

---

# The Impact of COVID-19 in Ethiopia: Policy Brief

Donna Harris, Sarah Baird, Kath Ford, Kalle Hirvonen, Nicola Jones, Munir Kassa, Christian Meyer, Alula Pankhurst, Christina Wieser, and Tassew Woldehanna\*

November 2021



A technical assistance programme implemented by Oxford Policy Management (OPM) in partnership with:



---

\* Harris (Oxford Policy Management; corresponding author); Baird (George Washington University and Gender and Adolescence: Global Evidence (GAGE)); Ford (Young Lives); Hirvonen (International Food Policy Research Institute (IFPRI)); Jones (Overseas Development Institute and GAGE); Kassa (Ministry of Health); Meyer (University of Oxford); Pankhurst (Young Lives); Wieser (the World Bank); Woldehanna (Addis Ababa University). *The views expressed in this policy brief do not necessarily represent the views of these institutions.*

This Policy Brief has been jointly produced under the BRE programme by the following organisations:



## Executive summary

The COVID-19 pandemic has disrupted economic activities and livelihoods all around the world. Despite increasing levels of vaccination, the coronavirus continues to spread, with unprecedented impact on people's lives. Ethiopia is no exception; COVID-19 has upended livelihoods in Ethiopia, with significant implications for poverty reduction. Compounded by ongoing conflict in Tigray, desert locust outbreaks, and steep inflation, the pandemic has proved uniquely challenging for policymakers trying to balance measures to address the social and health impacts, with initiatives to alleviate the economic strain resulting from movement restrictions and the six-month-long State of Emergency, which ended in September 2020. The COVID-19 situation continues to be precarious with the recent spread of the highly transmissible Delta variant, and varying impact to date across different regions of the country, with notable disparities between urban and rural areas and different socioeconomic groups.

This policy brief examines the social and economic impacts of COVID-19 in Ethiopia so far, and suggests policy responses required to augment household welfare recovery and sustain poverty reduction. The findings highlighted in this brief are drawn from seven leading international studies:

- a study of the impact of COVID-19 on the urban poor and vulnerable groups in 10 cities in Ethiopia, by **Oxford Policy Management (OPM)**;
- a nationally representative surveys monitoring COVID-19's impact on households, conducted by **the World Bank**;
- a piece of rapid virtual survey and qualitative research by **Gender and Adolescence: Global Evidence (GAGE)** exploring adolescent experiences under COVID-19;
- the **International Food Policy Research Institute's (IFPRI's)** research on food consumption and food security in Addis Ababa during the COVID-19 pandemic;
- a study on the impact of COVID-19 on education in Ethiopia from the perspectives of school principals and teachers, by **Research on Improving Systems of Education (RISE)**;
- a study of the social, economic, and mental health impacts of the pandemic on adolescents and young adults, by **Young Lives**; and
- research on the labour market impact of the pandemic on female workers in Ethiopia's ready-made garment industry, by an **international group of researchers** from the University of Oxford, New York University Abu Dhabi, Vassar College, IZA Institute of Labor Economics, and the World Bank.

Each of these studies focused on specific population groups, sectors, and social and economic impacts of COVID-19 in Ethiopia. This policy brief synthesises the evidence from these studies, providing an overview of COVID-19 impacts on the Ethiopian population overall, but also zooming in to specific regions, sectors, and population groups. Many of the studies are longitudinal in nature, and thus offer a perspective on the evolving COVID-19 impacts over time. The highlighted results thus provide a view of how COVID-19 continues to unfold throughout different pockets of Ethiopian society.

The research on COVID-19 in Ethiopia shows that, despite an overall recovery in employment and income levels,<sup>1</sup> and the gradual re-opening of schools and the return of children to education, the economic and social costs of the pandemic continue to be substantial. The key findings highlighted across the seven studies are as follows:

- The recovery in employment rates following the national State of Emergency in 2020 have included a shift towards agricultural work and self-employment, suggesting an increase in more informal, less reliable jobs.
- There are differences in the urban and rural experiences of the pandemic, and between those with different socioeconomic backgrounds.
- Interrupted education and school dropouts have resulted in wider educational inequality, with significant gaps across both income levels and gender, and limited access to and support for distance education, especially in rural areas.
- There is worsening mental health and psychosocial well-being due to increased levels of anxiety about vulnerability to COVID-19, job losses, and reduced income; uncertainty around educational and economic futures; social isolation from peers and relatives; economic stress; and household tensions.
- There is increased stress on girls and women, who face greater domestic and childcare burdens, and are particularly at risk of worsening mental health when education interrupted.
- There is an increased risk of child marriage, particularly in rural areas and during traditional wedding seasons.

The policy brief is set out as follows. Section 1 introduces the COVID-19 situation in Ethiopia. Section 2 discusses the methodologies of the seven studies. Section 3 highlights common findings across the studies, as well as findings that are unique to individual studies. Section 4 concludes and outlines short-term and long-term policy recommendations. Each study reveals policy gaps and discusses where policy areas could be strengthened to mitigate the negative impacts of COVID-19 on Ethiopians.

---

<sup>1</sup> John Hoddinott and IFPRI colleagues show that the Productive Safety Net Project (PSNP) seems to have been effective in protecting vulnerable households in rural areas (<https://ebrary.ifpri.org/utils/getfile/collection/p15738coll2/id/134146/filename/134358.pdf>). This is a great policy lesson for other countries, and also highlights the need to make sure that the funding for PSNP is maintained.

## Table of contents

<a href="#">Executive summary</a> .....	i
<a href="#">1 Introduction</a> .....	1
<a href="#">2 Overview of the methodologies used in the studies</a> .....	3
<a href="#">3 Key findings</a> .....	4
<a href="#">3.1 Common findings</a> .....	4
<a href="#">3.2 Additional findings</a> .....	6
<a href="#">4 Concluding remarks and policy recommendations</a> .....	10
<a href="#">References</a> .....	13
<a href="#">Annex</a> .....	15

# 1 Introduction

The COVID-19 situation in Ethiopia has evolved rapidly in the last year and a half. While the initial wave in the first half of 2020 progressed more slowly throughout Africa compared to other regions, the second wave has hit Africa much harder, and currently shows no sign of slowing down, especially given the arrival of the highly transmissible Delta variant. Ethiopia now appears to be entering a third wave (see Figure 1) and the negative impacts of the pandemic are being further exacerbated by compounding crises, including the locust outbreak, the conflict in several parts of Ethiopia (with the worst being in the Northern regions), and extensive flooding, with significant implications for food security and poverty reduction.

**Figure 1: Daily new confirmed COVID-19 cases**

## Daily new confirmed COVID-19 cases

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

At the time of writing, Ethiopia had reported 365,776 confirmed cases and 6,486 deaths from COVID-19.<sup>2</sup> While the total number of cases currently ranks Ethiopia 4<sup>th</sup> highest in Africa, cases and deaths *per population* show a very different story, with 2,994 cases per million population ranking Ethiopia at 33 out of 58 African countries, and 51 deaths per million ranking even lower at 36 out of 58 countries; Although there has been a slight increase recently, Ethiopia has experienced a lower fatality rate than the regional average throughout

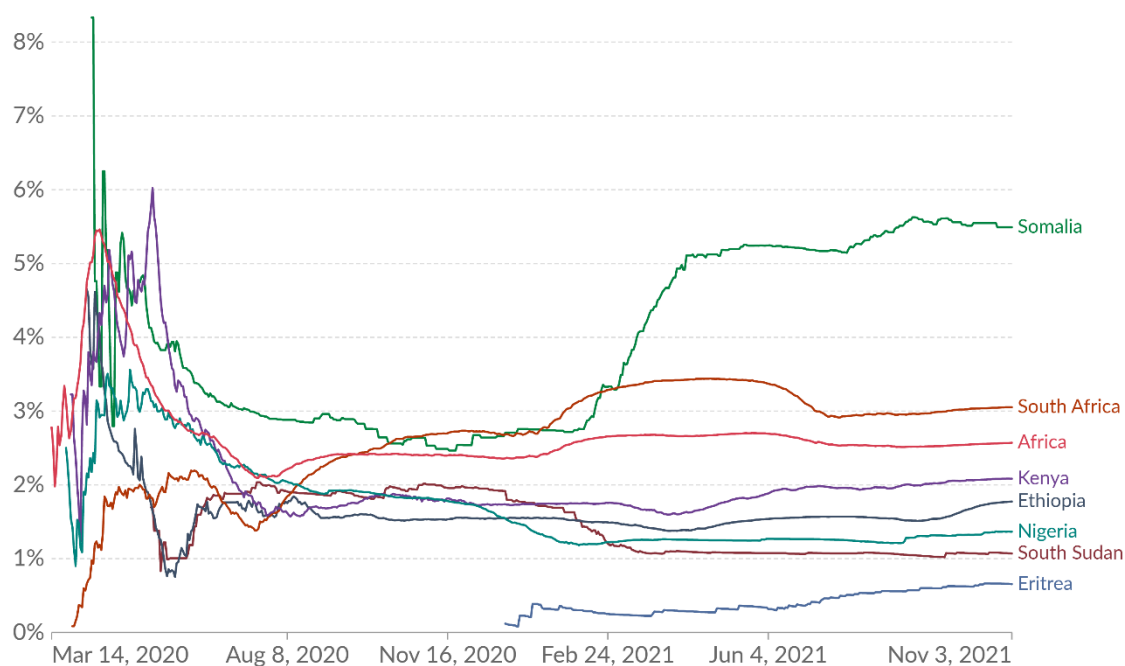
<sup>2</sup> Recorded as at 4 November 2021 (<https://covid19.who.int/region/afro/country/et>).

the pandemic (see Figure 2). As in many countries with weak health system, the actual case and death count may be much higher than reported ones.

**Figure 2: Case fatality rate of COVID-19 in Ethiopia**

### Case fatality rate of COVID-19

The case fatality rate (CFR) is the ratio between confirmed deaths and confirmed cases. The CFR can be a poor measure of the mortality risk of the disease. We explain this in detail at [OurWorldInData.org/mortality-risk-covid](https://OurWorldInData.org/mortality-risk-covid)



Source: Johns Hopkins University CSSE COVID-19 Data

CC BY

By comparison, South Africa that ranks first in Africa, has recorded significantly higher rates of 48,328 cases per million population, and 1,466 deaths per million; neighbouring Kenya has recorded almost double the rates of Ethiopia, with 4,545 cases per million and 91 deaths per million; while Nigeria, the most populous African country, has recorded particularly low rates of 978 cases per million and 13 deaths per million.

The Government of Ethiopia has taken several significant steps to keep COVID-19 infections low and to mitigate the pandemic's economic impact. Though there was no national lockdown, an initial six-month long State of Emergency, implemented throughout the country between March and September 2020, resulted in, travel restrictions, the banning of public meetings, and school closures.

Schools were gradually re-opened from October 2020 and supported with a range of health and hygiene materials, alongside measures to mitigate the risk of the virus spreading, such as reducing classroom capacity and the mandatory wearing of face masks for both teachers and pupils. The reopening of schools is an important step to enable children to catch-up on interrupted education and provides caregivers with relief from additional care work. However, it remains to be seen what the results of this step will be in regard to transmission of the virus.

Travel restrictions have been eased to encourage a resumption of business and tourism, and other measures to support businesses and mitigate job losses have included delaying the repayment of bank loans and providing access to additional credit.

The Ministry of Health launched the national COVID-19 vaccine roll-out in March 2021, focusing initially on frontline health workers, those with underlying conditions that make them vulnerable, and the elderly. Unfortunately, limited vaccine supply to date – specifically as provided through the global Covax scheme – has resulted in Ethiopia missing the WHO target of vaccinating 10% of the population by the end of September 2021, along with many other countries in the Africa region. As vaccine supply improves, vaccine hesitancy has now become a bigger challenge in getting more people vaccinated. As at 4 November 2021, a total of 4,846,435 vaccine doses had been administered, which equates to just over 4% of the population.<sup>3</sup>

---

<sup>3</sup> <https://covid19.who.int/region/afro/country/et>



## 2 Overview of the methodologies used in the studies

Due to movement restrictions, the need to comply with public health safety measures, and the availability of inexpensive phone handsets and rapidly growing network coverage in Ethiopia, all seven studies drawn on in this brief used phone surveys to collect data. The studies followed and developed a range of best practices – for example, JPAL’s best practices for phone surveys,<sup>4</sup> the World Bank’s *Practical Guide for Mobile Phone Panel Surveys in Developing Countries*,<sup>5</sup> and others<sup>6</sup> – to ensure the most appropriate tools were used in response to the pandemic. In all studies, great care was taken to collect high-quality data by including a sampling frame, reducing the length of surveys,<sup>7</sup> building a rapport with the respondents, eliminating sensitive questions, and adjusting for (potential) low responses.

There are various ways to collect data through mobile phones and each study utilised a slightly different methodology. Some focused on quantitative survey questions, while others focused on qualitative interviews or mixed-method designs. The advantages of mobile phone surveys include that they can produce data faster and less expensively compared to face-to-face interview surveys. They also offer greater anonymity and accessibility, especially during this era of the COVID-19 pandemic, and can be designed and deployed in different languages, just like traditional face-to-face surveys.<sup>8</sup>

All studies faced challenges with sample selection bias as it was only possible to interview people with a working mobile phone. Although the proportion of people with a mobile phone is increasing globally, in Ethiopia only around 38.5% of the population used a mobile phone as at January 2021.<sup>9</sup> Bias can also occur as a result of differences in network coverage, or when some respondents refuse to participate (non-response) or refuse to continue in repeated survey rounds (attrition).

The survey instruments needed to be kept short to limit respondent fatigue, particularly because all surveys went back to the same individuals to repeat interviews; this inevitably limits the potential depth and breadth of the data that were collected. Question complexity tends to reduce data quality, particularly in phone surveys, thus across all seven studies the questions were designed to be as simple and as short as possible. Some topics which are challenging to survey in a face-to-face setting are also difficult to cover by phone survey, such as those involving social stigma, mental health, or domestic violence – although the impersonal nature of a phone survey can make it easier for some respondents to discuss these topics. A summary of the methodologies used in each of the seven studies can be found in the annex (see Table 1).

---

[www.povertyactionlab.org/blog/3-20-20/best-practices-conducting-phone-surveys](http://www.povertyactionlab.org/blog/3-20-20/best-practices-conducting-phone-surveys)

<sup>5</sup> <https://openknowledge.worldbank.org/bitstream/handle/10986/24595/9781464809040.pdf>

<sup>6</sup> [www.younglives.org.uk/content/listening-young-lives-work-covid-19-phone-survey-first-call-fieldwork-has-begun](http://www.younglives.org.uk/content/listening-young-lives-work-covid-19-phone-survey-first-call-fieldwork-has-begun)

<sup>7</sup> [www.povertyactionlab.org/blog/3-20-20/best-practices-conducting-phone-surveys](http://www.povertyactionlab.org/blog/3-20-20/best-practices-conducting-phone-surveys)

<sup>8</sup> <https://pim.cgiar.org/2020/04/11/using-mobile-phones-to-do-research-covid-19/>

<sup>9</sup> <https://datareportal.com/reports/digital-2021-ethiopia#:~:text=There%20were%2044.86%20million%20mobile,38.5%25%20of%20the%20total%20population>

## 3 Key findings

While there are several common findings across all seven research studies, each study had its own focus, and thus also highlighted different (but related) issues that call for attention in terms of policy response and recovery.

### 3.1 Common findings

#### Knowledge and behaviour relating to COVID-19

All studies found that respondents were mostly aware of preventative measures against spreading the virus. However, instances of misinformation or misconceptions meant that some respondents were less likely to follow guidelines set by the government. Some respondents perceived COVID-19 to be a minor illness, primarily due to the low death rate in Ethiopia compared to other countries, and, as a result, did not see the need to wear a mask or maintain social distance. The studies also found economic and geographic disparities, in that some respondents did not have the means to practise preventative measures, such as not having good access to water, sanitiser, or face masks. Access to water was highlighted as an issue in both the OPM and GAGE studies, potentially impacting preventative measures such as handwashing. Respondents in poorer households without access to a private water supply, or those who could not afford the high cost of water, were affected the most in terms of practicing preventative measures.

#### Income and employment

The studies show that the pandemic impacted employment and caused income loss across the board, particularly at the onset of the pandemic. However, employment and income levels have bounced back over time, in most cases back to pre-pandemic levels. The World Bank study found that by November 2020, employment rates were largely back to pre-COVID levels, though many respondents reported moving to lower-quality jobs. The OPM study also found that incomes consistently increased over time from July 2020 to August 2021, returning almost to the same level as before the pandemic.

#### Household work and childcare

Girls and women were seen to bear the greatest burden of increased household chores and care for children/siblings or ill relatives during the pandemic. Young Lives found that 70% of young women spent more time on household work, compared to only 36% of young men. Similarly, 44% of young women reported spending more time on childcare, compared to only 24% of young men.

Women appeared to face worse economic consequences resulting from the pandemic, which was compounded by increasing childcare responsibilities resulting from school closures.

## Education

Across all seven studies, we found negative impacts of the pandemic on access to education. The pandemic has widened existing inequalities, with unequal access to distance learning opportunities during school closure, particularly between rural and urban populations, higher- and lower-income households, and girls and boys. Increased pressure on girls to help with household chores and care for other siblings is also likely to have reduced the time they have available for remote learning. Children with disabilities saw the most limited access to education opportunities during school closures, as captured by GAGE and supported by findings in other studies. Upon schools re-opening from October 2020, the World Bank and OPM research show that most children who attended school before the pandemic went back to school, although the World Bank study found that, girls were more likely to go back to school compared to boys. The Young Lives study found that by the end of 2020, around two in five of 19-year-olds still in education had not engaged in any form of learning (including online learning) since school closures began, with those from the poorest households and rural areas affected most.

The significant increase in the use of online learning throughout the COVID-19 pandemic presents an opportunity to further invest in digital technologies and increase internet access particularly in rural areas. This is vital to address the huge digital divide which has been exposed and exacerbated between urban and rural communities and girls and boys.<sup>10</sup>

## Food security

Food security and consumption were evaluated by all seven studies, although the results were mixed with further research required. The OPM, World Bank, and IFPRI studies reported no significant deterioration in consumption as measured by the number of meals consumed per day or weekly food budgets, although there was a change in consumption patterns in respect of type of food and food quality

However, Young Lives found that 18% of respondents reported that their household had run out of food in the previous 12 months, which was significantly higher than in previous survey of the same households in 2016 (5%). Food shortages were most likely to affect the poorest households and those in rural areas, with considerable regional variation, particularly in Amhara (increasing from 5% to 29%). While the pandemic may have had some impact on these results, the wide regional variation suggests that food shortages were also impacted by locust swarms, bad harvests, inflation, and regional conflict. Indeed, increased food insecurity in Amhara is likely to be primarily related to drought and proximity to the Tigray region.

Similarly, the study on the effects of COVID-19 on garment workers employed in the Hawassa Industrial Park (HIP) found that measures of expenditures outstripped income and levels of food insecurity were high amongst the garment workers. The OPM study also found that while some households had accumulated food reserves, this was only for a short period of time.

---

<sup>10</sup> <https://www.younglives.org.uk/content/addressing-gender-digital-divide-critical-ensure-no-one-left-behind-covid-19>

Both OPM and Young Lives reported that higher food prices increased the risk of food shortages overall. However, there was no clear evidence that food prices increased as a *result* of the pandemic, as food price inflation was high even in the years preceding the pandemic.

### **Access to health services**

Most respondents across the studies did not see a dramatic decrease in access to health services, although some participants in the OPM and GAGE studies reported that fear of infection by COVID-19 led to lower utilisation of health services.

### **Mental health**

The pandemic is taking its toll on the mental health of people in Ethiopia, at a time when access to often limited mental health services is likely to have been significantly disrupted. Many respondents across the studies reported high levels of stress due to the impacts of COVID-19, including as a result of job losses and food shortages, with increased levels of anxiety and depression reported in the OPM, GAGE, and Young Lives studies, and in the study of female workers in the ready-made garment industry.

Young Lives found that among 19-year-old girls, those whose education had been interrupted by the pandemic (unable to access online classes or complete homework) were more than twice as likely to experience anxiety and to report feelings of depression than those who were not enrolled in education. There has also been a marked decrease in subjective well-being, with 19-year-olds reporting a 17% decrease compared to when they were aged 15 in 2016. This suggests that the additional stresses faced by many young people during the COVID-19 pandemic and recent conflict, including school closures, economic shocks, food shortages, and increased responsibilities in the household, are directly contributing to worsening mental health.

The GAGE data also highlight that approximately half of adolescents are at least moderately scared/fearful about COVID-19, with nearly one-quarter of adolescents experiencing decreased support from their households. The study found that stress and anxiety were especially elevated among i) girls (who have more limited mobility than boys and less opportunities to interact with peers); ii) adolescents with disabilities (who face greater barriers in terms of access to distance learning and also community stigma); and iii) adolescents who are street-connected (especially due to increased levels of violence, including from police).

## **3.2 Additional findings**

### **Economic impacts**

The World Bank research finds that the COVID-19 pandemic has affected economic activity in Ethiopia, with significant adverse effects on employment, particularly at the onset of the pandemic. The World Bank data show that employment rates plunged in the early days of the pandemic, with 8% of respondents losing their job at the beginning of the outbreak. Urban areas were particularly severely affected, with 20% of urban respondents losing their job by April 2020, 64% of whom attributed their job loss to COVID-19.

The World Bank research also notes that recovery in terms of jobs was strong, with employment rates largely resuming their pre-COVID levels by November 2021. There was, however, a shift in the type of employment, from better-quality jobs to employment of less quality, including temporary work. Those households in self-employment or working as casual labourers – those who were already particularly vulnerable to poverty before the pandemic – were particularly affected. A similar result was also found in the OPM study: respondents who relied on casual jobs or who were daily wage earners were less likely to find jobs and recover their income even long after the onset of the pandemic, compared to small business owners. The Young Lives study also reported a significant shift towards working in the agricultural sector and towards self-employment, which may signal an increase in more informal, less reliable jobs.

As mentioned above, the World Bank surveys also document a rather quick recovery in terms of employment levels, mirroring results from the IFPRI study, which shows that in August 2020 the average household consumption levels in Addis Ababa were very similar to those reported before the pandemic in September 2019.

The study on the effects of COVID-10 on garment workers employed in the Hawassa Industrial Park (HIP) found significant changes in employment, with 41% of respondents employed in HIP in January 2020 either put on leave or losing their job by the time of the survey in the spring and summer of 2020. Among those who had lost their employment, almost none had found other employment and consequently migrated out of Hawassa.

### **Livelihoods of refugees and internally displaced persons**

Rounds 6 and 7 of the World Bank surveys also incorporated a sample of Eritrean and Somali refugees in Addis Ababa. The surveys found that household incomes of refugees were hit hard by the pandemic, with 27% of refugee respondents reporting that their income fell or totally disappeared. The survey also found that aid and support towards refugee households was maintained throughout the pandemic, with a third of respondents reporting receiving more assistance since the onset of the pandemic. Access to schools for refugee children was a challenge before the pandemic and continued to be a challenge during school closures related to COVID-19. While far fewer refugee children attended school before the pandemic compared to nationals, those that went to school are more likely to attend distance learning activities.

The OPM study also provided qualitative narratives from a varied sample, including IDPs and refugees (as well as daily wage earners, small business owners, and Urban Productive Safety Net Project (UPSNP) beneficiaries). The differing circumstances of the respondents were reflected in the differing experiences reported: for example, a much higher percentage of IDPs/refugees saw a reduction in the quantity of food they consumed, compared to small business owners. This could be due to the fact that small business owners were the group with the quickest improvement in income since the beginning of the pandemic, while the IDP and refugee group were still reporting the need to skip meals and cut back on food to cope with their situation. The study also found that daily wage earners and people working in the informal sector, as well as women, were impacted to a larger extent by the loss of jobs and livelihoods.

## Heightened risk of age- and gender-based violence

The GAGE study highlighted issues around domestic age-based and gender-based violence. Young people were more at risk of age-based violence in the home, amplified further by school closures, threatened livelihoods and the stress of the ongoing pandemic. Gender-based violence was also highlighted as an issue, as, even in non-COVID-19 times, violence against girls is common within marriages.

## Heightened risks of child marriage

While the studies did not collect specific evidence on actual rates of child marriage during the pandemic, it is likely that the combined pressures of interrupted education, widespread stresses on household finances, and increased household work will have increased *the risk of early marriage*, particularly when interrupted education overlaps with the traditional marriage season.

In many of the study communities, there are few options for girls once schooling is taken away, and early marriage is often considered a means of economic survival in times of financial stress. In addition, support from teachers and other staff, who are often the first port of call in reporting impending marriages, was largely out of reach during school closures.

The GAGE study also showed that health extension workers tended to have a reduced presence in the community during the national State of Emergency, further reducing options for young people to report possible child marriages. Interestingly, this study also found that some concerns around the risk of early marriage for unmarried adolescents were reduced due to fewer resources being available to cover the costs of marriage, as well as optimism in urban areas among students and parents that schools would reopen.

Previous research from Young Lives and GAGE has shown that girls who have dropped out of school, especially in rural areas and among poorer households, are more likely to be married off early by their parents; schools have also been shown to be key platforms for raising awareness and increasing the agency of girls with regard to preventing early marriage. While parents typically have high aspirations for their daughters' education, economic insecurity and gender norms around sexual purity, family honour, and marriageability are influential in parental decision-making.

Child marriage is not an issue that only effects young girls in rural areas. GAGE has found that some boys, particularly in Amhara, also feel pressure from their parents to get married early. The reason is limited faith in education on the part of parents and concerns that children not in school should be 'doing something', rather than 'wasting' time. The age of boys who reported feeling this pressure, however, was higher than the age of girls experiencing similar pressures.

Further research is required to better understand the actual impact of the pandemic on rates of child marriage both during and beyond the pandemic.

## Exacerbated vulnerabilities experienced by persons with disabilities

The negative effects of the pandemic on the well-being of young disabled people is also a cause for concern, as highlighted by the GAGE study. The reasons are at least threefold.

First, the pandemic has caused a greater divide in access to distance learning, which has an impact due to a lack of adaptations and an absence of peers who can support young people with disabilities (which, during in-person schooling, can be an important source of support).

Second, adolescents with disabilities also reported the difference in levels of community stigma linked to social distancing guidance, which means that persons with disabilities are less able to rely on support from community members for mobility outside the home, with significant impacts on mental well-being.

Third, social protection stipends that young people with disabilities are able to access to attend school were also discontinued during the pandemic, rendering them more economically vulnerable. In some cases, they were compelled to return to their home villages, but this may also come with a psycho-emotional cost. Some young people with disabilities reported that they feel more accepted in schools in urban centres, compared to being in their rural home communities, where they are often subject to higher levels of stigma due to traditional beliefs and superstitions about disability being associated with 'being cursed'.

### **Challenges faced by teachers**

The research by RISE explored the impact of school closures on teachers and how they prepared for schools re-opening. The study found that 68% of school principals were offered supported from the Woreda Education Office, whereas only 42% of teachers reported receiving support, and this was mostly through the school principals. Almost all the respondents were given information about the importance of hand washing; however, many schools indicated that they did not have the correct facilities to do this properly. In preparation for re-opening, suggested strategies were half-day shift cycles for staff and students, rearranging classroom layouts, and also building additional classrooms.

The findings also suggest that COVID-19 is likely to increase educational inequalities, especially for girls, rural students, and students from low-income families. Only less than half of the teachers in the study were engaged in supporting distant learning, with rural teachers even less likely to be involved. Where teachers were engaged in distance learning, they faced barriers such as a lack of access to the appropriate technology and a lack of confidence in their ability to support students, highlighting the importance of providing support for teachers both in terms of resources and training. Given the challenges that teachers faced, it is likely that students who are harder to reach, notably those in rural areas, are also less likely to have been engaged in distance learning. The study also found that disadvantaged students were also likely to have missed out on other essential support due to school closures, including school feeding for students from low-income families, emotional support for girls and children with disabilities, and peer-to-peer support for low-performing students and rural students.

## 4 Concluding remarks and policy recommendations

It is critical to take stock of the experiences reported in the seven studies, and to identify lessons that can be learned, as the country is now the third wave of COVID-19. By investigating what the impacts of COVID-19 have been so far, we are in a unique position to explore what needs to be done better and what gaps need bridging.

Based on the key findings discussed in the previous section, suggested policy recommendations to support COVID-19 recovery plans are highlighted below, with further details summarised in Table 2 in the annex:

- Prioritise **temporary jobs and income support** through wage subsidies and public works in urban areas. Temporary wage subsidies can support firms to preserve formal employment and wages. Expanding public works of the UPSNP could alleviate income losses for the self-employed and casual labourers in informal employment.
- Provide **financial support to small business enterprises** (SMEs) by expanding cash grants, with a focus on women entrepreneurs. Credit extension and liquidity support measures are needed to ensure business continuity and to invest in digital technologies to fast-track firms' adaptation. Extending cash grants to micro and small enterprises can:
  - (i) ensure support is provided to self-run businesses and small enterprises, especially targeting women; and
  - (ii) jump-start self-employment, which can lead to positive effects on incomes in the short to medium term for both young men and young women.
- Prioritise **investment in the development of urgently needed mental health services** and psychosocial support for young people, tailored to the different needs of adolescents and youth, that are accessible to the poorest and most vulnerable households, including those in both rural and urban communities.
  - Previously underfunded service provision in this area (even in urban areas) will struggle to meet the growing needs of young people and their communities as the pandemic unfolds, including due to shortages of mental health professionals, social workers, and community-based services.
  - Efforts to expand mental health services, like training of health care providers, integration of mental health services to routine and emergency care, monitoring service access and quality, availing essential drugs and other health system interventions by increasing investment is critical.
  - Improving access to mental health services using innovative approaches like '952 Health Hotline' that aims to include more volunteers in mental health, have been promising
  - In rural areas, working through health extension workers and local volunteers to provide community-based services should also be considered.
  - The current lack of data on both the prevalence of mental health issues in low- and middle-income countries, as well as the effectiveness of related responses, is a serious barrier to understanding 'what works', both in providing adequate support



services and addressing underlying causes, highlighting the urgent need for further research to improve policy in this area.

- Improve **measures to address unpaid household work** (e.g. childcare support or cash benefits for families affected by childcare closures) in order to relieve the burden on girls and women and help them get back to school.
- Address the risk that COVID-19 has reinforced **discriminatory gender roles** through appropriate initiatives, such as local media campaigns and community engagement, to engage whole communities, including girls and boys.
- In programmes to **reduce early marriage**, address the underlying causes of such marriage, which are exacerbated by the COVID-19 pandemic. This may include providing practical assistance through social protection programmes, gender norm change initiatives that involve adolescent girls and boys, parents, and religious and community leaders in programming tailored to local marriage realities (e.g. arranged child marriages vs adolescent-initiated marriages), and strengthened community reporting mechanisms that are able to adapt when schools and health extension services are temporarily closed. The extent to which child and early marriage has increased during the pandemic should be ascertained through appropriate studies.
- Ensure education programmes **address inequalities in education**, particularly in relation to getting disadvantaged girls back to school, to avoid the longer-term impacts of a lost year of education. There is an urgent need for **more robust learning mechanisms** to avoid further increasing inequalities and gender disparities. This should include assessing access to and the quality of distance learning to both identify learning gaps and improve future approaches, including no-tech, low-tech, and high-tech approaches, depending on access to connectivity and devices.
  - This could include gender-sensitive ‘back to school/university’ public campaigns targeting girls in poor and rural households, such as local initiatives working with schools to identify those who have dropped out.
  - Extended and sufficient catch-up education programmes (both in terms of length and content) will be particularly important for disadvantaged girls and boys, including those who were already struggling before the pandemic. Support should not be a one-off exercise and should include adequate funding and resources for teachers.
  - Flexible schooling can support disadvantaged girls and boys to continue their education at times of family crisis. Approaches such as ‘shift schooling’ or evening or weekend classes can better enable working children from poor backgrounds to continue with their schooling, and where connectivity permits (especially in urban areas) greater use of online learning could be promoted.
  - Longer-term policies are required to help address the huge digital divide between urban and rural communities and girls and boys, in order to build on the positive acceleration of online learning. These should include improving and extending internet and broadband connectivity in rural areas, and increasing access to technology in poorer households.

More detailed policy recommendations by individual studies are described in the annex (Table 2).

The country is currently on the crescendo phase of the third wave and it was evident that each wave have been more severe than the previous one. With low uptake of NPI measures, emergence of highly infectious variants and low vaccine rate, the country will continue to face this outbreak for some time to come. Hence the scale of the economic and social impacts of the COVID-19 pandemic will also continue to be a major challenge that shows the importance of addressing the issues raised in this policy brief.

In delivering these policy recommendations, COVID-19 recovery plans should adopt a broad approach to ensure effective coordination across key government ministries and agencies. For example, ensuring that community social workers are effectively trained to address rising mental health issues, and that social protection programmes are effectively aligned with efforts to support young people to complete quality education and access decent jobs and skills development.

With the recent resumption of classes as the new academic year begins, ensuring that prevention and protection measures in educational establishments are effectively implemented is vital, including priority for vaccinating teachers. Maintaining appropriate safety measures in work place environments is also essential.

Given the complex and multiple crises that the country is dealing with, it is also worth considering what follow up research questions should be prioritised, to continue promoting evidence-informed approaches in protecting the most vulnerable, particularly women, girls and internally displaced people.

## References

### World Bank study:

[www.worldbank.org/en/country/ethiopia/brief/phone-survey-data-monitoring-covid-19-impact-on-firms-and-households-in-ethiopia](http://www.worldbank.org/en/country/ethiopia/brief/phone-survey-data-monitoring-covid-19-impact-on-firms-and-households-in-ethiopia)

### OPM study:

[www.opml.co.uk/projects/building-resilience-in-ethiopia](http://www.opml.co.uk/projects/building-resilience-in-ethiopia)

### Young Lives study:

Ford, K., Pankhurst, A., Porter, C. (2021) 'A Lost Year of Learning for Girls in Ethiopia: Evidence from the Young Lives at Work COVID-19 Phone Survey', *Young Lives Policy Brief 44*, Oxford, Young Lives, [www.younglives.org.uk/content/lost-year-learning-girls-ethiopia-evidence-young-lives-work-covid-19-phone-survey](http://www.younglives.org.uk/content/lost-year-learning-girls-ethiopia-evidence-young-lives-work-covid-19-phone-survey)

Woldehanna, T., Endale, K., Porter, C., Favara, M., Hittmeyer A., Freund, R. (2021) 'Listening to Young Lives at Work in Ethiopia: Third Call'. COVID-19 Phone Survey Headlines Report.

Porter, C., Woldehanna, T., Freund, R., Favara, M. Scott, D. (2020) 'Listening to Young Lives at Work in Ethiopia: Second Call'. COVID-19 Phone Survey Headlines Report.

Scott, D., Favara, M., Porter, C. (2020) 'Listening to Young Lives at Work in Ethiopia: First Call'. COVID-19 Phone Survey Headlines Report.

Outhred, R., Marshall, L. Moore, R. (2020) 'Interrupted Education in Ethiopia: Support for Students During the COVID-19 School Closures'. Headlines Report: Young Lives COVID-19 survey of head teachers.

[www.younglives.org.uk/content/young-lives-response-covid-19](http://www.younglives.org.uk/content/young-lives-response-covid-19)

### IFPRI study:

<http://doi.org/10.1111/ajae.12206>

### GAGE study:

Jones, N., Gebeyehu, Y., Gezahegne, K., Iyasu, A., Workneh, F. and Yadete, W. (2020) 'Listening to young people's voices under covid-19. Child marriage risks in the context of covid-19 in Ethiopia', policy brief, GAGE, London.

Jones, N., Guglielmi, G., Małachowska, A., Abu Hamad, B., Yadete, W. with Abu Hamad, S., Abu Hamra *et al.* (2021) "Some got married, others don't want to attend school as they are involved in income-generation": Adolescent experiences following covid-19 lockdowns in low- and middle-income countries', GAGE, London.

Jones, N., Sanchez Tapia, I., Baird, S., Guglielmi, S., Oakley, E., Yadete, W.A., Sultan, M. and Pincock, K. (2021) 'Intersecting barriers to adolescents' educational access during COVID-19: Exploring the role of gender, disability and poverty', *International Journal of Educational Development* 85, p. 102428 (<https://doi.org/10.1016/j.ijedudev.2021.102428>)

Banati, P., Jones, N. and Youssef, S. (2020) 'Intersecting Vulnerabilities: The Impacts of COVID-19 on the Psycho-emotional Lives of Young People in Low-and Middle-Income Countries', *European Journal of Development Research* 32, pp. 1613–1638.

**RISE study:**

Yorke, L., Rose, P., Woldehanna, T., Hailu, B.H. (2021) 'Primary School-Level Responses to The Covid-19 Pandemic in Ethiopia: Evidence from Phone Surveys of School Principals and Teachers', *Perspectives in Education* 39(1), pp. 189–206, DOI: <http://dx.doi.org/10.18820/2519593X/pie.v39.i1.12>

**Hawassa study:**

Meyer, C.J., Hardy, M., Witte, M., Kagy, G. and Demeke, E. (2021) 'The Market-Reach of Pandemics: Evidence from Female Workers in Ethiopia's Ready-Made Garment Industry', *World Development* 137 (January), p. 105179, DOI: <https://doi.org/10.1016/j.worlddev.2020.105179>.

## Annex

**Table 1: Summary of the methodologies of the seven studies**

Study name	Institution	No. of survey rounds	Methodology	Sampling	Geographical coverage	Time period of the survey
The impact of COVID-19 on the urban poor and vulnerable groups	OPM	Six	<ul style="list-style-type: none"> <li>• Semi-structured household phone survey</li> <li>• In-depth qualitative phone interviews</li> <li>• Key informant interviews (KIIs) with small sample of health professionals, local government officials, and NGOs and civil society organisations, carried out every two rounds</li> </ul> <p>Average duration of interviews was 36 minutes</p>	<p>400 semi-structured + 50 in-depth qual. interviews and KIIs</p> <p>Purposively focused on the types of respondents who may not be included in nationally representative surveys (namely UPSNP beneficiaries, small business owners, and IDPs and refugees) and individual day labourers (petty traders and others, who are referred to as a 'special population segment' (or</p>	<p>Urban areas in 10 cities: Addis Ababa, Mekele, Bahir Dar, Gambella, Adama, Bule Hora, Jigjiga, Dire Dawa, Logia, and Semera</p> <p>(This was reduced to nine from Round 3 onwards due to the conflict in Tigray)</p> <p>These were selected based on the size of the population of urban poor and vulnerable groups, including IDPs and refugees</p>	<p>June 2020 – November 2021</p> <p>The surveys started in June 2020, with the aim being to go back every month, but there were some delays due to various factors; the gaps between each round were around 2.5–3 months</p>

Study name	Institution	No. of survey rounds	Methodology	Sampling	Geographical coverage	Time period of the survey
				'special group') that could be especially vulnerable to the effects of the COVID-19 pandemic)		
Monitoring COVID-19 impact on households in Ethiopia	World Bank	Households: every month for 12 survey rounds Refugee survey: two survey rounds	Phone (CATI) The 15-minute questionnaire covers a series of topics, such as knowledge of COVID-19 and mitigation measures, access to routine healthcare as public health systems are increasingly under stress, access to educational activities during school closures, employment dynamics, household incomes and livelihoods, income loss and coping strategies, and external assistance	The sample is based on a subsample of households that were interviewed for the Living Standards Measurement Study (LSMS) in 2019, covering urban and rural areas in all regions of Ethiopia.  Households: nationally representative (urban and rural); sample size: ~3,000 households  Refugees: representative for sub-office Shire, Jijjiga, and Addis Ababa; sample	A representative national, urban, and rural sample	Survey data collection started at the end of April 2020 and households are called back every four weeks for a total of 12 survey rounds to track the impact of the pandemic as it unfolds and to inform government action

Study name	Institution	No. of survey rounds	Methodology	Sampling	Geographical coverage	Time period of the survey
				size: ~1,650 households		
Exploring adolescent experiences under COVID-19: Findings from rapid virtual survey and qualitative research	GAGE	Qualitative: 170 adolescents (three rounds)  Quantitative: 3,066 adolescents (two rounds)	A rapid virtual survey to explore adolescent experiences under COVID-19. The research examined the areas of education, risk of child marriage, livelihoods, food insecurity, and psychosocial well-being, and compared these findings across urban and rural areas	A random sample of adolescents aged 10–12 and 15–17 at baseline from three zones in Ethiopia (South Gondar in Amhara, East Hararghe in Oromia, and Zone 5 in Afar) and three urban centres in Ethiopia (Adami Tulu, Debre Tabor, and Dire Dawa). Additional purposeful sampling of adolescents with disabilities and married adolescents	7,600 10–19-year-old girls and boys (for the urban sample areas only), combined with further qualitative research with a subset of 250 adolescents as well as KIIs at district and community levels  Urban areas include Debre Tabor, Dire Dawa, and Batu/Ziway, and rural locations were South Gondar, East Hararghe, and Zone 5 in Afar	(Qualitative: 170 adolescents) Round 1: April 2020 Round 2: June 2020 Round 3: Dec 2020  (Quantitative: 3,066 adolescents) Round 1: May–Jun 2020 (urban only) Round 2: Dec 2020–Jan 2021
Food consumption and food security during the COVID-19 pandemic in Addis Ababa	IFPRI	Phone survey conducted in early May with 600 households, follow-up in June, July, and August	Focus on (self-reported) knowledge and behavioural response, stress levels, income changes, and food and nutrition security	Building on a representative in-person household survey conducted in Addis Ababa before the pandemic (September 2019)	Addis Ababa	Comprehensive food consumption modules administered in September 2019, February 2020, and August 2020

Study name	Institution	No. of survey rounds	Methodology	Sampling	Geographical coverage	Time period of the survey
		(low attrition rates of < 5%).		and February 2020) and four phone surveys conducted during the pandemic (May, June, July and August) with over 600 households		
The market reach of pandemics: Evidence from female workers in Ethiopia's ready-made garment industry	An international group of researchers from the University of Oxford, New York University Abu Dhabi, Vassar College, IZA Institute of Labor Economics, and the World Bank	Three rounds conducted in total, data presented in this study only from the baseline survey conducted between April and July 2020	Phone-based interviews with about 3,896 respondents, looking at mental and physical health, employment, income, migration patterns, and knowledge about COVID-19	<p>Female workers in Ethiopia's garment industry, specifically in HIP.</p> <p>Representative sample from electronic personnel database.</p> <p>Sample restricted to those who worked in HIP in January 2020.</p> <p>Phone-based panel, recurring waves, data collection ongoing.</p> <p>Sample size of about 4,500 respondents</p>	Hawassa	28 April and 1 July 2020



Study name	Institution	No. of survey rounds	Methodology	Sampling	Geographical coverage	Time period of the survey
Listening to Young Lives at Work in Ethiopia: COVID-19 phone survey	Young Lives (Led by the University of Oxford, conducted in partnership in Ethiopia with Pankhurst Development Research and Consulting (PDRC) and Policy Studies Institute (PSI))	Three	Building on longitudinal mixed-methods research following children since 2001; COVID-19 phone survey investigates the impact on the lives of young people, including in relation to health, well-being, food security, employment, and education	Phone survey reached just under 2,500 young people (1,665 respondents aged 19, and 774 respondents aged 26)	Geographical coverage included both urban and rural communities across all five major regions: Amhara, Oromia, SNNPR, and Tigray, as well as Addis Ababa	Three phone calls between June and December 2020 and head teachers survey July 2020 – research continues, with call 4 in August 2021 and call 5 in December 2021
Impact of COVID-19 on education in Ethiopia: The perspectives of school principals and teachers	RISE	One	Phone interviews and obtained information from directors from Ministry of Education and regional bureaus of education on how they support distance learning during the closures	127 primary school principals and 316 teachers of grades 1–4 students	Six regional states and one city administration: Addis Ababa, Amhara, Oromia, SNNPR, Tigray, Somalie, and Benshangul-Gumuz	Phone survey of teachers and principals and interviews with directors of Ministry of Education and regional bureaus were conducted in August 2020 <sup>11</sup>

<sup>11</sup> For details, see Yorke, L., Rose, P., Woldehanna, T., and Hailu, B.H (2021) 'Primary School-Level Responses to the Covid-19 Pandemic in Ethiopia: Evidence from Phone Surveys of School Principals and Teachers', *Perspectives in Education* 39(1), pp. 189–206. DOI: <http://dx.doi.org/10.18820/2519593X/pie.v39.i1.12>.

**Table 2: Detailed policy recommendations by individual research study**

Project	Main findings	Short-term recommendations	Long-term recommendations
<p><b>World Bank (nationally representative)</b></p>	<p><b>COVID-19 has upended livelihoods in Ethiopia, with significant implications for poverty reduction.</b> Employment rates plunged during the pandemic, with 8% of respondents losing their job at the beginning of the outbreak, while a third of non-farm household enterprises closed. The pandemic exacerbated existing inequalities in the labour market as losses were concentrated among those already disadvantaged. First, the labour market outcomes for those already in vulnerable jobs – i.e. the self-employed or casual labourers – deteriorated as job losses were higher among the casually employed and low-income earners, but were steady among those with formal jobs, mostly in the public sector.</p>	<p>Provide temporary jobs and income support through wage subsidies and public works in urban areas. Temporary wage subsidies can support firms to preserve formal employment and wages. Expand public works of the UPSNP could alleviate income losses for the self-employed and casual labourers in informal employment.</p>	<p>Expand access to demand-driven training through the Public Employment Services (PES) to enhance skills development and connect people to jobs. To create more formal and better paid jobs, and to allow people to transition to them, there is a need to strengthen inclusive and demand-driven skills development for those in Ethiopia's labour force who fail to attain tertiary education. One key focus is to ensure that these labour market participants can access demand-driven trainings and policies through PES. Moreover, expanding youth apprenticeship programmes like the one under the Urban Safety Net and Jobs Project (UPSNDP) can address youth's inability to signal their skills and connect them to better employment opportunities.</p>
	<p>The pandemic <b>interrupted economic activity</b> in the country. Over 40% of businesses closed due to COVID-19-related restrictions and impacts, and 32% of businesses reported no revenues in the first month of the pandemic (March or April 2020).</p>	<p>Provide financial support to SMEs by expanding cash grants, with a focus on women entrepreneurs. Credit extension and liquidity support measures are needed to ensure business continuity and to invest in digital technologies to fast-track firms' adaptation. Extending cash grants to micro and small enterprises can: (i) ensure support is provided to self-run businesses and small enterprises, especially targeting women; and (ii)</p>	<p>Set up an employment agency and streamline PES to strengthen labour market information systems to connect people to jobs. To reduce job search costs and job matching frictions, labour market intermediation should be strengthened in line with the National Plan for Job Creation 2020–2025. Strengthening labour market intermediation will require addressing the fragmented nature of PES provision, with a range of</p>

Project	Main findings	Short-term recommendations	Long-term recommendations
		<p>jump-start self-employment, which can lead to positive effects on incomes in the short to medium term for both young men and young women.</p>	<p>different Government of Ethiopia institutions having the mandate to provide support services to the unemployed.</p> <p>Expand credit to the private sector to boost job creation by promoting enterprise development in both rural and urban areas. Structural financial sector reforms can reduce the bias in providing credit to state-owned enterprises. For SMEs, creating a regulatory environment and infrastructure to facilitate fintech and credit monitoring can support increased access to finance.</p>
	<p><b>Disruptions in human capital accumulation</b> during the COVID-19 period could exacerbate income inequality and stall social mobility. Rural and poor children, who have been trailing their urban and richer peers, were the worst affected. A similar gap is observed between children in the bottom quintile and the top quintile. The loss of learning opportunities for children from poor and rural households with no access to distance learning opportunities only increases existing disparities in schooling outcomes. These will likely have devastating negative consequences for labour market outcomes and will reduce economic mobility in the future.</p>	<p>Aim to recover lost learning opportunities for children, with a greater focus on rural areas, by providing extra support to children who have lost valuable months of learning.</p>	<p>Provide conditional transfers for school progression, especially for girls. Given the high dropout rates in Ethiopia, especially among girls, interventions to incentivise school progression can ensure higher educational attainment and improve employment opportunities. One such policy could be a cash transfer programme in poor rural areas, conditional on (girls') school attendance.</p>
<p><b>OPM study</b></p>	<p><b>Water shortage</b> is a serious problem among the urban poor, reducing their</p>	<p>Increase the water supply and increase access points for water (reduce</p>	<p>Increase funding to build better water infrastructure both in terms of quality and number of access points,</p>

Project	Main findings	Short-term recommendations	Long-term recommendations
<b>(urban areas only; vulnerable groups)</b>	ability to practise handwashing and maintain hygiene.	travelling time and cost to collect water).	especially in crowded urban areas and refugees/IDP camps.
	<b>Food price increases</b> affect affordability, despite earnings almost being back to pre-COVID-19 levels.	Provide food packages to vulnerable households, or cash transfers.	Encourage households to grow their own food (micro gardens). Improve the food supply chain by relying more on locally produced food. Provide food subsidies/vouchers/food banks during emergencies.
	<b>Indications of depression are on the rise among the urban poor</b> – linked to economic problems/affordability and increased food prices.	Providing cash transfers/food packages may help reduce stress. Provide information about where to seek help for mental health problems in urban areas.	Train health workers to provide mental health support and to assess early symptoms of depressions. More funding is needed to provide professional mental health workers in poor communities.
	<b>Limited capacity in schools</b> results in learning disruption and a higher childcare burden as children are not in school on the same day.	-Improve access to remote learning support if schools are to be closed again, through traditional media (i.e. radio or television) (for urban areas). -Create community group support for remote learning (for rural areas); train parents to provide better home-based learning support to their children. (See further recommendations from Young Lives below.)	
	<b>Reduced aid and support; and aid/support are seen as unfairly distributed/not transparent.</b>	Make sure the aid and support continue and are well-targeted. Put in place a monitoring and evaluation system to monitor progress and improve transparency of the process.	

<p><b>Young Lives (urban and rural youth)/ GAGE (urban and rural adolescents)</b></p>	<p><b>Interrupted education</b>, due to school closures, and increased reliance on distance learning, is widening educational inequalities.</p> <p>Following a lost year of learning, many students may find it hard to restart their education, especially vulnerable girls (including those working as domestic workers to support household livelihoods during school closures), adolescents with disabilities, and those studying at a relatively low level.</p> <p><b>Girls in rural areas were especially vulnerable to pressures to marry</b> during the closure of schools, and risks were further exacerbated by the absence of school teachers and health extension workers in the community, who often serve an important reporting and surveillance function in regard to child marriage.</p> <p><b>School closures had an important negative effect not only on learning but also on peer-to-peer interaction and adolescents' access to supportive adults outside the family</b>, both of which can be critical to adolescents' psychosocial well-being.</p>	<ul style="list-style-type: none"> <li>- The urgent need for robust lesson learning should include assessing access to, and the quality of, distance learning to identify learning gaps and to improve future approaches, including no-tech, low-tech, and high-tech approaches, depending on access to connectivity and devices</li> <li>- Extended catch-up education programmes are particularly important for disadvantaged girls and boys, including those who were already struggling before the pandemic. Support should not be a one-off exercise and should include adequate funding and resources for teachers.</li> <li>- Flexible schooling can support disadvantaged girls and boys to continue their education at times of family crisis. Approaches such as 'shift schooling' or evening or weekend classes can support children to continue with their schooling, and, where connectivity permits (especially in urban areas), greater use of online learning could be promoted.</li> <li>- There is also an urgent need to strengthen disability-sensitive distance education provision and support. Adolescents with disabilities reported that they had especially limited access to distance education during school closures.</li> <li>- Ensure gender-sensitive 'back to school/university' public campaigns target girls in poor and rural households, including local initiatives</li> </ul>	<ul style="list-style-type: none"> <li>- Address persistent inequalities in education, particularly in relation to getting disadvantaged girls and adolescents with disabilities back to school, to avoid the longer-term impacts of a lost year of education.</li> <li>- There is a need to address the huge digital divide between urban and rural communities and girls and boys, to build on the positive acceleration of online learning. Improve and extend internet and broadband connectivity in rural areas, and increase access to technology in poorer households.</li> <li>- Ensure adequate funding is allocated to education in COVID-19 recovery plans, including higher education, particularly at a time when significant amounts of aid have understandably been redirected to health priorities.</li> <li>- Invest in teacher training so that teachers can provide blended learning involving high-tech, low-tech, and no-tech options during school closures.</li> <li>- Invest in community adolescent/youth groups that can provide support to disadvantaged young people during crisis contexts, and provide referrals to mental health support as needed.</li> </ul>
---	--	--	---

		working with schools to identify those who have dropped out and to proactively reach out to encourage re-enrolment.	
	<p>COVID-19 is exacerbating already <b>heavy domestic work burdens</b> faced by girls and young women (household work and childcare).</p> <p>There is an increased risk that young girls are missing out on their education as they help out more at home.</p>	Improved measures to address unpaid household work (e.g. creche facilities and childcare support or cash benefits for families affected by childcare closures) can relieve the burden on girls and women and help them get back to school; ensure effective support is available in rural communities.	
	<p>The pandemic is taking its toll on the <b>mental health</b> of young people in Ethiopia at a time when access to often limited mental health services is likely to have been significantly disrupted.</p> <p>Girls whose education has been interrupted may be particularly at risk of worsening mental health.</p>	<ul style="list-style-type: none"> <li>- Prioritise the establishment/expansion of urgently needed mental health services and psychosocial support, tailored to the different needs of adolescents and youth, particularly vulnerable girls, that are accessible to the poorest and most vulnerable households, including those in both rural and urban communities.</li> <li>- Expand government capacity to train specialised workers, including relevant training for social workers under the Ministry of Labour and Social Affairs, and Ministry of Health initiatives such as the '952 Health Hotline,' to include more volunteers in mental health, and similar initiatives delivered through EPHI.</li> <li>- In rural areas, working through health extension workers and local volunteers to provide community-based services should also be considered.</li> </ul>	

	<p>The combined pressures of interrupted education, widespread stresses on household finances, and increased household work caused by the COVID-19 pandemic are likely to increase the <b>risk of early marriage and parenthood</b>.</p>	<ul style="list-style-type: none"> <li>- Address underlying causes, which are exacerbated by the COVID-19 pandemic, including by providing practical assistance through social protection programmes, and initiatives to keep girls in school and to reduce the burden of domestic work.</li> <li>- Challenge discriminatory gender stereotypes through local media campaigns, including clear messaging on TV, radio, and social media, as part of ongoing COVID-19 public engagement, and tailor programming to local marriage realities (e.g. arranged child marriages vs adolescent-initiated marriages).</li> <li>- Enabling strengthened community reporting mechanisms during the pandemic is also critical, particularly when schools and local health services may be temporarily closed.</li> </ul>	<p>Discriminatory gender roles should be addressed through whole-community engagement, involving adolescent girls and boys, their parents, and community leaders.</p>
<p><b>IFPRI surveys with households in Addis Ababa</b></p>	<p>Relative to September 2019, food consumption and household dietary diversity were largely unchanged in August 2020, implying limited impacts of the pandemic on household food security in the capital. Quick recovery of the employment situation, as documented by other surveys, as well as existing safety net programmes, are likely to have played an important role.</p>	<p>Ensure there is sufficient funding for scaling up existing safety net programmes during crises.</p>	<p>Continue investing in productive safety net programmes to increase long-term resilience against unanticipated large-scale shocks.</p>
<p><b>Garment workers in Hawassa</b></p>	<p>The employment of female workers in Ethiopia’s garment industry has changed dramatically due to a sharp drop in demand during the COVID-19 pandemic.</p>	<p>Our findings suggest a role for policymakers in regard to putting in place insurance and social protection policies that help firms and workers</p>	

		retain jobs, even in places not directly suffering from the pandemic.	
	Migration appears to be a major coping mechanism, but many respondents report barriers. Most who have left the city desire to return if possible.	Short-term migration should be taken into account when designing a social protection systems and public health response.	
	Levels of food insecurity are high; rates are higher for those currently still in the city where garment industry jobs are located.	(Should be aligned with recommendations emerging from IFPRI’s work on food prices – perhaps including providing subsidised food.)	
<b>RISE</b>	<p>The study found that male school principals were significantly more likely to have contact with parents and caregivers than female school principals, with no differences across rural/urban locations. Again, these gender differences could perhaps point to the fact that female school principals also had other additional responsibilities within the home.</p> <p>The information that the school principals provided to parents and caregivers included information about health and safety measures and advice for supporting students’ learning.</p> <p>School principals and teachers alike identified a range of challenges anticipated due to the re-opening of schools, including increased student dropout, inadequate numbers of classrooms to implement social distancing, inadequate handwashing facilities, and decreased student performance. In terms of increased student dropout, students from low-income families, rural students, and girls</p>	<p>Students who are most disadvantaged, due to poverty and living in rural areas, as well as girls, were potentially missing out the most. Hence, more explicit attention is needed concerning the manner in which support is provided by the government to school principals and teachers, to ensure that support reaches even the most disadvantaged students.</p>	<p>Government needs to build the education system in such a way as to provide swift support during crises, such as the COVID-19 pandemic and other calamities.</p> <p>In order to reduce inequality, rural and remote schools need to be equipped with adequate infrastructure, such as water facilities, electricity, and IT facilities, so that they are able to provide support to students whenever needed.</p>



	<p>were perceived as those most likely to be at risk of dropout.</p> <p>School principals in rural areas receive less support from local government than their urban counterparts, thus highlighting the need for greater efforts to ensure that rural school principals are supported in responding to the pandemic.</p>		
--	---	--	--