

Community-led innovations and actions in response to the Covid-19 pandemic

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Question

- *What examples are there of community-led innovations and actions within the context of Covid-19?*
 - *How were they initiated, and to what extent was their design and implementation participatory and inclusive?*
 - *What impact did these actions and innovations have, for the communities, and also for those who developed them?*
 - *What lessons are being drawn from these examples, and to what extent are the innovations, or the lessons, useful or adaptable for other settings?*

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The Covid Collective helpdesk service provides brief summaries of current research, evidence, and lessons learned. Helpdesk reports are not rigorous or systematic reviews; they are intended to provide an introduction to the most important evidence related to a research question. They draw on a rapid desk-based review of published literature and consultation with subject specialists.

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1. Summary

Community engagement and community-led approaches have been considered a fundamental component of past pandemics, such as Ebola, and the same has been observed in the response to the Covid-19 pandemic, especially for reaching the most vulnerable (Gilmore et al., 2020). Covid-19 community-led interventions have addressed immediate needs of communities effectively, rapidly, equitably and with innovation (Kerr, 2022). Quantifying the exact impact of community-led innovations is difficult, but as the case studies and evidence of this rapid review and others show, grassroots groups made a significant contribution around the world in the Covid-19 crisis, especially early on in the pandemic (Carstensen, Mudhar & Munksgaard, 2021). However, whilst there is a growing recognition of the importance of community-led approaches as a vital component of crisis response (Corbett, Carstensen & Di Vicenz, 2021), this should not detract from the ultimate responsibility of the state to provide adequate relief and services to its citizens (Beaujouan et al., 2022).

There is a large and growing literature base on community-led innovations in general, to which literature reflecting on Covid-19 responses is increasingly contributing to. This rapid literature review draws on a range of academic and NGO sources. First, Section 2 briefly explores what is meant by “community-led innovations”, as community-led is a loosely defined term that can take on a variety of meanings. Section 3 provides some examples of community-led innovations and actions from across a variety of contexts, including high-, middle- and low-income countries. Given the scale and scope of the subject, these only provide a small snapshot of community-led initiatives that have taken place in response to the Covid-19 crisis. Section 4 summarises the key common features and trends across examples. Section 5 summarises some general lessons and success factors identified in the examples and literature, building on the findings from Section 4. It was not possible in the scope of this rapid review to assess the degree to which community-led innovations and actions were participatory and inclusive. This review draws on other in-depth reviews of community-led responses to Covid-19, such as Carstensen, Mudhar and Munksgaard (2021), Kerr (2022), and Loewenson et al. (2021).

Key findings:

- Most of the examples are from the first stages of the Covid-19 pandemic, mostly in the first six months to a year from when Covid-19 was announced as a pandemic by WHO in March 2020.
- As reflected in the case studies, key general categories that actions fell into were information sharing, mutual care, sharing, and mobilising own resources (i.e. people looking after and helping each other), livelihood adaptation and support, and asserting rights and duties (developed from Carstensen, Mudhar & Munksgaard, 2021; Loewenson et al., 2021).
- Communities are heterogenous units with intrinsic strengths and expertise and capable of developing valuable solutions. In most communities, Covid-19 was one of a number of crises, and not necessarily the greatest one, to be dealt with and balanced against other issues (Carstensen, Mudhar & Munksgaard, 2021; Sverdlik et al., 2022).
- General characteristics of the case studies include a considerable amount of volunteerism, spontaneous mobilisation, cooperation and collective action, the ability to act quickly and flexibly, utilising a variety of traditional and new methods of organising, use of local knowledge, and sharing of local resources (Carstensen, Mudhar & Munksgaard, 2021; Kerr, 2022). Other common features in the case studies include the

key role of women and youths at the forefront of many community-led initiatives (Corbett, Carstensen & Di Vicenz, 2021; Feminist Humanitarian Network & Partners, 2021; Njeri & Daigle, 2022); the utilisation of existing formal and informal community networks, such as faith leaders (Carstensen, Mudhar & Munksgaard, 2021); building on the strength of pre-existing groups and networks; and a focus on fostering capabilities, equity, inclusion and relationships (Loewenson et al., 2021).

- In addition to these common features, a number of general success factors and lessons about community-led actions emerge from the literature and examples: work locally and with communities in crisis response (Corbett, Carstensen & Di Vicenz, 2021; Kaye & Morgan, 2021; Sverdlik et al., 2022); significant strength comes from pre-existing groups and networks (Loewenson et al., 2021); the importance of the role of women in community-led responses is often overlooked (Carstensen, Mudhar & Munksgaard, 2021; Corbett, Carstensen & Di Vicenz, 2021; Feminist Humanitarian Network & Partners, 2021; Kerr, 2022; Njeri & Daigle, 2022); informality, spontaneity and cooperation were key in the success of community-led initiatives (Kaye & Morgan, 2021; Carstensen, Mudhar & Munksgaard, 2021); key role of past shared experiences and existing social capital and cohesion in emergency response (Carstensen, Mudhar & Munksgaard, 2021; crisis as accelerant and catalyst of innovation; Kaye & Morgan, 2021); need for investment in and recognition of the value of strong communities (Kaye & Morgan, 2021; Kerr, 2022).
- The case study experiences also raise questions about the limitations of these community-led initiatives and mutual aid groups in terms of scope, scale, and sustainability, especially in the face of a protracted emergency (Loewenson et al., 2021). Many of these innovations and practices are at risk of slipping away now in the face of increasing economic hardship in many countries, as focus on the pandemic decreases and early motivation ebbs, and the lure of a return to “business-as-usual” (Kaye & Morgan, 2021, p.11). Much of the literature argues for donor and aid entities and authorities to acknowledge and support (through money and power) new and existing community-led responses and groups in preparation for future and ongoing crises (Carstensen, Mudhar & Munksgaard, 2021).

2. What is meant by community-led innovation

Community-led

There are different interpretations of what is meant by “community-led” approaches; it is loosely defined and can take on a variety of meanings. Additionally, a huge variety of actions could be described as community-led, including mutual aid, self-help, neighbour help, collective action, and local agency (Carstensen, Mudhar & Munksgaard, 2021, p.S147). Other terms such as “community-based” are often used interchangeably with “community-led”, despite arguments that there is a large difference between the two approaches. Wessells (2018, p.22) argues that community-led approaches are driven by the community themselves (it is the community that holds the power and resources, makes key decisions and owns the process, with a large and diverse number of community members involved) and are bottom-up, whereas community-based approaches are often project-oriented, driven primarily by outside actors and hence top-down. This review specifically focusses on the community-led literature and examples from Covid-19, although there is often overlap and confusion in the terms.

Attygalle (2020) in a discussion paper for the Tamarack Institute, explores what is understood in the use of the term “community-led approaches” for community change. Attygalle and her team reviewed the usage of the term by 67 organisations in Canada who use it to describe their approaches to community change. They found discrepancies between intent, wording and actions, with “a substantial range in engagement practices, from completely grassroots citizen action through to organizations consulting with community stakeholders on program development” (Attygalle, 2020, p.1). The paper defines community-led approaches as “those that are led not by an organization or other outsiders but by a collective, community process” (adapted from Wessells, 2018, p.19 cited in Attygalle, 2020, p.3), and are grounded in the idea of “people power”. Attygalle (2020, p.) argues that community-led has become an “essential way of working to combat power imbalances that exist between traditional ‘authorities’ and the communities who are facing inequities” and community-led organisations attempt to give power to those who are closest to the issues. However, it is also important to acknowledge that communities are also subject to power imbalances themselves, and "community-led" approaches may reflect different levels of inclusivity, depending on how the leadership manifests itself within the community, and who is doing the "leading". The paper describes a spectrum of community-led approaches (see Figure 1).¹

Figure 1: Spectrum of community-led approaches to community change



Source: Attygalle, 2020, p.2

Hence, there is much literature that describes approaches and actions in response to Covid-19 that the authors dub “community-led” but which, by the standards of others, may not actually

¹ The paper also defines the following meanings: “community” refers to the residents of a geographically defined area; “community members” refers to both individuals and community-based organisations led by individuals from the community; “Organisations” refers to any institution or organisation that holds a formal role in delivering programmes or services in benefit of the community (including municipalities, schools, healthcare, not-for-profit organisations, funders, and government) (Attygalle, 2020, p.2).

match their definition. However, it is not within the scope of this rapid review to analyse this further or reflect on how truly “community-led” the examples highlighted here are.

The Community-led Innovation Partnership (CLIP) – a partnership of seven entities that aims to support the emergence and development of locally-driven solutions to humanitarian problems, identified by people affected by crises – have suggested a number of (adjustable) core principles for a community-led approach, based on partner discussions (Podestà & Kapoor, 2021):

- **Seek and promote ownership and leadership** from the community. Centre all activities, from problem definition to solution design and testing, on the communities.
- **Prioritise local expertise**, knowledge, and community-defined values.
- **Advocate for inclusivity**. Explore power dynamics within the community to ensure equitable engagement with different groups. Everyone brings value and every voice should be heard.
- **Cultivate relationships and trust**. Build equitable relationships with communities, seeking buy-in and support from leadership and community structures.
- **Communicate transparently and effectively with communities**. Create and utilise clear and effective communication channels with communities to ensure equitable access to information.
- **Reimagine and shift roles**, so we are consciously taking on a supportive role and putting communities at the centre of the work, as leaders.
- **Document and use locally generated evidence**. Learn with and from communities to improve practice. Document and share these learnings.
- **Deploy a flexible approach** that allows adequate time, resources, and regular space for reflection and feedback from the community.

Innovation

An OECD briefing paper from Ramalingam and Prabhu (2020) looking at innovation in development, highlights four types of innovation work and applies these to analyse Covid-19 innovation efforts. The paper provides a brief definition of each innovation type, their risks and examples from Covid-19 (Ramalingam & Prabhu, 2020, pp.7-8). This rapid review focuses on “innovations” that largely fall into the “adaptive innovations” type.² Adaptive innovations involves bottom-up approaches and refers to “original, simple, locally generated, grassroots ideas that enable results that would not otherwise be attainable. These grassroots innovations have emerged in environments where scarcity of resources compels human ingenuity” (Ramalingam & Prabhu, 2020, p.7). For example, local low-cost and frugal production of effective PPE.

² The other innovation types include: **Mission-driven innovation** – this involves a top-down approach, which can lead to narrow focus. For example, the development of a Covid-19 vaccine, and related arrangements for fair and widespread distribution. **Incremental/Enhancement-oriented improvements** – is not about questioning what is being done, but rather how it is done and whether it can be done differently, and better. For example, Covid-19 tracking, tracing, quarantining builds on lessons learned from previous epidemic responses. **Anticipatory efforts** – is essentially about recognising and engaging with significant uncertainty about not only what works, but also what is appropriate or possible. In the Covid-19 context, governments are trying to rethink how the post-pandemic world should look and is focused on policy-level innovations (Ramalingam & Prabhu, 2020, pp.7-8).

A paper by Kaye and Morgan (2021) from the New Local, a local government think tank in the UK, discusses a new community-powered approach, which is driven by the adoption of ‘balance-shifting practices’ among local public services, voluntary, community and social enterprise (VCSE) bodies, and communities, using case studies from across Britain (England, Scotland, Wales) during Covid-19. The report classifies these practices as adaptations, innovations and collaborations. They define an innovation as “those practices that saw rapid acceleration of modernisation trends that were playing out before the start of the pandemic, and the emergence of wholly new organisational forms and ways of solving problems. These efforts were often enhanced by digital technologies, or saw the adoption of new priorities, partnerships, and funding models across localities” (Kaye & Morgan, 2021, p.24).

3. Examples of community-led innovations and actions

This section provides a selection of case studies of community-led innovations and actions in response to the Covid-19 pandemic, with brief descriptions and where available more detailed discussion. Many of these occurred or were developed in the early stages of the pandemic. A number of more in-depth reviews have already taken place exploring community-led responses (or as Carstensen, Mudhar & Munksgaard (2021) refer to it, mutual-aid) and the case studies and findings of these are summarised here and in subsequent sections (see also Loewenson et al., 2021).

Community action networks (CANs) in Cape Town

In Cape Town, a movement of self-organising, neighbourhood-level community action networks (CANs) known as Cape Town Together (CTT), has contributed significantly to the community-led response to Covid-19 (van Ryneveld, Whyte & Brady, 2022). CTT was formed in March 2020 by a small group of public health people, activists and community organisers, who saw the need for a collective, community-led response to Covid-19 in the city. Initial work included an online toolkit encouraging people to coordinate into a network of autonomous, self-organised, neighbourhood-level CANs – although there is no copy-paste formula for the CANs as they develop according to the needs and particulars of the neighbourhood (van Ryneveld, Whyte & Brady, 2022, p.6). These self-organising neighbourhood groups responded to local needs – for example, by setting up Covid-safe community kitchens and food distribution schemes, mask-making groups, access to water, and community care centres (WHO & the R&D Blueprint, 2021, p.20).

The underlying premise was that many of the challenges arising from Covid-19 – both epidemiological and social – “are best responded to at the neighbourhood level” (van Ryneveld, Whyte & Brady, 2022, p.6). Within two months over 170 CANs had emerged across Cape Town’s varied (and unequal) neighbourhoods. Some CANs worked alongside existing neighbourhood-level structures such as street committees or faith-based groups, whereas others established completely new relationships within and between neighbourhoods. These relationships were “often enabled through collaborations between CANs that have begun to connect across the social divides and legacies of segregation that still exist in the city” (van Ryneveld, Whyte & Brady, 2022, p.6). No financial support was provided for CANs from the government but fundraising efforts have taken place at the local level. The CTT umbrella provides opportunities for the CANs to converge and share knowledge, resources and experiences; there were also some thematic CANs working on resolving cross-network issues (such as building sustainable food systems, tackling fear and stigma of the virus), and a series of logistical teams. The model

is decentralised, non-hierarchical and self-organised and all CANs and coordination teams are autonomous (van Ryneveld, Whyte & Brady, 2022, p.6).

The network has articulated the following ways of working to guide its development: highlighting and building interpersonal connection and trust; an informal, adaptable structure; and collaboration with existing structures (including government) while remaining critical and resisting co-option. In particular, “moving at the speed of trust” is emphasised in the network, which means:

using the strength of human relationships and mutual good faith to move quickly and without onerous accountability mechanisms whenever possible. When trust is absent, or when vested interests emerge, working at the speed of trust means slowing down to consider complexities, risks and fears, before taking any action. (van Ryneveld, Whyte & Brady, 2022, p.6).

Women’s rights organisations’ responses

Against a backdrop of women and girls being disproportionately impacted by the Covid-19 pandemic (through persistent structural inequalities, intensification of gender-based violence, economic impact and limited social protection, decrease in sexual and reproductive health rights and services) and increasing barriers to women’s rights organisation’s (WRO’s) work and engagement (through lack of funding, ongoing exclusion from key decision-making spaces and as delivery partners) (ActionAid, 2020), WRO’s have played a significant role in leading responses to the pandemic in many countries at the local level, having to find creative solutions to respond to the needs of their communities without the support of their governments or the international community (Feminist Humanitarian Network & Partners, 2021).

In the second half of 2020, WRO members of the Feminist Humanitarian Network³ undertook research in eight countries – Bangladesh, Kenya, Lebanon, Liberia, Nepal, Nigeria, Palestine, and South Africa – to understand the impact of the pandemic in humanitarian contexts and the responses of WROs in these contexts (Feminist Humanitarian Network & Partners, 2021). The research produced nine reports: a national report for each of the research countries, and a global report.

The global report highlights the following examples of WRO responses to different aspects of the pandemic, not just direct activities to prevent the spread of Covid-19 but also “knock-on” impacts of the pandemic such as gender-based violence, access to livelihoods, economic security (Feminist Humanitarian Network & Partners, 2021, p.7). The studies also demonstrate how WROs and women activists in a wide variety of crisis settings consistently apply innovative ways of working and responding to widespread needs, pursue collective action and intersectional approaches, and amplify their voices (Njeri & Daigle, 2022, p.33).

WROs’ response to gender-based violence: WROs in each of the eight countries saw gender-based violence as a key and urgent issue in the Covid-19 crisis, and took responsibility for

³ A member-based global network of grassroots, local, and national WROs working in the Global South; regional networks; international NGOs; and individuals. 70% of the FHN’s organisational members are WROs – INGO membership is limited to 30%. See <https://www.feministhumanitariannetwork.org/>

responding to it, recognising critical gaps in the system (Feminist Humanitarian Network & Partners, 2021, p.9).

- An WRO in **Palestine** developed a WhatsApp messaging system to ensure that women could continue to reach helplines without having to make a call while their perpetrator was present in the home. The organisation had experienced a significant drop in calls from women at the beginning of the lockdown, but once WhatsApp chat counselling had been introduced women began contacting them again (Feminist Humanitarian Network & Partners, 2021, p.9).
- One **Kenyan** WRO shifted their face-to-face services to virtual means, offering virtual legal counselling, legal representation and psychosocial counselling to gender-based violence survivors in the first phase of the lockdown. As restrictions eased, social distanced trainings and dialogue forums were conducted with PPE being provided for staff and participants (Feminist Humanitarian Network & Partners, 2021, p.9). Kenyan WROs reported utilising strengthened local systems and existing structures like *nyumba kumi* (community groups based on ten neighbouring households) to engage communities (Feminist Humanitarian Network & Pastoralist Girls Initiative, 2021, p.9).
- In **Liberia**, WROs conducted training on advocacy, lobbying, and influencing for WROs to support social change and equip them to respond to increased levels of gender-based violence. One organisation launched an online data collection app to monitor and track issues associated with rape and GBV cases. The platform was shared by communities and respective police depots (Feminist Humanitarian Network & Partners, 2021, p.10).

WROs' response to livelihoods and access to critical services: Across many countries, WROs reported having stepped up to ensure that critical services that had been closed, reduced, or made less accessible during lockdowns were still accessible to women, by offering alternative services or increasing their own service provision (Feminist Humanitarian Network & Partners, 2021, p.12).

- A WRO in **Liberia** launched a programme designed to keep children learning when the Liberian government closed schools and other public institutions by supporting cost-free digital learning. When the Ministry of Education in Liberia launched the 'Teach by Radio' programme to broadcast educational programmes, guiding parents, teachers, and students through radio-based activities, most WROs mobilised resources to procure radio phones (mobile phones with radio access) for girls in low-income communities (Feminist Humanitarian Network & Partners, 2021, p.12).
- WROs in **Liberia** also provided zero interest loans or other access to cash programmes for vulnerable women affected by the economic impacts of Covid-19, and launched a project called CoCash Action to support women-headed households to safely access food and other basic needs during the pandemic (Feminist Humanitarian Network & Partners, 2021, p.13).

WROs' response to compounding crises: The research found that women and their organisations are uniquely positioned to act as first responders during crises, specifically in regions and contexts where crises are layered upon each other. WROs bring skills, networks, and unique relationships with and connections to communities that are under extreme pressure brought about by multiple crises. The contextual knowledge that WROs hold within their communities supported an efficient and effective humanitarian response during Covid-19 (Feminist Humanitarian Network & Partners, 2021, p.15).

- In **Lebanon** local NGOs assumed responsibility for managing the response to Covid-19 in the refugee camps, where their contextual understanding meant that they were able to coordinate activities to ensure that all parts of the camps were covered and the communities' needs were met. Some WROs coordinated through existing mechanisms such as the child protection network or women's protection network present in many camps (Feminist Humanitarian Network & Partners, 2021, p.15).
- In **Bangladesh**, WROs respondents highlighted that they had direct access to Chittagong Hill Tracts, the ex-military region, to reach communities and those in need who otherwise would have not been reached by government and international humanitarian response. Through their local representation, they were able to share information about Covid-19 including health precautions and restrictions with their neighbours via phone calls and social media (Feminist Humanitarian Network & Partners, 2021, p.15).

A report by Njeri and Daigle (2022) on women leading local humanitarian responses during the Covid-19 pandemic further reflects on the examples from the Feminist Humanitarian Network and Partners reports. They argue that WROs have consistently demonstrated their deep knowledge and understanding of crisis contexts and the communities they serve, as well as their capability and adaptability. WROs were able to quickly mobilise in response to the Covid-19 pandemic, "shifting activities to respond to the outbreak while using their grassroots connections and local knowledge to pivot quickly and effectively. WROs adapted to different methods of working, including remote working enabled by technology, and provided new services and resources for their target populations", ensuring a response that was inclusive and prioritising those most in need (Njeri & Daigle, 2022, p.33). The depth of WROs' expertise and experience was also demonstrated, especially their proximity to place-based norms including culture, language, gendered norms and other power relationships (Njeri & Daigle, 2022).

Grassroots-led responses in Mathare, Nairobi

Sverdlik et al. (2022) conducted research into community-led and collaborative responses to Covid-19 in Kampala, Mogadishu and Nairobi. In Nairobi's informal settlements, Covid-19 was experienced less as a health crisis and more in terms of its extreme socioeconomic and political impacts on, for example, food insecurity, sexual and gender-based violence, police brutality (Kimari et al., 2022; Sverdlik et al., 2022). In particular, the impact of top-down Covid-19 measures on informal jobs, commodity prices and limited social protections deepened the marginalisation of the poorest residents. An IIED briefing paper by Kimari et al. (2022) highlights how grassroots groups have collaborated and how communities mobilised to address Covid-19 alongside other risks by developing arts-based strategies, mutual care and bottom-up knowledge generation. Arts-based strategies included murals and videos from local young people, geared towards both entertaining and educating the masses (Kimari et al., 2022), with messages such as "Corona is real". The murals were developed by a youth group, known as Mathare Roots Youth Initiative, after hearing about similar work in Sierra Leone during the Ebola outbreak in an UN-HABITAT training on public messaging using street art. Messages are mainly written in Kiswahili and Sheng, the informal language widely used in urban areas to make them accessible. The street art emerged from the grassroots and sought to help counter disinformation about Covid-19 and mistrust in information from authorities (UN-HABITAT, 2020).

Mathare residents typically trusted community organisations more than the government, with community health volunteers (CHVs) seen as especially effective during the pandemic playing a

pivotal role in public awareness raising of the reality of Covid-19, encouraging vaccines uptake, providing referrals etc. (Sverdlik et al., 2022, p.8). Notably, CHVs received newfound formal recognition after grassroots advocacy campaigns, and in June 2021 started to receive a stipend after the passage of the Nairobi City County Community Health Services Act (Muungano, 2021a cited in Sverdlik et al., 2022, p.8).

Innovations in communities in the Philippines

Kerr (2022) discusses Covid-19 relief by community networks in four Southeast Asian countries (Indonesia, Myanmar, the Philippines and Thailand). In the Philippines, community-led responses built on the Homeless People's Federation Philippines Inc (HPFPI), a national network of urban poor communities established in 1995 and active in 20 cities. HPFPI uses community-managed savings as the core strategy of a community-led development process (Kerr, 2022, p.5). HPFPI communities have supported a number of initiatives, including setting up: community kitchens in four cities; livelihood initiatives and community enterprises; mitigation, health and community quarantine initiatives. For example, a community kitchen was set up in Iloilo City by a poor community of Indigenous people from the Ati tribe, providing one good meal each day to everyone in the community using donations and vegetables and protein sources they grew in their own gardens (Kerr, 2022, p.18).

Many families in the Philippines at the height of the pandemic and the strict lockdown started growing vegetables and raising animals on small spaces within their communities or on bits of borrowed land in the city. HPFPI partnered with local governments and other support organisations to build on these and initiate more substantial and more collective community gardens in several cities. These community garden projects are now feeding hundreds of families and have been able to do much more than families could do individually (Kerr, 2022, p.22). These gardens are also providing new tools for collaboration and “new avenues to bring more vulnerable and insecure communities into the federation's savings process and put them on track to form homeowners' associations, acquire land and link with the various government housing finance schemes to develop their own housing” (Kerr, 2022, p.40). A successful example from this project is the community garden in Quezon City, initially a 450m² piece of private land that was soon expanded onto adjacent land; women gardeners from nearby poor communities prepared and cultivated the land, growing vegetables to both consume and sell (Kerr, 2022, p.22). A further community garden is planned for the city.

Communities on prison authority land in Muntinlupa, Metro Manila – an extremely precarious new resettlement site for families recently evicted from informal settlements – used their Covid-19 projects, including distributing rice, setting up community kitchens and cultivating vegetables, “to organise themselves and bolster their negotiations for secure land and housing” (Kerr, 2022, p.40).

Community- and citizen-led responses in Palestine

As in other examples highlighted here, Covid-19 in the Occupied Palestinian Territory (oPt) impacted on multiple pre-existing issues and crises, including layers of restrictions on movement and internal and external trade. These restrictions, however, did not stop Palestinian communities and activists from trying to respond to the pandemic in innovative ways. A review by Carstensen, Mudhar and Munksgaard (2021) of early mutual aid in response to Covid-19 summarises some of the initiatives and action undertaken in the oPt. In particular, “established self-help groups (known as protection, resilience, emergency, or CREC (community resilience

enhancement committee) groups) took on new and additional roles pertinent to the Covid-19 crisis” (Carstensen, Mudhar & Munksgaard, 2021, p.S160). Actions included: awareness raising and health messaging in communities, leading in sanitising communal areas, ensuring mutual aid with the supply of vital food and other basic necessities to vulnerable families, coordinating support to those in quarantine and self-isolation, information sharing with the Palestinian authorities. These self-help activities were funded by a variety of sources, including from community members, the diaspora, local authorities, non-governmental organisations, and the private sector. Many coping strategies to the pandemic, such as the establishment of house gardens to supplement food supplies, have been forged over time and adopted from previous crises. Experts highlight how social cohesion is one of the most important coping mechanisms in oPt, as people here are used to supporting each other during crises. Existing traditional solidarity systems are also critical, especially *Takaful* and other forms of anonymous giving promoted within Islam, and it is thought that these types of support were probably significant in the oPt during the pandemic (Carstensen, Mudhar & Munksgaard, 2021, p.S160). Carstensen, Mudhar and Munksgaard (2021, p.S160) report that many of these community-led responses were “continuing a year later, but to a lesser extent [due to] the duration of the pandemic, economic and social exhaustion, and fear of infection and the associated income loss, and stigma.”

GetUsPPE in the US

GetUsPPE was one of the largest non-governmental community-driven platforms that emerged in the Covid-19 crisis, designed to enable communities to get more PPE to frontline workers in the US (Russell 2020). The platform was established in March 2020 after a post containing #GetMePPE and aimed to address the shortage of medical equipment went viral on social media. Due to high interest, within just a few days, the physicians launched the GetUsPPE.org website (GetUsPPE 2021a), which served to consolidate collective efforts and data from various PPE initiatives, websites, databases, and organisations across the country and act as a distribution channel to match PPE supplies (donated and/or made by citizens) with the needs of health-care workers. The platform expanded its outreach to under-resourced communities, such as nursing homes, homeless shelters, etc. after a few months. Dąbrowska, Keränen and Mention (2021, p.32) describe the GetUsPPE initiative “as a multi-sided platform (Parker, Van Alstyne, and Choudary 2016) that goes beyond profits, where communities and complementors mainly work outside of a price system and are driven by heterogeneous motivations (Boudreau and Jeppesen 2015).” With its main innovation lying in the “centralization of different initiatives to enable local communities to connect with the real needs of local healthcare providers” (Dąbrowska, Keränen & Mention, 2021, pp.32-33).

Case study analysis of the GetUsPPE example by Dąbrowska, Keränen and Mention (2021, pp.35-36) produces some key insights:

- A grassroots-level coalition of volunteers can mobilize quickly and effectively (within weeks in the case of Covid-19) to address critical public health and social problems with wide-reaching implications.
- The grassroots coalition was able to address a need that neither governmental nor commercial actors could solve in a timely manner.
- Local, bottom-up, community-driven initiatives can spawn other initiatives. Initiatives with similar goals have emerged worldwide to address PPE shortage issues.

- The platform strategy and network efforts used by GetUsPPE proved crucial for engaging various communities, complementors, and initiatives at a time when speed was imperative.

Community-led solutions supported by the council in Monmouthshire, Wales

Informal community-led solutions were the cornerstone of Monmouthshire’s response to the first Covid-19 lockdown, with mutual aid groups not just helping with shopping and collecting prescriptions, but also supporting and looking out for vulnerable citizens. Monmouthshire County Council and the VCSE sector worked together to build a support structure for community groups, including training and screening volunteers for safeguarding; sharing information; building neighbourhood networks so that community groups could help each other; and providing a single point of contact in the council who could assist groups with challenges (Kaye & Morgan, 2021, p.36).

A key factor in this collaborative and community-focused response was the significant investment in voluntary and community infrastructure made by the local council for many years, which this response built-on. During the Covid-19 lockdown, the council focused on cultivating existing relationships with community groups and new mutual aid groups, and creating a support structure to support people in the community to take on community roles, rather than redeploy staff. Key elements of this approach were asset-based principles and belief and trust in communities, as well as partnership building and strengthening (Kaye & Morgan, 2021, p.37).

Building on this type of approach (led by the community and driven by personal relationships), the council in collaboration with others have created the county’s new Town Ambassador Programme, which sees local volunteers meet people who feel uncertain about leaving their homes and walk with them around their town centre. “The volunteers are given training so that they can talk to their companions about local landmarks; show them the new Covid-19 measures in town centres and shops; chat about their general wellbeing; and signpost them to local services” (Kaye & Morgan, 2021, p.37).

Taking an asset-based approach to food security, Whitehorse, Yukon, Canada

An asset-based approach builds upon pre-existing community strengths and community work already underway, allowing residents to contribute their skills to care for the community. Attygalle and Born (2021) in a report from the Tamarack Institute highlight the work done in Whitehorse, Yukon, Canada when the pandemic hit. Pre-existing issues in the community were further magnified by the pandemic, specifically food insecurity issues. “Responding to these immediate needs sparked community innovation where different people from different sectors came forward with what they had to offer” (Attygalle & Born, 2021, p.22). Through collaborative community action, support to food security expanded from a once-a-month food hamper collection programme run by the Whitehorse Food Bank to a food hamper delivery programme going to 14 communities, plus a twice daily Meal-To-Go programme. Community gardens and education sessions in cooking and preserving food were also expanded through the collaboration. The case study highlights how there is now a “deeper understanding of the local food system” in the community and the collaboration has crystalised the community’s ability to work together, with future plans for the “creation of sustainable food systems with a goal of ending chronic hunger by

2024” (Attygalle & Born, 2021, p.22). Taking an asset-based approach allows community innovation through leveraging resident’s existing skills and creativity, working together with what they already have for sustainable solutions.

4. Common features

A number of reviews of community-led responses to the Covid-19 pandemic have been performed since the start of the pandemic, drawing a number of common features and insights from the types of actions undertaken. Loewenson et al. (2021) undertook a rapid review to explore meaningful community-engaged responses to Covid-19. Pulling from 42 global case studies, the review examines responses that “meaningfully integrate communities into decision-making and multi-sectoral action on various dimensions of the response to Covid-19” (Loewenson et al., 2021, p.1439). The case studies ranged from community support for symptom surveillance and uptake of testing and contact tracing to interventions around care to supporting social protection (through provision of food, blankets, clothes etc.). In Carstensen, Mudhar and Munksgaard’s (2021) global review of early mutual aid in response to Covid-19, the key dominant categories that actions fell into were ‘information sharing’, ‘mutual care, sharing, and mobilising own resources’, and ‘livelihood coping/adaptation’. Highlighted

This section highlights some key features and insights common across the case studies of community-led actions described in this review and the reviews by Loewenson et al. (2021) and Carstensen, Mudhar and Munksgaard (2021). Whilst these features were evident across contexts (including higher-, middle- and lower-income countries), it is important to acknowledge that they manifest differently depending on a range of context-specific factors (Feminist Humanitarian Network & Partners, 2021, p.7). Common insights and features include:

- **One of many crises** – for many communities, Covid-19 was “just another crisis” that they needed to deal with and balance against other issues (Carstensen, Mudhar & Munksgaard, 2021, p.S162). In some contexts, Covid-19 aggravated existing socio-economic issues or deepened gender inequalities (Feminist Humanitarian Network & Partners, 2021, p.14; Sverdlik et al., 2022).
- **Volunteerism, cooperation and collective action** – cooperation among volunteers, NGOs, community-based organisations and authorities was a significant element of efforts to mitigate the spread of Covid-19 and component in addressing some of the difficulties stemming from social distancing and lockdowns (Carstensen, Mudhar & Munksgaard, 2021, p.S162). Kerr (2022, p.35) highlights how the emphasis on collective action and collective solutions, as opposed to the individual mode was a striking element in all the Covid-19 projects reviewed.
- **Importance of women, youths and local leadership** – the important role of women and youths in many of the examples and discussions stands out, especially the centrality of women-led organisations and self-help groups to local collective action (ActionAid, 2020; Corbett, Carstensen & Di Vicenz, 2021; Feminist Humanitarian Network & Partners, 2021; Njeri & Daigle, 2022). The significant role of local (formal and informal) leaders is also evident, be they from the political, administrative, religious, or cultural sphere. These actors were able to reach vulnerable communities and households that many authorities and NGOs struggled to (Carstensen, Mudhar & Munksgaard, 2021, p.S162).
- **Strength of pre-existing groups and networks** – although new groups and collaborations emerged from the Covid-19 pandemic, the majority had a long history of

investment in social structures, capacities, organisation and relationships before the pandemic (Loewenson et al., 2021, p.1445). Much of the literature demonstrates how pre-existing groups (women, youth, and neighbourhood) were able to quickly respond and pivot to deal with the threats from Covid-19. As summarised by Carstensen, Mudhar and Munksgaard (2021, p.S163) “Utilising existing contacts and networks, including social media contacts, groups with prior experience of their own citizen- and community-led responses were able to leverage established trust, presence, access, and contextual knowledge (of vulnerabilities, specific behaviours, and customs) to considerable effect.” Loewenson et al. (2021, p.1445) flag “the understanding that such embedded organisations and volunteers have of local sensitivities was reported to enable care and support to be done in a way that avoids stigma.” Sverdlik et al. (2022, p.15) agree, highlighting “the significant value of community actors’ situated knowledge about their neighbourhoods and networks[, which]... became increasingly important for the state and other formal actors to draw upon when seeking to contain the pandemic in marginalised urban areas.”

- **Focus on strengthening and fostering capabilities, equity, inclusion and relationships within and beyond communities** – many responses gave particular attention to socio-economically disadvantaged groups within communities. “Participatory processes, in local languages, were used to create more inclusive spaces where diverse sections of communities found a voice to express their different needs, and where people could confront existing social hierarchies” (Loewenson et al., 2021, p.1446). Community members often took on new roles, especially where there was prior social investment in the capacities for this, for example, in Monmouthshire (Kaye & Morgan, 2021). New partnerships were fostered and previous relationships were also leveraged, for example through alliances between community members, civil society and more powerful actors or with the state to address key needs (Loewenson et al., 2021, p.1446). Kerr (2022, p.37) finds that communities used the Covid-19 crisis to revive and expand their networks, as the urgency of a crisis like Covid-19 can push community processes to accelerate.
- **Ability to act quickly and effectively, utilising a variety of methods** – the Covid-19 crisis demonstrates how grassroots-level networks can mobilise quickly and effectively; the pandemic activated people’s systems when formal systems were falling short (Kerr, 2022). Examples were consistently solution-focused, with many taking a comprehensive, multi-dimensional approach to the risk and vulnerability posed by Covid-19 (Loewenson et al., 2021, p.1445). Groups drew on both traditional methods of organising through meetings and word-of-mouth information dissemination, and newer forms of digital communication and social networking (Carstensen, Mudhar and Munksgaard, 2021). A common finding is that communities and community networks demonstrate an ability to organise and act more rapidly than formal government-led mechanisms (Dąbrowska, Keränen & Mention, 2021). For example, the Cape Town CAN in South Africa (WHO & the R&D Blueprint, 2021, p.20).

5. Success factors and lessons

In addition to the above common themes and features, a number of general success factors and lessons emerge from the literature and examples of community-led innovations, actions and responses, including:

- **Work locally and with communities in crisis response:** Localities were the natural operational unit for much of the pandemic response (Kaye & Morgan, 2021, p.57; Sverdlik et al., 2022). The variety of initiatives taken by communities across the world during the Covid-19 crisis add to the growing recognition of the importance of autonomous crisis responses by affected people (Corbett, Carstensen & Di Vicenz, 2021). Communities have their notions of innovating, which are usually practical, immediate responses to crisis, are culturally appropriate and more likely to be impactful and sustainable (Erlha, 2021).
- **The important role of women in community-led responses is often overlooked:** As discussed above, women played a significant role in many of the examples and consistently apply innovative ways of working and responding to widespread needs, especially women-led organisations and self-help groups, but this is not always flagged in the literature or discussions (Carstensen, Mudhar & Munksgaard, 2021; Corbett, Carstensen & Di Vicenz, 2021; Feminist Humanitarian Network & Partners, 2021; Kerr, 2022; Njeri & Daigle, 2022).
- **Informality, spontaneity and cooperation were key:** The informality and spontaneity of community-led initiatives was a key factor behind their success and the ability of, for example, mutual aid groups being able to reach people more swiftly than traditional public services. Their main advantages were their speediness, flexibility and popularity (Kaye & Morgan, 2021, p.59). This is reflected in Carstensen, Mudhar and Munksgaard's (2021, p.S163) review of mutual-aid in response to the Covid-19 crisis, and they note that "citizen- and community-led responses were fast and flexible" and not hampered by having to wait on approval processes.
- **Key role of past shared experiences and existing social capital and cohesion in emergency response:** Social cohesion and community development and mobilisation are not just processes that happen during crises. Many communities already had experience of coming together in difficult times before Covid-19, and in many places, responses to the pandemic were informed by these past experiences and existing local social capital (Carstensen, Mudhar & Munksgaard, 2021). For example, local authorities in Britain that had already made significant efforts to engage and work in partnership with communities before 2020 were the best placed to release and support the potential of mutual aid groups during lockdown (Kaye & Morgan, 2021, p.62). Mutual aid in the oPt in response to Covid-19 built on existing self-help groups and utilised traditional solidarity systems and coping strategies that have been forged over time (Carstensen, Mudhar & Munksgaard, 2021). This also relates to the previously discussed strength and role of pre-existing community networks and groups (Loewenson et al., 2021, p.1445).
- **Need for investment and recognition of the value of strong communities:** Experiences from the Covid-19 response and lockdowns demonstrate that resilient, confident and capable communities are the foundation on which swift and effective local responses to future crises will be built (Kaye & Morgan, 2021, p.63). Key to this is developing an understanding of the different types of communities within a place and the diversity of perspectives that typically exists within communities rather than seeing them

as homogenous and/or an over-simplified stereotype (Attygalle, 2020, p.1). Flexible and sustained funding in particular is important and allowed networks to deal more holistically with the Covid-19 crisis, and “do more for less” (Kerr, 2022, p.33).

The literature also highlights how many community-led practices and relationships forged through the pandemic are now “at risk of slipping away in the face of economic instability, the longer term demands of the pandemic as early motivation ebbs [and fatigue sets in], and the lure of a return to ‘business as usual’” (Kaye & Morgan, 2021, p.11). Another key risk is formalisation, as “Community groups that appear in emergencies are agile and responsive precisely because of their informal nature. By trying to sustain good practices from lockdown and support communities with bureaucratic processes such as funding bids, there is a risk that public services are inadvertently formalising these informal groups and damaging the essence of what makes them successful” (Kaye & Morgan, 2021, p.56). van Ryneveld, Whyte and Brady (2022, p.7) also caution against the threat of “de-politization”, where participatory projects become tools of governance that maintain the status quo.

6. References

ActionAid. (2020). *Creating Lasting Impact: The Power of Women-Led Localised Responses to Covid-19*. London: ActionAid. https://www.actionaid.org.uk/sites/default/files/publications/creating_lasting_impact_the_power_of_women-led_localised_responses_to_covid-19.pdf

Attygalle, L. & Born, P. (2021). *10 - A Guide for a Community-Based Covid Recovery*, The Tamarack Institute. <https://www.tamarackcommunity.ca/library/ten-guide-community-based-covid-recovery-2021>

Attygalle, L. (2020). *Understanding Community-Led Approaches to Community Change*. The Tamarack Institute. <https://www.tamarackcommunity.ca/library/paper-understanding-community-led-approaches-community-change-lisa-attygalle>

Beaujouan, J., El hafi, A., Ghreiz, E, & Odat, A. (2022). *Rethinking Governance – Insights from Syria during Covid-19*. Edinburgh: Global Justice Academy, University of Edinburgh. <https://peacerep.org/publication/rethinking-governance-insights-from-syria-during-covid-19/>

Carstensen, N., Mudhar, M., & Munksgaard, F.S. (2021). ‘Let communities do their work’: the role of mutual aid and self-help groups in the Covid-19 pandemic response’, *Disasters*, 45, S146-S173. <https://doi.org/10.1111/disa.12515>

Corbett, J., Carstensen, N. & Di Vicenz, S. (2021). *Survivor- and community-led crisis response: Practical experience and learning*, Humanitarian Practice Network (HPN) Working Paper 84. London: ODI. <https://odihpn.org/publication/survivor-and-community-led-crisis-response-practical-experience-and-learning/>

Dąbrowska, J., Keränen, J. & Mention, A-L. (2021). ‘The Emergence of Community-Driven Platforms in Response to Covid-19’, *Research-Technology Management*, 64:5, 31-38, <https://doi.org/10.1080/08956308.2021.1945347>

Erlha. (2021). *The role of community-led innovation in decolonising aid*. Medium. <https://medium.com/community-led-innovation-partnership/the-role-of-community-led-innovation-in-decolonising-aid-7fe3173d9eb2>

Feminist Humanitarian Network & Partners. (2021). *Women's Humanitarian Voices: Covid-19 through a feminist lens*. A Global Report. FHN.
<https://www.feministhumanitariannetwork.org/covid-report>

Feminist Humanitarian Network & Pastoralist Girls Initiative. (2021). *Women's Humanitarian Voices: Covid-19 through a feminist lens in Kenya*. FHN.
<https://www.feministhumanitariannetwork.org/covid-report>

Gilmore, B., Ndejjo, R., Tchetchia, A., De Claro, V., Mago, E., Lopes, C., & Bhattacharyya, S. (2020). 'Community engagement for Covid-19 prevention and control: a rapid evidence synthesis', *BMJ global health*, 5(10), e003188. doi:[10.1136/bmjgh-2020-003188](https://doi.org/10.1136/bmjgh-2020-003188)

Kaye, S. & Morgan, C. (2021). *SHIFTING THE BALANCE: Local adaptation, innovation and collaboration during the pandemic and beyond*, New Local. <https://www.newlocal.org.uk/wp-content/uploads/2021/01/Shifting-the-Balance.pdf>

Kerr, T. (2022). *Doing more with less: Covid relief by community networks in Southeast Asia*. London: IIED. <https://pubs.iied.org/20956iied>

Kimari, W., Kimani, J., Otieno, R., Sverdlik, A. & Waithaka, J. (2022). *Amplifying grassroots Covid-19 responses in Kenya*, IIED Briefing, London: IIED. <https://pubs.iied.org/20846iied>

Loewenson, R., Colvin, C.J., Szabzon, F., Das, S., Khanna, R., Coelho, V.S.P., Gansane, Z., Yao, S., Asibu, W.D., Rome, N. & Nolan, E. (2021). 'Beyond command and control: A rapid review of meaningful community-engaged responses to Covid-19', *Global Public Health*, 16:8-9, 1439-1453, DOI: [10.1080/17441692.2021.1900316](https://doi.org/10.1080/17441692.2021.1900316)

Njeri, S. & Daigle, M. (2022). *Women leading local humanitarian response during the Covid-19 pandemic: case studies from South Sudan and Kenya*. HPG working paper. London: ODI. <https://odi.org/en/publications/women-leading-local-humanitarian-response-during-the-covid-19-pandemic/>

Podestà, A. & Kapoor, S. (2021). *What is the community and what are community-led approaches?*, Community-led Innovation Partnership, Medium. <https://medium.com/community-led-innovation-partnership/what-is-the-community-and-what-are-community-led-approaches-3e555a22fbd0>

Ramalingam, B. & Prabhu, J. (2020). *Innovation, development and Covid-19: Challenges, opportunities and ways forward*, OECD Policy Responses to Coronavirus (Covid-19). <https://www.oecd.org/coronavirus/policy-responses/innovation-development-and-covid-19-challenges-opportunities-and-ways-forward-0c976158/>

van Ryneveld, M., Whyte, E. & Brady, L. (2022). 'What is Covid-19 teaching us about community health systems? A reflection from a rapid community-led mutual aid response in Cape Town, South Africa.' *International Journal of Health Policy and Management*, 11(1): 5–8. doi: [10.34172/ijhpm.2020.167](https://doi.org/10.34172/ijhpm.2020.167)

Sverdlik, A., Ernstson, H., Mukwaya, P., Wairutu, J. & Waithaka, J. (2022). *Towards a comparative understanding of community-led and collaborative responses to Covid-19 in Kampala, Mogadishu and Nairobi*, ACRC Working Paper. Manchester: African Cities Research Consortium, The University of Manchester.
<https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/17508>

UN-HABITAT. (2020). *Youth in Nairobi slum use murals to educate the community about Covid-19*. <https://unhabitat.org/youth-in-nairobi-slum-use-murals-to-educate-the-community-about-covid-19>

Wessells, M. G. (2018). *A guide for supporting community-led child protection processes*. New York, NY: Child Resilience Alliance. https://resourcecentre.savethechildren.net/pdf/a_guide_for_supporting_community-led_child_protection_processes.pdf/

WHO & the R&D Blueprint. (2021). *Community-Centred Approaches To Health Emergencies: Progress, Gaps and Research Priorities*, WHO Covid-19 social science in outbreak response. https://cdn.who.int/media/docs/default-source/blue-print/who-covid-19-social-science-in-outbreak-report_15.08.21.pdf?sfvrsn=d4bb00b3_9&download=true

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About this report

This report is based on 5 days of desk-based research. The Covid Collective research helpdesk provides rapid syntheses of a selection of recent relevant literature and international expert thinking in response to specific questions relating to international development. For any enquiries, contact Covid Collective-covidcollective@ids.ac.uk.

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