

Alliance 2015

towards the eradication of poverty



Covid-19 and Community Resilience

Ethiopia
Report 2021

13 year old Abinet, helps his mother, Workinesh Alto, to strip maize cobs in front of the new family home. Workinesh set up an agricultural trading business in the wake of taking part in REGRADE, a graduation-based program run by Concern in SNNPR, Ethiopia, 2020. Photo: Kieran McConville / Concern Worldwide.

Foreword

Alliance2015 in Ethiopia includes seven representatives of the eight members: ACTED, Ayuda en Acción, Cesvi, Concern Worldwide, Helvetas, People in Need and Welthungerhilfe. As members of Alliance2015, we are pleased to have participated in the research especially given the global and widespread impact COVID-19 has had on the poorest communities. While devastating, the research also shows that communities are resilient with coping mechanisms and strong community spirit. There are important learnings from this research that can support the design of programmes both for immediate response and for longer term initiatives by INGOs and government to ensure the negative impact of COVID-19 is minimised while the positive elements are built upon.

Acknowledgements

Concern Worldwide and People in Need conducted the research in some of the programme areas where they operate. Alliance2015 would like to thank all those that participated in the research the forms the basis of this report. We especially wish to thank the community members who took their time to reflect on and answer the questions related to the research on COVID-19 and its impacts on Ethiopians.

Introduction

The COVID-19 pandemic is testing the resilience of communities globally, with very differentiated impacts, exacerbating existing inequities and creating new ones. To help shape an evidence-based response to COVID-19, Alliance2015 members jointly conducted a survey in 25 countries, covering over 16,000 women, men and trans/non-binary people over a two-month period (from mid-October to mid-December 2020).



Mestawat Sorsa joined the Concern REGRADE program in late 2017 and has since then started a grain milling business, acquired a donkey, a cow, and a sheep, and carried out major improvements to the family home, including new windows, doors, and furniture. She plans to buy an ox. 2020. Photo: Kieran McConville/ Concern Worldwide.

The large sample size and distribution of respondents, living in urban, rural and camp settings, provides a robust base for adapting and designing humanitarian assistance and development programmes and assessing their impacts, by Alliance2015 members, other CSOs, government and donors. The survey provides striking information on the impacts of COVID-19 on food security, WASH, health, education, income, indebtedness and psychosocial conditions of households.

The global report outlining the findings of the research can be found here: <https://www.alliance2015.org/alliance2015-multi-country-research/>

This report provides an overview of the context in Ethiopia and the COVID-19 impact in a number of different aspects of life including food, health, education, coping mechanisms and future prospects.

In Ethiopia, the survey was conducted during November and December 2020 by Alliance2015 partners PIN and Concern Worldwide. The locations of the survey included:

Sidama Region: Bensa, Lokabaya, Bona-Zuria, Hula, Aleta chuku, and Aleta Wondo woredas

Amhara region: South Wollo Zone, Dessie Zuria, Delanta and Legambo woredas

SNNP region: Wolaitta zone, Dugunafango, Kindodidaye, Kindokoyisha and Humbo woredas.

Context

The first case of COVID-19 in Ethiopia was reported on 13 March 2020. According to the Ethiopia Public Health Institution (EPHI) report on November 28, 2020, from a total of 1,562,008 suspected lab tests, there were 102,720 COVID-19 confirmed cases, with 1,569 deaths (i.e 1.5% cases fatality rate) and 63,866 total recoveries.

This research was conducted eight months after the first case of COVID-19 was reported in Ethiopia. Since the start of the pandemic, the Ethiopian government swiftly responded to minimize the impact of COVID-19 by using different strategies including lockdowns in some part of the country.

The government strengthened its preparedness and response efforts to combat COVID-19 and has set up a well-organized national preparedness and response coordination mechanism through an Emergency Operation Center.

The Ethiopian government has set up different levels of coordination:

- National Disaster Risk Management Council led by the Deputy Prime Minister's Office;
- Public Health Emergency Management (PHEM) incorporated a multi-sectorial national task force led by the Minister of Health and managed by the Director-General of Ethiopian Public Health Institute (EPHI); and
- PHEM Technical Working Group led by the National Incident Manager.

In April 2020, the national government declared a five-month state of emergency but has allowed economic activities to continue through advising the people to implement COVID-19 protocols as advised by World Health Organisation (WHO) such as wearing masks, keeping physical distance, washing hand with soap regularly, and avoiding crowded places. Unfortunately, despite these efforts, and due to the need to continue to allow people to earn a living, the cases in Ethiopia continue to rise.

Methodology

In the period between the 17th November and the 12th December 2020, two Alliance2015 partners, PIN and Concern Worldwide collected data from 1,184 individuals in Amhara and Southern Nations and Nationalities People (SNNP) region (South Wollo zone, Dessie Zuria, Delanta, Legambo districts and Wolaitta zone, Dugunafango, Kindodidaye, Kindokoyisha and Humbo districts) and Sidama regional state (Bensa, Lokabaya, Bona-Zuria, Hula, Aleta chuku, and Aleta Wondo districts).

Respondents generally identified themselves as living in rural location (77.8%), though a sizable proportion did live in urban (16.0%) and peri-urban locations (6.3%), in the following analysis, these final two groups are merged. Respondents were drawn from the PIN programme *Improvement of Health, Hygiene and Sanitation in selected towns and villages of Sidama region* and Concern Worldwide's programme *Community Resilience building and Evidence based Graduation programme (REGRADE)*.

Interviews were conducted in person, by staff of the two organisations, observing stringent precautions against the spread of COVID-19 including mask wearing, maintaining a distance of two metres between the enumerator and the respondent and avoiding physical contact. Data was collected on digital data gathering devices using the iFormBuilder platform (by Concern) and Kobo toolbox (for PIN); the two datasets were subsequently merged and analysed jointly.

The respondents were a reasonably balanced mix of males (54.0%) and females (46.0%) and were predominantly in the 20 to 49 years of age group (accounting for 84.9% of respondents), with most of the remainder being aged between 50 and 64 years of age (11.4%). Due to the large proportion of respondents in one specific age group, the data in the following is generally only disaggregated in terms of location and sex of respondents.

Survey Results and Findings

Knowledge of COVID-19

Almost all of the respondents interviewed (99.2%) said they had heard about COVID-19, with knowledge of the main means of avoiding catching COVID-19 also quite high. Amongst all respondents 94.4% identified frequent hand washing with soap as one of the main precautions to take, a further 81.3% identified the importance of wearing a mask and 77.6% identified the need to maintain a physical distance. Somewhat surprisingly, only 27.8% identified the importance of covering their mouth and nose when coughing or sneezing (including coughing into your elbow).

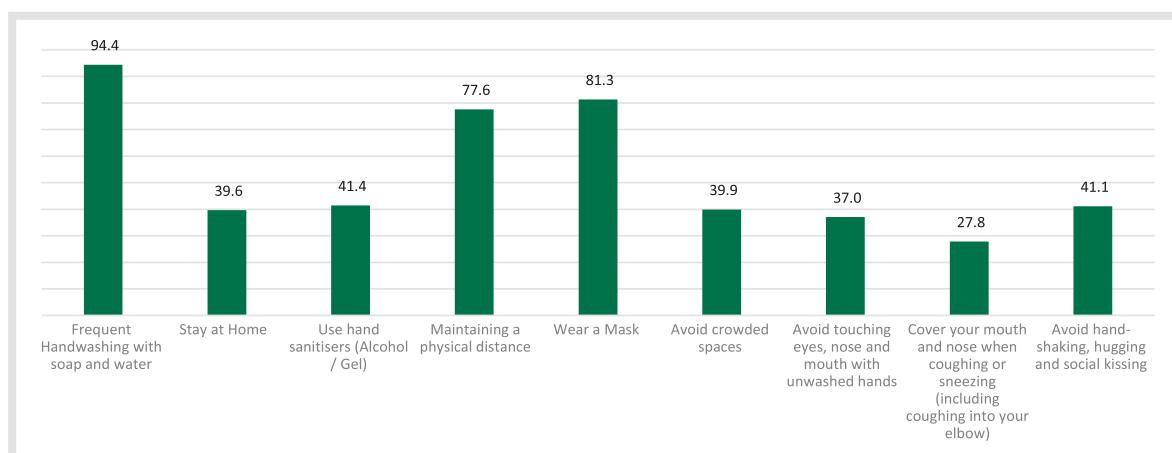


Figure 1 % of respondents identifying the main precaution to avoid COVID-19

However, of more relevance may be the challenges that people face in terms of following the guidelines on preventing the spread of COVID-19. Respondents were asked to identify, from a long list, the challenges they faced, which can be grouped into issues related to affordability, availability and the dense population in the areas in which they work and live.

Maintaining social distance appears to be the biggest challenge amongst those interviewed with 39.3% identifying that the market places are crowded and 25.4% saying that it was hard for them to stay away from neighbours and friends; almost one in four (24.1%) identified the housing they live in as being crowded. As the following figure shows – challenges in maintaining social distance were more frequently identified in urban areas.

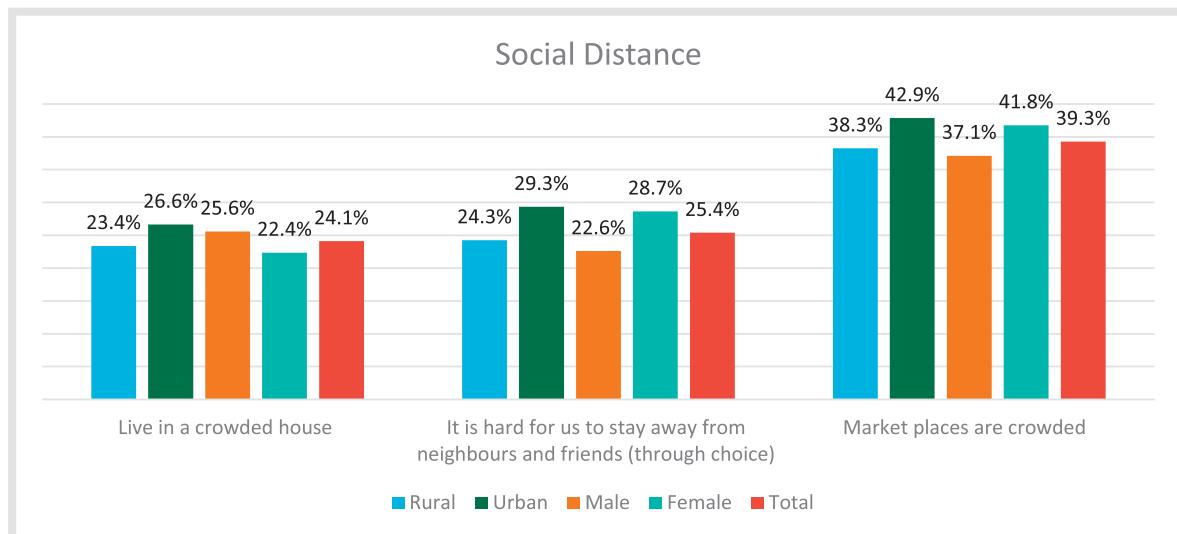


Figure 2 Why people cannot follow COVID-19 prevention measures: Social Distancing

Affordability of materials appears to be the second most frequently mentioned challenge when it comes to following the guidelines provided with 11.1% saying they cannot afford water (though this was higher in rural than urban areas); 24.1% saying they cannot afford soap (again with large urban-rural differences) and 28.4% saying they cannot afford face masks, also with large differences in terms of location.

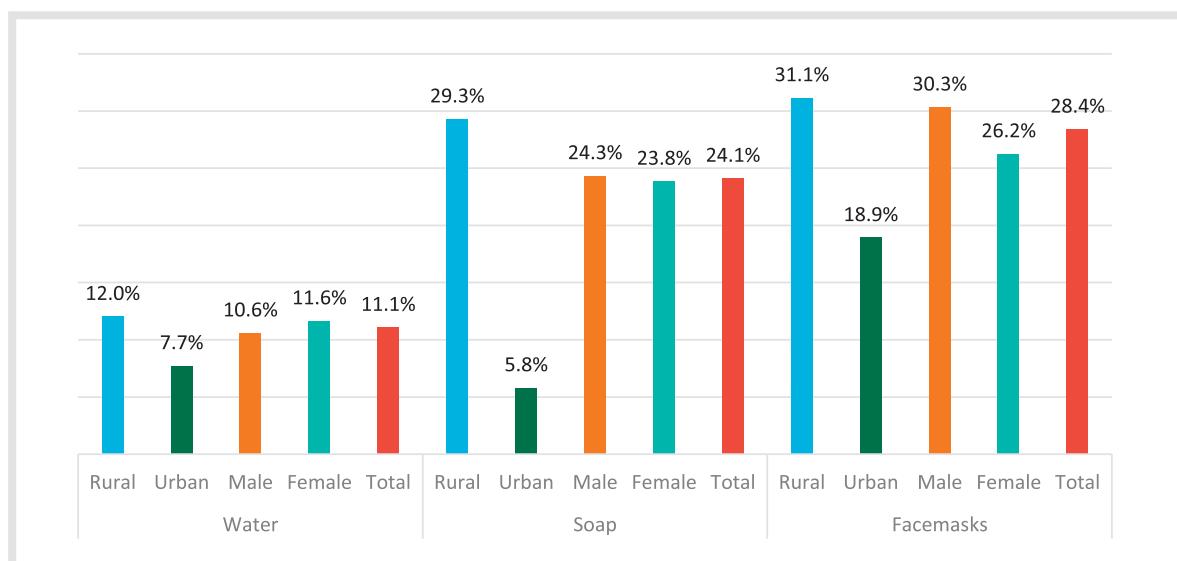


Figure 3 Why people cannot follow COVID-19 prevention measures: Affordability

Availability of certain materials seems to be slightly less of a challenge, even though 33.8% of respondents reported facing challenges in terms of the availability of face masks (which was higher in urban areas). The availability of water was mentioned by 7.1% of respondents and 14.5% flagged up the availability of soap, with the availability of both soap and water being more of a challenge in rural areas.

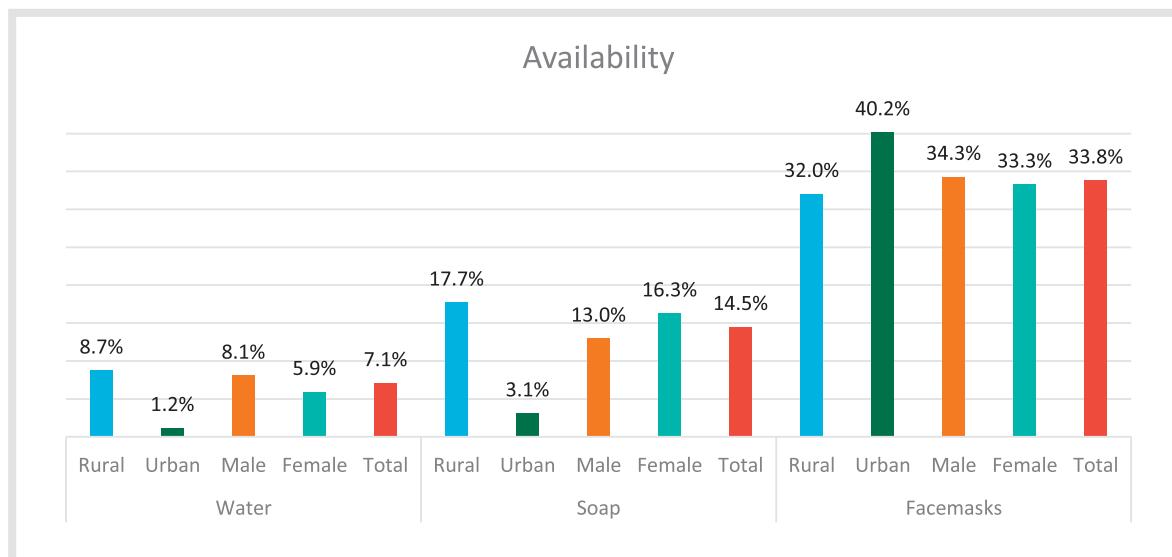


Figure 4 Why people cannot follow COVID-19 prevention measures: Availability of Materials

Overall, 7.4% of respondents identified no challenges, 28.4% identified they faced one challenge and 33.0% faced two challenges, meaning 31.2% of those interviewed faced three or more challenges in following the guidelines. Respondents living in rural areas identified on average 2.2 challenges against 1.8 identified amongst the urban population; there was no difference between male and female respondents (each identifying on average 2.1 challenges).

Income

Respondents were asked to describe the change in the financial situation of their household since the start of the COVID-19 crisis; 45.9% said there had been a slight decline in this (roughly estimated to be up to 20%) with 10.1% saying there had been a significant negative change. Overall, 37.1% said it had remained the same and 5.5% said that it had improved slightly, with 1.0% saying it had improved significantly.

Those in rural areas were more likely to identify a significant negative change (11.1% against 6.2% for those in urban areas), with respondents in urban areas more likely to say it had remained about the same (46.3% against 34.4% in rural areas). Women were also more likely to say it had remained about the same than men (41.2% against 33.5%), with men more likely to say there had been a slight decrease in the financial situation of the household (49.9% against 41.2% amongst female respondents).

Respondents were asked to identify their household's usual primary source of income (before COVID-19), these results are presented in Figure 6. Just over two-thirds (68.2%) said this came from agriculture on their own land, and while 75.3% gave this response in rural areas, 43.2% also gave this response in urban and peri-urban locations. This was followed in importance by small scale petty trading, the response of 16.8% of those interviewed, and was much more frequently given in urban than rural areas, and amongst women when compared to men. Casual labour was the primary source of income for 5.4% of respondents and formal employment for 5.1%, though this

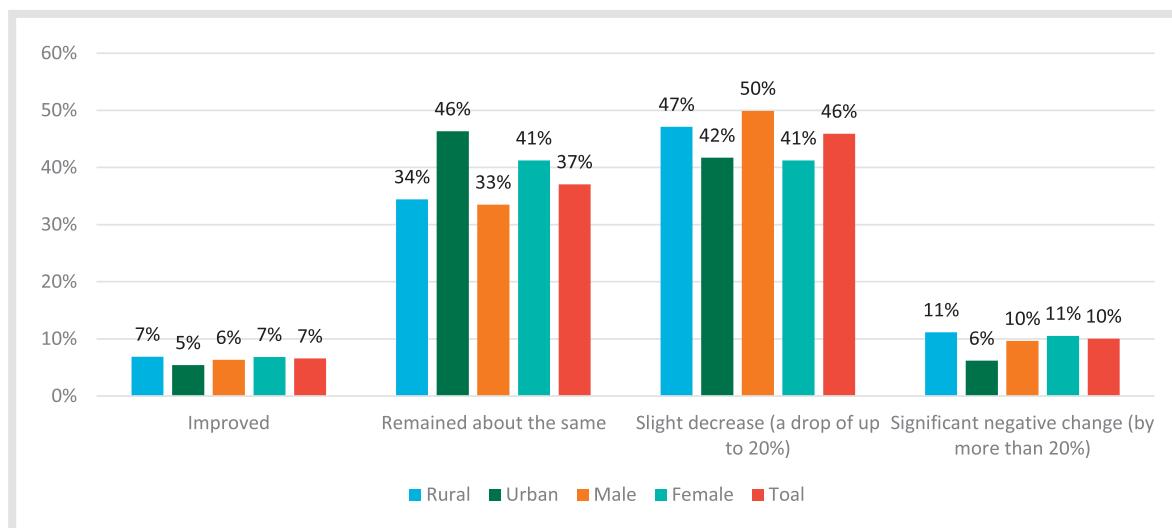


Figure 5 How has the financial situation of the household changed

was considerably higher amongst those living in urban areas. Remittances from family members was the primary source of income for less than one percent of those interviewed, while 3.6% identified support from external agencies as their primary income source.

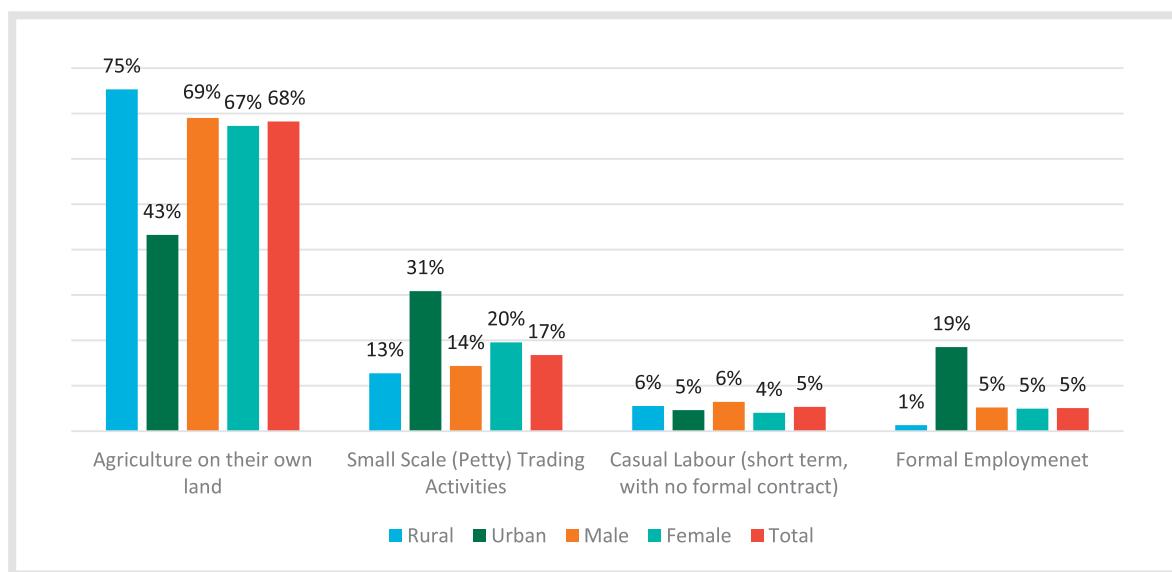


Figure 6 Primary Source of Income for the Household before COVID-19, by location and sex of respondent

Slightly over half of those interviewed (50.5%) said their ability to earn an income had been affected due to COVID-19, this was a little higher in rural areas than urban areas (51.3% against 47.9%) and amongst male respondents (53.9% against 46.6% of females). However, bigger differences can be seen in terms of the primary source of income – while 43.1% of those engaged in agriculture on their own land as a primary source of income said their ability to earn an income had been affected, 80.2% of those involved in petty trade and 82.5% of those dependent on casual labour gave this response. Amongst those identifying formal employment as their primary source of income, the proportion saying it had been affected dropped to 28.3%.

While 7.9% of those who said their ability to earn an income had improved a little, the most frequent description given was that it had gotten a little worse (given by 73.2% of respondents), with the remaining 18.9% saying it had gotten a lot worse. Looking at the disaggregated figures in the

following table, a greater proportion of those living in rural areas who said their ability to earn an income had been affected said it had gotten a lot worse, while there was little difference between male and female respondents giving this answer. Those dependent on casual labour were the most likely to say their income had gotten a lot worse, while those engaged in formal employment were more likely to say it had gotten better (though this is quite a small number).

Table 1 How has income been affected by COVID-19

	Got a little better	Got a little worse	Got a lot worse
Rural	6.0%	73.1%	20.9%
Urban	15.3%	73.4%	11.3%
Male	7.6%	74.2%	18.2%
Female	8.3%	71.8%	19.8%
Agriculture on their own land	7.0%	77.4%	15.7%
Small Scale (Petty) Trading Activities	7.6%	75.3%	17.1%
Casual Labour (short term, with no formal contract)	7.7%	53.8%	38.5%
Formal Employment	35.3%	41.2%	23.5%
Total	7.9%	73.2%	18.9%

While 68.2% of all of those interviewed said agriculture on their own land was their primary source of income, 43.1% of those said their ability to earn an income had gone down – the most frequently given reason for this was the loss of market for agricultural produce (given by 48.9% of respondents who said there had been a change), followed by delayed planting (given by 35.8%) and a decrease in the acreage planted (given by 29.3%).

While a much smaller proportion (16.8%) said their main source of income was petty trade a much greater percentage (80.2%) said their ability to earn an income had been affected. The main reason given (by 61.4%) was that customers were not coming to the market because of COVID-19 restrictions, with a similar proportion (59.3%) saying the usual goods were not available anymore, or are more expensive. The third most commonly given answer was that trading areas were temporarily closed by government restrictions (given by 48.3%)

Similarly, while only 5.4% gave casual labour as their primary source of income, 82.5% of these respondents said their ability to earn an income had been affected. The main challenge they face was the people are no longer recruiting (given by 87.5% of these respondents) or that the amount they are being offered for their labour is lower than it was before (given by 39.6% of respondents).

Remittances

While less than one per cent of respondents identified that remittances were their primary source of income, in total 5.7% of those interviewed said that before March 2020, when the COVID-19 pandemic started, they were regularly receiving transfers from family living in other parts of the country or abroad. Very little difference was observed in terms of the sex of the respondent (with 6.2% of male and 5.2% of female respondents giving this answer). There was, however, a bigger difference observable between those in urban and rural areas as to whether they had received remittances or not (4.7% of respondents in rural areas reporting receiving remittance against 9.3% in urban areas). While 38.8% identified that they had decreased in value by up to a half, a quarter (25.4%) said they had stopped completely and 17.9% saying they had decreased a lot. The following table presents this in a disaggregated manner, but the number of respondents in some of the groups are quite small.

Table 2 How remittances have changed since the start of COVID-19

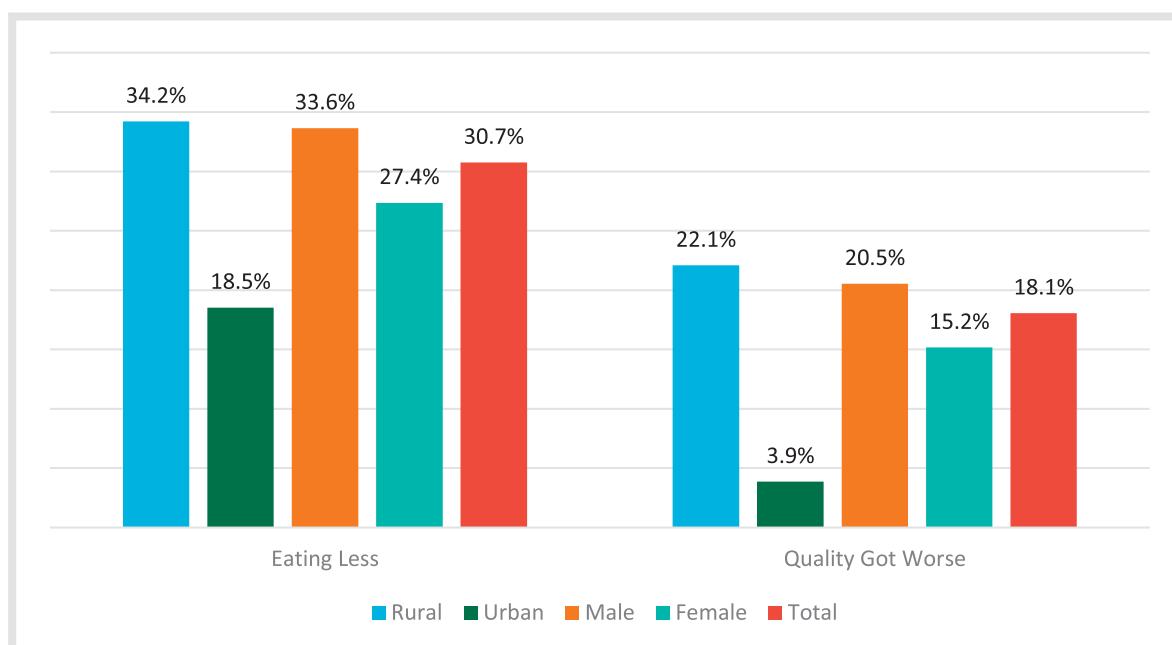
	They have increased	They have stayed the same	They have decreased (up to 1/2 less)	They have decreased a lot	They have stopped completely
Rural	2.3%	20.9%	25.6%	16.3%	34.9%
Urban	8.3%	0.0%	62.5%	20.8%	8.3%
Male	2.6%	5.1%	43.6%	17.9%	30.8%
Female	7.1%	25.0%	32.1%	17.9%	17.9%
Total	4.5%	13.4%	38.8%	17.9%	25.4%

The main reasons given for these declines were that their relatives' income was reduced (given by 72.7% of those who said there had been a decline), relatives lost their jobs (given by 74.5% of respondents), or that their relatives' own cost of living had increased (identified by 29.1%). A smaller proportion (9.1%) identified that the remittances had decreased because their relatives had become sick or had died or the cost of sending the transfer had increased.

Food

We also asked respondents to compare the situation at the time of the interviews to the period before COVID-19 in terms of the quantity and quality of food. Overall, 30.7% of those interviewed said they were eating less now, with 62.8% saying it had remained the same and 6.3% saying they were eating more. In terms of quality, 18.1% said it had gotten worse, with 55.8% saying it was the same and 25.6% saying it had actually improved.

Male respondents were more likely to say their household was eating less than women were (33.6% compared to 27.4%), with those in rural areas more likely to say they were eating less (34.2% against 18.5% in urban areas). There was a similarly striking difference between locations in terms of the response on quality with 22.1% of those in rural areas saying it had gotten worse compared to 3.9% in urban areas.

**Figure 7** % of respondents saying they were eating less and the quality of the food was worse

Health

Respondents were asked to describe the health and well-being of their family members compared to the period before COVID-19, with a large proportion saying it had improved (44.7%) or had remained the same (38.8%), with a considerably smaller proportion (16.1%) saying that it had gotten worse.

Men were more likely to say it had gotten worse than women (19.1% against 12.6%) and those in rural areas more likely to say this than those in urban areas (18.0% compared to 9.3%).

Respondents were further asked whether they, or any other person in their household delayed, skipped or had been unable to attend needed health care visits since the start of the COVID-19 pandemic, with 10.6% of respondents saying this had been the case. Amongst female respondents this was 11.7% and amongst males 9.2%, with a bigger difference observable between the rural and urban areas (11.5% against 7.3%).

For those who had foregone assistance, the two main reasons given for this were a fear of contracting COVID-19 at the facility (given by 80.6% of respondents) and cost (given by 29.8% of respondents) or that the facility had reduced opening hours (given by 27.6% of respondents).

Respondents were also asked 'if anybody in your household fell sick this week would you feel comfortable taking them to the health facility?', with 23.4% saying this was not the case. Men were more likely to give this response than women (25.8% against 20.7%) and those in urban areas were more likely to say this than those in rural areas (29.7% against 21.6%).

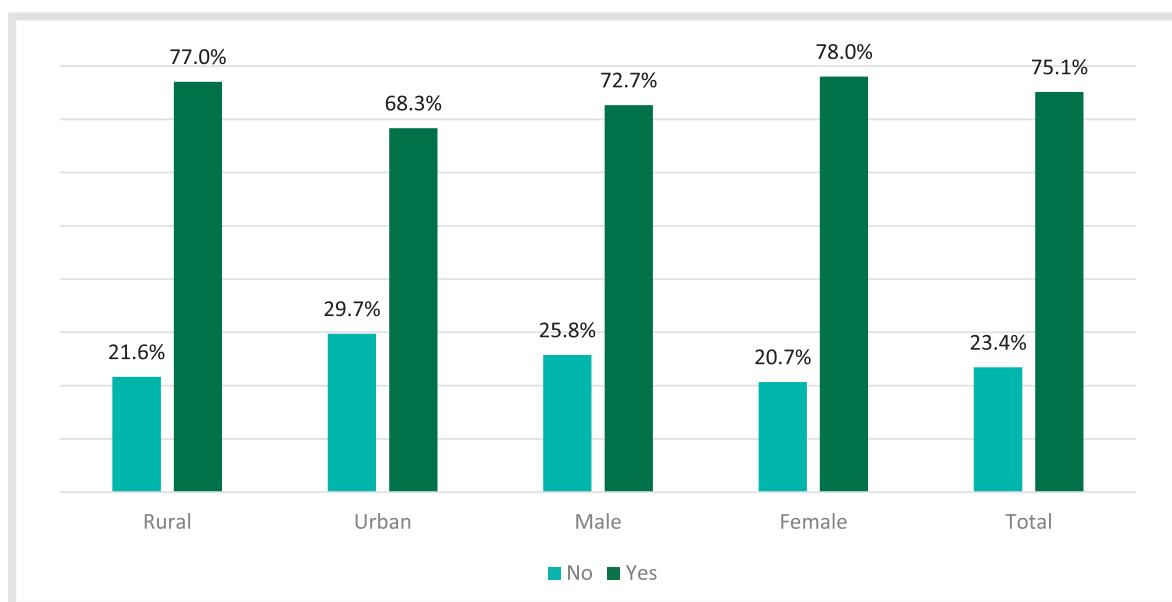


Figure 8 Answer to the question 'if anybody in your household fell sick this week would you take them to the health facility?'

While 81.8% of those who said they would be reluctant to attend in the coming week reported that this was because of a fear of COVID, 42.5% said they feared contracting another illness, 28.0% said this was due to restricted opening times, but with only 6.2% saying this was related to cost.

Well Being

We also asked people if, during the pandemic period, they had experienced a selection of (negative) feelings more than usual. A very high proportion of respondents (84.4%) said that they had felt worried over the past month, with 75.1% saying they had felt sad more than usual. A smaller, but still substantial proportion (47.7%) reported having trouble sleeping, with 45.4% saying they had experience sudden mood swings (such as anger or crying easily). While a greater

proportion of women reported feeling sad (76.7% compared to 73.8% amongst men), men were more likely to say they had experienced trouble sleeping, mood swings or had been worried. However, these differences are quite small, suggesting that the emotional strain of COVID-19, and measures put in place to stop its spread are affecting everybody.

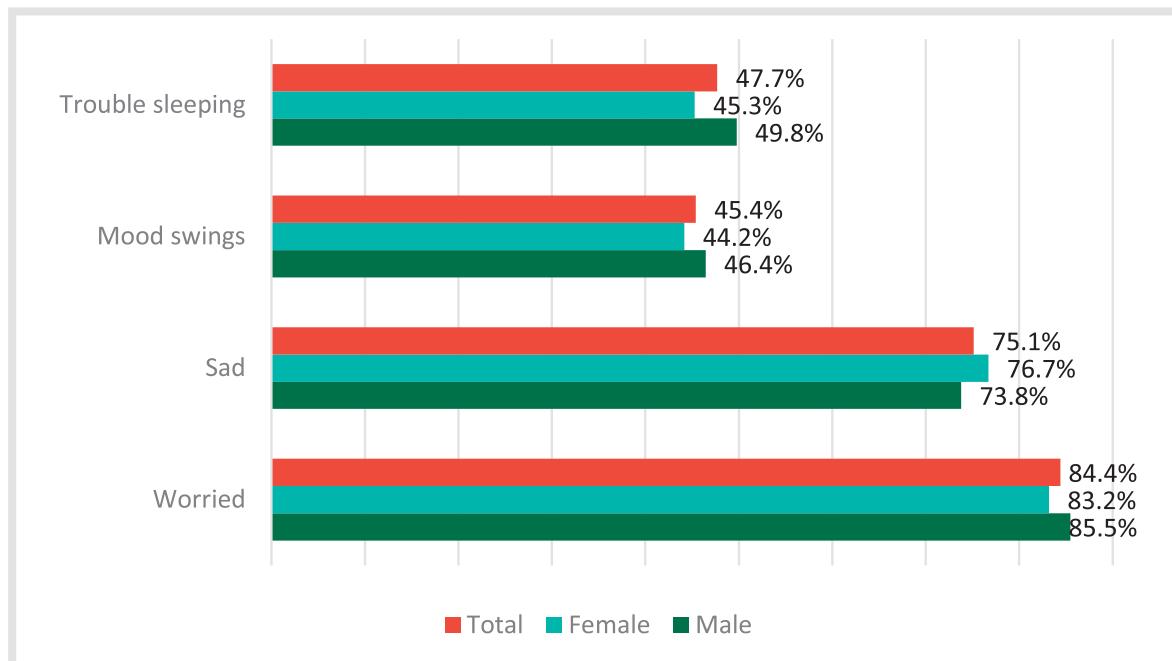


Figure 9 % of respondents saying that had experienced a selection of (negative) feeling in the previous months

Education

Respondents were asked, compared to the period before COVID-19, how they would describe the access to school for the children in their household – in response 72.7% said it had got worse, with 12.1% saying it had remained the same, a small proportion said it had improved (7.2%), with the remainder refusing to answer or not having children in their household.

This was refined further by asking whether there were children between the age of 4 and 16 in the household, with this being the case for 76.3% of respondents. Virtually all of these respondents said that the schools had been closed at some stage (93.4%) with most (60.1%) saying that all of the schools had reopened at the time of the survey, with 32.3% saying some of them had.

Amongst all of the households with children of this age, we asked are these children accessing some form of education. In response over one fifth (21.6%) said none of them were, with 44.4% saying all of them were. This was considerably worse in households located in urban areas (where only 17.2% of respondents said all children of this age were attending school).

Table 3 Are children currently accessing some form of education

	No, none of them	Yes, some of them	Yes, most of them	Yes, all of them
Rural	15.6%	21.6%	10.0%	52.1%
Urban	42.9%	34.8%	5.1%	17.2%
Male	23.1%	24.8%	8.3%	43.4%
Female	19.8%	24.2%	9.7%	45.7%
Total	21.6%	24.5%	8.9%	44.4%

For the 77.8% of respondents with children between the ages of four and 16 who said some, most or all of the children in their household were accessing education, the vast majority said they were accessing this by attending some form of school (93.1%). For the 55.0% of households where respondents said all or some of the children were not accessing education the main reason given was the schools were still closed (given by 61.5%) underlining the importance of accessible schools for children's education, with alternative means, such as online lessons or radio based education programmes not being available for the people interviewed.

We also asked all respondents with children of this age group whether they thought girls or boys suffered the most – overall 23.5% said girls suffered more, with 7.2% saying boys had, with the remainder (68.7%) saying they had suffered the same. As the following figure shows, this was the case for both men and women, and those living in urban or rural locations.

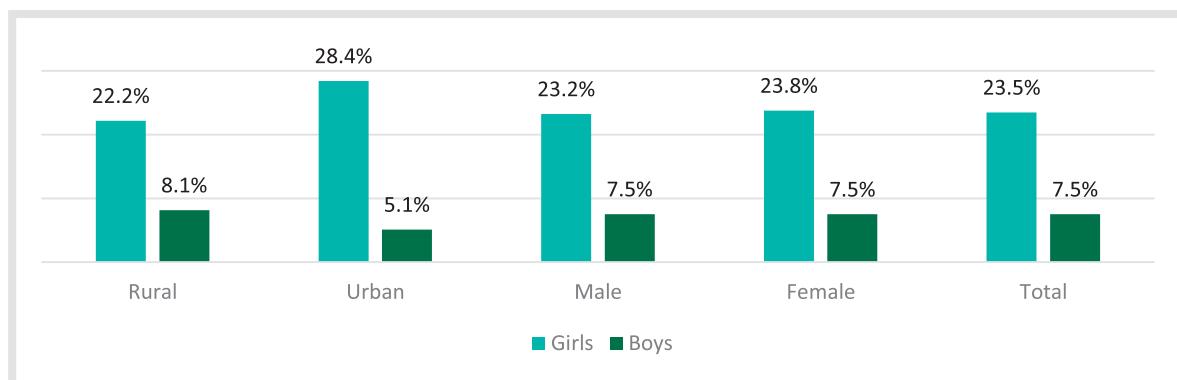


Figure 10 Proportion of Respondents who felt girls had suffered the most in terms of their education

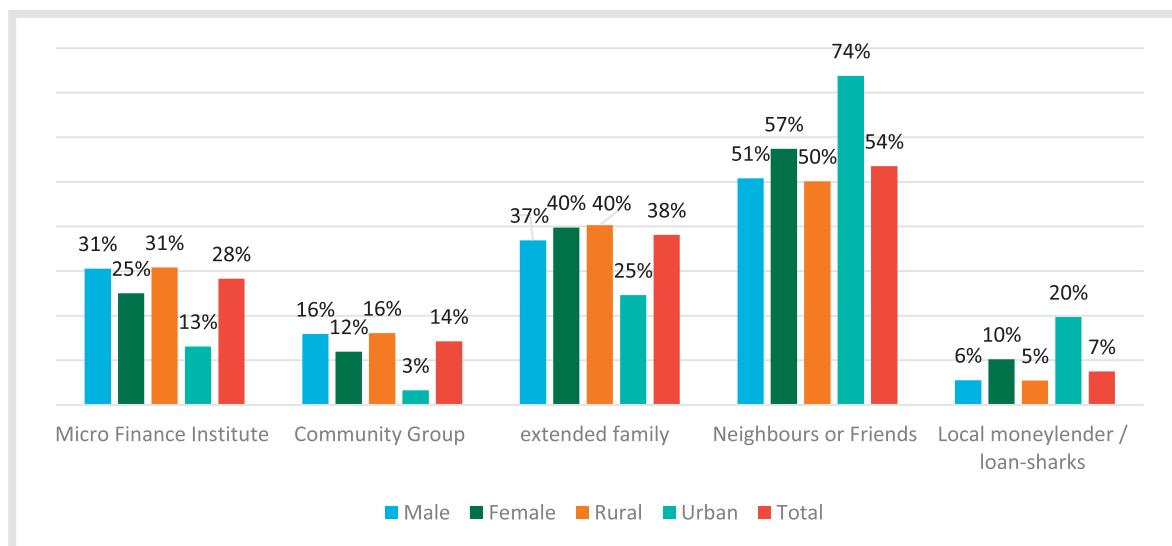
Coping

Respondents were asked to identify which of a series of strategies they had used to cope with the situation since the start of the COVID-19 pandemic; 36.5% said they had to borrow money (more prevalent amongst those living in rural areas); 24.7% said they had to sell household items (also more prevalent amongst those living in rural areas), 17% said they took goods on credit in the local store (more prevalent amongst men than women and again, in rural areas), and 26% said they had asked for help from neighbours (a more frequent response amongst those in rural areas).

Table 4 Most frequently used Coping Strategies

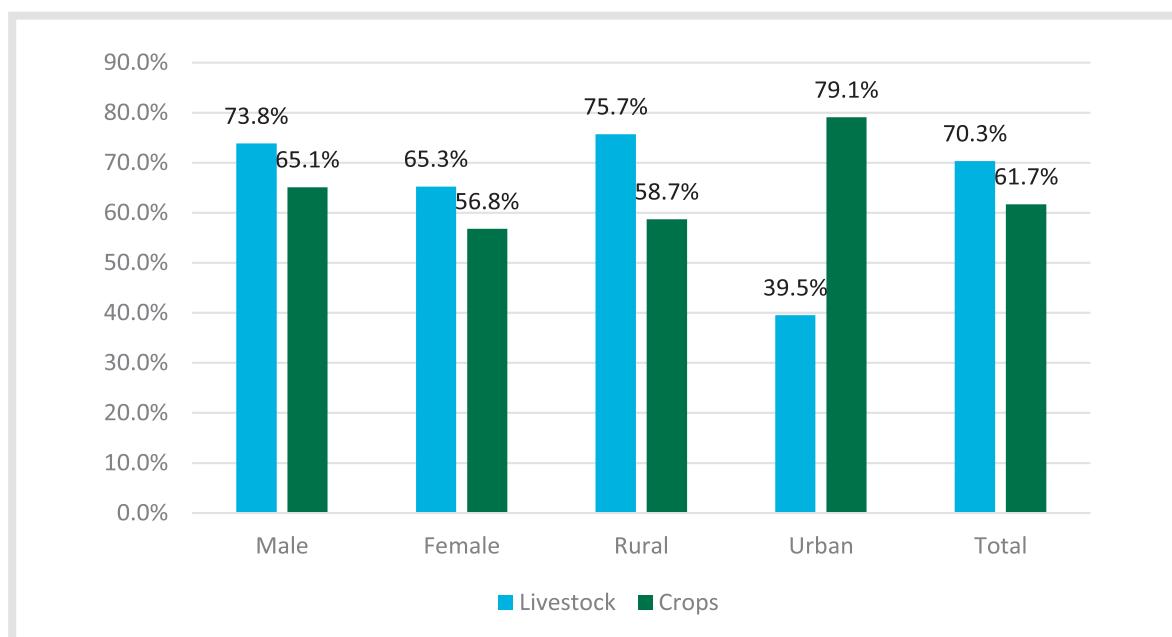
	Borrow Money	Sell Household items	Take goods on credit in the local store	Ask for help from neighbours
Male	39.8%	27.2%	18.3%	26.1%
Female	32.5%	21.8%	15.3%	25.9%
Rural	40.1%	27.0%	19.6%	31.0%
Urban	23.6%	16.6%	7.7%	8.1%
Total	36.5%	24.7%	17.0%	26.0%

Those who borrowed money predominantly did this from neighbours or friends (53.5%) or extended family (38.1%), even though a substantial number did borrow from microfinance institutions (MFIs) (28.3%), and moneylenders or loan sharks (7.5%), with only 2.1% borrowing from banks or other financial institutions. Men were more likely to be able to borrow from MFIs or other financial institutions, with women being more likely to turn to neighbours, friends and extended family, as well as moneylenders. Those in rural areas were more likely to borrow from MFIs, while respondents living in urban areas were more likely to resort to moneylenders.

**Figure 11** Where people borrow from

Respondents were also asked whether they felt they would be able to repay this loan in the agreed time frame. Overall 58.3% answered yes to this question, 38.2% said no and 3.5% said they did not know, suggesting households will become further indebted as a result of the COVID-19 crisis. The proportion responding yes was considerably higher amongst respondents in urban areas (75.4% against 58.3% in rural areas).

In terms of selling off household assets, amongst those who identified that they had resorted to this coping mechanism, 70.3% said they had sold livestock and 61.7% said they had sold crops. With those living in rural areas more likely to say they had sold livestock and those in urban more likely to say they had sold crops.

**Figure 12** What people had been forced to sell - % of households

Slightly over half (50.7%) of those who had sold household items felt that they had received a fair price for what they had sold.

People were also asked whether they or anyone in their household received a cash or goods transfer from any government, international organisation, or NGO assistance programme since the beginning of the COVID-19 pandemic with 36.0% saying they had. This was considerably higher amongst those living in rural areas (42.5%) than amongst those in urban areas (13.1%). Amongst those who did receive assistance 88.2% said it had been helpful in increasing their ability to deal with the effects of COVID-19.

A further question was asked in terms of whether the respondent knew if anyone in the community received any food, cash or other support from government, international organization, or NGO assistance in the past three months that was related to the COVID-19 pandemic with 29.0% saying they were aware of this. These respondents were further asked if they thought the assistance had gone to those who needed it the most; amongst these, 83.3% said they thought this was the case, 2.3% said this was partly the case, 0.6% said they did not know but 13.8% categorically said no it had not gone to those who needed it most.

Finally, respondents were asked whether, compared to before the COVID-19 pandemic, they felt that they and their family could manage and adapt successfully. Overall 58.6% said this was the case, with women, and those living in urban more likely to give this response.

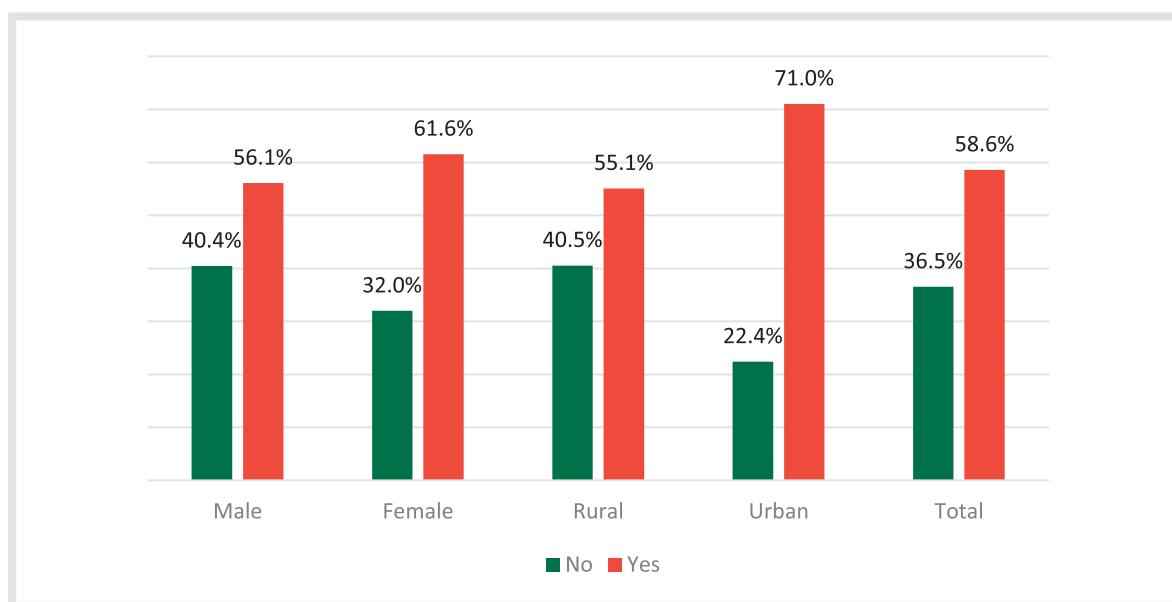


Figure 13 % of respondents saying they were able to cope

Community

Overall 59.1% of respondents said they felt people in their community were helping each other more since the start of the COVID-19 pandemic. This was slightly higher amongst male respondents, when compared to female respondents (62.1% against 55.6%), and higher amongst respondents living in the rural areas as opposed to urban areas (61.6% against 59.2%)

Respondents were also asked if they thought people in their community were arguing more than before the COVID-19 pandemic – which 33.7% said they thought was the case. The proportion giving this response was higher amongst male respondents than females, and amongst those in urban areas. We also asked if those interviewed felt that people were arguing more within families since the COVID-19 pandemic with 33.0% saying this was the case, with men and those in urban areas more likely to give this response.

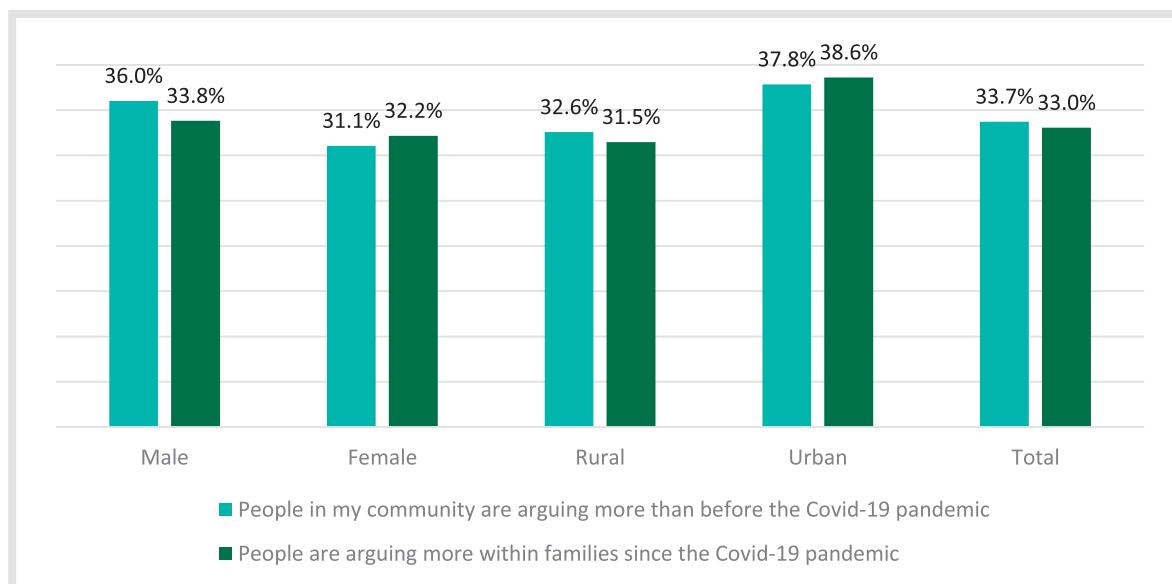


Figure 14 % respondents saying there is more arguing in the community and in families

We also asked if the respondent thought that some people in the community have suffered more during the pandemic than others, with 55.1% saying this was the case. As a group, the elderly were the most frequently identified as having suffered more (identified by 50.9% of all respondents) followed by people living with disabilities (identified by 47.4%), this was followed by children identified by 45.7% and women identified by 42.0%.

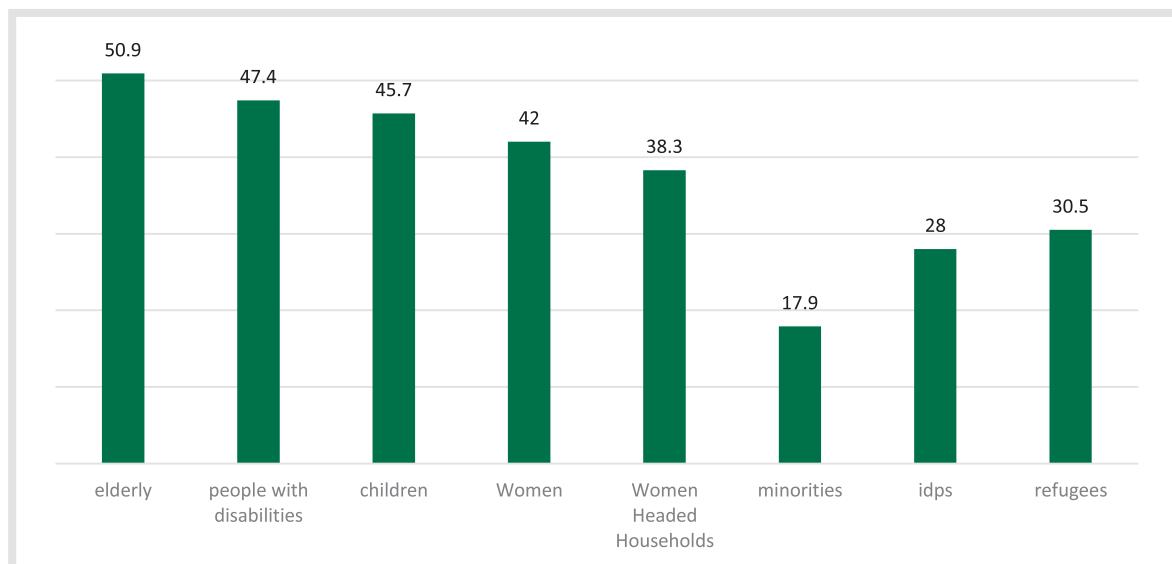


Figure 15 % identifying specific groups as suffering the most since the start of the pandemic

Looking to the future

We asked respondents whether they were worried that COVID-19 will (further) affect the financial situation of their household over the next six months. Amongst all respondents, 57.6% said they expect this to be the case, with slightly more women giving this response than men (58.4% compared to 56.9%); and those in rural areas being much more likely to give this response than those in urban areas (61.4% against 44.0%). In terms of what the main worries were, the most frequently cited was potential price increases (given by 40.3% of all respondents), followed by loss of job (given by 37.0% of all respondents) and that transport would become more expensive (given by 22.6% of respondents).

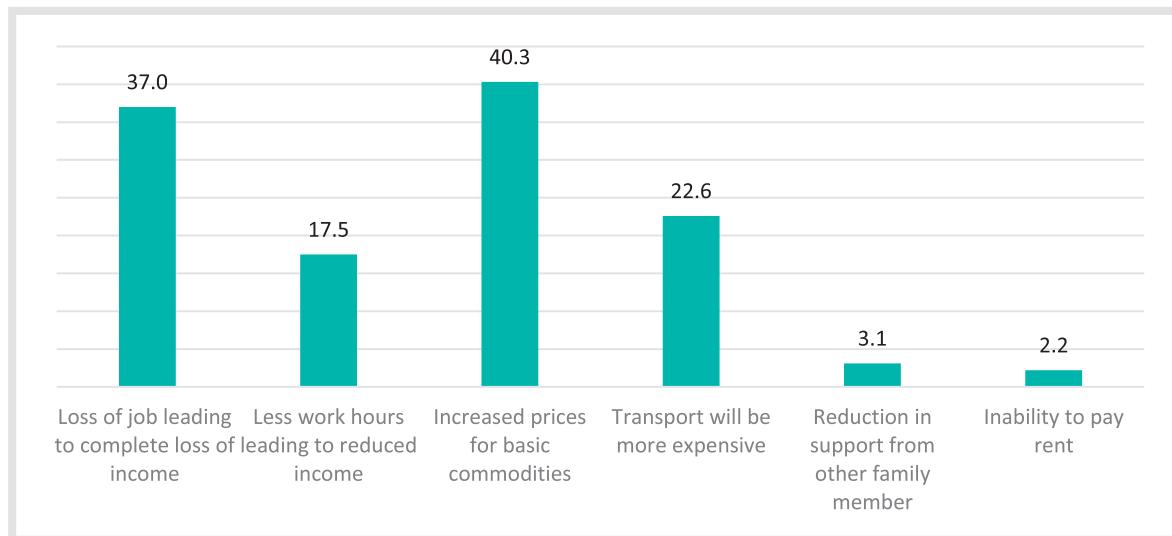


Figure 16 The main financial fears for the future

Summary of Findings

In summarising some of the key finding of the above analysis, the results of the surveys found that:

- People are aware of COVID-19 and the measures to prevent it including social distancing and mask wearing, however knowledge of mouth covering when sneezing or coughing appeared to be less well understood (only 28%).
- Over 39% of people reported that maintaining social distance is the biggest challenge due to crowded marketplaces and high density housing and household living conditions.
- More than 24% of people reported not being able to afford masks and soap.
- Over half (56.0%) of all of those interviewed said that there had been a decline in the financial well-being of their household since the onset of COVID, with a similar proportion (50.5%) saying their ability to earn an income had been affected by the pandemic, this appears to be affecting those in rural areas more, as well as those depending on casual labour and small scale (petty) trade.
- Where people received remittances, most report that they had reduced and 24% reported they had stopped completely.
- In terms of food, due to the effects of COVID-19, 30% reported eating less food while 62% said they were eating the same amount.
- Compared to the period before COVID-19, 72.7% said the access to school for the children in their household had become worse. However there were varying responses on attendance at different times.
- The most common strategy to cope during the pandemic was borrowing money (37%), selling household goods (including livestock) and asking neighbours for help.
- Reflections on community revealed that 59% reported that community members helped one another.
- When asked about those who were most badly affected by the impact of the pandemic, the majority said the elderly, people living with disabilities, children and women – in that order.
- Looking to the future, those surveyed felt the impact of COVID-19 would result in loss of jobs and food price increases.

Our commitment and call for action

Alliance2015 members have implemented programmes such as distribution of hygiene kits and awareness campaigns that help to prevent the spread of COVID-19. The members have also provided financial supports to communities and adapted programme delivery to ensure it does not contribute to the spread of COVID-19. Direct financial support and continued efforts around savings as loans as well as other livelihood programmes are assisting communities to weather the impacts of the pandemic – these efforts are directly in line with Alliance2015's focus on resilience.

Our data was collected amongst those living in various parts of Ethiopia, and while it is not representative of the entire country, it does give a valuable snapshot of how people living in areas where Alliance2015 members Concern Worldwide and PIN are dealing with the COVID-19 pandemic. If we are to achieve the Sustainable Development Goals (SDGs) it will be important for any and all recovery programmes to focus first on these areas, and on countering inequalities made inexcusably starker by the pandemic and the limited responses to them. In particular, we will support and advocate for:

- Addressing the challenges presented by declines in access to food in terms of quantity and quality, remaining cognisant of the potential long-term impact.
- Ensuring that Social Protection interventions, particularly those run by the government reach people living in these areas in a clear and transparent manner and focus on those most vulnerable – older people, people with disabilities, children and women.
- A focus on restoring and enhancing livelihoods and income of the extreme poor who have been so severely impacted by the pandemic; from the survey the major source of livelihood being agriculture.
- Integrated programmes that include health (including sanitation and nutrition) livelihoods and savings and loans have the ability to ensure resilience to COVID-19 and its impact.
- Strengthened primary, community-based health care services and local care workers who play a crucial role in controlling the spread of COVID-19
- Continuing government led national campaigns on prevention, treatment and a roll out of vaccination campaign.
- Focusing on behaviour change to support prevention of the disease; our survey found that there was a particularly low level of knowledge and practice around covering mouth when sneezing or coughing.
- Enforcement and implementation of the Ministry of Health COVID-19 prevention guideline and prevention of transmission of COVID-19 virus by the regional states.
- Increase the testing capacity of the country to ensure all regions are able to test and trace contacts to prevent the spread of COVID-19.

Annex 1: Alliance2015 and its members: global and country commitments

Alliance2015 is a strategic network of eight European non-government organisations engaged in joint humanitarian and development action to achieve greater scale and quality of impact. Originally constituted to strengthen its contribution to the Millennium Development Goals (MDGs), Alliance2015 joins forces to achieve greater impact on poverty reduction and disaster preparedness and response in the framework of the Sustainable Development Goals (SDGs). Based on this work on the ground, Alliance2015 also strives to influence development and humanitarian policies in Europe, and globally. Alliance2015 is a unique partnership that relies on its members' inputs and shared interests. While focusing on joint impact, the partnership is designed to enable its members to retain their own identity, brand and philosophy.

Alliance2015 members adhere to the values of the UN Declaration of Human Rights and are committed to the eradication of absolute poverty and to greater social equality. We promote the principles of aid and development effectiveness including that of greater accountability and transparency. We aspire collectively to becoming a stronger European and global player in selected areas of development cooperation and humanitarian aid.

Alliance2015 members have identified Community Resilience as their common shared vision. The pandemic is testing the resilience of communities globally, across all regions and socio-economic groups. It is also having very differentiated impacts on people across regions of the world and within countries, exacerbating existing inequities and inequalities and creating new ones. Alliance2015 members have adapted their programmes and have initiated new activities to address the crisis. We have been collecting qualitative and quantitative data to inform and shape our interventions right from the start of the pandemic.

The aims and goals of Alliance2015 Ethiopia mirror those of the global ambitions. The Alliance2015 country specific strategic plan goals for 2020-2022 include the following:

1. Disaster prone communities receive timely and effective emergency interventions linked with rehabilitation and development
2. Vulnerable communities are effectively supported and achieve sustainable food and nutrition security and attain gender transformative resilience.
3. Primary target groups and their agencies are empowered to organize and have a strong voice and influence in decisions that affect them.

Alliance2015 members in Ethiopia include 7 of the 8 global members:

ACTED
Ayuda en Acción
Cesvi
Concern Worldwide
Helvetas
People In Need
Welthungerhilfe