The Impact of COVID-19 and Movement Restrictions on the poor and vulnerable groups in Ethiopia

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Findings from Exploratory Qualitative Interviews with Civil Society Organisations

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Introduction

This exploratory study was conducted with 15 participants, including 10 Civil Society Organizations (CSOs) and 5 Managers (in the Northern, Eastern, Western, Southern, and Central regions of Ethiopia) who are apart of DIFID's Civil Society Strengthening Programme Phase 2 (CSPP2). The CSOs are small, national CSO's with thematic areas including, youth voice, disability and inclusion, mental ill health, substance abuse, and disadvantaged communities' rights and livelihoods. The aim of this study is to explore the extent to which COVID-19 and associated government responses and measures such as physical distancing, movement restrictions and lockdowns, affect the ability of urban poor and vulnerable individuals to access health services, education, and whether they are able to meet their food and nutrition security needs.

This preliminary study is part of a larger panel study which will examine, in more depth, the impact of COVID-19 and government measures such as movement restrictions, physical distancing and others, on poor households and vulnerable groups (including refugees and IDPs) in urban areas of ten cities in Ethiopia. The panel study aims to conduct monthly qualitative phone interviews with 300 households, 40 CSOs/NGOs, and 50 health facilities and 150 health workers across the ten cities (Addis Ababa, Mekelle, Dire Dawa, Adama, Gambella, Bahir Dar, Jijiga, Bulehora, Logia and Semera). The study is funded by the UK Department for International Development (DFID) under the Maintaining Essential Services After Natural Disasters operational research (Maintains) programme.

Summary

Many of the service users of the CSOs that were interviewed are among the most vulnerable groups, who live on their daily wages. Limited access to transportation and restrictions on their movement have seriously affected their ability to find income, which has direct impacts on their food security. Daily laborers/ migrants that have been severely affected by the pandemic. Many rent rooms together with other daily laborers up to ten people and are not able to exercise physical/social distancing. Women and children are struggling the most with the loss of income. The nutritional status of both women and children is likely to be directly impacted by the pandemic and restriction measures. Health institutions remain open, and communities are able to access routine health services, but many are avoiding health facilities for fear of contracting the virus. This is also true of maternity services, where some women are choosing to give birth at home, not in the presence of skilled birth attendants. Both urban and rural communities are aware of how to mitigate the risk of spreading and contracting COVID-19 as they are receiving this information from mass media campaigns over the radio and television but they are not able to practice them. All schools across Ethiopia are closed for the remaining academic year. Both public and private educational institutions have tried to ensure that their students are able to access some form of education at home. But there is a stark contrast between public and private schools in terms of available resources and access to the education materials. Overall, CSOs have had to adapt to the pandemic and this is significantly affecting their ability to provide assistance and resources to their service users.

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How has COVID affected the community and service users?

Service users have been extremely affected by COVID-19 as CSOs are not able to reach the communities they serve. The core of their work involves providing trainings, workshops, learning events, capacity development and direct community engagement. Almost all of these activities have halted, across all regions.

In the Northern Hub, due to movement restrictions, and the closing of markets, their service users are not able to go out and work. Many of these individuals rely on begging outside of churches and mosques, petty trade, or daily labour. Their livelihoods are dependent on public gatherings which are not allowed. These individuals are, therefore, suffering a huge loss of income, which has a direct impact on their ability to feed themselves and their families.

In the Southern Hub, particularly in Hawassa where COVID-19 has affected the community through high rates of unemployment. Many people have come to the city from the surrounding woredas and zones for better job opportunities. The pandemic and physical distancing have significantly slowed down the construction sector, causing large number of individuals to be unemployed. These daily labourers do not have savings and rely on the income they earn daily. Due to the lack of job opportunities, respondents noted a spike in both door-to-door begging and theft in the city.

In the Eastern Hub, service users have been extremely affected by the pandemic. Dire Dawa has very large homeless population, as well as several people who live on day-to-day income. The initial movement restrictions placed on them were extremely hard. The thing people were struggling the most with is the loss of income. Many people hire domestic

workers in their homes, many people have chosen not to introduce new people into their homes, due to the fear of contracting the disease.

In the Western Hub, similar to other regions, the service users are those who are considered to be a part of the most vulnerable population and the pandemic has directly impacted their livelihoods, which are directly linked to their daily activities including petty trade, daily labour and working in small cafes. They are struggling the most with the loss income, which has direct impact on their ability to feed themselves and their families.

In the Central Hub, there have been many initiatives to ensure that people are not evicted from their homes due to the inability to pay rents, many households have chosen to move to the outskirts of the city in search for more affordable housing. There are many IDP camps surrounding Addis Ababa (around six in total), many of them used to beg on the street or were working as daily laborers. The dwellers of the IDP camps used to come into the city to work which included petty trades, daily labour or begging. Many of them have not been able to work due to movement restrictions and the high cost of transportation. This has resulted in a spike of alleged theft and petty crime in the community.

Movement restrictions and limitations in transportation

Across all areas, movement was highly restricted for a short period after the announcement of the first official case of COVID-19 in Ethiopia. People were not able to move freely between cities, and even smaller woreda towns, markets were closed, and transportation was halted. In last few weeks, however, restrictions have been relaxed, with the opening of marketplaces, and transportation resuming, linking cities, and woredas. Many people were complaining that they could not feed themselves with marketplaces being closed. One market in Dire Dawa has since been opened and this market sees up to 10,000 people a day.

Current transportation restrictions include reducing the seating capacity by at least 50%. The only mode of transportation that has continued to charge the regular fare is the bus service. Although they have kept the same pricing, the have adhered to the limitation of seating capacity. Moreover, the frequency of trips has not increased, causing long waiting time and long queues. Minibuses and Bajaja's have doubled their prices to offset their loss in the number of passengers. A single Bajaj used to take up to four passengers but now have been forced to only carry one person. The Bajaj drivers continue to charge the full price (of four passengers) and thus, the cost is directly passed onto the passenger. Individuals are not able to afford these inflated prices and have resorted to walking short distances if possible or have had to limit their travel to a short radius from their house.

There is a state of emergency in place and movement restrictions are still in place in most cities, yet people are reluctant to follow the rules because their livelihoods depend on daily wages. The situation is changing rapidly, and the vulnerable individuals are not able to cope with restrictions and other new policies that attempt to contain the spread of the pandemic. The most recent policy measure is compulsory facemask wearing on public transportation including the light rail, minibuses, and busses. Individuals are already struggling financially and thus, it is not feasible for them to purchase facemasks, which are on average 20 Birr per piece (un-regulated washable facemask made of various materials that are easily purchased near transportation hubs).

© Live Addis (http://www.liveaddis.org/) Photo taken before COVID-19 restrictions.

Are students accessing education at home?

All schools across Ethiopia are closed for the remaining academic year. Both public and private educational institutions have made various efforts to ensure their students are able to access education at home. However, there are stark differences in the amount of resources being put forth by public and private institutions. Whist students from wealthier background receive tailored lessons and significant supports from private schools, poorer children are struggling to access the limited education resources and are at risk of falling even further behind.

Throughout Ethiopia schools are currently closed and most likely will remain closed until the end of the academic year. Both private and public educational institutions have established several initiatives to ensure that their students are continuing to have access to education within their homes. However, there are stark differences between public and private institutions. Those students attending private schools have increased resources and are receiving more individual attention and tailored services during the pandemic.

Respondents noted two main channels in which private school students have been reached. The first is through messaging applications such as Telegram, WhatsApp and Viber. Through these apps' teachers are able to send worksheets and lessons, directly communicating with students and/or their parents. The second is through directly going to the schools: parents travel to their children's schools and pick-up worksheets for the students to complete. After completion, the parents then return the worksheets to the school. This constant contact has enabled students to continue to work on lessons during the pandemic.

In contrast, students attending public schools have not received tailored services, but some are able to access general education through either the radio or television. Many respondents noted the gaps in these initiatives, such as the lack of access to both radios and televisions for both rural and urban households. Moreover, the schedule was only announced once a day and people are not aware of the television channel or radio stations that are transmitting the lessons. The majority of respondents noted that they feel that this is not adequate and there is a lack of interaction and cooperation within the education sector. The radio programs are split between, 1st-8th and 9th-12th grades and the subjects are only taught for a total of 15 minutes. Respondents noted that the lessons are too short to retain any information. Those with access to televisions are able to access educational " Ye Ethiopia Lijoch" and through the British Council, from 12pm to 2pm. Respondents also noted that more needs to be done to ensure that families are receiving the schedule and understand how they can help their children. There is a real need to aggressively promote the information on the available education programmes in the communities so that it can be followed. There are also compounded issues, including frequent power interruptions.

Are people able to access routine health services?

Routine health services are available and are being accessed by a portion of the population. Although health facilities are open, a segment of the population is choosing not to seek medical attention for the fear of contracting COVID-19. The community understands how to mitigate the risk of contracting and spreading the disease, but there are gaps in their understanding of what quarantine facilities are and what happens there. Several health professionals have opted to stay home because of the lack of personal protective equipment.

Most of the population are able to access routine health services. Both private and public health services have continued to operate during the pandemic. But despite health centres and other health facilities being open, many individuals refrain from seeking medical attention due to fear of contracting the virus. Communities are also fearful that if they interact with patients and health professionals, they will be at risk of contracting the virus. In addition to the fear of contracting the virus, there is also fear of being in the presence of someone who has contracted the virus, and subsequently being taken to a quarantine centre. The community understands how to mitigate the risk of contracting and spreading the disease, but there are gaps in their understanding of what quarantine facilities are and what happens there. There have been many cases of individuals escaping quarantine, which has led them to believe that it is somewhere they do not want to be, aside from being forcibly separated from their families. In addition to those seeking medical care, those providing care are also fearful. With the lack of personal protective equipment, some older physicians have been advised to stay at home. Several health professionals have opted to stay home because of the lack of personal protective equipment.

Women can access both prenatal and antenatal care. Although maternity services are being provided, respondents noted that there have been many cases of women choosing to give birth in their homes, with the aid of traditional birth attendants. The majority of CSOs said that children can access routine immunization services. For those who mentioned a lack of access, they attributed this not to COVID-19, but to the lack of supply.

How are people accessing information on mitigating the risk of spreading/contracting the disease?

Urban communities are aware of how to mitigate the risk of spreading and contracting the virus. They have been made aware through numerous mass media campaigns. However, the picture is different in rural areas as many rural households do not have access to mobile phones, radios, and televisions. Most of the rural population is receiving their information through word of mouth which has directly contributed to fear due to misinformation. Although both urban and rural communities have the knowledge of mitigating the risk of spreading and contracting the disease, ***they are not able to practice this****.*

Ethio Telecom has been a vital contributor, through changing the normal call dial tone to COVID-19 related messaging, with themes including hand washing, social distancing, and distancing from those who are coughing and sneezing. Urban communities have also received messaging through television, radio, and posters/billboards. In urban communities, an additional resource has been through messaging delivered over megaphones attached to vehicles in densely populated areas. Youth groups have been pivotal in providing key messaging around hand washing, many of whom have set up hand washing stations and campaigns in market areas and transportation hubs.

Rural communities have also received mass media messaging, but there are gaps in their ability to access the information. Many rural households do not have access to mobile phones, radios, and televisions. Most of the rural population is receiving their information through word of mouth which has directly contributed to fear due to misinformation.

Although both urban and rural communities have the knowledge of mitigating the risk of spreading and contracting the disease, they are not able to practice this. Gaps in practice are directly attributed to high cost of sanitary materials (including soap, alcohol, and sanitizer) and lack of access to water. Additionally, most individuals are dependent on their daily income to survive. Their means of income generation dictate that they leave their house and interact with people, either through petty trade, daily labour, domestic work, or begging, and therefore social distancing or staying home, do not seem like feasible options.

Disabled individuals are not able to practice social distancing. Those who are bound to wheelchairs and rely on others for their mobility, need to be in constant contact with others. This is also true for both the hearing and visually impaired who need to be in constant proximity of others to be able to communicate. Many organisations in the developed world have published resources for adaptations of social distancing for both the visually and hearing impaired, but these often rely on technology. Guidelines could be adapted for the Ethiopian context but have yet to be done.

In addition to inability to practice social distancing and staying at home, there is also an unwillingness from the community. Respondents noted that although there are many restrictions in place including closing schools, offices, religious institutions, and other businesses there are still many people in the streets going to beer houses in large groups and children playing in the streets. This has led them to believe that the community at large is not aware of the gravity of the situation.

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Effects of social/physical distancing on social and religious norms

In communities where social/physical distancing is being practiced, social and religious norms are changing, particularly in how people solve conflicts, seek support and celebrate religious holidays. Many people are frustrated because they are not able to fulfil their spiritual obligations. Many noted that the community is frustrated that religious institutions are closed, while cafes and restaurants are still open.

Respondents noted that in many areas social/physical distancing is not being practiced, and that it has not had significant impacts on the social norms. As many noted, Ethiopian culture dictates that individuals keep in close contact, share what they have, eat on communal plates and be affectionate towards each other. The vast majority is not adhering to social/physical distancing, yet there is a segment of the community that has ceased to participate in coffee ceremonies, Idir, and Mehaber due to the fear of spreading and/or contracting the virus. This is highly affecting the existing social support system, in which people come together to eat and talk through issues and problems. The Easter holiday was very hard on the Orthodox community as people are used to coming together and sharing what they have, many people were frustrated by the fact that they were confined to their homes. Social/physical distancing also affects the way people deal with conflict, in which a council of elders are consulted to work through issues.

All religious institutions are closed, and people celebrated the Easter holiday in their homes. In the week leading up to Easter, there are usually many practices that are compulsory to perform at the church. This was the first time that individuals were forced to perform these religious duties in their homes. Services were broadcasted over television, yet the vast majority do not own televisions in their homes. This proved to be very difficult for followers to

accept. The same is currently happening for followers of the Muslim faith during the holy month of Ramadan. Many people have stated their frustration because they are not able to fulfil their spiritual obligations. Many noted that the community is frustrated that religious institutions are closed, while cafes and restaurants are still open. They do not understand why there are such strict guidelines put in place on religious institutions while cafes, restaurants, meat houses and other business are still open serving large numbers of customers. Although they have expressed their frustrations, people are trying to adapt to the new normal and are actively praying within their homes.

Respondents did note that in some rural areas both mosques and churches have been open to the public and are not following the enforcement of closing. Even with closures, there are instances where people are gathering in mass outside of the institutions to worship as a community.

Vulnerable groups and how they are coping with COVID-19?

Daily laborers/ migrants that have been severely affected by the pandemic. Many rent rooms together with other daily laborers up to ten people and are not able to exercise physical/social distancing. Women and children are struggling the most with the loss of income. Many women rely on petty trade of fruits and vegetables, selling their produce on the side of the road. With the closure and restrictions of markets, they have not been able to sell their produce and goods.

Many respondents attributed the high unemployment rates among this group with an increase in theft across the country. No one can be certain if the increased rates of unemployment among this population is attributing to the increased crime rates, but people feel unsafe and are blaming this segment of the population.

In addition to migrants, there are number of street children who have been reached through various initiatives. They have been collected from the streets and have been given temporary shelter. Respondents noted that although many initiatives have been put in place as soon as the children were taken off the streets, more replaced them very quickly. This highlights the mass migration to cities from rural areas.

People with disabilities are not able to fend for themselves and rely on others to perform daily tasks and to provide for them. If their caretakers are not able to go out and work, they suffer. One CSO noted that their disabled service users, are highly affected because of the need of increased supplies of sanitary materials. Some initiatives have been in place to provide them with soap and other sanitary materials, however; their additional needs have not been considered. For an individual who requires assistance for their mobility (with the use of crutches or a wheelchair, or a cane), they not only have to focus on washing their hands but need to properly sanitise their equipment.

Women and children are struggling the most with the loss of income. Many women rely on petty trade of fruits and vegetables, selling their produce on the side of the road. With the closure and restrictions of markets, they have not been able to sell their produce and goods. Their loss of income has directly resulted in their in their inability to find food. The nutritional

status of both women and children could be directly impacted by the pandemic and restriction measures. The inability to find income sources and the soaring prices of goods are also contributing factors.

What additional support are the community and their service users receiving?

Communities are receiving additional supports through in-kind donations from their community. A few CSOs have focused their attention on reaching the elderly and street children. The government is currently mobilising resources, but these resources have yet to reach communities in need.

Respondents noted that the government is providing very limited in-kind support such as limited amounts of sanitary materials, including soap, and providing hand washing stations. They also noted that the government is currently focusing on resource mobilisation, but that it has not reached individuals in need. Strides are being made in awareness campaigns and in identifying the most vulnerable groups. It was noted that there are disparities in the level of support between urban and rural communities. The vast majority of support is being given and focused on urban areas, and rural communities are receiving limited support.

There have been organisations which focus their attention on both street children and the elderly population. One CSO noted that over 300 street children have been reached and are being provided both shelter and food. The community has come together in order collect masks, sanitary materials and even food. This additional support has been integral in the fight of COVID-19, yet it is very difficult to quantify.

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