

# **Systemic risk management and recovery pathways:** Lessons from the COVID-19 pandemic in the Southern African Development Community



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## **Authors**

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# Table of Content

List of figures	5
List of boxes	5
Key Messages	6
<b>1. Introduction</b>	<b>8</b>
Guide for the reader	11
<b>2. Methodological approach</b>	<b>12</b>
2.1. Research in Malawi and South Africa	14
2.1.1. Contextualizing the case studies: Malawi and South Africa	14
2.1.2. Impact Webs: Conceptual models for understanding cascading and systemic risks	16
2.1.3. Systemic risk management and recovery pathways	18
2.2. Research at the SADC level	19
<b>3. COVID-19 and systemic risks in Malawi and South Africa</b>	<b>20</b>
3.1. Findings from Malawi	20
3.2. Findings from South Africa	28
<b>4. Systemic risk management and recovery pathways in Malawi and South Africa</b>	<b>36</b>
4.1. Findings from Malawi	38
4.2. Findings from South Africa	46
<b>5. Lessons for risk management and recovery pathways in the SADC</b>	<b>58</b>
References	64
Imprint	70
Acknowledgements	70

## List of figures

<b>Figure 1:</b> Hazards and shocks in the SADC region over the period 2018-2023	10
<b>Figure 2:</b> Methodological approach diagram	13
<b>Figure 3:</b> Illustrative structure and elements of an Impact Web	16
<b>Figure 4:</b> Photographs from the second workshop in Lilongwe, Malawi.	18
<b>Figure 5:</b> Impact Web for Malawi	26
<b>Figure 6:</b> Impact Web for South Africa	32
<b>Figure 7:</b> Risk management and recovery pathways in Malawi	38
<b>Figure 8:</b> Risk management and recovery pathways in South Africa.	46

## List of boxes

<b>Box 1:</b> Disaster risk management in the SADC through the lens of informality: Covid-19 and concurring hazards in context	34
<b>Box 2:</b> Gendered risks and recommendations for risk management through a gender lens	56

# Key Messages

## **Key Message 1:** **Understand the systemic nature of risks:**

The impacts of COVID-19 and concurring hazards and shocks were felt across all sectors and borders in the Southern African Development Community (SADC) region, highlighting the systemic nature of risks. To strengthen resilience, systemic risk assessment approaches are needed that not only consider single hazards or sectors but their interconnections as well. This will strengthen our understanding of how hazards, risks and impacts are linked across systems and borders.

## **Key Message 2:** **Strengthen equality and gender in risk management and recovery policies:**

Hazard and shock events reinforce existing inequalities. The COVID-19 pandemic has been no different and is yet another example of how disaster events exacerbate vulnerability for those already in marginalized situations. This underscores the need to consider differential vulnerabilities and gender-related risks in risk management and recovery.

## **Key Message 3:** **Support the resilience of people dependent on the informal sector:**

The COVID-19 pandemic, concurring hazards and shocks, and the policy responses to them (e.g. lockdowns, school or border closures) have had wide-ranging negative effects on the informal sector. Many people, often those who are economically marginalized, are dependent on the sector for their lives and livelihoods. Policies that tackle drivers of risk and root causes of vulnerability in the informal sector are needed to support the resilience of these people.

## **Key Message 4:** **Protect education from disasters:**

COVID-19 exposed and reinforced existing inequalities in education. The pandemic triggered an increase in school dropouts, notably for the poor and more so for girls than boys. This trend continually re-emerges for other hazard events affecting the SADC region. A systematic evaluation of the capabilities of the education sector to deal with hazard and shock events in the SADC is encouraged to i) develop contingency plans to ensure minimal disruption in access to education during disasters, ii) prioritize recovery in the education sector after disasters and iii) identify and reduce inequalities across the sector.

## **Key Message 5:** **Foster and strengthen cross-border collaboration:**

Disasters do not stop at borders. The COVID-19 pandemic posed substantial challenges to cross-border collaboration within the SADC region, exposing limited synchronization of systems for the cross-border movement of essential commodities and the absence of an agreed-upon positioning on disaster responses. Establishing a regional coordinating body can strengthen cross-border risk management and enhance the cross-border collaboration needed to manage systemic risks.

## **Key Message 6:** **Recover systemically to catalyze positive system change:**

Systemic risks generate setbacks for many sectors and groups. This has been starkly evident throughout the pandemic, and can be seen in the cross-regional impacts of climate-related hazards and the ripple effects of spatially distant economic shocks impacting SADC countries. Recovery plans and efforts from disasters are often organized in siloes (i.e. hazard-by-hazard or sectorally). Besides sectorally “building back better” from disasters, systemic recovery is needed as a catalyst of positive system change.

—→ For further elaboration of the challenges and recommendations put forward in the six key messages, see [Chapter 5](#).



# 1. Introduction

In our highly interconnected world, the effects of climate change, natural hazards and shock events are increasingly felt across sectors, borders and systems (UNDRR and UNU-EHS, 2022; Hagenlocher and others, 2023a; IPCC, 2022).

Concurrent hazards have effects that interact and result in cascading impacts that emerge in complex ways. These impacts disproportionately affect those already in vulnerable situations, widening inequality (World Meteorological Organization, 2023). The drivers and root causes behind what makes people, sectors and systems vulnerable in the first place are often not well understood and documented. In many cases these drivers and root causes are spatially and temporally distant from where the impacts themselves are felt, making them more difficult to manage. The complex ways in which hazards, risks, and their underlying drivers and root causes interact results in negative impacts across society. This undermines progress towards achieving the Sustainable Development Goals and emphasizes the systemic nature of risks (UNU-EHS and UNDRR, 2022).

The COVID-19 pandemic has been an unprecedented shock event and is exemplary of how risks are systemic in nature. Since the first reported case in December 2019, the severe acute respiratory syndrome has spread across the globe through highly interconnected and efficient transport and supply chain networks. In response, governments implemented lockdowns and restrictions in border movements. While the direct health effects of COVID-19 have been of

major concern in health systems, an incalculable number of cascading impacts have been felt across societies. These stem from responses aimed to minimize contagion, with different countries and regions suffering from vastly different consequences depending on underlying societal vulnerabilities and the resilience of their systems (UNDRR and UNU-EHS, 2022; UNU-EHS and UNDRR, 2022).

One region that has been grappling with challenges including widespread poverty, inequality and development difficulties is the **Southern African Development Community (SADC)**. While the 16 member states that make up the SADC are highly diverse in culture, economies, demography and geography, the region has a shared vision to eradicate poverty, improve socioeconomic well-being and standards of living and develop in a sustainable and equitable way (SADC, 2020). The COVID-19 pandemic has caused major setbacks in realizing this vision. While grappling with the socioeconomic and health impacts of the pandemic, the effects of climate-related and natural hazards and other internal and external shocks have not stopped (see [Figure 1](#)). Given the interconnected nature of these challenges, there is a need to draw on lessons from the pandemic and other recent hazard events to enhance risk management practices and recovery efforts.



The people of Mozambique continue to pay the high price of climate change as Cyclone Freddy battered central Mozambique on Sunday, in March 2023, breaking records for the duration and strength of tropical storms in the southern hemisphere. © UNICEF / Zuniga

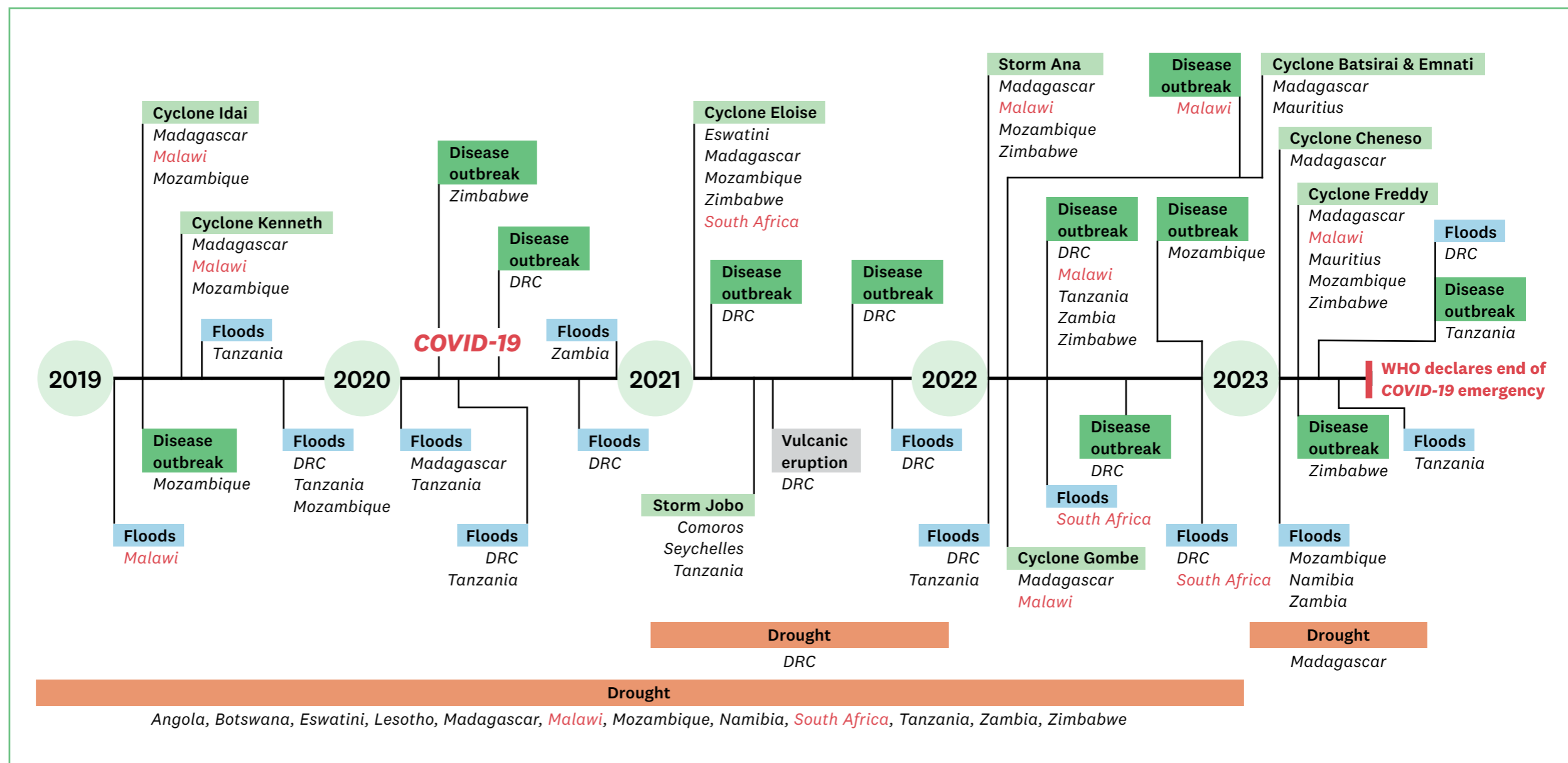


In order for the SADC region to be better prepared for future hazards and shocks and their possible cascading and systemic effects, the **research presented in this report aims to:**

- 1) Understand and characterize cascading and systemic risks and impacts from COVID-19 and concurrent hazards and shocks;
- 2) Co-create systemic risk management and recovery pathways to strengthen disaster resilience;
- 3) Identify recommendations for disaster risk management and systemic recovery for the SADC region.

The **Republics of Malawi and South Africa served as case studies** to document country-level examples of how the pandemic exacerbated risks in specific contexts and ways to identify recommendations for risk management and sustainable recovery for all. Findings from both countries yield **lessons for the wider SADC region**.

These were validated by SADC member states during a dedicated validation workshop in October 2023. Based on a request from the SADC Disaster Risk Reduction (DRR) unit, specific focus was placed on **informality, gender, transboundary cooperation and recovery as cross-cutting topics** throughout this research. More information about the project is provided in the acknowledgement.



**Figure 1:** Hazards and shocks in the SADC region over the period 2019-2023, based on information retrieved from the ReliefWeb database (Source: Authors).

## Guide for the reader

This report is structured in six chapters. Following the introduction in [Chapter 1](#), [Chapter 2](#) presents the methodological approach used for systemic risk assessment, systemic risk management and recovery pathways in Malawi and South Africa and information on regional research at the SADC level.

[Chapter 3](#) presents the findings of the systemic risk assessment in Malawi and South Africa. These

include conceptual systemic risk models called Impact Webs and associated narrative storylines. [Chapter 4](#) presents systemic risk management and recovery pathways co-developed for Malawi and South Africa, and includes recommendations for strengthening disaster resilience. In [Chapter 5](#), we synthesize outcomes from the research and look at key lessons for systemic risk management and recovery in the wider SADC region.

# 2. Methodological approach

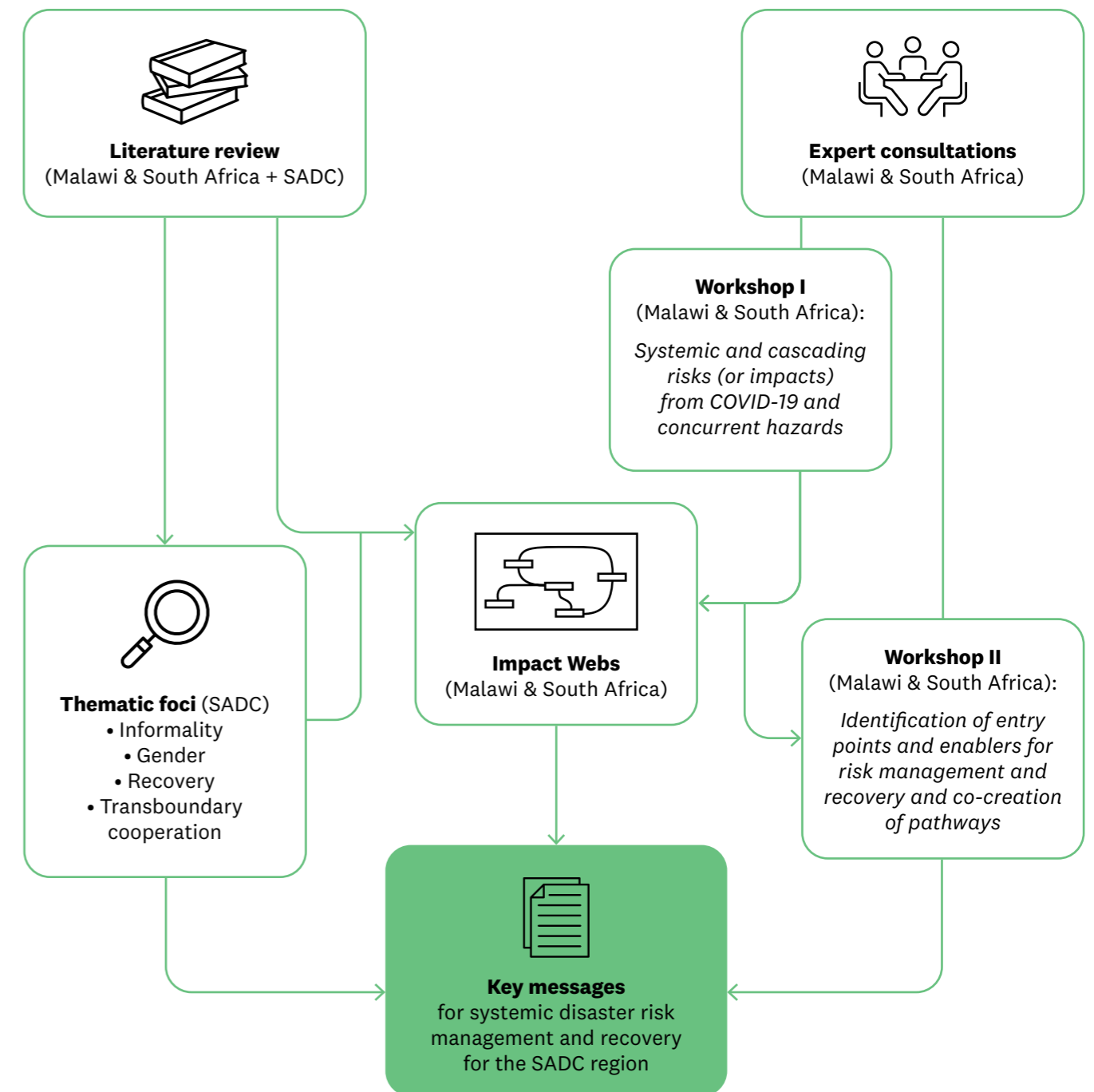
A multi-scale, multi-method approach was applied to achieve the study's three objectives.

Data and knowledge sources include a systematic and non-systematic **review of literature, expert consultations and stakeholder workshops** (two in Malawi and two in South Africa). Malawi and South Africa were selected as case-study countries because of their contrasting pre-pandemic economic status and performance as well as vastly different health experiences with COVID-19 (see [Chapter 2.1.1](#)). These factors allowed for a wider spectrum in characterizing cascading and systemic risks within the SADC. The first workshop in each country documented direct, cascading and systemic risks and impacts from COVID-19 and concurrent hazards as well as their underlying risk drivers. Together with the literature review, this formed the basis for the co-creation of '**Impact Webs**', a **conceptual model of systemic risks**, (see [Chapter 2.1.2](#)) (Sparkes and others, 2023) for each of the two countries. The second workshop was used to validate draft conceptual risk models with relevant stakeholders and identify entry

points for **risk management and recovery pathways**, including enablers and barriers for implementing them (see [Chapter 2.1.3](#)).

Overall, **103 stakeholders participated** in four workshops. Their expertise ranged from disaster risk reduction, public health, climate change and gender to development and economics. Stakeholders represented governments, civil society, community organizations, academia, non-governmental organizations (NGOs), local districts, women's groups and UN agencies.

**Research at the SADC regional level** included a desk study with thematic foci on informality, gender and differential vulnerability, and transboundary cooperation and disaster recovery (see [Chapter 2.2](#)). Findings from the case studies of Malawi and South Africa were synthesized with research at the regional level to identify lessons for systemic risk management and recovery for the SADC region. Figure 2 illustrates the overall workflow and methodological approach.



**Figure 2:** Methodological approach diagram, including how the two case studies informed the key messages for systemic disaster risk management and recovery for the SADC region (Source: Authors).

## 2.1. Research in Malawi and South Africa

### 2.1.1. Contextualizing the case studies: Malawi and South Africa

**Malawi** is a landlocked country lying on the southern part of Africa, bordering Tanzania to the north, Mozambique to the east and south, and Zambia to the west. Malawi has a predominantly rural population, with its 2023 population estimated at 20 million, and an area of 118,500 km<sup>2</sup>. The country has an agro-based economy, relying on rain-fed agriculture, with a GDP of \$13.18 billion<sup>1</sup>. Floods, tropical cyclones, food insecurity, storms, strong winds, animal pests and diseases, and human disease outbreaks are the major hazards the country is exposed to (Government of Malawi, 2023). Over the past two decades, the country has witnessed a trend towards more frequent and severe hazards leading to disasters, with increasing cases of emerging risks such as tropical cyclones and human disease outbreaks. Between 2015 and 2023, the country faced six major hazard events, including floods, tropical cyclones, COVID-19, drought and pest infestations. Each led to a declaration of a state of disaster. Climate change, rapid population growth, unplanned urbanization and poverty are some of the major factors contributing to disasters.

Compared to other countries within the region, Malawi's COVID-19 infection and mortality rates have been moderate. As of 31 October 2023, Malawi has registered 2,686 deaths (14 per 100,000) and 88,986 confirmed cases (2,686 per 100,000) of COVID-19<sup>2</sup>. Malawi registered its first COVID-19 case on 3 April 2020 but was effectively in a state of disaster two weeks before that on 20 March. A ban on public gatherings of more than 100 people was put into effect. Schools

were closed on 23 March 2020. On 14 April, the first 21-day lockdown was announced, which was successfully challenged in court. A second state of disaster was declared in January 2021 following the third wave of COVID-19. This led to the second round of containment measures, announced in January 2021, that culminated in school closures, a night-time curfew and restrictions on public gatherings. The lockdown measures were mostly enforced in urban areas. The country experienced four major waves of transmission: The first wave began in April 2020; second wave from December 2020; third from June 2021 and fourth from November 2021.

Located at the southernmost tip of the African continent, South Africa faces many challenges as a result of co-occurring risks, mostly associated with changing climatic conditions and inequality in development. Over the past five years, the most recurrent notable hazards have been floods, drought, storms, wildfires and disease outbreaks, especially COVID-19 and cholera<sup>3</sup>. Heat events, especially heatwaves and heat spells are also becoming a serious threat to the South African population. Self-reported perceptions and scientific evidence show that hazards have been increasing in intensity and frequency (Engelbrecht & Vogel, 2021).

Extreme weather events and hazards frequently affect vulnerable, socioeconomically disadvantaged members of society who are largely unemployed and living in townships and informal settlements. South Africa has high inequalities, low education attainments for

women and girls, a significant rural-urban divide and high youth unemployment. The COVID-19 pandemic, even while affecting every South African, disproportionately affected children, women, girls, people living in informal low-settlements, people living in rural areas, the elderly, people living with disabilities and low income-earning persons. South Africa recorded the highest numbers of COVID-19-related deaths and infections on the African continent. As of 31 October 2023, South Africa has registered 102,595 deaths (173 per 100,000) and 4,072 million COVID-19-confirmed cases (6,867 per 100,000)<sup>4</sup>. The country implemented national lockdown measures from 26 March 2020 until 22 June 2022 when the national state of disaster was officially ended.

At the beginning of the pandemic, lockdown measures were strictly enforced. Later, as vaccines became available a graduated approach was implemented whereby lockdown levels were introduced with clear activities that were allowed or disallowed at each level. South Africa introduced COVID-19 vaccines in February 2021. Twenty-one million people (35 per cent of the population) were fully vaccinated by October 2023 according to WHO<sup>4</sup>. COVID-19 has resulted in low levels of growth in the South African economy and recovery efforts have not yielded desired results.

1. [www.imf.org/external/datamapper/profile/MWI](http://www.imf.org/external/datamapper/profile/MWI)  
2. <https://covid19.who.int/region/afro/country/mw>  
3. <https://climateknowledgeportal.worldbank.org/country/south-africa/vulnerability>  
4. <https://covid19.who.int/region/afro/country/za>



Residents of the Praia Nova neighbourhood in Beira, Mozambique, seek shelter and protection from Tropical Cyclone Eloise.  
© UNICEF / Franco



## 2.1.2. Impact Webs: Conceptual models for understanding cascading and systemic risks

Understanding the systemic nature of risks requires a systems approach. Here, we have applied a novel approach developed by UNU-EHS called Impact Webs (Sparkes and others, 2023). Impact Webs are a conceptual and analytical tool designed to characterize and assess risks in complex systems. As **system-oriented risk models**, they consider the following elements: (i) **scale** (from global to local); (ii) **hazards, threats** and/or **shocks** (including environmental, climate-related, man-made, etc.) affecting the system; (iii) negative or positive **impacts** resulting from these shocks; (iv) **interventions and responses** (e.g. risk management measures) put in place to respond to and manage risks and impacts, as well as **response risks** and impacts that arise from them; (v) **risks that did not manifest**, i.e. potential consequences that shaped the decision process in the system but which ultimately did not manifest as impacts (either because successfully averted through interventions or because of unrelated changing conditions); (vi) **drivers of risk**, i.e. main factors and their interactions contributing to the emergence of risks and impacts; (vii) **root causes**, which highlight pre-existing, often structural, factors that challenge the system and influence underlying risk drivers.

Impact Webs build on and complement the Impact Chain approach for climate risk assessment (Hagenlocher and others, 2018; Zebisch and others, 2021; Zebisch and others, 2023). This method is designed to achieve an in-depth understanding of specific risks, usually at the sectoral level. It does so by adopting a systems lens to identify, characterize and map interconnections between model elements across different systems and at various scales, and captures the complexity of risk interaction better than climate impact chains. See Figure 3 for the simplified structure and elements of an Impact Web for illustration purposes.

In a first round of workshops (June and July 2023), Impact Webs were co-developed for Malawi and

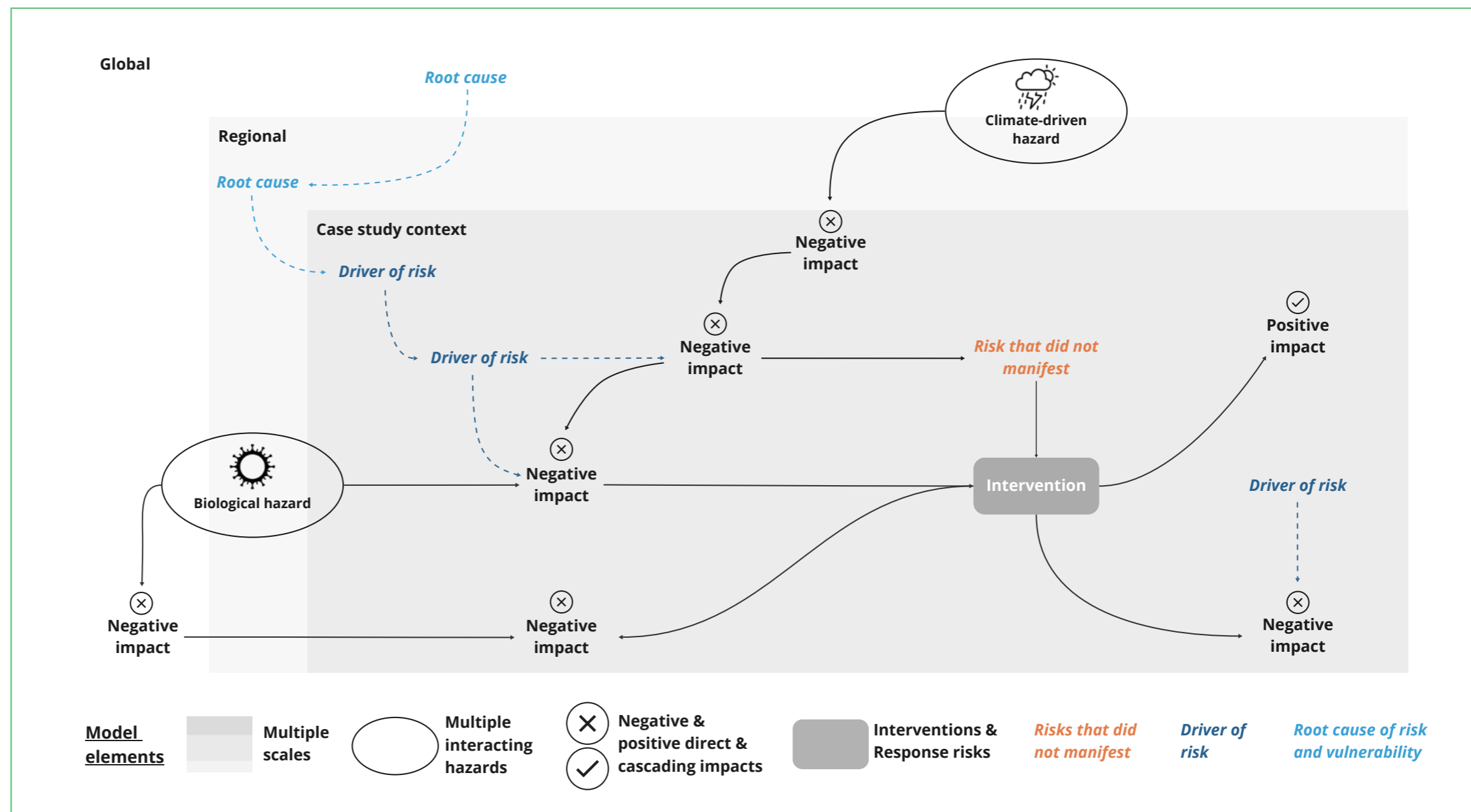


Figure 3: Illustrative structure and elements of an Impact Web (Source: Authors).

South Africa. Participants worked in thematic breakout groups to highlight the most relevant risks and impacts the country had experienced during and after the COVID-19 crisis. They were asked to consider not just COVID-19 but other significant hazards, threats and shocks as well as drivers of risks and root causes. In a second round of workshops (August 2023) stakeholders validated the Impact Webs, including their elements and logic. See Chapter 3 for the Impact Webs developed in this project, including the narrative storylines detailing COVID-19 and multiple disaster risks in Malawi and South Africa.

### 2.1.3. Systemic risk management and recovery pathways

A **pathways approach** was used to identify lessons and recommendations for risk management and recovery for the two pilot countries based on the conceptual risk models (Impact Webs) introduced above. The practice of pathways, examples of which include adaptation pathways, transition pathways or climate-resilient development pathways, are a planning approach that can account for future uncertainties in dynamic settings through the progressive implementation of collectively identified actions (Werners and others, 2021). They incorporate flexibility and multiple perspectives into decision-making, and are considered a useful tool to stimulate longer-term, more aspirational thinking (Sparkes & Werners, 2023). Combined with output from the first workshop (Impact Webs), this made the approach a promising tool for thinking in a more interconnected way about risk management and recovery actions. Because of this, a pathways approach was integrated into the second stakeholder workshop in Malawi and South Africa.

After validating the elements and logic of the Impact Webs in a second round of workshops (August 2023), systemic risk management and recovery pathways were co-developed with stakeholders following three steps: i) identifying **entry points** for risk management and recovery pathways in the Impact Web; ii) looking at potential **co-benefits** and **trade-offs** of those pathways for other elements in the Impact Web (i.e. potential positive and negative cascading effects); iii) discussing **barriers and enablers** to implementing actions in the pathways. Stakeholders were asked to think about pathways towards a long-term goal of high resilience to and low risk from future hazard and disaster events. See [Chapter 4](#) for the systemic risk management and recovery pathways.



**Figure 4:** Photographs from the second workshop in Lilongwe, Malawi. Participants are validating the Impact Web and using their conceptual risk models to co-develop systemic risk management and recovery pathways (4 August 2023).

## 2.2. Research at the SADC level

Complementing the Malawi and South Africa case studies was an investigation of the cross-cutting thematic foci of gender, informality, transboundary cooperation and recovery. An extensive **review of available scientific and grey literature** was carried out, covering all SADC member countries. The themes of **gender** and **informality** were addressed through a semi-systematic literature review of peer-reviewed articles, including relevant reports. Our focus on informality was driven by its widespread prevalence in the SADC region, shaping the region's economic dynamics and directly affecting community livelihoods. Gender was chosen as a thematic lens to strengthen SADC member states' efforts to combat persisting gender inequalities. Women's empowerment is also important for regional development.

As a first step, a list of the titles of papers and their abstracts for each theme was retrieved from the SCOPUS database. This was screened by two researchers to confirm that studies were relevant (information on gender and informality related to COVID-19). Secondly, selected papers (n = 31 for gender and 28 for informality) were collected and coded. The material analyzed included country-specific studies (e.g. case studies at national or local level) and regional overviews. The information was synthesized to produce an overview of challenges and entry points for actions in the SADC region (see [Box 1](#) and [Box 2](#)).

For the **analysis of recovery efforts in the SADC region**, we reviewed available policy plans for each member state and, in the absence thereof, UN-supported preparatory studies designed to inform policy strategy. In all, 20 reports were reviewed to understand recovery efforts (implemented or planned) by member states. A particular focus was to evaluate if, and if so, how these plans and strategies consider multiple hazards, cascading and systemic effects, gender, informality and transboundary cooperation.



# 3. COVID-19 and systemic risks in Malawi and South Africa

Chapter 3 presents the Impact Webs (see [Figure 5](#) and [Figure 6](#)) and in-depth narratives of the effects of the pandemic and concurrent hazards. The outcomes of this chapter are informed by the first round of workshops (see [Chapter 2.1.2](#)) and desk study.

## 3.1. Findings from Malawi

While caseload and mortality rate were low compared to other countries (Sparkes & Werners, 2023), the effects of COVID-19 have been substantial for the Republic of Malawi. Most impacts result from containment measures put in place to manage the spread of the virus rather than the direct effects of the virus itself in the health system. At the time COVID-19 hit, the country was still recovering from one of the worst disaster events in two decades, triggered by Tropical Cyclones Idai and Kenneth that hit Malawi and neighbouring Mozambique and Zimbabwe in 2019.

Malawi's **initial proactive approach to control the spread of the virus**, though not entirely successful, likely played a great part in containing the spread of the virus. Local response was coordinated through the humanitarian cluster system, which

was activated before the first cases were registered (Boban and others, 2021). Additional humanitarian clusters beyond the recognized international framework were established, including on labour, social protection, security and the economy (Government of Malawi, 2021). While the country registered its first COVID-19 cases on 3 April 2020, a Special Cabinet Committee on COVID-19 was already established on 7 March 2020. Malawi's president declared a state of disaster on 20 March 2020 and the country's first COVID-19 preparedness and response plan was operational by late March 2020. Despite economic challenges, the government was able to swiftly release funding for a COVID-19 response: MK 5.0 billion (\$6.8 million) was released in April 2020, MK 6.2 billion (\$8.4 million) in August 2020 and MK 17.2 billion (\$22.3 million) in January 2021.



A general view of a flood which affected Chimwankhunda in Blantyre, Malawi in March 2023, following heavy rains caused by Cyclone Freddy.  
© AFP / Amos Gumulira



Many sectors were directly and indirectly affected by the COVID-19 pandemic through cascading impacts. Already challenged due to a lack of finance, critical sectors had been chronically neglected in Malawi and were already underperforming prior to the onset of COVID-19, which exacerbated these issues. In the health sector, there was neglect of other diseases such as cholera, malaria and HIV/AIDS due to COVID-19 (Government of Malawi, 2021). Medical supplies (including oxygen and Personal Protective Equipment [PPEs]) were inadequate. Conditions for the health staff were also challenging: There was increased exposure to the virus for health workers (Government of Malawi, 2021). Hospitals were understaffed, creating a heavy workload for health workers. Due to the lack of sufficient facilities, makeshift structures were used to accommodate those who were found positive for the virus and required hospitalization.

In the **education sector**, schools were closed for a total of 26 weeks, closing on 23 March 2020, with a phased reopening between September and October 2020, and another five-week closure from January 2021. The government introduced online and radio classes for remote learning but these mostly benefited children from better-off families with access to equipment (Chiwaula and others, 2021). School closures led to high numbers of adolescent girls dropping out of school, with increasing cases of early marriages and early pregnancies (Kidman and others, 2022). A longitudinal study by Kidman and colleagues (2022) shows that 14 per cent of learners who were in school in the period 2017–2018 did not return after schools reopened. While not attributed entirely to COVID-19, dropouts were more pronounced among older adolescents (only 78 per cent returned), with only 69 per cent of girls aged 17–19 returning to school compared to 85 per cent of boys in the same age group (Ibid.). Cases of early pregnancy were aggravated by either the absence of sexual and reproductive health and right services or fear of going to health centres due to COVID-19.

A number of **industries** closed and people lost jobs. A World Bank study estimates 15 per cent of people employed before COVID-19 lost their jobs by early 2021 (Contreras-Gonzalez and others, 2022). The tourism sector was affected, contributing to scarcity and a shortage of foreign exchange currency in the country. This affected the supply of fuel and other essential imports (Government of Malawi, 2021). It emerged in the first workshop that high levels of retrenchment and lack of employment sparked a rise in criminal activities such as robberies and other negative coping measures such as prostitution and charcoal-selling. On the positive side, there was a boom in business in some informal sectors, especially for those selling PPEs and medical supplies in high demand.

Both **formal and informal trade** were affected. Overall impacts were worse on informal traders and the most vulnerable. For instance, Malawi's informal traders depend on products from SADC neighbours like Zambia and Tanzania for key goods. The cascading economic effects of lockdown affected income for traders and availability of goods on the market (Zalengera and others, 2021). These effects created a loss of tax revenue for the government and job losses, and increased household poverty levels (Government of Malawi, 2021).

A distinct rural-urban divide was noted in the country. This includes difference in access to technology for schools and other sectors. COVID-19 cases were more pronounced in urban areas and the effects of containment measures and interventions were mostly felt in urban areas, particularly in Malawi's four cities of Blantyre, Zomba, Lilongwe and Mzuzu (Boban and others, 2021). Rural areas most affected were those with large numbers of migrant workers returning from South Africa where they had gone to seek employment. In these areas, mechanisms to track those who tested positive were ineffective, leading to further spread of the virus, notably in border towns (Divala, 2021). Furthermore, the

large number of returnee workers meant that remittances were reduced, affecting livelihoods across the country (Boban and others, 2021).

While there was a scaledown in production due to the disrupted global, regional and local supply chain for pesticides/insecticides and fertilizers, **agricultural production** was not severely impacted because of good seasonal growing conditions. However, the economic effects of the pandemic on income and livelihoods exacerbated household and national **food insecurity** (Dzimhiri and others, 2022). Most farm harvests were wasted as markets could not be accessed either nationally or internationally (Chadza and others, 2020).

COVID-19 has also interacted directly and indirectly with **other hazards** such as floods and dry spells to produce cascading risks and impacts. The Integrated Phase Classification (IPC) food security assessment report for 2020–2021 cites COVID-19, floods and dry spells as the drivers of the food insecurity the country faced (Integrated Food Security Phase Classification, 2021). For the period November–December 2020, 2.55 million Malawians faced high acute food insecurity (IPC Phase 3 and above), which rose to 2.64 million for the period January–March 2021. For November–December 2021, 1.4 million faced food insecurity, which increased to 1.65 million for the period January to March 2022. COVID-19 mainly contributed to food insecurity through its impacts on livelihood sources (job losses and reduced remittances), affecting access to food. The interaction with other health and non-health risks and emergencies can also be seen in the case of cholera outbreaks, floods and tropical cyclones.

Overall, economic and social vulnerability worsened. The government lost revenue, companies closed and people lost jobs and businesses. COVID-19 meant that the government had to spend more outside the approved budget as the government was losing revenue from imports and exports – local authorities had few people still operating businesses in markets to

collect revenue from. **Loss of revenue for the government** meant that it had to borrow more, which led to inflation (Government of Malawi, 2021; Nayupe and others, 2022), worsening poverty, increasing negative coping mechanisms such as commercial sex and a rise in crime and the number of street children and beggars.

Cases of gender-based violence rose during the pandemic, especially intimate partner-violence, with women and girls the main victims (Ahmed and others, 2021). Further health risks and work burden were noted among predominantly female health workers. Restrictions on trading and other livelihood activities tended to affect those in which women are usually the major actors. These include informal cross-border trading where women are estimated to make up 80 per cent of informal cross-border traders (Dzawanda and others, 2022; Nelson & Francis, 2019). With men losing employment, women were forced to become breadwinners and had to find alternative means of taking care of their families. In many cases, this led to the adoption of negative coping mechanisms (Mudege and others, 2022).

Despite setting up the presidential task force to manage the pandemic, **lack of political will** to deal with the pandemic in an objective and comprehensive manner was noted. For Malawi, the peak of the COVID-19 infection coincided with general elections. The then political opposition challenged the government, claiming there was no COVID-19 in the country and that the government was using it as a pretext to prevent them from holding campaign rallies. Politicians disregarded the containment guidelines and conducted political rallies across the country with masses of people. This led to an upsurge in new cases. As a result, several high-profile politicians were affected by COVID-19, both in terms of infections and deaths. The political opposition's narrative that there was no COVID-19 in Malawi led to a rise in conspiracy theories.



A teacher for Chanunkha Primary School, Allan Wanasi shows classrooms damaged by heavy rains caused by Tropical Cyclone Freddy at Chanunkha Primary School in southern Malawi in March 2023.  
© UNICEF / Chikondi



Various groups such as health workers and teachers **protested** against the government, demanding risk allowances or support to cushion the effects of COVID-19. Protests were also organised by illegal enterprises such as commercial sex workers (Dzimbiri and others, 2022). When the initial lockdown was announced in April 2020, informal traders in Malawi's major cities rioted, demanding reversal of lockdown or implementation of social protection measures.

**Public awareness campaigns** were not comprehensive and limited to traditional communication, mainly through radio and television. While much of the **disinformation** was circulated through social media, there were no deliberative and targeted strategies by authorities to combat this, for instance, by reaching out to the public with appropriate information media packages.

The country witnessed **vaccine hesitancy** in various forms (Ao and others, 2022), leading to the expiry of some vaccines that ended up being destroyed. Besides challenges in accessing vaccines, lack of trust in the global and national health management system, cultural beliefs, religion and myths affected vaccine uptake and overall management of the pandemic. Vaccine hesitancy was noted among both the educated and illiterate across the country. On the other hand, demand for vaccines at the peak of infection was more than the supply and most people who wanted to get vaccinated were denied.

On the policy front, the COVID-19 pandemic revealed weak and **uncoordinated legal frameworks** to support comprehensive risk management, particularly for health emergencies.

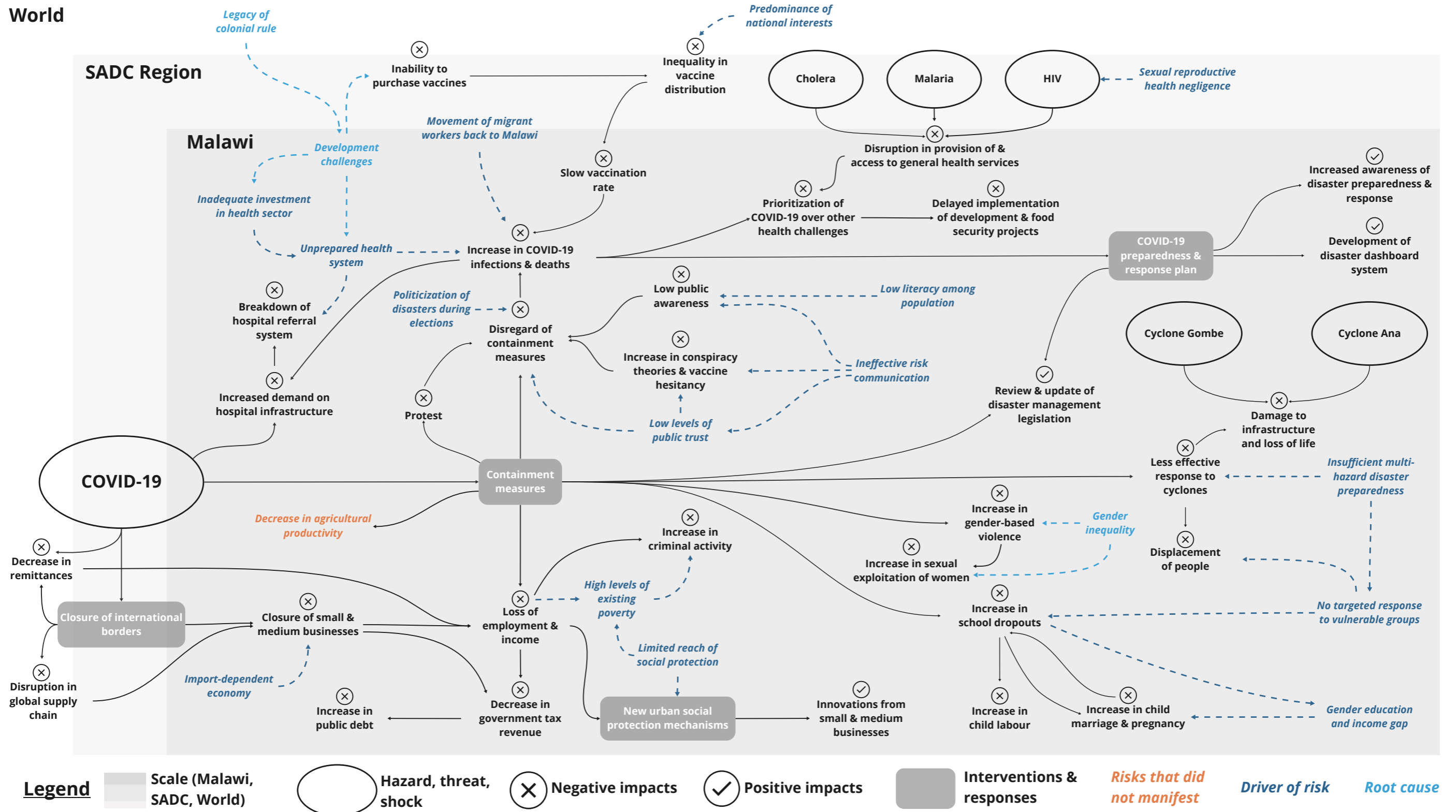
On a number of occasions, enforcement of the country's legal framework for health emergency management faced public demonstrations and was challenged in court. When the first lockdown was announced in April 2020, human rights groups obtained a court injunction claiming the measure was not well planned and would lead to the population suffering and collapse of businesses. One issue pointed out by the court in its subsequent ruling on the matter was that the existing Public Health Act had no provision for lockdowns. Another court injunction was obtained by musicians in December 2020 against a restriction on public gatherings of 100 or more people.

While the pandemic helped strengthen the national and subnational disaster risk management system, particularly by increasing financing and reinforcing coordination structures, it has also created challenges for **humanitarian response** to other disasters. During the pandemic, provision of humanitarian aid was a challenge and the lack of temporary (and no access to existing) shelter for households displaced by other disasters affected response efforts. The majority of development projects could not be implemented for several months as travel and field work was not allowed.

A **positive outcome** of the pandemic was the **strengthening of relationships among neighbouring countries** in the region through the sharing of experiences and mutual learning. Malawi also piloted its first **urban social protection mechanism** during the COVID-19 pandemic (Boban and others, 2021), where some of the urban poor received a once-off cash transfer to cushion the effects of the pandemic (see [Pathway 6](#) in [Chapter 4.1](#)).



World



**Figure 5:** Impact Web for Malawi showing the systemic nature of risks and impacts linked to COVID-19, concurring hazards, and policy responses to them (Source: Authors)



## 3.2. Findings from South Africa

South Africa experienced the highest number of COVID-19 infections and deaths on the African continent<sup>5</sup>. While many impacts were a result of infection by the virus, others arose from responses to the pandemic. South Africa was among the first African countries to develop COVID-19 response measures, including measures to contain spread of the virus. These measures included isolation, quarantine of infected persons, handwashing, testing and tracing, massive education and awareness-raising campaigns as well as lockdowns, travel restrictions and ban of public gatherings. Restrictive measures especially impacted the South African population, with all measures having direct, indirect, short-term and long-term effects. With this background, the key findings identified in the first workshop and desk study, as synthesized in Figure 6, are as follows:

COVID-19 pandemic **impacted all sectors** of South Africa. The **health sector** was directly and negatively affected through infections and deaths of health care workers, which reduced the country's health workforce. COVID-19 infections among health care workers resulted in staff being unable to deliver required and sufficient services to ill patients. The reduced number of remaining health care workers had to work under pressure and longer hours, leading to burnout, stress and depression. Thus, COVID-19 caused serious **mental health challenges** to South Africa's health care workforce (Moyo and others, 2023).

Mental health challenges were not restricted to health care workers but also affected the general population who lost family and friends, and cared for those who were sick (Nguse & Wassenaar, 2021). As identified in the first workshop, additional negative impacts emerging from effects in the health sector include **increased**

**corruption** associated with the procurement of personal protective equipment and **loss of trust in government**, which led to **vaccine hesitancy** and the proliferation of misinformation. Many vaccines that were purchased by the government expired before use because of vaccine hesitancy. The indirect and long-term implications of this is that other health programmes, including programmes for immunization may also be affected in the future by vaccine hesitancy unless a clear communication plan is crafted to deal with this. Other negative impacts arose from repurposing the health budget to deal with COVID-19. This reduced investments on epidemics such as cholera, listeriosis and HIV, which continue to be among the highest causes of deaths in the country.

A direct **positive impact** is that **health research**, especially on variants of the virus, gained funding and attention. South African scientists discovered a number of COVID-19 variants (BBC News, 2021). In addition, investments in laboratory capabilities increased. Laboratory capabilities were essential in handling the many tests conducted in facilities and communities. Discussed in the workshop, with the advent of vaccine development, South Africa managed to negotiate the transfer of vaccine production capabilities from international firms and to start **production of the vaccine in-country**. South Africa now has in-country capabilities to manufacture new vaccines, which is useful for combating other health hazards in the country. For the first time, health data informed decision-making as there was unprecedented **collaboration between policymakers and scientists**. Other direct, positive outcomes emerging in the health sector include firms manufacturing health products such as personal protective equipment, cleaning detergents, health consumables and equipment, and realizing

substantial profits because of increased demand due to COVID-19. Universities created innovations for infection controls, including face shields and temperature-monitoring devices. In addition, awareness campaigns raised health and wellness literacy in many communities. South Africa also created an electronic health register to record all persons in relation to COVID-19. Participants in the workshop highlighted that the COVID-19 electronic register can be leveraged for the creation of an electronic health record for all persons in the future.

The pandemic affected many sectors beyond the health sector. These included education, tourism, water, transport, energy and agriculture, among others. Government revenue from taxes reduced drastically because businesses stopped or reduced their operations, **worsening the public economy** (Statistics South Africa, 2022). This made it impossible for the government to maintain infrastructure and deliver essential services. For example, refuse collection and provision of portable water to communities was greatly affected, many of which already experienced **WaSh Challenges** prior to the pandemic, notably in informal settlements (Abrams and others, 2021).

In **education**, the divide between children from rich families and poor families increased. For example, while children of the rich continued attending online classes, children from disadvantaged families completely stopped schooling because their families could not afford the essential infrastructure for learning online (Woldegiorgis, 2022). In addition, children from poor families who depend on the school feeding programme lacked food, causing malnutrition and stunted growth, as was pointed out in the workshop.

The **tourism sector** was also adversely affected by lockdown measures and travel restrictions. Many tourism establishments closed, reducing **household income** for employees in the sector as well as reducing revenue from taxes levied by the government from the sector. The **transport and agriculture sectors** were also affected by travel restrictions and lockdowns. Many employees from these sectors were retrenched, while the government was forced to subsidize these sectors so that they could be sustained.

Overall, the availability of the vaccine resulted in resumption of economic activities. Highlighted by workshop participants, **informal sector activities in the country increased**. As soon as lockdown restrictions ended, many people started looking for employment and other opportunities to generate income. Despite government support to businesses during lockdown and as a recovery strategy, many companies and **small- and medium-sized businesses closed operations** and retrenched staff because they could not maintain operations at optimal levels. Most people who lost formal employment went into the informal sector. Most of these people started small-scale businesses.

Socially, COVID-19 travel restrictions and lockdowns divided families and friends who could not visit each other. Furthermore, as many people died from the pandemic, the rituals for burials were abandoned or ignored. In the workshop participants stressed that this caused serious cultural erosion as well as **conflict between government officials and communities** who wanted their customs respected and continued. Attendance at churches was banned, with subsequent increased isolation of many families who find church activities therapeutic in their lives. A new norm of online church sessions proliferated across the country.

5. <https://covid19.who.int/region/afro/country/za>





The South African wine industry was hit hard by bans on alcohol sales during COVID-19 lockdowns, resulting in many producers going out of business.  
© AFP / Rodger Bosch

COVID-19 also reinforced social norms, especially **entrenching gender roles and gender inequalities** in the country. Women and girls continued to be marginalized and exploited. Many women took additional care responsibilities in household settings (Chitiga and others, 2022). Many women lost their formal jobs and became more dependent on their male counterparts. Cases of intimate-partner violence and **gender-based violence** also increased throughout the country (Dekel & Abrahams, 2021; Beebeejaun and others, 2022). Teenage and unplanned pregnancies increased and unplanned pregnancies caused severe strain on affected women and girls. Overall, there was a lack of gender-sensitive interventions and gender-responsive support and care. Many families became dependent on government grants, that is, government social support schemes established to cushion families who had lost income and the ability to take care of themselves (Mavhandu-Mudzusi, 2021). The number of people living in poverty increased, especially as inflation and food prices increased. **Xenophobia** against migrants and foreigners in general increased.

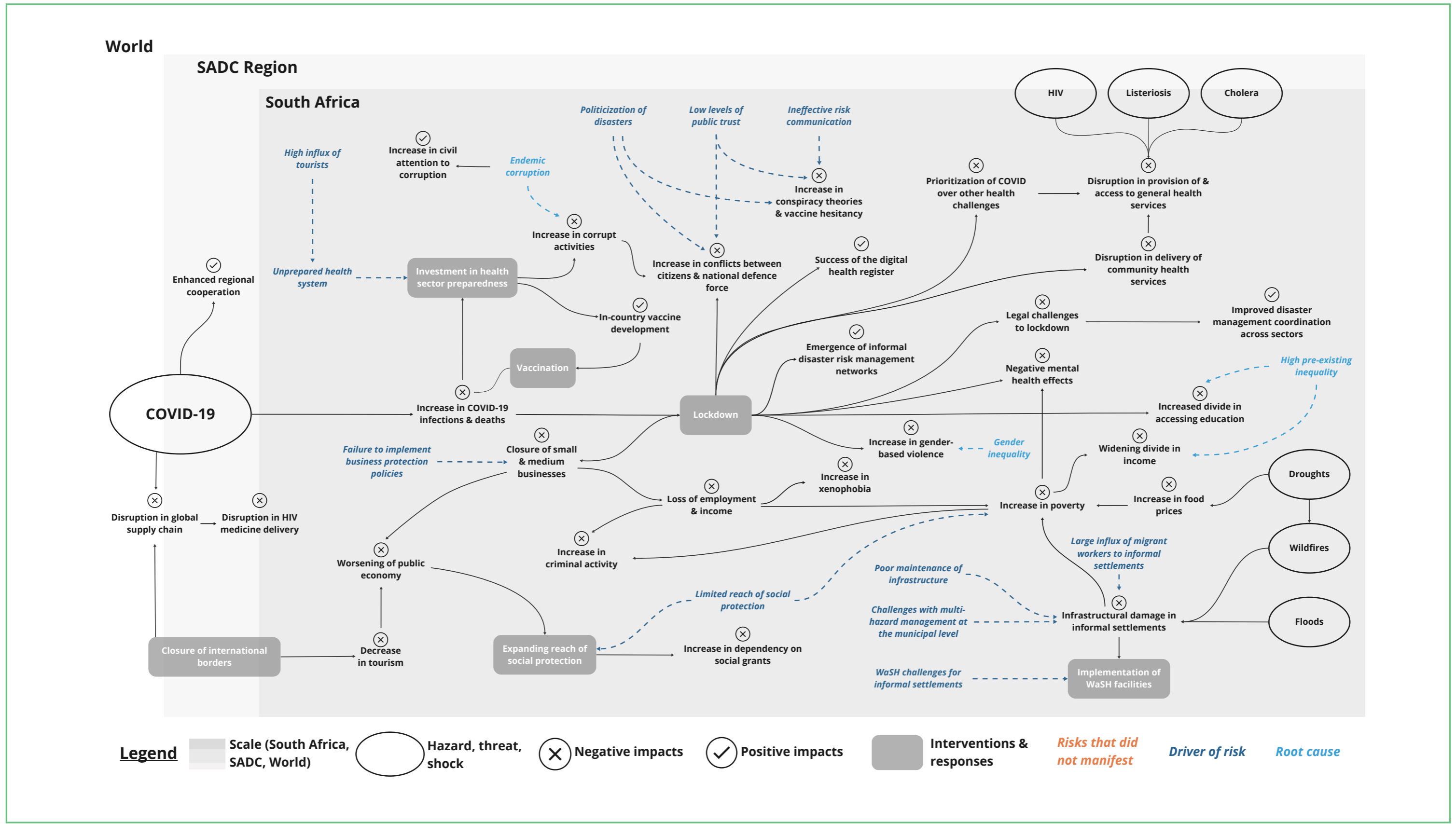
In terms of **risk management**, four key points emerged from the workshop. First, to curtail movement and enforce curfews, the **government deployed the army and police** in areas that were considered epicentres of the pandemic. Law-enforcement agents, including police and military personnel, had some conflicts with community members, which resulted in deaths and injuries. Community trust in these law-enforcement agents eroded. Litigation on human rights violations against law-enforcement agents occurred, resulting in courts apportioning damages against the government.

Second, as stated before, expedited procurement processes resulted in some government officials abusing the procurement processes for personal benefit and self-enrichment. Forms of corruption include manipulating tender processes and awarding tenders to politically connected individuals who oftentimes failed to deliver the required results. Further issues of concern include how much the government had paid for vaccines and the nature of the contracts the government signed with pharmaceutical companies. Civil society organizations have gained in prominence by increasing civic awareness of corrupt activities.

Third, the governance of pandemics became an issue of policy and practice interest. Overall, COVID-19 brought to the fore the importance of **regularly reviewing disaster management legislation, policies and institutions**. The efficacy of the country's disaster management architecture became an issue of concern. The courts were invited to adjudicate several disputes that arose due to violation of human rights. The current disaster management regulations were found insufficient to respond to the magnitude of the pandemic. A learning-by-doing approach to developing and implementing regulations and rules ensued, resulting in uncertainty.

Fourth, different impacts resulted in relation to international or **cross-border collaborations**. Closure of international borders reduced people's travel across borders. Supply chains were negatively affected. Some stockouts of foodstuffs and medical supplies were experienced. Conversely, cross-border collaborations, especially in research and creating standardized or regional responses, increased. South Africa collaborated with SADC countries on rules of travel as well as cross-border transportation of goods.





**Figure 6:** Impact Web for South Africa showing the systemic nature of risks and impacts linked to COVID-19, concurring hazards, and policy responses to them (Source: Authors)

## Box 1: Disaster risk management in the SADC through the lens of informality: COVID-19 and concurring hazards in context

COVID-19 has exacerbated challenges for people dependent on the informal sector, deepening pre-existing inequalities and economic insecurities. The pandemic has also emphasized the sector's essential role in society across SADC countries. While the share varies significantly across SADC member states, the informal sector dominates other sectors when it comes to the number of people that work in it. For example, in Tanzania, Angola, and Zimbabwe informal employment accounts for 93 per cent, 90 per cent, and 88 per cent, respectively. In Mauritius, the Democratic Republic of the Congo and Seychelles the share is still high but below 31 per cent<sup>6</sup>. The sector covers diverse income-generating activities such as agriculture, trade, industry, and services. Notably, small-scale farming and informal commercial trade account for 30 to 40 per cent of intra-SADC trade (Steyn, Ibrahim 2015; ILO 2018). Women outnumber men in the sector (Ibid.). Rural areas have more informal labour; urban areas show a notable presence of informal settlements (ILO, 2018; Matamanda and others, 2022). Thus, the sector's significance is underscored by its role in supporting livelihoods, particularly in the face of widespread unemployment in the formal sector and during times of economic instability (SADC, 2023).

People employed in the informal sector in the SADC have always faced challenges. These were amplified by lockdowns during the pandemic. Challenges included lack of job security, lack of social protections, limited access to essential services such as health care and WaSH, and exposure to health risks from unsanitary working conditions (Anwar & Brukwe, 2023; Nyashanu and others, 2020; Wegerif, 2020; Ndhlovu, 2022; Ndhlovu & Mhlanga, 2022; ILO, 2020). Impacts also stem from the non-recognition of the sector in many government policies, resulting in their exclusion from essential support, as observed, for example, in South Africa and Zimbabwe (Khambule, 2022; Rogan & Skinner, 2020; Dudzai

& Wamara, 2021). Lockdowns, border closures and trade restrictions disproportionately affected informal workers, migrants, and residents of informal settlements (Khambule, 2022; Turok & Visagie, 2021). In response to COVID-19, most SADC countries implemented strict containment measures, severely affecting the informal sector through job losses and disrupting daily earnings for many day labourers (Ndhlovu & Mhlanga, 2022; Khambule, 2022). For example, in Gweru, Zimbabwe, vendors were forced out of the Central Business District due to restrictions, causing an immediate loss of income. To adapt, they relocated to Mtapa 7, an area marred by poor sanitation and hazardous electrical cables, exposing them to potential electrocution and other health risks (Tirivangasi and others, 2023). Disruptions such as this led to increased crime rates across the SADC regions, as seen in places like Hopley (Zimbabwe), where desperation and poverty drove individuals to theft and robbery (SADC, 2020; Dudzai & Wamara, 2021). In South Africa, the mandate requiring informal businesses to obtain business permits before operating opened the sector to corruption as criminals took advantage by issuing counterfeit approvals to traders (Gravlee, 2020). The mental well-being of informal workers suffered due to abrupt job changes and ongoing uncertainties (Dudzai & Wamara, 2021; Chapungu and others, 2023). The closure of SADC borders further disrupted global supply chains, significantly impacting profits for informal cross-border traders (Dzawanda and others, 2022; Nshimbi, 2020; Resnick and others, 2020). In desperation, many resorted to illegal border crossings and imports, highlighting regionally networked risks within the SADC (Dzawanda and others, 2022).

People working in the informal sector also contended with other hazards during the pandemic, including tropical cyclones, floods and droughts. Cyclones in countries including Mozambique, Zimbabwe and Malawi (see [Figure 1](#)) destroyed essential infrastructures like market

stalls, storage facilities, roads, and transportation means, disrupting the livelihood of informal traders (Ndhlovu & Mhlanga, 2022). Concurrently, drought conditions in several areas, as depicted in Figure 1, have further disrupted food systems, heightening food insecurity (Tirivangasi and others, 2023). These challenges, intensified by climate change, present a compounded threat to the informal sector in the SADC region.

Risk management strategies in the SADC's informal sector amid COVID-19 reflect a spectrum of formal and informal approaches. Governments introduced social grants, relief funds, and packages to cushion the sector from the socioeconomic impacts of the pandemic (Khambule, 2022). However, the effectiveness of these strategies was sometimes hindered by bureaucracy, delays, and corruption (Khambule, 2022; Odendaal, 2021; Lines and others, 2022; Dlamini and others, 2022). Alongside formal interventions, informal actors and community-based networks have emerged across the SADC region, exemplified by initiatives like Cape Town Together in South Africa. These networks serve as drivers for community-driven actions such as local resource distribution, knowledge-sharing, care for the elderly, the creation of local safety nets, promoting unity and support among varied communities while managing the pandemic's impacts (Odendaal, 2021; Lines and others, 2022). Other examples are seen in regions like Harare, Zimbabwe, and Malawi, where community leaders and faith groups actively dismissed conspiracy theories and promoted vaccination, reinforcing trust (Lines and others, 2022). The swift initiatives from community-based networks highlight the value of informal networks, especially when compared to slower government interventions (Van Ryneveld and others, 2022).

However, the informal sector confronts challenges for effective risk management. Key among these are inadequate health infrastructure, water and sanitation facilities

within informal settlements (Lines and others, 2022); a deficiency of data on the sector; disparities and gaps in data between SADC countries and lapses in policy implementation and integration into social protection systems (Dafuleya, 2020; Odendaal, 2021).

To address challenges faced by those reliant on the informal sector in the SADC, we propose the following recommendations:

- **Close data gaps in the informal sector:** There is inconsistent data on the informal sector across the SADC. There is a need to address data gaps in order to delve deeper into the informal sector's unique challenges and tap into the sector's potential for sustainable development.
- **Integrate community-based networks into broader risk management:** The success of community-based networks during the pandemic like Cape Town Together should be built on. Integrating grassroots expertise makes risk management more localized and efficient. By recognising, funding, and involving these networks in decision-making processes, trust can be built and risk management enhanced.
- **Strengthen social protection systems and policy implementation:** SADC member states should enhance social protections for informal workers and reinforce policies like minimum wage for economic stability. Simplifying registration processes to access social protection is important to expand its reach as well as making communities aware of which funding streams are available. Governments should take advantage of available international funding streams to expand social protection.
- **Invest in infrastructure:** It is vital to invest in health infrastructure, water and sanitation facilities in informal settlements, and provide stable and essential utilities to improve living conditions.

6. [www.ilo.org/shinyapps/bulkexplorer10/?lang=en&id=SDG\\_0831\\_SEX\\_ECO\\_RT\\_A](http://www.ilo.org/shinyapps/bulkexplorer10/?lang=en&id=SDG_0831_SEX_ECO_RT_A)



# 4. Systemic risk management and recovery pathways in Malawi and South Africa

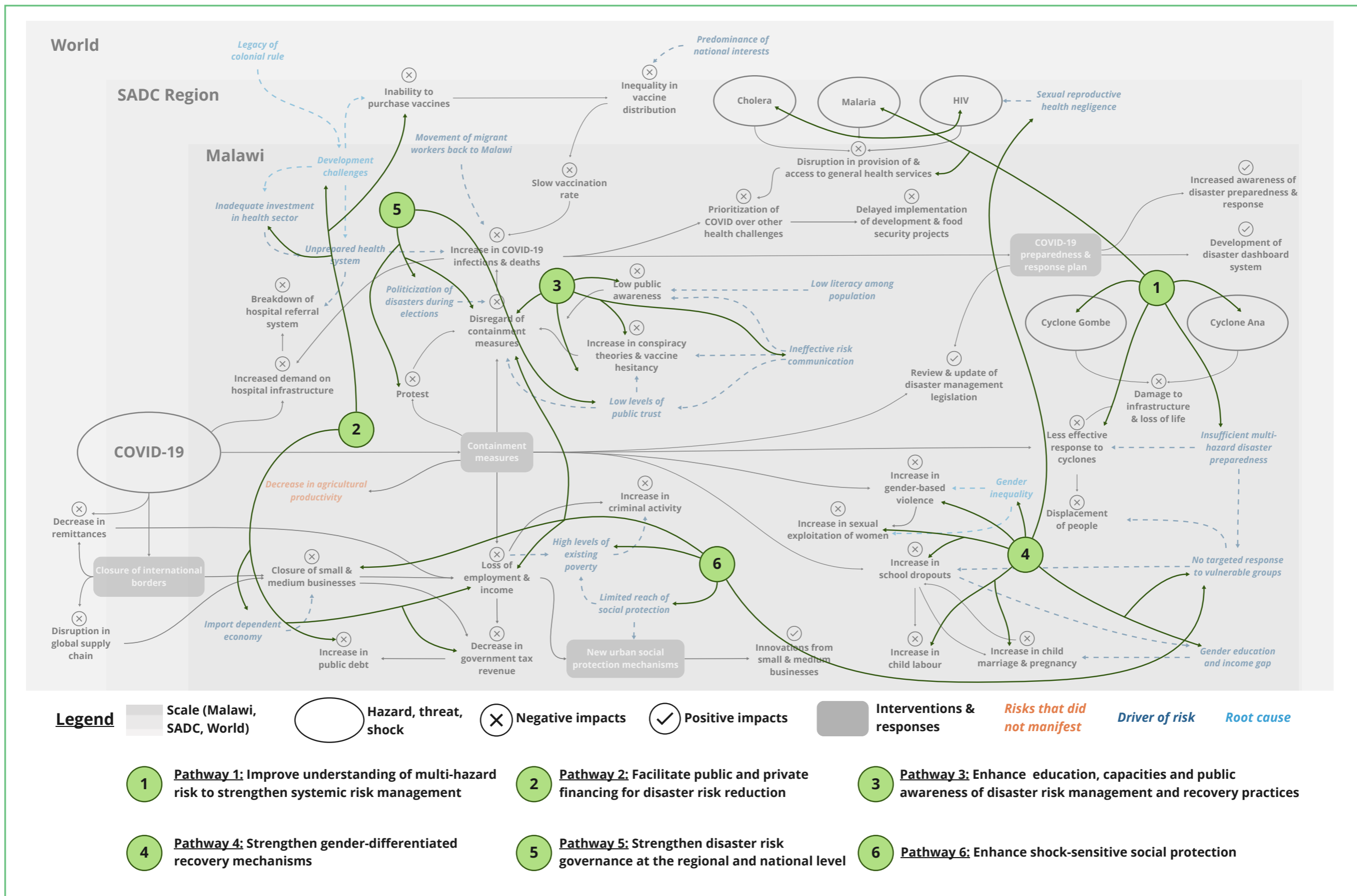
Chapter 4 builds on the outcomes of the systemic risk assessment presented in Chapter 3. Six risk management and recovery pathways have been co-created for Malawi (see [Figure 7](#)) and five for South Africa (see [Figure 8](#)). The pathways cover a spectrum of issues that address impacts highlighted in [Chapter 3.1.](#), as described in the narratives and visualized in the Impact Web. Barriers to pathways are presented as well as specific actions to enable them. Taken together, pathways address risks covering a range of sectors and for different groups and communities and can strengthen systemic disaster resilience across the countries.



The people of Mozambique continue to pay the high price of climate change as Cyclone Freddy battered central Mozambique in March 2023, breaking records for the duration and strength of tropical storms in the southern hemisphere. © UNICEF / Zuniga



## 4.1. Findings from Malawi



**Figure 7:** Risk management and recovery pathways in Malawi. The figure displays the main Impact Web elements each of the pathways aims to address. See below for details of the barriers for each pathway as well as actions that enable them (Source: Authors).



1

### Pathway 1: Improve understanding of multi-hazard risks to strengthen systemic risk management

Impact Web Elements	Pathway Barriers	Pathway Enablers
<ul style="list-style-type: none"> <li>• Insufficient multi-hazard disaster preparedness</li> <li>• Cyclones Ana &amp; Gombe</li> <li>• Cholera, Malaria &amp; HIV</li> <li>• Less effective response to cyclones</li> <li>• Displacement of people</li> <li>• Disruption in provision of and access to general health services</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of multi-hazard risk profiles at country and district level</li> <li>• Limited capacity for cascading and systemic risk assessments across districts and sectors</li> <li>• Many other development needs for the country, giving risk management a low priority</li> <li>• Limited availability of data</li> </ul>	<ul style="list-style-type: none"> <li>• National-scale risk assessment is underway</li> <li>• Multi-hazard disaster risk management plans developed for the district level</li> <li>• Establish and finance disaster risk management focal points in key government ministries, departments, local authorities and sectors</li> <li>• Facilitate data-sharing between sectors, districts and across national borders</li> </ul>

Throughout the duration of the pandemic, multi-hazard interactions such as COVID-19 and Cyclones Ana and Gombe created cascading impacts across sectors, geographies and communities in Malawi. There is a need for the country to shift from single-hazard, single-risk planning and responses to a more systemic approach towards risk management that accounts for multi-hazard interactions. Barriers to improving understanding of multi-hazard risks to strengthen systemic risk management are the currently limited capacity for cascading and systemic risk assessment that can capture multi-hazard interactions. This is in part due to Malawi having many other development needs that take priority, and the limited availability of, and access to, data. As

an enabling step to overcome these barriers, a national-scale risk assessment is underway through the government of Malawi. Other recommendations to enable this action include developing comprehensive multi-hazard disaster risk management plans that can be initiated quickly and efficiently at the district level, given that certain regions face different hazards to varying degrees. Moreover, disaster risk management focal points in key government ministries, departments, local authorities and sectors should be established, and a culture of regular data- and information-sharing should be facilitated between sectors (including the private sector) and districts, and also across national borders.

2

### Pathway 2: Facilitate public and private financing for disaster risk reduction

Impact Web Elements	Pathway Barriers	Pathway Enablers
<ul style="list-style-type: none"> <li>• Development challenges</li> <li>• Inability to purchase vaccines</li> <li>• Inadequate investment in the health sector</li> <li>• Import-dependent economy</li> <li>• Increase in public debt</li> <li>• Loss of employment and income</li> <li>• Decrease in government tax revenue</li> </ul>	<ul style="list-style-type: none"> <li>• Necessity to prioritize service provision in other sectors (food, WaSH, energy)</li> <li>• Severe shortage of forex</li> <li>• Private sector funding is predominantly focused on response, not prevention, preparedness and recovery</li> <li>• Economy is highly dependent on external imports</li> <li>• Corruption</li> </ul>	<ul style="list-style-type: none"> <li>• Finalize establishing a Climate Fund and Disaster Risk Management Trust Fund with public and private investment</li> <li>• Expand contingency funding arrangements already in place</li> <li>• Incentivize private sector investment to finance disaster risk reduction and climate-change adaptation</li> <li>• Increase funding and private sector investment for disaster-resilient critical infrastructure</li> <li>• Strengthen and integrate regular auditing process among neutral third parties</li> <li>• Capitalize on the availability of international financing instruments such as the Green Climate Fund, the Adaptation Fund or the Global Shield against Climate Risks</li> </ul>

The need for more public and private financing for risk management and recovery in Malawi is a critical action that needs immediate attention, with continued and ongoing efforts as the country recovers from the pandemic and other hazards. Malawi is exploring two major financing streams for resilience-building, the Climate Fund and the Disaster Risk Management Trust Fund, both of which are not yet operational, but would support in enabling this action. Actualization of these funding instruments would go a long way towards strengthening disaster risk reduction and systemic recovery in the country while also protecting the financial system from the effects of transitory and cross-border shocks. The country has also been broadening its risk financing base, including through adoption of drought and flood risk insurance and

contingency funding arrangements beyond the government's funding arrangements already in place. Incentivising the private sector is another key enabler where resources and expertise can be tapped for risk management and recovery, including for critical infrastructure resilience. The role of private sector investment in risk financing is currently limited, and predominantly focused on humanitarian response. It is recommended to additionally capitalize on international financing instruments such as the Green Climate Fund and Adaptation Fund to enable stronger disaster risk reduction and climate-change adaptation interventions. Given challenges with corruption in Malawi, regular auditing processes undertaken by a neutral third party are important when distributing these funding streams into projects.

3

### Pathway 3: Enhance education, capacities and public awareness of disaster risk management and recovery practices

Impact Web Elements	Pathway Barriers	Pathway Enablers
<ul style="list-style-type: none"> <li>• Low public awareness</li> <li>• Low levels of public trust</li> <li>• Ineffective risk communication</li> <li>• Disregard for containment measures</li> <li>• Increase in conspiracy theories &amp; vaccine hesitancy</li> </ul>	<ul style="list-style-type: none"> <li>• High percentage of children dropping out of school</li> <li>• Low literacy levels among population</li> <li>• Necessity to prioritize core school curricular activities</li> <li>• Limited access to trusted communication platforms</li> <li>• Religious and cultural beliefs</li> </ul>	<ul style="list-style-type: none"> <li>• Bursaries for school fees for low-income households</li> <li>• Disaster risk management and recovery practices integrated into school curriculums</li> <li>• Promotion of disaster risk management as career options</li> <li>• Stronger funding and distribution of the national disaster risk management communication strategy</li> <li>• Establishing a communication and public relations unit at the Department of Disaster Management Affairs in Malawi</li> <li>• Periodic media training for public officials communicating on disasters and disaster risks</li> </ul>

Investment in education and public awareness is a key action for both risk management and recovery in Malawi. This concerns not just COVID-19, but also other disasters that continue to affect Malawi. Capacitated individuals and groups can integrate disaster risk prevention and preparedness practices into their daily lives and take well-informed decisions in recovery, thereby strengthening the disaster resilience of their communities. Integration of risk prevention, preparedness, response and recovery in the education curriculum (both core and extracurricular), especially at primary school level is an important enabler for this action. For example, establishing community-developed flood and cyclone evacuation plans, or capacitating communities to know how to interpret, disseminate and act upon early warning messaging reduces exposure. Furthermore, information dissemination to enhance public awareness of disaster risk and recovery practices should look beyond current approaches, which are not working. While the majority of misinformation, rumours and public

discouragement from COVID-19 originated from, or was perpetuated through, social media platforms, the government's use of social media to reach out to the public was ineffective. The country has a strong national communication strategy on disaster risk management with very relevant messaging and multiple communication channels proposed. However, the implementation of the strategy remains a challenge due to lack of funding and capacities across governmental departments. It is recommended to increase funding and dissemination of this communication strategy, and diversify channels of communication to target all social groups. To improve communication capacities, the existing communication and public relations unit at the Government of Malawi's Department of Disaster Management Affairs should be strengthened; regular review and updating of the communication strategy carried out; and periodic and regular media training for public officials communicating on disasters (including prevention, preparedness, response and recovery) undertaken across government levels.

4

### Pathway 4: Strengthen gender-differentiated recovery mechanisms

Impact Web Elements	Pathway Barriers	Pathway Enablers
<ul style="list-style-type: none"> <li>• Gender inequality</li> <li>• Increase in gender-based violence</li> <li>• Gender education and income gap</li> <li>• Increase in sexual exploitation of women</li> <li>• Increase in child marriage &amp; pregnancy</li> <li>• Increase in school dropouts</li> <li>• Increase in child labour</li> <li>• No targeted response to vulnerable groups</li> <li>• Sexual reproductive health negligence</li> </ul>	<ul style="list-style-type: none"> <li>• Limited understanding of gender-differentiated impacts from disasters</li> <li>• Limited political representation of women</li> <li>• High percentage of girls dropping out of school</li> <li>• Limited opportunities for women and girls in small and medium businesses and workplace</li> </ul>	<ul style="list-style-type: none"> <li>• Improve understanding of gender-differentiated impacts from disasters</li> <li>• Incorporate gender dimensions more systematically into disaster risk and impact assessments</li> <li>• Increase political participation and representation of marginalized groups in decision-making</li> <li>• Bursaries/waivers for school fees for low-income households &amp; strengthen sexual reproductive health education in school curriculums</li> <li>• Microfinance women-led businesses</li> <li>• Education and awareness campaigns to tackle gender discrimination</li> </ul>

Disasters often affect women and girls more than men and boys. This unfortunate trend has been no different for COVID-19 or other recent hazards in Malawi. Gender-differentiated disaster and pandemic recovery mechanisms are needed to reduce gender inequalities in the country. Barriers to this pathway include the lack of data and understanding of how disasters in Malawi affect people differently. There is a need to reduce school dropouts among girls during and after disasters as this is a long-term key driver to combat inequality and marginalization of women. This is in part driven by high levels of teenage pregnancies as well as the inability to pay school fees for households living in poverty. Undertaking gender-sensitive risk assessments is an important first step to fully understanding how disasters impact women and those more marginalized. Bursaries

and waivers of school fees for impoverished households should also be considered immediately. Through capacitating girls in education, political and workplace diversity can slowly be improved in the country. Microfinancing and promoting women-led and women-patronized enterprises and livelihood options is recommended. This includes linking these initiatives to market opportunities and the formal banking sector. When disasters strike, protection mechanisms should be vigilant, with adherence to humanitarian standards and principles, including strengthening accountability to affected populations. Given the impacts observed of gender-based violence during the pandemic, it is critical to widely disseminate education and awareness campaigns, integrated from the early stages into school curriculums.



5

### Pathway 5: Strengthen disaster risk governance at the regional and national level

Impact Web Elements	Pathway Barriers	Pathway Enablers
<ul style="list-style-type: none"> <li>• Politicization of disasters during elections</li> <li>• Low levels of public trust</li> <li>• Disregard for containment measures</li> <li>• Protest</li> </ul>	<ul style="list-style-type: none"> <li>• Political interference in disaster risk management programmes and activities</li> <li>• Challenges in enforcing legal and policy provisions</li> <li>• Predominance of political self-interest</li> <li>• Legal ambiguity for disaster risk legislation</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to build on cross-border cooperation that was established during the pandemic</li> <li>• Enforce uptake of the new Disaster Risk Management Act (2023) across the country at district level</li> <li>• Establish regular legislative reviews of disaster risk management policies, including the Disaster Risk Management Act</li> <li>• Establish and finance disaster risk management focal points in key government ministries, departments, local authorities and sectors</li> <li>• Stipulate clear roles and responsibilities for disaster risk governance at various administrative levels in government</li> </ul>

The cross-border effects of climate-driven hazards, persistent and ongoing public health crises and COVID-19 show that risks do not stop at borders. Regional and bilateral cooperation are required to minimize the cascading, cross-border effects of hazards and shocks. The sharing of data and best practices between Malawi and its neighbouring SADC countries established during the COVID-19 response is a good starting point. It should be sustained to enable stronger regional cooperation on disaster management. Governance systems need to also be strengthened at the national level. Governance of risks also requires robust legal frameworks developed through a consultative process which cannot be challenged, as was the case with the legal frameworks during the COVID-19 response in Malawi. The Disaster Risk Management Act

established in 2023 will enable strengthening national level disaster risk governance if it is well-enforced. Given challenges with coordination, it is particularly important that the Act is integrated at the district level. It is recommended to establish regular legislative reviews of the Act, to look at where it may need adjustments as the country's risk profile changes over time (i.e. due to changing climate risks). Stipulating clear roles and responsibilities of different actors at various administrative levels and ensuring that such governance structures are well-funded are key in ensuring a coordinated approach to risk management and recovery. National and local legislation should be guided by multi-hazard and systemic risk assessments to ensure their implementation will reduce risks rather than exacerbate existing risks or create new ones.

6

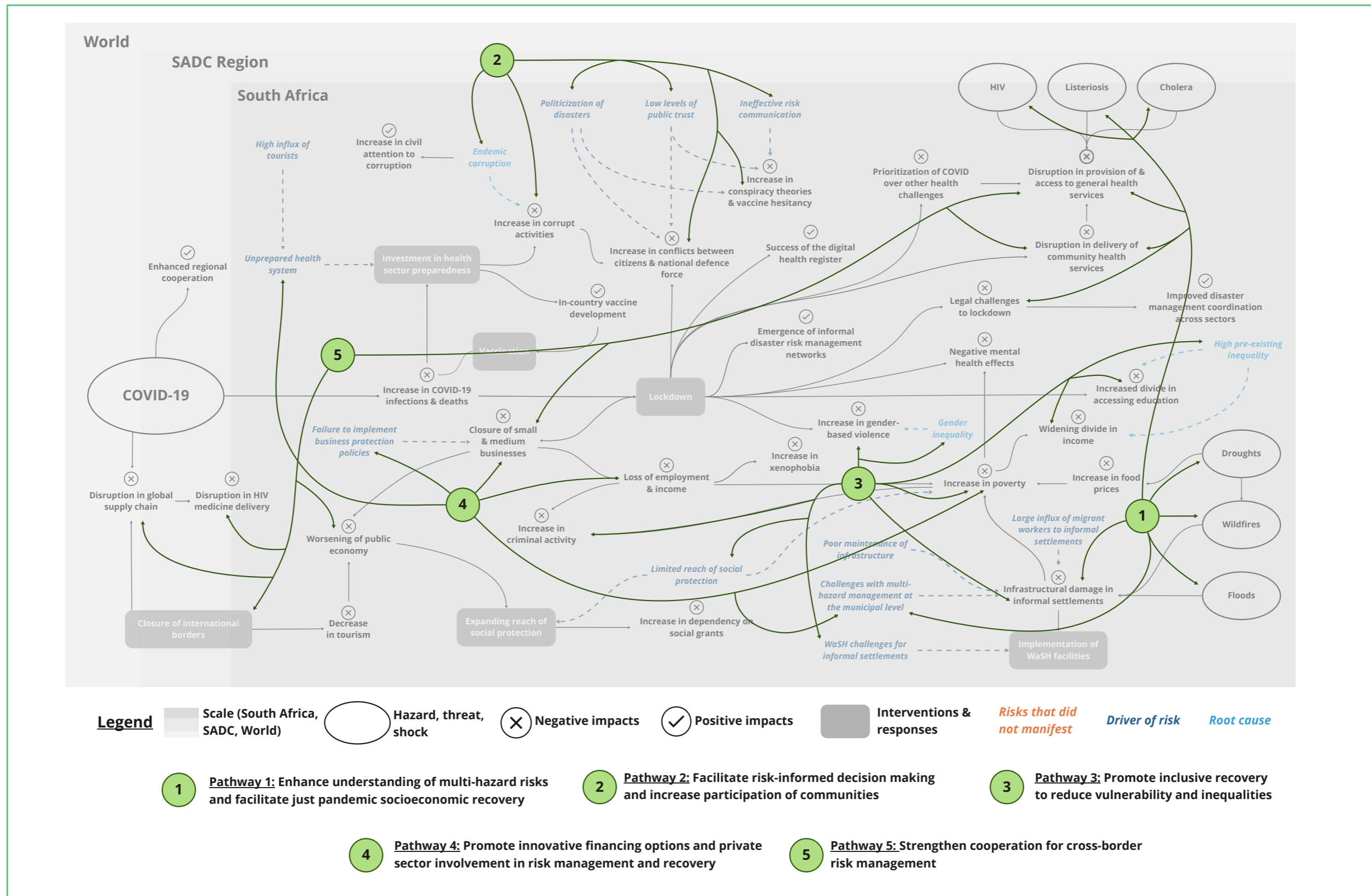
### Pathway 6: Enhance shock-sensitive social protection

Impact Web Elements	Pathway Barriers	Pathway Enablers
<ul style="list-style-type: none"> <li>• Development challenges</li> <li>• Limited reach of social protection</li> <li>• High levels of existing poverty</li> <li>• No targeted response to vulnerable groups</li> <li>• Loss of employment and income</li> <li>• Closure of small &amp; medium businesses</li> <li>• Disregard for containment measures</li> </ul>	<ul style="list-style-type: none"> <li>• Limited funding available for government-funded social protection</li> <li>• Large rural population with low literacy levels</li> <li>• Need for documentation in registration process</li> <li>• Corruption and mismanagement of resources</li> <li>• Lack of impact and population data</li> </ul>	<ul style="list-style-type: none"> <li>• Increase fiscal space for national government-funded social protection mechanisms</li> <li>• Capacity development and awareness-raising of programmes, targeted at poor communities</li> <li>• Simplification of the registration process</li> <li>• Strengthen and integrate regular auditing process among neutral third parties</li> <li>• Develop and implement effective monitoring and evaluation mechanisms on the effectiveness of social protection schemes</li> <li>• Increase access to international donor social protection mechanisms</li> </ul>

When disasters occur, the poorest and most marginalized groups (i.e. women, girls, older persons, persons with disability and those in the informal sector) are often the most affected. Ensuring such groups are protected, and supporting them to build their own resilience is key to reducing losses and damages associated with disasters and for systemic recovery. Malawi is piloting and implementing some shock-sensitive social protection mechanisms, the focus of which still remains on the rural population. For instance, the World Bank-funded Social Support for Resilient Livelihood project has integrated various mechanisms that provide timely

support to ultra-poor households affected by a major shock or stress. This includes increasing the transfer value, adding new beneficiaries when a crisis strikes and enrolling existing beneficiaries in risk insurance programmes. Increasing access to international donor projects such as this, as well as financing social protection schemes through the Government of Malawi is recommended to enable shock-sensitive social protection to be enhanced. To overcome difficulties in accessing social protection mechanisms, capacity development and awareness-raising of programmes targeted at poor communities and simplifying the registration processes are important.

## 4.2. Findings from South Africa



**Figure 8:** Risk management and recovery pathways in South Africa. The figure displays the main Impact Web elements each of the pathways aims to address. See below for details of barriers for each pathway as well as actions that enable them (Source: Authors).



1

### Pathway 1: Enhance understanding of multi-hazard risks and facilitate just pandemic socioeconomic recovery

Impact Web Elements	Pathway Barriers	Pathway Enablers
<ul style="list-style-type: none"> <li>Challenges with multi-hazard management at the municipal level</li> <li>Cholera, Listeriosis, HIV</li> <li>Droughts, Floods, Wildfires</li> <li>Disruption in provision of, and access to, general health services</li> <li>Disruption in delivery of community health services</li> <li>Legal challenges to lockdown</li> <li>Infrastructural damage in informal settlements</li> </ul>	<ul style="list-style-type: none"> <li>Inadequate early warning systems</li> <li>Lack of skills to prepare and respond to multi-hazard risks</li> <li>Lack of clarity on institutional roles and legislation to respond to multi-hazard context</li> <li>Weak health system</li> <li>Unsynchronized disaster management policies</li> <li>Unsynchronized economic policies</li> <li>Inadequacy in legal and policy frameworks for multi-hazard response</li> </ul>	<ul style="list-style-type: none"> <li>Transdisciplinary multi-sector approaches to the response</li> <li>Continued and improved funding for ongoing health challenges including cholera, listeriosis and HIV by external funding partners</li> <li>Health systems-strengthening approach used during response</li> <li>Enhance skills and capabilities in understanding multi-hazard &amp; systemic risks</li> <li>Establish and finance disaster risk management focal points in key government ministries, departments, local authorities and sectors</li> <li>Review existing disaster risk management architecture of legal and policy frameworks</li> </ul>

As outlined in Chapter 3 and visible in the Impact Web, South Africa was confronted with a range of hazards during the pandemic. The COVID-19 pandemic and climate change have brought about a new multi-hazard context. The country is now experiencing more intense and frequent co-occurring hazards with national or more regional geographic coverage. As such, existing early warning systems, institutions and policies have been unable to meet the magnitude of the multiple hazards context adequately. The focus on disaster response and limited investment on preparedness has become an impediment to effective management of the multiple hazards and multi-risk contexts. To exemplify this, while the Disaster Management Act 57 of 2002 and the National Disaster Management Centre were effective in managing single-event localized disasters, the COVID-19 pandemic with co-occurring cholera, listeriosis, HIV, drought, wildfires and floods showed several shortcomings and exposed the institutional and policy framework's inadequacy. The new context exposed the disconnect between economic and disaster management policies.

Response to the pandemic and hazards was enabled by involving multiple stakeholders and taking a transdisciplinary, multi-sector approach. Continued external funding for ongoing health challenges and strengthening of community health services/health systems enabled the health system to remain functional. Despite this, recovery has been fraught with challenges, demanding serious reflection and actions. Hence, the key point on recovery pathways is that the country should not take a business-as-usual approach based on past approaches. Rather, the country should enhance human skills and capabilities for a multi-hazard context and review existing disaster management architecture to make it more agile and effective in responding to multi-risks. Another important imperative is to ensure that disaster management approaches are aligned to the country's economic imperatives. Given the shortcomings of legal and policy frameworks, it is recommended to have regular review and updates of legislation to ensure it is dynamic in a changing risk landscape. This will enable a just pandemic socioeconomic recovery.

2

### Pathway 2: Facilitate risk-informed decision-making and increased participation of communities

Impact Web Elements	Pathway Barriers	Pathway Enablers
<ul style="list-style-type: none"> <li>Ineffective risk communication</li> <li>Politicization of disasters</li> <li>Low levels of public trust</li> <li>Increase in conspiracy theories and vaccine hesitancy</li> <li>Increase in corrupt activities</li> <li>Increased conflict between citizens and national defence forces</li> <li>Endemic corruption</li> </ul>	<ul style="list-style-type: none"> <li>Lack of cross-sectoral data, particularly at the district level</li> <li>Political interference in disaster risk management programmes and activities</li> <li>Predominance of political self-interest</li> <li>Inadequacy in legal and policy frameworks for multi-hazard response</li> <li>Corruption</li> </ul>	<ul style="list-style-type: none"> <li>Integrate risk information and data from multiple sectors</li> <li>Develop and use cross-sectoral indicators to understand recovery process</li> <li>Depoliticize appointments in the departments dealing with disaster risk management</li> <li>Establish and finance disaster risk management focal points in key government ministries, departments, local authorities and sectors</li> <li>Create national campaigns to create awareness about disaster risks</li> <li>Integrate community experience into preparedness, response and recovery plans</li> <li>Facilitate active civil society organizations</li> <li>Strengthen and integrate regular auditing process among neutral third parties processes</li> </ul>

Disaster risk management in South Africa is traditionally an exclusive area of professionals and affected communities. Professionals involved include those working with the Government of South Africa's National Disaster Management Centre, universities, the private sector and civil society organizations. These professionals are officially mandated to discharge disaster management duties. Community members generally get involved when they are directly affected by disasters, under the supervision of professionals. A novel consequence of the COVID-19 response was the politicization of disasters through the serious involvement of government structures. This increased corrupt activities by politicians and their proxies, resulting in low levels of public trust in the response. Conspiracy theories increased in communities which, coupled with ineffective risk communication

and messaging, spurred vaccine hesitancy. Overall, political decisions frequently overshadowed science-based decision-making at district and local levels. Lack of effective data collection, analysis and reporting systems also impeded use of scientific evidence. Professionals did little to understand and use the experiences of local communities and acknowledge indigenous knowledge systems. At the national level, scientific evidence was used to report daily on infections and deaths. The contest between science and politics was adjudicated by the judiciary. The fact that politics still contests science on crucial lifesaving decision-making processes as experienced during COVID-19 and devastating floods shows the clear lack of a risk-informed decision-making culture in the country.

2

To foster systemic recovery, it is imperative that scientific evidence from various sectors be used in decision-making. South Africa should develop a culture of using scientific evidence to inform disaster risk management and recovery. So far, economic sector indicators, especially financial, tourism and hospitality, and employment indicators have been monitored to determine the pace of post-pandemic recovery. These indicators are too narrow in scope. To have a comprehensive picture of the state and extent of national recovery, it is important to develop and use additional cross-sector indicators from the social, environment, security, agriculture, energy, water and infrastructure sectors for monitoring purposes. Since disasters are no longer so localized, it is imperative to create

national campaigns that raise awareness about disasters and their risks. And given that disaster-affected South African communities have been the first to respond to disasters, their useful experiences should be incorporated into disaster preparedness, response and recovery plans. Facilitating active civil society organizations can integrate community experiences into such plans, thus stimulating more inclusive recovery after disasters. It is important to make efforts to change the top-down approach to disaster risk management and recovery to make it more inclusive. It is also important to raise awareness about risks and recovery plans so that the citizenry can hold the government accountable to the plans regardless of change of government.



People walk across a makeshift bridge over flood waters in Blantyre, Malawi in March 2023 following heavy rains after Cyclone Freddy made landfall. © AFP / Jack McBrams

3

### Pathway 3: Promote inclusive recovery to reduce vulnerabilities and inequalities

Impact Web Elements	Pathway Barriers	Pathway Enablers
<ul style="list-style-type: none"> <li>• High pre-existing inequality</li> <li>• Widening divide in income</li> <li>• Increasing divide in access to education</li> <li>• Infrastructural damage in informal settlements</li> <li>• Poor maintenance of infrastructure</li> <li>• WaSH challenges for informal settlements</li> <li>• Increase in poverty</li> <li>• Limited reach of social protection</li> <li>• Increase in gender-based violence</li> <li>• Gender inequality</li> <li>• Increase in criminal activity</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of documentation among the poor and immigrants to gain access to social grants</li> <li>• Corruption in delivering infrastructure programmes in informal settlements</li> <li>• Lack of disaster insurance</li> <li>• Lack of understanding of gender-differentiated impacts from disasters</li> <li>• Limited opportunities for women and girls in small and medium businesses and workplace</li> </ul>	<ul style="list-style-type: none"> <li>• Expanding reach and breadth of social grants, and simplification of registration</li> <li>• Implementation of WaSH facilities for all citizens</li> <li>• Implementing, expanding and auditing the Reconstruction and Development Programme (RDP) in housing</li> <li>• Developing disaster-resilient infrastructure in rural areas and informal settlements</li> <li>• Improve understanding of gender-differentiated impacts from disasters</li> <li>• Education and awareness campaigns to tackle gender discrimination</li> <li>• Enforce basic wage legislation</li> </ul>

Given that the pandemic has reinforced existing inequalities and vulnerabilities, notably for those already marginalized before the pandemic, inclusive recovery encompassing interventions targeting the poor and the most vulnerable members of the community should be promoted. Deliberate deployment of resources and funding towards strengthening community systems and structures, developing resilient infrastructure in rural and other disaster-prone areas, expanding social grant programmes, creating gender-sensitive social services, developing gender-affirming public works programmes, creating

platforms for public participation, and raising disaster and pandemic awareness in communities are non-negotiable imperatives. Furthermore, it is important to create strategies to reduce inequalities. Possible interventions include enforcing the basic wage legislation, constructing basic infrastructure in remote underserved areas, expanding public works programmes as well as creating more jobs. These interventions for inclusive recovery must prepare vulnerable persons for hazards, reduce their vulnerability to disasters and enhance their capacity to recover from them.



## Pathway 4: Promote innovative financing options and private sector involvement in risk management and recovery

Impact Web Elements	Pathway Barriers	Pathway Enablers
<ul style="list-style-type: none"> <li>• Closure of small &amp; medium businesses</li> <li>• Loss of employment and income</li> <li>• Unprepared health system</li> <li>• Failure to implement business protection policies</li> <li>• Increase in poverty</li> <li>• Challenges with multi-hazard management at the municipal level</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of disaster contingency funds available in lower tiers of government</li> <li>• Lack of financing for disaster preparedness</li> <li>• Bureaucratic barriers in procurement of equipment and disaster risk finance</li> <li>• Corruption</li> </ul>	<ul style="list-style-type: none"> <li>• Expand contingency funding arrangements already in place</li> <li>• Give civil society and private sector organizations room to lead in response actions</li> <li>• Incentivize private sector investment to finance disaster risk reduction and climate-change adaptation</li> <li>• Strengthen and integrate regular auditing processes among neutral third parties</li> <li>• Capitalize on the availability of international financing instruments such as the Green Climate Fund, the Adaptation Fund or the Global Shield against Climate Risks</li> </ul>

South Africa’s disaster risk management is government-led and skewed in favour of financing response rather than preparedness. The current multi-hazard context shows that government investments in health sector preparedness were lacking. Conversely, evidence from the COVID-19 response shows that external funding coupled with private funding helped keep the health sector from total collapse. In addition, the solidarity fund for businesses which encompasses pooled resources from government and private sector was very helpful in ensuring that some medium- and large-scale businesses did not shut down completely but, rather, scaled down operations. The aggregate evidence from research on this pathway illustrates two key points. First, as stated in Pathway 1, available resources should be channelled in a balanced

manner between actions for disaster risk preparedness and disaster risk response. Second, responses and interventions led and funded solely by the government may not be sufficient to meet the magnitude of risks and responses. Diversifying financing options from the government to encompass donor and private sector funding is an imperative. Indeed, most co-occurring disasters experienced now demand agile organizations and flexible procurement policies for delivery of essential lifesaving supplies and equipment in the shortest time possible. These key imperatives may not be realizable in bureaucratic government settings. While the government has disaster contingency funds available, the funds are not available at lower tiers of government. The funds remain at the national level where they get allocated on a need basis.

Likewise, legislation for government procurement processes tends to be impermissible to deviations and very elaborate on conditions and approvals. This slows the velocity of response to disasters. Given the slowness of government bureaucracy in responding to matters, civil society and private sector organizations have oftentimes taken the lead in facilitating prompt response actions.

Despite this, the role of the private sector in risk management and recovery needs to be well-defined and acknowledged. While the contribution of the private sector in terms of funding support for disaster response is visible and well recognized, other important contributions – such as technologies, human resources and infrastructure – remain

understated and therefore underappreciated. Private sector financing must not be viewed as complementary to government efforts. Rather, they should be promoted as an integral part of disaster risk management and recovery. Innovative funding options, including blended finance, may be important in avoiding catastrophic outcomes arising from hazards and pandemics. The government can incentivize private sector involvement in disaster risk management and recovery through tax rebates and subsidies. Additionally, international financing instruments should be taken advantage of. Given challenges with endemic corruption, these should go hand-in-hand with strong and regular auditing processes.



A vegetable vendor inside the Area 23 agricultural commodity market in Lilongwe, Malawi wears a face mask to protect himself and his customers from the COVID-19 virus in May 2020. © AFP / Amos Gumulira



5

## Pathway 5: Strengthen cooperation for cross-border risk management

Impact Web Elements	Pathway Barriers	Pathway Enablers
<ul style="list-style-type: none"> <li>• Disruption in global supply chains</li> <li>• Disruption in HIV medicine delivery</li> <li>• Closure of international borders</li> <li>• Disruption in provision of, and access to, general health services</li> <li>• Disruption in delivery of community health services</li> <li>• Worsening of public economy</li> <li>• Closure of small and medium businesses</li> </ul>	<ul style="list-style-type: none"> <li>• Lack on, and understanding of, cross-border risks for key sectors</li> <li>• Predominance of national self-interest during disasters</li> <li>• Legal and regulatory differences in supply chains</li> </ul>	<ul style="list-style-type: none"> <li>• Build on the success of the digital health register for management of other health outbreaks</li> <li>• Incorporate relevant elements from international frameworks on recovery into national and regional recovery plans</li> <li>• Undertake cross-border risk assessments</li> <li>• Establish a regional coordinating mechanism to foster cross-border risk management</li> </ul>

The disruption of supply chains at subnational, national and regional levels was especially significant for South Africa, a gateway to the entire SADC region whose industrial base is more advanced than that of any other country in Sub-Saharan Africa. Despite positive outcomes from regional and international collaborations, post-pandemic planning and implementation of recovery plans has been mainly nation-specific. The international and regional systems developed to respond to the pandemic have not been incorporated into ongoing national recovery strategies. Hence, it is recommended to foster the collaboration established during the pandemic and build on the success of the digital health register to be effective for future disasters such as regional

cholera outbreaks. The COVID-19 pandemic showed that national strategies and plans alone are insufficient to respond to multiple hazards and future pandemics. It is important for national recovery plans to relate to regional and international strategies. This could be achieved by incorporating elements from international frameworks on pandemic and disaster risk management and recovery into national and regional recovery plans. Given the current limited understanding of cross-border risks, assessments that span national borders and look at key supply chain vulnerabilities is recommended. This can be facilitated through the auspices of the SADC, which already does vital work in fostering regional, cross-border collaboration.



Families from Buzi, Sofala Province, Mozambique, wait to be taken to a relocation camp at Guara-Guara in January 2021. © UNICEF / Franco



## Box 2: Gendered risks and recommendations for risk management through a gender lens

The impacts of COVID-19 have affected people differently. In all SADC countries, as in most places around the world, already-marginalized groups have been hit the hardest (Martin, 2022). Disasters amplify differential vulnerabilities, based on intersecting social identities such as gender, age, or disabilities. In the SADC, the occurrence of COVID-19 and concurrent hazards has deepened inequalities across sectors such as health, education, and the economy while setting back the progress of the SADC protocol on gender and development to achieve SDG 5 on gender equality.

Before the pandemic, gender inequality was a challenge in the SADC, with particular disparities in economic equity and political participation. For instance, in 2019, 43.9 per cent of young women were unemployed, compared to 36.4 per cent of young men (Statistics South Africa, 2019). Women representation in the National Assembly was below 50 per cent in all SADC member states in 2021 (SADC, 2022; SADC & SARDC, 2022). Root causes that create an unequal society, such as all forms of discrimination and marginalization as well as deeply-ingrained socio-cultural norms and values, are strongly linked to intersecting factors such as gender, geographical location and income. For example, institutionalized patriarchy manifests through male-dominated culture replicating gender inequalities (SADC Secretariat, 2009). Underlying unequal structures were amplified in the COVID-19 pandemic. For example, a case study in a South African rural township in the Eastern Cape found that the already-low socioeconomic status of transgender women, often resulting from early school dropouts due to marginalization and societal rejection, worsened during the COVID-19 pandemic (Mavhandu-Mudzusi, 2021).

In the SADC, impacts of COVID-19 and concurring hazards were different for marginalized groups such as women and young girls, people in informal settlements (see [Box 1](#)) and the LGBTQI+

community. For example, women have been more exposed as they are often at the frontline of high-interaction occupations such as health care (Saloshni & Nithiseelan, 2022; United Nations in Mozambique, 2020). Similarly, women in the informal economy have been particularly exposed to the disease in vending, retail and service-oriented jobs (Lines and others, 2022). Lockdown and restrictions to movements contributed to an increase in gender-based violence, forcing many women to remain in abusive households while creating barriers to seeking help, for example, in Botswana and Mauritius (Madigele & Baloyi, 2022; Ahmed and others, 2021; Dekel & Abrahams, 2021; Beebeejaun and others, 2022). A common experience across the SADC region was an increase in unpaid care work such as household duties and home-schooling for women, as shown in surveys in South Africa (Chitiga and others, 2022). Similarly, in Zambia and Malawi female cross-border traders were more impacted by price fluctuations than men, which illustrates the gender-differential effects of regionally networked risks in the response to COVID-19 in the SADC (Mwema and others, 2022). Linked to this, concurring hazards amplified the gender-differential impacts of COVID-19. For instance, Cyclone Freddy, affecting countries such as Malawi and Mozambique in early 2023, led to increased rates of school dropouts for girls, which had already escalated during the pandemic. A cascading effect of the increased rates of school dropouts has been the rise of teenage pregnancies and child marriages. Many girls have still not returned to school, which will likely exacerbate gender inequality over time across the region (Kidman and others, 2022). Reduced access to and availability of health services due to COVID-19-related restrictions had cascading effects on women (Matanga & Mukurazhizha, 2023; Cartwright and others, 2023; John and others, 2023). Other concurring infectious diseases such as cholera and HIV were amplified by the COVID-19 pandemic (Stöckl

and others, 2023; Nyashanu and others, 2021; Shakespeare and others, 2021; DUBY and others, 2022). For instance, lockdown restrictions constrained the availability of HIV treatment in rural areas of Zimbabwe while adversely impacting women's mental health in Tanzania (Stöckl and others, 2023; Stanton and others, 2023; Nyashanu and others, 2021). Similarly, development was set back by the restriction of health service accessibility, especially for youths seeking sexual and reproductive care (Mackworth-Young and others, 2022) .

An overarching focus of recovery efforts in the SADC has been the importance of leaving no one behind. Gender-sensitive measures were taken in many SADC countries, mostly to combat gender-based violence and support unpaid care work<sup>7</sup>. Countries also reported that women played an important role in responding to the COVID-19 outbreak. While being adversely impacted, women are at the forefront of health care, disproportionately supporting medical treatment in health-related shocks (**UN Women**, 2020) during periods of high hospitalization rates. The importance of women in the response and recovery of this crisis is further illustrated by women's networks in rural areas in Zambia taking a lead in providing food items and psychological support for the community (Mwale, 2022; Sipeyiye, 2022).

A systemic understanding of differential vulnerabilities is vital to ensure that recovery efforts and risk management reach everyone across the SADC, irrespective of gender, age, ethnicity or geographical location. This is essential for all 16 member states to reduce gender inequality and combat differential vulnerabilities that are intensified through each crisis. Based on our research, recommendations for COVID-19 response and recovery in the SADC through the lens of gender include:

- **Enhance a systemic understanding of gender-differential effects:** Across the SADC, identifying the gender-differentiated effects of response interventions to multiple risks and impacts can help to understand cascading effects and concurring risks that affect marginalized groups the most. Further, considering intersecting (in)equalities and (in)justices in response and recovery planning with a disaggregated view on vulnerability can help the SADC provide support to those more vulnerable to shocks. For example, transgender people engaging in the informal economy.
- **Tackle pre-existing gender (in)equalities:** To tackle gender inequality, governments in the SADC should address its drivers and root causes. While such a fundamental and systemic challenge will require time, more incremental steps can be made through efforts such as educational and awareness-raising campaigns to tackle discrimination. Risk management and recovery pathways are recommended to structure more incremental steps towards a longer-term vision or goal. Improving girls' access to education as well as protecting it in times of disaster is also key. Continuing to tackle pre-existing challenges such as gender-based violence, and sexual and reproductive health should not be forgotten during shocks such as COVID-19.
- **Invest in targeted outreach and accessibility of recovery policies:** Mainstreaming gender into existing and new socially inclusive policies and investing in women's economic opportunities (i.e. micro-financing of women-led businesses) can strengthen women's empowerment throughout the SADC. Increasing participation and representation of marginalized social groups in decision-making and establishing community-based initiatives can help to include missing perspectives needed to leave no one behind in recovery, irrespective of age, location, ethnicity, disabilities and gender.



## 5. Lessons for risk management and recovery pathways in the SADC

In this chapter of the report, we elaborate on the six key messages of our study for the wider SADC region. The key messages, which are reflected in a policy brief published from this research (Hagenlocher and others, 2023b), were developed through a synthesis of the studies methodological approach, the process of stakeholder engagement in the two case studies and outcomes of knowledge and data analysis. They were validated by SADC member states during a dedicated validation workshop on 11 October 2023. We advocate inclusive, cross-sectoral and transboundary approaches for risk management and recovery that consider all relevant hazards to strengthen systemic resilience across the SADC. This encompasses the full spectrum of possible compounding and cascading effects for different social groups and across sectors.



This general view shows houses destroyed by Cyclone Gombe in the “El Triangulo” neighbourhood, Nacala district, Nampula province, Mozambique in March 2022. © AFP / Alfredo Zuniga



## Key Message 1: Understand the systemic nature of risks

**The challenge:** The effects of the COVID-19 pandemic in the SADC have been felt throughout society far beyond the health sector. This shows that impacts from hazards, shocks and disasters are complex. Interventions in response to rising infections such as containment measures, border restrictions and school closures have led to adverse cascading effects throughout society and across sectors (e.g. tourism, manufacturing, transport, education, agriculture, informal sector) and borders. They have impacted those living in vulnerable conditions the hardest. Moreover, COVID-19 did not happen in isolation from other challenges across the SADC, but co-occurred alongside other hazards such as floods, droughts, tropical cyclones and disease outbreaks. This has led to a double burden for countries in the region.

**Recommendation:** Systemic risk assessment approaches are needed to characterize and strengthen understanding of how hazards, risks and impacts are linked across sectors and borders in the SADC. This requires a systems perspective that can map the more complex causal connections between hazards, risks, impacts and responses to them, which can result in cascading effects. By assessing risks systemically, leverage points open up for strengthening resilience.

## Key Message 2: Strengthen equality and gender in risk management and recovery efforts

**The challenge:** Disasters affect people in different ways. Those facing existing inequalities and living in vulnerable conditions are oftentimes disproportionately impacted. Impacts from COVID-19, concurring hazards and interventions in response to them are amplified for those who are already marginalized due to intersecting factors such as gender identity, age or disabilities. In multiple countries of the SADC, women have experienced increases in care-giving duties, gender-based violence and teenage pregnancies as well as reduced access to sexual and reproductive health services. This has widened gender inequality across the region, creating setbacks in the progress towards the SADC protocol on Gender and Development<sup>8</sup> and achieving the Sustainable Development Goals (notably SDG 5 on Gender Equality).

**Recommendation:** A disaggregated view on vulnerability is needed in risk management and recovery. To tackle gender inequalities, which were particularly worsened by the COVID-19 pandemic, gender considerations should be mainstreamed into existing and new policies. Capacity-building and awareness-raising campaigns and programmes that start early in school curriculums should be promoted to sensitize citizens, policymakers and governments to the deeply ingrained gender issues that create unequal societies.

## Key Message 3: Support the resilience of people dependent on the informal sector

**The challenge:** The informal sector represents a significant and diverse segment of the SADC region's economy. The number of people living in informal settlements is growing, in part as a consequence of the hardships imposed by the COVID-19 pandemic. The pandemic has also exposed vulnerabilities in the informal sector across the SADC region. Informal businesses and informal cross-border trade were hit hard by lockdowns and border closures, and this pushed informal workers, who often lack access to social protection, into poverty. In addition, many informal workers had to continue working even during lockdowns, which, in turn, increased their exposure to the virus. These impacts were, yet again, particularly felt by women, who in multiple countries are predominantly employed in the informal economy.

**Recommendation:** Given the size and importance of the informal sector in the SADC region, risk management and recovery policies should consider drivers and root causes of vulnerabilities in the sector. Examples include overcrowded housing or limited WaSH infrastructure in informal settlements. Policies could leverage the experience of self-organized responses that emerged within the sector during the crisis (e.g. community-based networks that exist in several SADC countries). Social protection programmes should be extended to informal workers to reduce risks. This can minimize cascading effects in the broader societal and economic landscape of the SADC and protect the sector's workers and entrepreneurs from future shocks.

## Key Message 4: Protect education from disasters

**The challenge:** In many countries of the SADC, children were affected by school closures. Schools in urban areas and socio-economically privileged students pivoted to online learning platforms while many children in rural areas could not do this. The pandemic vividly showcased the urban-rural divide and inequalities. Across many countries, children dependent on school feeding programmes were affected as these stopped. Children benefitting only from extracurricular activities provided at schools were severely affected by stoppages of these. Impacts were not just felt in formal education. Many countries were affected by multiple hazards at the same time, calling for disaster risk management professionals with expertise in managing compounding disasters. During the pandemic, it became apparent that most staff in disaster risk management were not well prepared to respond to multiple disasters. Skills shortages for disaster risk management are of growing concern as, for example, risks linked to climate change are expected to increase in the future.

**Recommendation:** Within the recovery plans, access to education during disasters must be analysed, especially for rural and underprivileged children. Partnerships with the private sector to facilitate online learning for rural children must be explored as part of disaster preparedness interventions. It is recommended to review educational programmes in SADC countries so that disaster risk management is included in the school curriculum at an early stage. It is important that information on disaster management as a career option is disseminated to school-leaving children. And capacitation of staff through ongoing professional development programmes is imperative for effective risk management and response.

8. [www.sadc.int/pillars/gender-equality-women-empowerment](http://www.sadc.int/pillars/gender-equality-women-empowerment)

## **Key Message 5:** **Foster and strengthen cross-border collaboration**

**The challenge:** While efforts have been made to deepen economic integration within the SADC, COVID-19 exposed some fissures in the region. For example, during the peak of the pandemic countries imposed different cross-border travel requirements with some enforcing more days of quarantine than others. Countries in the region also failed to create a synchronized system for cross-border movements of essential goods and commodities, which caused vulnerabilities. The region lacked a mechanism to facilitate movement of migrant workers across countries. Also, processes for repatriation of deceased persons' bodies were difficult. Despite this, the region enhanced collaboration, sharing of health research and laboratory systems integration. The pandemic exposed the lack of an agreed position on pandemic response, especially as countries procured different types of vaccines based on political and other considerations. Other hazards have also demonstrated the disjointed nature of SADC responses. Emerging cross-border challenges will benefit from a strong collaboration between SADC countries: One such example are the cholera outbreaks in Zambia, Zimbabwe and, more recently, South Africa.

**Recommendation:** A regional coordinating mechanism under the auspices of the SADC DRR Unit to facilitate effective cross-border collaboration on understanding and managing the cross-border risks and impacts of climate change, pandemics, disease outbreaks and other hazards is recommended. Given the impacts on supply chains, building resilience in supply chains is another recommended action area. Supply chain mapping to identify critical vulnerabilities, dependencies and bottlenecks can prioritise where resilience-strengthening interventions such as diversifying sources of key products and building regional capacities are recommended.

## **Key Message 6:** **Recover systemically to catalyse positive system change**

**The challenge:** Progress on societal goals across sectors and scales can suffer setbacks from disasters like COVID-19. Systemic recovery plans then become necessary to identify, prioritize and implement interventions for areas, sectors, and groups that have suffered major setbacks. Many SADC countries have developed post-pandemic, state-specific recovery plans. This process was in many cases supported by the United Nations country offices, which provided a generic “COVID-19 socioeconomic response plan”. To date, there is no aggregate SADC recovery plan that deals with multiple, interconnected risks and hazards confronting the region. Most COVID-19 national recovery plans are focussed on fostering economic growth in, especially, key productive sectors such as agriculture, manufacturing and tourism. Common elements include: Improving ease of business for the private sector (also through tax breaks and other financial incentives); transition from an import-dependent to export-oriented economy; and reform of the fiscal space, often including steps towards the formalization of the informal economy sector.

We have identified a number of underrepresented aspects in recovery plans. First, the consideration of interacting hazards and risks varies across existing COVID-19 recovery plans. Other than climate change and droughts, there are few mentions of other hazards and shocks in existing plans. Second, mechanisms to support the informal sector are lacking: While an expansion of social protection systems has been proposed (see above), clear pathways to deliver this under post-COVID-19 financial constraints are still to emerge. Third, actions for supporting women-led businesses affected by COVID-19 are not well developed. Fourth, it is often unclear how recovery plans align with existing national policy plans and visions: Such alignment is important for ensuring that recovery efforts contribute to a shared societal vision.

**Recommendation:** A *systemic* perspective on recovery addresses multiple sectors, hazards and risks together. In particular, it is important to expand the scope of recovery interventions from the economic to other dimensions such as social and environmental. Systemic recovery opens up new opportunities for building back better towards resilient and sustainable societies. This includes actions to reduce structural inequalities, for instance, enhancing girls' access to education or extending social protection mechanisms to the informal sector. A few countries in the SADC have devoted their plans specifically to the recovery of the informal sector with the aim of identifying ways to improve the conditions of people whose livelihoods depend on informal activities. Similar efforts for other vulnerable groups (e.g. people with disabilities, disadvantaged rural communities, etc.) would strengthen the systemic potential of recovery efforts.

Few recovery plans, on the other hand, deal with the environment and sustainability: It is recommended to include ecosystems and their interactions with human systems more systematically in recovery plans. The successful implementation of these recommendations also depends on enabling factors and potential barriers, which vary from country to country.

In Malawi and South Africa, stakeholders indicated several enabling factors for systemic risk management and recovery. Among these, what emerged was the relevance of having strong institutions with clear political mandates and unambiguous responsibilities and capacities in disaster response and risk management. Appointing disaster risk management focal points within sectors and across government agencies that collaborate on cross-sectoral issues can facilitate systemic recovery. However, barriers exist that need to be addressed:

The lack of appropriate and dedicated funding to manage risks (which in some countries is exacerbated by the limited means of their donor-dependent economy) seriously limits systemic recovery. As highlighted by stakeholders, institutional arrangements are still deficient. Many sectors and governmental agencies (particularly at local decision-making levels) lack organizational capacity to implement recovery plans. Another important barrier highlighted by stakeholders is the limited sharing of information (including sector-specific data, e.g. health) across governmental bodies. Lastly, underlying issues persist, in particular, irregularities witnessed in the management of public resources. This has affected risk management and recovery by draining resources and eroding public trust.



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