

FREETOWN CITY LEARNING PLATFORM

PRACTITIONER BRIEF #3:

Urban Health: From Local Community Action to a Healthy Freetown

Freetown, Sierra Leone
June 2020



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This Practitioner Brief has been produced based on the discussions and agreements that took place during the **City Learning Platform (CiLP)** meeting in February 2020. The meeting was hosted and coordinated by the **Sierra Leone Urban Research Centre (SLURC)**, who also reported on the agreements.

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The concept, content and edition of this brief were developed by SLURC co-directors **Andrea Klingel, Braima M. Koroma, and Joseph M. Macarthy**, Research Officer **Abu Conteh** and Junior Researcher **Mary Sirah Kamara**; KNOW Research Fellows **Stephanie Butcher** and **Camila Cocifia**, and KNOW Co-Investigator **Alexandre Apsan Frediani**. The first draft of the content of this Practitioner Brief was reviewed and commented by **Annie Wilkinson** and **Haja Ramatulai Wurie**. Layout developed by KNOW.

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In this Practitioner Brief:

KEY MESSAGES	2
I. INTRODUCTION:	
Urban health in Freetown	3
II. LEARNING FROM PREVIOUS RESEARCH:	
What do we know about health systems in Freetown?	6
III. KEY MESSAGES AND OPPORTUNITIES:	
Towards a healthy Freetown	10
* 1. Health is intertwined with living conditions in the city	10
* 2. Improving health in Freetown requires an approach based on engagement with residents of informal settlements	11
* 3. There are important precedents and ongoing initiatives related to the management of previous health crises in Freetown.....	12
* 4. There are important data gaps regarding the health conditions and determinants of health in informal settlements.....	13
* 5. Practitioners and authorities should approach health as part of a wider set of relations that take place within informal settlements, and with the rest of the city.....	14

Key Messages:

- Health is **intertwined with living conditions in the city**. Determinants of population health include inadequacies in the urban environment, especially linked with water, sanitation, and hygiene (WASH), waste collection, and housing conditions. Major health policies have historically not addressed these interlinkages, nor the specific concerns and circumstances of informal settlements, reflecting silos between health systems and urban stakeholders.
- Improving health in Freetown requires an approach based on an **engagement with residents of informal settlements** about their health-related priorities, beliefs and experiences, as well as with already existing health support systems in the territories. This includes understanding and working with local and informal providers of health-related services, including local and traditional healers, and the use of participatory approaches.
- There are important **precedents and ongoing initiatives** related to the management of previous health crises in Freetown – such as the Ebola outbreak – as well as in the daily activities residents are already undertaking to co-produce health services. Any approach to urban health should be built upon local lessons from those experiences.
- There are important **data gaps** regarding the health conditions and determinants of health in informal settlements: practitioners and authorities should work with communities using participatory inclusive approaches to fill those gaps, ensuring that information from vulnerable marginalised groups is captured. This data would allow to identify priorities and health seeking behaviour, and design and implement health programmes, as well as improve monitoring of health service delivery and interventions by the Ministry of Health and Sanitation (MoHS).
- Practitioners and authorities should approach health as part of a **wider set of relations** that take place within informal settlements, and with the rest of the city. Health is interdependent with livelihoods, housing and infrastructure, support networks, costs of mobility, personal bonds of care, societal norms and related vulnerabilities.

I. INTRODUCTION

Urban health in Freetown

In the context of the global crisis of the COVID-19 pandemic, urban practitioners, academics, local leaders and authorities have been pushed more than ever to focus their attention and priorities on issues around health, acknowledging that these questions will drive the immediate and long-term future of our societies. In Freetown, however, questions of urban health, particularly as linked with the wellbeing of residents of informal settlements, have been a central part of the conversation for many years, both in previous research, as in community action projects. In early February 2020, when the magnitude of the threat of COVID-19 was still distant for most of the world, the Freetown **City Learning Platform** (CiLP) held a meeting on the topic of **“Urban health: from local community action to a healthy Freetown”**, in which representatives from a range of stakeholders and urban communities met to discuss the challenges and opportunities related to health questions in the capital city of Sierra Leone. This third **Practitioner Brief** reflects some of the lessons and key messages emerged from that experience, seeking to document the discussion which emerged and reach wider audiences.

Previous experiences in Freetown have already generated an enormous set of lessons regarding urban health. Firstly, overcoming the Ebola crisis in a city with a large number of informal settlements, has left important lessons regarding the support of informal settlements, as reported by several recent blogs and publications (Wilkinson, 2020; Yusuf & Macarthy, 2020).¹ Secondly, there is a history of local

¹ See: Wilkinson, A. (2020). **The impact of COVID-19 in informal settlements – are we paying enough attention?** *Institute of Development Studies*. Available online at: <https://www.ids.ac.uk/opinions/the-impact-of-covid-19-in-informal-settlements-are-we-paying-enough-attention/>
Yusuf, Y. and Macarthy, J. (2020). **Supporting informal settlements during COVID-19: Lessons from the Ebola outbreak.** *Oxford Urbanists*. Available online at: <https://www.oxfordurbanists.com/oxford-urbanists-monthly/2020/5/4/supporting-informal-settlements-and-the-specific-needs-and-risks-to-consider-in-relation-to-covid-19-lessons-from-the-ebola-outbreak>

community organisation, mobilisation and collaboration that has been able to react in the past and current crisis to activate networks of support and response, as described in the blog “The people versus the pandemic: community organisations in the fight against Covid-19 in Freetown” (Osuteye et al, 2020).² And thirdly, over the last few years, a growing body of rigorous research focused on questions of urban health in the city of Freetown has emerged, led by institutions like the Sierra Leone Urban Research Centre (SLURC) in collaboration with its funders and partner international universities.

In this context, this third Practitioner Brief is an opportunity to reflect on the lessons from the CiLP meeting on the 6th February 2020, as well as the wider constellation of knowledge about urban health and community action in the city, looking to advance towards a healthy

² Osuteye, E., Koroma, B., Macarthy, J., Kamara, S, and Conteh, A. (2020). The people versus the pandemic: community organisations in the fight against Covid-19 in Freetown. *Knowledge in Action for Urban Equality*. Available online at: <https://www.urban-know.com/post/people-versus-the-pandemic-freetown>

The **City Learning Platform (CiLP)** is a space for learning, advocating and sharing, in which different actors can gather to discuss current urban issues and potential solutions, and to coordinate and develop proposals for the upgrading of informal settlements in the city of Freetown. Informal settlement communities are represented at the CiLP through their **Community Learning Platform (CoLP)** representatives. The CiLP, in coordination with multiple CoLPs, seeks to provide a democratic and safe space to learn and discuss informal settlement upgrading, with a strong focus on participatory and inclusive practices. It aims to feed into, and disseminate, the discussions taking place as part of the Transform Freetown

Framework, the National Development Plan and other policy developments. The “Principles of Engagement for the City Learning Platform” are: A shared vision, a common purpose; Sharing knowledge and information; Sustainable and knowledge-based solutions; Collaboration, participation and communication; and Mutual respect and trusted relationship.

Practitioner Briefs are a series of publications produced by SLURC and the Knowledge in Action for Urban Equality (KNOW) programme, to share with a wide range of practitioners and other urban stakeholders the main issues, recommendations and principles which have emerged from the CiLP meetings.

Freetown. The meeting agenda involved a series of presentations, including an overview of the **“Transform Freetown Plan – Health Cluster”** by the Freetown City Council Mayor’s Delivery Team; the sharing of **“Experiences and strategies for engaging communities in health (Dworzark)”** by Shirley Brown and Battu Ndoko from GOAL Sierra Leone. As well as two keynote addresses: **“Overview of health systems in Sierra Leone with brief introduction to ARISE”**, by Dr Haja Wurie, from the College of Medicine and Allied Health Services (COMAHS), The University of Sierra Leone; and **“Overview of urban health and questions arising from SLURC urban health research”** by Dr Annie Wilkinson, from the Institute of Development Studies (IDS), at University of Sussex. The stakeholders attending this CiLP meeting related to their themed interest ‘Urban Health: From Local Community Action to a Healthy Freetown’ included representation from:

Community Learning Platforms (CoLPs)

of ten informal settlements of Freetown: CKG, Cockle bay, Colbot, Dworzark, Funkia, Mabella, Moa Wharf, Oloshoro, Portee Rokupa, Susan’s bay

International and national NGOs

Federation of the Urban and Rural Poor (FEDURP); GOAL Sierra Leone; Caritas Freetown; Catholic Relief Services (CRS); Marie Stopes Sierra Leone (MSSL); World Vision

Academia/research institutions

SLURC, Njala University; College of Medicine, The University of Sierra Leone; Institute of Development Studies (IDS), University of Sussex

Private sector and media

Pharmaceutical Society SL; Premier News

Government authorities

Freetown City Council; Directorate of Primary Health Care; Ministry of Lands Housing and Environment, Ministry of Social Welfare

This brief starts by briefly summarising some of the key findings from previous research conducted by SLURC on the issue of health in Freetown. Then, it presents a series of key messages and recommendations for practitioners and authorities approaching questions of urban health. These key messages emerge from the multiple research and practice efforts on this issue, shaped by the principle of the promotion of the wellbeing and rights of the residents of informal settlements in Freetown.

II. LEARNING FROM PREVIOUS RESEARCH:

What do we know about health systems in Freetown?



In collaboration with its funders and partner universities (Liverpool School of Hygiene and Tropical Medicines, John Hopkins University, Institute of Development Studies, York University etc), **SLURC** has four health research projects through which it intends to explore knowledge gaps around social determinants of health in informal settlements. The SLURC Urban Health Research Portfolio includes:

- **The Future Health Systems (DFID):** (1) a scoping review to explore the state of knowledge on urban health; of evidence on urban health; (2) empirical research to explore the relationship between living conditions in informal settlements and health problems;
- **Shock Tactics - Urban Health Futures in the Wake of Ebola (ESRC):** ethnographic research to understand disease control practices, collective action and governance in the post Ebola period
- **ARISE - Accountability and Responsiveness in Informal Settlements for Equity (GCRF):** explores inequalities in health and wellbeing and works with marginalised people to claim their right to health and other social services through building accountability with service providers; partners in Sierra Leone, Bangladesh, Kenya and India.
- **Ebola response project (IDRC):** exploring socio-cultural and environmental factors in improving Ebola diseases responses and resilience in partnership with York University; study is being conducted in selected areas which experienced high infection rates (Moyamba junction, Waterloo and Dworzark).

For more information visit:

www.slurc.org/urban-health.html

Key findings from SLURC urban health research projects

- Urban related issues or the needs of informal settlements have historically not been considered in major health policies, and there are no references to informal settlements in the National Health Sector Strategic Plan (2017-2021) or National Health Promotion Plan (2017-2021). Freetown City Council has limited jurisdiction over health system decisions and resources, meanwhile the Ministry of Health and Sanitation have not prioritised urban and spatial issues or engaged with urban stakeholders;
- There is an absence of engagement with residents of informal settlements about their health-related priorities, beliefs and experiences;
- Most people rely on self-administered treatments and later seek care from hospitals/health centres when conditions get worse or self-treatment fails;
- High costs of care, distances, difficult terrain, poor roads, long wait times, negative past experiences, and perceptions about staff all impact seeking healthcare from hospitals or health centres;
- Aspects of social identity and location also shape the particular needs and possibilities of diverse groups: i.e. there are some indications that men are more likely to use informal and private care; whereas ill residents in steep hillside areas might be unable to travel for treatment;
- Frequent inability to deliver pharmaceutical drugs in a timely manner (drug stockouts) discourages people from visiting peripheral health centres (PHC); they are inclined to seek prescriptions and then purchase drugs elsewhere;
- Private providers, both for profit and not-for profit (e.g. Arab hospital, Mercy Ship) are often preferred over public ones
- People rely on a range of informal care options which tend to be cheaper, nearer and (at times) preferred, including: drug peddlers (“pepe doctors”), pharmacists, providers known to the person e.g. a nurse living in community, or where there is a relationship; payment can be flexible;
- Traditional healers are often consulted for specific conditions including convulsion, epilepsy, elephantiasis, witchcraft related conditions (“witch gun”/ “fangay”), hernia, infertility, mental illness, ulcer, malaria, and blindness and when biomedical care proves ineffective.

Ongoing research:

SLURC is currently part of a series of urban health research projects, including **“Shock tactics: urban health futures in the wake of Ebola”**, funded by ESRC, developed in partnership with the Institute of Development Studies (IDS) and led by Dr Annie Wilkinson.

The initial findings of this research are around the following issues:

- Residents face a combination of health challenges relating to infectious disease, occupational injuries, environmental hazards, stress and hereditary causes, often at the same time
- Lives are occupied with making ‘daily bread’ and people are vulnerable to serious sickness or injury; health problems are compounded by social and economic factors, e.g. loss of livelihoods
- Life histories show that there is limited social support and protection beyond close family; family support can be over-stretched;
- People describe high levels of anxiety, fear, shame and indignity
- Findings call us to look closely at: long and costly care pathways; self-treatment and rationing; collective action strategies for health; self-provision and co-production of health-related services

But...

- Community based self-provision can be a burden and people are overwhelmed with competing priorities
- Bylaws (including FCC’s and neighbourhood’s) tend to be ignored, and there is a risk that fines are predatory, which highlights bigger governance issues
- Very limited accountability (both vertical and horizontal)
- Community-wide initiatives rely on collective incentives but the collective (i.e. ‘community’) is not always clear, given differing priorities within settlements, or problems that originate from ‘outside’ settlements (e.g. waste)
- There are complaints that ‘public’ assets and services get privatised and captured (e.g. misuse of ‘maintenance’ fees for water access)
- Occasionally, low levels of trust (within communities, of government, etc.) impedes cooperation

Sources:

Macarthy, J.M., Conteh, A., Sellu, S.A., Heinrich, L., 2018. ‘Health Impacts of the Living Conditions of People Residing in Informal Settlements in Freetown’. SLURC Publication.

Unpublished data, ongoing research in Sierra Leone ‘Shock Tactics: urban health futures in the wake of Ebola’, A. Wilkinson (PI)

III. KEY MESSAGES AND OPPORTUNITIES:

Towards a healthy Freetown

1 Health is **intertwined with living conditions in the city**. Determinants of population health include inadequacies in the urban environment, especially linked with water, sanitation, and hygiene (WASH), waste collection, and housing conditions. Major health policies have historically not addressed these interlinkages, nor the specific concerns and circumstances of informal settlements, reflecting silos between health systems and urban stakeholders.

- Until recently, major health policy and strategy did not mention ‘urban’ issues nor informal settlements. This ‘urban blindness’ has resulted in siloed approaches rather than multi-sectoral action, generating a lack of coordination and fragmentation, particularly in relation to urban health for informal settlements
- The multi-faceted nature of urban health calls for inter-sectoral collaborations– such as across WASH and Lands and Environment – as well as for partnership amongst NGOs, government actors, communities, media, academia
- The recently promulgated Medium Term National Development Plan (MTNDP) and the Transform Freetown Plan offer new opportunities to specifically address the health needs of residents of informal settlements
- Any approach to urban health should be embedded within discussions of spatial planning in the city, as well as with specific references to the challenges in informal settlements

2 Improving health in Freetown requires an approach based on an **engagement with residents of informal settlements** about their health-related priorities, beliefs and experiences, as well as with already existing health support systems in the territories. This includes understanding and working with local and informal providers of health-related services, including local and traditional healers, and the use of participatory approaches. .

- Residents' choices to make use of different health facilities is shaped by beliefs, culture, identity. For example, traditional healers may be preferred to treat certain conditions, while poor previous experiences may mean residents are hesitant to make use of government health clinics
- Likewise, urban health needs will be different across diverse settlements – for instance, hillside settlements will face specific challenges linked with mobility
- Addressing health needs therefore requires approaches to urban health which seek to understand the experiences, understandings, and specific needs of residents (see GOAL 'Community Dialogues' case study box)
- Participatory mechanisms can be further supported by strengthening channels of communication between communities and the councils/central government. Local councillors should be encouraged to make regular visits to communities, and participate in community engagements

Case: GOAL's Community Dialogues

GOAL has been operating for over six years in Dworzark with an approach to 'Community Dialogues', which seeks to use participatory learning to 'trigger' collective actions and solutions to health-related issues. In this process, communities are encouraged to work together to define and address a common problem—for example, linked with adolescent health, service utilization, sanitation etc. Facilitation is designed to bring communities together to identify the root causes and risk factors for certain health, social or economic problems, and facilitate a process of joint action planning and community action. In addition to working with local communities, discussions and trainings are also conducted with health staff and community leadership structures, in order to make changes to the local health services. Finally, the process entails joint monitoring, learning, and reflection.

GOAL has found that communities participate more actively when the issues are being addressed from their knowledge, beliefs, and points of view. Not only has this generated better health interventions and outcomes, but this has also enhanced community trust and support, as well as empowered 'community champions' who take leadership on issues of urban health.

3 There are important **precedents and ongoing initiatives** related to the management of previous health crises in Freetown – such as the Ebola outbreak – as well as in the daily activities residents are already undertaking to co-produce health services. Any approach to urban health should be built upon local lessons from those experiences.

- Freetown residents have a long history and experience of managing health related challenges – whether related to the everyday risks posed by inadequate water and sanitation and housing, or specific crises, represented, for instance in the 2014/2015 Ebola outbreak
- In terms of daily risks, residents of Freetown’s informal settlements have been undertaking a range of activities around organising cleaning days, digging latrines, establishing water connections, supplying land, labour and materials for government health centres, which can be further supported
- There are also a number of health initiatives, such as Community Health Clubs, Community Led Ebola Action, or the Community Dialogue model (case study above) which have showcased models of community engagement which can be scaled out and replicated
- Investing and supporting in these already-existing systems at the community level can enhance their capacity to respond to urban health risks. This might entail establishing more community health centres, increasing access medical supplies, providing training for Community Health Workers (CHWs), and traditional healers, or working with Community Security Volunteers (CSVs) to monitor and report waste disposal



4 There are important **data gaps** regarding the health conditions and determinants of health in informal settlements: practitioners and authorities should work with communities using participatory inclusive approaches to fill those gaps, ensuring that information from vulnerable marginalised groups is captured. This data would allow to identify priorities and health seeking behaviour, and design and implement health programmes, as well as improve monitoring of health service delivery and interventions by the Ministry of Health and Sanitation (MoHS).

- There is a need to continue to produce fine-grained data on community health, and to integrate this into urban health planning at the city level, for instance, through the District Health Information System (DHIS 2)
- This can be supported by establishing feedback mechanisms between different levels of government, health workers, and local communities (case study box – Transform Freetown Plan), and improving the monitoring of health interventions by the Ministry of Health and Sanitation (MoHS)
- Ongoing community profiling by organizations such as the Federation of the Urban Poor (FEDURP) can support processes to fill data gaps, while structures such as ‘Community Learning Platforms’ can be scaled out to other settlements in the city
- There is a key role of research and academic institutions in conducting research to fill data gaps, and validate and disseminate existing data at the community level

Case: **Transform Freetown Plan**

The formulation of the Transform Freetown Plan offers a good example of how local and national authorities can work together with urban health experts, and residents of informal settlements, to identify key priority areas and interventions. For instance, during this process, the Freetown City Council (FCC) used a ‘bottom up’ approach of community engagement, engaging 15,000 residents about their health and service delivery needs (amongst other topics). The main aim was to tackle the huge challenges related to health infrastructure, health personnel and service delivery. Working towards achieving this, there have been engagements with the World Health Organization (WHO), Centre for Disease Control (CDC) and District Health Management Team (DHMT) about how health could be improved in Freetown.

5 Practitioners and authorities should approach health as part of **a wider set of relations** that take place within informal settlements, and with the rest of the city. Health is interdependent with livelihoods, housing and infrastructure, support networks, costs of mobility, personal bonds of care, societal norms and related vulnerabilities.

- There is clear link between the environmental conditions of informal settlements and poor health. For instance, exposure to tuberculosis (TB) (and other common diseases) are linked with conditions of poor and overcrowded housing, poor ventilation and dusty winds, and a lack of appropriate water, toilets and facilities
- Poor health can also have knock-on effects which adversely impact residents of informal settlements—exacerbated by precarious livelihoods activities, or high costs of healthcare and mobility
- There is a need to address the key determinants of health in the built environment—improving WASH and waste collection infrastructure, and strengthening or enforcing by-laws on improper waste dumping at community levels, or improving housing conditions
- Any approach to enhance urban health must address such wider conditions in the built environment, as well as strengthen existing social networks and relations of care, in addition to consolidating community health systems
- As part of the multidimensional nature of urban health, it is important to address the limited thinking around psychosocial support, and mental health and well being



Participants of the CiLP meeting agreed on a series of final recommendations of interventions to improve communities' health outcomes:

- 1.** Invest in community health driven projects and programmes
- 2.** Strengthen the capacities of Community Health Workers (CHWs) through continuous training and provision of microfinance incentives
- 3.** Recognize and train traditional leaders on health issues
- 4.** Engage campaigns on community health awareness raising
- 5.** Build the capacity of Facility Management Committees (FMCs) through training recognition
- 6.** Re-establish and strengthen feedback mechanisms between communities and the city and central government; councilors to make regular visits to communities
- 7.** Improve monitoring of health service delivery and health interventions in deprived communities by the Ministry of Health and Sanitation (MoHS)
- 8.** Improve inter-sectoral collaborations such as WASH, Lands and Environment
- 9.** Involve mainstream media
- 10.** Undertake community outreach, or house to house mass sensitization
- 11.** Encourage community ownership of health programmes
- 12.** Seek partnership with development partners, the government and actors across sectors
- 13.** Community engagement with relevant mass drug administration
- 14.** Integrate community health data into the District Health Information System (DHIS 2)



