

COVID-19 and the urban poor in Ethiopia

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

BRIEF | October 2020 | Part 2 of 6

Introduction

This brief presents key findings from Round 2 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.

The number of people infected with COVID-19 in Ethiopia, as at 15 October 2020, was 87,169, with 1,325 dead¹. Since the Government of Ethiopia lifted the state of emergency on 7 September 2020 it has issued a detailed COVID-19 pandemic prevention guideline with less stringent measures.

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. Yet COVID-19 has had significant initial 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 have a negative impact on people's lives.

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.

“I do not wear facemask when I go to church as a believe God will protect me once I go there. Others have the same belief.”

Special group member from Bahir Dara

“Currently, shops and markets are open, and all food items are available. There is no shortage of food in the market, but food price is still rising.”

Special group member from Logiya

Urgent call to attention

The findings in this round highlight the importance of policies that ensure the most vulnerable benefit from the support provided by government and other organisations, and that the process of targeting the support is transparent. There is also a clear need to continue to use education and information campaigns to raise awareness of the severity of the pandemic, to reduce misconceptions about COVID-19.

The lack of access to education materials for poor and vulnerable children needs urgent attention. The lack of education during this time is likely to exacerbate gender inequalities, as demonstrated by the 14 young girls in our sample who got married following school closure, with an average age of 15 at the time of marriage.

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

Highlights



Knowledge and behaviour relating to COVID-19

- Although the respondents reported that they regularly practised preventive measures, avoidance of crowded places has decreased.
- From the data collector observations, compared to Round 1 all cities were less likely to observe wearing a facemask, keeping physical distance, and avoiding public gatherings.



Water, sanitation and hygiene (WASH)

- Despite the improvement in access to water, participants seemed to be struggling with the economic costs associated with purchasing water and transporting it to their homes.



Income and expenditure

- The ability of households to earn income as they did before COVID-19 has significantly increased from 67% in Round 1 to 83% in Round 2. However, most of the people who seemed to benefit from the easing of restrictions were small business owners. Many of the respondents also reported to work on an ad hoc basis to earn some income.
- Strategies used to cope for those with reduced income in Round 2 included reducing the quality of food (41%) and working for remuneration other than pay (40%).



Food security

- The proportion of households who consumed an average of three or more meals increased from 66% during Round 1 to 74% in this round.

However, most respondents still struggled with increased food prices and even though they managed to consume three meals a day, these usually consisted of basic food, such as rice and white flour (not meat, fruit, or vegetables).



Health

- Only 60 respondents reported that they needed medical treatment, of which 18% said that they were not able to access it when needed compared to 12% in Round 1.

- The most common reason (23%) for this was reported to be the cost of treatment.
- However, the fear of being infected with COVID-19 and being sent to quarantine centres were most repeatedly mentioned as the reason not to attend health facilities amongst the qualitative respondents.



Education

- Over 60% of respondents had at least one child attending school before they were closed due to COVID-19. Of these, only 28% had access to an educational platform, including TV and radio, to help them learn from home. This had not changed since Round 1.
- Children mostly spent their time playing around the neighbourhood (66.7%) and helping their family (72%). Only 44% spending time doing some reading since school closure.
- The most alarming finding is that 14 young girls in our sample got married following school closure, with an average age of 15 at the time of marriage.



Mental health

- The proportion of respondents who reported feeling stressed due to COVID-19 and government measures declined from 68% in Round 1 to 55% in Round 2.
- However, there was a significant increase in probable symptoms of depression among respondents from 16% in Round 1 to 18% in Round 2.



Aid and support

- On average, 40% of participants received assistance from the government or NGOs in Round 2, which is almost unchanged since Round 1 (39%).
- The largest proportion of the assistance provided was in the form of free food (74%), followed by cash (56%).
- However, the support was perceived by the participants to be inadequate and the process around the selection of beneficiaries was not seen as transparent.



Summary

Whilst the easing of restrictions appears to have increased work opportunities for our respondents, affordability problems seem to be getting worse due to the persistent increase in the prices of some food. There are also costs associated with purchasing and transporting water, one of the main challenges cited in accessing water and practising handwashing.

Government and NGOs are the main sources of support, in the form of food and cash. However, the support is reported to have decreased compared to Round 1. It is also felt that it is not targeting those who are most in need.

The impact on the culture of support within communities was also felt much more strongly during this round compared to the first. Most respondents cited reduced income and social distancing as the main reasons for a decline in community support. Despite knowing who the

most vulnerable segments of the population are, respondents were not aware of how they can help them.

Despite the cost of buying water most of our respondents reported regular handwashing, hand rubbing with a sanitiser, and social distancing. Yet we found that for some respondents these practices have declined significantly along with avoiding crowded places and wearing masks, particularly at religious gatherings. It was also reported that there were increasing misconceptions regarding the severity of the effects of COVID-19, and some people even questioned its existence.

No change was reported with regards to access to educational platforms for children, which remains low. It is of great concern that 14 girls in our sample got married following school closures, with an average age at marriage of 15 years.

Methodology

This study uses a 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.

There will be 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, including internally displaced persons (IDPs) and refugees.

Of the 436 sample of households included in the Round 1 quantitative survey we were able to interview 407 (143 Urban Productive Safety Net Project (UPSNP) beneficiaries, 142 SSB owners, and 122 refugees and IDPs) for this round of the

survey. Of the 57 participants from the first round of diary-style qualitative interviews we were able to interview 50 (10 UPSNP beneficiaries, nine SSB owner respondents, 17 IDPs and refugees, and 17 participants from the 'special population group' of daily labourers, shoeshines, waiters, porters, and commercial sex workers) for this round. The qualitative data collectors also conducted weekly observation sessions to provide contextual insights into the communities' behaviour regarding the prevention of COVID-19.

No key informant interviews were carried out with local government officials, NGOs, CSOs, or health workers in this round. These are included every two rounds and will be included in Round 3.

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, Alula Teklu, Girmay Medhin, Israel Mitiku, Biniyam Tadesse, Mekdes Demissie and Frehiwot Belachew. The full report from this second round of the study, along with the brief and full report from the first round and all future outputs are available [here](#). For further information contact lead researcher Donna Harris at donna.harris@opml.co.uk

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