

COVID-19 and the urban poor in Ethiopia

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

BRIEF | June 2021 | Part 4 of 6

Introduction

This brief presents key findings from Round 4 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.

During this round the country was dealing with a second wave of COVID-19 and as of **15 June 2021**, the number of people infected with COVID-19 had reached **274,346**, of whom **251,107** had recovered and **4,250** had died. It was also facing conflict in Tigray region, the dry season, and high food prices. So far, Ethiopia has received 2.4 million doses of vaccine and a total of 1,287,801 people in priority group have been vaccinated, including 1,218 refugees. Current pandemic prevention guidelines in Ethiopia include wearing facemasks air ventilation and maintaining distance. However, the restriction measures continue to be implemented at varying degrees across the nine cities included in this round of the study.

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. Our results so far indicate that COVID-19 has significantly affected poor and vulnerable groups, and has had differential impacts related to structural inequalities, such as gender, ability, and people who are marginalised for other reasons, such as internally displaced persons (IDPs).

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.

Urgent call to attention

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

1. More rigorous information, interventions and education campaigns are needed to address misconceptions of COVID-19, particularly among the urban poor.
2. Half of the households interviewed in this round had experienced water shortage – a significant increase since July 2020.
3. Food prices continue to rise due to conflict and drought as well as COVID-19. People are now reducing the number of meals they eat a day, as well as eating lower quality foods.
4. Cases of depression increased amongst participants this round, with people concerned about loss of jobs, high food prices and a lack of aid and support.

These underlying issues need urgent attention.

Highlights



Knowledge and behaviour relating to COVID-19

- 28% of the total sample believed that they were no longer at risk of contracting the disease.
- The use of facemasks significantly decreased from 80% in Round 1 to 47% in this round.

Previously, if you go to a bank and some government offices for a service, they would not let you in unless you put on a mask. Now, even if you do not have a mask, you can get the service at the bank or anywhere else, you can get services without wearing a mask. (Refugee, Logia)



Water, sanitation and hygiene (WASH)

- Households who experienced water shortage continued to increase from 34% in Round 1 to 50% in this round.
- More than 70% of respondents who reported experiencing water shortage mentioned the inadequacy of the water supply as a major reason.

We do not have even water for drinking let alone for handwashing. Since water is not easily accessible near our area, we can't get water for drinking. (IDP, Adama)



Income and expenditure

- The average monthly income of households increased across the four rounds from ETB 2,477 in Round 1 to ETB 3,069 in this round.
- However, most of the qualitative interview respondents stated having the same income or decreased income compared to the previous month.
- An increased cost of living was also noted, particularly the sharp increase in the price of food items.

...I am in trouble. My income is very small but my expenditure has increased. The price of everything has significantly increased. Last week I was very depressed, and I was looking for a Psychiatrist... (Small business owner (SSB), Bule Hora)



Food security

- Egg (47%), meat (46%), and dairy products (44%) were among the food items that households were not buying or buying less frequently and/or lower quantity in the past one month.

- Eating less-preferred foods and reducing the number of meals per day remained the predominant strategies for coping with food insecurity (unaffordability) in this round

The price of food oil and macaroni and pasta is increased. Previously it was around 20 birr, but now it is around 40 birr per Kilogram. The price of wheat powder has also increased. (Returnee, Bahirdar)



Health

- Only 15% reported that they needed medical treatment over the past month, and of these, only one said that they were not able to access medical treatment when needed.
- Fear of being infected by the COVID-19 did not seem to be a barrier to treatment-seeking behaviour, including maternal and child health services.

When we go to the health centre to vaccinate the child, we find many mothers who came there to vaccinate their children. They use masks, sit by keeping their distance, and get the service [vaccination] turn by turn. There is no fear of contracting the virus [COVID-19] when taking children to a health facility for vaccination. No leaves his or her child unvaccinated. (Urban Productive Safety Net Project beneficiary (UPSNP), Adama)



Education

- In all cities, the schools are now opened, but the students are only attending school every other day due to social distancing requirement. This means that learning is disruptive and childcare burden has increased as some children from the same family do not go to school on the same days.
- About 5% of girls and 2.4% boys did not attend schools.

Our children go to school every other day. Their time management is very poor because they don't spend full time at school. I think it has affected the learning process and students' ability to remember what they have learned. They spend their time outside school playing with their friends. (SSB, Semera)



Mental health

- The proportion of respondents who reported feeling stressed due to COVID-19 did not change compared to the previous round.
- However, the proportion of respondents with symptoms of probable depression has increased from 13% in Round 3 to 15% in this round.

Being unable to pay the house rent was most stressful. I feel bad when I am not able to pay for it on time. Other expenses can wait for some time if there is no money at hand. (Special group, Dire-Dawa)



Aid and support

- There was a decline in the proportion of households who reported to have received aid and support during this round (from 26% in Round 3 to 20% in this round).
- Government and NGOs were still reported to be the main sources of support for the urban poor.

We are receiving some sort of support from NGOs, but I'm not sure whether all UPSNP is involved or not, they are providing us with some basic needs like ration, every month. The support is not adequate, but it covers some of our basic requirements. As of now, many NGOs have left, because their projects are phased out, as a result, the amount of support we had is reduced. (UPSNP beneficiary, Jigjiga)



Summary

Overall, results indicate that the urban poor are still struggling to cope with the multiple challenges in addition to COVID-19, particularly food insecurity and lack of access to clean water. While most restaurants and businesses are open to the public, practices of preventative measures are significantly reduced. False beliefs, misinformation, and lack of advocacy campaign seemed to have contributed to this behaviour.

There is an urgent need for the government to provide correct information about the pandemic

and why it is important to practice handwashing, social distancing, and wearing face masks.

Mental health is getting worse for the urban poor due to loss of jobs and income which increase stress and anxiety. The economic and social impacts of the pandemic is also unevenly felt among the urban poor. Small business owners seemed to be faring better than UPSNP beneficiaries, IDPs/refugees, and day labourers who have seen their aid and support reduced.

Methodology

This study uses both qualitative and quantitative data collection methods using a phone survey. This uses semi-structured quantitative 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. This was originally for six months from July 2020, however, this period has been extended until September 2021. The current round was conducted from 26 February to 13 March 2021 in nine selected cities: Addis Ababa, Dire Dawa, Adama, Gambela, Bahir Dar, Jijjiga, Bulehora, Logia, and Semera. We were not able to include Mekelle in this round due to the network shutdown.

This round we interviewed 336 of the original 407 participants for the quantitative survey and 30 (of the original 57) for the diary-style qualitative interviews. 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 in this round. These are included every two rounds and will next be included in Round 5. 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 fourth round of the study, along with the briefs and full reports from each of the first three 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

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