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## Food Security Impact of COVID-19 and Policy Responses in Ethiopia

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## Introduction

Ethiopia is a country with the total population of more than 110 million, of which about 80% is found engaged in subsistence farming in rural areas (CSA 2017). Food insecurity is still a big challenge in Ethiopia with millions of people needing food assistance. Ethiopia ranked 97th in the Global Hunger Index (GHI) in 2019 (World Bank 2020). The causes of food insecurity in Ethiopia are multiple and varied including, but not limited to, extreme weather conditions, environmental degradations, population pressure, less but improving government dedication and policy drawbacks. Undoubtedly, the COVID-19 pandemic might aggravate the already-precarious food security situations, both along and at the end of the COVID-19 pandemic. The fact that COVID-19 spreads (according to WHO's series of briefings) primarily through coughing/sneezing and touching of the virus-infected surfaces makes the disease so dangerous for the people to engage in daily livelihoods activities. COVID-19 spreads so easily unlike the other previous pandemics (such as HIV/AIDS) making the economic activities so challenging at international, national and local levels. Hence, poor economic performance could be an outcome of the pandemic (in addition to other adverse impacts) as it impacts almost every single business and individual, which in turn, aggravates the existing poverty and food insecurity situations of the country. As noted by the FAO (<http://www>.



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fao.org/news/story/en), the already most vulnerable communities may face ‘a crisis within a crisis’ owing to the COVID-19 pandemic. In Ethiopia whose medical system is under-resourced and the economy is subsistence, the health crisis of the people may be compounded by ‘lost livelihoods and hunger crisis’ unless concerned government organizations and individuals implement pandemic protection guidelines most properly and immediately.

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## COVID-19 outbreak: Global and Ethiopian overviews

Ethiopia started the COVID-19 outbreak with imported cases. On 28 September 2020, there were 73,332 confirmed cases in Ethiopia of which 1,170 ended in death due to the virus and 30,363 recovered. Most of the confirmed and death cases in Ethiopia are imported. Ethiopia reported the first confirmed COVID-19 case on 13 March 2020. The person found positive was a 48-year-old Japanese citizen who came to Ethiopia from Burkina Faso in early March 2020. The first COVID-induced death took place in Ethiopia on 5 April 2020. A 60-year-old woman who was in treatment at a hospital since 31 March 2020 died of the virus as well.

Many fear that the socioeconomic and cultural scenarios in Ethiopia may exacerbate the prevalence of COVID-19 in the country though the government is trying its level best to manage the situation. The greeting habits (such as hand shaking, kissing cheeks and hugging), overcrowding in public transportation and market places, congested living rooms, and unfavorable workplaces are feared to worsen the situation in Ethiopia. Moreover, chat/khat (a stimulant fresh leaves) chewing traditions, cultural coffee and meal gatherings, group-based shisha smoking, crowds of street vendors and religious gatherings are feared to contribute to the spread of the virus, particularly in urban areas. In addition to these, traditional collective farming and harvesting practices (such as *debo* and *walfala*) are other factors through which the virus may spread in rural areas unless proper and strict awareness creation measures are taken.

Currently, almost all business enterprises, education institutions, informal and subsistence businesses and government offices are highly impacted by the pandemic. The majority of the existing about 7.5 million employees

(workforce) in government offices, NGOs, international organizations and private companies are forced to ‘stay home or work from home’ in Ethiopia. Most persons working in several informal sectors (such as street vending, manufacturing, construction, mining/quarrying, wholesale and retail trade) are impacted. These predicaments, no doubt, exacerbate the socioeconomic and food insecurity problems in the country calling for wide-ranging thorough planning and proper management to buffer the long-term challenges of the pandemic.

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## How COVID-19 impacts food security in Ethiopia?

Ethiopia is already one of the most food insecure countries in the world though it has made important development gains over the past two decades in reducing poverty and expanding investments in basic social services. Cognizant of the continued and at least half-a-century-old food insecurity problems in the country, the government of Ethiopia, together with donor organizations, formulated the National Food Security Strategy (NFSS) in 1996 and has been implementing the Productive Safety Net Program (PSNP) since 2005, both in urban and rural areas. The target was to significantly reduce the number of food-insecure people in the country though the progress has not been remarkable. However, the government isn’t using the PSNP to mitigate the COVID-19 pandemic both in rural and urban Ethiopia.

As per the 2020 Humanitarian Development Plan (HRP), an estimated 8 million people require food assistance in Ethiopia. This figure includes internally displaced persons (IDPs), who have had to leave their homes due to unrest or natural shocks (OCHA, 2020). The COVID-19 pandemic is feared to be a burden on the existing precarious food security situation in Ethiopia since it may adversely impact investments, job opportunities and livelihoods in/around urban areas as well as the production, input supply and marketing of the agricultural system.

The COVID-19 pandemic may result in enormous job cuts as investment projects may be forced to halt operations to mitigate the spread of the virus through reduction of workers’ crowds and social/physical distancing.

Currently, nearly 15% of those who attend post-secondary education are unemployed in Ethiopia (NPC, 2016). Over the years, efforts have been made to combat the increasing challenges of unemployment at all levels, including higher education. A recent effort in this regard has been the setting up of a national committee led by Ethiopia's Prime Minister Abiy Ahmed geared towards the creation of 3 million jobs per year. This ambitious plan, however, appears to have been seriously jeopardized since the onset of COVID-19 with increasing threats to the creation and maintenance of available jobs. In the same way, according to the preliminary estimations of the Jobs Creation Commission of Ethiopia (published on 29 March 2020), over 1.41 million jobs were threatened in April, May and June 2020 and an income loss of about \$265 million among urban self-employed citizens.

The job cuts may also be because of lack of markets for the outputs of the investment projects (such as cut flowers, textiles, footwears, minerals and agricultural products) as most importing markets are severely hit by the pandemic and may face economic downturn. Economists are already projecting that the pandemic may cause the greatest economic downturn next to the great global economic depression in 1930s. Presently, the National Planning Commission (NPC) of Ethiopia is forecasting the Ethiopian economy to slow down by 2.8% to 3.8% due to the pandemic. The overall result of the COVID-induced economic depression and job cuts among the investment projects may exacerbate extreme poverty and food insecurity. Data from the Ethiopian Investment Commission (EIC) shows that just before the outbreak of the pandemic, foreign direct investment (FDI) had created job opportunities for hundreds of thousands of Ethiopians over the last 2 decades. FDI inflows to Ethiopia had accelerated since the late years of 1990s and recorded US\$4 billion in 2017. Ethiopia had maintained its top rank in East Africa with the total FDI stock of over US\$22.25 billion.

Almost all hotels, restaurants, cafeterias, beauty salons, and recreational organizations are either closed or operating far below their full capacity. Night clubs, wedding event organizers and meetings of various kinds are suspended and/or limited in operation. Food processing companies (such as dairy, poultry and fattening farms) are severely hit by the adverse impacts of the pandemic and lost their markets. Poultry hatcheries, for example, are forced to discard their baby chickens owing to lack of markets for their products. Dairy processors significantly limited their milk collection capacities, production and distribution of their outputs. Rural-to-urban transportation of fruits and vegetables are significantly halted leading to

unprecedented spike in the prices for some vegetables (such as onion) in urban areas. All these realities have severe adverse impacts on the jobs, poverty and food security situations of the majority in Ethiopia.

Another key area of livelihoods and the food security challenge along the COVID-19 pandemic tunnel is related to informal sector workers, including temporary jobs such as street vending, petty trade, lottery selling, shoes-shining, transportation services and other similar activities. Several sources indicate that during the last few decades, the informal sector has been growing fast in urban areas of Ethiopia due to the influx of many young population into the sector who come from rural areas of the country with the expectation of a better life in cities/towns. The informal sector is believed to play an important role in poverty reduction and household food security enhancement. It provides jobs, reduces unemployment, bolsters economic activity and helps alleviate poverty. According to data obtained from the National Planning Commission (NPC), informal sector practitioners in Ethiopia are estimated at about 2 million, the vast majority of these living in urban areas and assumed to be living on daily subsistence income. This group of people are at risk of COVID-19 infestation in that they work in crowds and almost impossible to maintain the social/physical distancing precautions set by the WHO. It seems that it is almost equally challenging for this group of people to stay home or work outside for their daily subsistence. They may have nothing to eat for themselves and their children if they stay home and may contract the virus if they work outside. Therefore, the COVID-19 pandemic may push several millions of informal sector Ethiopians into acute poverty and food insecurity if the country is locked down owing to the pandemic. On the other hand, the country's economy doesn't allow the government to fulfill the subsistence of the existing huge informal sector practitioners amidst the lockdown.

Agriculture (the mainstay of the country's economy) is another key sector that may be severely hit by the COVID-19 pandemic in Ethiopia. If the virus spreads to rural areas, it may severely affect the farm workforce hindering production, harvesting and marketing processes. In fact, the general population infection rate may remain relatively low as compared to urban cases. The sparse settlement in rural areas may slow down the spread, unless the farmers contract the virus and spread it through market places, religious/cultural events, and group-based working traditions. Particularly, market places may be the main point of spread. If the worst comes, the spread of the virus may end up in sickness and/or death of the

farm workforce, making them out of the farm work. Particularly, the elderly workforces are at high risk level, as data from other countries that have done more extensive testing suggest that COVID-19 has a much higher level of severity for those in their 60s and older. If they become ill or constrained by restrictions on movement or activity, they will be prevented from working their land, caring for their animals or accessing markets to sell their produce, buy food, or get seeds and supplies. Hence, the spread of the pandemic to rural areas may reduce agricultural output, which in turn, worsens the food scarcity situation in the country. This indicates that preventive and protective recommendations from health experts are critical for the farming population. Hence, a wide-ranging awareness creation work should be carried out to safeguard the farmers.

Rural-urban supply chain slowdown and shortage of agricultural outputs in urban areas are among the feared outcome of the COVID-19 plague in Ethiopia. If transportation is disrupted to slow down the spread of the virus, multiple connected industry sectors may be impacted. As an example of supply chain interruptions on farms, milk collection from smallholders may be hampered and in short supply for dairy processors in cities. In the same way, urban consumers' associations may be challenged by an interruption in supplies of key agricultural outputs (such as cereals, fruits and vegetables) leading to scarcity of the products in urban markets. Hence, a comprehensive and well-thought-out plan will be essential to buffer the impact of unforeseen events.

Recommendations for social/physical distancing, reduced travel, avoiding crowds, closures and other protective practices to slow down the spread of COVID-19 may force the urban consumers to make tough choices about food, eating away from home, and overall spending. This may lead to some disruptions in food service sales, particularly dairy products, fruits and vegetables. This will likely have an adverse impact on market chains and prices. Concerns about the impact of the virus on the broader economy in Ethiopia are likely to have an even larger impact on prices of agricultural outputs. Similar to many countries and economic blocks, Ethiopia may experience slower economic growth owing to the pandemic. This may worsen the already precarious poverty and food insecurity situation of the country.

The food insecurity impact of COVID-19 may go even beyond the pandemic period if the poor and riskier people are not supported at least to access food free of charge. These people have very little to fall back on

materially. As noted by the FAO (<http://www.fao.org>), they could find themselves forced to abandon their livelihoods. They might have to sell off their assets, animals or their fishing boat for cash during/after the pandemic to buy food. Farming households may eat all of their seeds instead of saving some to replant, and once a rural farming family does that, getting to be self-reliant again becomes extremely difficult. Some victims might even have no other choices than to leave their homes/businesses, and even subjected to trafficking, in search of subsistence elsewhere.

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## Policy responses, resource mobilization and foreign aids

The government of Ethiopia is keen to prevent serious damage to one of Africa's fastest-growing economies, which expanded at more than 10% average annual growth rate in the 2010s. Safeguarding these gains, preventing job losses, and ensuring firms' survival have been critical in the trajectory to fight against Covid-19 in Ethiopia. The Ethiopian government has relied heavily on community mobilization and public-awareness campaigns, which have proved to be effective and cost-efficient. With this, Ethiopia has managed to keep its COVID-19 cases to a minimum, with only about 270 deaths (as of 31 July 2020) out of a population of over 110 million. The government's rapid response, including house-to-house screenings, awareness creation works and diagnostic testing, were crucial in stemming the outbreak. Ethiopia has also encouraged production and other economic activities to continue during the crisis.

Ethiopia's unconventional approach reflects the country's limited financial and human resources, as well as the low level of available international support. Despite these severe constraints, the results so far have been better than anyone expected. Instead of implementing a national lockdown like most other governments, including in Africa, Ethiopia initiated other essential measures in January, well ahead of most developed countries. The government then scaled up its response in mid-March, when the first COVID-19 case was reported in the country, and declared a state of emergency in April 8. Moreover, it has encouraged production and other economic activities to continue during the crisis, thus considerably easing the pressure on vulnerable social groups and the informal sector.



The key policy response to COVID-19 in Ethiopia is a 5-month State of Emergency in accordance with Article 93 (4) (a) of the Constitution of the Federal Democratic Republic of Ethiopia. It was declared in an effort to counter and control the spread of the virus and its impacts. Following its approval by the Council of Ministers, Proclamation 3/2020, also known as the 'State of Emergency Proclamation Enacted to Counter and Control the Spread of COVID-19 and Mitigate Its Impact' made its passage through the House of Peoples' Representatives on 10 April 2020. Furthermore, the House endorsed a seven-member 'State of Emergency Inquiry Board' (SEIB) to scrutinize its implementation in accordance with the Constitution.

The SoE prohibits, among others, meetings, worship gatherings, handshaking, any lessor of residential/commercial property to evict a lessee or increase rent, termination of employment contracts, face-to-face classes, games/sporting events, visit of any detainee in a prison and/or policy custody, night club services, shisha/khat services, entertainment services and dissemination of information about Covid-19 which would cause terror among the public. It has also limited public and private transport services to 50% of the seating capacity.

The SoE has also imposed duties as follows: quarantine of everyone suspected of Covid-19 positive and international passengers; isolation of any person who has tested positive for Covid-19; wearing of mouth/nose masks within public areas; private/public service sectors to provide their clients with sanitary materials; a-two-adult stride distance for anybody on the street/queue; and allowing employees to work in shifts or work from home or take paid leave. According to the SoE Act, the owner of any house, hotel, apartment, vehicle, or any other property shall avail to the government such property if the Government determines that the property is necessary as well as any medical or other profession in active service, in retirement or in training or any citizen has a duty to comply with any request the government might issue in the effort to counter and control the spread of COVID-19 and mitigate its impact.

Ethiopia has also established the National Emergency Coordination Center for COVID-19 response and response resource mobilization task force in the effort to counter and control the spread of COVID-19 and mitigate its impact. The task force is fundraising in the form of cash, kind and voluntary services. At federal level, the COVID-19 response is coordinated by the Emergency Coordination Center (ECC) led by National

Disaster Risk Management Commission (NDRMC) Commissioner; while coordination centers/taskforces have been established at regional level. NDRMC is working to ensure that regional coordination forums mirror federal coordination mechanism. The resources have been donated by individuals, government organizations, business entities, embassies in Addis Ababa, development partners, non-government organizations (NGOs), Civil Society Organizations (CSOs) and countries such as China, South Korea and EU.

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## Concluding remarks and recommendations

Ethiopia declared a State of Emergency and/or regulation on 20 April 2020 to counter and control the spread of Covid-19 and mitigate its impact with a wide range of orders such as limited movements, gatherings, business operations and transportation service carriers; introduced work-from-home platform and closed schools and universities. Ethiopia also targeted mobilization of resources to control and suppress community transmission and reduce mortality. The country prohibited meetings, hand shaking, alcohol and recreational services at night clubs, entertainment and sport services and entrance of foreigners to the country. Unlike most other countries, Ethiopia has not implemented complete closures and curfews. It could have been riskier and more inappropriate for Ethiopia to completely shut down economic activities externally and internally. A severe lockdown of economic activities might imply the risk of social unrest as people's livelihoods and food security situations could be significantly affected. The fact that Ethiopia largely relies on importation may aggravate the scarcity of goods in markets. This could, in return, hinders the efforts on fighting the COVID-19 pandemic in the country.

Protection (not patient treatment) of the COVID-19 pandemic is a wise approach and more realistic disaster risk management for Ethiopia to save lives as well as to protect the economy from severe depression. This is because Ethiopia is a very poor country with severe scarcity of medical professionals and related equipment (such as ventilators and masks) to properly treat the infected patients. All sorts of prevention measures (except complete closure) seem vital for Ethiopia to prevent the pandemic. These include

(as recommended by WHO and endorsed by the Ethiopian government) social/physical distancing, reduced travel and avoiding any form of crowds to prevent the spread of the virus. The recommended measures must be strictly enforced. Specific to the farming community, the farmers must be suspended from going to urban areas (unless to sell/buy very important products) and refrain from group-based farming/harvesting practices in addition to other protection recommendations. While supplying their produces and/or buying commodities/services, they must be strongly and frequently advised (most importantly through rural development agents and health extension workers) to strictly follow the general COVID-19 protection recommendations: proper and frequent hand washing, physical/social distancing, avoiding crowds and other measures.

The COVID-19 pandemic more severely impacts the lives, livelihoods and food security situations of very poor people, pity street vendors, daily wage earners, homeless street persons, temporary migrant workers and beggars. Most of this group of people 'cannot work from home' or cannot 'stay home'. They have only two worst choices: (1) to go out for their daily subsistence amid the virus or (2) die of hunger at home. Rationally speaking, they may not take the first option. It may be very challenging to keep these people at home as they may riot to the streets or may engage in some criminal acts to access food. The stampede among the crowds of hungry people surging for food aid in the Kibera slum of Nairobi (10 April 2020) and the food protest in Cape Town and Mumbai (14 April 2020) are distressing examples. This shows that thorough preparations must be in place to safeguard the group of people who may immediately suffer from COVID-19 restrictions from making a living. Scaling up of the 'Food Bank' to all cities/towns (already started by Addis Ababa City Administration) seems a brilliant option in this regard. The sources for the food bank may be government treasury, individuals, employees of the government organizations and private companies, business organization, NGOs/CSOs, embassies and well-off farmers. Government and the media are required to be aware of and encourage the cash/food donors for the food bank to help fight the double burdens on the poor during this bad time. The cooking and feeding places could be schools, colleges and universities where only thoroughly selected double-burden victims are allowed to access food. Another important option is to encourage individual households to support at least one person/household be able to access adequate meal per day during these bad days. Nepotism and corruption may be emerging concerns that should be taken care of at this juncture.

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