

# Understanding community-led and collaborative responses to Covid-19 in Nairobi

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## 1. Summary

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

## 2. Background

### 2.1. Introduction: Understanding Covid-19's impacts and responses in East African cities

Covid-19 has inflicted a major health toll while heightening socioeconomic inequalities, and its impacts are still reverberating across the global South. For low-income urban residents in the global South, measures intended to contain Covid-19 were often disastrous for livelihoods and wellbeing (Gupte and Mitlin 2021; Sverdlik and Walnycki 2021). Many low-income city dwellers lacked savings or access to emergency relief, thus leading to spiralling levels of precarity and food insecurity. Additionally, Covid-19 resulted in lockdowns that were sometimes associated with rising police brutality, alongside a spike in gender-based violence and other entrenched forms of insecurity. Today, low-income residents in African cities still overwhelmingly lack access to decent housing, social protections, water, sanitation, and hygiene (WASH), and Covid-19 vaccines that are all essential to manage the pandemic. But Covid's health burdens are not always clear in African cities (often reflecting shortfalls in testing), while its social and political crises are increasingly interwoven with other longstanding health, economic and infrastructure challenges.

More positively, there are opportunities to learn from Covid-19 responses at the urban and neighbourhood levels, which have usually been missed in discussions of national or international pandemic interventions (although see Bukenya et al. 2022). Such findings may help tackle the pandemic's complex local impacts and inform strategies to address the underlying sources of urban disadvantages. It is also essential to explore any equitable, inclusive initiatives created during the pandemic and their relevance when responding to other urban crises.

Research into the pandemic has usually focused on early lockdowns and governmental strategies, leaving few insights into changes over time and how local officials, civil society and other non-state groups in cities have collaborated during Covid-19.<sup>1</sup> Although urban self-help pandemic initiatives have been widely documented in the global South (Fransen et al. 2022; Loewenson et al. 2021; Recio et al. 2021; Duque Franco et al. 2020), fewer studies have investigated such bottom-up Covid-19 responses in East Africa. Nor is there much investigation of how Covid-19 has interacted with longstanding concerns in African cities, such as fragile governance institutions, overstretched health systems and elevated levels of violence. To help fill these gaps, we analysed the pandemic's evolving impacts and diverse local initiatives, based on action research with partners in Nairobi.

Serving as Kenya's leading economic and political capital, Nairobi is currently undergoing rapid population growth and faces longstanding socio-spatial exclusions. With 293,000 residents in 1960, Nairobi's population subsequently reached 1.38 million in 1990, 3.30 million in 2010, and 4.34 million in 2019 (Sverdlik 2021). By 2013, an estimated 160 informal settlements – often very dense, poorly serviced settlements located on less than 5% of the land – were home to over 429,000 households or almost half of Nairobi's 1 million households (Lines and Makau 2017). The following case study is based largely on qualitative interviews in Mathare, an informal settlement with 200,000 people facing high levels of insecurity, police violence and multiple deprivations (van Stapele 2020; Kimari 2020). As explained below, our findings about Covid's economic, social, and political impacts in Mathare are taken from a larger research project comparing pandemic responses in the cities of Kampala, Nairobi, and Mogadishu.

## 2.2. Methodology

Our research examined Covid-19's complex impacts upon marginalised urban residents, in addition to considering several strategies spearheaded by government actors, civil society organisations and other stakeholders. We analysed pandemic responses in Nairobi (from March 2020 until early 2022) using document analysis and qualitative data collection with an array of stakeholders. In particular, we conducted about 30 semi-structured interviews with low-income residents and community leaders, informal workers and local organisations, NGOs and international organisations, community health workers (CHWs) and government decisionmakers. We sought to understand how low-income residents perceived Covid-19 responses, with attention to issues such as equity and inclusion. For instance, we explored how residents viewed the fairness and adequacy of emergency aid distribution (with consideration of both state and non-state relief measures). Our interviews also examined community attitudes towards vaccination and levels of trust in various information sources on Covid-19, which may help to inform appropriate outreach and messaging strategies

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

during crises. Finally, we analysed an array of bottom-up strategies, various collaborations between state and non-state actors, and ways to support more equitable responses during any future crises. Working in close collaboration with local partners Slum Dwellers International-Kenya (SDI-Kenya) and Muungano wa Wanavijiji, we developed an interview guide that was subsequently adapted and tailored to stakeholders in the city.

### 2.3. Key findings

Low-income residents often experienced Covid-19 less as a health crisis (especially in its early waves) and more in terms of its **devastating socioeconomic, political and violent impacts**. Our interviews consistently found that harsh, top-down Covid-19 measures deepened the marginalisation of precarious residents, who were often unable to earn a living. Although the informal economy usually sustains the low-income urban majority, many informal jobs vanished following Covid-19 lockdowns and mobility restrictions. With few assets and limited social protections, many urban residents were plunged into severe poverty. In Nairobi, the disappearance of informal livelihoods meant that many tenants could not pay their rent in informal settlements; landlords sometimes removed the tin roofs of their shacks if rent was unpaid, only deepening tenants' precarity. There were also several newly poor groups, such as unemployed teachers and others who could no longer work because of Covid-19 containment measures.

**Violence and insecurity** manifested in different ways and with distinct triggers, although rising levels of gender-based violence and police brutality were common in Nairobi. Our findings suggest that Covid-19 has been associated with increased levels of substance abuse (for example, amongst youth in Nairobi), gender-based violence and teenage pregnancies (often linked to school closures). Residents of Mathare regularly grappled with police brutality; in line with longstanding patterns, young men usually bore the brunt of such violence (Kimari 2020). The pandemic in Nairobi provided new opportunities for police harassment and rapacity: when Mathare residents were caught without wearing facemasks, police often demanded payments of Ksh. 500 (far above a mask's retail cost of Ksh. 10).

**Emergency relief** was often inadequate and hampered by political favouritism, limited transparency and poor targeting, which further sidelined informal workers and other vulnerable groups that live outside social protection systems. In Nairobi, there were significant shortfalls and inequitable distribution of cash and food assistance, reflecting several irregularities and lack of capacity amongst both government officials and community leaders (see also Human Rights Watch 2021). Respondents in Mathare often criticised local officials for not proactively supporting residents (except for perhaps distributing masks and sanitisers). Some local officials were even perceived to only assist their own families or supporters. According to an elderly woman in Mathare, *“Only those who knew the MCA [Member of County Assembly] personally benefited greatly. Those who have no contact with him, on the other hand, have received no*

*assistance.*” More positively, there were efforts by NGOs such as Shining Hope for Communities (SHOFCO) and Give Directly to provide aid, sometimes in collaboration with government officials and local organisations. For instance, the Kenyan slum-dweller federation, Muungano, and its partner NGOs helped develop a list of approximately 50,000 vulnerable households, which was utilised by Give Directly and the Ministry of Health to provide monthly stipends of Ksh. 3000 or USD 30 (see below on collaborations).

#### 2.4. Countering misinformation and tackling the Covid “infodemic”

We uncovered a range of misconceptions about the Covid-19 virus and vaccine, which highlighted the need for appropriate communications and outreach strategies to tackle such local concerns. In Nairobi, many male residents were hesitant to be vaccinated because they believed it would cause impotence and serve as an unwanted form of family planning. For instance, an elderly man in Mathare stated that his two sons were unwilling to be vaccinated because it was believed to result in impotence (“watakua mamba”). Our findings confirm the need to understand the complex set of local beliefs and anxieties about the vaccines, in order to develop respectful, contextually rooted responses to the pandemic (see also Lines et al. 2022 and Leach et al. 2022). Given the prevalence of misinformation, locally appropriate collaborations to raise awareness while also effectively countering rumours and fake news were essential. Throughout the pandemic, state and non-state actors in Nairobi and other cities have developed multiple modes of communicating, including creative strategies by youth, local organisations and partnerships with the Ministry of Health.<sup>2</sup> Muungano wa Wanavijiji and SDI-Kenya engaged in outreach activities, including via murals, videos and other creative media in Mathare, to raise awareness of Covid-19 and link to ongoing campaigns for upgrading interventions (Kimari et al. 2022).

Mathare residents typically trusted NGOs and community organisations more than the government, with **Community Health Volunteers (CHVs)** seen as especially helpful during Covid-19. As in many other cities in the global South, CHVs in Nairobi played a pivotal role in addressing the Covid-19 health crisis and raising public awareness as well as in contact tracing, providing referrals and assisting patients in self-isolation (Bhaumik et al. 2020). A CHV recounted her efforts to educate fellow residents in Mathare that Covid-19 was real (helping to combat rumours and misinformation); she also explained to them how to wear masks properly, adequate handwashing technique, and the importance of maintaining social distance. SHOFCO was one of the few organisations that recognised and supported Mathare’s CHVs during the pandemic; SHOFCO also encouraged vaccination uptake and provided sanitisers and masks, in collaboration with CHVs. Significantly, there was newfound recognition for CHVs that stemmed from grassroots advocacy: in June 2021, CHVs began receiving a stipend after the passage of the Nairobi City County Community Health Services Act

<sup>2</sup> See Dash et al. (2021) and Adebisi et al. (2021) for further discussion of how to address the Covid- “infodemic”, including recent examples from several African nations.

(Muungano 2021a). The bill initiated a monthly stipend for CHVs of Ksh. 3,000 (USD 30), plus a contribution of Ksh. 500 to the National Health Insurance Fund. Nairobi's county government began providing further training of CHVs, and the number of CHVs was increased across Nairobi.

## 2.5. Coalitions, collaborations and grassroots-led responses

We found a range of responses at different scales, such as **national taskforces**; **philanthropic** and **private-sector** initiatives; **aid agency** initiatives; and **grassroots and other civil-society interventions** in low-income settlements. In some cases, we uncovered new collaborations and constructive engagements between state and non-state groups. Below, we offer illustrative findings with attention to state and grassroots interactions, as well as considering how community-led organisations and other groups sought to address multiple exclusions in urban areas. We focus upon how the slum-dweller federation, Muungano wa Wanavijiji, and its partner NGOs collaborated significantly with government and non-state actors to advance priorities such as improving access to WASH, promoting recognition for grassroots data and laying the groundwork for future interventions in informal settlements.

Nairobi's local government collaborated with health workers, distributed relief and supported awareness-raising campaigns, while the national government was felt to have a more limited role. Emergency aid was distributed by Nairobi's Assistant County Commissioners and District County Commissioners, but Mathare residents typically considered these efforts as unfair or biased (as noted above). Local officials implemented several interventions in partnership with CHVs, but our interviews suggested that CHVs played a more significant role on an ongoing basis.

In Mathare, there were some collaborative efforts to address the pandemic's short-term impacts and support more inclusive interventions in the longer term, with grassroots data proving catalytic in strengthening relations with government officials. Muungano and its partner NGO, SDI-Kenya, participated in the national government's taskforce (led by the Ministry of Health) while also gathering data on the pandemic's impacts in informal settlements (GDI 2020). In addition, the Muungano Alliance contributed to official guidelines on Covid-19 isolation and, more generally, demonstrated the significant contributions of grassroots data in responding to crises in informal settlements, where official data were largely non-existent. For instance, Muungano and SDI-Kenya's comprehensive profiling data from 2014 for Nairobi's informal settlements were crucial to help plan responses for all settlements (the government's data only covered 75 settlements, while SDI-Kenya had data for over 150 settlements). Muungano had also gathered data on CHVs in informal settlements, who were sometimes serving several hundred residents (or more), which helped to motivate additional government support for CHVs. Muungano's data made visible the needs of informal settlements and led to government increasing the number of handwashing stations, PPE and other items sent to informal settlements. As one Muungano leader explained, the federation had used its expertise in gathering household-level

socioeconomic data, spatial maps and settlement profiles to bargain effectively for an expanded role in official decision-making: *“We have information that you [that is, the government] don’t have and this information is helpful. For us to give our maps, we need to be in that space where decisions are being made and we can influence the decisions ...It’s in our DNA for communities to collect their own data [and] update that information.”* Given the shortfalls in official data on informal settlements (and the ensuing major exclusions of vulnerable residents during the pandemic), Muungano’s detailed data could simultaneously help fill these gaps, demonstrate community expertise and raise their standing with government officials, all of which would prove invaluable in supporting more inclusive and contextually grounded responses to Covid-19.

Other significant collaborations in Mathare have focused on police violence and inclusive planning interventions, in order to tackle underlying risks and foster more accountable governance. For instance, Mathare’s Member of County Assembly (MCA) organised a meeting to discuss police harassment during the pandemic, and there were meetings between the MCA and Officer Commanding Station (OCS) that were said to help reduce police harassment. Efforts by civil society, such as Mathare Peace Initiative and Life and Peace Institute, also helped to address violence, seeking to promote dialogue between police and local youth. Furthermore, action research in Mathare is seeking to develop a longer-term strategy to ensure visibility and recognition of low-income residents. This includes multisectoral upgrading initiatives that respond to residents’ priorities and foster accountable governance. Letters have been submitted to Nairobi Metropolitan Services, requesting the declaration of a Special Planning Area (SPA) in Mathare, which would usher in a multifaceted upgrading partnership as in Nairobi’s other settlement of Mukuru (Sverdlik et al. 2020).

Mathare community members, with the support of Muungano wa Wanavijiji, recently established a physical address system (with household-level address plates provided), which can foster planning of future investments, promote contact tracing and foster access to services and infrastructure (Muungano 2021b). The physical address system will make it easier for CHVs to locate residents during routine data collection and reporting. Furthermore, during any subsequent crises, the physical address system will aid in the equitable distribution of disaster relief and other efforts, which proved extremely challenging during Covid-19 (as noted above). This will help to identify the most vulnerable residents and ensure that no one is left behind. At a more fundamental level, the addresses can make residents visible and recognised by the government, while also supporting local unity and deeper understanding of fellow residents (who may be quite mobile). A related aim is to support the formation of residents’ associations, which can build upon the lists generated by the street addresses. Although some residents did not initially want to be given the addresses (as tenants were afraid of being evicted), Muungano leaders were able to reassure them during sensitisation meetings and village elders helped to explain the need for addresses. The street addresses thus provide a tangible opportunity to foster greater recognition for Mathare’s citizens, simultaneously moving beyond a crisis response towards more

inclusive urban development, with multiple potential benefits for health, services and social inclusion.

### 3. Conclusions and policy recommendations

The Covid-19 pandemic has generated several interconnected health, social and economic crises in cities such as Nairobi. But it has also exacerbated and illuminated major developmental and structural challenges of social and economic exclusion, which are longstanding in Nairobi and many other cities in the global South. While past research into the pandemic has usually focused on governmental strategies, we applied a more “bottom up” lens to understand the type of collaborations that were created by (or at least included) local officials, civil society and other non-state groups. Above, we explored several concrete entry points for Covid-19 interventions and multiple forms of engagement between state and non-state actors, which we summarise as a typology and cross-scale collaboration patterns in Table 1 and Figure 1.

Table 1 outlines several *concrete entry points* for collaboration (in the upper part of the table), all of which stemmed directly from the pandemic’s specific challenges, and it was around these concrete tasks that different *modalities of collaboration* were articulated or crystallised (see lower half of Table). Figure 1 then provides a different perspective on how these concrete tasks of collaboration and modalities of organising across scales have developed between different actors. As indicated in Table 1, our results suggest a typology of organising that ranges from quite top-down *coalitions*, to increasingly bottom-up *community solidarity networks*. For instance, *emergency relief distribution* (especially during lockdowns) was a difficult, complex task to realise and required state–community *cooperation*. The typology also incorporates related efforts around Covid-19 risk communication, service delivery, livelihoods strengthening and data collection (see Table 1).

What explains these diverse modalities of organising is more difficult to assess at this stage, making this a key topic for additional research. One underlying dynamic seems to be the significant value of community actors’ situated knowledge about their neighbourhoods and networks – local knowledge that became increasingly important for the state and other formal actors to draw upon when seeking to contain the pandemic in marginalised urban areas. Under “normal” urban conditions, such situated knowledge can often be overrun or disregarded to a greater extent. Another underlying dynamic is how existing, often inequitable power relations and divisions were sometimes reinforced during the pandemic response. Despite the clear value of local knowledge and collective action by low-income residents, key axes of difference (eg ruling party allegiances, economic class, migration status and other factors) still strongly shaped access to relief and the like.

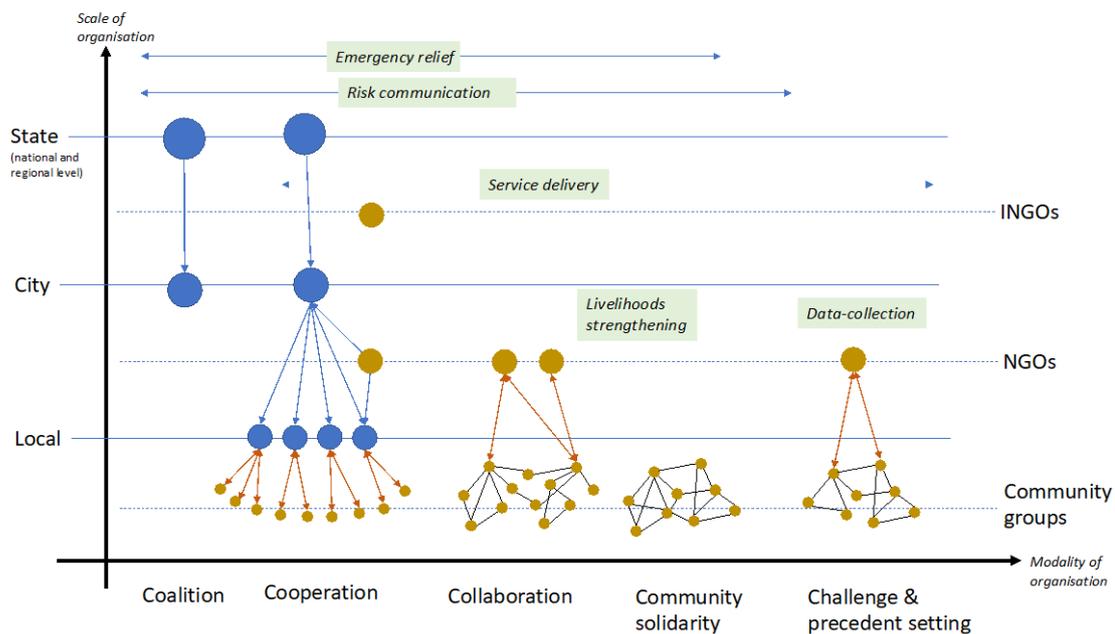
While our research has clearly showed that a range of new forms of collaboration across sectors, levels of government and civil society emerged as a direct response to the *pandemic’s specific dynamics*, it is not clear if and how any of these new modes of

collaboration will remain in place as we enter post-pandemic “new normal” conditions. The hope that new forms of collaboration could help to address *more structural challenges* of inequality and exclusion, however, should not be dismissed. More research is needed to follow this up, using the above findings as a starting point. Below, our policy recommendations build on our findings to seek ways to strengthen cities’ capacity to respond to structural challenges and future crises.

**Table 1: Summary of key Covid-19 responses (top) and different cross-cutting modalities of interaction between actors (below)**

Concrete entry points for Covid--19 responses	
<b>Emergency relief distribution:</b> Both cash and food assistance provided by government, NGO, private-sector, and community groups (differing markedly in their inclusion and legitimacy).	<b>Risk communication strategies:</b> Both state and non-state approaches, using several media. Sometimes combined with grassroots or private-sector actors.
<b>Service delivery:</b> This included efforts to enhance WASH and improve health sector robustness, also sometimes focused on vulnerable groups.	<b>Livelihoods strengthening:</b> Sometimes with new skills and diversification, with longer-term potential to enhance grassroots organisations.
<b>Data collection</b> with potential to change the terms of inclusion and visibility to local authorities (for example, street addressing and settlement profiles by SDI-Kenya and Muungano).	
Modalities of interaction	
<b>Coalitions:</b> National or local-level government taskforces that were typically top-down and inflexible.	<b>Collaboration:</b> In Mathare, collaborations sought to address rising insecurity, such as meetings and dialogues between local officials, police, civil society organisations, youth, and grassroots groups
<b>Cooperation:</b> Such as state and community cooperation in distributing relief or providing new handwashing stations in informal settlements.	<b>Community solidarity:</b> Grassroots responses, especially in benefiting vulnerable groups (for example, assistance during isolation, medical referrals), but also to support mutual aid and enhance livelihoods amongst savings groups.
<b>Challenging and precedent setting:</b> SDI’s street addressing and pushing for new Covid-19 guidelines in informal settlements, gathering data to enhance understanding of informal settlements, and grassroots efforts to challenge police brutality.	

**Figure 1: Modalities of interaction across scales in response to the Covid-19 pandemic**



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

### 3.1. Key recommendations

- Gather detailed data with vulnerable groups to address multiple exclusions:** Limited official understanding of informal workers, residents of informal settlements and other vulnerable urban groups often led to mistargeted or exclusionary policies during Covid-19. To ensure a more inclusive recovery, there is a need for detailed **local data collection** with attention to informality and multiple urban exclusions (whether based on gender, age, migration status, ethnicity, disability or other differences). Grassroots organisations, including SDI, have generated extensive data on informal settlements and livelihoods, which may provide the foundation for ongoing data collection and equitable interventions. There is a need to deepen understanding of urban vulnerabilities – both during crises and in “normal” times when poverty, precarity and informality are pervasive across many African cities. Such challenges were especially acute in Covid-19, when many people were newly vulnerable and lost their informal livelihoods. Household-level enumerations, spatial mapping and physical addressing (as in Nairobi) can all combine to enhance understanding of urban vulnerability and to ensure that any responses are appropriate, equitable and inclusive.
- Promote vaccination uptake via trusted intermediaries and locally rooted strategies:** Although some East African residents are already keen to be vaccinated, others may be dissuaded by fake news and limited trust in government. Policymakers will need to 1) raise awareness of the vaccine’s benefits and 2) counter misinformation, such as through 3) partnerships with

religious leaders and other trusted leaders or youth and community groups, while also 4) responding to local values and beliefs.

- **Strengthen the official support of Community Health Volunteers (CHVs), grassroots leaders and local groups:** Across many urban areas, CHVs are a vital element of inclusive health systems and crisis response. Grassroots organisations, religious leaders and other bottom-up actors have similarly been indispensable in raising awareness, distributing relief and helping to address the pandemic's inequitable impacts. Further governmental support and partnerships are needed with these local leaders and organisations, particularly as they can serve as key intermediaries and co-develop inclusive responses with marginalised residents to Covid-19 and other crises.
- **Promote farsighted responses to tackle multifaceted risks:** There is an increasing need for accountable and responsive governance that can tackle police brutality, inequitable development and entrenched exclusions in urban areas. Covid-19 markedly exacerbated underlying challenges of African cities and the multifaceted risks that many marginalised groups already faced before the pandemic. This will include efforts to tackle Covid's **health-related risks**, such as building robust, trustworthy health systems, social dialogue, and supporting universal health coverage (Leach et al. 2022). Further efforts are needed to **address economic risks** and to ensure an equitable, inclusive recovery with particular attention to women, youth, IDPs, refugees, precarious informal workers and others facing multiple socioeconomic disadvantages. Relatedly, there is a need to understand and avoid key **risks linked to the enforcement of emergency measures**, such as police violence, heavy fines and other burdens that have overwhelmingly affected low-income urban residents. Moving forward, it will be essential to develop intersectoral, multi-pronged strategies with attention to gender, age, forced displacement, ethnicity and other axes of difference that can ensure that the overlapping burdens during Covid-19 are lessened rather than further entrenched in African cities.

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