

COVID-19 socio-economic Vulnerability Assessment of Ethiopia



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Table of contents

1	Introduction	6
1.1	Introduction	6
1.2	Scope of the assessment	6
1.3	Overview of potential impacts of Covid-19 and related measures	7
2	Assessment of vulnerability in the health area	9
2.1	Introduction	9
2.2	Reduced access to health care	9
2.2.1	Description of impact	9
2.2.2	Baseline and early signs of impact in Ethiopia	10
2.2.3	Overall assessment of vulnerability	11
2.3	Interruption of and lower access to vaccination and preventative care services	16
2.3.1	Description of impact	16
2.3.2	Baseline and early signs of impact in Ethiopia	17
2.3.3	Overall assessment of vulnerability	17
2.4	Reduced access to WASH services	20
2.4.1	Description of impact	20
2.4.2	Baseline and early signs of impact in Ethiopia	20
2.4.3	Overall assessment of vulnerability	21
2.5	Reduced access to sexual and reproductive health services	24
2.5.1	Description of impact	24
2.5.2	Baseline and early signs of impact in Ethiopia	24
2.5.3	Overall assessment of vulnerability	25
2.6	Deteriorated mental health and psychosocial wellbeing	28
2.6.1	Description of impact	28
2.6.2	Baseline and early signs of impact in Ethiopia	28
2.6.3	Overall assessment of vulnerability	29
2.7	Worsened child nutrition outcomes	32
2.7.1	Description of impact	32
2.7.2	Baseline and early signs of impact in Ethiopia	33
2.7.3	Overall assessment of vulnerability	33
2.8	Summary assessment	36
3	Assessment of vulnerability in the welfare and social cohesion area	37
3.1	Introduction	37
3.2	Worsened educational outcomes for girls and boys	37
3.2.1	Description of impact	37
3.2.2	Baseline and early signs of impact in Ethiopia	37
3.2.3	Overall assessment of vulnerability	38
3.3	Worsened living conditions for people with disabilities	41
3.3.1	Description of impact	41
3.3.2	Baseline and early signs of impact in Ethiopia	41
3.3.3	Overall assessment of vulnerability	42
3.4	Increased exposure of women and children to violence, exploitation and abuse	44
3.4.1	Description of impact	44
3.4.2	Baseline and early signs of impact in Ethiopia	44

3.4.3	Overall assessment of vulnerability	44
3.5	Increase in evictions	47
3.5.1	Description of impact	47
3.5.2	Baseline and early signs of impact in Ethiopia	48
3.5.3	Overall assessment of vulnerability	48
3.6	Interrupted access to social protection, such as cash transfers, school meals or other social safety net programs	49
3.6.1	Description of impact	49
3.6.2	Baseline and early signs of impact in Ethiopia	49
3.6.3	Overall assessment of vulnerability	51
3.7	Lowered population morale due to cancellation of religious ceremonies, weddings, funerals and other socially important events	52
3.7.1	Description of impact	52
3.7.2	Baseline and early signs of impact in Ethiopia	53
3.7.3	Overall assessment of vulnerability	53
3.8	Increased social tensions, discrimination and stigma of persons perceived to be affiliated with the disease	54
3.8.1	Description of impact	54
3.8.2	Baseline and early signs of impact in Ethiopia	54
3.8.3	Overall assessment of vulnerability	54
3.9	Increase in community and political violence, riots and clashes	56
3.9.1	Description of impact	56
3.9.2	Baseline and early signs of impact in Ethiopia	56
3.9.3	Overall assessment of vulnerability	56
3.10	Increase of people without legal proof of identity	57
3.10.1	Description of impact	57
3.10.2	Baseline and early signs of impact in Ethiopia	58
3.10.3	Overall assessment of vulnerability	58
3.11	Restrictions on freedom of association and expression under the pretext of emergency	59
3.11.1	Description of impact	59
3.11.2	Baseline and early signs of impact in Ethiopia	59
3.11.3	Overall assessment of vulnerability	60
3.12	Increased exclusion of women from decision-making	61
3.12.1	Description of impact	61
3.12.2	Baseline and early signs of impact in Ethiopia	61
3.12.3	Overall assessment of vulnerability	62
3.13	Summary assessment	64
4	Assessment of vulnerability in the economic area	65
4.1	Introduction	65
4.2	Loss of income due to COVID-19 illness/death and health care costs	65
4.2.1	Description of impact	65
4.2.2	Baseline and early signs of impact in Ethiopia	65
4.2.3	Overall assessment of vulnerability	65
Outline of most exposed groups		67
4.3	Loss of income due to increased unemployment, in particular in certain sectors	68

4.3.1	Description of impact	68
4.3.2	Baseline and early signs of impact in Ethiopia	68
4.3.3	Overall assessment of vulnerability	69
4.4	Loss of income from remittances due to global downturn and exodus migrant workers from host countries.	74
4.4.1	Description of impact	74
4.4.2	Baseline and early signs of impact in Ethiopia	74
4.4.3	Overall assessment of vulnerability	75
4.5	Increased income poverty	76
4.5.1	Description of impact	76
4.5.2	Baseline and early signs of impact in Ethiopia	77
4.5.3	Overall assessment of vulnerability	77
4.6	Increased food insecurity	80
4.6.1	Description of impact	80
4.6.2	Baseline and early signs of impact in Ethiopia	81
4.6.3	Overall assessment of vulnerability	82
4.7	Summary assessment	85
5	Overview of most vulnerable groups	86

1 Introduction

1.1 Introduction

As part of their Technical assistance on Public Finance Management (PFM) including a focus on social sectors project, Ecorys and OG Research are supporting UNICEF in addressing the Covid-19 crisis in Ethiopia through the undertaking of a Vulnerability Assessment and a Socio-economic Impact Analysis of Covid-19.

This present report constitutes the Vulnerability Assessment, identifying the most vulnerable groups and settings, studying the implications of the socio-economic shocks stemming from the crisis, and providing recommendations for addressing its consequences, both in terms of policy options for decision makers, as well as practical actions that UNICEF can engage in.

The first step of the assignment consisted of a review of existing literature on the health, social and economic-related impacts of Covid-19 and other infectious disease outbreaks in middle and low-income countries. This review led to an inventory of potential impacts of Covid-19, and its associated vulnerability and resilience factors. Guided by this inventory, we have collected data and information on the situation in Ethiopia in order to assess the extent to which the impacts identified by the literature actually take place in the country, or are likely to take place because of the presence of the associated vulnerability and resilience factor. The results of this vulnerability assessment are presented in this report. Data collection from documentary sources has been supplemented by interviews with UNICEF Ethiopia staff responsible of various policy areas (health, education, social protection, gender, child protection and GBV, and WASH).

By the use of this rigorous methodological approach, this vulnerability assessment stands alone from other related assessments quantifying the impact of the COVID-19 pandemic on the Ethiopian economy and assessing its effects on different groups which have been already published, including a comprehensive report by the United Nations and an analysis of the Planning and Development Commission.¹

The report was written at the end of May-beginning of June 2020. Data on the country situation were collected during the months of April and May 2020 and may have changed since then. At the end of May, Ethiopia had just passed the threshold of 2,000 confirmed cases, the vast majority of which were concentrated in Addis Ababa. The situation is however still developing, and projections indicate that the peak of the infection could happen anywhere from July-October up to April 2021, with the total cases ranging between 1 million (London School of Hygiene & Tropical Medicine model, assuming 50% physical distancing) and 4.2 million (WHO AFRO model).²

1.2 Scope of the assessment

This assessment is not an “ordinary” vulnerability assessment but is being conducted in order to reflect on the response to the COVID-19 crisis thus far and inform future steps. Therefore, we pay

¹ See United Nations (2020), “One UN Assessment: Socio-Economic Impact of COVID-19 in Ethiopia”, United Nations Ethiopia, 2020. And Planning and Development Commission (2020), “The Impact of COVID19 on Ethiopian Economic Growth”, April 2020.

² UNFPA, UNICEF, WHO. “Continuity of Essential Health Services During COVID-19 Pandemic in Ethiopia” May 2020.

special attention to socioeconomic and health-related factors that are most closely related to the nature of the crisis.

According to the United Nations Office for Disaster Risk Reduction (UNISDR), a **hazard** is “a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.”

UNISDR defines the term **vulnerability** as “the characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard”. There are many aspects of vulnerability, arising from various physical, social, economic, and environmental factors. For UNICEF, the main focus is on children and in particular on aspects relating to the organization’s sectoral interventions³.

The third component of risk is **exposure**, defined as “people, property, systems, or other elements present in hazard zones that are thereby subject to potential losses.”

Finally, capacity includes “infrastructure and physical means, institutions, societal coping abilities, as well as human knowledge, skills and collective attributes such as social relationships, leadership and management.”⁴

This assignment focuses on vulnerability and exposure, and does not dig into the expansion of the hazard itself (Covid-19). It also does not explore in-depth the capacity to respond; however, some resilience factors along with vulnerability factors are considered to feed the vulnerability assessment. Vulnerability is analysed by assessing the presence of vulnerability and resilience factors, and the baseline pre-Covid situation, as well as early signs of impact. Exposure to Covid-19 is taken into account when relevant to make the assessment conditional on developments (ex. how vulnerability could change should number of Covid-19 cases escalate). This is done qualitatively and with a high degree of uncertainty, with no attempt made to conducting a sensitivity analysis.

1.3 Overview of potential impacts of Covid-19 and related measures

The following table presents the potential impacts of Covid-19 identified in the literature review and discussed in the following chapters.

³ UNISDR 2009, cit in child-centred risk assessment, Regional Synthesis of UNICEF Assessments in Asia, 2014.

⁴ United Nations International Strategy for Disaster Reduction (UNISDR), Terminology on Disaster Risk Reduction, UNISDR. Geneva, May 2009. Available at: www.unisdr.org/files/7817_UNISDRTerminologyEnglish.pdf, cit in child-centred risk assessment, Regional Synthesis of UNICEF Assessments in Asia, 2014.

Figure 1.1 Overview of potential impacts of Covid-19 from the literature review

Health	Welfare and social cohesion	Economy
<ul style="list-style-type: none">• Reduced access to health care• Interruption of and lower access to vaccination and preventative care services• Reduced access to sexual and reproductive health services• Deteriorated mental health and psychosocial wellbeing• Worsened child nutrition outcomes• Reduced access to WASH services	<ul style="list-style-type: none">• Worsened educational outcomes for girls and boys• Worsened living conditions for people with disabilities• Increased exposure of women and children to violence, exploitation and abuse• Increase in evictions• Interrupted access to social protection programs• Lowered population morale due to cancellation of social events• Increased social tensions, discrimination and stigma• Increase in community and political violence, riots and clashes• Increase of people without legal proof of identity• Restrictions on freedom of association and expression under the pretext of emergency• Increased exclusion of women from decision-making	<ul style="list-style-type: none">• Loss of income due to COVID-19 illness/death and health care costs• Loss of income due to increased unemployment, in particular in certain sectors• Loss of income from remittances due to global downturn and exodus migrant workers from host countries• Increased income poverty• Increased food insecurity

2 Assessment of vulnerability in the health area

2.1 Introduction

In this area we include impacts of COVID-19 on access to health care (beyond treatment of COVID-19 itself), access to vaccinations and prevention measures, sexual and reproductive health and rights, mental health, nutritional security and WASH.

2.2 Reduced access to health care

2.2.1 Description of impact

Primary healthcare is the first line of defence against Covid-19, and therefore plays a key role in determining a countries' capacity to cope with the pandemic. There have been different models produced estimating the total number of cases, deaths, and time of peak of COVID-19 in the country. The number of cases at peak estimated in these models vary from 1 million in July-Oct (London School of Hygiene & Tropical Medicine model, assuming 50% physical distancing) to 39 million as of May 2020 (Ethiopian Public Health Institute).⁵ Regardless of the actual scenario that eventually materializes, these models point to a significant chance that the health system will be overburdened, which would in turn negatively impact access to care.

The Ethiopian health system is organized along three tiers: Primary, Secondary, and Tertiary. At the same time, primary healthcare is delivered through different mediums, including:

- Health Posts;
- Health Centres;
- Medium clinics/Primary clinics;
- Primary hospitals.

In addition to the public system, there are also private clinics and hospitals. These include:

- Higher-level clinics
- Medium clinics
- Small clinics

Public hospitals also often operate a “private wing” where patients pay higher fees in exchange for shorter waiting times.⁶

Access to primary healthcare across the board is likely to suffer during the Covid-19 pandemic. This impact will take place through the disease itself, as well as the short- and medium-term consequences. This might be due to different reasons: frontline medical personnel, such as health care extension workers, are at high risk of contracting the virus. Evidence from previous pandemics shows that people afflicted with the virus could also be denied care due to poor understanding of the virus. At the same time, those in need of care could also stop seeking care due to fear of the consequences or stigma resulting from being diagnosed.

⁵ UNFPA, UNICEF, WHO. “Continuity of Essential Health Services During COVID-19 Pandemic in Ethiopia” May 2020.

⁶ Abera, Goitom Gigar, Yibeltal Kiflie Alemayehu, and Jeph Herrin. “Public-on-Private Dual Practice among Physicians in Public Hospitals of Tigray National Regional State, North Ethiopia: Perspectives of Physicians, Patients and Managers.” *BMC Health Services Research* 17, no. 1 (November 10, 2017): 713.

Those in need of specialized health care for a range of pathologies, some of which demand urgent treatment, may also have decreased access to such care due to Covid-19. This might occur due to different reasons. Health facilities might be overloaded; existing services could be diverted to cope with effects of the pandemic; and lost earnings may reduce people's ability to pay for out-of-pocket costs. People might also stop seeking access to health care due to anxiety and fear of being infected in hospitals, or potentially due to the stigma associated with a possible COVID-19 diagnosis.

2.2.2 *Baseline and early signs of impact in Ethiopia*

In recent years, Ethiopia has made remarkable progress in expanding access to healthcare throughout the country. This was achieved through the accelerated expansion of primary healthcare facilities, the health extension package programme, and the essential services package,⁷ as well as the lowering of financial barriers to access through the Community-Based Health Insurance (CBHI), the Social Health Insurance (SHI), and the fee waiver system.

As a result, the percentage of children deprived of basic healthcare services has decreased from 84% in 2011 to 68% in 2016. In general, however, deprivation across a number of health-related dimensions remain high for children, with 89% of 5-17-year olds being deprived of sanitation, and 70% being deprived of knowledge on HIV/AIDS. Shortfalls persist especially in rural areas, where the quality and availability of health facilities is lower than for their urban counterparts.⁸

Similarly, there are shortcomings in other aspects of the health system, such as the training of the healthcare workforce and their availability in rural areas, as well as the availability of drugs and pharmaceutical management.⁹ This is somewhat alleviated by programmes like the community Health Extension Program, which has enabled Ethiopia to achieve significant improvement in maternal and child health, communicable diseases, hygiene and sanitation, and primary health cares.¹⁰

While Ethiopia has made significant progress in expanding access to primary healthcare services, progress in expanding access to specialized healthcare resources is more uneven.

General hospitals cover between 1-1.5 million people, while specialized hospitals cover 3.5 to 5 million people each.¹¹ Service capacity however differs significantly between different regions, with the more rural/pastoral and poor regions of Afar and Somali having the lowest levels of health worker density, hospital access, and access to essential medicines.

On the other hand, emergency/intensive care units in urban areas also face a generally heavy burden. This which suggests ICU capacity should increase to keep up with the case load.¹²

⁷ Alebachew, Abebe, and Catriona Waddington. "Improving Health System Efficiency: Ethiopia, Human Resources for Health Reforms." World Health Organization, 2015. https://apps.who.int/iris/bitstream/handle/10665/187240/WHO_HIS_HGF_CaseStudy_15.6_eng.pdf;jsessionid=0580BFC395A297F71A3465BF075CA689?sequence=1.

⁸ Central Statistical Agency, and UNICEF. "Multidimensional Child Deprivation in Ethiopia: First National Estimates," 2016.

⁹ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

¹⁰ Assefa, Yibeltal, Yalemzewod Assefa Gelaw, Peter S. Hill, Belaynew Wassie Taye, and Wim Van Damme. "Community Health Extension Program of Ethiopia, 2003–2018: Successes and Challenges toward Universal Coverage for Primary Healthcare Services." *Globalization and Health* 15, no. 1 (March 26, 2019).

¹¹ Manang, F. "Build and They Will Come?: Access to Healthfacilities and Maternal Care Usage in Rural Ethiopia," n.d. https://novafrica.org/wp-content/uploads/2019/05/Health-facilities-and-maternal-care-use_Ethiopia_2019_FManang.pdf.

¹² Sultan, Menbeu, Gelila Mengistu, Finot Debebe, Aklilu Azazh, and Indi Trehan. "The Burden on Emergency Centres to Provide Care for Critically Ill Patients in Addis Ababa, Ethiopia." *African Journal of Emergency Medicine* 8, no. 4 (December 1, 2018): 150–54.

Currently, the total number of ICU beds in the country is estimated at about 500 beds, and there are limited staff with ICU operating capacity/training.

2.2.3 Overall assessment of vulnerability

Overall assessment

Ethiopia has made remarkable efforts to expand access to primary healthcare. However, the geographical coverage of the healthcare systems and the ability to provide quality services remain challenging.

Healthcare services are at the frontline of the COVID-19 response. Expanded healthcare access serves as a significant resilience factor as it increases access to care across the country. On the contrary, distance to healthcare facilities, out-of-pocket costs, and poor understanding of the virus continue to play a role in limiting access to these resources. New obstacles to access have arisen due to emergency measures, such as transportation bans. Additionally, the pandemic is also causing lower healthcare demand as people fear contracting the disease.

The likelihood of hospital infections and poor understanding of the virus in some segments of the population pose additional risks to the population as it might result in a higher number of cases as well as the possible complication of severe cases that need hospital treatment. This is both true for more rural regions with lower service capacity, and for highly dense urban centres (with a higher capacity) where the virus might spread faster. These factors could act to further limit access to health care during the pandemic.

These additional limitations arising in the context of the crisis are most relevant for highly vulnerable groups. People already suffering discrimination, such as those with disabilities and chronic illnesses, as well as elderly people have higher risks of experiencing severe health consequences from COVID-19, but they are also more likely to be denied access to care. Moreover, the discrimination against survivors of the disease could also constitute a barrier to access care in the future. Furthermore, refugees, IDPs, returnees, and people in street situation are not only at a higher risk of contracting the disease, but also face disproportionately high barriers to access healthcare. Preventing an outbreak within these populations is therefore crucial for minimizing the death toll, controlling the outbreak and preserving the healthcare systems' capacity.

While some of the barriers to access, such as the suspension of public transportations will cease along with the emergency measures, maintaining access to care is crucial for controlling the spread of the disease and protecting the health of the population overall. Some measures already taken includes efforts to provide adequate personal protective equipment (PPE) to health care workers, disseminating accurate public health information, and creating additional treatment, quarantine, and isolation centres to manage and contain the spread of the disease.

These concerns are however mitigated by the strongly coordinated response provided by the government. Some of measures taken so far include expanding the availability of hospital beds, training additional medical staff, and securing additional ventilators. Moreover, the resilience of the system benefits from a well-coordinated response with clear guidelines provided by the federal level. Lastly, recent efforts to lower economics barrier to access healthcare also serve to alleviate these concerns.

The case load at the moment is still manageable for the country. Particularly, there have been few severe cases requiring intensive care. In order to preserve the service capacity of hospitals – and thus access to secondary and tertiary healthcare— the country has to succeed in controlling the

epidemic and effectively isolating the sick who can stay at home. At the same time, this implies imposing additional barriers to access due to quarantine measures. Extended emergency measures in the medium term and a protracted economic slowdown could likewise diminish the system's ability to cope as fewer resources would be available.

In conclusion, if the country does not manage to contain the outbreak, the healthcare system is at high risk of being overwhelmed. Access to healthcare could severely suffer as a result of the pandemic, therefore the level of vulnerability is assessed as high.

Description of vulnerability factors

Factors	Description
Pre-existing scarcity of (or distance to) healthcare facilities (-)	Access to primary healthcare due to scarcity of facilities and distance to them continues to constitute a barrier to access. As of 2016, 68% of children were deprived from basic healthcare services. ¹³ Low accessibility of health centres is strongly associated with higher risk of child mortality, especially in rural districts. ¹⁴ This is further exacerbated by limits on transportation put in place during the pandemic. ¹⁵ Health Extension Workers play a role in bridging this gap by providing services at the community level, and are expected to play a role in maintaining access to primary and routine care. ¹⁶ As of 2017, median overall health centres per 15,000 inhabitants for Afar, Dire-Dawa, and Tigray were 0.781, 0.556, 0.591 respectively. Median overall skilled health workers per 10,000 inhabitants in the same regions were 5.3, 7.8, and 6.3 respectively. These amount to between 11.8% and 16.9% of the World Health Organisation's target of 44.5 needed to achieve the SDGs. ¹⁷ The existing overall scarcity of qualified health professionals poses a risk to the system as health workers also face a high risk of infection as they work directly with those infected and are struggling to obtain adequate personal protective equipment. ¹⁸
High level of out-of-pocket costs for patients (-)	The last National Health Accounts estimate that in 2016/17, OOP totalled 31% of total financing, or 1.3% of GDP. This was higher than the global average (21%), and about the same as the low-income country average (30%). A 2019 survey of physicians found that 97% of those surveyed encountered patients who could not afford treatment. ¹⁹ Households reported using various sources like savings, borrowing, using loans or mortgages, and selling assets or livestock to meet OOP expenditures ²⁰ . While the Community-Based Health Insurance (targeting poorer households working in the informal sector) provides some relief to this barrier to access, as of 2018 it was only introduced in 39% of all woredas (far below the 80% target), ²¹ resulting in a coverage of about 11 million people. ²² Social Health Insurance, a parallel system targeting those employed in the formal target has a had a much slower take-up, facing

¹³ Central Statistical Agency, and UNICEF. "Multidimensional Child Deprivation in Ethiopia: First National Estimates," 2016.

¹⁴ Okwaraji, Yemisrach B., Simon Cousens, Yemane Berhane, Kim Mulholland, and Karen Edmond. "Effect of Geographical Access to Health Facilities on Child Mortality in Rural Ethiopia: A Community Based Cross Sectional Study." PLOS ONE 7, no. 3 (March 12, 2012).

¹⁵ AfricaNews. "Ethiopia Coronavirus: 272 Cases, Arrests over Face Masks Condemned." Africanews, May 14, 2020. <https://www.africanews.com/2020/05/14/ethiopia-s-coronavirus-rules-crowd-ban-free-transport-regulate-essentials-etc/>.

¹⁶ Tesema, Azeb. "The Potential Role of Ethiopian Community Health Extension Workers in COVID-19 Prevention and Control | The Africa Health Pot," March 28, 2020. <https://www.africahealthpot.org/single.php?id=10>.

¹⁷ Woldemichael A, Takian A, Akbari Sari A, Olyaeemanesh A (2019) Availability and inequality in accessibility of health centre-based primary healthcare in Ethiopia. PLoS ONE 14(3): e0213896. <https://doi.org/10.1371/journal.pone.0213896>.

¹⁸ UNFPA ESARO. "Ethiopia's Midwives Grapple with COVID-19 While Ensuring Safe Delivery," April 22, 2020. <https://esaro.unfpa.org/en/news/ethiopia-midwives-grapple-covid-19-while-ensuring-safe-delivery>.

¹⁹ Miljeteig I, Defaye FB, Wakim P, Desalegn DN, Berhane Y, Norheim OF, et al. (2019) Financial risk protection at the bedside: How Ethiopian physicians try to minimize out-of-pocket health expenditures. PLoS ONE 14(2).

²⁰ Miljeteig I, Defaye FB, Wakim P, Desalegn DN, Berhane Y, Norheim OF, et al. (2019) Financial risk protection at the bedside: How Ethiopian physicians try to minimize out-of-pocket health expenditures. PLoS ONE 14(2).

²¹ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

²² Lavers, Tom. "Towards Universal Health Coverage in Ethiopia's 'Developmental State'? The Political Drivers of Health Insurance." Social Science & Medicine 228 (May 1, 2019): 60–67.

Factors	Description
	significant resistance from public servants. ²³ High level of out-of-pocket costs could therefore continue discouraging access to care in general.
Poor understanding of the virus, its consequences and transmission modes (-)	Various leaders and individual citizens in multiple countries have criticized and questioned the legitimacy of measures taken to counter the pandemic. In Ethiopia, this has for instance included a protestant preacher telling his followers that he “saw the virus completely burned into ashes”. ²⁴ This type of misconception around the virus might stop people from seeking professional health care. The Minister of Health is aware of this situation and is already working to identify individuals who have other illnesses but have not sought medical attention due to fears of coronavirus. ²⁵ A survey conducted by Ohio State University between March 16 and 21 showed that only one in four respondents believed they were at personal 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. ²⁶
Belonging to a group already facing discrimination, such as the disabled or chronically ill (-)	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. ²⁷ The chronically ill could also be especially vulnerable to the disease depending on their underlying condition. If primary healthcare services become overwhelmed during the crisis, groups already facing stigma are more likely to suffer discrimination and thus lose access to care.
Lack of access to personal protective equipment (PPE) (-)	While significant efforts are being made to procure and distribute adequate PPE to healthcare workers, shortages are still present, which limits the ability of healthcare workers to do their work safely. ²⁸
Pre-existing scarcity of hospital beds, intensive care units, equipment, medical staff (-)	In terms of resources specific to COVID-19, Ethiopia faces severe challenges. While 435 ventilators have been recently acquired, there is a stark lack of health workers able to operate them, with many being urgently trained. Health workers from outside Addis Ababa are moreover unable to attend these trainings. ²⁹ At a country level, specialist health workforce in Ethiopia was only 0.54 per 100,000 people as of 2016, while hospital beds were 0.3 per 1,000 people as of 2016. ³⁰ The total number of ICU beds in the country is estimated at about 500 beds.
Pre-existing proneness to hospital infections (-)	Recent studies have shown that the prevalence of hospital acquired infections is high in some Ethiopian hospitals. A survey carried out in two teaching hospitals in 2015 showed that hospital-acquired infections had a mean prevalence of 14.9%, with surgical site infections and pneumonia being the two most common types of infections. ³¹

²³ Gidey, Meles Tekie, Gebremedhin Beedemariam Gebretekle, Mary-Ellen Hogan, and Teferi Gedif Fenta. “Willingness to Pay for Social Health Insurance and Its Determinants among Public Servants in Mekelle City, Northern Ethiopia: A Mixed Methods Study.” *Cost Effectiveness and Resource Allocation* 17, no. 1 (January 15, 2019).

²⁴ Chingono, Nyasha. “‘We Will Starve’: Zimbabwe’s Poor Full of Misgiving over Covid-19 Lockdown.” *The Guardian*, April 3, 2020, sec. Global development. <https://www.theguardian.com/global-development/2020/apr/03/we-will-starve-zimbabwes-poor-full-of-misgiving-over-covid-19-lockdown>.

²⁵ Wuilberg, Emeline. “How Ethiopia’s Health Minister Is Preparing for COVID-19.” *news.trust.org*. Foundation Thomson Reuters, May 4, 2020. <https://news.trust.org/item/20200504172943-5mjaz/>.

²⁶ “Taking Stock of Children’s Mental and Psychosocial Wellbeing in Ethiopia during COVID-19.” Accessed May 4, 2020. <https://www.unicef.org/ethiopia/stories/taking-stock-childrens-mental-and-psychosocial-wellbeing-ethiopia-during-covid-19>.

²⁷ World Health Organization. “Disability Considerations during the COVID-19 Outbreak,” March 2020.

²⁸ UNFPA, UNICEF, WHO. “Continuity of Essential Health Services During COVID-19 Pandemic in Ethiopia” May 2020.

²⁹ Endeshaw, Dawit. “Ethiopia’s Only Ventilator Expert Races to Train Others as Virus Spreads.” *Foundation Thomson Reuters*, May 12, 2020. <https://news.trust.org/item/2020051211935-led8u/>.

³⁰ World Bank, World Development Indicators.

³¹ Worku, Walelegn, Abera Kumie, and Feleke Yehuala. “Point Prevalence of Hospital-Acquired Infections in Two Teaching Hospitals of Amhara Region in Ethiopia.” *Drug, Healthcare and Patient Safety* 8, no. 6 (August 2016).

Factors	Description
Expanded health coverage (+)	Nationally, the overall Ethiopian Universal Health Coverage (UHC) service coverage was 34.3% (substantially below the SDG target of 80%), ranging from 52.2% in the Addis Ababa city administration to 10% in the Afar region. ³² Significant efforts have been made in recent years to further expand UHC, in particular through the expansion of the Community Based Health Insurance (CBHI) and social health insurance (SHI) schemes for the informal and formal segment of society respectively. ³³ A recent study has underscored the positive effect of CBHI on reducing catastrophic health expenditure. ³⁴ Efforts to achieve universal healthcare through the Community Health Extension Programme have been key for expanding access to primary care. Two health extension workers are assigned to one health post to serve a population between 3,000 and 5,000 in a kebele. Five health posts and a health centre work in collaboration to form the primary healthcare unit that covers up to 25,000 people in rural areas and up to 40,000 people in urban areas. Additionally, primary hospitals cover between 60,000 and 100,000 people. ³⁵ The community Health Extension Program, in particular, has enabled Ethiopia to achieve significant improvement in immunization, maternal and child health, reduction of communicable diseases, hygiene and sanitation, and primary health care. ³⁶ Health Extension Workers continue to provide critical health services during the crisis, as well as continuing to carry out households visits to identify suspected cases. ³⁷
Additional health capacity (+)	In preparation for the COVID-19 crisis and the consequent potential increase in cases, the government has made additional facilities available to cope with additional case load. As of May 14, there were 41 designated treatment units, 98 isolation facilities, and 87 quarantine centres. ³⁸ As of May 19, 229 patients with confirmed COVID-19 cases were receiving treatment in a treatment centre. ³⁹
Access to private means of transportation (+)	Most regional states have imposed strict bans on public transportation ⁴⁰ , which plays a role in restricting access to healthcare. Availability of ambulances is also limited. Access to private means of transportation can thus be a resilience factor for persons in need of healthcare. ⁴¹

https://www.researchgate.net/publication/307921326_Point_prevalence_of_hospital-acquired_infections_in_two_teaching_hospitals_of_Amhara_region_in_Ethiopia.

³² Eregata, Getachew Teshome, Alemayehu Hailu, Solomon Tessema Memirie, and Ole Frithjof Norheim. "Measuring Progress towards Universal Health Coverage: National and Subnational Analysis in Ethiopia." *BMJ Global Health* 4, no. 6 (November 1, 2019). <https://doi.org/10.1136/bmjgh-2019-001843>.

³³ The financial source of the scheme is mainly the premium contribution of members and about 25% of the total premium subsidy from the central government. While district and regional governments are expected to cover the costs of providing a fee waiver for the poorest population groups (about 10% of the total population). The CBHI scheme benefit package for members includes health-care cost coverage of both outpatient and inpatient health.

³⁴ Mekonen, Asnakew Molla, Measho Gebreslassie Gebregziabher, and Alemayehu Shimeka Teferra. "The Effect of Community Based Health Insurance on Catastrophic Health Expenditure in Northeast Ethiopia: A Cross Sectional Study." *PLOS ONE* 13, no. 10 (October 18, 2018): e0205972.

³⁵ Assefa, Yibeltal, Yalemzewod Assefa Gelaw, Peter S. Hill, Belaynew Wassie Taye, and Wim Van Damme. "Community Health Extension Program of Ethiopia, 2003–2018: Successes and Challenges toward Universal Coverage for Primary Healthcare Services." *Globalization and Health* 15, no. 1 (March 26, 2019).

³⁶ Assefa, Yibeltal, Yalemzewod Assefa Gelaw, Peter S. Hill, Belaynew Wassie Taye, and Wim Van Damme. "Community Health Extension Program of Ethiopia, 2003–2018: Successes and Challenges toward Universal Coverage for Primary Healthcare Services." *Globalization and Health* 15, no. 1 (March 26, 2019).

³⁷ Wuilbercq, Emeline. "Ethiopia taps army of women health workers to fight coronavirus." *Reuters*. April 7, 2020. <https://www.reuters.com/article/us-health-coronavirus-ethiopia-trfn/ethiopia-taps-army-of-women-health-workers-to-fight-coronavirus-idUSKBN21P27K>.

³⁸ Ministry of Health Ethiopia. "COVID-19: Ethiopia's Preparedness and Response," March 2020.

³⁹ Ministry of Health Ethiopia. "COVID-19: Ethiopia's Preparedness and Response," March 2020.

⁴⁰ AfricaNews. "Ethiopia Coronavirus: 272 Cases, Arrests over Face Masks Condemned." *Africanews*, May 14, 2020. <https://www.africanews.com/2020/05/14/ethiopia-s-coronavirus-rules-crowd-ban-free-transport-regulate-essentials-etc/>.

⁴¹ Marks, Simon. "COVID-19 Limits Force Ethiopian Mothers to Give Birth at Home | Voice of America - English." *Voice of America*, April 10, 2020. <https://www.voanews.com/science-health/coronavirus-outbreak/covid-19-limits-force-ethiopian-mothers-give-birth-home>.

Factors	Description
Strength of the health system governance model, organization and coordination (+)	In April, the Federal Ministry of Health released a National Comprehensive COVID-19 Management Handbook, establishing protocols for infection prevention, laboratory testing, case management, and other protocols. ⁴² At the federal level, this adds to the resilience of the health system. Additionally, public health delivery in Ethiopia is heavily decentralized. Studies have found that the public health delivery system promotes community participation in service programming and planning processes. Nonetheless, there is also substantial evidence pointing out that budgeting and plans were also often not aligned to community needs. For instance, personnel management (in particular the recruitment and retention of competent healthcare workers) is not transparent and often suffers from interventions of higher officials, which leads to a diminished quality of care. ^{43 44}

Outline of most exposed groups

Healthcare workers

As mentioned above, healthcare workers, especially those at the primary level are at the frontline of the efforts to contain the virus. As such, they also face a higher risk of contracting the disease, especially if they are not adequately equipped with PPE.⁴⁵

People with lower incomes

As mentioned above, out-of-pocket costs are one of the main deterrents from accessing care. Bans on public transportation also increase barriers to access health care for people with lower incomes who might lack private means of transportation.

People living in rural or remote areas

Geographic inequalities have been identified as one of the main barriers for accessing healthcare in Ethiopia. Distance from primary health care facilities exacerbates the vulnerability of these populations as most regions have suspended public transportation.⁴⁶

People affected by the disease

Discriminatory attitudes against foreigners (related to COVID-19) have been recorded in Ethiopia. These have resulted in verbal and physical attacks, as well as the dissemination of private medical information on social media.^{47 48} While reports of discrimination have stopped as the population develops a better understanding of the disease, evidence from previous pandemics suggest the potential for long lasting stigma and discrimination against survivors of the disease.^{49 50}

⁴² Federal Ministry of Health, Ethiopia. "National Comprehensive Covid19 Management Handbook," April 2020.

⁴³ H, Tolera, Tegegne Gebre-Egziabher, and Helmut Kloos. "Public Health Service Delivery in a Decentralized System: A Qualitative Study of the Perception of Health Providers and Community Members in Gida Ayana Woreda, Western Ethiopia." *Global Journal of Medical Research*, March 30, 2019.

⁴⁴ Mekonnen, Serkaddis Zegeye. "The Quest for Good Health Governance through Decentralization in Ethiopia: Insights from Selected Health Centres in the Addis Ababa City Administration," June 25, 2018. <https://research.tilburguniversity.edu/en/publications/the-quest-for-good-health-governance-through-decentralization-in--2>.

⁴⁵ UNFPA ESARO. "Ethiopia's Midwives Grapple with COVID-19 While Ensuring Safe Delivery," April 22, 2020. <https://esaro.unfpa.org/en/news/ethiopias-midwives-grapple-covid-19-while-ensuring-safe-delivery>.

⁴⁶ AfricaNews. "Ethiopia Coronavirus: 272 Cases, Arrests over Face Masks Condemned." *Africanews*, May 14, 2020. <https://www.africanews.com/2020/05/14/ethiopia-s-coronavirus-rules-crowd-ban-free-transport-regulate-essentials-etc/>.

⁴⁷ Ngubane, Senzwesihle. "COVID-19 and Stigmatisation and Discrimination." *ACCORD* <https://www.accord.org.za/analysis/covid-19-stigmatisation-discrimination/>.

⁴⁸ Human Rights Watch. "Ethiopia: Free Speech at Risk Amid Covid-19," May 6, 2020. <https://www.hrw.org/news/2020/05/06/ethiopia-free-speech-risk-amid-covid-19>.

⁴⁹ Person, Bobbie, Francisco Sy, Kelly Holton, Barbara Govert, Arthur Liang, Brenda Garza, Deborah Gould, et al. "Fear and Stigma: The Epidemic within the SARS Outbreak." *Emerging Infectious Diseases* 10, no. 2 (February 2004): 358–63.

⁵⁰ RWJF. "Ebola as an Instrument of Discrimination," November 21, 2014. http://www.rwjf.org/en/blogs/human-capital-blog/2014/11/ebola_as_an_instrume.html.

People already subject to stigma or discrimination/people with disabilities

As noted above, people with disability are particularly vulnerable because they face higher barriers to access healthcare, as well as public health information. Furthermore, they are often dependent on additional support, which makes it difficult for them to maintain social distancing. Some people might even have difficulties complying with basic hygiene measure such as hand washing.⁵¹

Elderly people

Elderly people are disproportionately vulnerable as they face a much higher risk of facing severe COVID-19 symptoms and have higher mortality rates. Moreover, elderly people are more likely to have pre-existing conditions that increase their risks of developing a severe case of the virus.

Populations in urban areas, especially those living in informal settlements in urban areas

Informal settlements in urban areas are characterized for generally high levels of poverty, low access to WASH services, and high density of population. As the vast majority of the case load is located in urban areas such as Addis Ababa, these populations also face higher risk of losing access to essential medical services.

Refugees, IDPs, returnees, and people in street situation

As of April 2020, there were approximately 761,000 refugees and asylum seekers in Ethiopia, as well as 1.74 million IDPs.⁵² The largest groups of refugees are located in the border regions, namely Gambela (315K), Somali (198k), Tigray (95K), and Benishangul-Gumuz.

Refugees, IDPs, returnees, and people in street situation are more likely to be deprived of specialized healthcare. Recognizing the increased needs that come along with the crisis, UNHCR, along with regional health bureaus, are already working on providing health professionals working in refugee camps, as well as nearby hospital with the materials needed to respond adequately to the crisis. Key challenges include the shortage of personal protection equipment for front-line workers.⁵³ Considering that 33% of Ethiopian refugee camps report high malnutrition rates⁵⁴, they also face a higher risk of incurring diseases that require specialized treatment.

The population in street situation has a worse health status to begin with and are therefore more vulnerable to the negative effects of COVID-19, while also facing higher barriers to access healthcare.⁵⁵

2.3 Interruption of and lower access to vaccination and preventative care services

2.3.1 Description of impact

In addition to primary healthcare services, access to vaccination programs and other routine preventative care (such as antenatal care and micronutrient supplementation programs) will also worsen. In the context of the pandemic, access to preventative care will be impacted in different ways. First, resources might be spread thinner as medical personnel focuses on containing the pandemic. Secondly, measures taken to contain the spread of COVID-19, such as transportation bans, will disrupt the provision of and access to these services.

⁵¹ World Health Organization. "Disability Considerations during the COVID-19 Outbreak," March 2020.

⁵² UNHCR - Operations Portal. "Country - Ethiopia." <https://data2.unhcr.org/en/country/eth>.

⁵³ UNHCR. "Weekly Operational Update," May 8, 2020.

⁵⁴ Global Network Against Food Crisis, and Food Security Information Network. "2020 - Global Report on Food Crises | World Food Programme," 2020. <https://www.wfp.org/publications/2020-global-report-food-crises>.

⁵⁵ Gebreyesus, Hailay, Abebe Mamo, Mebrahtu Teweldemedhin, Berihu Gidey, Znabu Hdush, and Zewdie Birhanu. "Experiences of Homeless Women on Maternity Health Service Utilization and Associated Challenge in Aksum Town, Northern Ethiopia." *BMC Health Services Research* 19 (June 6, 2019).

2.3.2 *Baseline and early signs of impact in Ethiopia*

Baseline data indicates that the vaccination and other preventative care services are crucial in Ethiopia. Basic vaccination coverage in Ethiopia is 43.1%, (57.3% for urban populations and 36.9% for rural populations). Performance varies significantly regionally, with Somali and Afar having the lowest levels at 18.2% and 19.8% respectively. Similarly, children in households belonging to the highest two wealth quintiles are more likely to receive all basic vaccinations (65%), than their counterparts in the two poorest wealth quintiles (35%). The situation is similar for other routine health services, such as antenatal care, with 70% women in the wealthiest households completing 4 or more antenatal care visits, compared to only 21% among the poorest households, which is well below the national average of 43%.⁵⁶ Similarly, 87% of households had access to skill deliveries, while for the poorest households it was only 22%.

Micronutrient supplementation programs also play a key role in ensuring children's health. Vitamin A deficiency, for instance, increases the severity of infections and can cause eye damage leading to childhood blindness. The national average of children receiving vitamin A supplements was 47%. The number was lower for the poorest households (35.6%) and higher for the wealthiest households (55%). Similarly, coverage supplementation was higher in urban areas (53%) than in rural areas (45%).⁵⁷ Further details on nutrition indicators are provided in the section covering impacts on child nutrition.

Some of the impacts in access to vaccinations and are already being felt in the country. In March, all regions except Tigray showed a percentage decrement for both Penta 3 and MCV1 compared to an eight-month average. Similarly, there was an 8.6% decrease in children treated for pneumonia compared with previous eight-month average and HIV tests decreased by 18,000 compared to the previous 3 years' average.⁵⁸

2.3.3 *Overall assessment of vulnerability*

Overall assessment

While the government recognizes some of the immediate risks associated with the suspension of routine healthcare interventions, such as vaccinations, outbreaks of preventable diseases have already taken place during the pandemic.

Children in rural and low-income populations are most vulnerable to a reduction in these services. Demand for immunization services is low among these groups and they are therefore most vulnerable to a suspension of vaccination campaigns. Additionally, the lack of protective equipment and safe alternative methods for healthcare outreach activities are proving to be a significant obstacle for health extension workers in the frontline. The prolongation of emergency measures in the medium term, resulting in a suspension of these programs, would increase the health risks of vulnerable populations. This is particularly critical for rural and low-income communities who have a more limited access to adequate health information.

The coverage of routine healthcare measures such as immunization and micronutrient supplementation are low at the baseline, which is explained by pre-existing low demand for these services and regional/economic disparities in access. The pandemic increases the risk of these services being unavailable to vulnerable groups altogether, which is why, despite recent expansions in access to preventative healthcare, the level of vulnerability is still assessed as high.

⁵⁶ Ethiopian Public Health Institute, Federal Ministry of Health. "Ethiopia Mini Demographic and Health Survey," 2019.

⁵⁷ Ethiopian Public Health Institute, Federal Ministry of Health. "Ethiopia Mini Demographic and Health Survey," 2019.

⁵⁸ UNFPA, UNICEF, WHO. "Continuity of Essential Health Services During COVID-19 Pandemic in Ethiopia" May 2020.

Description of vulnerability factors

Factors	Description
Pre-existing scarcity of primary healthcare facilities/lack of access to primary care due to physical distance (-)	Distance to health facilities has long been identified as a key barrier hampering vaccine coverage. ⁵⁹ Travel restrictions imposed in response to COVID-19 are already playing a role in increasing the threshold for accessing healthcare services, including routine checks. ⁶⁰
Existing high risk of COVID-19 transmission (e.g. due to high population density or existing cases) (-)	<p>The vast majority of COVID-19 cases are located in Addis Ababa, where the risks of transmission are also higher due to higher population density. People living in inadequate living conditions, such as informal urban settlements are particularly vulnerable to contagion as they often lack access to adequate WASH services, or the ability to adequately self-isolate.</p> <p>The Minister of Health has communicated that they are identifying individuals who have other illnesses but have not sought medical attention due to fears of contracting coronavirus.⁶¹ Additionally, frontline workers have expressed their concerns about their inability to protect themselves due to the lack of availability of adequate personal protective equipment.⁶²</p>
High level of out-of-pocket costs for patients (-)	A 2019 survey of physicians found that 97% of those surveyed encountered patients who could not afford treatment. ⁶³ Households reported using various sources like savings, borrowing, using loans or mortgages, and selling assets or livestock to meet OOP expenditures. ⁶⁴ Out-of-pocket expenditures make up around 30% of yearly health expenditures in Ethiopia. ⁶⁵ The last National Health Accounts estimate that in 2016/17, OOP totalled 31% of total financing, or 1.3% of GDP. This was higher than the global average (21%), and about the same as the low-income country average (30%).
Lack of adequate health information and low demand for vaccination (-)	Factors that discourage mothers from completing vaccination routines include fear of adverse reactions, negative rumours about vaccines or lack of awareness of their usefulness. 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. ⁶⁶

⁵⁹ Okwaraji, Yemisrach B., Kim Mulholland, JoannaRMArmstrong Schellenberg, Gashaw Andarge, Mengesha Admassu, and Karen M. Edmond. "The Association between Travel Time to Health Facilities and Childhood Vaccine Coverage in Rural Ethiopia. A Community Based Cross Sectional Study." *BMC Public Health* 12, no. 1 (June 22, 2012).

⁶⁰ Marks, Simon. "COVID-19 Limits Force Ethiopian Mothers to Give Birth at Home | Voice of America - English." *Voice of America*, April 10, 2020. <https://www.voanews.com/science-health/coronavirus-outbreak/covid-19-limits-force-ethiopian-mothers-give-birth-home>.

⁶¹ Wuilberg, Emeline. "How Ethiopia's Health Minister Is Preparing for COVID-19." *news.trust.org*. Foundation Thomson Reuters, May 4, 2020. <https://news.trust.org/item/20200504172943-5mjaz/>.

⁶² UNFPA ESARO. "Ethiopia's Midwives Grapple with COVID-19 While Ensuring Safe Delivery," April 22, 2020. <https://esaro.unfpa.org/en/news/ethiopias-midwives-grapple-covid-19-while-ensuring-safe-delivery>.

⁶³ Miljeteig, Ingrid, Frehiwot Berhane Defaye, Paul Wakim, Dawit Neema Desalegn, Yemane Berhane, Ole Frithjof Norheim, and Marion Danis. "Financial Risk Protection at the Bedside: How Ethiopian Physicians Try to Minimize out-of-Pocket Health Expenditures." *PloS One* 14, no. 2 (2019): e0212129.

⁶⁴ Miljeteig, Ingrid, Frehiwot Berhane Defaye, Paul Wakim, Dawit Neema Desalegn, Yemane Berhane, Ole Frithjof Norheim, and Marion Danis. "Financial Risk Protection at the Bedside: How Ethiopian Physicians Try to Minimize out-of-Pocket Health Expenditures." *PloS One* 14, no. 2 (2019): e0212129.

⁶⁵ Ministry of Health, Ethiopia Health Accounts 2016/2017, September 2019.

⁶⁶ Tefera, Yemesrach A., Abram L. Wagner, Eyoel B. Mekonen, Bradley F. Carlson, and Matthew L. Boulton. "Predictors and Barriers to Full Vaccination among Children in Ethiopia." *Vaccines* 6, no. 2 (April 10, 2018).

Factors	Description
Lack of access to personal protective equipment (PPE) (-)	While significant efforts are being made to procure and distribute adequate PPE to healthcare workers, shortages are still present. This limits the possibility of re-starting vaccination campaigns in a safe manner, particularly those administered by mouth like polio. ^{67 68}
Expanded health coverage (+)	Ethiopia's health service delivery is structured into a three-tier system: primary, secondary, and specialized healthcare. Efforts to achieve universal health have been key for expanding access. The Community Health Extension programme fits under the primary healthcare umbrella. Two health extension workers are assignment to one health post to serve a population between 3,000 and 5,000 in a kebele. Five health posts and a health centre work in collaboration to form the primary healthcare unit that covers up to 25,000 people in rural areas and up to 40,000 people in urban areas. Additionally, primary hospitals cover between 60,000 and 100,000 people. ⁶⁹ The community Health Extension Program, in particular, has enabled Ethiopia to achieve significant improvement in immunization, maternal and child health, reduction of communicable diseases, hygiene and sanitation, and primary health care. ⁷⁰ Health Extension Workers continue to provide critical health services during the crisis, which serves as a resilience factors for maintaining access to preventative care. Additionally, the Ethiopian government has made efforts to reduce financial barriers to access to preventative care in recent years. The Community-Based Health Insurance (CBHI) now provides free-to-access care in public health facilities. The scheme now covers 11 million people (which includes "indigent" households deemed unable to pay the annual premium) and has been shown to increase healthcare utilization. ⁷¹
Adequate vaccine supply (+)	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. ⁷²

Outline of most exposed groups

Children and infants in low-income families

A large proportion of vulnerable children are facing vaccine-preventable deaths in Ethiopia right now. These are mainly due to diarrheal diseases (18%) and pneumonia (19%).⁷³

Vitamin A and iron deficiency are also major contributors to childhood morbidity and mortality.⁷⁴ Children, in particular those from households in the lower wealth quintiles and those living in rural areas, benefit greatly from micronutrient supplementation programs, which might be suspended or delayed due to the crisis.

⁶⁷ UNFPA, UNICEF, WHO. "Continuity of Essential Health Services During COVID-19 Pandemic in Ethiopia" May 2020.

⁶⁸ Interview with UNICEF Health expert, June 1, 2020.

⁶⁹ Assefa, Yibeltal, Yalemzewod Assefa Gelaw, Peter S. Hill, Belaynew Wassie Taye, and Wim Van Damme. "Community Health Extension Program of Ethiopia, 2003–2018: Successes and Challenges toward Universal Coverage for Primary Healthcare Services." *Globalization and Health* 15, no. 1 (March 26, 2019).

⁷⁰ Assefa, Yibeltal, Yalemzewod Assefa Gelaw, Peter S. Hill, Belaynew Wassie Taye, and Wim Van Damme. "Community Health Extension Program of Ethiopia, 2003–2018: Successes and Challenges toward Universal Coverage for Primary Healthcare Services." *Globalization and Health* 15, no. 1 (March 26, 2019).

⁷¹ Lavers, Tom. "Towards Universal Health Coverage in Ethiopia's 'Developmental State'? The Political Drivers of Health Insurance." *Social Science & Medicine* 228 (May 1, 2019).

⁷² Interview with UNICEF Health expert, June 1, 2020.

⁷³ Manyazewal, Tsegahun, Alemayehu Mekonnen, Tesfa Demelew, Semegnew Mengestu, Yusuf Abdu, Dereje Mammo, Workeabeba Abebe, et al. "Improving Immunization Capacity in Ethiopia through Continuous Quality Improvement Interventions: A Prospective Quasi-Experimental Study." *Infectious Diseases of Poverty* 7 (November 30, 2018).

⁷⁴ Ethiopian Public Health Institute, Federal Ministry of Health. "Ethiopia Mini Demographic and Health Survey," 2019.

Vaccination coverage is strongly associated with better wealth status and better education. Only 21% of children in the lowest wealth quintile had all basic vaccinations in 2019, compared to 70% in the highest wealth quintile.⁷⁵

People with pre-existing health conditions

There are several underlying pre-existing conditions that are widespread in the country and increase the likelihood of having severe coronavirus symptoms. This can include cardiovascular disease, asthma and other respiratory diseases, but also immune deficiencies like HIV as antiretroviral coverage is still very low at 34%.⁷⁶

People living in areas where outbreak-prone diseases are prevalent

There is an ongoing yellow fever outbreak in Gurage Zone in the SNNP region.⁷⁷ This highlights the risk posed by outbreaks of other diseases, a risk that is due to increase if vaccination programs are suspended.

Children in rural or remote areas

Vaccination coverage differs greatly between children in urban and rural areas, with the highest coverage of all basic vaccinations in Addis Ababa (83%) and the lowest in Afar (20%). Only 37% of children in rural areas have received all basic vaccinations, while this number was 57% in urban areas.⁷⁸

2.4 Reduced access to WASH services

2.4.1 Description of impact

Access to adequate WASH services, such as water and soap are fundamental for containing the spread of the pandemic. People's access to WASH services is crucial and is likely to suffer during the pandemic. This impact can take place through different channels. Limited access to WASH may expose people to Covid-19, and emergency containment measures may impact access to WASH services. Quarantine measures may block people from accessing communal facilities, while forced evictions may deprive urban populations from accessing these services. Adolescent girls are particularly vulnerable, as many menstrual health and hygiene services (including sanitary materials and psychosocial support) are delivered through schools. Lastly, access to WASH can be negatively affected by the stock-out of bottled water and other hygiene supplies, and the abandonment or neglect of WASH services by staff.

2.4.2 Baseline and early signs of impact in Ethiopia

Ethiopia has enjoyed some success in WASH in recent years, achieving the water related MDGs by 2015. The country has significantly reduced the proportion of the population that relies on unimproved drinking water sources, such as unprotected dug wells, unprotected springs, carts with small tanks/drums, tanker trucks and surface water. The proportion of the population using contaminated water had therefore declined to 31.1% as of 2017.⁷⁹

There are still several shortcomings, however, especially in relation to quality. For instance, only 11% of the population is using safely managed drinking water. The difference between rural and

⁷⁵ Ethiopian Public Health Institute, Federal Ministry of Health. "Ethiopia Mini Demographic and Health Survey," 2019.

⁷⁶ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

⁷⁷ "WHO | Yellow Fever – Ethiopia." WHO, April 22, 2020. <http://www.who.int/csr/don/22-april-2020-yellow-fever-ethiopia/en/>.

⁷⁸ Ethiopian Public Health Institute, Federal Ministry of Health. "Ethiopia Mini Demographic and Health Survey," 2019.

⁷⁹ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

urban populations are large as use of safely managed drinking water is at 5% and 38% in the two groups respectively.⁸⁰

As a result, 60% to 80% of communicable diseases in Ethiopia are attributed to limited access to safe water and inadequate sanitation and hygiene services and diarrhoea is still the leading cause of under-five mortality in Ethiopia.⁸¹ 59% of children under 5 and 56% of 5 to 17-year-olds are deprived from safe drinking water. Children living in rural areas are much more deprived than their urban counterparts (63% vs 14%, respectively).

Lack of access to adequate sanitation is one of the largest contributors to multi-dimensional child deprivation in Ethiopia, with 89% of children facing some degree of deprivation. In rural areas that number is higher at 94%, while in urban areas it is lower at 53%. Hand-washing facilities with water and soap are also largely unavailable. Only 23% of the population in urban areas has access to a hand-washing facility with water and soap, while in rural areas this number is only 4% for an overall country-level average of 8%.⁸²

Access to WASH in health facilities (in particular primary health facilities) is also limited. As of 2018, only 53% of health centres have drinking water from a protected source, and only 12% of health posts had drinking water from a protected source.⁸³

2.4.3 Overall assessment of vulnerability

Overall assessment

Providing adequate access to WASH has been recognized as a fundamental step in preventing COVID-19 outbreaks. Although responses to the crisis in Ethiopia by both the government, civil society, and the international community has focused on enabling access to adequate WASH resources, challenges still remain. Populations living in close quarters and with access to lower quality WASH infrastructure, such as refugees, IDPs, people in street situation, and urban migrants face particular challenges in maintaining adequate levels of hygiene.

Other factors are currently further contributing to increasing the level of vulnerability of said populations, such as the forced eviction of urban migrants who might end up homeless. Moreover, groups like adolescent girls are also disproportionately affected by emergency measures as school closures also mean they lose access to menstrual hygiene services and commodities.

In the medium term, the provision of adequate WASH resources and facilities will be needed to prevent the spread of the disease at a large scale. Given the low percentage of the population who currently has access to safely managed water at home, the low percentage of schools with adequate basic WASH services (only 22% have drinking water from a protected source, and only 11% have handwashing facilities)⁸⁴, and the size of populations (such as refugees) with precarious access to these services, this remains a significant challenge. The level of vulnerability to reduced access to WASH is therefore assessed as high.

⁸⁰ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

⁸¹ UNICEF. "Water, Sanitation and Hygiene (WASH)." Accessed May 14, 2020. <https://www.unicef.org/ethiopia/water-sanitation-and-hygiene-wash>.

⁸² UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

⁸³ UNICEF, ONE WASH Ethiopia, Ministry of Health. "Sanitation Microplanning in Ethiopia" October 2018."

⁸⁴ UNICEF, ONE WASH Ethiopia, Ministry of Health. "Sanitation Microplanning in Ethiopia" October 2018."

Description of vulnerability factors

Factors	Description
Poverty level (-)	People in lower wealth quintiles are also more likely to rely on community WASH facilities or humanitarian WASH responses. Additionally, there is a risk that the prices of WASH commodities will increase, which will disproportionately impact the poorest households. ⁸⁵
Pre-existing community health conditions/Lack of access to piped water supply and sewage systems (-)	Only 11% of the population is using safely managed drinking water. ⁸⁶ Furthermore, a recent study found that there is substantial geographical inequality in access to water and improved sanitation in the country. Access to improved drinking water was significantly lower in Afar, Amhara and SNNP. ⁸⁷ Communities lacking access to adequate WASH conditions face higher exposure to COVID-19.
Reliance on communal WASH services (-)	People relying on communal WASH services, such as shared water points, often face intermittent services, thus limiting people's ability to maintain adequate hygiene habits. These services could be further disrupted due to quarantine measures, fuel shortages, and a financial crisis. ⁸⁸
School closures (-)	Menstrual hygiene interventions are often delivered through schools ⁸⁹ , thus school closures increase the vulnerability of girls who lose access to sanitary materials and other hygiene services.

Outline of most exposed groups

Rural populations

Rural populations already face higher levels of deprivation of multiple WASH services, including drinking water, access to hand-washing facilities, and other sanitary services.^{90,91} Take-up of handwashing habits is lower in these areas, and they are also more likely to be deprived of basic hygiene commodities like soap.⁹²

Furthermore, WASH coverage in schools and health facilities is lower in more rural regions like Somali. As of 2018, only 16% of schools in the region had access to drinking water and only 3% of schools had handwashing stations for children. Similarly, only 10% of health posts in the region had drinking water in their premises.⁹³

Populations living in informal settlements in urban areas

Informal settlements in urban areas are characterized for generally high levels of poverty, poor housing and low access to WASH services. Measures to mitigate the risk of sexual and gender-based violence (SGBV) are also likely to be missing.

⁸⁵ WASH Cluster "COVID-19 and WASH: Mitigating the socio-economic impacts on the Water, Sanitation and Hygiene (WASH) Sector" April 20, 2020.

⁸⁶ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

⁸⁷ Azage, Muluken, Achenef Motbainor, and Dabere Nigatu. "Exploring Geographical Variations and Inequalities in Access to Improved Water and Sanitation in Ethiopia: Mapping and Spatial Analysis." *Heliyon* 6, no. 4 (April 30, 2020).

⁸⁸ Jerving, Sara. "What Does a COVID-19 Response Look like with Limited Water?" *Devex*, March 27, 2020. <https://www.devex.com/news/sponsored/what-does-a-covid-19-response-look-like-with-limited-water-96834>.

⁸⁹ UNICEF Ethiopia. "Menstrual Hygiene in Ethiopia – the Importance of Including Boys in the Discussion," May 30, 2017. <https://unicefethiopia.org/category/programmes/wash-programmes/>.

⁹⁰ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

⁹¹ Azage, Muluken, Achenef Motbainor, and Dabere Nigatu. "Exploring Geographical Variations and Inequalities in Access to Improved Water and Sanitation in Ethiopia: Mapping and Spatial Analysis." *Heliyon* 6, no. 4 (April 30, 2020).

⁹² Interview with UNICEF WASH expert, May 29, 2020.

⁹³ UNICEF, ONE WASH Ethiopia, Ministry of Health. "Sanitation Microplanning in Ethiopia" October 2018."

Illegal house construction and substandard settlements causes overcrowding and slum areas which lack access to improved sanitation services. Unplanned urban sprawl might also overburden existing facilities as they are not coupled with new water and sanitation infrastructure.⁹⁴ For instance, in the Yeka and Akaki sub-cities in Addis Ababa 18% of inhabitants do not have access to latrines and 96% of latrines do not have washing facilities.⁹⁵

Households in informal settlements are often forced to buy water from private providers. Depending on the depth of the economic crisis, informal workers living in these settlements might have more difficulties affording access to water.^{96,97}

Refugees, IDPs, populations on the move

As of April 2020, there were approximately 761,000 refugees and asylum seekers in Ethiopia, as well as 1.74 million IDPs.⁹⁸ The largest groups of refugees are located in the border regions, namely Gambela (315K), Somali (198k), Tigray (95K), and Benishangul-Gumuz.

Refugees, displaced people, populations on the move, and host communities are particularly vulnerable to the negative effects of the crisis.⁹⁹ Refugees living in crowded camps have limited access to water and basic WASH commodities, which limits their ability to maintain adequate hygiene measures as well as social distancing.^{100,101} Some camps are still facing water shortages, which they are trying to lessen through water trucking.¹⁰² Pressure has already increased during the crisis due to the recent large number of returnees arriving mainly from the Gulf Region, many of which are unaccompanied children.¹⁰³

Emergency WASH responses during the crisis have focused on providing life-saving interventions to populations in refugee camps, medical isolation, or other precarious conditions. Women and girls are particularly at risk as resources as they rely on shared water supply, bathing, and laundry facilities; resources are moreover diverted away menstrual hygiene supplies towards other non-food items.¹⁰⁴ In recognition of these needs UNICEF is also providing WASH and dignity kits, which include menstrual hygiene materials, to adolescent girls and women in camps and quarantine facilities.¹⁰⁵

Women and girls

Many women and girls have limited access to sanitary pads and general menstrual hygiene services and commodities.¹⁰⁶ In the case of adolescents, access to these goods and services is often provided through school-based interventions¹⁰⁷, which are presently closed. This has

⁹⁴ Azage, Muluken, Achenef Motbainor, and Dabere Nigatu. "Exploring Geographical Variations and Inequalities in Access to Improved Water and Sanitation in Ethiopia: Mapping and Spatial Analysis." *Heliyon* 6, no. 4 (April 30, 2020).

⁹⁵ Amref Health Africa UK. "Bringing Water and Sanitation to Urban Slums, Ethiopia." <https://amrefuk.org/what-we-do/projects/bringing-water-and-sanitation-to-kechene-slum-ethiopia/>.

⁹⁶ Ayele, Bosen. "Urban Informal Dwellers Access to Urban Land for Housing and Regularization of Informal Settlements: The Case of Nifas Silk-Lafto Sub-City," February 2019.

⁹⁷ Interview with UNICEF WASH expert, May 29, 2020.

⁹⁸ UNHCR - Operations Portal. "Country - Ethiopia." <https://data2.unhcr.org/en/country/eth>.

⁹⁹ Global Network Against Food Crisis, and Food Security Information Network. "2020 - Global Report on Food Crises | World Food Programme," 2020. <https://www.wfp.org/publications/2020-global-report-food-crises>.

¹⁰⁰ Creta, Zara. "Ethiopia Plans to Close Eritrean Refugee Camp despite Concerns." *Aljazeera*, April 19, 2020. <https://www.aljazeera.com/news/2020/04/ethiopia-plans-close-eritrean-refugee-camp-concerns-200417165129036.html>.

¹⁰¹ UNHCR. "Weekly Operational Update," May 8, 2020.

¹⁰² UNHCR. "Weekly Operational Update," May 8, 2020.

¹⁰³ Interview with UNICEF WASH expert, May 29, 2020.

¹⁰⁴ UNICEF. "Mitigating the impacts of COVID-19 and menstrual health and hygiene." April 2020

¹⁰⁵ "As migrants return to Ethiopia, social workers show they're essential to COVID-19 response" Accessed June 17, 2020. <https://www.unicef.org/coronavirus/migrants-return-ethiopia-social-workers-show-theyre-essential-covid-19-response>

¹⁰⁶ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

¹⁰⁷ UNICEF Ethiopia. "Menstrual Hygiene in Ethiopia – the Importance of Including Boys in the Discussion," May 30, 2017. <https://unicefethiopia.org/category/programmes/wash-programmes/>.

especially negative consequences for adolescent girls, as menstrual hygiene interventions are associated with fewer school absences in particular for students between grades 7 and 11.¹⁰⁸

2.5 Reduced access to sexual and reproductive health services

2.5.1 Description of impact

With health systems under stress, access to sexual and reproductive health services may also decrease due to diversion of resources to cope with the outbreak and generally overwhelmed health facilities and workers. This impact is also channelled through measures to contain the pandemic. For example, schools and gender clubs offer girls protection from child marriage. School closures will bar adolescent girls from accessing these services, in addition to menstrual hygiene goods and services that are delivered through schools.¹⁰⁹

This impact will disproportionately affect women and girls. There is already anecdotal evidence pointing to an increase in, sexual violence, child marriages, as well as violence against children and women during the crisis.¹¹⁰ Reduced access to reproductive healthcare (such as contraception) will likely aggravate this situation and result in a rise in teenage pregnancies, as well as unattended births, which are associated with increased maternal and infant mortality.

2.5.2 Baseline and early signs of impact in Ethiopia

The coverage and quality of adolescent and youth reproductive health services is limited. Contraceptive use among sexually active 15 to 19-year old women was only 7.4% in 2016. 36.5% of married couples in the same age group used modern family planning methods as of 2019.¹¹¹

According to the 2016 EDHS, knowledge about STD prevention and contraception use was very low, in particular among populations with lower incomes and those living in rural areas.¹¹² The 2019 Mini DHS confirmed that women not currently using any form of contraception amounted to 50% of those surveyed in urban areas, while in rural areas it amounted to almost 62%.¹¹³

Travel restrictions imposed to contain the spread of COVID-19 are placing additional barriers to access sexual and reproductive health (SRH) services, for instance, by forcing pregnant women to give birth at home. The availability of ambulances is also limited, which further limits access to SRH, especially for households living farther away from healthcare facilities. Other women are also more reluctant to access health services for fear of contagion given the lack of PPE available to health workers.^{114 115}

Some of the impacts of the pandemic are being recorded already. For instance, there was a 6.4% decrease in contraceptive update during March 2020, as well as a reduction in antenatal care.¹¹⁶

¹⁰⁸ Belay, Shewaye, Anne K. Sebert Kuhlmann, and L. Lewis Wall. "Girls' Attendance at School after a Menstrual Hygiene Intervention in Northern Ethiopia." *International Journal of Gynecology & Obstetrics* 149, no. 3 (2020): 287–91. <https://doi.org/10.1002/ijgo.13127>.

¹⁰⁹ Interview with UNICEF gender expert, May 28, 2020.

¹¹⁰ Interview with UNICEF gender expert, May 28, 2020.

¹¹¹ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019.

¹¹² UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019.

¹¹³ Ethiopian Public Health Institute, Federal Ministry of Health. "Ethiopia Mini Demographic and Health Survey," 2019.

¹¹⁴ Marks, Simon. "COVID-19 Limits Force Ethiopian Mothers to Give Birth at Home | Voice of America - English." Voice of America, April 10, 2020. <https://www.voanews.com/science-health/coronavirus-outbreak/covid-19-limits-force-ethiopian-mothers-give-birth-home>.

¹¹⁵ UNFPA ESARO. "Ethiopia's Midwives Grapple with COVID-19 While Ensuring Safe Delivery," April 22, 2020. <https://esaro.unfpa.org/en/news/ethiopias-midwives-grapple-covid-19-while-ensuring-safe-delivery>.

¹¹⁶ UNFPA, UNICEF, WHO. "Continuity of Essential Health Services During COVID-19 Pandemic in Ethiopia" May 2020.

2.5.3 Overall assessment of vulnerability

Overall assessment

Sexual and reproductive health services are crucial for preventing the spread of other communicable diseases such as HIV, as well as preventing maternal and infant mortality. Women and girls stand to lose the most from the reduction or loss of access to SRH services, in particular those who are already in a vulnerable position.

People with lower incomes, those living in rural or remote areas, and especially pregnant women and girls are particularly vulnerable to the negative health effects of losing access to healthcare. Pregnant women are already suffering these consequences as quarantine measures and transport bans limit their access to critical SRH services, like antenatal care and skilled births. Adolescent girls are likewise affected by school closures, which can block them from accessing menstrual hygiene services.

A protracted crisis, along with an economic downturn could also have dire consequences for sexual and reproductive health outcomes. Lack of economic and education opportunities for women and girls are closely associated with their sexual and reproductive well-being. Economic distress could lead to an increase in child marriages and other coping mechanisms that negatively affect sexual and reproductive health.

These considerations, combined with unencouraging indicators at the baseline, suggest a high level of vulnerability to shocks in sexual and reproductive health.

Description of vulnerability factors

Factors	Description
Pre-existing scarcity of healthcare facilities/ Pre-existing lack of access to care due to physical distance (-)	COVID-19 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. ¹¹⁷ These limitations are most strongly felt in highly rural regions like Afar and Somali where distance to facilities and availability of transportation can constitute significant barriers to access. ¹¹⁸
Overloaded facilities in densely populated areas (-)	The government has recognized that the system is at risk of being overwhelmed if the country gets a significant amount of COVID-19 cases, although that has not happened yet. ¹¹⁹ Densely populated areas would then be at the highest risk of suspending regular services in favour of coping with the COVID-19 case load.
Prevalence of conservative or religious beliefs leading to unfavourable attitudes	Gender and social norms in specific groups are highly important in driving the incidence of harmful practices (such as female genital mutilation and child marriages) and reducing the adoption of safe sexual health and reproductive practices. ¹²⁰ Poor exposure to health information or mass media, male dominance in decision making, husbands' influence, fear of modern health

¹¹⁷ Marks, Simon. "COVID-19 Limits Force Ethiopian Mothers to Give Birth at Home | Voice of America - English." Voice of America, April 10, 2020. <https://www.voanews.com/science-health/coronavirus-outbreak/covid-19-limits-force-ethiopian-mothers-give-birth-home>.

¹¹⁸ Jalu, Moti Tolera, Abdurehman Ahmed, Abdiwahab Hashi, and Alula Tekilu. "Exploring Barriers to Reproductive, Maternal, Child and Neonatal (RMNCH) Health-Seeking Behaviours in Somali Region, Ethiopia." *PloS One* 14, no. 3 (2019).

¹¹⁹ Wuilberg, Emeline. "How Ethiopia's Health Minister Is Preparing for COVID-19." *news.trust.org*. Foundation Thomson Reuters, May 4, 2020. <https://news.trust.org/item/20200504172943-5mjaz/>.

¹²⁰ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

Factors	Description
towards family planning (-)	practices, and general preference for traditional or religious healers are also important factors barring access to SRH resources. ^{121,122}
Lack of adolescent-friendly sexual and reproductive health services (-)	Adolescents often lack access to friendly SRH services and information, which makes them especially vulnerable to the negative health impacts of the crisis. According to the 2016 EDHS 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. ¹²³ Only one quarter of females of ages 15-19 and one third of males of the same age had had comprehensive knowledge of HIV. Recent research underscored the important role of SRH programming that targets adolescents for increasing their uptake of SRH services. ¹²⁴
Prevalence of child marriages and pregnancies (-)	Child marriage rates are still highly prevalent in Ethiopia with the latest national estimate reaching 40%. Child marriages and pregnancies have already increased as a result of the crisis as they take the role of economic coping mechanisms. ¹²⁵ Prevalence of early marriages are also associated to lower access to SRH and increase the vulnerability of both mothers and new-borns. ¹²⁶
Lack of access to personal protective equipment (PPE) (-)	While significant efforts are being made to procure and distribute adequate PPE to healthcare workers, shortages are still present. This is an obstacle for workers who are not adequately protected and equipped to continue providing these services in a safe manner. ¹²⁷
Access to educational and economic opportunities, particularly for women and girls (+)	Out-of-school adolescent girls constitute one of largest groups of individuals who migrate from rural to urban areas and thus increase their own vulnerability to sexual violence. ¹²⁸ Young, less-educated migrants from rural areas have been identified to be less well informed about family planning, and are thus at a higher risk of contracting STDs or experiencing unplanned pregnancies. ¹²⁹ School enrolment and higher educational attainment is conversely associated with higher awareness and uptake of SRH resources. ¹³⁰ Additionally, schools serve as a protection mechanism for girls. Access to education discourages child marriage, and teachers act as role models for girls and play a role in providing sexual education. ¹³¹

¹²¹ Jalu, Moti Tolera, Abdurehman Ahmed, Abdiwahab Hashi, and Alula Tekilu. "Exploring Barriers to Reproductive, Maternal, Child and Neonatal (RMNCH) Health-Seeking Behaviours in Somali Region, Ethiopia." PLoS One 14, no. 3 (2019).

¹²² Binu, Wakgari, Taklu Marama, Mulusew Gerbaba, and Melese Sinaga. "Sexual and Reproductive Health Services Utilization and Associated Factors among Secondary School Students in Nekemte Town, Ethiopia." Reproductive Health 15, no. 1 (April 17, 2018).

¹²³ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

¹²⁴ Abraham, Gelila, Kiddus Yitbarek, and Sudhakar Narayan Morankar. "Determinants of Adolescents Reproductive Health Service Utilization in Ethiopia: A Systematic Review of Quantitative Evidence." Adolescent Health, Medicine and Therapeutics 10 (April 18, 2019).

¹²⁵ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

¹²⁶ Binu, Wakgari, Taklu Marama, Mulusew Gerbaba, and Melese Sinaga. "Sexual and Reproductive Health Services Utilization and Associated Factors among Secondary School Students in Nekemte Town, Ethiopia." Reproductive Health 15, no. 1 (April 17, 2018).

¹²⁷ UNFPA, UNICEF, WHO. "Continuity of Essential Health Services During COVID-19 Pandemic in Ethiopia" May 2020.

¹²⁸ Erulkar, Annabel, Girmay Medhin and Lemi Negeri. 2017. The Journey of Out-of-School Girls in Ethiopia: Examining Migration, Livelihoods, and HIV. Addis Ababa: Population Council.

¹²⁹ UNDP. "National Human Development Report 2018: Ethiopia | Human Development Reports," December 17, 2018. <http://hdr.undp.org/en/content/national-human-development-report-2018-ethiopia>.

¹³⁰ Abraham, Gelila, Kiddus Yitbarek, and Sudhakar Narayan Morankar. "Determinants of Adolescents Reproductive Health Service Utilization in Ethiopia: A Systematic Review of Quantitative Evidence." Adolescent Health, Medicine and Therapeutics 10 (April 18, 2019).

¹³¹ Interview with UNICEF gender expert, May 28, 2020.

Factors	Description
Access to (and ability to afford) private health facilities (+)	Previous studies have shown that an important percentage of the population accessed SRH services through private health facilities. ¹³² If public hospitals are overwhelmed due to the pandemic, access to private health facilities could enable population in the higher wealth quintiles to continue accessing SRH services.

Outline of most exposed groups

People with lower incomes

Evidence shows that adolescent girls and women in economic emergencies adopt coping strategies including transactional sex and child marriage.¹³³ Additionally, adolescents in the lowest wealth quintiles (15-19) have the highest rate of teenage pregnancy at 24%¹³⁴, which also indicate their vulnerability to the lack of access to the sexual health resources.

Furthermore, only 46.3% of women in the lowest wealth quintile received antenatal care in the previous 5 years, according to recent mothers surveyed in the 2019 mini EDHS. While 95% of women in the highest wealth quintile had access to that service. Similarly, the difference in percentage of births delivered by a skilled provider is stark, at 22% in the lowest quintile and 87% for the highest quintile.

Women and girls, especially those living in rural or remote areas

Adolescent girls living in rural areas are particularly vulnerable to reduced access to SRH. They are more likely to become sexually active than their urban counterparts (11.4% vs 3%) and they are also more likely to begin having children before the age of 20 than their peers in urban areas (14.8% vs 4.9%).

A 2017 study of girls in six regions found that domestic workers and rural girls had the lowest levels of HIV knowledge, at 8% and 10% respectively.¹³⁵ This highlights the importance of SRH programming for these particular groups. As of 2019, the percentage of women receiving antenatal care from a skill provider was much lower in rural areas (70%) than in urban areas (85%).

Pregnant women

In addition to the factors mentioned above, pregnant women's access to care is already being affected by quarantine measures, which are forcing some to give birth at home. Furthermore, evidence suggests that women's demand for antenatal, delivery, and postnatal care services has already declined, allegedly due to fear of contracting coronavirus.¹³⁶ Healthcare personnel have also expressed concerns about their inability to protect themselves – as well as mothers and new-borns – while providing these health care services.¹³⁷

Children in street situations and institutionalised children

Children in street situation do not have the information, skills, health services, and support they need to navigate sexual development through adolescence. Sex trade is a common survival mechanism for children living in the street.

¹³² Binu, Wakgari, Taklu Marama, Mulusew Gerbaba, and Melese Sinaga. "Sexual and Reproductive Health Services Utilization and Associated Factors among Secondary School Students in Nekemte Town, Ethiopia." *Reproductive Health* 15, no. 1 (April 17, 2018).

¹³³ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019.

¹³⁴ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019.

¹³⁵ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019.

¹³⁶ UNFPA, UNICEF, WHO. "Continuity of Essential Health Services During COVID-19 Pandemic in Ethiopia" May 2020.

¹³⁷ UNFPA ESARO. "Ethiopia's Midwives Grapple with COVID-19 While Ensuring Safe Delivery," April 22, 2020. <https://esaro.unfpa.org/en/news/ethiopia-midwives-grapple-covid-19-while-ensuring-safe-delivery>.

Not only are children in the streets more vulnerable to unwanted physical violence and exploitation, pregnancies, rapes, and STIs, but they also face higher barriers to access SRH services.¹³⁸

As a response to this group's vulnerability to Covid-19, authorities have been rounding up these children to prevent them from contracting and spreading the virus. Over 4,100 of them have already been placed in shelter. There are however questions surrounding the voluntary removal of children from the street, and their ability to leave.¹³⁹

While children in street situation often come from rural areas where they have a family, reunification efforts are currently on hold due to the pandemic. The quality and nature of institutions where children are being sheltered is also not uniform. Institutionalised children still face a risk of being neglected as it is not clear whether they are able to access the services, including SRH, that they need.¹⁴⁰

2.6 Deteriorated mental health and psychosocial wellbeing

2.6.1 Description of impact

While COVID-19 will primarily impact people's physical health, the disease itself, as well as the measures governments take to contain it, also have negative impacts on people's mental health.

The crisis in general can lead to higher levels of mental stress due to the anxiety resulting from the loss of family members and the worsening economic situation. At the same time, quarantine measures also have side effects including increased boredom and frustration, as well as anxiety resulting from the inability to see family members and other connections. Children and young people might suffer by not being able to play or meet their peers. In the most dramatic cases, children's mental wellbeing can be further impacted by the loss of caregivers, which has tangible mental health effects as it results in children's increased exposure to distress, neglect, and violence. Finally, COVID-19 survivors are likely to suffer from long-lasting mental issues, including PTSD and stigma resulting from a poor understanding of the virus.

Despite these negative consequences, the focus of immediate public health responses will likely be on the actions needed to cope with the pandemic's physical health implications. Less attention will be paid to mental health, especially given the limited availability of resources. Moreover, if individuals are expected to pay out of their pockets for mental health services, they might be unable or reluctant to seek out treatment for economic reasons, besides the fear of stigma which is normally associated with mental health issues.

2.6.2 Baseline and early signs of impact in Ethiopia

It is estimated that 25 million Ethiopians suffer some form of mental disorder¹⁴¹, while 15% of all Ethiopians (around 16 million) are affected by major mental illnesses or substance abuse disorders.¹⁴² Less than 10% of these citizens receive treatment and fewer than 1% receive

¹³⁸ Habtamu, Demelash, and Addisie Adamu. "Assessment of Sexual and Reproductive Health Status of Street Children in Addis Ababa." Research Article. *Journal of Sexually Transmitted Diseases*, December 26, 2013. <https://doi.org/https://doi.org/10.1155/2013/524076>.

¹³⁹ "Ethiopia Moves Children from Streets to Shelters to Slow Coronavirus." *Reuters*, June 12, 2020. <https://www.reuters.com/article/us-health-coronavirus-ethiopia-children-idUSKBN23J00D>.

¹⁴⁰ Interview with UNICEF gender expert, May 28, 2020.

¹⁴¹ "Mental Health Services in Ethiopia – Ethiopian Psychiatric Association," July 2018. <http://www.epanets.org/2018/07/19/mental-health-services-in-ethiopia/>.

¹⁴² WHO. "WHO | Mainstreaming Mental Health in Ethiopia." April 2016. http://www.who.int/mental_health/mhgap/ethiopia_story_2016/en/.

specialist care. There are only 63 psychiatrists in Ethiopia, the majority of which are concentrated in large cities.¹⁴³ Therefore, only one quarter of government health facilities include a mental health and psychosocial support service of any kind.¹⁴⁴

In 2016, depression alone accounted for 6.2% of total years lived with disabilities. People suffering from mental health disorders are heavily disadvantaged as they are more likely to be unemployed, face higher risk of food insecurity, and they constitute an economic burden on families that is even higher than for households with persons suffering from chronic physical illnesses. Neuropsychiatric disorders have been estimated to account for 5.8% of the disease burden.¹⁴⁵

Ethiopia Growth and Transformation Plan II (2016-2020) identifies people with mental and physical disabilities among priority population groups who should receive special support.¹⁴⁶ However, mental health care services remain scarce. This is a combination of relatively low priority given to it, and the low awareness and demand for mental health care. While Ethiopia has pushed towards providing universal health coverage, including mental health, many are still at risk of being left behind as service coverage and financial protection for people with mental disorders are limited. 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.¹⁴⁷

Treatment of mental illnesses is often carried out by religious or traditional healers, as families attribute severe mental illnesses to supernatural causes like punishment by God, possession by evil spirits, and bewitchment. Due to this and other factors, the mentally ill continue to face discrimination and stigma.¹⁴⁸ People with mental illnesses are often denied employment, promotion, education, and housing, and some are even denied the opportunity to vote, get married and have a family.

2.6.3 Overall assessment of vulnerability

Overall assessment

The shocks of the COVID-19 pandemic go well beyond physical health. The disease itself leads to mental health shocks by creating anxiety and fear, but the emergency measures that are being imposed to combat the spread of the virus intensify the negative effects on mental health.

People with lower incomes and children – in particular those living in institutions, or already suffering from mental or physical illnesses – are among the most vulnerable groups. Similarly, migrants and otherwise displaced populations are vulnerable as they are already facing higher levels of psychological stress. The extent of the impact of the crisis on these groups will be largely determined by two key factors: the capacity of the health system to provide mental health services, and the severity and duration of the measures taken to contain the spread of the disease.

¹⁴³ “Mental Health Services in Ethiopia – Ethiopian Psychiatric Association,” July 2018. <http://www.epanets.org/2018/07/19/mental-health-services-in-ethiopia/>.

¹⁴⁴ “Taking Stock of Children’s Mental and Psychosocial Wellbeing in Ethiopia during COVID-19.” Accessed May 4, 2020. <https://www.unicef.org/ethiopia/stories/taking-stock-childrens-mental-and-psychosocial-wellbeing-ethiopia-during-covid-19>.

¹⁴⁵ A longitudinal comparative analysis of economic and family caregiver burden due to bipolar disorder. Zergaw A, Hailemariam D, Alem A, Kebede D Afr J Psychiatry (Johannesbg). 2008 Aug; 11(3):191-8.

¹⁴⁶ UNICEF and Ministry of Finance. “National Situation Analysis of Children and Women in Ethiopia,” 2019.”

¹⁴⁷ Hanlon, Charlotte, Atalay Alem, Crick Lund, Damen Hailemariam, Esubalew Assefa, Tedla W. Giorgis, and Dan Chisholm. “Moving towards Universal Health Coverage for Mental Disorders in Ethiopia.” *International Journal of Mental Health Systems* 13 (February 25, 2019). <https://doi.org/10.1186/s13033-019-0268-9>.

¹⁴⁸ “Ethiopia’s Mentally Ill Stay in the Shadows.” Accessed May 4, 2020. <https://www.aa.com.tr/en/africa/ethiopias-mentally-ill-stay-in-the-shadows/1344078>.

While the first factors are fixed in the short run, the second factor could change depending on choices made by the authorities, the development of the pandemic in the country, how strictly the rules are enforced, and how severe the negative economic impacts are. This is highly relevant for children who are deprived (to varying degrees) of their basic rights to play, socialize, and learn.

In the medium term, it is likely that the population will continue to experience psychological pressure related to the COVID-19 crisis, resulting from the economic crisis and general anxiety, as well as from the discrimination against those who contract the disease. Considering that access to mental health services is already extremely limited, the ability to cope with additional pressure is likewise limited. The level of vulnerability is therefore assessed as high.

Description of vulnerability factors

Factors	Description
Poverty level (-)	<p>People under economic distress are more prone to be in situations that threaten their mental health. For instance, children engaged in child labour are more likely to develop mental development problems resulting from working long hours, missing education opportunities and being subject to relations that are exploitative in nature.¹⁴⁹</p> <p>A study conducted in Ethiopia by Ohio State University between 16-21 of March already showed signs of increased mental stress and anxiety due to the crisis and associated measures taken by the government. 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. Additionally, two thirds of respondents indicated they did not have a room where COVID-19 suspects could be isolated.¹⁵⁰</p> <p>While this impacts the population as a whole, households in the lowest socioeconomic strata are most likely to be affected. Access to all forms of healthcare in Ethiopia is dictated by families' ability to afford it. This is supported by multiple points of evidence, including a 2019 survey of physicians found that 97% of encountered patients who could not afford treatment¹⁵¹, and out-of-pocket expenditures make up around 30% of yearly health expenditures in Ethiopia.</p>
Pre-existing mental health issues (-)	<p>Persons suffering of other mental health issues often suffer from stigma and discrimination. Such households tend to be excluded or marginalized from community support and assistance, and may be further neglected during the pandemic.¹⁵²</p>
Access to a strong support network (+)	<p>Strong support networks are associated with better quality of life outcomes. Conversely, social isolation is associated with higher levels of psychological distress. Increased isolation is one of the logical results of quarantine measures, therefore a strong support network, whether through family members at home or through the wider community, can help mitigate its negative side effects.¹⁵³</p>

Outline of most exposed groups

People with lower incomes

People in the lower income brackets are most affected by economic uncertainties, as the crisis might threaten their abilities to fulfil basic necessities like food and medicines.

¹⁴⁹ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

¹⁵⁰ Khdor, Adele. "Taking Stock of Children's Mental and Psychosocial Wellbeing in Ethiopia during COVID-19." UNICEF, April 28, 2020. <https://www.unicef.org/ethiopia/stories/taking-stock-childrens-mental-and-psychosocial-wellbeing-ethiopia-during-covid-19>.

¹⁵¹ Miljeteig I, Defaye FB, Wakim P, Desalegn DN, Berhane Y, Norheim OF, et al. (2019) Financial risk protection at the bedside: How Ethiopian physicians try to minimize out-of-pocket health expenditures. PLoS ONE 14(2).

¹⁵² "Ethiopia's Mentally Ill Stay in the Shadows." Accessed May 4, 2020. <https://www.aa.com.tr/en/africa/ethiopias-mentally-ill-stay-in-the-shadows/1344078>.

¹⁵³ Portugal, Flávia Batista, Mônica Rodrigues Campos, Celina Ragoni Correia, Daniel Almeida Gonçalves, Dinarte Ballester, Luis Fernando Tófoli, Jair de Jesus Mari, et al. "Social Support Network, Mental Health and Quality of Life: A Cross-Sectional Study in Primary Care." *Cadernos de Saúde Pública* 32, no. 12 (2016).

Children and young people

Most children, including adolescents, in Ethiopia are living with restrictions of movement.¹⁵⁴ This increases the risk that children will be exposed to gender-based violence and other forms of violence, such as physical, sexual, and emotional violence. Evidence from Jianli County in Hubei province, China shows that reports of domestic violence to the police tripled during the lockdown in February.¹⁵⁵

Data from the multi-country Young Lives longitudinal study, of which Ethiopia is a part, shows that violence against children, largely in the form of physical punishment and emotional abuse, is prevalent and normalized. Physical punishment is more often experienced than emotional abuse.^{156,157}

Ethiopia's health infrastructure is not well prepared to cope with the mental health consequences of the crisis in general and for children and young people in particular. Few government health facilities include mental health services, and almost none of the services are specific to children. There is only one qualified Child and Adolescent Psychiatrist in the country.¹⁵⁸

Female adolescents are also at risk of experiencing anxiety and depression as a result of sexual harassment, risks of sexual violence and child marriage, and early pregnancy.¹⁵⁹ Lastly, children with disabilities are particularly vulnerable to psychological distress. For example, children in the autism spectrum can be frustrated when their daily routines are disrupted.¹⁶⁰

Children in street situation and children in institutions

Children in street situations are particularly vulnerable to mental stress and disorders. In Ethiopia, children in street situation live in general deprivation and are prone to become daily victims of violence, exploitation, and abuse. Drug use, stress, and depression are common experiences, and they are socially isolated.¹⁶¹ As a response to the crisis, authorities have started efforts to place these children in shelters or institutions to prevent the spread of the virus among them.¹⁶²

It is not entirely clear whether these children are being taken to these institutions with consent, and whether they are able to leave at their own will. This in and of itself could be a source of psychological pressure for these children.¹⁶³ While institutions provide children with access to food, clothes, shelter, and healthcare services, they are not an adequate permanent solution. It is also not clear whether they provide a safe and supportive environment. The possibility that institutionalised children fall into neglect still exists. Not all facilities provide the same quality of services, therefore it is also not clear whether institutionalised children have access to counsellors or other mental health professionals.¹⁶⁴

¹⁵⁴ Fore, Henrietta, and Zeinab Hijazi. "COVID-19 Is Hurting Children's Mental Health. Here's How to Help." World Economic Forum, May 1, 2020. <https://www.weforum.org/agenda/2020/05/covid-19-is-hurting-childrens-mental-health/>.

¹⁵⁵ "COVID-19 and the Rise of Gender-Based Violence." International Planned Parenthood Federation, April 22, 2020. <https://www.ippf.org/blogs/covid-19-and-rise-gender-based-violence>.

¹⁵⁶ UNICEF, National Situation Analysis of Women and Children in Ethiopia, 2019.

¹⁵⁷ Nardos Chuta, Virginia Morrow, Alula Pankhurst and Kirrily Pells, 2019. Understanding Violence Affecting Children in Ethiopia: a Qualitative Study, August 2019. Oxford: Young Lives.

¹⁵⁸ "Taking Stock of Children's Mental and Psychosocial Wellbeing in Ethiopia during COVID-19." Accessed May 4, 2020. <https://www.unicef.org/ethiopia/stories/taking-stock-childrens-mental-and-psychosocial-wellbeing-ethiopia-during-covid-19>.

¹⁵⁹ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

¹⁶⁰ World Health Organization. "Disability Considerations during the COVID-19 Outbreak," March 2020.

¹⁶¹ Chimdessa, Ayana, and Amsale Cheire. "Sexual and Physical Abuse and Its Determinants among Street Children in Addis Ababa, Ethiopia 2016." *BMC Pediatrics* 18, no. 1 (September 19, 2018): 304.

¹⁶² "Ethiopia Moves Children from Streets to Shelters to Slow Coronavirus." *Reuters*, June 12, 2020. <https://www.reuters.com/article/us-health-coronavirus-ethiopia-children-idUSKBN23J00D>.

¹⁶³ "Ethiopia Moves Children from Streets to Shelters to Slow Coronavirus." *Reuters*, June 12, 2020. <https://www.reuters.com/article/us-health-coronavirus-ethiopia-children-idUSKBN23J00D>.

¹⁶⁴ Interview with UNICEF gender expert, May 28, 2020.

People already suffering discriminatory behaviour, such as disabled people, or those with chronic illnesses

As mentioned above, people with pre-existing conditions such as the disabled and chronically ill already face discrimination and stigma, which are associated with increased levels of psychological stress. Additionally, this group also faces additional difficulties complying with social distancing measures because of additional support needs. Depending on underlying health conditions, chronically ill people might also be at greater risk of developing a severe case of COVID-19.¹⁶⁵ Consequently, this group is at a higher risk of worsening mental health due to increased anxiety and frustration.

Refugees and asylum seekers, IDPs, and people on the move

Migrant and displaced populations are already under disproportionate psychological pressure. They have undergone perilous journeys to leave Ethiopia and many have also experienced detention in countries they were attempting to reach.¹⁶⁶ The limited infrastructure and services available to them has been already overstretched by Ethiopia's large IDP population of approximately 1.74 million.¹⁶⁷ This group also includes recent returnees, such as more than 9,400 migrants sent back to Ethiopia from Saudi Arabia, Djibouti, Sudan, among others countries, the majority of which are children.¹⁶⁸ COVID-19 also creates new challenges reintegrating returnee children into their communities, as they required to be quarantined, which can be a source of further stigma in the community.¹⁶⁹

The increase in returnees also puts additional pressure on child protection and case management personnel. This includes those assessing the vulnerability of returnees, providing basic psychosocial support (and referrals if more specialised support is needed), and family tracing and reunification efforts.¹⁷⁰

2.7 Worsened child nutrition outcomes

2.7.1 Description of impact

The crisis' economic consequences as well as emergency measures are all likely to take a toll on children's nutrition, mainly due to the economic consequences of the crisis and the emergency measures put in place to control the spread of the pandemic. Children in poor households will be particularly impacted by the suspension of school lunch programs (either due to quarantine measures, due to lack of resources, or due to the lack of an established alternative food delivery service). Furthermore, the suspension of nutrition programmes including those concerning micronutrient supplementation, growth monitoring and promotion, and rehabilitation of malnourished children could further impact the nutrition outcomes of the most vulnerable children. Similarly, and related to the points previously discussed under primary healthcare, access to treatment for wasting will also be impacted. Nutrition will also be affected by the increase in food insecurity resulting from lost incomes and disruptions in food chains (food security is discussed

¹⁶⁵ World Health Organization. "Disability Considerations during the COVID-19 Outbreak," March 2020.

¹⁶⁶ "Heightened risks as thousands of migrants return to Ethiopia amid the coronavirus pandemic" Accessed June 17, 2020. <https://www.unicef.org/ethiopia/stories/heightened-risks-thousands-migrants-return-ethiopia-amid-coronavirus-pandemic>

¹⁶⁷ "Taking Stock of Children's Mental and Psychosocial Wellbeing in Ethiopia during COVID-19." Accessed May 4, 2020. <https://www.unicef.org/ethiopia/stories/taking-stock-childrens-mental-and-psychosocial-wellbeing-ethiopia-during-covid-19>.

¹⁶⁸ International Organization for Migration. "IOM Ethiopia Assists Hundreds of Returning Migrants in COVID-19 Quarantine Sites," April 28, 2020. <https://www.iom.int/news/iom-ethiopia-assists-hundreds-returning-migrants-covid-19-quarantine-sites>.

¹⁶⁹ "As migrants return to Ethiopia, social workers show they're essential to COVID-19 response" Accessed June 17, 2020. <https://www.unicef.org/coronavirus/migrants-return-ethiopia-social-workers-show-theyre-essential-covid-19-response>

¹⁷⁰ "As migrants return to Ethiopia, social workers show they're essential to COVID-19 response" Accessed June 17, 2020. <https://www.unicef.org/coronavirus/migrants-return-ethiopia-social-workers-show-theyre-essential-covid-19-response>

further as a specific economic impact of the crisis). In addition to these factors, caring practices at home are also likely to deteriorate as household's livelihoods come under pressure.

2.7.2 *Baseline and early signs of impact in Ethiopia*

Over recent years, Ethiopia has made unprecedented gains in child nutrition rates, particularly for stunting. The national prevalence of chronic malnutrition in children under 5 years old was 58% in 2000, and declined to 37% by 2019. Similarly, wasting (acute malnutrition) declined from 12% in 2000 to 7% in 2019.¹⁷¹ While this highlights significant progress, these rates are still higher than the average estimate for Africa as a whole, which is around 30%, and malnutrition is still responsible for about 50% of infant deaths in Ethiopia.

The situation takes a particular toll on children, with anaemia affecting 56.9% of children aged 6-59 months and 67.8% of children in the lowest wealth quintile as of 2016. Child malnutrition is still estimated to contribute to over 50% of all infant deaths in Ethiopia.¹⁷²

There are important regional disparities in nutritional outcomes with Tigray, Afar, Amhara, and Benishangul-Gumuz among the worst performing and Addis Ababa, Gambella, and Dire Dawa among the best performers.¹⁷³ Furthermore, measures aiming at closing this gap, such as nutrition services delivered at community level through the Health Extension Programme, do not reach all regions as the program does not cover Somali. Furthermore, 26 million Ethiopian children who were enrolled in schools are now at home due to school closures, which also means they no longer have access to school feeding programs.¹⁷⁴

2.7.3 *Overall assessment of vulnerability*

Overall assessment

The baseline nutrition statistics suggests that the situation is rather fragile as the country has recently experienced shocks to nutritional outcomes. UNICEF Ethiopia has estimated increase in children's' wasting caseload by 24 percent due to COVID-19. This will have implications on the number of children to be treated and will require advocacy with donors for additional USD 3.8 million funding to procure Ready to Use Therapeutic Food (RUTF).¹⁷⁵

Child nutrition is likely to be further impacted by the crisis through various channels. First, the suspension of nutrition-related programming including nutrient supplementation, growth monitoring and rehabilitation of malnourished children. Second, measures to contain the crisis will disrupt food supply chains, leading to an increase in food prices, increasing the vulnerability of food insecure populations. Third, the closure of schools will deprive children from accessing school feeding programs.

In this context, people with lower incomes, pastoral communities, informal workers, populations in border areas, and refugees and migrants are at a higher level of vulnerability. These populations have both poorer nutritional outcomes already and are also less able to cope with these shocks, which makes their situation more critical.

Certain populations benefit from factors that enhance resilience, such as maintaining access to nutrition-related health services, and having access to adequate WASH. Moreover, the government

¹⁷¹ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

¹⁷² UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

¹⁷³ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

¹⁷⁴ UNICEF. "Ethiopia COVID-19 Situation Report No.7," May 5, 2020.

¹⁷⁵ UNICEF, "Budget Brief, Health Sector Updated with national data for 2017/18. 2020"

is already taking measures to re-start the disrupted school feeding program. Nevertheless, the Covid-19 shock is negatively impacting access to healthcare services and WASH. Taking this into consideration, as well as other factors aggravating food insecurity in the country, such as the desert locusts invasion, the overall vulnerability level is assessed as high.

Description of vulnerability factors

Factors	Description
Poverty level (-)	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%. Similar patterns are also observed for wasting. ¹⁷⁶ This highlights the vulnerability of children in poor households to additional shocks, whether in the form of suspended nutrition programs or higher food prices.
Food insecurity (-)	The number of food insecure people in Ethiopia is forecasted to increase to up to 8.5 million in mid-2020. ¹⁷⁷ Food security is directly related to nutrition outcomes, particularly in areas where citizens rely on subsistence-agriculture-based economy and lack other sources of income or alternative coping mechanisms. ¹⁷⁸ Households that are food insecure will be more acutely impacted by the crisis as their diets are likely to be inadequate already. Additionally, food aid programmes already face major obstacles in targeting and reaching vulnerable populations. ¹⁷⁹
Quality of WASH (+)	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. ¹⁸⁰ 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. ¹⁸¹ Urban communities are affected favourably as they have easier access to safe drinking water.
Access to healthcare (+)	As households are affected by nutrition shocks, access to critical healthcare services such as micronutrient supplementation, growth monitoring and promotion, and rehabilitation of malnourished children can allow households, and children in particular, to cope with the shocks. ¹⁸²

Outline of most exposed groups

People with lower incomes

As highlighted above, lower incomes are one of the biggest determinants of nutritional outcomes in Ethiopia.

Rural/Pastoralist communities

Pastoral zones are overly sensitive to shocks related to food security. This includes rises in food prices, draughts and other related phenomena. Recently, lower-than-expected seasonal rains, followed by floods have killed livestock and increased animal diseases, which have correspondingly made these communities more vulnerable.¹⁸³ Additionally, being harder to reach, these populations

¹⁷⁶ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

¹⁷⁷ Global Network Against Food Crisis, and Food Security Information Network. "2020 - Global Report on Food Crises | World Food Programme," 2020. <https://www.wfp.org/publications/2020-global-report-food-crises>.

¹⁷⁸ Central Statistical Agency, and UNICEF. "Multidimensional Child Deprivation in Ethiopia: First National Estimates," 2016.

¹⁷⁹ Global Network Against Food Crisis, and Food Security Information Network. "2020 - Global Report on Food Crises | World Food Programme," 2020. <https://www.wfp.org/publications/2020-global-report-food-crises>.

¹⁸⁰ Global Network Against Food Crisis, and Food Security Information Network. "2020 - Global Report on Food Crises | World Food Programme," 2020. <https://www.wfp.org/publications/2020-global-report-food-crises>.

¹⁸¹ Ethiopian Public Health Institute. "Ethiopian National Micronutrient Survey Report," September 2016.

¹⁸² World Food Programme. "WFP's Additional Recommendations for the Management of Maternal and Child Malnutrition Prevention and Treatment," April 2, 2020.

¹⁸³ Global Network Against Food Crisis, and Food Security Information Network. "2020 - Global Report on Food Crises | World Food Programme," 2020. <https://www.wfp.org/publications/2020-global-report-food-crises>.

also face higher difficulties and discrimination in accessing health and nutrition services.¹⁸⁴ Children in the Afar, Amhara, and Tigray regions are especially susceptible to these shocks as malnutrition rates are particularly high in these settings.¹⁸⁵

Informal workers

Workers migrating from rural to urban areas who rely on informal activities as a main source of income are often forced to consume less food or poor-quality food.¹⁸⁶ Negative economic shocks will particularly affect the nutrition of those workers whose incomes are affected by the crisis.

Populations in border areas

Populations in border areas are vulnerable to shocks resulting from disruptions to the production and supply of food. As trade of perishable food products will be affected disproportionately, these populations are most likely to suffer from reduced access to adequate nutrition.¹⁸⁷ Even households who rely heavily on self-sustenance still depend on food purchases to supplement a large portion of their caloric intake. This further underscores the importance of trade for ensuring access to adequate nutrition.¹⁸⁸

Food insecure communities

Rates of nutrition deprivation are highest for Afar and Somali, regions with a large proportion of rural populations and who are hit hardest by droughts.¹⁸⁹ Most recently, the desert locusts plague will potentially drive one million people, chiefly in Somali, Oromia, and Dire Dawa city into food insecurity.¹⁹⁰

Households with children under 5 are particularly vulnerable. 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 2020.¹⁹¹ Trade disruptions, disruption of nutrition services, climate change, and generally worsened economic conditions resulting from the COVID-19 crisis are likely to amplify the vulnerability of these populations.¹⁹²

Refugees, IDPs, people on the move, and children in street situation

Shortages in staple food and challenges with nutrition and food assistance are linked to the undernourishment of children, as well as pregnant and lactating mothers living in IDP camps.¹⁹³

33 % of 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.¹⁹⁴

Additionally, these populations will be further exposed to the disease as access to basic services are hindered due to control measures, movement restrictions, border closures and discriminatory

¹⁸⁴ Government of Ethiopia, OCHA. "Ethiopia Humanitarian Response Plan 2020." OCHA, January 28, 2020.

¹⁸⁵ Global Network Against Food Crisis, and Food Security Information Network. "2020 - Global Report on Food Crises | World Food Programme," 2020. <https://www.wfp.org/publications/2020-global-report-food-crises>.

¹⁸⁶ Seleshi, S., B. A. Alemu, and Munir A. Hanjra. "Informal Sector Employment, Food Security and Vulnerability of Households in Addis Ababa, Ethiopia," 2013. <https://cgspage.cgiar.org/handle/10568/37228>.

¹⁸⁷ Scaling Up Nutrition. "COVID-19 and Nutrition: SUN Movement Information Note," April 8, 2020.

¹⁸⁸ Sibhatu KT, Qaim M (2017) Rural food security, subsistence agriculture, and seasonality. *PLoS ONE* 12(10): e0186406. <https://doi.org/10.1371/journal.pone.0186406>.

¹⁸⁹ UNICEF and Ministry of Finance. "National Situation Analysis of Children and Women in Ethiopia," 2019."

¹⁹⁰ "Ethiopia: Desert Locusts Drive One Million to Food Insecurity | FAO in Ethiopia | Food and Agriculture Organization of the United Nations." FAO. April 13, 2020. <http://www.fao.org/ethiopia/news/detail-events/en/c/1270924/>.

¹⁹¹ UNFPA, UNICEF, WHO. "Continuity of Essential Health Services During COVID-19 Pandemic in Ethiopia" May 2020.

¹⁹² High-Level Panel of Experts on Food Security and nutrition (HLPE). "Interim Issues Paper on The Impact of COVID-19 on Food Security and Nutrition (FSN)." FAO, March 24, 2020.

¹⁹³ World Food Programme. "Ethiopia Annual Country Report 2019: Country Strategic Plan 2019-2020," 2019.

¹⁹⁴ Global Network Against Food Crisis, and Food Security Information Network. "2020 - Global Report on Food Crises | World Food Programme," 2020. <https://www.wfp.org/publications/2020-global-report-food-crises>.

access to services.¹⁹⁵ According to the SENS report, food assistance for refugees was also inadequate, creating food gaps for up to 17 days a month.¹⁹⁶

Children in street situation will likewise be heavily impacted, as they already present high levels of thinness and stunting.¹⁹⁷ 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.¹⁹⁸

2.8 Summary assessment

In this chapter we have assessed the vulnerability of Ethiopia to a number of impacts related to various aspects of health, nutrition, and WASH, with a focus on women, children, and vulnerable groups.

Based on the baseline data across a number of indicators, Ethiopia is relatively vulnerable to potential health shocks. Based on the vulnerability factors explored in this chapter, Ethiopia is particularly vulnerable to:

- **Reduced access to healthcare**, especially, people affected by the disease, elderly people, and people already subject to stigma;
- **Interruption of and lower access to vaccination and other preventative care services**, especially for those living in areas prone to disease outbreaks;
- **Reduced access to sexual and reproductive healthcare**, especially pregnant women, and children in street situation, as well as those institutionalised;
- **Deteriorated mental health and psychosocial wellbeing**, in particular populations living in unstable living conditions, such as refugees, IDPs, children in street situation, children on the move, and children living in institutions;
- **Reduced access to WASH**, especially populations who lack access to safe and reliable water, such as refugees, IDPs, and other populations on the move, as well as those living in informal urban settlements.
- **Worsened child nutrition outcomes**, in particular communities that already food insecure, populations in border areas, as well as those with precarious living conditions, such as refugees, IDPs, people on the move, and children in street situation.

In addition to the groups mentioned above, people with lower incomes, those living in rural areas, those living in informal settlements in urban areas, and those with pre-existing conditions such as disabilities or chronic illnesses are most vulnerable across all negative health impacts.

Health		
Healthcare access	Vaccinations and other preventative care	Sexual and reproductive health
High	High	High
Mental health and psychosocial support	Access to WASH	Child nutrition outcomes
High	High	High

¹⁹⁵ UNICEF. "Ethiopia COVID-19 Situation Report No.2," April 10, 2020.

¹⁹⁶ Global Network Against Food Crisis, and Food Security Information Network. "2020 - Global Report on Food Crises | World Food Programme," 2020. <https://www.wfp.org/publications/2020-global-report-food-crises>.

¹⁹⁷ Daba, Derese Bekele, Tamrat Shaweno, Kefyalew Taye Belete, and Abdulhalik Workicho. "Magnitude of Under Nutrition and Associated Factors Among Adolescent Street Children at Jimma Town, South West Ethiopia." Nutrition and Dietary Supplements, February 24, 2020

¹⁹⁸ "Ethiopia Moves Children from Streets to Shelters to Slow Coronavirus." *Reuters*, June 12, 2020. <https://www.reuters.com/article/us-health-coronavirus-ethiopia-children-idUSKBN23J00D>.

3 Assessment of vulnerability in the welfare and social cohesion area

3.1 Introduction

In this area we include impacts of COVID-19 and related measures on access to education, the delivery of social protection schemes and social services to vulnerable groups, the respect of human rights and overall social cohesion.

3.2 Worsened educational outcomes for girls and boys

3.2.1 Description of impact

This impact is related to the fact that boys and girls are penalized in their educational outcomes due to school closures required by COVID-19 related measures. Difficulty in access to education may result in learning gaps but also eventually in dropping out from school in the long term. Having to take up care responsibilities, particularly for girls, can lead to withdrawing from school. A mitigating measure has been so far distance learning which, however, somehow increases inequalities of access. Finally, movement restrictions may have effects on the availability of teachers in remote areas where it is already an issue.

3.2.2 Baseline and early signs of impact in Ethiopia

As reported in the UNICEF National Situation Analysis on women and children in Ethiopia, about 27 million children are enrolled in about 40,000 primary and secondary schools. Enrolment has increased over the last years at all levels of schooling, and the gender divide is narrowing. However, there is a low transition rate from primary to secondary school for both boys and girls. This is due to both demand factors - high dropout rates across the primary cycle (less than 6 out of 10 learners complete primary education) - and supply factors - the much smaller number of secondary schools relative to primary schools (ratio of 1:10). Furthermore, persistent challenges contribute to low student learning outcomes and the sub-optimal development of foundational and transferable skills¹⁹⁹.

More specifically, the national statistics 2018/2019 provide the following information²⁰⁰:

Primary education

The Gross Enrolment Ratio for grades 1-8 was 104.6%. This shows that nationally there are more children in primary grades than there are children between 7 and 14. It indicates that children younger than 7 and older than 14 are enrolling into primary schools. There was wide regional variation, with Afar having the lowest GER at 56.9%. Gambella, Ethiopia-Somali and Addis Ababa have very high GERs (148.2%, 135.0% and 121.3% respectively).

Grade 1-8 dropout rates were at 17.5% in 2017/2018. This means that many children join in grade 1 and then leave the education system within the next year.

¹⁹⁹ UNICEF, National Situation Analysis of Women and Children in Ethiopia, 2019.

²⁰⁰ Federal Ministry of Education, Education Statistics Annual Abstract, 2011 E.C. (2018/19).

The Government pays attention to learning outcomes, but they remain well below national targets. In grade ten, the share of students that achieved an average score of 50% across the five core subjects (mathematics, English, physics, chemistry, biology) stood at 23% in the 2014/2015 assessment. In the same assessment, only 3% achieved 75% or above in their average score²⁰¹.

Secondary education

The national Gross Enrolment Ratio of secondary grades is 32.0%, which indicates that nationally there are many children who are not completing primary education and proceeding to secondary education. There are wide regional variations, with Addis Ababa having the highest GER at 87.6%, followed by Gambella and Tigray with 65.0% and 42.9% respectively.

Impact of Covid-19 so far

In Ethiopia, schools have been closed from 16 March 2020, and nearly 25 million pre-primary, primary, secondary, and tertiary-level learners are staying at home²⁰².

The Ministry of Education has encouraged home schooling, including through radio and television lessons, to reach out to those families without internet access. However, access to electricity is not available everywhere. Ownership of a TV set by the poor is very low.

While private schools, especially in urban areas, have adopted some forms of distance learning through internet and different apps such as telegram, public schools have not done it so much, according to local expert observations²⁰³.

3.2.3 Overall assessment of vulnerability

Overall assessment

Although at the federal level Ethiopia has improved several education indicators and has some know-how and technological capacity to mitigate the negative impact of school closures, this might not be enough to mitigate the risk of widening the educational level gaps between the poorer and the wealthier regions of the country. During school closures, the limited access to internet, radio and television, together with the limited parental capacity and skills, may seriously hamper the effectiveness of home-schooling solutions.

Furthermore, there might be challenges in the post-emergency phase, when schools will be reactivated. WASH facilities are insufficient in many schools and this may create a further incentive for parents not to send children to school. Especially in rural areas, this might add up to incentives to employ children in farming work or care work, instead. Parity between girls and boys is not yet achieved in education and there is the risk of increasing gender inequality. Finally, the supply and distribution of educational materials is another vulnerable spot that might be put under stress by a Covid-19 related disruptions of supply chains.

Besides children living in rural areas, two groups who need special attention are children with special educational needs and refugee children. For them, access to education is already more difficult and they may remain out of reach of mitigating solutions during school closures. They also risk being neglected in the subsequent phase if resources are concentrated in general education.

²⁰¹ Government of Ethiopia, Education Sector Development Program V (ESDP V) 2008 - 2012 E.C. - 2015/16 - 2019/20 G.C.

²⁰² Dawit Tibebe Tiruneh. "COVID-19 school closures may further widen the inequality gaps between the advantaged and the disadvantaged in Ethiopia" *UKFIET, The Education and Development Forum*. April 21, 2020. <https://www.ukfiet.org/2020/covid-19-school-closures-may-further-widen-the-inequality-gaps-between-the-advantaged-and-the-disadvantaged-in-ethiopia/>.

²⁰³ Ibidem.

The improvement of teachers' recruitment, retention and development were clear needs recognised by the national education strategy before Covid-19. Skills in the use of distance learning methods and multimedia, together with suitable equipment, need now to be paid even more attention. There is limited room to decrease the pupil-teacher and pupil-section ratio, and the level of motivation of teachers also needs to be kept high as more efforts are demanded to them.

*All this considered, and given the numerous challenges affecting Ethiopia's education's system, the level of vulnerability to this impact is considered **HIGH**.*

Description of vulnerability factors

Factors	Description
Electricity and/or internet access (+)	<p>Access to distance learning is hampered by the low access to electricity and internet.</p> <ul style="list-style-type: none"> • 44.3% of the Ethiopian population had access to electricity in 2017 (31% in rural areas)²⁰⁴; • In December 2019, 17.8% of the population used internet²⁰⁵.
Availability of adult supervision (+)	<p>One obstacle to home schooling during the closure of schools is the fact that parents have not always been to school themselves. The adult literacy rate for Ethiopia was as low as 52% in 2017, with women and emerging regions having even lower rates²⁰⁶. This ratio is still relatively low despite the remarkable progress made since 2005, when it was 29.8%²⁰⁷. Even if they have some degree of literacy, they cannot sufficiently support their children for the subject matter has got more complex. Furthermore, some parents might not have time for home schooling as they are working; in large families, -parents might be unable to pay attention to all children, and orphan children or children otherwise separated by their parents do not have a caretaker to follow them. On the other hand, children might be requested to help parents in farming work in rural areas or perform care work at home – a cause of dropouts in normal times which can be even more relevant when schools are closed.</p>
Textbook production and distribution chains (+)	<p>The production and distribution of educational materials is an issue receiving attention in Ethiopia²⁰⁸. Movement restrictions between the capital and the remotest regions and disrupted international and national supply chains might create further logistical issues negatively impacting the quality of education also when schooling resumes.</p>
Teacher's ability to use distance learning methods (+)	<p>In general, the vast majority of teachers have proper teaching qualifications, except in Somali and Afar. However, the teachers' curriculum does not necessarily include distance learning. The possibility of continuing education at a distance is also affected by the Pupil-Teacher Ratio (PTR), as following larger classes is more challenging than following smaller groups:</p> <ul style="list-style-type: none"> • The national PTR was in 2018-2019 39 for grades 1-8 (49 for the first cycle and 31 for the second cycle). With the exception of Somali where it is at 73, all regions achieved a primary PTR of below 50. all regions have achieved a primary PTR of below 50, as dictated by the government standards; • The PTR in secondary grades was 24 in 2018/2019; In Ethiopia-Somali, the PTR is disproportionately higher.

²⁰⁴ World Bank. "Access to electricity, rural (% of rural population) – Ethiopia" The World Bank Group. <https://data.worldbank.org/indicator/EG.ELC.ACCS.RU.ZS?locations=ET>

²⁰⁵ Internet World Stats. "Usage and Population Statistics". <https://www.internetworldstats.com/africa.htm#et>.

²⁰⁶ World Bank. "Literacy rate, adult total (% of people ages 15 and above)". The World Bank Group. <https://data.worldbank.org/indicator/SE.ADT.LITR.ZS>.

²⁰⁷ Knoema. "Ethiopia - Adult (15+) literacy rate" <https://knoema.com/atlas/Ethiopia/topics/Education/Literacy/Adult-literacy-rate>.

²⁰⁸ Government of Ethiopia, Education Sector Development Program V (ESDP V) 2008 - 2012 E.C. - 2015/16 - 2019/20 G.C.

Factors	Description
	<p>Teachers' distance learning skills are also enhanced by practice with multimedia education at school. This requires access to electricity and availability of equipment. Concerning the availability of multimedia teaching, about 78.7% of secondary schools have computers available, but around 23% of the computers are not functional. Secondary schools in Addis Ababa are the most connected to the internet (76%), followed by Harari and Dire Dawa, whereas internet availability nationally covers only 21.5% of the total secondary schools. On a positive side, it can be noted that Ethiopia has a network of Colleges for Teacher Education that has been strengthened in the context of international projects (ex. GEQIP) and can be used to enhance teachers' ability to use multimedia and distance learning. There has been some effort, before Covid-19, to promote distance learning through radio programmes, that are more accessible than internet-based learning tools. English language interactive radio instruction programmes have been developed by the Centre for Educational Information and Communication Technology.</p>
<p>Preparedness of schools to comply with hygiene and social distancing measures</p>	<p>One requirement for the reopening of schools under the Covid-19 crisis is the possibility of keeping social distancing in classrooms teaching and the availability of handwash facilities.</p> <p>In this respect, it can be observed that (data 2018-2019):</p> <ul style="list-style-type: none"> • Nationally the Pupil-Section Ratio (PSR) is at 53 for grades 1-8 and it is higher in the first cycle compared to the second cycle. Somali, Afar and Oromia have the biggest variation between cycles, and Somali has the highest pupil section ratio at 92 for primary and 109 for first cycle; • In primary education, only 27% of school have access to water nationally; • In secondary education, 84% of the schools have access to water. ²⁰⁹

Outline of most exposed groups

Children on the move

The primary GER of refugee children is lower. In 2018-19, it was 67.25% overall – 54.91% for girls and 78.59% for boys²¹⁰.

Girls

There are inequalities in access to education for girls especially in the emerging regions. The national Gender Parity Index in primary education is currently at 0.90. The current figures are influenced by the high result in Addis Ababa of 1.15, which shows that more females are attending school than males. The lowest GPI is in Ethiopia-Somali at 0.77. The dropout rate of girls is not higher than the dropout rate of boys. The National GPI target has been missed, and GPI has decreased since baseline²¹¹. For secondary education, the Gender Parity Index is at 0.87; it has not improved with respect to 2013 when it was at 0.91. It ranges from 1.10 in Addis Ababa to 0.69 in Somali and 0.70 in Afar.

Children from underserved areas

Somali, Oromia and Afar appear to be the regions with weaker educational system, according to the different indicators.

²⁰⁹ Federal Ministry of Education, Education Statistics Annual Abstract, 2011 E.C. (2018/19).

²¹⁰ Ibidem.

²¹¹ Ibidem.

Children with disabilities

Children with disabilities have already very limited access to education to which further penalisation due to school closure will add up. Only 11% of children with disabilities are enrolled in primary education, and only 2.8% are enrolled in secondary education²¹².

3.3 Worsened living conditions for people with disabilities

3.3.1 *Description of impact*

This impact is related to the fact that people with disabilities who are already normally limited in their daily life and depend on formal or informal caregiver support as well as on impairment aids, may have their living condition further worsened during COVID-19. This effect may materialise because of the restrictions on contacts with professional caregivers (contact professions such as physiotherapists), of the unavailability of informal caregivers or the closure of day-care centres and services. Access to impairment aids might worsen in relation to the general slowing down of other health care activities to concentrate efforts on the epidemic. Impairment aids needing to be imported might also suffer of disruptions of supply chains.

3.3.2 *Baseline and early signs of impact in Ethiopia*

It is estimated that approximately 7.8 million people (just under 10% of the total population) live with some form of disability in Ethiopia²¹³. People with disabilities (PwD) benefit from very limited support beyond the care of their family and are often unable to even leave their houses. The infrastructure in urban areas is not PwD friendly (roads, elevators) and support from an accompanying person is often needed, which is costly and unaffordable for many. Mental disabilities hardly receive any support.

Employment opportunities available to PwD are mostly limited to sheltered work, handicraft works and petty trade, which do not ensure adequate income level to sustain a decent living standard. A study in Oromia region, for instance, found that 55% of the surveyed persons with disabilities depend on family, neighbours and friends for their living, while the rest generate meagre income through self-employment, begging and providing house maid services.²¹⁴ Accessibility of services and infrastructure is not systematically ensured. As a result, the almost totality of PwD live in poverty (95%)²¹⁵.

Schools and health facilities in Ethiopia are not well equipped (both in human and material terms) to accommodate children with disabilities and other learning difficulties. Similarly, health facilities are not well equipped to admit and care for the most vulnerable²¹⁶.

The living conditions of PwD are particularly difficult in rural areas. There, PwD are often secluded at home, for fear of stigma and exclusion on the part of their families. Distance and transportation are more of an issue in rural areas. Urban environments grant PwD some more access to physical aids and appliances and access to education (although often in specialised schools). Associations and agencies supporting PwD are also mainly concentrated in urban areas.

²¹² Ibidem.

²¹³ UNICEF, National Situation Analysis of Women and Children in Ethiopia, 2019.

²¹⁴ ILO, [Inclusion of people with disabilities in Ethiopia Fact Sheet](#).

²¹⁵ National Plan of Action of Persons with Disabilities (2012-2021), Ministry of Labour and Social Affairs, April 2012, Addis Ababa.

²¹⁶ National Social Protection Strategy of Ethiopia, Ministry of Labour and Social Affairs, February 2016.

Ethiopia has ratified the UN Convention of the Rights of Persons with Disability (UNCRPD) in 2010. A National Plan of Action of Persons with Disabilities (2012-2021) has been adopted by the government²¹⁷. The expansion of services for PwD is part of the National Social Protection Strategy of Ethiopia adopted in 2016²¹⁸.

3.3.3 Overall assessment of vulnerability

Overall assessment

People with disabilities, especially older people, women and children, and residents from rural areas, already face difficult living conditions and poverty and risk to be further marginalised and impoverished. This is due to the stigma they are already associated with and because of the additional mobility challenges brought about by Covid-19. This may happen during the emergency phase but also afterwards. The economic downturn will likely affect their already meagre employment opportunities. Companies might become less willing to spend on adjustment of workplaces. Also, informal economy activities might be negatively affected by a decrease in demand for household services or handicraft products, for instance. Even the education of children with disabilities risks to lose priority as the general educational system is challenged.

The response to Covid-19 can count on a number of CSOs which are active in supporting PwD and advocating their rights, including those of women with disabilities; however, these organisations are mostly present in urban areas. The availability of unconditional cash transfers for PwD through PNSP also represents an important form of support.

In light of the above considerations, the level of vulnerability to this impact is assessed as **high**.

Description of vulnerability factors

Factors	Description
Lack of availability of services and impairment aids	Services and impairment aid for disabled people are scarcely available in rural areas and available to a limited extent in urban areas. PwD often count on associations, charities to get these services and aids ²¹⁹ . Some of these organizations also cover the various regions and fewer also the emergent regions (ex. Ethiopian Centre for Disability and Development (ECDD) and the Ethiopian National Association of The Deaf (ENAD) ²²⁰).
More limited access to media	According to the local association Together!, most persons with disabilities in Ethiopia are being excluded from information campaigns on Covid-19 because “most of the messages and platforms are in formats and via [electronic] channels that persons with disabilities have limited access to,” namely, television, radio, social media and telephone messages ²²¹ .
Difficult access to transportation	Accessibility of transportation is not systematically guaranteed in Ethiopia. This makes mobility of PwD from rural areas even more difficult, including for accessing health care facilities ²²² .

²¹⁷ National Plan of Action of Persons with Disabilities (2012-2021), Ministry of Labour and Social Affairs, April 2012, Addis Ababa.

²¹⁸ National Social Protection Strategy of Ethiopia, Ministry of Labour and Social Affairs, February 2016.

²¹⁹ For instance: “Improved Wheelchair Access for People with Disabilities (PWD)” NGO Aid Map: <https://ngoaidmap.org/projects/3733>.

²²⁰ Ethiopian National Disability Action Network (ENDAN): <https://endanethiopia.org/membership/>.

²²¹ Paul Kimumwe. “Why Access to Information on Covid-19 is Crucial to Persons with Disabilities in Africa” *CIPESA*, April 13, 2020 <https://cipesa.org/2020/04/why-access-to-information-on-covid-19-is-crucial-to-persons-with-disabilities-in-africa/>.

²²² M.H. Sedeto and M.J. Daar, Socio-Economic Challenges of Persons with Disabilities: A Case Study of Ethiopia Global Journal of human-social science: C Sociology & Culture Volume 19 Issue 1 Version 1.0 Year 2019.

Factors	Description
Presence of community groups and organizations keeping a support network in place (+)	The Ethiopian National Disability Action Network (ENDAN) encompasses 25 organizations working on disability in Ethiopia ²²³ .
Presence of projects and programs (+)	The 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 (in the form of cash transfer or food) in return for participation in public works. As an additional mechanism called "Direct Support", certain groups of beneficiaries receive unconditional cash transfers. Among these groups are persons with disabilities ²²⁴ . Some organizations of disabled people carry out projects for the employment inclusion of PwD in the area of employment inclusion and TVET ²²⁵ . Also, ILO has supported the government in this area. ²²⁶ Figures above do not include the temporary support to over 550 thousand additional households in 27 cities through UPSNP that government and WB provide as a response to Covid-19 for three months and the top up provided by UNICEF for the existing 60,000 UPSNP households.

Outline of most exposed groups

Women

Negative stereotypes relating to both gender and disability contribute to the exclusion of women with disabilities from support services, social and economic opportunities and participation in community life. All of these factors also contribute to their social isolation and marginalization²²⁷.

Older people

Nearly a third of PwDs are over 50 years old in Ethiopia implying causal relationship between old age and disability²²⁸. Older age exposes to disability to a large extent, while also being a risk factor for Covid-19.

Children

Children are also considered a discriminated category among PwD in Ethiopia²²⁹. The access to special needs education is so far limited for them (see also: education fiche).

Low income people who cannot resort to private market for services or impairment aids that are not (or no longer) provided for free

As highlighted above, the large majority of PwD are poor and cannot therefore resort to private market for impairment aids. Those in rural areas are also less served by charities and public agencies.

²²³ Ethiopian National Disability Action Network (ENDAN): <https://endanethiopia.org/who-we-are/>.

²²⁴ Alemne Tadele, "Inclusion of persons with disabilities in European Union development cooperation mechanisms. A preliminary study of call for proposals in geographic and thematic instruments", Country Report – Ethiopia, September 2019.

²²⁵ Ethiopian National Disability Action Network (ENDAN): <https://endanethiopia.org/projects/ongoing/promoting-disability-inclusive-development-practice-in-key-socio-economic-sectors/>.

²²⁶ ILO, [Inclusion of people with disabilities in Ethiopia Fact Sheet](#).

²²⁷ Eleni, Niguse (2016). "Socio-Economic Challenges of Women with Disability: The Case of Women With Mobility disorder and Visual Impairment in Hager Tibeb Maderaja Derijit in Addis Ababa" Cit. in M.H. Sedeto and M.J. Daar, op. cit.

²²⁸ Yetneberish Niguse (2013). "General overview of Disability in Ethiopia", *ECDD*. Cit. in M.H. Sedeto and M.J. Daar, [Socio-Economic Challenges of Persons with Disabilities: A Case Study of Ethiopia](#). Global Journal of human-social science: C Sociology & Culture Volume 19 Issue 1 Version 1.0 Year 2019.

²²⁹ M.H. Sedeto and M.J. Daar, op. cit.

3.4 Increased exposure of women and children to violence, exploitation and abuse

3.4.1 Description of impact

When the population is requested to stay at home, there is an increase in domestic violence. Tensions within the household may be exacerbated by quarantine or confinement. In the long term, in presence of economic hardship, child labour and transactional sex may be used as a negative coping mechanism. Exploitation and abuse may increase and take advantage of the inexistence of alternative livelihoods. Some children may find themselves more vulnerable because they lose their caregivers to the pandemic.

3.4.2 Baseline and early signs of impact in Ethiopia

The levels of violence against women and children particularly in the domestic environment were already significant before Covid-19.

Physical or sexual violence against women

Overall, 26% of Ethiopian women age 15-49 have experienced either physical or sexual violence, or both. A worrisome trend detected in the initial phase of the Covid-19 crisis has been a decreased number of calls to various services by GBV victims, while in other countries the opposite happened²³⁰. The causes of this decrease are not clear, but it is reasonable to expect that an increase in time spent at home (even without a full lockdown) and a decrease of contacts with social support networks might have worsened the sense of isolation and fear of women to report intimate partner violence. Due to COVID-19, some women have not gone to the police immediately after the incident, in time to collect medical evidence and press charges against the perpetrator. They thought that such services were not available during the pandemic. As a result, many rape cases went unreported and many women have had to endure repeated violence²³¹.

Violence against children

Data from the multi-country Young Lives longitudinal study, of which Ethiopia is a part, shows that violence against children, largely in the form of physical punishment and emotional abuse, is prevalent and normalized. Physical punishment is more often experienced than emotional abuse.

3.4.3 Overall assessment of vulnerability

Overall assessment

A large share of women and children in Ethiopia are already frequently exposed to violence and abuse. Domestic violence is a phenomenon that affects at least one third of married women. Gender norms discourage denouncing the violence. One-stop centres have been created by the government, but a large majority of victims of violence do not seek help. It is also unlikely that they will reveal the violence to Covid-19 first responders if they are not adequately trained to gather their signals or no specific support system is provided. Prosecution is an important deterrent, which is why Ethiopian courts decided to treat domestic violence cases as urgent during the emergency phase.²³² Children are also likely to suffer from increased family tensions when family members stay at home more than usual, as corporal punishment is widespread. The closure of schools also means that an important element of the child protection system does not work. Community level social control mechanism that help preventing abuses, including child marriage, might become

²³⁰ UNWomen, "Policy Brief. COVID-19 and Ending Violence Against Women and Girls in Ethiopia", June 2020.

²³¹ UNWomen, [From where I stand: "Due to COVID-19 people were not going to the police"](#), 1 June 2020.

²³² Ethiopian Monitor, "COVID-19: Courts Start Handling Domestic Violence Charges as Urgent Cases" April 9, 2020: <https://ethiopianmonitor.com/2020/04/09/fed-courts-start-handling-domestic-violence-as-urgent-cases/>.

weaker. Teachers and other school-based support groups are not there for children and young people who have problems at home.

The situation is also subject to possible worsening due to the likely economic crisis that will follow the end of the emergency phase. In times of economic hardship for the household, children are expected to contribute to household chores and their refusal may trigger corporal punishment and other forms of abuse. Women are also expected to perform a number of heavy chores which might be more difficult in the post-pandemic phase and might face violence in case they do not succeed.

Under the initiative of their families, or under their own initiative, children, and girls in particular, might be further prompted to migrate to urban areas. There, they might be exploited as domestic labourers or sex workers, being further exposed to violence from their exploiters. Moreover, a large group of orphan children already live in precarious and exploitative conditions in Addis Ababa. Covid-19 related movement restrictions might find them homeless and deprived of protection from charities, when such protection exists. Furthermore, the worsened economic conditions might also affect their precarious livelihoods based on petty trade. The response to the presence of children in street situation under Covid-19 might consist of bringing them into large-scale institutions where their needs cannot be properly catered to.

Overall, the vulnerability of women and children to increased violence and abuse under Covid-19 is assessed as **High**.

Description of vulnerability factors

Factors	Description
Gender norms that stigmatize GBV victim	Overall, only 23% of women age 15-49 who have ever experienced any type of physical or sexual violence by anyone have sought help. Notably, 66% have never sought help nor told anyone about the violence. ²³³
Weakness of GBV response services (-)	<p>The 2010 Strategic Plan for an Integrated and Multi-Sectoral Response on Violence against Women and Children (VAWC) and Child Justice in Ethiopia has launched a number of actions aimed at providing a response to GBV, among which (data from CEDAW report 2017²³⁴):</p> <ul style="list-style-type: none"> • a Standard Operational Procedure (SOP) to standardize national preventive, protective and service provision amenities and ensure multi-sectoral coordination in support of women and children; • Child and women protection units in police stations responsible for handling cases of VAW; • A VAW investigation and prosecution team (Addis Ababa and Dire Dawa as well as in the regions) and child friendly and victim friendly benches within federal as well as regional courts; • Support systems for victims of VAW such as shelters, legal aid centres, and medical and psychosocial support services. Ten safe houses are located in Addis Ababa, Oromiya and Southern Nations, Nationalities and Peoples Regional State of Ethiopia (SNNPR); • One-stop service centres with Addis Ababa and Dire Dawa operating two centres and Oromiya Region three centres. Establishment of more one-stop service centres in other regional states is underway.

²³³ Ibidem.

²³⁴ CEDAW, Eighth periodic report submitted by Ethiopia under article 18 of the Convention, due in 2015, 21 November 2017.

Factors	Description
	However, is it assessed that the coverage of these services and their knowledge and use by women is still too limited.
First responders trained on how to handle disclosures of GBV (+)	The WHO supported Rapid response team in Ethiopia includes a team of professionals from Epidemiology/Surveillance, Laboratory, Case Management, IPC, and Risk Communication/Community Engagement. ²³⁵ A national hotline is available.
Community protection mechanisms (+)	Community protection mechanisms such as neighbours, friends, school-based support groups and teachers, are important to prevent and address domestic violence and abuse against women and children, including FGM. Covid-19 related measures may weaken such mechanisms.
Increased food insecurity where women are primary responsible for procuring and cooking food (-)	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. ²³⁶

Outline of most exposed groups

Women already exposed to intimate partner violence

34% of ever-married women age 15-49 have ever experienced physical, sexual, or emotional violence by their current husband/partner if currently married or most recent husband/partner if formerly married. 27% of ever-married women experienced physical, sexual, or emotional violence in the past 12 months either sometimes (20%) or often (7%).²³⁷

39% of ever-married women reported that their husbands/partners are jealous or angry if they talk with other men, 33% reported that their husbands/partners insist on knowing where they are at all times, 16% reported that their husbands/partners try to limit their contact with their families, 15% reported that their husbands/partners do not permit them to meet their female friends, and 13% reported that their husbands/partners frequently accuse them of being unfaithful.²³⁸

Children from low-income families where household members have lost their job/source of income

Increased poverty leads to greater expectations that children will contribute to the household economy. Corporal punishment may be used when children fail to fulfil their roles and responsibilities related to domestic or agricultural tasks. Girls in particular (although not exclusively) carry a heavy burden of domestic work, and are often expected to prioritize domestic work over school. Balancing household and school responsibilities can lead to a cycle of violence for girls at home and at school, as they are punished for under-performance in both locations. Boys, on the other hand, are often responsible for herding livestock, and experience violence when the livestock damage crops or are lost.²³⁹

²³⁵ World Health Organisation, "COVID-19 Preparedness Bulletin" WHO Ethiopia Country Office, February 14, 2020 <https://extranet.who.int/sph/docs/file/4124>.

²³⁶ CARE International, [Rapid gender analysis research report, March 2016](#).

²³⁷ Ibidem.

²³⁸ Ibidem.

²³⁹ Ibidem.

Children on the move

This group is especially exposed to violence and abuse and includes a variety of population consisting of child refugees, child asylum seekers, child IDPs and returnees from countries such as Yemen and Saudi Arabia, as well as girls who drop out of school and migrate from rural to urban areas.²⁴⁰

Domestic workers and caregivers

The presence of child domestic workers in Addis Ababa has been detected, with estimates of around 6500-7500 children involved in this activity. These are most often children who enjoy no rights and are not free to leave their employer's home²⁴¹.

Children left behind

The presence of children, for whom at least one parent currently lives abroad seems very limited with 73% of communities having less than 25 of these households according to a 2014 study. Their perception in the community is mostly neutral or positive.²⁴²

Orphan children, children living in institutions

Ethiopia counts one of the largest population of orphans in the world: 13% of children throughout the country are missing one or both parents. This represents an estimated 4.6 million children – 800,000 of whom were orphaned by HIV/AIDS.²⁴³

Girls, for child marriage and transactional sex

Increase in child marriages is likely given the persistence of child marriage. There has been notable progress in reducing this phenomenon, but there are still 40% of females aged 20-24 years married by age 18, and 14% married by age 15. Compared to progress over the past 10 years, progress will need to be six times faster if child marriage is to be eliminated by 2030.²⁴⁴ Survival sex is also a negative coping strategy that can be expected. It already involves girls from impoverished rural areas who are exploited in brothels, especially in Addis Ababa. 19,000 sex workers were estimated in Ethiopia in 2016.²⁴⁵

Boys, for child labour

Boys are easily exposed to exploitation through child labour. A 2015 National Labour Survey found that 24.2% of children aged 5-17 years (29.1 and 18.9% of male and female children, respectively) were engaged in child labour. Rural adolescent males are most likely to be involved in child labour.²⁴⁶

3.5 Increase in evictions

3.5.1 Description of impact

This impact consists of an increase in home evictions as a result of the outbreak and the related economic crisis. Landlords need rent to be paid in full during difficult times and might react more immediately against difficulties of tenants in paying rent due to loss of earnings. Moreover, the situation is compelling the extended family culture to change with some of the members of the

²⁴⁰ UNICEF, "National Situation Analysis of Women and Children in Ethiopia", 2019.

²⁴¹ Abiy Kifle, "Ethiopia Child Domestic Workers in Addis Ababa: A Rapid Assessment", July 2002, ILO: Geneva.

²⁴² Katie Kuschminder & Melissa Siege (2014), "A world in motion. Migration and development", Ethiopia country report. Maastricht: UNU MERIT.

²⁴³ Indrias Getachew. "Ethiopia: Steady increase in street children orphaned by AIDS" UNICEF, January 20, 2006. https://www.unicef.org/protection/ethiopia_30783.html.

²⁴⁴ UNICEF, "National Situation Analysis of Women and Children in Ethiopia", 2019.

²⁴⁵ http://onlinedb.unaids.org/gam/stock/shared/dv/PivotData_2018_7_22_636678151733621264.htm.

²⁴⁶ UNICEF, "National Situation Analysis of Women and Children in Ethiopia", 2019.

extended family returning to their rural roots. The increase in evictions poses additional risks as it can result in increased numbers of homeless people who are unable to stay at home and cannot access shelters and other services they normally rely on.

3.5.2 Baseline and early signs of impact in Ethiopia

The Ethiopian housing sector struggles in meeting housing needs. Demand for new housing far exceeds the pace of supply, with annual projected demand of 381,000, in addition to replacement housing. Government-led housing supply is unable to meet demand and is not affordable for the bottom 40% of the population. The affordable housing supply gap is filled by rental housing; 60% of households in large cities live in rental units²⁴⁷. Rents have seen skyrocketing increases over the last years²⁴⁸. Moreover, a large share of the population lives in informal settlements.

In addition to this situation, Addis Ababa municipal authorities have demolished dozens of homes belonging to day labourers in the month of April 2020, rendering an additional 1,000 people homeless. Most of these new homeless people were already highly vulnerable as they were casual labourers in construction sites that are no longer operational due to COVID-19 shutdowns.²⁴⁹

Simultaneously, the government has begun efforts to quarantine 22,000 homeless people residing in 11 major cities in the country. This is a recognition of the vulnerability of homeless people who are unable to adhere to the most basic virus-fighting measures.²⁵⁰

3.5.3 Overall assessment of vulnerability

Overall assessment

Availability of affordable housing in Ethiopia is an important issue. 60% of Ethiopians are living in rental housing. Prices have increased in the last years, due to growing unmet demand. Government programs to promote ownership have not succeeded in addressing the problem. In this context, rent increases could exacerbate an already difficult situation. The government has imposed a ban on evictions and rent increases during the Covid-19 emergency, but this will not last indefinitely. Moreover, even during the emergency peri-urban farmers and inhabitants of informal settlements are not being completely protected from evictions. Also, healthcare workers, among which many women, may find themselves in a difficult situation if their landlords do not want to rent them accommodations any more for fear of contagion. The same can also happen to Covid-19 ex-patients.

Overall, the vulnerability to this impact is assessed as **medium**.

Description of vulnerability factors

Factors	Description
Levels of tenant protection (+)	There are some attempts by government to moderate rents, however they have not been very successful as increases continue.

²⁴⁷ The World Bank, "Unlocking Ethiopia's Urban Land and Housing Markets. Urban Land Supply and Affordable Housing Study Synthesis Report", October 1, 2019.

²⁴⁸ Tesfaye Getnet. "Government to introduce rent control", Capital Ethiopia, July 16, 2018 <https://www.capitalethiopia.com/capital/government-introduce-rent-control/>.

²⁴⁹ Amnesty International. "Families in Addis Ababa, Ethiopia Forcefully Evicted and Homes Demolished amid COVID-19," April 29, 2020. <https://www.amnesty.org/en/latest/news/2020/04/ethiopia-forced-evictions-in-addis-ababa-render-jobless-workers-homeless-amid-covid19/>.

²⁵⁰ Tesfa-Alem, Teklen. "Covid-19: Ethiopia to Quarantine over 20,000 Street Dwellers." The East African, April 11, 2020. <https://www.theeastafrican.co.ke/news/ea/Covid-19--Ethiopia-to-quarantine-over-20-000-street-dwellers/4552908-5520764-7r9v08/index.html>.

Factors	Description
Existence of bans or moratoria on evictions under Covid-19 (+)	The government measures associated with the state of emergency also include a ban on evictions and a prohibition to raise housing rents. It is unclear how long this will be sustained and what will happen after the end of the state of emergency, and under economic distress conditions. Moreover, informal housing demolitions continue amid Covid-19 ²⁵¹ .

Outline of most exposed groups

Tenants with low income and unprotected jobs

The ban on rent increases will not last forever and low-income households will face difficulties in paying the rent. Among these, women-headed households, as well as households where there are PwD, are likely to be affected.

Health care workers

Health care workers may be evicted because associated with greater risk of being infected by Covid-19.

Peri-urban farmers

Several farmers in land surrounding Addis Ababa have been forced to leave their land in the context of real estate development taking place around the capital. Some of these farmers have not yet received compensation for land expropriation. Evictions have continued during Covid-19.

3.6 Interrupted access to social protection, such as cash transfers, school meals or other social safety net programs

3.6.1 Description of impact

This impact refers to the fact that access to existing social protection mechanisms might become more difficult during the Covid-19 crisis due to diversion of resources or disruption of delivery systems. This may be the case of cash transfers, especially when withdrawing cash in person by beneficiaries is required; also, in-kind support such as food transfers and school meals can become unavailable. Cash-for-work programs may be impossible to implement due to confinement or movement restrictions. Volunteers and social workers might become less available to distribute benefits and provide case management and referrals to social services. Donors might have more limited funding for support. Benefit levels might not be adequate to meet increased living costs.

3.6.2 Baseline and early signs of impact in Ethiopia

Social Protection programs

The most important social protection programme in Ethiopia is the Productive Safety Net Programme (PSNP). It is subdivided into the Rural Productive Safety Net Programme, 2015-2020 (referred to as PSNP 4) and the Urban Productive Safety Nets Programme (UPSNP).

The Rural Productive Safety Net Programme provides regular cash and food transfers to over 8 million chronically food-insecure people (2.5 million households) across 350 woredas in Afar, Amhara, Dire Dawa, Harar, Oromia, SNNP, Somali and Tigray. Support is provided for some groups in exchange for working on public projects during the lean season of the year (six months).

²⁵¹ Amnesty International. "Ethiopia: Forced evictions in Addis Ababa render jobless workers homeless amid COVID-19". April 29, 2020. <https://www.amnesty.org/en/latest/news/2020/04/ethiopia-forced-evictions-in-addis-ababa-render-jobless-workers-homeless-amid-covid19/>.

For other groups such as pregnant women, the elderly and people with disabilities it is provided without asking anything in exchange.

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. It employs a quota system (set number of enrolled households per woreda).

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. In non-CBHI woredas, the government is implementing an Indigent Health Fee Waiver system that waives user fees at public-sector facilities. There are also an Education Fee Waiver scheme and a National School Feeding Programme 2016-2020 that focuses on primary school children.

Finally, there are some projects which combine cash transfers through PSNP and UPSNP and social services. For instance, the Integrated Safety Net Programme (2017- 2022) implemented by MoLSA with UNICEF support and financial support from SIDA targets children and women living in ultra-poor and labour-constrained households of the UPSNP and PSNP 4.

Response to Covid-19²⁵²

On April 3, the Prime Minister's office announced a Covid-19 Multi-Sectoral Preparedness and Response Plan. This includes:

- US\$635 million for emergency food distribution to 15 million individuals vulnerable to food insecurity and not currently covered by the rural and urban Productive Safety Net programme (PSNPs) – effectively extending the PSNP across the territory;
- US\$430 million for health sector response under a worst-case scenario of community spread with over 100,000 COVID-19 cases of infection in the country, primarily in urban areas;
- US\$282 million for provision of emergency shelter and non-food items;
- The remainder 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.

On top of these disbursements, a 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.

Woredas are key to managing the emergency PSNP funds and other extra funds to ensure a quick response. According to a description of the PSNP there are two types of emergency funding:

- Contingency funds: These funds can be immediately released (usually as cash) to add people to the programme or increase the number of months people receive support;
- A Risk Financing Facility. This fund can be rapidly released if local conditions (rainfall, for example) are extremely bad and if contingency funds are exhausted.

The local government managed system allows an active and much faster response by Government than the traditional emergency response – this was the case, for example, of emergency food aid provided by the city of Addis Ababa²⁵³.

²⁵² UNCDF. "Ethiopian Government on the Forefront of COVID-19". April 16, 2020.
<https://www.uncdf.org/article/5528/ethiopian-government-on-the-forefront-of-covid-19>.

²⁵³ Ibidem.

3.6.3 Overall assessment of vulnerability

Overall assessment

The Productive Safety Nets Programme is a flagship social protection programme of Ethiopia. Although not immune to implementation issues, the programme's implementation benefits from a well-established delivery infrastructure. It is managed by the local government and thus not dependent on internationally staffed humanitarian organizations. This represents an important resilience factor for continuity of delivery under COVID-19. Movement restrictions at local level and suspension of transportation services could affect the logistics of food distribution. The limited access to the banking system and possible interruptions in the availability of WOFED cashiers could create bottlenecks. In addition, the development of accompanying social services in the ongoing pilot initiatives could be affected negatively by the need to concentrate more efforts and funding on the delivery of cash and in-kind benefits according to the mainstream program.

While the social protection infrastructure seems sufficiently decentralised and flexible to enable an adequate response, securing donor and government financing to cover both existing beneficiaries and an additional caseload that are vulnerable due to COVID-19 remains a considerable challenge. As of August 2020, there is an estimated 11.8 million²⁵⁴ people in need of cash and/or food transfers. This represents a large caseload currently not covered by existing safety nets, and will require substantive additional funding from both government and donors in order to leverage the existing safety net programmes. However, to date, additional financing has not been secured.

Moreover, there is the risk that some vulnerable groups, notably poor households in pastoralist communities, might not be sufficiently reached. Homeless people, and street children, might also be penalised by movement restrictions in urban areas and social distancing requirements. Children might be negatively affected by the interruption of school meals. There is the need to monitor the delivery of social protection measures to these specific groups.

Overall, the vulnerability to this impact is assessed as **low**.

Description of vulnerability factors

Factors	Description
Administratively heavy delivery systems (-)	A number of administrative issues in the implementation of PNSP have undermined the timeliness of cash transfers to beneficiaries. A 2018 Mission identified the following factors that contributed to the delay of transfers: (i) security problems in most parts of the country, (ii) leadership changes in Afar, Somali and Oromia regions which resulted in delayed payment approvals and overall program implementation, (iii) delay in funds transfer from regions to woredas in Afar and Somali regions, (iv) R-PASS rollout related issues in Amhara, Afar and Tigray regions.
Schemes requiring the performance of work that cannot be adjusted to new circumstances (-)	The support is normally provided in exchange for working on public projects, but exceptions are already being made for beneficiaries who are unable to work and in urban areas work is not required. There seems to be some room for flexibility in the programme.
Delivery through mobile money, e-vouchers /	Benefits in cash can be paid via Woreda Office of Finance and Economic Development (WOFED) cashiers, or electronically through payment service providers;

²⁵⁴ https://reliefweb.int/sites/reliefweb.int/files/resources/ethiopia_hrp_mid_year_review_2020_-_31_aug_final.pdf

Factors	Description
Systems requiring cash withdrawal or a paper voucher	food transfers can occur in-kind via distribution points or as food vouchers. ²⁵⁵ Some difficulties with E-payments have been encountered in the past.
Schemes requiring the physical presence of volunteers or social workers	Delivery of food in kind has suffered from the limited availability of transportation facilities at woredas, and of transporters not being interested to transport food due to low payment as per the EFY 2008 contract framework, and full food consignment not being dispatched to woredas ²⁵⁶ . Such logistical challenges could be affected by Covid-19.

Outline of most exposed groups

Children

School meals are a crucial tool for supporting the nutritional security of children. With the suspension of schooling, meals are also not provided. Transit centres hosting children in street situation might reduce their functioning, depriving this vulnerable group of essential support.

People with reduced mobility, like elderly people, people with disabilities, lactating and pregnant women

They represent a large part of the direct support target group of PSNP in rural and urban areas. Their limited mobility may make their enjoyment of social benefits more difficult.

Beneficiaries living in remote areas, who have to travel to withdraw their benefits

To receive PNSP benefits, beneficiaries have to travel to woreda capitals, or be able to receive e-payments.

The poorest pastoralist households in lowland areas (Afar, Somali) seem to suffer from inaccurate targeting, as in pastoralist communities wealthier people tend to receive social assistance as the poorest households. This is because traditional notions of 'fairness' in pastoralist settings mean that everyone in a community should benefit, regardless of wealth²⁵⁷.

3.7 Lowered population morale due to cancellation of religious ceremonies, weddings, funerals and other socially important events

3.7.1 Description of impact

This impact refers to the circumstance that, due to public health measures, important community and family celebrations such as religious ceremonies, weddings and funerals, or other socially important events, need to be cancelled. This can lower the morale of the concerned population and reduce an important source of family and community cohesion. The ban on public events may reinforce inequalities as long as there are private solutions (ex. private burial) that can be afforded by the well-off only.

²⁵⁵ <https://socialprotection.org/programme/productive-safety-net-programme-psnp>.

²⁵⁶ Productive Safety Net Programme Phase Four (PSNP-4& ERPSNP) Joint Review & Implementation Support Mission (JRIS) Federal Aide Memoire May 2019.

²⁵⁷ Ibidem.

3.7.2 Baseline and early signs of impact in Ethiopia

According to 2007 census data, 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%). Dominant Christian groups include Ethiopian Orthodoxy, Pentay and Roman Catholic.

3.7.3 Overall assessment of vulnerability

Overall assessment

Religious events such as funerals and weddings in Ethiopia are very important. The population has a high worship attendance rate and considers religion very important. The suspension of these ceremonies is therefore a likely cause of lowered morale.

On a positive note, Christian and Muslim religious authorities have shown a responsible attitude by organising broadcasted lectures and prayers and encouraging the population to pray at home and follow Covid-19 preventative measures. This responsible attitude might mitigate the most negative effects of the impossibility to celebrate religious rites and maintain some degree of cohesion among and between religious communities. This might be truer for urban areas where there is better access to television.

Overall, the vulnerability to this impact is assessed as **medium**.

Description of vulnerability factors

Factors	Description
Expected negative consequences for individuals and families from absence of proper celebration of wedding and funerals (-)	There are no specific consequences expected but funerals and weddings are important in social and community life.
Level of worship attendance (-)	Ethiopian Orthodox Christians are considerably more religiously observant than Orthodox Christians living in Europe and those living in the United States. 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. ²⁵⁸
High death toll of COVID-19 (-)	There were five death due to Covid-19 reported in Ethiopia on 18.5.2020 ²⁵⁹ .
Attitude of religious and community leaders (+/-).	Prime Minister Abiy Ahmed-led government directed four government-run TV stations to reserve prime time slots for the Christian and Muslim leaders to deliver lectures and lead prayers. Ethiopian law did not allow religious programs on national television. The Inter-Religious Council of Ethiopia (IRCE), established in 2010 to promote tolerance and address common concerns, was roped in to help believers to continue prayers from their homes and engage them in the fight against Covid-19. Director-General of Ethiopian Broadcast Authority Getachew Dinku said the shows are reaching 60%-70% of the population who have TV sets. Dinku, who is also a member

²⁵⁸ Pew Research Center. "Orthodox Christianity in the 21st Century" (Chapter 2), November 8, 2017. <https://www.pewforum.org/2017/11/08/orthodox-christians-are-highly-religious-in-ethiopia-much-less-so-in-former-soviet-union/>.

²⁵⁹ Ministry of Health Ethiopia. "Notification Note on COVID-19 Situational Update" May 18, 2020. https://www.ephi.gov.et/images/novel_coronavirus/confirmed-case-Press-release_May-18-Eng-V3.pdf.

Factors	Description
	of the National Coronavirus Campaign Committee, said they have suggested a code of conduct to prevent unnecessary competition and negative messages ²⁶⁰ .

Outline of most exposed groups

This impact affects the entire society and communities as a whole, although those whose social life depends more from face-to-face than online connections may be affected to a greater extent. This might be the case for **older people, women and rural communities**.

3.8 Increased social tensions, discrimination and stigma of persons perceived to be affiliated with the disease

3.8.1 Description of impact

This impact refers to the possible increase in social tensions around the diffusion of Covid-19, related to avoidance and discriminatory behaviours towards people who are considered affiliated with the disease. These might be the sick themselves, their families, or health workers. Sometimes entire ethnic groups may be accused of transmitting the disease becoming object of social stigma, hate speech and crimes, bullying and discrimination. Such prejudices might be augmented by the spread of rumours and fake news on the social media.

3.8.2 Baseline and early signs of impact in Ethiopia

Since the first cases of COVID-19, sporadic cases of intimidation related to the stigmatization of foreigners and non-local Ethiopians in field locations have been reported. There has been mounting pressure on the Ethiopian airlines to stop flying to China and the idea that foreigners are sources of the disease has gained space. Prime Minister Abiy has made a public appeal to the Ethiopian people for solidarity with foreigners, and to stand together in the fight against the virus. The UN communication campaign with the hashtag #IamnotaVirus has helped to mitigate such stigmatization, while partners and authorities continue to engage in mass communication campaigns against rumours and stigmatization²⁶¹.

3.8.3 Overall assessment of vulnerability

Overall assessment

Ethiopia has been experiencing internal ethnic and political conflicts for many years. Tensions are frequent and may arise around disputes at national, regional or local level. Some forms of stigma towards foreigners accused of bringing Covid-19 in the country have been observed like in other countries. Repatriated Ethiopians are also potentially vulnerable and already exposed to stigma and discrimination. The spread of hate speech and fake news on social media has been observed. There is not yet any Covid-19 related dispute between ethnic groups, but as long as the response is decentralised at the state level, disputes may easily arise between states and between states and the federal government, partly overlapping with ethnic lines. However, this type of disputes does not necessarily involve stigma or discrimination. It also must be taken into account that the leadership has been vocal against stigma, prejudice, and the spreading of fake news.

Overall, the risk of this impact to manifest itself is assessed as **medium**.

²⁶⁰ Seleshi Tessema. "Ethiopia: Muslims, Christians join to fight COVID-19". Anadolu Agency, April 16, 2020. <https://www.aa.com.tr/en/africa/ethiopia-muslims-christians-join-to-fight-covid-19/1806828>.

²⁶¹ OCHA. "Ethiopia: COVID-19 Humanitarian impact" Situation Update No. 02, May 13, 2020. <https://reliefweb.int/report/ethiopia/ethiopia-covid-19-humanitarian-impact-situation-update-no-02-13-april-2020>.

Description of vulnerability factors

Factors	Description
Prevalence of stigmatising and discriminatory attitudes toward people affected by infectious diseases (-)	Stigma and discrimination towards people with infectious diseases have already been recorded in Ethiopia before Covid-19. People affected by leprosy and their families have been stigmatised to the point of requiring interventions from country leaders ²⁶² . Due to stigma, new patients are reluctant to seek medical treatment at early stage. This has made the eradication of leprosy a difficult task. ²⁶³ People living with HIV and AIDS have been also object of stigma and discrimination ²⁶⁴ .
Prior levels of inter-ethnic distrust (-)	Ethiopia has 80 ethnic groups, the most important of which have always competed for supremacy. Ethnic federalism established since 1991 is considered to have both mitigated and exacerbated ethnic tensions ²⁶⁵ . Ethno-nationalist mobilisation has played a role in pushing for political liberalisation in 2018. The new regime seems more keen on a consensual and inclusive governance model. However, it is argued that the more liberal approach to maintaining law and order has been exploited by ethno-political groups to challenge the federal state (and ruling party) and intensify the fight over political power. This is resulting in higher intensity conflicts ²⁶⁶ . 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. ²⁶⁷
Role of the media in spreading fake news (-)	Observers claim that a rising tide of hate speech and disinformation, mostly online, is fuelling these ethnic and religious tensions. Facebook has around 3.7 million active users in Ethiopia, and that number is growing fast. Zelalem Getachew — director of Opan Analytics, a company that monitors Facebook trends in Ethiopia — stated that the company has noticed the “rise and coordination of hate speech.

Outline of most exposed groups

People who have been sick and their families

Ill people and their families have been discriminated in the case of outbreaks of different infectious diseases, such as HIV / AIDS and leprosy. It must be considered, though, that such diseases have different and more stigma-generating characteristics than Covid-19 in terms of symptoms and transmission channels.

Foreigners

Foreigners have been considered at risk of xenophobic harassment and incidents for being accused of bringing the virus into the country have taken place²⁶⁸.

Ethiopian repatriated migrants

Ethiopian migrants who have been sent back to Ethiopia from the Kingdom of Saudi Arabia, Djibouti, Somalia, Sudan, and other countries over the last few weeks, besides being accused of

²⁶² World Health Organisation. “The Prime Minister of Ethiopia Urges All to Fight Stigma and Discrimination against Persons Affected by Leprosy and their Family Members”. WHO Ethiopia, September 18, 2013.

<https://www.afro.who.int/news/prime-minister-ethiopia-urges-all-fight-stigma-and-discrimination-against-persons-affected>.

²⁶³ Seleshi Tessema Mulat. “Poverty, disability and stigma depress Ethiopian lepers”. Anadolu Agency, February 2, 2019 <https://www.aa.com.tr/en/life/poverty-disability-and-stigma-depress-ethiopian-lepers/1381594>.

²⁶⁴ Laura Nyblade et al., “Disentangling HIV and AIDS STIGMA in Ethiopia, Tanzania and Zambia”, ICRW. 2003.

²⁶⁵ Biruk Shewadeg, Ethnic Conflict under Ethnic Federalism, ACCORD, Conflict Trends 2019/4.

²⁶⁶ Semir Yusuf. “What is driving Ethiopia’s ethnic conflicts?” Institute for Security Studies, 2019.

²⁶⁷ Elias Meseret. “Hate speech and disinformation concerns escalate in Ethiopia” Devex, May 6, 2020. <https://www.devex.com/news/hate-speech-and-disinformation-concerns-escalate-in-ethiopia-97095>.

²⁶⁸ Tadias Staff. “COVID-19: US Warns Citizens in Ethiopia of Xenophobic Attacks” Tadias Magazine, March 18, 2020. <http://www.tadias.com/03/18/2020/covid-19-us-warns-citizens-in-ethiopia-xenophobic-attacks/>.

bringing the virus, may face hostility because they bring additional needs for assistance and live in camps where Covid-19 can easily spread²⁶⁹.

3.9 Increase in community and political violence, riots and clashes

3.9.1 *Description of impact*

This impact refers to social unrest, riots and clashes that may be triggered during the enforcement of public health measures when people perceive that there has been unfairness in their implementation – for instance in the case of localized lockdowns – in the distribution of resources, or in their diversion due to emergency reasons. Such unrest can also be created by unequal opportunities of practicing social distancing for different population groups. It can also be triggered by the postponement of already scheduled elections in the context of the public health emergency.

3.9.2 *Baseline and early signs of impact in Ethiopia*

On April 10th, the parliament approved a five-month state of emergency. No national generalised lockdown has been declared, only local ones. There have been bans on gatherings and public events and travel restrictions, closure of restaurants and cafés in some regions. Measures have differed from one region to the other but some kind of realignment at national level has taken place lately.

No episodes of violent clashes or riots in relation to Covid-19 public health measures have been recorded at the time of writing this report.

The election board has postponed the election date originally set in August 2020, and the opposition has been complaining. According to the Ethiopian constitution, unless an election is held one month before the end of the terms of the existing government, such government is no longer legitimate. Hence, a number of activities are going on, including the studying of a constitutional amendment, consultations with opposition parties, etc.

Some observers see the postponement of elections also as an occasion for building up a more inclusive approach²⁷⁰.

3.9.3 *Overall assessment of vulnerability*

Overall assessment

Two types of unrest could be potentially expected as a negative impact of Covid-19: a recrudescence of ethnically based tensions (such as the one between Oromia and the federal government) and urban riots related to worsened economic conditions.

As far as ethnic conflicts are concerned, the Oromo political leadership has shown a willingness to cooperate with the government that augurs well. Much depends however on how inclusively Abiy will manage the political process until the postponed elections.

²⁶⁹ IOM. "IOM Ethiopia Assists Hundreds of Returning Migrants in COVID-19 Quarantine Sites" April 28, 2020. <https://www.iom.int/news/iom-ethiopia-assists-hundreds-returning-migrants-covid-19-quarantine-sites>.

²⁷⁰ International Crisis Group. "Managing the Politics of Ethiopia's COVID-19 Crisis", April 15, 2020. <https://www.crisisgroup.org/africa/horn-africa/ethiopia/managing-politics-ethiopia-covid-19-crisis>.

The livelihood of Ethiopians in rural as well as urban areas is precarious. The fact that the government has not imposed a full lockdown has reduced the risk of revolts and riots. However, should the virus spread out more, and should a full lockdown be necessary, or should the economic situation worsen because of insufficient containment of Covid-19 or because of the global economic crisis, riots and revolts are not to be excluded.

The vulnerability to this impact is therefore assessed as **medium**.

Description of vulnerability factors

Factors	Description
Pre-existing political tensions (-)	The Covid-19 crisis arrives in Ethiopia after two years of intense internal conflicts between regional states and between regional states and central government. Four main disputes can be identified: the first is between the premier and his home state Oromia's rivals and former allies, who believe he should do more for the interest of his state of origin. The second is between Amhara leaders and Oromo leaders for greater influence, including over the capital Addis Ababa, which is multi-ethnic but surrounded by Oromia. The third relates to a bitter dispute between Amhara politicians and the formerly dominant Tigray minority that centres on two territories that the Amhara claim Tigray annexed in the early 1990s. The fourth involves 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 then dominated, and what they see as his lopsided targeting of Tigrayan leaders for past abuses. An uptick of attacks on churches and mosques across parts of the country suggests that rising interfaith tensions could add another layer of complexity ²⁷¹ .
Fragile economic conditions of the population, especially urban unemployment (-)	The urban unemployment rate is approximately 20% ²⁷² .

Outline of most exposed groups

Population of communities already characterized by frequent civil unrest

Non-Oromo populations of Oromia, and the Orthodox community, have been already targeted during civil unrest in 2019.²⁷³

Urban youth

Two million young Ethiopians annually enter the labour market.²⁷⁴

3.10 Increase of people without legal proof of identity

3.10.1 Description of impact

This impact concerns the unfulfillment of basic civil rights for people who owing to Covid-19 remain without legal proof of their identity. This can be due to lack of registration at birth for children or other civil registrations postponed due to quarantine. It can be also related to movement restrictions

²⁷¹ International Crisis Group. "Keeping Ethiopia's Transition on the Rails", Report 283 / Africa 16 December 2019.

²⁷² International Crisis Group. "Managing the Politics of Ethiopia's COVID-19 Crisis", April 15, 2020. <https://www.crisisgroup.org/africa/horn-africa/ethiopia/managing-politics-ethiopias-covid-19-crisis>.

²⁷³ Wikipedia. "October 2019 Ethiopian clashes". https://en.wikipedia.org/wiki/October_2019_Ethiopian_clashes.

²⁷⁴ International Crisis Group. "Managing the Politics of Ethiopia's COVID-19 Crisis", April 15, 2020. <https://www.crisisgroup.org/africa/horn-africa/ethiopia/managing-politics-ethiopias-covid-19-crisis>.

causing the interruption of asylum request processing, leading to the non-application of the right to asylum or family reunification.

3.10.2 *Baseline and early signs of impact in Ethiopia*

The lack of proper registration at birth for children is an issue in Ethiopia.

At the time of the last comprehensive Ethiopian Demographic and Health survey (2016), 3% of children under age 5 had their births registered with the civil authorities. Two in three of these children have birth certificates. The percentage of children whose birth was registered was the same among children under age 2 and those between age 2 and 4 (3% each). Boys and girls were equally likely to have their births registered (3% each). However, children in urban areas were much more likely than rural children to have their births registered (12% versus 2%). Birth registration increased with increasing household wealth (from 1% in the lowest wealth quintile to 10% in the highest quintile).²⁷⁵ In order to prevent a decrease in child registration during the Covid-19 crisis, kebele civil registrar officers have been instructed to go into the communities to perform such registration on the spot. Normally parents would have to go to the kebele office; this might have become difficult with movement restrictions.

Ethiopia is one of the African countries hosting the largest number of refugees. In the past relatively, loose criteria were applied for asylum seekers from Eritrea and other neighbouring countries. Eritreans make up some 22% of the more than 750,000 refugees that Ethiopia currently hosts, according to U.N. data. Another 44% of refugees come from neighbouring South Sudan and 26% from neighbouring Somalia.

3.10.3 *Overall assessment of vulnerability*

Overall assessment

The gaps in child registration at birth are a serious issue in Ethiopia. The efforts since 2016 to increase registration by establishing a Vital Events Registration Agency (VERA) have not yet reduced the backlog. There is the risk that slowing down of administrative activities under Covid-19 might create further delays and that movement restrictions might discourage people from remote areas to register their child. On a positive note, this risk is being addressed through instructions to civil registrar offices to go into the communities.

Also, the situation of unaccompanied refugee children presents some risks of violation of their right to proper identification documents. This also takes into account the recent changes in Ethiopia's asylum application management policy, which have made determination of individual status subject to stricter requirements. These changes affect especially Eritrean asylum seekers.

Overall, the vulnerability to this impact is assessed as **medium**.

Description of vulnerability factors

Factors	Description
Pre-existing loopholes in the child registration system, low levels of child	Systematic registration of vital events such as birth, death, marriage and divorce are new; previously registration only occurred upon request. Based on a 2014 Government law, the Vital Events Registration Agency (VERA) was created and training ensued for different Government bodies. UNICEF is supporting the Agency. There are constantly backlogs in registration. For example, according to VERA,

²⁷⁵ Central Statistical Agency of Ethiopia – The DHS Program, ICF. Demographic and Health Survey 2016, July 2017.

Factors	Description
registration at birth (-)	between August 2016 and May 2017, only 94,008 out of 669,008 births in Amhara were registered. Furthermore, 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) ²⁷⁶ .
Changes in the asylum policy towards Eritreans (-)	According to Human Rights Watch, a change in asylum procedure by Ethiopia's government is undermining neighbouring Eritreans' access to asylum and denying unaccompanied children the necessary protection. The Ethiopia Refugees agency has changed policies because in the past there were insufficient checks of the requirements for asylum applications, which resulted in a large number of irregular migrants, and unaccompanied children. The intention has been to make the procedure more evidence based. However, in this context, there is the risk that unaccompanied children are not recognised and protected. Human Rights Watch said some 6,000 Eritreans arrived in Ethiopia every month in 2019.

Outline of most exposed groups

Children in remote areas where access to civil registers is more difficult

According to the EDHS 2016, Children in 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).²⁷⁷

Refugee children

Civil registrations of refugees and refugee children in particular have started only in October 2017.²⁷⁸

Unaccompanied migrant children from neighbouring countries

According to the United Nations refugee agency, 44% of Eritrean refugees based in Northern Ethiopia were children as of December 2019.

3.11 Restrictions on freedom of association and expression under the pretext of emergency

3.11.1 Description of impact

Lockdowns, quarantines and travel bans must be lawful, necessary and proportionate (International Covenant on Civil and Political Rights (ICCPR)). This impact refers to those cases in which the emergency situation is taken by authorities as a pretext for the restriction of civil and political freedoms, or de facto slide into the suppression of civil and political rights beyond the criterion of necessity and proportionality. Repression may range from intimidation of healthcare workers and journalists who talk publicly about Covid19 in the country, to government using emergency measures to restrict the space of intervention of civil society organizations, up to police brutality in response to lockdown violations.

3.11.2 Baseline and early signs of impact in Ethiopia

A full-fledged lockdown has not been imposed on the population in Ethiopia. Still, the state of emergency has been declared and a number of restrictions have been imposed. Public gatherings of more than four have been banned. Funeral and essential functions need approval by authorities.

²⁷⁶ <https://unicefethiopia.org/tag/birth-registration/>.

²⁷⁷ Central Statistical Agency of Ethiopia – The DHS Program, ICF. Demographic and Health Survey 2016, July 2017.

²⁷⁸ UNHCR. "In a historic first, Ethiopia begins civil registration for refugees" UNHCR The UN Refugee Agency, October 27, 2017. <https://www.unhcr.org/news/briefing/2017/10/59f2f4757/historic-first-ethiopia-begins-civil-registration-refugees.html>.

Schools and children playground have been closed. Sporting events and activities have been suspended. Transportation providers have been obliged to reduce their passenger loads by 50%. In Addis vehicles with odd and even numbers have been required to circulate in alternate days. All movements at land borders, except for the flow of cargo and essential goods, have been banned²⁷⁹. Regions have imposed additional measures such as: a total lockdown of Bahir Dar and three other towns and a ban in all incoming public transportation in Amhara; a complete ban on public transportation in Oromia; a ban from all travel and public activities and a closure of cafes and restaurants in Tigray²⁸⁰. These measures have been subsequently aligned with the Federal guidelines.

In Western Oromia, the government only slowly lifted the internet and phone black out that is part of its ordinary counter insurgency tactics. This made it difficult both for citizens to obtain critical information about how to take care of themselves and their families and for the international community to “monitor disease outbreaks or provide adequate assistance.”²⁸¹

3.11.3 Overall assessment of vulnerability

Overall assessment

Since 2018, there has been considerable progress in reinstating media freedom and opening space for civil society, however such progress is fragile and has not been consolidated yet. Because of ethnic conflicts, certain regions still see repressive measures being taken by the federal government, such as internet shutdowns. The Covid-19 containment measures so far have not been so strict (complete lockdown). Thus, it cannot be said that the state of emergency has been used to undermine civil and political liberties in Ethiopia. Yet, with a more severe spread of the disease, there might be the temptation to link public health measures with the repression of protest, especially in the most unstable regions of the country such as Oromia. There might also be the temptation to reduce the space for civil society that was increased with democratisation or, on the contrary, an incentive to give a greater space to civil society organisations once understood their importance to confront the Covid-19 crisis. This could weaken or expand the voice and representation of vulnerable groups, including women, children, people with disabilities. There are no clear signs of the direction that is being taken at the moment.

The vulnerability to this impact is in any case assessed as **low**.

Description of vulnerability factors

Factors	Description
Use of authoritarian measures (-)	The current government is known for its more liberal attitudes in comparison to the previous one. Before Prime Minister Abiy came to power, there was a strong repression of opposition and popular movements. This has changed radically with the new government that unbanned opposition parties and reinstated a democratic process. However, Human Rights Watch notes that the new government struggles in contrasting ethno-nationalism and still occasionally resorts to repressive measures such as shutting down the internet. ²⁸²

²⁷⁹ Ethiopian Embassy in London. “Ethiopia rallies to combat spread of COVID-19”, Ethiopian News, April 2020. https://www.ethioembassy.org.uk/wp-content/uploads/2020/05/April-2020-Newsletter_1.pdf.

²⁸⁰ Wikipedia, “COVID-19 Pandemic in Ethiopia”. https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Ethiopia.

²⁸¹ Laetitia Bader. “Millions of Ethiopians Can’t Get COVID-19 News” Human Rights Watch, March 20, 2020. <https://www.hrw.org/news/2020/03/20/millions-ethiopians-cant-get-covid-19-news>.

²⁸² Human Rights Watch. “Ethiopia: Submission to the Universal Periodic Review”, June 6, 2019 <https://www.hrw.org/news/2019/06/06/ethiopia-submission-universal-periodic-review>.

Factors	Description
Accountability of security forces (-)	Since taking office the premier Abiy has admitted that security forces relied on torture, pledged to reform repressive laws and introduced numerous other reforms ²⁸³ . Yet according to HRW, the accountability of security forces for the commission of serious crimes and torture is still weak ²⁸⁴ .
Space for civil society organizations (+)	The Charities and Societies Proclamation, which regulates the conduct of civil society, was amended and the most controversial aspects (ex. prohibition for organisations receiving more than 10% of their funding from abroad to engage in governance and human rights related activities) were removed in 2019. Civil society organisations participated in the reform process. They are starting to organise to benefit from the new freedoms, but the process is in its early stages. ²⁸⁵
Media freedom (+)	The new authorities also restored access to more than 200 news websites and blogs that had been blocked for years, and Ethiopian TV stations that are based abroad are now able to work freely. 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. ²⁸⁶

Outline of most exposed groups

Underrepresented social groups

All social groups that depend on a strong civil society for the voicing of their concerns and representation of their interests might be threatened by this impact.

Inhabitants of Somali and Oromia regions

These regions have been the theatre of human rights violation by the police, and repressive instruments are still occasionally used for counter insurgency purposes.

3.12 Increased exclusion of women from decision-making

3.12.1 Description of impact

This impact highlights a possible weakening of women's position in decision-making in a country, when key decisions regarding public health measures and the organization of social life under COVID-19 are entrusted to task forces and teams that do not include women and do not consult them sufficiently. This can be the result of the scarce presence of women in scientific professions or more often the habit of ignoring qualified women when setting up expert groups. It is also the result of not consulting those categories where women are disproportionately present such as, often, health workers, social workers or teachers. It can be also the indirect result of an overall centralization of power by the national government, the prime minister or the head of state, and a marginalization of parliament and local governments, if women are more represented there.

3.12.2 Baseline and early signs of impact in Ethiopia

The Ministry of Health (MOH), who is leading the Covid-19 response, is a woman, Dr. Lia Tadesse. A multi-sectoral technical task force composed of various Ethiopian government offices and the

²⁸³ Human Rights Watch. "Ethiopia: Submission to the Universal Periodic Review", June 6, 2019 <https://www.hrw.org/news/2019/06/06/ethiopia-submission-universal-periodic-review>.

²⁸⁴ Ibidem.

²⁸⁵ Civicus. "ETHIOPIA: 'For civil society, 2019 has been a new beginning'", March 9, 2020. <https://www.civicus.org/index.php/media-resources/news/interviews/4312-ethiopia-for-civil-society-2019-has-been-a-new-beginning>.

²⁸⁶ Reporters Without Borders. "#Tracker_19: Covid-19 impacts of press freedom", 2020. <https://rsf.org/en/ethiopia>.

Public Health Emergency Operating Centre at the Ethiopian Public Health Institute is also presently coordinating efforts against the spread of coronavirus.

The Prime Minister has set-up and chairs the National Ministerial committee that leads the country's preparedness for the outbreak.

The members of the committee are:

- Minister of Peace (woman);
- Minister of Foreign Affairs (man);
- Minister of Finance (man);
- State minister of Health (man).

This Ministerial committee leads and supports the COVID-19 preparedness and response efforts of the multi-sectoral COVID-19 National taskforce. Similar taskforces are established in all regions.

Moreover, the Ethiopia's Minister of Finance is chairing a taskforce that will track and help respond to the economic impact of COVID-19²⁸⁷.

The Federal Ministry of Health has also established an advisory committee for COVID-19 case management, comprising 23 members (out of which 7 are women) coming from different stakeholders. This committee is chaired by a man. The committee members are from different specialties with experience in disaster management and prevention and treatment of infectious disease epidemics. The input from the committee is used to make decisions at the national level about the epidemic²⁸⁸.

3.12.3 Overall assessment of vulnerability

Overall assessment

Ethiopia has succeeded in achieving a relatively high presence of women in decision-making bodies, with the presidency and a number of key ministerial posts occupied by women. This does not automatically ensure advancement of women in economic, social and political life, but it can help prevent the complete neglect of women's views. Like in other countries, under Covid-19 decisions affecting everyday life (including women's working and living conditions) are made on the basis of the advice of expert bodies. These are mostly scientists from various disciplines. Unlike other countries, in Ethiopia, a relatively large number of women have been included in the Advisory Committee to the Ministry of Health. The Minister of Health, a woman with a medical background, is one of the most visible leaders in the crisis. She is appreciated for transparent communication and for coordinating an organised response to Covid-19 response by the health sector. Despite this relatively positive picture, there is still room for improvement in terms of consultation of women's civil society organisations and women in general on decision affecting women's lives.

Overall, the vulnerability to this impact is assessed as **low**.

Description of vulnerability factors

Factors	Description
High previous levels of representation of	Since coming to power in 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. Sahle-Work Zewde became the country's first female president, while

²⁸⁷ United Nations Development Programme. "Enabling and Accelerating the National Response to the Impact of COVID-19", 2020 <https://www.undp.org/content/dam/rba/docs/COVID-19-CO-Response/undp-rba-covid-ethiopia-apr2020.pdf>.

²⁸⁸ Federal Ministry of Health, "[National Comprehensive Covid Management Handbook](#)", April 2020.

Factors	Description
women in decision-making bodies, including in the executive (+)	Aisha Mohammed became the country's first defence minister. The Minister of Health is a woman, Dr. Lia Tadesse. The minister of Peace, another highly relevant figure in the management of COVID-19, is also a woman. 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 ²⁸⁹ .
The presence of authoritative female experts in relevant scientific fields (+)/ The willingness of the media to give visibility to women experts (+)	Dr. Lia Tadesse, an obstetrician and gynaecologist by training, is the Minister of Health. In general, the presence of women in science and technology in Ethiopia like in other countries is still limited. A society for women in science and technology does exist: SEWIST. The organisation has promoted a project aimed at promoting women's research on infectious diseases. The leader is Dr. Aster Tsegaye, an immunologist. ²⁹⁰ 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.
The presence of vocal women's organizations (+)	In the Ethiopian developing civil society, Setaweet, 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. ²⁹¹

Outline of most exposed groups

Working women

School closures and home schooling will clearly impact women who are already the most involved in childcare, making reconciliation of work and family life even more difficult. This is also the case because a minority of men share household responsibilities: Only slightly more than one-third (37%) of husbands provide any help with household chores. Most of these husbands do not help out on a regular basis; 63% rarely participate in household chores, and only 18% assist with chores almost every day.²⁹²

Women with heavy care responsibilities

Women are also highly involved in caring for dependant elderly and disabled people with very little outside support. See also the situation of people with disabilities.

Female health and social care workers.

The Ministry of Health has deployed 40 000 female community health workers throughout the country to educate the population on prevention and treatment of Covid-19. They also check for other health issues and access to sexual and reproductive health care. The initiative taps the effectiveness of women in establishing relations at community level, however it also exposes them and others to the spread of disease, if not properly provided with PPE.²⁹³ Without some gender advocacy, there is the risk that women will pay a higher toll on Covid-19 because of their predominance in the care sector.

²⁸⁹ James Jeffrey. "A Gender-equal Ethiopian Parliament can Improve the Lives of all Women" Inter Press Service, June 3, 2020. <http://www.ipsnews.net/2020/04/gender-equal-ethiopian-parliament-can-improve-lives-women/>.

²⁹⁰ AWIB. "Associate Professor Aster Tsegaye: Beyond Shattering the Glass Ceiling" April 1, 2019. <http://awib.org.et/newsite/associate-professor-aster-tsegaye-beyond-shattering-the-glass-ceiling/>.

²⁹¹ UNWomen. "Policy Brief. COVID-19 and Ending Violence Against Women and Girls in Ethiopia", June 2020.

²⁹² Central Statistical Agency of Ethiopia – The DHS Program, ICF. Demographic and Health Survey 2016, July 2017.

²⁹³ Emeline Wuilbercq. "Ethiopia taps army of women health workers to fight coronavirus" Reuters, April 7, 2020 <https://www.reuters.com/article/us-health-coronavirus-ethiopia-tfrn/ethiopia-taps-army-of-women-health-workers-to-fight-coronavirus-idUSKBN21P27K>.

3.13 Summary assessment

In this chapter we have assessed the vulnerability of Ethiopia to a number of impacts related to the welfare and wellbeing of people, including the enjoyment of human rights and social cohesion, with focus on women, children and vulnerable groups.

Based on first developments under Covid-19 and vulnerability and resilience factors, Ethiopia cannot consider itself immune to any of the potential impacts analysed, however vulnerability appears higher for certain impacts than from other ones.

Of particular concern (“**High**” vulnerability) are the risks of:

- **Worsened educational outcomes for girls and boys**, especially for girls and especially in the emerging regions, as well as for refugee children and for children with special needs;
- **Worsened living conditions for people with disabilities**, notably older people who are also at greater risk of Covid-19, women who suffer from double stigma and discrimination and children who have already reduced access to education; it is to be noted that PwD are generally also poor and may see their meagre income sources further decrease;
- **Increased exposure of women and children to violence, exploitation and abuse**, especially children on the move (such as unaccompanied migrant children repatriated into Ethiopia and children in street situation), child domestic laborers and sex workers, and children living in institutions; but also, children living in low-income families in general that can see a rise in tensions in the domestic environment.

Also, of concern, even if mitigated by resilience factors (“**medium**” vulnerability), are the risks of having an increase in evictions, homelessness and a range of people without legal proof of identity, including children not registered at birth and asylum seekers without refugee status. Impacts under this category also include those related to the weakening of social cohesion, such as: a lowered population morale due to cancellation of socially important events, an increase in social tensions, discrimination and stigma of persons perceived to be affiliated with the disease, and a rise in community and political violence, riots and clashes.

Of lesser concern, but still to be monitored (“**low**” vulnerability), are potential developments such as a reduction in access to social protection schemes, restrictions on freedom of association and expression under the pretext of emergency and a further exclusion of women from political decision-making. Such developments appear less likely given the situation before Covid-19 and the resilience factors in place, but they cannot be completely excluded.

Welfare and social cohesion					
Education	Disability	Violence against women and children	Evictions	Social protection	
High	High	High	Medium	Low	
Social & religious events					
Stigma	Political violence	Proof of identity	Freedoms	Women in decision -making	
Medium	Medium	Medium	Low	Low	

4 Assessment of vulnerability in the economic area

4.1 Introduction

This chapter discusses vulnerability and resilience factors in Ethiopia in relation to Covid-19 related risks in the area of the economy. The focus of the assessment is divided into two categories. The first are impacts on **income** (through increased health care costs, unemployment, and reduction in remittances). Secondly, and assuming these first impacts are negative, we look at the impacts of the reduction in income on household **poverty and food security**.

4.2 Loss of income due to COVID-19 illness/death and health care costs

4.2.1 Description of impact

The impact consists of the lost income generated by COVID-19 related healthcare costs or lost earnings because of the disease. The lost income can be due to sickness or lives lost in the outbreak: families and loved ones lose the income of the sick or deceased person and their in-kind contributions to household income such as childcare. Moreover, they will have to pay for health care costs. This is reflected in the literature, which highlights that health shocks, such as epidemics, are often associated with 'catastrophic' health care spending (equivalent to 10% or 25% of total household consumption). It is noted that this risk can be mitigated through health insurance schemes, or other forms of social insurance.

This impact is expected to be channelled through the disease itself (and not through containment measures).

4.2.2 Baseline and early signs of impact in Ethiopia

According to National Health Accounts²⁹⁴, the burden of out-of-pocket (OOP) spending is still significant (31%) in Ethiopia, far above the 20% threshold suggested by WHO to minimize financial catastrophe and impoverishment as a result of accessing health care services²⁹⁵. A recent paper²⁹⁶ noted that 20% of the population in Northern Ethiopia was incurring catastrophic health expenditure.

4.2.3 Overall assessment of vulnerability

Overall assessment

The generally high level of OOP in Ethiopia makes the country potentially vulnerable to this impact. On the other hand, evidence so far indicates that government has fully covered the cost of the disease for patients, including those requiring active treatment. In theory, the increased level of health insurance coverage in Addis Ababa notably (where most of the cases are reported), in

²⁹⁴ Ministry of Health. "Ethiopia Health Accounts, 2016/17", September 2019.

http://www.moh.gov.et/ejcc/sites/default/files/2020-01/Ethiopia%20th%20Health%20Accounts%20Report_2016-17.pdf.

²⁹⁵ World Health Organisation. "Health systems financing: the path to universal coverage" World Health Report, 2010 <https://www.who.int/whr/2010/en/>.

²⁹⁶ Mekonen AM, Gebregziabher MG, Teferra AS "The effect of community-based health insurance on catastrophic health expenditure in Northeast Ethiopia: A cross sectional study". PLoS ONE 13(10): e0205972. October, 2018. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0205972>.

particular through the CBHI, which covers informal workers, and SHI, could also help mitigate that impact.

While currently patients do not bear the cost of the disease, a dramatic increase in cases, as foreseen in various scenarios, could generate catastrophic health expenditure across parts of the affected population, including migrant workers. The Government is relying significantly on donors for the financing of its COVID-19 response, so its capacity to support the cost of that response should the number of cases increase significantly is uncertain. This uncertainty about how the spread of the disease may affect costs/incomes is also compounded by the limited number of hospital beds in the country (3/10,000 inhabitants²⁹⁷), which could mean that the health services could simply not absorb new patients.

All this considered, and given the deteriorating fiscal situation, the level of vulnerability to this impact is considered **medium**.

Description of vulnerability/resilience factors

Factors	Description
Level of out-of-pocket costs for patients (-)	OOP payments play a significant role in Ethiopia. The last National Health Accounts ²⁹⁸ estimate that in 2016/17, OOP totalled 31% of total financing, or 1.3% of GDP. This was higher than the global average (21%), and about the same as the low-income country average (30%). Combined with the high level of poverty in the country (see impact fiche 3.4), this has led to a high level of catastrophic health expenditure ²⁹⁹ among households.
Government health spending (-)	According to the WHO ³⁰⁰ , 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. The National Health Accounts provide an overview of how recurrent health spending is split across categories. Primary health care providers, including district hospitals, health centres and health posts together received more than 61% of total government recurrent expenditure. This is in line with government's health policy, which is focused on preventive and promotive services provided at the primary health care level. In relation to hospitals, which could become in the front-line for the treatment of COVID-19 patients, it is also noted that 24% of the recurrent expenditure were spent on public hospitals. In that, district hospitals accounted for 72%, tertiary hospitals 22%, general hospitals 1%, and other public hospitals for the remaining 5%. The cost of the Government's COVID-19 response is estimated at 430 million USD, to be mostly financed by donors. ³⁰¹ ³⁰² 90% of that amount is to support surveillance and contacting tracing and case management and IPC. Out of this, 54.6% (235 million USD), has been committed so far, most of which (98.3%) has been already disbursed.
Health insurance coverage (+)	A recent study has reviewed the UHC coverage in Ethiopia. ³⁰³ 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. Overall, it identified that overall UHC

²⁹⁷ World Bank. "Hospital beds (per 1,000 people)" The World Bank Group.

<https://data.worldbank.org/indicator/SH.MED.BEDS.ZS>.

²⁹⁸ Ministry of Health. "Ethiopia Health Accounts, 2016/17", September 2019.

http://www.moh.gov.et/ejcc/sites/default/files/2020-01/Ethiopia%207th%20Health%20Accounts%20Report_2016-17.pdf.

²⁹⁹ The WHO defines expenditure as being catastrophic if a household's financial contributions to the health system exceed 40% of income remaining after subsistence needs have been met.

³⁰⁰ WHO Global Health Expenditure Database.

³⁰¹ Dr. Sentayehu's Presentation, HPN Meeting May 19 2020.

³⁰² "Preparedness and response plan for COVID-19", Scenario 3, Ministry of Health, Ethiopian Public Health Institute.

³⁰³ Eregata GT, Hailu A, Memirie ST, et al. "Measuring progress towards universal health coverage: national and subnational analysis in Ethiopia". BMJ Global Health, September 2019 <https://gh.bmj.com/content/bmjgh/4/6/e001843.full.pdf>.

Factors	Description
	<p>service coverage for Ethiopia (34.3%) was very low, substantially behind the SDG target of 80% by the year 2030 and also much lower compared with most Eastern African countries. For instance, the 2015 WHO/WB UHC service coverage estimate for Eastern African countries ranged from 39% in Tanzania to 57% in Kenya. The coverage for non-communicable diseases, reproductive, maternal, neonatal and child health and infectious diseases were 35%, 37.5% and 52.8%, respectively. It is noted that significant efforts have been made in recent years to further expand UHC, in particular through the expansion of the Community Based Health Insurance (CBHI) and social health insurance (SHI) for the informal and formal segment of society respectively.³⁰⁴ A Prime Objective of the Health Sector Development Program (HSDP IV) was to expand coverage of health insurance. A recent study has underscored the positive effect of CBHI on reducing catastrophic health expenditure.³⁰⁵ 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.³⁰⁶</p>

Outline of most exposed groups

The most vulnerable groups who have been identified are as follows:

People affected by the disease or with high risk of contracting the disease (urban poor, population living in slums)

As preliminary numbers highlight, most infected people are in cities, in particular Addis Ababa. Urban population has however better health insurance coverage and is less poor (see impact 4.1). Population living in slums, which amounts to 74% in Ethiopia³⁰⁷, will be particularly affected, given population density, WASH conditions and low level of health insurance.

Migrant population

There are around 750,000 refugees hosted in Ethiopia. According to WHO³⁰⁸, migrants may be less likely than other populations to access or fully benefit from their host country's healthcare system. Refugees particularly at risk of contracting the disease are those deported to Ethiopia from the Middle East and in particular Saudi Arabia, a country with a high rate of infection. On the other hand, the low average age of migrant workers could limit the risk that they suffer the most severe effects of the virus.

³⁰⁴ The financial source of the scheme is mainly the premium contribution of members and about 25% of the total premium subsidy from the central government. While district and regional governments are expected to cover the costs of providing a fee waiver for the poorest population groups (about 10% of the total population). The CBHI scheme benefit package for members includes health-care cost coverage of both outpatient and inpatient health.

³⁰⁵ Mekonen AM, Gebregziabher MG, Teferra AS "The effect of community-based health insurance on catastrophic health expenditure in Northeast Ethiopia: A cross sectional study". PLoS ONE 13(10): e0205972. October, 2018. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0205972#pone-0205972-t003>.

³⁰⁶ Ethiopian Embassy in London. "Ethiopia rallies to combat spread of COVID-19", Ethiopian News, April 2020. https://www.ethioembassy.org.uk/wp-content/uploads/2020/05/April-2020-Newsletter_1.pdf.

³⁰⁷ World Bank. "Population living in slums (% of urban population)" The World Bank Group <https://data.worldbank.org/indicator/EN.POP.SLUM.UR.ZS>.

³⁰⁸ World Health Organisation. "Health of refugees and migrants" WHO African Region, 2018. <https://www.who.int/migrants/publications/AFRO-report.pdf?ua=1>.

4.3 Loss of income due to increased unemployment, in particular in certain sectors

4.3.1 Description of impact

This impact consists of the fact that measures taken to control the outbreak (nationally and globally) as well as the associated economic downturn have a significant employment effect, in particular for individuals working in sectors highly affected (travel, tourism, hospitality), which results in lost income for households. Most (around 80-90 %) of the short-term economic impact of the outbreak comes not as a result of people falling ill but from the disruption to economic activity associated with public health restrictions and social distancing required to control its spread. Aversion behaviour leads to bans on activities, business closures, and reduced economic activity that significantly reduce income-generating activities, in particular employment. The majority of job losses are expected in the service sectors, in particular travel, retail trade, accommodation and food services, as well as in manufacturing sectors with complex/global value chains. Estimates are also that job losses will be higher in sectors employing a high level of informal workers. In some countries, social security schemes have mitigated the income effect of these measures.

This impact is expected to be channelled through Covid-19 containment measures – short term effects (confinement, lock-down) and medium and long-term effects (economic crisis, including effects of the global economic crisis).

4.3.2 Baseline and early signs of impact in Ethiopia

The overall Ethiopia economy remains primarily an agriculture/rural economy. According to National Planning Commission (NPC), the agriculture sector accounts for about 33.3 % of GDP in 2018/19 and generate employment for about 80% of the population. The latest Human Development Report³⁰⁹ notes in that regard that the employment structure of the country has not significantly changed despite the rapid economic growth recorded in the recent past, remaining predominantly agricultural and informal.

With regard to urban employment, the Jobs Creation Commission underscores that the service sector dominates, as it generates nearly 71% of employment in the urban areas, the largest part of which in wholesale and retail. The share of the industry sector from the total urban employment is 21.5%. Informality remains a major characteristic of urban employment in Ethiopia. The Jobs Creation Commission also notes that non-wage employment is still dominant. In the service sector, 1.9 million workers out of 2.8 million are informal workers³¹⁰.

Ethiopia has declared a five-month state of emergency in an effort to limit the spread of COVID19.³¹¹ The measures taken impose a number of restrictions on activities and movement although they do not constitute a full lockdown, such as imposed in other countries or parts of the world (Europe, South Africa, etc.).

Against that background, the main – and relatively concentrated – economic effect appears to be around the services sector, in particular activities around tourism and hospitality. As noted by the Vice-Governor of the NBE³¹², the most direct economic impact, so far, has been on the service sector, particularly transport, travel, and hospitality services. The pandemic has severely affected

³⁰⁹ UNDP, Human Development Report, 2018.

³¹⁰ Jobs Creation Commission, "COVID-19: potential impact on jobs and incomes in Ethiopia, and short-term policy options", March 2020.

³¹¹ Ethiopian Embassy in London. "Ethiopia rallies to combat spread of COVID-19", Ethiopian News, April 2020 https://www.ethioembassy.org.uk/wp-content/uploads/2020/05/April-2020-Newsletter_1.pdf.

³¹² International Monetary Fund. "Ethiopia Steps Up Health Spending With Help From IMF Emergency Assistance" IMF Country Focus. May 6, 2020. <https://www.imf.org/en/News/Articles/2020/05/04/na050420-ethiopia-steps-up-health-spending-with-help-from-imf-emergency-assistance>.

passenger transport (both air and land), which, in turn, has shaken the hospitality industry resulting in closures of many big hotels. For example, Ethiopian Airlines was facing a revenue loss of \$550 million from January to April alone due to the drop in traffic.³¹³ In Addis Ababa, the hotel room occupancy rate has decreased to almost nil.³¹⁴ Separately, flower exports have decreased by 20%.³¹⁵ There are also indications that garment factories have been affected by the drop in global demand and have closed, although some have moved to production of PPE.³¹⁶ On the other hand, the pandemic has not directly affected agriculture so far, which is dominant in the country. In the absence of a full lockdown, the agriculture sector has been able to operate, although with some restrictions (see impact 4.5). A substantial share of production of agriculture sector is meant for a self-consumption and is performed by small landowners.

Within the most affected sectors, some employment losses are being reported³¹⁷, but for now effect of employment appears relatively limited. While hotels are empty, no job losses are for example being reported.³¹⁸ While dealing with employment issues, there is evidence that employers have followed government's COVID-19 emergency measures, which include a ban on laying off workers.³¹⁹ As part of those emergency measures, Government has also provided different fiscal measures to encourage companies to retain workers, such as reporting VAT and TOT at the end of the year instead of one and three months. Besides, companies are allowed to keep employees income tax a use it to pay as salary for workers instead of remitting to revenue authority, forgiving tax arrears for those companies operating, etc. In its Report, the Jobs Creation Commission has estimated that close to 1.4 million workers will be affected by the pandemic, particularly in the service and manufacturing sectors.

According to the IMF, a broader set of measures including further support to enterprises and job protection in urban areas and industrial parks is under discussion with the donor community but has not been formalized.³²⁰

4.3.3 Overall assessment of vulnerability

Overall assessment

Ethiopia, like other SSA countries, is expected to see increased unemployment and decreased income from employment for many workers, as a result of COVID-19 crisis. That impact though is likely to be relatively limited for two reasons:

- The economy is largely agriculture-based;
- Partly for that reason – and bearing in mind that many households are just above the poverty level (see impact 4.4), the Government has imposed only a partial lockdown, so most economic

³¹³ Addis Getachew. "COVID-19: Ethiopian Airlines reports \$550M revenue loss" Anadolu Agency, April 7, 2020. <https://www.aa.com.tr/en/africa/covid-19-ethiopian-airlines-reports-550m-revenue-loss/1796260>.

³¹⁴ Kaleyesus Bekele. "Hoteliers, tour operators seek government's assistance to stay afloat" The Reporter, April 4, 2020. <https://www.thereporterethiopia.com/article/hoteliers-tour-operators-seek-governments-assistance-stay-afloat>.

³¹⁵ <https://www.reuters.com/article/us-health-coronavirus-africa-women/no-bed-of-roses-east-africas-female-flower-workers-lose-jobs-as-coronavirus-hits-exports>.

³¹⁶ International Labour Organization. "COVID-19: Challenges and Impact on the Garment and Textile Industry" April 14, 2020. https://www.ilo.org/africa/technical-cooperation/inclusive-industrialization/WCMS_741522/lang-en/index.htm.

³¹⁷ Samuel Getachew. "Africa's largest airline is starting to furlough workers as the global travel downturn bites" Quartz Africa, April 6, 2020. <https://qz.com/africa/1833287/ethiopian-airlines-starts-laying-off-staff-contractors/>.

³¹⁸ Kaleyesus Bekele. "Hoteliers, tour operators seek government's assistance to stay afloat" The Reporter, April 4, 2020. <https://www.thereporterethiopia.com/article/hoteliers-tour-operators-seek-governments-assistance-stay-afloat>.

³¹⁹ Ethiopian Embassy in London. "Ethiopia rallies to combat spread of COVID-19", Ethiopian News, April 2020. https://www.ethioembassy.org.uk/wp-content/uploads/2020/05/April-2020-Newsletter_1.pdf and Ministry of Labour and Social Affairs. "Covid-19 Workplace Response Protocol" April 2, 2020. <https://www.ituc-csi.org/ethiopia-covid-19-workplace>.

³²⁰ International Monetary Fund. "Policy Responses to COVID-19" Policy Tracker, 2020 <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#E>.

activities not affected by international economic slowdown and disruptions in international travel are able to continue.

In that context, impact is mostly focused in the tourism area, where Ethiopia is highly exposed through its national airline, which is the largest in Africa, and through specific industries with a high export component (flowers/garment industry).

The impact is likely to be mitigated by the strong government response aiming at limiting redundancies and secondly by the social protection measures in place, in particular the UPSNP.

Given its economic structure, it would appear unlikely that the Government would impose a full lockdown in which economic activities outside Addis Ababa, where the pandemic is likely to be the most severe, would be affected, but if there was a move in such direction, the income/employment impact would become much more severe, as affecting agriculture employment as well.

Under the current scenarios in which the employment effect is concentrated mostly around tourism and specific export-orientated industries, informal workers and women will be particularly vulnerable. In the three most affected sectors, more than 80% of workers are women.

The level of vulnerability is **medium**, as the structure of the economy means that employment loss will be concentrated into a few specific sectors, and that the strong government response in the forms of measures to limit redundancies and providing would act as mitigating measures, and therefore reduce income loss.

Description of vulnerability/resilience factors

Factors	Description
Size of exposed sectors (+)	<p>Globally, it is estimated that the majority of job losses linked to COVID-19 are expected in services sectors, in particular travel, retail trade, accommodation and food services, as well as in manufacturing sectors with complex/global value chains. Estimates are also that job losses will be higher in sectors employing a high level of informal sectors. In the following paragraphs, the exposure of key sectors to COVID-19 disruptions will be discussed. It is noted that two channels of disruptions are expected to be most significant: employment losses due to the economic crisis, and employment losses due to containment measures taken in Ethiopia. In respect to the latest, the Government has for now imposed relatively little restrictions compared to neighbouring countries. At 76/100, the Government's COVID-19 Response Stringency Index is relatively average.³²¹</p> <p><i>Tourism and related services:</i> The Jobs Creation Commission has underscored that services in urban areas will be heavily impacted by the crisis, mostly in wholesale and retails, tourism, transport and warehousing, as well as personal services activities.³²² In these segments, there is a huge proportion of self-employed, working near-subsistence levels, low-skilled temporary workers. Of particular significance in that respect is the size of the tourism sector in the country. Data from the World Tourism Organization³²³ show that the tourism industry has been growing rapidly in Ethiopia, with a peak of 933,000 international arrivals in Ethiopia in 2017 – up from about 300,000 a decade earlier. With a share of 9% of GDP and 38% of exports, Ethiopia is</p>

³²¹ Blavatnik School of Government. "Coronavirus Government Response Tracker" University of Oxford. <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker>.

³²² Jobs Creation Commission, "COVID-19: potential impact on jobs and incomes in Ethiopia, and short-term policy options", March 2020.

³²³ UNWTO. "Tourism Statistics" World Tourism Organization <https://www.e-unwto.org/toc/unwtotfb/current>.

Factors	Description
	<p>among the African economies the most exposed to tourism.³²⁴ The high share is partly explained of the size of its national airline, Ethiopian Airlines, the largest in Africa, which, according to the Jobs Creation Commission, employs 14,000 permanent workers and 3,000 temporary workers. As the airline faced a loss of \$550 million from January to April alone and no immediate prospect for a rebound in air travel, his CEO Tewolde Gebremariam had put the survival of the airline in question.³²⁵ In recent weeks though, the airline has managed to double its cargo activity (for example to deliver respirators to Latin America), enabling it to operate at 60-65% of normal capacity, which is high in the current context.³²⁶ Another critical dimension of the tourism industry is the Hospitality business. 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. Hotels are currently witnessing a huge amount of cancellations, and sector experts expect this to continue.³²⁷</p> <p><i>Manufacturing/construction:</i> Manufacturing remains small in Ethiopia (it contributed to only 12% of total employment in 2019³²⁸) but it is growing, strongly export-focused, and based around Addis Ababa. The Jobs Creation Commission underscores that 80% of Ethiopia's exports go to Asia and Europe, and China is Ethiopia's major trading partner (more than third of imports are from China). Ethiopia's nascent garment sector is expected to be hit as global retail stores that source clothing and shoes from Ethiopia reduce their orders.³²⁹ In addition, reduced availability of intermediate products and other inputs into the manufacturing sector, may further stall production and induce job losses. On the other hand, there are reports that some factories shift their market locally to produce much needed COVID-19 PPE material during this period.³³⁰</p> <p><i>Agriculture:</i> Most agriculture in Ethiopia is subsistence-focused, and 75% of farmers are smallholders. The employment of most farmers will not be directly affected by the crisis, although food security may become an issue (this is further discussed under Impact 4.5). On the other hand, Ethiopia is a large exporter of agricultural products. According to UNCTAD³³¹, agriculture constitutes 70% of all exports, with the largest being coffee (32%), oily seeds (16%) and cut flowers (9%). According to the Jobs Creation Commission, export crops such as coffee may face potential drops in demands in the next 2-3 months. Similarly, with an export revenue of US\$ 318 million and more than 150,000 jobs, the horticulture industry, including flowers, fruits, vegetables, herbs and spices, is suffering significantly.</p>

³²⁴ UNECA. "Impact Assessment of Covid-19 The Case of Eastern Africa" UNECA Sub-Regional Office for Eastern Africa. 2020 https://www.uneca.org/sites/default/files/uploaded-documents/COVID-19/impact_of_coronavirus_on_east_africa_v2.pdf.

³²⁵ Logistics Update Africa. "Ethiopian Airlines fighting for survival amid Covid-19: Tewolde Gebremariam" April 24, 2020 <https://www.logupdateafrica.com/ethiopian-airlines-fighting-for-survival-amid-covid19-tewolde-gebremariam-aviation>.

³²⁶ Financial Times. "Ethiopia steps in to deliver respirators to Latin Americans" May 22, 2020 <https://www.ft.com/content/c17614d0-cd94-4160-af0b-32dae6940253>.

³²⁷ Kaleyesus Bekele. "Hoteliers, tour operators seek government's assistance to stay afloat" The Reporter, April 4, 2020. <https://www.thereporterethiopia.com/article/hoteliers-tour-operators-seek-governments-assistance-stay-afloat>.

³²⁸ World Bank. "Employment in industry (% of total employment) (modelled ILO estimate)" The World Bank Group. <https://data.worldbank.org/indicator/SL.IND.EMPL.ZS>.

³²⁹ Jobs Creation Commission, "COVID-19: potential impact on jobs and incomes in Ethiopia, and short-term policy options", March 2020.

³³⁰ International Labour Organization. "COVID-19: Challenges and Impact on the Garment and Textile Industry" April 14, 2020. https://www.ilo.org/africa/technical-cooperation/inclusive-industrialization/WCMS_741522/lang-en/index.htm.

³³¹ UNCTADSTAT. "General Profile Ethiopia" United Nations Conference on Trade and Development <https://unctadstat.unctad.org/CountryProfile/GeneralProfile/en-GB/231/index.html>.

Factors	Description
Size of informal/non-wage employment (-)	The employment impact will also depend on the structure of the employment. i.e. the share of self-employed/informally employed workers, in particular among urban workers and those working in the hard-hit sectors. The Jobs Creation Commission estimates that share to be 40%. This exposes the country to a potential serious social crisis, if quick and necessary actions are not taken to smoothen and reduce the shock on the vulnerable population. That share though is relatively low compared to the size of informal employment in SSA, estimated at 60%. ³³² According to data highlighted in the latest report by the Jobs Creation Commission ³³³ , if we define vulnerable employment as temporary work in private sector, casual work, and informal self-employment, the number of households in vulnerable employment totals 836,000 households. ³³⁴ in. The Jobs Creation Commission preliminary estimation is that over April/May/June, a job loss of 1.34 million on average and income loss for urban self-employed in services at \$265 million on average. It is noted that many households in the country, including in Addis Ababa, employ domestic workers, many of whom have been sent home for fear of infection by the virus. ³³⁵
Social protection (+)	The Social Protection Policy of Ethiopia has ambitious objectives ³³⁶ . Until now, the focus of social protection programme has mostly been unconditional social transfers, and Public Works Programmes through the PSNP. ³³⁷ A social safety net is in place for the elderly and people with disabilities who are without access to care and support, while Ethiopia's PWP are intended to guarantee a minimum level of employment, safeguard participants' food security and enhance community assets. The coverage of the PSNP, including the UPSNP, has progressively increased in recent years. Social Protection currently does not include as such unemployment insurance/benefits. Ethiopian laws though provide several protections for job creation and workers' rights. ³³⁸ Several protections are provided by the comprehensive Labour Proclamation (Proclamation 377/2003) that governs employment issues. Against that background, there are instruments in place to address the expected increase in urban unemployment linked to COVID-19, albeit not direct unemployment benefits/insurance. An important one is the UPSNP, the overall coverage of which has increased in recent years. According to a recent assessment, the program was scaled up within three years to 580,000 beneficiaries of which 93,120 receive Direct Income Support. ³³⁹ The expansion of the Urban Productive Safety Net Programme to 16 additional cities over the next two months is under active consideration, in collaboration with the World Bank, at an estimated cost of \$134 million). ³⁴⁰

³³² Angus Morgan Kathage. "Understanding the informal economy in African cities: Recent evidence from Greater Kampala" World Bank Blogs, March 14, 2018. <https://blogs.worldbank.org/african/understanding-the-informal-economy-in-african-cities-recent-evidence-from-greater-kampala>.

³³³ Jobs Creation Commission, "COVID-19: potential impact on jobs and incomes in Ethiopia, and short-term policy options", March 2020.

³³⁴ This is the total for households in the 11 UPSNP cities plus the 16 largest cities of Ethiopia which have more than 100,000 inhabitants.

³³⁵ Interview with UNICEF gender expert, May 28, 2020.

³³⁶ Ministry of Labour and Social Affairs. "National Social Protection Policy of Ethiopia" March 26, 2012.

³³⁷ http://www.socialserviceworkforce.org/system/files/resource/files/Ethiopia_National_Social_Protection.pdf.

³³⁸ Endale, K., A. Pick and T. Woldehanna, "Financing social protection in Ethiopia: A long-term perspective", OECD Development Policy Papers, No. 15.

³³⁹ Human Development Report, 2018.

³⁴⁰ Policy Brief: Resource Mobilisation for Health in Ethiopia.

International Monetary Fund. "Policy Responses to COVID-19" Policy Tracker, 2020 <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#E>.

Factors	Description
	<p>Of great significance has been the fact that the Government, as part of the State of Emergency imposed in April, banned companies from laying off workers.³⁴¹ This follows the issuance in March of a COVID-19 Response Protocol by the Ministry of Labour and Social Affairs setting a series of rules for companies to help protect of workers. For example, under the protocol, all workers who occupy non-essential services are to receive temporary loan and to be provided written insurance that they will be re-employed when the situation gets better. There is some evidence that these measures are having some effect on employment. While dealing with employment issues, there is some evidence that employers follow government's COVID-19 workplace response guidelines and the ban on laying off staff.³⁴² However, industries most affected, such as hotels, have also made clear that their continued operation was dependent on the Government providing financial support.³⁴³ The IFC has provided \$8 billion to the Government help private companies affected by the pandemic and preserve jobs.³⁴⁴ Meanwhile, on April 30, the Council of Ministers approved another set of economic measures to support firms and employment. 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 despite not being able to operate due to Covid-19. A broader set of measures including further support to enterprises and job protection in urban areas and industrial parks is under discussion with the donor community but has not been formalized.³⁴⁵</p>

Outline of most exposed groups

The most vulnerable groups who have been identified are as follows:

Informal workers in highly affected sectors

The Jobs Creation Commission estimated in March jobs losses in services sectors of 1.9M of urban self-employed over the next three months in these activities, out of which a huge proportion is at near subsistence levels. The direct impact of this crisis could lead to nearly 2 million self-employed in urban areas with reduced income. While wage-employment will also be affected, the Government's measures to save employment will mitigate the effects for those workers compared to informal workers.

Women

Women will be by far more affected than men by the employment losses in the most exposed sectors. Women constitute 74% of employment in tourism.³⁴⁶ 80% of the workers in the rapidly growing textile and garment sector in Ethiopia are women³⁴⁷ while women represent 85% of

³⁴¹ Samuel Gebre. "Ethiopia Prohibits Company Layoffs Under State of Emergency" Bloomberg, April 11, 2020 <https://www.bloomberg.com/news/articles/2020-04-11/ethiopia-prohibits-company-layoffs-under-state-of-emergency>.

³⁴² Ministry of Labour and Social Affairs. "Covid-19 Workplace Response Protocol" April 2, 2020 <https://www.ituc-csi.org/ethiopia-covid-19-workplace>.

³⁴³ Kaleyesus Bekele. "Hoteliers, tour operators seek government's assistance to stay afloat" The Reporter, April 4, 2020. <https://www.thereporterethiopia.com/article/hoteliers-tour-operators-seek-governments-assistance-stay-afloat>.

³⁴⁴ World Bank. "World Bank Group Provides Emergency Support to Ethiopia to Manage Health, Economic Impacts of COVID-19" The World Bank Group, April 2, 2020. <https://www.worldbank.org/en/news/press-release/2020/04/02/world-bank-group-provides-emergency-support-to-ethiopia-to-manage-health-economic-impacts-of-covid-19>.

³⁴⁵ International Monetary Fund. "Policy Responses to COVID-19" Policy Tracker, 2020 <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#E>.

³⁴⁶ Tesfayenesh Lema Aregaw. "Trade and Gender in the Services Sector of Ethiopia" Expert Meeting on Trade as a Tool for the Economic Empowerment of Women. May 23, 2016. https://unctad.org/meetings/en/Presentation/ditc_gender_2016p2_Tesfayenesh_en.pdf.

³⁴⁷ Industrial. "Women in the textile and garment sector in Ethiopia trained in labour law" November 29, 2018. <http://www.industrial-union.org/workshop-explains-labour-laws-to-ethiopian-women-in-the-textile-and-garment-sector>.

workers in the floriculture industry.³⁴⁸ The vulnerability of women to the income losses is accentuated by the fact that significant gender gaps in wages and productivity exist in Ethiopia. According to data from the 2016 Urban Employment Unemployment Survey, women earned, on average, about 63% of what men did, with the wage gap largest in agriculture and smallest in the public sector. There is also evidence of important gender gaps in the tourism industry.³⁴⁹

Meanwhile, women constitute an important proportion of domestic workers, many of whom have been sent home for fear of infection by the virus.

4.4 Loss of income from remittances due to global downturn and exodus migrant workers from host countries.

4.4.1 Description of impact

This impact consists of the fact that many individuals/households will see a reduction in their income from remittances, as remittances are expected to reduce due to the global economic downturn and given the exodus of migrant workers from many host countries.

Studies highlight that remittances can help mitigate the adverse effect of shocks on the level and instability of household consumption in vulnerable countries.³⁵⁰ There is evidence that remittances, which amounted to \$37.8 billion in 2017 in sub-Saharan Africa, function as a shock-absorber in low-income countries by providing critical income support after economic shocks, natural disasters and civil conflict. At the same time, the level of remittances is also correlated to the economic situation in host countries, which has considerably worsened as COVID-19 is a global crisis. In parallel, COVID-19 has triggered a mass exodus of migrant workers from many host countries, such as Gulf States. On that basis, early predictions of the impact of coronavirus on remittances point to a likely decline in sub-Saharan Africa, as a result of which household income from remittances is expected to decrease.³⁵¹

This impact is expected to be channelled through Covid-19 containment measures – short term effects (confinement, lock-down) and medium and long-term effects (economic crisis, including effects of the global economic crisis).

4.4.2 Baseline and early signs of impact in Ethiopia

Data from the NBE show that in 2019, remittances to Ethiopia totalled US\$ 3.8 billion.³⁵² The biggest remittance senders are Canada, Saudi Arabia, United States, Israel, and Italy.³⁵³

³⁴⁸ Flowerweb. "Ethiopia floriculture industry" <https://www.flowerweb.com/nl/topic/Ethiopia-Floriculture-Industry>.

³⁴⁹ UNWTO. "Global Report on Women in Tourism" World Tourism Organisation. October 2019. <https://www.e-unwto.org/doi/pdf/10.18111/9789284420384>.

³⁵⁰ Christian Ebeke and Jean-Louis Combes. "Remittances and Household Consumption Instability in Developing Countries" World Development 39(7):1076-1089 · July 2011 https://www.researchgate.net/publication/227351199_Remittances_and_Household_Consumption_Instability_in_Developing_Countries.

³⁵¹ World Bank. "World Bank Predicts Sharpest Decline of Remittances in Recent History" April 22, 2020 <https://www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history>.

³⁵² Lorine Towett. "Remittance Earning Ethiopia USD 3.82 Bn" Weetracker. April 1, 2019. <https://weetracker.com/2019/04/01/remittance-earning-ethiopia/>.

³⁵³ World Bank. "Migration and Remittances Data", The World Bank Group. <https://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data>.

Remittances benefit more the urban than rural population in Ethiopia. According to the 2016 Demographic and Health Survey³⁵⁴, on average, 6.8% of households received international remittances, but the reliance is particularly high for the urban vulnerable.

According to recent WB analysis³⁵⁵, 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. Anecdotal evidence suggests this negative trend is already underway, with remittances from Europe to Africa decreasing by up to 80%.³⁵⁶

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.³⁵⁷ Most deportees came from Saudi Arabia and the trend is expected to continue.

4.4.3 Overall assessment of vulnerability

Overall assessment

Ethiopia is vulnerable to a decrease in income from remittances as the drop-in remittances is likely to be significant, being the Ethiopian diaspora highly concentrated in a few countries very affected by the crisis. The more the global economic crisis and recession is prolonged, the more likely the impact could be severe.

On the other hand, as a share of GDP, Ethiopia's dependence on remittances is lower than many other SSA countries, even though many households, in particular rural households, rely on remittances to absorb shocks and build their assets.

Urban households, in particular the near poor and informal workers which may in parallel suffer from employment loss and reduced income from employment, will be particularly vulnerable to a drop in remittances.

Overall, the level of vulnerability to this impact is **medium**. The drop-in remittances are likely to be significant and possibly lasting if the global economic crisis is prolonged, but on the other hand the dependence on remittances is relatively low compared to many other countries.

Description of vulnerability/resilience factors

Factors	Description
Size of remittances (+)	Using World Bank data as a basis, the size of remittances to Ethiopia, while significant as a size of GDP, is relatively low compared to many other SSA countries. ³⁵⁸ In that respect, a drop will not be significant as a share of GDP as other countries. Looking at the neighbours, Kenya has a share of 2.9%, Sudan 1.4%, while many countries in SSA have remittances inflows of up to 10% of GDP.
Origin of remittances (-)	Ethiopia has a diaspora (847,000) which is highly concentrated in a few countries (USA, Saudi, Israel, Italy), and those countries have suffered socio-economically from the virus, so a particular sharp drop in remittances can be expected. This may be particularly the case as most of Ethiopian diaspora in the rest of the world engage in

³⁵⁴ Central Statistical Agency of Ethiopia – The DHS Program, ICF. Demographic and Health Survey 2016, July 2017.

³⁵⁵ <https://www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history>.

³⁵⁶ The Economist. "Covid stops many migrants sending money home" April 16, 2020. <https://www.economist.com/middle-east-and-africa/2020/04/16/covid-stops-many-migrants-sending-money-home>.

³⁵⁷ Relief Web. "Ethiopia: COVID-19 Humanitarian impact" Situation Update No. 03. April 23, 2020 <https://reliefweb.int/report/ethiopia/ethiopia-covid-19-humanitarian-impact-situation-update-no-03-23-april-2020>.

³⁵⁸ World Bank. "Migration and Remittances Data", The World Bank Group. <https://www.worldbank.org/en/topic/migrationremittancesdiasporaissues/brief/migration-remittances-data>.

Factors	Description
	relatively low paying jobs which could be affected by the crisis. ³⁵⁹ According to WB 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. A relatively unknown factor is how the crackdown on illegal immigrants in Saudi Arabia, as discussed above, may affect remittances from that country. The number of Ethiopians illegally living and working in Saudi Arabia is unknown, although most estimates suggest over half a million. Other Gulf states, emboldened by Saudi Arabia's actions, are also departing Ethiopian migrants, UN officials have said. ³⁶⁰

Outline of most exposed groups

The most vulnerable groups who have been identified are as follows:

Urban households

Remittances benefit more the urban than rural population in Ethiopia. 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.

In that respect, a decrease in remittances will mostly affect urban areas, and could have a significant impact on urban poverty. A recent paper has highlighted that remittances are associated in Ethiopia with a reduced likelihood of impoverishment.³⁶¹ Urban households receiving remittances spend a higher share of their budgets on investment-type goods such as education, health, and housing and a lower share of their budgets on food compared to households which do not receive remittances.³⁶²

As noted by the World Bank, a considerable share of rural households, however, receives transfers from other individuals in Ethiopia (mainly from urban areas). A decrease in remittances and loss of income in urban areas is likely to result in lower private transfers to rural areas. This would predominantly affect relatively better-off rural households who are more likely to receive transfers.

4.5 Increased income poverty

4.5.1 Description of impact

This impact consists of the fact that individuals/households may fall in poverty as a result of their lost income due to increased health costs, unemployment, and reduced remittances, as highlighted above.

Studies forecast that the COVID-19 crisis will lead globally to a significant and long-lasting increase in poverty, with urban and rural populations in sub-Saharan Africa suffering most, as 80 million more people would join the ranks of the poor, a 23% increase. Many households in poverty or vulnerable to poverty may engage in distress behaviour in response to income shocks, such as

³⁵⁹ International Organization for Migration. "Mapping of Ethiopian Diasporas Residing in the United States of America" IOM Development Fund. November 2018.

<https://ethiopia.iom.int/sites/default/files/document/Final%20Mapping%20of%20Ethiopian.pdf>.

³⁶⁰ Financial Times. "Saudi Arabia repatriating thousands of migrants back to Ethiopia" April 12, 2020.

<https://www.ft.com/content/b4f3c258-7ec9-477c-92f7-5607203f77fc>.

³⁶¹ Chronic Poverty Network. "Understanding and supporting sustained pathways out of extreme poverty and deprivation - Ethiopia Qualitative Study" February 5, 2018. <http://www.chronicpoverty.org/resources/2018/2/5/understanding-and-supporting-sustained-pathways-out-of-extreme-poverty-and-deprivation-ethiopia-qualitative-study>.

³⁶² Gebregziabher, Kokeb. "The Impact of International Remittances on Expenditure Patterns of Urban Households in Ethiopia". 10.1007/978-3-319-30981-1_6. May, 2016.

https://www.researchgate.net/publication/301762961_The_Impact_of_International_Remittances_on_Expenditure_Patterns_of_Urban_Households_in_Ethiopia.

selling assets (such as livestock), taking out loans or liquidating savings, all of which can also lead to (long-term) impoverishment. The extent of the increase in poverty will therefore partly depend primarily on whether those vulnerable to fall in poverty or marginally above the poverty line (i.e. ‘the near poor’) who have been victims of income shocks are sufficiently insured/protected against those shocks.

It is noted that the income effect at household level described above can be accentuated by the severe effect COVID-19 will have on government finances, with estimates that Africa could lose up to 20% to 30% of its fiscal revenue due to the crisis. According to the literature on financial crises, this in turn will reduce government spending, including government welfare expenditure.

This impact is expected to be channelled through the disease itself and through Covid-19 containment measures – short term effects (confinement, lock-down) and medium and long-term effects (economic crisis, including effects of the global economic crisis).

4.5.2 *Baseline and early signs of impact in Ethiopia*

Despite significant progress, (income) poverty remains widespread in Ethiopia. According to World Bank data, 27% of the population lives below the income poverty line (PPP \$1.90 a day) [and 23% below the national poverty line](#).³⁶³ According to the Human Development Report 2018, the drop in poverty was particularly widespread in urban areas: from 1995-2015, the proportion of poor people (based on the national poverty line) decreased from 48% to 26% and from 33% to 15% for rural areas and for urban areas, respectively.³⁶⁴ A recent WB poverty assessment has underscored that close to 90% of the poor lived in rural areas in 2016, compared to a rural population share of 80%.³⁶⁵

In addition to the large number of poor households in the country, the number of ‘near poor’ is significant in Ethiopia. Many studies have highlighted the transitory effects of ‘poverty escapes’ in Ethiopia, with many households regularly falling back into poverty following shocks.³⁶⁶ In urban areas, as highlighted by the recent WB Poverty Assessment, many of the self-employed are just above poverty line, making them vulnerable to fall in poverty if they lose their employment.³⁶⁷

4.5.3 *Overall assessment of vulnerability*

Overall assessment

In Ethiopia many households regularly fall back into poverty following shocks. A considerable share of households is at risk of falling into poverty after a severe income shock (loss of employment, drop in remittances and increase in health expenditure). Given that the income shock is mostly concentrated in urban areas, the pace of urban poverty reduction seen in recent years is likely to be affected. Similarly, as poverty reduction in urban Ethiopia has been tightly linked to increasing

³⁶³ World Bank. “Poverty & Equity Data Portal” The World Bank Group. <http://povertydata.worldbank.org/poverty/country/ETH>.

³⁶⁴ National Human Development Report 2018, Industrialization with a Human Face.

³⁶⁵ Bundervoet, Tom et al. “Ethiopia Poverty Assessment - Harnessing Continued Growth for Accelerated Poverty Reduction” The World Bank Group. April 2020 <http://documents.worldbank.org/curated/en/992661585805283077/Ethiopia-Poverty-Assessment-Harnessing-Continued-Growth-for-Accelerated-Poverty-Reduction>.

³⁶⁶ See for example: ODI. “Understanding and supporting sustained pathways out of extreme poverty and deprivation: Ethiopia” February 2018. <https://www.odi.org/publications/11083-understanding-and-supporting-sustained-pathways-out-extreme-poverty-and-deprivation-ethiopia>.

³⁶⁷ Bundervoet, Tom et al. “Ethiopia Poverty Assessment - Harnessing Continued Growth for Accelerated Poverty Reduction” The World Bank Group. April 2020. <http://documents.worldbank.org/curated/en/992661585805283077/Ethiopia-Poverty-Assessment-Harnessing-Continued-Growth-for-Accelerated-Poverty-Reduction>.

returns to self-employment, poverty rates in urban areas may increase significantly if self-employment declines in urban areas, as projected.³⁶⁸

This also suggests that should a more severe lockdown be imposed, restricting economic activities across the country, the risk that many near poor or people living at subsistence level drop in poverty would be very significant.

Social safety nets, in particular the PSNP, are available to mitigate the impacts of the current shock on poverty, but their limited coverage and their reliance on donor support imply that they could be insufficient to play that role should the shock become more severe and lasting.

In terms of vulnerable populations, the urban near poor who experienced income drops are particularly vulnerable – they are often just above the poverty line. For them, as well as recent migrants in cities, one observed coping strategy is return to rural areas. The risk of falling back into poverty is great in that context.

The level of vulnerability to this impact is assessed as **medium**. While most of the poor – the rural poor – will not be too affected by the crisis, and as such, will not be significantly impoverished, many urban poor are at risk of falling back into poverty given the income shock experienced. Social safety nets, in particular the PSNP, will however be available to some extent to mitigate the impacts of the current shock on poverty.

Description of vulnerability/resilience factors

Factors	Description
Number of 'near poor' and risk of falling back to poverty aftershocks (-)	Recent studies reveal that in Ethiopia many households regularly fall back into poverty following shocks. 'Transitory poverty escapes' are a significant phenomenon. ³⁶⁹ This is particularly the case in rural Ethiopia, and it is much more the case than other countries. ³⁷⁰ In particular, between 1997 and 2000, 15% of all households experienced a transitory poverty escape. This suggests that such shocks affect not only the poor but also those who are not, keeping the poor within poverty but also pushing the non-poor into poverty. At the macro-level, reasons for transitory escapes include the slow pace of structural transformation in the country; food price inflation and an increase in the vulnerability of farming conditions, the result of increased land pressures and enhanced climate variability. Urban areas and women headed households are however more 'dynamic' – likely to escape chronic poverty and sustain that escape. Given that COVID-19 is a threat multiplier, the risks that new shocks be generated that lead households back into poverty is significant. Such analysis is confirmed by a recent WB poverty assessment. ³⁷¹ The document stresses that while Ethiopia has made strong progress on poverty reduction, vulnerability remains high. Between 2012 and 2016, close to half of people in rural areas and small towns experienced at least one spell of poverty (meaning that they were below the poverty line at some point during this period). The high level of vulnerability means that 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

³⁶⁸ Tom Bundervoetarden & Arden Finn. "Ethiopia Poverty Assessment: What can it tell us about likely effects of the coronavirus?" World Bank Blogs. April 16, 2020. <https://blogs.worldbank.org/african/ethiopia-poverty-assessment-what-can-it-tell-us-about-likely-effects-coronavirus>.

³⁶⁹ Yisak Tafere. "Understanding and supporting sustained pathways out of extreme poverty and deprivation in Ethiopia: Qualitative evidence" ESRC & Chronic Poverty Advisory Network. January 2018. <https://dl.orangedox.com/rVRBj0>.

³⁷⁰ Vidya Diwakar. "From pandemics to Poverty" ODI, April 2020. https://www.odi.org/sites/odi.org.uk/files/resource-documents/coronavirus_from_pandemics_to_poverty.pdf.

³⁷¹ Bundervoet, Tom et al. "Ethiopia Poverty Assessment - Harnessing Continued Growth for Accelerated Poverty Reduction" The World Bank Group. April 2020 <http://documents.worldbank.org/curated/en/992661585805283077/Ethiopia-Poverty-Assessment-Harnessing-Continued-Growth-for-Accelerated-Poverty-Reduction>.

Factors	Description
	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.
Elasticity of (urban) poverty to growth/employment (-)	The extent to which poverty in Ethiopia is sensitive to growth fluctuations is also an important factor of vulnerability for that impact, taking into account that GDP growth is likely to decline significantly following the crisis. ³⁷² The recent WB poverty assessment has underscored that the growth elasticity of poverty has been low in Ethiopia as a whole and 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. Similarly, poverty reduction in urban Ethiopia has been tightly linked to increasing returns to self-employment. In light of this, poverty rates in urban areas may increase significantly if self-employment declines in urban areas, as projected. ³⁷³ It is noted in that regard that most self-employment of the urban poor is already survivalist, with median monthly sales per worker being lower than Birr 1,500. Self-employment is also the main livelihood for urban vulnerable households—i.e. households who are non-poor but are just above the poverty line. ³⁷⁴
Coverage of social protection, in particular in urban areas (+)	As evidence underscores that poverty could go up if incomes are lost from disease, employment, and remittances, there is a role for social protection as a resilience factor against those income shocks. In the PNSP, Ethiopia has one of the largest social protection schemes in sub-Saharan Africa ³⁷⁵ . It is recognised that the PSNP has played, and can continue to play, an important role in enhancing the ability of poor households to cope with shocks and smooth consumption in the face of negative circumstances. ³⁷⁶ The PSNP can as such play a significant role in that regard towards household victims of an income shock such as employment loss. The downside is that while a mechanism is in place to support households mitigate the impacts of shocks, the coverage of the programme is still relatively limited, in particular in urban areas that are expected to be most affected. The Urban Productive Safety Net Project (UPSNP) currently covers about 600,000 beneficiaries in 11 cities, with about 200,000 in Addis Ababa. ³⁷⁷ The size of the programme is therefore relatively limited compared to the expected increase in unemployment in urban areas (see Impact 4.2). In that context, the Government has announced plans for the UPSNP to expand to provide temporary income support to heavily affected households in a larger number of cities, as part of its COVID-19 response. Meanwhile, 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. ³⁷⁸

³⁷² According to the parallel socio-economic impact analysis, growth could reach 4% in 2020 and 2021, from 8% in 2019.

³⁷³ Tom Bundervoet & Arden Finn. "Ethiopia Poverty Assessment: What can it tell us about likely effects of the coronavirus?" World Bank Blogs. April 16, 2020. <https://blogs.worldbank.org/african/ethiopia-poverty-assessment-what-can-it-tell-us-about-likely-effects-coronavirus>.

³⁷⁴ Covid-19: Potential Poverty And Social Impacts In Ethiopia And Policy Responses.

³⁷⁵ <https://academic.oup.com/afraf/article-abstract/118/473/646/5462514>.

³⁷⁶ ODI. "Understanding and supporting sustained pathways out of extreme poverty and deprivation: Ethiopia" February 2018 <https://www.odi.org/publications/11083-understanding-and-supporting-sustained-pathways-out-extreme-poverty-and-deprivation-ethiopia>.

³⁷⁷ Addis Fortune. "Urban Safety Net Killing Two Birds With One Stone" July 21, 2018 <https://addisfortune.net/columns/urban-safety-net-killing-two-birds-with-one-stone/>.

³⁷⁸ International Monetary Fund. "Policy Responses to COVID-19" Policy Tracker, 2020 <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#E>.

Outline of most exposed groups

The most vulnerable groups who have been identified are as follows:

Urban near poor/poor/self-employed:

The direct impact of this crisis could lead to more than 1.9M self-employed in urban areas being under the poverty line within the next weeks. In light of this, poverty rates in urban areas may increase significantly if self-employment declines in urban areas and remittances drop, as projected.³⁷⁹ It is noted in that regard that most self-employment of the urban poor is already survivalist. Self-employment is also the main livelihood for urban vulnerable households—i.e. households who are non-poor but are just above the poverty line.³⁸⁰

(Recent) migrants

In Addis Ababa, recent migrants have substantially worse employment outcomes relative to older migrants (between 3 and 10 years in the city) and the resident population, so have a higher chance of becoming unemployed. Social integration also seems to be more difficult. As observed, the coping strategy has often been to return to rural areas, which would carry a risk of falling back into poverty.

4.6 Increased food insecurity

4.6.1 Description of impact

This impact consists of the fact that individuals/households will become transitorily or chronically food insecure as a result of their loss of income, and as the crisis will severely impact food markets.

It is now estimated that [the COVID-19 pandemic will have a devastating effect on food security](#).³⁸¹ About 265 million people around the world are forecast to be facing acute food insecurity by the end of the year, a doubling of the current amount, with many places very close to famine. There are at least three channels under which this increase in food insecurity, transitory and chronic, could happen. As the pandemic worsens and countries across the world impose lockdowns and close their borders, there is growing fear that food markets are going to be affected by logistical constraints and labour shortages, thereby putting pressure on prices and food availability, and potentially leading to food insecurity among small holder farmers. Secondly and in parallel, food insecurity – and food crises – are expected to rise along with poverty, with household's access to food impacted by reduced incomes. Thirdly, COVID-19 will cause disruptions in public sector programs on food that poor people depend on. For example, closure of schools linked to lockdowns can mean that food feeding programs are suspended (see Welfare section of the report).

This impact is expected to be channelled through Covid-19 containment measures – short term effects (confinement, lock-down) and medium and long-term effects (economic crisis, including effects of the global economic crisis).

³⁷⁹ Tom Bundervoetarden & Arden Finn. "Ethiopia Poverty Assessment: What can it tell us about likely effects of the coronavirus?" World Bank Blogs. April 16, 2020 <https://blogs.worldbank.org/african/ethiopia-poverty-assessment-what-can-it-tell-us-about-likely-effects-coronavirus>.

³⁸⁰ Covid-19: Potential Poverty And Social Impacts In Ethiopia And Policy Responses.

³⁸¹ The Guardian. "Coronavirus measures could cause global food shortage, UN warns" March 26, 2020. <https://www.theguardian.com/global-development/2020/mar/26/coronavirus-measures-could-cause-global-food-shortage-un-warns>.

4.6.2 Baseline and early signs of impact in Ethiopia

Ethiopia is one of the most food insecure countries in the world. It scores 91 out of 113 on the Global Food Security Index 2019.³⁸² In the [2019 Global Hunger Index](#), Ethiopia ranks **97th** out of 117 qualifying countries.³⁸³ With a score of **28.9**, Ethiopia suffers from a level of hunger that is assessed as **serious**. The Global Report on Food Crises³⁸⁴ notes that 28,7 million people were facing some level of food insecurity. Weather extremes, conflict/insecurity and economic shocks are all contributing factors. According to WFP Food Security and Vulnerability Analysis 2019 for Ethiopia³⁸⁵, approximately 20.5% of households are estimated to be food insecure and the number of food insecure could have been much higher had food assistance not been provided to around 18 million people through emergency food aid and PSNP.

Food security is foremost a rural issue in Ethiopia, however it touches also the urban population. According to the WFP Food Security and Vulnerability Analysis 2019, Amhara Region experienced the highest percentage of food insecure households (36.1%), followed by Afar (26.1%) and Tigray (24.7%). According to the same report, nearly 22.7% of rural households and 13.9% of urban households are food insecure. Overall, rural households are more food insecure than urban households according to all indicators except calories deficiency.

Recent projections from the National Disaster Risk Management Committee estimate that 30 million people could experience food consumption gaps as a result of the COVID-19 crisis.³⁸⁶ There is some evidence that the COVID-19 pandemic is beginning to disrupt food value chains in Ethiopia and elsewhere, impacting the livelihoods of farmers and the diets of rural and urban households.³⁸⁷ For example, urban demand for fruits and vegetables—high value, nutritionally rich foods—is declining. Second, trade is affected by travel bans as well as reduced competition, because traders are less willing to travel to production areas. Producer prices are lower, and input prices are up or inputs not available. Farmers thus have lower incentives to produce these crops, likely leading to lower yields and production in the near future.

There is also evidence that food prices for consumers are rising and food availability has declined. For example, in Addis Ababa, prices of key staples rose between 50-100% between February and March 2020.³⁸⁸ This is also the case of dairy products with dairy feed prices estimated at 40% high than before the crisis. Additional constraints have arisen through many labourers not working or demanding up to 40% higher wages over the last month, and restrictions in travel, with transport costs up by 15%.³⁸⁹ It is noted though that the crisis is having heterogeneous impacts across different value chains, depending on the nature of products; access to affordable inputs; trade patterns with major exporting/importing countries; the ease and cost of transportation; and changes and regulations in commodity prices.³⁹⁰

³⁸² The Economist. Intelligence Unit. "Global Food Security Index: Ethiopia" December 2019.

<https://foodsecurityindex.eiu.com/Country/Details#Ethiopia>.

³⁸³ Global Hunger Index. "2019 Global Hunger Index by Severity" <https://www.globalhungerindex.org/results.html>.

³⁸⁴ World Food Programme. "2020 - Global Report on Food Crises" April 20, 2020. <https://www.wfp.org/publications/2020-global-report-food-crises>.

³⁸⁵ World Food Programme. "Comprehensive Food Security and Vulnerability Analysis." 2019

https://reliefweb.int/sites/reliefweb.int/files/resources/wfp_ethiopia_cfsva_report_june_2019.pdf.

³⁸⁶ Jobs Creation Commission, "COVID-19: potential impact on jobs and incomes in Ethiopia, and short-term policy options", March 2020.

³⁸⁷ IFPRI. "Impacts of the COVID-19 crisis on vegetable value chains in Ethiopia" April 13, 2020

<https://www.ifpri.org/blog/impacts-covid-19-crisis-vegetable-value-chains-ethiopia>.

³⁸⁸ Atlantic Council. "Earth Day 2020 call for action: Mitigating the global food crises associated with COVID-19" April 21,

2020. <https://atlanticcouncil.org/blogs/geotech-cues/mitigating-the-impacts-of-global-food-crises-associated-with-covid-19/>.

³⁸⁹ Hannah Itcovitz. "The impact of COVID-19 on agri-food systems and value chains in Ethiopia" INCLUDE. May 1, 2020.

<https://includeplatform.net/news/covid-19-in-ethiopia-impacts-on-agri-food-systems-and-key-value-chains/>.

³⁹⁰ Id.

4.6.3 Overall assessment of vulnerability

Overall assessment

Food security in Ethiopia is highly affected by shocks, and households spend in parallel a large share of their expenditure on foods. This makes food security highly vulnerable to the income shocks related to COVID-19. While overall the urban population is less food insecure, informal/non-salary workers working in sectors such as services are highly vulnerable.

The fact that Ethiopia is not too dependent on food imports and that most agriculture is subsistence-based means that international trade restrictions should have a limited impact on food security.

COVID-19 could exacerbate the negative impact on food security of the Locust invasion. For now, though, COVID-19 is mostly absent from those regions.

As a mitigating tool, the PSNP has played a critical role in ensuring the food security of chronically poor families and protecting them from the depletion of resources in case of shocks. The Government has recently announced plans to scale-up the PSNP, including the UPSNP, and to provide food aid in Addis Ababa.

Informal/non-salary urban workers working in sectors such as services, which are hard hit by COVID-19, are particularly vulnerable to food insecurity. Ethiopia's Oromia and Somali regions, which are very food insecure, and are hit hardest by locust invasion, will also be particularly vulnerable regions.

The level of vulnerability to this impact is assessed as **medium**. COVID-19 could significantly increase food security, but the impact is likely to be relatively concentrated (in urban areas and selected regions) and mitigated by the UPSNP.

Description of vulnerability/resilience factors

Factors	Description
Incidence of shocks on food insecurity (-)	According to the WFP Food Security and Vulnerability Analysis 2019 ³⁹¹ , the proportion of household expenditure spent on food showed a general decreasing trend, from 65% in 2000 to 51% in 2016. This is in line with the general increasing trend of household consumption expenditure over the past fifteen years. While the trend is positive, this share of food expenditure highlights a high level of economic vulnerability to food insecurity. Food security in Ethiopia is highly by shocks and is mostly unstable, fluctuating over time. ³⁹² As discussed under impact 4.4, in Ethiopia many households regularly fall back into poverty following shocks. 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.
Level of urban food security (-)	Some studies have started to highlight the issue of urban food insecurity in Ethiopia. ³⁹³ One of the reasons for food insecurity in urban areas is that increased migration from rural to urban areas takes away employment opportunities for the urban population and puts a pressure on food prices in that population. However, the share of food

³⁹¹ World Food Programme. "Comprehensive Food Security and Vulnerability Analysis." 2019

https://reliefweb.int/sites/reliefweb.int/files/resources/wfp_ethiopia_cfsva_report_june_2019.pdf.

³⁹² Sileshi, M., Kadigi, R., Mutabazi, K. et al. "Analysis of households' vulnerability to food insecurity and its influencing factors in East Hararghe, Ethiopia". *Economic Structures* 8, 41. (2019)

<https://journalofeconomicstructures.springeropen.com/articles/10.1186/s40008-019-0174-y>.

³⁹³ Assefa, Teshager. "Household Level Food Insecurity Assessment: Evidence from Panel Data, Ethiopia". *Scientific African*, 2020. <https://www.sciencedirect.com/science/article/pii/S2468227619308233#bib0021>.

Factors	Description
	<p>expenditure in rural Ethiopia remains significantly higher than in urban Ethiopia³⁹⁴. The urban population is as such relatively food secure. As outlined in the WFP Food Security and Vulnerability Analysis 2019³⁹⁵, 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. 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 %). On the other hand, households engaged in livestock rearing and a mix of crop and livestock production have relatively lower levels of food insecurity. Overall, this points to a mixed picture in terms of the vulnerability/resilience to food security of the households likely to be affected by the crisis. While overall the urban population is less food insecure, informal/non-salary workers working in the service sector are highly vulnerable.</p>
<p>Existence of social protection programmes/food aid (+)</p>	<p>Several studies have pointed out the critical role played by the PSNP in ensuring the food security of chronically poor families and protect them from the depletion of resources. The programme was the major intervention helping chronically poor families and the non-poor who are affected by community-level shocks such as crop failure or flooding.³⁹⁶ For example, the PSNP increased the amount of time a beneficiary is food secure by more than one month each year in all regions.³⁹⁷ As such, these studies have underscored the great dependency of Ethiopia on emergency food aid: within one kebele in the woreda in SNNPR, about 60% of the households had to resort to emergency food aid.³⁹⁸ The Government has indicated plans to use PSNP to respond to COVID.³⁹⁹ This will include an increase in the coverage of the UPSNP, which is still relatively limited. Woreda have been charged to manage the emergency PSNP funds and other extra funds. As part of its COVID-19 Multi-Sectoral Preparedness and Response Plan, which is to be largely donor-financed, \$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.⁴⁰⁰ Meanwhile, Takele Uma, acting Addis Ababa Mayor, announced on April 13th that the city is opening 1,200 “food banks”, mainly mobilized by individuals and organizations.</p>
<p>Locust invasion (-)</p>	<p>The FAO reports that about one million people are affected by the desert locust invasion and require emergency food assistance.⁴⁰¹ Ethiopia’s Oromia and Somali regions are hit hardest and make up 75% of the people needing emergency food</p>

³⁹⁴ Somali shows the largest share of consumption expenditure on food, followed by SNNPR and Gambella. On the other hand, the share of food expenditure is lowest in Tigray and Addis Ababa.

³⁹⁵ World Food Programme. “Comprehensive Food Security and Vulnerability Analysis.” 2019

https://reliefweb.int/sites/reliefweb.int/files/resources/wfp_ethiopia_cfsva_report_june_2019.pdf.

³⁹⁶ ODI. “Understanding and supporting sustained pathways out of extreme poverty and deprivation: Ethiopia” February 2018 <https://www.odi.org/publications/11084-understanding-and-supporting-sustained-pathways-out-extreme-poverty-and-deprivation>.

³⁹⁷ ODI. “Ensuring escapes from poverty are sustained in rural Ethiopia” September 2016.

<https://www.odi.org/publications/10596-ensuring-escapes-poverty-are-sustained-rural-ethiopia>.

³⁹⁸ ODI. “Understanding and supporting sustained pathways out of extreme poverty and deprivation: Ethiopia” February 2018 <https://www.odi.org/publications/11084-understanding-and-supporting-sustained-pathways-out-extreme-poverty-and-deprivation>.

³⁹⁹ This is further discussed in fiche on poverty.

⁴⁰⁰ International Monetary Fund. “Policy Responses to COVID-19” Policy Tracker, 2020 <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#E>.

⁴⁰¹ Food and Agriculture Organization. “Ethiopia: Desert Locusts drive one million to food insecurity” April 13, 2020. <http://www.fao.org/ethiopia/news/detail-events/fr/c/1270924/>.

Factors	Description
	assistance. 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. As this represents an unprecedented threat to food security and livelihoods because it coincides with the early beginning of the long rains, coronavirus-linked restrictions within countries are affecting the ability of some NGOs to move around and provide assistance. For now, such restrictions are limited in Ethiopia, but should such restrictions be imposed, COVID-19 could be a shock multiplier when it comes to food security. ⁴⁰²
Food import dependency (-)	Food insecurity will be affected by the expected drop in incomes. On the other hand, given that Ethiopia does not rely significantly on imports for its food supply, it will be less impacted by trade disruptions than many other countries. It is noted in that regard that movements across land borders, except for the flow of cargo and essential goods, are banned. ⁴⁰³ 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. ⁴⁰⁴ All-important staples are imported in only (very) small quantities, compared to the amounts that are produced locally. As such, Ethiopia's food security is unlikely to be severely impacted by disruptions in trade flows. Additionally, Ethiopia is likely to benefit from the fact that a substantial share of production of agriculture sector is meant for self-consumption and is performed by small land-owners. It is estimated that smallholder farming households account for 95% of the agricultural production. ⁴⁰⁵ Lastly, as exports are dominated by agriculture (70%) ⁴⁰⁶ , parts of the agriculture sector could be affected by the loss in global demand, but this will not affect food security directly.

Outline of most exposed groups

The most vulnerable groups who have been identified are as follows:

Urban near poor/poor, including children

While overall the urban population is less food insecure, informal/non-salary workers working in sectors such as services are highly vulnerable to food insecurity. Slum dwellers with very low incomes will likely be particularly affected. Children under 5 years old, 37% of which suffering from stunting, will be particularly vulnerable to that effect.

Population in already food insecure regions.

The combination of COVID-19 -and locust hocks could exacerbate the food insecurity situation in those regions already highly food insecure. Ethiopia's Oromia and Somali regions are hit hardest and make up 75% of the people needing emergency food assistance. For now, though, COVID-19 is mostly absent from those regions.

⁴⁰² Philip Kleinfeld. "COVID-19 hampers response as 'perfect storm' of locusts builds in East Africa" The New Humanitarian. April 28, 2020. <https://www.thenewhumanitarian.org/feature/2020/04/28/locusts-Africa-Kenya-Uganda-Ethiopia-Somalia>.

⁴⁰³ Ethiopian Investment Commission. "Latest Government Measures & Support" 2020 <http://www.investethiopia.gov.et/index.php/covid-19/latest-government-measures-support.html>.

⁴⁰⁴ World Food Programme. "Impact of COVID-19 Outbreak on Supply Chains, Regional Trade, Markets and Food Security in East Africa." Regional Bureau Nairobi. May 2020. <https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000115462.pdf>.

⁴⁰⁵ Food and Agriculture Organization. "Ethiopia at a glance" 2020 <http://www.fao.org/ethiopia/fao-in-ethiopia/ethiopia-at-a-glance/en/>.

⁴⁰⁶ UNCTADSTAT. "General Profile Ethiopia" United Nations Conference on Trade and Development <https://unctadstat.unctad.org/CountryProfile/GeneralProfile/en-GB/231/index.html>.

4.7 Summary assessment

In this chapter we have assessed the vulnerability of Ethiopia to a number of economic impacts at house-hold level: loss of income from the disease, from unemployment, and from a drop in remittances, as well as increased income poverty and food insecurity.

Based on first developments under Covid-19 and vulnerability and resilience factors, Ethiopia cannot consider itself immune to any of the potential impacts analysed, with vulnerability assessed as “medium” for all impacts. A number of factors generally make Ethiopia vulnerable to all the economic impacts, but on the other hand, this vulnerability is limited by a number of mitigating factors and government responses.

The level of vulnerability to the **loss of income from COVID-19 illness/death and health care costs** is assessed as **medium**. The generally high level of OOP payments in Ethiopia makes the country vulnerable to this impact, even though a large part of urban population possesses health insurance. On the other hand, evidence so far suggests that the Government has borne all the cost of treatment for patients, including those requiring active treatment.

The level of vulnerability to **loss of income from unemployment** is assessed as **medium** as the structure of the economy means that employment loss will be concentrated into a few specific sectors/urban employments, and that the strong government response in the forms of measure to limit redundancies and providing safety nets would act at mitigating measures, and therefore reduce income loss.

Similarly, the level of vulnerability to a **drop of income from remittances** is considered as **medium**. The drop-in remittances are likely to be significant and possibly lasting if the global economic crisis is prolonged, but on the other hand the dependence on remittances is relatively low compared to many other countries.

To what extent is there a risk that the foreseen drop in incomes leads to an increase in urban poverty and food insecurity? Overall, the vulnerability to an **increase in income poverty** is assessed as **medium**. While most of the poor – the rural poor – will not be too affected by the crisis, and as such, will not be significantly impoverished, many urban poor are at risk of falling back into poverty given the income shock experienced. Social safety nets, in particular the UPSNP, will however be available to some extent to mitigate the impacts of the current shock on poverty.

Similarly, the level of vulnerability to an **increase in food insecurity** is assessed as **medium**. COVID-19 could significantly increase food insecurity, but the impact is likely to be relatively concentrated (in urban areas and selected regions) and mitigated by the UPSNP.

While the vulnerability of the country to economic impacts could be considered as “medium” on the basis of the above, it is observed that across most impacts the urban poor or near-poor population are particularly vulnerable, especially women. Such population group faces a number of parallel economic shocks which make it highly vulnerable to the crisis. Addressing the vulnerability of Ethiopia to economic impacts will therefore require responses targeted to the urban poor population.

Economy				
Loss income from disease	Loss income from unemployment	Loss income from remittances	Increase in income poverty	Increase in food insecurity
Medium	Medium	Medium	Medium	Medium

5 Overview of most vulnerable groups

In the previous chapters, we have identified a number of social groups that will be most likely exposed to the worst impacts of Covid-19.

The perhaps most obvious group to suffer are people affected by the disease, patients and their families. Considering the economic side of the crisis but also the costs of health care, low-income households in general will be more affected, confirming that Covid-19 is not exactly a social equalizer.

Looking at the gender dimension, the crisis poses a clear risk for women and girls, especially women who are socially isolated, victims of intimate partner violence, with heavy care responsibilities, who are likely to see their challenging situation being exacerbated. Women who depend on childcare for continuing paid work, or who need SRHR services, will be especially affected by disruptions in such services.

Elderly people, people with disabilities or with chronic illnesses, who depend on others for their daily life, risk to be left behind, and even further stigmatised, while they run specific health risks. At the same time, children and young people are also paying a high price. Children belonging to the most vulnerable segments of youth, such as children with special educational needs, children on the move, children in street situation or in institutions, might more easily fall prey of exploitation and abuse while receiving decreased educational and care support.

Different population groups are likely to be impacted by Covid-19 in urban and in rural areas. Urban areas are more directly affected, but rural areas suffer from movement restrictions and supply chain disruptions to a greater extent, besides being more food insecure.

In urban settings, the Covid-19 crisis will hit badly those who are at the margins and already suffer from precarious living conditions: people in street situation (especially women and children), refugees, asylum seekers and children on the move. Those who have an insecure job or make a livelihood in the informal sector, urban slum dwellers, peri-urban farmers already exposed to evictions, domestic workers already subject to exploitation and abuse risk paying a high price as well.

At the same time, rural remote areas, pastoral communities in particular, and communities where food insecurity is already a dramatic reality, might see their living conditions worsen. In addition, where there has been social unrest because of ethnic conflicts, there is a risk of existing tensions to be revived by issues related to the management of Covid-19 or its economic impacts.

In Table 5.1 overleaf, an overview of vulnerable groups is provided. When looking at the groups, we note a high degree of potential overlapping of the identified vulnerable groups, indicating the risk of intersectional social exclusion and multidimensional poverty to increase. The concern for these groups and risks must be balanced with the expected level of vulnerability of the country to the various impacts, which depends on the prior situation and the presence of resilience factors and mitigating measures taken. In other words, not all impacts are expected to hit Ethiopia strongly. The spread of the disease and the response evolve over time so the assessment needs to remain dynamic and ongoing. However, the hope is that this overview and the evidence on vulnerability and resilience factors provided in this report can help identify some situations and settings to be monitored closely by UNICEF and its partners, so that in this crisis no one is left behind.

Table 5.1 Overview of most vulnerable groups to socioeconomic impacts of Covid-19 in Ethiopia

Groups	Health	Welfare and social cohesion	Economy
Low income households	<ul style="list-style-type: none"> • Reduced access to healthcare; • Interruption of and lower access to vaccination and other preventative care services; • Reduced access to sexual and reproductive health services; • Reduced access to healthcare; • Worsened child nutrition outcomes; • Deteriorated mental health and psychosocial wellbeing. 	<ul style="list-style-type: none"> • Worsened living conditions for people with disabilities. 	<ul style="list-style-type: none"> • Loss of income due to COVID-19 illness/death and health care costs; • Increased income poverty.
People affected by the disease	<ul style="list-style-type: none"> • Reduced access to healthcare; 	<ul style="list-style-type: none"> • Increased social tensions, discrimination and stigma of persons perceived to be affiliated with the disease. 	<ul style="list-style-type: none"> • Loss of income due to COVID-19 illness/death and health care costs.
Elderly people	<ul style="list-style-type: none"> • Reduced access to healthcare. 	<ul style="list-style-type: none"> • Worsened living conditions for people with disabilities. 	
People with disabilities and/or chronic illnesses	<ul style="list-style-type: none"> • Reduced access to healthcare; • Interruption of and lower access to vaccination and other preventative care services; • Deteriorated mental health and psychosocial wellbeing. 	<ul style="list-style-type: none"> • Worsened educational outcomes for girls and boys; • Worsened living conditions for people with disabilities; • Increased exposure of women and children to violence, exploitation and abuse. 	
Orphan children, children in institutions	<ul style="list-style-type: none"> • Deteriorated mental health and psychosocial wellbeing; 	<ul style="list-style-type: none"> • Increased exposure of women and children to violence, exploitation and abuse; 	
Women and girls (including: <ul style="list-style-type: none"> • working women; • pregnant women; • socially isolated women; • women with heavy care responsibilities; • women already exposed to Intimate partner violence; • female health and social workers.) 	<ul style="list-style-type: none"> • Reduced access to WASH services; • Reduced access to sexual and reproductive health services; • Reduced access to healthcare. 	<ul style="list-style-type: none"> • Worsened educational outcomes for girls and boys; • Worsened living conditions for people with disabilities; • Increased exposure of women and children to violence, exploitation and abuse; • Increased exclusion of women from decision-making. 	<ul style="list-style-type: none"> • Loss of income due to increased unemployment, in particular in certain sectors.
People living in street situations (especially women and children)	<ul style="list-style-type: none"> • Reduced access to healthcare; • Reduced access to WASH services. 	<ul style="list-style-type: none"> • Increased exposure of women and children to violence, exploitation and abuse. 	<ul style="list-style-type: none"> • Loss of income due to COVID-19 illness/death and health care costs; • Increased food insecurity reflecting disruptions in food chains.

Groups	Health	Welfare and social cohesion	Economy
Refugees and asylum seekers, IDPs, foreigner, repatriated Ethiopians, and other people on the move (especially women and children)	<ul style="list-style-type: none"> Reduced access to WASH services; Reduced access to healthcare; Worsened child nutrition outcomes; Deteriorated mental health and psychosocial wellbeing. 	<ul style="list-style-type: none"> Worsened educational outcomes for girls and boys; Increased exposure of women and children to violence, exploitation and abuse; Increased social tensions, discrimination and stigma of persons perceived to be affiliated with the disease; Increase of people without legal proof of identity. 	<ul style="list-style-type: none"> Increased income poverty.
People in the informal sector	<ul style="list-style-type: none"> Worsened child nutrition outcomes. 	<ul style="list-style-type: none"> Increase in evictions. 	<ul style="list-style-type: none"> Loss of income due to increased unemployment, in particular in certain sectors.
Peri-urban farmers		<ul style="list-style-type: none"> Increase in evictions. 	
Domestic workers and caregivers		<ul style="list-style-type: none"> Increased exposure of women and children to violence, exploitation and abuse; Increase in evictions. 	
Population of informal settlements in urban areas	<ul style="list-style-type: none"> Reduced access to WASH services; Reduced access to healthcare. 	<ul style="list-style-type: none"> Worsened educational outcomes for girls and boys; Increase in community and political violence, riots and clashes. 	<ul style="list-style-type: none"> Loss of income due to COVID-19 illness/death and health care costs; Increased income poverty; Increased food insecurity reflecting disruptions in food chains.
Urban households			<ul style="list-style-type: none"> Loss of income from remittances due to global downturn and exodus of migrant workers from host countries.
People living in rural, remote, or otherwise underserved areas, especially pastoral communities, food insecure communities and population in border areas	<ul style="list-style-type: none"> Reduced access to healthcare; Interruption of and lower access to vaccination and other preventative care services; Reduced access to WASH services; Reduced access to sexual and reproductive health services; Worsened child nutrition outcomes. 	<ul style="list-style-type: none"> Worsened educational outcomes for girls and boys; Interrupted access to social protection, such as cash transfers, school meals or other social safety net programs; Increase of people without legal proof of identity. 	<ul style="list-style-type: none"> Increased food insecurity reflecting disruptions in food chains.
Populations of communities characterized by frequent civil unrest (including Somali and Oromia regions)		<ul style="list-style-type: none"> Increase in community and political violence, riots and clashes; Restrictions on freedom of association and expression under the pretext of emergency. 	