

# Mitigating the socio-economic impacts of COVID-19 in Ethiopia, with a focus on vulnerable groups

## Annex I – Vulnerability Impact Fiches



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# Table of contents

1	Health Impactsman	4
2	Welfare and Social Cohesion Impacts	11
3	Microeconomic Impacts	23
	References	29

# 1 Health Impactsman

<b>Reduced access to health care</b> (High vulnerability)	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• Covid-19 itself (disease)</li> <li>• Covid-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of Covid-19</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>• Urban Centres</li> <li>• Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors</b>			<b>Most vulnerable groups</b>	
<p><b>Scarcity of healthcare facilities (-)</b></p> <ul style="list-style-type: none"> <li>• 68% of children were deprived of basic healthcare services (Central Statistical Agency and UNICEF 2016)</li> <li>• Median overall skilled health workers in emerging regions were below 8 per 15,000 inhabitants (Woldemichael et al. 2019)</li> <li>• Specialist health workforce in Ethiopia 0.54 per 1000,000 people hospital beds: 0.3 per 1,000 people (World Bank 2016)</li> </ul> <p><b>High level of out-of-pocket costs for patients (-)</b></p> <ul style="list-style-type: none"> <li>• Out-of-pocket expenditures amount to around 30% of total health care expenditure (Ethiopia Federal Ministry of Health 2019)</li> <li>• Public insurance systems (CBHI; SHI) only cover about 11 million people. (Lavers 2019)</li> </ul> <p><b>Poor understanding of the virus, its consequences and transmission modes (-)</b></p> <ul style="list-style-type: none"> <li>• Only one in four respondents surveyed in March believed they were at risk of being infected by COVID-19; more than half believed the coronavirus could be treated with garlic; and nearly 80 per cent said it could be treated with lemon and vitamins. (Ohio State University 2020)</li> </ul> <p><b>Belonging to a group already facing discrimination, such as the disabled or chronically ill (-)</b></p> <ul style="list-style-type: none"> <li>• People already experiencing barriers to accessing healthcare, such as those suffering from disabilities or chronic illnesses will be disproportionately impacted by disruptions to services they rely on (WHO 2020)</li> </ul> <p><b>Lack of personal protective equipment (PPE) (-)</b></p> <ul style="list-style-type: none"> <li>• PPE shortages are still present, which limits the ability of healthcare workers to do their work safely. (UNFPA, UNICEF, WHO 2020)</li> </ul> <p><b>Pre-existing scarcity of hospital beds, intensive care units, equipment, medical staff (-)</b></p> <ul style="list-style-type: none"> <li>• 435 ventilators recently acquired, but few health workers able to operate them, all located in Addis. (Endeshaw 2020)</li> </ul> <p><b>Pre-existing proneness to hospital infections (-)</b></p> <ul style="list-style-type: none"> <li>• Hospital-acquired infections mean prevalence of 14.9% (Worku et al 2016)</li> </ul> <p><b>Expanded health coverage (+)</b></p> <ul style="list-style-type: none"> <li>• Community Health Extension Program enabled significant improvement in immunization, maternal and child health, reduction of communicable diseases, hygiene and sanitation, and PHC (Assefa et al. 2019). Health Extension Workers provide critical health services during the crisis, as well as continuing to carry out households' visits to identify suspected cases. (Wuilberg 2020)</li> </ul> <p><b>Additional health capacity (+)</b></p> <ul style="list-style-type: none"> <li>• As of May 14, there were 41 designated treatment units, 98 isolation facilities, and 87 quarantine centres. As of May 19, 229 patients with confirmed COVID-19 cases were receiving treatment in a treatment centre (Federal Ministry of Health Ethiopia 2020).</li> </ul> <p><b>Access to private means of transportation (+)</b></p> <ul style="list-style-type: none"> <li>• Most regional states have imposed strict bans on public transportation. Availability of ambulances is also limited. (AfricaNews 2020)</li> </ul> <p><b>Strength of the health system governance (+)</b></p> <ul style="list-style-type: none"> <li>• Federal Ministry of Health released a National Comprehensive COVID-19 Management Handbook, establishing protocols for infection prevention, laboratory testing, case management, and other protocols (Federal Ministry of Health Ethiopia 2020).</li> </ul>			<ul style="list-style-type: none"> <li>• Children in low income families</li> <li>• Children in families affected by the disease</li> <li>• Healthcare workers and their families</li> <li>• Children living in camps (refugees, IDPs, returnees)</li> <li>• Children in street situation</li> </ul>	
			<b>Recommendations</b>	
			<ul style="list-style-type: none"> <li>• The monitoring of healthcare service delivery should continue</li> <li>• The government should prioritize the dissemination of accurate medical information</li> <li>• The government should ensure healthcare workers have access to adequate PPE</li> <li>• The government should sustain efforts to lower financial barriers to access healthcare</li> <li>• The government should sustain expenditures in public health</li> </ul>	

<p><b>Interruption of and lower access to vaccination and preventative care services</b> (High vulnerability)</p>	<p><b>Triggered by:</b></p>	<ul style="list-style-type: none"> <li>• Covid-19 itself (disease)</li> <li>• Covid-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of Covid-19</li> </ul>	<p><b>Geographical focus</b></p>	<ul style="list-style-type: none"> <li>• Urban Centres</li> <li>• Emerging regions and rural areas</li> </ul>
<p><b>Vulnerability/resilience factors</b></p>			<p><b>Most vulnerable groups</b></p>	
<p><b>Scarcity of healthcare facilities (-)</b></p> <ul style="list-style-type: none"> <li>• 68% of children were deprived of basic healthcare services (Central Statistical Agency and UNICEF 2016)</li> <li>• Median overall skilled health workers in emerging regions were below 8 per 15,000 inhabitants (Woldemichael et al. 2019)</li> <li>• Specialist health workforce in Ethiopia 0.54 per 1000,000 people hospital beds: 0.3 per 1,000 people (World Bank 2016)</li> </ul> <p><b>Existing high risk of COVID-19 transmission (-)</b></p> <ul style="list-style-type: none"> <li>• The majority of COVID-19 cases are located in densely populated areas, namely in Addis Ababa, where the risks of transmission are also higher due to higher population density (Ethiopia Federal Ministry of Health 2019)</li> <li>• The Federal Ministry of Health has tried to identify individuals who have other illnesses but have not sought medical attention due to fears of contracting coronavirus (Wuilberg 2020)</li> </ul> <p><b>High level of out-of-pocket costs for patients (-)</b></p> <ul style="list-style-type: none"> <li>• Out-of-pocket expenditures amount to around 30% of total health care expenditure (Ethiopia Federal Ministry of Health 2019)</li> <li>• Public insurance systems (CBHI; SHI) only cover about 11 million people. (Lavers 2019)</li> </ul> <p><b>Lack of adequate health information and low demand for vaccination (-)</b></p> <ul style="list-style-type: none"> <li>• Fear of adverse reactions, negative rumours about vaccines or lack of awareness of their usefulness often stops mothers from completing vaccination routines. (Tefera 2018)</li> <li>• The limited access to reliable health information, particularly in rural and low-income communities results in a lack of understanding of the need to complete a vaccines series to ensure their effectiveness. (Tefera 2018)</li> </ul> <p><b>Lack of personal protective equipment (PPE) (-)</b></p> <ul style="list-style-type: none"> <li>• PPE shortages are still present, which limits the ability of healthcare workers to do their work safely. (UNFPA, UNICEF, WHO 2020)</li> </ul> <p><b>Expanded health coverage (+)</b></p> <ul style="list-style-type: none"> <li>• Community Health Extension Program enabled significant improvement in immunization, maternal and child health, reduction of communicable diseases, hygiene and sanitation, and PHC (Assefa et al. 2019). Health Extension Workers provide critical health services during the crisis, and also carry out households' visits to identify suspected cases. (Wuilberg 2020)</li> </ul> <p><b>Adequate vaccine supply (+)</b></p> <ul style="list-style-type: none"> <li>• While trade disruptions initially posed concerns for securing an adequate vaccine supply, development partners and government authorities have secured an adequate supply of vaccines for the near future (UNICEF 2020)</li> </ul>			<ul style="list-style-type: none"> <li>• Children in low income families</li> <li>• People with pre-existing health conditions</li> <li>• Children living in areas where outbreak-prone diseases are prevalent</li> </ul>	
			<p><b>Recommendations</b></p>	
			<ul style="list-style-type: none"> <li>• The monitoring of healthcare service delivery should continue</li> <li>• The government should prioritize the dissemination of accurate medical information</li> <li>• The government should ensure healthcare workers have access to adequate PPE</li> <li>• The government should work to resume the provision of critical health services</li> <li>• The government should sustain efforts to lower financial barriers to access healthcare</li> <li>• The government should sustain expenditures in public health.</li> </ul>	

<b>Reduced access to WASH services</b> (High vulnerability)	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• Covid-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of Covid-19</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>• Urban Centres, especially informal settlements</li> <li>• Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors and other relevant statistics</b>			<b>Most vulnerable groups</b>	
<p><b>Poverty level (-)</b></p> <ul style="list-style-type: none"> <li>• People in lower wealth quintiles are also more likely to rely on community WASH facilities or humanitarian WASH responses. Additionally, they will be disproportionately impacted by an increase in prices of WASH commodities. (WASH Cluster 2020)</li> </ul> <p><b>Pre-existing community health conditions/Lack of access to piped water supply and sewage systems (-)</b></p> <ul style="list-style-type: none"> <li>• As of 2017, only 11% of the population was using safely managed drinking water (UNICEF and Ministry of Finance 2019)</li> <li>• In rural areas, only 5% of people access to safely managed drinking water, while in urban areas this number is 38%. (UNICEF and Ministry of Finance 2019)</li> <li>• WASH coverage in schools and health facilities is low in emerging regions. In Somali, for example, only 16% of schools had access to drinking water, 3% of schools had handwashing stations for children, and only 10% of health posts had drinking water in their premises (UNICEF, ONE WASH Ethiopia, Ministry of Health 2018)</li> <li>• At a country level, only 22% of schools have drinking water from a protected source and only 11% have handwashing facilities. (UNICEF, ONE WASH Ethiopia, Ministry of Health 2018)</li> <li>• Only 23% of urban areas inhabitants has access to hand-washing facilities with water and soap, in rural areas this number is only 4%. (UNICEF and Ministry of Finance 2019)</li> </ul>			<ul style="list-style-type: none"> <li>• Children in low income families</li> <li>• Children living in camps (refugees, IDPs, returnees)</li> <li>• Women and girls</li> </ul>	
<p><b>Reliance on communal WASH services (-)</b></p> <ul style="list-style-type: none"> <li>• People relying on communal WASH services, such as shared water points, often face intermittent services, which could be further disrupted due to COVID-19 containment measures or the economic crisis in the medium term. (Jerving 2020)</li> </ul>			<b>Recommendations</b>	
<p><b>School closures (-)</b></p> <ul style="list-style-type: none"> <li>• Menstrual hygiene interventions are often delivered through schools, thus school closures increase the vulnerability of girls who lose access to sanitary materials and other hygiene services. (UNICEF 2017)</li> <li>• This has especially negative consequences for adolescent girls, as menstrual hygiene interventions are associated with fewer school absences in particular for students between grades 7 and 11. (Belay 2020)</li> </ul>			<ul style="list-style-type: none"> <li>• WASH interventions that target vulnerable populations should be prioritized</li> <li>• The monitoring of side-effects of containment measures, beyond healthcare access, should continue and adequate government responses should be advocated</li> </ul>	
<p><b>Other relevant statistics</b></p> <ul style="list-style-type: none"> <li>• As of April 2020, there were approximately 761,000 refugees and asylum seekers in Ethiopia, as well as 1.74 million IDPs. Some camps are still facing water shortages, which they are trying to lessen through water trucking. (UNHCR 2020)</li> </ul>				

<b>Reduced access to sexual and reproductive health services</b> (High vulnerability)	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• Covid-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of Covid-19</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>• Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors</b>			<b>Most vulnerable groups</b>	
<p><b>Scarcity of (or distance to) healthcare facilities (-)</b></p> <ul style="list-style-type: none"> <li>• COVID-19 related travel restrictions are forcing pregnant women to give birth at home. The availability of ambulances is also limited, which especially affects households living farther away from healthcare facilities. (Marks 2020)</li> <li>• These limitations are crucial in rural regions like Afar and Somali where distance to facilities is a more significant barrier (Jalu et al. 2019)</li> </ul> <p><b>Overloaded facilities in densely populated areas (-)</b></p> <ul style="list-style-type: none"> <li>• The government has recognized that the system is at risk of being overwhelmed if the country gets a significant amount of COVID-19 cases, the majority of which are based in Addis Ababa (Wuilibercq 2020)</li> </ul> <p><b>Prevalence of conservative or religious beliefs leading to unfavourable attitudes towards family planning (-)</b></p> <ul style="list-style-type: none"> <li>• Child marriages are still highly prevalent in Ethiopia with the latest national estimate reaching 40%. (UNICEF and Ministry of Finance 2019)</li> <li>• Anecdotal evidence suggests that child marriages and pregnancies have already increased as a result of the crisis as they take the role of economic coping mechanisms (UNICEF 2020)</li> </ul>			<ul style="list-style-type: none"> <li>• Children in low income families</li> <li>• Women and girls</li> <li>• Pregnant women</li> <li>• Children in street situation and institutionalised children</li> </ul>	
<p><b>Lack of adolescent-friendly sexual and reproductive health services (-)</b></p> <ul style="list-style-type: none"> <li>• Only 51% of females aged 15-19 and 66% of males of the same age knew that using condoms and limiting sexual intercourse to one uninfected partner can reduce the risk of acquiring HIV. (UNICEF and Ministry of Finance 2019)</li> <li>• Only one quarter of females of ages 15-19 and one third of males of the same age had had comprehensive knowledge of HIV. (UNICEF and Ministry of Finance 2019)</li> <li>• Girls in rural areas have one of the lowest levels of knowledge of HIV at 10% (UNICEF and Ministry of Finance 2019)</li> </ul> <p><b>Prevalence of child marriages and pregnancies (-)</b></p> <ul style="list-style-type: none"> <li>• Child marriages are still highly prevalent in Ethiopia with the latest national estimate reaching 40%. (UNICEF and Ministry of Finance 2019)</li> <li>• Anecdotal evidence suggests that child marriages and pregnancies have already increased as a result of the crisis as they take the role of economic coping mechanisms (UNICEF 2020)</li> </ul> <p><b>Lack of access to personal protective equipment (PPE) (-)</b></p> <ul style="list-style-type: none"> <li>• PPE shortages are still present, which limits the ability of healthcare workers to do their work safely. (UNFPA, UNICEF, WHO 2020)</li> </ul> <p><b>Access to educational and economic opportunities, particularly for women and girls (+)</b></p> <ul style="list-style-type: none"> <li>• Out-of-school adolescent girls are one of the groups most vulnerable to sexual violence (Erulkar et al 2017)</li> <li>• Access to education is associated with higher awareness and uptake of SRH resources and discourages practices like child marriage (UNDP 2019 and Abraham et al 2019)</li> </ul> <p><b>Access to (and ability to afford) private health facilities (+)</b></p> <ul style="list-style-type: none"> <li>• Studies have shown that an important percentage of the population accessed SRH services through private health facilities. (Binu et al 2018)</li> </ul>			<b>Recommendations</b> <ul style="list-style-type: none"> <li>• The monitoring of healthcare service delivery should continue</li> <li>• The government should prioritize the dissemination of accurate medical information</li> <li>• The government should ensure healthcare workers have access to adequate PPE</li> <li>• The government should work to resume the provision of critical health services</li> </ul>	

<b>Deteriorated mental health and psychosocial (MHPSS) wellbeing</b> (High vulnerability)	<b>Triggered by:</b> <ul style="list-style-type: none"> <li>• Covid-19 itself (disease)</li> <li>• Covid-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of Covid-19</li> </ul>	<b>Geographical focus</b> <ul style="list-style-type: none"> <li>• Urban Centres</li> <li>• Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors and other relevant statistics</b>		<b>Most vulnerable groups</b>
<b>Poverty level (-)</b> <ul style="list-style-type: none"> <li>• A study conducted in Ethiopia by Ohio State University showed that the crisis is increasing anxiety as one third of respondents feared they would run out of food within a week and nearly half of those who were on medication feared they would run out in less than a week.</li> <li>• A 2019 survey of physicians found that 97% encountered patients who could not afford treatment. (Miljeteig et al. 2019)</li> <li>• Out-of-pocket expenditures amount to around 30% of total health care expenditure (Ethiopia Federal Ministry of Health 2019)</li> </ul> <b>Pre-existing mental health issues (-)</b> <ul style="list-style-type: none"> <li>• Treatment of mental illnesses is often carried out by religious or traditional healers, as mental illnesses is attributed to supernatural causes. Due to this and other factors, the mentally ill continue to face discrimination and stigma.</li> <li>• People with mental illnesses are often denied employment, promotion, education, and housing, vote, get married and have a family.</li> </ul>		<ul style="list-style-type: none"> <li>• Children in low income families</li> <li>• Children in street situation and children in institutions</li> <li>• Children experiencing discriminatory behaviour</li> <li>• Children with disabilities</li> <li>• Refugees, asylum seekers, IDPs, and children on the move</li> </ul>
<b>Access to a strong support network (+)</b> <ul style="list-style-type: none"> <li>• Social isolation is associated with higher levels of psychological distress. (Portugal 2016)</li> </ul>		<b>Recommendations</b>
<b>Other relevant statistics</b> <p><b>Scarcity of MHPSS service providers</b></p> <ul style="list-style-type: none"> <li>• 15% of all Ethiopians (around 16 million) are affected by major mental illnesses or substance abuse disorders, but less than 10% of these citizens receive treatment and fewer than 1% receive specialist care. There are only 63 psychiatrists in Ethiopia, the majority of which are concentrated in large cities (Ethiopian Psychiatric Association 2018)</li> <li>• Only one quarter of government health facilities include a mental health and psychosocial support service of any kind and there is only one Child and Adolescent Psychiatrist in the country. (UNICEF 2020)</li> </ul> <p><b>Costs of treatment</b></p> <ul style="list-style-type: none"> <li>• Even when mental health care is made accessible by integrating it into primary care, the costs of transporting patients and paying for psychotropic medications are not covered, which forces many people to drop out of care. (Hanlon et al. 2019)</li> </ul> <p><b>Vulnerable populations</b></p> <ul style="list-style-type: none"> <li>• Migrant and displaced populations are already under disproportionate psychological pressure. The limited infrastructure and support services available to them is already overstretched by a population of approximately 1.74 million. (UNICEF 2020)</li> <li>• Children in street situation and are particularly vulnerable to mental stress and disorders. (Chimdessa and Cheire 2018)</li> <li>• As a response to the crisis, authorities have started efforts to place these children in shelters or institutions. While institutions provide children with food, clothes and shelter, it is not clear whether they provide a safe and supportive environment or whether they have access to counsellors or other mental health professionals. (UNICEF 2020)</li> </ul>		<ul style="list-style-type: none"> <li>• The monitoring of healthcare service delivery should continue</li> <li>• The government should prioritize the dissemination of accurate medical information</li> <li>• With the support of partners such as UNICEF, the government should accompany social support measures for vulnerable people with campaigns to prevent stigma and discrimination</li> <li>• The government should improve the availability and accessibility of mental health and psychosocial support (MHPSS) services, especially for children</li> <li>• The government should, with the support of its partners, gradually take out children from institutions through reintegration programs and, in the short term, monitor children's living conditions in such institutions</li> </ul>

<b>Worsened child nutrition outcomes</b> (High vulnerability)	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• Covid-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of Covid-19</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>• Urban Centres</li> <li>• Emerging regions and rural areas, especially border areas</li> </ul>
<b>Vulnerability/resilience factors and other relevant statistics</b>			<b>Most vulnerable groups</b>	
<p><b>Poverty level (-)</b></p> <ul style="list-style-type: none"> <li>• Children in the two lowest wealth quintiles have the highest under-five stunting rates, at 41.9%, while the rate for the highest income quintile is almost half at 24.1%. (UNICEF and Ministry of Finance 2019)</li> </ul> <p><b>Food insecurity (-)</b></p> <ul style="list-style-type: none"> <li>• The number of food insecure people in Ethiopia is forecasted to increase to up to 8.5 million in mid-2020. Additionally, food aid programmes already face major obstacles in targeting and reaching vulnerable populations (Global Network Against Food Crisis 2020)</li> <li>• Food security is directly related to nutrition, particularly for families relying on subsistence agriculture (Central Statistical Agency 2016)</li> </ul> <p><b>Quality of WASH (-)</b></p> <ul style="list-style-type: none"> <li>• More than 45 million people in Ethiopia lack access to improved sanitation. In 2019 alone, there were 2,089 cases of cholera reported, and 9,672 cases of measles (Global Network Against Food Crisis 2020)</li> <li>• Access to adequate sanitation and a safe water supply acts as resilience factors as they can prevent mal-absorption and nutrient losses, as well as appetite suppression due to infectious diseases (Ethiopian Public Health Institute 2016)</li> </ul> <p><b>Other relevant statistics</b></p> <ul style="list-style-type: none"> <li>• Access to critical healthcare services such as micronutrient supplementation, growth monitoring and promotion, and rehabilitation of malnourished children can allow children to cope with nutrition shocks. (WFP 2020)</li> <li>• Most recently, the desert locusts plague will potentially drive one million people, chiefly in Somali, Oromia, and Dire Dawa city into food insecurity. (FAO 2020) .</li> <li>• The number of children under 5 with severe acute malnutrition (SAM) in the regions affected by desert locust rose by 20% on average between January and February 2020 (UNFPA, UNICEF, and WHO 2020)</li> <li>• 33 % of refugee camps analysed by the 2019 Standardized Expanded Nutrition Survey (SENS) had very high Global Malnutrition Rates. In over 60% of camps, child anaemia levels were of high public health significance. According to the SENS report, food assistance for refugees was also inadequate, creating food gaps for up to 17 days a month. (Global Network Against Food Crisis 2020)</li> <li>• Since the start of the crisis more than 4,100 children living in the streets have been placed in shelters, where they are provided with food, clothes, and healthcare. This is also likely to increase the burden on nutrition services in urban centres. (Wuilbercq 2020)</li> </ul>			<ul style="list-style-type: none"> <li>• Children in low income families</li> <li>• Children in pastoralist communities</li> <li>• Children in families relying on informal work</li> <li>• Children in food insecure communities</li> <li>• Refugees, asylum seekers, IDPs, children on the move</li> <li>• Children in street situation</li> </ul>	
			<b>Recommendations</b>	
			<ul style="list-style-type: none"> <li>• The monitoring of healthcare service delivery should continue</li> <li>• The monitoring of side-effects of containment measures, beyond healthcare access, should continue and adequate government responses should be advocated</li> <li>• The government should work to resume the provision of critical health services</li> <li>• WASH interventions that target vulnerable populations should be prioritized</li> <li>• The government should work with development partners to supplement nutrition support</li> </ul>	

## 2 Welfare and Social Cohesion Impacts

<b>Worsened educational outcomes for girls and boys (High vulnerability)</b>	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• COVID-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of COVID-19</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>• Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors and other relevant statistics</b>			<b>Most vulnerable groups</b>	
<p><b>Electricity and/or internet access for distance learning (+)</b></p> <ul style="list-style-type: none"> <li>• Low access to electricity and internet: only 44.3% of Ethiopians had access to electricity in 2017 on average. In rural areas, access to electricity is 31% (World Bank, 2020).</li> <li>• By December 2019, only 17.8% of population used internet (Internet World Stats, 2020).</li> </ul> <p><b>Availability of adult supervision for home schooling (+)</b></p> <ul style="list-style-type: none"> <li>• Low adult literacy rate: 52% in 2017. Worse numbers among women and emerging areas (World Bank, 2020).</li> <li>• However, important improvement since 2005, when literacy rate among adults was 29.8% (Knoema, 2020).</li> </ul> <p><b>Textbook production and distribution chains (+)</b></p> <ul style="list-style-type: none"> <li>• The production and distribution of educational materials is an issue receiving attention in Ethiopia. (Federal Ministry of Education, 2020)</li> <li>• Movement restrictions supply chains might create further logistical issues for textbook supply chains which could impact quality of education</li> </ul> <p><b>Teacher's ability to use distance learning methods (+)</b></p> <ul style="list-style-type: none"> <li>• Pupil-Teacher Ratio (PTR) at national level was 39 for grades 1-8 in 2018-2019 (49 for the first cycle and 31 for the second cycle).</li> <li>• All regions achieved a primary PTR lower than 50 except Somali (73).</li> <li>• The PTR in secondary grades was 24 in 2018-2019 (much higher in Somali).</li> <li>• Availability of multimedia teaching: 78.7% of secondary schools have computers available. Around 23% of the computers are not functional.</li> <li>• Internet availability in secondary schools is 21.5%. Important regional differences (76% in Addis Ababa).</li> </ul> <p><b>Preparedness of schools to comply with hygiene and social distancing measures (-)</b></p> <ul style="list-style-type: none"> <li>• Nationally, the Pupil-Section Ratio (PSR) is at 53 for grades 1-8 (being higher in the first cycle compared to the second cycle). Somali has the highest pupil section ratio at 92 for primary (109 for first cycle).</li> <li>• In primary education, only 27% of school have access to water; In secondary education, 84% of the schools have access to water. (Federal Ministry of Education, 2020)</li> </ul> <p><b>Other relevant statistics</b></p> <p><b>Refugee children</b></p> <ul style="list-style-type: none"> <li>• Primary GER of refugee children in 2018-19 was 67.25% (54.91% for girls and 78.59% for boys). (Federal Ministry of Education, 2020)</li> </ul> <p><b>Gender inequality</b></p> <ul style="list-style-type: none"> <li>• Lower access to education for girls with important regional differences. Nationally, Gender Parity Index in primary education is currently at 0.90. In Addis Ababa more girls attend to school (GPI of 1.15) while in Ethiopia-Somali GPI is at 0.77.</li> <li>• For secondary education, national GPI is at 0.87 (no improvements with respect to 2013 when it was 0.91. It ranges from 1.10 in Addis Ababa to 0.69 in Somali and 0.70 in Afar. (Federal Ministry of Education, 2020)</li> </ul> <p><b>Disabilities</b></p>			<ul style="list-style-type: none"> <li>• Children on the move</li> <li>• Girls</li> <li>• Children with disabilities</li> </ul>	
			<b>Recommendations</b>	
			<ul style="list-style-type: none"> <li>• Avoid disinvesting in Education, even in case fiscal consolidation becomes necessary, and continue national policy of reducing regional gaps</li> <li>• Development of protection programs and interventions aimed at supporting children and young people (provide safe spaces, prevent work exploitation and child marriages, etc.).</li> </ul>	

<ul style="list-style-type: none"> <li>Lower education access for disabled children. Only 11% of children with disabilities are enrolled in primary education, and only 2.8% are enrolled in secondary education. (Federal Ministry of Education, 2020)</li> </ul>	
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<b>Worsened living conditions for people with disabilities</b> (High vulnerability)	<b>Triggered by:</b> <ul style="list-style-type: none"> <li>COVID-19 containment measures – short term effects (confinement, lock-down)</li> </ul>	<b>Geographical focus</b> <ul style="list-style-type: none"> <li>Urban Centres</li> <li>Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors</b>		<b>Most vulnerable groups</b>
<p><b>Specific Poverty of Disabled People</b></p> <ul style="list-style-type: none"> <li>7.8 million of disabled people in Ethiopia (around 10% of population). (UNICEF, 2019)</li> <li>55% of disabled people rely on family, friends or neighbours for their living. (ILO, 2020)</li> <li>Almost the totality of People with Disabilities (PwD) live under poverty (95%). (Ministry of Labour and Social Affairs, 2016)</li> </ul> <p><b>Lack of availability of services and impairment aids (-)</b></p> <ul style="list-style-type: none"> <li>Scarcity of services and impairment aids for disabled people in rural areas. Reliance on charity or associations. (NGO Aid Map, 2020)</li> </ul> <p><b>More limited access to media (-)</b></p> <ul style="list-style-type: none"> <li>Information campaigns on COVID-19 less accessible for disabled people (CIPESA, 2020)</li> </ul> <p><b>Difficult access to transportation (-)</b></p> <ul style="list-style-type: none"> <li>Accessibility to transportation not fully guaranteed for disabled people, especially in rural areas. (Sedeto &amp; Daar, 2019).</li> </ul> <p><b>Presence of community groups and organizations keeping a support network in place (+)</b></p> <ul style="list-style-type: none"> <li>There are 25 organizations working on disability in Ethiopia included in The Ethiopian National Disability Action Network (ENDAN, 2020).</li> </ul> <p><b>Presence of projects and programs (+)</b></p> <ul style="list-style-type: none"> <li>Productive Safety Net Programme 2015-2020: provides more than 8.5 million vulnerable people (8 million people for rural PSNP and 604,000 for UPSNP) with assistance each year (cash transfer or food) in return for participation in public works.</li> <li>Direct Support program: beneficiaries receive unconditional cash transfers. Among these groups are persons with disabilities. (ENDAN, 2020)</li> <li>Projects for the employment inclusion of PwD carried out by organizations of disabled people. Also, ILO has supported the government in this area. (ILO, 2020).</li> <li>Temporary support to over 550 thousand additional households in 27 cities through UPSNP provided by government and the WB as a response to COVID-19 for three months and the top up provided by UNICEF for the existing 60,000 UPSNP households. (UNICEF 2020)</li> </ul>		<ul style="list-style-type: none"> <li>Women</li> <li>Children, especially those in low-income families</li> <li>Elderly people</li> </ul>
		<b>Recommendations</b> <ul style="list-style-type: none"> <li>Prevent isolation of elderly people, especially those with disabilities</li> <li>Perform monitoring and advocacy activities in order to prevent that COVID-19 becomes an excuse for a “cleaning” of streets from destitute children and adults</li> </ul>

<b>Increased exposure of women and children to violence, exploitation and abuse (High vulnerability)</b>	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• COVID-19 itself (disease)</li> <li>• COVID-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of COVID-19</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>• Urban Centres</li> <li>• Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors and other relevant statistics</b>			<b>Most vulnerable groups</b>	
<p><b>Gender norms that stigmatize GBV victim (-)</b></p> <ul style="list-style-type: none"> <li>• 26% of Ethiopian women age 15-49 have experienced either physical or sexual violence, or both. (EDHS 2016)</li> <li>• 34% of ever-married women age 15-49 have ever experienced physical, sexual, or emotional violence by their partner, 27% in the past 12 months. (CSA - EDHS 2016)</li> <li>• Only 23% of women age 15-49 who have ever experienced any type of physical or sexual violence by anyone have sought help. Up to 66% have never sought help nor told anyone about the violence. (CSA - EDHS 2016).</li> </ul> <p><b>Weakness of GBV response services (-)</b></p> <ul style="list-style-type: none"> <li>• Several actions launched by a Strategic Plan (set in 2010) to fight against Violence against Women and Children: standardisation of procedures nationally, child and women protection units at police stations, specific VAW unit investigation and prosecution team, child and victim friendly benches in all courts, creation of safe houses and one-stop centres, legal and psychological assistance, etc. (CEDAW, 2017)</li> <li>• However, still insufficient and knowledge about those services among women is limited.</li> </ul> <p><b>First responders trained on how to handle disclosures of GBV (+)</b></p> <ul style="list-style-type: none"> <li>• There is a wide WHO supported rapid response team and a national hotline available. (WHO, 2020).</li> </ul> <p><b>Community protection mechanisms (+)</b></p> <ul style="list-style-type: none"> <li>• Community protection mechanisms (neighbours, friends, school networks) may be weakened due to COVID-19.</li> </ul> <p><b>Increased food insecurity where women are primary responsible for procuring and cooking food (-)</b></p> <ul style="list-style-type: none"> <li>• Ethiopia is a highly food insecure country. Women share with men agricultural tasks and are primarily responsible for fetching water, collecting wood, cooking food, taking care of kids, and, in pastoralist societies, herding. (CARE, 2020).</li> </ul> <p><b>Other relevant statistics</b></p> <p><b>Child marriage and transactional sex</b></p> <ul style="list-style-type: none"> <li>• 40% of females aged 20-24 years married by age 18, and 14% married by age 15. (UNICEF 2019)</li> <li>• 19,000 sex workers were estimated in Ethiopia in 2016. (UN, 2018).</li> </ul> <p><b>Large orphan population</b></p> <ul style="list-style-type: none"> <li>• 13% of children throughout the country are missing one or both parents. This represents 4.6 million children – 800,000 of whom were orphaned by HIV/AIDS. (UNICEF, 2006)</li> </ul> <p><b>Child labour</b></p> <ul style="list-style-type: none"> <li>• Around 6500-7500 children involved in domestic work, usually with no freedom of leaving employer's house. (Kifle, 2002)</li> <li>• 24.2% of children aged 5-17 years (29.1 of males and 18.9% of female children) engaged in child labour in 2014. (UNICEF, 2019)</li> </ul>			<ul style="list-style-type: none"> <li>• Women exposed to partner violence</li> <li>• Children from low-income families</li> <li>• Children on the move</li> <li>• Children who are domestic workers and caregivers</li> <li>• Children left behind</li> <li>• Orphan children</li> <li>• Girls</li> <li>• Children exploited through child labour</li> </ul>	
			<b>Recommendations</b>	
			<ul style="list-style-type: none"> <li>• Develop protection programs and interventions aimed at supporting children and young people</li> <li>• Perform monitoring and advocacy activities in order to prevent that COVID-19 becomes an excuse for a “cleaning” of streets from destitute children and adults</li> <li>• Gradually take out children from institutions through reintegration programs and, in the short term, monitor children's living conditions in such institutions</li> </ul>	

<b>Increase in evictions</b> <b>(Medium vulnerability)</b>	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• COVID-19 itself (disease)</li> <li>• COVID-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of COVID-19</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>• Urban Centres</li> </ul>
<b>Vulnerability/resilience factors</b>			<b>Most vulnerable groups</b>	
<p><b>Levels of tenant protection (+)</b></p> <ul style="list-style-type: none"> <li>• Unsuccessful government attempts to moderate rents, which keep increasing (Getnet, 2018)</li> </ul> <p><b>Existence of bans or moratoria on evictions under COVID-19 (+)</b></p> <ul style="list-style-type: none"> <li>• Extraordinary government measures banning evictions and increases in housing rents.</li> <li>• Uncertainty about the future after the state of emergency.</li> <li>• Informal housing demolitions targeting peri-urban farmers continue amid COVID-19. (Amnesty International, 2020).</li> </ul> <p><b>Other statistics</b></p> <ul style="list-style-type: none"> <li>• Demand for new housing far exceeds the pace of supply, with annual projected demand of 381,000, in addition to replacement housing.</li> <li>• Government-led housing supply is unable to meet demand and is not affordable for the bottom 40% of the population.</li> <li>• The affordable housing supply gap is filled by rental housing; 60% of households in large cities live in rental units (World Bank, 2017).</li> </ul>			<ul style="list-style-type: none"> <li>• Children from low income households</li> <li>• Healthcare workers and their children</li> <li>• Children in peri-urban areas whose families rely on farming</li> </ul>	
			<b>Recommendations</b>	
			<ul style="list-style-type: none"> <li>• Perform monitoring and advocacy activities in order to prevent that COVID-19 becomes an excuse for a “cleaning” of streets from destitute children and adults</li> </ul>	

<b>Interrupted access to social protection (cash transfers, school meals, etc.) (Low vulnerability)</b>	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• COVID-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of COVID-19</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>• Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors and other relevant statistics</b>			<b>Most vulnerable groups</b>	
<p><b>Administratively heavy delivery systems (-)</b></p> <ul style="list-style-type: none"> <li>• Delays in payment of cash transfers due to security problems, changes in regional leaderships and other administrative issues.</li> </ul> <p><b>Schemes requiring the performance of work that cannot be adjusted to new circumstances (-)</b></p> <ul style="list-style-type: none"> <li>• Generally, transfers conditioned on work in public projects. Exceptions are made for people unable to work or urban areas.</li> </ul> <p><b>Delivery through mobile money, e-vouchers / Systems requiring cash withdrawal or a paper voucher (-)</b></p> <ul style="list-style-type: none"> <li>• Several options for receiving the assistance (physical and electronic). Some problems with e-payments occurred in the past.</li> </ul> <p><b>Schemes requiring the physical presence of volunteers or social workers (-)</b></p> <ul style="list-style-type: none"> <li>• In kind assistance (food) has suffered difficulties due to transport problems. (JRIS) Federal Aide Memoire May 2019</li> <li>• Transportation issues may have become worse due to COVID-19.</li> </ul> <p><b>Other relevant statistics</b></p> <p><b>Social Protection Programs</b></p> <ul style="list-style-type: none"> <li>• Rural Productive Safety Net Programme provides regular cash and food transfers to over 8 million chronically food-insecure people (2.5 million households)</li> <li>• The Urban Productive Safety Nets Programme (UPSNP) started in 2016 and covers 11 major regional cities. It targets urban destitute people, including children in street situations</li> <li>• Other social protection initiatives include a Community Based Health Insurance (CBHI), introduced in 375 woredas in 2017/2018, covering 15% of all households in that year, with an 80% target for 2019/2020</li> </ul> <p><b>Response to COVID-19</b></p> <ul style="list-style-type: none"> <li>• The Multi-Sectoral Preparedness and Response Plan includes (UNCDF 2020): <ul style="list-style-type: none"> <li>- US\$635 million for emergency food distribution to 15 million individuals vulnerable to food insecurity</li> <li>- US\$430 million for health sector response under a worst-case scenario of community spread with over 100,000 COVID-19 cases of infection</li> <li>- US\$282 million for provision of emergency shelter and non-food items</li> <li>- US\$293 million would be allocated to agricultural sector support, nutrition, the protection of vulnerable groups, additional education outlays, logistics, refugees support and site management support</li> <li>- Temporary Income Support scheme has been deliberated for over 550 thousand additional households in 27 cities through UPSNP for three months. UNICEF will provide a top up for 60,000 current UPSNP beneficiary households.</li> </ul> </li> </ul>			<ul style="list-style-type: none"> <li>• Children</li> <li>• People with reduced mobility (elderly, disabled, lactating and pregnant women)</li> </ul>	
			<b>Recommendations</b>	
			<ul style="list-style-type: none"> <li>• Promote additional financing, adaptation and scaling up of cash transfers</li> <li>• Carefully check how COVID-19 related restrictions might affect access of vulnerable groups to social protection mechanisms</li> <li>• Develop protection programs and interventions aimed at supporting children and young people</li> </ul>	

<p><b>Lowered population morale due to cancellation of socially important events (Medium vulnerability)</b></p>	<p><b>Triggered by:</b></p>	<ul style="list-style-type: none"> <li>• COVID-19 containment measures – short term effects (confinement, lock-down)</li> </ul>	<p><b>Geographical focus</b></p>	<ul style="list-style-type: none"> <li>• Urban Centres</li> <li>• Emerging regions and rural areas</li> </ul>
<p><b>Vulnerability/resilience factors</b></p>			<p><b>Most vulnerable groups</b></p>	
<p><b>Negative social consequences from absence of proper celebration of wedding and funerals (-)</b></p> <ul style="list-style-type: none"> <li>• No specific consequences expected but funerals and weddings are important in social and community life.</li> </ul> <p><b>Level of worship attendance (-)</b></p> <ul style="list-style-type: none"> <li>• Christians of all denominations account for 62.8% of the population. Muslims account for 34% and traditional and others account for the balance (3.2%).</li> <li>• The majority of Orthodox Christians in Ethiopia say they attend church weekly (78%) and pray daily (65%), and nearly all (98%) say religion is “very important” in their lives. (Pew Research Center, 2017).</li> </ul> <p><b>High death toll of COVID-19 (-)</b></p> <ul style="list-style-type: none"> <li>• Limited number of deaths due to COVID-19 reported in Ethiopia as of mid-May 2020.</li> </ul> <p><b>Attitude of religious and community leaders (+/-).</b></p> <ul style="list-style-type: none"> <li>• Despite not being allowed by law, government allowed prime time slots to be reserved in public television for religious leaders to lead prayers. Those shows have attained high audiences (60-70%). (Tessema, 2020).</li> </ul>			<ul style="list-style-type: none"> <li>• Socially wide impact, potentially women and older people will be most impacted</li> </ul>	
			<p><b>Recommendations</b></p>	
			<ul style="list-style-type: none"> <li>• Promote appropriate safe alternatives for celebrating social events, whenever possible</li> </ul>	

<p><b>Increased social tensions, discrimination and stigma of persons perceived to be affiliated with the disease</b> (Medium vulnerability)</p>	<p><b>Triggered by:</b></p>	<ul style="list-style-type: none"> <li>• COVID-19 itself (disease)</li> <li>• COVID-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of COVID-19</li> </ul>	<p><b>Geographical focus</b></p>	<ul style="list-style-type: none"> <li>• Urban Centres</li> <li>• Emerging regions and rural areas</li> </ul>
<p><b>Vulnerability/resilience factors</b></p>			<p><b>Most vulnerable groups</b></p>	
<p><b>Prevalence of stigmatising and discriminatory attitudes toward people affected by infectious diseases (-)</b></p> <ul style="list-style-type: none"> <li>• Stigma and discrimination towards people with infectious diseases (leprosy, HIV/AIDS) have already been recorded in Ethiopia before COVID-19. (Seleshi 2019, Nyblade et al. 2003)</li> <li>• Due to stigma, new patients are reluctant to seek medical treatment at early stage. This has made the eradication of leprosy a difficult task (Anadolu Agency, 2019).</li> </ul> <p><b>Prior levels of inter-ethnic distrust (-)</b></p> <ul style="list-style-type: none"> <li>• Ethiopia has 80 ethnic groups, the most important of which have always competed for supremacy</li> <li>• Ethnic federalism established since 1991 is considered to have both mitigated and exacerbated ethnic tensions (Shewadeg, 2019).</li> <li>• This more liberal regime has been used by ethno-political groups to challenge the federal state, intensifying conflicts. (Yusuf, 2019)</li> <li>• The attorney general’s office said in September 2019 that more than 1,200 people were killed and over 1.2 million others were displaced in clashes in the country within the past year (Meseret, 2020).</li> </ul>			<ul style="list-style-type: none"> <li>• Sick children and their families</li> <li>• Foreigners, including children</li> <li>• Ethiopian repatriated migrants and their families</li> </ul>	
<p><b>Role of the media in spreading fake news (-)</b></p> <ul style="list-style-type: none"> <li>• Rising tide of hate speech and disinformation, mostly online, is fuelling these ethnic and religious tensions.</li> <li>• Facebook has around 3.7 million active users in Ethiopia, and that number is growing fast.</li> <li>• Rise and coordination of hate speech has been detected by Opian Analytics in Ethiopia (Meseret, 2020).</li> </ul>			<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• Accompany social support measures for vulnerable people with campaigns to prevent stigma and discrimination</li> </ul>	

<b>Increase in community and political violence, riots and clashes</b> <b>(Medium vulnerability)</b>	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• COVID-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of COVID-19</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>• Urban Centres</li> <li>• Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors</b>			<b>Most vulnerable groups</b>	
<p><b>Pre-existing political tensions (-)</b></p> <ul style="list-style-type: none"> <li>• Dispute between the premier and his home state Oromia's rivals and former allies.</li> <li>• Conflict between Amhara leaders and Oromo leaders for greater influence.</li> <li>• Bitter territorial dispute between Amhara politicians and the formerly dominant Tigray minority.</li> <li>• Dispute between Tigray leaders and Abiy's government, with the former resenting the prime minister for what they perceive as his dismantling of a political system they constructed and dominated.</li> <li>• Uptick of attacks on churches and mosques across parts of the country.</li> </ul> <p><b>Fragile economic conditions of the population, especially urban unemployment (-)</b></p> <ul style="list-style-type: none"> <li>• The urban unemployment rate is approximately 20%. (International Crisis Group, 2020).</li> <li>• Two million young Ethiopians annually enter the labour market. (International Crisis Group, 2020).</li> </ul>			<ul style="list-style-type: none"> <li>• Urban Youth</li> <li>• Children from communities already characterized by frequent civil unrest</li> </ul>	
			<b>Recommendations</b>	
			<ul style="list-style-type: none"> <li>• Develop protection programs and interventions aimed at supporting children and young people</li> </ul>	

<b>Increase of people without legal proof of identity</b> <b>(Medium vulnerability)</b>	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>COVID-19 containment measures – short term effects (confinement, lock-down)</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors</b>			<b>Most vulnerable groups</b>	
<p><b>Pre-existing loopholes in the child registration system, low levels of child registration at birth (-)</b></p> <ul style="list-style-type: none"> <li>At the time of the last comprehensive Ethiopian Demographic and Health survey (2016), 3% of children under age 5 had their births were registered with the civil authorities. Two in three of these children have birth certificates. (Central Statistical Agency of Ethiopia 2017)</li> <li>Systematic registration of vital events such as birth, death, marriage and divorce are new (Vital Events Registration Agency (VERA) created in 2014). Previously registration only occurred upon request. (UNICEF Ethiopia 2020)</li> <li>Constant backlogs in registration. Between August 2016 and May 2017, only 94,008 out of 669,008 births in Amhara were registered.</li> <li>Out of the total registered, 62% are current (registered within 90 days of birth), 18% are late (registered after 90 days but within one year) and 20% are backlog (registered after one year from occurrence of birth) (UNICEF Ethiopia, 2020)</li> <li>Regional disparities: Addis Ababa and Dire Dawa were much more likely to have their birth registered (24% and 19%, respectively) than children in other regions (5% or less). (Central Statistical Agency of Ethiopia 2017)</li> </ul> <p><b>Changes in the asylum policy towards Eritreans (-)</b></p> <ul style="list-style-type: none"> <li>Ethiopia is one of the African countries hosting the largest number of refugees.</li> <li>In the past relatively, loose criteria were applied for asylum seekers from Eritrea and other neighbouring countries.</li> <li>Eritreans make up some 22% of the more than 750,000 refugees that Ethiopia currently hosts (UNHCR, 2020)</li> <li>Change in asylum procedure by Ethiopia's government due to the insufficient checks of the requirements for asylum applications, which resulted in a large number of irregular migrants, and unaccompanied children.</li> <li>This change of criteria is undermining neighbouring Eritreans' access to asylum and denying unaccompanied children the necessary protection according to Human Rights Watch.</li> <li>6,000 Eritreans arrived in Ethiopia every month in 2019.</li> <li>44% of Eritrean refugees based in Northern Ethiopia were children as of December 2019. (UNHCR, 2020)</li> </ul>			<ul style="list-style-type: none"> <li>Unaccompanied migrant children from neighbouring countries</li> <li>Refugee children</li> </ul>	
			<b>Recommendations</b>	
			<ul style="list-style-type: none"> <li>Perform monitoring and advocacy activities in order to prevent that COVID-19 becomes an excuse for a “cleaning” of streets from destitute children and adults</li> </ul>	

<b>Restrictions on freedom of association and expression under the pretext of emergency</b> <b>(Low vulnerability)</b>	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>COVID-19 containment measures – short term effects (confinement, lock-down)</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors</b>			<b>Most vulnerable groups</b>	
<p><b>Use of authoritarian measures (-)</b></p> <ul style="list-style-type: none"> <li>Despite clear improvements in liberties and democracy with the new government, it struggles in contrasting ethno-nationalism and still occasionally resorts to repressive measures such as shutting down the internet. (Human Rights Watch, 2019).</li> </ul> <p><b>Accountability of security forces (-)</b></p> <ul style="list-style-type: none"> <li>Accountability of security forces for the commission of serious crimes and torture is still weak (Human Rights Watch, 2019)</li> </ul> <p><b>Space for civil society organizations (+)</b></p> <ul style="list-style-type: none"> <li>Limitation of civil society organizations have been removed recently, but the process is in its early stages. (CIVICUS, 2020).</li> </ul> <p><b>Media freedom (+)</b></p> <ul style="list-style-type: none"> <li>New authorities restored access to more than 200 news websites and blogs that had been blocked for years and Ethiopian TV stations based abroad are now able to work freely.</li> <li>However, the legislative framework has not been reformed as quickly as expected and a controversial hate speech bill approved in early 2020 raises concerns for freedom of expression. (Reporters Without Borders 2020).</li> </ul>			<ul style="list-style-type: none"> <li>Children from underrepresented social groups</li> </ul>	
			<b>Recommendations</b>	
			<ul style="list-style-type: none"> <li>Monitor developments in the field of freedom of expression and association and take advocacy initiatives in coordination with other international actors</li> </ul>	

<b>Increased exclusion of women from decision-making (Low vulnerability)</b>	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• COVID-19 containment measures – short term effects (confinement, lock-down)</li> </ul>	<b>Geographical focus</b>	
<b>Vulnerability/resilience factors</b>			<b>Most vulnerable groups</b>	
<p><b>High previous levels of representation of women in decision-making bodies, including in the executive (+)</b></p> <ul style="list-style-type: none"> <li>• Since 2018, Prime Minister Abiy Ahmed has reorganised the cabinet to ensure that 50% of the government's top ministerial positions have been given to women.</li> <li>• Sahle-Work Zewde became the country's first female president, while Aisha Mohammed became the country's first defence minister</li> <li>• The Ministers of Health and Peace (two key figures in the management of COVID-19) are women.</li> <li>• In 1991, the share of seats held by women in the Ethiopian parliament was under 3%. Today it stands at 38%, almost twice the ratio of women in the United States Congress. (Jeffrey, 2020)</li> </ul> <p><b>The presence of authoritative female experts in relevant scientific fields (+)/ The willingness of the media to give visibility to women experts (+)</b></p> <ul style="list-style-type: none"> <li>• Dr. Lia Tadesse, an obstetrician and gynaecologist by training, is the Minister of Health.</li> <li>• The presence of women in science and technology in Ethiopia like in other countries is still limited.</li> <li>• A society for women in science and technology does exist: SEWIST. (AWIB, 2019)</li> <li>• The Minister of Health Dr. Lia Tadesse regularly speaks out in the media on the country's approach to fight the pandemic. She is also often seen visiting quarantine centres and other crucial places of the fight against COVID-19.</li> </ul> <p><b>The presence of vocal women's organizations (+)</b></p> <ul style="list-style-type: none"> <li>• EWLA and the Network of Ethiopian Women Association (NEWA) are two important women's organisation. Their greater involvement in COVID-19 decision-making and planning process has been recommended by UNWomen</li> </ul>			<ul style="list-style-type: none"> <li>• Working women</li> <li>• Women with heavy care responsibilities and their children</li> <li>• Female health and social care workers</li> </ul>	
			<b>Recommendations</b>	
			<ul style="list-style-type: none"> <li>• Advocate with the government the importance of involving women and women's NGO in the design and implementation of policies and programmes concerning the response to COVID-19</li> </ul>	

### **3 Microeconomic Impacts**

<b>Loss of income due to COVID-19 illness/death and health care costs</b> <b>(Medium vulnerability)</b>	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>Covid-19 itself (disease)</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>Urban Centres, especially informal settlements</li> </ul>
<b>Vulnerability/resilience factors</b>			<b>Most vulnerable groups</b>	
<p><b>High level of out-of-pocket costs for patients (-)</b></p> <ul style="list-style-type: none"> <li>Out-of-pocket expenditures amount to around 30% of total health care expenditure (Ethiopia Federal Ministry of Health 2019)</li> <li>Public insurance systems (CBHI; SHI) only cover about 11 million people. (Lavers 2019)</li> </ul> <p><b>Government health spending (-)</b></p> <ul style="list-style-type: none"> <li>According to the WHO , Ethiopia is spending 15.7% of its budget on health, just above the 15% threshold in the Abuja declaration. However, it spends much less in terms of per capita spending, at US\$27 per year. (Ministry of Health 2019)</li> <li>The cost of the Government's COVID-19 response is estimated at 430 million USD, to be mostly financed by donors (Ethiopian Public Health Institute 2020)</li> </ul> <p><b>Health insurance coverage (+)</b></p>			<ul style="list-style-type: none"> <li>Children in low income families</li> <li>Migrant children and children in migrant families</li> </ul>	
<ul style="list-style-type: none"> <li>Nationally, the overall Ethiopian UHC service coverage was 34.3%, ranging from 52.2% in the Addis Ababa city administration to 10% in the Afar region. This is very low and substantially below the SDG target of 80% by 2030. (Eregata et al 2019)</li> <li>CBHI has recently played a key role in reducing catastrophic health expenditure. However, CBHI only reaches 39% of woredas. (Mekonen 2018)</li> <li>In non-CBHI woredas, the government is implementing an Indigent Health Fee Waiver system that waives user fees at public-sector facilities. The Ethiopian government has stated that it would buy life insurance for health professionals in direct contact with Covid-19 patients. (Ethiopian Embassy in London 2020)</li> </ul>			<b>Recommendations</b> <ul style="list-style-type: none"> <li>The government should consider forms of Temporary Income Support, as already being discussed, targeted to vulnerable urban communities</li> <li>In view of the evolving nature of the crisis, the government should emphasize the real-time monitoring of the socioeconomic impacts of COVID-19 on households and use that as a bases to inform further measures</li> <li>The government should consider forms of Temporary Income Support, as already being discussed, targeted to vulnerable urban communities</li> <li>As much as possible, this expanded urban social protection should use existing structures (i.e. UPSNP) rather than new ones</li> <li>The Government, should design response measures that strengthen social protection systems in the medium and long term</li> <li>The government should in particular refrain from cuts in the education budget and other crucial services including routine healthcare</li> </ul>	

<p><b>Loss of income due to increased unemployment, in particular in certain sectors</b> (Medium vulnerability)</p>	<p><b>Triggered by:</b></p>	<ul style="list-style-type: none"> <li>• Covid-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of Covid-19</li> </ul>	<p><b>Geographical focus</b></p>	<ul style="list-style-type: none"> <li>• Urban Centres</li> <li>• Emerging regions and rural areas</li> </ul>
<p><b>Vulnerability/resilience factors and other relevant statistics</b></p>			<p><b>Most vulnerable groups</b></p>	
<p><b>Size of exposed sectors (+)</b></p> <ul style="list-style-type: none"> <li>• With a share of 9% of GDP and 38% of exports, Ethiopia is among the African economies the most exposed to tourism. (UNECA 2020)</li> <li>• Ethiopian Airlines, the largest in Africa, employs 14,000 permanent workers and 3,000 temporary workers. As the airline faced a loss of \$550 million from January to April alone, CEO Tewolde Gebremariam had put the survival of the airline in question. (Logistics Update Africa 2020)</li> <li>• According to the Jobs Creation Commission, Hotels and Restaurants employ 422,057 workers. The Commission estimates that accommodation, food and personal services activities are going to witness the strongest shock in demand and supply. (Kaleveus 2020)</li> <li>• Ethiopia is a large exporter of agricultural products. Export crops such as coffee and flowers may face potential drops in the following months. (Jobs Creation Commission 2020)</li> </ul> <p><b>Size of informal/non-wage employment (-)</b></p> <ul style="list-style-type: none"> <li>• The share of self-employed/informally employed workers is estimated at 40%. (Jobs Creation Commission 2020)</li> <li>• The households in vulnerable employment totals 836,000. (Jobs Creation Commission 2020)</li> <li>• The Jobs Creation Commission estimates a job loss of 1.34 million and an income loss for urban self-employed in services of \$265 million on average over April/May/June.</li> </ul> <p><b>Social protection (+)</b></p> <ul style="list-style-type: none"> <li>• Social Protection currently does not include as such unemployment insurance/benefits. Ethiopian laws though provide several protections for job creation and workers' rights. Several protections are provided by the comprehensive Labour Proclamation (Proclamation 377/2003) that governs employment issues. (UNDP 2018)</li> <li>• The UPSNP was recently scaled up to 580,000 beneficiaries of which 93,120 receive Direct Income Support. The expansion of programme to 16 additional cities over the next two months is under consideration at an estimated cost of \$134 million. (IMF 2020)</li> <li>• As part of the State of Emergency imposed in April, banned companies from laying off workers (Gebre 2020)</li> <li>• In March the Ministry of Labour and Social Affairs issued a COVID-19 Response Protocol setting a series of rules to protect of workers.</li> <li>• Industries such as hospitality are dependent on the Government providing financial support. The IFC has provided \$8 billion to the Government help private companies affected by the pandemic preserve jobs (World Bank 2020)</li> <li>• The Council of Ministers approved another set of economic measures to support firms and employment in April. These include forgiveness of all tax debt prior to 2014/2015, a tax amnesty on interest and penalties for tax debt pertaining to 2015/2016-2018/2019, and exemption from personal income tax withholding for 4 months for firms who keep paying employee salaries. (IMF 2020)</li> </ul> <p><b>Other relevant statistics</b></p> <ul style="list-style-type: none"> <li>• Women workers make up 74% of workers in tourism, 80% in textile and garments, and 85% in in horticulture. (Flowerweb 2020)</li> <li>• According to data from the 2016 Urban Employment Unemployment Survey, women earned, on average, about 63% of what men did.</li> </ul>			<ul style="list-style-type: none"> <li>• Children in families relying on informal work</li> <li>• Women and children in female-headed households</li> </ul>	
			<p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• In view of shielding vulnerable groups from income shocks, the government should extend measures to protect employment to informal sectors/workers</li> <li>• In view of the evolving nature of the crisis, the government should emphasize the real-time monitoring of the socioeconomic impacts of COVID-19 on households and use that as a bases to inform further measures.</li> <li>• The government should continue taking steps to shield firms in formal employment sectors from lasting damage</li> <li>• The government should consider forms of Temporary Income Support, as already being discussed, targeted to vulnerable urban communities</li> <li>• As much as possible, this expanded urban social protection should use existing structures (i.e. UPSNP) rather than new ones</li> <li>• In these different response measures, women should be targeted given their high vulnerability to the income losses from informal employment</li> </ul>	

<b>Loss of income from remittances due to global downturn and exodus migrant workers from host countries</b> <b>(Medium vulnerability)</b>	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• Covid-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of Covid-19</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>• Urban Centres</li> </ul>
<b>Vulnerability/resilience factors and other relevant statistics</b>			<b>Most vulnerable groups</b>	
<p><b>Size of remittances (+)</b></p> <ul style="list-style-type: none"> <li>• The size of remittances to Ethiopia at 531 million in 2019 or 0.6% of GDP, is relatively low compared to many other SSA countries where remittance inflows amount to up to 10% of GDP. (World Bank 2020)</li> </ul> <p><b>Origin of remittances (-)</b></p> <ul style="list-style-type: none"> <li>• Ethiopia has a diaspora (847,000) that is highly concentrated in a few countries (USA, Saudi, Israel, Italy), and those countries have suffered socio-economically from the virus (International Organization for Migration 2018)</li> <li>• According to World Bank data, more than half of remittances inflows are originating from USA and Saudi Arabia, two countries badly hit economically by the COVID-19 crisis and the associated oil shock</li> <li>• The number of Ethiopians illegally living and working in Saudi Arabia is unknown, although most estimates suggest over half a million. This country, as well as other gulf states, are actively deporting Ethiopian migrants (Pilling and England 2020)</li> </ul> <p><b>Other relevant statistics</b></p> <ul style="list-style-type: none"> <li>• According to the 2016 Demographic and Health Survey, on average, 6.8% of households received international remittances, but the reliance is particularly high for the urban vulnerable. (UNICEF and Ministry of Finance 2019)</li> <li>• Remittance flows to sub-Saharan Africa are expected to decline by 23.1% to reach \$37 billion in 2020 due to the COVID-19 crisis, while a recovery of 4% is expected in 2021 (World Bank 2020)</li> <li>• Anecdotal evidence suggests this negative trend is already underway, with remittances from Europe to Africa decreasing by up to 80%. (The Economist 2020)</li> <li>• The trend in Ethiopia could be also affected by the fact that since the end of March, over 6,000 Ethiopian irregular migrants have been deported to Ethiopia from Saudi Arabia, Djibouti and Kenya (OCHA 2020)</li> </ul>			<ul style="list-style-type: none"> <li>• Children in urban households</li> </ul>	
			<b>Recommendations</b>	
			<ul style="list-style-type: none"> <li>• The government, with the support of organisations such as the World Bank, should take steps to limit the expected drop in remittances from abroad.</li> <li>• The government should consider forms of Temporary Income Support, as already being discussed, targeted to vulnerable urban communities,</li> <li>• In view of shielding vulnerable groups from income shocks, the government should extend measures to protect employment to informal sectors/workers</li> </ul>	

<b>Increased income poverty</b> <b>(Medium vulnerability)</b>	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• Covid-19 itself (disease)</li> <li>• Covid-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of Covid-19</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>• Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors</b>			<b>Most vulnerable groups</b>	
<p><b>Number of ‘near poor’ and risk of falling back to poverty aftershocks (-)</b></p> <ul style="list-style-type: none"> <li>• Transitory poverty escapes are a significant phenomenon in rural Ethiopia. In particular, between 1997 and 2000, 15% of all households experienced a transitory poverty escape (Diwakar 2020)</li> <li>• Urban areas and women headed households are however more ‘dynamic’ – likely to escape chronic poverty and sustain that escape.</li> <li>• Given that COVID-19 is a threat multiplier, the risks that new shocks be generated that lead households back into poverty is significant. (Bundervoet and Finn 2020)</li> <li>• A considerable share of households is at risk of falling into poverty in a severe income shock. A shock across the country that reduces household consumption by 10% would, all else being equal, raise the poverty rate by 6 percentage points (from 23.5 to 29.5), eliminating all the gains made on poverty between 2011 and 2016. In urban areas a shock of this magnitude would raise poverty by a little more than 3.5 percentage points, pushing an estimated 800,000 people below the poverty line. (Bundervoet and Finn 2020)</li> </ul> <p><b>Elasticity of (urban) poverty to growth/employment (-)</b></p> <ul style="list-style-type: none"> <li>• The growth elasticity of poverty has been low in Ethiopia as a whole, but it has been high in urban areas. This means that a significant slowdown in economic growth is likely to affect the pace of urban poverty reduction or even reverse it (Bundervoet and Finn 2020)</li> <li>• Poverty reduction in urban Ethiopia has been tightly linked to increasing returns to self-employment. Poverty rates in urban areas may increase significantly if self-employment declines. The direct impact of this crisis could push more than 1.9 million self-employed in urban areas being under the poverty line within the next weeks (Bundervoet and Finn 2020)</li> <li>• While self-employment is often the main livelihood for urban vulnerable households, median monthly sales self-employed per worker is lower than Birr 1,500. (UNICEF 2020)</li> </ul> <p><b>Coverage of social protection, in particular in urban areas (+)</b></p> <ul style="list-style-type: none"> <li>• In the PSNP, Ethiopia has one of the largest social protection scheme in sub-Saharan Africa (Lavers 2019)</li> <li>• The Urban Productive Safety Net Project (UPSNP) currently covers about 600,000 beneficiaries in 11 cities, with about 200,000 in Addis Ababa (Hailemariam 2018)</li> <li>• The Government has announced plans for the UPSNP to expand to provide temporary income support to heavily affected households, as part of its COVID-19 response. Additionally, as part of its Multi-Sectoral Preparedness and Response Plan, \$635 million is allocated for emergency food distribution to 15 million individuals vulnerable to food insecurity and not currently covered by the rural and urban PSNPs (International Monetary Fund 2020)</li> </ul>			<ul style="list-style-type: none"> <li>• Children in low income families</li> <li>• Children in families relying on self-employment</li> <li>• Migrant children and children in migrant families</li> </ul>	
			<b>Recommendations</b> <ul style="list-style-type: none"> <li>• In view of shielding vulnerable groups from income shocks, the government should extend measures to protect employment to informal sectors/workers</li> <li>• In view of the evolving nature of the crisis, the government should emphasize the real-time monitoring of the socioeconomic impacts of COVID-19 on households and use that as a bases to inform further measures.</li> <li>• The government should consider forms of Temporary Income Support, as already being discussed, targeted to vulnerable urban communities,</li> <li>• As much as possible, this expanded urban social protection should use existing structures (i.e. UPSNP) rather than new ones</li> <li>• The Government should design response measures that strengthen social protection systems in the medium and long term.</li> <li>• In these different response measures, women should be targeted given their high vulnerability to the income losses from informal employment</li> <li>• The government, with the support of organisations such as the World Bank, should take steps to limit the expected drop in remittances from abroad.</li> </ul>	

<b>Increased food insecurity</b> <b>(Medium vulnerability)</b>	<b>Triggered by:</b>	<ul style="list-style-type: none"> <li>• Covid-19 containment measures – short term effects (confinement, lock-down)</li> <li>• Medium- to Long-term economic effects of Covid-19</li> </ul>	<b>Geographical focus</b>	<ul style="list-style-type: none"> <li>• Urban Centres</li> <li>• Emerging regions and rural areas</li> </ul>
<b>Vulnerability/resilience factors</b>			<b>Most vulnerable groups</b>	
<p><b>Incidence of shocks on food insecurity (-)</b></p> <ul style="list-style-type: none"> <li>• The proportion of household expenditure spent on food showed a general decreasing trend, from 65% in 2000 to 51% in 2016 (World Food Programme 2019)</li> <li>• Access to adequate food for many households varies over time according to households' proneness to shocks and other risks, such as floods, land degradation, and extreme climate conditions, and their capacity to recover and respond (Sileshi et al. 2019)</li> </ul> <p><b>Level of urban food security (-)</b></p> <ul style="list-style-type: none"> <li>• Households engaging in formal trade (including wholesale, retail and service), service trade (formal), and salary paying jobs are more food secure as measured by food poverty. (World Food Programme 2019)</li> <li>• Only 5.9% of households engaged in services in the formal sector fall below the food poverty line. The proportion of food poor is also relatively low among households that are dependent on salaried jobs (7.1%) and formal wholesale and retail trade (8.5%). Relative high concentration of food insecurity is observed though among households engaged in casual labour (30.9%), informal trade in the service sector (29.2%), and crop production (27.6 %). (World Food Programme 2019)</li> </ul> <p><b>Existence of social protection programmes/food aid (+)</b></p> <ul style="list-style-type: none"> <li>• The PSNP has played a critical role helping chronically poor families and the non-poor who are affected by community-level shocks such as crop failure or flooding. (Dacorta et al. 2018)</li> <li>• Some areas in Ethiopia are heavily dependent on emergency food aid: within one kebele in the woreda in SNNPR, about 60% of the households had to resort to emergency food aid. (Dacorta et al. 2018)</li> <li>• As part of the COVID-19 Multi-Sectoral Preparedness and Response Plan, which is to be largely donor-financed, \$635 million are allocated for emergency food distribution to 15 million individuals vulnerable to food insecurity and not currently covered by the rural and urban PSNP (International Monetary Fund 2020)</li> <li>• Takele Uma, Addis Ababa Mayor, announced that the city is opening 1,200 "food banks", mainly mobilized by individuals and organizations.</li> </ul> <p><b>Locust invasion (-)</b></p> <ul style="list-style-type: none"> <li>• The FAO reports that about one million people are affected by the desert locust invasion and require emergency food assistance (FAO 2020)</li> <li>• Ethiopia's Oromia and Somali regions are hit hardest and make up 75% of the people needing emergency food. Nearly 200.000 hectares of croplands and 1.3 million hectares of pasture have been damaged with a loss of 356.000 tons of grains. (FAO 2020)</li> </ul> <p><b>Food import dependency (-)</b></p> <ul style="list-style-type: none"> <li>• Despite the country's large production of different varieties of grain, imports continue either commercially or as part of food assistance programs but recent estimates of cereal production suggest that Ethiopia will be able to cover its needs for the years to come. (WFP 2020)</li> <li>• It is estimated that smallholder farming households account for 95% of the agricultural production. (FAO 2020)</li> <li>• Exports are dominated by agriculture (70%) , parts of the agriculture sector could be affected by the loss in global demand, but this will not affect food security directly. (UNCTADSTAT 2020)</li> </ul>			<ul style="list-style-type: none"> <li>• Children in low income families</li> </ul>	
			<b>Recommendations</b>	
			<ul style="list-style-type: none"> <li>• In view of shielding vulnerable groups from income shocks, the government should extend measures to protect employment to informal sectors/workers</li> <li>• In view of the evolving nature of the crisis, the government should emphasize the real-time monitoring of the socioeconomic impacts of COVID-19 on households and use that as a bases to inform further measures.</li> <li>• The government should consider forms of Temporary Income Support, as already being discussed, targeted to vulnerable urban communities,</li> <li>• As much as possible, this expanded urban social protection should use existing structures (i.e. UPSNP) rather than new ones</li> <li>• The Government should design response measures that strengthen social protection systems in the medium and long term.</li> <li>• In these different response measures, women should be targeted given their high vulnerability to the income losses from informal employment</li> </ul>	

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