ETHIOPIAN MORE FOCUSED COVID-19 COUNTRY PROFILE

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COVID-19 PANDEMIC

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The COVID-19 pandemic also known as the corona virus pandemic, is a highly expanding global pandemic first emerged in Wuhan City Hubei Province China in December 2019. This global pandemic was declared as a Public Health Emergency of International Concern on 30 January 2020 and then announced a pandemic on 11 March. As of Early October, more than 40 million cases of COVID-19 have been reported in more than 188 countries, resulting in more than 1 million deaths and over 30 million recoveries.

The COVID-19 pandemic was reported to spread to Africa on 14 February 2020. The first confirmed case being in Egypt. Ethiopia reported the first case on 13 March 2020. The National Government of the country let by Prime Minister Dr. Abiy Ahmed declared a five-month state of emergency in April 2020 by still allowing economic activities to continue during this public health crisis. As of October 2020, there has been over 80,000 confirmed cases and more than 1,000 deaths in the country. [1]

Relevant Policies and Guidelines

Immediately after the first confirmed case of COVID-19 in Ethiopia in March 2020, the Government of Ethiopia took several public health measures to prevent increased levels of infection. Instead of implementing a national lockdown like most other governments, including in Africa, Ethiopia initiated other essential measures in January. The government then scaled up its response in mid-March, when the first case was reported in the country, and declared a state of emergency only on early April. Moreover, it has encouraged production and other economic activities to continue during the crisis, thus considerably easing the pressure on vulnerable social groups and the informal sector. The government has come up with different kind of policies, strategies and programs to be implemented to combat this global pandemic. These are

International Travels

Ethiopia is home to one of Africa's busiest international airline hubs. Since the outbreak of the COVID-19 pandemic the Ethiopian flag carrier Ethiopian Airlines has been actively carrying out the recommendations set by the World Health Organization (WHO) and other Global Health and Travel regulators. The Ethiopian government has decided to quarantine all arriving passengers entering Ethiopia at selected hotels including the Ethiopian Skylight Hotel for 7 days at the expenses of the passengers or will be placed at different quarantine centers. After 7 days, traveler will be tested and then self-isolated for an additional 7 days at home, except travelers who can bring certificate of negative RT-PCR SAR-CoV test done up to 5 days before arrival to Ethiopia.

Travelers arriving at Bole International airport who can bring a certificate of negative RT-PCR SAR-CoV test done up to five days before arrival to Ethiopia, they will be required mandatory 14-days self-quarantine at home after giving a sample upon arrival.

Diplomats will be quarantined at their respective Embassies and are required to give swap sample upon arrival.[2][3]

Closures of Gathering places

In order to minimize the spread of corona virus the closure of different gathering places has been one of the immediate activities taken by the government. Following the first reported case in Ethiopia all schools and universities were announced to stay closed until further notice. Public gathering places like night clubs and bars were also restrained from giving public services. Religious places were closed, and prayers were being held and delivered to the public through different television media. Recreational places such as gym, cinemas, stadium, and game zones are banned.[2]

Avoiding Overcrowding (Social Distancing)

Social distancing is one of the major prevention methods of this great global pandemic. The Ethiopian government has set out methods to take place at different parts of the country to keep social distancing in crowded environments. This action has been carried out by reducing the number of passengers in public and personal transportation like trains, taxis and buses to half of their capacities. Restaurants, bars and cafes are serving reduced number of customers per table. Every governmental and non-governmental service providing companies and organizations are making sure peoples seeking services should keep their distance. While social activities like wedding, concerts, graduation ceremonies and other festivities are prohibited. [2]

Proper use of protection materials

Preventing social contact in a tactile country such as Ethiopia is a difficult action to exercise. Ethiopian social and religious practices and daily culture entail physical contact, embodied for example in communal eating habits, in the way off greeting, and celebrating of different holidays. The importance of community, both culturally and in the country's development strategy make it hard to respect social distancing. Even if there are efforts to implement 'social distancing' and to encourage 'stay at home' principles, these are most apparently only in Addis Ababa. Therefore, according to the above reasons, the government has made wearing of masks and using of sanitizer mandatory at every places of the country. [2]

Scaling up Testing

At the onset of the crisis, virus testing facilities in the country were limited. With the international support these have been rapidly ramped up. Currently there are about 24 testing laboratories in the country, capable of performing more than 5600 tests a day. The Ministry of Health and local and regional governments jointly conducted house to house screening of more

than 1 million households containing 40 million peoples in the capital and provinces. And diagnostic testing was scaled up from zero in early March to over 5,000 per day by May, though it continues to be a major challenge. [2]

Spread of World Health Organization (WHO) recommended practices

Public awareness and education have been a major government effort to contain the spread of the virus. The prime minister makes regular public announcements regarding COVID-19 updates, while the health minister provides daily briefings. And also, as part of media campaign to reach the awareness to all citizens, state owned telecoms monopoly Ethio Telecom uses cell-phone ring tones to remind people of the importance of hygiene measures such as hand washing, social distancing and wearing facemasks which showed positive effects. [2]

Increasing Capacity of Quarantine

Furthermore, since February, the Ethiopian authorities have implemented a strict regime of rigorous contact tracing, isolation, compulsory quarantine, and treatment. The government converted public universities' dormitories to increase the capacity of quarantine centers to over 50,000 beds, established additional isolation centers with a total of 15,000 beds, and set up treatment centers with a 5,000-bed capacity one being the large exhibition hall in Addis Ababa (Millennium Hall). It also introduced a more comprehensive life insurance coverage to protect front-line health workers.[2]

Encouraging of Voluntary work

Because of the global pandemic economic activities are continuing albeit at a lower level and in a country with a large informal sector and reliance on a day to day income, a deliberate decision has been taken not to be heavy-handed with a view to restricting a sharp increase in vulnerability. However, the government has taken measures to mitigate the economic effects. Rents on government owned property have been reduced and business owners and individuals have also been asked to take similar measures. To ensure food

security more than 1200 food banks have been set up for the urban poor in Addis Ababa. The government is pushing households who can afford it to provide one meal per day for a poor household to reduce the possibility of civil unrest.

The country's main social safety nets the PSNP which caters to rural areas is working actively to shield the vulnerable. In rural areas, guided by development agents, economic activities, especially farming and marketing of produce is continuing in a 'corona-cognizant' manner. Free provision of sanitary items such as soap and hand-washing gels to those who cannot afford easily.[2]

Reaching the Rural area

While most measures are like those taken in other parts of the world, a key difference is that most Ethiopians (79%) live in rural areas with weak transportation and communication links.

To reach these areas, risk communication and community engagement task forces have been established at a lowest administrative unit and at health facilities. These units involve the country's 42,000 health extension workers, two per village, who undertake the task of household and individual level sensitization and awareness creation.

Other governmental programs implemented in order to combat these crises include postponing of the national election which was scheduled for August 2020. Release of around 4,000 prisoners who committed minor offences were released. The government has also disinfected road and other public places to ensure the safety of the peoples.[2]

Community Engagement

In order to fight this global crisis, there has been development and implementation of different kinds of policies and guidelines from different countries around the globe. These policies can be effective and result oriented if community engagement is practiced. Community participation is essential

in the collective response to coronavirus disease 2019 (COVID-19), from compliance with lockdown, to the steps that need to be taken as countries ease restrictions, to community support through volunteering.[4]

Global health guidelines already emphasize the importance of community participation. Incorporating insights and ideas from diverse communities is central for the coproduction of health, whereby health professionals work together with communities to plan, research, deliver, and evaluate Pandemic responses, by contrast, have largely involved governments telling communities what to do, seemingly with minimal community input. Yet communities, including vulnerable and marginalized groups, can identify solutions: they know what knowledge and rumors are circulating; they can provide insight into stigma and structural barriers; and they are well placed to work with others from their communities to devise collective responses. Such community participation matters because unpopular measures risk low compliance. With communities on side, we are far more likely—together—to come up with innovative, tailored solutions that meet the full range of needs of our diverse populations.[4]

In unstable times when societies are undergoing rapid and far-reaching changes, the broadest possible range of knowledge and insights is needed. We know lockdowns increase domestic violence, rights and access to contraception, abortion, and safe childbirth care risk being undermined and that some public discourse creates the unpalatable impression that the value of everyone's life is being ranked. Identifying and mitigating such harms requires all members of society to work together.[4]

Experience should be our guide. Grassroots movements were central in responding to the HIV/AIDS epidemic by improving uptake of HIV testing and counselling, negotiating access to treatment, helping lower drug prices, and reducing stigma. Community engagement was also crucial in the response to Ebola virus disease in west Africa like tracking and addressing rumors.

Coproduction under the pressures of the COVID-19 pandemic is challenging and risks being an added extra rather than as fundamental to a successful, sustainable response. [4]

Youth Engagement in Ethiopia During COVID-19

Over the last years, the issue of youth has received greater attention in Ethiopia and the government has started to implement policies to support young people. The National Youth Policy of Ethiopia marks a major step in recognizing and promoting the rights of young people in the country. Established in 2004, the policy aims "to bring about the active participation of youth in the building of a democratic system and good governance as well as in the economic, social and cultural activities […] and to enable them to fairly benefit from the results." It envisions youth as "a young generation with democratic outlook and ideals, equipped with knowledge and professional skills". A wide range of priority areas of action are identified, including democracy and good governance, health, education and training, as well as culture, sport and entertainment.[5]

Ethiopia's youth has the potential to play a significant role in the country's socio-economic and political development. The National Youth Policy (2004) recognizes the importance of youth," to participate, in an organized manner, in the process of building a democratic system, good governance and development endeavors, and benefit fairly from the outcomes". Participation of youth is increasingly recognized by the public authorities, following the government's strategy to involve youth in decision-making processes. As a result, state agencies and ministries now invite representatives of youth federations during the approval of youth-related policies. Importantly, the Ethiopian Youth Federation was established in 2009 and is composed of regional youth federations, which themselves consist of various youth associations in order to involve youth in the development of the country at both the local and national level. [5]

The National Youth Policy recognizes the need for inter-ministerial cooperation: the development of the National Youth Policy is thus coordinated by the Ministry of Youth and Sports and implemented with the support of diverse stakeholders such as the Ministry of Education, the Ministry of Health, as well as NGOs and youth federations.[5]

The COVID-19 global health emergency and its economic and social impacts have disrupted nearly all aspects of life for all groups in society. People of different ages, however, are experiencing its effects in different ways.

For young people, and especially for vulnerable youth, the COVID-19 crisis poses considerable risks in the fields of education, employment, mental health and disposable income. Moreover, while youth and future generations will shoulder much of the long-term economic and social consequences of the crisis, their well-being may be superseded by short-term economic and equity considerations.[5]

To avoid exacerbating intergenerational inequalities and to involve young people in building societal resilience, governments need to anticipate the impact of mitigation and recovery measures across different age groups, by applying effective governance mechanisms.[5]

UNDP, UNICEF launch COVID-19 challenge for Ethiopian youth

An online design challenge on COVID-19 was launched today to provide Ethiopian youth an opportunity to come up with innovative solutions to tackle current and future challenges posed by the COVID-19 pandemic.

The design challenge was originally launched by UNICEF and partners in Nigeria in May 2020 but is expanding now to other countries in Africa. In Ethiopia, UNICEF and UNDP are working together to addresses the most urgent challenges young people face across education, employment, and entrepreneurship.

The COVID-19 design challenge for youth involves engaging young people in the fight against the COVID-19 pandemic through an online design thinking platform Carted in order to:

- Catalyze youth networks to drive awareness of COVID-19 and improve access to reliable information
- Accord the Ethiopian youth a platform to contribute to ways to prevent and mitigate the longer-term impacts of COVID-19 on Ethiopian society.
- Provide the youth the chance to develop skills that will enhance future employability

As innovative ideas are being sourced from Ethiopian youth, the challenge also seeks to build their design thinking skills. Interested youth can access the COVID-19 Design Challenge website here as of now until the deadline of 30 June 2020.[6]

UNHCR Ethiopia Weekly Operational Update on COVID-19 (17 June 2020)

While there has been no large-scale outbreak amongst refugees in Ethiopia, ARRA, UNHCR, the Regional Health Bureaus and partners continue all efforts to mitigate transmission of the virus in the country's 26 refugee camps and surrounding host community locations. UNHCR imported and distributed 140,000 masks to healthcare workers and other frontline responders, but there remains a huge gap in the supply of personal protective equipment, medicines and medical supplies.[7]

UNHCR is supporting local and regional authorities in responding to the COVID-19 pandemic in parts of the country that have been affected by conflict-induced displacement. Refugees and IDPs often live in overcrowded conditions where physical distancing is practically impossible; large gatherings have been suspended and refugees are required to maintain physical distancing during food distributions and other activities.[7]

Refugee representatives, Refugee Outreach Volunteers (ROVs), women, youth and child committees and other community structures have been actively

engaged in outreach activities and messaging on COVID-19 to ensure that basic preventive measures are observed in the communities. Communication on risks continues to be scaled up to promote stronger community engagement in efforts to prevent the spread of the virus in the refugee camps and the urban settings.[7]

In addition to the distribution of awareness-raising materials, innovative channels of communication with communities on the prevention of COVID-19 are being employed. These include telephone helplines, the use of WhatsApp and Telegram groups, using loudspeakers and local radio, as well as child-friendly information materials which are developed by refugee artists and distributed among the communities. UNHCR, at the same time, has intensified its social media engagement to share key messages while undertaking a mapping of the use of social media among refugee groups. The aim is to continue engagement with them post COVID-19.[7]

Youth volunteers against COVID- 19 in Ethiopia

Some volunteer students that are currently staying at home due to the closure of school in order to contain the spread of the virus. While in the time of crisis they are participating in creating awareness about the transmission and ways of containing the COVID-19 pandemic among the community they live in.

The students are working together with the Ethiopian Red Cross Society to helps their society. These group of young volunteers are going around taxi stations, bus stations, commercial buildings, train stations, and public markets where vendors sell different kind of vegetable. All these places are crowded, and peoples move in mass which can be an easy way to transmit the virus to one another.

They create the awareness by going around the crowd and talking to peoples to wear their mask at all times, by telling them to keep their distance while purchasing any good, waiting for transportation or to get any kinds of services. They even go door to door educating about COVID-19.

Some of the peoples they encounter are skeptical to accept what they are teaching but most of the crowd appreciates their work and understands that they are doing this for the safety of the community. Such an incautious response does not discourage them at all.

During the busy rush hour, the volunteers and their coordinators use the mobile speaker to amplify their messages. As the taxi queues begin to build up, the volunteers go around sanitizing people's hands.

The ERCS, in partnership with UNICEF, is training volunteers to work with communities in 134 targeted woredas (districts) in Ethiopia. People living in congested urban areas such as marketplaces, slums, and remote areas with low access to the media will be reached with COVID prevention messages. This will be done mainly through the deployment of 1,500 volunteers from the targeted communities. The partnership aims to reach nine million people.

The stay home policies that arouse due to the COVID-19 crisis in Ethiopia has bought negative impacts on small children and women. They have been a victim of sexual abuse by peoples that live with them at their home. As sexual abuse being one of the impacts of COVID-19, nurses and health care workers are helping kids and woman that suffered from rape. They consult and give advice to patients that undergo these difficulties

Empirical researches done on Covid-19 in Ethiopia

Knowledge, perceptions and preventive practices towards COVID-19 early in the outbreak among Jimma university medical center visitors, Southwest Ethiopia

This study aimed to assess the knowledge, perceptions, and practices among the Jimma University medical center (JUMC) visitors in Jimma town

A cross-sectional study was conducted on 247 sampled visitors, from 20–24 March 2020. Consecutive sampling was used to recruit the participants. The study tools were adapted from WHO resources. The data were analyzed using the Statistical Package for Social Sciences (SPSS) version 20.0. Descriptive statistics were used to describe the status of knowledge, perception, and

practices. Logistic regression was executed to assess the predictors of dominant preventive practices.

Of the 247 respondents, 205 (83.0%) knew the main clinical symptoms of COVID-19. 72.0% knew that older people who have chronic illnesses are at high risk of developing a severe form of COVID-19. About 95.1% knew that the COVID-19 virus spreads via respiratory droplets of infected people, while 77 (31.2%) of the respondents knew about the possibility of asymptomatic transmission. Only 15 (6.1%) knew that children and young adults had to involve preventive measures. Overall, 41.3% of the visitors had high knowledge. The majority, 170(68.8%), felt self-efficacious to controlling COVID-19. 207(83.3%) believed that COVID-19 is a stigmatized disease. Frequent hand washing (77.3%) and avoidance of shaking hands (53.8%) were the dominant practices. Knowledge status and self-efficacy (positively), older age, and unemployment (negatively) predicted hand washing and avoidance of handshaking.

The status of knowledge and desirable practices were not sufficient enough to combat this rapidly spreading virus. COVID-19 risk communication and public education efforts should focus on building an appropriate level of knowledge while enhancing the adoption of recommended self-care practices with special emphasis on high-risk audience segments.

Feedback Methods

As COVID-19 sweeps the globe, causing unprecedented effects, non-profits, foundations, and governments are working to figure out the best course of action to serve their communities. Incorporating feedback from affected communities, alongside expert advice, is vital in determining a COVID-19 response.

Yet, questions about how to best listen and act on feedback in this new reality – where social distancing is the norm and the needs are ever-growing –

remain. In a pandemic, collecting and responding to feedback still matter. It benefits in different ways like

- Incorporating feedback from affected communities into your COVID-19 response can help you identify the most effective solutions to address the needs of those you serve.
- Prioritizing listening and acting on feedback from affected communities in your COVID-19 programming can save valuable time and money.
- Listening to affected communities is a humanitarian best practice in crises.
- Funders are committed to listening and acting on feedback during the COVID-19 crisis.
- Listening helps you identify whose needs are not being met and emphasizes diversity, equity, and inclusion.[8]

These feedbacks are collected or gathered from the community through sending Survey Questions and sending it to different members through online or through paper-based flyers. It is also done by going door to door and interviewing the targeted community and taking voice recording.

Community Feedbacks and Insights

Community feedback considered in this report was collected through information received from Community Engagement and Accountability (CEA) focal points in 24 African countries, as well as through primary data collection in DRC and Nigeria.

Red Cross and Red Crescent National Society CEA focal points were asked to share the main rumors, observation, beliefs, questions or suggestions they are hearing in their countries and to grade them according to their frequency. Focal points from the following countries provided information: Benin, Botswana, Burkina Faso, Burundi, Cameroon, Congo-Brazzaville, Côte d'Ivoire, DRC,

Ethiopia, Gabon, Gambia, Ghana, Kenya, Liberia, Malawi, Mozambique, Namibia, Rwanda, São Tomé e Príncipe, Seychelles, Sierra Leone, Sudan, Togo and Uganda.

Community feedback was collected during social mobilization activities in North Kivu/DRC and Lagos/Nigeria. Community comments were recorded during household visits and mass sensitization activities in North Kivu and social mobilization conducted in public places in Lagos. Information was not gathered through structured surveys, but volunteers documented comments relating to coronavirus they heard during their interactions with community members. A total of 142 community comments were recorded in Nigeria, a total of 483 in DRC. Information included in this report was collected between 24 January and 21 March.[9]

- **Coronavirus does not affect black people**

Heard in Burkina Faso, Burundi, Congo-Brazzaville, Cote d'Ivoire, DRC, Gabon, Kenya, Malawi, Namibia, Nigeria, Togo, Uganda

"Black people can't die of coronavirus because it is a disease of white people" – DRC, 14 March 2020

"Black people are immune to COVID-19." – Malawi, 16 March 2020

"Coronavirus is a disease that attacks only white people." – Côte d'Ivoire, 16 March 2020

- **Misinformation on coronavirus prevention and treatment**

Heard in Benin, Burundi, Côte d'Ivoire, DRC, Gambia, Ghana, Malawi, Mozambique, Rwanda

"Drinking local alcohol kills coronavirus" – Benin, 16 March 2020

"Taking hot water and lemon can cure coronavirus" – Côte d'Ivoire, 18 March 2020

"Coronavirus can be cured by a bowl of freshly boiled garlic water. Just take eight (8) chopped garlic cloves add seven (7) cups of water and bring to the boil. Eat and drink the boiled garlic water" – Mozambique, 16 March 2020.[9]

- Misinformation on coronavirus prevention and treatment
- Coronavirus is a man-made disease
- Coronavirus will not spread in hot countries

In order to stop this wrong point of view about the corona virus it is being done by

- address rumors and misinformation by providing the correct information,
- answer questions communities have about COVID-19, and
- use community suggestions to improve the response where possible.[9]

Vulnerable groups affected due to covid-19

Women, the elderly, adolescents, youth, and children, persons with disabilities, indigenous populations, refugees, migrants, and minorities experience the highest degree of socio-economic marginalization. Marginalized people become even more vulnerable in emergencies. This is due to factors such as their lack of access to effective surveillance and early-warning systems, and health services. The COVID-19 outbreak is predicted to have significant impacts

on various sectors. The populations most at risk are those that:

• depend heavily on the informal economy.

• occupy areas prone to shocks.

• have inadequate access to social services or political influence.

• have limited capacities and opportunities to cope and adapt and.

• limited or no access to technologies.

By understanding these issues, we can support the capacity of vulnerable populations in emergencies. We can give them priority assistance, and engage them in decision-making processes for response, recovery, preparedness, and risk reduction.

The COVID-19 pandemic has bought a very vast kinds of negative impact in every part of the society. Even though, it affects everyone there are still most vulnerable groups that are harmed economically and socially. These groups also include

Families with exceptionally low income

In order to reduce the spread of COVID-19, infection control measures have been instituted which include closure of crowded marketplaces. These markets are the very essentials for those whose living are based on selling these goods at the market. Ordering all petty traders to stop selling their goods from door-to-door or even at the market and stay home as much as possible is going to affect their income which then affects the way they provide to their families.

The impact of the loss of income on Ethiopian families is grave and particularly so for children. The number of meals is reduced, 'luxuries' like protein-based foods are taken out, basics are foregone, assets like the television are sold off and even shelter for families is threatened as they cannot afford rentals. They have no money to meet their basic health care needs.[10]

Street children

A every large amount of street child is found in Addis Ababa the capital city of Ethiopia. These street children and families who are tucked away in cramped shelters, around traffic lights, city highway bridges, and street corners with limited access to sanitation and hygiene services are at high risk of contracting the corona virus.

Sanitation and hygiene experts in Ethiopia are placing a special focus on a group of young individuals that are left behind as they ramp up their effort to improve sanitation and hygiene services to fight against coronavirus.

At this very critical time, lack of access to water, sanitation and hygiene for street children and their families is very concerning because they are both exposed to the risk of contagion and also represent a potential vector for spreading the coronavirus.

E-SHIP, in partnership with SNV Ethiopia, has so far installed handwashing facilities at the neighborhoods of Piassa, Bole, Megenagan and Merkato in the capital city, Addis Ababa. The children were also given water containers and hand sanitizers. The street children were also taught about coronavirus. [11]

Healthcare workers

The wellbeing and emotional resilience of health care workers are key components of maintaining essential health care services during the COVID-19 virus (coronavirus) outbreak. Therefore, it will be crucial to anticipate the stresses associated with this work and put in place supports for health care workers. As the COVID-19 pandemic rages on, hospital workers around the world are responsible for keeping national healthcare systems afloat amid the most serious challenge to public health in many lifetimes.

Nonetheless, because of their central role in the pandemic response, healthcare workers have been negatively affected by the pandemic in profound ways. Between endless overwork and severe emotional trauma,

healthcare workers face a harder struggle today than perhaps ever before in their profession.

Doctors, nurses, medical technicians, orderlies, hospital sanitation specialists, clinical coordinators, paramedics, and a galaxy of other healthcare workers are in greater demand than ever before as a result of the pandemic. Workers are required to work more hours and additional shifts to keep up with the inflow and care of patients with COVID-19, particularly in hotspots. To address the dire need for more staff, retired healthcare professionals have returned to work, and doctors and nurses on the verge of graduating have seen their timelines expedited so that hospitals in need can make use of their abilities sooner. These efforts have helped to distribute the burden across more workers while also increasing the maximum capacity of hospitals and clinics.

Aside from facing new economic uncertainty, many healthcare workers are being viewed as sources of authoritative information during a time when misinformation and conspiracy theories are running rampant. Apart from informing the public about the prevalence and risks of COVID-19, some doctors are also stepping up to proactively correct harmful or incorrect narratives. For many clinicians, this is not a new role to fill, but the scale of the pandemic makes the need for their efforts more urgent than usual. It is no secret that healthcare workers have been exposed to tremendous risks during the pandemic. Thousands of healthcare workers have been infected with COVID-19 as a result of insufficient personal protective equipment (PPE) and poor infection control protocols in hospitals and clinics.

While most healthcare professionals don't contract COVID-19, it doesn't mean that they're unaffected by their role in controlling the pandemic. Between the omnipresent risk of COVID-19 infection, the added workload of handling more patients than usual, the stress of triaging patients or rationing resources, and the horror of witnessing their patients suffer from the deadly disease, healthcare workers are more stressed than ever before.[12]

When paired with the need for healthcare workers to isolate themselves from their families and friends to avoid potentially infecting them, it's clear that the pandemic has deprived these workers from their typical support structures precisely when they are the most vulnerable. [12]

Rural Areas

Sizeable proportion of the rural population does not have access to the media platforms used to publicize COVID-19 prevention measures. Moreover, without aggressive interventions, current levels of access to water and soap are suboptimal to adopt the hand-washing recommendations, particularly in rural areas.

Rural economies have provided essential goods and services - including food and energy - to households, hospitals and health centers during confinement periods. In some countries, rural areas have also served as a temporary, but safer, location for urban dwellers. Taking a longer perspective, the pandemic can change consumption and production patterns, remote working habits and forms of mobility, which may open new opportunities for sustainable growth in rural regions. Revisiting globalization of production chains could also open new opportunities in some rural areas.

However, rural businesses and dwellers have been also confronted with several pressures, including those emerging from the pandemic and associated containment measures. Demographic characteristics (a higher share of elderly population) and geographic features (larger distances to access health care centers), coupled with reduced health care staff and facilities, hamper the ability of rural regions to respond to the pandemic. Moreover, the overall slowdown in aggregate demand has affected some primary sectors, and the expected further slow-down in trade and global demand will hit rural economies severely given their higher reliance on tradable activities, such as mining and tourism.

Nonetheless, rural regions have been particularly vulnerable because they have:

- A large share of population who are at higher risk for severe illness, notably the elderly and the poor.
- A much less diversified economy.
- A high share of workers in essential jobs (agriculture, food processing, etc.) coupled with a limited capability to undertake these jobs from home. This makes telework and social distancing much harder to implement.
- Lower incomes and lower savings may have forced rural people to continue to work and/or not visit the hospital when needed.
- Larger distance to access hospitals, testing centers, etc.
- A large digital divide, with lower accessibility to internet (both in coverage and connection speed) and fewer people with adequate devices and the required skills to use them.

Trainings Given for Essential Service providing stuffs

The outbreak of the corona virus pandemic has given a major negative impact on the deliverance of essential services that are mandatory to a given community. These facilities deliver services that cannot be interrupted. Instead of closing these facilities are giving their stuff training on risk communication and other important work ethics.

Health Facilities

Health facilities are the core and most vital in mitigating this great pandemic. Hence, stuff members who are working in any health care facilities should have the power and bravery to fight this crisis. Taking training in risk communication is going to help them have a smooth communication about the virus between themselves and their patients. It is even useful to treat their patients in calm manners. Inauguration of the WHO supported training center at Eka Kotebe COVID-19 Treatment Center established with the generous

support of the Republic of Korea Ministry of Foreign Affairs to train frontline health workers in pandemic response. [13]

Transportation

Transportation stations are major transmission places since there will be many peoples. These places could be train stations, bus stations, taxi stations and even airports. Drivers are taking COVID-19 measures as they are taking passengers.

Public Services

Other public services are like Financial offices, commercial buildings governmental institution and Private institutions are giving trainings about COVID-19 for their employees.

Recommendations

While doing this desktop research on youth engagement during COVID-19 in Ethiopia there was a little to no information on training given to essential service stuff members on risk communication, specific community engagement and actions in different parts of the country, and how evidence based learning is being done by various actors on COVID-19.

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