
Final Draft Report on:
**Research on Covid-19 Responses and its Impact on Minority
and Indigenous Communities in Ethiopia**

Submitted To:



SUBMITTED BY:

Mr. Geremew Werkeshe (Senior SRH Consultant)

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Acronyms

ADB: African Development Bank

APRA: Australian Prudential Regulation Authority

BOK: The Bank of Korea

CRF: Rapid Response Facility

CSAE: Central Statistical Agency of Ethiopia

ECRBS: Ethiopia COVID-19 Crisis Response Budget Support

EGCPDPF: Ethiopia Growth and Competitiveness Programmatic Development Policy Financing

ETB: Ethiopian Birr

FDI: Foreign Direct Investment

FY: Fiscal Years

GDP: Growth Domestic Product

IDP: Internally Displaced Population

IMF: International Monetary Fund

KIIs: Key Informant Interviews

KRW: South Korean Won

MRGI: Minority Right Group International

NBE: National Bank of Ethiopia

NERP: National Emergency Response Plan

NRMC: National Resource Mobilization Committee

OCR: Official cash rate

OECD: Organization for Economic Co-operation and Development

OMOs: Open Market Operations

PM: Prime Minister

PWD: Persons with Disabilities

RBNZ: Reserve Bank of New Zealand

REB: Regional Education Bureau

SDG: Sustainable Development Goal

SNNP: Southern Nation, nationalities and people

TAF: Term Auction Facility

TLF: Term Lending Facility

UA: Units of Aid

UIF: Unemployment Insurance Fund

UNICEF: United Nations International Children's Emergency Fund

WB: World Bank

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Executive Summary

Background

Ethiopia is a multinational and multilingual nation with more than eighty (80) nations and nationalities living under the same flag. Minorities, both ethnic and religious, accountable for more than half of this number. There are over fifty (50) nationalities/ tribes (most of which are minorities) found in the southern nation, nationalities and people (SNNP) region/state alone. Minorities are scattered across the nation. In the places where minorities are living, the health outcomes remains to be low even prior to the emergence of Covid-19. The coverage even worse among minorities who are living in less developed states such as Gambella, Somalia and SNNP states.

In those regions, the diagnostic, therapeutic, and preventive interventions for COVID-19 are also scarce. Other critical medical supplies and equipment, such as personal protective equipment (PPE), are already scarce. Evidences also support that minorities has disproportionately affected by COVID-19 pandemic. For instance, a study conducted in the USA reported that racial and ethnic minority groups such as African American, Native American, and Latino communities have a high rates of death due to the pandemic.

The status of Covid-19 in Ethiopia as of 24th of August, 2020 reported that the total number of laboratory testing has reached (775,908), the total number of cases (42,143), total number of active cases (26,187), total number of recoveries (15,262) and, total number of death also reached 692. These shows how the virus has been spreading in the community in an alarming rate. To be able to halt the spread of the virus, Ethiopian Government has made changes to the existing social and economic policies. Thus, this assessment has investigated how these policy changes made by both federal and regional governments has affected the rights of minorities who are living in these four regions, namely, Oromia, Gambella, Somali and SNNP.

Methodology

This study has utilized a mixed approach of both desk review and participatory research methods such as conducting KII. The desk review mainly used to review various government policies, legislations, legal notices and regulations enacted by both the National and the regional

Governments under the study. In addition, the study also analyzed the regular briefs and reports issued by the Ethiopian Public Health Institute, Ministry of Health, Ministry of Education and report from the Council of Ministers, a regular bulletin by WHO Ethiopia and other reports released by the Health Bureaus of those regions under study. The study also assessed the data directly collected from the selected key informants/KII (three from each) and analyzed using the themes which were selected to meet the objectives. This study assessed the fiscal policies of the four (4) states which are the home for ethnic minorities and indigenous communities in Ethiopia. In analyzing the fiscal policies, the study adopted the OPERA analytical framework.

Major Findings

- ✚ Though the level of awareness has been improved through time yet there is still a need to expand the means to reach the right and timely health information to the minorities and indigenous communities as most of them reported that they don't have access to the main media such as TV giving the fact that they are living in the very remote areas where infrastructures are poor.
- ✚ The language of transmission is as important as the medium of transmission. Most of the media uses the official and national language which most have the minorities couldn't understand.
- ✚ Minorities are at risk of contracting the virus since they don't have access to the means of prevention such as PPEs, pure water supply, hygiene and sanitary facilities.
- ✚ Most of the policy measures and safety net programs were targeted the urban poor yet the rural poor where most of the minorities reside were left untouched.
- ✚ The funds allocated to the health and social service for minorities were not clearly designated and never reported how much of the federal and regional governments were allocated for them. As a result, their future health and safety condition is unknown.
- ✚ Minorities especially those who are pastoralist living in SNNP and Oromia regions are at risk due to the current flood. Thus, they require an immediate food and shelter assistance. The increased spread of Covid-19 in those regions even makes the problem worse.
- ✚ Persons with Disabilities has been facing a wide range of survival problems as they depend on others for mobility. The curfew measures has affected some of them in a way that they were not even able to move out to beg for alms.

- ✚ The assessment also reported that PWDs were not consulted at the policy level when various measures that were taken by both the regional and federal governments.
- ✚ Though the federal government has ratified many international regulations on PWDs, most of them seem not implemented. Thus, the policy failed to integrate the unique needs of PWDs.
- ✚ The study has also found out that there was a lack of transparency in the usage of the public finance that was set aside for Covid-19 interventions both at the national and regional levels. Such trend might give rise to corruption and nepotism.

Recommendations

The following recommendations have been given based on the major findings of the study:

- ✚ The government must maintain its safety measures and continue to deploy community health workers to every region including those regions where health coverage is very poor.
- ✚ While Ethiopia is providing food and shelter to protect the most vulnerable, the government must further expand food assistance and social protection programs for its most vulnerable populations including the minorities and persons with disabilities (PWD).
- ✚ The persons with disabilities and their representative organizations are not systematically consulted in the development of all policies and laws, training and awareness-raising across all sectors. Thus, the federal and state governments must ensure systematic and meaningful consultation with organizations of persons with disabilities in the development of all policies and laws, training and awareness-raising across all sectors, including its implementation.
- ✚ The governments should place minorities and people with disabilities at the center of COVID-19 response and recovery efforts and consult and engage them in every program that affects their lives.
- ✚ The state and federal governments should include captioning and sign language on COVID-19 information materials to convert public materials into 'Easy Read' for people with cognitive impairment.
- ✚ The regional and federal governments should ensure that the budgets allocated must reach the group that meant to receive it especially to those the most vulnerable groups such as minority ethnic and indigenous communities located in remote areas and People with Disabilities.

- ✚ The federal and state governments along with other stakeholders should work together to deliver the right and timely information with the right medium (radio is convenient for most) about Covid-19 prevention and control in the local native languages so that they may be able to prevent themselves.
- ✚ The federal government should put in place specific and targeted socio-economic measures that will address the adverse effects of the COVID-19 pandemic that the minorities and indigenous communities may suffer because of pre-existing precarious social and economic conditions.
- ✚ Both federal and regional level organizations who are working to combat the pandemic should consider including the representatives from the minority groups and PWDs.

1. Introduction

1.1. Background about MRG

Minority Right Group International/MRGI is the leading international human rights organization working to secure rights for ethnic, religious and linguistic minorities and indigenous people around the world. MRGI campaigns worldwide with around 150 partners in over 50 countries with over 50 years' of working experience to ensure that disadvantaged minorities and indigenous peoples, often the poorest of the poor, can make their voices heard.

Through training and education, legal cases, publications and the media and cultural programs, MRGI support minority and indigenous people as they strive to maintain their rights, to the land they live on, the languages they speak, to equal opportunities in education and employment, and to full participation in public life. MRGI campaigns targeted governments and communities to eradicate discrimination based on age, class, gender and disability which can have a multiple impact on disadvantaged minorities.

MRGI works with minorities as diverse as the Batwa in Central Africa, Roma in Europe, Christians in Iraq and Dalits in India and Nepal to name but a few. MRGI also works with minorities live in other African countries such as DRC, Uganda, Rwanda and Tanzania and Kenya.¹

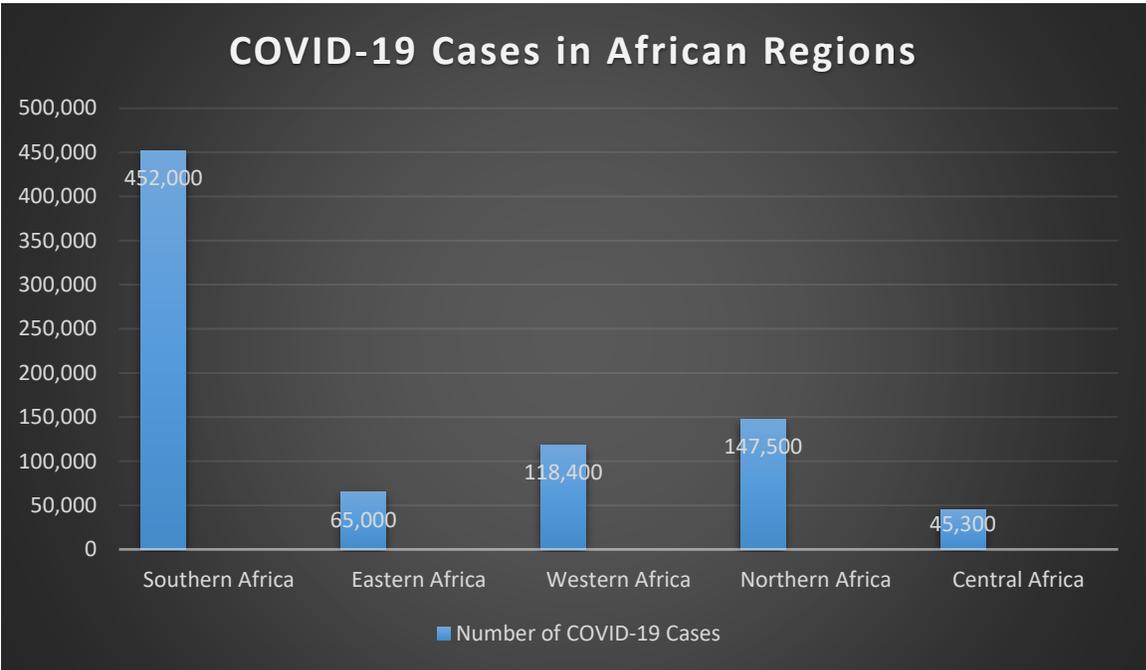
1.2. Background of the Study

Ethiopia is a multinational and multilingual nation with more than eighty (80) nations and nationalities living under the same flag. Minorities, both ethnic and religious, accountable for more than half of this number. There are over fifty (50) nationalities/ tribes (most of which are minorities) found in the southern nation, nationalities and people (SNNP) region/state alone. Minorities are scattered across the nation. In the places where minorities are living, the health outcomes remains to be low even prior to the emergence of Covid-19. Coronavirus disease (COVID-19) is the condition caused by severe acute respiratory syndrome coronavirus (SARS-2-CoV-2) infections which is now prevalent in the entire known world today. The cases of

¹ "[https://Minorityrights.Org/.](https://Minorityrights.Org/)"

coronavirus disease (COVID-19) continue to increase across the world, infecting over 20 million individuals and more than 760,000 death.

According to *africannews* report on the 26th of July, there has been 828,214 confirmed case, 326,667 active case, 484,038 recoveries and 17,509 deaths in Africa with south Africa with the most and Lesotho with the least cases.² When we see the statistics across regions in African, the Southern Africa appear to have the highest loads of active cases with 452,000 cases, while Northern Africa recorded 147,500 cases, Western Africa-118,400 cases, Eastern Africa-65,000 cases, and Central Africa-45,300 cases.³ The graph bellow shows the fact clearly.



The earlier studies also indicated that significant risk factors for severe COVID-19 are older adults, and people with co-morbidities (regardless of age) including chronic lung diseases, heart diseases, severe obesity (body mass index 40 or higher), and diabetes.⁴ Thus, still these risk factors remained to be causes for comorbidity.

² <https://www.africanews.com/2020/07/17/Africa-s-Coronavirus-Free-Dozen/>.

³ <https://www.aa.com.tr/en/Africa/Covid-19-Cases-in-Africa-Top-828-000/1922890>.

⁴ "The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States."

In Ethiopia also from the day when the virus entered the nation (on the 13th of March) until May, it has reached all 10 regional states and the two city administrative in just 2 months' time. Measures were adopted since March 16th and further sharpened on March 20 when there were only 5 confirmed cases until now. As part of this measure, a five-month state of emergency was declared on April 10th.⁵ The figure has changed rapidly since then. That's probably due to an increased laboratory testing, reduced threat to the virus and public negligence in following those preventive measures. Thus, as of 24th of August, 2020, the total number of laboratory testing has reached (775,908), the total number of cases (42,143), total number of active cases (26,187), total number of recoveries (15,262) and, total number of death also reached 692. These shows how the virus has been spreading in the community in an alarming rate. The graph bellow explicitly stated these facts.

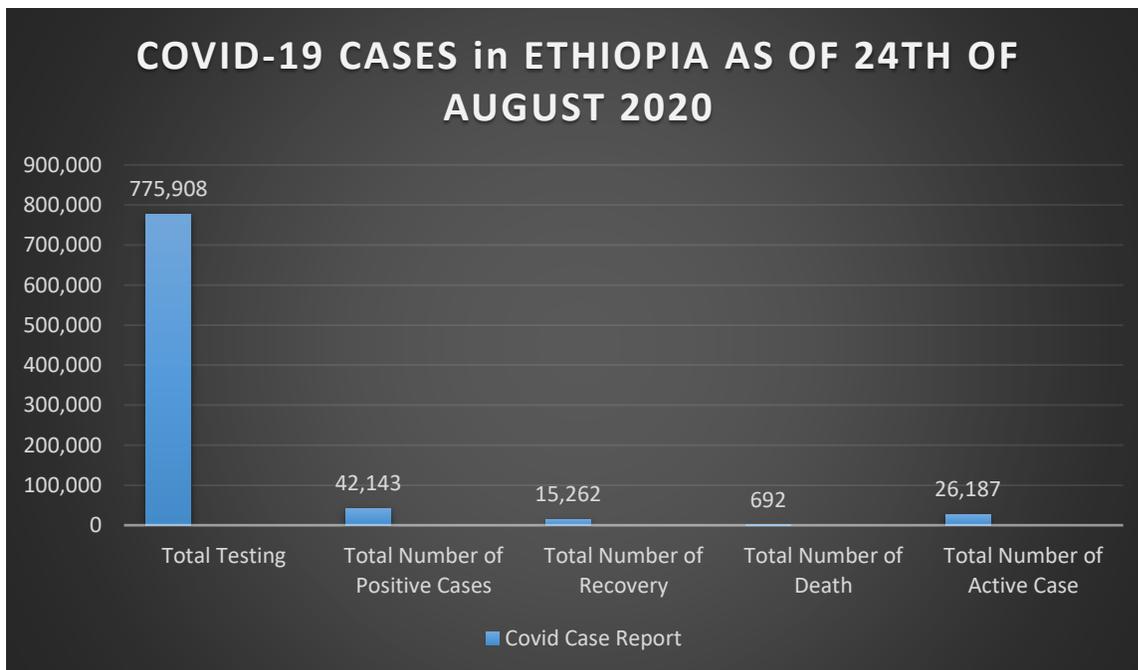


Figure 1: The latest Covid-19 cases in Ethiopia, August, 2020

Source: www.moh.gov.et

⁵ "Containing the Spread of COVID-19 in Ethiopia."

When we see the chunk of COVID-19 cases across the regional states in Ethiopia. The change in numbers of cases is scary. For the sake of this research, the report focuses on the regional governments selected by the client/MRGI. Thus, the following graph shows the load of cases in each regions under this study. Based on the report released on 24th of August by Ethiopian Public Health Institute/ EPHI, the COVID-19 case in Addis Ababa surpassed 50% of the total national case. The case in Oromia regional state comes the second following Addis Ababa with a total active case of 5,454.⁶ The SNNP region follows next based of the number of positive cases. Gambella is the least with only 674 active cases. But, this may not reflect the true existing cases in the region as some of the regions such as Somali and Gambella contains hard to reach areas and their health coverage has been known to be poor.

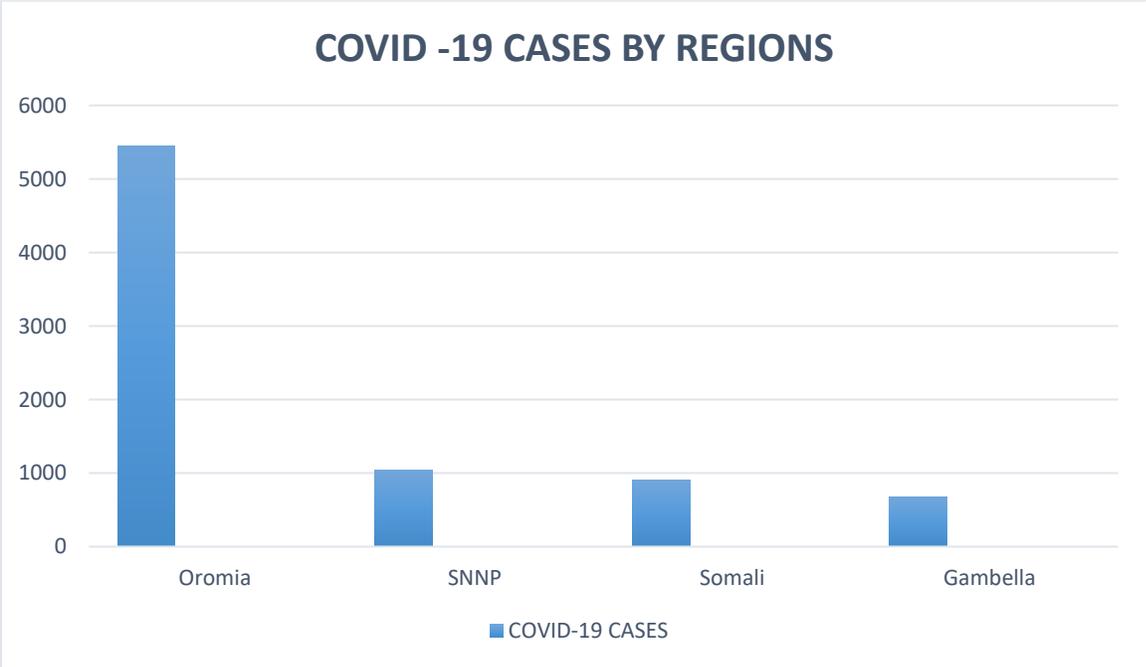


Figure 2: Covid-19 Cases disaggregated by regions, August, 2020.

Health disparities among racial and ethnic minority populations were prevalent in Ethiopia even before Covid-19. Health disparities defined as the differences in healthcare utilization and health outcomes among distinct social groups. A study conducted in USA has reported that racial/ethnic

⁶ <https://www.ephi.gov.et/>

minorities and those from the working class have worse health outcomes due to COVID-19. In Chicago, Blacks comprise 30% of the city's population but 70% of COVID-19 deaths. Based on the data from the health system, COVID-19 is uncovering disparities embedded within the society.⁷

In related study which was conducted in USA reported that the COVID-19 pandemic has disproportionately affected racial and ethnic minority groups, with high rates of death in African American, Native American, and Latino communities. While the mechanisms of these disparities are being investigated, they can be conceived as arising from biomedical factors as well as social determinants of health. Minority groups are disproportionately affected by chronic medical conditions and lower access to healthcare that may portend worse COVID-19 outcomes. Furthermore, minority communities are more likely to experience living and working conditions that predispose them to worse outcomes.⁸

In Ethiopia, the health care coverage remained to be low though there has been an improvements made due to the amended policy reforms in health sector. The coverage even worse among minorities who are living in less developed states such as Gambella, Somalia and SNNP states. In those regions, the diagnostic, therapeutic, and preventive interventions for COVID-19 are also scarce. Other critical medical supplies and equipment, such as personal protective equipment (PPE), are already scarce. Let alone on the regions and country which are known to score poor health outcomes, even in USA those equipment were scarce to extent that physicians and nurses become infected.⁹ Thus, this assessment investigates how the minorities in those regional governments are affected by this global pandemic and how their human rights are protected.

⁷ "COVID-19: Magnifying the Effect of Health Disparities."

⁸ "The Disproportionate Impact of COVID-19 on Racial and Ethnic Minorities in the United States."

⁹ "Fair Allocation of Scarce Medical Resources in the Time of Covid-19."

2. The objectives of this Assessment

The purpose of this study includes:

- A. Analyzing national government amendment of laws and policies as part of COVID-19 response and its likely impact on minority and indigenous communities in Ethiopia.
- B. Analyzing federal government amendment of laws, policies and practices and their impact on minority groups and indigenous communities (focus on Gambella Region, Southern Nation, nationalities and people region, Oromia region and Somali Region).
- C. Identifying best international practices around Covid-19 Response by Regions, civil society organizations, corporates and other stakeholders towards the needs of minorities and indigenous communities in Ethiopia.
- D. Providing policy recommendations based on the major findings.

2.1. The Purpose and Scope of the Study

2.1.1. The Purpose of the Study

The main purpose of this study is to provide a better understanding of the impact of COVID-19 on minorities and, the measures and responses taken by the federal and the four regional governments of Ethiopia on the minorities and indigenous communities in Ethiopia. The findings of the study will then be used by the Minority Rights Group International and its partners in undertaking advocacy intervention at both the federal and regional levels of government.

2.1.2. Scope of the Study

This research focuses on policy changes at the national and regional levels of the government of Ethiopia. These regions/states are: Oromia, somali, SNNP, and Gambella where minority and indigenous communities reside. And, assessing the effect of the change of those legislations and policies on these groups. The analysis covers the period from the time the first coronavirus case was discovered in Ethiopia (March 13th) to the end of the assignment (September 5th).

3. Study Methodology

This section deals with the methods and approaches used to do the assessment to be able to achieve the objective of the study. For this effect, this study utilizes a mixed approach of both desk review and participatory research methods such as conducting KII. The desk review mainly used to review various government policies, legislations, legal notices and regulations enacted by both the National and the regional Governments under the study. In addition, the study also analyzed the regular briefs and reports issued by the Ethiopian Public Health Institute, Ministry of Health, and report from the Council of Ministers, a regular bulletin by WHO Ethiopia and other reports released by the Health Bureaus of those regions under study. The study also assess the data collected by Key Informant Interview/KII. The data also directly collected from the selected key informants (three from each) and analyzed using the themes which are selected to meet the objectives.

3.1. Literature Review

The study outlined both the federal and regional government documents that are reviewed as per the terms of reference. To this effect, the study also reviewed the policy, legislative and regulatory changes enacted by both the National and the four state Governments under review.

This study assessed the fiscal policies of the four (4) states which are hosts of ethnic minorities and indigenous communities in Ethiopia. In analyzing the fiscal policies, the study adopted the OPERA analytical framework.¹⁰ The framework emphasizes on the outcomes, policy efforts, resources and Assessment of the fiscal policies involved in responses to Covid-19 pandemic outbreak.

The assessment also reviewed the protection of economic, social and cultural rights during a period of a pandemic outbreak. Human rights organizations and defenders around the world have already reported numerous violations of fundamental human rights and the ethnic minorities and indigenous communities are the most affected. In this research, the Ethiopia's compliance to this human rights principles during a pandemic outbreak has assessed thoroughly. Therefore, the report

¹⁰ "The OPERA Analytical Was Developed by the New York City-Based Center for Economic and Social Rights (CESR)."

focused on outcomes, policy efforts, resources and finally conducted assessment of the entire situation.

This research paper provided an in-depth analyses of public policies from a human rights perspective with particular focus on the minorities and indigenous communities in Ethiopia that are living in the four states. This is very important due to the fact that human rights abuses and violations usually arise from the failure of public policies.

3.2. Key Informant Interview

Key informants' interviews (KIIs) were held with selected individuals who are a member of those minorities and indigenous communities in those four regions. Moreover, the KIIs were carefully selected to represent the minorities and indigenous communities who are likely to be impacted by these government policy and legislative changes brought about as a result of the coronavirus pandemic.

3.3. Limitations of the study

The research was limited to the four regions due to availability of limited human and financial resources. Secondly, physical collection of data from the target regions was not possible and hence the research depended on telephone interviews with key informants. In addition, the data obtained from the government on its measures and responses to COVID-19 on these regions were not properly disaggregated thus it was difficult to attain the desired level of the analysis of the impact of these measures and responses. Moreover, some of the financial data are missing due to the governments' lack of transparency on those monetary data.

4. Results

4.1. Global Experience on Combating the Pandemic

A study conducted by Organization for Economic Co-operation and Development (OECD) has reported the finding based on how well some governments been able to contain COVID-19 and also minimize damage to their economies. The graph bellow highlights which country doing well here so far and which ones are needs to perform better in order to reduce the impact of Covid-19 in their territory and beyond. Since the start of the COVID-19 pandemic, countries have deployed drastically different responses.

According to a new UN report, we're still need to do better to combat this crisis, but so far, South Korea has had the most effective response and the United Kingdom was the worst. The report, published by the Sustainable Development Solutions Network, ranks the 37 member countries of the Organization for Economic Co-operation and Development (OECD) based on how well they've been able to contain COVID-19 and also minimize damage to their economies. South Korea topped the list, followed by Baltic countries and countries in the Asia-Pacific region. The U.S. and several western European countries rank on the bottom of the list. The OECD's member countries and key partners make up about 80 percent of world trade and investment, according to the group, so their ability to mitigate the economic impact of COVID-19 has big global implications.

New pilot index for the effectiveness of countries' early response to Covid-19 in OECD countries

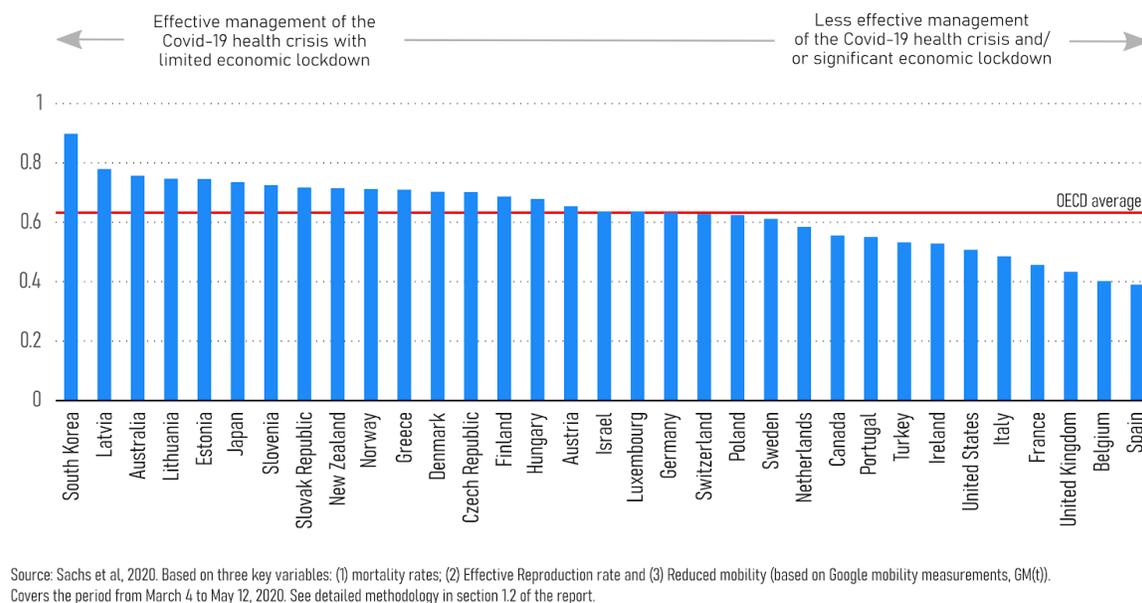


Figure 3: Country's response to Covid-19 Based of the key variables, 2020.

Specifically, the index compared the countries' death rate per 1 million population, which range from below 10 per 1 million people in countries like Australia (3.88 – the lowest), New Zealand (4.34), Slovakia (4.77) and South Korea (5), to above 100 per 1 million, like in Belgium (761.55 – the highest), Spain (575.26), Sweden (319.99) and the U.S. (246.98).

The index also looked at how well countries have suppressed the pandemic during this early phase. Some countries, like South Korea and New Zealand managed to suppress transmission of the virus in March and April. In others, transmission is ongoing, like in the U.S., which has the highest “*effective reproduction rate*” of the countries analyzed.

Finally, the index assessed the efficiency with which countries have been able to control the pandemic. South Korea, for example, was able to suppress transmission with minimal economic fallout by employing a more targeted strategy, including isolating or quarantining infected individuals, contact tracing, quarantining people exposed to carriers of the virus and wearing face

masks. Other countries, like the U.S. and Italy have had to “resort to the cruder and costlier approach of economic lockdowns,” Although the economic disruption has been enormous, they say, strict and prolonged lockdowns on social and economic activities was “most probably the right policy response for countries lacking [personal protective equipment] and with lower testing and hospital intensive care capacities,” and likely saved thousands of lives.¹¹ Although countries at the top of the index have performed better than others, the report makes clear that all countries are still highly vulnerable to new outbreaks, because no country has acquired “herd immunity” yet.

4.2. Best Experiences of Australia, New Zealand and, South Korea

4.2.1. Australia

Australia has reported 25,527 confirmed cases of COVID-19, including 8,178 active cases and 600 deaths, as of August 29, 2020.¹²

General safety measures taken by Australian Government

Social distancing measures were increasingly tightened in late March/early April, including by banning public gatherings of more than two people, and shutting down non-essential businesses. Overseas travels are banned, and any arrivals in Australia are quarantined for 14 days.

Restrictions has been eased to stimulate the economy:

Schools have reopened; restaurants and entertainment venues have reopened with restrictions; retail shopping, including for nonessential items, has largely reopened under some restrictions; restrictions on public gatherings and domestic travel have been gradually eased.

Policy Measures

- ✓ National level, Fiscal stimulus, consisting of expenditure and revenue measures worth A\$164 billion (8.6 percent of GDP), has been put in place through FY2023-24, and the majority of which will be executed through FY2020-21.
- ✓ A\$15 billion allocated to invest in residential mortgage backed securities and asset backed securities

¹¹ “<https://Storymaps.Arcgis.Com/Stories/Cac7505de9974f8c99b532071042d6dd>.”

¹² “<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers>.”

- ✓ The Commonwealth government has committed to spend an additional amount of almost A\$9.4 billion (0.5 percent of GDP) to strengthen the health system and protect vulnerable people, including those in aged care, from the outbreak of COVID-19.
- ✓ State and Territory governments also announced fiscal stimulus packages, together amounting to A\$32.9 billion (1.7 percent of GDP), including payroll tax relief for businesses and relief for households.
- ✓ The Australian Prudential Regulation Authority (APRA) has provided temporary relief from its capital requirement, allowing banks to utilize some of their current large buffers to facilitate ongoing lending to the economy as long as minimum capital requirements are met.

4.2.2. South Korea

Korea first reported confirmed COVID-19 cases in late January, with the average daily number of new cases peaking at over 500 in early March. The authorities have implemented comprehensive testing and tracking, which has enabled early isolation and treatment.

Policy Measures

A. Fiscal Measures

- ✓ On March 17, the National Assembly passed the 1st 2020 supplementary budget. The supplementary budget includes a decline in revenue by KRW 0.8 trillion, and additional KRW 10.9 trillion spending on disease prevention and treatment, loans and guarantees for business affected, support for households affected, and support for local economies affected.
- ✓ On April 30, the National Assembly passed the 2nd 2020 supplementary budget. The supplementary budget includes an increase in spending by KRW 8 trillion to fund an emergency relief payment program of KRW 14.3 trillion that provides transfers to households.
- ✓ On July 3, the National Assembly passed the 3rd supplementary budget. The KRW 35.1 trillion package includes a revenue reduction (11.4 trillion) and additional KRW 23.7 trillion spending on financial support for companies, expansion of employment and social safety, disease control, and spending on digital and green industries.
- ✓ On July 14, the government announced an overview of a new policy package (Korean New Deal). The package aims to “transform the economy from a fast follower to a leader, from

a carbon-dependent economy to a green economy, with the society going to a more inclusive one”.

B. Monetary and Macro-Financial Measures

✚ The Bank of Korea (BOK) has taken several measures. These include

1. Lowering the Base Rate by a cumulative 75 basis points, from 1.25 percent to 0.5 percent.
2. Making unlimited amounts available through open market operations (OMOs).
3. Expanding the list of eligible OMO participants to include select non-bank financial institutions.
4. Expanding eligible OMO collateral to include bank bonds, certain bonds from public enterprises and agencies, and government-guaranteed MBS issued by KHFC.
5. Easing collateral requirements for net settlements in the BOK payments system and,
6. Purchasing Korean Treasury Bonds (KRW 3.0 trillion).

✚ On March 24, President Moon announced a financial stabilization plan of KRW 100 trillion (5.3 percent of GDP). The main elements are:

1. Expanded lending of both state-owned and commercial banks to SMEs, small merchants, mid-sized firms, and large companies.
2. A bond market stabilization fund to purchase corporate bonds, commercial paper, and financial bonds.
3. Financing by public financial institutions for corporate bond issuance through collateralized bond obligations and direct bond purchases.
4. Short-term money market financing through stock finance loans, BOK repo purchases, and refinancing support by public financial institutions and,
5. An equity market stabilization fund financed by financial holding companies, leading financial companies, and other relevant institutions.

✚ On April 22 additional measures were announced totaling KRW 25 trillion (1.3 percent of GDP), mainly through creation of a special purpose vehicle to purchase corporate bonds and commercial paper (KRW 10 trillion) and additional funds for SME lending (KRW 10 trillion).

✚ On April 22, President Moon announced a key industry stabilization fund would be established for KRW 40 trillion (2.1 percent of GDP) and operated by Korea Development Bank to support seven key industries: airlines, shipping, shipbuilding, autos, general machinery, electric power, and communications.

4.2.3. New Zealand

New Zealand has 1,727 confirmed and probable cases of COVID-19 and 22 deaths with only 137 active cases as of 29th of August 2020.¹³ The case remained controlled though there is no guarantee until the vaccine is developed.

General Safety Measures

On March 25, 2020, New Zealand moved to Alert Level 4 restrictions after domestic transmission of the virus was found. The authorities declared a state of emergency and implemented strong containment measures including the closure of all non-essential businesses, cancellation of all events and gatherings, closure of schools, and cancellation of discretionary domestic air travel. This followed the closure of all borders and entry ports to non-residents on March 19, with returning citizens and residents required to self-isolate, and since April 10 to enter into two weeks of supervised quarantine.

Reopening of the Economy

- New Zealand moved from Alert Level 4 to Alert Level 1 on June 8 by lifting restrictions on personal movements, gathering, workplaces, and services, but people are encouraged to maintain records of where they have been for contact tracing.
- Schools reopened fully on May 18, while bars reopened on May 21. The borders remained closed to all but New Zealand residents, who must isolate in dedicated facilities for 14 days upon entry.

Policy Measures

- ✚ The government has announced 2020/21 fiscal measures amounting to a total of NZ\$62.1 billion (21.3 percent of GDP) through FY2023-24, of which NZ\$20.5 billion were targeted to be disbursed by end-June.
- ✚ The total amount includes the NZ\$50 billion COVID-19 Response and Recovery Fund, of which NZ\$14 billion have been set aside as contingency for a possible second wave.

¹³ "<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-current-cases>."

✦ Announced fiscal measures include:

1. Healthcare-related spending to reinforce capacity (NZ\$0.8 billion or 0.3 percent of GDP).
 2. A permanent increase in social spending to protect vulnerable people (total NZ\$2.4 billion or 0.8 percent of GDP).
 3. A lump sum 12-week wage subsidy to support employers severely affected by the impact of COVID-19 (NZ\$14.9 billion or 5.1 percent of GDP).
 4. Income relief payment to support people who lost their jobs (NZ\$3.1 billion or 1 percent of GDP).
 5. A permanent change in business taxes to help cash flow (NZ\$2.8 billion or 1.0 percent of GDP).
 6. Infrastructure investment (NZ\$3 billion or 1 percent of GDP).
 7. A temporary tax loss carry-back scheme (NZ\$3.1 billion or 1.1 percent of GDP).
 8. Support for the aviation sector (NZ\$0.6 billion or 0.2 percent of GDP).
 9. Tourism recovery package (NZ\$0.4 billion or 0.1 percent of GDP).
 10. Government housing program (NZ\$0.7 billion or 0.2 percent of GDP) and,
 11. School infrastructure upgrade (NZ\$0.2 billion or 0.1 percent of GDP). The government has also approved a NZ\$0.9 billion debt funding agreement with Air New Zealand to ensure continued freight operations, domestic flights and limited international flights.
- ✦ The New Zealand government also provides loans of up to NZ\$100,000 to small businesses that employ 50 or less employees (NZ\$5.2 billion). In addition, on March 28 the government announced temporary removal of tariffs on all medical and hygiene imports needed for the COVID-19 response.
- ✓ The Reserve Bank of New Zealand (RBNZ) kept the official cash rate (OCR) at 0.25 percent on August 12, unchanged since the OCR was reduced by 75 basis points on March 17.
 - ✓ To further ease monetary policy, the RBNZ has expanded the Large-Scale Asset Purchase program (LSAP) to purchase government bonds and Local Government Funding Agency (LGFA) in the secondary market from up to NZ\$60 billion for 12 months to a maximum of NZ\$100 billion by June 2022.¹⁴
 - ✓ The RBNZ has established a new Term Auction Facility (TAF), which allows banks access to collateralized loans of up to 12 months, and announced a corporate facility in which the RBNZ will offer up to NZ\$500 million per week in open market operations with banks against corporate paper and asset-backed securities for 3 months.

¹⁴ [https://www.imf.org/en/Topics/Imf-and-Covid19/Policy-Responses-to-COVID-19.](https://www.imf.org/en/Topics/Imf-and-Covid19/Policy-Responses-to-COVID-19)

- ✓ The RBNZ also introduced a Term Lending Facility (TLF), a longer-term funding scheme for banks at 0.25 percent for up to 3 years duration, available to use for six months from May 26.
- ✓ The New Zealand government, the RBNZ, and the New Zealand Bankers Association have also announced a number of financial measures to support SMEs and homeowners. These include six-month principal and interest repayment deferrals to mortgage holders and SMEs affected by COVID-19 and a NZ\$6.25 billion Business Finance Guarantee Scheme for SME loans, in which the government covers 80 percent of the credit risk.
- ✓ Other related measures taken by the government that could contribute to financial stability include a six-month freeze on residential rent increases and increased protections for tenants for termination of tenancies. The government has also committed to a temporary law change to enable businesses to put existing debt into hibernation for six months.

4.3. COVID-19 and the Sustainable Development Goals

On the related report, COVID-19 has severe short-term negative impacts on most of the Sustainable Development Goals (SDGs), especially progress toward no poverty (SDG 1), no hunger (SDG 2), good health and well-being (SDG 3), decent work and economic growth (SDG 8) and reduced inequalities (SDG 10). The only silver lining, though the impact is still unclear, is that the economic lockdowns seem to have been a reprieve on the environment. As economic activity resumes, it's important that we don't revert to our old patterns of environmental degradation.¹⁵

¹⁵ "<https://Storymaps.Arcgis.Com/Stories/Cac7505de9974f8c99b532071042d6dd>."

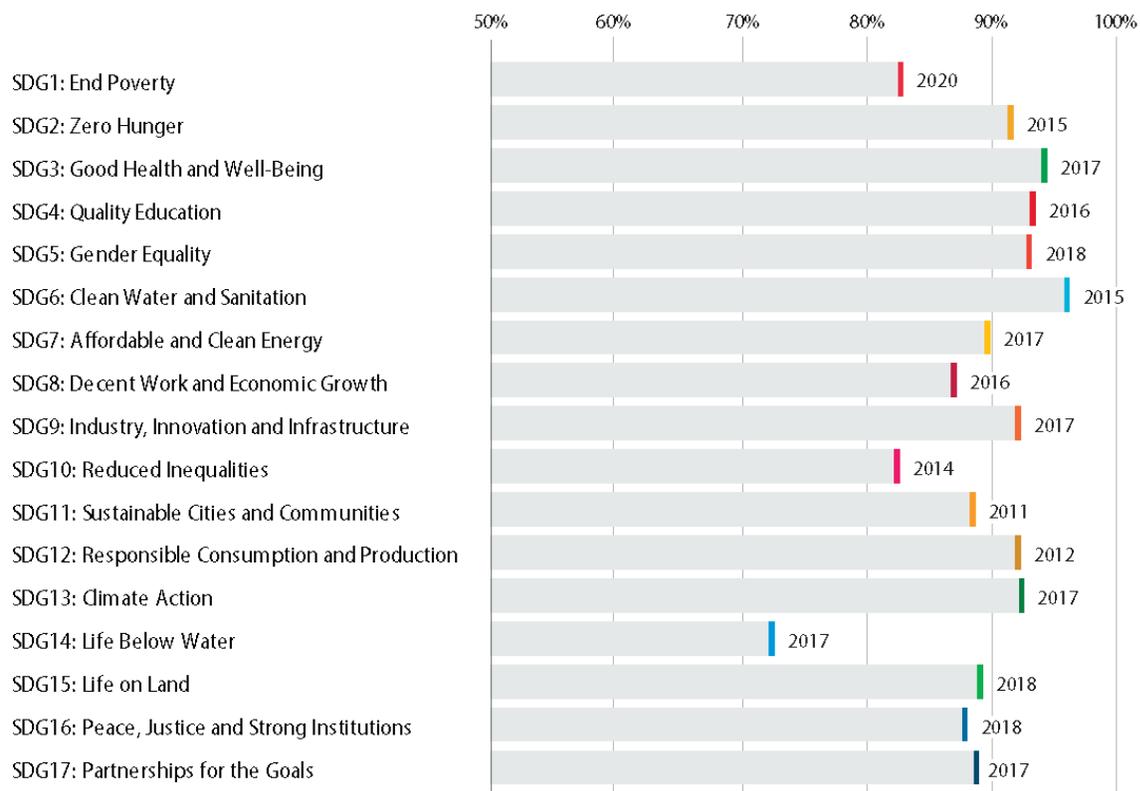


Figure 4: Data availability and timeliness vary extensively across the SDGs.

In terms of how well countries are progressing overall toward the SDGs, the report also included its annual ranking of all 193 UN member states. Since the SDGs were adopted in 2015, east and South Asia as a region has earned the title of most improved, while Venezuela, Zimbabwe and the Democratic Republic of Congo have regressed the most because of conflicts and other economic and social problems. As in previous years, Sweden, Denmark and Finland topped the index, yet even these countries are not on track to achieve all the SDGs. The U.S. ranked 31, behind Italy, Spain and others. Additionally, the report found that high-income countries are severely undermining other countries' ability to achieve the SDGs because of their trade and consumption practices.

Because of the delay in data, the SDG index doesn't account for the impact of COVID-19. But according to another UN report published recently, the pandemic is reversing decades of progress: An estimated 71 million people are expected to be pushed back into extreme poverty this year – the first increase in global poverty since 1998.¹⁶ In his recent remark, the prime minister of Ethiopia said, “*about 30 million Ethiopians needs a relief aid until September.*” This can be the fact that supports COVID-19 has already putting strain on the SDGs.¹⁷

Disruptions to health, vaccination and nutrition services means deaths of children under age 5 could increase by hundreds of thousands this year, and maternal mortality could jump by tens of thousands. Global education has also been severely disrupted as school closures have kept 90 percent of students out of classrooms – with that, more than 370 million children have missed out on school meals they depend on. Additionally, as families fall below the extreme poverty line, their vulnerability to exploitation will rise. Child labor, for example, is likely to increase for the first time in 20 years.

However, both reports note that the SDGs offer a framework for recovering from the pandemic in a way that builds back better. Specifically, if countries cooperate with each other and focus on transforming (1) education and skills, (2) health and wellbeing, (3) clean energy and industry, (4) sustainable land use, (5) sustainable cities and (6) digital technologies, they can achieve all 17 SDGs. Achieving the SDGs will, in turn, prepare the world to better respond to future crises, including other pandemics and perhaps the greatest crisis of all – climate change.

4.4. Policy Measures taken by the Federal Government of Ethiopia

Following the discovery of the first COVID-19 case in the country, the prime minister of Ethiopia has organized the National Resource Mobilization Committee /NRMC and publicly announced to the members of the public to donate to the national COVID-19 resource mobilization Initiative to support the most vulnerable and needy ones so that the impact of COVID-19 can be reduced. Following the call of the PM, more that 150million Birr has been mobilized locally, not including in-kind support of medical supplies. Cash, food and other supplies are being donated by the public,

¹⁶ “<https://Storymaps.Arcgis.Com/Stories/Cac7505de9974f8c99b532071042d6dd>.”

¹⁷ “<https://Reliefweb.Int/Report/Ethiopia/Disaster-Risk-Mgmt-Commission-Says-30-Mn-Ethiopians-Need-Humanitarian-Aid>.”

including the private sector in just five days.¹⁸ Apart from these initiatives that are taken by the federal government, the following actions has been taken to mitigate the impact of COVID-19.

4.4.1. General Health and Safety Measures

Ethiopia recorded its first case of Covid-19 in mid-March. A nation with a population of 110 million and an overcrowded capital city of Addis Ababa had to take some serious measures. What makes matters more complicated is that Addis Ababa's Bole International Airport is one the busiest hubs on the continent and a major gateway into Africa for millions of international travelers. Since May, the number of positive cases has increased ten folds as of today.

Though Ethiopia has a large population and insufficient health care capacity, it is remarkable that the country had one of the lowest reported incidences of the virus among the world's most populous nations. Yet, the country announced in 2nd of August to test 200,000 people in just two week and achieved its 80% by testing over 182,000 samples. This led to the reporting of enhanced number of positive cases. Now, the daily reported numbers of cases has surpasses a thousand for the last two weeks in a raw. In effect of halting the impact of the pandemic, the PM urged that the nation should be prepared for 45,000 new beds and for the production of locally made sanitizers.

Generally, the overall economic measures that was taken by the Government of Ethiopia after the announcement of the first positive case were: closing schools, shutting nightclubs and entertainment outlets, and prohibiting religious, sporting, and other large public gatherings. The government closed Ethiopia's land borders and suspended flights to more than 80 destinations. It also postponed general elections which was previously scheduled for August 2020. The country also demanded the incoming travelers a mandatory 14-day quarantine before mingling with the community which is reduced to 5 days now with the certificate of status from the departing country. The government also moved decisively to require the wearing of face masks in public places and enforce social distancing measures.

The Ministry of Health deployed thousands of community health workers across the country to educate and screen individuals at home. As an extraordinary step, the government pardoned more

¹⁸ "https://Reliefweb.Int/Sites/Reliefweb.Int/Files/Resources/ETHIOPIA_COVID-19%20RESPONSE%20bulletin_04APR2020.Pdf."

than 4,000 prisoners to prevent the spread of the virus through the prison system. The early health efforts have thus far contained the spread of the virus. But in recent weeks, the number of cases has spiked, mostly from sustained community transmission.

4.4.2. The Key Economic Challenges of Ethiopia during COVID-19

It has been reported that Ethiopia is confronting three key economic challenges: its debt burden, foreign exchange woes and, a decline in remittances. The economic consequences of the pandemic appear to be more protracted than health-related repercussions. This has reverse economic gains made in the past few years, which have seen large segments of the Ethiopian population lifted from poverty. The number of people living below the poverty line is now expected to increase to 31 million people in fiscal year 2020-2021 from 26 million people in 2019-2020.

Ethiopia has a substantial amount of debt: external debt and domestic debt account for approximately 30 percent and 27 percent of the GDP, respectively. Servicing external debt was already a stretch for the government's budget prior to the pandemic. The constraints on the country's balance sheet have been exacerbated in the last few months. Unless crushing debt payments are delayed, the funds from International Monetary Fund (IMF)'s emergency funding (\$411 million) and the World Bank's (\$82.6 million) are a drop in the bucket (This was approved in April).¹⁹

The country's foreign exchange is weak and poses a significant near-term challenge to its economy. Already, the exchange rate has fallen to 33.53 Birr/\$1 at the end of April 2020, representing a 15 to 17 percent depreciation from the same time last year, now the exchange rate further dropped to 36.01 Birr/\$1. The country's foreign exchange status can be attributed to its poor-performing sectors, particularly its national airline, agricultural exports, hospitality sector, and production targets.

- ✚ Ethiopian Airlines, the country's largest foreign exchange earner, saw a decline in revenue of over \$550 million between January and April 2020. This is particularly worrisome as

¹⁹ "<https://www.imf.org/en/news/articles/2020/04/30/pr20199-Ethiopia-Imf-Executive-Board-Approves-Emergency-Assistance-to-Address-the-Covid-19-Pandemic>."

the airline support over 1 million jobs and contributed over 5 percent of Ethiopia's GDP in 2019.²⁰

- ✚ Ethiopia's agriculture exports, 60% of total exports in 2019, have also been dealt a major blow as demand slows in major European and North American trading partners. The agriculture sector is the largest employer in the country and generates significant foreign exchange for Ethiopia, particularly coffee and oil seeds. According to Deloitte, Ethiopia's agricultural exports as of April 2020 were only at 20% of their usual volume, translating into a year-to-date (YTD) loss of about \$132 million.²¹ In addition, a significant amount of Ethiopia's cropland and pastures have been impacted by a locust invasion, pushing over one million people into hunger.
- ✚ Ethiopia's hospitality sector has collapsed as travel bans have gone into effect around the world. The collateral damage is significant as hospitality accounts for over 8% of the total employment in the country. At the same time, Ethiopia's manufacturing sector has weakened due to the disruption in supply chains worldwide. Ethiopia's textile and apparel industries, in particular, have been affected by supply shortfalls in China, as well as the slowdown in demand in Europe and North America.

Finally, according to Ethiopian Ministry of Finance, Ethiopia has experienced a sharp decline in remittances from its global diaspora, which in 2019 was \$5.7 billion.²² Ethiopia is not immune to the expected 20 percent decline in global remittances in 2020, as estimated by the World Bank.²³ Many Ethiopians in the diaspora face economic hardships in the United States, Europe and elsewhere. Several countries in the Middle East including Lebanon, the United Arab Emirates, and Saudi Arabia have exacerbated the situation by deporting Ethiopian domestic workers.

²⁰ "<https://www.voanews.com/africa/ethiopian-airlines-loses-550-million-believes-it-can-survive>."

²¹ "<https://www.theigc.org/blog/projecting-the-impact-of-covid-19-on-exports-in-ethiopia/>."

²² "<https://www.theigc.org/blog/pass-through-shocks-and-income-the-impact-of-covid-19-on-remittances-in-ethiopia/>."

²³ "<https://www.worldbank.org/en/news/press-release/2020/04/22/world-bank-predicts-sharpest-decline-of-remittances-in-recent-history>."

4.4.3. Addressing these Key Economic and Health Challenges through policy measures and its impact on Minorities

The Ethiopian government has responded swiftly and successfully in tackling both the health and economic crises presented by the pandemic. The following table highlights and summarizes the major policy measures, among others, taken by the Federal Democratic Republic of Ethiopia and its impact on minorities and indigenous communities.

Table 1: A summary of policy changes made by the Federal Government of Ethiopia and its Impact on minorities, 2020.

S.N	Government Measures	Impact of the Measures
1	<p>General Health and Safety Measures:</p> <ul style="list-style-type: none"> ✓ Partially closing of the road from Addis to other regions. ✓ Closing schools ✓ Shutting nightclubs and entertainment outlets ✓ Prohibiting religious Services, sporting, and other large public gatherings. ✓ Closing land borders ✓ Suspended flights to more than 80 destinations ✓ Requiring the wearing of face masks in public places and enforce social distancing measures. ✓ Postponing general elections which was previously scheduled for August 2020. ✓ Demanding a mandatory 14-day quarantine for the incoming travelers. ✓ Pardoning more than 4,000 prisoners to prevent the spread of the virus through the prison system. 	<p>The impact of the restriction has two impacts: a positive and negative. The early health efforts enabled to contain the spread of the virus for quite some time. But in recent weeks, the number of cases has spiked, mostly from sustained community transmission. COVID-19 related restrictions, coupled with the broader economic decline, desert locust upsurge, flooding, and general decrease in incomes has led to atypically high humanitarian assistance needs across much of the country. Thus, much of this impact has seen in the central and eastern parts of the country as many poor households are reliant on market foods with below-average incomes. In the regions where locust invasion happened such a SNNP, Oromia, Somali and some woredas of Gambela regions, staple food prices are increasing at rates higher than what is seasonally normal for this time of year.</p> <p>Thus, this restrictions has impacted a lot the lives of minorities in those regions in the way that it impacted their survival since most of them depend on the local market for their daily food consumption and most of them are pastorals (in the case of Somali and some part of Oromia) who are not producing food products. The other impact of the restriction was it has done even before the minorities had information about the pandemic and the lack of PPEs to prevent themselves from the virus. Thus, lack of access to health information has been reported at the early stage by the minorities since the information was transmitted through the national language, Amharic, which many of the minorities unable to hear.</p>
2	<p>Declaring a state of emergency under Article 93 of Ethiopia’s constitution and the formulation of Hate Speech and Disinformation Prevention and Suppression Proclamation.</p>	<p>The FDRE constitution recognizes the rights of minorities yet provides non-derogable right provisions during declaration of state of emergency. In the constitution, there is no fast and hard rule provides protection of minorities rights during state of emergency.²⁴ Generally, though this state of emergency has enabled the government to undertake crucial measures to safeguard the social and economic health of the country, some reported their concerns on the excessive</p>

²⁴ “Muluken Kassahun, ‘The Rights of Minorities during State of Emergency: The Case of FDRE Constitution.’”

S.N	Government Measures	Impact of the Measures
		<p>power use, for instance, on Wolayta people who are the known minorities who are scattered across the nation (34 civilians were reportedly killed by the National Defense Force) and, the detaining of many political oppositions, for instance, Mr. Lidetu Ayalew has been arrested and charged with the coordination and financing the violence in Bishoftu town following the death of Hachaalu Hundessa. Yet, the court has released him today (31/8/2020) after almost two months in jail.</p> <p>Another concerns also raised regarding the hate speech and discrimination law which grants the government authority to fine and imprison citizens for their social media activities. Others also concerned about the flourishing of hate speech and disinformation online can disrupt democratic debate and practices, facilitate gross human rights violations, and will further marginalize minority groups.</p>
3	<p>Social safety net programs</p> <ul style="list-style-type: none"> ✓ Providing food assistance and social protection programs for its most vulnerable populations including to the minorities and persons with disabilities (PWD). ✓ The PM announced 300 million birr package to bolster healthcare spending on early March. ✓ The Federal Government together with World Bank allocated \$88 million for the urban productive safety net program over sixteen (16) additional cities apart from Addis. 	<p>It has been encouraging to see the private sector and citizenry participate in supporting those less fortunate in their communities including minorities and PWDs. This has benefited more the minorities living the urban areas that those living in the rural and remote areas (where most of them reside).</p> <p>This policy supported the import of much-needed essential health supplies such as personal protective equipment (sanitizers, gloves, masks etc) and intensive care equipment like ventilators. The funding also supported communication on health issues as combating COVID-19 requires a lot of advocacy work to ensure that people stick to prevention recommendations. How much advocacy work has been done to reach to minorities and indigenous communities is quite unknown. Nothing has been reported here so far in this regard. Rather, it has been reported that some of the minorities are still having difficulties to access the up-to-date health information in their own mother tongue.</p>

S.N	Government Measures	Impact of the Measures
		<p>This resources have been also used to ensure an adequate supply of essential goods such as food items (like wheat and edible oil) to aid the vulnerable. Although it was challenging to implement large-scale social intervention to combat job losses and aid the informal sector, it is important to ensure that those in extreme poverty have access to basic items to survive. In this measure also, the program only focused on distributing those food items in the major cities of the regional governments where most minorities living in the outskirts of some of the towns are not reached by the program.</p> <p>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. Even on the implementation of these measures in the urban setup details on the precise modalities of the assistance were not made available.</p>
4	<p>Mobile Payment Reform</p> <ul style="list-style-type: none"> ✓ The government has made some progress in the telecom sector during the pandemic, particularly in digital payments. 	<p>This policy has brought huge impact on the economy. For instance, Ethio Telecom declared a 47.7 billion birr profit from a range of local and international services this year/2020 in the midst the pandemic. The particular effect of this measure on the minorities is not known.</p>
5	<p>Financial support for the mitigation of the impact of COVID-19 on the economic sector.</p> <ul style="list-style-type: none"> ✓ Covid-19 Preparedness and Response Plan (CPRP) with an estimated budget of \$430 million. ✓ Multi-Sectoral Preparedness and Response Plan, with prospective costing of interventions of US\$1.64 billion (about 1.6 percent of GDP). 	<p>The funds were allocated as follows: \$635 million (0.6 percent of GDP) for emergency food distribution to 15 million individuals vulnerable to food insecurity and not currently covered by the rural and urban Productive Safety Net Project/PSNPs which may benefit minorities especially those who are living in rural areas of the SNNP and Somali regions; \$430 million (0.4 percent of GDP) 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 (now the country is reaching to this number quite rapidly and the impact of this funding will be assessed by then); \$282 million (0.3 percent of GDP) for provision of emergency shelter and non-food items.</p> <p>The remainder (\$293 million, 0.3 percent of GDP) were allocated to agricultural sector support, nutrition, the protection of vulnerable groups (again, no specific</p>

S.N	Government Measures	Impact of the Measures
		<p>support for the minorities and indigenous communities has been set aside), additional education outlays, logistics, refugees support and site management support which may have impact on the minorities as some of them in Somali region are now in shelter due to the unprecedented flood the region. Overall, in practice, much less has been spent and reported to date.</p>
6	<p>A Financial Support from Partners and International Donors:</p> <ul style="list-style-type: none"> ✓ African Development Bank’s UA 120 million ADF-15 Performance Based Allocation to finance the Ethiopian Government’s COVID-19 National Emergency Response Plan (NERP). ✓ On March, 2020, the World Bank’s Board of Executive Directors approved \$250 million (\$125 million grant and \$125 million credit) in supplemental financing for the ongoing Second Ethiopia Growth and Competitiveness Programmatic Development Policy Financing/EGCPDPF. ✓ International Monetary Fund (IMF)’s emergency funding (\$411 million) and US\$12 million under Catastrophe Containment and Relief Trust (CCRT) on debt service falling due to the IMF until October 13, 2020 and this relief could be extended up to April 13, 2022. ✓ EU’s \$430 million support 	<p>The grant aimed at containing the spread of COVID-19 and to mitigate the economic and social impacts of the COVID- 19 pandemic on local businesses and vulnerable households, particularly the urban poor. This grant may benefit some of the minorities living in the urban areas yet most of them scattered across small towns of Oromis, Somali and SNNP Regions. In addition, some of minorities living in some of the Oromia towns such as Shashemene and Dodola has lost their business/properties following the death of a renowned Oromo singer, Hachaalu Hundessa. The loss of their house and businesses coupled with the threat of the pandemic, the lives of those minorities are now in danger. Most of them are now sheltered in the nearby Ethiopian Orthodox Church’s sanctuary. Nothing has been said or reported whether this grant will be extended to them or not.</p> <p>This funding is geared towards helping Ethiopia to revitalize the economy by broadening the role of the private sector and attaining a more sustainable development path. Also, to help Ethiopia meet the urgent balance of payment needs stemming from the COVID-19 pandemic. The impact of this grant on the minorities is not quite clear as most of them are not in the formal sector.</p> <p>The IMF grant also supporting Ethiopia’s economic reform program to maximize financial support under the Rapid Financing Instrument (RFI) whose impact to the minorities is not known.</p> <p>The EU grant also helped to develop a Covid-19 Preparedness and Response Plan (CPRP) which has reached many vulnerable groups including the urban minorities.</p>

S.N	Government Measures	Impact of the Measures
7	<p>Fiscal and Monetary Policies</p> <ul style="list-style-type: none"> ✦ Accelerated processing of VAT refunds to businesses. ✦ National Bank of Ethiopia set aside a 15-billion-birr (\$450 million) liquidity facility. ✦ It has also provided 33 billion birr of additional liquidity to the Commercial Bank of Ethiopia. ✦ Allocated 3.3 billion-birr (\$96 million) to the tourism sector. ✦ Credit to micro and small and medium enterprises (SMEs) via a quick-disbursing special window at the Development Bank of Ethiopia. ✦ Tax arrears forgiveness for all dues up to FY 2014-15. This covers 3,099 taxpayers with interest/penalties. Principal still due with 25 percent payable. ✦ Tax exemption for importation of products related to curbing the outbreak. ✦ Foreign currency for imports of products related to curbing the outbreak and, ✦ Removal of floor price restriction for horticulture exports. ✦ Measures intended to support FDI in the country through the crisis and recovery, including: operational facilitation of logistics in export and import process 	<p>The national bank action helped the private banks to support their clients, especially businesses adversely affected by Covid-19. And, the VAT measures also supported the formal business sector to survive through the pandemic. Though this has huge impact on the minorities in the formal sector, it has neglected the minorities in the informal sectors in which many of them sustain their life through this sector.</p> <p>The support made for the tourism sector may have impact on minorities as quite proportion of minorities live in most of the tourist sites especially those in the SNNP region.</p> <p>The support made for the horticulture sector may not have impact on minorities and indigenous communities in Ethiopia since most of them are either very small scale farmers or pastoralists.</p>
8	<p>A 476 billion allocated for the fiscal year 2020/21 national budget</p>	<p>The following gaps has been identified during the analysis from the National Government’s Budget for FY 2020/21. Some of these gaps may have impact on minorities. These gaps are:</p> <ol style="list-style-type: none"> 1. The planned deficit of near Birr 126bn (3.1. percent of GDP) is a record high. 2. The external borrowing planned to cover the deficit is on the order of Birr 48bn. 3. Assuming the planned external borrowing target is met, an additional Birr 78bn of funding is still required and anticipated from a combination of domestic borrowing and exceptional privatization related inflows.

S.N	Government Measures	Impact of the Measures
		<p>Though the precise mix among the above domestic/external financing sources thus remains uncertain, some combination of all of the above options is likely to be pursued by the Government so as to avoid an excessive reliance on any single source.</p> <p>Thus, it is uncertain when these funds will be secured and services will be provided to, hence, the provision of those essential health services (such as WASH, SRH, MCH, TB, STI/HIV etc) including COVID-19 prevention and controlling programs to the minorities and vulnerable group remains at risk until the funds will be secured.</p> <p>Though federal government budgeted expenditure is up 43 percent overall, from Birr 205bn to 294bn. Within this overall increase, the following sub-components have exceeded the average growth in federal expenditure, pointing to shifts in policy preferences towards these specific areas:</p> <ul style="list-style-type: none"> ✓ Water Resources & Energy: Up 74%, or Birr 12.3bn to 21.5bn ✓ Health: Up 73% from Birr 10.8bn to 18.7bn, reflecting particularly COVID-19 related increases this year. Yet, the equitable share to the minorities has not been clearly stated. ✓ Debt service: Up 64% from Birr 22.5bn to 36.9bn, reflecting rising debt and commitments to avoid arrears. ✓ Justice and Security: Up 54% from Birr 6.8bn to 10.4bn. ✓ Roads: Up 51% from Birr 38.9bn to 58.8bn.

4.5. Way Forward: The Continued Policy Measures-Fiscal Year/FY-2020/21

In addition, out of 476 billion birr of the national budget, 160.3 billion birr was allocated for capital expenditure, 133.3 billion birr for recurrent spending, 176 billion birr to subsidize regional states, and 6 billion birr for Sustainable Development Goal (SDG) projects. The total amount has shown an 89 billion birr increase from the past fiscal year (2019/20) budget which was 386.9 billion birr (\$13.48 billion).²⁵

For further comparison, out of last year's budget which was ETB 386.9 billion, 62.1 per cent was allocated for federal government expenditures (ETB 240.2 billion), 36.4 per cent (ETB 140.8 billion) was allocated for un-earmarked general purpose grants to autonomous sub-national governments responsible for sub-national sector budget allocations, and 1.6 per cent (ETB 6 billion) was earmarked for supporting capital projects towards the achievement of Sustainable Development Goals (SDGs) at the sub-national level.

The total budget allocated to the regions in 2019/20 was ETB 140.8 billion, of which 34 per cent (ETB 47.6 billion) went to Oromia regional state. Amhara, SNNP, Somali, Tigray, and Afar regions received ETB 29.8 billion, 27.8 billion, 13.8 billion, 8.3 billion and 4.2 billion, respectively. Similarly, Benishangul-Gumuz, Addis Ababa, Gambella, Dire Dawa and Harari has received ETB 2.5 billion, 2.6 billion, 1.8 billion, 1.2 billion and 1 billion, respectively.²⁶

Regarding the social services budgeting, the 2019/20 budget has allocated 50.6 billion birr (ETB) for the education sector while for the health sector it was allocated 12.8 billion birr. But, in the new budget, health sector has taken 18.7 billion from the national budget. As compared to last year's budget, this year's budget has increased by 46%. The education sector, on the other hand, has increased by 6.2 billion birr and the budget has reached 56.8 billion birr which is the second

²⁵ "[https://Ethiopianmonitor.Com/2020/06/06/Council-of-Ministers-Approve-476bln-Birr-for-2020-21-Budget/.](https://Ethiopianmonitor.Com/2020/06/06/Council-of-Ministers-Approve-476bln-Birr-for-2020-21-Budget/)"

²⁶ "[https://www.unicef.org/ethiopia/sites/unicef.org.ethiopia/files/202001/Analysisofthe201920FederalBudgetProclamation.Pdf.](https://www.unicef.org/ethiopia/sites/unicef.org.ethiopia/files/202001/Analysisofthe201920FederalBudgetProclamation.Pdf)"

highest budget next to the budget allocated for the roads which took 58.8 billion birr from the overall national budget.

4.6. Measures Taken by Regional Governments

In attempt to halt the spread of the virus, the Regional Governments has established COVID-19 command posts and started taking serious measures to prevent the spread of COVID-19 cases in their respective jurisdiction. For instance, on March 28th the Afar, Amhara, Benishangul-Gumuz, Harari, Oromia, Somali, and the Southern Nations, Nationalities, and People's region state governments have banned cross country public transportation through their regions and personally-owned vehicles are restricted to as few as three passengers. Thus, this section deals with the specific responses and actions taken by the four state governments in combating the spread and effects of the coronavirus pandemic in their respective regions.

4.6.1. The Somali Regional Government

The Somali Regional State is the second largest and easternmost of the ten regions of Ethiopia. The state borders the Ethiopian states of Afar and Oromia and the chartered city Dire Dawa to the west, as well as Djibouti to the north; Somalia to the north, northeast and east; and Kenya to the southwest. Jijiga is the capital of the Somali Regional State.²⁷ Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), the Somali Region has a total population of 4,445,219, consisting of 2,472,490 men and 1,972,729 women; urban inhabitants number 623,004 or 14.02% of the population, a further 1,687,858 or 37.97% were pastoralists.²⁸ The health indicators also remain to be poor in the region. The graph bellow shows some of the facts about the state.

²⁷ “‘Registered Somali Refugee Population’. The UN Refugee Agency. July 31, 2014.”

²⁸ “Population Projection of Ethiopia for All Regions at Wereda Level from 2014 – 2017. Federal Democratic Republic of Ethiopia Central Statistical Agency. Retrieved 4 June 2018.”

CHILD NUTRITION INDICATORS

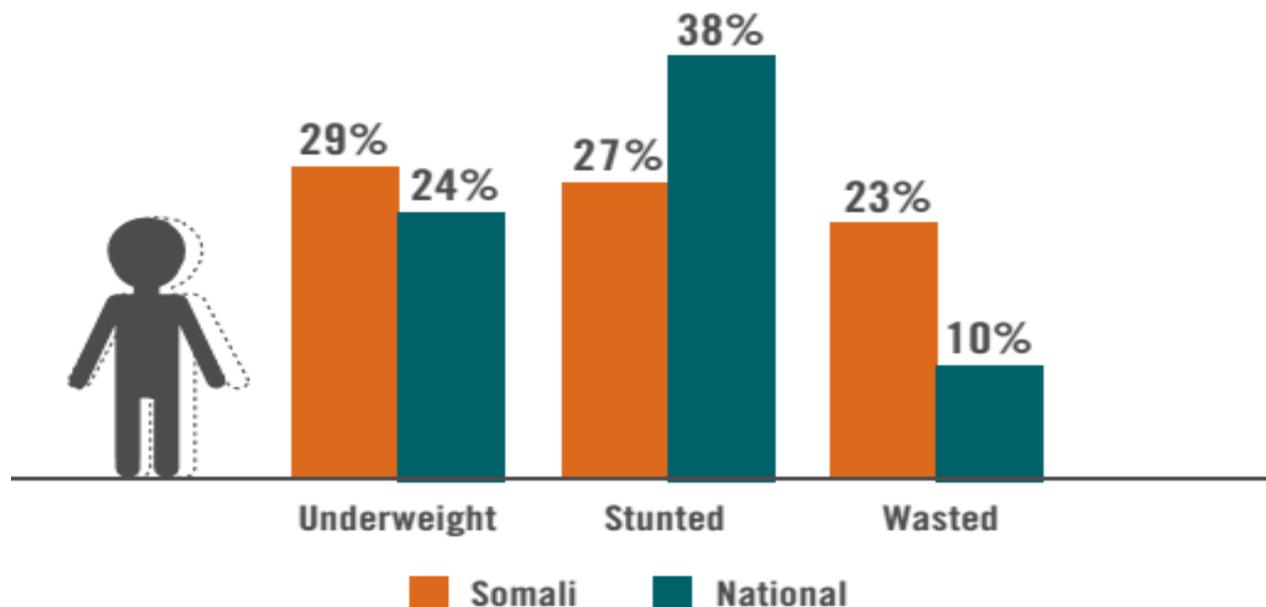


Figure 5: Under five children under nutrition in Somali Region, 2020.

The state has put restrictions on travel immediately after the onset of the virus in the country. The travel restriction announced on April 1, 2020 stated that no vehicles, including personally-owned vehicles were permitted on the streets. The borders of the city were closed unless the vehicle is exempted by any of the following provisions: commercial traffic to/from Djibouti; heavy factories working shifts; and commodities markets (i.e. for food and basic life necessities) were permitted to remain open. And also, the state government announced to all non-essential staff in the regional state administration was to stay home for the two weeks (continued for 3 more weeks until it was partially opened). Security, fire service, and health workers are considered essential staff.

Moreover, following a broadcasting service contract signed by the Somali REB with Radio Fana, broadcasting of radio education programs for grades 1 to 6 is starting in June focusing on five core subjects. The broadcasting was made for four hours every day for the last three months. It has been reported that this program has benefited many minorities especially those minorities on the move like pastoralists has benefited from the broadcast yet they were complained about the lack of educational tools. Furthermore, as the state is the hub for pastoralists especially those minorities

living in Somali region/state whose livelihood is pastoral, immediate action is needed as the pandemic disproportionately impacts the lives of pastoralists. These are the challenges reportedly faced by them:

- ✓ A health crisis as pastorals find themselves exposed to the virus with limited tools to protect themselves. In addition to their often poor living condition, they have compromised access to health services due to language, cultural or other barriers. Many of them reported lack of access to basic services such as water and sanitary facilities. Disaster-prone regions such as Somali are facing higher risks owing to weak health systems constraining delivery of lifesaving humanitarian assistance.
- ✓ A socio-economic crisis impacted them with limited access to social protection measures. The crisis has also exacerbated the already fragile situation of women and girls, who have faced higher risks of exposure to gender-based violence, abuse and exploitation, and have difficulty accessing protection and response services.
- ✓ In Somali region context, affected by the recent flood that led to the loss of livestock and loss of human lives. This made the access to the basic health service to already hard to reach pastoral communities even very difficult.

4.6.2. The SNNP Regional Government

Southern Nations, Nationalities, and Peoples' Region is one of the ten ethnically based regional states of Ethiopia. Its government is based in Hawasa. The SNNPR borders Kenya to the south (including a small part of Lake Turkana), the Ilemi Triangle (a region claimed by Kenya and South Sudan) to the southwest, South Sudan to the west, the Ethiopian region of Gambela to the northwest, and the Ethiopian region of Oromia to the north and east. The region is the hub of over 50 tribes and the major region with the number of ethnic and religious minorities in the entire nation of Ethiopia.²⁹ Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), the SNNPR has an estimated total population of 14,929,548, of whom 7,425,918 were men and 7,503,630 women. 13,433,991 or 89.98% of the population are estimated to be rural

²⁹ "[Http://Addisstandard.Com/News-Snnprs-Council-Approves-Legal-Framework-Which-Makes-Hawassa-City-Accountable-to-Future-Sidama-Regional-State/.](http://Addisstandard.Com/News-Snnprs-Council-Approves-Legal-Framework-Which-Makes-Hawassa-City-Accountable-to-Future-Sidama-Regional-State/)"

inhabitants, while 1,495,557 or 10.02% are urban; this makes the SNNPR Ethiopia's most rural region.³⁰

SNNP region also reportedly restricted any public transportation from Addis Ababa and other regions to SNNPR, except for vehicles crossing through the region without dropping off passengers in the region. Taxis/buses are also limited their passengers. Minorities living in the SNNP region has been facing a number of challenges as most of them are living in the most remote and rural areas. These challenges are: poor access to basic health service, poor access to education services and, poor general infrastructure such as road and water facilities. The emergence of COVID-19 made the problem even worse.

4.6.3. The Oromia Regional Government

The Oromia Region (Oromo: Oromiyaa) is a regional state in Ethiopia, the homeland of the Oromo people. It is bordered by the Somali Region to the east; the Amhara Region, the Afar Region and the Benishangul-Gumuz Region to the north; South Sudan, Gambela Region, and Southern Nations, Nationalities, and Peoples' Region to the west; and Kenya to the south. The 2011 census reported the population of Oromia as 35,000,000; this makes it the largest regional state in population. It is also the largest regional state covering 286,612 square kilometers. Oromia is the world's forty-second most populous subnational entity, and the most populous subnational entity in all of Africa.³¹

The state has taken its share of 34% of the federal state-support budget which was ETB 47.6 billion in 2019/20 budget. This year the budget expected to enhance at least by 20% of that of the last years. This year (On 28th of July, 2020), the state has already endorsed a 90-billion-Birr budget for the 2013 Ethiopian fiscal year (2020/21). The state council, in its 12th regular session underway in the city of Adama, also unanimously endorsed the 8.7-billion-Birr additional budget for the 2012 fiscal year, which ended July 7, 2020. In the session, the council endorsed a draft bill on safe drinking water and sewerage service of the state. Yet, how much of it was set aside for the COVID-

³⁰ "Central Statistical Agency: The 2007 Population and Housing Census of Ethiopia: Statistical Report for Southern Nations, Nationalities and Peoples' Region; Part I: Population Size and Characteristics. July 2010."

³¹ "2011 National Statistics Archived 30 March 2013 at the Wayback Machine (Accessed 7 May 2012)."

19 is still unknown. The state has also ordered the majority of government workers to stay home or allow workers to take excused absences.

Moreover, the Oromia Education Bureau, with the support of UNICEF, created a shared platform for students to exchange knowledge and learning tips with each other using Telegram (Telegram is a mobile phone messaging application). The report also released the platform has already had 80,000 subscribers (students). Through the platform, the Bureau uploaded model exam papers for grades 8 and 12 so that national exam candidates could prepare for upcoming national exams. The Bureau rewarded 41 students who provided answers to questions through SMS, in a ceremony to raise awareness about distance education.³²

The REB also developed education audio content which was also benefited IDP children. IDP sites (minorities such as Berak and Guji) where radio transmission couldn't reach received solar powered radios and content uploaded onto an audio drive so that students can listen off-line. The REB is undertaking community awareness campaigns so that children and families are aware of the programming across the different learning platforms. Though the initiation is good, some minorities complained about the lack of expanding the lesson in their own local language.

Apart from the education program, the regional government has been airing COVID-19 prevention messages through the local media channels yet minorities has been complained that the message is only transmitted either in Afaan Oromo or Amharic. Thus, they are missing the message due to the language barriers.

4.6.4. The Gambella Regional Government

Gambella Regional State is one of the ten regional states of Ethiopia. The Region is situated between the Baro and Akobo Rivers, with its western part including the Baro salient. The Gambella Region is mainly inhabited by various Nilotic ethnic minority (indigenous) populations (Nuer 64.66%, Anuak 29.6%, Mezhenger 5%, Opo' and 'Kumo') as well as some Omotic groups (Kafficho 6.04%, Shakacho 2.27%), Afro-Asiatic populations (Amhara 8.42%, Oromo 4.83%,

³²https://Reliefweb.Int/Sites/Reliefweb.Int/Files/Resources/ETHIOPIA_COVID19%20RESPONSE%20bulletin_04APR2020.Pdf.”

Kambaata 1.44%, Tigray 1.32%), and other ethnic groups predominantly from southern Ethiopia 4.86%.³³

The reported common indicators of the standard of living for Gambella include the following: 44% of the inhabitants fall into the lowest wealth quintile; adult literacy for men is 57.5% and for women 22.8%; and the Regional infant mortality rate is 56 infant deaths per 1,000 live births, which is high as it is compared to other regions; at least half of these deaths occurred in the infants' first month of life.³⁴

CHILD NUTRITION INDICATORS

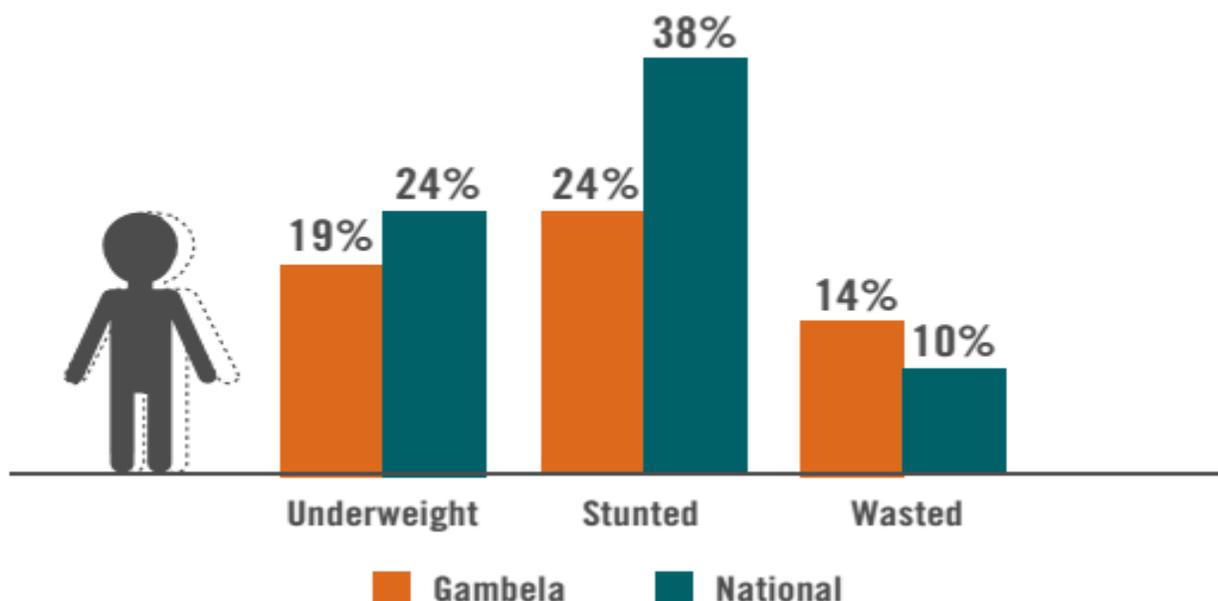


Figure 6: Under five children under nutrition in Gambella Region, 2020.

The region has allocated a total of 184,701,254.91 birr budget for the education sector for the FY 2020/21 which is very low as the region's education coverage is the least across the nation. The health sector budget of the region also remained below 150 million birr. The amount of budget

³³ "1994 Population and Housing Census of Ethiopia: Results for Gambella Region, Vol. 1 Archived November 19, 2008, at the Wayback Machine, Tables 2.1, 2.7, 2.15, 2.18, 2.23 (Accessed 1 September 2009)."

³⁴ "Macro International Inc. '2008. Ethiopia Atlas of Key Demographic and Health Indicators, 2005.' (Calverton: Macro International, 2008), Pp. 2, 3, 10 (Accessed 28 January 2009)."

allocated for COVID-19 prevention and treatment is still not revealed. Women and children are known to be the most vulnerable group in the community. In related fact, women education status is very poor and very little has been done in balancing this gender disparity so far. The graph bellow affirms this fact.

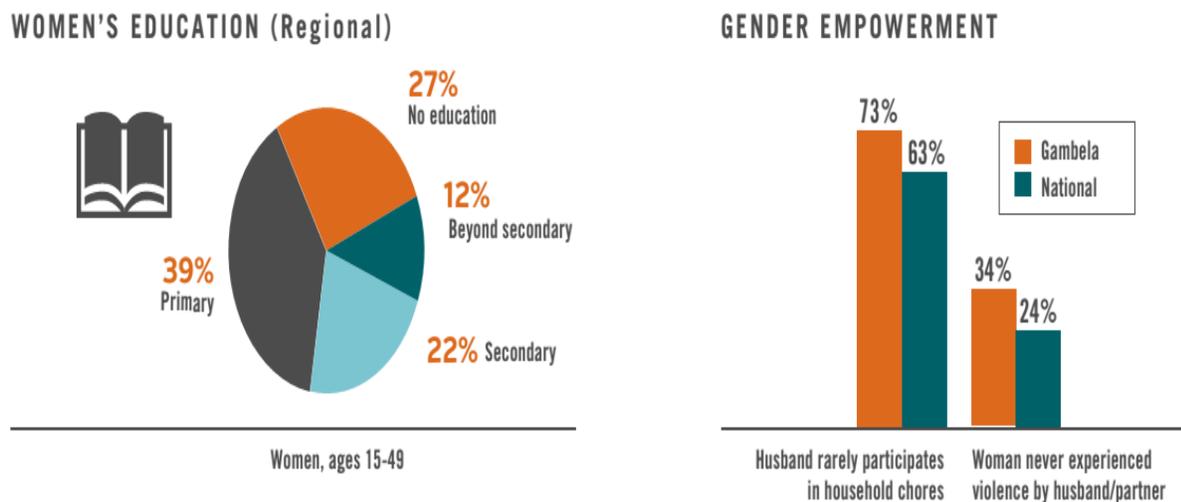


Figure 7: Women Education and Gender Empowerment in Gambella, 2020.

From the KII report, it is reported that the threat for the virus is very poor. This could be due to the poor understanding of the nature of the virus. Thus, awareness creation programs should be increased and also the poor education status of the women should be improved as most of the household tasks are left for the women, which could be the route for the virus transmission.

4.7. The Selected KII Responses on Some Themes

4.7.1. Threat to the Virus

The threat about the virus has been declined among the respondents of KII. The threat was high when the government announced the first time when the virus entered in the country. Most of the population was putting face masks and carry hand sanitizers everywhere they go. But, it is not true now. The level of threat to the virus has been reduced through time though the number of cases has been increasing in an alarming rate. Some of the respondents have said that:

“If I see a man wearing a mask on the street, I consider him as if he is coward.”Grm2

“When I heard about the virus for the first time, I thought I would die instantly. But, through time I learned that it is not that scary. Now, I don’t fear as such because I heard on the radio that more than half of the infected has recovered.”SnpRM2

“At first, the level of fear was high but, now life went back to normal. It seems nobody cares for the virus now. We hear news about the increasing numbers everyday through radio but we kept doing the routines as usual without much care for the pandemic. We only wear masks when we enter some government offices where they compel us to do so. Otherwise, we don’t. We have almost forgotten even the existence of the virus in our community.”Orm3

“I feel like I had infected and developed immunity already. I feel this because none of the safety precautions seen applied in our community. If someone get infected, it can spread so easily. By now, we all infected I believe.”Srm3

“I was shocked when I learned that the person I know from the neighborhood tested positive. They were doing some test on people who travelled from Addis and unfortunately he was tested positive. When the test arrive, they came with ambulance which was escorted by the police car in behind with two federal police officers with the gun on it. That was scary and everyone was scared back then. But, now even if you tested positive, they will call you and send you an ambulance to pick you.”Grm3

4.7.2. Access to Health information and COVID Care

Generally speaking, most of the respondents reported that they know about the pandemic but the level of depth of knowledge they have about the virus remains low. The other issue that was reported was the language barrier. Most of the updates were released using Amharic language. Regarding the access to health care, most of the health indices among minorities are very poor. As a result, the health coverage is also poor. In relation to this, some of the respondents said the following:

“We have only one referral hospital for COVID-19 treatment where only critically ill patients are treated there. Others who are not critically ill should go to the town and stay at quarantine center for 14 days until they are declared free from the virus.” SnnpRM3

“There is no testing and treatment center in our village. If someone shows those symptoms, we treat him/her with traditional medicine/herbal. Then, if that fails and if the symptom got worse, we send him/her to the local clinic for better treatment. If that is not still work, then they (health care providers) will refer him/her to referral hospital which is in town for COVID testing. During this journey, the person might die.” Orf1

4.7.3. Access to Preventive Tools

The access to those preventive tools such as PPEs (face masks, sanitizers and washing facilities) are low. It was also reported that the minorities are unable to afford the market price to purchase for those PPEs. In regard to this, some has said that:

“The washing facilities were set up on the main streets of our small town yet we don’t have enough water and hygiene facility in our local community. I believe, this makes difficult to control the spread of the virus. I am sure, if they test, they will find many positive cases in our community due to the community spread.” Orm2

“The woreda/local government did campaign to raise awareness on the virus yet still some members of the community has no clue about it. Others don’t have the means to prevent it such as no pure water supply, face mask, sanitizers etc.” Grm1

“I know how to prevent myself from the virus but I can’t afford to buy PPEs every day. It is costly for me. Health facilities don’t have enough supply for all. Only, few vulnerable people are getting those masks. The locally made ones are also expensive for us.” Srf2

4.7.4. Impact of the Amended Policies

The impact of the policies made by the state and federal government has put some difficulties on the daily lives of the minorities. On the other hand, some policies has also benefited minorities. The way it was implemented has also raised some concerns from some minorities. The following was reported by some minorities at the state level:

“Right after the calling of the PM, few kind community members took the initiation to mobilize the community to share what they have and reached out to many poor and PWDs on the street and managed to share food items such as wheat flour, oil, pasta and macaroni.” Grf2

“During the last two weeks in the month of March, when we were told that the virus has hit the land, life has been difficult then: social gatherings were banned, market places were closed, the means of greeting has also changed, nobody invites people to their homes, major events that requires a social gatherings such as weddings and funerals has obliged to limit their numbers, and every public transportation has stopped. Then, not long ago, the state of emergency has declared and police officers has started to enforce everyone to wear a face mask otherwise arrested some people from the street who refused to comply.” Orm2

“You know, we have to go out and work to have a daily bread and the lock down and bans on the social services made our life unbearable. I would rather prefer dying due to corona to starving my kids.” Srm1

4.8. The Situation of Persons with Disabilities (PWD) in Ethiopia

According to WHO, around 15% of the global population lives with some form of disability, of whom 2–4% experience significant difficulties in functioning. Many of these people require assistive technologies such as low-vision devices, wheelchairs or hearing aids. This number is expected to double to 2 billion by 2050.³⁵ Based on the World Report on Disability jointly issued by the World Bank and World Health Organization, there are an estimated 15 million children, adults and elderly persons with disabilities in Ethiopia, representing 17.6 per cent of the population. Disability is a compounding factor that impacts many aspects of a person’s life. A recent story reported by *Addis Standard* magazine is a glimpse of the deep-rooted challenges that persons with disability has been facing recently. The story has been reported as follows:

“A person with visual impairment residing in Dire Dawa town was recently reported to have set himself on fire in a broad daylight and in public, apparently attempting to commit suicide. His reason, as later affirmed by his neighborhood and acquaintances, was that he was entirely isolated, deserted by society, including friends who, pre-COVID19, would assist him as his guides, give him a hand to run errands and go out-and-about his daily routines. Now, owing to the post-COVID era mantra 'social distancing', no one would approach the blind man altogether, hence instilling in him a feeling of despair, abandonment, isolation, lack of self-worth, so much so that he no longer saw the need to continue living and thus decided to set himself alight right on the streets of Dire Dawa. He was rushed to the hospital afterwards, but in vain. The man died a few days later while receiving treatment.”³⁶

According to the UN, persons with disabilities are among the hardest hit by COVID-19. Even under normal circumstances, the one billion persons with disabilities worldwide are less likely to access health care, education, employment and more likely to live in poverty and experience violence. COVID-19 further compounds this situation, particularly for people with disabilities in fragile contexts and humanitarian settings. They face a lack of accessible public health information, significant barriers to implement basic hygiene measures, and inaccessible health facilities.

³⁵ “https://www.who.int/health-topics/disability#tab=tab_1.”

³⁶ “The ‘Forgotten Tribe’: Persons with Disabilities in Ethiopia and the State’s Response to COVID-19.”

People with disability experience poorer health outcomes, have less access to education and work opportunities, and are more likely to live in poverty than those without a disability. This can be caused by many factors including a physical lack of access to buildings and transportation, social stigma, lack of service provision and increased likelihood of being left out of decision-making that affects their wellbeing. Studies also showed that women are more likely to experience disability than men and older people more than young. Low- and middle-income countries have higher rates of disability than high-income countries, and the impact of disability on people in poorer areas is compounded by issues of accessibility and lack of health care services. Indigenous persons, internally displaced or stateless persons, refugees, migrants and prisoners with disability also face particular challenges in accessing services.

People with disability experience widespread barriers that other people often take for granted, including barriers in the health system, education, employment, transportation and community space. These gaps are exasperated in poorer or less developed communities. One of the respondent has reflected his concern as the number of cases are going high in Ethiopia.

“Hospitals could be overcrowded which makes it difficult for people with disabilities to receive the required treatment for COVID-19. Thus, I fear that we may die behind closed doors.”

World Health Organization works to fully integrate people living with disability into Universal Health Coverage. In 2014, World Health Organization/WHO Member States endorsed the WHO global disability action plan 2014–2021, which calls for the removal of barriers and improvements in access to health services and programs; the strengthening and extension of rehabilitation, assistive devices and support services; and the enhanced collection of relevant and internationally comparable data on disability. The female PWD are also vulnerable to sexual violence in addition to what male PWD are facing. One of the respondent affirmed this.

“I also fear that females who have been forced to remain indoors may also be exposed to sexual violence.”

Citizens with disabilities in Ethiopia, the large majority of whom are among the 'poorest of the poor' according to various studies, are now also among the most severely impacted by the COVID-19 pandemic. Most of the respondents reported that they are noticeably unrepresented in the

multiple structures put together by the government to respond to the pandemic. Provision of alms, haphazard distribution of wheelchairs and assistive devices or PPEs. The PWD usually rely on others to move and go around under the normal circumstance. The pandemic simply worsened an already bad situation. For instance, one respondent said that:

“It is a luxury for us to have a clean face mask. We are struggling to make a daily living. I have a broken wheel chair and had an assistant who ride me. But, during the first two weeks of the pandemic, he afraid to come to me and it was very hard for me to go out and beg. Thanks to my generous neighbors they provide me with food and I survived.”

When the first case of COVID-19 was reported in a live broadcast by the Minister of Health on Friday, March 13th, for example, there was neither a simultaneous sign-language interpretation nor even a mere captioning of the briefing as if this is not an issue of life-and-death to PWDs too, as every other 'non-disabled' citizenry. World Health Organization/WHO supports countries to implement the Model Disability Survey (MDS), which is a general population survey that provides comprehensive information about disability in a country or region. The project aims to help Member States to develop policies and services, and to provide data to monitor the progress toward meeting obligations under the Sustainable Development Goals and the United Nations Convention on the Rights of Persons with Disabilities. To this end, World Health Organization/WHO launched the pioneering World report on disability in 2011 as a resource for policy makers, service providers, professionals and advocates for people with disability and their families.

Now, that is just about providing health information but the extent to which COVID-19 tests and treatment are reaching PWDs, the direct impact of lockdown and quarantines on the disabled, availability and accessibility of personal protective equipment (PPEs), among others remained untold. For instance, one of among a person (PWD) said that:

“We are poor and can't afford buying face masks and as a result we are exposed to the virus. We only cover our mouth with a piece of cloth when we approach a person for begging alms.”

Another respondent has also said that:

“We are told to stay indoors, but we have no food to eat. Therefore, we have to go out and get some money. But, the government seems unconcerned and I have not heard anyone raising about our daily challenges on the radio.”

According to the Ministry of Health, the pillar principles in working on health service coverage and utilization in Ethiopia are availability, accessibility, equity, efficiency and quality. How this principles are extended to PWD is still requires a wide range of study, thus, remained unanswered.

4.8.1. Some Positive Initiation taken by the Ethiopian Government on PWD before and during this pandemic

1. Ethiopia is translating COVID-19 messages into local languages and the country plans to make communication materials accessible to those with hearing, seeing and learning difficulties, as well as to those with mental illness. Efforts done by the Government to enhance access to health information about Covid-19.³⁷
2. The benevolent handouts of PPEs, foodstuff and basic hygiene materials to PWDs and their organizations has been observed though that was not enough.
3. In February 2020, Ethiopia ratified the Marrakesh Treaty as well - another binding instrument obliging States Parties to make published works accessible to the Blind, Visually Impaired or Otherwise Print Disabled. And yet, a lot still remains uncommunicated to PWDs, but at least prime-time news broadcasts have now begun providing sign-language translations.
4. Under the United Nations Convention on the Rights of Persons with Disabilities (CRPD)- a treaty Ethiopia is a state party to since June 2010 - in which ensuring the right to life, non-discrimination in any shape or form, accessibility to information and health facilities, full and effective inclusion of PWDs are among the core binding principles. Those PWD from the poorest of the poor don't afford even a radio to access health information.
5. The federal government together with UNICEF has developed a Disability-Inclusive Response to COVID-19 policy brief.

³⁷ “<https://www.easternherald.com/health/covid-19-prevention-infographics-published-in-over-60-languages-by-slum-and-rural-health-initiative-60768/#>.”

6. Ethiopian Institute of the Ombudsman (EIO) together with UNICEF reached 200 children with hearing, visual or developmental disabilities and their families in Addis Ababa with hygiene and food items.
7. In response to COVID-19-induced emergency, the government with the International Committee of The Red Cross/ICRC is carrying out preventive measures in nine partner physical rehabilitation centers (PRCs) in Oromia, Amhara, Harari, Southern Ethiopia, Benishangul-Gumuz and Somali regions. The PRCs were provided with hand washing stands and hygienic items. This has allowed the PRCs to continue functioning and offering physical rehabilitation services in a safe mode to up to 50 PWDs per month each on average.
8. Inclusive communication about appropriate attitudes and behaviors addressed to persons with disabilities together with the Federation of the Ethiopian National Associations of Persons with Disabilities (FENAPD) through TV and radio spots aired at national and regional media in four major local languages. Moreover, 2,000 posters with COVID-19 prevention messages (published in three major local languages), targeting people with physical disabilities, were distributed among nine PRCs.
9. The Ministry of Health/ MoH with FENAPD have done accessibility audit of 12 quarantine and isolation centers in Addis Ababa in order to prepare the places and staffs to receive persons with disabilities.
10. The government has also supported PRCs in the manufacture of locally made face shields for medical staffs of hospitals and isolation centers.

The heart of the matter, nonetheless, is not ingrained in those media publicities but in a systemic change. The root cause is embedded in a century's old ignorance of our entire system undermining disability as a micro-concern, an object of charity and pity. A central diagnosis of the root causes of exclusion of PWDs is thus in our socio-institutional system. Its solution will also be systemic inclusion, the essence of which is the gradual dismantling of a mindset of Ableism, i.e., universal discrimination favoring a certain group of human beings over another.³⁸

Thus, systematic inclusion entails engaging the grassroots stakeholders genuinely and directly when you contemplate, plan, and budget for and implement whatever it is that you do as a

³⁸ "<https://Allafrica.Com/Stories/202006220654.Html>."

government. It means hearing it from the horse's mouth itself, as opposed to the futile *"we know what's best for you"* sort of top-down approach.

4.8.2. Some African Governments has taken initiation to mitigate the effects of the pandemic on people with disabilities

- ✚ The Sierra Leonean government has provided \$25 and half a bag of rice for each person with disability.
- ✚ South Africa has set aside million \$10.6 million to assist small, medium and micro enterprises in the hospitality and tourism sector, with priority given to people with disabilities and women.
- ✚ In Nigeria, Christian Blind Mission, a Germany-based international Christian development organization, is helping with sign language interpretation of COVID-19 messages.

5. Conclusion and Recommendations

5.1. Conclusions

The results of the study revealed that knowledge on the pandemic has been created in both rural and urban areas of the country yet the level of awareness among the minority group and the indigenous communities in Ethiopia still remains low. And, the awareness programs that are running in the country lacks the diversity of language as the nation is the home for over eighty (80) languages. Thus, it requires planning to integrate at least the major languages that are spoken by those minorities.

This study has also found out that the pandemic has revealed the existing inequalities across the nation especially among minorities and PWD. They are disproportionately affected by the pandemic and now are facing a double burden due to the pandemic not to mention the prevailing challenge that they are forced to live with.

Another gap at the policy level observed was most of the budgets were targeting the urban population which lacks to address the minority groups and indigenous communities who are living in a very remote and rural areas. This is very true among minorities who are living in the far regions of Somali and SNNP. The report has also noticed that most of the regional governments lack transparency in how and where those budgets has been allocated. Thus, poor reporting and budgeting has observed.

Finally, the federal and state governments has failed to consult minorities and PWD from the planning phases all the way to implementing the COVID-19 prevention and controlling programs. Most of the minorities reflected their disappointments that they felt as a second citizen in their own home land. Thus, integrating minorities at the national and regional level COVID-19 prevention and controlling programs must be considered. The PM has admitted this in his recent meeting with civic societies in the country.

5.2. Recommendations

The following recommendations has been given based on the major findings of the study:

- ✚ The government must maintain its safety measures and continue to deploy community health workers to every regions including those regions where health coverage is very poor.
- ✚ While Ethiopia is providing food and shelter to protect the most vulnerable, the government must further expand food assistance and social protection programs for its most vulnerable populations including to the minorities and persons with disabilities (PWD).
- ✚ The persons with disabilities and their representative organizations are not systematically consulted in the development of all policies and laws, training and awareness-raising across all sectors. Thus, the federal and state governments must ensure systematic and meaningful consultation with organizations of persons with disabilities in the development of all policies and laws, training and awareness-raising across all sectors, including its implementation.
- ✚ The governments should place minorities and people with disabilities at the center of COVID-19 response and recovery efforts and consult and engage them in every program that affects their lives.
- ✚ The state and federal governments should include captioning and sign language on COVID-19 information materials to convert public materials into ‘Easy Read’ for people with cognitive impairment.
- ✚ The regional and federal governments should ensure that the budgets allocated must reach the group that meant to receive it especially to those the most vulnerable groups such as minority ethnic and indigenous communities located in remote areas and People with Disabilities.
- ✚ The federal and state governments along with other stakeholders should work together to deliver the right and timely information with the right medium (radio is convenient for most) about Covid-19 prevention and control in the local native languages so that they may be able to prevent themselves.
- ✚ The federal government should put in place specific and targeted socio-economic measures that will address the adverse effects of the COVID-19 pandemic that the minorities and indigenous communities may suffer because of pre-existing precarious social and economic conditions.

- ✚ Both federal and regional level organizations who are working to combat the pandemic should consider including the representatives from the minority groups and PWDs.

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The OPERA Analytical Was Developed by the New York City-Based Center for Economic and Social Rights (CESR).

Annex I: List of KII Participants

Table 2: List of participants for the KII both from minorities and PWDs, August, 2020.

S.N	Names	State-Province
1	Erbelo Hundisso	SNNPR-Hossana
2	Gatiso Tirago	SNNPR-Konso
3	Shuruke Erera	SNNPR-South Omo
4	Tola Bedhasa	Oromia-Guji
5	Girma Soboka	Oromia-Borena
6	Urgessa Hunde	Oromia-South West
7	Abdulkahdir Hussien	Somali-Togochale
8	Ahmed Usman	Somali-
9	Abokor Muhammed	Somali-jigjiga
10	Didimos Ochelo	Gamabella-Gambella Town
11	Gnignew Chankot	Gambella-Gog
12	Tap Debol	Gamabella-Itang
13	Daneil Hundecha	Addis-Bole Sub-city
14	Yadeta Bulcha	Addis-Kirkos Sub-city
15	Berihun Nigusa	Addis-Yega Sub-city

Annex II: Interview Guide

I. General Questions

1. What do you know about corona Virus?
2. Has positive cases of coronavirus been reported in your locality here so far? If yes, how many?
3. Do members of your community have access to sanitizers, face masks and running water to respond to Covid-19? If yes, which one is available and which one is lacking?
4. What has been the impact of Covid-19 measures such as curfew, cessation of movement, social-distancing and washing hands? Which one is applicable in your circumstance?
5. Has your community members received any food rations or any kind of support provided by the regional government?

II. Regional Covid-19 measures and responses

1. What laws and regulations have been put in place by your state government in response to Covid-19?
2. What impact has these amendments in laws, regulations, policies and practice had on the lives of residents?
3. Has the state government raised sufficient awareness around the new changes in law, policy and practice?
4. Are there any isolation or quarantine centers near your community? If yes, how far is it from your village?
5. Are hospitals and other healthcare centers near the community well equipped with Personal Protective Equipment (PPEs), ICU beds and ventilators to handle any emerging cases of Covid-19?

III. Questions on resources available to fight Covid-19?

1. How much financial budget allocated as supplementary budgets to respond to Covid-19?

2. Are supplementary budgets for your state government available on public domain?
3. What resources (money, materials and human resources) has been spent to combat Covid-19 by your state government?

IV. Questions on impact of measures on People with Disability (PWD)

1. How many people are living with disability in your community?
2. What issues are facing People with Disability during this period of Covid-19?
3. What are the key issues under normal circumstances in regards to access to education, political and social participation?
4. What are the additional issues faced by PWD under Covid-19?