

COVID-19 and the urban poor in Ethiopia

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

BRIEF | August 2020 | Part 1 of 6

Introduction

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

COVID-19 is expected to have significant effects in urban areas, where population densities are high, health and other public services are often poor, livelihoods are precarious, and a range of other factors often have a negative impact on people's lives. Pre-existing health conditions associated with poverty such as malnutrition and tuberculosis are also likely to increase COVID-19-related morbidity and mortality.

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.

Key findings



Knowledge and behaviour relating to COVID-19

- Awareness about COVID-19 was prevalent, mostly through TV or radio.
- Compliance with preventative measures was widely reported by respondents themselves, but poorer compliance was reported for family members and friends.



WASH

- Shortage of water supply was widely reported, hindering handwashing practices.
- Refugees and IDPs had much more difficulty accessing water since the outbreak.



Food security

- COVID-19 responses affected food security for the urban poor, with those dependent on a daily income being most vulnerable.
- Lack of income and increased food prices were the major reasons for reduction in the quality and quantity of food among the urban poor.



Income and expenditure

- 62% of households have reduced work since the start of COVID-19, with small-scale business (SSB) households, refugees, and day labourers highly affected.



Health

- Health providers observed a decrease in the number of people seeking health services since the pandemic began, with perceived risk of exposure to coronavirus being the main reason.
- Healthcare providers were concerned about their safety due to inadequate supply of personal protective equipment (PPE).



Education

- The urban poor have limited access to education platforms to help students learn from home, and absence of educational mechanisms has negative psychological and social implications for children and families.



Mental health

- A significant reported incidence of feeling hopeless, having thoughts of hurting oneself and/or probable depression highlights the need for mental health interventions.



Aid and support

- Support in the form of food and cash was available from government, NGOs, CSOs and the community, but inadequate.
- The pandemic has negatively affected social interactions and the culture of community support.

Methodology

We are conducting a monthly mixed methods phone survey with households and individual day labourers, using semi-structured and qualitative diary-style interviews, in which respondents lead the discussion with gentle guiding by the interviewers across the main themes, as well as key informant interviews (KIIs) with non-governmental organisations (NGOs), civil society organisations (CSOs), local government officials, and health professionals.

We document the effects of COVID-19 and government responses on food security, livelihoods, and access to and use of health services among the urban poor and vulnerable groups over six months from July to December 2020 in 10 selected cities in Ethiopia: Addis Ababa, Mekelle, Dire Dawa, Adama, Gambela, Bahir Dar, Jijjiga, Bulehora, Logia, and Semera. These cities were selected based on the size of the population of urban poor and vulnerable groups, including internally displaced persons (IDPs) and refugees. The quantitative survey included a total of 436 households: 153 UPSNP beneficiaries, 153 SSB owners, and 130 refugees and IDPs.

This brief reports findings from the first round of the study. For subsequent rounds, we will revise the interview tools slightly to adjust to the constantly changing nature of this pandemic and policy responses (see Upcoming Activities).

Summary

Our first round of phone interviews took place four months after the first case of COVID-19 was recorded in Ethiopia. During these months, the government put in place a number of measures to raise awareness of COVID-19. The intensity of these has varied across the 10 cities in our sample. Overall, our findings are consistent with the results of two related studies, by the [World Bank](#)¹ and by the [International Food Policy Research Institute \(IFPRI\)](#)².

Respondents reported having acquired knowledge about the pandemic and most reported practising hand washing, hand rubbing with a sanitiser, and social distancing. Caution is needed in interpreting these results because of possible social desirability bias, as when asked about the practices of friends and family members, respondents reported lower rates of compliance rates. Furthermore, it was reported that some people only practised COVID-19-related restriction measures to avoid being apprehended. These findings indicate the need to consider a more tailored intervention to avoid negligence and improve misconceptions about COVID-19.

Key findings

While most respondents reported having access to health services, fear of being infected with coronavirus appeared to affect their health-seeking behaviour. Among the healthcare services affected during this pandemic were maternal health service utilisation including facility-based deliveries, and missing of medical appointments among people with HIV/AIDS. These results indicate a need for further rigorous research assessing the health service coverage of highly affected areas.

The inadequacy of PPE needs attention to protect the safety of healthcare providers and patients. As well as improving psychological and physical well-being of health professionals, who reported feeling stressed and worried, having adequate PPE would also signal that health facilities are safe to visit, reducing patients' fear of being infected.

Handwashing practices were negatively affected by water shortage; only around 50% of households had daily access to a water supply, and 34% of households had more difficulty accessing water since the pandemic restrictions began. This was partially attributable to movement restrictions and

¹ The World Bank are conducting a high-frequency phone survey of a nationally representative sample of households conducted by in all regions of Ethiopia.

² IFPRI are conducting a study of the impact of COVID-19 on food security.

reduced supply by the municipality, and affected some cities more than others. This highlights the need to ensure that communities have adequate water supplies to ensure hygiene and handwashing can be practised.

25% of respondents reported feeling very hopeless and/or having thoughts of hurting themselves in some way; 16% of respondents had probable

depression, highlighting the need for mental health interventions.

Respondents had limited access to educational platforms, and despite awareness of educational programmes on television, most children do not have access to a TV. The lack of activities for children also exposes them to greater risks of infection and psychological problems.

Case study

Mr Goitom (not his real name) is a 32-year-old married man from Mekelle, Tigray, who has completed high school, and is the father of a four-year-old boy. For a living, he collects metals, plastics, and glass bottles for recycling.

Before the COVID-19 pandemic, Mr Goitom used to do home-to-home rounds to collect recyclable materials 10 times per day without a break. He earned a lot of money: he saved ETB 200 per day, procured food for his family and sent his child (who has an emotional disorder) to a fee-charging kindergarten. Since the pandemic, however, his work has stopped and his livelihood dramatically worsened. He has no significant income – only expenditures, and his savings have been depleted. The price of food and other materials in the market has risen significantly – e.g. one quintal of teff has risen from ETB 3,000 to ETB 4,200, and transport costs have doubled. Social interactions

like funerals and marriage ceremonies are prohibited, negatively affecting his normal life.

Mr Goitom cannot procure food or other basic necessities for his family as before, nor can he educate his child as before. To address these challenges, he has been prioritising his expenditures and compromising the quality of his daily life. He has reduced the number of meals from three to two, as well as his amount of food, and has reduced the frequency with which he purchases new clothes and shoes by half. Overall, he has been making decisions for the sake of survival. As his work area is highly exposed to communicable diseases, he usually wears a mask, washes his hands regularly, and applies alcohol and sanitiser. He has never lost hope; instead he is praying to God for help when problems grow beyond his capacity to address.



Urgent need for support

A significant number of households experienced reduced income attributed to the loss of work and reduced hours due to COVID-19-related restrictions. Reduced income and market price inflation have led to food insecurity among the urban poor. Our results are much starker compared to the World Bank's survey but are in line with those of IFPRI and high-frequency phone surveys conducted with female garment workers in Hawassa. People have been forced to reduce the number of daily meals they eat and also the quality and variety of food consumed.

Support was reported to be available through the government, NGOs and the community, and mainly

provided as food and cash, but so far has not been sufficient to meet the overwhelming needs of the poor and vulnerable. And since the pandemic has also negatively affected the community interaction and social support that existed beforehand, the number of households dependent on aid and support has increased. Thus, community mobilisation to strengthen support networks is of paramount importance (while ensuring health safety), and involvement of more local NGOs with tailored interventions to reduce the effect of reduced food security are urgently needed, particularly for women, day labourers and IDPs.

About this study

This research brief was prepared by Donna Harris, Alula Teklu, Girmay Medhin, Israel Mitiku, Biniyam Tadesse and Mekdes Demissie. This study has been commissioned by DFID and is funded by the BRE Programme and implemented in partnership with the Maintains Programme. BRE and Maintains are funded with UK aid from the UK government.

The full report from the first round of the study is available [here](#). Further information on this study, including all future outputs, will be available [here](#). For further information, please contact lead researcher, Donna Harris at donna.harris@opml.co.uk.

Upcoming activities

Round 2 data collection is planned for 17th August. We will revise the interview tools slightly to adjust to the constantly changing nature of this pandemic and policy responses. We will place a stronger emphasis on IDPs and refugees and examine the results separately for these two categories. We will also look to add more refugee respondents to our sample in the subsequent rounds. As we expect the rate of the spread of the virus to continue to increase, we will place a stronger emphasis on collecting data on health-seeking behaviour and access to health services in parallel with mental health symptoms and access to mental health support.

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