Open Access Journal

COVID-19 Response in Freetown's Slum Communities: Embracing Situated Knowledge in Crises and Beyond

Daniela Beltrame
Massachusetts Institute of Technology, USA
Corresponding author: dcocco@mit.edu

Joaquin Benitez
University of Buenos Aires, Argentina

Karenna J. Groff
Massachusetts Institute of Technology, USA

Amelia Seabold
Massachusetts Institute of Technology, USA

The difficulties in tackling COVID-19 have shown with unparalleled strength the need to acknowledge alternative epistemologies in planning. Pandemic responses that seem to have been met with relative success were based upon the guidance, knowledge, and embodied experience of communities on the ground. While some recognize the key role of alternative or 'non-expert' knowledge in addressing current planning challenges, most have struggled to broaden their definition to include different ways in which community-based organizations generated data, shared knowledge, collaborated with other development actors, and learned from past experiences. This paper studies the response in Freetown´s slum communities to the unprecedented crisis brought by the COVID-19 outbreak. It analyzes how community-based organizations were able to leverage their situated knowledge to negotiate, develop, and occupy spaces of power in their city´s crisis management systems during the first months of the pandemic. Data was collected through semi-structured interviews and personal communications with residents of Freetown's slum communities, workers of international non-governmental organizations (INGO) based in Freetown, researchers, and local government officials. This research discusses what knowledge is, where and by whom it is generated, and how it can be collectively leveraged in crisis situations. We also offer a reflection on what this may mean for the future of planning, in terms of transforming structures of exclusion and sustaining that transformation.

Keywords: Slums and Informal Settlements, COVID-19, Situated Knowledge, Community-Based Organizations, Freetown.

Open Access Journal

Introduction

As the COVID-19 pandemic was declared by the World Health Organization (WHO), international institutions started to raise flags about the difficulties of prevention and containment in slums and informal settlements. Blanket measures widely recommended (e.g. social distancing, regular handwashing) were not viable in overcrowded communities with inadequate access to water and sanitation, among other issues. Specialized organizations, like the Special Rapporteur on the Right to Adequate Housing (OHCHR, 2020), Social Science in Humanitarian Action Platform (SSHAP, 2020), and Habitat International Coalition (HIC-AL, 2020) published specific guidelines for slums and informal settlements. Based on experience and knowledge from previous outbreaks, such as Ebola in Western Africa, some of the guidelines mentioned halting evictions, ensuring adequate access to water and sanitation, taking special precautions to protect those most vulnerable, and, perhaps most importantly, including slum communities[1] in assessing impact and planning responses.

This paper studies the contributions of community-based knowledge - knowledge based on slum dwelling communities' lived experience as marginalized populations - to face the unprecedented crisis brought by COVID-19. It discusses grassroots actions to adapt data collection strategies and other actions based on how communities were affected by both the pandemic and its response policies. We start by asking whether situated knowledge during initial stages of the pandemic contributed to creating space for organized communities in the city's governance structures and legitimized their position. We wanted to understand how this situated knowledge was utilized to bring forward communities' mobilization potential to contribute to an adequate response, and then reflect on what the answers to these questions tell us about crisis governance and the role of marginalized populations therein.

There is an expanding literature that shows that engaging and participating slum communities in health programs improves the effects of the interventions (Lilford et al., 2016; Corburn & Lee, 2016; Corburn et al., 2020; Wilkinson, 2020). Due to these communities' complexities, proper responses seem to be those with a co-production model where residents and medical personnel co-deliver, co-plan, and co-research, taking into account forms of local, non-western knowledge (Corburn & Lee, 2016; Lilford et al., 2016).

However, even when residents have systematically generated endogenous forms of knowledge through their embodied experience that depart from hegemonic "*loci* of enunciation" (Mignolo 2002), formal authorities still struggle to create space for their engagement in decision-making processes, oftentimes due to lack of capacity or low political interest (Cownwall, 2008). In the extreme uncertainty brought about by the COVID-19 pandemic, the inclusion of knowledge derived from residents of slum communities is not only advised, but deemed essential for a successful response (Corburn et al., 2020; Wilkinson, 2020).

To situate our discussion, we relied on a practical case: the first months of COVID-19 response in Freetown, Sierra Leone, and the work and experience of organized communities in five settlements.

---

[1] We acknowledge the problematic uses of "slum" as a lexicon for settlements and neighborhoods inhabited by the urban poor (Gilbert, 2007; Arabindoo, 2011; Hurchzemeier, 2014). However, for this article, we chose to refer to them as slum communities based on our partnership with local Freetown chapters of Shack/Slum Dwellers International (SDI), a global network of community-based organisations that are comfortable with this identity and reclaim to empower themselves (D'Cruz and Mitlin, 2007).

Open Access Journal

With limited public health infrastructure and just one ventilator in the country for 7.5 million people, Sierra Leone opted to take early action in the COVID-19 outbreak. The first positive COVID-19 case in Sierra Leone was recorded on March 30, 2020, but the West African country was quarantining travelers with fevers or travelers coming from countries with COVID-19 cases as early as January, 2020. Influenced by the 2014-2016 Ebola outbreak, Sierra Leonean authorities knew that the governance of a pandemic required enhanced collaboration between a wide range of actors, including community-based organizations (CBOs). The COVID-19 response in Freetown's slum communities relied heavily on the collaboration of grassroots organizations with different governance structures, including the Community Disaster Management Committees (CDMCs), the Community Health Workers (CHWs), the Office of National Security (ONS), the Ministry of Health and Sanitation (MoHS), the Freetown City Council (FCC), and the local chapters of various international non-governmental organizations (INGOs). As we will explore, situated knowledge generated and shared by Freetown's organized slum communities had a central role in shaping the city's response to COVID-19. While we would have liked to have better reflected inherent complexities and diversity within communities and among them, the task was not without challenges, and remains an avenue for further research.

The analysis and arguments presented in this paper are based on data emerging from a combination of desk research and primary data collection conducted between April and August 2020. The latter included semi-structured interviews as well as informal communications with a total of 28 people, including residents and leaders of slum communities, local government representatives, officers of INGOs' local chapters, and members of research institutions, both in Sierra Leone and abroad.

However, we found that at the beginning of the pandemic, some of the most significant challenges, related to rampant misinformation and uncertainty, were closely linked with long-established mistrust in the healthcare system and government authorities in general. Because of this, material responses, such as hand-washing stations or food and mask distribution were paired with behavior change messaging. Conscious of the high levels of mistrust, authorities followed approaches such as sensitization campaigns that were based upon the guidance, knowledge, embodied experience, and existing structures of communities on the ground.

Through grassroots experience, this research reflects on what knowledge is, where and by whom it is generated, and how it can be collectively leveraged in crisis situations. We hope to contribute to the discussion about the value of community participation in crisis response and beyond, to re-imagine governance models that transcend hegemonic structures of centralized planning and give way to alternative, more collaborative forms of decision-making. By highlighting the importance of organized communities in the governance structures of the COVID-19 pandemic, we hope our paper contributes to making the case for the continued inclusion of their situated knowledge in urban planning once the pandemic is over.

This paper is structured as follows: we begin by discussing the literature on situated knowledge, participation and African urbanisms that framed our research, and go on to describe our qualitative methodology. We then present our results in three sections. First, we describe the situated knowledge production and circulation among Freetown's CBOs before the pandemic hit the city. Second, we delve into the urban governance of the 2020 COVID-19 outbreak, describing participatory mechanisms, distribution of responsibilities, and policies deployed. Third, we analyze how the crisis affected the production of situated knowledge and how it was mobilized by CBOs to improve interventions. Finally, we will offer a concluding section with a more speculative set of closing remarks and questions for future research.

Open Access Journal

Situated Knowledge, Participation and African Urban Futures

Among local actors we can find particular forms of situated knowledge: embodied, located, critical, and practiced modes of knowing, constructed by communities rather than isolated individuals (Haraway, 1988). This concept is part of a feminist epistemological project that seeks to transcend both relativism and totalism by recreating objectivity as a positioned rationality: this means a critique of the pretended universality of science but also of a relativism, which can be equally universalising by pretending to speak from everywhere and nowhere. In this perspective, objective scientific knowledge is only possible when partiality, position, location and situation are taken into account to ground knowledge, both in political and epistemological terms. Here objects of knowledge are not passive and inert things, but rather actors and agents. The situationality of this knowledge comes from circumstances that call for action, but within certain constraints that have to be taken into account, particularly in planning and participation (Leino & Peltomaa, 2012). These include conventions, commitments, objects, beliefs, procedures or rules. It's 'the interplay of these ways of being situated [that] combines in each of us and produces a unique and dynamic locus of situated knowledge that moves and shifts according to multiple inputs' (Ibid.: 161). These located forms of knowing imply a geo-politics of knowledge crucial to any decolonial project that seeks to reaffirm an alternative form of modernity from the Global South, and denounce the eurocentered epistemologies of universal knowledge as if the knowing subjects were universal too (Mignolo, 2009).

One of the most criticized elements of western planning is its use of tokenism and empty rituals to deny constituents the power to affect policy outcomes, hollowing out its own participatory aspirations (Arnstein, 1969). Certain political uses of 'the local' tend to disempower grassroot communities as a result of the competition among various social, economic, and political actors (e.g. social movements, state institutions, NGOs, international agencies). Particularly problematic is a tendency to romanticize local context and their participants in a way that downplays vernacular inequalities and power relations, as well as the weight of national economic and political forces (Mohan & Stokke, 2000). Attempts have been made to create normative frameworks to judge participation on the level of community engagement and power devolution, paying attention to who, how, and where participation occurs (Cornwall, 2008).

However, some of the criticism of participatory mechanism that points to de-politicization of development fails to acknowledge that, like any configuration of power and knowledge, it also produces spaces and moments of resistance (Williams, 2004). As many people and CBOs engage in these participatory mechanisms, they do so in ways 'highly contested: in form, content, limit, extent, politics, and ideology, and unequivocally in practice in their implementation' (Oldfield, 2008: 487). Who leads the process, participatory design, and how, when and where local agents are engaged, are not minor details, as they set the power dynamics, the rules of the game and whose premises guide the participation (Miraftab, 2003). However, 'much depends on how people take up and make use of what is on offer, as well as on supportive processes that can help build capacity, nurture voice and enable people to empower themselves' (Cornwall, 2008: 275).

Classic planning and development theory written in the global North tends to frame Sub-Saharan African urban slums and informality as a failure, a nuisance that needs to be overcome by governance, infrastructure building, formalization, and connecting economies with global flows of capital, disregarding local urban histories (Watson, 2003; Simone, 2014; Eskemosen Andersen, Jenkins & Nielsen, 2015). However, African urban studies have reframed this issue as a question of alternative forms of modernity not necessarily bound by the western rationality and experience (Harrison, 2006). This project implies taking the African

Open Access Journal

cityness seriously, recovering the daily ordinary life of urban Africa and the multiple ways in which its inhabitants deal with their everyday challenges (Pieterse, 2010, 2011), by understanding how cities are places of entrepreneurship, collaboration, and kinship among marginalized urban residents that 'have demonstrated a remarkable inventiveness in making cities something that—despite the prevailing conditions and odds—might be something that could work for them' (Simone, 2014: 42). Moreover, these practices create forms of insurgent planning: counter-hegemonic, transgressive and imaginative ways in which the disenfranchised (women, immigrants, the poor, and stigmatized populations) build and develop their own houses and infrastructures, challenging neoliberal forms of urban governance (Miraftab, 2009; Holston, 2008). In other words, these marginalized parts of cities and practices are loci of situated knowledge necessary to actually understand how the African city is lived and experienced by its dwellers and challenge the classic western development theory with its overarching statistics, its top-down approach, and its stress on participatory planning.

Methods

The analysis and arguments presented in this paper are based on data emerging from a combination of desk research, as well as semi-structured interviews with development actors on the ground, and personal communications with members of research institutions, in Sierra Leone and abroad. Desk research for this project included a review of academic papers, reports, news articles, and public information shared through official websites and social media, among other resources about the COVID-19 response in Freetown. When selecting the materials to work with at this stage, we considered documents produced and shared by a network of local and international actors with years of engagement with Freetown's slum communities. The aim of this initial stage of desk research was to gain a grasp of the situation on the ground prior to engaging with local partners, and as input for primary data collection design. Our focus was on identifying emerging themes in academic and grey literature that highlighted the COVID-19 response in slum settlements across the global South, specifically in Freetown.

We wanted to understand how development organizations aided in the response to COVID-19, their opinion on the success of the response, and factors that influenced their actions. To do this, we selected methods for primary data collection with local partners to fit contextual conditions and data needs. Methods for primary data collection included semi-structured interviews as well as informal communications with residents of slum settlements, local government representatives, officers of INGOs' local chapters, and members of research institutions. Because of the pandemic, most of these interviews were conducted remotely, especially at times when settlements were closed off by authorities due to COVID-19 outbreaks. At times when our partners were able to safely meet slum dwellers in-person for interviews, they did so.

We carried out 16 semi-structured interviews, either individually or in small groups, to a total of 23 people in the above mentioned groups, that either had distinctive knowledge about or took part in Freetown's COVID-19 response in some capacity. Primary data collection was conducted between April and August 2020. Respondents of semi-structured interviews were categorized by residents of slum communities and non-residents, and the questionnaires were tailored by category. Non-resident interviews and all other communications were conducted through the *Zoom* and *WhatsApp* platforms, and resident interviews were conducted in person by trained local residents. For the resident interviews, we partnered with two of Freetown's CBOs: first, the Federation of the Urban and Rural Poor (FEDURP), with its professional support organization, the Centre of Dialogue on Human Settlements and Poverty Alleviation

Open Access Journal

(CODOHSAPA), and second, Foundation for the future Sierra Leone (FFF-SL).

FEDURP is the Sierra Leone affiliate of Slum Dwellers International (SDI). Much has been written about SDI as a network of the urban poor. Some of the most cited publications concentrate on horizontal learning exchanges (Patel & Mitlin, 2002), co-production strategies (Mitlin 2008), savings practices (Bolnick, 2016), and housing provision (Bolnick & Bradlow 2010). The Sierra Leone Federation reportedly reaches over 7,000 slum dwellers organized in networked savings groups at the settlement, city, and national levels. For their role in disaster risk reduction and community health, they are also organized in CDMCs across Freetown's settlements, and work closely with CHWs, sometimes with overlapping roles. The second CBO we partnered with, Foundation for the future Sierra Leone (FFF-SL) is an educational syndicate, non-profit, community-led organization in Cockle Bay, Freetown. Its mission is to work with vulnerable and underprivileged children and young people, especially girls, so that they can complete their school curriculums.

Our team was able to develop these situated partnerships due to one of our team member's prior engagement with Freetown's urban slum settlements (through work experience with a Consortium of INGOs, local government, and grassroots organizations developing a slum upgrading strategy for two of Freetown's settlements). These two organizations were key to our research. We engaged with members to articulate and tailor our questions, select the settlements and populations we would work with, decide on methodology, develop tools, and conduct research on the ground.

Map 1*. Map of Freetown showing location of selected settlements*

Source: Prepared by the authors

Together, we decided that semi-structured interviews would be the best suited data collection tool for this moment and context. We preferred interviews to focus groups because the COVID-19 situation made it inconvenient, and irresponsible, to propose any type of gathering of more than 2 or 3 people. The selection of semi-structured questionnaires over a more open in-depth option responded to the informed position of our partners, which gave us an initial grasp of the situation on the ground prior to conducting the interviews. We then created and tailored the interview questionnaire with them. The entire data collection team was careful to include locally pertinent topic guides and open-ended questions, and to create a questionnaire structure that allowed for flexibility.

As regards sampling, we agreed on including a diverse set of participants in terms of age and gender, and selected five settlements to work with. The selection of the settlements responded to the will of the FEDURP to study both hill-side and sea-side locations, to include geographical

Open Access Journal

diversity, and to include both a site with a high number of COVID-19 cases and one with no cases, to understand the extent of other hardships. While we have tried to address the inherent complexities within communities and among them and pursue in-depth elaboration on "the community" role to allow for a more detailed representation of them, this task has proven challenging within the context of the pandemic.

Table 1. Selected settlements in Freetown

Settlement name	Population	Location
CKG (Krab Town, Kolleh Town, Grey Bush)	> 2,000	By the Atlantic ocean and the Congo River, on a central part of Freetown, close to dumpsite
Cockle Bay	~ 20,000	Seaside settlement along the Aberdeen Creek
Dworzark	~18,500	Hillside community located 5 km away from Freetown city centre, on the Peninsula Mountains
Moyiba	~37,000	Hillside stone-mining community located on the East side of the city
Thompson Bay	~ 6,000	Dense and relatively small settlement, located by the sea, on the western side of Freetown

Source: Prepared by the authors from SDI (2017), UCL (2018), SLURC (2020), and FEDURP/CODOHSAPA (2020)

Trained community members carried out a total of seven resident interviews in these five settlements during July and August 2020. Interviews were conducted in the language interviewers deemed more appropriate for each interviewee, namely Krio or English.

With regard to non-resident interviews, we included representatives from the local chapters of Catholic Relief Services, CARE International, and GOAL as well as local government officials from the Mayor's Delivery Unit, and members of the MIT Governance Lab (MIT GOV/LAB) team that collaborated with the Institute for Governance Reform and the Government of Sierra Leone to implement a rapid survey to inform country-wide COVID-19 response policies. We asked how their organizations aided in the response to the pandemic, their opinion on the success of the response, and factors that influenced the response.

We also had a series of informal communications with five people mainly from research-oriented organizations with experience and knowledge about Freetown, located both in Sierra Leone and abroad. These conversations responded to the fact that some of the people we wanted to interview were not necessarily available for a formal session on account of them being busy with the urgency of the COVID-19 response. On a couple of occasions we also used these spaces to informally corroborate pieces of official information and follow-up on

Open Access Journal

leads.

All data was processed using qualitative analysis software which allowed us to categorize responses into emerging topics, some of which had been identified from desk research or previously discussed with partners. This categorization served as the starting point to recognize emerging issues, locate commonalities, pinpoint discrepancies, and establish connections that we analyze in the following sections.

While we have engaged with a variety of actors in each urban setting, it is important to acknowledge that the diversity in perspectives by far exceeds those included in this paper. Situations in these settings present heterogeneity in the form of varied lived experiences and perspectives. Our choice of settlements and interviewees relied heavily on partner access, and we acknowledge we were only able to reach a small subset of the population.

Communities count: producing and mobilizing knowledge

Any form of collective action is made up of a dense network of interpersonal relations, where not only material and information exchanges occur, but also the transmission of symbols and meaning (Diani, 2013; SDI, 2020). All across SSA, networks of residents of slums, including historically marginalized, self-constructed settlements, usually stand together as organized communities and as part of larger social movements. Their action and advocacy continuously shape both the built environment and the policy landscape around them. Even with restricted access to resources and power, they put forward alternative forms of inhabiting the city and often "inadvertently or with full awareness, they contest the status quo of private individual property, land tenure and inheritance, sustainability concerns and even the very notion of 'Enlightenment Age'-old social contract." (Beltrame, 2020: 36) The way these movements define their reality, socially producing their habitat guided by their values, has been and will continue to be critical to cities everywhere.

In Sierra Leone, Freetown houses 15% of the country's population and is home to 72 slum communities, built by their inhabitants on the hillside and seaside, near dumpsites and other precarious places, usually with no secure land tenure (CODOHSAPA/FEDURP 2020). Although highly heterogeneous, they are often spatially, socially and economically marginalized from the rest of the city, and frequently more vulnerable to environmental risks (Lynch, Nel & Binns, 2020). However, they are also sites of resilience, solidarity and ingenuity (SDI, 2020; Simone, 2014).

In our research, we focus on the Sierra Leone affiliate of Slum Dwellers International (SDI), FEDURP/CODOHSAPA, to consider how their principles and practice, particularly those about situated knowledge production and dissemination, contribute to shaping policy and practice around them. A core element within SDI network are its practices for change, a "creative repertoire of rituals and performances [that] creates the sort of feedback loop between general principles and specific goals which is at the heart of all active social change" (Appardurai 2004 in Patel & Bartlett 2009: 7). Two of these practices are particularly relevant for our research:

1. *Community-led data collection:* Diagnostic and planning activities, performed with the purpose of building the political leverage that emanates from self-knowledge, including enumerations, household-level socio-economic surveys, focus groups to define problems and set priorities, mapping exercises, and settlement profiles, among others.

2. *Horizontal learning exchanges:* Primary learning strategy across the network, performed community-to-community to share local knowledge and expertise. These take the form of meetings and encounters at the local, national and regional hub levels,

Open Access Journal

and act as a vehicle for the spread of ideas and strengthening of the network.

FEDURP/CODOHSAPA uses strategies such as daily savings, peer-to-peer exchanges, community profiling, enumeration, and mapping to organize a critical mass of poor localities "enabling [them] to engage with local and state authorities as partners in development rather than beneficiaries, and shift development priorities to be more inclusive and pro-poor and ultimately more resilient and sustainable" (FEDURP/CODOHSAPA, n/d). This critical mass provides a platform and opportunity for the poor to change their own lives and shape their contexts. Before the COVID-19 pandemic, these actions were mainly conducted through in-person meetings or exercises.

In the extreme uncertainty brought about by the COVID-19 pandemic, slum communities have been essential to the response, contributing their situated - sometimes referred to as 'non-expert' - knowledge, which seems to have enhanced their participation in their city's crisis governance mechanisms in emergency and disaster response.

(Not so) new governance mechanisms

In the early days of the pandemic, the central government coordinated the response by setting up response teams at the national level (National COVID-19 Emergency Response Center, NaCOVERC) and district level (District COVID-19 Emergency Response Center, DiCOVERC). DiCOVERC included many representatives from FCC as the regional governing body. In the words of a CKG community leader, Bob Jones:

> 'It was like a speedy reaction by the government to even close down the border, that was one of the good measures that the government put in place. At the community level, NaCOVERC has the responsibility to respond to [COVID-19 related] things, so what we used to do is get the information about the basic needs of the people and give the information to them…'

NaCOVERC and DiCOVERC teams consisted of representatives of INGOs as well as members of government such as from the Ministry of Health. Coordinators were appointed by the Ministry of Planning for each district, usually from INGOs, a role that Catholic Relief Services played in Freetown's district. Early on in the pandemic these teams were meeting daily (later on they would meet on a weekly basis) to coordinate relief efforts and delegate actions to each member based on their strengths, knowledge, and capacity. This coordination was key to reduce duplication of efforts.

These participatory governance structures were inspired by learnings from the 2014-2016 Ebola Virus Disease (EVD) outbreak in West Africa, when the government launched the Community Lead Ebola Action (CLEA) campaign with the goal of mobilizing communities in the response with participatory methods (Bedson *et al.*, 2020). Many of the actions taken in response to COVID-19 were originally part of this campaign, such as mobilizing and engaging community activists, religious leaders, and local radio stations, both for communication efforts and monitoring the situation. The government also deployed Community Care Centers (CCC) as temporal facilities embedded in the community (half of the staff was recruited locally) to triage suspected cases, provide centers for isolating of infected people, and add extra beds in case of health systems collapse (Michael-Strasser et al., 2015). During the Ebola crisis, INGOs and government teams alike learned about the importance of leveraging communities to design robust interventions (Oxfam, 2015): early response efforts were resisted by locals because their traditions and concerns were disregarded as part of the problem. The authorities were unable to understand the negative reactions of locals to hazmat-covered disinfectant-spraying strangers or the burial of the dead without proper health protocols. It was only when

Open Access Journal

local experience, values, and traditions were understood and multiple actors were engaged at the village, ward, and chiefdom level that response tactics changed for the better (Wilkinson, Parker, Matineau & Leach, 2017).

NaCOVERC and DiCOVERCs deployed several policies geared towards prevention and containment. Some forms of preventive behavior learned from the EVD outbreak, such as hand washing and social distancing, were easy to re-introduce during the COVID-19 outbreak. However, mask wearing had a much slower uptake, and public health guidelines such as frequent hand washing, social distancing, and staying-at-home were also difficult, if not impossible, to implement in slums. As a result, solutions to improve housing conditions in slums and informal settlements received a sort of re-legitimizing push. Given the emergency situation, hotel rooms and sports facilities were used for the public good to deploy mobile health services to those in need. Specifically, many overcrowded slum dwellers were moved to international hotels and guest houses to safely isolate themselves from relatives. Additionally, forced eviction and slum clearance was thought of as a non-option, as it would raise the risk of viral transmission throughout the city. Those among our interviewees who reside in slums and informal settlements reported that they did not receive threats nor hear of any evictions occurring during the rainy season, when they typically take place.

The economic downturn and the overarching uncertainty regarding the outcome of the pandemic necessitated aid by the local government and INGOs, which was critical in helping residents survive during the lockdown and quarantine periods. Emergency cash transfer programs were the major source of economic relief. These programs were implemented by several actors, both governmental and non-governmental. Several interviewees spoke to the efforts of FEDURP to support residents who lost their jobs in the wake of COVID-19, with one of them describing the transfers as 'not much, but okay to get by for a certain time.'

Situated knowledge for COVID-19 response

As mentioned above, collective action is often based on material and symbolic networks that sustain discourse and action. More often than not, face-to-face interactions are central to building trust, as well as organizing and mobilizing capacity. The COVID-19 pandemic disrupts the ability of these organized residents to mobilize themselves and their knowledge which in turn makes it much more difficult to advocate for, enact, or sustain positive change. As a resident from Moyiba and member of FEDURP mentioned: 'The outbreak of COVID-19 caused great changes in our work; it prevented us from conducting our meetings and doing our savings[2] because of the social distancing measures set by the government; and that has affected our work immensely.'

COVID-19 was economically devastating to residents of slum communities, who mainly live on daily wages and work in the informal economy. Measures such as lockdowns and curfews prevented residents from going to work, posing a serious threat to their survival. In fact, one of the biggest concerns stemming from the national and local governments instituting lockdowns was food security of the population (MIT GOV/LAB, 2020). With supplies and resources often limited, identification of people most in need or "priority lists" were commonly referenced in many of the interviews we conducted. Lacking the necessary data to establish priorities (like household income, special conditions like pregnancy, disabilities, unemployment, etc.), INGOs relied on the input and situated knowledge of residents

---

[2] Community saving schemes are SDI's widely used method to provide microfinance services for small-scale community initiatives in low-income communities. They work by aggregating modest individual savings to leverage and attract bigger financial resources. However, this organization also uses these initiatives to empower female leaders and other social agendas. See D'Cruz and Mudimu (2012); Bolnick (2016).

plaNext

NEXT GENERATION PLANNING

AESOP / YOUNG ACADEMICS

themselves to identify those with more pressing needs to be prioritized in the distribution of food, cash transfers, and other forms of aid. Community leaders also aided in the distribution of goods when lockdown measures were in place because movement in and out of settlements was restricted. Their knowledge was also relevant for policy creation regarding how to handle lockdown measures and ensure that the needs of the communities were still being met during the crisis.

Although restrictions on mobility and physical gatherings hindered CBOs' activity, they were still able to continue engaging. In the first moments of the pandemic, when lockdowns were in place, WhatsApp groups were widely used as the main vehicles of communication. Later, when it was possible to exit the home, door-to-door engagement was re-introduced.

In terms of knowledge generation and sharing, one clear theme that emerged throughout our research was the need for more accurate and reliable geospatial, quantitative and qualitative data, not only for Freetown, but across Sierra Leone. With their own challenges and limitations, Freetown's organized communities have been collecting their own data for years. This pre-existing practice acquired new value in the pandemic context, as it reveals the nuance and complexity of health issues in slum settings that desk-based research often misses. When speaking with government officials, INGO representatives and slum residents and leaders, two data-related projects were mentioned:

1. The Sierra Leone National COVID-19 Emergency Response Centre (NaCOVERC) partnerships to produce geospatial datasets;

2. The Freetown Informal Settlement Covid Data Dashboard (Fiscovidata)[3], developed by CODOHSAPA mainly for COVID-19 related data collection and dissemination.

The Fiscovidata dashboard is particularly interesting because it highlights how, under pandemic constraints, FEDURP/CODOHSAPA adapted their way of producing situated knowledge to fit the needs of both communities and local government (Figure 1). This app was developed by FEDURP/CODOHSAPA to record and disperse real-time COVID-19 data. Through a google form, residents were able to report cases of COVID-19 in their communities, as well as other incidents, such as crime and gender-based violence. (Richard Bockarie, CODOHSAPA). Using accessible technology, this initiative yields a public chart, updated every 15 minutes, and provides valuable information for decision-making. This is but one example among many of organized communities generating knowledge, reporting incidents and contributing to the crafting and implementation of the pandemic response.

In Freetown, organized communities also made large contributions in the areas of sensitization, awareness campaigns, and behavior change messaging, for which many forms of situated knowledge were mobilized. Several public servants and INGO officials mentioned that mistrust of the government was widespread among communities.

The novelty of the disease made Freetown residents weary of official information from authorities, including healthcare workers (James Riak interview). When discussing this issue in Hill Station (Thompson Bay), a resident mentioned that "95% of people in our community are saying COVID-19 is not real. This has affected the spread of COVID-19 in Hill Station". In this sense, engaging residents and leaders was extremely important to create trust in Freetown's response. A significant portion of sensitization efforts were aimed at communicating preventive measures, informing containment procedures, and debunking misconceptions surrounding the COVID-19 virus. Posters, radio programming, videos,

---

[3] Available at https://datastudio.google.com/u/0/reporting/e5255d5d-6553-49fa-b286-e46c49d296a4/page/kfQSB

Open Access Journal

WhatsApp messages, megaphone messaging, and a national hotline (117) were all combined to tackle misinformation and share facts about the virus and how to slow the spread.

Figure 1. Fiscovidata app snapshot

Source: CODOHSAPA 2020
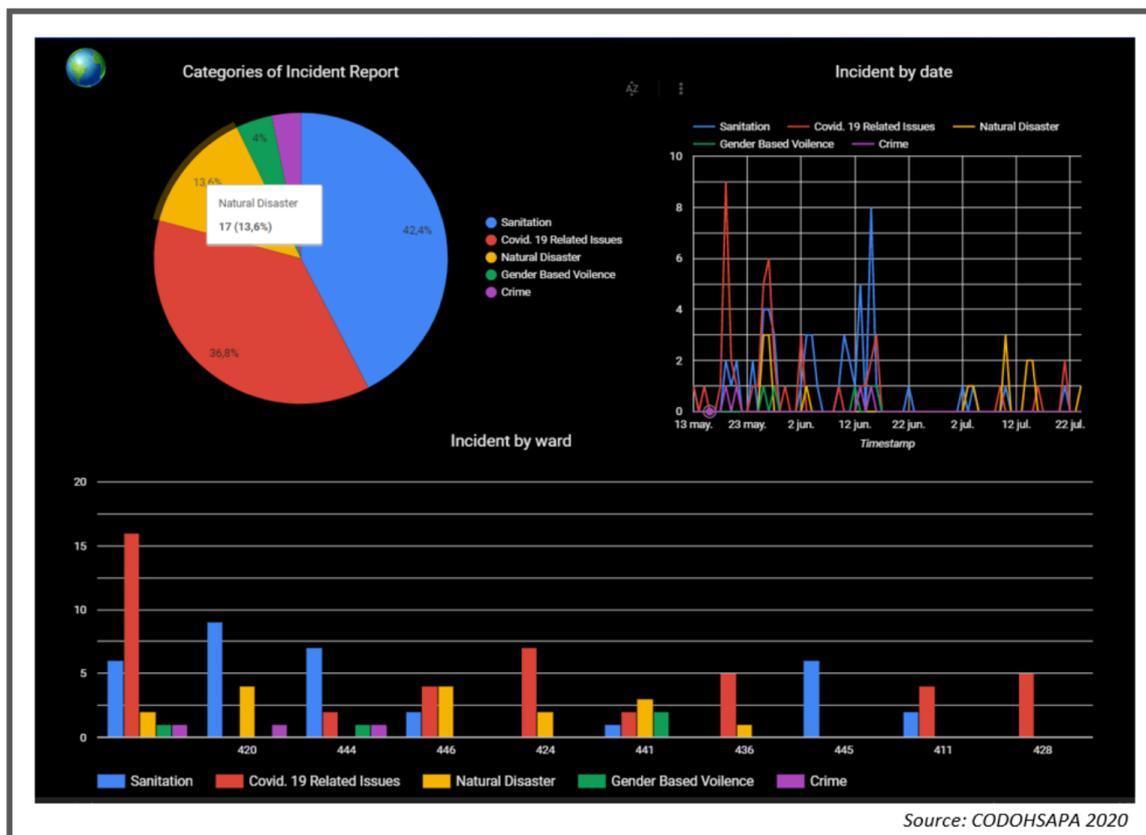
To combat misunderstandings and make sure health guidelines were followed, messages were spread through individuals and organizations with decades-long histories of direct service and emergency response. This contributed to building trust and an ability to communicate behavior change objectives effectively. Community-led action was a successful strategy pioneered in prior crises that empowered residents and members of long-standing cultural and religious organizations to design and inform response policy at a regional level (Bedson et al., 2020; Wilkinson et al., 2017). These strategies were also aimed at containing stigmatization and facilitating information sharing. The government and INGOs worked with community leaders, who were already well respected and known, to use their platform to spread messages about social distancing and hand washing. They became what some have called "influencers" in their settlements. As messages were coming from trusted community members, giving feedback to their fellow residents was made easier. This contributed to an increased back-and-forth between government agencies and communities, which allowed for CBOs to negotiate increased presence in decision-making spaces.

Community control of public space in slums and settlements was another important measure to contain the spread, one that residents also spearheaded. As noted before, checkpoints and stations run by CBO members were set in entry points and strategic places of the settlements both to install handwashing stations and sensitize residents. People were required to wash their hands, particularly while entering the communities, and their temperature was checked before entrance whenever a thermometer was available. These stations were run by community organizations, donated by INGOs or the FCC, and required constant monitoring to

Open Access Journal

avoid crowding. Community control also was exerted through Local Police Partnership Boards (LPPB), with residents and CBOs patrolling areas where crowds could potentially arise like markets, sports facilities, wharfs, etc. However, this community control of public space had its down-sides: it damaged the rich public life of these communities (centered around markets and wharfs, long benches, sports fields, etc.), and it also resulted in the police arrest of residents that violated the lockdown to secure their livelihood and the confiscation of goods from street vendors.

One of the most mentioned features in Freetown's response has been the already existing spaces where community knowledge was able to transform into concrete actions for mitigation or response. Two of these already existing structures are CDMCs and CHWs. CDMCs are networked, resident-run committees aimed at addressing different types of disaster and risk. They have been around for years now and are present in most of the settlements. They establish early alert systems and organize and carry out sensitization initiatives, mitigation measures, and direct actions such as clearing drains. As for the CHWs, in 2012, the Ministry of Health and Sanitation (MOHS) of Sierra Leone launched the first National Community Health Worker Policy. Its aim is to improve health access in a country where community health posts are often inadequately staffed. CHWs are volunteers, today over 15,000, who come from different health programs and are trained in health education messaging and integrated community case management (ICCM).

Some of the hard-earned lessons from the past, however, seemed to have been forgotten in the early days of COVID-19, mainly due to the lack of legitimacy that INGOs and government officials had given community knowledge during the period between crises. This re-learning process was explained by Catholic Relief Services' Emergency Response Program Manager James Senesie when he stated that the biggest lesson from the field during COVID-19 was 'the knowledge at the local level which we did not capitalize on... this has been a lesson in fact that we are re-learning, it was a lesson observed in the past and we did not learn.'

In fact, much of the post Ebola literature holds unreflective and uncritical views of communities that somewhat obscure the lessons from the Ebola outbreak (Wilkinson et al. 2017). While that epidemic was stopped mainly through the learnings and changes in collective practices of transmission by the Mano River populations themselves -- some generated locally and some facilitated by external actors (Richards, 2016) -- much of the post-Ebola reflection created romantic accounts of external interventions, without acknowledging how these also generated impositions, abuse, elite capture, resentment and distrust among people (Wilkinson et al. 2017). We wonder whether some of the hard-earned lessons had to be re-learned precisely because of these simplified representations of "the community" and its failure to unpack the complexities of communal participation.

As for COVID-19, several INGO workers highlighted in our interviews the value of trusted community members to influence behavioral change in slums and informal settlements, where residents were much less likely to listen to outsiders or so-called experts. Throughout our research, we have seen a recognition of situated knowledge's value increasingly emerging in authorities' and other development actors' views. As community activist Bob Jones from CKG Settlement explained:

> 'We have been able to get more recognition, we've got a lot of respect, in fact, for our role because we are playing a risky role as volunteers. We are not getting paid for that, definitely, we want to serve. It's like having a passion, working for people at a community level.'

It remains to be seen whether this time the importance of situated knowledge will be

adequately learned, considering how common it is for authorities to welcome participation in tokenistic or invited forms (Miraftab, 2009), partly due to requirements by international policy standards and INGO donors, partly because they aim -deliberately or not- at co-opting it. Communities, on the other hand, who have been organizing for decades in local, national, and global networks, often look for and create windows of opportunity for more transformational engagement to rebalance power structures (Williams, 2004; Oldfield, 2008).

Conclusions

This paper aimed to explore how the 2020 COVID-19 pandemic response in Freetown, Sierra Leone generated conditions that allowed community organizations to mobilize their situated knowledge, being at the forefront of the response, to participate in crafting local policies with authorities. We delved into ample literature supporting the notion that coordinating a health crisis response with slum communities improves outcomes, and interviewed development actors in Freetown to understand that co-production of slum health and multi-actor governance are essential to understand and address communities' needs.

We found that, in a historically less than favorable context, Freetown's slum communities have been able to slowly negotiate spaces of participation and even leadership. They leveraged their situated knowledge and capacity, gained after years of mobilizing and organizing, to take up a central role in the crisis response. Due to their experience from the previous Ebola outbreak, organized communities were able to coordinate their actions with authorities and fulfill valuable roles including data collection, contact tracing, cash transfer prioritizing, and distribution of goods, including hand sanitizer, masks, and food items. They also installed stations and checkpoints in strategic locations within or at the edge of settlements for hand washing, temperature checking, and information distribution. This allowed them to effectively exert forms of community control of public space in their communities. Moreover, community 'influencers' were rallied to educate their peers on COVID-19 prevention.

These findings, however, do not reflect the inherent complexity within communities and among them. While we have strived to present details and particularities of the settlements we worked with, this task has proven challenging within the context of the pandemic and we acknowledge the need for further research to achieve more nuanced results.

In the extreme uncertainty brought about by the COVID-19 pandemic, the situated - sometimes referred to as 'non-expert' - knowledge that residents of slum communities have brought to the table has been deemed essential to successful planning and response by NGO officials and government representatives alike. A number of initiatives have given increased legitimacy to community residents and leaders' role in the response: distributing food items, facemasks, and cleaning products (mentioned in CKG, Cockle Bay, and Dworzark), contact-tracing (in CKG, Moyiba, Dworzark), patrolling public space with police officials through the LPPB (in Cockle Bay), participating in emergency coordinating bodies such as DisCoVERC (leaders from CKG) and CDMCs (in all settlements) sensitization and behavioral change (in all settlements), data collection (in all settlements), among others. This seems to have enhanced their space in their city's crisis governance mechanisms in emergency and disaster response.

However, even when the context of a global public health emergency may have created space or enhanced the legitimacy of community-based knowledge, this cannot be taken for granted. Even when residents are experienced in carefully assessing risk and uncertainty in their daily lives and have systematically generated knowledge about their situation, we have seen how formal authorities still struggle to create space for their engagement in decision-making

Open Access Journal

processes. We wonder whether some of the hard-earned lessons will have to be, once again, re-learned because of simplified representations of "the community" and the failure to unpack the complexities of communal participation. As the pandemic continues in 2021, and vaccines are hoarded by countries in the global North, it still remains to be seen whether the delegated power and community control that Freetown's organized communities conquered during the COVID-19 crisis is sustained during "normal times."

Acknowledgements

References

Arabindoo, P. (2011). Rhetoric of the 'slum' Rethinking urban poverty. *City*, 15(6), 636-646.

Arnstein, S. R. (1969). A Ladder Of Citizen Participation, *Journal of the American Institute of Planners*, 35(4), 216-224.

Bedson, J., Jalloh, M. F., Pedi, D., Bah, S., Owen, K., Oniba, A., Sangarie, M., Fofanah, J. S., Jalloh, M. B., Sengeh P., Skrip, L., Althouse, B. M. & Hébert-Dufresne, L. (2020). Community engagement in outbreak response: lessons from the 2014–2016 Ebola outbreak in Sierra Leone. *BMJ global health*, 5(8), e002145, 1-12.

Beltrame, D. (2020). *Subaltern City-Making: A Portrait from Harare, Zimbabwe* [Unpublished master's thesis]. Massachusetts Institute of Technology.

Bolnick, J. (2016). *Where will the money come from? SDI and local-level finance. Working Paper.* https://pubs.iied.org/sites/default/files/pdfs/migrate/10177IIED.pdf

Bolnick, J. and Bradlow, B. (2010). "Rather a better shack now than wait twenty years for a formal house" – Shack Dwellers International and informal settlement upgrading in South Africa. *Trialog*, 104, 35-41.

Corburn, J. & Riley, L. (2016). From the Cell to the Street: Coproducing Slum Health. In J. Corburn & L. Riley (eds.), *Slum Health: From the Cell to the Street* (pp. 30-60). Berkeley, CA: University of California Press.

Corburn, J., Vlahov, D., Mberu, B., Riley, L., Caiaffa, W. T., Faiz Rashid. S., Ko, A., Patel, S., Jukur, S., Martínez-Herrera, E. Jayasinghe, S., Agarwal, S., Nguendo-Yongsi, B., Weru, J., Ouma, S., Edmundo, K., Oni, T. and Ayad. H. (2020). Slum Health: Arresting COVID-19 and Improving Well-Being in Urban Informal Settlements. *Journal of Urban Health*, 97(3), 348-357.

Cornwall, A. (2008). Unpacking 'Participation': models, meanings and practices. *Community Development Journal*, 43(3), 269–283.

Diani, M. (2013). Organizational fields and social movement dynamics. In J. van Stekelenburg, C. Roggeband and B. Klandermans (eds). *The Future of Social Movement Research: Dynamics, Mechanisms, and Processes* (pp. 145-168). Minneapolis, MN: University of Minnesota Press.

D'Cruz, C. and Mitlin, D. (2007). Shack/Slum Dwellers international: One experience of the contribution of membership organisations to pro-poor urban development. In M. Chen, R. Jhabvala, R. Kanbur, and C. Richards (eds.). *Membership Based Organizations of the Poor* (pp. 221-239) . New York, NY.: Routledge.

D'Cruz, C. & Mudimu, P. (2013). Community savings that mobilize federations, build women's leadership and support slum upgrading. *Environment & Urbanization*, 25(1), 31-45.

Eskemose Andersen, J., Jenkins, P., & Nielsen, M. (2015). Who plans the African city? A case study of Maputo: part 1 – the structural context. *International Development Planning Review*, 37(3), 331-352.

Open Access Journal

Ezeh, A., Oyebode, O., Satterthwaite, D., Chen, Y. F., Ndugwa, R., Sartori, J., Mberu, B., Melendez-Torres, G. J., Haregu, T., Watson, S. I., Caiaffa, W., Capon, A. and Lilford, R. J. (2016). The health of people who live in slums 1. The history, geography, and sociology of slums and the health problems of people who live in slums. *The Lancet*, 389(10068), 547-558.

FEDURP/CODOHSAPA. (n.d.). *About us*. CODOHSAPA & FEDURP. https://codohsapa.org/about-us/.

Gilbert, A. (2007). The return of the slum: does language matter? *International Journal of urban and regional Research*, 31(4), 697-713.

(HIC-AL) Habitat International Coalition - Latin America. (2020). *#DerechoALaCiudad Frente al COVID19*. Habitat International Coalition América Latina. https://hic-al.org/2020/03/31/pgdc-el-derecho-a-la-ciudad-para-enfrentar-al-covid19/

Haraway, D. (1988). Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective. *Feminist Studies*, 14(3), pp. 575-599.

Harrison, P. (2006). On the Edge of Reason: Planning and Urban Futures in Africa. *Urban Studies*, 43(2), 319–335.

Holston, J. (2008). *Insurgent Citizenship: Disjunctions of Democracy and Modernity in Brazil*. Princeton, NJ: Princeton University Press.

Hurtzemeier, M. (2014). Troubling continuities: use and utility of the term 'slum'. In S. Parnell and S. Oldfield (eds.), *The Routledge Handbook of Cities of the Global South* (pp. 86-97). New York, NY: Routledge.

Inter-American Development Bank (IADB) (2020) *10 lines of action and 20 measures to mitigate the spread of the coronavirus in informal settlements.* Ciudades Sostenibles Blog. https://blogs.iadb.org/ciudades-sostenibles/en/10-lines-of-action-and-20-measures-to-mitigate-the-spread-of-the-coronavirus-in-informal-settlements/.

Leino, H. & Peltomaa, J. (2012). Situated knowledge–situated legitimacy: Consequences of citizen participation in local environmental governance. *Policy and Society*, 31(2), pp. 159-168.

Lilford, R. J., Oyebode, O., Satterthwaite, D., Melendez-Torres, G. J., Chen, Y. F., Mberu, B., Watson, S. I., Sartori, J., Ndugwa, R., Caiaffa, W., Haregu, T., Capon, A., Saith, R. and Ezeh, A. (2017). The health of people who live in slums 2. Improving the health and welfare of people who live in slums. *The Lancet*, 389(10068), 559-570.

Lynch, K., Nel, E. & Binns, T. (2020).'Transforming Freetown': Dilemmas of planning and development in a West African City. *Cities*, 101, pp. 1-14.

Mignolo, W. (2009). Epistemic Disobedience, Independent Thought and Decolonial Freedom. *Theory, Culture & Society*, 26(7-8), pp. 159–181.

Miraftab, F. (2003), The perils of participatory discourse: Housing policy in postapartheid South Africa. *Journal of Planning Education and Research*, 22(3), 226-239.

Miraftab, F. (2009), Insurgent Planning: Situating Radical Planning in the Global South. *Planning Theory*, 8(1), 32-50.

MIT GOV/LAB (2020) *Research Brief: Preliminary Results from Rapid Survey to Inform COVID-19 Response in Sierra Leone.* https://mk0mitgovlab6m5p3m06.kinstacdn.com/wp-content/uploads/2020/05/MITIGR_Survey-Results_15May2020-1.pdf

Michaels-Strasser, S., Rabkin, M., Lahuerta, M., Harripersaud, K., Sutton, R., Ahoua, L. N., Ngalamulume, B., Franks, J. & El-Sadr, W. M. (2015). Innovation to confront Ebola in Sierra Leone: the community-care-centre model. *The Lancet Global Health*, *3*(7), e361-e362.

Mitlin, D. (2008) With and beyond the state — co-production as a route to political influence, power and transformation for grassroots organizations. *Environment and Urbanization*, 20(2), 339-360.

Mohan, G. and Stokke, K. (2000), Participatory development and empowerment: The dangers

Open Access Journal

of localism. *Third World Quarterly*, 21(2), 247-268.

(OHCHR) UN Special Rapporteur on the Right to Adequate Housing (2020) COVID-19 Guidance Notes for States, local Governments and other actors https://www.ohchr.org/EN/Issues/Housing/Pages/COVID19RightToHousing.aspx

Oldfield, S. (2008), Building Consensus and Conflict: Community Systems and Local Participatory Mechanisms in Democratizing Local Governance. In M. van Donk (ed), *Consolidating developmental local government: lessons from the South African experience* (pp. 487-500). UCT Press: South Africa.

Oxfam. (2015). Never *again: building resilient health systems and learning from the Ebola crisis*. Oxford, UK: Oxfam International.

Patel, S. & Mitlin, D. (2002) Sharing experiences and changing lives. *Community Development Journal*, 37 (1), 125–136.

Pieterse, E. (2010). Cityness and African Urban Development. *Urban Forum*, 21, pp. 205–219.

Pieterse, E. (2011). Grasping the unknowable: coming to grips with African urbanisms. *Social Dynamics: A journal of African studies*, 37(1), 5-23.

Porter, L. (2010) *Unlearning the colonial cultures of planning.* Ashgate Publishing, Ltd.

Richards, P. (2016). *Ebola: how a people's science helped end an epidemic*. London: Zed Books

(SLURC) Sierra Leone Urban Research Center (2020). S*upporting informal settlements and the specific needs and risks to consider in relation to COVID-19: Lessons from the Ebola outbreak in Freetown, Sierra Leone.* SLURC Policy Brief N° 4. Freetown, Sierra Leone: Sierra Leone Urban Research Center. https://www.slurc.org/uploads/1/0/9/7/109761391/slurc_policy_brief_covid19_informal_settlements.pdf.

Simone, A. (2014). Too Many Things to Do: Social Dimensions of City-Making in Africa. In M. Diouf & R. Frederiks (eds.), T*he Arts of citizenship in African Cities. Infraestructures and Spaces of Belonging* (pp. 25-49). New York, NY: Palgrave-MacMillan.

Slum Dwellers International (SDI). (2017). *Know Your City Slum Profiles*. Available at: https://sdinet.org/explore-our-data/

Slum Dwellers International (SDI). (2020). *Sierra Leone SDI Alliance Response to Covid-19*. https://sdinet.org/2020/06/sierra-leone-sdi-alliance-response-covid-19/

Social Science in Humanitarian Action Group (2020) *Key considerations: COVID-19 in informal urban settlements (March 2020).* https://unhabitat.org/sites/default/files/2020/05/sshap_covid-19_key_considerations_informal_settlements-final.pdf

Watson, V. (2003). Conflicting Rationalities: Implications for Planning Theory and Ethics. *Planning Theory & Practice*, 4(4), 395–407.

WHO (2020) *Sierra Leone confirms first case of COVID-19*. https://www.afro.who.int/news/sierra-leone-confirms-first-case-covid-19.

Wilkinson, A. (2020). Local response in health emergencies: key considerations for addressing the COVID-19 pandemic in informal urban settlements. *Environment and Urbanization*, 32(2), 503-522.

Wilkinson A., Parker M., Martineau F. and Leach M. (2017) Engaging 'communities': anthropological insights from the West African Ebola epidemic. *Philosophical Transactions of the Royal Society*, 372(1721), 1-7.

Williams, G. (2004). Evaluating participatory development: Tyranny, power and (re)politicisation. *Third World Quarterly*, 25(3), 557-578.

University College London (UCL), Sierra Leone Urban Research Centre (SLURC), and Njala University (2018) "Development and Planning in African Cities: Exploring theories, policies and practices from Sierra Leone." *Future Learn.* https://www.futurelearn.com/courses/african-cities