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landscape, livelihoods
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IMPACT OF COVID-19 ON LIVELIHOODS, FOOD SECURITY & NUTRITION IN EAST AFRICA

URBAN FOCUS

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HIGHLIGHTS



Urban populations in East Africa are highly vulnerable to the COVID-19 pandemic, particularly 35 million people, or 58% of the urban populations living in informal settlements who are at high risk from its impact.



Livelihoods and incomes of these urban populations are seriously affected, particularly the urban poor who depend on the informal sector, with serious consequences for their food security and nutrition.



The number of food insecure people in East Africa is estimated to increase this year to more than 41 million people as a result of COVID-19, including 14 million who are estimated to live in urban areas.

COVID-19 OVERVIEW

GLOBAL OVERVIEW

COVID-19, a global pandemic, has resulted in more than 18 million cases globally and contributed to 690,000 deaths as of 2 August. The highest burdens are in the United States (4.8 million cases and 158,000 deaths), Brazil (2.7 million cases, 94,000 deaths), and India (1.8 million cases, 38,000 deaths) (Johns Hopkins, 2020).

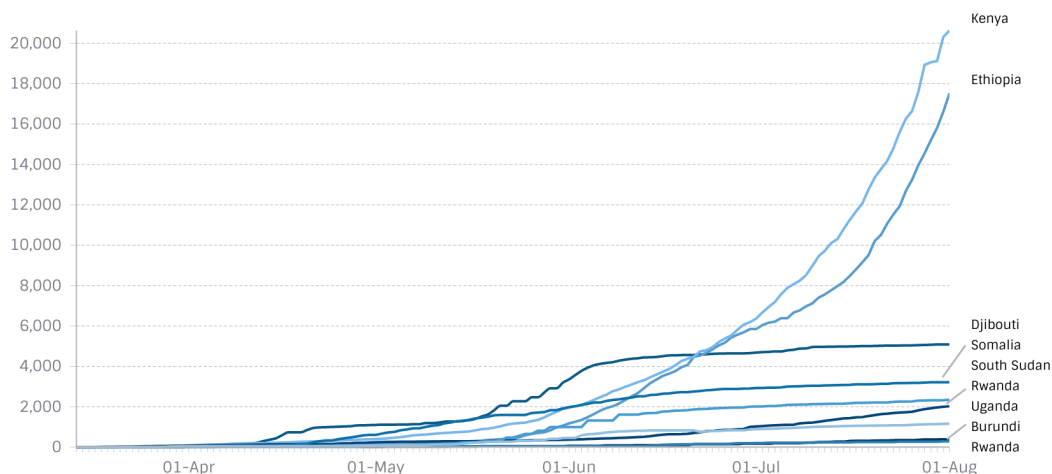
The epicentre of the pandemic has moved from China to Europe and North America, and now towards the global south, in particular South America and South Asia, and lower income countries are increasingly seeing many cases (Mahler & Wadhwa, 2020). Though countries in Asia, Europe and Oceania had gained control of the spread and slowly started opening up societies, many countries have started to experience a new wave of increasing cases, causing some countries and cities to implement partial lockdowns again (WHO, 2020).

EAST AFRICA OVERVIEW

At 53,000 confirmed cases and 821 deaths as of 1 August, the region is at a relatively modest level compared to other regions in the world, though the number of new cases is increasing more rapidly than before. Globally, the fatality rate is estimated at between 0.6% and 3.5%, but until now it seems to be at the lower end in East Africa^[1] (Kissler et al., 2020).

[1] This report covers Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Rwanda, Somalia, South Sudan and Uganda, which are the countries covered by WFP's bureau for East Africa

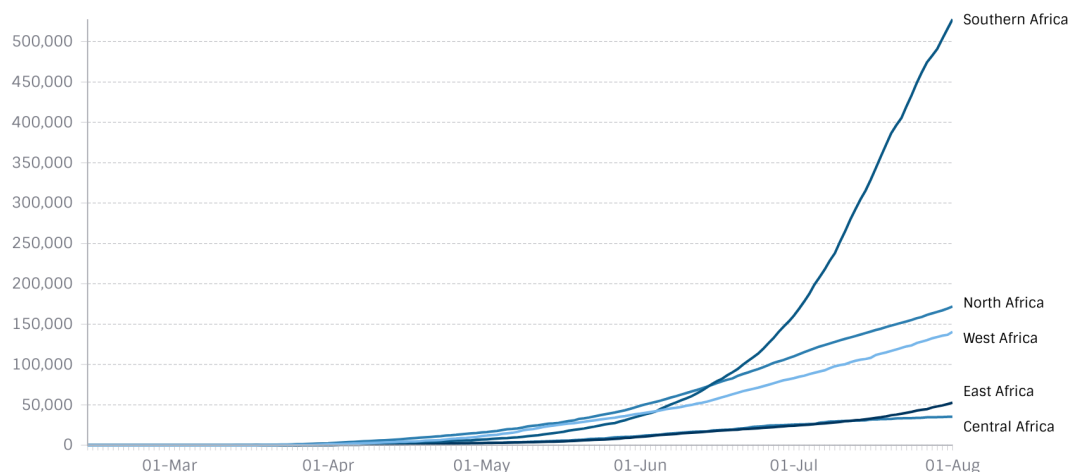
Figure 1 COVID-19 cases in East African countries



Source: WHO

The increase in the region is especially due to Kenya and Ethiopia beginning to see rising numbers of new daily cases (Figure 1). By 1 August, Kenya had the most cases (20,636) followed by Ethiopia (17,530), Djibouti (5,081), Somalia (3,212), South Sudan (2,352), Rwanda (1,022), and Uganda (1,154). Eritrea and Burundi had less than 400 cases each. The highest number of deaths were reported in Kenya (341), followed by Ethiopia (274), Somalia (93), Djibouti (58) and South Sudan (46). Five persons have reportedly died in Rwanda, three in Uganda and one in Burundi, while no deaths have been reported in Eritrea. Figure 2 shows the number of COVID-19 cases in regions of Africa. Clearly, the pandemic has not peaked yet.

Figure 2 COVID-19 cases in African regions



Source: Johns Hopkins

While statistics at sub-national levels are not up-to date or are generally not well disaggregated by rural versus urban, available figures show a higher proportion of cases in urban than in rural areas. For instance, around 70% of total cases in Kenya as of 27 July were in Nairobi and Mombasa, the two major city counties. In Uganda, 18.2% of the 1,176 cases reported as of 1 August 2020 were in Kampala and Gulu districts, which are relatively urbanised (KCCA, 2020). In Burundi, 82.7% of the 191 cases reported until the first week of July were in Bujumbura, the country’s capital. In Somalia, 78% of the 3,038 cases by 9 July 2020 were in Banadir region where Mogadishu city is located (Somalia Ministry of Health, 2020).



COVID-19 OUTLOOK

Recent evidence suggests that coronavirus can be airborne, which poses an additional threat to the region as crowded places, public transport carriers and poorly ventilated health facilities are examples of areas where the spread could be quicker than previously anticipated. Additionally, a study in *The Lancet* concludes that herd immunity is not a viable solution, meaning all countries should focus on minimising the spread (Pollán et al., 2020).

To be able to effect responses while waiting for a vaccine, it is essential to have an overview of how the pandemic can develop based on evidence from previous similar viral outbreaks. Until now, a possible scenario was that it may be possible to eradicate COVID-19 with its closest genetic relative virus. However, this is no longer seen as plausible by public health authorities, and a more likely scenario is that if immunity to COVID-19 is not permanent, it is likely to occur on a seasonal basis until a vaccine becomes available (Kissler et al., 2020).

If the current outbreak is followed by a second wave, such as was already seen in some Asian and European countries that are the farthest in terms of the spread cycle, devastating impacts on the fragile health systems and economies of East Africa should be anticipated (Gavi, 2020). This is particularly concerning as the increase in COVID-19 has still not reached its peak in this region.

While there are numerous efforts underway to develop a vaccine, it could still be months or a year away until it is successful and accessible to people all over the world. The World Health Organization (WHO) indicates that there will be no return to the “old normal” for the foreseeable future and recommends three factors to control the disease and get on with our lives: a) focusing on reducing mortality and suppressing transmission, b) empowered, engaged communities take individual behaviour as being in the interest of each other, and c) strong government leadership and coordination of comprehensive strategies that are communicated clearly and consistently (WHO, 2020).

CONTAINMENT MEASURES AND IMPACT

CONTAINMENT MEASURES HELPED SLOW THE VIRUS SPREAD

Governments around the world including in East Africa have taken what Bhari and Fakir (2020) refer to as the “biggest state-led mobility and activity restrictions in the history of mankind,” which has proven to be highly effective in saving lives (Deb et al., 2020). Measures such as varying degrees of social distancing have been adopted to ‘flatten the curve’ and to avoid the risk of overwhelming health systems; followed by their gradual lifting after achievement of some control of transmission (WHO, 2020). A study by Hsian et al (2020) released on 6th June estimated that without shutdown measures, there could be as many as 500 million more COVID-19 infections in six countries including China, South Korea, Italy, Iran, France and USA (Hsiang et al., 2020).

The spread of COVID-19 in East Africa started slightly later than in other parts of the world. This provided an opportunity to learn and implement measures that worked elsewhere. Since March 2020 when the first cases started being reported, a variety of control measures have been adopted with the aim of controlling the spread of COVID-19 and saving lives, flattening the curve and ensuring that health systems are not overwhelmed. The general measures adopted across the region included: emphasis on social distancing, hand washing and use of hand sanitisers; awareness creation; closure of institutions such as schools and religious places of worship; banning of social gatherings; suspension of international flights and travel restrictions to countries with high COVID-19 cases; and restrictions on internal movement from areas with reported cases; wearing of protective gear (masks); quarantining any incoming travellers or suspected contacts; and restricting travel across countries by closing border entry points unless for essential services and cargo.

In the region, even though strict lockdowns in the form of complete shutdowns were not applied, various measures such as ‘lighter’ lockdowns were implemented by governments. While stricter and more prompt actions were taken very early after detection of the first cases, governments started easing controls due to the consequences on economies and livelihoods. In some countries in the region, the easing of controls has happened amid increasing cases, exposing even more people to the disease.

In addition, other country-specific measures were also adopted to curb the spread of COVID-19 in populated areas and especially in urban areas. **Uganda, Rwanda** and **Djibouti** initially imposed lockdowns after reporting first cases but have or are gradually easing restrictions to allow people

to pursue their livelihoods (Uganda Media Centre, 2020) (FEWS NET, 2020) (UNCT Djibouti, 2020). The lockdown in Uganda has been eased except in districts with clusters/potential clusters of



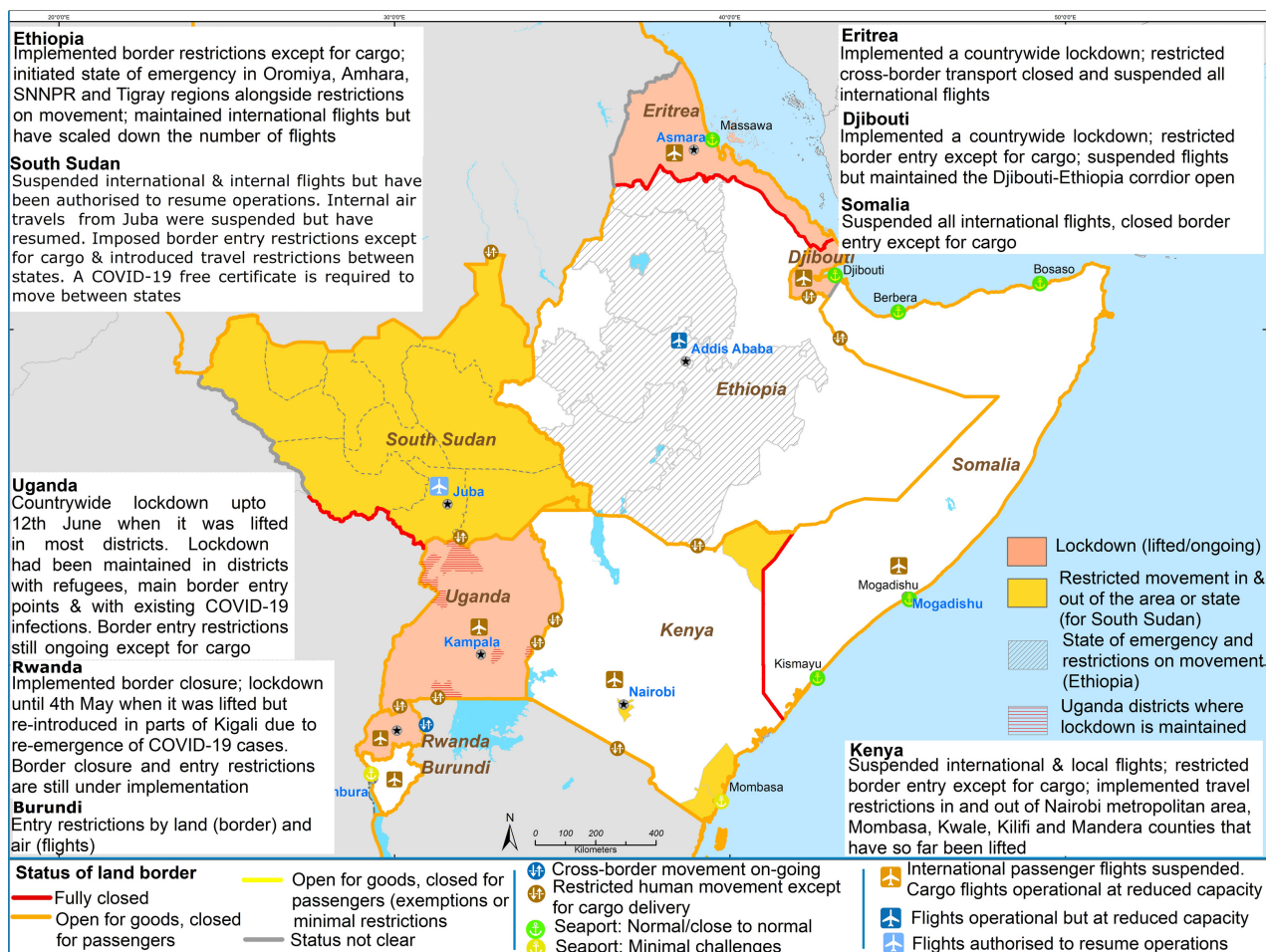
infections still under investigation, areas hosting refugees, at main border entry points that still need more comprehensive surveillance and testing, and in border points with water bodies and informal crossings across water. Rwanda reinstated its lockdown on parts of Kigali in June after COVID-19 re-infection cases increased (Bloomberg, 2020).

Kenya imposed and maintained a night-time curfew, travel restrictions in and out of COVID-19 hotspots such as the Nairobi metropolitan area, Mombasa, Kwale, Kilifi and Mandera and enforced border closures instead of a full lockdown. Starting in July, travel restrictions were lifted in all these affected regions despite an increase in daily reported cases (Al Jazeera, 2020). **South Sudan** introduced a night curfew and ban on inter-state travel (Cordaid, 2020).

Unlike other countries in the region, **Ethiopia** maintained its airline operations to many international destinations though the scale of flights has reduced in recent weeks. Internally, Ethiopia declared a state of emergency in four regions (Oromiya, Amhara, SNNPR and Tigray) and restricted travel in order to curb the spread of the disease (Embassy of Ethiopia in London, 2020).

While **Eritrea** imposed a lockdown in April, there is general lack of information about the current status. Overall, it has been observed that various measures have helped reduce the spread of the virus, while new infections have increased in some areas after opening up. Thus indicating the need for carefully considering how to dealing with the situation.

Map 1 Measures in East Africa implemented to control COVID-19



Source: World Food Programme

CONTAINMENT MEASURES HAVE HUGE ECONOMIC COST

Though effective in curbing the spread of the virus and related deaths, stay-at-home requirements and closures of workplaces come with the highest economic cost (Askiras et al., 2020). Overall, the global economy has suffered vastly during the pandemic due to an abrupt fall in demand, high capital outflows from developing and emerging economies, a plunge in oil demand and a near-collapse of global trade (World Bank, 2020) (IMF, 2020). The 2020 pandemic has fuelled a global recession expected to be the deepest since World War II. Despite a global rollout of financial stimulus packages equivalent to roughly 10% of the world GDP (UNESA, 2020), long-lasting economic impacts are expected (World Bank, 2020). Though developed economies are already suffering, research shows that developing economies will be hit harder by the economic consequences (Noy et al., 2020).

Generally, it is anticipated that East Africa will see disruption in three main areas: the loss of income for especially people working in the informal sector with women and youth being disproportionately affected (ILO, 2020), falls in income from remittances, and the disruption of food systems (WFP, 2020). In addition, there are amplifying factors in developing economies, including in East Africa, such as a large share of informal workers with a low opportunities to work from home, less diversified income streams to provide public revenue including a high dependency on tourism and remittances, limited fiscal space, high public debt, relatively small public sectors and sources of tax revenue, weak health systems, and overall a relatively higher prevalence of conflict, violent riots and unrest (Noy et al., 2020) (Vorisek, 2020) (IFPRI, 2020).

The World Bank estimates that over the next five years, emerging and developing economies could experience drops in output of nearly 8% while oil-dependent countries such as South Sudan could decline by as much as 11% (World Bank, 2020). Furthermore, an additional 100 million people (adjusted from an estimate of 40-60 million in April) (Mahler et al., 2020) could be pushed into extreme poverty, corresponding to the result of three years of cumulative efforts to combat global poverty (World Bank, 2020).

With the global downturn, remittance-dependent countries will inevitably be affected. The World Bank estimates that the level of remittances to Sub-Saharan African countries will drop by 23% in 2020 (Ratha et al., 2020). The COVID-19 pandemic has had a profound adverse impact on the overall economy, as well as livelihoods and income of populations, and consequently on food security and nutrition. This is particularly true in East Africa, a region with widespread poverty, eroded livelihoods and serious hunger and malnutrition rates due to multiple shocks. More details on these are provided in later chapters.

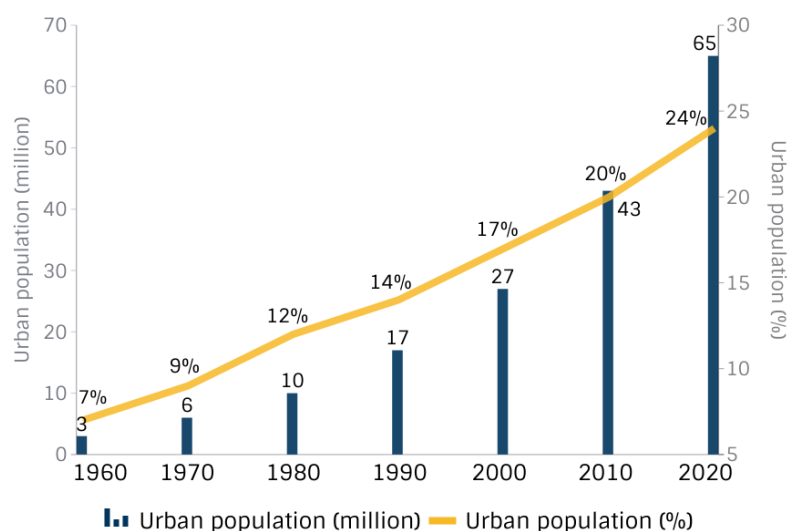


EAST AFRICA URBAN LANDSCAPE

URBANIZATION IN EAST AFRICA

Africa is considered among the least urbanized continents in the world. However, it is one of the fastest urbanizing regions (Burak et al, 2017). For instance, the annual urban population growth rate in Sub-Saharan Africa is 4.1% compared with a global rate of 2.0% (CSIS, 2018). Increasing urbanization is primarily driven by the natural increase in urban populations in addition to rural-urban migration in search of better economic conditions, such as employment and economic opportunities, or to escape negative conditions such as drought, flooding, famine, internal conflicts or inequalities in the spatial distribution of social, cultural, and/or political opportunities (Hope, 2012). Most of the increase in the urban population is taking place in small- and medium-sized cities in sub-Saharan Africa (Burak et al, 2017).

Figure 3 Urbanization in East Africa



Source: World Urbanization Prospects. 2018 revisions

Estimates from UN population projections show that 24% of East Africa's population lives in urban areas in 2019, compared to only 7% in 1960 (Figure 3). In absolute numbers, this translates into a 20-fold increase, from 3 million in 1960 to 65 million urban residents in 2019.

Djibouti is the most urbanized country in the region with 78% of its population living in urban areas. Burundi is the least urbanized country (13%) (Table 1). In absolute numbers, Ethiopia has the largest number of urban residents (23 million), while Djibouti has the lowest (1 million).

The East Africa region is among the fastest urbanizing areas in Africa, with urbanization rates higher than the average for Africa. Most countries in the region are experiencing rapid urban growth: in most cases doubling and, in some cases, nearly tripling the world's urban growth rate during the period 2000-2019 (Table 1). Between 2000 and 2019, Uganda and Burundi had the fastest urban growth rates (6.0% and 5.7% respectively) while Djibouti had the lowest urban growth rate of 1.8%, despite having the highest urbanization level in the region. It is the only country in the region with a lower urban growth rate than the global rate.

Table 1 Urban population in East Africa, 2018 figures

Country	Urban population (million)	Urban population (% of total)	Annual growth rate (2000-2018)	Slum population (million)	Slum population (% of urban population)
Burundi	1.46	13.0%	5.7%	0.70	47.7%
Djibouti	0.76	77.8%	1.8%	0.49	64.5%
Eritrea	2.08	40.1%	4.6%		
Ethiopia	22.33	20.8%	4.6%	14.36	64.3%
Kenya	13.77	27.0%	4.4%	6.40	46.5%
Rwanda	2.15	17.2%	3.3%	0.91	42.1%
Somalia	6.83	45.0%	4.6%	4.92	72.1%
South Sudan	2.53	19.6%	4.6%	2.32	91.4%
Uganda	10.53	23.8%	6.0%	5.08	48.3%
East Africa	60.35	23.1%	4.5%	35.17	58.3%

Source: World Urbanization Prospects, 2018 revisions & UN-Habitat Urban Indicators Database, 2020

URBANIZATION: ANALYSIS FROM SATELLITE DATA

The reported urbanization trends reported in East Africa have resulted in an increase in urban populations and the number of cities as well as a change in the spatial extent and structure of existing cities and urban areas.

The manifestation of the spatial change in existing cities in the region can be categorized into four broad types of growth: outwards expansion, increased densification, development of new urban clusters around existing cities (leapfrogging) and the formation of urban conurbations. These kinds of growth, each of which was driven by multiple factors, today shape the urban form and patterns in East African cities, as well as the associated urban service delivery levels. For example, in cities where urban expansion happened without proper planning and prior to layout of core infrastructure services, access to basic services and connection to such systems as water and city sewerage remain a challenge. Equally, areas that have population densities increasing rapidly without expansion of the core infrastructure also face challenges to adequate basic services, which collectively affect the quality of life of urban residents.

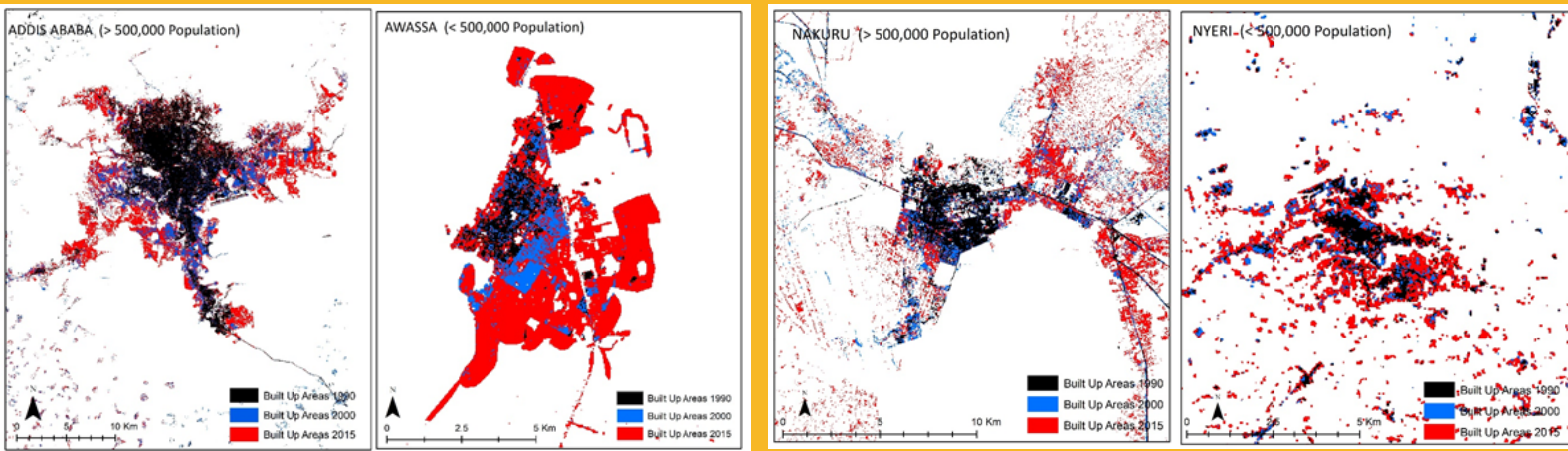
Based on a sample of 29 cities from Kenya, Uganda, Rwanda and Ethiopia, between 1990 and 2015, smaller towns (urban areas with less than 500,000 people) generally experienced a more rapid rate of outwards expansion than larger cities, which experienced more densification. This growth trend resulted in an overall faster rate of outwards expansion of smaller towns than the larger cities (relative to the city size^[2]), with some variations reported between individual cities. For example, Awassa, a city of less than 500,000 people in Ethiopia experienced a very rapid expansion between 1990 and 2015, which resulted in doubling of its total built-up areas from 1990 to 2000, and again from 2000 to 2015. During the same period, Addis Ababa experienced an increase of about 42% of its built-up area between 1990 and 2000 and a further 68% between 2000 and 2015.

^[2] New developments are relative to the size of the city, which in most cases implies that while the large cities may have experienced a slower rate of expansion, the absolute increase in built-up areas could have been more than in the smaller towns.

Figure 4 Spatial growth of selected large cities and small towns in East Africa, 1990-2015

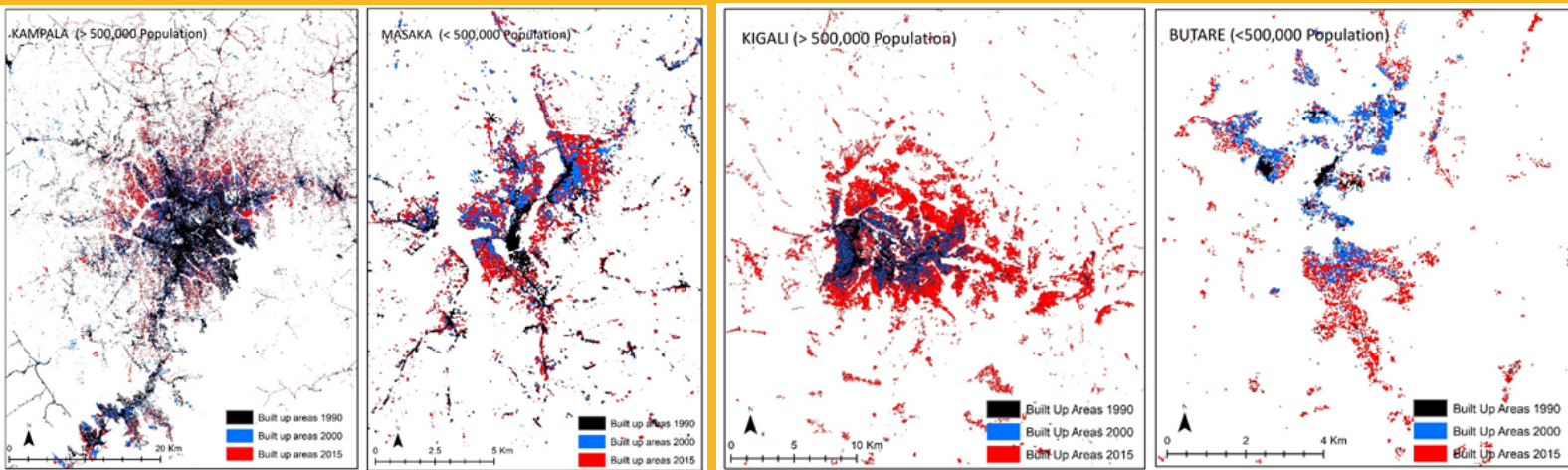
ETHIOPIA

KENYA



UGANDA

RWANDA



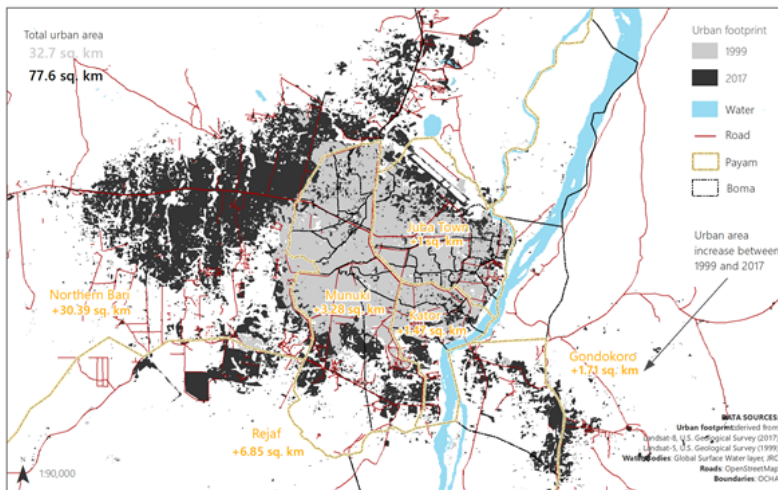
*Rwanda: In addition to increasing densification, Kigali experienced rapid spatial expansion from 2000 to 2015.

Source: UN-Habitat Urban Indicators Database and Atlas of Urban Expansion Project, data extracted from Landsat Imagery

While the growth trend in Awassa was largely manifested in outward expansion, the new developments in Addis Ababa resulted in both densification and outwards expansion as shown in Figure 4. A similar growth pattern to that observed in Awassa and Addis Ababa prevails in Kenya and Uganda, with smaller towns expanding outwards at a faster rate than that of the capitals. Over the same period, Kigali experienced both densification and a rapid rate of outwards expansion, with fast expansion observed during the 2000–2015 period.

It should however be noted that due to their already big size, a smaller proportional growth in large cities is quite significant, and in absolute numbers this new growth could translate into a bigger size of a smaller town. As a result, while smaller cities are growing at a faster rate than large cities, the latter still account for a substantial share of urbanization in East Africa, often resulting in increasing densities. In the sample of 29 cities, larger cities have a lower built-up area per capita than smaller towns, which implies higher densities and less space available per person than in smaller towns.

Map 2 Juba urban expansion, 1999-2017



Source: World Food Programme

These variations in density present varied opportunities (more agglomerations in larger cities is better) and challenges (more agglomerations in larger cities implies high risks of diseases such as COVID-19). Similarly, a time-series analysis based on satellite data for Juba revealed that its built-up area expanded from 32.7 Km² in 1999 to 77.6 Km² in 2017. This expansion, without proper planning or service delivery, has translated into a large proportion of the population living in slum areas with very poor conditions (Map 2).

HIGH PREVALENCE OF URBAN INFORMAL SETTLEMENTS

The increasing urban population in East Africa, coupled with the inability of governments to expand infrastructural services in tandem with rapid urban expansions and complex land governance structures, has led to urbanization of poverty, inequality and growth of informal settlements where many vulnerable populations live (Simiyu et al., 2019) (UN Habitat, 2020).

Estimates show that about 58% of the region's urban population lived in slums or informal settlements in 2018, which translates into about 35.2 million urban residents living in slums or slum-like conditions across the 9 countries (Table 1). People living in urban slums are more prevalent in South Sudan, Somalia, Djibouti and Ethiopia where at least three-fifths of the urban population live in slums or informal settlements (about 9 out of 10 urban residents in South Sudan). In absolute numbers, Ethiopia has the highest number (14.4 million) of slum residents while Djibouti has the lowest number (0.5 million). The spatial and socio-demographic configuration of informal settlements makes them most vulnerable not only to COVID-19 spread, but also poses threats to the livelihoods of slum dwellers. COVID-19 and its response measures exacerbate different shocks on populations in informal settlements ranging from densely built settlements with very narrow streets to high population densities, limitations in access to basic services and a high reliance on casual labor and/or the informal economy.



Figure 5 Differences in settlement patterns in East African cities



In East Africa, formal and informal settlements lie next to each other, sometimes creating a clear divide line.

Top: Kibera slums is next to Woodley Estate, Nairobi, Kenya.

Bottom: Wandegaya settlement in Kampala is a mix of formal and informal developments

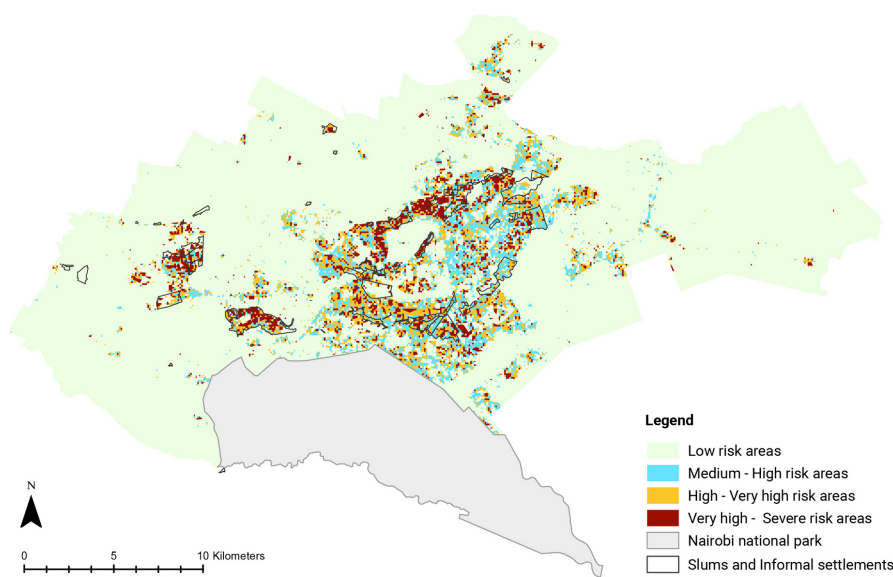
Source: Google Earth, 2019

It should be noted that in East Africa, informality varies diversely between and within cities, and it is common to find an informal household in a planned neighborhood and vice versa. In most of the countries in the region, interdependencies between populations and historical development and land ownership trends have resulted in urban forms where planned settlements lie next to informal settlements, creating both a spatial and socio-economic contrast (Figure 5).

INFORMAL SETTLEMENTS ASSOCIATED WITH HIGHER RISKS

Based on UN-Habitat city level assessments of COVID-19 risks, areas occupied by slums and other dense settlements, where controls such as social distancing are not practical, and where there is limited or inadequate provision of basic services for regular hand washing and the required levels of hygiene, are at a higher risk of COVID-19 spread than up-market neighborhoods, less dense settlements and areas with adequate basic services. At the early stages of disease spread, the high connectivity of populations in up-market areas and neighborhoods meant a higher risk of imported virus transmissions due to international travel and interactions, which has significantly subsided with bans on international travel in most countries.

Figure 6 COVID-19 risk levels at the grid level



Source: UN-Habitat, 2020

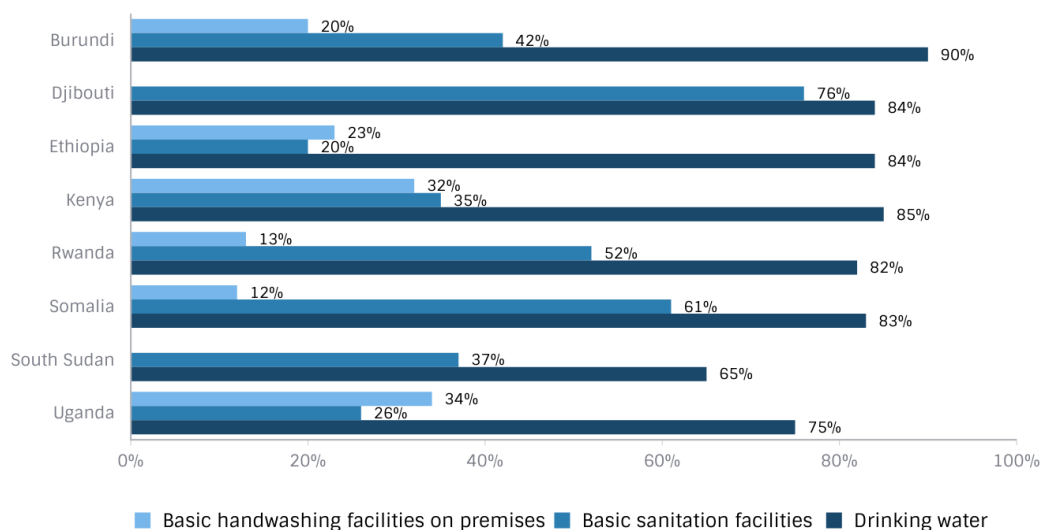
Figure 6 shows an example of the COVID-19 aggregate risk distribution in Nairobi, assessed at 100x100 meter grid cells based using four key inputs: built up area density, population density, neighborhood typology (slum vs. non-slum) and distribution of basic service infrastructure (water and sewerage). COVID-19 risk levels are higher in Nairobi's informal settlements. In Nairobi, the majority of grid cells in all major slum areas, and other dense areas and places with high interaction and activity nodes are classified as very high to severe COVID-19 risk zones.

ACCESS TO BASIC SERVICES

Preventing human-to-human transmission of COVID-19 requires the consistent provision of basic services such as safe water, sanitation and hygienic facilities among communities. Access to basic drinking water services – which is the proportion of urban populations living in households that have access to improved drinking water whose collection does not exceed a 30-minute round trip – is high in urban areas in East Africa as shown in Figure 7. Burundi has the highest level of access (90%) and South Sudan has the lowest (65%). This means that between 10 and 35% of urban dwellers do not have access to safe water services in the region. In absolute numbers, this translates into millions of people, most of whom are in Ethiopia (4.2 million), Uganda (2.5 million) and Kenya (2 million).

Data shows that a significant number of urban dwellers in the region also lack basic sanitation facilities. i.e. do not have access to improved sanitation facilities that are not shared with other households. The proportion of urban residents who have access to basic sanitation facilities varies from a low of 20% in Ethiopia to a high of 76% in Djibouti. This means that in a country such as Ethiopia, 8 out of 10 urban residents lack basic sanitation facilities, translating to about 17.1 million people across cities in the country. In Kenya and Uganda, about 8.6 million and 7.3 million urban residents respectively do not have access to basic sanitation facilities.

Figure 7 Proportion of urban population with access to basic services, 2017



Source: Joint Monitoring Programme WASH Database, 2018, Global Urban Indicators Database, UN-Habitat, 2020

In addition, access to basic handwashing facilities is limited in the region, with all countries having less than half of their urban residents using basic handwashing facilities with soap and water in their premises. Uganda has the highest level of access (34%) and Somalia the lowest (12%). This means that between 66 and 88% of urban residents, i.e. millions of urban residents in the nine countries lack access to basic handwashing facilities, most of whom are in Ethiopia (16.3 million), Kenya (9 million) and Uganda (6.5 million).

In summary, the nine countries of East Africa are far from universal access to basic services in urban areas, especially for sanitation and handwashing facilities, which put their residents at risk of infection by COVID-19. To reduce the risk of disease spread and its effects, national and local governments need to step up efforts in terms of direct investments to provide these services, as well as setting up workable policies and actions that both respond to the pandemic and also support sustainable urbanization where no one and no place is left behind.

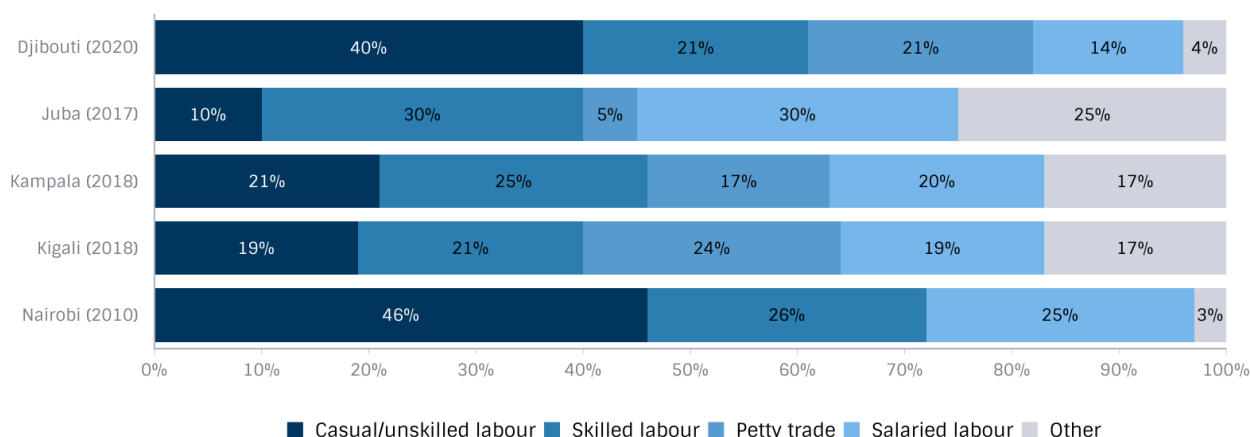


URBAN LIVELIHOODS AND IMPLICATIONS OF COVID-19

MAJORITY DEPENDS ON INFORMAL, VULNERABLE LIVELIHOODS

While there has been rapid urbanization in East African countries, formal employment has not kept pace with the rapidly rising urban population, leaving many urban dwellers to earn their livelihoods from a variety of alternative informal opportunities. Employment trends in the region mirror those reported in Africa, where the informal economy is estimated to cater for about 61% of urban employment opportunities and 93% of all new jobs created (AfDB, OECD & UNDP, 2016); while unemployment affects a sizeable proportion of the urban population who either depend on others for survival or engage in different livelihood strategies.

Figure 8 Income-generating activities' relative contribution to household income



Source: World Food Programme

Livelihoods and income sources are key to determining households' access to food and their vulnerability to demand and price shocks. With high informal sector employment across the countries, livelihoods in urban areas that are predominately in casual labor and petty trade have significantly been affected by COVID-19 containment measures. These informal sector employees who often survive on daily hand-to-mouth wages have been most affected by COVID-19 response measures such as stay at home orders, closure of openmarkets and shutdowns in many sectors (Demeke & Kariuki, 2020).

WFP assessments in the region show that only a small proportion of urban populations have stable incomes. Regular salaried employment accounts for just 14-30%, implying that majority of urban residents rely on informal sector employment (casual labor and petty trade) (Figure 8).

In **Ethiopia**, the Urban Employment and Unemployment Survey in 2018 identified that nearly two-thirds of the urban employed population was engaged in three occupations: service, shop and market sales (32.4%); craft and related activities (14.2%) and elementary occupation (14.1%) while professional and technical opportunities constituted only 21.6% (CSA, 2018).

GOD SHOULD TAKE BACK THIS CORONA!

Nasra, 47, Kawangware slum, Nairobi, Kenya

"God should take back this Corona," sighs Nasra. She has been homeless and apart from her children for the past three months due to the adverse economic effects of the COVID-19 pandemic.



Nasra is a single mother of a young man aged 21 and a boy aged 9 and lives in Kawangware slum in Nairobi. She is currently living a nomadic lifestyle, moving from one friend's houses to the next after being evicted from her rented house in March due to rent arrears she accumulated after losing her main livelihood source in early February 2020. She is the sole provider for her family but has failed to earn a living over the last few months, mainly due to the COVID-19 pandemic, ill health and her partial disability.

Before COVID-19, Nasra made her daily wage through door to door sales of second-hand clothes. She had an established network of customers in Lavington, one of the Nairobi's up-market suburbs neighboring Kawangware slum. Sometimes she boosted her daily earnings by running domestic errands and performing household chores such as cooking, washing and general cleaning in houses.

Nasra's problems began a few weeks after the Kenyan government enforced night curfew and containment measures in Nairobi in its efforts to curb the spread of the corona virus. Her usual customers remained locked in their homes and were not willing to interact with her, unlike before COVID-19, and would not let her in to help with routine household chores due to fear of potential transmission of the virus.

As the economic pressure mounted on her, she would proactively make phone calls to some of her clients asking for work, but this did not yield any fruits. **"Nasra just stay indoors and be safe, I will reach out to you when the situation normalizes,"** was a response from one of her clients.

On 24 March 2020, she was evicted and all her household items confiscated due to rent arrears. At this point, she could not afford to pay her bills including rent, school fees for her younger son's online lessons, expenses for food and non-food items, including her hypertension medication. This led to a deterioration in her health and compromised her economic productivity even more.

She was forced to take her younger son to her sister's place in Rongai while the elder son left for Pipeline estate where he currently lives with a friend searching for livelihood opportunities. She chose to remain in Kawangware and is currently staying with a friend whom she helps by cutting vegetables in her grocery stall but earns nothing for it.

Nasra says she cannot predict what the future holds for her and her children but she can only hope that the situation would get better. **"For now, I can only pray for the situation to get better, as I need to re-collect myself and start over again. I can't imagine the situation getting worse because I don't see myself surviving".**

In **South Sudan**, a joint Juba Urban study in October 2017 found that only 30% of households had their primary source of livelihood as formal salaried employment from the government or private sector. Some 30% relied on petty trade, while other sources such as casual labor, sale of alcohol/brewing, skilled labor, sale of agriculture products and sale of natural resources were the main livelihoods for the rest of households. The proportion of households with salaried employment decreased from 42% in 2016 to 30% in 2017. During the period of COVID-19 being present, more households are likely to be vulnerable to food insecurity and unstable livelihoods (WFP, FAO, UNICEF, World Vision & National Bureau of Statistics, 2018).

In **Uganda**, informal employment in urban areas constituted 81% of opportunities compared to 90% in rural areas (UBOS, 2018). Similar to the level of **Burundi**, nearly 90% of people working outside the agricultural sector are employed in the informal sector in the two countries (Nonvide, 2020) (ILO, 2018).

In **Kenya**, a 2010 urban assessment revealed that 46% of households had casual/unskilled labor as their main source of livelihood followed by 26% who depended on petty trade, while only 25% reported having salaried employment. Currently, the informal sector is estimated to account for 83.6% of total employment providing urban informal settlement dwellers with most daily wages. A survey by Urban Early Warning Early Action Consortium in Kibera Slums in April 2020 showed that only one in every five households had at least one stable income earner with very low disposable income, reflecting the high level of vulnerability of the majority of slum dwellers (UEWEA, 2020).

With the informal sector providing the livelihoods of most urban populations, the outbreak of COVID-19 has had varying implications across the region, especially among populations in urban informal settlements or slums.

DECLINING INCOME, DEEPENING POVERTY

In March 2020, the International Labour Organization (ILO) projected that about 25 million jobs could be lost in Africa due to COVID-19 (UN Habitat, UNECA & UCLG, 2020). Informal sector employees who often survive on daily hand-to-mouth wages are most affected by COVID-19 response measures such as stay home orders, closures of markets and shutdowns in many

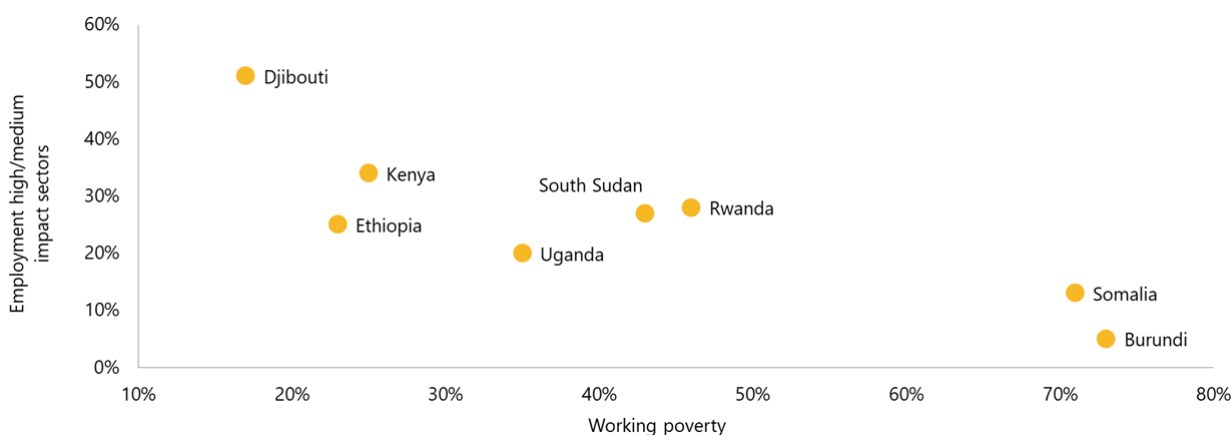
sectors (Demeke & Kariuki, 2020). Equally, the sectors that offer jobs to most of these employees such as tourism, hotels, beauty and restaurants, street foods, transportation and education, manufacturing, and construction are estimated to have been impacted the most by COVID-19 control measures.



Most households dependant on informal livelihoods face food consumption gaps even during normal times and tend to live in low-cost informal settlements and slums, clusters that are reported to be most at risk of infection. With rising unemployment in the informal sector and lost earnings, such households are now faced with increased unmet essential needs including food. At the same time, formal sector employees, particularly the lower middle class with limited savings, have been severely affected as thousands have been laid off or sent home on unpaid leave as businesses strive to stay afloat (Demeke & Kariuki, 2020).

Indeed, the secondary effects of COVID-19 measures and restrictions in the form of lockdowns, curfews, closures of businesses and markets, reduced business operating hours etc. have destroyed jobs, crippled incomes and devastated economies (AfDB, OECD & UNDP, 2016). The resulting reduced demand for goods and services and consequent low sales has curtailed people's ability to work, disproportionately affecting informal sector workers in urban areas – mostly the poor, refugees, immigrants and displaced. This has accelerated unemployment, loss of incomes and collapse of livelihoods in East African cities. Employees in the formal sectors that cannot work remotely or in businesses that have closed, scaled down or suspended operations have also not been spared. These aggravating factors have heightened urban livelihood vulnerabilities to the pandemic given already existing underlying high working poverty, youth unemployment, low savings, lack of alternative livelihoods and low social safety net coverage. With the economies in the region projected to contract in 2020, the pandemic may push millions of urban populations into high levels of unemployment and deepen poverty among the poorest and even cause the middle class to fall into poverty (UN Habitat, UNECA & UCLG, 2020).

Figure 9 Exposure and vulnerability to income loss



Source: World Food Programme

Simulations suggest COVID-19 lockdowns could potentially decimate savings of about 30% of the population in Sub-Saharan Africa while an additional 9.1% have immediately fallen into extreme poverty (Teachout & Zipfel, 2020). About 65% of this increase is estimated to result from the lockdowns themselves. The World Bank has estimated that people self-employed outside of agriculture and living in urban areas in sub-Saharan Africa would be disproportionately affected with up to 30% falling into abject poverty as a result of the pandemic (Montes et al., 2020). Simulations of the socio-economic and employment fallout of COVID-19 estimated that an additional number of between 28.2 and 49.2 million Africans could be pushed into extreme

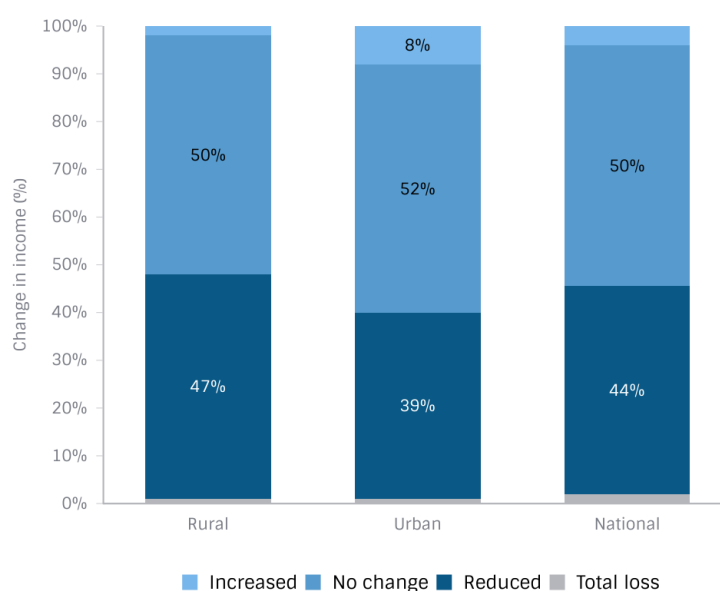
poverty (AfDB, 2020). Recent WFP analysis, shows that a combination of working poverty and low social protection coverage exacerbates the negative welfare impacts of lockdowns (Husain et al., 2020). Six of the eight countries in the region have more than 20% of their population working in impacted sectors coinciding with more than 20% of working poverty (Figure 9).

Losses of remittances are a major contributor to falls in income levels in the region. In Somalia alone, which is known to have a very strong social support mechanism, people receive an estimated USD 1.3-2 billion annually in remittances, accounting for up to one-third of the total GDP of USD 6 billion. The money is estimated to be received by 40% of the population, mainly in urban settings where they sometimes forward money to rural relatives. The largest senders of remittances are diasporas in the EU, the UK, the US, the Middle East and China – all of which have felt significant economic consequences to their economies during the pandemic. In South Sudan, remittances of USD 1.3 billion accounted for 34.1% of total GDP in 2019, while households in Kenya received USD 2.8 billion in remittances. Across the region, remittances serve as a vital source of foreign exchange revenue (Migration Data Portal, 2020).

Some country specific impacts on livelihoods are highlighted as follows:

In **Addis Ababa, Ethiopia**, a World Bank high-frequency survey of firms in May 2020 demonstrated that COVID-19 related containment measures substantially impacted business activity in all sectors through significant falls in demand for products and services with over 42% of businesses having completely ceased operations and 37% not receiving any income in April (Wieser et al., 2020).

Figure 10 Income change since COVID-19 outbreak in Ethiopia



Source: World Bank

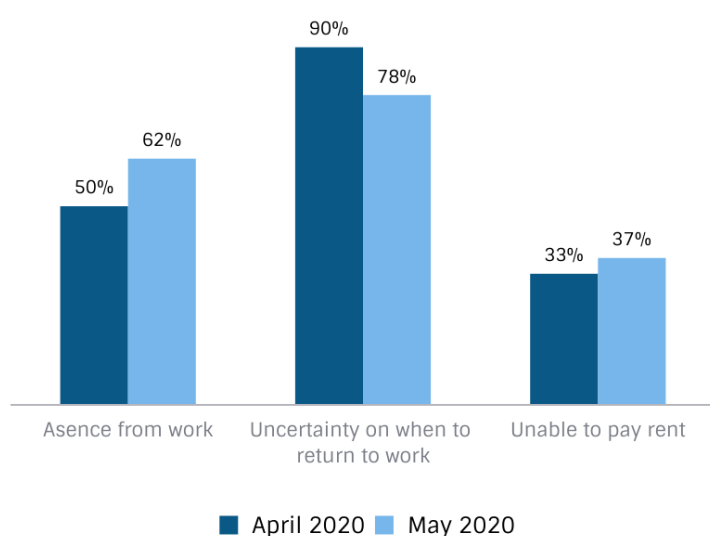
An ILO and JCE study estimated that up to 6.3 million jobs could be lost by July 2020 in Ethiopia, disproportionately in the informal economy where the majority of the most vulnerable in urban areas derive their livelihoods from (JCE & ILO, 2020). In the worst-case scenario, the income loss for self-employed people was estimated at USD 1.3 million which is close to 1.5% of the country's GDP in just three months.

A survey by Weiser et al. in April-May 2020 found that in the 12 months prior to the survey, nearly half (47%) of urban households were relying on wage employment as a means of livelihood, followed by non-farm business (31%), while other sources included farming, income from properties and remittances (Wieser et al., 2020). With the outbreak of COVID-19, a majority of households that previously relied on non-farm business earned less income from that source (58%) or had incurred a total loss (28%).

Similarly, 34% of households that earned income from wages had lost some or all of their income. Nationally, 55% of interviewed households experienced either a reduction (51%) or total loss (4%) of income since the outbreak of COVID-19. In urban areas, income reduction or loss was reported by about 60% of households (Figure 10). To cope with the situation, households adopted varying coping strategies such as relying on savings (34%), reducing food consumption (13%) and reducing non-food consumption (10%).

In **Kenya**, the second wave of the Kenya National Bureau of Statistics survey in key urban towns conducted in May 2020 depicted increasing unemployment and income losses, and uncertainty over their jobs caused by the pandemic since March 2020 (Figure 11). In this last round survey, about 62% of individuals interviewed were absent from work, and they were disproportionately higher among women, due to COVID-19 related lockouts, stay away instructions and closure of markets, business and schools. As a result, many struggled to pay rent, transport, or afford food – nearly four in every ten households were unable to pay rent. To cope with the situation, 42% of households had reduced spending on non-essentials while 15% took loans from friends to afford basic items (KNBS, 2020).

Figure 11 Implications of COVID-19 on urban livelihoods, Kenya



Source: Kenya National Bureau of Statistics

A mobile survey to track the impact of COVID-19 on livelihoods by in Kenya by Insight2impact found that in the week preceding the assessment, earnings decreased compared to the same time last year among nearly half (45%) of the people interviewed, disproportionately higher among women (Hunter et al., 2020). Save the Children remote interviews with key informants in the northern towns of Mandera, Turkana and Wajir counties in May 2020 revealed a 30% reduction in casual wages, reduced construction activities and limited casual labor opportunities linked to the effects of COVID-19 (Save the Children, 2020).

OHCHR monitoring in April and May 2020 among communities living in informal urban settlements showed that small traders and those who work in the informal sector have been particularly hard hit – a third (34%) of shops closed, 832 businesses ceased operations and over half of respondents (54%) lost their sources of livelihood (OHCHR, 2020). A study by TIFA Research in June 2020 revealed increasing unemployment levels with 43% of residents living in Nairobi's low-income areas having lost their source of income completely while 69% recorded reduced earnings because of the pandemic (TIFA Research, 2020). Similarly, Population Council in April 2020 reported that over 80% of the respondents in Nairobi's informal settlements experienced a loss of income (36% complete loss; 45% partially) (Population Council, 2020).



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Shupler et al 2020 found that in Mukuru kwa Njenga slums, the implementation of COVID-19 regulations by the government led to decreases in incomes for 95% of respondents - 34% of them experiencing total income loss during the period. As a result, 88% of households indicated that their incomes were insufficient even to buy food for household consumption (Shupler et al., 2020).

In **Uganda**, the impact of COVID-19 containment measures has been felt much on small and medium businesses (Lakuma & Sunday, 2020). The survey showed that that small and medium businesses continue to layoff some workers – approximately 84% of the small and medium businesses in Kampala reduced their workforce by more than half, which consequently affected employment opportunities for many urban dwellers due to the risk presented by COVID-19. Only 38% of businesses had changed the salary structures for their employees. Approximately 24% of the manufacturing businesses reduced salaries by more than half.

An assessment by Financial Sector Deepening Uganda in May 2020 found that incomes of people who rely on daily income and remittances were heavily compromised with the urban poor and refugees at greatest risk of not being able to meet their basic needs for food and housing because of limited coping options. While urban dwellers in Kampala could sustain their lifestyle longer and had relatively better coping mechanisms compared to residents in other towns, a significant majority is at risk of not meeting survival needs as they are tenants, don't produce their own food and about 43% are most likely to completely lose their main source of income because of the lockdown (FSD Uganda, 2020).

According to UNDP, by April 2020, closures of businesses were already affecting livelihoods of millions of workers in the informal economy. The informal economy accounts for nearly 85% of total employment, predominantly the youth, especially as more than 80% working in the service sector in Kampala (UNDP, 2020) (UBS, 2017).

WFP remote food security monitoring in **Burundi** shows that food access remains precarious for poor urban households that rely on unstable daily casual labor income and cross-border petty trade due to reduced economic activities following COVID-19 cross-border movement restrictions.

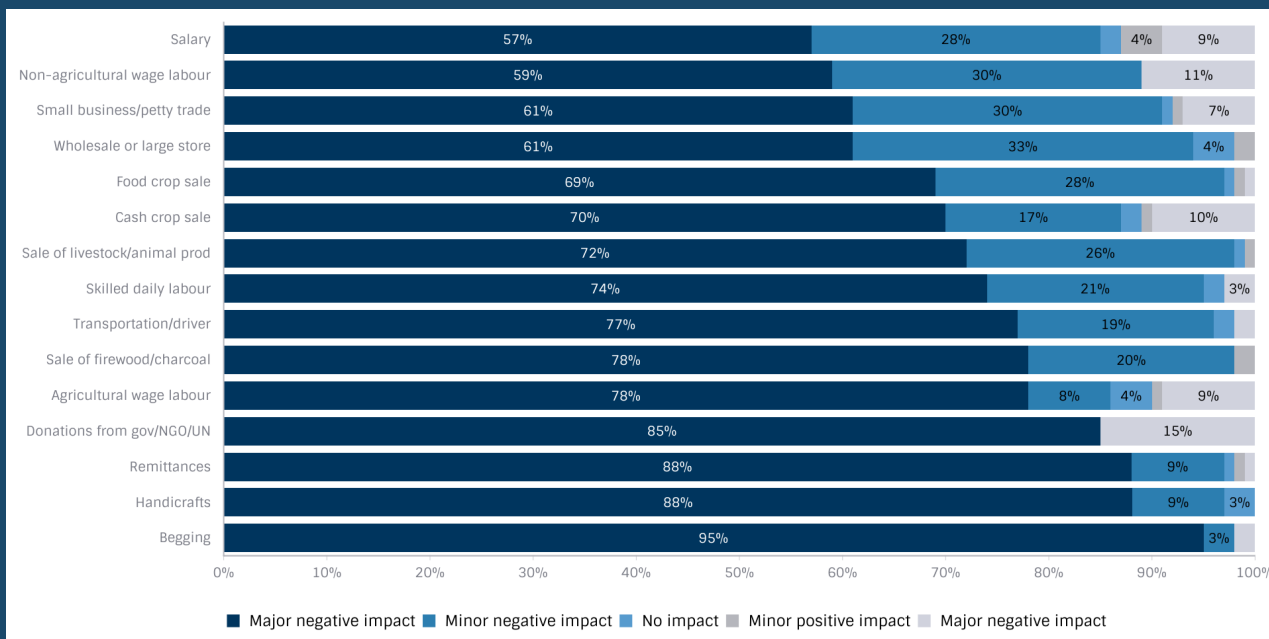
LIVELIHOODS AND FOOD SECURITY IN URBAN UGANDA

Findings from May-June WFP urban mVAM assessment

The following results provide an overview of the situation based on the first round of data collection through mobile vulnerability assessment and mapping (mVAM) carried out from 10 May to 6 June, in the 13 urban centres of Arua, Gulu, Hoima, Jinja, Kabarole, Kasese, Kampala, Mbale, Lira, Masaka, Mbarara, Mukono and Wakiso, as well as at division level in Kampala.

Nearly all households reported a negative impact of coronavirus and government restrictions on their main livelihood source and 71% of households classified this negative impact as major, with highest percentages found in Wakiso, Mukono and Kampala. The extent to which COVID-19 and preventive measures impact livelihoods (Figure 11) will likely widen already existing social inequalities. Thus, a proportional and evidence-based targeted response seems crucial to reduce inequalities and leave no one behind.

Figure 11 Reported impact of COVID-19 and government restrictions on household's main livelihood source



Source: World Food Programme

Out of the 5.4 members of an average urban household, 1.4 members were involved in livelihood activities, working 12 days per month. However, nearly a quarter of households (23%) did not have any members involved in livelihood activities and in 36% of them, the main income earners, did not work at all in the last month. Impact on livelihoods is worst in Wakiso and Kampala where 45% of main income earners did not work any day out of the last 30 days, compared to the 15 to 17% in Gulu and Arua.

The significant increase in the use of coping strategies and in assistance received are probably the main factors maintaining an acceptable food consumption score for 89% of households. The

percentage of households applying medium to high food-based coping strategies (46%) is 4 times the one in 2019 while crisis and emergency livelihood based coping strategies (64%) has doubled 2019 percentages (WFP Internal Source, 2019). Continuous monitoring of the situation is essential to evaluate households' food security situations as their coping capacity decreases over time.

In absolute numbers, 1.2 million Ugandans in urban areas have poor or borderline food consumption, 4.7 million employ medium or high food-based coping strategies and 6.7 million rely on crisis or emergency livelihood-based coping strategies that erode their future coping capacity. Most of these food insecure households or at high risk of food insecurity are in the most populated districts of Wakiso (25-30%) and Kampala (around 15%).

Food security outcomes were found to be worse among households that could not access food markets (40%) mainly due to the lockdown, followed by the high cost of transport, market closures and concern about the disease outbreak. Female-headed households (which constitute 20% of surveyed households) are also more likely to employ medium or high food-based coping strategies and have poorer food consumption.

The COVID-19 impact on livelihoods seems to be higher in the most populated districts: Wakiso and Kampala. However, the interaction of COVID-19 preventive measures with pre-existing household vulnerability may have multiplier effects that need to be considered when designing an adequate response. Jinja, Gulu or Arua districts still show the worst food security outcomes in relative terms.

In **Rwanda**, a survey by Business Professionals Network in April 2020 indicated that many small businesses had closed within one month of the lockdown – as many as 57.5 per cent of small- and medium-sized enterprises operating across different industries, leaving thousands of workers without income (BPN, 2020). Following the relaxation of measures in May, many small businesses reopened but are increasingly shifting to digital sales.

The United Nations in Rwanda projected that loss of incomes because of lockdown/mobility restriction may lead to poor and marginalized groups remaining poor, and chronic poverty becoming more entrenched. In urban areas, 13.8% of households previously just above poverty line could slip into poverty, and 44.9% previously non-poor households could end up facing income insecurity.



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RURAL-URBAN LINKAGES

With a rapidly urbanizing process, linkages between urban and rural areas become critical. Traditionally, the linkages have essentially been through food systems for feeding urban populations, while urban centres have been sources of raw materials for agricultural and industrial production, markets for raw or processed products, human migration for economic and employment opportunities, and provision of opportunities for urban expansion in peri-urban areas among others (Kago & Sietchiping, 2017).

Measures implemented to curb the spread of COVID-19 such as curfews, travel restrictions, social distancing, closure of institutions and businesses including open markets have to some extent disrupted the rural-urban linkages with consequences on urban populations. The imposition of travel restrictions in and out of cities has disrupted food supply and pricing that greatly impacts low-income urban households while the easing of travel restrictions could further transmission of the virus from urban to rural areas (Njeru & Ayieko, 2020).

Rising food prices lower demand, consequently impacting on production in rural areas. Positively, insufficient food supply and rising prices have promoted some innovative approaches for localised food production through urban agriculture in some informal settlements (Ikua, 2020).

Similarly, partial lockdowns and restricted human movement have disrupted supplies and consequent closure of non-essential businesses with negative outcomes on labor markets, particularly in the informal sector. This has to some extent slowed the production value chain and rural-urban migration in search of employment. For instance, Ethiopia's main vegetable producing areas of Central Rift Valley are dependent on wage labor supply from rural towns in southern Ethiopia but restrictions on movement have limited labor and inputs supplies leading to increasing farm losses, therefore reducing prices, and labor supply as wage laborers return to their rural homes (Tamru et al., 2020).

In Uganda, the national farmers' federation expected food production to drop by 15-40% due to disruptions caused by quarantine measures as only few farmers were able to plant as expected, while agro-chemical dealers had trouble selling their products due to the ban on public transport restricting people in moving from Kampala to their farms (New Vision, 2020).

MARKETS AND PRICE DEVELOPMENTS

MARKETS

COVID-19 has significantly affected supply chains and markets globally and in the region^[3]. In general, public health measures and restrictions such as border closures, restricted public transportation and domestic travel, limited public gatherings, shutting of some markets, closure of border markets, travel restrictions and border screening procedures to control the spread of COVID-19 have slowed down and delayed the flow and distribution of imported foods, cross-border trade and domestic supply chains, severely disrupting markets in most countries despite governments' efforts and commitments to maintain open borders for essential products and facilitate trade. Closure of borders decimated informal cross-border trade and incentivised

smuggling through unofficial unmanned routes as traders found ways to go around the restrictions. Panic-buying in the early days of the pandemic resulted in shortages of basic staple foods in some urban markets, resulting in commodity shortages. Flows of perishables, livestock, fish and other food items from rural to



urban areas and across borders were the most affected, severely affecting informal traders who have no formal registration and cannot get official paperwork to facilitate movements. Local and regional governments in different countries also issued additional measures, banning public transportation and imposing restrictions on vehicle movements, shutting down many markets and substantially disrupting supply chains and livelihoods. There have been reports of significant food wastage especially of perishable fruits and vegetables.

Net food importing countries like South Sudan, Somalia and Djibouti could also face reduced rice and wheat imports in coming months as exports origin countries including Russia, Kazakhstan and Ukraine extended their ban on exports. Even though COVID-19 restrictions are expected to continue being eased as economies slowly re-open to restore livelihoods and business activities, they are not expected to reach pre-COVID-19 levels anytime soon.

Traders in remote counties in **South Sudan** have experienced significant reductions in supply of imported commodities, in particular maize, beans and rice, from Sudan and Uganda due to border closures, screening of drivers and seasonal heavy rains disrupting transportation of goods.

In **Somalia** insecurity in parts of central areas, seasonal rains and a decline maritime trade during the period of monsoon winds have reduced commodity flows, resulting in increases in prices.

^[3] For detailed analysis by WFP on impact of COVID-19 on supply chains, markets and prices: <https://docs.wfp.org/api/documents/WFP-0000115462/download/>

Markets in Bujumbura, Bubanza and Cibitoke, **Burundi** are experiencing low market stock levels due to reduced local production supplies following torrential rains and floods that damaged crops in May. On a positive note, the supply of green vegetables, cereals and beans from local farmers is progressively contributing to market recovery.

In **Kenya**, progressive recovery of market functioning is expected following the lifting of lockdown measures in Nairobi Metropolitan Area, Mombasa and Mandera counties in early July. On the demand side, many traders have reported a continued drop in the number of customers, reflecting reduced purchasing power because of the spill-over effects of COVID-19 through job and income losses. On the other hand, a proliferation of informal markets with traders selling goods out of their cars, has been observed in Nairobi, mostly due to customers fearing COVID-19 infections in regular markets

FOOD PRICE TRENDS

Staple food price trends were mixed during the post-COVID-19 period through May in the region on a month-on-month basis. Two contrasting effects were observed. The measures reduced business activities and increased unemployment, resulting in reduced demand. At the same time, transport delays including screening of truck drivers at borders adversely affected supplies. The net effect was a slight elevation of prices moderated by reduced demand and purchasing power.

Even though prices from March to May were within typical seasonal patterns, COVID-19 related interruptions accelerated price increases remarkably in Djibouti, Southern Somalia, South Sudan and Sudan. In June 2020, prices reduced seasonably across most markets in Tanzania and Burundi, and some markets in Kenya, Uganda and Rwanda due to ongoing harvests.

Increased supply from local harvests in South Sudan helped stabilize food prices in most markets. However, prices continued rising trends in parts of Southern Somalia, Ethiopia and Djibouti, driven by worsening economic conditions and high inflation. Overall, food prices remained higher than 2019 and five average levels in most monitored markets in the region.

REGIONAL TRADE AND PRICE OUTLOOK

COVID-19 restrictions are expected to continue being eased at varying degrees, gradually supporting trade recovery across the board. Although domestic and regional supply is expected to pick up faster, disruptions are still expected to persist in localized areas and borders. Reduced incomes and demand are expected to persist longer, moderating seasonal price trends. This implies that business and trade activities will likely not reach pre-COVID-19 levels this year.

Increased supplies from harvests is expected to reduce speculative hoarding and further stabilize prices. In general, prices are expected to trend seasonally but will be higher than last years' and five-year average levels in many markets. High transport costs and the difficult macroeconomic conditions in Burundi, South Sudan, Somalia and to some extent Ethiopia will likely sustain elevated staple commodity prices in these countries. Furthermore, weakening of regional currencies is likely to cause increase in prices of imported food and slow down imports.

IMPACT ON NUTRITION AND NON-AFFORDABILITY OF NUTRITIOUS FOOD

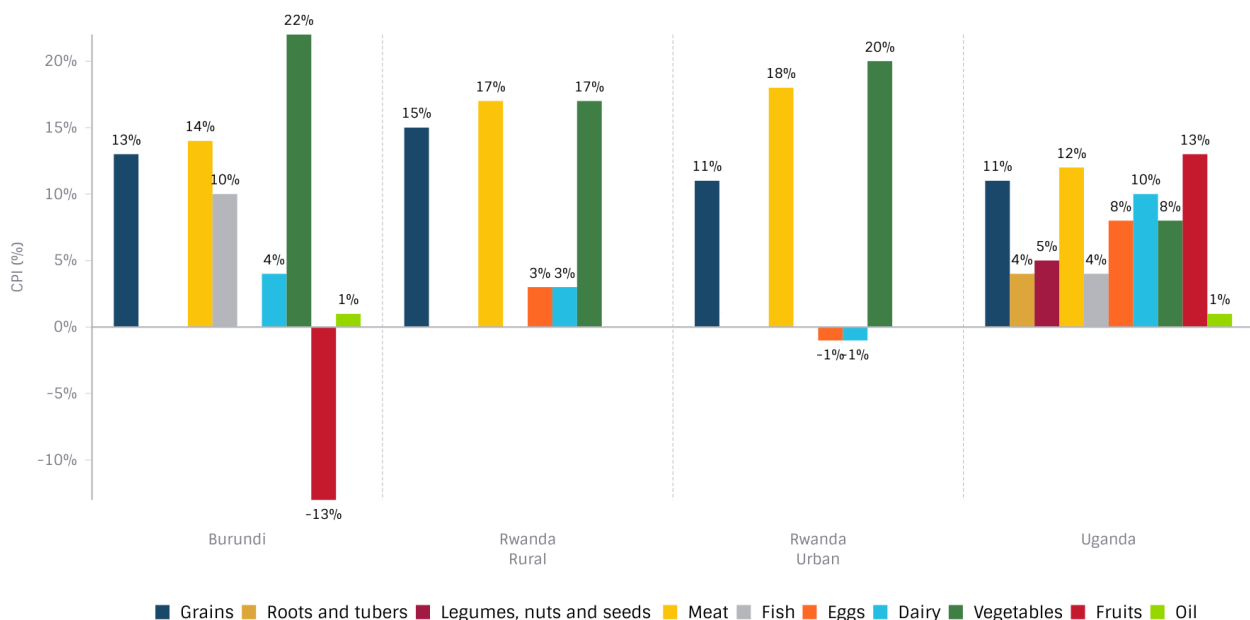
The impacts of COVID-19 on nutrition are deep, far-reaching, and unprecedented. Using Minimum Cost of the Diet and Fill the Nutrient Gap (FNG) methodology, WFP analysis has shown that there is a significant increase in the proportion of population who cannot afford nutritious diet for any increase in price of nutritious food items (WFP, 2020). In this section some analysis is provided based on recent data on prices to see its impact on household ability to afford a nutritious diet.

FOOD PRICE INFLATION IN BURUNDI, RWANDA AND UGANDA

In Burundi, Rwanda and Uganda, food prices increased by 8 to 10% between April 2019 and April 2020, following the start of the COVID-19 pandemic. This represents a significantly higher food inflation rate in the three countries than the average yearly food inflation of 4 to 5%.

Fresh products such as vegetables, meat and fish recorded the highest increases (Figure 12). These increases were mainly driven by shortages related to disruptions in the supply chain for fresh foods following movement restrictions. In Burundi, even though lockdown measures were not imposed, the price of vegetables increased the most in the food-deficit capital and western regions. Fresh foods prices remained stable in the food-producing regions of Kirundo and Ngozi.

Figure 12 Inflation per food group from April 2019 to April 2020



* Legumes, nuts and seeds comprise the overall food CPI

** Note that Figure 12-16 are CPI adjusted

Source: Institute Statistics and Studies Economic Du Burundi, National Institute of Statistics Rwanda & Uganda Bureau of Statistics

FOOD PRICE INFLATION AND COST OF A NUTRITIOUS DIET

The cost of a nutritious diet was estimated using the composition of the lowest-cost nutritious diet that was modelled as part of the FNG analyses that were conducted between 2017 and 2019 and adjusted its cost using the food group specific CPI inflation information for each country or region.

In Uganda, based on inflation indexes, the cost of a nutritious diet increased slightly (3%) from April 2017 to April 2019, but increased by more than 7% from April 2019 to April 2020 due to the relatively higher increase in the price of nutritious foods (Figure 13). The food groups with the highest inflation rates include cereals, meat, milk and dairy products and fruits.

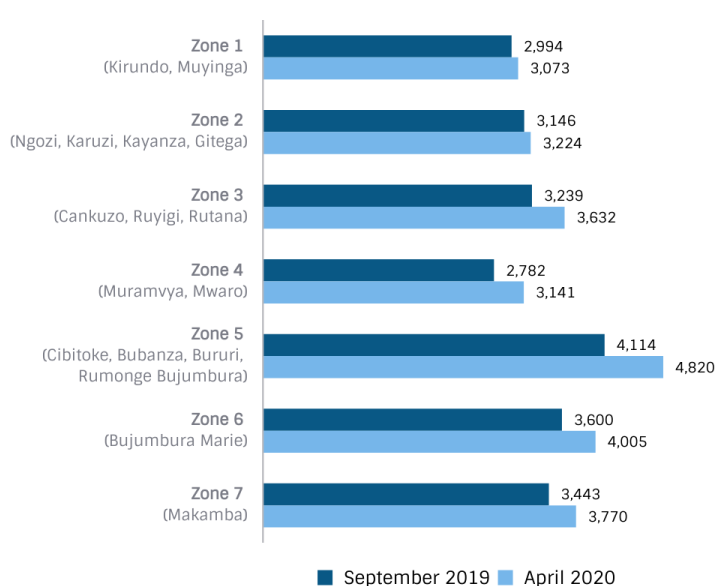
In Burundi, the inflation-adjusted cost of a nutritious diet increased by an average of 10% in six months (September to April), with important regional variations (Figure 14). The northern rural zones seemed less affected by food inflation for fresh foods. The rural population engaging in smallholder agriculture may be more resilient, particularly if they continue to have the means of

Figure 13 Estimated increase in a nutritious diet for a 5 YO, Uganda, UGX



Source: Uganda Bureau of Statistics

Figure 14 Daily cost of a nutritious diet for a six-person household, Burundi, BIF/day



Source: Institute Statistics and Studies Economic Du Burundi

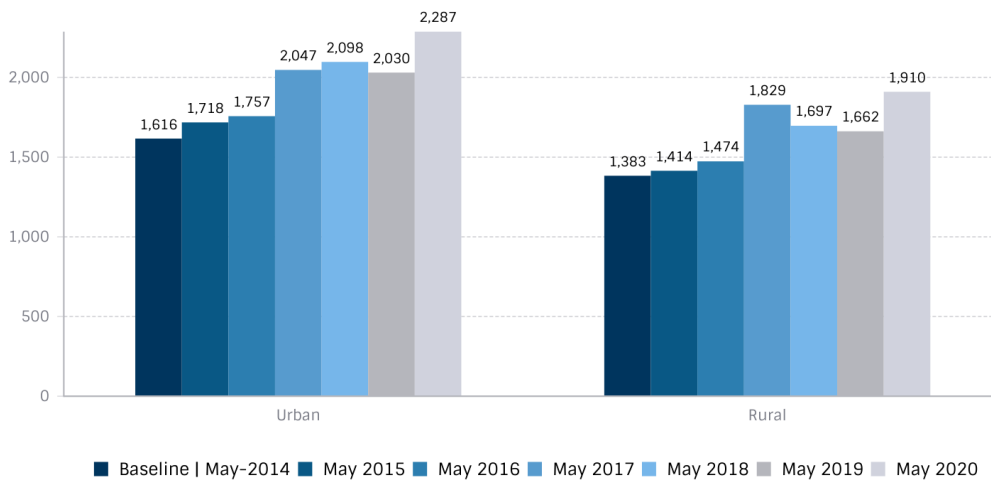
their own production. On average, 80% of crops produced by smallholder farmers, which are mainly staple foods, are for household consumption. Small-scale food producers have been able to maintain their capacity to produce and provide food through short local circuits and supply chains. The food-deficit western regions of Cibitoke and Bujumbura are more affected by lower market functionality, experiencing fresh food supply issues and seeing the cost of meeting nutrient requirements increase by 500 to 900 Burundi Franc per household per day.

Rwanda shows the highest increase in the cost of a nutritious diet. COVID-19 related events abruptly reduced the supply of nutritious foods. This led to lower availability of these foods across the country and increases in their cost. Therefore, the cost of a nutritious diet increased by 12% in rural areas and by 15% in urban areas (Figure 15).



UN-Habitat/Julius Mwele

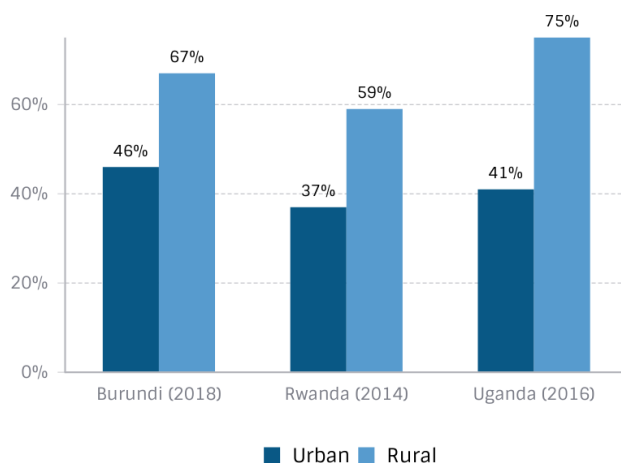
Figure 15 Comparison of the cost of a nutritious diets, ruban vs. rural Rwanda, 2014-2020



Source: National Institute of Statistics Rwanda

The cost of a diet that meets nutrient requirements is often more expensive in urban than in rural areas due to longer supply chains and higher prices. Pre-COVID-19, non-affordability of a nutritious diet was between 37-46% in urban areas, while it was between 59-75% in rural areas (Figure 16). Given the current context, the proportion of households who cannot afford nutritious

Figure 16 Non-affordability of a nutritious diet



Source: Institute Statistics and Studies Economic Du Burundi

diets will likely rise by a higher proportion in urban areas than in rural ones and to disproportionately affect the urban poor.

Meeting nutrient needs from locally available foods is increasingly getting out of reach of people, which could have devastating consequences for their health and development, in particular for individuals with the highest nutritional needs, such as women, young children and adolescent girls.

URBAN FOOD SECURITY

The COVID-19 pandemic besides being a serious health crisis across the world has also resulted in a serious livelihood and food security crisis. As urban livelihoods are seriously eroded with the pandemic, the resulting decline in income has posed challenges in household access to food, particularly for the urban poor relying on informal and vulnerable sources of income.

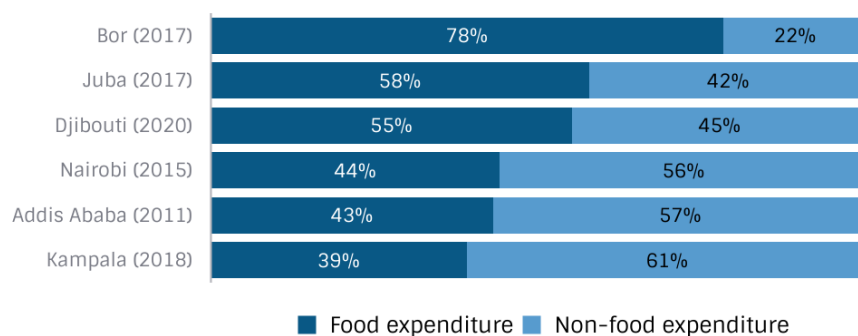
HIGH MARKET DEPENDENCE

Across most markets in the region, food prices are high, over and above the five-year average. Various assessments indicate that more than 90% of urban households in Ethiopia, South Sudan, Kenya and Djibouti depend on markets for their food needs, while this proportion is 82% for Uganda (93% in Kampala), and 73% in Burundi (96% in Bujumbura). Generally, there is a higher proportion of people in the capital cities depending on markets, compared to other urban areas.

FOOD EXPENDITURE CONSTITUTES MAJOR SHARE OF BUDGET

Various surveys by WFP indicate a typical household in urban areas of East Africa could spend between 40 to 78% of its monthly expenditure on food alone (Figure 17), and this proportion is much higher for poorer sections of the population, therefore leaving little disposable income for other basic needs such as house rent, health expenses, clothing and education.

Figure 17 Average share of total household expenditures spent on food



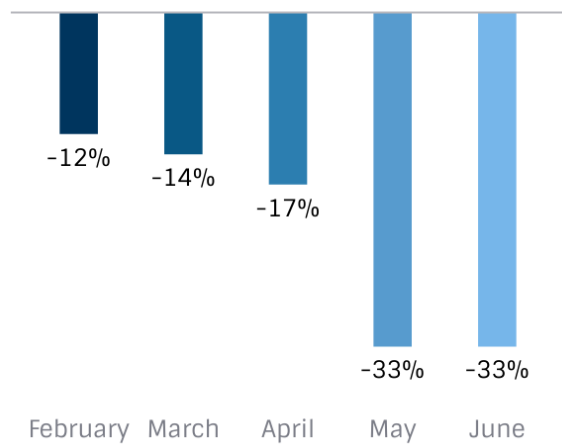
Source: World Food Programme

Depletion of income due to the COVID-19 consequences while prices have remained high has already been reflected in reduced household purchasing power. The Terms of Trade (ToT) is an indicator used to assess the economic access of wage-dependent poor households in terms of purchasing capacity.

Analysis of the ToT between labor and cereal shows that it has been declining across the region in the last six months. In South Sudan, 12 of the 16 monitored urban markets experienced a deterioration in the purchasing power of unskilled wage dependent households within a range of 10 to 50% in June compared to March 2020.

In Juba, specifically, the drop in ToT for low-income casual workers was more pronounced from April, which was the post-COVID-19 period that was characterized by lockdowns and an atypical jump in food prices (Figure 18).

Figure 18 Year-on-year decrease in ToT (casual labor and trade), Juba



Source: World Food Programme

In Djibouti, the ToT between wage of unskilled labor and beans, the most consumed source of protein, has been deteriorating since March 2020 due to high food prices and reduced wage rates. Poor households are therefore facing increasing challenges in access to food. Vulnerable households use a variety of coping mechanisms to respond to these shocks. These include reduced expenditure on essential non-food items, consequently elevating the food expenditure share and economic vulnerability to increased food prices, borrowing, reduction in household caloric intake and dietary quality, selling assets and even resorting to migration. WFP monitoring shows that the most affected households in urban areas are already resorting to diet changes and reductions in the frequency of meals.

TIFA Research among households living in informal settlements in Nairobi reported a drastic decline in expenses on items such as food (reported by 94% of households), rent (20%) and clothing (18%) (TIFA Research, 2020). There are reports of rising migration of households from informal settlements in cities back to their rural villages following the partial lifting of lockdown measures in Kenya, Uganda and Rwanda in order to escape the emerging urban food security crisis.



URBAN POOR: EMERGING HOT SPOT OF FOOD SECURITY

As the COVID-19 pandemic continues to impact livelihoods and income opportunities, it leads to a significant increase in the number of people facing acute food insecurity. International Growth Centre simulations suggest that at the end of the 8-week lockdown in May, close to 20% of the population in sub-Saharan Africa could no longer afford their pre-COVID-19 consumption, with more than half of that due to the containment measures (Teachout & Zipfel, 2020). Most worrying of all, 3.6% of the population or 31.8 million people can no longer consume 50% of the food poverty line, the minimum threshold for extreme hunger.

Before the COVID-19 outbreak in the region, an estimated 24 million people predominantly in rural areas were already facing acute food insecurity. Among this are 3.3 million refugees and 6.2 million IDPs. The pandemic has intensified pre-existing vulnerabilities and driven additional groups into acute food insecurity. Latest estimates by WFP indicate that COVID-19 is expected to drive the number of acutely food insecure up by 73% this year (WFP, 2020).

Refugees and IDPs in the region have limited alternative means of survival while urban poor are facing increased food consumption gaps. Accordingly, the number of people facing acute hunger including urban poor, rural vulnerable populations, displaced populations and refugees is projected to hit 41.5 million people this year. These estimates are also in line with those from the Intergovernmental Authority on Development (IGAD). As per the projections from IGAD, the number of food insecure people in the IGAD region^[4] is estimated to be 50.6 million this year, compared to 27.6 million in 2019. This increase is due to the impact of triple shocks including COVID-19, desert locust and (IGAD 2020).

Though the largest number of food insecure people is expected to remain in rural areas, the food security situation in urban areas is a source of increased concern due to the COVID-19 pandemic. WFP's preliminary estimates indicate that among the 41.5 million facing acute food insecurity, as many as 14 million could be in urban areas.

PRE-COVID

24

million
acutely
food insecure



2020-PROJECTION

41.5

million
acutely
food insecure

73%

increase in
acute
food insecurity

^[4] IGAD is a regional trade bloc in East Africa consisting of Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda

LIFE HERE IS NOT MANAGEABLE ANYMORE!

Meresa, 36, Kibera slum, Nairobi, Kenya

"People should attempt to save part of their earnings during good normal days. I cut my hair using scissors for the first time in 20 years, do not need hairdressers since I can no longer afford that luxury, leave alone food", Meresa says at the end of the interview.



This mother of two young children living with her husband in Katwekera, Kibera Slum has a story to tell her future grandchildren: **"I have never seen anything like this since I was born"**. Her husband who worked as a technician at a telecom company but was made jobless within the first weeks of the pandemic and had to resort to his side business of shop-keeping along Ngong Road in Nairobi. In the process, he sacked his worker of two years and started running the shop by himself to save costs. They had very few options left after the sole breadwinner was laid off without any terminal benefits.

To supplement the little income her husband brings home from the shop, Mersa is now forced to leave her last-born baby with her older brother as she hawks pre-paid cards for mobile phones in the area. Their combined income is barely enough to purchase food.

"Before this corona virus, I could comfortably afford a daily balanced three meals but now I leave the children with porridge as their lunch when I am away hawking during the day. We only eat once per night when we are both back to the house. I only make a daily profit to 200 shillings (approximately USD 2) after long hours in the sun.

“

The risk here for getting infected from the disease is very high but we have no option:

We need to buy food first before we can think of any other thing

”

*My husband has reported reduced customer numbers and sales at the shop, profits have dried up, we have been using part of his capital to afford basics and now his stocks have reduced. After being unable to pay our 2,500 shilling (approximately USD 25) monthly house rent for three months, in June, my husband used part of his savings to clear the rent areas, and now we don't know how we will afford it in July. We have no money left yet we have debts at the local shop. **This disease has made everything costly: liquid soap is costly, sanitizers and masks are optional here in the slum because we cannot afford.** The risk here for getting infected from the disease is very high but we have no option: we need to buy food first before we can think of any other thing. The cost of transport to the town to buy the mobile pre-paid cards that I sell has doubled and yet I must travel there daily since my capital is small. I have not been lucky to benefit from mask, soap or food distributed by organizations that are helping people here. I am usually out hawking whenever they come around here," she said.*

She was happy that the lockdown on Nairobi has been lifted. **"I will have no option but to migrate back to my rural village. The life here is not manageable anymore.** Throughout the lockdown period, we had contemplated sneaking from the city to go back to our village in Homa Bay county, but we feared being locked up in solitary quarantine once we reached there. Now we can travel. If the situation does not change in the next two weeks, I will be the first to leave with the children back to my mother in the village," Meresa said when asked about their plans for the coming weeks.

COVID-19 AND URBAN PROTECTION RISKS

In Kenya, Uganda, Rwanda, Djibouti, and Eritrea there is no formal protection sector, and in countries where protection actors operate, the absence of a robust field presence has jeopardised risk identification and issue tracking. Despite these data gaps, the following patterns of protection concerns in urban settings have emerged: lack of access to protection services and identity documentation; increased violence including Gender-based violence (GBV); child protection issues; challenges to housing land and property rights; and concerns related to mental health and psychosocial support.

Movement restrictions have caused existing protection services to be disrupted and the protection space continues to be constricted while risks are rapidly rising (Global Protection Cluster, 2020). Where services continue, accessing them is increasingly challenging, with escalating criminality, unrest and violence compounding existing barriers. Community health workers are being diverted from work on HIV and TB to COVID-19 in cities such as Nairobi, and studies demonstrate that if health systems collapse or services are interrupted, the death toll from HIV, TB and malaria could as much as double over the next year (Global Fund, 2020).

All forms of violence are increasing in urban settings. Movement restrictions combined with economic desperation have led to protests, which have been met with police brutality and arbitrary killings, for example in Mombasa and Nairobi (BBC, 2020). More than 15 deaths, 31 injuries and countless arrests from enforcement of COVID-19 measures have been recorded by the independent police oversight body (Article 19, 2020). Social cohesion challenges are rife in urban areas, one example being the lockdown of the predominately Somali area of Eastleigh in Nairobi. Misinformation and rumours regarding COVID-19 are widespread and taking a conflict-sensitive approach to COVID-19 response is crucial to avoid further inflaming tensions (IFRC, UNICEF & WHO, 2020) (RCCE Regional Working Group, 2020).

A marked increase in GBV incidents has been documented throughout the region, despite increased challenges for survivors to report. COVID-19 and its consequences, including restricted mobility, confinement, reduced community interaction and the closures of services, combined with lack of basic needs for household survival, financial strain, and increasing frustration and tension in homes and in communities, has led to spikes of GBV globally, and this region is no exception. In total, 92% of working women in East Africa work in the informal sector which limits their ability to access social safety nets; putting them at greater risk for exploitation and abuse. A 72% increase in reported cases of GBV was captured in South Sudan compared to January, and a 100% increase was reported in Kenya between March and April 2020.

The economic downturn is escalating the rate of evictions in many towns and cities (Global Protection Cluster, 2020). In Ethiopia, Government office closures have prevented people from obtaining civil registration documents that impacts their ability to access housing. In Addis Ababa in April 2020, authorities demolished dozens of homes, leaving around 1,000 people homeless.



Many of them were day laborers who had lost their jobs due to the COVID-19 lockdown (the same thing happened to 7,000 people in informal settlements in Nairobi in the same month) (NRC, 2020). In Mogadishu, 33,400 people have been evicted so far this year (Somalia Protection Cluster, 2020).

People with Disabilities (PwD) are facing barriers in terms of access to information about Government measures and available assistance. In Ethiopia, 9.9% of adults with disabilities and 16.6% of children with disabilities reported not having access to public information on COVID-19; 20% of adults and 19.7% of children reported that information provided on COVID-19 was difficult to understand, while 6.5% of adults and 8.1% of children reported that the format was inaccessible (Handicap International, 2020). Similar challenges have been reported in South Sudan and Rwanda.

Designated quarantine centres are causing heightened vulnerability to protection risks. An inter-agency assessment carried out in Addis Ababa revealed concerns around sexual exploitation and abuse, GBV, and other issues, including challenges related to mental health and psychosocial support (IOM & PSEA, 2020). Quarantine in some cases is also increasing family separation, for example in Burundi (Global Protection Cluster, 2020).

Children are facing multiple protection threats in addition to separation. Transactional sex, early marriage, child recruitment and trafficking in persons have been reported across the range of countries. In Uganda, protection facilities such as Child Friendly Spaces have been shut down, and the national child helpline had to stop for several weeks due to high demand and lack of capacity (Global Protection Cluster, 2020). Children are increasingly being forced into hazardous and exploitative work to support their families. For example, one survey indicated that 56% of respondents reported an increase in children working since lockdown began.

ADDRESSING THE VULNERABLE

The analysis presented in this document attempts to provide an overview of the urban landscape in East Africa and the impact of the COVID-19 pandemic on livelihoods, food security and nutrition. The East African region is currently facing a triple menace of COVID-19, desert locust and floods (IFRC, 2020), the latter expected to affect more than 2 million people in Ethiopia alone (ENA, 2020). While the desert locust is mainly affecting the rural areas, which will also have implications to urban areas on food security with any decline in production due to crop losses, floods have directly affected some urban populations, and the COVID-19 pandemic has affected urban populations the most.

In the nine countries in East Africa covered by this report, some 35 million people or 58% of the total urban population of 65 million, live in informal settlements or slum areas. They are highly vulnerable to the COVID-19 pandemic due to poor living conditions and lack of basic facilities. Most of them are dependent on informal sources of livelihood which are most affected by the pandemic. While various control measures have helped to keep the spread of the virus to a relatively modest level and prevented large scale fatalities, it has affected the livelihoods and food security of the populations, particularly those living in informal settlements and those dependent on informal sources of livelihoods.



UN-Habitat/Kirsten Milhahn

It is estimated that 41.5 million people are likely to be food insecure in East Africa, in 2020 an increase from 24 million prior to the pandemic. While more evidence is being collected from ongoing assessments, preliminary estimates indicate that among the total of 41.5 million people, about 14 million are likely to face acute food insecurity in the urban areas of East Africa. Similarly, with the loss of income and the rise in food prices, poor households are increasingly unable to afford a nutritious diet, and this could likely result in a considerable deterioration of the nutrition situation of the populations.

Thus, serious and concerted efforts are required to protect health and well-being of urban populations in the current context, where living with the pandemic has become a new normal and will continue for some time. This would require supporting livelihoods and the food security of populations, particularly those who are most vulnerable.

MONITORING FOR EVIDENCE-BASED RESPONSE

Given the enormous humanitarian challenge, programming interventions could be effective in addressing the situation, only if the strategy is informed and guided by evidence based on sound assessment and monitoring of the situation. UN-Habitat and WFP, together with other partners, will continue to monitor the situation by continuing to work on urban situation monitoring, livelihood and food security monitoring through mVAM, market price monitoring and the social protection learning facility to draw lessons from emerging social protection measures to address the situation.

The value of data and information cannot be overemphasized in periods of crisis such as the one the world is currently experiencing. In such times where the right decision must be made quickly and at the right time and place, authorities need systems that can help them collate, analyse and translate data into simple-to-understand information for emergency responses, policies and actions. Such systems enable policymakers, planners, managers, health care providers, communities and individuals to track progress towards fighting the disease and identify setbacks while developing corrective measures and actions.

In order to track the impacts of the COVID-19 outbreak on households' livelihoods, food security and health, WFP is scaling up – or establishing where necessary – a near real time remote monitoring system. It allows close monitoring of a highly dynamic context where traditional face-to-face monitoring systems have been severely impaired by COVID-19 preventive measures. The updated information provided is critical to provide much-needed evidence and timely adjust the response to evolving needs and to mitigate the impact of the various shocks the region is facing. In the Eastern Africa region, data collection through live telephone interviews started in May in Uganda and Somalia; in June in Ethiopia, while it is in the process of being launched in South Sudan and Kenya. This platform is also being utilized to provide specialized information on urban food security, impact of desert locust and to provide much needed data for the Integrated Food Security Phase Classification (IPC) analysis (see <https://hungermap.wfp.org/> for more information on WFP Hunger Monitoring).



Moreover, WFP is scaling up its market and price monitoring, initiating a new approach to market functionality analysis using the market functionality index (MFI), and conducting detailed studies on evolving urban livelihoods, food security and nutrition situation in selected urban areas.

To contribute to a better understanding of local conditions and risks related to the COVID-19 pandemic for efficient targeted responses and local investments in urban settings, UN-Habitat has developed a multi-level risk assessment model that utilizes spatial metrics, easily accessible density inputs and demographic indicators to examine levels of vulnerability risks to COVID-19 in urban areas. In addition, UN-Habitat has developed a model survey to assess the available social and infrastructural facilities and services and local implementing organizations in informal settlements where the most vulnerable urban populations live. Data and evidence generated will help in developing appropriate actions to control the pandemic in informal settlements, including optimal ways in which all implementing organizations can coordinate their interventions to improve the living conditions of the slum dwellers. The survey has been implemented in 10 informal settlements in Kenya and will be implemented in the next few weeks in other countries including South Sudan. As in Kenya, it is expected that evidence generated will guide and contribute to ensuring efforts by national and local governments, the UN system, communities, local NGOs and donors are more efficient in fighting the disease and improving the resilience of the most vulnerable urban populations.

Furthermore, UN-Habitat and CitiIQ have developed the COVID-19 Readiness & Response tracker, an online tool that provides an assessment of the level of readiness and response to the COVID-19 pandemic for over 1,000 cities with a population of at least 500,000 people across the world (see <https://unhabitat.citiq.com/>). Using a variety of relevant indicators, the readiness and responsiveness scores (on a scale of 0-100) constitute critical data that can be interpreted by local and city authorities to devise strategies to control the pandemic and mitigate its adverse socio-economic impacts.

In conjunction with the Global Urban Indicators database that UN-Habitat has developed to provide reliable and up-to-date urban data to various stakeholders worldwide (see <https://data.unhabitat.org/>), these data and evidence generation tools are critical to support efforts by various stakeholders including policymakers, planners, managers, health care providers, communities and individuals towards preventing and controlling COVID-19 among urban populations in countries worldwide.

This report has been jointly prepared by WFP and UN-Habitat as part of collaborative effort to support programming and policies through better evidence. The report has been completed with contributions from Krishna Pahari, Kennedy Nanga, Marianne Jensby, Zaccheus Ndirima, Susana Moreno, Nicholas Kweyu, Nora Hobbs and Andrea Breslin from WFP, and Donatien Beguy, Dennis Mwaniki and Joshua Maviti from UN-Habitat.

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