Dignified Urban Life” (on social media as #DignifiedUrbanLife), which features youth-led songs created in response to Covid-19

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<sup>74</sup> KII04.

<sup>75</sup> “These people were able to get funds through cash transfers; they received Ksh. 2000 [USD 14] from the government and we also approached Give Directly and they supported with cash transfers. We collected data in Mombasa, Huruma areas, Mathare, Mukuru. Give Directly was giving Ksh. 3000 per month [USD 21]” (KII04 with AMT).

<sup>76</sup> FGD01.

and explores how to advance alternative visions of urbanisations.<sup>77</sup> Taken together, these initiatives illustrate the multiple contributions of grassroots knowledge and the pivotal role of bottom-up organisations in responding to crises, as well as advocating for alternative visions that can foster rights and recognition for all urban citizens.

## 6. Conclusions: Inequitable impacts and fragile, emerging solutions

Covid's aftershocks are still reverberating and intersecting with other crises, and we found relatively few households in the four cities that had made a robust recovery. During the height of the pandemic, selling PPE and sanitisers was a common strategy, and some workers utilised this livelihood as a cushion before returning to their previous trades. Some workers could successfully shift into new types of livelihoods, find new locations to trade (including within their informal settlements) or launch collective ventures with their savings schemes (such as Harare's bustling poultry project). We also uncovered some instances of digital tools helping to enhance livelihoods or support SDI's savings groups, but such tools may remain out of reach for low-income residents.

In our findings, rising precarity was far more common in the four cities, where exclusionary governance, depleted assets and increased costs of living had together led to profound desperation for many residents. Our surveys in late 2022 indicated that the majority of informal workers were still unable to work in Lilongwe, Harare and Kampala. Just as Covid-related restrictions eased, prices for food, energy and other key items have spiralled, leaving customers unable to pay and traders increasingly indebted. We also noted the rising levels of crime (including in Nairobi), with these insecurities sometimes layering onto other crises, such as cholera in Lilongwe and major evictions in Kampala. As noted above, we found several instances of 1) state-led evictions to "clean up" and evict low-income residents, especially in Harare and Kampala, alongside 2) market-led displacements in Lilongwe and Nairobi, where residents were dislocated by the rising unaffordability of shelter or services.

Although SDI's savings groups play a pivotal role in supporting both crisis response and recovery, they increasingly grappled with deepening poverty and breakdowns in grassroots savings culture. In the four cities, we found some concerning evidence of eroded assets and fraying trust (especially linked to unpaid loans), which can produce a vicious circle of dwindling social and financial capital at the grassroots level. While community-led responses were integral throughout the pandemic's acute phase, the challenges in rebuilding grassroots movements bespeak the profound and chronic crises still facing many people who live and work informally in African cities. Moving forward, it will be crucial to build upon emerging tactics and generate new strategies to revitalise SDI's savings schemes. This may include flexible requirements for savings and loans or equitable, concrete efforts to foster food security (as in Nairobi) and

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<sup>77</sup> For one of the SDI songs that emerged from intergenerational dialogue, see [www.youtube.com/watch?v=5VNr9Zxv8CY](https://www.youtube.com/watch?v=5VNr9Zxv8CY) (accessed 25 March 2024).

alternative modes of organising and providing trainings (in Lilongwe and Harare, for example).

Alongside well-known challenges with the biased or inadequate Covid-19 relief efforts, we also explored nascent efforts to strengthen community health systems and foster more inclusive partnerships, which resonates with other international efforts and recent health research on CHWs (Zulu and Perry, 2021). In **Kampala**, a partnership during Covid-19 and Ebola outbreaks between health workers, community leaders and the Ministry of Health highlights the value of grassroots collaborations with higher-level health and municipal officials. These structures can be deployed quickly in different shocks and urban interventions more generally, built upon the backbone of capacitated health workers and local organisations in informal settlements. Furthermore, we highlighted a wide array of community-led responses seeking to strengthen grassroots organisations, partner with official agencies, and enhance recognition for marginalised citizens. Some initiatives preceded Covid-19, such as **Harare's** Urban Informality Forum, but have provided valuable platforms for collaboration during the post-pandemic phase. Additionally, **Lilongwe's** community-led task forces have monitored the impacts of Covid interventions and identified gaps in government programmes, including to ensure that the needs of women and girls are better addressed. In **Nairobi**, residents have mobilised for inclusive partnerships and advocated for a "Special Planning Area" to upgrade Mathare (Kimari et al., 2022).

At the same time, our sobering research indicates that many informal workers and residents of informal settlements in the four cities remain structurally vulnerable to future shocks. These deep-seated risks are often rooted in precarious work, lack of decent shelter and social protections, and limited voice in urban governance (Gupte and Mitlin, 2021). In one of many worrying trends, our findings indicate that early Covid-related interventions in WASH were rarely maintained over time. Such WASH improvements, which residents of informal settlements often appreciated, underscore the importance of sustaining political will and promoting responsiveness to low-income citizens. There are some improvements in community health systems, but these again would benefit from long-term official support and more meaningful community engagement. With limited access to relief (especially in the post-pandemic era), marginalised urban residents and workers are currently struggling with multiple entrenched crises, which may be exacerbated by gender, disability, refugee status and other intersecting vulnerabilities. Although international networks and local organisations provided much-needed assistance (such as WASH, food or social support), many interventions were short-term and struggled to address the scale and complexity of deprivation in the wake of Covid-19.

Future research can continue exploring how to rebuild trust and bolster grassroots organisations, with a combined focus on those living and working informally in African cities. It will also be crucial to deepen understanding of digital tools and other organisational tactics utilised amongst diverse grassroots actors. According to other recent research into civil society responses to the pandemic, Covid-19 has sometimes



fostered coalition-building (thanks to the rise of digital tools and multiscale alliances), but digital technology has also exacerbated digital divides (Artuso et al., 2023). As indicated below, our key recommendations include prioritising community health workers; developing processes to ensure equitable, transparent access to social protection; promoting digital inclusion and strengthening informal livelihoods more generally; and co-creating multifaceted strategies to enhance SDI's savings groups.

### 6.1. Recommendations

- *For local/national governments: **Community health workers*** (who are predominantly women) will need further official support and payment, as well as public recognition for their pivotal role in health promotion. There is a related need to strengthen **community health systems and complementary infrastructure**, including to address multiple shocks and “everyday” risks facing residents of informal settlements.
- *For local/national governments and international agencies:* There is an urgent need to expand access to **social protection** and ensure accurate, readily updated lists of beneficiaries. This will also require **enhanced coordination** between state, NGO and international agencies, in addition to improving **oversight** and collaboration at the community level to avoid duplication and biases in distribution. Furthermore, informal settlements require enhanced access to **affordable, reliable services**, including WASH, energy and transport, which are essential to support livelihoods as well as health and gender equality.
- *For NGOs, local/national governments and international agencies:* To enhance **informal livelihoods** in the wake of Covid, it will be crucial to partner with workers to strengthen skills, diversify livelihoods, **foster digital inclusion** and expand access to capital via appropriate forms of finance. Digital inclusion will also require expanded electricity networks and ensuring regular supplies to informal settlements and informal workers, complemented by affordable energy prices for low-income urban residents. Low-carbon alternatives, including solar energy for lighting and mobile phone charging points, may also enhance livelihoods and digital inclusion. Such initiatives will need to be co-produced with youth, women, refugees and other marginalised groups to ensure that benefits are inclusive, rather than merely targeting more robust workers or enterprises.
- *For SDI federations:* Continue to co-develop strategies to **revitalise community savings groups**, with a multipronged focus on reviving membership and accountable leadership; strengthening avenues for youth participation in the federations; and ensuring flexible, appropriate savings and loan processes.

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