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To cite this article: Furaha Germain Abwe & Kristie Daniel (2021) Local public markets infrastructure and urban food systems in African small cities: insights from Arusha, Tanzania, *Cities & Health*, 5:sup1, S127-S130, DOI: [10.1080/23748834.2020.1816758](https://doi.org/10.1080/23748834.2020.1816758)

To link to this article: <https://doi.org/10.1080/23748834.2020.1816758>



Published online: 14 Sep 2020.



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COMMENTARY AND DEBATE



Local public markets infrastructure and urban food systems in African small cities: insights from Arusha, Tanzania

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ABSTRACT

African small cities of less than half a million residents are absorbing two-thirds of all urban population growth. These cities suffer from urbanisation challenges, lack of planning and services needed to cope with growth, which has resulted in spatial inequalities and inequitable access to basic necessities and amenities. With the current outbreak of COVID-19, various approaches are taken to prevent the spread of the virus, contain widespread transmission, and flatten the curves of infections. This commentary examines local markets infrastructure and the impact the COVID-19 preventive measures may bring on access to food in African small cities.

ARTICLE HISTORY

Received 2 June 2020
Accepted 26 August 2020

KEYWORDS

African small cities; COVID-19; local public markets

Introduction

African small cities of less than half a million residents are absorbing two-thirds of all urban population growth (UN-Habitat 2008, 2014, Smit 2016). These cities suffer from urbanisation challenges, lack of planning and services needed to cope with growth, which has resulted in spatial inequalities and inequitable access to basic necessities and amenities. Some examples of small cities include Tamatave in Madagascar, Entebbe in Uganda, Eldoret in Kenya, and Arusha in Tanzania. With the current outbreak of COVID-19 caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2), several central and local governments are taking various approaches to prevent the spread of the coronavirus, limit and contain widespread transmission of the coronavirus, and flatten the curves of infections. Preventive measures to stop the spread of the coronavirus include restricting urban public transport, practising physical distancing, prohibiting public gatherings, ordering curfews and lockdowns among others. It is clear that, although necessary, such actions negatively impact people's everyday livelihoods. An area of particular concern in African small cities has been people's access to food during the fight against COVID-19. This commentary examines local markets infrastructure that existed prior to the pandemic and the impact the COVID-19 preventive measures may bring on access to food in small cities such as Arusha in Tanzania. Statistics on food producers and production costs were not covered within the scope of this study.

Local public markets, as with other public spaces, are a vital ingredient of successful cities and are the places in a city that provide access to food while also building a sense of community, culture, social capital,

and community revitalization (Daniel and Nestico 2015). In many small and large cities and towns around the globe, local public markets are much more than fixed locations for trading but municipal authorities sometimes take them for granted. These markets are flexible spatial and temporal organizations that provide vibrant and inclusive public spaces. They act as places that move people, goods and information and facilitate a spontaneous synergy of urban residents and communities, which is at the core of everyday life of the city (Janssens and Sezer 2013). Local markets encourage healthy eating, improve urban livelihoods, provide fresh and affordable food for urban residents, and economic opportunities for those with less access to the labour market.

They also make locally produced food visible and available in a city's public space on a regular basis thereby contributing to the community's food security (Short *et al.* 2007). They are spatial points that make food availability, distribution and utilization possible in small cities (Smit 2016). The Food and Agriculture Organisation ascertains that low- and some middle-income earners in African small cities prefer to buy food from local markets and small shops rather than supermarkets or food delivery services (FAO 2020). Though there is no consensus on what constitutes a local public market in urban food system and public space scholarship (Brown and Mille, 2008, Hand and Martinez 2010), in this commentary, we have adopted that local public markets are public spaces or designated locations where locally produced food is marketed, sold and consumed (Brown and Miller, 2008, Hand and Martinez 2010). Local food clearly refers to a geographic production area that is demarcated by boundaries and in close proximity to the consumer.

This area may represent an existing or imagined ‘foodshed’, which refers to the area where a locality derives its food supply (Hand and Martinez 2010). By the term local, we mean that the produce is not imported, but rather made or produced within the country.

In 2019, we conducted a study on the availability and quality of the local markets in Arusha, Tanzania. Our study shows that 90% of foods sold in the local markets in Arusha are locally produced. These markets, therefore, support a resilient supply of food during a time of global supply chain disruption. As most urban households depend on purchased food, local markets are vital for a well-functioning urban food system that ensures food availability and accessibility. In addition, these markets provide access to jobs for the urban poor. Therefore, they increase city food security and resilience (Smit 2016).

While being aware of the COVID-19 outbreak, the government of Tanzania allowed local public markets to remain open for two reasons: i) ensuring citizens have access to food, and ii) avoiding disruptions in people’s everyday livelihoods. Since most African leaders view COVID-19 as a war, ensuring citizens’ access to food is considered one of the strategies to win this war. Moreover, this decision meant that the governments were not compelled to provide economic support packages to mitigate effects of disrupted livelihoods. Such support would have been challenging to initiate due to the absence of social security nets in most African countries prior to COVID-19. In March 2020, Arusha was the first city to report the first case of COVID-19 in Tanzania. Handwashing facilities were installed at every market entrance. Vendors and buyers were obliged to wear face masks. However, since the end of April 2020, the government stopped testing and suspended the release of official daily statistics of new cases, recoveries and deaths.

Spatial inequality and local public markets distribution

Arusha is known for its tourist attractions and is a gateway to important tourist destinations in the northern corridor of the country such as Mount Kilimanjaro, Ngorongoro Crater and Serengeti National Park. The city faces the challenge of spatial inequality in the distribution of basic services and amenities. Our study, which mapped the local markets in Arusha, revealed that 15 of the 25 wards/neighbourhoods that constitute the city boundaries have neither formally nor informally established marketplaces. See Figure 1. As a result, our fieldwork found that for a household’s major shopping, residents frequently travel to three more centrally located and everyday local public markets, which are Central market, Kilombero market and NMC-Samunge market. These are the major local public markets that serve all other small local markets and food kiosks/outlets in the city.

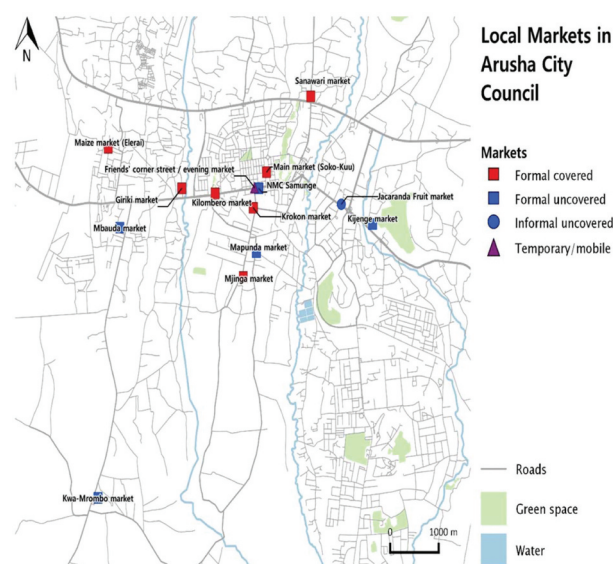


Figure 1. Map of local public markets in Arusha-Tanzania. Source: Fieldwork, June 2018.

The spatial inequality in the distribution of local markets compel the majority of residents, both vendors and buyers, to spend more time on motorised transport to reach the nearest local market. The results show that 64% of residents spend between 20 and 25 minutes to reach the nearest market, 75% of vendors use *daladala* (taxi/public transport) to reach the market where they sell their goods, and 88% of residents either use taxi or walk to the markets. This implies that the majority of residents travel much farther than the recommended 400–800 meters walking radius to the nearest market. Eighty-three per cent of the vendors depend on vending in a local market as the main source of their household’s income. With COVID-19 preventive measures of restricted urban transport, curfews and lockdowns, this means that the households that purchase their food in small quantities will have difficulties accessing these main markets and the everyday livelihoods of market vendors will be jeopardised, even though the local public markets were allowed to remain open.

However, there are opportunities in Arusha to establish a more neighborhood-based local public market system. For everyday smaller shopping, particularly in the neighbourhoods without any form of marketplace, people purchase some basic food-stuff such as fruits, vegetables, poultry and sometimes prepared food, through food kiosks/outlets commonly known in Swahili as *genge*, which are not considered as local markets by the city authorities. These *genge* are community self-initiated food outlets located in strategic areas, mostly at taxi stations or along busy streets, to sell food and other basic necessities to residents and they are fixed in the same location on an everyday basis. Based on urban studies literature, *genge* are viewed as petty trading spaces where vendors with small capital and buyers meet. Unlike other petty trading spaces which sell mixed goods, vendors in *genge* specialise mostly on agricultural produce

(Mbisso 2017). *Genge*, as other types of petty trading spaces, are widely accessible points of food distribution both in small and large African cities; thus, becoming important nodes in the urban food security chain (Anyidoho and Steel 2016, Mbisso 2017). Due to fear of COVID-19 infections in public transport, the *genge* have become more important and popular as they are within a walking distance of where people live and are particularly important in poor neighbourhoods as they make food easily available and accessible at the same or slightly different prices as in the main local markets. However, it is worth noting that ‘*genge*’ supply food at the sub-neighbourhood level. Vendors in *genge* purchase their supplies from local public markets and bring them closer to end-users/residents. Hence, they do not supply food needs of the entire city population.

Lessons and conclusion

The COVID-19 outbreak has exposed the existing spatial inequality and inequitable access to food in small cities such as Arusha and has stressed the need for adopting a neighborhood-based local public market system. The fear of COVID-19 has augmented the importance of small fresh food kiosks/outlets such as *genge* and has shown that auto-dependence is not a sustainable approach in a time of unprecedented disruption. Given the mapped spatial inequality in Arusha, this commentary warns that any measures to close down local public markets and restrict urban transport systems will adversely impact food availability and access for the majority of poor households, which will render the fight against novel coronavirus more difficult. Public health experts, urban planners, policymakers and city leaders should develop and/or reinforce the implementation of urban policies based on equity, and address the spatial inequality through city development plans. However, COVID-19 also provides us with the unique opportunity to reimagine the city and ensure that spatial inequalities are addressed. Most urban residents purchase their food frequent and in small quantities. Ensuring food availability at the neighbourhood level is an opportunity to reduce the transportation burden for all residents, especially the poor. The *genge* in Arusha have proved to be significant in a time of crisis as they facilitate access to food in a reasonable walking distance. We can leverage the *genge* as an existing community asset by both strengthening their capacity and expanding their ability to meet the sub-neighbourhood’s everyday needs. This will hence create a collection of local public markets which will function as a system and will reduce spatial inequality and spatiality of cities.

Data availability statement

The data that support the findings of this study are available from the corresponding author, [FA], upon reasonable

request.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by HealthBridge Foundation of Canada through the Livable Cities Programme with grant no. 20180327 and 20190305.

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Kristie Daniel joined HealthBridge full-time in January 2011 as Director of the Livable Cities program. Her role includes providing technical assistance to local partners, research, program planning and implementation, and monitoring of local programs. Kristie’s head office is in Ottawa but she travels extensively to meet with HealthBridge’s local partners in Asia and Africa. Kristie has a Master of Public Health degree from the University of Waterloo (2010) and a Bachelor of Arts, in psychology, from the University of Guelph (1997) in Canada.

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