



# Maintains

Research supporting social services to adapt to shocks



## COVID-19 and the urban poor in Ethiopia

### Effects of government responses on poor and vulnerable groups in Ethiopia's urban areas

BRIEF | December 2020 | Part 3 of 6

#### Introduction

**This brief presents key findings from Round 3 of a six part research study, exploring the impact of COVID-19 and government response measures on poor and vulnerable groups in urban areas in Ethiopia.**

As of 8 December 2020, the number of people infected with COVID-19 in Ethiopia had reached 114,266, of these 84,948 have recovered and 1,766 have died<sup>1</sup>. The Government of Ethiopia has lifted the state of emergency and on 6 October 2020 issued detailed COVID-19 pandemic prevention guidance. This is less restricted but measures are still in place, such as wearing facemasks in public places.

There are particular challenges in applying restrictions to reduce the spread of the virus in low-income urban areas, where for the urban poor there is a fundamental conflict between economic survival and compliance with physical distancing policies.

This study aims to assess the effects of COVID-19 and government responses on food security, livelihoods, education for children, and access to and use of health services.

The findings of this study will help the government design social policies and interventions to curb further spread of the pandemic and reduce its impacts. It also aims to assess knowledge of, and practising of, preventive measures related to COVID-19.

OPM organised a joint webinar together with the World Bank, Young Lives, IFPRI, GAGE, RISE, and University of Oxford on the 15th of December to present the findings so far. The event was attended by key stakeholders from the Government of Ethiopia, donors, and other researchers.

**“Since our last discussion, 44 people were diagnosed with corona and none of them showed signs and symptoms. As a result, many people started to develop an attitude that there is no disease called corona. After that incident, our people become reluctant on prevention measures. Currently, majority of the people are not using face mask and wash their hand.”**

Government official, Bule Hora

**“There is no shortage of food in the market, but the price of food is still high. It is becoming to the extent which poor people can't afford. I am using white flour and rarely rice. I have almost stopped buying main staple food or at least decreased buying the quantity of our staple food since we last spoke.”**

Day labourer, Semera

<sup>1</sup><https://covid19.ephi.gov.et/covid-19/>

## Urgent call to attention

The findings in this round highlight four key areas for urgent attention.

1. Half of those asked believe that they cannot be infected by COVID-19 and observation showed that most people are not wearing facemasks in public. These misconceptions about COVID-19 and adherence to restrictions must be addressed with awareness-raising activities and more tailored interventions for certain groups.
2. Policies must consider the continued rising of food prices because, whilst most people are eating three meals a day, these are poor quality meals with limited nutritional value.
3. The cost of accessing water is a problem for many, as is the often long distances people need to travel to fetch water. These issues, along with inadequate water supply at health services, need urgent attention.
4. The number of people receiving aid and support has reduced dramatically in this round to 27% of respondents, compared to 40% in Round 2. This needs urgent attention.

## Key findings



### Knowledge and behaviour relating to COVID-19

- Only 51% of the participants believed that they could still be infected with COVID-19.
- The practice of the major COVID-19 preventive methods declined in Round 3 compared to the previous two rounds.
- The vast majority (93%) of participants said that they would accept the vaccine for themselves.



### WASH

- The proportion of households who reported access to a water supply every day significantly decreased from 61% in Round 2 to 49% in this round.
- Most respondents (64%) had access to water supply from nearby or inside their residence; however, 10% of respondents access water supply from more than 20 minutes walking distance.
- The cost of purchasing water and transporting it to their homes remained a major challenge to the urban poor.

*The water distributed by the government using water tankers has been stopped. We do buy water from far away and get it delivered on donkeys' back. The payment for this has increased by two birr compared to the previous month. (internally displaced person (IDP) from Adama).*



### Food security

- The proportion of households having an average of three or more meals per day significantly increased from 64% in Round 1 to 73% in Round 2 and 79% in Round 3.

- Despite improvements in availability and frequency of meal consumption, respondents widely mentioned consumption of poor quality of food, which are assumed to have poor nutritional value.



### Income and expenditure

- The average monthly income of households significantly increased from 2,301 ETB in Round 2 to 2,785 ETB in Round 3.
- The perceived risk of eviction from their houses due to loss of income significantly decreased from 46% in Round 1 to 14% in Round 2 and 12% in this round.

*My work condition is now better. So is my income. My part time housemaid work is better these days. Thanks to God. I have also started to work by going to people's houses. I wash clothes, carry out household chores and cook injera. (Special group, Dire Dawa)*



### Health

- Only 55 respondents reported that they had needed medical treatment in this round, and only 11.9% (six participants) of these said that they were not able to access it when needed (compared to 17.2% in Round 2 and 8.9% in Round 1).



### Education

- The number of participants reporting that their children spent time studying increased significantly compared to Round 2 – from 35% to 78%. This finding is partially explained by schools re-opening in some cities (Bahirdar, Logiya and Semera).
- However, 77% of participants reported that their children continue to help them with routine/daily

activities and 65.2% that they continue to play around the neighbourhood. This is very similar to the results in Round 2

- 84% reported that mothers continue to be the primary caregivers of children during school closures.



### Mental health

- The proportion of respondents who reported feeling stressed due to COVID-19 and the response measures had reduced from 58% in Round 2 to 36% in Round 3.

- Similarly, the symptoms of probable depression among respondents reduced from 19.6% in Round 2 to 12.6% in Round 3.



### Aid and support

- Only 27% of respondents had received assistance/aid during the past month. This is very low, compared to Round 1 (39%) and Round 2 (40%).

*Currently I only work on my shop business. As I told you, the shop business is poor, and my family's and my household expenses with this small business. I don't have another source of income other than the shop; I didn't get any support from any source so far. (Returnees, Bahir Dar)*

## Summary

Only half of the participants in this round believed that they could still be infected with COVID-19. This, along with limited enforcement of the government restrictions, seems to have contributed to a decrease in the practising of preventive measures. Most participants believe that the COVID-19 vaccine is important, safe, effective, and compatible with their religious or personal beliefs, indicating that the vaccine would be widely adopted.

The proportion of households who reported access to a water supply every day significantly decreased compared to Round 2. The cost of purchasing water and transporting it to homes remained a major challenge to the urban poor.

The availability and consumption of food improved this round with the proportion of households who consume three or more meals per day significantly increased and the incidence of food shortage

declined across the three rounds. However, respondents widely mentioned consumption of poor quality of food, which are assumed to have poor nutritional value.

It is concerning that most children are still spending much of their time playing or helping their family with chores, rather than studying, even after many of the schools have re-opened.

Mental health problems, such as feeling stressed and symptoms of probable depression, significantly reduced in this round. Most qualitative diary interview participants reported feeling less worried about getting ill with COVID-19 and improvements in social interactions due to the easing of government restrictions.

Concerningly, only 27% of respondents had received assistance/ aid for this round, much lower than rounds 1 (39%) and 2 (40%).

## Methodology

This study uses a mixed methods design, employing both qualitative and quantitative data collection methods including a phone survey with households and individual day labourers. This uses semi-structured and qualitative diary-style interviews, in which respondents lead the discussion with gentle guiding by the interviewers across the main themes.

The same households are being tracked for six months with six rounds of interviews (from July 2020 to February 2021) in 10 selected cities in Ethiopia: Addis Ababa, Mekelle, Dire Dawa, Adama, Gambela, Bahir Dar, Jigjiga, Bulehora, Logia, and Semera. These cities were selected based on the size of the population of urban poor and vulnerable groups, IDPs and refugees.

For this round we were able to interview 380 participants for the quantitative survey (121 Urban Productive Safety Net Project (UPSNP) beneficiaries, 137 SSB owners, and 122 refugees and IDPs). This compares to 407 for Round 2 and 436 for Round 1. A total of 35 diary-style qualitative interviews were conducted for this round (six UPSNP beneficiaries, five SSB owner respondents, 12 IDPs and refugees, and 12 participants from the 'special population group' of daily labourers, shoeshines, waiters, porters, and commercial sex workers). This compares to 50 in Round 2 and 57 in Round 1. The qualitative data collectors also conducted weekly observation sessions to provide contextual insights into the communities' behaviour regarding the prevention of COVID-19.

22 key informant interviews (KIIs) were carried out in this round (compared to 35 in Round 1), with 11 local government officials, five NGOs/CSOs, and six health workers. These KIIs are included every two rounds.

The interview tools will be adjusted slightly in response to the constantly changing nature of this pandemic and policy responses.

## About this study

This research was prepared by Donna Harris, Biniyam Tadesse, Israel Mitiku, Mekdes Demissie, Alula Teklu, Girmay Medhin, and Frehiwot Belachew. The full report from this third round of the study, along with the brief and full report from the first and second rounds, as well as all future outputs are available on the Maintains programme website here. For further information contact lead researcher Donna Harris at [donna.harris@opml.co.uk](mailto:donna.harris@opml.co.uk)

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