

COVID-19 and the urban poor in Ethiopia

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

BRIEF | October 2021 | Part 5 of 6

Introduction

This brief presents key findings from Round 5 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 7 October 2021 around 3.5m COVID-19 laboratory tests had been conducted since the start of the pandemic. There were 26,625 active cases, there had been 352,504 total cases, 319,989 people had recovered and there had been 5,888 total deaths – an increase compared to Round 4. Around 2.9m people had been vaccinated against COVID-compared to 1.3m in the last round.

This study aims to assess the effects of COVID-19 and government responses to it on the lives of urban poor Ethiopians, including changes in their food security and livelihoods, as well as education for their children, and their access to and use of health services. It also aims to assess people's knowledge and practising of preventive measures, as well as stigma and discrimination against vulnerable groups, related to COVID-19.

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.

The pandemic prevention guidelines remain the same as the previous round and include wearing facemasks, air ventilation and maintaining distance. Compliance remained low across the nine cities and most people had started shaking hands again in all the cities.

Urgent call to attention

The findings in this round highlight three key areas of particular concern.

1. Despite the improving income levels many people are experiencing issues with food insecurity because of an increase in food prices. This is due to interruptions to supply chains caused by conflict in some parts of the country, particularly in Tigray.
2. These concerns about high food prices are, in turn, contributing to a significant increase in reports of depression in this round.
3. Finally, understanding about COVID-19 and compliance with the guidelines is further declining, and more rigorous information, interventions and education campaigns are needed to address this, particularly among the urban poor.

These issues need urgent attention.

Highlights



Knowledge and behaviour relating to COVID-19

- Only 19.4% of respondents reported that they were still practising handwashing and/or sanitising and 46.9% reported using facemasks.
- 93.2% of respondents said they would accept the vaccine, although there was a concern that the vaccine could cause some side effects.

In the past, there was a rigid rule that it was impossible to travel with Bajaj without wearing a facemask. Currently, there is no-one who forces people to use a facemask. Only a few workers who work in banks and health facilities wear a facemask. (Special group respondent, Dire Dawa)



Water, sanitation and hygiene (WASH)

- Whilst municipal water shortages continued this round, the proportion of households that reported water shortages decreased from 49% in Round 4 to 39%.
- The use of rainwater as an alternative was a widely mentioned way to overcome the shortage in water supply.
- The economic burden associated with purchasing water and transporting it to their homes remains a major challenge.

There is serious water problem here. Now people are using pond water, there is shortage of water... it is getting worse. Previously, tap water was available on daily basis but now you may not get even once in a week. (Returnee, Bahir Dar)



Income and expenditure

- The average monthly income of households has continued to increase with an average of Ethiopian Birr (ETB) 2,016 in Round 1 to ETB 3,045 in this round.
- Despite the increase most participants mentioned the inadequacy of their income to cover basic expenses, due to the increase in the price of food.

Now, the cost of materials and food items is very high. As a result, most people find it difficult to live. For example, people who are employed in government organisations also face difficulty covering their expenses. (Special group respondent, Logia)



Food security

- 45% of respondents reported food shortages – the same percentage as Round 4.
- As with previous rounds, eating less preferred foods and reducing the number of meals per day were key coping strategies for food affordability issues.

...everything is available. If you have the money at hand, you can get what you want. The issue is only the increment in price, not the availability. (Special group respondent, Dire Dawa)



Health

- Only 18% of the total sample reported needing medical treatment over the past month, and of these only one said that they were not able to access it.
- About 29% of the respondents who had at least one child under five reported that their children had been diagnosed with malnutrition by health workers, constituting a significant increase compared to previous rounds.

There was low patient flow during the first few months following the COVID-19 pandemic. People in need of medical care/service were not coming to health facilities because they had a fear that they would be quarantined if they are suspected of being infected with the coronavirus. But now this is changing, people are visiting health facilities to get treatment. (Health worker, Gambela)



Education

- In almost all cities schools were closed due to the annual break and students were spending their time helping their parents, watching TV, and playing with their friends (which would have happened anyway during the school holiday).
- About three-quarters of all respondents indicated that their child–parent relationship had improved, while 15% reported that their child–parent relationship had worsened.

In this area, now the school is closed so children have no education. So, they spend time at home watching TV and helping us. However, in the past, children spent most of their time by learning and studying their education. (Small-scale business respondent, Afar, Logia)



Mental health

- The proportion of respondents who reported feeling stressed increased significantly from 37% in Round 4 to 50% in this round.
- The proportion of respondents with symptoms of probable depression increased from 16% in Round 4 to 21% in this round. The reported reason for feeling depressed was mainly the inflation in the cost of living.

I feel stressed right now because of the inflation and the high cost of living. Everything has increased, more than COVID-19. For example, I have to pay for food as well as rent, school fees, and other expenses. So, I wonder how I can cover these expenses. I'm also so worried about how we will live in the future. (Special group respondent, Logia)



Aid and support

- There has been a slight increase from 21% in Round 4 to 24% in this round in the proportion of households who reported receiving aid.
- The government and NGOs were still reported to be the main sources of support for the urban poor.

Currently, I don't have income or job except the support I received from UNHCR. I get support in kind like food items. (Refugee, Afar, Logia)

Summary

Overall, the findings of this study indicate that the urban poor are still struggling to cope with multiple challenges. A key issue is that despite incomes showing signs of recovery the increase in food prices means affordability remains low and food insecurity continues, this is alongside the lack of access to clean and adequate water. Daily wage earners, people with jobs in the informal sector, vendors, petty merchants, labourers, and women are found to be the most impacted due to loss of jobs and reduced income, and due to the disproportionate childcare burden for women.

At the same time, mental health problems are increasing for the urban poor due to high food prices, the decline in economic activity, and the inadequacy of household income to buy food.

Despite the rising number of COVID-19 cases and deaths, the practising of preventive measures has declined significantly across the five rounds. Most of the respondents do not perceive themselves to be at risk. The enforcement of COVID-19 measures such as wearing a facemask and handwashing in public places and before entering public institutions seems to be required less during this round.

False beliefs, misinformation, and the lack of an advocacy campaign seem to have contributed to this change in behaviour. As mentioned in the previous rounds reports, there is an urgent need for the government to provide the correct information about the pandemic and why it is important to comply with the prevention guidelines.



Methodology

This study uses both qualitative and quantitative data collection methods including a phone survey. It 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 over the course of the six round study and respondents comprise: beneficiaries of the Urban Productive Safety Net Project, small business owners; IDPs and refugees; and individual day labourers (or 'special group'). The current round was conducted from 15 July to 15 August 2021 in nine selected cities: Addis Ababa, Dire Dawa, Adama, Gambela, Bahir Dar, Jigjiga, Bule Hora, Logia, and Semera. We were not able to include Mekelle in this round due to the conflict and internet blackout in the area.

For this round we were able to interview 309 participants for the quantitative survey out of the original 436 for Round 1. A total of 24 diary-style qualitative interviews were conducted for this round compared to 57 in Round 1. Five key informant interviews (KIIs) were carried out with in this round (compared to 35 in Round 1), all with health workers. KIIs are included every two rounds.

The qualitative data collectors also conducted weekly observation sessions to provide contextual insights into the communities' behaviour regarding the prevention of COVID-19. 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 fifth round of the study, along with the briefs and full reports from each of the first four rounds, as well as all future outputs are available on the BRE programme website [here](#). For further information contact lead researcher Donna Harris at donna.harris@opml.co.uk

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 donna.harris@opml.co.uk

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