

Impact of COVID-19 outbreak

on livelihoods, food security and nutrition in East Africa

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Key messages



Since its first detection on 13th March, the COVID-19 cases have grown considerably in the region, now reaching close to 1,000 cases and 16 deaths as of 15th April. The spread is still moderately low considering that the total global cases have now reached about 2 million with more than 125,000 deaths.



Despite the various measures in place, projection of current trends indicate that virus is likely to spread further and likely to have significant impact on the economy, and to livelihoods, food security and nutrition of the populations.



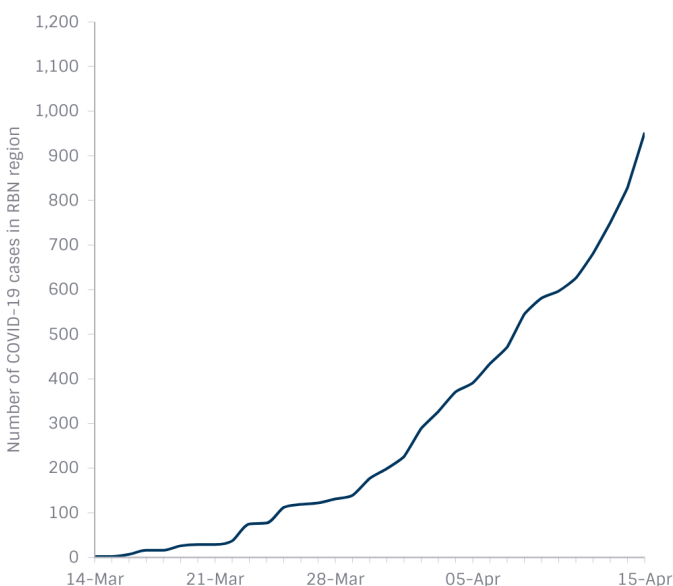
WFP estimates that a total of 20 million people are food insecure in the region and this is likely to increase to between 34 to 43 million during the next three months due to COVID-19 and its consequences.

Global situation overview

The novel corona virus (COVID-19), which first emerged in Wuhan, China in December 2019 and spread rapidly to other regions, was declared a public health emergency of international concern on 30th January, and global pandemic by WHO on 11th March. The outbreak has been so rapid that it has now spread to nearly every country in the world totaling almost 2 million cases and causing over 125,000 deaths.

While the situation has now mostly stabilized in China (83,000 cases with 3,300 deaths), the epicentre has now shifted to Europe and North America. The United States has the highest levels of reported cases and deaths (600,000+ cases, 26,000+ deaths), followed by Spain, Italy, France and United Kingdom, all reporting more than 10,000 deaths¹.

Figure 1: Trend in total number of COVID-19 cases in RBN region²



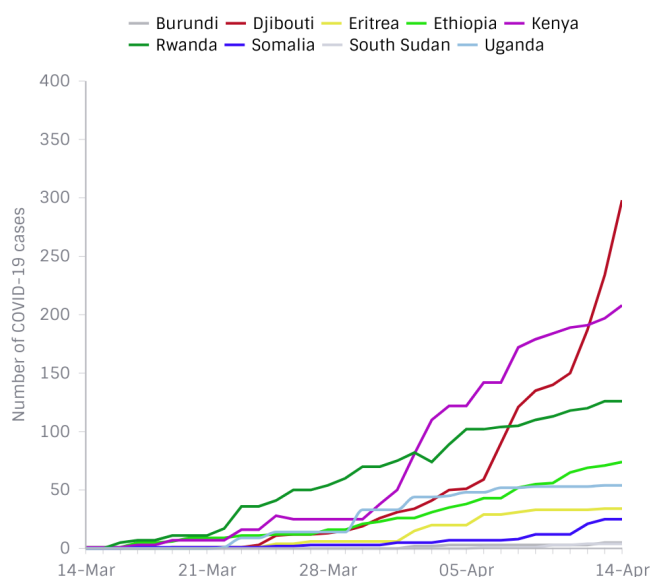
East Africa situation overview

The virus reached East Africa relatively late. However, since the first two cases were reported on 13th March, the number has grown to a total of 952 cases in the one-month period until 15th April.

Djibouti is currently facing the highest burden (with a total of 363 cases), followed by Kenya (216), and Rwanda (134), while South Sudan has the lowest (4), followed by Burundi (5 cases). So far, the total number of deaths reported is 16 (Kenya: 9; Ethiopia: 3; Djibouti: 2; and Somalia: 2).

Djibouti has seen the most rapid growth in the number of cases, while the pace in Rwanda has slowed down after an initial fast increase. Kenya has seen moderate growth.

Figure 2: Trend of Covid-19 cases in RBN region, by country



¹ John Hopkins University (2020), *Covid-19 dashboard*, retrieved on 15th April 2020
² WHO official figures, updated 14th April 2020, and John Hopkins on 15th April



1. COVID-19 outlook

Though there have been numerous simulations, it is not yet clear how many more people will be affected in total, and how long the pandemic will last. Although the contagion seems to have stabilized in China and there are some encouraging signs coming from the most severely hit regions of Europe and USA, there are indications that the situation will not get back to normal for several months. For instance, there are predictions that as many as 60,000 or more will die in USA until August, while it is predicted that this virus will take 20,000 lives or more in UK, even with the implementation of the current containment measures.



WFP/Ismaïl Taxta

Even though the total magnitude of the confirmed cases in countries in East Africa so far is much lower than that of Europe and the USA, the cases have increased significantly in the past month (Figure 1). There are fears of exponential growth in cases, for Africa to become the next hotspot if adequate measures are not taken to control the virus. A warmer climate and young population may somewhat lower the risk of the pandemic severely spreading within the region. Some indicative research points towards lower risk of contracting Covid-19 for populations covered by universal BCG (*Bacillus Calmette–Guérin*) programmes which is the case in many developing countries in Asia and Africa.

Though there are no reliable predictions on the future spreading of the virus, trends so far and lessons from other regions indicate

that it is only a matter of time before the outbreak increases exponentially. What is clear is that the speed of the spread could be slowed down significantly with various containment measures such as social distancing, testing and isolation of the persons likely being infected. The effectiveness of surveillance and containment measures is confirmed by observations in this region. While the situation differs from one country to another, there are indications that the prompt measures taken by different countries have contributed to slowing down the speed of the transmission.

Within the RBN region, the Africa Centre for Strategic Studies highlights Kenya, Ethiopia and Uganda as countries that are at high risk of rapid increase in transmission but with a relatively low level of reported cases so far. This reflects either the effectiveness in the efforts to contain the outbreak or the lagged reporting of cases³. Studies conducted by Imperial College and London School of Hygiene and Tropical Medicine show that the spread of COVID-19 in the Eastern and Southern African region is expected to accelerate and peak around mid-May. It is assessed that a prompt reaction from most countries, implementing strict measures including travel bans, border closures, curfew and social distancing, has helped to contain the spread to some extent. Though these measures are unlikely to be fully effective, they may delay the outbreak which can help governments buy time for preparedness. Despite efforts, there is no proven therapy or vaccine available yet. Public health analysts indicate that COVID-19 is likely to have a profound impact on our lives for many months⁴. It will take probably more than a year, until a vaccine is available at a mass scale globally.

2. Global and regional economic crisis



The COVID-19 pandemic presented a challenge unlike any in the 75-year history of the United Nations⁵. It is now evident that the COVID-19 pandemic, a global health crisis, has also caused a very severe global economic crisis, the magnitude of which is still not fully clear. On March 27th, the IMF announced that the world has entered a recession and on 14th April, it estimated that the global economic output will shrink by 3% this year, signalling worst recession since the great depression. The economic impacts are expected to last until 2021 even in the best-case scenario where countries take appropriate measures. Main concerns include a global wave of bankruptcies and layoffs, which can cause long-lasting effects of the crisis by undermining recovery. The G20 countries have taken fiscal measure of around USD 5 trillion, corresponding to more than six% of the global GDP, to address both the health crisis and its economic impact. However, many developing nations do not have the means to initiate such comprehensive and expensive measures, which has led to an extraordinary spike in requests for emergency funding to initiate mitigation measures⁶.

Issues include shut down of economies, capital outflows and price shocks, devastated tourism industry, reduced foreign export and remittances that provide a critical stream of foreign exchange. The economic impact of the pandemic and pressure on the financial markets is to be compounded by disruptions to the manufacturing industry following supply chain disruptions in combination with falling commodity prices, in particular oil. The ILO estimated that globally between 5 and 25 million people could lose their jobs, equalling a loss in labour income of USD 860 billion to USD 3.4 trillion. Casual labourers, self-employed and small

³ Africa Centre for Strategic Studies (2020), *COVID-19 risk in Africa*

⁴ Scientists indicate that the US may need to endure social distancing until 2022 if no vaccine is quickly found <https://science.sciencemag.org/content/early/2020/04/14/science.abb5793/tab-pdf>

⁵ United Nations (2020), *Shared responsibility, global solidarity: responding to the socio-economic impacts of COVID-19*

⁶ IMF (2020), *Opening remarks at a press briefing by Kristalina Georgieva following a conference call of the IMFC*

and medium sized enterprises are expected to be hit the hardest, especially in countries with large informal sectors and limited social protection systems⁶. OXFAM's most recent report indicates that about half a billion people worldwide could be pushed into poverty due to COVID-19.

Regional economic crisis

The World Bank estimates that Sub-Saharan African economies could lose between USD 37 to USD 79 billion in 2020 due to output losses as a consequence of COVID-19. Economic growth could contract from 2.4% in 2019 to -5.1% in 2020, bringing about the first recession in 25 years. The African Union worries about two types of harmful effects of COVID-19 on the continent: exogenous effect including declines in direct trade, tourism and remittances, foreign direct investments and humanitarian and development assistance; and the endogenous effects of increased morbidity and mortality, disruption of economic activities, decreased tax revenues especially in oil dependant countries coupled with increased public expenditures for health and economic interventions⁷.

The economy of the East African Community is expected to weaken substantially, particularly in Ethiopia, Kenya and Rwanda, due to lower external demand and disruptions to domestic production and supply chains. However, despite a negative impact on the economy seemingly being inevitable, the East African region is expected to be the least affected subregion in Sub-Saharan Africa due to a higher dependency on intraregional trade and being mainly net oil importers, hence benefitting from the lower oil prices. Oil-export dependent countries including South Sudan are expected to be hit the hardest, where growth could decrease by up to 7 percentage points. The negative impact on livelihoods is expected to bring the direct consequence of household welfare losses of 7%, and in the event of a lengthy crisis this could increase to 10% due to loss of employment and decreasing terms of trade. If borders are closed, this could increase further to 14%⁸.

Though a negative impact on many industries is already seen, the cereal market is currently not foreseen to experience major issues. Instead, global cereal markets are expected to remain balanced as a near-record 2020 production is expected, though with localised disruptions due to logistical issues⁹. However, the World Bank finds that COVID-19 may create a severe food security crisis in the Sub-Saharan region due to an estimated contraction of agricultural production of between 2.6 to 7%, and a combination of reduced domestic demand and higher transaction costs causing a decline in food imports of 13 to 25%¹⁰.

3. East Africa: Socioeconomic and health context

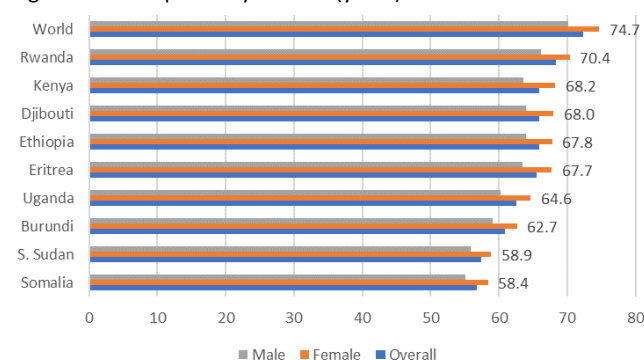


The region is characterized by high poverty levels, weak health systems, crowded urban areas, higher levels of adverse underlying health factors including malnutrition, malaria, TB and HIV/AIDS, and some countries being also affected by armed conflicts. Increasing vulnerabilities due to displacement and disruption of access to food, water and medication could be devastating if the virus spreads widely in the region like in the other hot spots. Quarantine measures are difficult to maintain in areas with lack of adequate shelter, sanitation and economic capability to stay home from work and stock up on essential supplies¹¹.

Population and demography

The nine countries in East Africa have an estimated total population of 270 million people ranging from nearly a million in Djibouti to over 100 million in Ethiopia. Overall, 50.2% of the overall population consists of females while 49.8% are males. Life expectancy at birth is significantly lower than the global average and is lowest in Somalia and South Sudan (Figure 3). A person born in Somalia can expect to live for only 58 years on average, compared to a global average of 75. In line with the global pattern, life expectancy of females is 1-2 years more than that of males. The 2020 population estimates indicate a higher percent of females over 65 years in all countries compared to males¹².

Figure 3: Life expectancy at birth (years)



Source: UNDESA

Health situation

The poor status of health systems that may hinder effective response to COVID-19 stems from several factors. Overall, investment in the health systems is very low. According to WHO, all countries committed less than 10% of their GDP to the health sector in 2017 with annual per capita expenditure on health as low as USD 23 in South Sudan and Burundi to USD 77 in Kenya¹³.

⁷ African Union (2020). *Impact of the coronavirus (COVID-19) on the African economy*

⁸ World Bank (2020). *Africa's Pulse*, No. 21, April 2020

⁹ FAO (2020). *World food situation: Cereal supply and demand brief*

¹⁰ World Bank (2020). *For Sub-Saharan Africa, coronavirus crisis calls for policies for greater resilience*

¹¹ Africa Centre for Strategic Studies (2020), *COVID-19 risk in Africa*

The number of medical practitioners is inadequate (less than 1 doctor and up to 15 nursing and midwifery personnel per 10,000 people¹⁴) to effectively render service to the population, which poses a challenge in managing the COVID-19 outbreak.

People with underlying health conditions

Countries in the region have large numbers of maternal and child deaths, and are suffering from the adverse effects of infectious/communicable diseases such as HIV/AIDS, TB, and malaria. In 2018, TB incidence rate per 100,000 people ranged between 59 (Rwanda) and 292 (Kenya) (Figure 4). The highest number of TB cases were in Ethiopia, Kenya and Uganda. TB deaths were generally low due to treatment coverage in many countries but COVID-19 could worsen the situation through associated pneumonia. Malaria is another major disease in the region with countries such as Burundi, Rwanda, South Sudan and Uganda reporting incidences of between 200 and 600 per 1000 people¹⁵. Similarly, the prevalence rate of HIV/AIDS ranged between 2.5 and 6% in Rwanda, Kenya and Uganda in 2018¹⁶.

A region with high mortality

Data on mortality for 2017 shows that the crude death rate was highest in Somalia, South Sudan and Burundi with more than 8 cases per 1000 people and lowest in Rwanda and Kenya with less than 6 (Figure 5)¹⁷. This can be attributed to impacts of conflicts among other factors. In a cohort of 1000 adults of the same gender, deaths among males were higher (219-340) than those of females (164-264). Mortality among children Under 5 years was also high in South Sudan and Somalia.

Figure 4: Prevalence of tuberculosis in RBN region

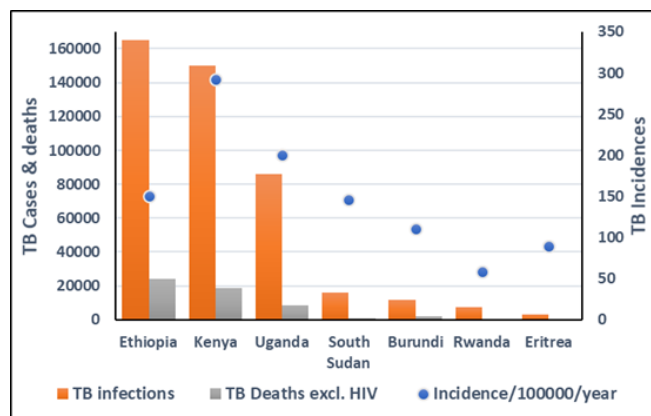
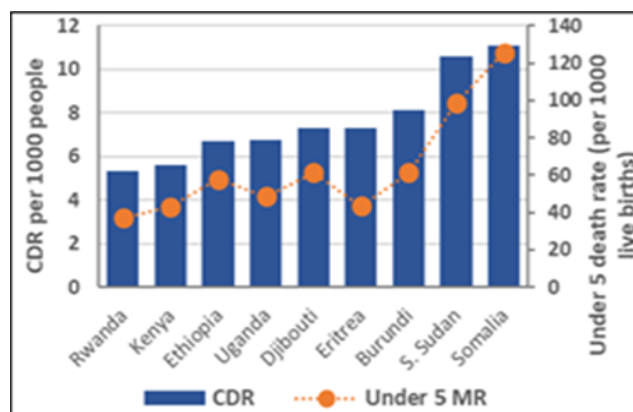


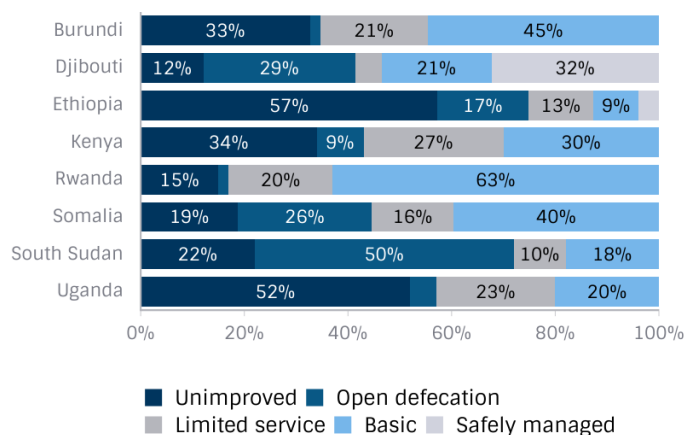
Figure 5: Crude death rate in RBN region



Water and sanitation

The region suffers from poor access to safe water, sanitation, and hygienic conditions that are essential to protecting human health during infectious disease outbreaks, including COVID-19. Even access to hand washing facilities is a challenge in the region, where most households do not have access to appropriate (safely managed, basic or at least basic) sanitation facilities (Figure 6)¹⁸. A large proportion of the population rely on shared facilities (limited service), unimproved or practice open defecation whereby isolation of suspected or confirmed COVID-19 cases to prevent/minimise transmission to others will be a daunting task.

Figure 6: Access to sanitation facilities in RBN region



Coupled with high poverty and unemployment rate¹⁹ amongst a sizeable population in each of the countries, the spread of COVID-19 presents an additional burden in meeting the costs associated with prevention as well as for medication in the event of a Covid-19 outbreak.

¹³ WHO (2020), *Global Health Observatory Indicator Metadata Registry List*

¹⁴ WHO (2020), *Global Health Observatory visualizations*

¹⁵ WHO (2020), *Global Health Observatory data repository*

¹⁶ WHO (2020), *Global Health Observatory data repository*

¹⁷ World Bank (2020), *World databank*

¹⁸ WFP (2020). *Economic and food security implications of COVID-19*

¹⁹ The ILO estimated single digit unemployment rate of between 1.3% (Rwanda) and 6.4% (Eritrea) while Kenya and South Sudan had over 11% in 2017

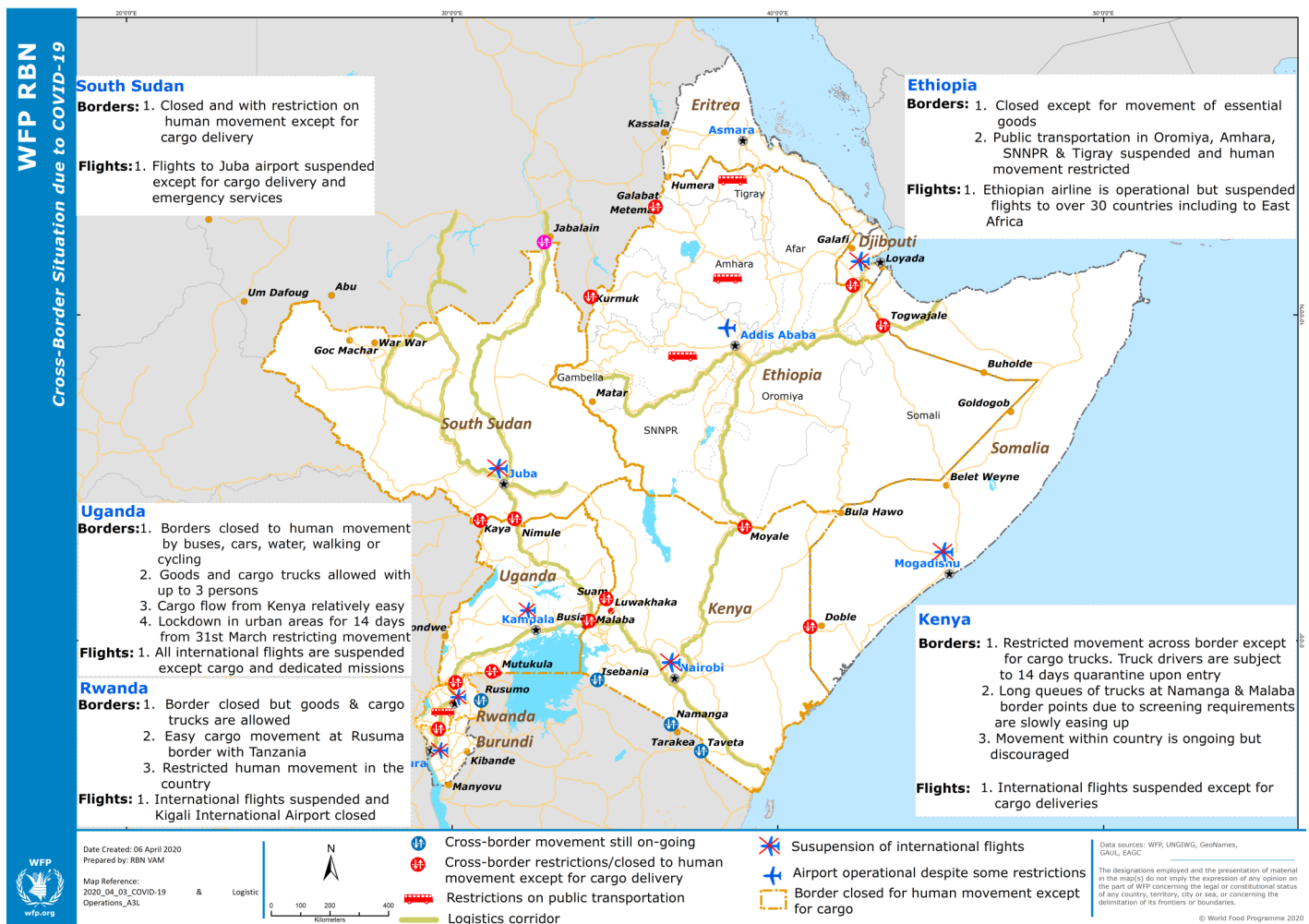


4. Regional trade, markets and prices

Trade

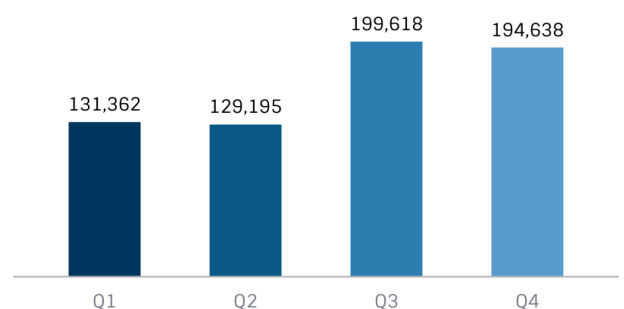
Following the first confirmed cases of COVID-19 in the region, different Governments responded by implementing a raft of containment measures, including quarantine, social distancing and stricter border controls. All countries closed their borders (land, air, sea) to human traffic except for cargo transport; Burundi is the only exception which still has its border with Tanzania open to human crossing. Deliveries to South Sudan have been affected by the long queues at the border due to restrictions imposed by the curfew in Kenya and the lockdown in Uganda¹⁹. Cross-border trade with Ethiopia, which had earlier allowed only 'essential goods', could be disrupted further following the recent declaration of a national state of emergency. Throughout the region, ports are operational but with some delays for cargo clearance due to new stringent directives and reduced working hours. These In addition to other measures- curfews, lockdowns, fumigation, etc. have caused delays in domestic and cross-border movement of food commodities resulting in increased costs, loss of perishables and a spike in smuggling of commodities through porous borders²⁰.

Map 1: Cross-border situation as of 7th April 2020



However, during the first week of April, monitoring by East African Grain Council (EAGC) reported some improvement in cross border trade movement. At Busia Border between Kenya and Uganda for instance, long truck queues that initially stretched kilometres from the border have reduced significantly following harmonization and improvement of work processes by both security, immigration and custom officials from both countries. There has been a general concerted effort by the governments and local authorities to allow flow of domestic and regional trade despite the challenges. Trade vol-

Figure 7: Regional maize trade, 5-year average



¹⁹ WFP, COVID-19 SitRep # 2, April 2020

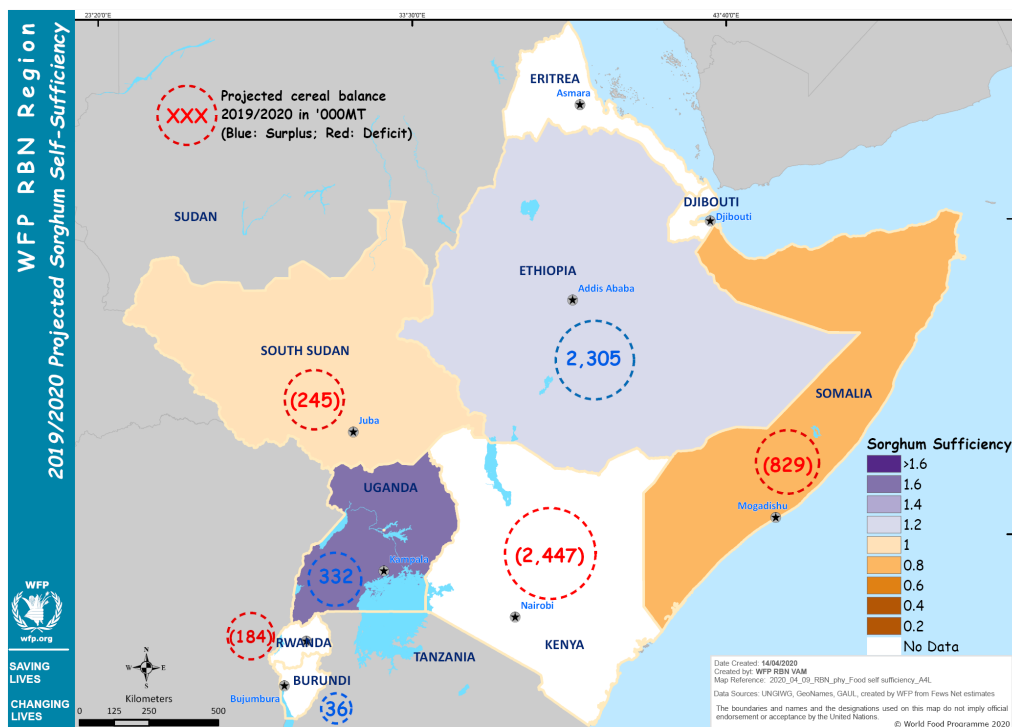
²⁰ Particularly tomatoes from Uganda to Kenya

umes in the first two quarters of the year are normally lower compared to the peak flows in Q3 and Q4 because of higher domestic availability of food from local harvests in most markets during the first half of the year (Figure 7). Whether there will be any significant deviation this year from the normal trends is to be seen.

Food Availability

Among the two structurally surplus countries for sorghum production in the region. Uganda's harvest was average, while Ethiopia's production was well above average²¹. After accounting for domestic demand, Ethiopia will have above-average surplus. However, the projection for the region is to experience a deficit (Map 3). Even including surplus-producing Sudan in the picture, the region will be on a marginal surplus of 3,705 MT which is 25% below average. South Sudan's substantial import gap thus needs to be filled through supplies from Sudan and Uganda. Kenya's deficit is normally covered by imports from Uganda and Tanzania.

Map 2: Projected cereal balance and sorghum self-sufficiency 2019/2020



Food prices

WFP's market monitoring data indicates that, overall, there are no significant spikes in food prices due to COVID-19 yet, though there have been some issues with access to markets and occasionally panic buying by consumers. Maize prices in the region's capital cities are trending in line with the seasonal patterns. Prices decreased slightly or remained generally stable month-on-month in all major markets between December 2019 and March 2020, reflecting steady trade supply and availability from the previous harvests in December/ January. Stable prices could be due also to reduced demand following restrictions on movements. Governments in Rwanda and Uganda have started food distribution to vulnerable urban households which could also contribute to suppressing demand and driving down staple food prices. However, the prices remain very high when compared to the same period in 2019 and the five-year average levels. For instance, the price of maize and beans in Burundi in March was higher than same time in 2019 by 23% and 17% respectively, as per recent mVAM data.

Figure 8: Trends in Retail Maize Prices (USD/kg)

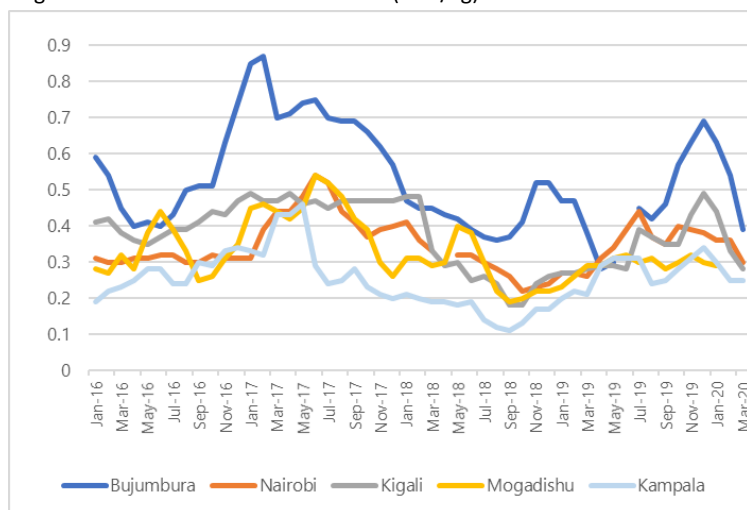
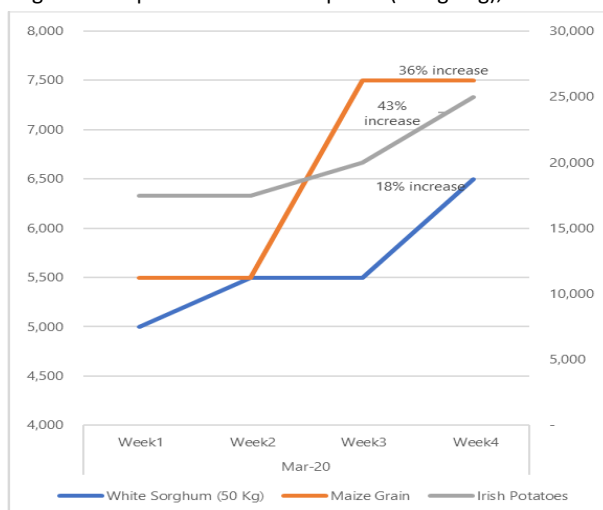


Figure 9: Staple food wholesale prices (50 kg bag), Juba



²¹ FEWS NET (2020), Regional supply and market outlook, East Africa



Contrary to the overall seasonal trend, some markets in South Sudan - particularly Juba and Rumbek registered steep atypical increase in staple food prices in March (Figure 9). In anticipation of COVID-19 spread in South Sudan, there was unprecedented increase in food prices within the month of March.

In Juba, for instance, the prices of essential food commodities rose in the main markets from the 3rd week of March (the week prior to the adoption of restrictive measures), as only shops dealing in food items could operate, while street vendors were prevented from working. Major impacts have been observed on maize grain, white sorghum and Irish potatoes. Price increases are likely to replicate elsewhere in the country following increased restrictions on movement and slow down on cross-border trade.



5. Economic and livelihood impacts

The global health crisis has led to a global economic crisis which is now causing a severe livelihood crisis for millions of people all over the world.

Regions' high export exposure could lead to domestic economic downturns

The countries in the region are highly exposed to spill over effects of demand shocks in export destinations²² as most of East African exports go to China, Europe and America (Figure 10). With the ongoing global economic crisis, any disruption in exports is likely to have serious adverse impacts on local economies and livelihoods. This could result in economic decline - South Sudan, Kenya and Ethiopia²³ likely to be most affected²⁴.

Countries in the region also import significant quantities of food from outside the region. Figure 11 illustrates the share of cereals imported from sub-Saharan Africa and that from the rest of the world. For instance, South Sudan imports most of its cereals from the sub-Saharan region - primarily Uganda (maize and sorghum) and Sudan (Sorghum). On the other hand, Djibouti and Somalia depend on countries outside of their region for most of their cereal imports²⁵. Uganda and Ethiopia are relatively better

Figure 10: East African export exposure (2014-18 average)

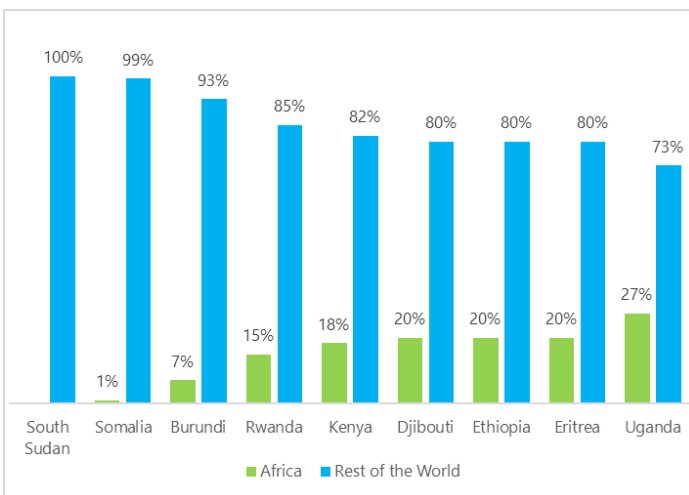
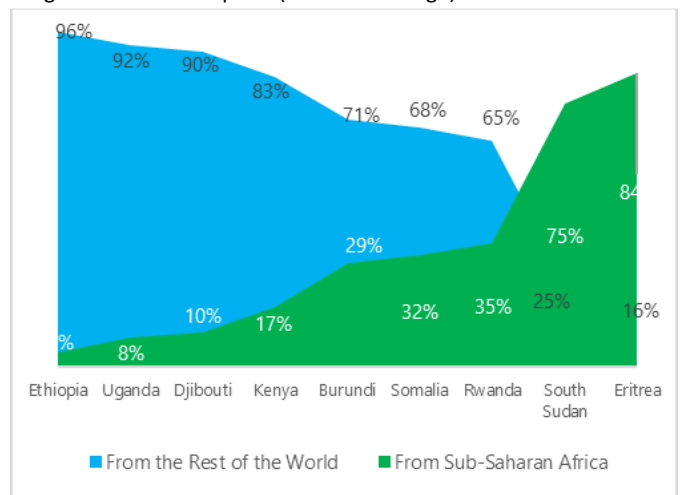


Figure 11: Cereal imports (2014-18 average)



²² All crude oil from South Sudan are exported to China, Somalia's live animals, fish and aquatic resources etc are mainly to the Arabian Gulf, Burundi exports primarily coffee and tea to Pakistan and the EU, Rwanda coffee and tea are exported to mainly to Pakistan and the US; Kenya exports tea and coffee to Pakistan, Afghanistan, Egypt and the UK. Djibouti exports live animals and coffee to Saudi Arabia; Ethiopia's export destination are diversified; Eritrea's spices are exported to Egypt while Uganda's Tea export destinations are diverse

²³ The COVID-19 impacts to aggravate an already precarious economy which is on the "on the brink of collapse". The economy is facing numerous macro-economic challenges- a fiscal deficit of 2.5% paired with a current account deficit of 5.5%, foreign exchange reserves of only two months and public debt of more than half of GDP leaves the country with little fiscal and monetary space to act.

WFP- Economic and food security implications of the COVID-19

²⁴ WFP (2020). *Economic and food security implications of COVID-19*

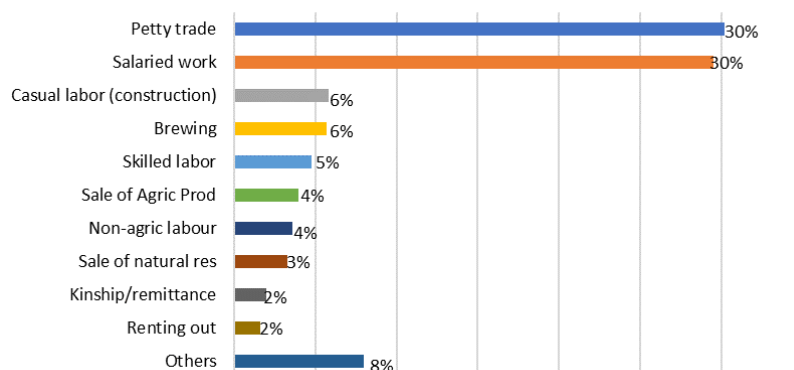
²⁵ Djibouti imports food worth nearly twice the value of its exports; its economy is centred on the port, with transport generating 30% of export. Somalia's balance of trade largely skewed- food import dependency stood at USD 1.56 billion while export of in goods and services was worth USD 325 million in 2017

off with their own production, but also rely on outside of their region for some of their cereal needs. High reliance on imports puts countries in the region at a greater risk of COVID-19-related supply disruptions in case the situation further deteriorates.

Urban livelihood crisis

In the immediate term, the pandemic will disproportionately affect the people, particularly the poor, living in the densely populated urban and peri-urban areas for two reasons: i) the pandemic entry point has been in the capital cities and the containment measures have limited spread to rural areas; and ii) food is currently available among rural households following the recent harvests in many areas while livestock keepers are benefitting from enhanced livestock production²⁶ thanks to the ongoing favourable seasonal performance.

Figure 12: Main sources of livelihood in Juba (2017)



As international and regional food supplies have not been substantially disrupted yet, the immediate effects of the pandemic will be felt especially on the demand side through job losses, reduced income and purchasing power. In the region, the proportion of the population living in urban areas is highest in Djibouti (78%), followed by Somalia (44%) and Eritrea (36%)²⁷, while it is lowest in Burundi (13%), followed by Rwanda (17%) and South Sudan (19%). Ethiopia (20%), Uganda (23%) and Kenya (27%) have moderate proportions. However, in absolute terms, Ethiopia (22.7 million), Kenya (13.9 million), Uganda (10.2 million) and Somalia (5.2 million) have the highest numbers of urban dwellers. These four countries account for nearly 90% of all urban populations in East Africa. Urban density is highest in Uganda, Rwanda, Burundi and parts of Kenya and Ethiopia.

In most of the urban areas, a significant proportion of population rely on the informal sector, engaging in livelihoods which are very vulnerable to the COVID-19 pandemic. For example, in a survey conducted in Juba in 2017, less than one-third of the respondents had stable income with regular salaried work, while the majority were relying on petty trade or casual labour. These people face food security issues even during normal times due to their poor purchasing power. With the loss of many jobs in the informal sector, they are now the most vulnerable to food insecurity. They are also significantly vulnerable to the spread of COVID-19 since they are likely to live in slums or densely populated areas with poor housing and sanitary conditions

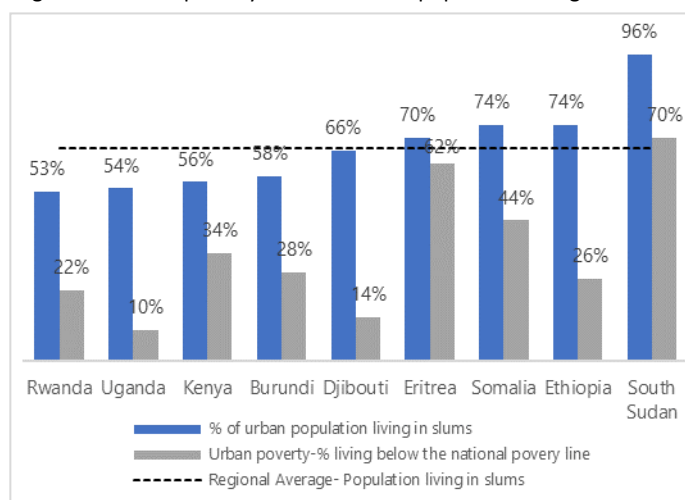
Urban slums and poverty

East African urban landscape is characterized by a large proportion of the population living in slum areas, and with high prevalence of poverty (Figure 13). Informal sector employment accounts for more than 80% of the non-agricultural employment across the board (Figure 14). These jobs are usually occupied by low skilled workers. They require physical presence at work and are less likely to work from home²⁸, meaning that they have been adversely affected by the COVID-19 containment measures.

ILO recognizes that because of movement restrictions, many workers cannot reach their places of work or carry out their jobs, resulting in decline in economic activity, which is having knock-on effects on incomes, particularly for informal and casually employed workers²⁹. Loss of income and jobs in affected sectors have been reported in several countries in the region.

According to IFPRI, nation-wide lockdowns in Rwanda, Uganda and the national state of emergency declaration in Ethio-

Figure 13: Urban poverty and % of urban population living in slums



Source: World Bank and National Statistics Offices

²⁶ Following improved livestock condition from October 2019

²⁷ These are countries that are predominantly arid with little or agricultural production. Djibouti for instance has limited opportunity for crop production and livestock sector and majority rely on casual labour/ petty trade linked with port operations

²⁸ Brookings (2020), *When face-to-face interactions become an occupational hazard: Jobs in the time of COVID-19*

²⁹ ILO (2020), *COVID-19 and the world of work: Impact and policy responses*

³⁰ IFPRI (2020), *COVID-19 lockdowns threaten Africa's vital informal urban food trade*

pia could prove disastrous to trade and physical access to food for the urban poor³⁰.

Lower-middle income workers in formal sectors

The pandemic has hit hard the region's tourism, entertainment, and transport industries. Agricultural exports of coffee, tea³¹, fresh produce and cut flowers have also been shut down - reducing farmers' earnings. Entertainment centres have closed in line with social distancing requirements, most hotels have shut down following reduced room occupancy rates - many workers have therefore been sent on compulsory unpaid leave.

Restrictions on foreign travels, coupled with reduced demand in export markets have reduced foreign financial inflows from tourism, high value export crops as well as direct investments in the region, affecting mostly Rwanda, Ethiopia and Kenya³². Tumbling global oil prices will impact foreign exchange earnings in South Sudan.

The downturn of business has acutely affected the low- and middle-income workers in these sectors. BFA GLOBAL³³ reports a significant disruption for half of businesses in Kenya since the crisis began - self-employed people have already closed business. According to a global report by McKinsey & Company, spending by Kenyan households and businesses is set to fall by 50% this year due to disruption caused by the virus³⁴.

If the infections surge significantly across the region and the pandemic takes long to control, more businesses will likely shut down resulting in further staff layoffs.

Rural livelihoods: Potential impact on farmers and livestock keepers

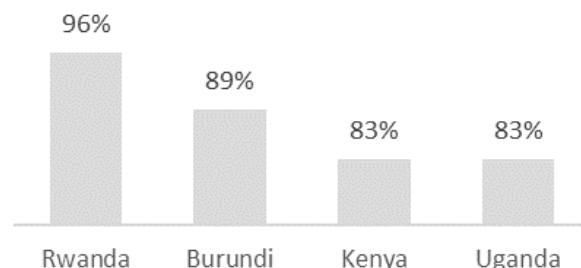
It is too early to predict whether a wide-spread regional impact of the COVID-19 on rural livelihoods will materialize given that most containment measures and restrictions have largely been implemented in urban areas and border crossing points. However, localized impacts could be significant and could vary from country to country and between regions. If the situation persists for long and if the pandemic spreads to rural areas, it is likely that food security could deteriorate further.

The immediate impacts will be on farming activities due to restrictions by national and local governments including lockdowns and curfews. This comes at a time when the main cropping season is about to start. Any disruption in agricultural activities during this time could cause a lower production this year, as this season contributes to more than 50% of annual crop production in many countries³⁵.

Restrictions and expected local currency depreciations are also likely to reflect in higher costs of agricultural inputs. According to a recently released World Bank report, agricultural production in Africa is likely to contract between 2.6% (best case scenario) and 7% (scenario with trade blockages)³⁶. Closure of rural food and livestock markets will affect the incomes of rural livelihoods. At the same time, closures of restaurants and hotels has already reduced the demand for fresh produce, meat and fish, reducing incomes of farmers, livestock keepers and suppliers.

The immediate effects of the restrictions are less likely to affect livestock access to feed and water resources given favourable on-going seasonal performance as animals are less likely to migrate in search of pasture and water. However transboundary trade could be disrupted by curfews, border and market closures and restrictions on movement, particularly affecting livestock exports from Ethiopia to the Arabian Gulf through Somalia as well livestock exports from Uganda to South Sudan (Map 3). Greater reliance on livestock exports to Arabian Gulf States puts the livelihoods of traders and livestock keepers in Somalia and Ethiopia at risk, potentially reducing their main source of income. The possibility that Hajj pilgrimage to Saudi Arabia, planned to start in late July, may be cancelled as part of controlling the spread of the virus, could reduce the demand for livestock, hence impacting the export earnings in Somalia and Ethiopia. This could further limit the availability of foreign currency and with the their capacity to import food which could result in increased food prices.

Figure 14: Informal employment (% of total, non-agricultural)



Source: World Bank

Figure 15: Contribution of travel and tourism industry



Source: World Bank

³¹ Coffee/tea auctions in Mombasa stopped following over the government's rule limiting mass gatherings as well as weakening demand and low international prices for region's black tea and coffee

³² World Bank (2020)

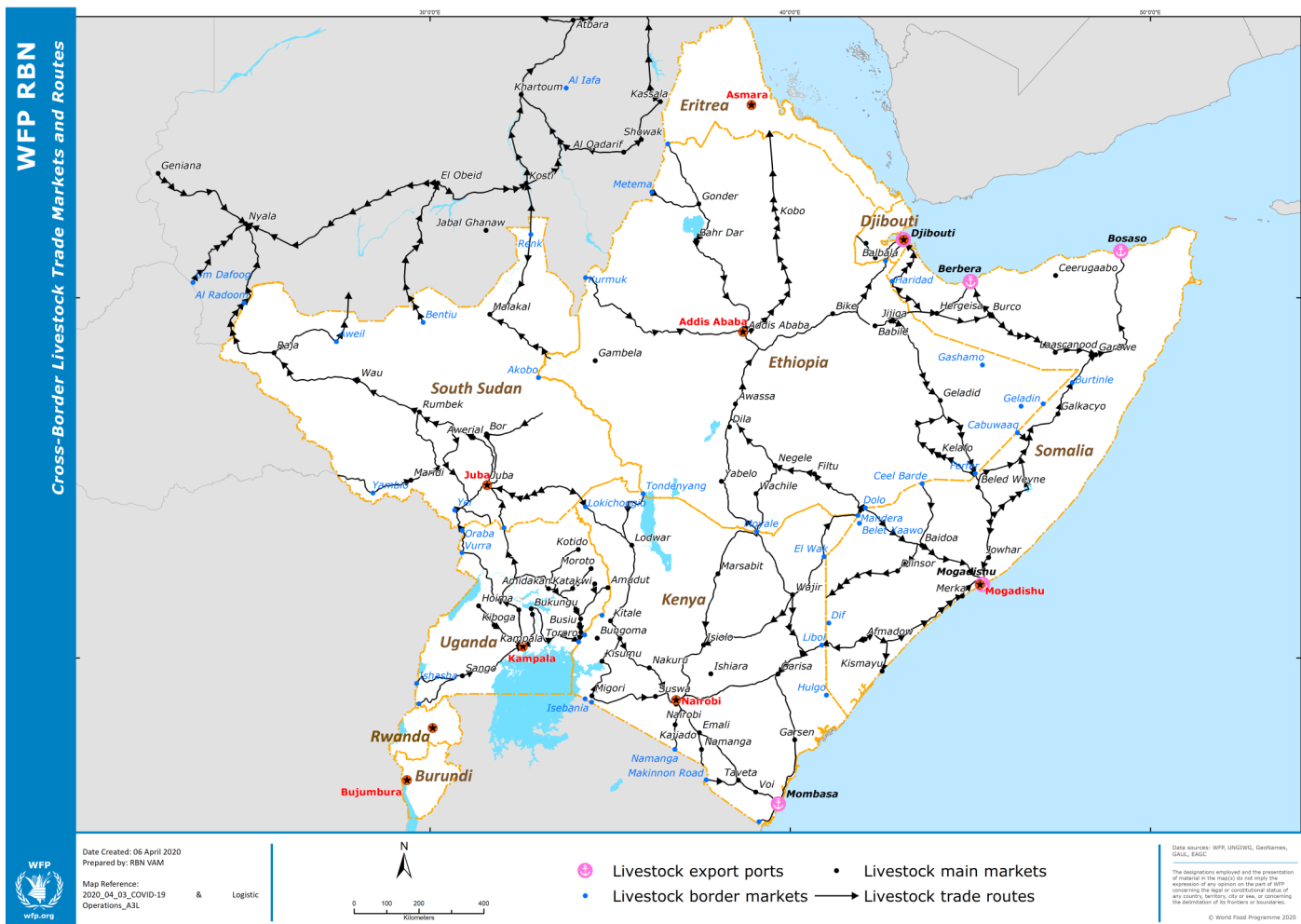
³³ BFA GLOBAL (2020), *Taking the COVID-19 temperature in emerging markets: A dipstick survey to draw early insights about impact on livelihoods*

³⁴ McKinsey & Company (2020), *Tackling COVID-19 in Africa*

³⁵ Somalia Gu - 60%; Burundi Season B - 50%

³⁶ World Bank (2020). *Africa's Pulse*, No. 21, April 2020

Map 3: Cross-border livestock trade markets and routes that could be disrupted by movement restrictions and market closures



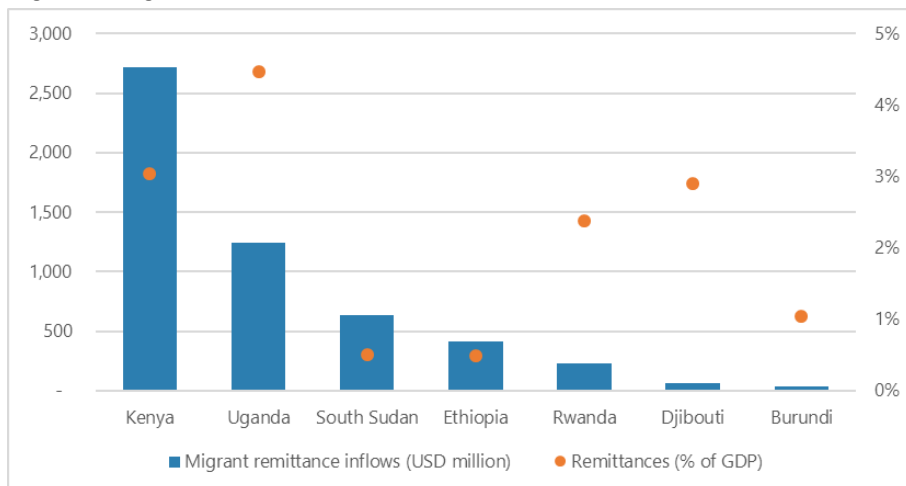
Remittances

Remittances are an important source of income for many families in East Africa. In the region, Kenya leads in remittance receipts (USD7.7 bn/annually), followed by Somalia (USD1.3-2 bn/annually), Uganda and South Sudan (Figure 16). Most of the direct recipients are based in urban areas but they also share the transfers with their rural families.

Households that receive remittances spend a big chunk of the transfers to purchase food. Without this vital family support system, households will need to adjust by drastically reducing consumption expenditures and access to food. As the migrants in destination countries have been affected by lockdowns, trade disruptions, layoffs, and illness, the amount of remittance inflows is likely to drop. This will affect many families in Kenya, Uganda, Somalia, South Sudan and Ethiopia, for which remittances are a major element of their livelihood strategy.

During the 2008 financial crisis and the 2017 oil slump, remittance inflows from migrants dropped by 4% and 11% respectively. With the ongoing global health and economic crises, the remittance flows to the region are likely to reduce even more significantly.

Figure 16: Migrant remittances, 2018



Source: World Bank

6. COVID-19 impact on nutrition



High vulnerability to malnutrition and chronic diseases increases the risk of a poor outcome in case of infection



WFP/Kevin Ouma

The combination of undernutrition and infection causes most of the preventable deaths in developing countries, particularly among young children. All forms of undernutrition, chronic and acute malnutrition as well as micronutrient deficiencies, compromise an individual's immune system. Malnourished individuals are more susceptible to infections and the course of infectious disease may be worse. At the same time infections of all kind can also lead to undernutrition. The RBN region is characterized by high levels of both chronic and acute malnutrition³⁷. Micronutrient deficiencies are also a concern throughout the region. In 4 of the 6 countries where anaemia data is available, the anaemia rates exceed WHO threshold for high public health significance (>40%) for children under 5. Data is collected more frequently among the refugee population who are showing even higher rates of anaemia with most camps or settlements exceeding 40% among both children and women (not pregnant). The poor nutrition situation is largely caused by low consumption of nutrient dense foods and poor dietary diversity driven by inadequate availability and poor access and further aggravated by poor health.

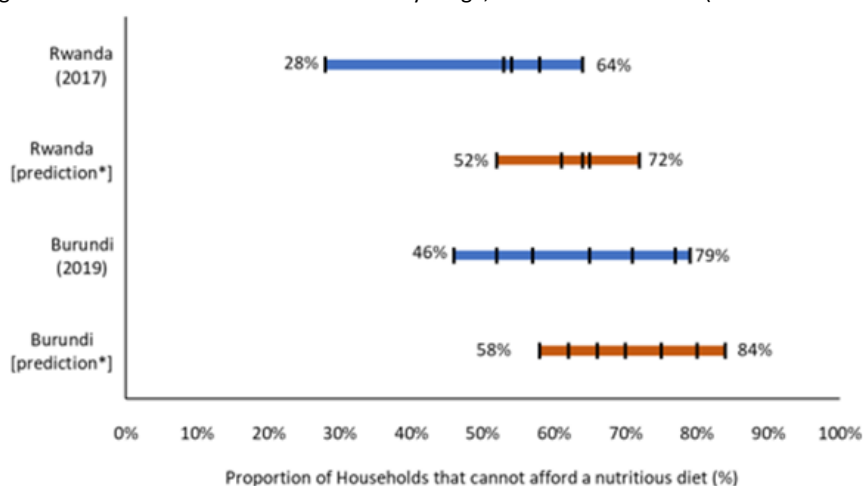
The East African region is second hardest affected region by HIV globally: with the national HIV prevalence ranging from 5.7% in Uganda to 0.1% in Somalia, it is estimated that there are more than 4,200,000 people living with HIV (PLHIV) across the RBN countries. PLHIV have compromised immune systems which are making them highly susceptible to co-infection, significantly increasing the risk of undernutrition and death. Food security and nutrition vulnerability assessments among PLHIV conducted in the RBN region, have found HIV-affected households to be more vulner-

able to food insecurity than non-affected households³⁸. This is further enhanced during emergencies, where a worsening of food and nutrition security might undermine effective treatment outcomes³⁹ and negatively impact food and nutrition outcomes of both PLHIV and their household members⁴⁰. Furthermore, the economic and food security impact of the COVID-19 outbreak in the region is increasing the likelihood of risky behaviours, exposing households to HIV risks and vulnerabilities.

The proportion of people unable to afford a nutritious diet will increase

Fill the Nutrient Gap (FNG) analyses were carried out in four countries in the RBN region (Burundi, Rwanda, Somalia and Uganda) between 2017-2019. Priors to the COVID-19 pandemic, the analysis found that non-affordability of nutritious diets is a main barrier to achieving food and nutrition security. Between 55% (Rwanda) to >90% of households in some regions in Somalia were found unable to afford a nutritious diet, highlighting already high vulnerability in terms of unavailability and unaffordability of nutritious foods. The impact of COVID-19 is intensified by the economic implications of the sanitary crisis, leading to job loss and increasing vulnerabilities. Income losses and increasing food prices will further deteriorate the food security and nutrition situation. The key dynamics that are being ob-

Figure 17: Estimated shift in non-affordability range, Rwanda and Burundi (subnational level)



[* this model shows the impact of an average 10% increase in food prices in all regions and a 30% decline of household food expenditure in urban areas. As new insights into the developing situation materialize, estimations will be updated.]

³⁷ With 4 of the 7 countries where data is available having stunting levels exceeding the WHO threshold for public health significance (>30%), including Burundi where national stunting rates are at 56%, making it amongst the highest worldwide. Kenya, Uganda, Somalia and South Sudan having pockets where GAM rates are continuous or during lean season exceed the emergency threshold of 15%

³⁸ WFP, KERMI, MoH (2015), Nutrition and Food Security status of PLHIV and Gap Analysis in Comprehensive Care Clinics in Kenya; WFP, RBC (2015). *Nutrition, Food Security and Vulnerability among PLHIV in Rwanda*; WFP, UNAIDS, MoH (2015). *Stigma Index and Vulnerability Survey Among PLHIV in South Sudan*

³⁹ NASCOP, UNICEF, UNAIDS and WFP (2018), *Rapid Assessment on the HIV response during drought in the ASALs*

⁴⁰ WHO/FANTA (2001), *HIV/AIDS: A Guide for Nutrition, Care and Support*

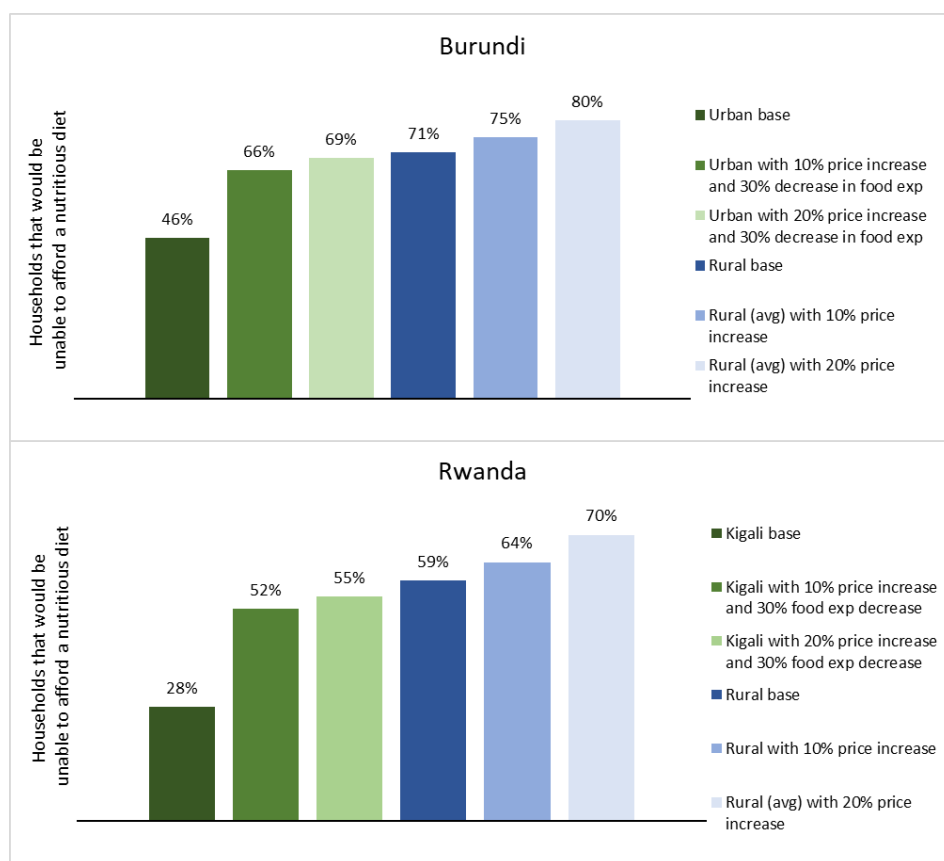
served as the COVID-19 crisis unfolds and are outlined in this and the previous report will inevitably show a negative impact on the affordability of a nutritious diet across the RBN region.

Scenario modelling using the data from the earlier FNG analysis for Burundi and Rwanda and assuming a 10% increase of food prices in all areas and a 30% reduction of income in urban areas, predicts a substantial worsening of non-affordability for the majority of the population in both countries (Figure 17).

This increased non-affordability of nutritious diets means that many people will not meet their nutritional needs, which increases their risk of malnutrition, including micronutrient deficiencies and its consequences. Adolescent girls and pregnant or breastfeeding women are particularly vulnerable because their nutritional needs are very high and therefore deficiencies will be more severe amongst them. This has long lasting consequences for their own health and productivity as well as that of their (future) children.

Individuals in remote areas without own agricultural production may lose access to the few nutritious commodities they were able to afford

Figure 18: Comparison of possible scenarios for changes in non-affordability of a nutritious diet with higher shocks levels in urban settings in Burundi and Rwanda



Different livelihoods will be affected differently. The rural population engaging in small-holder agriculture may currently be more resilient to deal with the shock, particularly if they continue to have means of own production.

In Burundi, for example, 80% of small-holder farmer production is for own consumption. Where small-scale food producers can maintain their capacity to produce and provide food, through short local circuits and supply chains, local food market functioning may not be much affected. Changes impacting upcoming planting seasons and harvests would have to be monitored, and areas that were already vulnerable will remain vulnerable.

In general terms, the economic crisis might have severe impacts on the individuals that rely on day labour or non-agricultural work. The impact may be particularly severe with them because of a reduction or loss of income due to halted economic activity, which exposes them further to potential food price increases. As these are already the poorest of the population who were unable to afford a nutritious diet before the COVID crisis, this crisis will further worsen their already dire situation and some of them might not even be able to afford just meeting their energy needs.

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Non-affordability of a nutritious diet may rise quicker and higher in urban than in rural areas

The combination of high prices in urban settings and dependencies on non-agricultural income to pay for food makes people in urban areas particularly vulnerable. Unlike rural livelihoods, own production is not as frequently a back-up option, meaning that income shortfalls may translate more directly in decreased spending on food.

Based on the assumption that a larger share of the urban population will lose its source of income and will have to subsequently also reduce their spending on food, we predict non-affordability to rise by higher proportion than in the rural areas. The increase in non-affordability in urban areas is likely to disproportionately affect the urban poor. The situation in the rural areas was already very poor, but now additional attention needs to be given to the urban areas.

In many national contexts the urban environment had the lowest non-affordability (see Fig 2). If the assumptions outlined here hold, this could mean that urban population who could usually better afford a nutritious diet will now match the level of vulnerability of rural population. In other words, non-affordability does not just shift up generally, it shifts up disproportionately more in urban areas that were not traditionally of high concern for food and nutrition insecurity. This makes it important to now also focus on the urban poor.

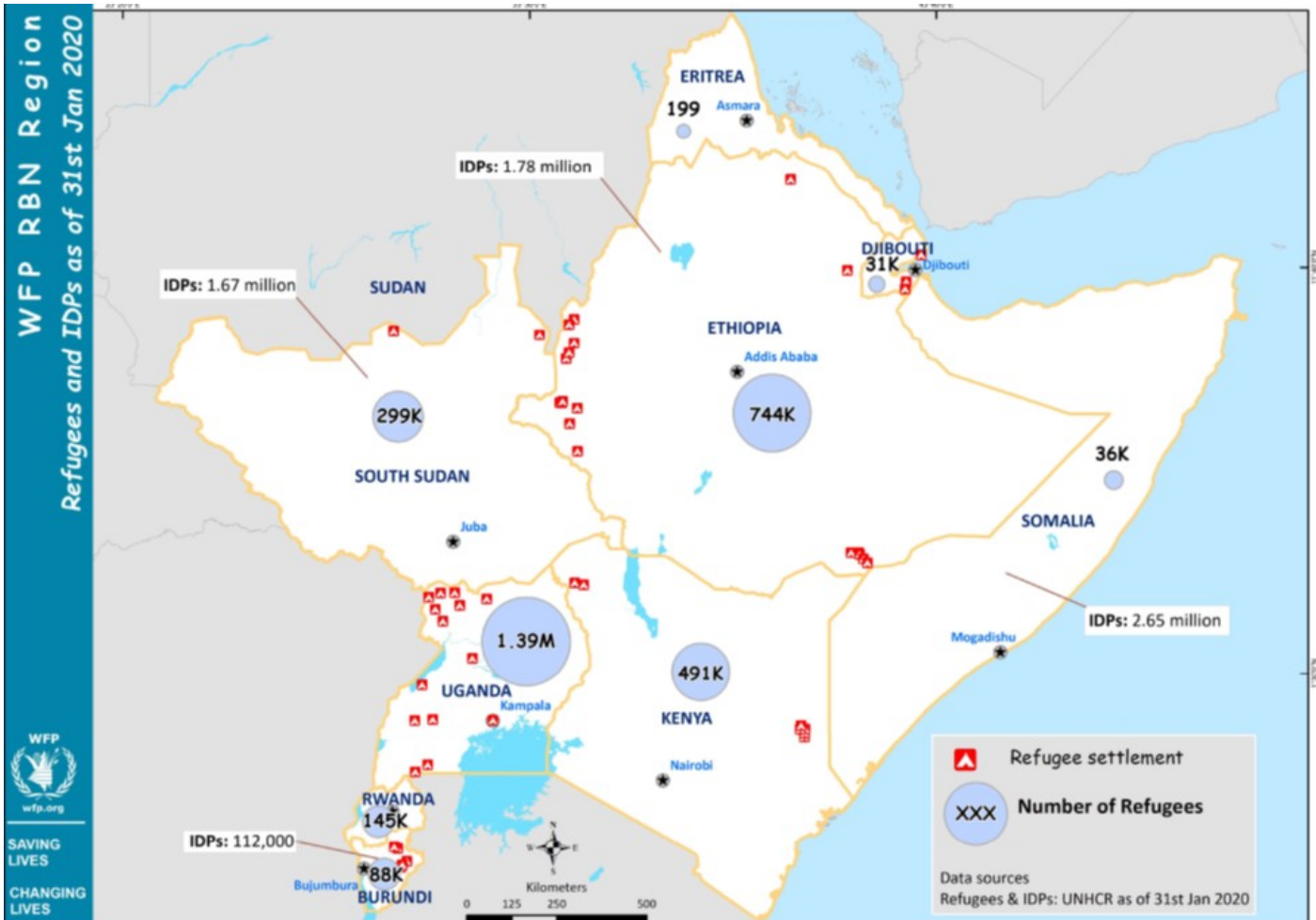
Monitoring and further analysis are needed to understand the magnitude and impact of price increases and income losses and continue to improve our understanding on how COVID-19 affects different populations within countries in the region.



7. Potential implications for IDPs and refugees in the region

The region has long been suffering from conflict in various countries, and as a result many people have been forced to leave their usual place of residence. As of 31st January 2020, countries in the region are hosting a total of 3.3 million refugees, while 6.1 million are internally displaced within their own countries in the region. Ethiopia and South Sudan and Ethiopia have the largest number of IDPs (more than 1.6 million each), Uganda is hosting the largest number of refugees (1.4 million), followed by Ethiopia (0.75 million). IDPs and refugees are vulnerable to food insecurity even during normal times, and most of them are dependent on humanitarian assistance.

Map 4: Number of refugees and IDPs in RBN region, status end-January 2020



Additional vulnerability to protection threats, and people with specific needs

Refugees and IDPs will be at higher risk of immediate and longer-term effects of the pandemic as their social support networks are often fragmented and coping mechanisms already stretched.

IDPs and refugees often face challenges not just in terms of socio-economic vulnerability, but also particular vulnerability to social stigma, discrimination, and protection threats, all of which are often exacerbated during periods of crisis. Displaced populations are highly dependent on humanitarian assistance, to fulfil their basic needs which include both assistance and protection services, such as child protection and gender-based violence (GBV) response. Within these populations, there are many people with specific needs (PWSN) who may already face heightened protection risks, including the elderly, people with disabilities (PwD), unaccompanied and separated children (UASC), persons with serious health conditions, including people living with HIV/AIDS, female-headed households, and LGBTI individuals. Age, gender and diversity characteristics intersect with such considerations in determining the level of protection risk, and capacity to mitigate risk and respond to crisis (individual and household resilience). Also, it is likely that certain groups might not seek assistance due to fear of social stigma associated with status, fear of discrimination or retaliation. Stigma can undermine social cohesion and can result in more severe health problems and difficulties controlling a disease outbreak.

IDPs living in informal settlements have a higher risk of exposure to COVID-19 due to multiple factors, including: overcrowding, especially in collective sites where large numbers of households share one living and sleeping area; poor nutritional status due to delayed food/cash distributions or sale of food for other goods; shared WASH/cooking facilities, and insufficient water and hygiene items for regular handwashing and maintenance of a clean living space.

Camps at particular risk of rapid spread

Camps, camp-like settings, transit centres and other types of informal and formal settlements are at particular risk of contamination due to their congested nature, and thus need to be prioritized in terms of monitoring and implementation of measures that can prevent exposure to and spread of COVID-19. Once there is a case at any given site, it is highly likely that the virus will spread rapidly. The most effective protection available is physical distancing and isolation, which is difficult to do in a congested site. Some IDPs and refugees may choose to leave congested camps and settlements.

Protection risks for IDPs and refugees

Following are key protection risks for IDPs and refugees in the COVID-19 context:



- Increased socio-economic vulnerability may result in higher reliance on negative coping mechanisms such as early marriage, child labour and survival sex;
- Increased social tensions and stigma may result in discrimination in the provision of services;
- Increased levels of stress and anxiety, including for children, can easily lead to increased needs for mental health and psychosocial support (MHPSS), which may be suspended/reduced when it is most required;
- Increased risk of harassment and eviction in informal settlements (violations of housing, land and property rights (HLP), linked to socio-economic vulnerability and/or linked to discrimination;
- Decrease in access to adequate documentation, people may for example postpone birth, death, and other civil registrations during movement restrictions, causing additional barriers to access services including health services;
- Increased challenges for persons with disabilities, older persons and those with chronic illness in accessing basic-critical health care services due to mobility constraints, lack of accessible information as well as increased discriminatory behaviours, neglect, and exclusion, and potential isolation of caregivers;
- Suspension of education activities could result in school drop-out and negative coping mechanisms such as survival sex and child labour, which will likely affect women and girls in disproportionate measure;
- Increased risk of neglect, exploitation and abuse of children, who may experience loss when caregivers die, are hospitalized, fall ill, or are quarantined. Traditional community care support systems may be disrupted due to similar factors.

Hence it is important to put in place appropriate prevention measures to safeguard the IDPs and refugees against these protection risks.

8. The gender dimension



While the pandemic has affected all sections of the population, those engaged in informal sources of livelihood such as petty trade and domestic help are more vulnerable. Crises pose a serious threat to women's engagement in economic activities, especially in informal sectors, and thus can increase gender gaps in livelihoods. The households headed by women could be more vulnerable to food insecurity in such difficult situation where access to food could be constrained. Many families headed by women who depend on remittance from migrating male members are likely to suffer due to reduced inflow of remittance for managing household basic needs including food security.

Pre-existing gender inequality and discrimination is resulting in women and girls being disproportionately affected by the pandemic, especially as a result of the measures put in place to prevent its spread. Initial evidence of the impact of restrictive measures indicate that Gender-Based Violence (GBV, particularly domestic violence) is rapidly increasing. There are reports that incidence of domestic violence against women has increased significantly during the lockdown in various countries across the world.

Cultural factors may restrict the access of women and girls to information on outbreaks and availability of services (literacy levels, restrictions on movement outside the home, etc). Women and girls may also be less likely to have independent and safe access to internet, phones or other communication channels, to access information and to reach out for help or to provide feedback or complaints. Women might experience interrupted access to sexual and reproductive health services, including to family planning. While the needs of women and girls are often amplified during public health emergencies, programmes that support women and girls are often simultaneously disrupted, and often not considered 'essential'. Long-term negative effects on women and girls due to disrupted service provision can cause their physical and mental health to suffer and can impede their access to education, livelihoods, and other critical support.



The burden of unpaid care work on women and girls is exacerbated in these situations. As healthcare services are stretched, care responsibilities are frequently loaded onto women and girls, who traditionally bear responsibility for caring for ill family members and the elderly. The closure of schools further exacerbates the burden of unpaid care work on women and girls, who absorb the additional work of caring for children.

In the context of COVID-19, women health care workers are at great risk to infection as women constitute 70% of the workers in the health and social sector globally.



9. The conflict dimension

Climate shocks, conflict and economic turbulence have been the key drivers of food insecurity in the region⁴⁰. Conflict can lead to displacements, loss of assets and livelihoods resulting in food insecurity and malnutrition of the affected populations. Several countries in East Africa have been significantly affected by persistent conflict for many years.

Even though COVID-19 is affecting people across the world, any spread of this virus in conflict affected areas could be particularly devastating. There are literally no health facilities in these areas, and people have serious challenges in accessing the basic services. Once the virus is transmitted to such areas, it is very difficult to contain its rapid spread due to challenges in implementing measures to suppress the virus, and the consequences on human lives would be very serious. COVID-19 has now been reported in all countries in the region, including those affected by conflict, and the situation would be very concerning if the virus further spreads to the conflict-affected areas of these countries. Any suspension of humanitarian assistance due to constraints in humanitarian or operational challenges, could further exacerbate the situation, resulting in further conflict and displacements.

COVID-19 containment measures such as movement restrictions, closure of schools, and bans on large public gatherings have curtailed the ability to reach some of the most vulnerable through traditional distribution means. As cases of infected populace increase, more stringent measures may have to be put in place, resulting in the discontinuance and temporary suspension of assistance. An immediate result of food assistance suspensions may be an increase in crime, especially in areas where beneficiaries rely heavily on the assistance.

⁴⁰ IGAD (2019), *IGAD Regional Report on Food Crises*

10. COVID-19 and humanitarian assistance



All government in the East Africa region have implemented measures to contain the quick spread of the epidemic. The public health response is the priority. However, as countries hit by the first and second wave have shown, containing the spread of the virus and treating those infected is just part of the answer. The Coronavirus has disrupted our lives in ways that are deep, complex and intertwined. As indicated by John Nkengasong, director of Africa CDC, a public health body, in the pages of *The Economist*: “the virus could be “A national-security crisis first, an economic crisis second and a health crisis third” if the responses are not calibrated appropriately⁴¹. While we certainly need to focus on “flattening the curve” with unprecedented public health measures, we also need to keep in mind the consequences on the economy, before these two crises are compounded to create massive disruptions to the life of entire societies. Reducing, freezing or cancelling humanitarian programmes can potentially worsen the economic crisis and contribute to a national-security crisis.

Many African economies receive a substantial injection of capital through Official Development Assistance (ODA). According to OECD data, as at end of 2017, ODA represents 6.2% of GDP in East Africa. In South Sudan, ODA inflows in 2017 exceeded 63% of GDP, in Somalia it was 39.3%. The current economic condition in donor countries could impact the amount of ODA delivered to these countries⁴².

In 2019, WFP alone has assisted nearly 24 million people in the East and Central Africa region. The total budget of the operations is close to US dollar 2 billion that fund a variety of humanitarian and development programmes: general food distributions, cash transfers, school meals, nutrition, food assistance for assets, assistance to smallholder farmers, etc. Four million of the beneficiaries are refugees living in camps where in many cases WFP is the only source of food. With a drastic reduction in food aid, the security situation in the camps could easily deteriorate endangering lives and triggering mass movements towards areas with better prospects. For 1.2 million school children in the region, WFP provides what is often the only nutritious meal consumed during the day. With school closed to prevent the spread of the Coronavirus, families need to make up for the missing meal risking further negative coping strategies.



On top of the development assistance contribution, we need to include the multiplier effect of humanitarian spending on local economies. Every dollar injected into the African economies through humanitarian/development programmes becomes a catalyst for other economic activities. For instance, refugees who receive cash transfers used part of the money to purchase food and other items from local shops. The shop owner increases its sales. With the increased income (and business volume), she can hire more staff who also use their salaries to purchase what their families need. WFP and FAO have commissioned several studies in the past years to measure how much more economic activities is triggered by humanitarian programmes. Local Economy Wide Impact Evaluations (LEWIE) studies conducted in the region show that these multiplier effects vary significantly from one implementation

modality to the other and across different regions. There are examples from Ethiopia⁴³, Kenya⁴⁴, Rwanda⁴⁵ and Uganda⁴⁶ related to cash transfers to either refugees or poor and vulnerable households and Home-Grown School Meals (HGSMP) programme.

For example, in the case of cash transfer programmes, we know that multipliers vary from 1.50 to 2.50. This means that if the USD 270 million transferred to beneficiaries by WFP in 2019 were to be cancelled or suspended, between USD 135 and USD 450 million of additional economic activity that mainly benefits local communities would also disappear. These indirect beneficiaries are usually located in the most disadvantaged regions, next to refugee camps and areas with high levels of food insecurity and malnutrition. For HGSMP the multiplier in Kenya is 2.27. This means that each dollar spent by the government in funding the Home-Grown School Meals Programme created an additional 1.27 dollars in the economy. The Government of Kenya spent USD 24.28 million in the last two terms of 2017 and the first term of 2018. This programme created additional income in households located near the schools equivalent to USD 26.94 million plus another USD 3.9 million in other regions of the country. As remarked earlier, multipliers vary depending on the implementation modality (expanded food baskets, accompanying measures like training to farmers, etc.) and the characteristics of the local economy, but we could expect significant indirect impacts in all countries where a home-grown school meals programme is implemented.

⁴¹ The Economist (2020), *Not immune*, 28 March 2020

⁴² African Union (2020), *Impact of the coronavirus (COVID-19) on the African economy*

⁴³ FAO (2016), *The local economy impacts of social cash transfers: A comparative analysis of seven sub-Saharan countries*

⁴⁴ Taylor, J. et. al. (2019), *Local Economy Impacts of Kenya's Home-Grown School Meals Program*

⁴⁵ Taylor, J. et. al. (2016), *Economic impact of refugees*

⁴⁶ Zhu, H. et. al. (2016), *Economic Impact of Refugee Settlements in Uganda*

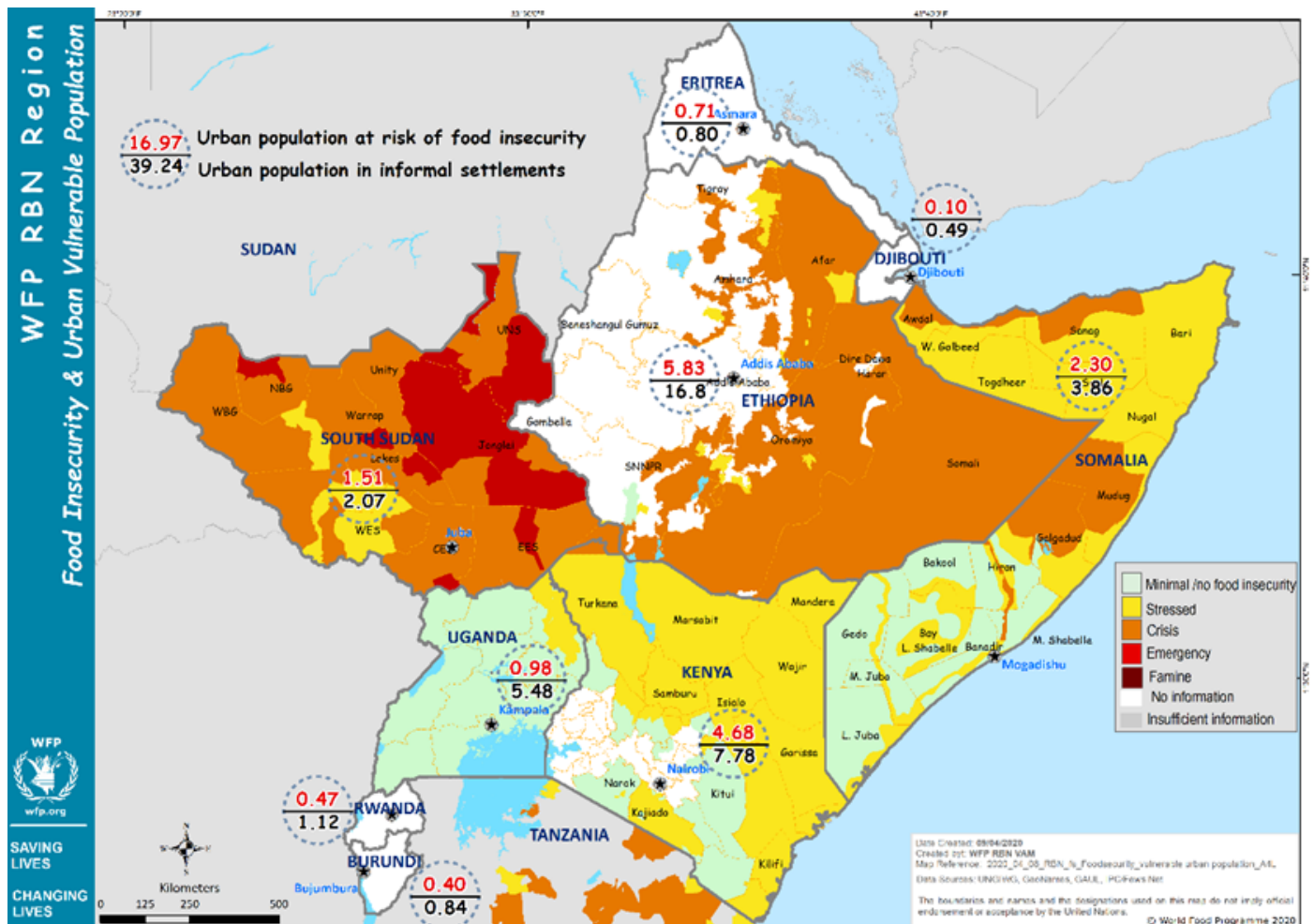


11. Food insecurity - Estimating the most vulnerable

East Africa is already a region with a very serious hunger and malnutrition situation. The COVID-19 pandemic is now affecting the region at a time when the region is already struggling with the impact of multiple shocks including the outbreak of Desert Locust most recently, and at a time when most households are approaching the start of the lean season when food insecurity in the region normally worsens.

While the urban populations are already affected with a significant reduction in economic activities, for households in the rural areas, it is very important to watch how this pandemic affects the farming activities in the approaching main cropping season, and its impact on the livestock sector. The likely magnitude of the spread of the pandemic and its impact in the coming months is not clear yet, though looking at the trends from other regions, it is likely to cause significant deterioration in livelihoods, food security and nutrition of populations in this already fragile region. There are an estimated 20 million people who are food insecure in this region (based on IPC and other estimates, without considering urban areas). Considering the current trends, WFP estimates that the total number of food insecure people will increase to between 34 to 43 million during the next three months. This increase is based on the estimated number of urban food insecure populations and assuming that some proportion of populations currently under IPC Phase 2 may move to Phase 3 due to the ongoing crisis. The situation shall be closely monitored to make periodic updates as appropriate depending on how things develop.

Map 5: Food insecurity and urban vulnerable population



For further information



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