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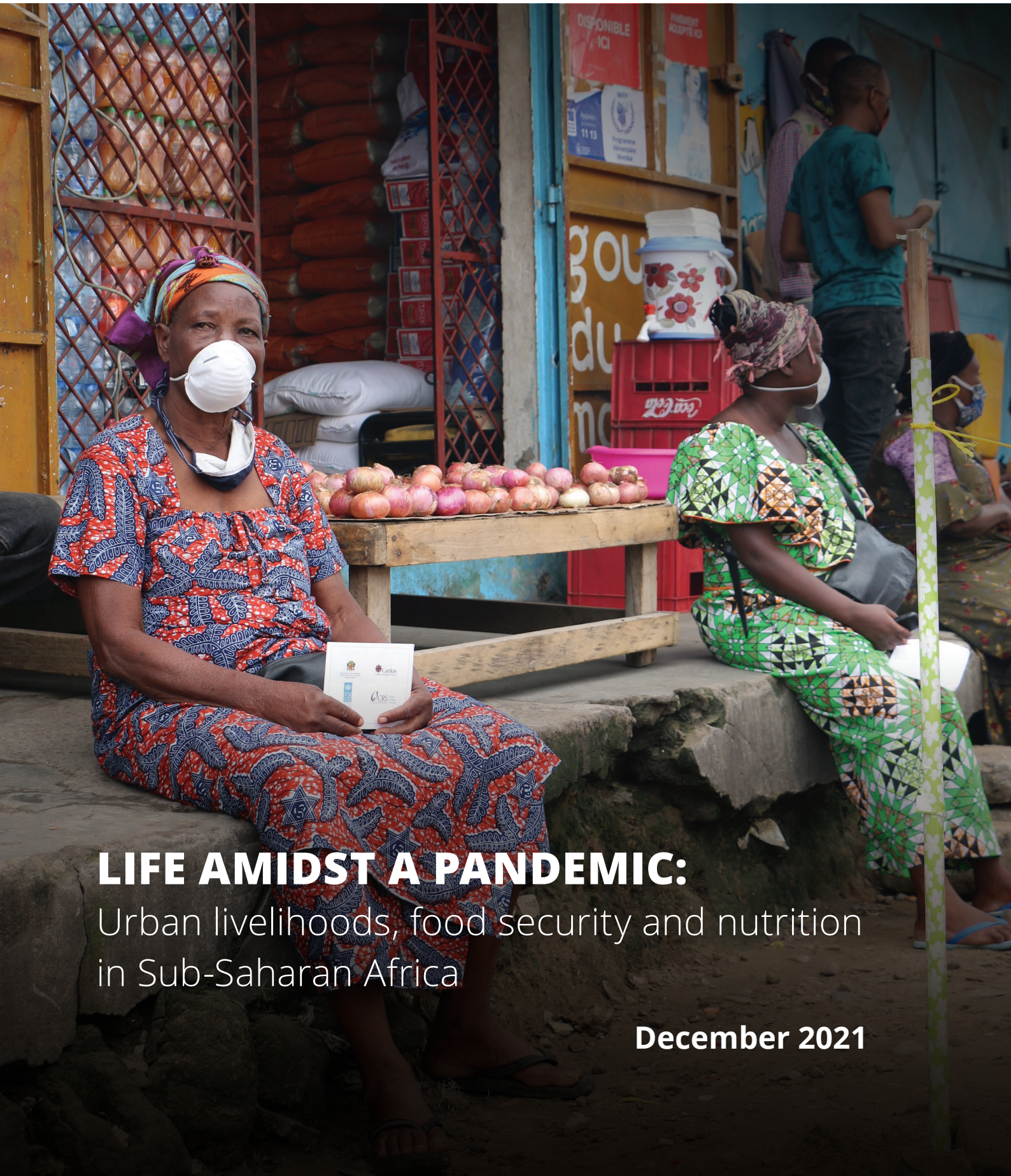

LIFE AMIDST A PANDEMIC:

Urban livelihoods, food security and nutrition in Sub-Saharan Africa

December 2021

CONTENTS

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TABLES

LIST OF ACRONYMS

ECOWAS	Economic Community of West African States
FAO	Food and Agriculture Organization
GBV	Gender-based violence
GDP	Gross Domestic Product
ILO	International Labour Organization
IOM	International Organization for Migration
JICA	Japan International Cooperation Agency
MGA	Malagasy Ariary
mVAM	mobile Vulnerability Analysis and Mapping
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
SSA	Sub-Saharan Africa
UIIDP	Urban Institutional and Infrastructure Development Program
UN	United Nations
UN-Habitat	United Nations Human Settlements Programme
USD	United States Dollar
WASH	Water, sanitation and hygiene
WFP	World Food Programme
WHO	World Health Organization

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EXECUTIVE SUMMARY

The future of the world's population will undeniably continue to be urban albeit with a variety of challenges such as inequalities, climate change, unemployment, including numerous shocks such as floods and drought, conflict, and macroeconomic challenges. In 2050, 68% of the world's population is expected to reside in urban areas, up from 56% in 2020. Drawing on a wide range of data sources, this report presents a review of urban vulnerabilities and food security perspectives amidst a global pandemic. Working from both urban vulnerabilities and food security perspectives, the report articulates the unique challenges faced by the urban poor populations residing in slums and informal settlements in Sub-Saharan Africa. Additionally, the report explores how the COVID-19 pandemic and associated containment measures deepened the economic vulnerability of the urban poor.

The analyses reveal that in most cases, the urban poor thrive on informal economy, live in overcrowded conditions, and have limited access to basic social services including water, sanitation and health and formal social safety nets. More so, urban livelihoods in Sub-Saharan Africa, unlike rural setups, are less diversified, irregular, and unstable and are dominantly informal and more reliant on markets and cash economy. These aspects were disrupted by the pandemic and the subsequent restrictions put in place to control the spread of the pandemic, in turn deepening the vulnerability of the urban poor. The drastic economic slow-down in several Sub-Saharan African countries in 2020 resulted in a disproportionate level of loss of income and employment among the urban poor. A combination of disrupted food systems, food price volatilities, inflation and high food prices meant reduced household capacity to afford food from markets. Consequently, it is estimated that in 2020, 68.1 million urban population were at risk of acute food insecurity in Sub-Saharan Africa -42 percent of the total 162 million food insecure populations including in rural areas. Of the 68.1 million, 22 million were in Central Africa, 16 million in West Africa, 15.6 million in East Africa and 14.4 million in Southern Africa. Ultimately, considerable gains in addressing poverty and inequalities for the last 10 years have all been wiped out under the impact of the pandemic with the socioeconomic situation of the urban poor coming off worse.

The analysis also reveals distinct regional differences to understand the diversity of urban solutions and desired fixes, while also providing the implications of these scenarios for inclusive and sustainable urban development. For example, the analysis demonstrates that in some regions, a new kind of infrastructure and supportive services are required to support inclusive urban development in rapidly urbanizing regions of Africa amidst stagnant or slower improvements in the per capita incomes, and a worsening housing crisis as manifested through the proliferation of slums and informal settlements.

About this report

In this context, the United Nations Human Settlements Programme (UN-Habitat) and the World Food Programme (WFP) have been working closely on mitigating urban vulnerability. A joint report on the impact of COVID-19 on urban livelihoods and food security in East Africa was released in August 2020, and a Memorandum of Understanding was signed in October 2020 to formalize the collaboration between the two organizations. This report is a result of the continued collaboration aimed at **highlighting the challenges of maintaining livelihoods and food security in the vulnerable urban populations in SSA.**

Given the fact that urban areas are the epicentres of the pandemic and over 95 percent of the confirmed COVID-19 cases are in urban areas,[1] the report **provides the analysis of acute food and nutrition insecurity as well as urban specific vulnerabilities for 49 SSA countries.**

The report is structured as follows: Chapter 1 provides an introduction and background on SSA. Chapter 2 provides an overview of the COVID-19 progression in the region and its broader economic impact. Chapter 3 provides a snapshot of urbanization trends in the region and associated challenges. Chapter 4 provides a detailed analysis on the impact of COVID-19 on livelihoods, markets and prices, and food security and nutrition. This also includes a section on gender and protection concerns in times of COVID-19. Chapter 5 provides a description of the various programmatic actions in response to COVID-19. Chapter 6 provides a regional focus and a description of the unique situation in each of the four sub-regions within SSA. Chapter 7 provides a brief overview of ongoing activities for urban monitoring for an evidence-based response, and finally, Chapter 8 provides key conclusions and recommendations.

1 UN-Habitat. (2020) UN-Habitat's COVID-19 Response Plan available at https://unhabitat.org/un-habitat-covid-19-response-plan. (Accessed: 29 November 2021).

1. INTRODUCTION

Urbanization is rapidly transforming the world. By the time of Sustainable Development Goals (SDGs) adoption in 2015, about 54 percent (4 billion) of the world's population lived in urban areas. By the end of the 20-year period covering the New Urban Agenda in 2036, it is projected that an estimated 62 percent (5.4 billion) of the world's population will be residing in urban areas[2], slightly higher than the 50.9 percent projected for Africa. The current trends of urbanization are largely driven by rural to urban migration, in search for economic opportunities and better access to services.

At 41 percent[3], the Sub-Saharan Africa (SSA) region is one the world's fastest urbanizing region. The high rate of urbanization in SSA is associated with more challenges than opportunities. For instance, the region has the highest incidence of slums (or informal settlements) in the world. Currently, about 200 million residents in SSA live in slums[4]. This number represents about 62 percent of the region's urban population, and SSA ranks the highest in the world for urban poverty. Additionally, in some SSA countries, about three in four urban residents live in informal, low-income settlements. Not only is the incidence of slums high in these countries, but also is the severity of the level of deprivation in some cities with more than one third of the slum population living with two or more deprivations (lack of clean water, sanitation, overcrowding, durable housing and tenure security)[5]. While slum upgrading and poverty reduction efforts have contributed to reducing the proportion of households living in slums by 14 percentage points since 1990, due to rapid urbanization, almost 110 million people have joined the ranks of slum dwellers over the same period. Globally, half of the extremely poor live in SSA[6].

SSA has been struggling to deal with numerous shocks including floods and drought, conflict and macroeconomic challenges. The impact of COVID-19 has been devastating and has significantly impacted economies, with detrimental effects on livelihoods, food security and nutrition of populations throughout the world. While the pandemic affected all sections of the populations, the urban population (which makes up more than 60 percent of SSA) has been particularly hit hard since over 90 percent of the COVID-19 cases have been recorded in cities[7]. The socioeconomic situation of the urban poor has worsened under the impact of the pandemic. Millions of the urban poor were facing food insecurity, adding to the already existing severe food security situation in the region[8]. This has highlighted urban areas as emerging spots of food insecurity and malnutrition.

Sub-Saharan Africa and subregions

Recognizing that there are different classifications of countries by various organizations on what constitutes SSA, for the purpose of this report, all the countries in the Eastern, Central, Southern and Western sub-regions of Africa, as classified by the African Union, were part of SSA. These are as follows:

Eastern Africa: Comoros, Djibouti, Ethiopia, Eritrea, Kenya, Madagascar, Mauritius, Rwanda, Seychelles, Somalia, South Sudan, Sudan, United Republic of Tanzania and Uganda.

Southern: Angola, Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Eswatini (former Swaziland), Zambia and Zimbabwe

Western: Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Gambia, Ghana, Guinea-Bissau, Guinea, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone and Togo

Central: Burundi, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of Congo, Equatorial Guinea, Gabon, and Sao Tome and Principe.

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2 UN-Habitat. (2020) World cities report. The value of sustainable urbanization. Nairobi. UN-Habitat. Available at: https://unhabitat.org/wcr/#:~:text=The%20World%20Cities%20Report%202020%20shows%20that%20the,unquantifiable%20value%20that%20gives%20cities%20their%20unique%20. (Accessed: 29 November 2021).

3 World Bank Data. (2020) Urban population (% of total population) – Sub-Saharan Africa. Available at: https://data.worldbank.org/indicator/SP.URB.TOTL.IN.ZS?locations=ZG (Accessed: 29 November 2021).

4 Ganz, G. (2020) The housing crisis in Sub-Saharan African slums. The Borgen Project. Available at: https://borgenproject.org/sub-saharan-african-slums/. (Accessed: 29 November 2021).

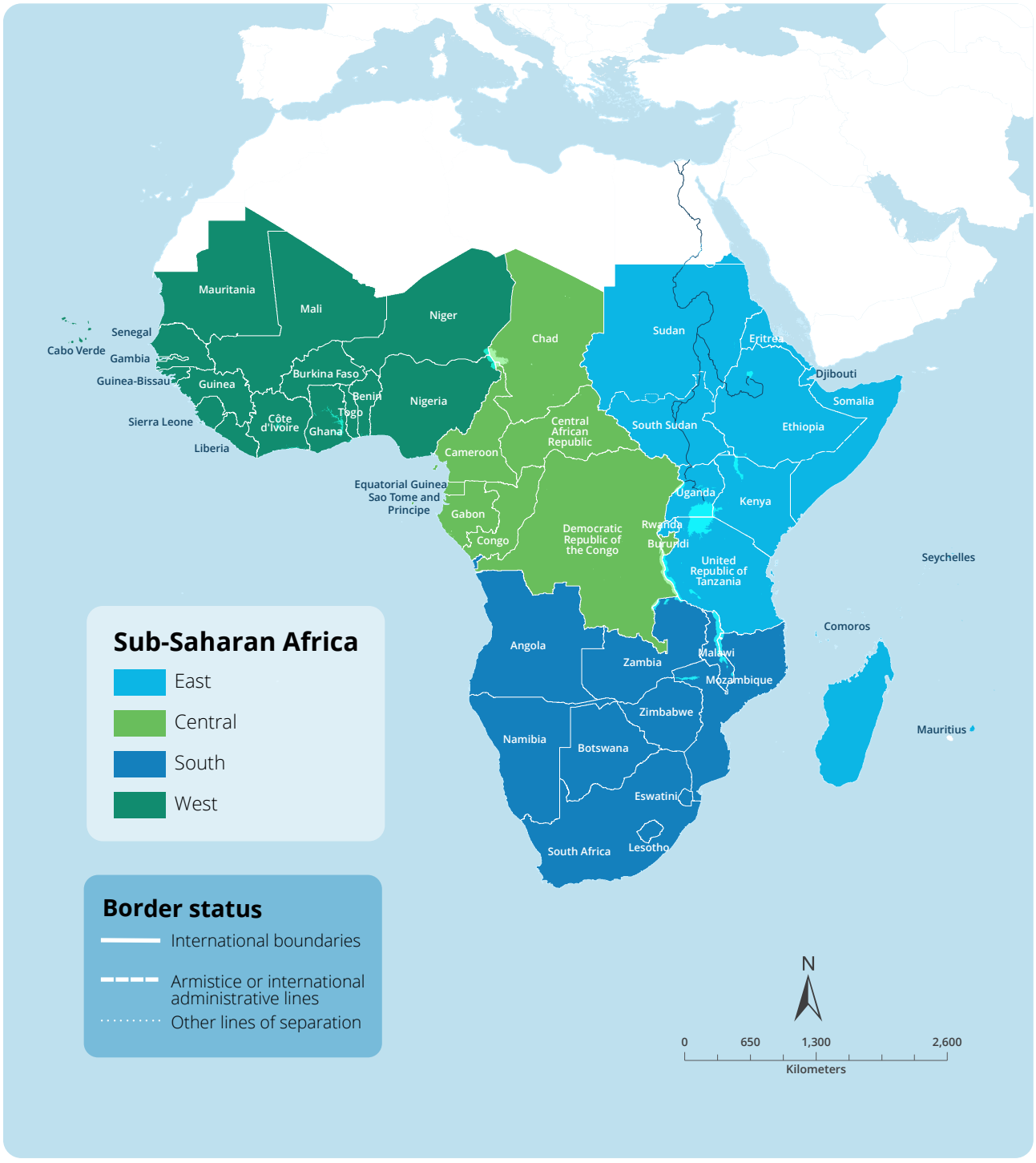
5 United Nations (2020). "Urbanization: Expanding Opportunities but Deeper Divides" in World Social Report 2020. United Nations, 107–26. https://doi.org/10.18356/a53b2f17-en. (Accessed: 29 November 2021).

6 World Bank. World Bank country and lending groups. Available at: datahelpdesk.worldbank.org/knowledgebase/articles/906519. (Accessed: 20 April 2021).

7 António, G. (2020). Covid-19 in an urban world. Policy brief available at: https://www.un.org/en/coronavirus/covid-19-urban-world. (Accessed: 29 November 2021).

8 WFP and FAO. 2021. Hunger Hotspots. FAO-WFP early warnings on acute food insecurity: March to July 2021 outlook. Rome. Available at: https://docs.wfp.org/api/documents/WFP-0000125170/download/. (Accessed: 14 December 2021).

Figure 1: The sub-regions of Sub-Saharan Africa



Data sources: GAUL, WFP

Disclaimer: *The designations employed and the presentation of material in the map(s) do not imply the expression of any opinion on the part of WFP and UN Habitat concerning the legal or constitutional status of any country,territory, city or sea, or concerning the delimitation of its frontiers or boundaries.*

2. URBANIZATION IN SUB-SAHARAN AFRICA

2.1. Global urbanization trends

Rapid urbanization is one of the defining mega-trends affecting global development efforts. Globally, in the last decade the number of people living in cities has overtaken the number of people living in rural areas: 4.3 billion people now live in urban settings, which is over 56 percent of the global population[9]. By 2050 urban population is expected to reach 6.7 billion or 68 percent of the world population and is being driven by the rural-urban migration combined with population growth. By 2030, the world is projected to have 43 megacities, most of them in developing regions, yet the clear definition of "urban areas" has not been standardized[10&11]. This can be seen as an indicator of economic progress and in many cases, it is improving the lives of millions of people. Urban areas generally have a lower prevalence of poverty and hunger than rural areas, however, the rapid and haphazard way towns and cities are expanding is creating vulnerable environments where the urban poor struggle to meet essential needs. In large urban populations, which are diverse in terms of wealth and vulnerability, the absolute number of food insecure people may be very high, as a function of the large overall population, despite lower prevalence of food insecurity.

Defining urbanization

Urbanization refers to the complex socioeconomic process that transforms the built environment, converting formerly rural areas into urban settlements, while also shifting the spatial distribution of a population from rural to urban areas. It also includes changes in dominant occupations, lifestyle, culture, and behaviour, thereby altering demographic and social structures.

Due to a high dependency on markets for food, urban populations are particularly vulnerable to international and domestic fluctuations in the cost of food and fuel. Many urban residents struggle to meet the high cost of living where rents usually constitute a major part of households' expenditures, or to afford sufficient food to meet their minimum nutritional requirements. Furthermore, vulnerable urban dwellers often depend on unsustainable, non-profitable and high-risk income sources. The erratic nature of income combined with the volatility of prices of essential goods and services can push people in the weaker social segments into poverty, indebtedness, food insecurity and incapacity to meet even their basic essential needs.

Informal safety networks and safety nets tend to be weaker in urban areas compared to rural areas. Poor urban households often depend on the informal economy for low, unstable wages and with no social protection, making them more vulnerable to exploitation and work-related accidents. Additionally, compared to rural households, most urban households depend on renting a place to live and must pay more systematically for utilities and other basic services, which may impact their ability to cover food-related costs.

Unhygienic, crowded living environments with poor access to basic services, lack of security of tenure, unemployment, violence, public health risks and poor sanitation—often exacerbated by an increasing number of climate related disasters—undermine people's food security in urban areas, particularly in slums and other informal settlements. According to UN-Habitat estimates, more than one billion people—around one in four of all urban residents—live in urban slums, a figure that is expected to double by 2030.[12] In 2014, 63 percent of the urban population in the least developed countries, as well as 55 percent of urban population in SSA, were living in slums. Families living in slums lack the crucial conditions they need to live decently and thrive as human beings. Poor quality housing that lacks ventilation, proper toilets and clean water, and proximity of homes exacerbated by the high population density allow diseases to spread quickly. Many people are often unable to access adequate national health facilities to get treatment in time due to the limited recognition of slums by the authorities and their incapability to respond to rapid urbanization.

9 UN-Habitat. (2020) World cities report. The value of sustainable urbanization. Nairobi. UN-Habitat.

10 UN Statistical Commission. (2020) "A recommendation on the method to delineate cities, urban and rural areas for international statistical comparisons" Background document, 51st session of the Statistical Commission. Available at: https://unstats.un.org/unsd/statcom/51st-session/documents/BG-Item3j-Recommendation-E.pdf. (Accessed: 29 November 2021).

11 United Nations Department of Economic and Social Affairs. (2018) 2018 Revision of world urbanization prospects. Available at https://www.un.org/development/desa/publications/2018-revision-of-world-urbanization-prospects.html. (Accessed: 29 November 2021).

12 UN-Habitat. (2016) Slum Almanac 2015–16. Available at https://unhabitat.org/slum-almanac-2015-2016/. (Accessed: 30 November 2021).

Poor community planning and structurally unsound construction in locations that are prone to disasters and other types of environmental degradation make inhabitants particularly vulnerable during floods, landslides, fires and earthquakes. This increases the need for stronger preparedness and disaster mitigation measures (better planning, engineering interventions, etc.) and humanitarian response in case disasters strike. Without secure land rights, people living in informal areas are also exposed to risks of eviction to give way to urban development plans.

Furthermore, in many parts of the world urban infrastructure and basic social services are under increasing strain due to growing numbers of forcibly displaced persons who are seeking refuge in towns and cities. This displacement into urban areas has long-term implications. Estimates indicate that more than half of the refugee population was living in urban areas by 2018 and two out of three internally displaced persons were living in urban or peri-urban areas by 2019 (UNHCR, 2019).

Managing urban areas is one of the major development challenges of the 21st century and is set as a Sustainable Development Goal[13]. This challenge includes ensuring access to sufficient, safe, and nutritious food that always meets the dietary needs and food preferences of all urban residents to allow them to lead active and healthy lives.

2.2. Urbanization trends in Sub-Saharan Africa

While urbanization rates are projected to slow down soon in most countries in the world, several low-income countries in SSA will instead witness an increase in urbanization. Examples of such countries are Chad, Comoros, Malawi, Nigeria, South Sudan and Sierra Leone[14]. It is estimated that Nigeria will add 189 million new urban dwellers between 2018 and 2050[15]. Official projections suggest that the number of Africa's urban residents will increase to 1.5 billion by 2050 and that SSA will pass the tipping point of 50 percent urban population around 2035.

Figure 2 shows the overall urbanization trends between 2009 and 2019, and the projected proportion of urban residents by 2035. In 2018–2030, only 8 percent of the cities with 300,000 inhabitants or more in 2018 will grow at 3.5 percent or more per year. Among them are two African megacities: Kinshasa and Lagos[16]. Through to 2030, city growth in Accra is likely to accelerate, with average rates higher than 3 percent, regardless of the city size. All ten fastest growing cities over that period, with growth rates ranging from 5.2 percent to 5.9 percent per year, are in Africa[17].

SSA regional urbanization facts

Southern SSA is the most urbanized, followed by West SSA, Central SSA and Eastern SSA respectively.

Central SSA has experienced a steady decline in urbanization rates, mainly due to conflicts and political instability in the sub-region.

Eastern SSA is the world's least urbanized sub-region, but has one of the fastest urbanization rates at 4.51% annually.

West SSA's over 40% of population resides in urban areas, which is around 169 million people. Nigeria alone hosts some 104 million urban dwellers.

13 UN-Habitat (2020). Sustainable Development Goals. Monitoring Human Settlement Indicators. Cities and Communities in the 2030 for Sustainable Development.

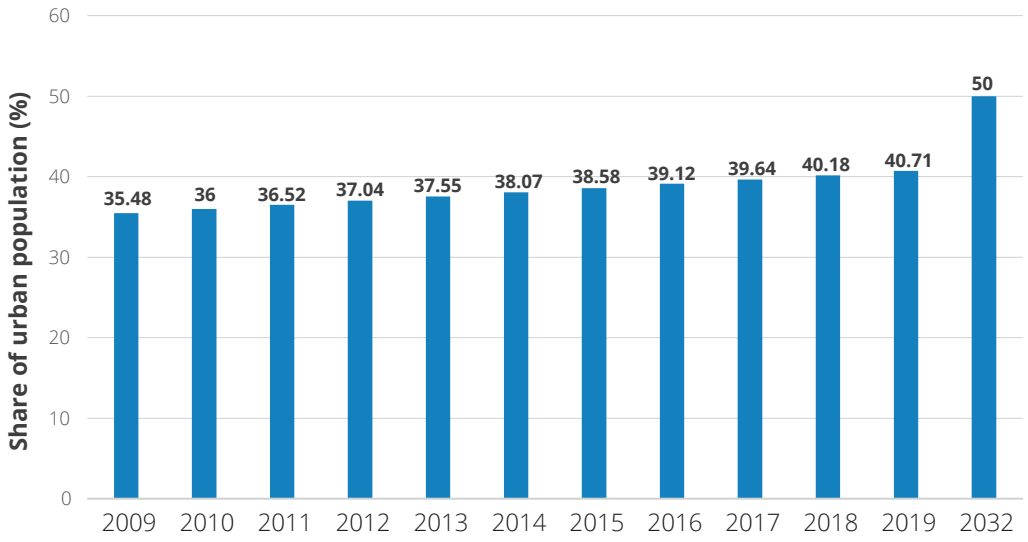
14 United Nations, Department of Economic and Social Affairs, Population Division (2019). World Urbanization Prospects: The 2018 Revision (ST/ESA/SER.A/420). New York: United Nations

15 UN-Habitat. (2020) World cities report. The value of sustainable urbanization. Nairobi. UN-Habitat.

16 United Nations, Department of Economic and Social Affairs, Population Division (2019). World Urbanization Prospects: The 2018 Revision (ST/ESA/SER.A/420). New York: United Nations

17 Ibid.

Figure 2: Projected urbanization trends in Sub-Saharan Africa, 2009–2035[18]



Estimates from UN population projections show that 41 percent of SSA's population lived in urban areas in 2019, compared to 36 percent in 2009. Interestingly, much of the urban growth in SSA has been taking place in secondary towns and cities. According to UN-Habitat, these are towns or cities with a population range of 100,000 and 500,000 persons. As of 2015, 47 percent of the urban population in SSA was living in towns and cities with less than 300,000 persons[19]. Spatial analysis further shows that the fastest growing secondary towns and cities in the region are in coastal West SSA, coastal East SSA and around Lakes Victoria and Tanganyika. Despite existing evidence that secondary cities and towns have been growing, most of the urban development interventions are biased towards primary and mega cities, which has created social, economic and spatial inequalities between primary and secondary cities and towns. Sub-Saharan Africa has the world's second highest level of income inequality after Latin America. This is because close to three quarters of the cities in the region have high levels of inequality as indicated by Gini coefficients exceeding 0.4. South African cities rank highest in inequality; thus, confirming South Africa as the most unequal country in the world on account of its high Gini coefficient (0.63). The rapid urbanization in many SSA countries is creating more challenges than opportunities [20]. One of the unique features of SSA's urbanization is that the region has the highest incidence of urban poverty globally with about 23 percent of the urban population living below the international poverty line and 29 percent experiencing multidimensional poverty[21]. The following sections capture urbanization realities in the different SSA sub-regions.

18 Figure created based on statistics from United Nations, Department of Economic and Social Affairs, Population Division (2019). World Urbanization Prospects: The 2018 Revision (ST/ESA/SER.A/420). New York: United Nations.

19 UNICEF and UN-Habitat (2020). Analysis of Multiple Deprivations in Secondary Cities in Sub-Saharan Africa. Available at: https://www.unicef.org/esa/media/5561/file/Analysis%20of%20Multiple%20Deprivations%20in%20Secondary%20Cities%20-%20Analysis%20Report.pdf. (Accessed: 30 November 2021).

20 Cartwright, A., I. Palmer, A. Taylor, E. Pieterse, S. Parnell, and S. Colenbrander (2018). "Developing Prosperous and Inclusive Cities in Africa-National Urban Policies to the Rescue?" Coalition for Urban Transitions. London and Washington, D.C. Available at: https://newclimateeconomy.report/workingpapers/wp-content/uploads/sites/5/2018/09/CUT18_Africa_NatUrbanPolicies_final.pdf. (Accessed: 30 November 2021).

21 UN-Habitat. (2020) World cities report. The value of sustainable urbanization. Nairobi. UN-Habitat.

2.3. Slums and informal settlements

It is estimated that over 60 percent of the urban population lives in slums or informal settlements in SSA: a far larger share than the average 34 percent seen in other developing regions. The rapid urbanization trends in SSA cities, coupled with the limited capacity of governments to provide housing and urban infrastructural services has led to the growth of slums/informal settlements. In some capital cities, informal settlements absorb the largest share of urban growth, as in Nairobi, Kenya, where 75 percent of the urban growth occurs[22]. This has resulted in largely unplanned slums that lack connection to municipal services, such as water and sanitation services[23]. For example, in the Kibera slum, Nairobi, residents have one latrine for 50 to 150 people[24]. The lack of access to basic urban services makes it extremely difficult for slum dwellers to maintain personal hygiene and follow World Health Organization (WHO) public health guidelines on handwashing, in turn, exacerbating the spread of COVID-19. Urban slums in SSA are also characterized by precarious socioeconomic conditions, such as poverty, housing insecurity and poor access to healthcare, which are all key sources of health concerns, especially in times of COVID-19. High incidence and high growth rates of slums substantially exceeds governments' attempts at "urban upgrading" of basic needs for these communities making them high risk areas for COVID-19 transmission.

2.4. Access to basic urban services

As per WHO public health guidelines, preventing the transmission of COVID-19 requires consistent access to basic services, such as safe water, sanitation and hygiene facilities[25]. However, the scale of the inadequacies in provision for water and sanitation in SSA's cities is grave despite commitments by governments to enhance universal coverage over the last forty years[26]. In absolute numbers, about 63 million SSA urban residents have no access to safe water, most of which are in Central Africa (22 million), West Africa (21 million) and East Africa (19 million)[27] (See Figure 3). UN-Habitat estimates that only 44 percent of all SSA's urban residents have access to basic sanitation services (i.e., improved sanitation facilities not shared with other households)[28].

Access to improved sanitation is still low in SSA, reaching only 40 percent of the urban population[29]. The rich and the poor have differential access to urban services. A study on water and sanitation in SSA confirmed that urban rich households were 329 percent more likely to have access to improved water sources and 227 percent more likely to have access to improved sanitation facilities compared to urban poor households[30]. This means that access to improved water sources and sanitation is more concentrated in the rich households compared to the poor ones. Access to hygiene facilities is also low in SSA, with only 37 percent of all urban residents having basic hand washing facilities in their homes[31]. There are also gender dimensions to access of basic services in SSA, especially in slums and informal settlements. Women in slums are worse off than their male slum and female non-slum counterparts. A study conducted by UN-Habitat and UN Women confirms that on average 118 (or more) women per 100 men aged 15–49 years live in slums in Ghana, Gabon, Burkina Faso and Cameroon where a large percentage of urban residents live without access to basic sanitation: the proportions are 82, 62, 58 and 53 percent, respectively[32]. This presents significant challenges in preventing the spread of COVID-19 and other infectious diseases.

22 Simiyu et al. (2019). Understanding living conditions and deprivation in informal settlements of Kisumu, Kenya. Urban Forum, 223-241.

23 Alaazi, D, A and Aganah, G, A, M (2019). Understanding the slum–health conundrum in sub-Saharan Africa: a proposal for a rights-based approach to health promotion in slums. Global Health Promotion, 27(3): 65–72.

24 Toussaint, K. (2020). What will coronavirus do to one of Africa's largest slums? Available at: https://www.fastcompany.com/90483973/what-will-coronavirus-do-to-one-of-africas-largest-slums. (Accessed: 7 December 2021).

25 UN-Habitat & World Food Programme (2020). Impact of COVID-19 on livelihoods, food security and nutrition in East Africa-Urban Focus.

26 Satterthwaite, D (2017). The impact of urban development on risk in sub-Saharan Africa's cities with a focus on small and intermediate urban centres. International Journal of Disaster Risk Reduction, 26, 16–23.

27 UN-Habitat (2020). COVID-19 in African cities Impacts, Responses, Policies and Recommendations. UN-Habitat. Nairobi.

28 UN-Habitat (2020). Global Urban Indicators Database.

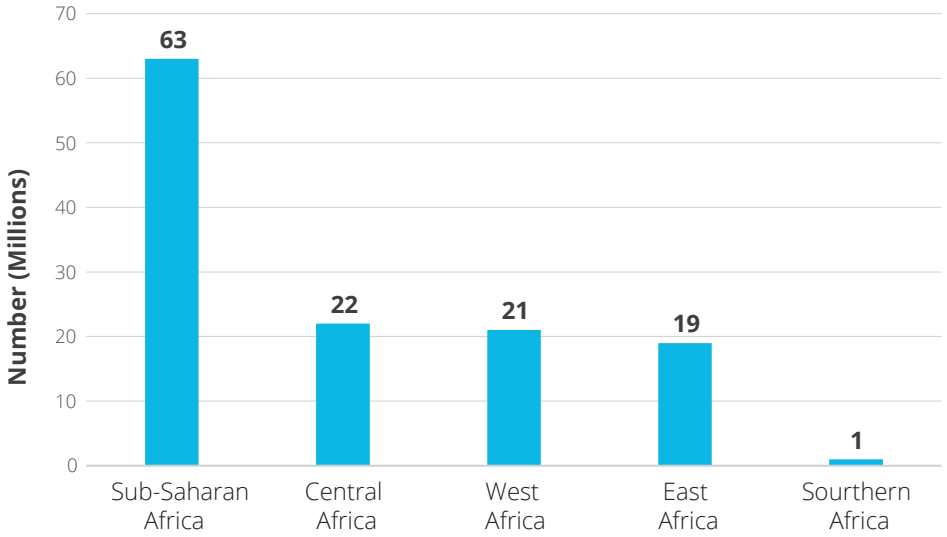
29 UN-Habitat (2016) Urbanization and development: Emerging futures. World Cities Report 2016.

30 Armah, F. A., Ekumah, B., Yawson, D. O., Odoi, J. O., Afitiri, A. R., & Nyieku, F. E. (2018). Access to improved water and sanitation in sub-Saharan Africa in a quarter century. Heliyon, 4(11), e00931. Available at: https://doi.org/10.1016/j.heliyon.2018.e00931. (Accessed: 7 December 2021).

31 UN-Habitat (2020). Global Urban Indicators Database.

32 UN-Habitat and UN Women (2020). Spotlight on Goal 11. Harsh Realities: Marginalised Women in Cities of The Developing World. Available at: https://www.unwomen.org/en/digital-library/publications/2020/02/harsh-realities-marginalized-women-in-cities-of-the-developing-world. (Accessed: 30 November 2021).

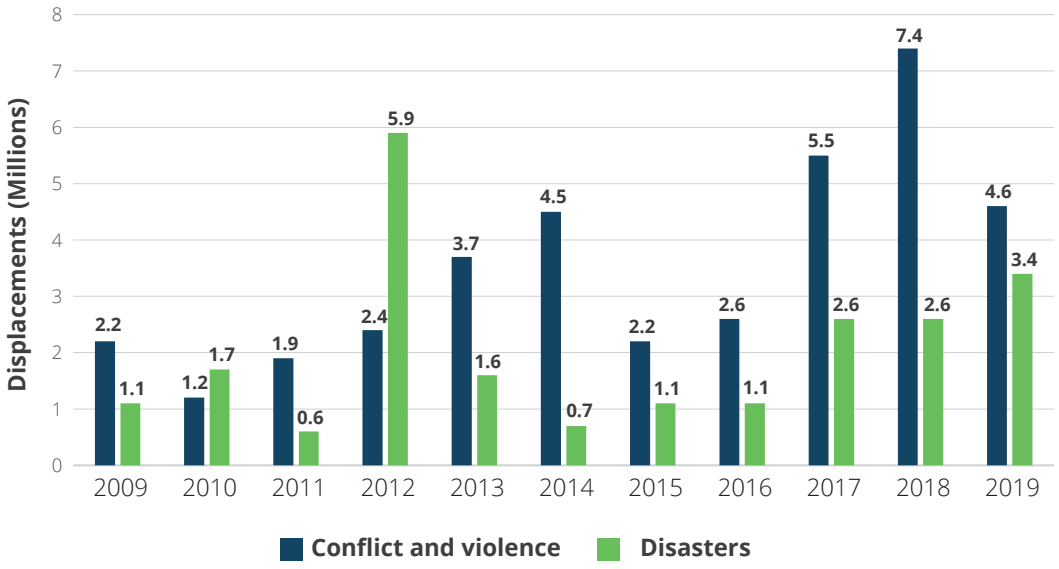
Figure 3: Urban residents with no access to safe water in SSA [33]



2.5. Migration and displacement

In SSA, substantial number of populations migrate due to conflict and violence. In 2019, globally, the number of international migrants and refugees worldwide reached 272 million, up from 174 million in 2000. This is equivalent to 3.5 percent of the world's population. All regions have seen growth, albeit at different levels and SSA saw one of the highest increases since 2000 (44 percent) and hosted 24 million migrants. Statistics from the Internal Displacement Monitoring Center reveal that in terms of internal displacements, SSA experienced increased internal displacements due to conflicts, violence and disasters (see Figure 4).

Figure 4: Internal displacement by conflict, violence and disasters in SSA (2009–2019)



Source: (Figure created based on figures from Internal Displacement Monitoring Centre, 2020)

33 Developed based on data from UN-Habitat (2020). COVID-19 in African cities Impacts, Responses, Policies and Recommendations. UN Habitat. Nairobi

SSA was highly affected by conflict and displacement in 2019. Armed conflict, communal violence and jihadist attacks continued in several countries, some of which are struggling to deal with protracted crises. Widespread poverty, longstanding economic stagnation, lack of development, competition over diminishing resources and the effects of climate change are among the factors that increase the risk of displacement[34]. Around 19.2 million people were living in internal displacement because of conflict and violence as of the end of 2019, the highest figure in the world and the highest ever recorded for the region[35]. There were 4.6 million new displacements recorded in 2019, accounting for nearly 54 percent of the global total.

Most of the international migrant workers generate their incomes in the informal sector, which has been worst hit by the COVID-19 pandemic. It is estimated that in low- and middle-income countries, 75 percent of migrant women and 70 percent of migrant men work in the informal economy. Migrant workers are often the first to be laid off and are usually excluded from the formal social safety net systems. In addition, they often live in precarious and overcrowded conditions, which puts them at heightened risk of contracting and spreading COVID-19 and other infectious diseases. Loss of income and unemployment have left many migrant workers unable to support themselves and their families, pushing them to return home.

Restrictions on cross-border mobility and reduced travel linked to truncated business and economic opportunities and fear of the coronavirus have heavily impacted international mobility throughout the region. According to the International Organization for Migration (IOM), at the height of the crisis, there were 70 percent fewer migrants on the move than during the same period in 2019, while regional transboundary migration flows in June 2020 were only 6 percent lower than those observed in June 2019.

Most direct recipients of remittance are based in urban areas where money transfer facilities are available; from there, remittances flow on into rural areas. Remittance flows in SSA are expected to decrease by 8.8 percent in 2020, followed by a further drop of 5.8 percent in 2021 because of the impact of COVID-19, affecting families across the sub-region who will be forced to reduce their consumption or find alternative livelihood strategies.

While remittances fell markedly in March/April, they recovered at least partially in several countries in May/June 2020, when most governments started lifting containment measures. On one hand, this could illustrate the resilience and determination of migrants and diaspora communities to support their families back home. As employment opportunities continue to be constrained, it is likely that migrants are using their savings or compromising own consumption to be able to send remittances, which is not sustainable in the medium- to long-term.

34 Internal Displacement Monitoring centre (2020). Global Report on Internal Displacement. Sub-Saharan Africa Regional Overview.

35 Ibid.

2.6. Rural-urban linkages

In the wake of ongoing urbanization trends in SSA, the interdependencies between urban and rural areas are becoming even greater[36]. The "urban" and "rural" areas, and the spaces in between, are connected by dynamic ecological, physical, socioeconomic, political, cultural, and institutional interactions and flows, which are shaped by various structures, processes and mechanisms[37]. Urban centres tend to depend on rural areas for a wide range of goods and services, such as food, environmental services and raw materials. Rural areas in turn typically depend on urban areas for services, employment opportunities and markets. Under the right conditions, growing densities in urban areas mean closer cities with increasing accessibility, access to services and more dynamic urban-rural relationships[38]. Rural and urban spaces and people are also linked through food systems (see Figure 5). Urbanization and growing incomes are driving transformations in food production and trade, with major implications for smallholders, peri-urban producers and those whose significant share of livelihoods are reliant upon agricultural waged employment.

These urban-rural linkages have significant implications for the spread of infectious diseases, such as COVID-19. Instances of "health refugees" escaping from cities to reunite with their families or finding more healthy environments to be confined in have obvious implications for the spread of the virus and adding pressure on local food systems. The closure of food and service businesses and markets affected both urban and rural communities. Urban to rural mobility took the virus to other towns, cities and rural communities[39]. Thus, it has become evident that rural-urban flows of people, goods, services, resources and capital must be considered more carefully in the short-, medium- and long-term response to COVID-19[40].

Figure 5: COVID-19 and urban-rural linkages

Source: (UN-Habitat, 2020)

36 International Fund for Agricultural Development (2016). Rural-urban linkages and food systems in sub-Saharan Africa. Available at: https://www.ifad.org/documents/38714170/39135332/Rural-urban+linkages+and+food+systems+in+sub-Saharan+Africa.pdf/f5801ff5-2fb8-4b0d-ae77-976aa3e116d3?eloutlink=imf2ifad. (Accessed: 7 December 2021).

37 United Nations System Standing Committee on Nutrition (2020). Urban-Rural Linkages for Nutrition Territorial approaches for sustainable development. Available at: https://www.unscn.org/uploads/web/news/document/Urban-rural-linkages-for-nutrition-EN-WEB-OK-Feb.pdf. (Accessed: 7 December 2021).

38 Losch, B., Hussein, K., Bhavsar, C., Ajilore, O., and Y. Chiffoleau. 2014. Family Farming Facing the Challenges of Urbanization and Employment. Orientation paper, Working Group 4. France: CIRAD.

39 UN-Habitat (2020). COVID-19 through the Lens of Urban Rural Linkages - Guiding Principles and Framework for Action (URL-GP). Available at: https://unhabitat.org/sites/default/files/2020/07/issue_brief_covid-19_through_the_lens_of_urban_rural_linkages_web_revised.pdf. (Accessed: 7 December 2021).

40 UN-Habitat (2020). COVID-19 through the Lens of Urban Rural Linkages - Guiding Principles and Framework for Action (URL-GP). Available at: https://unhabitat.org/sites/default/files/2020/07/issue_brief_covid-19_through_the_lens_of_urban_rural_linkages_web_revised.pdf. (Accessed: 7 December 2021).

2.7. Implications for urban health in the era of a fast-urbanising continent

UN-Habitat identifies what are called urban "weak spots", which are basically parts of metropolitan regions and cities that have a harder time responding to shocks or stresses due to their physical form and the availability of services[41]. Informal settlements are one type of urban "weak spots" since they are more exposed to natural hazards, food shortages and other crises, including COVID-19. They are also exposed to a range of other risk factors that accelerate the spread of infection.

The spread of virus and infections recently has been accelerated by unsustainable urbanization[42]. Cities and towns with higher urban densities may contribute to more rapid and broader transmission of diseases. While not all slum settlements have higher densities than their surrounding cities, most slum populations are typically denser than formal urban areas. In Nairobi, for example, an estimated 60 percent of the population lives in slums, but slums occupy an estimated 6 percent of the urban land. Overcrowding is often associated with decreases in quality of living conditions and sanitation, and hence the rate of agent transmission is typically high in such urban neighbourhoods. Thus, overcrowded cities or densely populated areas of cities can potentially serve as breeding grounds for infectious agents, which may facilitate their evolution, particularly in the case of viruses and bacteria[43]. For example, poorer neighbourhoods in Monrovia (Liberia's capital) had more intense, widespread transmission of Ebola virus disease, compared to more well-off parts of Monrovia, a pattern seen with other infectious diseases. Middle- and low-income areas had 1.5 and 3.5 times as many secondary cases, respectively, than in higher income areas[44].

Characteristics of urban "weak spots"

Overcrowding: High population density is not matched by service delivery or adequate living and circulation space

Limited or poor connectivity: Homes and communities are cut off from neighbouring parts of the city and their accompanying benefits by a lack of public transportation or even physical barriers

Vulnerable locations: High-risk areas such as floodplains, riverbanks or dumps pose a range of health hazards for residents living in them.

Source: (UN-Habitat, 2021)

Large metropolitan areas tightly linked together through economic, social and commuting relationships are the most vulnerable to the spreading of pandemic outbreaks. Large cities, such as Kinshasa and Lagos have population densities of more than 12,000 people per km^2 but less built-up area per capita at only 54 m^2. On the other hand, a small town like Maxixe in Mozambique, whose population is below 100,000 has a population density averaging about 1,300 persons per km^2 and 528 m^2 of built-up area per capita. As such, lower densities translate into significantly less congestion and lower COVID-19 exposure risk. The prevailing density conditions, as well as the strength of the linkages with infection sources (such as international travel) could explain the current significant variations in reported COVID-19 cases. This explains why Lagos accounted for about 42.5 percent of the total number of cases in Nigeria[45].

41 UN-Habitat (2021). Cities and Pandemics: Towards a More Just, Green and Healthy Future. UN-Habitat. Nairobi.

42 Ibid.

43 World Bank (2020). COVID-19 and the Urban Poor: Addressing those in slums. Available at: https://thedocs.worldbank.org/en/doc/304801589388481883-0200022020/original/AddressingCOVID19andtheUrbanPoorSHORTversionrev3logos.pdf. (Accessed: 14 December 2021).

44 Ibid.

45 UN-Habitat (2020). COVID-19 in African cities Impacts, Responses, Policies and Recommendations. UN-Habitat. Nairobi.

Household overcrowding in urban slums and informal settlements also makes social distancing difficult. With an average household size of seven people, multigenerational households are more common in SSA than in any other region[46]. For example, a household survey by UN-Habitat in Nakuru slum in Kenya confirmed that settlements, such as Bondeni, Githima, Lake View and Rhonda have at least 20 percent of families with more than six persons[47]. This indicates overcrowding in housing as most families live in either a single or double roomed structure. Studies have shown significant associations between overcrowded housing and, for example, tuberculosis, hospitalization for influenza, pneumonia and other acute respiratory infections in two impoverished suburbs of Johannesburg, South Africa[48]. In West African countries, such as the Gambia and Senegal, households with at least one older family member had an average of 12 residents[49]. Even when at-risk individuals can avoid non-essential interactions outside the home, their family members pose an infection risk in shared spaces[50].

The urban health implications associated with lack of access to water and sanitation are clear. In cases where households must fetch water from centralized locations, such as standpipes or water kiosks, the risk of transmission of infectious diseases transmitted by person-to-person contact or proximity can also increase. Such water delivery methods are common in slums of SSA. About 63 percent of slum dwellers lack access to clean water and soap for frequent handwashing[51]. Thus, basic precautions against COVID-19 recommended by WHO[52] may not be feasible for a large proportion of the urban poor, experiencing precarious access to basic services.

Urban marketplaces in SSA cities play a key role in the local economy. Marketplaces are spaces for socializing, meetings, service provision and marketing besides the sale of goods and production. In most cities of SSA, open air marketplaces are typically poorly designed and often informal. People have inadequate sanitation, clean water is rare, water storage tanks are absent, pathways are narrow and there is very limited space between sellers. Such overcrowded marketplaces act as opportunities for the rapid transmission of COVID-19 and other infectious diseases[53].

The urban poor (especially those working informally) in SSA rely on public transport to travel to their workplaces. Due to the fragmentation of public transport systems in SSA cities, majority of urban residents depend on low- to medium-capacity informal services, especially minibuses and motorbikes. Public transportation systems, such as ***matatus*** (minibuses) in Kenya operate under models that rely on reaching full capacity before departing, making it difficult to distance passengers; thus, exposing them to infection[54].

Another characteristic of urbanization in SSA is low-density urban sprawl. The health implications of living in areas associated with sub-urban sprawl can also put residents at a disadvantage. Findings from one of the first significant reports on this issue concluded that "the most obvious mechanism through which a sprawling environment affects health is as an opportunity structure that constrains the amount of physical activity that people routinely exert on a daily basis", impacting particularly on the elderly and the poor who may have less access to private vehicles to overcome the spatial challenges of suburban living[55]. By limiting or disincentivizing physical activity, suburbs can have a deleterious effect on physical health.

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47 UN-Habitat (2020). Informal settlements' vulnerability mapping in Kenya Facilities and Partners' Mapping in Nakuru Settlements. The case of Nakuru Town Settlements.

48 Nkosi, V., Haman, T., Naicker, N. et al (2019). Overcrowding and health in two impoverished suburbs of Johannesburg, South Africa. BMC Public Health 19, 1358.

49 United Nations Department of Economic and Social Affairs (2019), "Population Facts: Living Arrangements of Older Persons Around the World." Available at: https://www.un.org/en/development/desa/population/publications/pdf/popfacts/PopFacts_2019-2.pdf. (Accessed: 7 December 2021).

50 Aryn, B. (2020). "Few Doctors, Fewer Ventilators: African Countries Fear They Are Defenceless Against Inevitable Spread of Coronavirus," TIME Magazine, April 7, 2020. Available at: https://time.com/5816299/coronavirus-africa-ventilators-doctors/. (Accessed: 7 December 2021).

51 Jamal, S. (2020). "Urbanization in Sub-Saharan Africa"; UNICEF, "Fact Sheet: Handwashing with Soap, Critical in the Fight Against Coronavirus, Is 'Out of Reach' for Billions". Available at: https://www.unicef.org/press-releases/fact-sheet-handwashing-soap-critical-fight-against-coronavirus-out-reach-billions. (Accessed: 7 December 2021).

52 WHO, "Coronavirus Disease (COVID-19) "Advice for the Public". Available at: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public. (Accessed: 7 December 2021).

53 UN-Habitat (2020). COVID-19 in African cities Impacts, Responses, Policies and Recommendations. UN-Habitat. Nairobi.

54 Ibid.

55 Sturm, R. and Cohen, D. A. (2004). Suburban sprawl and physical and mental health. Public Health, 118(7):488–96. Available at: https://doi.10.1016/j.puhe.2004.02.007. (Accessed: 7 December 2021).

2.8. Impact of urban planning, design and policy on COVID-19 trends and responses

Cities that have well planned densities present opportunities for effective responses to pandemics and public health emergencies like COVID-19. However, inadequate urban planning and management, and where severe infrastructure and service deficits prevail with limited productive job opportunities and inadequate housing, urbanization can pose as risk factor. COVID-19 has revealed that the characteristics of SSA urbanization have exacerbated the vulnerability of cities to the pandemic's impacts, as many of these stem from systemic shortfalls in urban planning and management.[56] Local Authorities and urban managers in SSA cities often lack the tools and capacities to handle equitable delivery of quality services or the means to effectively intervene in various crisis situations. Despite having the mandate to lead immediate responses, this is typically not accompanied by adequate financial, technological, and human resources or institutional and regulatory frameworks. This poses serious challenges in the context of the current COVID-19 pandemic and any future infectious epidemics or external crises[57].

The potential benefits of well-planned density for cities responding to the COVID-19 crisis

Well-planned, dense cities often have better economic performance and more resources for an emergency response

Well-planned population densities support better delivery of health and other essential services, as well as a greater concentration of specialist care and amenities such as hospitals

Well-planned, dense settings have stronger experience with collective and organized living, and thus have been much more able to adjust to preventive restrictions

Well-planned density allows for economies of scale and supports the provision of adequate and affordable basic services for all

Source: (UN-Habitat 2021)

Urban planning and policy in many SSA cities (e.g., Nairobi, Accra, Lagos) lack a regional planning strategy. Investment plans and urban development programmes are biased on primary cities with limited attention given to peri-urban districts and other secondary cities. Infectious diseases like COVID-19 often have cascading effects on other adjoining districts and secondary cities with functional relationships with these major cities. However, peri-urban districts and secondary cities in many SSA countries continue to receive limited investment in critical infrastructures, such as health, housing and other essential social services[58]. For example, the overconcentration of investment regimes in Ghana's biggest cities have contributed to imbalance in development between the southern and the northern part of the country[59]. Given the sharp changes to the supply chain between major cities and the adjoining districts because of the COVID-19 pandemic, it is about time urban planning practitioners and policymakers learn from this unprecedented disruption to equally prioritize regional planning strategies to help prepare for future health crises. When urban areas are not effectively managed, systems begin to create inequality, giving way to irreversible fragility, environmental damage and unmanaged waves of health crises that can have ripple effects across the urban-rural spectrum.

COVID-19 responses and public health management in SSA cities is affected by poor design of human settlements. The situation is aggravated by the inability of health authorities to effectively trace the routes and circulation of infected people in urban settlements because of poor street naming and address systems even in national capitals. Consequently, contact tracing under these circumstances has largely been unsuccessful, thus resulting in early and unabated community spread of COVID-19[60]. Additionally, urban planning in Africa is characterized by a disconnect between urban planning and public health.[61] The disconnect between urban planning and public health often leads to ineffective responses to health crisis, such as COVID-19.

56 UN-Habitat (2020). COVID-19 in African cities Impacts, Responses, Policies and Recommendations. UN-Habitat. Nairobi.

57 Ibid.

58 Cobbinah, P, B, Erdiaw-Kwasie, M and Adams, E, A (2020). COVID-19: can it transform urban planning in Africa? Cities & Health. Available at: https://doi.10.1080/23748834.2020.1812329. (Accessed: 7 December 2021).

59 Adarkwa, K.K. (2012). The changing face of Ghanaian towns. African Review of Economics and Finance, 4 (1), 1 29.

60 Alhassan, R, K et al (2021). Urban health nexus with coronavirus disease 2019 (COVID-19) preparedness and response in Africa: Rapid scoping review of the early evidence. Social Open Medicine, 9, 1–14. Available at: https://doi.org/10.1177/2050312121994360. (Accessed: 7 December 2021).

61 Cobbinah, P. B., Erdiaw-Kwasie, M. and Adams, E. A. (2020). COVID-19: can it transform urban planning in Africa? Cities & Health. Available at: https://doi.10.1080/23748834.2020.1812329. (Accessed: 7 December 2021).

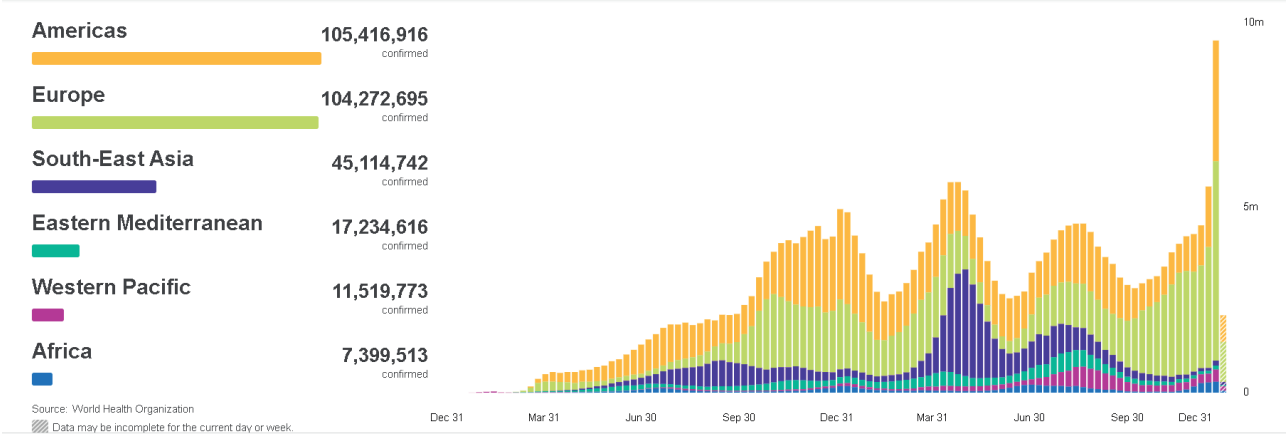
3. COVID-19 OUTBREAK AND IMPACT

3.1. Global COVID-19 trends

As of 2nd January 2022, there were more than 5.5 million deaths from 291 million confirmed cases of COVID-19 globally, as reported to the WHO[62]. The most affected countries were: United States (820k confirmed deaths from 54.9 million confirmed cases), Brazil (619k deaths, 22 million cases) and India (482k deaths, 35 million cases). Other highly affected countries in terms of deaths include Russia (312k), Mexico (300K), Peru (202K), United Kingdom (149K), Indonesia (144K), Italy (138K), Iran (132k), Colombia (130k) and France (122k).

The distribution of cumulative cases (proportion of global cases) from WHO reporting regions as of 2nd February 2022 are as follows: Region of the Americas 105,416,916 (36 percent), Europe 104,272,695 (36 percent), South-East Asia 45,114,742 (16 percent), Eastern Mediterranean 17,234,616 (6 percent), Western Pacific 11,519,773 (4 percent) and Africa 7,399,773 (3 percent).

Figure 6: Cumulative COVID-19 cases globally by region as of 13th September 2021



Source: WHO COVID-19 dashboard

3.2. COVID-19 trends in Sub-Saharan Africa

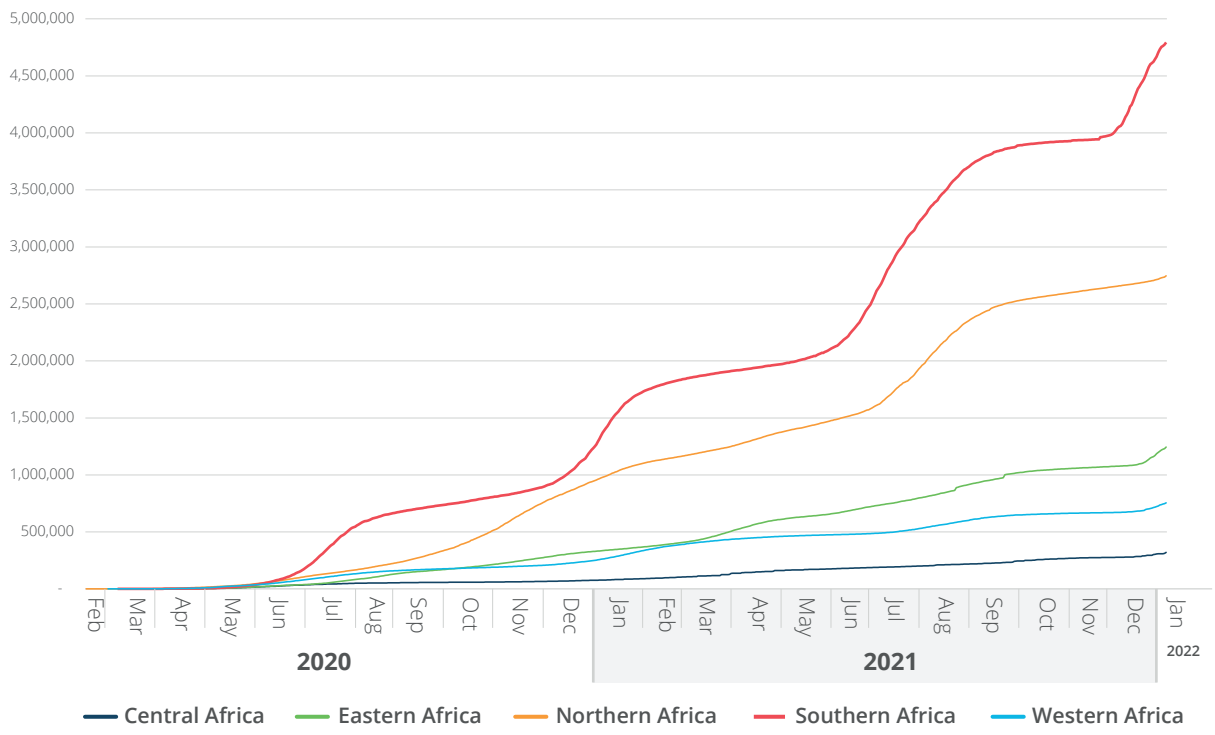
Although there are variations within the continent, the overall cases of COVID-19 in Africa have been relatively lower than other continents of the world. The Africa Centres for Disease Control and Prevention estimates that Africa had a total of 7.4 million COVID-19 confirmed cases and 157k deaths as of 2nd January 2022

The number of confirmed cases increased exponentially with the disease spreading from airports in major cities and then to secondary and third-tier cities.[63] Subsequently, COVID-19 in Africa, especially in its initial phases, was mostly a city-based disease. The quality and nature of Africa's urbanization presents specific challenges for addressing the pandemic. The type of urbanization in Africa both exacerbates transmission rates of infectious diseases like COVID-19 and makes containment and response measures difficult. Some of the key factors for this include the pace and extent of planning of urbanization, the dominance of informal settlements, the basic services and infrastructure deficits, and the persistence of informal employment, among others.

62 WHO (2021). WHO Coronavirus (COVID-19) Dashboard. Available at: https://covid19.who.int/. (Accessed: 7 December 2021).

63 UN-Habitat 2020, COVID-19 in African cities. Available at: https://unhabitat.org/sites/default/files/2020/06/covid-19_in_african_cities_impacts_responses_and_policies2.pdf. (Accessed: 7 December 2021).

Figure 7: COVID-19 progression in different regions of Africa



Within SSA, Southern Africa is reported to have the highest number of cases (4.8 million) followed by Eastern Africa (1.24 million), while the rest viz. Western and Central Africa had relatively lower number of cases (below 1 million) in that order.

3.3. Dimensions of inequality in cities

Prior to the COVID-19 pandemic, cities in SSA were already characterized by social, economic and spatial inequalities[64]. The uneven distribution of urban resources and opportunities often results in disadvantages being concentrated in specific localities, generating all forms of social and spatial inequalities. For instance, inadequate water, poor sanitation and hygiene in slums and informal settlements, crowded refugee camps and migrant workers hostels means that handwashing as a preventive measure against the transmission of COVID-19 is a major challenge[65]. Poor urban households typically rely on standpipes, wells, boreholes, kiosks, or water vendors, which may be considerably more expensive, for water supply. Slum dwellers in Nairobi pay up to 25 times more for water than what is charged by the city's water utility and an average family from Kanyama (Lusaka), needs at least 200 litres which costs 150 Kwacha per month, a that is unaffordable by most residents[66].

Early evidence indicates that the health and economic impacts of the virus are being borne disproportionately by poor people. For example, homeless people may be unable to safely shelter in place and are highly exposed to the danger of the virus. People without access to running water, refugees, migrants or displaced persons also stand to suffer disproportionately both from the pandemic and its aftermath—whether due to limited movement and or fewer employment opportunities[67]. For instance, the notion of working from home or remotely is strongly skewed in favour of white-collar, high-income workers who have the necessary amenities, but such jobs are impossible for informal sector workers who are in the majority in developing world cities and depend on daily earnings for which a few days of lockdown can make the difference between poverty and starvation[68].

64 UN Habitat (2020). World Cities Report. The Value of Sustainable Urbanization. UN Habitat. Nairobi.

65 Ibid.

66 UNESCO and UN-Water, United Nations World Water Development Report 2019: Leaving No One Behind, 2019, available at: https://unesdoc.unesco.org/ark:/48223/pf0000367306/PDF/367306eng.pdf.multi. (Accessed: 7 December 2021).

67 UNDESA (2021) Everyone Included: Social Impact of COVID-19. Available at: https://www.un.org/development/desa/dspd/everyone-included-covid-19.html. (Accessed: 7 December 2021).

68 UN-Habitat (2020). World Cities Report. The Value of Sustainable Urbanization. UN-Habitat. Nairobi.

Urban informal workers are typically engaged in various livelihood activities: domestic work (housekeepers, care providers); home-based work (subcontractors for factories i.e., garment makers, artisans or craft makers, mechanics or repairmen); street vendors (food stalls, retail kiosks); construction work and waste picking. As economic activity in countries will slow down dramatically, the loss of income to the urban poor will have detrimental impacts on households given the lack of social protections, savings or safety nets[69].

The COVID-19 pandemic has also aggravated urban poverty in cities. In SSA, this scenario will further exacerbate the poverty situation in urban areas in almost all countries with more impacts in highly populated countries, such as in DRC, Ethiopia and Nigeria, which already have large numbers of people living in extreme poverty and precarious conditions[70].

3.4. COVID-19 mitigation and restrictive measures

As of October 2020, 219 countries, territories and other areas had international entry restrictions or conditions for authorised entry in place. The containment measures put in place by governments since the start of the pandemic have caused migration trends worldwide to shift. However, the COVID-19 pandemic is not likely to impede migration altogether. In the longer-term, the impact of the crisis on food security and poverty could increase people's need to search for livelihoods elsewhere, leading to a potential rise in migration driven by necessity. Income loss and unemployment have pushed many migrants to return home as they have become unable to support themselves and their families.

Countries in SSA introduced different containment measures to manage the spread of COVID-19, although some countries in the region adopted more stringent measures than others.

East Africa: In Ethiopia, various restrictions on movement/transport and some workplace closures were introduced in different Ethiopian Federal States, such as Amhara; Oromia; Southern Nations, Nationalities and Peoples (SNNP); and Tigray[71].

In Kenya, the Nairobi Metropolitan Region was first locked down and subsequently other counties, such as Kajiado, Mombasa, Kilifi and Kwale, introduced their own lockdowns. The length of Kenya's restrictive policies has remained the longest, along with South Africa[72].

In Uganda, the country instituted absolute national lockdowns relatively early as the pandemic reached the SSA region[73]. The first case prompted the Ugandan Government to respond more aggressively by restricting public gatherings and imposing a curfew and a total travel ban in and out of the country, allowing only trucking of essential goods[74]. Additionally, Uganda introduced a series of lockdowns with little warning to informal street traders about the timelines[75]. This policy was intended to discourage outward migration from hot spot areas, though with little consideration on the impact on livelihoods.

West Africa: In Ghana, national restrictions were introduced, but special restrictions were additionally imposed on movements in large urban agglomerations. The Government limited movements (in and out of) its two largest cities Accra and Kumasi[76].

69 World Bank (2020). COVID-19 and the Urban Poor. Addressing those in slums.

70 UNDESA (2021) Everyone Included: Social Impact of COVID-19. Available at: https://www.un.org/development/desa/dspd/everyone-included-covid-19.html. (Accessed: 7 December 2021).

71 Resnick, D., Spencer, E., & Siwale, T. (2020). Informal traders and COVID-19 in Africa: An opportunity to strengthen the social contract. International Growth Center. Available at: https://www.theigc.org/wp-content/uploads/2020/08/Resnick-et-al-2020-Policy-Brief.pdf. (Accessed: 7 December 2021).

72 Hale, T., Angrist, N., Cameron-Blake, E., Hallas, L., Kira, B., Majumdar, S., Petherick, A., Phillips, T., Tatlow, H., and Webster, S. (2020). Oxford COVID-19 Government Response Tracker, Blavatnik School of Government. Available at: https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker. (Accessed: 7 December 2021).

73 RFI (2020). African street vendors feel the squeeze under strict Covid-19 measures. Radio France Internationale. Available at: https://www.rfi.fr/en/africa/20200408-african-street-vendors-feel-the-squeeze-under-strict-covid-19-measures-food-traders-markets-coronavirus-lockdown. (Accessed: 7 December 2021).

74 Sarki, A. M., Ezeh, A., & Stranges, S. (2020). Uganda as a Role Model for Pandemic Containment in Africa. American journal of public health, 110(12), 1800–1802. Available at: https://doi.org/10.2105/AJPH.2020.305948. (Accessed: 7 December 2021).

75 Haas, A. and Strohm, R. (2020). A novel idea: Integrating urban and rural safety nets in Africa during the pandemic. The Conversation. Available at: https://theconversation.com/a-novel-idea-integrating-urban-and-rural-safety-nets-in-africa-during-the-pandemic-137532. (Accessed: 7 December 2021).

76 Resnick, D., Spencer, E., & Siwale, T. (2020). Informal traders and COVID-19 in Africa: An opportunity to strengthen the social contract. International Growth Center. Available at: https://www.theigc.org/wp-content/uploads/2020/08/Resnick-et-al-2020-Policy-Brief.pdf. (Accessed: 7 December 2021).

In Nigeria, the lockdown strategy included closure of schools and workplaces, restrictions on movement, and cessation of interstate and international travel. Alongside the federal lockdown in Lagos and Ogun States, many states adopted measures as well, including school closure, movement restrictions and curfews[77].

In Mali, the Government imposed border closures, a curfew for two weeks, ban on gatherings of more than 50 people and closure of all schools. While market activity and movement of goods were not been restricted, logistical constraints and delays accumulated[78].

Central Africa: In Central African Republic, by the end of March 2020, schools were closed countrywide, group gatherings were banned, international flights were halted and movements between Bangui and the regions restricted, except for those related to humanitarian assistance[79].

In Cameroon, the Government closed all educational facilities and international borders and placed restrictions on economic activities, such as informal street trading[80].

In the Democratic Republic of Congo, lockdown restrictions were first introduced in Kinshasa and then across the country. Border restrictions were also implemented. Schools and universities were shut, and mass gatherings of more than 20 individuals were prohibited[81].

Southern Africa: As the country with the highest number of cases in the sub-region, South Africa implemented a national lockdown on the 15th of March 2020[82]. Owing to various deficiencies, limited resources and financial considerations, the South African Government had no other option but to ease the lockdown strategy and related rules many times.

In Zimbabwe, on March 21, 2020, the country began a 21-day national lockdown in a bid to combat the spread of the coronavirus. This meant shutting down of all except essential activities and services, such as health care and law enforcement[83]. Since then, containment measures have been reviewed occasionally. In all this, informal sector operations have been halted for longer periods.

In Zambia, the following were shut down: non-essential shops; recreational parks and facilities; restaurants, bars and cafes (except for take-aways); and schools and universities[84].

In Botswana, a 28-day total lockdown was implemented to mitigate the spread of the virus. This meant that schools and businesses were closed, all social activities were cancelled and a mandatory quarantine of all people arriving in Botswana or those with suspected exposure was implemented. Movement permits were required for anyone to leave home even to obtain essential items[85].

These efforts to contain the spread of the virus led to business closures, restrictions on trade, domestic mobility and disruptions in supply chains as well as disruptions in informal economic activity, hence affecting the urban poor's livelihoods. Consequently, the lockdowns amplified urban poverty amongst the urban poor who rely on the informal sector, leaving them either without jobs and income or compelling them to work in precarious and unsafe conditions to survive.

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77 Dan-Nwafor, C., Ochu, C. L., Elimian, K., Oladejo, J., Ilori, E., Umeokonkwo, C., Steinhardt, L., Igumbor, E., Wagai, J., Okwor, T., Aderinola, O., Mba, N., Hassan, A., Dalhat, M., Jinadu, K., Badaru, S., Arinze, C., Jafiya, A., Disu, Y., Saleh, F., ... Ihekweazu, C. (2020). Nigeria's public health response to the COVID-19 pandemic: January to May 2020. Journal of global health, 10(2), 020399. Available at: https://doi.org/10.7189/jogh.10.020399. (Accessed: 7 December 2021).

78 FAO Mali (2020). Impact of COVID-19 on food security and agriculture. Available at: http://www.fao.org/3/cb0178en/CB0178EN.pdf. (Accessed: 7 December 2021).

79 UN Office for the Coordination of Humanitarian Affairs. (2021). Central African Republic: Situation Report. Available at: https://reliefweb.int/report/central-african-republic/central-african-republic-situation-report-25-march-2021. (Accessed: 7 December 2021).

80 UNDP Cameroon. (2020). UNDP Cameroon Support to the National Response to Contain the Impact of COVID-19.

81 Juma, C. A., Mushabaa, N. K., Abdu Salam, F., Ahmadi, A., & Lucero-Prisno, D. E. (2020). COVID-19: The Current Situation in the Democratic Republic of Congo. The American journal of tropical medicine and hygiene, 103(6), 2168–2170. Available at: https://doi.org/10.4269/ajtmh.20-1169. (Accessed: 7 December 2021).

82 Hatefi, S., Smith, F., Abou-El-Hossein, K., & Alizargar, J. (2020). COVID-19 in South Africa: lockdown strategy and its effects on public health and other contagious diseases. Public health, 185, 159–160. Available at: https://doi.org/10.1016/j.puhe.2020.06.033. (Accessed: 7 December 2021).

83 UN Zimbabwe. (2020). Immediate Socio-Economic Response to Covid-19 in Zimbabwe. A Framework for Integrated Policy Analysis and Support.

84 Haider N, Osman AY, Gadzekpo A, et al (2020). Lockdown measures in response to COVID-19 in nine sub-Saharan African countries. BMJ Global Health, 5:e003319. DOI:10.1136/ bmjgh-2020-003319. (Accessed: 7 December 2021).

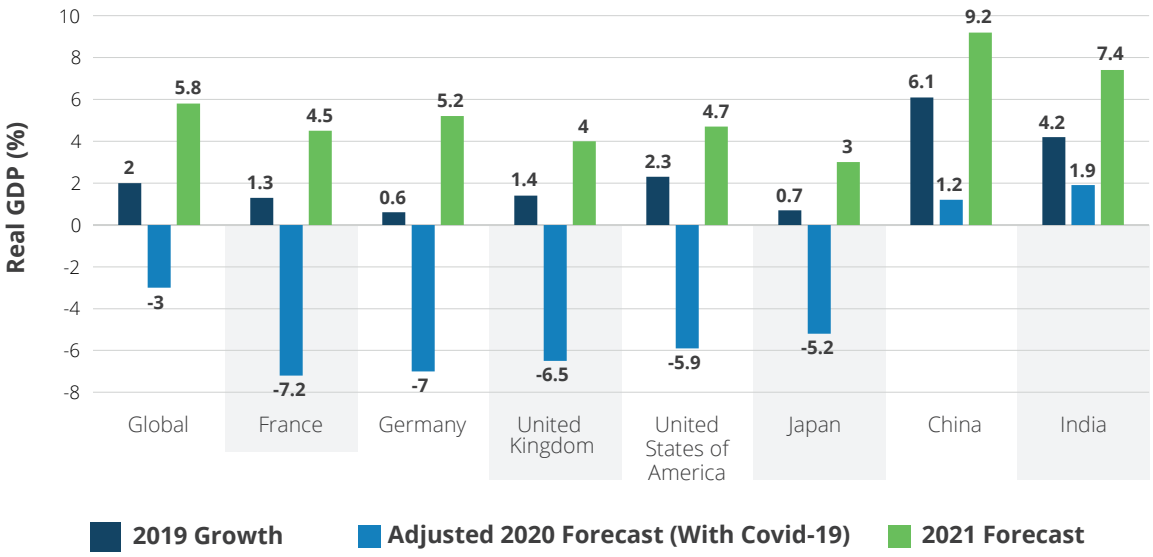
85 Obasa A. E., et al. (2020). Comparative strategic approaches to COVID-19 in Africa: Balancing public interest with civil liberties. Southern Africa Medical Journal; 110(9):858-863.

4. IMPACT ON URBAN ECONOMY, LIVELIHOODS AND FOOD SECURITY

4.1. Economic impacts of COVID-19 containment measures

The COVID-19 containment measures will have a devastating impact on global and regional economies. Official projections suggest that the cumulative loss to global Gross Domestic Product (GDP) over 2020 and 2021 from the pandemic crisis could be around US$9 trillion, greater than the economies of Japan and Germany combined[86]. Additionally, more than 170 countries are set to experience a lower GDP per capita compared to their 2019 average values. Figure 8 shows the projected and adjusted GDP growth rates in major global economies.

Figure 8: Projected and adjusted GDP growth rates in major global economies[87]



In SSA, the COVID-19 containment measures will also have huge economic cost. The World Bank indicates that economic growth in SSA contracted by 2.0 percent in 2020, pushing the region into its first recession in 25 years[88]. The substantial downturn in economic activity will cost the region at least US$115 billion in output losses in 2021. GDP per capita growth is expected to contract by nearly 6.0 percent, in part caused by lower domestic consumption and investment brought on by containment measures to slow the spread of COVID-19. The pandemic could also drive up to 40 million people into extreme poverty in SSA in 2020; thus erasing at least five years of progress in fighting poverty[89]. Figure 9 shows the GDP growth trends in SSA between 2018 and 2021. Estimates by Deloitte suggest that SSA's GDP contracted by -1.6 percent under COVID-19 conditions.

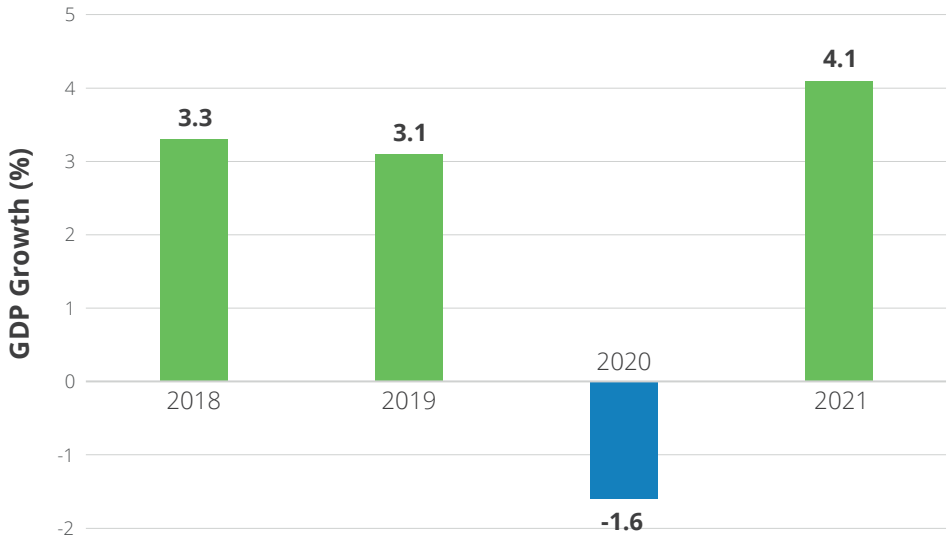
86 Deloitte. (2020). Economic impact of the COVID-19 pandemic on East African economies Summary of government intervention measures and Deloitte insights.

87 Ibid.

88 World Bank. (2021). Africa's Pulse. An analysis of issues shaping Africa's economic future. Covid-19 and the future of work in Africa, emerging trends in digital technology adoption

89 World Bank. (2020). World Bank Confirms Economic Downturn in Sub-Saharan Africa, Outlines Key Polices Needed for Recovery. Available at: https://www.worldbank.org/en/news/press-release/2020/10/08/world-bank-confirms-economic-downturn-in-sub-saharan-africa-outlines-key-polices-needed-for-recovery. (Accessed: 7 December 2021).

Figure 9: GDP growth trends in SSA under COVID-19 conditions[90]



4.2. Impact of COVID-19 on informal livelihoods

A significant proportion of workers in SSA are employed in the informal sector (see Figure 10). Estimates from the International Labour Organization (ILO) suggest that 80 percent of workers in SSA are employed in the informal economy[91]. Even when agriculture is excluded, informality still dominates employment: 78.8 percent in Central Africa, 76.6 percent in Eastern Africa and 87 percent in Western Africa. Women are more likely to be working in the informal economy: more than 90 percent of women work in informal employment in SSA, as compared to 86.4 percent of men[92]. Despite frequently operating without legal recognition or security, informal sector workers perform vital functions in the urban economy. They are crucial to the food security of the urban poor, in addition to providing jobs, especially for women and other vulnerable groups. For instance, informal traders are often easily accessible, tend to sell products at lower prices, provide customers with credit and allow smaller amounts of transactions than supermarkets. More than a third of households in the SSA region rely on informal food suppliers for access to food[93&94]. Moreover, cross-border trade is significant for the economies of certain sub-regions in SSA[95]. For instance, informal cross border trade contributes between 30–40 percent of total intra-Southern African Development Community (SADC) regional trade. Foodstuffs, such as maize, rice and beans, are the main traded items.

90 Deloitte. (2020). Economic impact of the COVID-19 pandemic on East African economies Summary of government intervention measures and Deloitte insights.

91 ILO (2018). Women and men in the Informal Economy: A statistical picture. International Labor Organisation. https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf

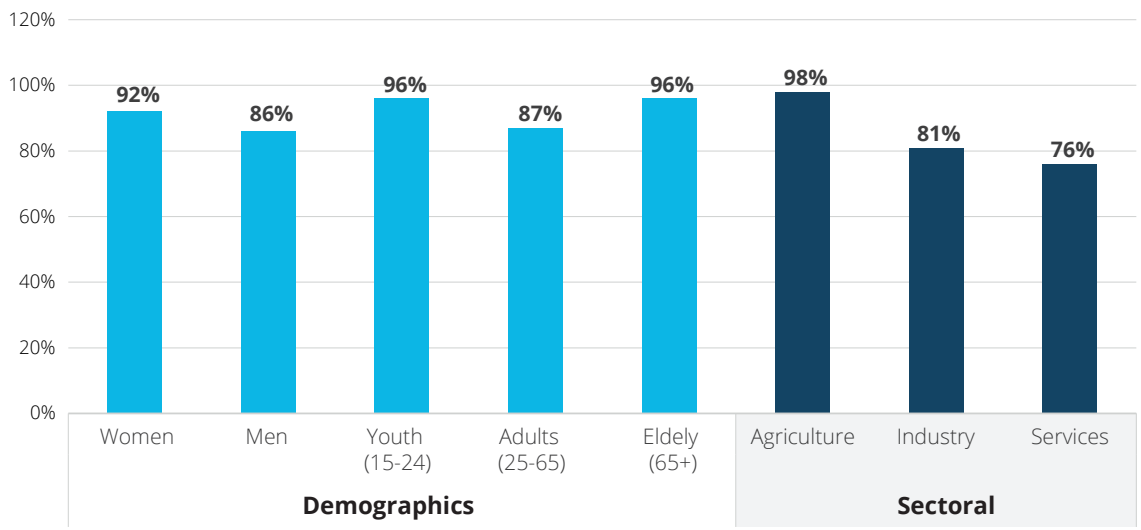
92 Ibid.

93 Battersby, J. and Watson, V. (2018), Urban food systems governance and poverty in African cities, London, and New York: Routledge. https://doi.org/10.4324/9781315191195

94 Resnick, D., Spencer, E., & Siwale, T. (2020). Informal traders and COVID-19 in Africa: An opportunity to strengthen the social contract. International Growth Center. Available at: https://www.theigc.org/wp content/uploads/2020/08/Resnick-et-al-2020-Policy-Brief.pdf 17. (Accessed: 7 December 2021).

95 Luke, D., Masila, G., & Sommer, L. (2020). Informal traders: A balancing act of survival. United Nations Economic Commission for Africa. Available at: https://www.uneca.org/sites/default/files/PublicationFiles/informal_traders_-_a_balancing_act_of_survival_eng_3.pdf. (Accessed: 7 December 2021).

Figure 10: Proportion of different categories of people engaged in informal trade in SSA[96]

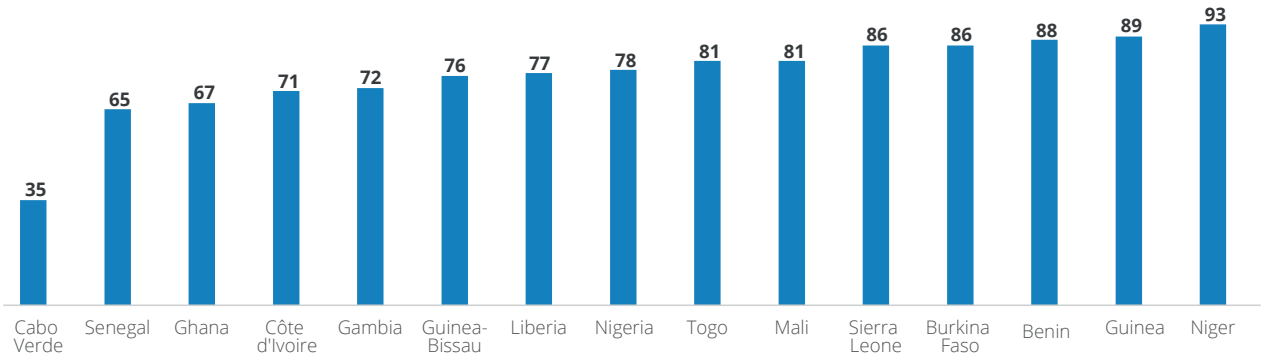


Source: (International Growth Centre, 2020)

The informal workers in SSA include self-employed persons (this constitutes on average 52 percent of all non-farm workers across SSA), persons employed by legitimate businesses that operate informally (11 percent), persons employed or engaged on an informal basis by businesses that operate in the formal sectors (10 percent) and persons who are engaged in households as domestic workers (4 percent)[97].

Based on ILO estimates, the average share of vulnerable jobs in total employment in the Economic Community of West African States (ECOWAS) region is 75.7 percent. This proportion is very high in all member states, with only Cabo Verde being the exception with a share of 35.2 percent (see Figure 11).

Figure 11: Share of vulnerable employment in total employment in ECOWAS in 2019



96 International Growth Centre (2020). Informality and COVID-19 in sub-Saharan Africa. Available at: https://www.theigc.org/wp-content/uploads/2020/10/Informality-and-Covid-19-in-SSA_final.pdf. (Accessed: 7 December 2021).

97 ILO (2018). Women and men in the Informal Economy: A statistical picture. International Labour Organization. Available at: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf. (Accessed: 7 December 2021).

Social protection remains a challenge with high proportions of informal employment in non-agricultural jobs in ECOWAS. The proportions of informal employment in non-agricultural jobs varied from 57.8 to 94.5 percent between 2011–2018 and largely justify the deficit in social security coverage of workers.

The livelihoods and survival of these informal sector workers heavily depends on daily earnings from outside the home[98]. Under COVID-19 lockdown measures businesses have been forced to shut down without any alternative plans. The economic context marked by a large informal sector makes some of the restriction measures adopted against COVID-19 difficult and ineffective. With little or no regulation, this sector is characterized by precarious working conditions and lack access to social safety nets. Thus, informal workers have been disproportionately impacted by COVID-19 containment measures[99]. Irrespective of how well-intentioned the COVID-19 containment and management strategies on the continent may seem, the impact of the measures on the urban poor and vulnerable groups, such as women, are detrimental[100]. In the early stages of the COVID-19 pandemic, the earnings of informal workers are estimated to have declined by 81 percent[101]. Some of these informal workers have also been affected by the destruction of their informal workspaces, predominantly informal market stalls, as part of enforcement of public health measures. This has increased the vulnerability of women and youth who are over-represented in the informal sector. Persons with disabilities also disproportionately suffer in terms of job losses and if they access the job market, they often do so in precarious working conditions[102].

COVID-19 has also exacerbated the vulnerability of informal transport sector workers, particularly minibus drivers and conductors in the paratransit system. In general, owners of informal minibuses do not absorb demand risks, nor do they have significant fixed costs. On the other hand, minibus drivers and conductors often absorb the risks of plummeting transport demand. In the case of Douala (Cameroon) and Dakar (Senegal) minibus operators and motor-taxi companies have already discontinued their public transport activities[103].

COVID-19 will also promote the expansion of the informal economy. A considerable increase in unemployment and underemployment may be seen following the financial collapse and permanent closure of "formal" micro, small and medium-sized enterprises. The worldwide recession is likely to have long-lasting effects. In SSA countries, a slow and inconsistent recovery is anticipated. Some people might revert to making a living as "informal micro-business" owners, own-account workers or informal employees in the absence of income replacement, particularly in low- and lower-middle-income countries (e.g., most SSA countries) where social protection systems are poor and coverage is limited. Importantly, some "formal" micro, small and medium-sized enterprises may be forced into "informality" for their survival[104].

98 Duerksen, M. (2020). Innovations needed to prevent COVID-19 from catching fire in African cities. Africa Center for Strategic Studies. 9 April 2020. Available at: https://africacenter.org/spotlight/innovationsneeded-prevent-covid-19-catching-fire-africa-cities. (Accessed: 7 December 2021).

99 Federal Government of Nigeria. (2020). Bouncing back: Nigeria economic sustainability plan. Report of the Economic Sustainability Committee. Available at: https://media.premiumtimesng.com/wp-content/files/2020/06/ESC-Plan-compressed-1.pdf. (Accessed: 7 December 2021).

100 Ibezim-Ohaeri, V. and Okon, E. (2020). Women, COVID-19 and economic, social and cultural rights in Nigeria. Available at: https://www.gi-escr.org/blog/women-covid-19-and-economic-social-andcultural-Rights-in-Nigeria. (Accessed: 7 December 2021).

101 United Nations Economic and Social Council. (2020). Social dimensions of the New Partnership for Africa's Development. Report of the Secretary-General. No. E/CN.5/2021/2.

102 African Union (2020). Policy Brief Protecting Migrant Workers in the Informal Economy: Inclusion of Migrant Workers in COVID-19 responses.

103 World Bank (2020). Urban Mobility and COVID- 19 in Africa. Available at: https://www.ssatp.org/sites/ssatp/files/publication/COVID19%20and%20Public%20Transport%20in%20Africa%20-%20FINAL%20-%20Aug2020%20-%20ENGLISH.pdf. (Accessed: 7 December 2021).

104 ILO (2020a). COVID-19 crisis and the informal economy Immediate responses and policy challenges. ILO Brief, May 2020. International Labour Organization. Available at: https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---travail/documents/briefingnote/wcms_743623.pdf. (Accessed: 7 December 2021).

4.3. Access to land and tenure security

Land tenure is a pillar of sustainable and resilient urban development. SDG 11 calls for ensuring access for all to adequate, safe and affordable housing and basic services; and the New Urban Agenda promotes security of tenure solutions that respond to age, gender and environmental issues[105]. Land tenure security is important as it provides rights that enable access to urban infrastructure and services, while also providing incentive for investment in household infrastructure, such as water and sanitation facilities, to improve living conditions[106]. Access to land and tenure have been shown to have a strong positive effect on levels of income and security and to enable home improvement, which is often a ladder out of poverty for families.

Secure land and housing are central to safety and well-being in cities, particularly in the wake of COVID-19. However, urban land tenure insecurity remains high in most cities of SSA, particularly for the poor and other vulnerable populations. Combined with rapid urbanization, the proliferation of slums in major cities and towns means that a higher share of the population is now faced with insecure land tenure in urban areas[107]. Even prior to the pandemic, tenure insecurity among a large proportion of the population residing in slums and unplanned urban areas was a grave concern, with women and other marginalized groups especially at risk of eviction[108]. SSA is considered one of the most insecure regions in the World; where more than one in four people feel it is likely or very likely that they will be pushed off their land or lose their home in the next five years[109].

Defining tenure security

Land tenure: The way land is held or owned by individuals and groups, or the set of relationships legally or customarily defined amongst people with respect to land. In other words, tenure reflects relationships between people and land directly, and between individuals and groups of people in their dealings in land.

Land tenure security: the degree of confidence that land users will not be arbitrarily deprived of the rights they enjoy over land and the economic benefits that flow from it; the right of all individuals and groups to effective government protection against forced evictions

Source: (Global Land Tool Network, 2008)

The proportion of people who feel insecure in SSA is higher than the global average, though there is significant variability across countries: Rwanda (8 percent) has one of the lowest rates of tenure insecurity in the world, Burkina Faso (44 percent) has one of the highest[110]. Another dimension of land tenure insecurity is that renters in SSA are far more likely to feel insecure than owners: while 16 to 19 percent of owners were found to be insecure in different regions of SSA: this proportion is 34 to 43 percent for the renters.

Data suggest that those living in East Africa and Central Africa are the most vulnerable. Overall, the insecurity of both owners and renters in SSA is much higher than the global average (owners: 9 percent, renters: 34 percent). Nearly half of all women in SSA fear losing their home in the event of the death of their spouse—a far higher rate than most other regions in the world[111]. Women in West Africa feel particularly vulnerable, whereas the gap is much lower in Central Africa, suggesting more gender parity in property rights.

105 Cities Alliance (2021). Challenges and Perspectives for Tenure Security in African Cities: Lessons Learned from the Secure Tenure in African Cities projects A Conversation between Local Innovators and Global Partners. Available at: https://www.citiesalliance.org/sites/default/files/2021-04/CN_W%20TenureSecurity_01042021_0.pdf. (Accessed: 7 December 2021).

106 Dachaga, W.; de Vries, W.T (2021). Land Tenure Security and Health Nexus: A Conceptual Framework for Navigating the Connections between Land Tenure Security and Health. Land, 10, 257. Available at: https://doi.org/10.3390/land10030257. (Accessed: 7 December 2021).

107 Picarelli, N (2015). Assessing Urban Land Tenure Rights in Sub-Saharan Africa. Available at: https://www.lse.ac.uk/geography-and-environment/assets/documents/vernon-property-rights-documentation.pdf. (Accessed: 7 December 2021).

108 Smit, W (2020): The challenge of COVID-19 in African cities: an urgent call for informal settlement upgrading, Cities & Health. Available at: https://doi.10.1080/23748834.2020.1816757. (Accessed: 7 December 2021).

109 Prindex (2020). Land and Property Rights in Sub-Saharan Africa: How Secure Do People in the Region feel?

110 Ibid.

111 Ibid.

The situation of tenure insecurity is more precarious in urban areas in SSA because a large proportion of the population reside in slums or unplanned settlements (see Chapter 3). A study conducted by Prindex[112] (2019) suggests that in SSA, there could be more than 60 million adults currently living in urban areas who are tenure insecure, and this could increase to over 210 million by 2050, assuming rates of tenure insecurity remain the same[113]. The poor access to land and tenure insecurity for many urban populations is making them particularly vulnerable during the COVID-19 pandemic; this is especially true for those living in slum areas.

Internally displaced persons living in makeshift shelters and using essential basic common facilities, such as toilets and cooking spaces, are not only being more exposed to the virus but also to the risk of being stigmatized and evicted by host communities in the event of viral outbreaks[114]. For example, in the urban and peri-urban areas of South Sudan, the Housing Land and Property Technical Working Group has identified an increased risk of evictions of individuals and households—most likely in two ways. Firstly, nationwide restrictions to movement and trading have occurred across South Sudan, resulting in reduced income for many households. Reduced income, leading to failure to pay rent, could lead to evictions in locations like Juba City. Secondly, internally displaced persons living in abandoned or unused buildings may be at increased risk of eviction as owners try to mitigate an outbreak of COVID-19. Internally displaced persons are often not given much notice of eviction, are already vulnerable households, and may lack means or opportunity to challenge the eviction or find an alternative place to stay[115]. Detailed elaboration on the land access and land tenure security situation in SSA is provided in Annex 1.

More than 40,000 people forcibly evicted in East Africa during the COVID-19 crisis

The Norwegian Refuge Council (NRC) notes that in Somalia more than 34,700 people have been evicted by landowners from their homes in cities, such as Mogadishu, Baidoa and Hargeisa since the COVID-19 pandemic started in March 2020. In Kenya, about 7,000 people—including many single mothers and children—had their homes bulldozed in May 2020 when authorities ignored a court order and demolished hundreds of homes in Nairobi's Kariobangi and Ruai areas. The city authorities justified the evictions on the basis that the homes are built on public land, even when some of the evicted residents indicated that they had bought the land legally. In Ethiopia, about 1,000 people were left homeless in April 2020 after municipal authorities in Addis Ababa demolished dozens of homes that they said were illegally constructed on land with contested ownership. Local activists in Kenya said most of those evicted were poor daily wage earners, such as manual labourers, cleaners and market vendors who were already suffering due to a loss of income because of the COVID-19 pandemic. These forced evictions further exposed victims to COVID-19.

Source: (Bhalla, 2020)

112 Prindex is the world's first global measure of land and property rights; an initiative of the Overseas Development Institute (ODI) and the Global Land Alliance (GLA). Available at: https://www.prindex.net/. (Accessed: 7 December 2021).

113 Prindex (2019). Global perceptions of urban land tenure security Evidence from 33 countries.

114 Global Land Tool Network. Tenure Security and Global COVID-19 Pandemic. Available at: https://gltn.net/tenure-security-and-covid-19-pandemic/. (Accessed: 7 December 2021).

115 Housing Land and Property Technical Working Group (2020). Guidance from the Housing Land and Property Technical Working Group on COVID-19.

4.4. Declining income and deepening poverty

COVID-19 has had a devastating impact on the economies, caused by a deterioration in livelihoods and thus in the income of the people at large, particularly affecting the urban poor. This impact has been particularly devastating for SSA. The ILO projected that the COVID-19 pandemic would lead to 25 million jobs being lost in Africa as of March 2020[116]. Informal sector employees who often rely on precarious livelihoods are most affected by COVID-19 containment measures, such as stay home orders, closure of markets and shutdowns in many sectors[117]. Equally, the sectors that offer jobs to most of these employees, such as tourism, hotels, beauty and restaurants, street trading, transportation and education, manufacturing and construction are estimated to have been disproportionately impacted by COVID-19 control measures. In a WFP mobile Vulnerability Analysis and Mapping (mVAM) survey conducted in 13 urban areas of Uganda in May–June 2020, nearly all households reported a negative impact of COVID-19 and Government restrictions on their main livelihood source and 71 percent of households classified this negative impact as major[118]. The COVID-19 pandemic and its aftermath are expected to increase extreme poverty, with disproportionate impact on the most vulnerable groups.[119]

COVID-19 worsens poverty among slum households in Nigeria

Urban households were severely affected by COVID-19 lockdown measures with 13 percent of respondents reporting to have lost their income. In addition to job losses, at least 50 percent of households for many job categories experienced either a reduction in their income or completely lost income. Households in Nigeria's urban slums have been affected stronger by income losses than other urban households. Those with informal employment, such as petty trade, selling on the streets and daily casual labour were most impacted. They are also less able to meet their essential needs, in all dimensions, and had to apply emergency livelihood coping strategies, such as begging or doing risky jobs. In urban slums, up to 25 percent households had to apply emergency coping strategies. Almost half of households were found to be multidimensionally deprived—internally displaced people, large households, households with children and households in urban slums are the most multidimensionally deprived households.

Source: (World Food Programme, 2021)

The COVID-19 pandemic has also amplified existing economic disparities in most SSA cities. For example, in South Africa, the activation of level-5 lockdown[120] in April 2020 resulted in different impacts between urban communities. The suburbs lost one in seven jobs (14 percent), compared with one in four in the townships (24 percent) and peri-urban areas (23 percent) and more than a third of jobs (36 percent) in shack areas or informal settlements[121]. Those living in shacks were highly vulnerable to the restrictions on informal street trading during the level 5 lockdown, reflecting the precarious nature of their livelihoods. In Johannesburg, South Africa, 67 percent of self-employed workers in poor neighbourhoods had to close their businesses during the city-wide lockdowns. Similarly, in Accra (Ghana), 86 percent of the self-employed workers halted their operations without receiving any income[122]. The COVID-19 lockdowns have had a disproportionate impact on women and girls in the urban informal economy. For instance, within the context of street vending, women constitute 70 percent or more of street vendors and the disparities between men and women based on social norms and gender stereotypes are likely to worsen.

116 UN-Habitat, UNECA & UCLG. (2020). COVID-19 in African cities: Impacts, Responses and Policies. UN-HABITAT, UNCDF, UCLG-A Africa, UNECA.

117 Demeke, M., & Kariuki, J. (2020). Assessing the impact of COVID-19 on food and nutrition security and adequacy of responses in Kenya. FAO.

118 UN-Habitat and WFP. (August 2020). Impact of Covid-19 on livelihoods, food security and nutrition in East Africa: Urban Focus.

119 WFP. (2021). Urban Focus Nigeria: COVID-19 economic impacts on essential needs for urban and slum households in Nigeria. WFP Country Office, Nigeria

120 Level 5 lockdown indicates a high COVID-19 spread with a low health system readiness. At this level, the Government of South Africa implemented drastic measures to contain the spread of COVID-19, including a total halt to most economic activities including informal sector operations. Available at: https://www.gov.za/covid-19/about/about-alert-system#. (Accessed: 7 December 2021).

121 Turok, I and Visagie, J (2021). COVID-19 amplifies urban inequalities. South African Journal of Science, 117 (3/4). Available at: https://sajs.co.za/article/view/8939. (Accessed: 7 December 2021).

122 Durizzo, K et al (2021). Managing the COVID-19 pandemic in poor urban neighbourhoods: The case of Accra and Johannesburg. World Development, 137, 1–14. Available at: https://doi.org/10.1016/j.worlddev.2020.105175. (Accessed: 7 December 2021).

4.5. Market and price development

COVID-19 led to significant disruptions in supply chains and market functionality globally and in SSA it affected the availability, pricing and quality of food[123]. Mitigation and measures to contain the spread of the virus slowed down and delayed the flow and distribution of imported foods, cross border trade and domestic supply chains, thus severely disrupting markets in most countries[124]. In Ethiopia, Tamru et al. (2020)[125] report of reduced vegetable trading as travel bans reduced the volume and frequency of trucks coming into the city. Moseley & Battersby (2020)[126] report similar observations from the vegetables market in Zimbabwe and South Africa. Food and Agriculture Organization (FAO) (2020) asserts that border closures coupled with export bans disrupted food supply flows in the region.

Rural- urban food flows were disrupted as fewer traders travelled from rural areas to urban areas, thus severely impacting food trade and the flow of food remittances. Disruptions to food supply chains and markets exerted an upward pressure on food prices and these have been documented in various countries. In East Africa, the announcement of COVID-19 control measures and consequent market reactions, such as panic buying, hoarding of commodities, increased transport costs and reduced cross border trade supplies, led to astronomical price increases through May 2020 particularly in Sudan and South Sudan—countries that were already facing mounting macro-economic challenges (WFP, 2020). A study by Kwaku et al. concluded that COVID-19 negatively influenced food prices via demand and supply conditions of cereal market of SSA but external environmental shocks, such as exchange rates, inflation and crude oil prices exerted a detrimental effect on food prices. Ghana, Ethiopia, Kenya, Mozambique, Rwanda and Tanzania recorded food price increments of 7.9, 3.4, 4.2, 10.5, 19.5, and 12.5 percent respectively. Sorghum prices surpassed the five-year average by 150 percent to 250 percent in Sudan; from 50 percent to 240 percent in South Sudan; 85 percent in Ethiopia and from 20 to 55 percent in southern Somalia. The average price of maize in Nairobi for April 2020 was US$342/mt compared with US$ 312/mt the same month in 2019. In Kampala, the average price of rice in April 2020 was US$1,013/mt compared with US$950/mt a year earlier. Rice prices jumped by almost 50 percent in border towns of Ghana[127]. The rise in food prices were also associated with the depreciation of local currencies in several countries. In East Africa, the currency depreciation against the USD were more pronounced in Sudan (88 percent), South Sudan (78 percent) and in Ethiopia (18 percent) year on year ending November 2021.[128]

As the COVID-19 pandemic continued to expand, several main food export countries were resorting to aggressive protectionist measures including stockpiling, trade restrictions, export bans and quotas in a bid to ease pressure on their domestic food markets and safeguard national food security[129]. Export restrictions on staple foods, such as rice and wheat, imposed by major exporting countries in a bid to ease pressure on their domestic markets and protect their national supplies added to an upward pressure on food prices. Most of these export restrictions were lifted by August 2020[130], although the risk remains that such restrictions might be re-imposed, depending on the severity of any future spikes in the disease and the reimposition of lockdown measures. While prices relaxed in several countries, they have remained above average and continue to directly impact food and nutrition security by making food more expensive, and thus more difficult to access, especially for the poor and vulnerable with limited incomes. For instance, a survey of urban centres of Kenya, indicated that more than 80 percent of the respondents reported consuming a fewer number of meals and fewer fruits and vegetables compared to before March 2020, due to high food prices. These dietary shifts can lead to poor diets—a key driver of malnutrition, with potentially lasting impacts on nutrition outcomes.

Although most countries have eased COVID-19 related restrictions and protocols, which has improved market functionality as well as improving physical access to markets, restrictions, such as nationwide curfews, border closures and mandatory screening at the borders, will continue to slow down the food supply chain, which in turn heightens vulnerability to food insecurity.

123 FAO. (2020). Food Outlook. Biannual report on global food markets. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/CA9509EN.pdf. (Accessed: 7 December 2021).

124 Singh, S., Kumar, R., Panchal, R., Tiwari, M.K. Impact of COVID-19 on Logistics Systems and Disruptions in Food Supply Chain. International Journal of Production Research, 59 (7):1–16.

125 Tamru, S., Hirvonen, K., & Minten, B (2020). Impacts of the COVID-19 Crisis on Vegetable Value Chains in Ethiopia", IFPRI Blog.

126 Moseley, W.G. & Battersby, J. (2020). The Vulnerability and Resilience of African Food Systems, Food Security and Nutrition in the Context of the COVID-19 Pandemic. African Studies Review, 63(3).

127 Resnick, D. (2020). COVID-19 Lockdowns Threaten Africa's Vital Informal Urban Food Trade.

128 WFP (2021). East Africa Trade and Market Update 2020 released December 2021.

129 WFP (May 2020). Impact of Covid-19 on supply chains, regional trade, markets, and food security in East Africa.

130 FAO (2020). Impacts Of COVID-19 on Food Security and Nutrition: Developing Effective Policy Responses to Address the Hunger and Malnutrition Pandemic. Rome.

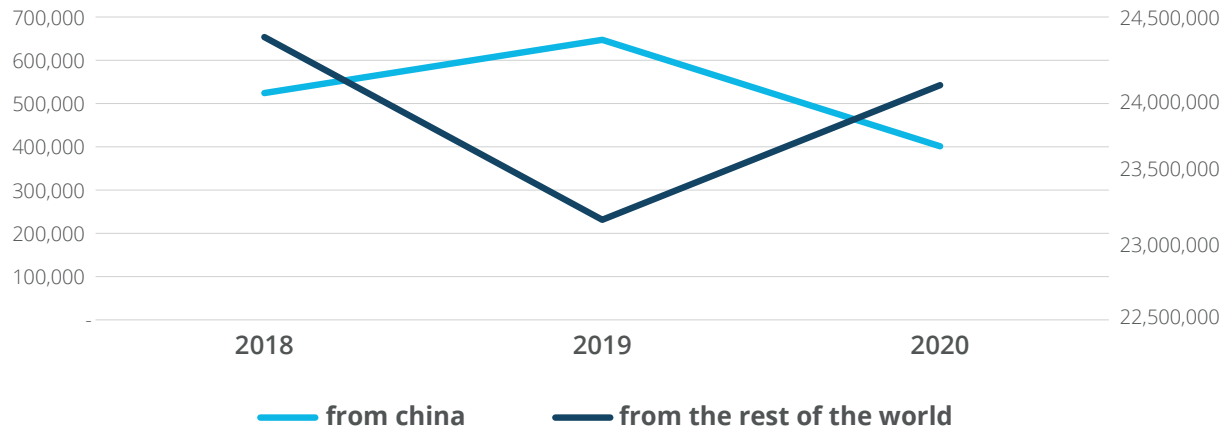
4.6. Formal food retailers and food access

In several countries, with the onset of the pandemic, formal retailers, such as supermarkets and their supply chains, remained operational while the informal food markets were shut down. The closure of informal food markets forced households to shift to more expensive food outlets thus disrupting food access and reducing diet quality of the urban poor who purchase a large part of their food from informal food markets[131]. Additionally, in the face of these stringent measures people had to travel far to access food and paying higher transport costs, in turn increasing the already high proportion of income spend on food. A study of the early effects of COVID-19, indicates that residents of a township in Johannesburg (South Africa) had to travel far to get food as no street vendors were operating[132]. Even in areas where supermarkets were physically accessible for the urban poor, reduced incomes and lost livelihoods constrained bulk purchases associated with supermarkets. More so, the panic buying and hoarding which followed the implementation of mitigation measures resulted in food price spikes, further depressing the ability of vulnerable households to access food from formal shops. In South Africa, the National Consumer Commission and the Competition Commission launched an investigation into 30 retailers, including two supermarket chain stores (Spar and Pick 'n Pay) accused of excessive price hikes. Wegerif (2020) reports that in the absence of street traders the cost of a household food basket, for households in low-income areas of Pietermaritzburg, increased by 7.8 percent between March to May 2020, compared to a 13.8 percent increase for the whole year from May 2019 to 2020. For poor people, the formal food markets stand to negatively impact their food utilization in terms of reduced diet quality and nutrition intake.

4.7. International, regional and local trade

The movement of food through channels of international, regional and local trade dropped sharply soon after the imposition of containment and mitigating measures against COVID-19 pandemic. However, over the course of the year 2020, domestic, regional and global trade flows to SSA recovered. Export value of cereals to Africa from the rest of the world climbed to US$24 million in 2020 up from an estimated US$23 million a year earlier which is 4 percent higher. However, cereal imports from China to Africa declined in 2020 when compared to the previous year because China experienced significant cargo disruptions in the first quarter of 2020. In terms of specific staple foods, export restrictions disrupted mostly the global movement of wheat, grains and rice that were subject to highest number restrictions in 2020.

Figure 12: Cereal exports value (US$) to Africa



131 Wegerif, M. C. A. (2020). "Informal" Food Traders and Food Security: Experiences from the COVID-19 Response in South Africa. Food Security, 12, 797–800.

132 Ibid.

At regional level, COVID-19 disrupted trade and progress towards economic integration, for example the African Continental Free Trade Area was supposed to establish country-wide free movement of goods starting on July 1 which was projected to boost intra-African trade of agriculture and food products by 20–35 percent [133]. Tighter border controls and curfews affected food trade, for example in Nigeria curfews disrupted the movement of fresh farm produce and other perishables that are usually transported at night to avoid the days heat[134]. Vital informal food trade, a major source of food for the urban vulnerable, was disrupted under national lockdowns in countries like Zimbabwe, South Africa and Zambia and city lockdowns in Democratic Republic of Congo, Ghana, Nigeria and Uganda[135]. Similar informal trade disruptions were observed across the SSA in East Africa, despite assurances by Governments to keep regional trade flowing during the pandemic. The border control measures including the screening of truck drivers resulted in delays, long queues and cargo pile ups particularly in the second quarter, affecting commodity flows to far-flung and land-locked Uganda, South Sudan, Rwanda and Burundi. As a result, the regional cross border trade for most commodities only recovered towards the end of 2020 (in Q3&Q4), after having dipped in the second quarter (WFP, 2021).

Disruptions to international, regional and local trade are particularly important for the urban populace in the region who may have little or no access to own food production. With easing of containment measures and lifting of export restrictions signs of recovery are beginning to show. Kenya is recovering in its export of tea, fruit and vegetables to the rest of the East African community. However, the resurgence of the pandemic in several countries might hinder the recovery as more protracted containment efforts may be required.

4.8. Trade and price outlook

Trade in goods is expected to improve gradually as countries continue to ease COVID-19 restrictions. Although domestic and intra-regional trade is expected to rebound faster, disruptions are still expected to persist in localised areas and borders as many countries fear the resurgence of the COVID-19 virus. Landlocked countries within the region however remain more vulnerable to trade disruptions. The region's trade deficit in major food items is anticipated to widen, since the region is host to more low-income food deficit countries[136], which depend on imports to close the gap between domestic production and consumption. As such, import volumes of cereals, meat, sugar and oils are expected to rise, and the food import dependency is expected to worsen over the next ten years.

Income contractions and losses and lower demand are expected to last longer, moderating increases in consumer prices. This implies that business and trade activities will likely not reach pre-COVID-19 levels this year. Increased flow of goods and services across borders is expected to increase supply and stabilise prices. In general, staple food prices are expected to trend seasonally in 2021 except in areas worst affected by poor seasonal crop production, active conflicts and high macro-economic instability. In these areas, staple food prices are forecasted to exhibit high volatility and increase significantly above the recent five-year average.

4.9. Food security and nutrition

As per the State of Food Insecurity[137] report released in July 2021, an estimate 768 million people (or about 10 percent of the population) were facing hunger worldwide, considering the middle of the projected range, based on the Prevalence of Undernourishment, which is in 118 million more people than in 2019. The situation is more worrisome in Africa as hunger affects 21.0 percent of the population (24 percent in SSA), compared with about 10 percent globally. More than one-third of the world's undernourished are in Africa (282 million). Compared with 2019, about 46 million more people in Africa were affected by hunger in 2020.

133 Iroulo, L. C. (2020). Turning Lemons to Lemonade: Impact of COVID-19 on the African Continental Free Trade Agreement. United Nations University Institute on Comparative Regional Integration Studies, Policy Brief No 4.

134 FAO (2020). HLPE. 2020. Impacts of COVID-19 on Food Security and Nutrition: Developing Effective Policy Responses to Address the Hunger and Malnutrition Pandemic.

135 Mergesa, K. (2020). The Informal Sector and COVID-19 in Sub-Saharan Africa. Institute of Development Studies.

136 FAO (2021). Low-Income Food-Deficit Countries (LIFDCs). Available at: https://www.fao.org/countryprofiles/lifdc/en/. (Accessed: 1 December 2021).

137 WFP (2021). 2021 State of Food Security and Nutrition in the World – Report and InBrief | World Food Programme.

The Global Report on Food Crisis[138], also indicated that 155[139] million people were in food crisis in 2020—higher by 20 million than in 2019. Among them, 98 million people were in Africa. In 2020, Africa remained the continent most affected by food crises, accounting for 63 percent of the total global number of people in Crisis or worse (IPC/CH Phase 3 or above) or equivalent, up from 54 percent in 2019. Out of the 34 countries, with major food crisis in 2020, 24 were in SSA. These included Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Eswatini, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mali, Mozambique, Niger, Nigeria, Sierra Leone, Somalia, South Sudan, Sudan, Uganda, Tanzania, Zambia and Zimbabwe. Among the ten countries with the highest number of people in crisis or worse, six are in SSA: DRC, Sudan, Nigeria, Ethiopia, South Sudan and Zimbabwe.

Among the three countries where there were populations in food security catastrophe or famine (IPC Phase 5) in 2020, two are in SSA: South Sudan (where 121,500 were facing food security catastrophe) and Burkina Faso (11,400 people affected). Further to this, some 14,000 people in Madagascar have been facing food security catastrophe as of April 2021, while the Tigray region of Ethiopia has been the most serious hotspot of food insecurity with 401,000 people facing food security catastrophe between July–September 2021[140].

According to 2020 Global Hunger Index[141], hunger was at alarming level in 11 countries of the world: Chad, Timor-Leste, Madagascar, Burundi, Central African Republic, Comoros, Democratic Republic of the Congo, Somalia, South Sudan, Syria and Yemen. It is worth noting that nine countries from this list are in SSA. Most other countries in SSA have serious levels of hunger. The COVID-19 pandemic has worsened the food insecurity situation in SSA[142], especially in urban areas. WFP estimates that a total of 212 million have been food insecure in SSA during 2020–21. Among them 82.5 million are estimated to be food insecure in urban areas. The methodological note on the estimation of food insecure is provided in Annex 2.

While it is now generally accepted that the world is not on track to achieve zero hunger target by 2020 as per SDG targets, this is particularly true for SSA. For most countries in the region, achieving zero hunger remains a moving target given the trends, current situation and the outlook.

Food insecurity in South Africa's poor urban neighbourhoods

The proportion of respondents who said their household had run out of money to buy food in April 2020 was 31 percent in the suburbs, 48 percent in the townships and 61 percent in the shack areas. Shack dwellers were noticeably worse off than other urban respondents. This adds to the concern 1-that far fewer shack-dwellers receive government grants. By June 2020, these proportions had come down to 24 percentage points in the suburbs, 40 percent in the townships and 50 percent in the shack areas. In other words, hunger had declined everywhere, although the gap between the shack-dwellers and other groups was still large. The proportion of respondents who said that someone in their household had gone hungry in the last seven days (in May/June 2020) was 11 percent in the suburbs, 22 percent in the townships and 32 percent in the shack areas. By July/ August 2020, these proportions had come down to 7 percent in the suburbs, 16 percent in the townships and 22 percent in the shack areas. Conditions clearly improved, but the differences between urban neighbourhoods remained very large.

Source: (Turok and Visagie, 2021)

138 Global Network Against Food Crises. 2021 Global Report on Food Crises. Available at: GRFC 2021 050521 med.pdf (fsinplatform.org). (Accessed: 7 December 2021).

139 It should be noted that 155 million is only for the countries/areas covered by the Global Report where data from IPC or CH analysis are available. Considering also the countries/areas not covered by the report, WFP estimated a total of 270 million food insecure people in need of humanitarian assistance in 2021, and the estimated number is also similar for 2021.

140 Integrated Food Security Phase Classification. Available at: IPC_Ethiopia_Acute_Food_Insecurity_2021MaySept_national.pdf (ipcinfo.org). (Accessed: 7 December 2021).

141 Global Hunger Index. Available at: 2020 Global Hunger Index: One Decade to Zero Hunger – Linking Health and Sustainable Food Systems. (Accessed: 7 December 2021).

142 Baquedano, F., Cheryl, C., Kayode, A. and Jayson, B. (2020). International Food Security Assessment, 2020–30, GFA-31, U.S. Department of Agriculture, Economic Research Service, August 2020.

Urban poor: The impact of the pandemic on the most vulnerable

The urban poor in SSA cities were mostly affected by COVID-19 restrictions in terms of food security, especially those living in informal settlements. Three main channels explain how the pandemic has worsened food insecurity for the urban poor. Firstly, the reduction in household incomes due to COVID-19 induced lockdowns especially for those working in the informal sector, with low-income sources and without access to social safety nets. In Mukuru Kwa Reuben slum in Nairobi, 88 percent of the households experienced food insecurity during a total lockdown in March 2020 resulting from the drastic decline in household income. In Zimbabwe's urban areas, an estimated 2.4 million people were struggling to meet basic food needs because of COVID-19 induced lockdowns. Secondly, the attendant changes in prices of different types of foods resulting from lower supply and scarcity. The prices of shelf-life food items increased due to higher-income households scrambling to purchase and accumulate household buffer stocks as a means of self-insurance against hunger and lockdown uncertainty. For example, in Nigerian slums, there has been an overall increase in the percentage of households that felt worried about not having enough food to eat [from 59 to 65 percent, WFP (2020)]. Thirdly, the increased burden on household food budget because of school closures and lockdown measures meant that children had to be home 24 hours. COVID-19 thus induced food insecurity amongst the poor, triggering adoption of negative coping strategies, such as reducing the number of meals, with impacts expected to continue through 2021, into 2022, and possibly beyond.

4.10. Urban health and nutrition

In many developing countries, food insecurity and undernutrition are increasing rapidly under the context of rapid urbanization. Rapid urbanization in SSA has been accompanied by growth of industry, particularly that of food manufacturing. This has resulted in a nutrition transition, in which the acceptance of disproportionately cheaper highly processed foods of undesirable nutrition value, such as soft drinks and fast foods, has increased. For example, in South Africa where 66 percent of the population live in urban areas, processed food makes up 90 percent of the value of consumed food. While the stages of nutrition transition vary across the region, changes in dietary patterns are already affecting health outcomes in a sizable proportion of the population[143]. Prevalence of overnutrition and obesity and non-communicable diseases like diabetes, hypertension, cardiovascular diseases and diet-related cancers are increasing. For example, research show rates of hypertension of between 15 percent and 30 percent, from across SSA with urban areas accounting for a larger share[144]. These changes are creating a double burden of malnutrition and exerting pressure on public health systems in the region. The current unhealthy food consumption patterns may be exacerbated by the impacts of COVID-19 pandemic on urban livelihoods, incomes and employment. Dwindling incomes and rising prices will push households further towards cheap and highly processed foods, decreasing the proportion of nutritious foods, thus having long term impacts on health outcomes. While there has been little research so far into malnutrition as a co-morbidity for COVID-19, persons with weakened and compromised immune systems as a result of undernourishment are at greater risk of a range of serious morbidities and so are likely to be more severely affected by COVID-19 virus.

In Zimbabwe, estimates suggest that 83 percent of urban households are struggling to meet the costs of the minimum expected food items, such as mealie meal, salt and cooking oil[145]. In Mukuru Kwa Reuben urban slum in Nairobi, about 52 percent of the households switched their diets to commonly include higher intake of vegetables, as they were no longer able to afford meat, fish, milk and bread, increasing the likelihood of protein deficiency. A survey conducted in Addis Ababa; Ethiopia reveals some alarming facts about how COVID-19 has impacted households' nutrition. As a result of the pandemic,

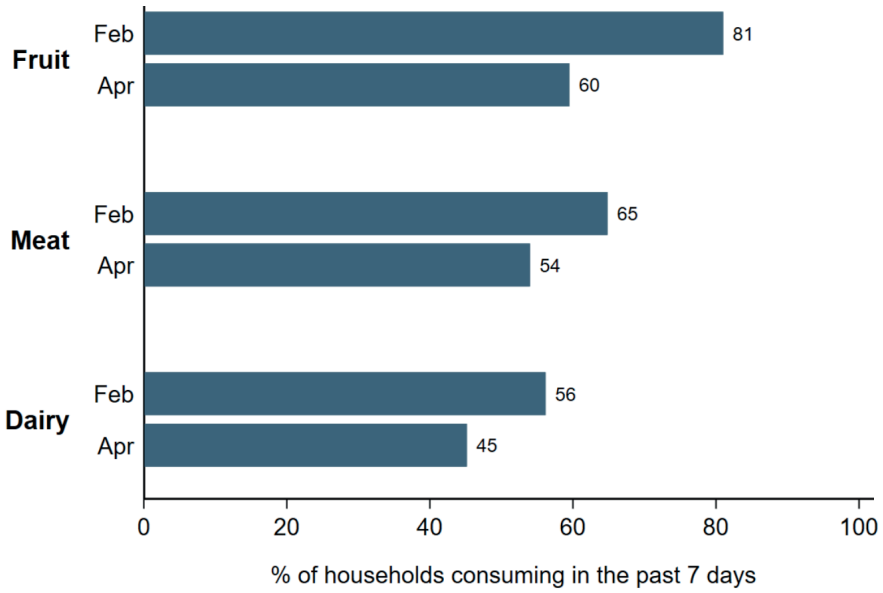
143 Abrahams, Z., Z. Mchiza & N.P. Steyn. (2011). Diet and Mortality Rates in Sub-Saharan Africa: Stages in the Nutrition Transition. BMC Public Health 11: 801.

144 Addo, J., Smeeth, L., & Leon, D. A (2007). Hypertension In Sub-Saharan Africa a Systematic Review. Hypertension, 50:1012–1018.

145 WFP (2021). Hunger in urban Zimbabwe peaks as the ripple effect of COVID-19 is felt across the nation. Available at: https://www.wfp.org/news/hunger-urban-zimbabwe-peaks-ripple-effect-covid-19-felt-across-nation. (Accessed: 1 December 2021).

households in Addis Ababa (see Figure 13) are less likely to report consuming fruits (declining from 81 to 60 percent of households), meat (65 percent to 54 percent) and dairy (56 percent to 45 percent)[146]. In Accra's poor neighbourhoods, residents indicated that the COVID-19 lockdowns are aggravating their precarious situations as residents reported inability to afford basic foods, such as beans, cassava or jam (33 percent), vegetables (23 percent) and fruits (9 percent). A study in Johannesburg (South Africa) reveal that 22 percent of the respondents reported that certain items, such as bread and maize porridge, were not available for purchase the last time they went shopping. WFP analysis[147] showed that because of COVID-19, it was costing more for households to afford a nutritious diet in Burundi (8 percent), Rwanda and Sudan.

Figure 13: COVID-19 induced nutrition changes in Addis Ababa, Ethiopia in 2020



Source: (Hirvonen, Abate & de Brauw, 2020).

146 Hirvonen, K, Abate, G, T and de Brauw, A (2020). Survey suggests rising risk of food and nutrition insecurity in Addis Ababa, Ethiopia, as COVID-19 restrictions continue in Swinnen, J and McDermott, J (eds). Covid-19 Global Food Security. International Food Policy Research Institute (IFPRI).

147 WFP (2021). East Africa Market and Trade Update. Available at: https://docs.wfp.org/api/documents/WFP-0000128059/download/. (Accessed: 1 December 2021).

5. GENDER AND PROTECTION CHALLENGES

5.1. Disproportionate job losses and food insecurity among women

In SSA overall, over 74 percent of women in non-agricultural jobs are in informal employment, including domestic work, street vendors and other insecure livelihoods.[148] The COVID-19 related mobility restrictions and social distancing added to the hardships and challenges faced by women who rely on informal sector employment to support themselves and their families. East Africa's flower industry, which employs mostly female workers, is a key example of this. Overseas demand for fresh-cut flowers from countries, such as Ethiopia and Kenya plummeted, leaving thousands of women in both countries unemployed with no safety net to fall back on.[149] For example, more than 150,000 employees in Ethiopia's flower export market are at risk of losing their jobs. The ILO reports that by June 2020 about 70 percent of informal sector employees lost their jobs due to COVID-19[150]. Furthermore, COVID-19 is increasing women's care giving burdens as children and the elderly are at home, and women are more likely to care for the sick, including those who become ill with COVID-19. As women reallocate their time to caring for family members, it lowers household income with deleterious impact on food security and nutrition, particularly for urban women and their households who rely on the markets for food access. The food security and nutrition of women is further comprised because women are usually served food last when household food is limited. The COVID-19 induced food insecurity has disproportionate impact on women living in informal settlements[151].

COVID-19's impact on women's food security in Nairobi's informal settlements

During public health emergencies, women disproportionately bear the brunt of food insecurity with both short-term and long-term implications on health and well-being. A study conducted in Nairobi's informal settlements revealed that women were more likely than men, by 6 percentage points, to report skipping meals due to COVID-19 induced lockdowns. Among female respondents, women who were divorced, widowed, or separated were more likely to skip a meal than women who were married. This is perhaps because single mothers, who are the sole providers in a household, are also responsible for household chores including taking care of children.

148 UN Women, Progress of the World's Women 2015-2016. Chapter 2, p. 71.

149 Bhalla, N., Wuilbercq, E. (2020). No bed of roses: East Africa's female flower workers lose jobs as coronavirus hits exports. Available at: https://www.reuters.com/article/us-health-coronavirus-africa-women-idUSKCN21T0AW. (Accessed: 7 December 2021).

150 ILO Monitor (2021): COVID-19 and the world of work. Seventh Edition.

151 Pinchoff et al (2021). Gendered economic, social and health effects of the COVID-19 pandemic and mitigation policies in Kenya: evidence from a prospective cohort survey in Nairobi informal settlements. BMJ Open. https://doi.10.1136/bmjopen-2020-042749. (Accessed: 7 December 2021).

5.2. Lockdowns fuel incidences of gender-based violence

In times of economic crises, civil unrest and disasters, the risk of violence against women and girls increases, inside and outside the home. Lockdown measures to contain the spread of COVID-19 pandemic led to spikes in gender-based violence (GBV) in SSA. The increase in GBV is linked to the proximity of women and girls to their abusers due to quarantine and stay-at-home restrictions. In Kenya, there was a 35 percent increase in GBV cases and a 50 percent increase in violence against girls in the first half of the month of April. In South Africa, 87,000 GBV complaints were received by police during the initial period of lockdown in mid-2020.[152] Economic stress, job losses, and worry over finances increased the risk of violence in homes, including violence between partners and by caregivers against children. Restrictions in movement meant that women were unable to physically go and report their cases. This was compounded by the closure of courts in many jurisdictions, with unclear protocols on what constitutes an 'urgent' case. In addition, limited access and availability of support worsened the plight of GBV survivors. Although, care and support facilities for GBV survivors have gradually resumed operations in several countries, most are still operating at low scale in countries like Kenya, Uganda and Ethiopia. Most countries lack a sufficient number and coverage of shelters for survivors of GBV. Furthermore, COVID-19 has disrupted provision for clinical management of sexual violence and access to health services. These challenges have created a sense of desperation among GBV survivors and prevent them from reporting incidences of violence, in a way shielding the perpetrators and increasing the likelihood of continued violence.

During lockdown, the SADC region called for GBV services to be marked as essential services by governments. In South Africa, GBV services were included as essential services in response planning. In situations where there are restrictions or quarantines, there may be few opportunities for a survivor to have any interaction with anyone other than their abuser. Humanitarian agencies have responded to the increased need by ensuring, for example, that existing systems, such as community level complaints and feedback mechanisms are strengthened. WFP for example coordinates with partners like UNFPA, and others working on GBV response, to identify safe pathways to safety and support (for example, food and/or cash distributions, markets, pharmacies, shops) and consider if and how information on available GBV services can be safely relayed at or through those entry points.

Women and girls in vulnerable situations, such as those with disabilities, those living and working on the streets and those living in poor urban informal settlements have limited access to medical care and education services as well as information on how to protect themselves from COVID-19, since available information is not tailored to the needs of those with disabilities. Women and girls who are living on the streets and who relied on left-over food handouts from hotels and restaurants are starving. Women and girls who live in urban slums are most affected by sexual and physical abuse and exploitation.

The mental health impacts are equally devastating. There is an exponential rise in mental illness including depression, anxiety, post-traumatic stress disorder and suicidal ideation for women who have experienced violence and abuse.[153] The reverse relationship is also true: women living with severe mental illness are significantly more likely to fall victims to violence, in fact, they are six times more likely to experience sexual violence during their life.[154] Yet, so often, mental health services are not available for survivors of violence, and where available, they are rarely integrated into the primary health care system. Providing women with comprehensive and gender-sensitive mental health services can allow them to take back control of their bodies, sexuality, and lives. WFP created guidelines for essential services and actions to support in-country operations with national governments to address the needs of survivors of GBV. In most countries these activities are conducted in collaboration with UNFPA or other actors with the relevant expertise.

152 Masweneng, K. (2020). Gender-based violence complaints hit 87,000 so far in lockdown, as cop arrested for allegedly raping wife. Times Live. South Africa. Available at: https://www.timeslive.co.za/news/south-africa/2020-04-03-gender-based-violence-complaints-hit-87000-so-far-in-lockdown-as-cop-arrested-for-allegedly-raping-wife/. (Accessed: 7 December 2021).

153 Lancet. (2016). Violence against women and mental health. Available at: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30261-9/fulltext. (Accessed: 7 December 2021).

154 Dillon G, Hussain R, Loxton D, Rahman S. Mental and Physical Health and Intimate Partner Violence against Women: A Review of the Literature. Int J Family Med. 2013;2013:313909. doi: 10.1155/2013/313909. Epub 2013 Jan 23. PMID: 23431441; PMCID: PMC3566605.

5.3. Protection challenges in urban settings

Protection risks for migrants and displaced populations, such as evictions, exploitation, GBV, child labour and child marriages, have increased during the pandemic. The pandemic and has also pushed migrants in vulnerable situations into embarking on dangerous migratory journeys. At the same time, discrimination and xenophobic attitudes have been spreading. Misinformation is a serious concern and may further expose vulnerable, minority or marginalized populations to increased risk of transmission of the virus. On the other hand, in a continent where migrant remittances are a major source of income and represent a vital safety net, the World Bank estimated that remittances dropped from US$48 million in 2019 to US$44 million in 2020 because of lockdowns that impacted income.[155] In addition, an increase in food prices was observed in West and Central Africa in 2021 because cross-border trade was disrupted and in some cases control of food reserves or market supply routes by armed groups in conflict-affected areas slowed or altogether stopped food flows.[156] During July–August 2021, it was already projected that more than 31 million people would not be able to meet their food needs across the region, representing an increase of 28 percent compared to the same period in 2020.[157] In such situations, vulnerable populations resort to negative coping mechanisms, such as begging (including using children to beg), child labour, survival sex and early marriage.[158]

Fulfilment of property and land rights becomes difficult in informal urban settlements and particularly in relation to displaced populations in urban settings. The insecurity and lack of documentation in these situations can make access to any form of assistance difficult. Overall, the COVID-19 pandemic and the responses to it have further compounded the myriad issues facing those living in urban areas in SSA and have setback many advancements made including in relation to financial security through remittances, progress on gender equality, women's participation in the workforce and children's access to education.

155 WFP and IOM. (2020). Populations at risk: implication of Covid-19 for hunger, migration and displacement. WFP.

156 WFP RAM note: Increasing food prices- towards a food crisis in West Africa, May 2021.

157 Cadre harmonise analysis West Africa and Cameroon and IPC analysis

158 Projet 21: Monitoring de Protection Sahel Central: Burkina Faso, Mali, Niger, Mai-Novembre 2020.

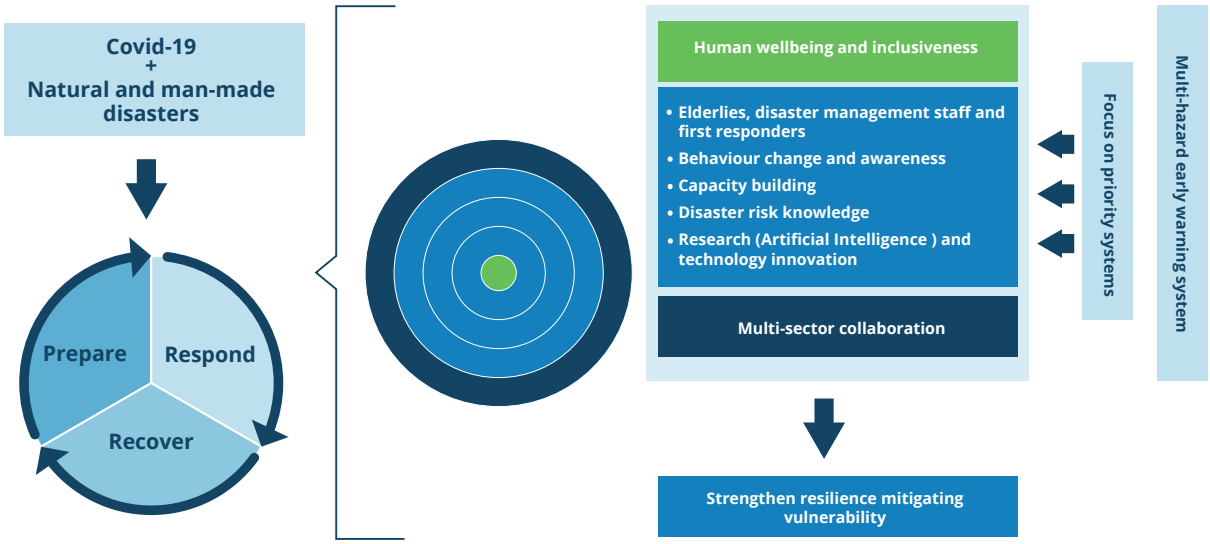
6. RESPONSES TO COVID-19 IMPACTS

Countries in SSA adopted different responses to deal with the COVID-19 pandemic. These measures included early warning systems and disaster risk reduction; basic services provision, food security and nutrition interventions; social protection, targeted responses, urban planning and design; and policy adjustments to build resilience and enhance COVID-19 compliance in human settlements.

6.1. Early warning and disaster risk reduction

An integrated policy is required for managing disasters during the COVID-19 pandemic. New approaches (see Figure 14) would aim to protect the most vulnerable and empower all people to make informed decisions enhancing resilience and reducing vulnerability with emphasis on establishing multi- hazard early warning systems.

Figure 14: Integrated policy response for managing disasters and the COVID-19 pandemic[159]



Source: (Ashraf, 2021)

6.2. Provision and access to basic services

Access to water, sanitation, and hygiene (WASH) services is important to manage the spread of COVID-19. WHO recommends the continuity of essential services beyond health to contribute to the prevention and control of COVID-19. This includes ensuring prioritization and continued provision, whether by local governments or independent service providers. Other highly recommended measures include avoiding service disconnections for defaulting consumers, reducing water tariffs or providing free water to encourage effective handwashing and hygiene practices and slow the spread of COVID-19[160]. Similarly, the United Nations Secretary General in his Policy Brief reiterates the importance of access to essential public services for effective COVID-19 response, recovery and building resilience to future crises in cities[161]. Therefore, a wide range of responses were implemented or are being implemented in different cities of SSA to ensure uninterrupted access to urban services. Some of these measures are targeted at the most vulnerable including households living in slums, where access to services is poor. For example, in Nakuru (Kenya), handwashing stations in informal settlements are permanent and connected to municipal water mains, guaranteeing water flow for continuous handwashing[162]. The costs for water trucking and refilling of

159 Ashraf, A. (2021). Lessons learned from COVID-19 response for disaster risk management. Natural hazards (Dordrecht, Netherlands), 1–6. Advance online publication. Available at: https://doi.org/10.1007/s11069-021-04658-0. (Accessed 7 December 2021).

160 WHO. (2020). Strengthening Preparedness for COVID-19 in Cities and Urban Settings Interim Guidance for Local Authorities.

161 United Nations. (2020). UN Secretary General Policy Brief on COVID-19 in an urban world.

162 United Cities and Local Government and UN-Habitat. (2020). Live Learning Experience: Beyond the immediate response to the outbreak of

the 1,000-litre reservoir tanks have been eliminated[163]. To maintain and increase access to water for the urban poor and other groups during the crisis, eleven African Governments have announced various forms of free water policies. These policies include governments paying users bills in some contexts (e.g., Ghana) and provision of water for vulnerable communities and informal settlements in others (e.g., Kenya)[164]. Ghana, Guinea and Gabon also announced that the Government will cover the water bills of its citizens, while ensuring stable water and electricity supply. South Africa is increasing access to water in informal settlements by providing water tanks, standpipes and by placing sanitizers in public spaces[165].

Moreover, several cities and utilities have agreed to suspend utility shutoffs for residents who are unable to afford their bills, as local leaders scramble to tackle the complex public health threats posed by the COVID-19 pandemic. This is especially important considering the main and most important preventative measure to combat the spread of the virus is handwashing and overall general hygiene. These measures have been implemented in Kibera (Kenya), Kigali (Rwanda), Freetown (Sierra Leone) and Monrovia (Libera)[166&167]. Community groups must be involved in distributing these services and resources.

Improving access to basic services in underserved urban neighbourhoods in Monrovia

On 18 November 2020, the Cities Alliance Liberia Country Programme officially handed over 64 community water projects aimed at improving access, enhancing the quality of life and promoting hygiene and sanitation in Monrovia and Paynesville. The projects comprised 64 multipurpose water kiosks in 34 communities in Monrovia, Paynesville and surrounding communities. Water kiosks meant to improve access to water in these deprived communities were provided: 42 water kiosks in 22 communities in Monrovia and 22 kiosks in 12 communities in Paynesville.

During the week of 19 April 2021, the Cities Alliance Liberia Country Programme distributed hygiene materials to vulnerable communities in 10 informal settlements across Greater Monrovia. The donation, supported by the Foreign, Commonwealth & Development Office (FCDO) included hand washing buckets, powder detergent, bar soap, liquid soap, chlorine and hand sanitizers. This intervention targeted 839 vulnerable households (comprising pregnant women, disabled and elderly people), 53 community schools and clinics and 68 event centres. The main objective of this initiative was to ensure that residents, street vendors and waste workers of informal settlements in Greater Monrovia are better prepared to protect themselves against COVID-19, reduce the spread of the disease and maintain vital livelihoods, markets and services.

Source: (Cities Alliance, 2020, 2021)

COVID-19. Available at: https://www.uclg.org/sites/default/files/eng_briefing_housing_lle1.pdf. (Accessed: 14 December 2021).

163 UN Secretary General Policy Brief on COVID-19.

164 Cooper, R. (2020). Water for the Urban Poor and COVID-19. K4D Helpdesk Report 826. Brighton, UK: Institute of Development Studies.

165 World Bank (2020). Global Responses to COVID-19 in slums and cities. Practices from around the world. Available at: https://pubdocs.worldbank.org/en/290611600125328412/Sept14-Response-to-COVID-in-Slums-and-Cities.pdf. (Accessed: 14 December 2021.

166 Cities Alliance (2020). Liberia: Cities Alliance Hands Over 64 Water Kiosks in Monrovia and Paynesville. Available at: https://www.citiesalliance.org/newsroom/news/results/liberia-cities-alliance-hands-over-64-water-kiosks-monrovia-and-paynesville. (Accessed: 14 December 2021).

167 Cities Alliance (2021). Liberia: Delivering Hygiene Supplies in Informal Settlements. Available at: https://www.citiesalliance.org/newsroom/news/results/liberia-delivering-hygiene-supplies-informal-settlements. (Accessed: 14 December 2021).

In Central Africa, the World Bank has been supporting rapid response in the DRC through the Strategic Preparedness and Response Project. This project has a focus on WASH at health facilities to contain the spread of COVID-19[168]. Existing WASH projects are also being leveraged for the COVID-19 pandemic response in the DRC. These include the DRC Urban Water Supply Project[169], which is improving sustainable access to drinking water in three urban centres. Additionally, the World Bank has financed 20 new shared water points in densely populated areas that currently lack access.

In East Africa, the World Bank is implementing the Ethiopia Urban Institutional and Infrastructure Development Program (UIIDP) to support the Government of Ethiopia's response to COVID-19. The UIIP is a US$860 million programme, which provides grant financing to 117 local governments across the country for municipal infrastructure and services that benefit 9.4 million people. UIIDP contributes significantly to the livelihoods as well as service delivery for the urban poor by improving basic urban services in poor neighbourhoods through labour-intensive works, such as cobblestone roads, local drainage systems and community sanitation facilities. UIIDP is playing a critical role in supporting local governments' response and recovery efforts by providing essential urban services—water supply, sanitation, waste management and hygiene services. The programme is further scalable through the established system by increasing yearly budget allocations in the next three years supporting an expansion of job creation focused on basic infrastructure delivery and the conversion of local governments' disaster risk management system into digital and geospatial forms. This would strengthen urban services in poor neighbourhoods and enhance economic recovery[170].

Similarly, in Kenya, the World Bank is also supporting interventions in urban slums, with the primary objective of improving access to urban services for the poor during the COVID-19 pandemic. The Kenya Informal Settlements Improvement Project aims to improve the living conditions of informal settlements and its residents through (i) tenure regularization; (ii) infrastructure upgrading for basic services (roads, drainage, water, sanitation, street lighting and community facilities). The infrastructure interventions are expected to benefit 1.15 million residents in 35 settlements[171]. Moreover, both the Nairobi Water and Sanitation Company and the Mombasa Water Company partnered with a non-governmental organization to install water tanks in informal settlements[172].

In Kibera, the largest of Nairobi's informal settlements, a community-based organization called Shofco established hand-washing stations, community toilets and clean-water kiosks in all access points, staffed by volunteers and a network of health workers[173].

Local COVID-19 response: A Shofco handwashing station in Kibera, Nairobi. *(Photo: Shofco.org)*

168 World Bank. (April 20, 2020). Tackling COVID-19 (Coronavirus) with Water, Sanitation and Hygiene in DRC. Available at: https://www.worldbank.org/en/news/feature/2020/04/20/tackling-covid-19-coronavirus-with-water-sanitation-and-hygiene-in-drc. (Accessed: 7 December 2021).

169 World Bank. (2020) Project Information Document – DRC COVID-19 Strategic Preparedness and Response Project (SRP). Available at: https://documents.worldbank.org/en/publication/documents-reports/documentdetail/828061585236157513/project-information-document-drc-covid-19-strategic-preparedness-and-response-project-sprp-p173825. (Accessed: 1 December 2021).

170 World Bank (2020). Global responses COVID-19 in slums.

171 Ibid.

172 Olando, S. (2020). Kenya: Keeping water and information flowing in informal settlements. June 15. https://www. citiesalliance.org/newsroom/news/results/kenya-keping-water-and-information-flowing-informal-settlements

173 Africa Center for Strategic Studies (2020). African Adaptations to the COVID-19 Response. Available at: https://africacenter.org/spotlight/african-adaptations-to-the-covid-19-response/. (Accessed: 7 December 2021).

In Mwanza (Tanzania), the UN-Habitat provided 14 dedicated handwashing stations to reduce the spread of COVID-19 in informal settlements in the Mwanza region[174]. These multiple tap handwashing stations include a 5,000-litre water tank, wash basins and soap placed in public places, markets and health centres. These handwashing stations are managed by trained volunteers from the local community who will provide guidance on effective handwashing. The Mwanza scheme will be supported by public health and education activities, including proper hygiene and handwashing practices. Under this scheme, the Mwanza Urban Water and Sanitation Company will also install 100 additional water standpipes in vulnerable communities and suspend water disconnections during the COVID-19 pandemic.

Internally displaced persons experience acute lack of basic urban services, which makes them more vulnerable to COVID-19. In Hargeisa (Somaliland), UN-Habitat supplied one million litres of clean water to internally displaced persons in two settlements on the outskirts of the city. The intervention was to prevent the spread of COVID-19 and it benefited over 2,000 beneficiaries. Vulnerable households in Jimcaale and Ayaha IV settlements for internally displaced persons, who lack bulk water storage facilities, were provided with 300-litre containers. Then, over a period of two weeks in July and August 2020, the settlements were each supplied with 500,000 litres water tankers. The activity was part of a European Union funded COVID-19 mitigation intervention under the Hargeisa Urban Water Supply Upgrading Project and implemented jointly with Hargeisa Water Agency. UN-Habitat also provided stocks of soap and water to the existing hand washing stations, set up in different strategic locations within the settlements[175].

6.3. Food security and nutrition, and linkage with social protection

To avoid catastrophic effects of food insecurity, many governments in SSA responded by providing essential food supply to vulnerable households, targeting mainly urban informal settlements. Those interventions also aim at ensuring that people have access to safety nets, but also seek to reduce social tensions that could trigger riots and other security crises. In Ghana, 1,300 people were assigned to disinfect 137 food markets around Greater Accra to ensure that people can access food without compromising new health requirements[176]. Rwanda also delivered food and non-food items to vulnerable communities. In Madagascar, to ease the COVID-19 effects on food access in urban areas, the Government distributed food packages to around 100,000 vulnerable urban households in Antananarivo, Toamasina and Fianaranstoa. Cash transfers of Malagasy Ariary (MGA) 100,000 to cover household needs and a market where poor households could buy food items at half prices, three times a week, were provided for vulnerable households[177]. As a response to the increased number of people facing hunger and malnutrition, WFP scaled up its operations significantly throughout the world and in SSA. Activities include cash-based transfers to support food security and nutrition, in-kind food assistance and national capacity augmentation in different countries.

WFP undertook several initiatives in various countries to promote social protection to address the food security and nutrition needs of the most vulnerable by working with national governments and other stakeholders. Adopting both horizontal and vertical expansion of existing social protection programmes, WFP, through the COVID-19 Emergency Cash Transfer, provided the poorest families from urban informal communities a lifesaving intervention to offset losses incurred because of slow-down in economic activity and loss of jobs or income. A social protection learning facility was established in the East Africa, which provided opportunity to share expertise and knowledge on social protection issues in the context of the pandemic[178].

174 World Bank (2020). Global responses COVID-19 in slums.

175 UN-Habitat (2020). COVID-19 Response Report of Activities. Available at: https://unhabitat.org/sites/default/files/2020/09/covid-19_response_report_web.pdf. (Accessed: 7 December 2021).

176 Africa Center for Strategic Studies (2020). African Adaptations to the COVID-19 Response. Available at: https://africacenter.org/spotlight/african-adaptations-to-the-covid-19-response/. (Accessed: 7 December 2021).

177 FEWSNET (2020). Madagascar Food Security Outlook Update.

178 Drawn from R. Slater et al., Beyond COVID-19: Lessons for Social Protection from WFP's work in East Africa in 2020, WFP 2021; and Social Protection Learning Facility Policy Brief #1, Social Protection and COVID-19 in Urban and Rural Settings, WFP 2021.

Social protection in urban contexts

COVID-19 has drawn attention to the limited support that is currently delivered to urban residents by the emerging social protection systems in SSA. The urban working poor, particularly informal workers are often excluded from social assistance and social insurance, such as unemployment insurance. Filling the urban social protection gap in the short, medium and long-term requires social protection to pivot and adapt in several ways.

In the short term, expansion of existing social programmes vertically (topping up benefits to existing beneficiaries in fledgling urban social protection programmes) and/or horizontally (pivoting programmes to include beneficiaries that may not have been eligible prior to the shock or were otherwise not reached) provides a rapid 'no regrets' option for response in case of shocks. Social protection programmes have successfully expanded vertically and horizontally in response to COVID-19 impacts in several contexts in SSA. New safety nets have also been introduced in some countries to respond to COVID-19 impacts—specifically to the impacts of lockdowns and other restrictions. However, many have been short term and will leave the worst affected exposed to the risk of ongoing unemployment or reduced income with no safety net in the long-term.

Filling the urban social protection gap in the medium- and long-term requires commitment and additional resources. It also means acknowledging differences in urban and rural vulnerabilities and that lifting a programme originally designed for rural areas and placing it in an urban context is unlikely to be the most effective approach. Adaptation of orthodox indicators and proxies for eligibility, and revisions to activities for asset creation and livelihoods will be necessary. Currently expanded programmes or temporary new programmes in urban areas put in place in response to COVID-19 provide an important learning opportunity on these adaptations.

More so, acknowledging that filling the urban social protection gap at the expense of rural social protection needs would be counterproductive. Urban and rural communities do not exist in isolation from each other with many urban residents having migrated from rural villages and retaining strong connections with their families by remitting money back home. Farmers also supply their urban relatives and urban markets with food.

Finally, social protection post-COVID-19 needs to pay adequate attention to helping people build more resilient livelihoods in both urban and rural areas by exploring social protection that is linked to livelihoods (for example Cash+ or labour-based programmes, or social insurance programmes that protect people working in the informal sector or who are self-employed). Although active labour market programmes are integral to some definitions of social protection, they are undeveloped in most countries.

6.4. Targeting for effective response

Targeting is an important component of any response planning to ensure that the most vulnerable population groups benefit from programmes. Across several SSA countries, innovations have been implemented to support those households most vulnerable to restrictions on mobility and the economic hardships associated with lockdown measures. The targeted interventions include helping poor households, especially those living in urban informal settlements, meet their basic livelihood needs, such as access to food. The US-based Ethiopia Diaspora Trust Fund provided a US$1 million start-up fund[179] to assist COVID19- mitigation efforts in Ethiopia, including food assistance and direct cash transfers to vulnerable families[180]. In Kenya's slums of Kawangware, Mathare and Majjengo, indigenous organizations, such as Mutual Aid Kenya, Sarafu Credit, the Kenya Red Cross Society and Zakat Kenya are reinforcing the government's response strategy[181] by identifying at-risk families and providing targeted assistance through direct cash transfers, food parcels and alternative supply chains to provide essential commodities. Sarafu Credit is using a block-chain–backed system of community currencies (credit vouchers) that communities in informal settlements can use to purchase food and other essentials. In Botswana, a wage subsidy totalling 1 billion Pula (US$84 million) has been provided to small businesses as an incentive to retain their employees during the shutdown[182].

As part of the global Food Security Cluster, WFP has contributed to the development of the urban targeting guidance in the context of COVID-19, to promote better coordination and implementation of good practices in urban humanitarian food security responses. In addition, WFP and UNHCR have implemented joint targeting hub for technical support to several countries for targeting and prioritization of assistance to refugees at a time when resource constraints have posed significant challenges in continuing humanitarian assistance to those populations.

6.5. Urban planning, design and policy adjustments

The COVID-19 pandemic has presented an opportunity for SSA cities to re-think urban planning, urban design and policy, with a view to build more healthy and resilient urban communities. In SSA, the pandemic has challenged cities to adapt urban planning and urban design, reclaiming public spaces for citizens, and rethinking location of essential urban functions to ensure easier access to urban services and amenities while securing safety and health for their residents[183].

In some jurisdictions, innovative urban planning measures have been introduced, including the re-design of streets to promote walkability. For example, in Addis Ababa (Ethiopia)[184] and Kampala (Uganda) new bike lanes were created to reduce risk of COVID-19 transmission, decrease congestion, pollution and greenhouse gas emissions. After years of promoting walking and cycling through Open Street Events and pilot bike corridors, the Kampala Capital City Authority recently completed the first comprehensive and integrated walking and cycling corridor covering about 3.5 km clearly demarcated. This is also expected to boost small businesses with shops and restaurants along the route attracting pedestrians and cyclists[185].

179 New Business Ethiopia. (2020) Ethiopia Diaspora Trust Fund Responds to COVID-19. Available at: https://newbusinessethiopia.com/finance/ethiopia-diaspora-trust-fund-responds-to-covid-19/. (Accessed: 1 December 2021).

180 Africa Center for Strategic Studies (2020). African Adaptations to the COVID-19 Response. Available at: https://africacenter.org/spotlight/african-adaptations-to-the-covid-19-response/. (Accessed: 7 December 2021).

181 Zhu, A. (2020). Briefing: Five ideas on how to ease the impact of COVID-19 lockdowns in Kenya. The New Humanitarian. Available at: https://www.thenewhumanitarian.org/news/2020/04/06/kenya-coronavirus-lockdowns. (Accessed: 1 December 2021).

182 Africa Center for Strategic Studies (2020). African Adaptations to the COVID-19 Response. Available at: https://africacenter.org/spotlight/african-adaptations-to-the-covid-19-response/. (Accessed: 7 December 2021).

183 UN-Habitat (2020). Annual Report. UN-Habitat. Nairobi.

184 UN-Habitat (2020). Ethiopia plans safer streets for pedestrians and cyclists during and after the pandemic. Available at: https://unhabitat.org/ethiopia-plans-safer-streets-for-pedestrians-and-cyclists-during-and-after-the-pandemic. (Accessed: 1 December 2021).

185 UN-Habitat (2020). Uganda's capital promotes cycling to protect against COVID-19. Available at: https://unhabitat.org/uganda%E2%80%99s-capital-promotes-cycling-to-protect-against-covid-19. (Accessed: 1 December 2020).

Urban planning and policy adjustments in the wake of COVID-19 pandemic

The UN-Habitat acknowledges that safe, inclusive and accessible public space in the COVID-19 pandemic is important to make cities vibrant. The pandemic has drastically changed our relationship with public space and facilities. The imposed restrictions, while necessary, are affecting people's quality of life and disproportionately hurting the urban poor and their income, safety, security, peace and stability. To address some of these challenges, UN-Habitat supported interventions in SSA. For example, the Global Public Space Programme (GPSP) completed 15 city-wide public space assessments in several countries including in SSA (e.g., Ethiopia). Ongoing projects in Beira and Dondo (Mozambique) and Johannesburg (South Africa) put 5 to 10 percent of their budgets towards supporting COVID-19 responses. This included supporting space for children and moving local markets and vendors into open spaces. UN-Habitat supported 10 cities in their COVID-19 recovery to improve the well-being of people in the most vulnerable situations. A variety of challenges were addressed, such as decongestion and digitization of local markets, increasing hygiene and sanitation in slums, creating livelihood opportunities, and raising awareness through culture and art. These small interventions enabled cities to slowly reopen and communities to regain confidence in being in the public realm for economic and social purposes while staying safe. In South Africa, UN-Habitat engaged persons with disabilities in the design of public space to improve its access and safety and to make it multifunctional.

Source: (UN-Habitat, 2020)

In Namibia, laws were introduced to promote health and safety in relation to informal trade, which include the following: (i) Local authorities must ensure that traders and customers observe social distancing and handwashing rules; (ii) Local authorities may draw up a roster for traders, to ensure that social distancing is observed and to provide all traders an opportunity to operate; (iii) Local authorities must clearly demarcate stalls to ensure compliance with social distancing regulations and must keep a database of all traders in a market or trading area; and (iv) Local authorities must limit and monitor access to the market or informal trading areas to ensure compliance with the rules and, where possible, ensure separate exit and entry points. The planning adjustments were triggered by the COVID-19 pandemic after realizing the need to protect livelihoods and enhance public health in crowded markets.[186]

In Kigali (Rwanda) informal vending markets were decongested by shifting food trading from the city markets to the 'Nyabugogo Bus Park', and distance lines were drawn to remind sellers and customers to keep one meter apart[187]. Accra recently implemented a resilience strategy within the framework of its medium-term district development plan 2018–2021, both of which were carefully designed to ensure alignment of its goals and priority pillars to the SDGs. To ensure that the city is responsive to the challenges brought by COVID-19, it is currently revising its District Development Plan and resilience strategy within the context of new COVID-19 compliance planning guidelines[188]. In Ethiopia, the Government has partnered with UN-Habitat to redesign overcrowded city markets and set up temporary markets to mitigate the spread of COVID-19 in four cities. UN-Habitat urban planners assessed traditional markets in Addis Ababa, Bair Dar, Hawassa and Adama and proposed new designs incorporating physical distancing, handwashing stations, waste containers and controlled access to the markets. The Planners also suggested the introduction of temporary markets in certain public spaces. In Fara Gebaya market in Hawassa city, the new relocation site is 8,000 square metres and is designed to accommodate 280 vendors. The preparation of guidelines and designs to rearrange open markets is one of UN-Habitat's response to COVID-19 in Ethiopia[189]. Urban planning has also been applied to decongest internally displaced persons' camps in Somalia[190].

186 WIEGO (2020). The Impact of -19 Laws on Informal Workers: A Review of 51 Countries. Law & Informality Insights No. 2.

187 Nkurunziza, M (2020). COVID-19: Government moves to decongest food markets. The New Times.

188 UN-Habitat and UNCDF (2021). Global Compendium of Practices on Local Economic and Financial Recovery Building Urban Economic Resilience during and after COVID-19.

189 UN-Habitat (2020). COVID-19 Response Report of Activities. Available at: https://unhabitat.org/sites/default/files/2020/09/covid-19_response_report_web.pdf. (Accessed: 7 December 2021).

190 Ibid.

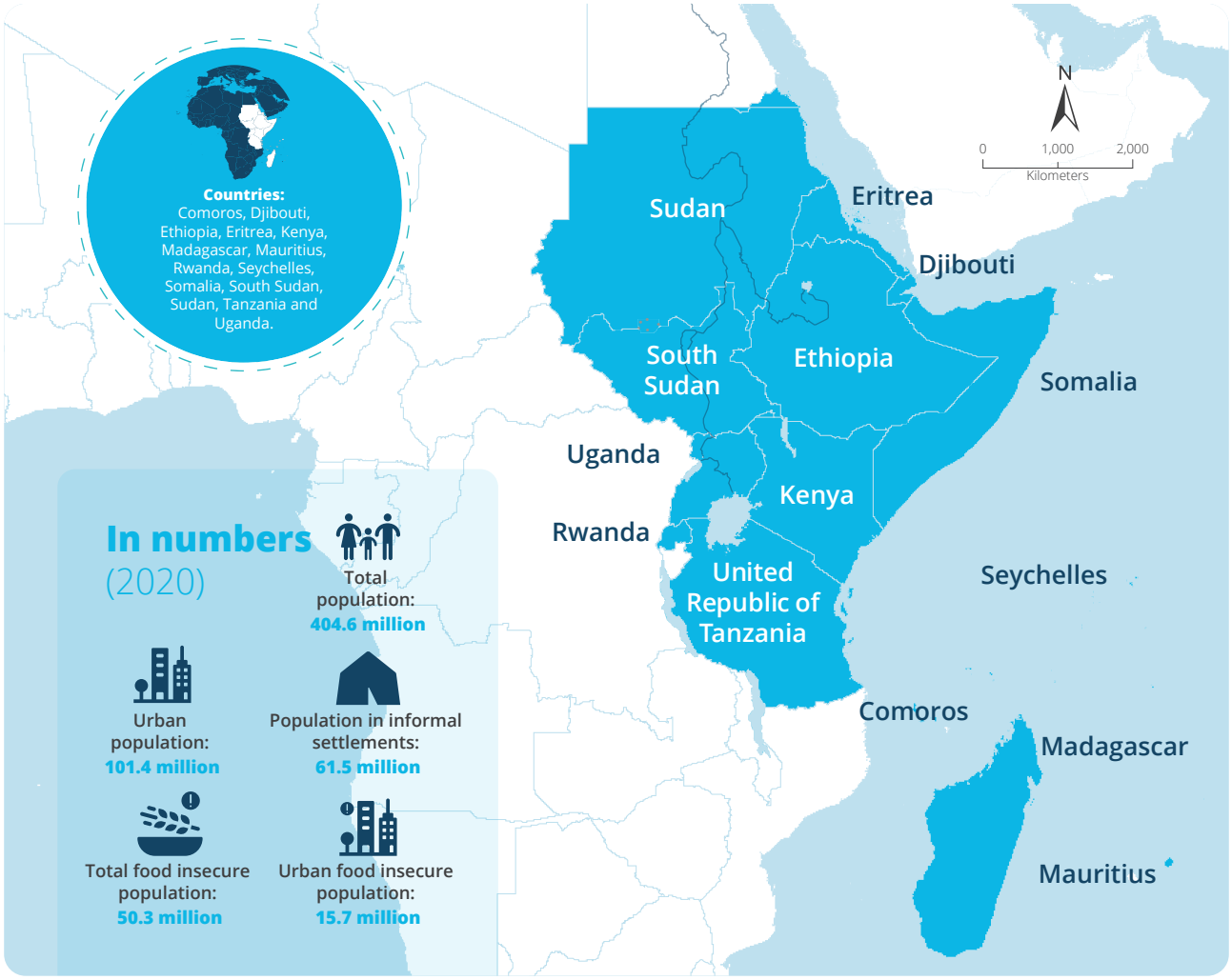
Urban planning solutions contain COVID-19 amongst internally displaced persons in Somalia

UN-Habitat collaborated with the Shelter Cluster, Camp Management and Camp Coordination Cluster (CCCM) to come up with a framework that provides the overall guidance for the decongestion and upgrading of internally displaced persons' settlements to reduce the impact of the COVID-19 pandemic. Currently, Somalia has more than 2.6 million internally displaced persons who live in more than 2,000 crowded living sites in urban and semi-urban areas with limited access to quality essential healthcare, water and sanitation services. UN-Habitat took lead in drafting the decongestion guidelines, which was an initiative of the UN Peace Building Fund. A standard operating procedures framework was also developed outlining activity steps that partners should adhere to for successful site decongestion exercises. This is an example of how urban planning standards were adjusted and innovative approaches were designed to decongest spaces.

Source: (UN-Habitat, 2020)

7. SUB-REGIONAL FOCUS

7.1. Eastern Africa



Disclaimer: *The designations employed and the presentation of material in the map(s) do not imply the expression of any opinion on the part of WFP and UN Habitat concerning the legal or constitutional status of any country,territory, city or sea, or concerning the delimitation of its frontiers or boundaries.*

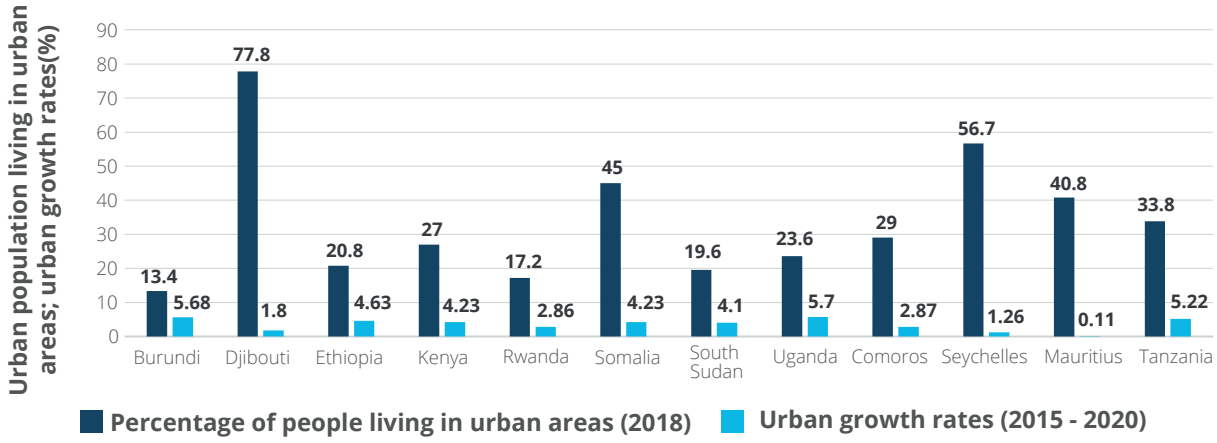
The context

East Africa is one of the most rapidly urbanizing regions in the world. All countries in this region except Mauritius, Seychelles, and Comoros are at low level of human development. All countries in the region are low-income economies except Mauritius, Seychelles, Kenya and Djibouti. Mauritius and Seychelles are high income countries while the rest are in lower middle-income category. The region is affected by multiple shocks including recurrent droughts, floods, desert locust infestations, conflict, and macroeconomic challenges. In addition, several countries in the region have been affected by various levels of conflict. Most countries in the region are food deficit and depend on imports to meet their food needs. The agriculture is largely dependent on rains in most countries and is vulnerable to rainfall variability. Livestock is also an important source of livelihood in rural areas.

Urbanization trends

Official statistics suggest that about 101 million people, or about 25 percent of the total population live in urban areas in this region. Majority of the countries in the sub-region are experiencing rapid urban growth[191]. Djibouti has the highest proportion (78 percent) of population living in urban areas, followed by Seychelles (57 percent). Burundi has the lowest percentage of population living in urban areas (13 percent) followed by Rwanda (17 percent) (see Figure 15). Overall, the East African sub-region has an annual urbanization rate of 4.51 percent[192]. Between 2015 and 2019, Uganda and Burundi had the fastest urban growth rates (5.7 and 5.68 percent respectively.)[193]. Djibouti had the lowest urban growth rate of 1.8 percent and is the only country in the region with a lower urban growth rate than the global rate. Annex 3 provides a snapshot of urban expansion in Nairobi, Kenya over the last few decades, based on analysis of satellite data.

Figure 15: Percentage of urban population and urban growth rates in selected East African countries



191 United Nations, Department of Economic and Social Affairs, Population Division (2019). World Urbanization Prospects: The 2018 Revision (ST/ESA/SER.A/420). New York: United Nations.

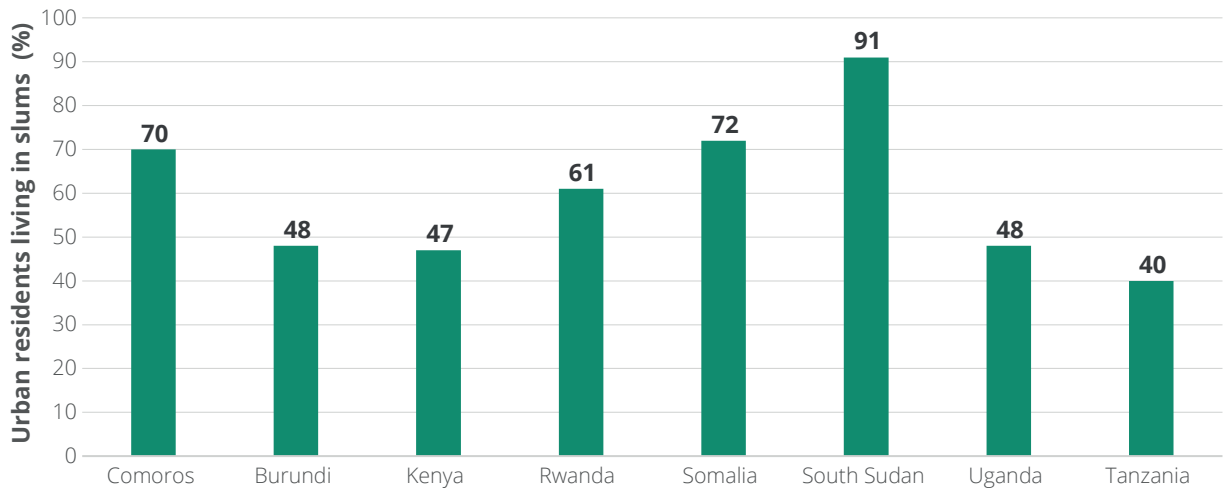
192 UNICEF and UN-Habitat (2020). Analysis of Multiple Deprivations in Secondary Cities in Sub-Saharan Africa. Available at: https://www.unicef.org/esa/media/5561/file/Analysis%20of%20Multiple%20Deprivations%20in%20Secondary%20Cities%20-%20Analysis%20Report.pdf. (Accessed: 7 December 2021).

193 UN-Habitat Regional Office for Africa (2020). Sub-Saharan Africa Atlas. UN-Habitat. Nairobi

Slums in East Africa

The fast urbanization in East Africa coupled with the inability of governments to provide urban services has led to the "urbanization of poverty", inequality and emergence of informal settlements where many of the urban poor live[194-195]. Estimates show that about 58 percent of the sub-region's urban population lived in slums or informal settlements in 2018, which translates into about 35.2 million urban residents living in slums in the nine countries[196]. The prevalence of slums is high 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) (see Figure 16). In absolute numbers, Ethiopia has the highest number (14.4 million) of slum residents while Djibouti has the lowest number (0.5 million). Slum dwellers in East Africa live under overcrowded and unhygienic conditions. For example, in Kibera slum, Nairobi (Kenya), eight people or more live in 12-feet-by-12-feet shacks made of tin roofs, without running water and sporadically placed public latrines shared by hundreds of residents[197]. This point to likely overcrowding as most family dwell in either a single or double roomed structure[198].

Figure 16: Percentage of urban residents living in slums in selected East African countries[199]



194 Simiyu et al. (2019). Understanding living conditions and deprivation in informal settlements of Kisumu, Kenya. Urban Forum, 223-241.

195 UN-Habitat. (2020, April). UN-Habitat COVID-19 response plan. Available at: https://unhabitat.org/un-habitat-covid-19- response-plan. (Accessed: 7 December 2021).

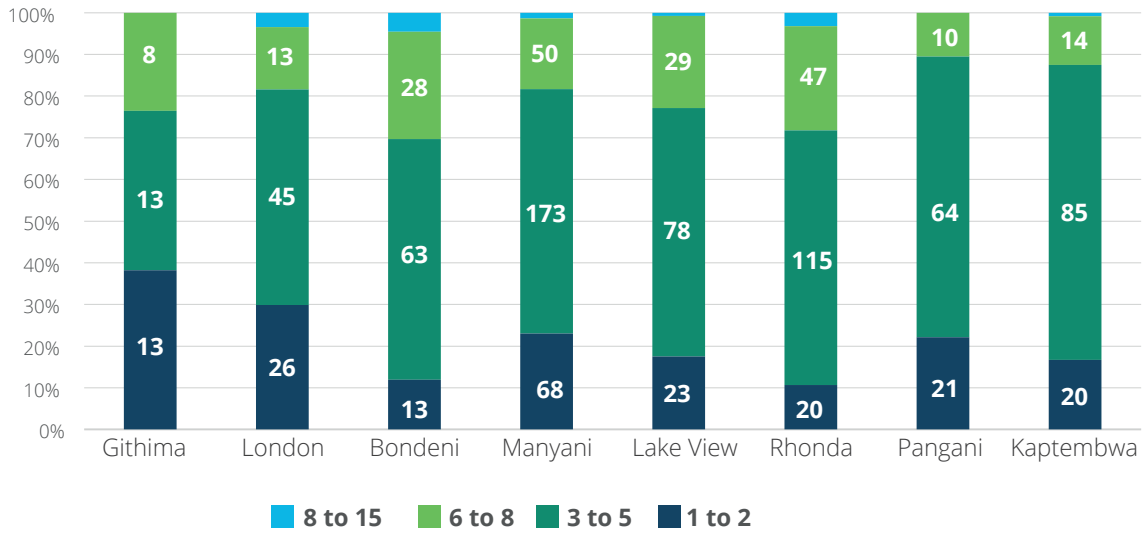
196 UN-Habitat and WFP (2020). Impact of Covid-19 on Livelihoods, Food Security and Nutrition in East Africa. Urban Focus.

197 The Rockefeller Foundation (2020). How to Protect Densely Populated Slums from Covid-19. Available at: https://www.rockefellerfoundation.org/case-study/protecting-kenyas-slums/. (Accessed: 7 December 2021).

198 UN-Habitat (2020). Informal settlements' vulnerability mapping in Kenya Facilities and Partners' Mapping in Nakuru Settlements. The case of Nakuru Town Settlements.

199 World Bank. (2018). Population living in slums (% of urban population) – Sierra Leone. Available at: https://data.worldbank.org/indicator/EN.POP.SLUM.UR.ZS?locations=SL&name_desc=false. (Accessed: 7 December 2021).

Figure 17: Overcrowding in Nakuru Town informal settlements in Kenya



Source: (UN-Habitat, 2020) Key: 8 to 15 means number of persons per household.

Deplorable living conditions in Kibera slum, Nairobi (Kenya)

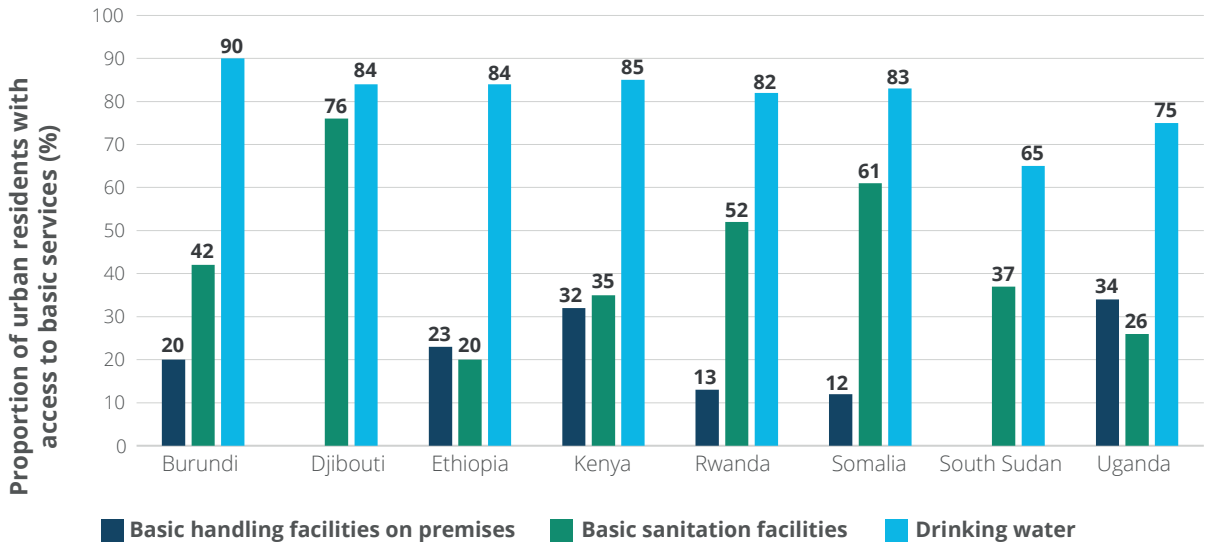
There are approximately 2.5 million slum dwellers in about 200 settlements in Nairobi representing 60 percent of the Nairobi population. Kibera houses about 250,000 of these people and is the biggest slum in Africa and one of the biggest in the world. About 90 percent of the slum dwellers have no security of tenure. The average size of shack in Kibera slum is 12-feet-by-12-feet built with mud walls, a corrugated tin roof and a dirt or concrete floor. These shacks often house up to eight or more people and many people sleep on the floor. Overcrowded living conditions make it impossible to implement physical distancing, which exposes household members to COVID-19. The water situation in Kibera is precarious. In most of the slum, there are no toilet facilities. One latrine (hole in the ground) is shared by up to 50 shacks. Once full, young boys are employed to empty the latrine and they take the contents to the river.

Source: (African Population and Health Research Center [APHRC], 2014)

Access to basic services

In terms of access to drinking water, Burundi has the highest level of access (90 percent) and South Sudan has the lowest (65 percent) (see Figure 18). This means that between 10 and 35 percent 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 East Africa also lack basic sanitation facilities. The proportion of urban residents who have access to basic sanitation facilities varies from a low of 20 percent in Ethiopia to a high of 76 percent 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.

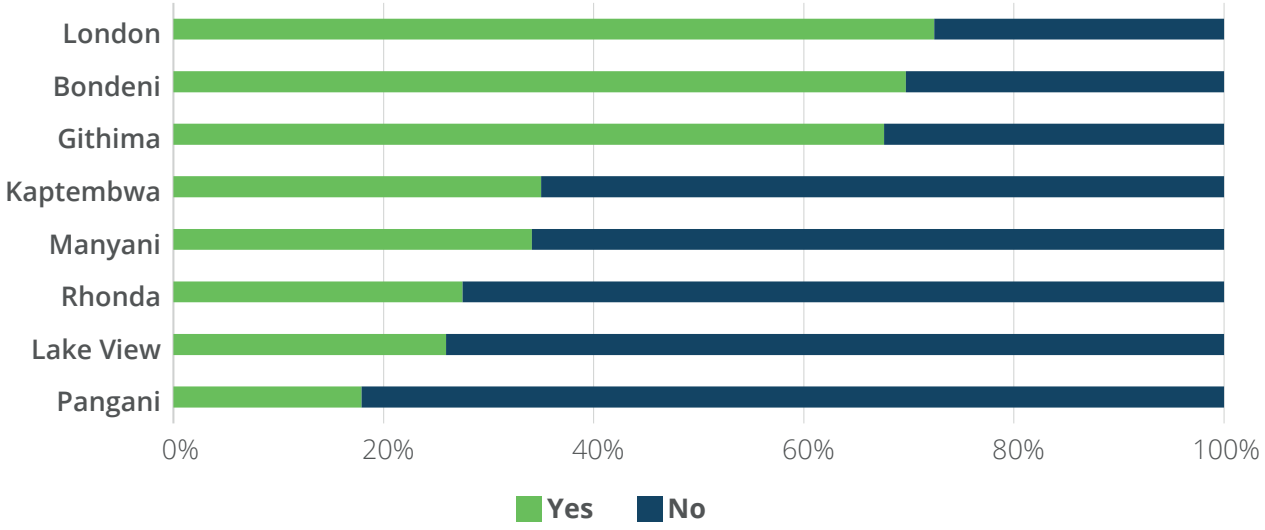
Figure 18: Proportion of urban population with access to basic services in East Africa[200]



In addition, access to basic handwashing facilities is limited in the sub-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 percent) and Somalia the lowest (12 percent). This means that between 66 and 88 percent of urban residents, which are 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 short, all the nine countries in East Africa are far from achieving universal access to basic urban services (especially sanitation and handwashing facilities) as promoted in SGD 6.

Access to hand washing facilities is also irregular in slums/informal settlements. In Nakuru slum (Kenya) settlements, a study by UN-Habitat establishes that in only three settlements did over 60 percent of respondents have access to handwashing facilities (see Figure 19). About 70 precent of all informal settlements' residents in Nakuru are not able to access handwashing facilities during their daily outdoor activities[201].

Figure 19: Informal settlements' access to handwashing facilities when outdoors in Nakuru, Kenya



Source (UN-Habitat, 2020)

200 Joint Monitoring Programme WASH Database, 2018, Global Urban Indicators Database, UN-Habitat, 2020.

201 UN-Habitat (2020). Informal settlements' vulnerability mapping in Kenya Facilities and Partners' Mapping in Nakuru Settlements. The case of Nakuru Town Settlements.

COVID-19 progression

While COVID-19 started spreading globally since the beginning of 2020, the outbreak became concerning in East Africa around mid-March. Even though the overall number of confirmed cases has remained relatively low, particularly compared to Europe and the Americas, the impact of COVID-19 has been severe. The evolution of the pandemic varied across countries due to several factors: the different mitigation measures put in place by governments, the level of interconnection with affected areas, population density and physical distancing, hygiene practices and the different capacities of the national health sectors. Despite a relatively low number of confirmed cases in the initial months of the pandemic, the spread increased drastically in Ethiopia and Kenya in the second half of the year. The situation continues to be concerning as of mid-2021 with the spread of new variants and little availability of vaccines to the populations.

Figure 20: Cumulative COVID-19 cases in East African countries (as of 3 May 2021)[202]

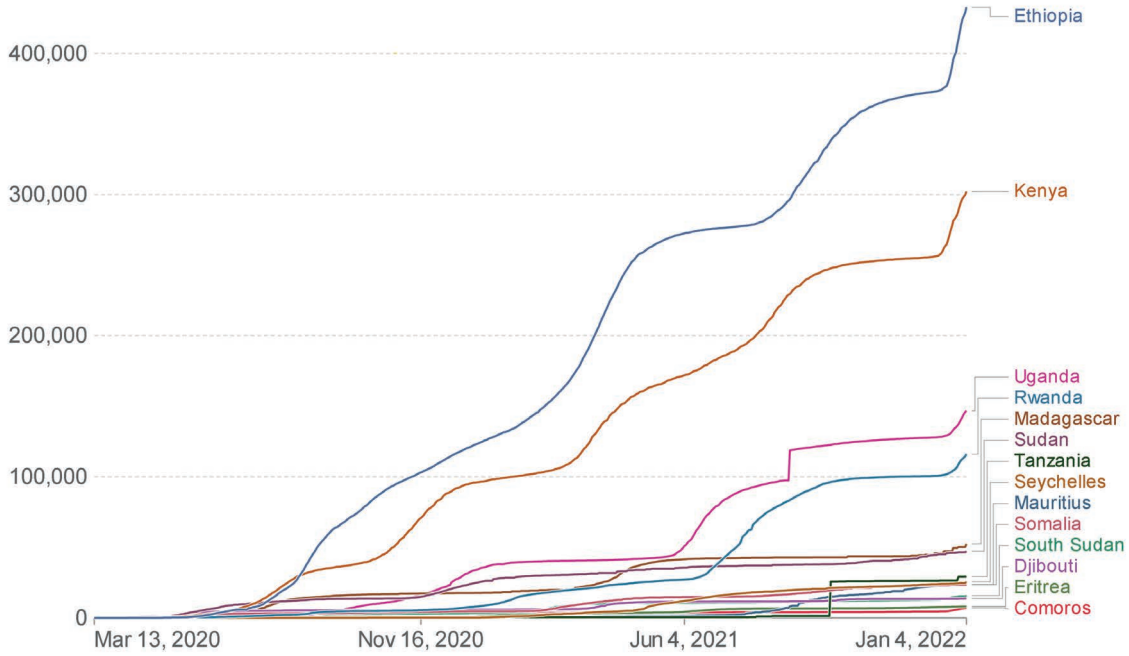


Figure 20 shows the progression of COVID-19 cases in the region. As can be seen, the COVID-19 progression curve varied across countries depending on the measures applied to curb the pandemic.

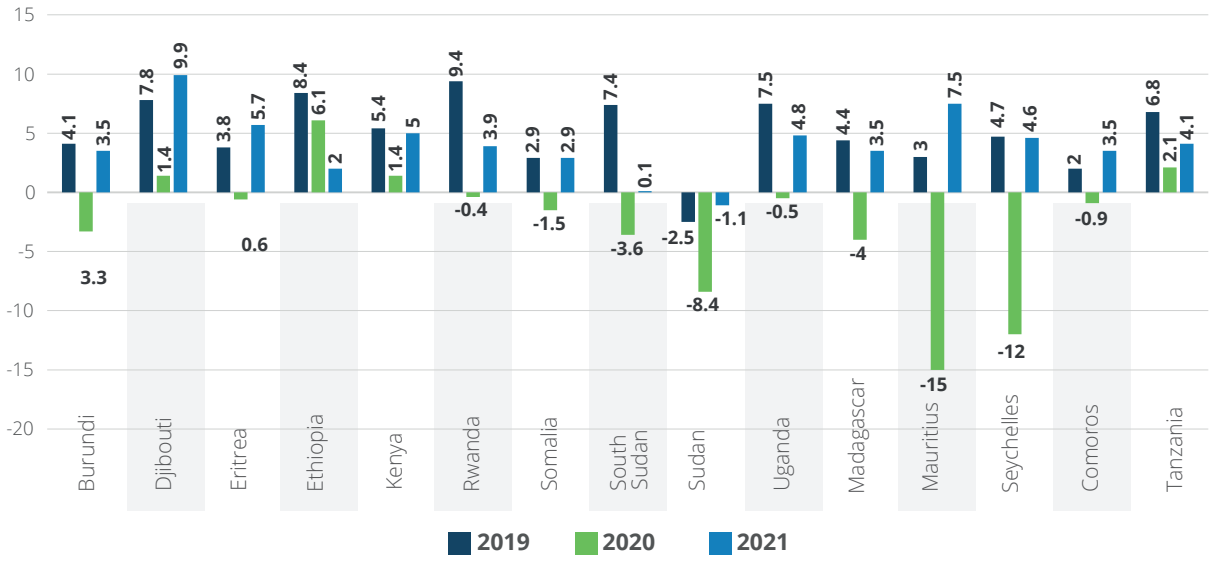
Most restrictions in the region were imposed between March and April 2020, which were then readjusted with time, and this has continued so far. Sudan announced a state of medical emergency in mid-March and a state of economic emergency in early September. Similarly, Ethiopia declared a five-month state of emergency in April, while other countries, such as Kenya and Rwanda set up specific measures for "red zones" within their territories to limit the risk of infection. A partial lifting of the restrictions started in mid-May, with Djibouti easing the lockdown in place, Rwanda allowing partial movement between provinces, and both South Sudan and the United Republic of Tanzania reopening air travel. Djibouti reopened its borders in mid-July, and most international flights across the region resumed flights in early August, after which Uganda reopened its borders for tourism. However, as the number of COVID-19 cases started increasing, Djibouti again closed its land borders for a period of 15 days in the second half of October. In Somalia, all ports remained operational and a phased lifting of the lockdown of the main airport started on 1 November as COVID-19 cases started to decrease. Burundi reopened its international airport in early November, but all land and water borders remained closed. South Sudan reopened its land borders at the end of December; however, cross-border movements remain largely suspended due to restrictions imposed by neighbouring countries.

202 Africa Centres for Disease Control and Prevention (CDC). Available at: https://africacdc.org/covid-19/ (Accessed: 7 December 2021).

COVID-19 impact on economy and livelihoods

The severe impact of the pandemic on economies in the region is evident from the Figure 21 In terms of GDP. Seychelles had the most severe impact in 2020 with an estimate GDP decline of 15 percent (which is understandable given its dependence on tourism), followed by Comoros (12 percent), Sudan and South Sudan (8.4 percent each). Only Ethiopia (6.1 percent) and Tanzania (2 percent) had positive growth rates which were still much lower compared to 2019. The projections for 2021 indicate an improvement in the situation with positive growth rates, though it is likely that the countries may not be able to get back to their 2019 levels until 2022, thus posing a serious setback to the path to overall development.

Figure 21: Estimated GDP growth in 2019, 2020 and 2021



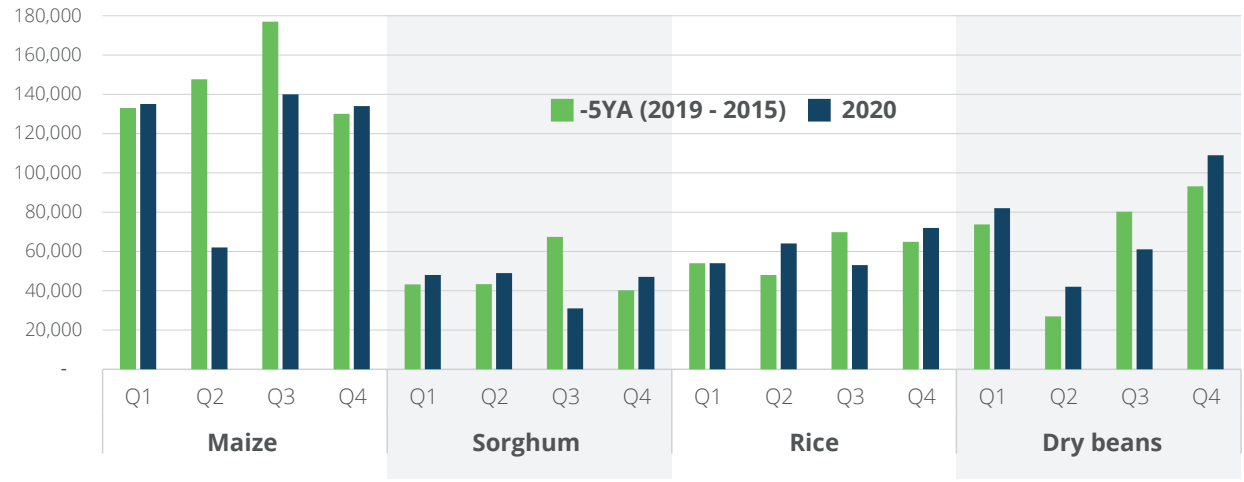
While the national economies suffered, the COVID-19 related restrictions had a serious adverse impact on the livelihoods of the populations. Urban poor households depending on informal sources of livelihoods, particularly those living in slum areas were particularly hit hard. For example, in a survey conducted in 13 urban areas of Uganda in August, more than 80 percent of the households reported a major decline in the income through their livelihoods[203].

Market and prices

Global lockdowns and restrictions led to regional supply and demand shocks, affecting market functionality as well as food availability and access. Demand went up as consumers stockpiled staple foods, while supply declined as long queues of cargo trucks piled up at border points. This was a direct consequence of the new testing measures that affected transport costs and ultimately increased prices with import-dependent countries, such as Burundi, Djibouti, Eritrea, South Sudan, and Uganda being the most affected. Consequently, regional cross-border trade flows reduced significantly in the second quarter of 2020 but recovered in the subsequent quarters as traders adapted to the control measures and testing capacity was increased at key Points of Entry. However, with the recent increase in the number of cases, fears of renewed measures that can disrupt regional trade are also mounting, especially for exports originating from or passing through Kenya, Uganda and the United Republic of Tanzania.

203 Integrated Food Security Phase Classification. (2021). Uganda (Refugees). Available at: https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1155317/?iso3=UGA. (Accessed: 14 December 2021).

Figure 22: Development in cross-border trade exports during 2020



Source: (WFP)

Overall, prices of staple cereals were high, especially in Burundi, Ethiopia, Sudan and South Sudan, while they were relatively low in Uganda and Kenya. By December 2020, the price of maize, a key staple food in the region, was more than 50 percent above the five-year average in most markets. The price hike in Sudan was particularly high with more than 100 percent increase in price of Sorghum in one year, followed by South Sudan (50 percent).

Food security

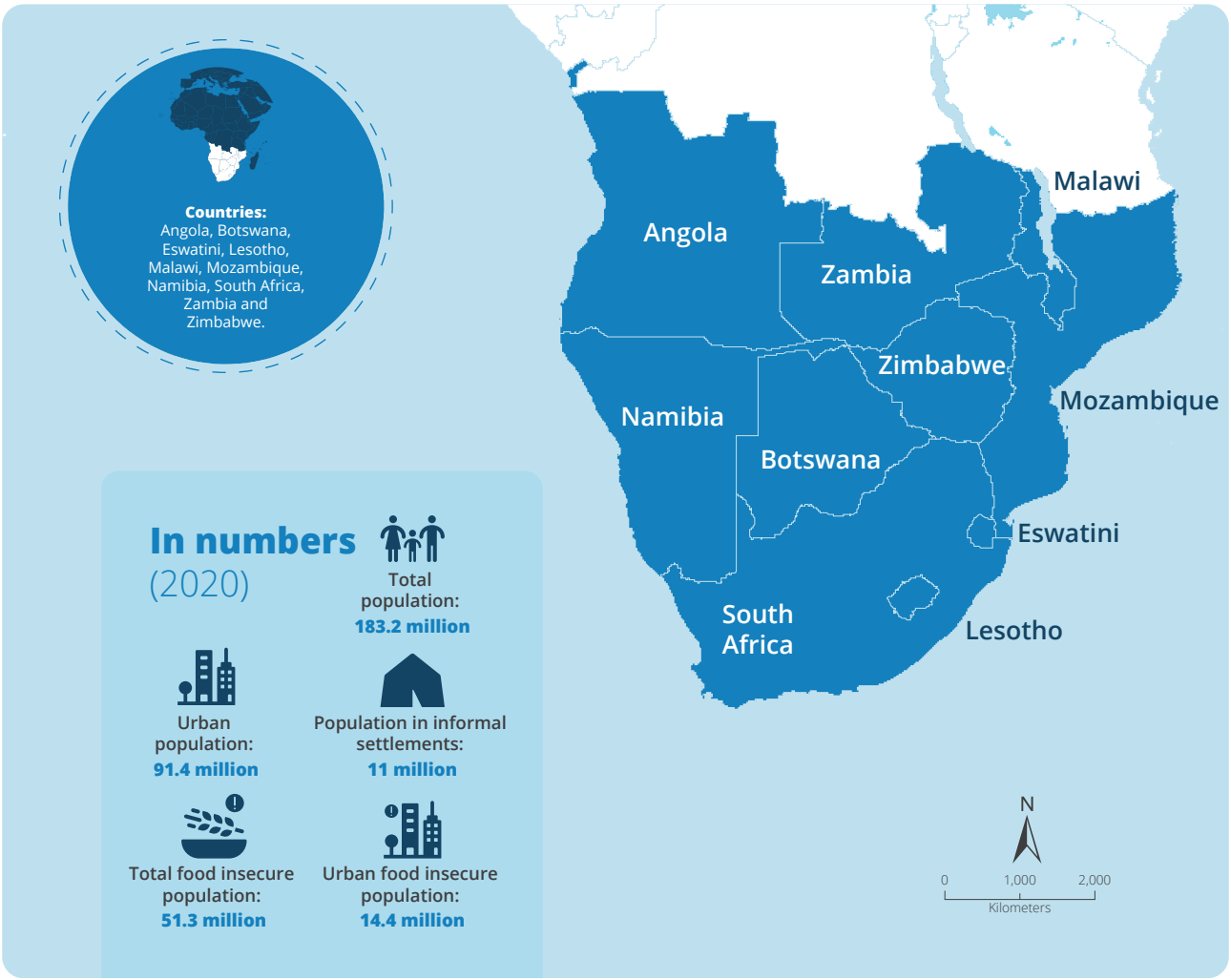
As one of the most food insecure regions in the world, the food security situation in East Africa deteriorated in 2020 because of the pandemic. In a region facing multitude of shocks, such as recurrent droughts, floods, desert locust infestation, conflict and macroeconomic challenges, COVID-19 induced loss of livelihoods leading to decline in income along with significant increase in food prices caused a further deterioration in the situation with food insecurity reaching unprecedented levels.

The most severe situation has been observed in South Sudan where some areas in Pibor county have been under famine-likely condition since December 2020. The Tigray region of Ethiopia has more than 401,000 people who are estimated to be in food security catastrophe (IPC-Phase 5) with a risk of famine between June and September 2021. In Madagascar, an estimate 14,000 people are likely in IPC Phase 5.

Based on the IPC analyses and an additional estimated spike in urban food insecurity, WFP estimated that regional food insecurity peaked at 50.3 million people in 2020. Among this, it is estimated that some 15.7 million people have been food insecure in urban areas[204]. Given the continued impact of COVID-19 on livelihoods and economies, this figure is expected to be sustained in 2021.

204 See the methodological note in Annex 2.

7.2. Southern Africa



Disclaimer: *The designations employed and the presentation of material in the map(s) do not imply the expression of any opinion on the part of WFP and UN Habitat concerning the legal or constitutional status of any country,territory, city or sea, or concerning the delimitation of its frontiers or boundaries.*

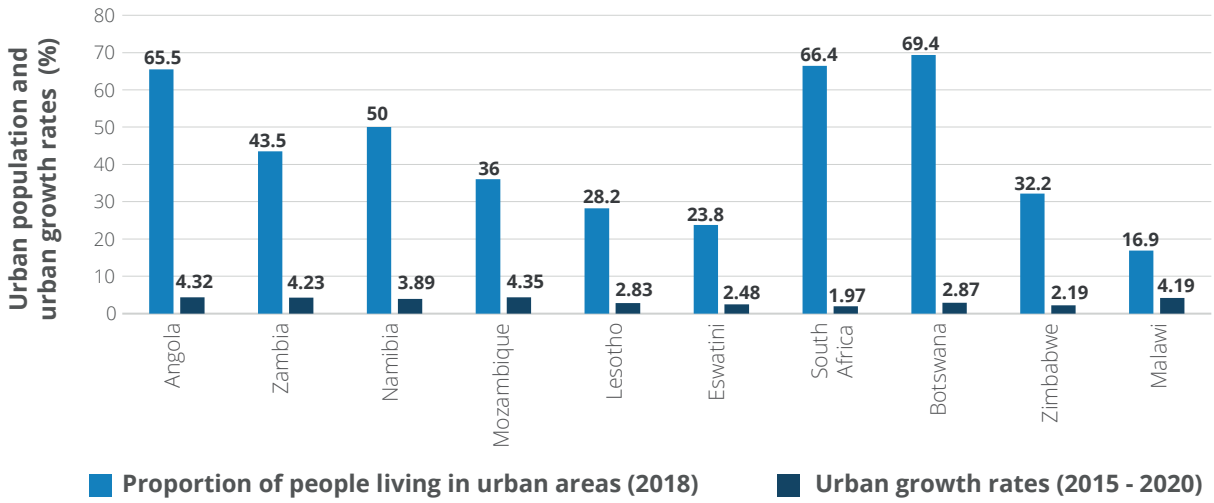
The context

Southern Africa is characterized by low economic growth rates, high levels of unemployment, poverty and inequality. In many cases, poverty and inequality are on the increase, and neither agricultural economies, such as Malawi, nor resource-intensive countries, such as Angola, Namibia and South Africa, have been able to significantly decrease income gaps and the rates of poverty and unemployment. Economic and climatic factors continue to strain Southern Africa's growth, creating huge development challenges, impacting lives and livelihoods of the people. Consequently, over a third of the population lives in poverty and unemployment levels are high averaging 12.5 percent [205]. Poverty has become more pronounced in urban areas and amongst female-headed households and the youth.

Urbanization trends

The Southern Africa region is the most urbanized, with more than 50 percent of the population of the sub-region living in urban areas[206], followed by West SSA, Central SSA and East SSA respectively[207]. However, the sub-region has the lowest average annual urbanization rate, at 1.67 percent. Urban growth rates in sub-regional countries vary between 2–5 percent per annum, and as of 2018, Botswana had the highest population living in urban areas (69.4 percent), followed by South Africa (66.4 percent) and Angola (65.5 percent)[208]. South Africa's urbanization level is projected to reach 80 percent by 2050. These high rates of urbanization present challenges of low economic growth and growing poverty contributing to the 'urbanization of poverty' in the sub-region.

Figure 23: Urban population (2018) and urban growth rates (2015–2020) in selected Southern African countries



Slums in Southern Africa

Southern Africa has the lowest number of people living in slums (11 million people), though some countries in the sub-region continue to experience growth in informal settlements. Mozambique has the highest prevalence of urban slum dwellers (77 percent) (see Figure 24). In Zimbabwe, the number of slum settlements is increasing, and 60 percent of the urban dwellers in Zimbabwe live in informal settlements with the majority living in extremely poor and overcrowded conditions[209]. The increase in informal settlements has caused a huge demand for water, which most cities and towns are unable to provide given the dire economic situation in Zimbabwe.

205 ILO. (2020). Report on employment in Africa (Re-Africa) – tackling the youth employment challenge – International Labour Office – Geneva.

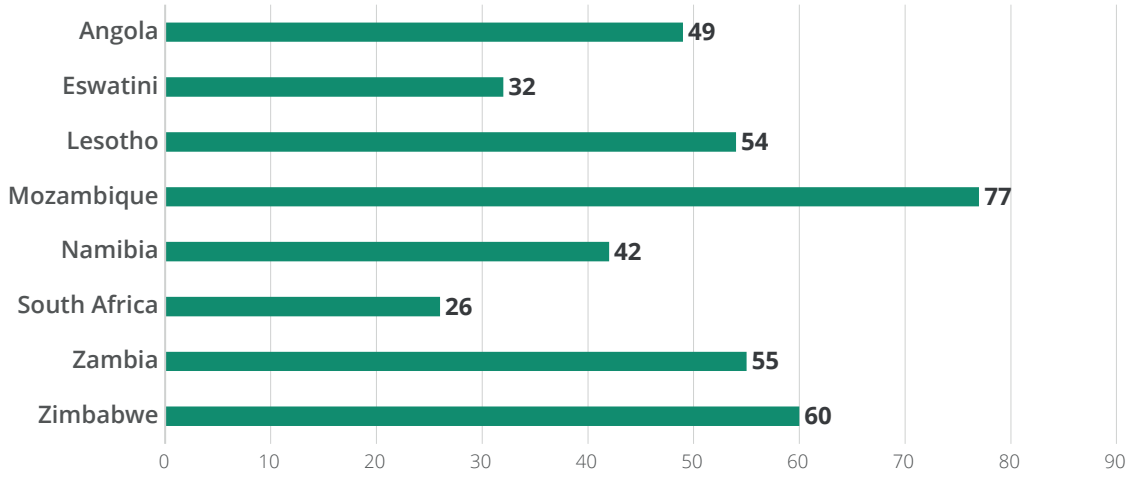
206 UN-Habitat Regional Office for Africa (2020). Sub-Saharan Africa Atlas. UN-Habitat. Nairobi.

207 UNICEF and UN-Habitat (2020). Analysis of Multiple Deprivations in Secondary Cities in Sub-Saharan Africa. Available at:https://www.unicef.org/esa/media/5561/file/Analysis%20of%20Multiple%20Deprivations%20in%20Secondary%20Cities%20-%20Analysis%20Report.pdf. (Accessed: 7 December 2021).

208 UN-Habitat Regional Office for Africa (2020). Sub-Saharan Africa Atlas. UN-Habitat. Nairobi.

209 UN-Habitat Regional Office for Africa (2020). Sub-Saharan Africa Atlas. UN-Habitat. Nairobi.

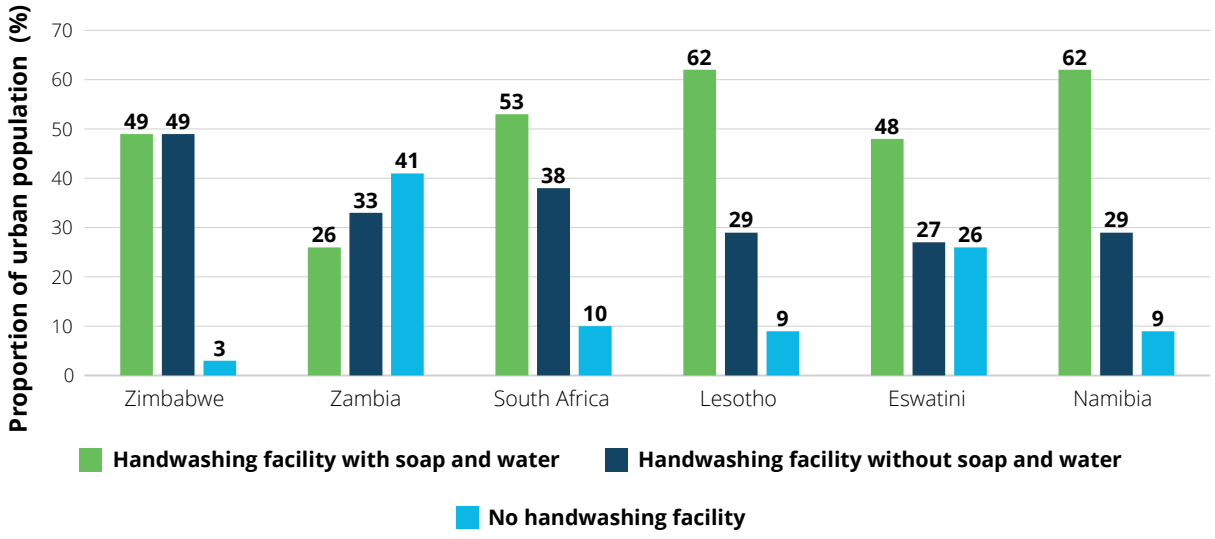
Figure 24: Percentage of urban residents living in slums in Southern Africa[210-211]



Access to basic services

Access to sanitation is higher in urban areas of Southern Africa, where between 16 percent and 77 percent of the population have access to at least basic sanitation[212]. However, access to basic urban services vary from country to country. In South Africa, for example, only 44.4 percent of people have access to water inside their house and only 60.6 percent have access to a flush toilet[213]. Namibia and Lesotho have the highest proportion of urban population with handwashing facility with soap and water (62 percent each), followed by South Africa and Zimbabwe (53 and 49 percent respectively). Zambia has the highest proportion of urban population without any handwashing facility at their premises (see Figure 25).

Figure 25: Proportion of urban population with and without access to handwashing facility in Southern African countries[214]



210 UN-Habitat Urban Indicators Database.

211 World Bank. (2018). Population living in slums (% of urban population) – Sierra Leone. Available at: https://data.worldbank.org/indicator/EN.POP.SLUM.UR.ZS?locations=SL&name_desc=false. (Accessed: 7 December 2021).

212 WaterAid (2018). State of hygiene in Southern Africa August 2018 Summary of key findings. Available at: https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/State%20of%20Hygiene%20in%20South%20Africa.pdf. (Accessed: 7 December 2021).

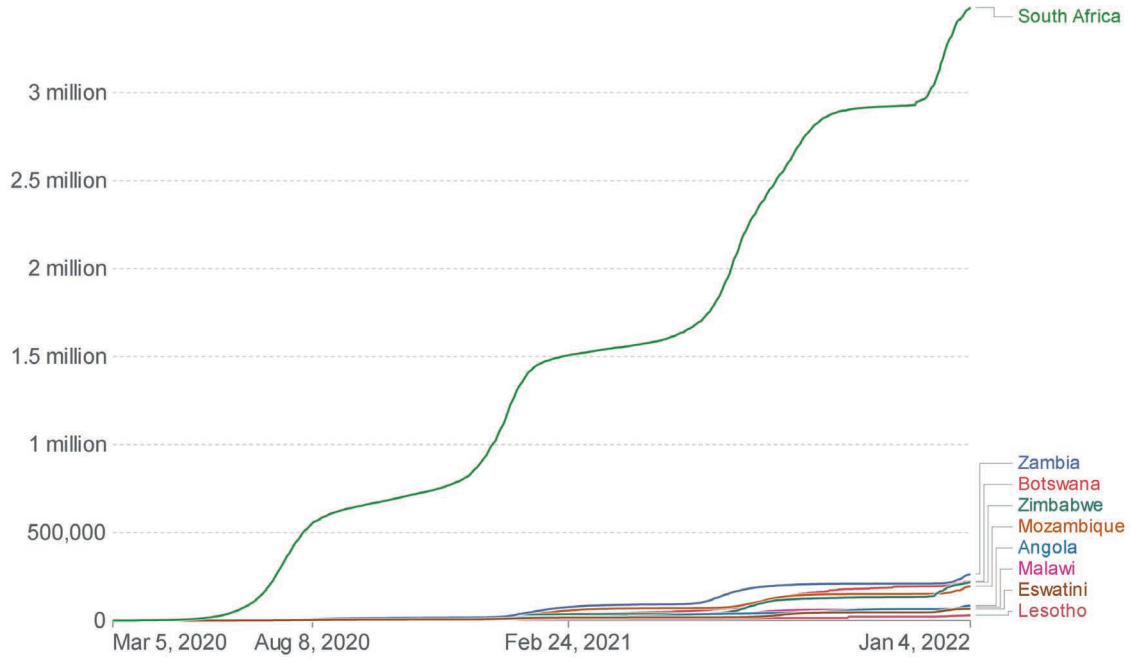
213 Gevisser, M. (April 3, 2020). "How can you social distance when you share a toilet with your neighbour?" New York Times.

214 Figure developed based on statistics from https://www.sdg6data.org/ (United Nations Water). (Accessed: 7 December 2021).

COVID-19 progression

Southern Africa has the highest number of cases, which stood at 4.8 million as of 3rd January 2022. However, South Africa bears the largest burden in Southern Africa (3,480,000 cases), which represents 73 percent of the infection rate in the sub-region. Figure 26 shows the cumulative COVID-19 cases in Southern African countries. As in any other regions of the world, regional countries implemented measures to combat the spread of the pandemic. As the country with the highest number of cases in the sub-region, South Africa implemented a national lockdown on 15th March 2020[215]. Owing to various deficiencies, limited resources and financial considerations, the South African Government had to ease the lockdown strategy and related rules many times. Zimbabwe, on March 21, 2020, implemented a 21-day national lockdown. This meant the shutting down of all except essential activities and services, such as health care and law enforcement[216]. Since then, containment measures have been reviewed occasionally. In all this, informal sector operations have been halted for longer periods. Zambia imposed measures which included closures of: (i) non-essential shops; (ii) recreational parks and facilities; (iii) restaurants, bars and cafes (except for take-aways); and (iv) schools and universities[217].

Figure 26: Cumulative COVID-19 cases in Southern African countries



COVID-19 impact on economy and livelihoods

Southern Africa's economic growth contracted by 7 percent in 2020, mostly driven by South Africa and Angola—its two largest economies[218]. Consequently, debt levels propelled to 90 percent of regional GDP, and budget deficits ballooned to 9 percent of GDP due to the increase in health spending as well as the provision of stimulus packages to keep economies afloat[219]. The economic contraction is detrimental to the highly informalized sub-regional economies, which will result in higher levels of unemployment, among the already vulnerable groups: less skilled and low-income earners, informal workers,

215 Hatefi, S., Smith, F., Abou-El-Hossein, K., & Alizargar, J. (2020). COVID-19 in South Africa: lockdown strategy and its effects on public health and other contagious diseases. Public health, 185, 159–160. Available at: https://doi.org/10.1016/j.puhe.2020.06.033. (Accessed: 7 December 2021).

216 United Nations Zimbabwe (2020). Immediate Socio-Economic Response to Covid-19 in Zimbabwe. A Framework for Integrated Policy Analysis and Support.

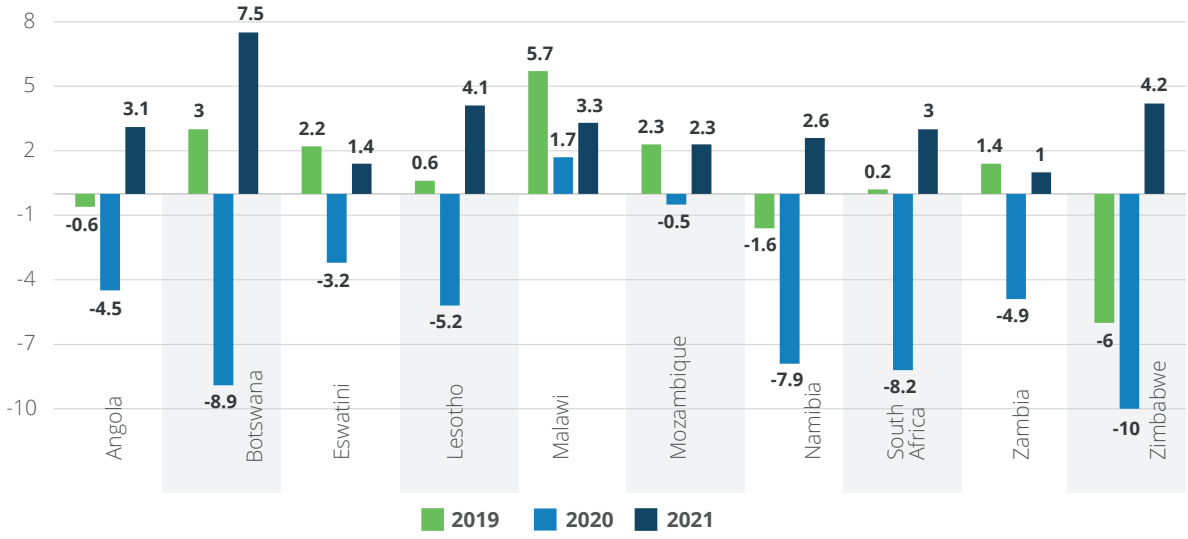
217 Haider N, Osman AY, Gadzekpo A, et al (2020). Lockdown measures in response to COVID-19 in nine sub-Saharan African countries. BMJ Global Health, 5:e003319. doi:10.1136/ bmjgh-2020-003319.

218 African Development Bank (2021). The African Economic Outlook, From Debt Resolution to Growth: The Road Ahead for Africa.

219 United Nations Economic Commission for Africa (2020). Socio-Economic Impact of COVID-19 in Southern Africa. Available at: https://www.uneca.org/sites/default/files/COVID-19/Presentations/socio-economic_impact_of_covid-19_in_southern_africa_-_may_2020.pdf. (Accessed: 7 December 2021).

women and those with a history of unemployment[220]. Additionally, the COVID-19 induced economic effects and the associated containment measures are disproportionately affecting the poor and vulnerable, as they often depend on unsustainable, non-profitable and high-risk income sources and lack social protection. For instance, in a survey conducted in urban areas of Mozambique, over 70 percent reported a drop in income due to loss of livelihood, and 76 percent of the households worried about not having enough food and 37 percent had gone without eating[221]. Thus, the COVID-19 crisis is pushing weaker social segments into poverty, indebtedness, food insecurity and incapacity to meet even their more stringent essential needs. This is in turn deepening income and non-income inequalities in the region[222].

Figure 27: Estimated GDP growth rate in 2019, 2020 and 2021 in Southern African countries



Markets and food prices

Trade flow and movement of people reduced, and this further led to disruptions in food availability, livelihoods and food access. Depreciation of local currencies, coupled with closure of land borders, border controls, combined with panic-buying, exerted an upward pressure on prices, in import dependant countries like Eswatini, Lesotho and Zimbabwe. Food price trends were uneven in regional countries with soft demand easing pressures on prices in countries, such as South Africa. In Angola, Eswatini, Mozambique, South Africa, Zambia and Zimbabwe the price of maize was above the five-year average by December 2020. While prices relaxed in several countries, they have remained above average and continue to directly impact food and nutrition security

Impact on food security

Southern Africa was already experiencing high food insecurity owing to recurrent and severe climate-induced shocks, conflict and macroeconomic challenges. In 2019, 32.2 million people faced Crisis or worse (IPC Phase 3 or above) levels of acute food insecurity. The number of people in Crisis or worse (IPC Phase 3 or above) in 2020 in Southern Africa was the highest on the continent at 40.2 million. The adverse economic effects of COVID-19 coupled with conflict and economic shocks contributed to the sharp rise in the number of people in Crisis or worse (IPC Phase 3 or above) in the sub-region. WFP estimated that 51.3 million people were food insecure in 2020 in the region. Out of this, an estimated 14.4 million people are food insecure in urban areas[223]. With the COVID-19 pandemic's sustained impact on livelihoods and economies the number of the food insecure is expected to persist in 2021.

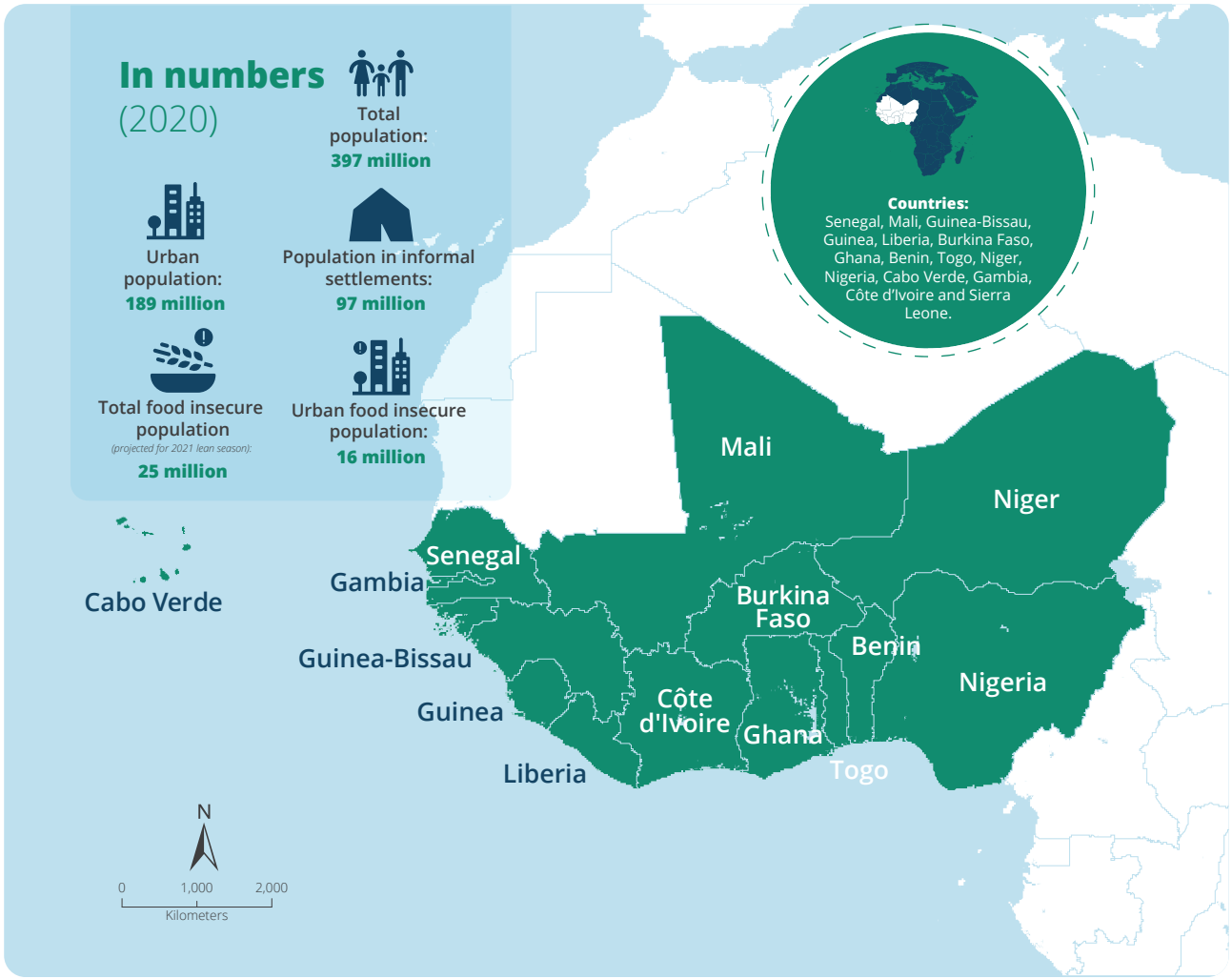
220 Megersa, K. (2020). The Informal Sector and COVID-19 in Sub-Saharan Africa. Institute of Development Studies.

221 World Bank. (2021a). Mozambique Economic Update, February 2021: Setting the Stage for Recovery. Washington, DC: World Bank. https://doi.org/10.1596/35214.

222 United Nations Economic Commission for Africa (2020). Socio-Economic Impact of COVID-19 in Southern Africa. Available at: https://www.uneca.org/sites/default/files/COVID-19/Presentations/socio-economic_impact_of_covid-19_in_southern_africa_-_may_2020.pdf (Accessed: 7 December 2021).

223 See the methodological note in Annex 2.

7.3. Western Africa



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The context

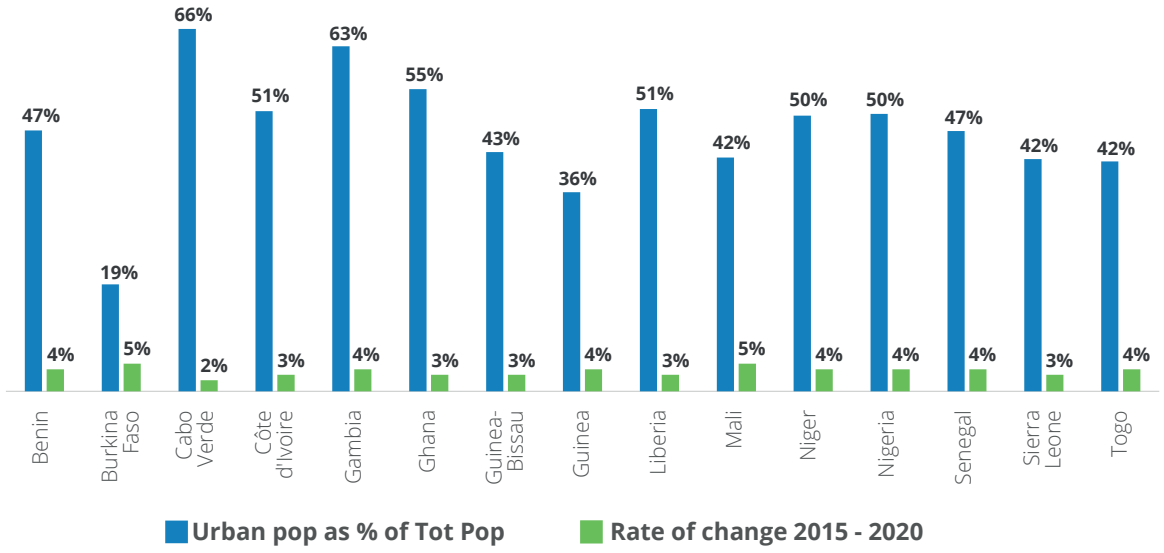
An estimated 25 million people are projected to be food insecure during the 2021 lean season in West Africa. Among the urban populations, almost 16 million people are estimated to be at risk of food insecurity.[224] The key drivers of acute food insecurity in West Africa are a complex mix of chronic poverty, worsening violence and conflict that are fuelling displacement and increasing food prices, and an overall weakened regional macroeconomic foundation stemming from the COVID-19 restrictions that were implemented last year. The West Africa economy is expected to have contracted by -2 percent in 2020, despite an initial growth projection of 4 percent.[225]

Despite this, there are positive projections for 2021. With the development of vaccines, and the easing of restrictions, trade and tourism sectors are expected to resume. Forecasts point towards an economic recovery at 2.8 percent GDP in 2021 and 3.9 percent in 2022, as lockdowns cease, and prices stabilize.[226] In addition, West Africa had ample rain last year and normal to above-average rainfall is projected for 2021. There are even projections for a surplus of food for the region in 2021.[227] In 2021, West Africa is experiencing a third wave of COVID-19 infections, which for some countries is much worse than the first and second waves. This is expected to further hinder recovery.

Urbanization trends

Over 40 percent of West Africa's population resides in urban areas, which is around 189 million people. Nigeria alone hosts some 104 million urban dwellers, followed by Ghana (17 million), Côte d'Ivoire (13 million) and Niger (12 million). In terms of "proportion" of urban population, smaller countries, such as Cabo Verde and Gambia, have the highest levels at 66 and 62 percent respectively. Between 2015 to 2020, West Africa experienced an annual urbanization rate of 4 percent[228], with Burkina Faso and Mali showing the highest rates of 5 percent and Cabo Verde at the lowest rate of 2 percent. Lagos City in Nigeria alone has doubled in size by 700 sq.km in the last 20 years (see Annex 2).

Figure 28: Percentage of urban population and urban growth rates in selected West African countries



224 This figure was calculated by WFP and UN-Habitat using different vulnerabilities (extreme poverty, low income, living in slums, lack of access to basic services etc). Full methodology for the calculation can be found under Annex 2.

225 African Development Bank Group. West Africa Economic Outlook 2020: Coping with the COVID-19 Pandemic. Available at: https://www.afdb.org/sites/default/files/documents/publications/west_africa_regional_economic_outlook_2020-final.pdf. (Accessed: 7 December 2021).

226 African Development Bank Group. Africa's Growth Performance and Outlook Amid the COVID-19 Pandemic. Available at: https://www.afdb.org/sites/default/files/2021/03/09/aeo_2021_-_chap1_-_en.pdf. (Accessed: 7 December 2021).

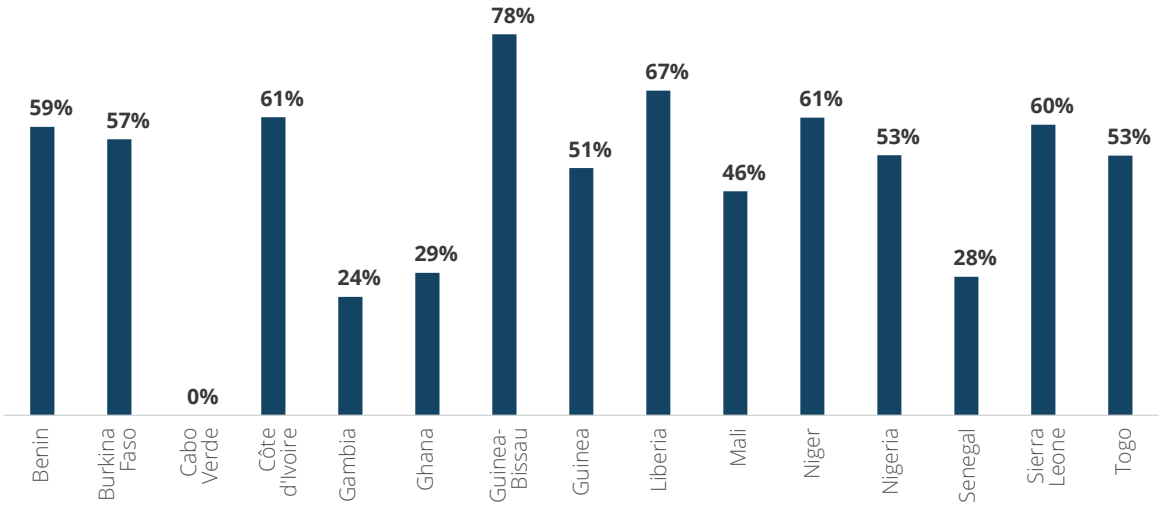
227 Concertation technique du DISPOSITIF RÉGIONAL DE PRÉVENTION ET DE GESTION DES CRISES ALIMENTAIRES (PREGEC). 1st April 2021.

228 UN-Habitat Data.

Slums in West Africa

Almost 60 percent of the urban population of West Africa resides in slums, which amounts to 97 million people.[229] Of these, more than half (55 million) live in the cities of Nigeria alone. Proportional to total urban population, the highest percent of slum dwellers are found in Guinea-Bissau (78 percent), Liberia (67 percent) and Niger (61 percent), whereas Gambia, which is predominantly urban, hosts the lowest level of slum dwellers at 24 percent.[230]

Figure 29: Percentage of urban residents living in slums in West African countries[231]



Source: (UN-Habitat database)

Access to basic services

Of the 189 million urban population of West Africa, an estimated 103 million do not have access to basic sanitation services, 61 million lack access to sufficient living space and 36 million lack regular access to safe drinking water. This is of grave concern, especially during the COVID-19 pandemic, as it undermines efforts to limit the spread of COVID-19 transmissions.

Table 1: Percentage of urban population living without access to basic services in West Africa

	% of urban population, without access to basic services, West Africa			
Total Urban Population	**Without access to basic drinking water**	**Without access to basic sanitation facilities**	**Without access to sufficient living area**	**Without connection to electricity**
189,371,470	36,172,645	103,006,952	60,700,072	33,806,872
	19%	**54%**	**32%**	**18%**

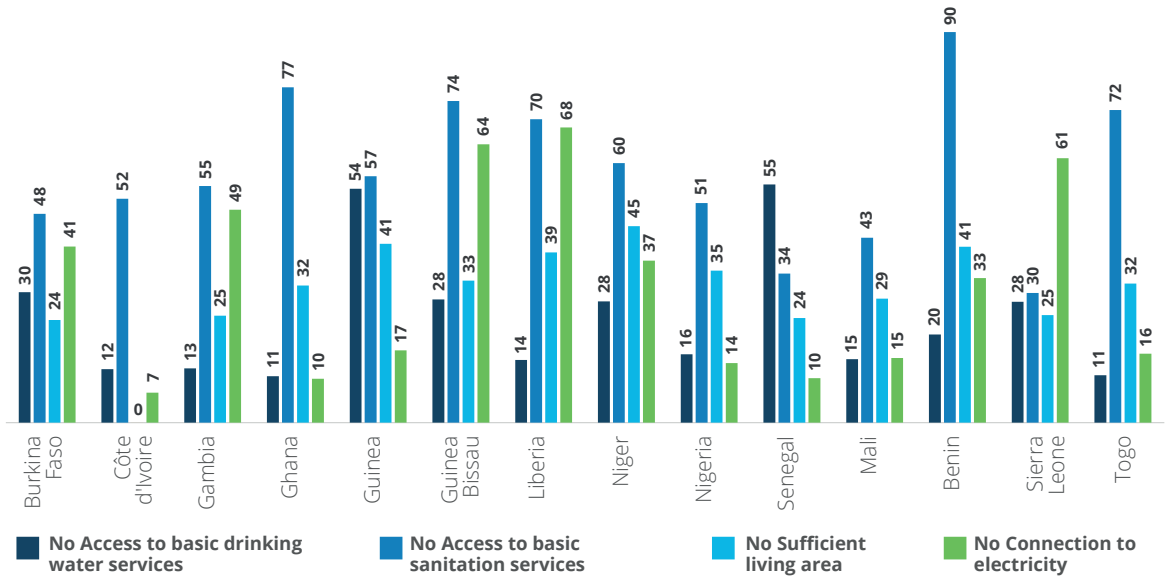
Source: UN-Habitat database

According to the UN-Habitat database, urban populations experience the worst access to basic sanitation services in Benin (90 percent), Ghana (77 percent) and Guinea-Bissau (74 percent) and the best access to basic sanitation is witnessed in Sierra Leone (34 percent) and Senegal (30 percent). In terms of numbers, the larger economies, such as Nigeria and Ghana, have the highest number of urban dwellers without sanitation services at 52 million and 13 million respectively. Additionally, the highest proportion urban populations living within insufficient living spaces are in Niger (45 percent), Benin (41 percent) and Guinea (41 percent), and Côte d'Ivoire (100 percent), Gambia (75 percent) and Togo (75 percent) demonstrate the best living urban conditions.

229 UN-Habitat and WFP (2020). Impact of Covid-19 on Livelihoods, Food Security and Nutrition in East Africa. Urban Focus.
230 UN-Habitat Data.
231 UN- Habitat Database

Similar concerning trends are noted in the lack of urban access to safe drinking water: Senegal and Guinea have the highest proportion of urban dwellers who lack access to safe drinking water at 55 and 54 percent respectively. In terms of the highest number of urban dwellers without access to safe drinking water, the larger economies, such Nigeria, Niger and Ghana, were the most prominent: 16 million urban dwellers in Nigeria, 3 million in Niger and 3 million in Ghana are without access to safe drinking water. For electricity connectively, some 30 million people (or 18 percent) do not have access. Over 60 percent of the population in Liberia, Guinea-Bissau and Sierra Leone do not have connection to electricity.

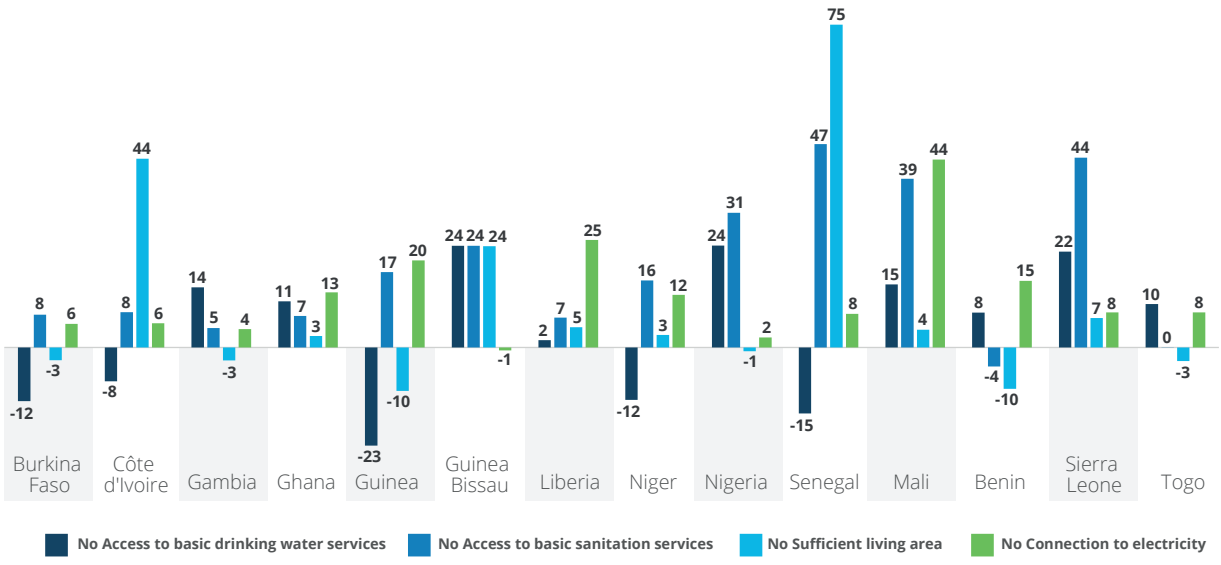
Figure 30: Proportion of urban population without access to basic services in West Africa



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

When the earliest data is compared with the latest data for each country, most of the countries show an improvement in access to most basic urban services, except for drinking water, which showed a deterioration in Guinea, Senegal, Niger, Burkina Faso and Côte d'Ivoire. Slight deterioration was also noted in urban populations' access to sufficient space, particularly noted in Gambia, Guinea, Benin and Burkina Faso.

Figure 31: Proportion of change (trend) in urban access to basic services in West Africa[232]



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

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

COVID-19 progression

West Africa mimicked the overall regional COVID-19 trends of SSA, with the sub region beginning to show concerning cases in the second quarter of 2020 and having thus far experienced three waves of spikes in infections. The overall numbers remain lower than global rates at over half a million cases in 15 countries in West Africa. The largest economies, in terms of total population, have the highest rates of cumulative COVID-19 cases, such as Nigeria and Ghana (see Figure 32), though this is largely due to low rates of testing (see Figure 33).

Figure 32: Cumulative confirmed COVID-19 cases in West Africa

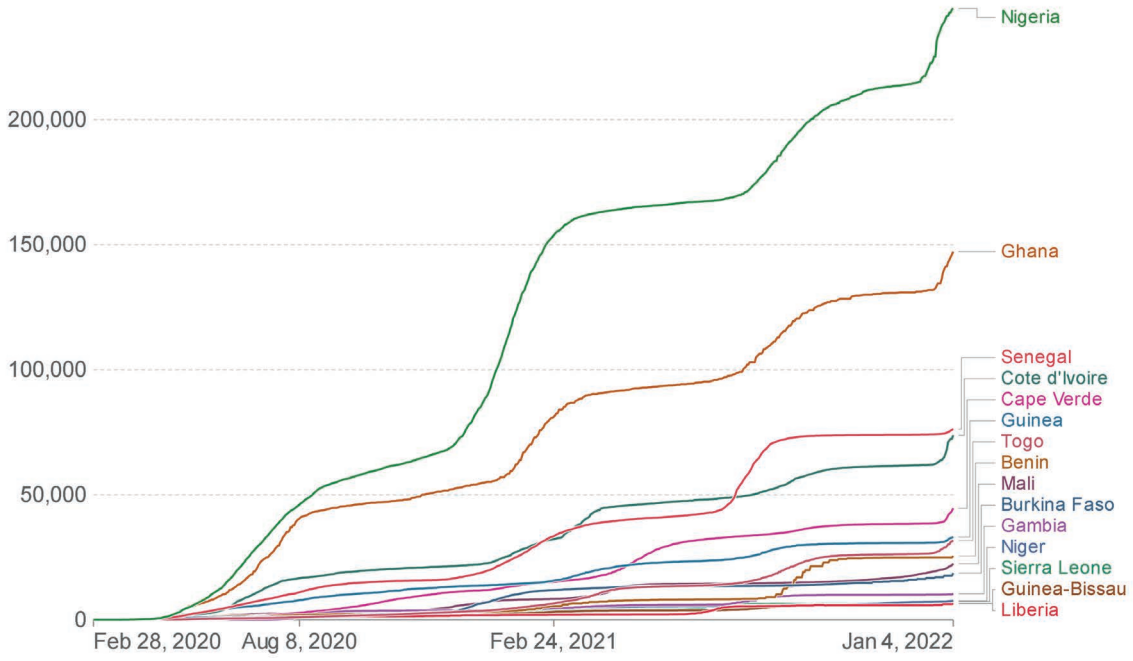
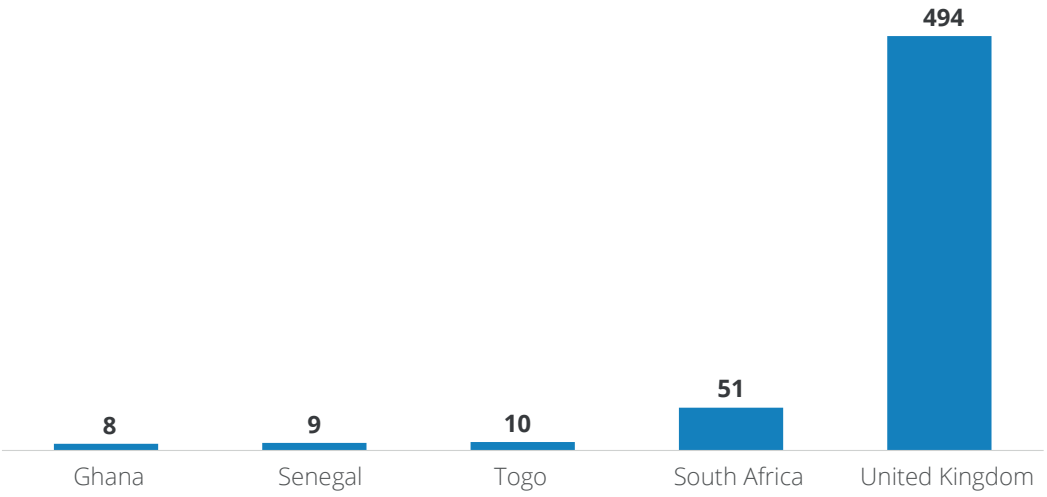


Figure 33: Total tests per person (2020–2021)

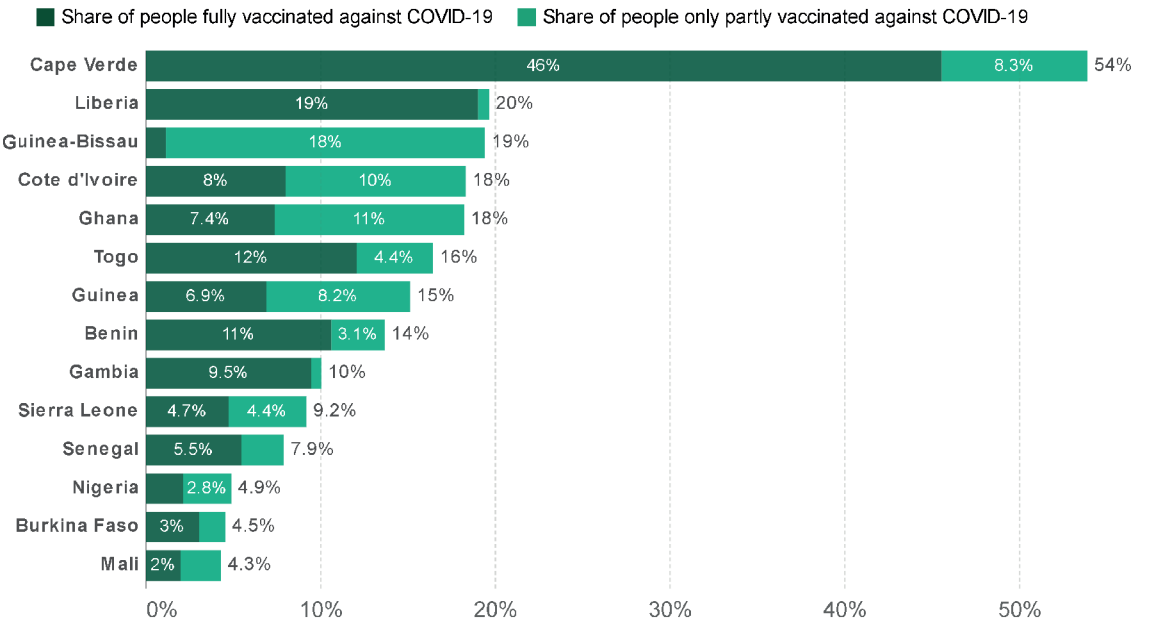


Source: (Humanitarian Data Exchange233)

233 Calculated by dividing total tests done in 2020 and 2021 by total population. Available at: https://data.humdata.org/dataset/total-covid-19-tests-performed-by-country. (Accessed: 5 December 2021)

For the second half of 2020, multiple restrictions were put into place across West Africa, with measures including closures of workplaces, schools, markets and restrictions on internal movements, coupled with periodic curfews. However, due to the severe impact experienced on household incomes and price hikes, most countries in the region have been reluctant to impose further restrictions in 2021, despite the sub-region now experiencing a third wave of COVID-19 infections. For example, large scale protests were seen in Senegal in March 2021, largely driven by youth who felt the 9pm to 5am curfew impacted their ability to earn a living, leading to the curfew being lifted in early 2021.[234] No new curfew has been imposed since in Senegal, despite the country experiencing more COVID-19 cases than ever. The governments within West Africa, instead continue to impose social distancing and mandatory usage of masks indoors, while aiming to vaccinate as many people as possible. Current vaccination rates remain low, and Cabo Verde leads the way with a 36 percent vaccination rate (of one dose), while the remaining countries have vaccinated less than 6.6. percent of its population (see Figure 34).

Figure 34: Share of vaccinated people against COVID-19, August 16, 2021[235]



Source: Official data collated by Our World in Data CC BY
Note: Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.

COVID-19 impact on economy and livelihoods

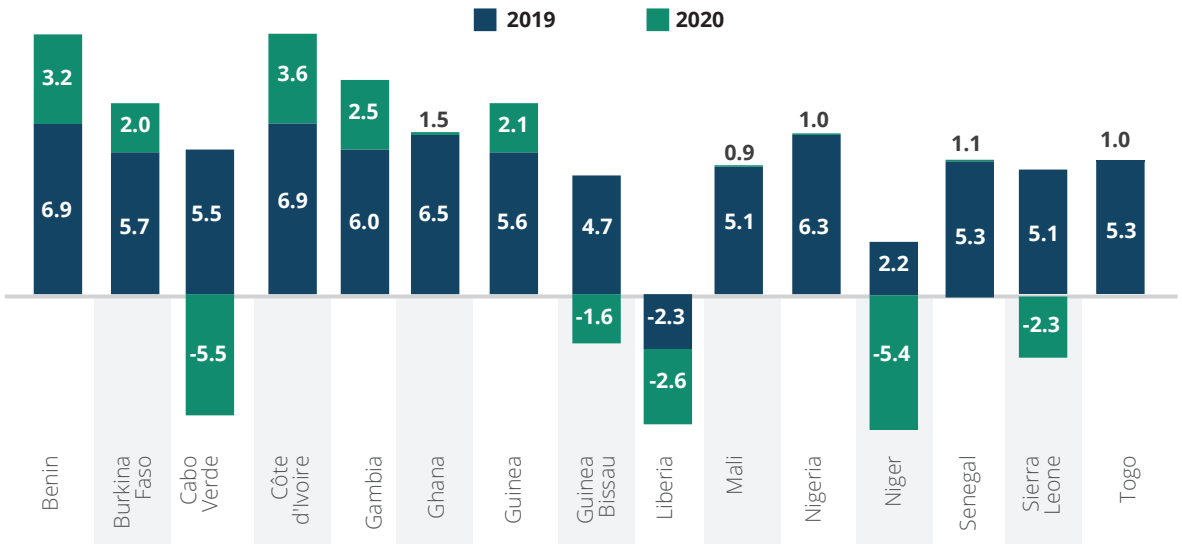
Almost all countries in West Africa experienced negative growth in 2020, largely due to the COVID-19 restrictions, which limited incomes and impacted purchasing powers. The worst economic downturns were noted in Cabo Verde, Liberia, Guinea-Bissau, Sierra Leone, Mali and Nigeria. Migrant workers and informal urban workers were the most impacted due to the precarious nature of the work involved and the lack of safety nets. Remittances were estimated to fall to almost US$26 million in 2020 for the region; the lowest in the last ten years[236]. West Africa remained vulnerable even before the shock of COVID-19 and the subsequent movement restrictions. Out the 189 countries, apart from Cabo Verde and Ghana—which rank 126th and 142nd respectively—all other West African countries ranked among the lowest thirty countries on the Human Development Index (HDI) globally. The last place in the world HDI rankings (189/189) was occupied by Niger with an HDI of 0.38 in 2020. Despite the removal of many of the COVID-19 restrictions in 2021, the economic shock of 2020 continues to impact West Africa, as its economic foundation remains weak.

234 Rédaction Africanews. Protests erupt in Senegal over new COVID-19 measures. Available at: https://www.africanews.com/2021/01/07/protests-erupt-in-senegal-over-new-covid-19-measures//. (Accessed: 7 December 2021).

235 Our World in Data. Coronavirus (COVID-19) Vaccinations. Available at: https://ourworldindata.org/covid-vaccinations?country=OWID_WRL. (Accessed: 7 December 2021).

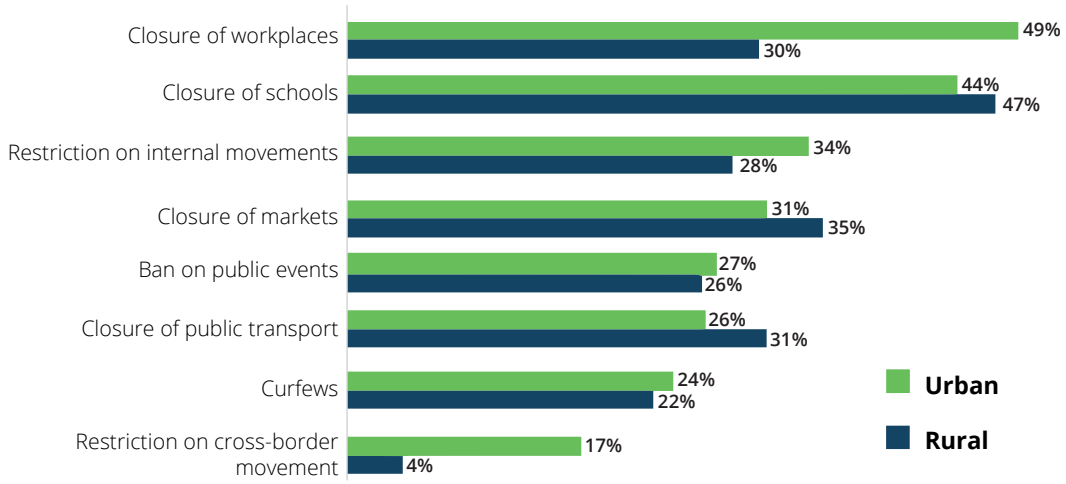
236 ECOWAS, WFP, UNECA and ECA. (December 2020). Covid-19 Pandemic: Impact of restriction measures In West Africa. Available at: https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000121691.pdf. (Accessed: 7 December 2021).

Figure 35: GDP growth rate in percentage



An ECOWAS report[237], conducted through household web surveys in 15 countries in 2020, revealed market access was impacted in both urban (46 percent) and rural areas (62 percent). In cities, lockdown, fear of going out due to COVID-19, and market closures were cited as the main reasons for difficulties in accessing markets (see Figure 36). Restrictions on internal movement and disruption of transport further affected market access in rural areas where markets are more dispersed and far away from villages. The results confirm the urban/rural transmission of the impact of the lockdown of urban areas, which are currently the epicentre of the health crisis.

Figure 36: Impact of restrictive measures on household livelihoods



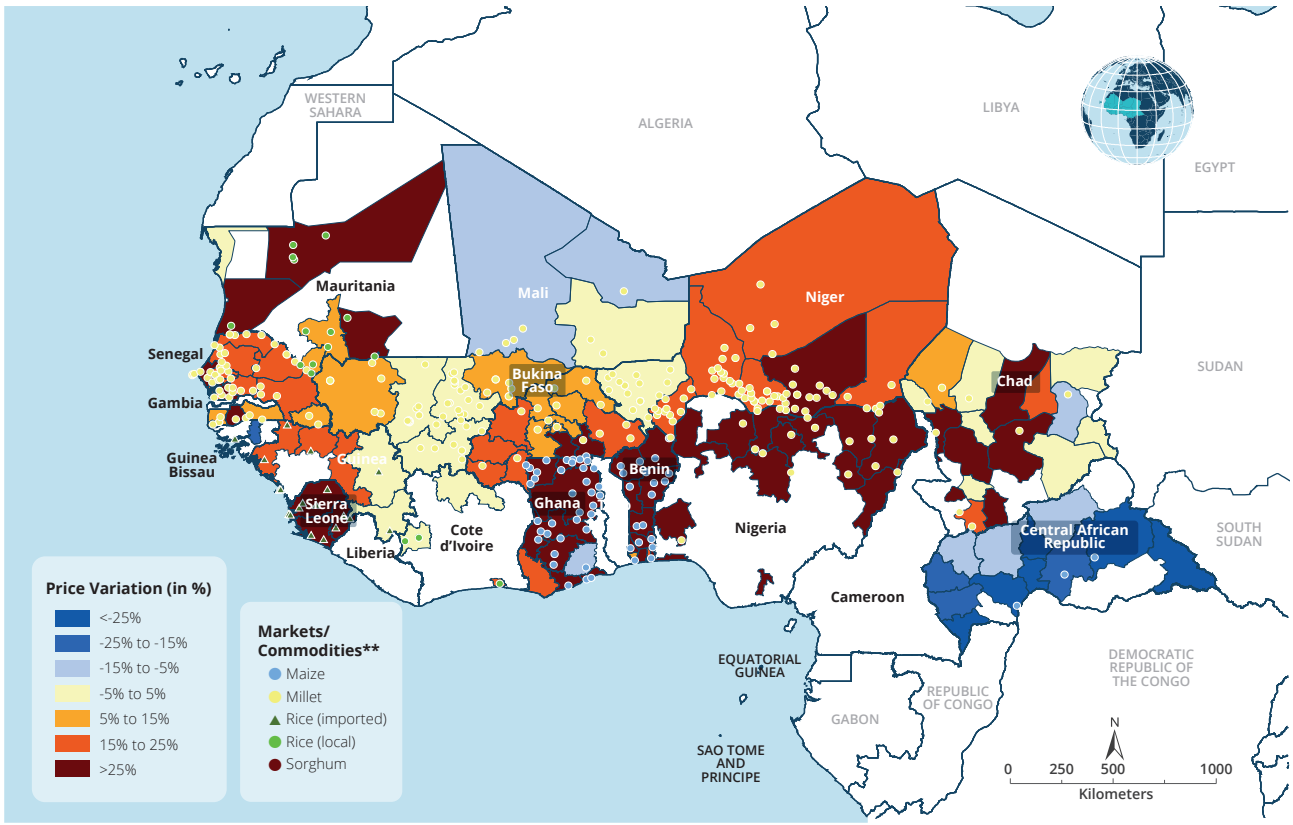
237 Ibid.

Market and prices

The West African economy continues to struggle with the aftershocks of the economic jolts experienced in 2020. By mid-2021, inflation had skyrocketed in Nigeria and Sierra Leone, at 91 percent and 133 percent respectively, compared to 2015. Similar price hikes of basic cereals were also reported in parts of Benin, Ghana and Chad. On average, prices have risen in almost all countries in West Africa.

The countries that have seen the most drastic price surges include Nigeria (73 percent), Ghana (44 percent), Senegal (23 percent), Mauritania (20 percent) and Burkina Faso (17 percent)[238] (see Figure 37). This trend is making food less affordable, especially for those already struggling to cope, and the 2021 lean season will further strain local resources as unskilled jobs will become scarcer.

Figure 37: March 2021 vs. five-year average price comparison (in %)



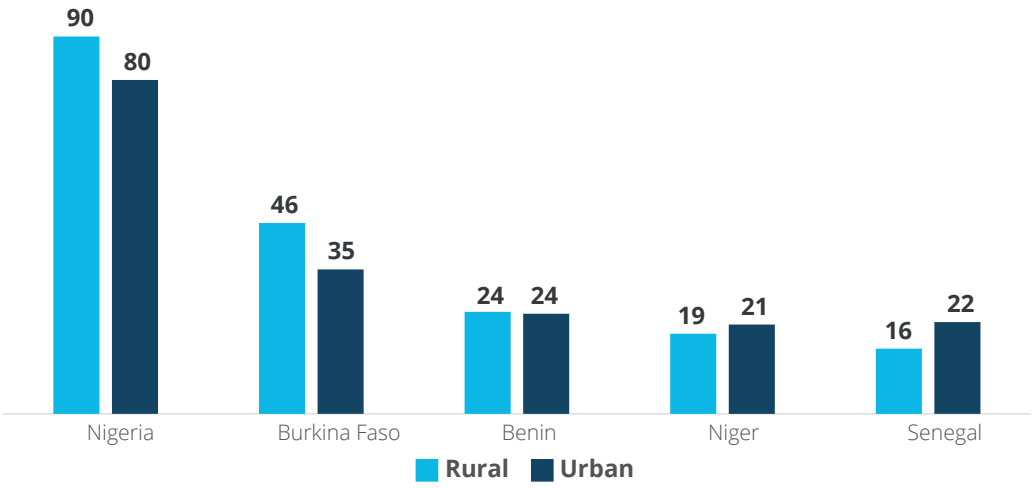
Data sources: WFP, UNGIWG,GeoNames, GAUL

Disclaimer: *The designations employed and the presentation of material in the map(s) do not imply the expression of any opinion on the part of WFP and UN Habitat concerning the legal or constitutional status of any country,territory, city or sea, or concerning the delimitation of its frontiers or boundaries.*

Comparison of urban and rural one year price variation monitoring in 2020 shows the impact of COVID-19 that was felt in both areas. In Mali and Niger, the price variation in one year was higher in urban areas (at around 20 percent) compared to rural areas (15 and 19 percent). Whereas in Burkina Faso and Nigeria, rural price variations were higher (at 46 and 90 percent respectively), but not drastically different than in urban markets (36 and 81 percent). (See Figure 38.)

238 CAR, Chad and Guinea-Bissau saw a decrease in prices in April 2021, compared to five-year averages of -18, -10 and -6 percent respectively. Data as of April 2021, compared to five-year average. Source: Dataviz, WFP price monitoring.

Figure 38: One-year average price comparison (in %) in urban and rural areas in selected countries of West Africa

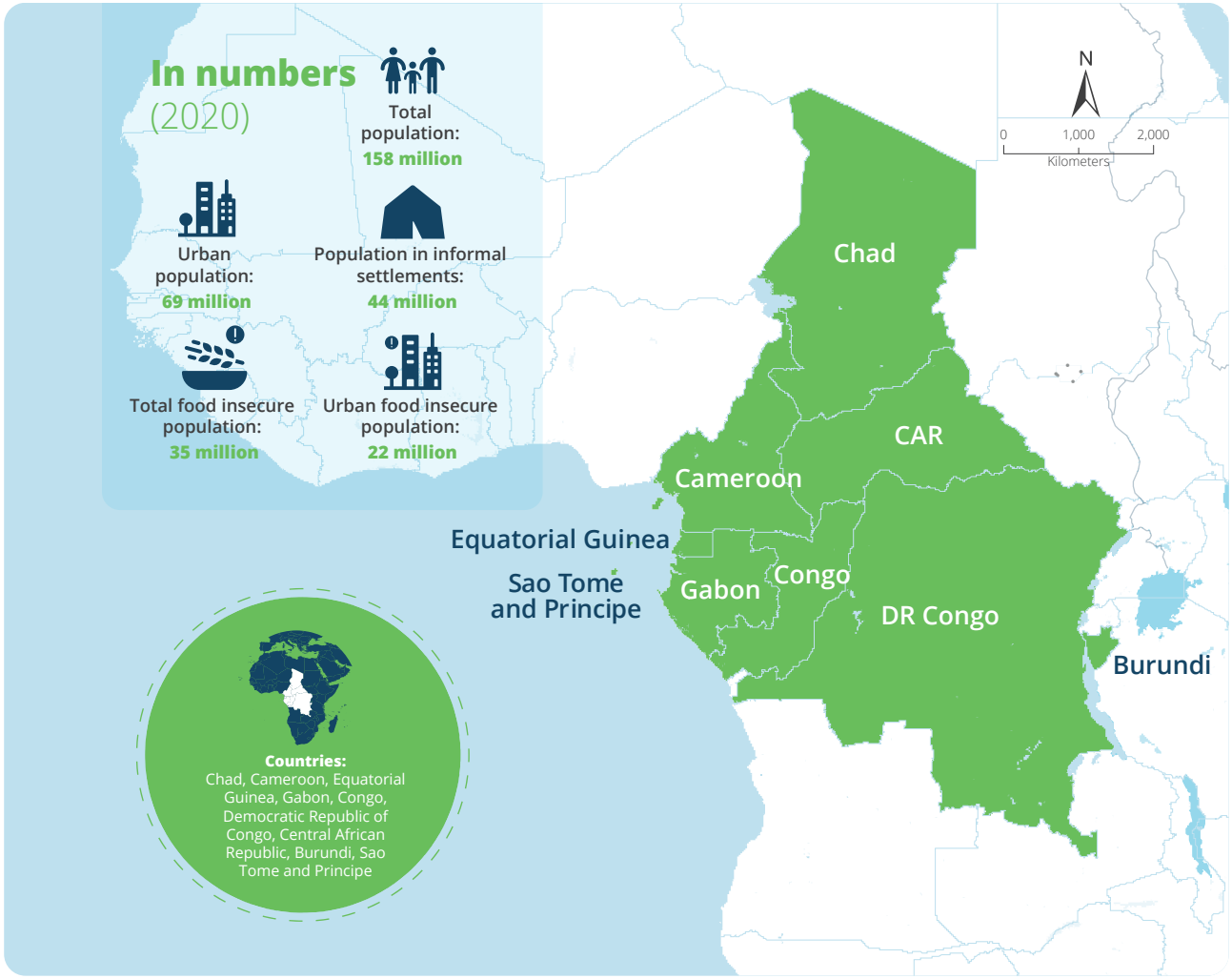


Food security

During the 2021 lean season, an estimated 25 million people are expected to be food insecure nationwide across West Africa, which is a 10 million increase from the same period last year. Within urban areas, an estimated additional 16 million people are projected to be vulnerable to food insecurity.

In 2021, the continued upward trend in food needs is indicative that West Africa's foundations remain weak from the COVID-19 restrictions placed last year, which could further hinder the projected growth recovery estimates for 2021 and 2022. The highest number of needs are in countries grappling with multiple shocks of COVID-19 restrictions, high inflation rates and prices, and active and escalating conflict, such as in Nigeria, which currently has over 9 million people in need of urgent food. Similar trends are seen in other conflict-inflicted countries, such as Burkina Faso (2.1 million), Niger (1.6 million) and Sierra leone (1.5 million).

7.4. Central Africa



Disclaimer: *The designations employed and the presentation of material in the map(s) do not imply the expression of any opinion on the part of WFP and UN Habitat concerning the legal or constitutional status of any country,territory, city or sea, or concerning the delimitation of its frontiers or boundaries.*

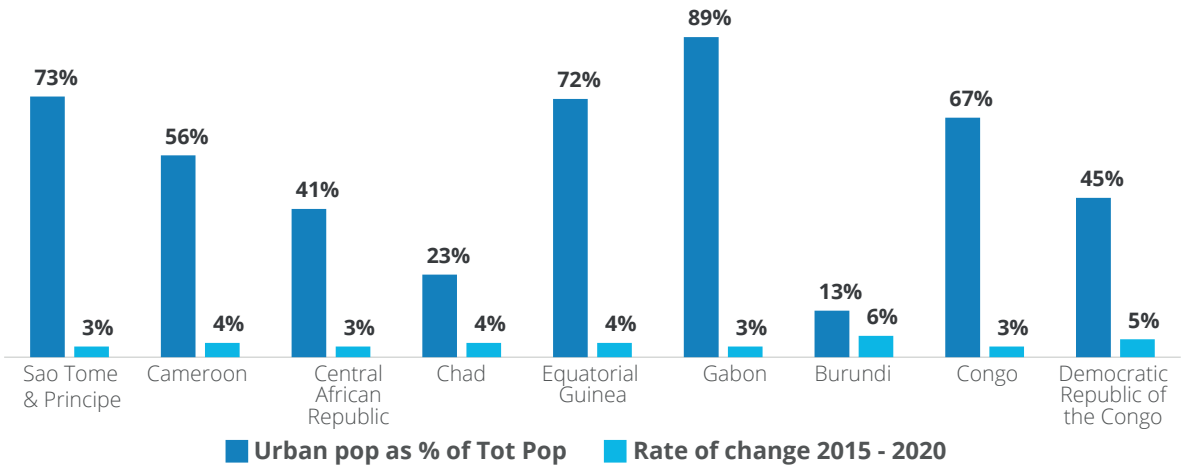
Context

In 2020 Central Africa saw a contraction of real GDP of -4.5 percent, with all countries except Burundi entering negative growth (recession)[239]. In 2021, around 35 million people are expected to be pushed into food insecurity in Central Africa, of which almost 80 percent (or 26 million) people are in Democratic Republic of Congo (DRC) alone.[240] Almost 22 million of Central Africa's urban populations are also estimated to be vulnerable to food insecurity, with DRC accounting for 75 percent (or almost 18 million people). Prolonged conflict has hindered development gains in the four largest and most food insecure countries in the region, namely DRC, Central African Republic (CAR), Cameroon and Chad. Projections for 2021 are positive, with the sub-region expected to grow at 2.6 percent, yet with COVID-19 containment measures still in place, and the global economy still struggling with a third wave, it is unclear if Central African economies could achieve swift recovery.

Urbanization trends

Around 69 million people (or 43 percent) of Central Africa's population live in urban areas. Smaller nations have a higher proportion of urban dwellers, such as Gabon (89 percent), Sao Tome & Principe (73 percent), and Equatorial Guinea (72 percent). Between 2015 to 2020, Central Africa experienced an annual urbanization rate of 4 percent, which is similar to West Africa[241], with Burundi and DRC showing the highest rates of 6 and 5 percent respectively.

Figure 39: Percentage of urban population and urban growth rates in Central African countries



239 International Monetary Fund. Available at: https://www.imf.org/en/Countries. (Accessed: 7 December 2021).

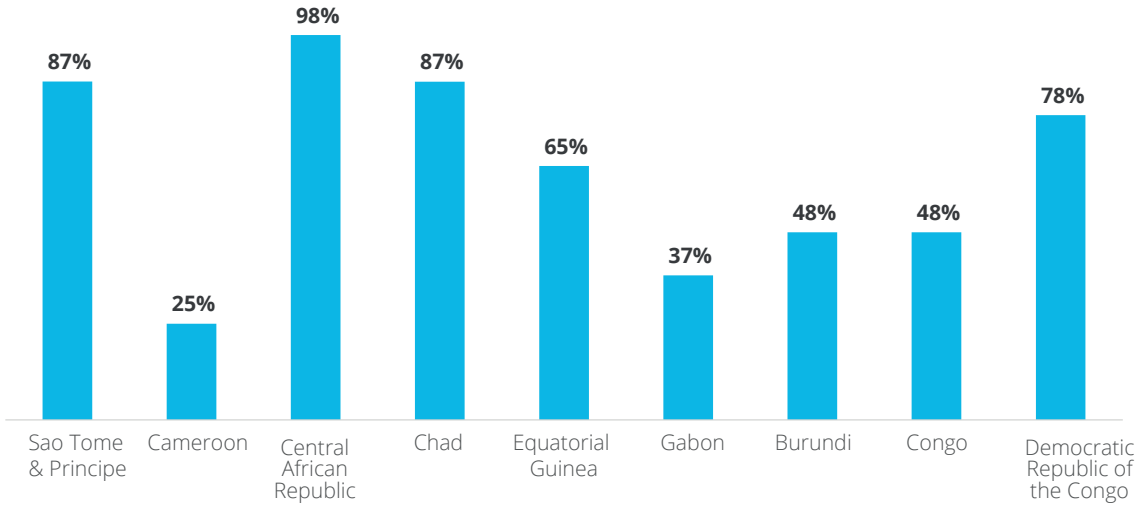
240 2021 IPC/CH figures. Total does not include figures from Equatorial Guinea, Gabon, and Congo. It should be noted that these are nation-wide figures and do not fully cover urban areas.

241 UNICEF and UN-Habitat (2020). Analysis of Multiple Deprivations in Secondary Cities in Sub-Saharan Africa. Available at: https://www.unicef.org/esa/media/5561/file/Analysis%20of%20Multiple%20Deprivations%20in%20Secondary%20Cities%20-%20Analysis%20Report.pdf. (Accessed: 7 December 2021).

Slums in Central Africa

An estimated 64 percent of the urban population of Central Africa resides in slums, which amounts to around 44 million people.[242] Of these, over 31 million (or 71 percent) live in the cities of DRC alone. The highest percent of slum dwellers, as a proportion of total urban population, are found in CAR (98 percent), Chad (87 percent), and Sao Tome & Principe (87 percent), whereas Gabon, where almost 90 percent of the population is urban, had the lowest slum dwellers at 36 percent.

Figure 40: Proportion of urban population living in slum areas in Central African countries[243]



Access to basic services

Of the total 69 million people living in Central Africa, an estimated 46 million do not have access to basic sanitation, 24 million lack access to sufficient living space, and 25 million lack regular access to safe drinking water.

Table 2: Percentage of urban population without access to basic services in Central Africa

Total Urban Population	Without access to basic drinking water	Without access to basic sanitation facilities	Without access to sufficient living area	Without connection to electricity
68,845,450	25,023,726	46,479,432	23,958,586	30,723,538
	36%	**68%**	**35%**	**45%**

Source: (Data provided by UN-Habitat)

The lack of basic sanitation services in urban areas is the most critical finding, especially during COVID-19, which requires basic hygiene practices to prevent transmission of the virus. The highest proportion of urban population without access to urban sanitation services was noted in CAR (with 92 percent) and Congo (82 percent). In terms of numbers, the DRC had the highest number of urban dwellers without sanitation services at 76 percent, which equated to 30 million people.

In Sao Tome & Principe and Burundi, all urban households were found to have insufficient access to living spaces. Whereas in CAR only 2 percent households reported access to insufficient spaces, followed by Cameroon at 20 percent.

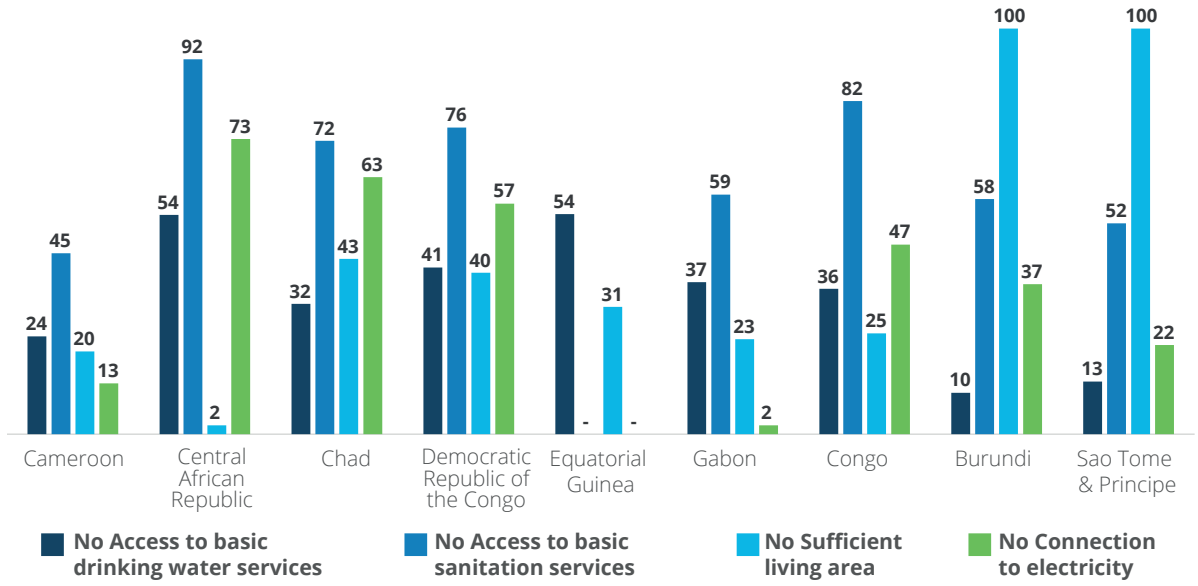
On average, around 34 percent of urban residents across Central Africa had no access to drinking water, with the highest proportion found in Equatorial Guinea at 54 percent, and the highest number of people in DRC at 16 million people reporting no access to drinking water.

242 UN-Habitat and WFP (2020). Impact of Covid-19 on Livelihoods, Food Security and Nutrition in East Africa. Urban Focus.

243 UN-Habitat Data, 2018.

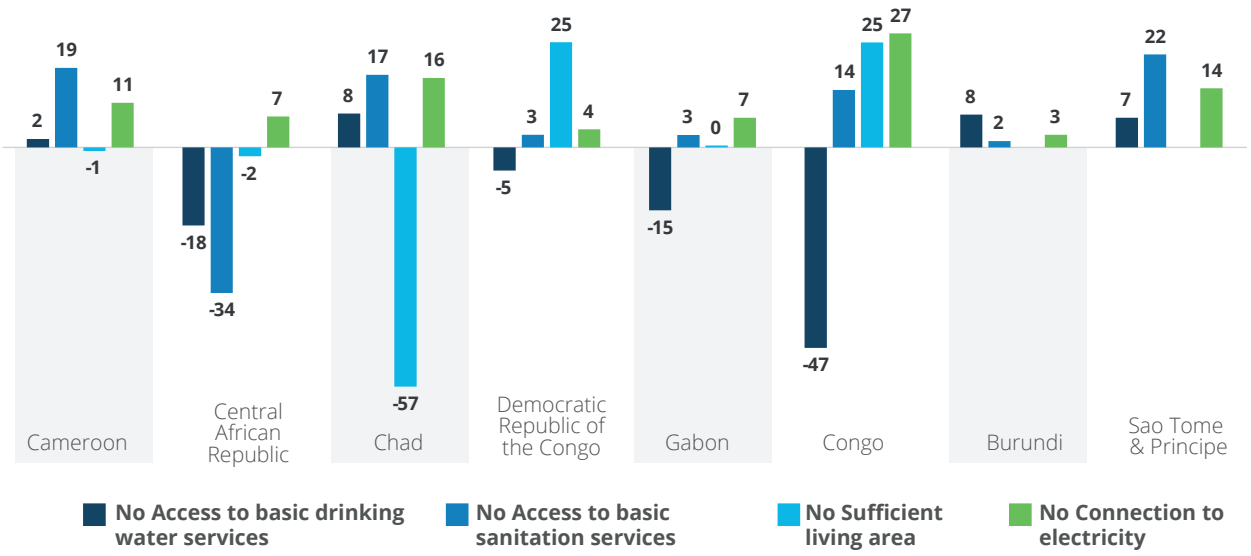
Access to electricity varied across the region: the least access seen at 73 percent among CAR urban residents, and the most access to electricity was in Gabon at 92 percent (see Figure 41 below).

Figure 41: Percentage of urban population without access to basic services in Central Africa[244]



The most critical basic service that shows a deteriorating trend in Central Africa is access to water: CAR, DRC, Gabon and Congo all show worsening access levels. Congo showed the sharpest decline of -47 percent. On a positive note, access to sanitation services showed an improvement, despite an overall low sub-regional average of 67 percent.

Figure 42: Proportion of change (trend) in urban access to basic services in Central Africa[245]



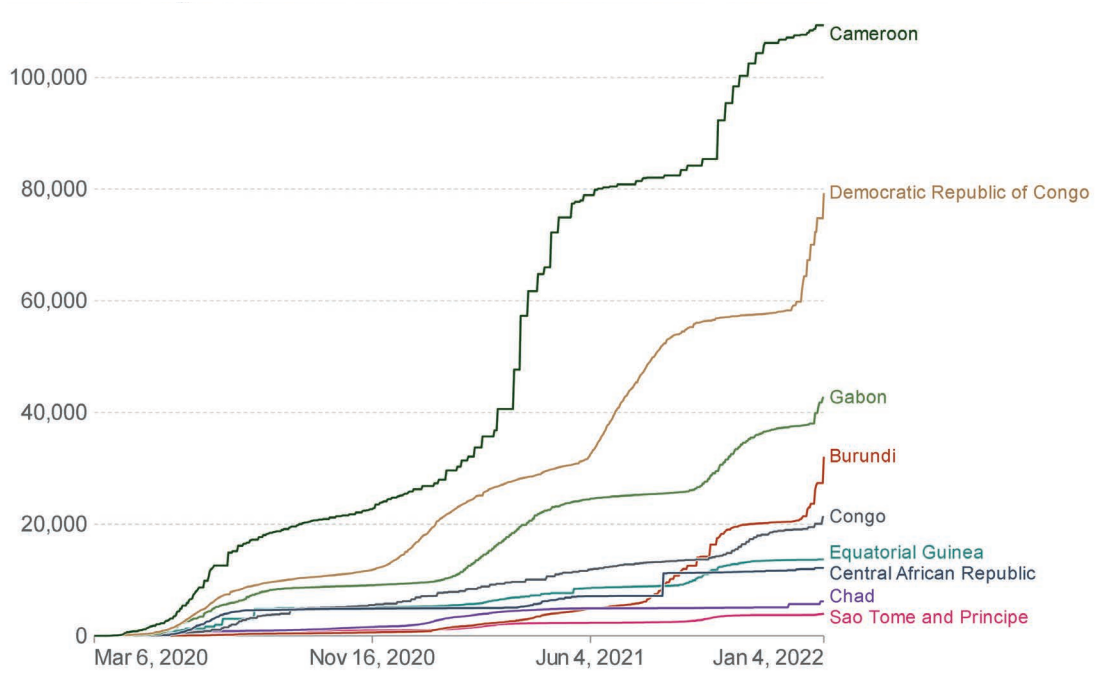
244 Joint Monitoring Programme WASH Database, 2018, Global Urban Indicators Database, UN-Habitat, 2020.

245 Ibid.

COVID-19 progression

A total of 161,000 COVID-19 cases have been confirmed in Central Africa since last year. [246] As the graph below depicts, the countries with the highest noted COVID-19 infections are in Cameroon, DRC and Gabon.

Figure 43: Cumulative confirmed COVID-19 cases in Central Africa



Almost all countries in the region implemented restrictions on movement of people across borders and within cities, closing schools and workplaces and enforcing curfews last year. A year on, many of these restrictions have eased to limit the impact on local economies of restrictions, yet compared to neighbouring West Africa, more restrictions still exist. In Chad, a state of health emergency is still in place, which limits gatherings of more than three people, with marketplaces allowed to open only five days a week, and major cities under a curfew from 23:00 to 05:00. Curfews are also in place in DRC from 22:00 to 04:00 and in Sao Tome from 17:00 to 05:00.

In DRC, the provinces of Ituri and North Kivu, which includes two of the larger cities of DRC, namely Bunia (0.9 million residents) and Goma (0.7 million residents), has been under a Government-imposed state of siege since earlier this year due to conflict and violence.[247] The state of siege imposes restrictions on movements and thereby limits income-generating activities. These restrictions however are slight compared to the stricter COVID-19 restrictions implemented in 2020. Cameroon for example closed schools for seven months in 2020.

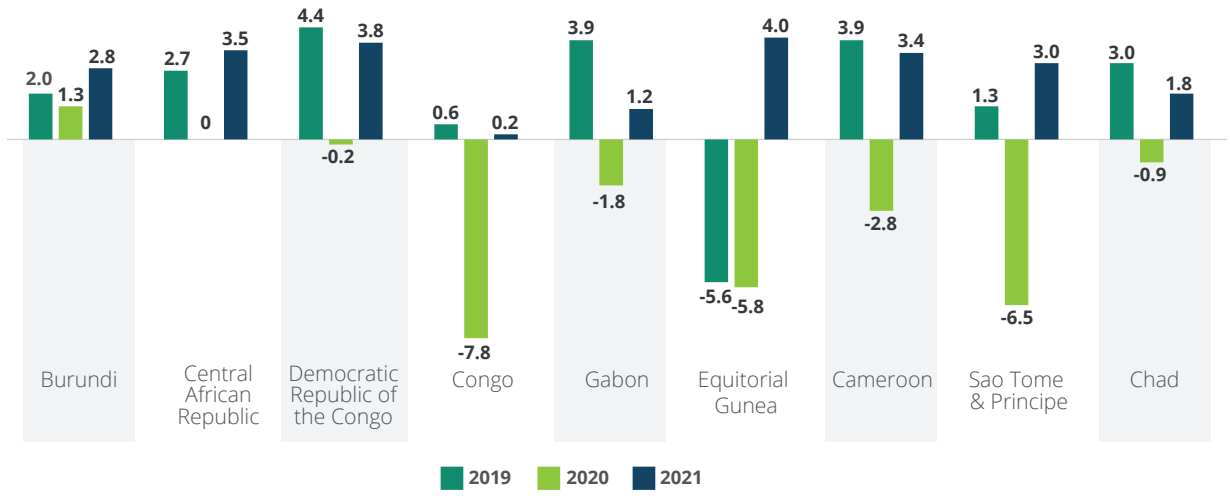
246 Data only available for Equatorial Guinea and Gabon in Central Africa.

247 Rédaction Africanews. (2021). DRC: deep concern over prolonged siege in North Kivu, Ituri Provinces. Available at: https://www.africanews.com/2021/07/22/drc-deep-concern-over-prolonged-siege-in-north-kivu-ituri-provinces//. (Accessed: 7 December 2021).

COVID-19 impact on economy and livelihoods

All countries in the region saw a slowing down within growth indicators (Real GDP), with the region on average contracting -4.5 percent. The worst impacted countries were Congo and Sao Tome, which recorded negative growth of -7.8 and - 6.5 percent. While Burundi saw the lowest drop of -5 percent but remain at 1.3 percent. The negative growth seen in DRC (a drop of -4.3 percent in 2020) is of grave concern, given it hosts the third largest population of the poor globally. With a poverty rate of 73 percent, which roughly equates to 60 million people, it is estimated that DRC hosts one out of every six people living in extreme poverty in SSA.[248] The impact of COVID-19 is estimated to have increased the number of poor and further worsen the conditions for the poor.

Figure 44: Real GDP growth (annual percent change) 2019–2021 in Central Africa[249]



A study that assessed the impact of COVID-19 restrictions on wages and incomes in Cameroon found that some 61 percent of the respondents experienced wage cuts, 32 percent experienced temporary work suspension and a smaller proportion of workers, around 7 percent suffered from permanent job losses.[250] Projections for 2021 are positive, with the sub-region expected to grow at 2.6 percent, yet with COVID-restrictions still in place, and the global economy still struggling with a third wave, it is unclear if Central African economies could achieve swift recovery.

Food security

An estimated 35 million are expected to need food during the 2021 lean season in Cameroon, DRC, Chad, Burundi, Congo and CAR.[251] Of which, DRC has the highest number of people in need of food at 26 million. Within urban centres, some 22 million people are projected to be vulnerable to food insecurity, with DRC also hosting the largest numbers (19 million) - Please see Annex 2 for the methodology used to calculate this.

In terms of total (nationwide) food insecurity, the highest number of needs are in countries grappling with multiple shocks: COVID-19 restrictions, coupled with conflict—DRC (26 million), Cameroon (1.9 million) and CAR (2.2 million).

248 World Bank. World Bank in DRC. Available at: https://www.worldbank.org/en/country/drc/overview. (Accessed: 7 December 2021).

249 IMF. Available at: https://www.imf.org/en/Countries. (Accessed: 7 December 2021).

250 Fosso Djoumessi, Y. (2021). The adverse impact of the Covid-19 pandemic on the labor market in Cameroon. Afr Dev Rev, 33, S31– S44. https://doi.org/10.1111/1467-8268.12508

251 Data missing from Equatorial Guinea, Gabo, and Sao Tome & Principe.

8. MONITORING FOR EVIDENCE-BASED RESPONSE

The severity of the COVID-19 humanitarian challenge requires programming interventions to be evidence based. In this respect, UN-Habitat, WFP and other partners have developed and set up different mechanisms, tools and systems to continually monitor and inform emergence response, in the context of basic urban services[252]. The value of data cannot be overemphasized during health emergencies[253]. Data is important for effective targeting of the vulnerable populations. In the context of COVID-19 and other disasters, authorities need systems that can help them collate, analyse and translate data into easy-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 COVID-19 and in identifying setbacks while developing corrective measures and actions.

8.1. Basic urban services

> ***"The impacts of the crisis will be uneven, particularly in those environments in which inequalities already exist. It is essential to have disaggregated data, to include information on barriers and allow city leaders to improve accessibility."***
>
> **Maimunah Mohd Sharif,**
> Executive Director UN-Habitat

UN-Habitat has been leading in evidence-based response to COVID-19 globally and in urban SSA. To contribute to better understanding of urban local conditions and risks associated with COVID-19 in cities, UN-Habitat has developed 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 will help develop appropriate actions to control the pandemic in informal settlements and develop optimal ways in which all implementing organizations can coordinate their interventions to improve the living conditions of the slum dwellers, especially within the context of basic urban services. The survey has been administered in 10 slums in Kenya and will be extended to other countries, such as South Sudan[254]. The evidence generated in Kenya's slums will aid the design of appropriate and effective interventions and improve the resilience of the most vulnerable populations. The UN-Habitat is also working with development partners and community volunteers in Kenya to collect data in 15 key facilities, such as toilets, health centres and other facilities connected to COVID-19 transmission, prevention and treatment, and in 12 informal settlements and slums to enable the authorities and other stakeholders to identify key gaps in response activities[255]. As in Kenya, it is expected that evidence generated will guide and contribute to ensuring that 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[256]. 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 socioeconomic impacts.

252 UN-Habitat. (2021). Un-Habitat and JICA surveys to assess impacts and challenges of COVID-19 on Kenyan and Ugandan urban areas. Available at: https://unhabitat.org/un-habitat-and-jica-surveys-to-assess-impacts-and-challenges-of-covid-19-on-kenyan-and-ugandan. (Accessed: 7 December 2021).

253 UN-Habitat and WFP (2020). Impact of COVID-19 on Livelihoods, Food Security and Nutrition in East Africa. An Urban Focus.

254 UN-Habitat and WFP (2020). Impact of COVID-19 on Livelihoods, Food Security and Nutrition in East Africa. An Urban Focus. Available at: https://unhabitat.org/impact-of-covid-19-on-livelihoods-food-security-nutrition-in-east-africa-urban-focus. (Accessed: 7 December 2021).

255 UN-Habitat (2020). COVID-19 Response Report of Activities. Available at: https://unhabitat.org/sites/default/files/2020/09/covid-19_response_report_web.pdf. (Accessed: 7 December 2021).

256 UN-Habitat. COVID-19 Readiness & Response. Available at: https://unhabitat.citiiq.com/. (Accessed: 7 December 2021).

UN-Habitat's global urban indicators database[257] also provided reliable and up-to-date urban data to various stakeholders worldwide. These data provide critical baseline information with regards to access to urban services and infrastructure, especially in slums and informal settlements. Planners and policymakers can use these indicators to track progress on interventions during COVID-19 and beyond. Other tools include crowdsourcing. Launched in June 2020, a COVID-19 Survey crowdsourced data from residents of several cities on the impact of COVID-19 in cities across the world. The series of surveys are posted online for two weeks with questions on different topics related to COVID-19 infections, testing, prevention and control measures and its impact on daily lives. The crowdsourcing data application has been developed in partnership with ESRI, which provides geospatial information solutions software, and will be used to continuously collect data on the COVID-19 city-specific situations while monitoring measures put in place to control the pandemic and accelerate local recovery[258].

UN-Habitat and Japan International Cooperation Agency surveys to assess impacts and challenges of COVID-19 on Kenyan and Ugandan urban areas

UN-Habitat partnered with Japan International Cooperation Agency (JICA) to assess the impacts of COVID-19 in Nairobi, Mombasa (Kenya) and Kampala (Uganda). The project comprises of four pillars: Vulnerability Mapping and Household Survey on Slum Living Condition, AMP Counter Survey in the Central Business District of Nairobi, Solid Waste Management Assessment in Kiambu, and Implementing Pilot Projects. The survey intends to collect data and information related to COVID-19 infection risk and its impacts to inform effective measures for reducing infections. The vulnerability mapping exercise involves clarifying problems and the impact of COVID-19 on vulnerable people, such as slum dwellers in Nairobi, Mombasa and Kampala. It also includes conducting household surveys, mapping public facilities and disseminating questionnaires regarding urban basic services and COVID-19 impact on lives. The Waste Management Assessment targeted Kiambu County in Kenya. The exercise employs the "Waste Wise Cities Tool" developed by UN-Habitat to collect data. The tool is designed to monitor SDGs indicator 11.6.1 (Proportion of municipal solid waste collected and managed in controlled facilities out of total municipal solid waste generated by cities). The exercise will also involve undertaking stakeholder meetings, discussions with waste collection companies, recycling companies, waste pickers, community-based organizations and local governments to understand the general challenges of waste management and the impact of COVID-19 in the waste chain. The data collected from these assessment exercises serve to inform the planning and design of specific interventions to reduce the impact of COVID-19 in the target urban communities.

Spatial profiling and planning interventions are informing targeted and coordinated interventions in Kakuma and Kalobeyei, Kenya

As part of UN-Habitat's evidence-based response, a spatial profiling methodology, which utilizes rapidly developed analysis was applied in Kakuma and Kalobeyei refugee camps in Turkana County, Kenya. The activity supports refugees and their host communities and improves access to basic service infrastructure. The spatial assessment tool leverages existing information, platforms and partners to reduce transaction costs and improve coordination in the response. In the context of COVID-19, this rapidly developed reliable baseline of information informs targeted and coordinated interventions to combat the pandemic and guides support to vulnerable groups. The assessment tool is aligned with UN's Global Humanitarian Response Plan and the Framework for the Immediate Socio-Economic Response to COVID-19.

Source: (UN-Habitat, 2020)

257 UN-Habitat. Urban Indicators Database. Available at: https://data.unhabitat.org/. (Accessed: 7 December 2021).

258 UN-Habitat (2020). COVID-19 Response Report of Activities. https://unhabitat.org/sites/default/files/2020/09/covid-19_response_report_web.pdf. (Accessed: 7 December 2021).

8.2. Food security and nutrition monitoring system

WFP has been monitoring household food security and nutrition situation across different countries and has a set of methodologies, tools and implementation mechanisms for the same. Two important changes have occurred since the start of the pandemic.

1. **Scale up of the phone-based (mVAM) surveys**: With the onset of the pandemic, it was no longer possible to conduct in-person surveys in most countries. Thus, WFP scaled up its phone-based surveys or mVAM (Mobile Vulnerability Assessment and Monitoring) capacity to collect food security and nutrition data. There have been several challenges in making this shift. One key challenge was data quality, as the data collected from phone surveys are less reliable than the in-person surveys as the enumerators do not have the opportunity to interact with household members, ask probing questions and use judgement based on visual observations. The length of the questionnaire has also posed limitations as it is not advisable to have prolonged calls for the phone-based surveys. The collection of nutrition related data has been particularly challenging as it is not possible to have anthropometric measurements through phone surveys. Important lessons were learned during this period and measures were applied to ensure acceptable data quality. These measures included training of enumerators on phone survey techniques, applying skip patterns, checks and control measures in the programming to detect obvious errors, and near-real time analysis of collected data to provide feedback. The mVAM based surveys are now well established and are being used by several organizations including Governments, various UN agencies and NGOs. During the process, methodological improvements were made and thus, technical guidance was developed on the use of mVAM.

2. **Urban food security and nutrition monitoring**: Prior to COVID-19, WFP's food security and nutrition monitoring system had been covering only the rural areas in most countries since food insecurity was considered as a rural phenomenon. However, the pandemic exposed the plight of the urban poor, with millions of urban poor becoming vulnerable to food insecurity and malnutrition. Thus, WFP significantly expanded its activities to cover urban food security and nutrition. For example, the Minimum Cost of the Diet analysis is being conducted in several countries, particularly in urban areas, to provide evidence on households' affordability of the nutritious diet, its implications on nutrition situation and provide guidance on programming. Guidance on the essential needs analysis is also available. This addresses households' needs with a holistic approach by considering all needs instead of food security only. The Essential Needs Assessment approach is also considered valuable in joint programming through multi-agency partnership to address diverse needs of the households, including food security and nutrition, shelter, water and sanitation, which is particularly useful in the urban context.

9. CONCLUSIONS AND RECOMMENDATIONS

While the rapid development of vaccines against COVID19 has been an extraordinary success, the vaccination effort in SSA remains constrained by limited supply and low levels of acceptance. The continuing emergence of new variants that seem to be more contagious than the first may point to the fact that the COVID-19 virus is likely to linger for a long period. It is therefore imperative that policy makers expect the possibility of re-enacting lockdowns in the future, and adopt appropriate measures to minimize effects, while at the same time place measures to support households in meeting their needs. The report therefore aims to guide policy debates and policy formulation related to supporting COVID-19 mitigation and recovery efforts for urban areas and paying special attention at the poorer and vulnerable households.

The report highlights the deep impact that the COVID-19 pandemic and its restrictive control measures is having on the urban poor population. Firstly, the report highlights the challenges urban poor households face in terms of food security during the crisis. Although food insecurity has been associated with rural areas and the rural poor, COVID-19 has exposed the food insecurity challenges of the urban poor. Containment measures disrupted food supply chains, economic activities and livelihoods, resulting in an upward surge in food prices and income losses. The loss in incomes combined with prices surges undermined the ability of the urban poor to access food particularly nutritious, non-staple foods. More so, because food expenditures generally constitute a higher share of household expenditures amongst the poor, food expenses are usually the first to be cut down when incomes fall. Closure of informal markets, on which the poor rely for the bulk of their food supplies, magnified the food security and nutrition challenge. In the context of COVID-19, this is particularly worrying given the link between low nutrition levels and the ability to ward off the virus.

Secondly, the highly informalized employment among the urban poor limits access to contributory social protection and other formal risk management tools, such as insurance. More common forms of social assistance often exclude the working poor. As a result of limited social protection coverage, urban poor households are to a large extent adopting negative coping approaches to mitigate the impacts of COVID-19 on their consumption. Such strategies comprise of sale of household assets, skipping meals, consuming fewer meals as well as reducing meal portions. Reliance on these strategies may induce long-term implications on health, urban poverty and consequently urban development.

Thirdly, the pandemic has highlighted service gaps in WASH in urban slums and informal settlements. Households lack adequate access to water, share sanitation facilities and dwellers must leave their homes to access handwashing facilities. Sub-optimal housing and limited infrastructural conditions constrain physical distancing, and the lack of WASH services limit the ability to follow hygiene rules. As such, upholding positive health practices, alongside sustaining livelihoods represent significant challenges specific to informal settlements. Based on the highlighted challenges a three-point response is recommended.

Programme design and implementation

COVID-19 has highlighted the need for effective programmes to address the exacerbated vulnerabilities and mitigate against the longer term economic and welfare implications. Programmes enacted to assist the urban poor in meeting the basic needs and strengthen their livelihoods during COVID-19 could be labelled as 'pop-ups' or temporary measures. The COVID-19 pandemic has emphasized the need for multisectoral and coordinated or joint design and scale up as well as expansion of programmes to support livelihoods and address basic needs (housing, food security and nutrition, health and sanitation) of urban populations, particularly the poor households living in informal settlements. Enhancing social protection systems to cover urban, vulnerable populations as well as upgrading of basic services to urban populations, particularly for those living in the slum areas, should be prioritized. More so, assistance programmes (e.g., food assistance programmes) must be tailored and augmented to better reach and suit the urban poor populations, many of whom lack access to formal contributory social insurance systems. The need for investments in systems and programmes that identify and target those in need cannot be overemphasized, as it allows for quick and effective response in times of crisis. For WFP and UN-Habitat, the crisis should therefore be taken as an opportunity to initiate and expand urban programming.

Partnerships

To tackle the challenges of the poor in the context of COVID-19, the pandemic creates an opportunity to develop policies and programmes aimed at addressing multiple dimensions of urban deprivations. Collaborations in policy design, implementation and assessments across governments and agencies that work on health, WASH and social welfare sector will enhance programming. Existing and new partnerships can enhance alignment of efforts and mobilization of a wide range of technical capacities, expertise and experience. To better inform policies to alleviate poverty and achieve food security, data driven policies and better data are needed.

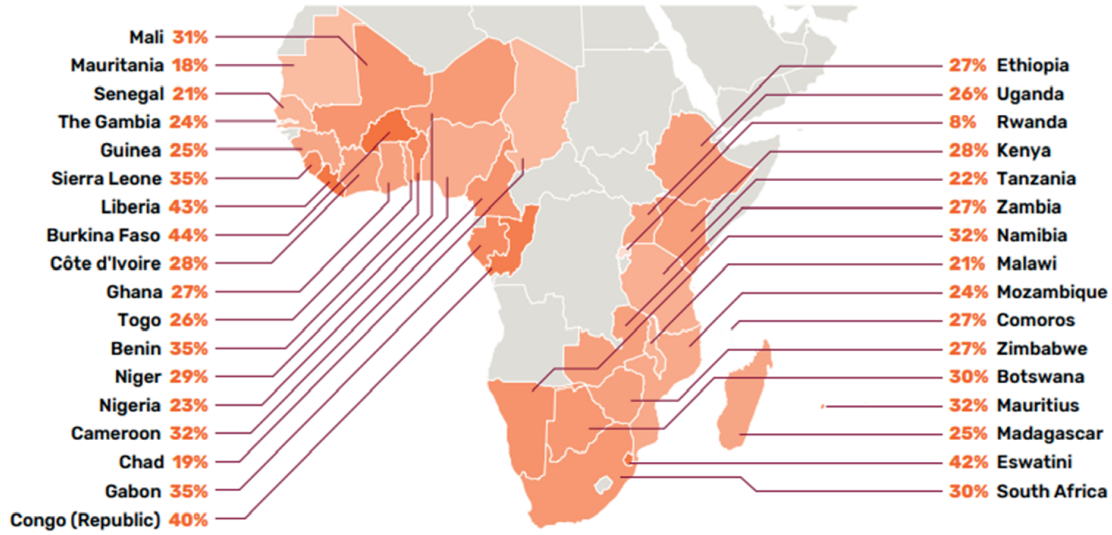
Evidence and research

COVID-19 has highlighted the need to pull together appropriate and effective responses to mitigate its impacts. It is therefore imperative that these responses are informed by evidence. Investing in evidence and data generation and management is critical for developing an appropriate response. More so, evidence from humanitarian crises have shown that the lack of adequate data and information prior to, and during, emergencies on informal settlements makes response and planning difficult. This demonstrates the need for closer collaboration among actors and partnerships to support the generation of reliable data to inform evidence-based policy formulation. Additionally, evidence and research feed to policy advocacy for developing systematic plan and implementation mechanism to make progress against SDGs, especially highlighting the unique challenges of SSA.

ANNEXES

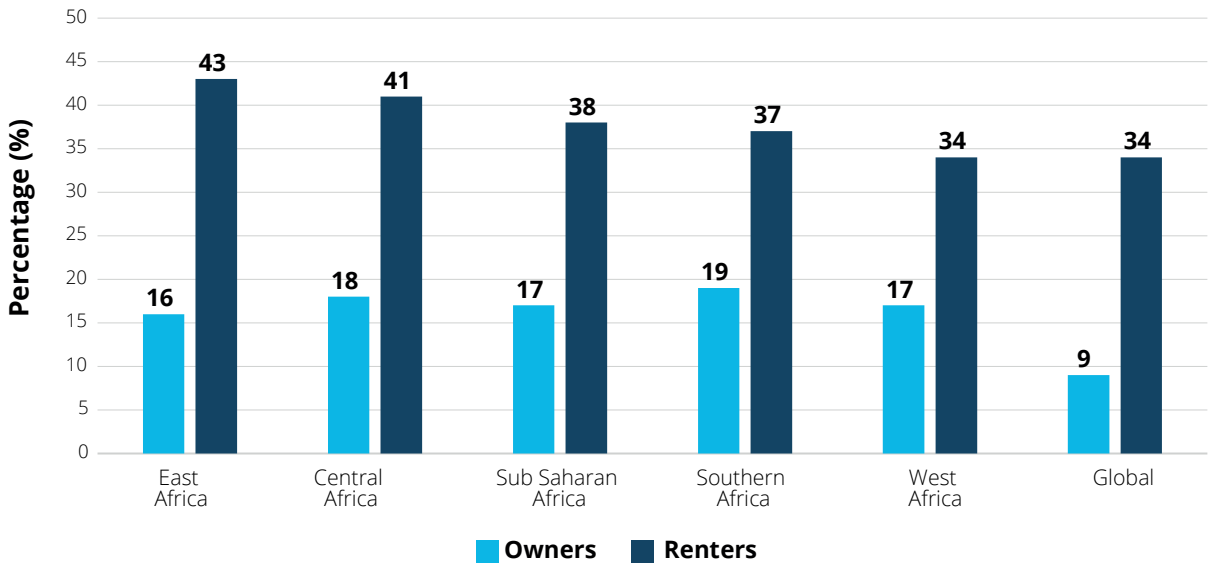
Annex 1: Access to land and tenure security

Tenure insecurity in Sub Saharan African countries



Source: (Prindex, 2020)

Tenure insecurity among owners and renters in Sub Saharan Africa

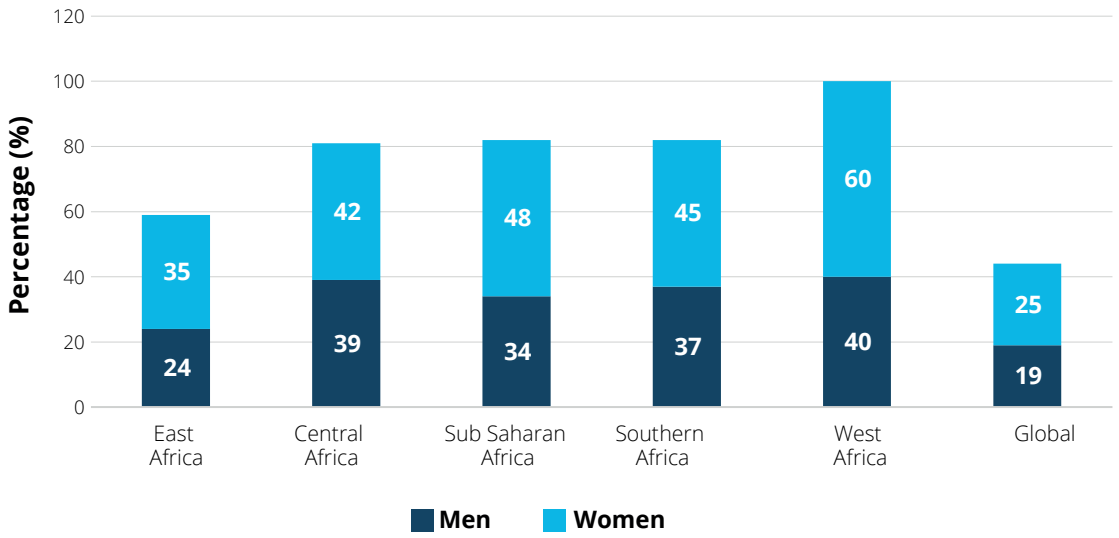


Source: (Created based on figures from Prindex, 2020)

Insecurity among those that own their property in SSA is also elevated: 17 percent of owners feel insecure, almost twice the global average of 9 percent. Insecurity also varies by gender in SSA. Nearly half of all women in SSA fear losing their home in the event of the death of their spouse – a far higher rate than most other regions in the world[259] (see Figure below). Women in West Africa feel particularly vulnerable, whereas the gap is much lower in Central Africa, suggesting more gender parity in property rights.

259 Prindex (2020). Land and Property Rights in Sub-Saharan Africa: How Secure Do People in the Region feel?

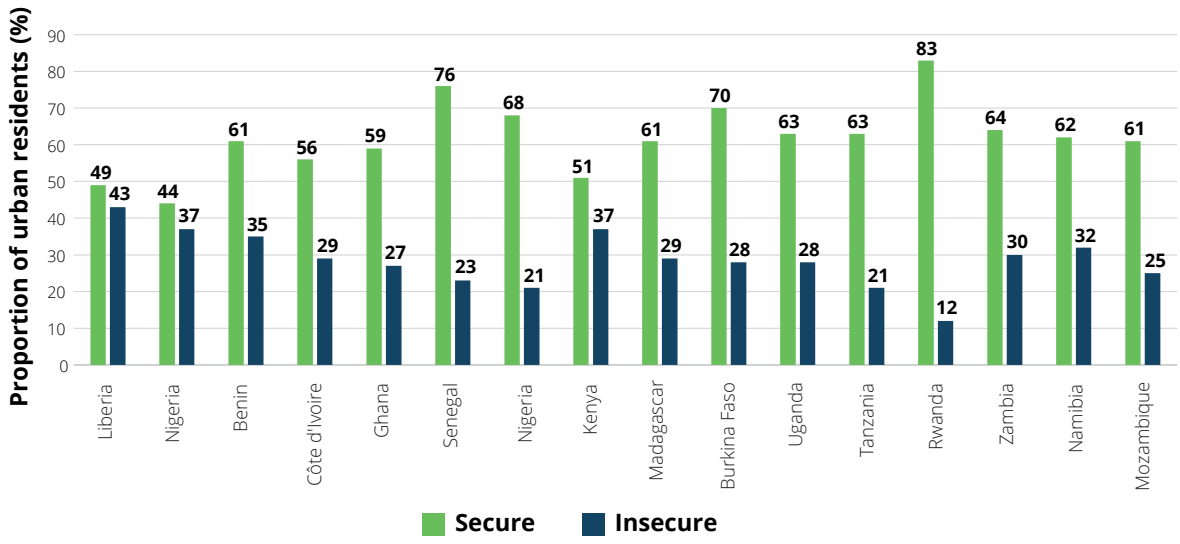
Tenure insecurity by gender in Sub-Saharan Africa



Source: (Created based on statistics from Prindex, 2020)

The situation of land tenure insecurity is more precarious in urban areas in SSA because a large proportion of the population residing in slums and unplanned settlements (see Chapter 2). A study conducted by Prindex[260] (2019) suggests that in SSA, there could be more than 60 million adults currently living in urban areas who are tenure insecure. By 2050, this could increase to over 210 million, assuming rates of tenure insecurity remain the same[261]. Figure below shows the tenure security and insecurity situation in urban areas in selected countries of SSA.

Figure 3.6. Tenure security and insecurity among urban residents by country in SSA



Source: (Prepared based on data from Prindex, 2019).

260 Prindex is the world's first global measure of land and property rights; an initiative of the Overseas Development Institute (ODI) and the Global Land Alliance (GLA). https://www.prindex.net/.

261 Prindex (2019). Global perceptions of urban land tenure security Evidence from 33 countries.

The overall assessment by Prindex (2019) reveals that urban residents in SSA experience high levels of tenure insecurity. This is particularly the case for those living in informal settlements. Informal settlement residents do not have legal security of tenure or adequate infrastructure[262].

Tenancy in informal settlements is often insecure, with threats of eviction from landlords and from state institutions. For instance, in Nairobi, 91 percent of the households rent their housing. This is because there's a major concentration of land ownership, especially in places like Kibera, where it is just a few families that own the land and houses. In Lilongwe, Malawi only 37 percent of people live in permanent housing, and across Malawi 4 out of 5 families live in substandard homes. In Mukuru, one of Nairobi's biggest slums, virtually all the land is privately owned, with around 230 landowners (nearly none of them residents)[263]. These dynamics exacerbate the vulnerability of the poor to evictions and forced displacements.

The COVID-19 pandemic has exposed bare how land tenure insecurity puts the poor in precarious conditions. Since the pandemic started several poor households have been evicted without alternative solutions, exposing them to health risks. Cases of evictions have been noted in countries such as South Africa[264]. Despite the banning of evictions in South Africa at the beginning of the COVID-19 pandemic, major cities such as Cape Town, Johannesburg and eThekwini have continued to use municipal law enforcement agencies and private security companies to remove people from informal housing[265]. Around 900 people were evicted from three informal settlements in eThekwini during the eviction ban[266].

In Nairobi, Kenya, thousands were forced from their homes with little warning or support in the form of alternative housing and compensation: in Kariobangi informal settlement, some 8,000 residents were forced from the area and their homes destroyed despite a court order in place prohibiting authorities from undertaking the eviction. Similar patterns were in evidence in other ***East African*** cities throughout the crisis, with some 65,000 people evicted in Somalia in the first half of 2020, including more than 33,000 in Mogadishu alone[267]. Box 3.1 demonstrates how land tenure insecurity has exposed poor households to evictions during the pandemic in selected East African cities[268].

Box 3.1. More than 40000 people forcibly evicted in East Africa during the COVID-19 Crisis

The Norwegian Refuge Council (NRC) notes that in Somalia more than 34,700 people have been evicted by landowners from their homes in cities such as Mogadishu, Baidoa and Hargeisa since the COVID-19 pandemic started in March 2020. In Kenya, about 7,000 people - including many single mothers and children - had their homes bulldozed in May 2020 when authorities ignored a court order and demolished hundreds of homes in Nairobi's Kariobangi and Ruai areas. The city authorities justified the evictions on the basis that the homes are built on public land, even when some of the evicted residents indicated that they had bought the land legally. In Ethiopia, about 1,000 people were left homeless in April 2020 after municipal authorities in Addis Ababa demolished dozens of homes that they said were illegally constructed on land with contested ownership. Local activists in Kenya said most of those evicted were poor daily wage earners such as manual labourers, cleaners, and market sellers - who were already suffering due to a loss of income because of the COVID-19 pandemic. These forced evictions exposed victims to COVID-19.

Source: (Bhalla, 2020)

262 Smit, W., et al., 2016. Making unhealthy places: the built environment and non-communicable diseases in Khayelitsha, Cape Town. Health & place, 39, 196–203. doi:10.1016/j.healthplace.2016.04.006

263 Habitat for Humanity International (2021). Compendium of best practices for housing in Africa. Habitat for Humanity International

264 Wilkinson, A et al (2020). Local response in health emergencies: key considerations for addressing the COVID-19 pandemic in informal urban settlements. https://doi.org/10.1177/0956247820922843

265 Serebrin, J (2020). In South Africa's cities, evictions are happening despite a national ban. https://citymonitor.ai/fabric/south-africas-cities-evictions-are-happening-despite-national-ban-5226

266 Serebrin, J (2020). In South Africa's cities, evictions are happening despite a national ban. https://citymonitor.ai/fabric/south-africas-cities-evictions-are-happening-despite-national-ban-5226

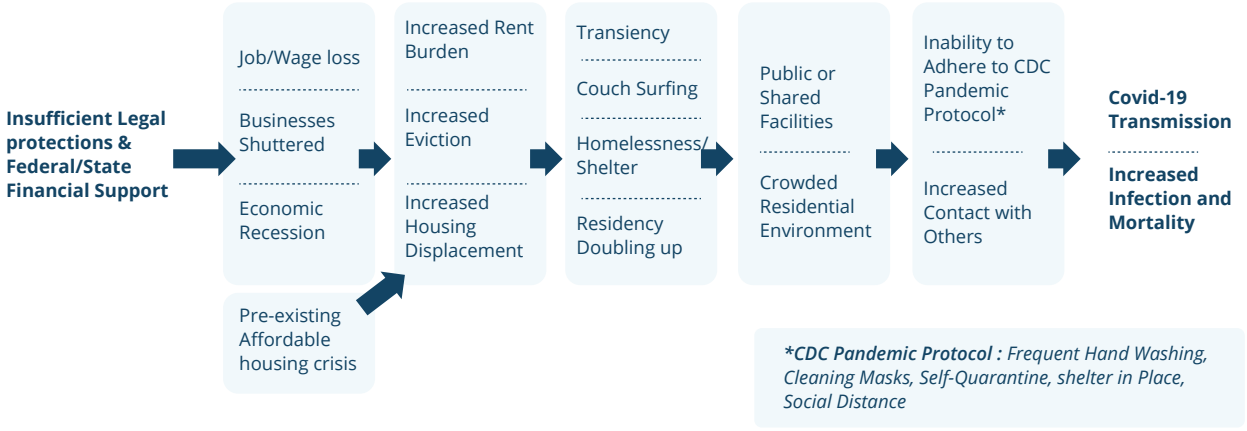
267 UN-Habitat (2021). Cities and Pandemics: Towards a More Just, Green and Healthy Future. UN-Habitat. Nairobi

268 Bhalla, N (2020). More than 40,000 people forcefully evicted in East Africa during coronavirus crisis. https://www.reuters.com/article/us-health-coronavirus-eastafrica-evictio-idUSKBN2426A6

Internally Displaced Persons (IDPs) living in makeshift shelters and using essential basic common facilities, such as toilets and cooking spaces are not only being more exposed to the virus but also to the risk of being stigmatized and evicted by host communities in the event of health outbreaks[269]. For example, in the urban and peri-urban areas of South Sudan, the Housing Land and Property Technical Working Group (HLP- TWG) has identified an increased risk of evictions of individuals and Households (HHs) – most likely in two ways. Firstly, country-wide restrictions to movement and trading has occurred across South Sudan, resulting in reduced income for many HHs. Reduced income, leading to failure to pay rent, could lead to evictions in a number of instances in locations such as Juba. Secondly, IDPs living in abandoned or unused buildings, may be at increased risk of eviction as owners try to mitigate an outbreak of COVID-19. IDPs are often not given much notice of eviction, are already vulnerable HHs, and may lack means or opportunity to challenge the eviction or find an alternative place to stay[270].

Forced evictions aggravate a health emergency because (i) they undermine the core aspects of social distancing and proper hygiene, (ii) households may end up prioritizing paying rent rather than paying medical costs, (iii) evicted families may move in with friends and families, exacerbating overcrowding and increasing chances of transmission[271] (see Figure below). Additionally, evictions are especially dangerous for the elderly, children, people living with disabilities and severe medical conditions.

The relationship between evictions and COVID-19



Source: (Benfer et al, 2021)

269 https://gltn.net/tenure-security-and-covid-19-pandemic/

270 Housing Land and Property Technical Working Group (2020). Guidance from the Housing Land and Property Technical Working Group on COVID-19

271 Benfer, E.A., Vlahov, D., Long, M.Y. et al (2021). Eviction, Health Inequity, and the Spread of COVID-19: Housing Policy as a Primary Pandemic Mitigation Strategy. Journal of Urban Health, 98, 1–12 (2021). https://doi.org/10.1007/s11524-020-00502-1

Annex 2: Methodological note on estimating urban food insecurity

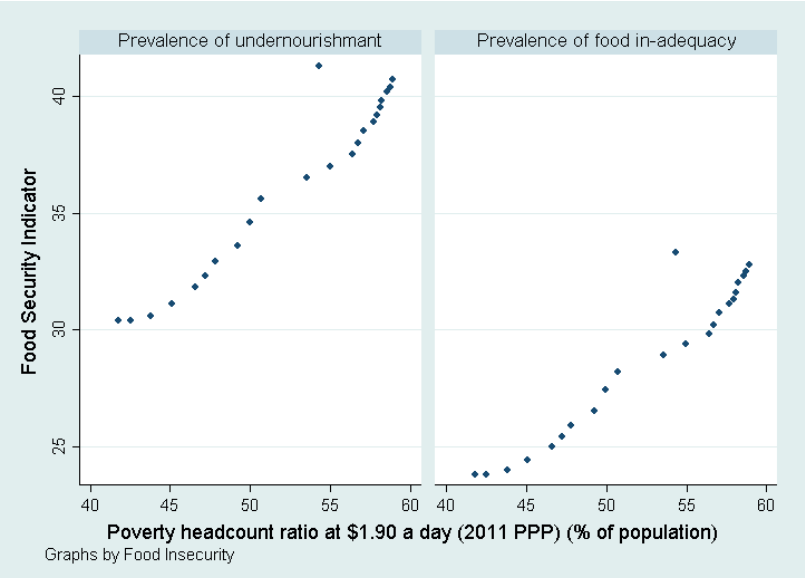
Setting the context:

In SSA, there is generally lack of wide Urban IPC urban food security assessments and analysis. In countries where urban IPCs have been done, they have largely been limited to few isolated cities most affected by shocks at a time with low nation-wide coverage, limiting the use if IPC number across the SSA. Moreover, it is important to adopt a uniform methodology across the board for comparison purpose over time and space.

Use of urban poverty and proportion of populations living in slums as a proxy for urban food insecurity

Slum residents, already grossly affected by chronic poverty, are highly vulnerable to high level of food insecurity even during normal times. In SSA, food insecurity has been found to be positively correlated by poverty (Fig.1).

Fig. 1 Poverty vs. food insecurity in SSA (1990-2014), computed from FAO & World Bank data



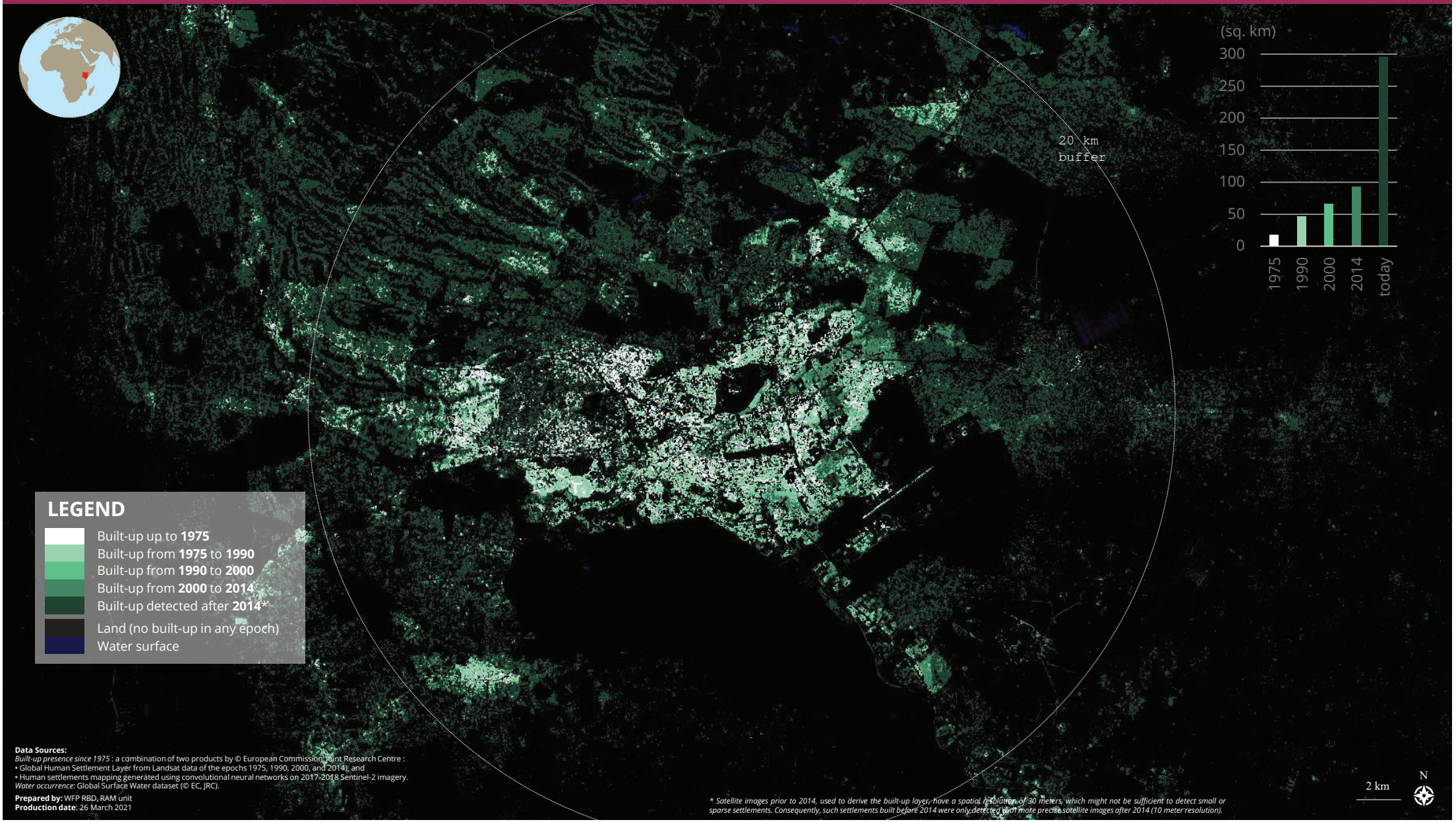
This is because urban areas are cash-based economies with even the extreme poor heavily relying on markets for food while also depending on informal sources of incomes that are highly susceptible to economic shocks. In addition, since food security in urban areas is tied to purchasing power, their high expenditure on food makes them highly vulnerable to increased food prices. Moreover, they live in overcrowded slums characterized by poor livelihood opportunities, inadequate water and sanitation infrastructure, very poor housing conditions, and limited education, health, and other social services.

Therefore, for purposes of this paper, the urban population at risk of food insecurity has been estimated by multiplying incidence of urban poverty by population living in slums/ informal settlements as below:

*Food insecure urban population in country i= total urban population$_i$ * proportion of urban poor$_i$*proportion of urban living in slums$_i$;* where i= the specific SSA country

Annex 3: Urban expansion in selected cities based on satellite data

Nairobi | KENYA Urban expansion since 1975

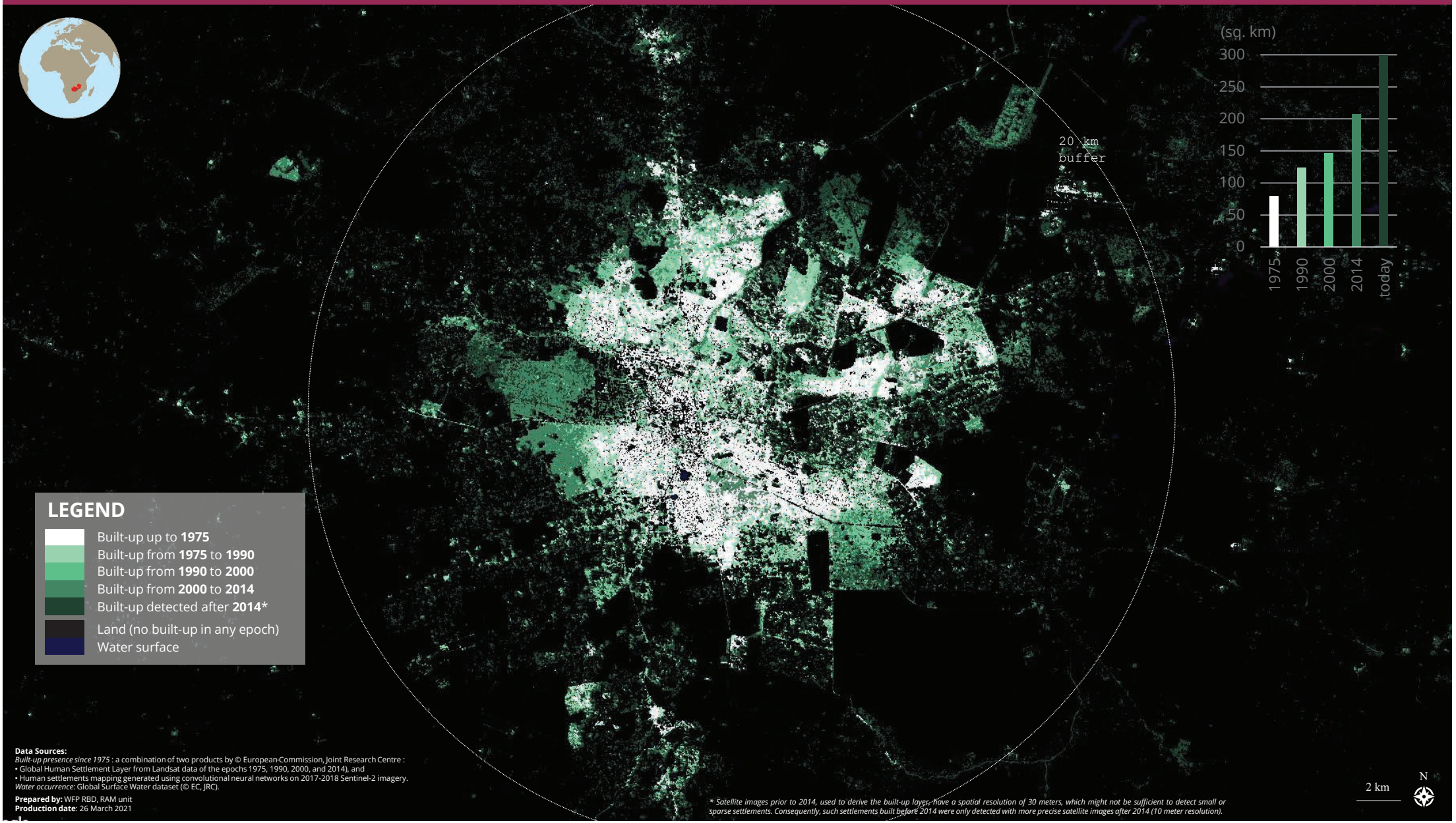


Data Sources:
Built-up presence since 1975 : a combination of two products by © European Commission, Joint Research Centre :
• Global Human Settlement Layer from Landsat data of the epochs 1975, 1990, 2000, and 2014), and
• Human settlements mapping generated using convolutional neural networks on 2017-2018 Sentinel-2 imagery.
Water occurrence: Global Surface Water dataset (© EC, JRC).

Prepared by: WFP RBD, RAM unit
Production date: 26 March 2021

** Satellite images prior to 2014, used to derive the built-up layer, have a spatial resolution of 30 meters, which might not be sufficient to detect small or sparse settlements. Consequently, such settlements built before 2014 were only detected with more precise satellite images after 2014 (10 meter resolution).*

Lusaka | ZAMBIA Urban expansion since 1975



Data Sources:
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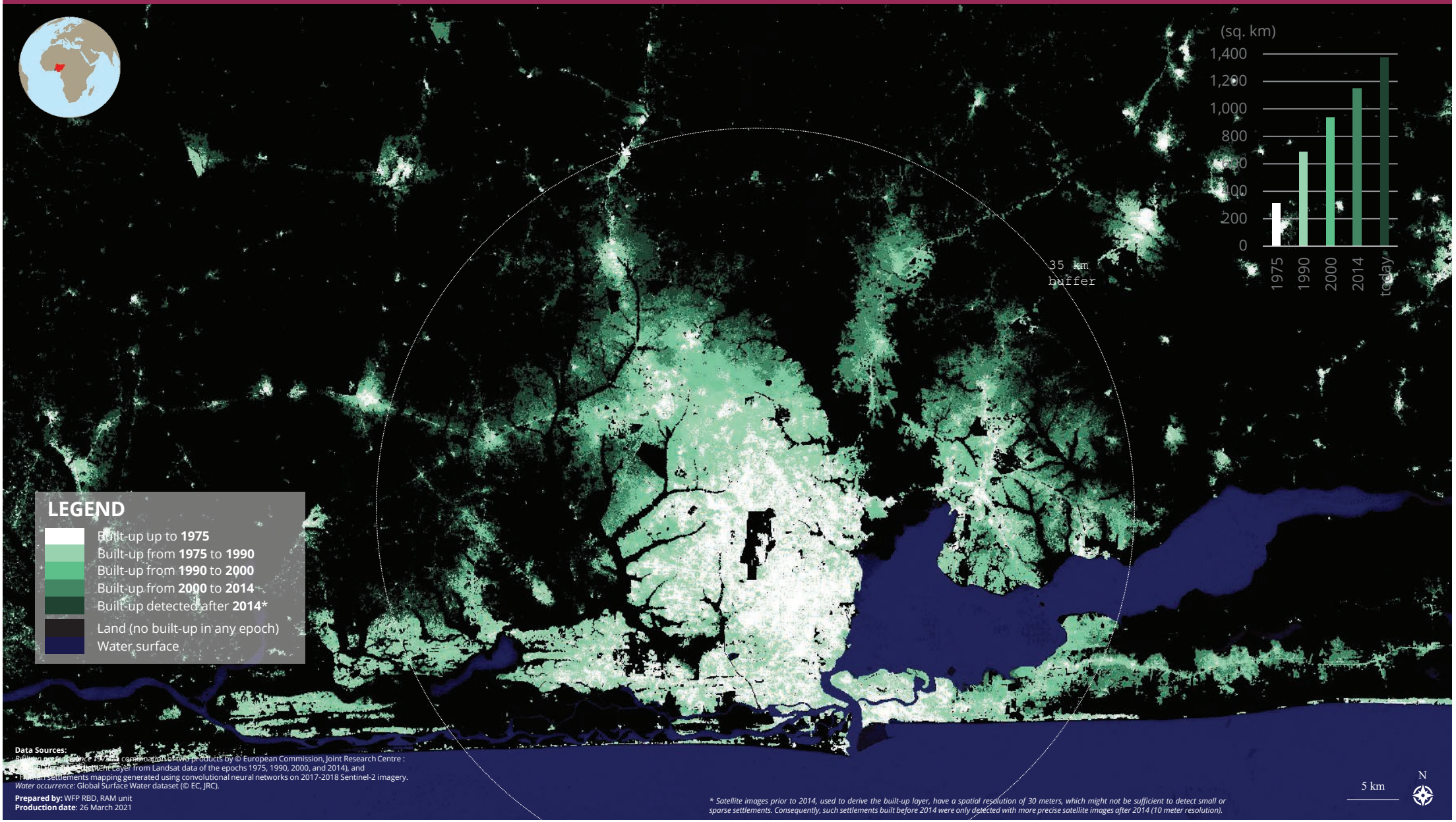
Lagos | NIGERIA Urban expansion since 1975



Data Sources:
Built-up and Water surface: combination of two products by © European Commission, Joint Research Centre :
- Global Human Settlement Layer from Landsat data of the epochs 1975, 1990, 2000, and 2014), and
- Human settlements mapping generated using convolutional neural networks on 2017-2018 Sentinel-2 imagery.

Water occurrence: Global Surface Water dataset (© EC, JRC).

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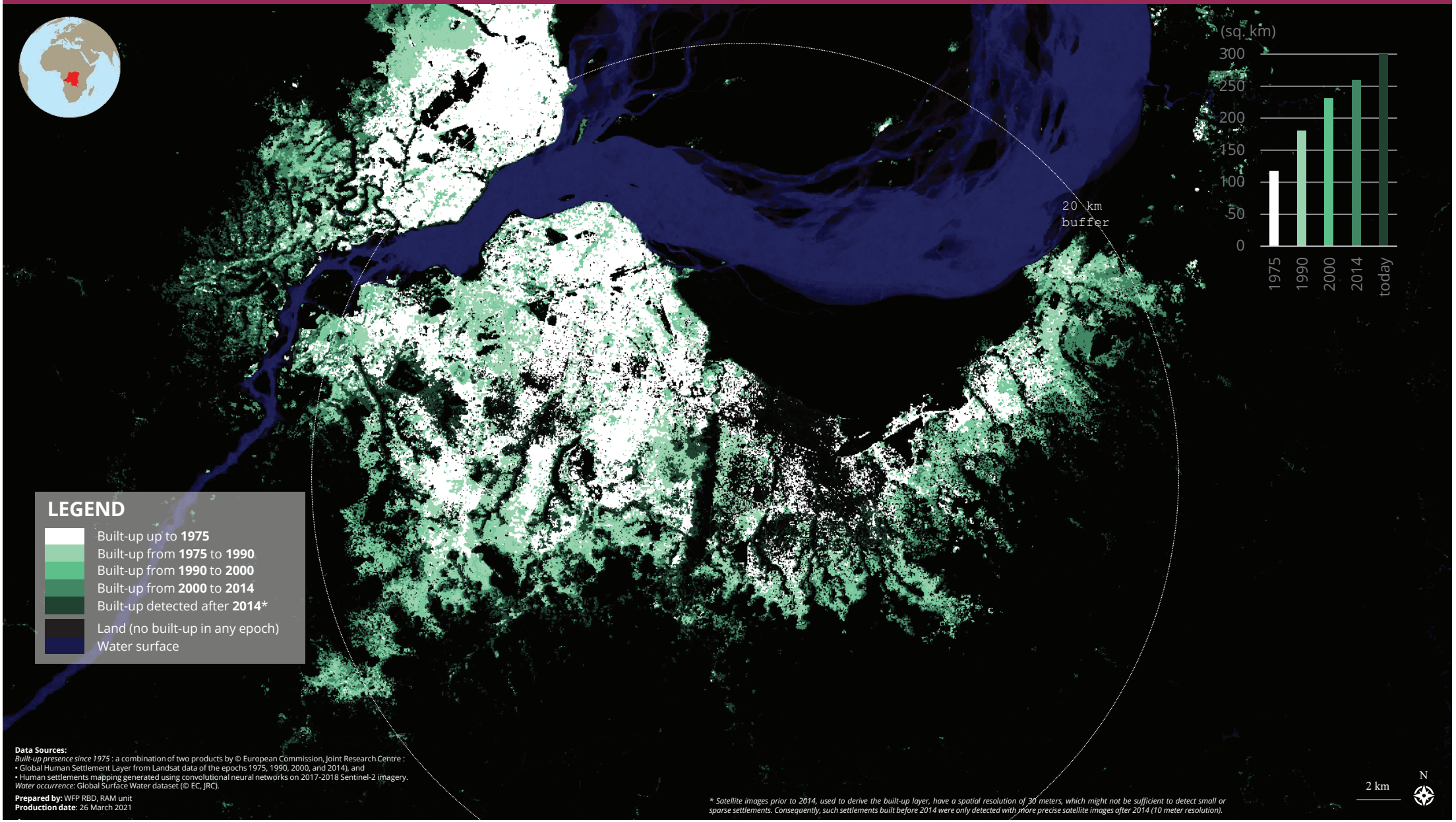
Kinshasa | D.R.C. Urban expansion since 1975

UN WFP World Food Programme



Data Sources:
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