



COVID-19 AND THE YOUTH QUESTION PROJECT IN KENYA, ETHIOPIA AND UGANDA

**SOCIO ECONOMIC IMPACT STUDY
REGIONAL DISSERMINATION WEBINAR REPORT**

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CEWARN



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COVID-19 AND THE YOUTH QUESTION PROJECT IN KENYA, ETHIOPIA AND UGANDA.

SUB THEME: SOCIO ECONOMIC IMPACT STUDY REGIONAL DISSERMINATION WEBINAR

Moderator

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Speakers

Dr. Truphena Mukuna, Executive Director OSSREA and Principal Investigator.

Prof. Jude Ssempebwa, Country Research Lead COYOQA, Uganda.

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Organized by

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PRESENTATION BY PANELISTS

Alemu introduced the project to the participants and gave them a brief summary of why the webinar was held which is to disseminate the findings from the socio-economic impact studies in Kenya, Uganda and Ethiopia. He then shared the agenda for the day and gave the house keeping rules.

a) Dr. Truphena Mukuna, Executive Director OSSREA and Principal Investigator.

Dr. Truphena started by thanking the participants for attending the webinar. She then went ahead and gave a summary of OSSREA, the lead Organization for this project. OSSREA has its presence in 21 Countries and its headquarters is in Addis Ababa Ethiopia. The organization has been in existence since 1980. The organization is a consortium of universities from the 21 countries which have liaison officers who coordinate with other members of the organization in their countries. The organization has an executive committee that does the oversight on the activities running in the organization. The organization conducts research, capacity building, dissemination of research, engaging community members that is the various stakeholders that the organization has conducted research with. The organization publishes peer reviewed publications, journal articles and books which are disseminated widely. It conducts multidisciplinary, interdisciplinary, and transdisciplinary research. She then welcomed the participants to partner with OSSREA through fund administration of research projects.

Dr. Truphena gave an overview of the project and introduced the partners of the project who are; OSSREA, IGAD-CEWARN, CCRDA of Ethiopia, Makerere University of Uganda, and the Kenyan Chapter. Even though the project is being conducted in 3 main countries, the literature review takes a holistic aspect of the whole Africa Continent to answer the COVID19 and the youth question. When COVID -19 hit the continent, different countries took different measures to respond to the crisis and it disrupted the access of the youth to education, employment and general public life. Africa being the youngest continent, the long-term impact of the crisis exacerbated the vulnerability and exclusion of the youth. Though the youth have the potential of encouraging innovation, strengthening intergenerational dialogue, and promoting social accountability. Most governments used a top-down approach to respond to the crisis ignoring the communities and the fact that Africa is the youngest continent with youth who can transform the communities if meaningfully engaged. Despite the constitutions for most African countries stipulating the engagement of CSOs, their engagement was merely to participate in meetings and present position papers. The government willingness to provide an enabling environment for the CSOs to amplify the voices of the voiceless is a big challenge. Lack of technical capacity in the CSOs and local government and the youth's reluctance to push for accountability and ensure enforceability have contributed to low meaningful engagement. She stressed that there is a need for capacity building both for the civil society and the local government. Therefore because of that OSSREA came up with the research question that is guiding this project and that is how the project ensure that youth led social accountability programming for COVID-19 is gender responsive, inclusive and has meaningful engagement, so the voices of the marginalized are heard and translated into better social services and good governance.

COYOQA project is being conducted in the IGAD-CEWARN region particularly in nine research sites, Kenya (Nairobi, Mombasa, Busia), Ethiopia (Addis Ababa, Hawassa, Somali region) and Uganda (Kampala, Gulu, Masaka). The beneficiaries for the project include, the youth, ministries of Youth, Gender and Social Affairs, Academia, Youth led CSOs. The project is funded by IDRC from September 2020 to 2023. OSSREA used a non- clinical or behavioral approach to combating COVID-19. A political economy analysis was done in the 3 countries to provide useful evidence base to inform principles of Social

Accountability for social justice and good governance. It is following the bottom up, top-down approach to conduct a gendered poverty and vulnerability analysis to COVID 19 in Kenya, Uganda and Ethiopia. The organization employed multi-stakeholder and multi-sectoral analysis to give understanding to context, barriers to change and power dynamics in decision-making at different levels. It is action research that adopts the gender transformative approach based on the mixed methods paradigm. The project is analyzing how youth are transforming the public health and socio-economic landscape created by COVID-19 by advocating for transparent and accountable responses to the pandemic. It is meant to bridge the divide between excluded youth and their governments and coordinate responses using a data driven evidence-based approach.

The research objectives for this study include.

- To carry out a comprehensive gender analysis of the current social mobilization of youth in informing, co-designing, and supporting COVID-19 pandemic emergency preparedness and response, capacity, key gaps and support needs among IGAD Member States (Ethiopia, Kenya and Uganda).
- To build the capacity of male and female Youth Volunteers for Behavior Change (YOV4BC) in emergency preparedness, response (disaster risk reduction and management) and building resilience to impacts of COVID-19 so that they are the well informed, resourced and educated about COVID-19 and its mitigation measures.
- To partner with the youth to take action within their communities through developing and institutionalizing a standardized and harmonized COVID-19 Vertically Integrated Social Accountability and Advocacy Framework for monitoring the IGAD Regional Response Strategy (IRRS) for COVID-19 Pandemic in Kenya, Uganda and Ethiopia.
- To investigate and track gender differentiated sectoral socio-economic impact communities of COVID-19 on youth and their and document community perceptions and response strategies.
- To facilitate meaningful policy engagement between male and female youth and policy makers through enhanced national, sub-national and regional knowledge sharing platforms.

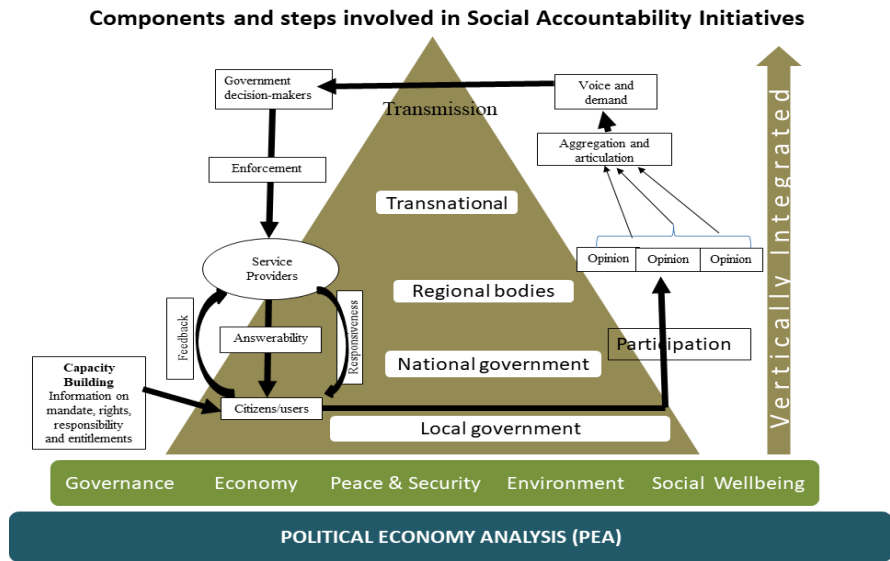
The main aim for the study is to review and consolidate the latest evidence on youth experiences, perceptions, and aspirations during COVID-19 and to document successful strategies for youth led citizen monitoring and oversight of public and private resources and on citizen participation in public resource allocation and decision making to improve livelihoods during the pandemic. The project is being implemented in 4 phases which include the baseline study that focussed on the preparedness and response, gendered socio-economic analysis of COVID-19 to youth and their livelihoods, Endline research to gauge what worked and what didn't, Developmental monitoring and evaluation starting from YOHEVS up to the IGAD CEWARN level where the data will be analysed.

The study focuses on 5 sectors of the economy which are Governance, Economy, Environment, Social factor, and Security. The project has gathered through the research journey that the political economy analysis is the starting point for this research as shown in the diagram below;



Every country responded to the COVID-19 pandemic according to their political economic analysis. The research is divided into 4 sectors which are knowledge management, communication and community engagement, capacity budgeting and skills development, Methodology which is transdisciplinary research and Youth led citizen M&E, Reporting and Evidence. The reports have been shared widely on the OSSREA the project website and on the CORE website.

She introduced the COVID-19 Vertically Integrated Social Accountability and Advocacy Framework (COVISAF) which has guided the team through the research journey.



b) Prof. Jude Ssempebwa, Country Research Lead COYOQA and Dr. Jerome Ntege, MELCO COYOQA, Uganda.

Prof. Jude Ssempebwa and Dr. Jerome Ntege were introduced by Alemu to the participants as the Uganda team. Prof. Jude appreciated Mr. Alemu, Dr. Truphena and the core project team that worked with them in Uganda.

He presented on a successful COVID-19 response that failed. He mentioned that he had difficulties buying into the idea of investigating the impact of COVID when he saw the youth being locked down and their rights being abused but the more he interacted with the team and the project he found eight reasons as to why it is important to talk about the impact of COVID 19 especially on the youth and what kind of lessons the project can get from them to improve on the preparedness and response. He stated that the presentation focusses on 3 main parts that is why it was important, how the study was done and what lessons were learnt.

He said that it is important to talk about the impact because the impact felt and what was reported in the media differed and sometimes lacked important information, the effects of COVID-19 happened in a ripple effect and affected other aspects expanding vulnerability and presenting implications for future responses, a lot of the writings and publications on COVID-19 is very lacking and the project has attempted to dive deeper and focus on the impacts of COVID-19 and the lessons drawn from it are very helpful. The project focused on how COVID affected the social and economic lives of the youth, why COVID affects youth and the communities in those ways and what lessons can be drawn out from these for future responses.

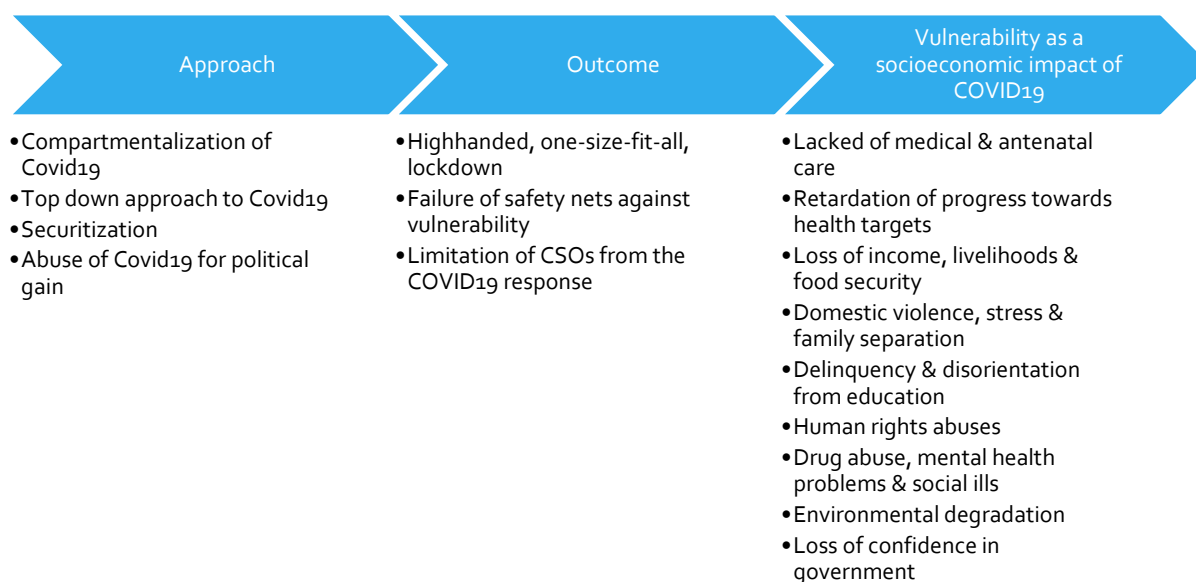
Dr. Jerome explained that the research used mixed methods of collecting data that is qualitative and quantitative research methods. In depth data collection methods were used to interview the key stakeholders from CSOs and youth led organizations. Focus group discussions were also conducted with youth groups on the impact of COVID-19. In Uganda, the research sites were Gulu, Masaka, and Kampala. In Uganda, access to medical care was affected by the pandemic because most people lacked enough funds to utilize the care or lacked transport to get to the medical facilities due to the nationwide lock down that had been implemented. The main constraint that people faced during the pandemic is the lack of funds and resources. Some community members stated that the public and community health institutions suffered because they heavily relied on community meetings and because of the lock down that was halted. There was a serious issue on the access to Reproductive Health products and services especially antenatal and postnatal services which later had the ripple effect of more unwanted and unplanned pregnancies among the youth. Means of transport were also halted therefore making it difficult for even the medical staff to move around and access hospitals. The security also took a hit as security people were violent to the citizens causing fear. Due to the lack of access to medical services, a lot of people turned to herbal medication for treatment.

During Covid, there was bounty harvest from the agricultural sector but due to the lack of transportation and money, the demand was high but supply low. The prices for these foods had risen because of the transport restrictions. In the urban centers was where the access of food was a big challenge because the prices were high, and the markets were inaccessible and insecure. Many urban dwellers moved to the rural areas and created a lot of pressure on the land resources there. The government received a lot of goodwill in terms of food resources from the citizens but due to corruption, these were not distributed fairly. The distribution was not done fairly because there was no proper structure and a lot of bureaucracy. Majority of the people in Uganda had difficulty in accessing drinking water and soap because of lack of money. The urban areas faced more constraints when it came to access to water and soap. Distance to water sources was also a challenge because some dried up therefore people had to go long distances to access water. Even

with these challenges, there was an improvement in the hygiene of people and the environment. The access to energy, electricity, was affected by the lack of funds to pay for the bills while other individuals opted to use the funds, they had to buy food. The restriction of movement and transport impacted the youth greatly because it affected access to health, funds, food and even earning an income. One of the respondents gave an account of how difficult it was for the sister to get to hospital to deliver her child and still she died due to delays and the insecurity they faced on their way to the facility.

During COVID pandemic, the income, and livelihoods of people were affected because of the lockdowns, and many lost their jobs and up to now they are yet to recover. There was an increase in the domestic and gender-based violence due to the stress and anxiety in households. Youth got into dubious ways to make money during the pandemic, and this affected families. The pandemic also caused the shift in the gender roles which affected the family dynamics. As people were relocating from the urban to rural areas the rate of unemployment peaked, and the environment was also affected. There was police brutality and abuse of human rights and reporting was almost impossible. The national security participated in controlling movement which led to a lot of police brutality. As this went on, the lockdown measures cleared but criminal rates increased in the villages. They engaged in looting, stealing, and raping which led to early pregnancies.

Prof. Jude informed the participants that some of the impacts that were discovered through the key informant interviews and focus group discussions and when they did a cross reference, they realized that the data sets for holistic, participatory approaches to emergencies as shown below.



They discovered that the government had compartmentalized COVID19 as though it was a problem in isolation and ignored all the other problems that the citizens were facing. The government adopted a top-down approach but the realities on the grassroots was not resonating with what the government was projecting. The approach was high handed, authoritarian, and securitized. The high security was also because of the political campaigns that were going on in Uganda and the president’s position was being contested by militant political group made up of youth called People Power and later National Unity Platform. The lockdown focused on clamping down at that. The outcome of the approach was high handedness and because of it pregnant women were beaten up while on their way to hospital making them

either lose their lives or child. According to Prof. the covid 19 response approach in Uganda succeeded because they had low infection rates, death rates and the hospitals were effective in control. This success was at the expense of success in other areas for example the lockdown negatively affected HIV, Diabetes, Psychiatric and, Tuberculosis patients who were neglected and many of them died in the process. Because of the approach adopted by the government the safety nets that were adopted failed to work because most were politicized and there was a lot of bureaucracy. The civil societies were blocked from participating in the response because of the approach that the government had put in place. The impacts were caused by the approach that was adopted.

The lessons drawn for future response is to make the response holistic so that it doesn't isolate one problem from the other important ones, to involve the citizens, youth and civil societies, the approaches should be dynamic to ensure that the approaches are evaluated continuously and there should be accountability from the government and for the citizens to ensure this. He thanked the participants for listening in.

c) Prof. Peter Barasa, Country Research Lead COYOQA, Kenya.

Prof. Peter Barasa started by introducing the Kenyan team and asked the participants to take a moment of silence for the colleague the project lost, Hyvonne Mwololo who was a YOHEV in Mombasa. He also acknowledged the teams in Busia, Nairobi and Mombasa for the work well done in data collection and mobilization. He appreciated Dr. Truphena for the in-depth explanation of the project and the Uganda team for sharing their findings. He stated that even though Kenya had the best medical facilities in East Africa, the project required external interventions to keep the country going. He acknowledged that the government put aside a stimulus package to cushion its citizens from the adverse effects of COVID-19.

Because the youth are the main focus of this project, he stated that the youth in Kenya comprise a larger population and were greatly affected by the pandemic through job losses and closure of businesses making them unemployed. The Kenyan constitution considers youth to be aged between 18 and 35 years and it comprises one third of the Kenyan population. He said that if the country wants to reap demographic dividend they should properly plan with the youth. The youth need to be empowered and allowed to participate in the transformation of the country by the government. In this study, you may find commonalities about the issues affecting the female because of Gender Based Violence, mistreatment in the economic sector, lack of opportunities to work while the male there is a common factor that everything is for them. The answer to the COVID-19 and the youth question in Kenya can be found in their participation in governance opportunities individually or in self organized forms that are legal at both national and devolved levels of the government. The project came across organizations both national, civil societies and NGOs that took up roles to alleviate the challenges that the youth faced. He noted that despite the benefits of youth participation in governance, the youth seemed to have been left on the periphery of governance decision making. Due to that, the negative socio-economic impact of COVID-19 has made youth vulnerable to manipulation by perpetrators of violence and easy prey for recruitment into violent extremism, crime and terrorism with a hope of gaining some pecks for survival. The duty in this project is to make sure that the capacity of the youth are built and appreciated as reliable agents of peace in their communities. He highlighted the visit the project had with the youth from Mukuru kwa Njenga where the project found the youth organized to take to task their members who get involved in GBV.

He highlighted the research objectives, design and data collection process that had already been presented by the Dr. Truphena. Some of the youth during the pandemic became opinion leaders in the approaches they took to counter and create a voice for themselves and their communities to help them deal with the socio-economic impacts of the pandemic. Some politicians and local administrators were the conduits

through which any support got to the communities. He also acknowledged the work of the civil society organizations did during the pandemic like manufacturing sanitizers, soaps and masks to protect the citizens and distributing them to the communities. In Kenya the project had 735 respondents who were interviewed. The response rate in Kenya was 97% and a total of 394 male and 341 females the were interviewed. 39.3% of the respondents had completed secondary school, 16.7% completed bachelor or higher university education level, and 12.4% had attained diplomas and certificates from TVET institutions. The analysis was done through coding the data according to the 5 key focus areas in the study.

The focus of the presentation was the socio-economic impact of COVID-19. According to the data collected, both male and female youth were able to buy basic food items and medicine but the access to the medical services by their household was a challenge. Most household livelihood depended on wage employment and most youth are engaged in buying and selling businesses and restaurants which the were closed due to the restrictions put by the government. The precautionary measures put in place continued to have a negative socio-economic impact on workers and businesses to date. The youth experienced a greater impact in the long term as the labor force and business entities continue to grapple with the pandemic. The lockdowns and curfew reduced the revenue streams for the youth in business and it has led to closure of youth ventures and generated challenges of meeting basic needs.

According to the data collected, hand washing was the main measure taken by the youth to reduce the risk of contracting COVID-19 at 86.5% while the use of gloves was at the minimum 6%. From the data, we were shown that both male and female were conscious about the measures that had been put in place like handwashing, the wearing a mask and social distancing. The project can confirm that both male and female contributed to ensuring that the measures were followed.

The female respondents for Busia and Mombasa decried the challenge they faced when it came to feeding and providing for their families and the measures, they took to ensure that their families are provided for. Food security leaned heavily on the ability of women to provide for their families. The male had difficult to access food because of lack of jobs. The results revealed that 54.3% Male and 45.7% the were able to buy basic food items. On the other hand, those not able to buy food: 8% of female in Nairobi County; Mombasa had 48%; Busia 44%. In Mombasa 29%, 44% in Busia and 27% in Nairobi of male agreed that they could not buy basic food items. Generally, 41.8% of the household respondents of both genders agreed that they could not buy basic food items and the other 58.2% disagree. In the access to medicine, 51% male and 49% of household respondents agreed that they were not able to buy medicine since the outbreak of COVID-19. 54% male while 46% of respondents said they were able to buy medicine. Covid 19 led to the loss of employment among the youth in Kenya.

Gender-wise, Mombasa County registered the highest percentage of females (45%) who did not get engaged in any income generating activities, followed by Busia County with 39% and Nairobi County with 16%. Busia County had the highest percentage of male respondents getting engaged in income generating activities at 40%, followed by Nairobi at 37% and Mombasa at 23%. The percentage of male respondents not engaged in income generating activities in Mombasa and Nairobi Counties, may have been contributed due to either layoffs or business closures.

The data showed that the government used existing administrative structures (Government Ministries, County Governments, and County Commissioners) to govern and manage the pandemic. They also generated a stimulus fund to cushion its citizens and their businesses from adverse effects of COVID-19. In addition to the pandemic, there were other uprising issues like flooding in Bunyala region that made people relocate. The government allocated funds to cushion youth and their businesses, but the youth were not aware of how they could access these funds and its disbursement was erratic. The government also

came up with an initiative for the youth called ‘KAZI MTAANI/KAZI KWA VIJANA’ which helped support the alternative means to livelihood for the youth. Through the national ICT and COVID-19 pandemic committee the young people were able to earn a living from the gig economy like courier deliveries of food and products. The County government of Mombasa instituted a Gender-based program that involved training of the health care workers on forensic management of gender-based violence and preventive measures was set up. The tourism sector led an advocacy that saw the government release a kitty for the tourism sector worth 3Billion which ended up being used in hotel refurbishment instead of cushioning the youth and hoteliers in general (KII). The COVID-19 cash transfer did not consider youth from the tourism sector. In Nairobi County the major challenge in the region was food, and economically empowering women and youth. The government also had a cash transfer program in which various residents from the area received a monthly amount of Kes. 4025. The money was from the COVID-19 response committee. This went on for 4 months.

In conclusion, CBOs and CSOs they initiated and mobilized youth in mask, sanitizers, and food distribution. Some CBOs they were involved in construction of water tanks and ensuring water could be taken to homes to limit interactions of community members that would increase risk of COVID-19 spread. Some organizations trained women to make soap to provide the opportunity to keep their families and communities clean. They created social media platforms for sharing information on COVID-19 spread, mitigation and budgetary allocations by central and County governments. They also used the platforms for educating the youth on budget formulation like the case of KCDF in Busia County. They set up programs to handle extreme violence associated with loss of jobs and COVID-19 related stresses. This was through the engagement programs that helped youth become productive people in the communities they were especially in Mombasa and Nairobi Counties. Some CSOs mobilized financial resources that were disbursed to distressed elderly community members to alleviate challenges arising from COVID-19 pandemic. The money was intended to purchase basic food items. CSOs ensure social accountability particularly to the resources allocated to the County government. In Mombasa County they made their own audits and also informed the County governments the most need areas. There were cases where CBOs helped in listing Boda Boda riders to assist movement of the sick during curfew hours. This minimized fatalities in the event of sickness at night.

He recommended that the government should try to demonstrate fairness to all citizens in providing healthcare related to COVID-19 crisis and institute necessary measures to curb the spread of COVID-19 disease because of the belief citizen hold that the government is able to address the crisis and citizens as the well, are willing to abide by the measures. The youth are heterogeneous as stated by one key youth informant; therefore, identification and categorization of youths will make it easy to understand their unique needs and address them effectively. Lumping them together leads to missing out uniqueness that would enhance productive engagement and effective addressing of their needs. Capacity building should target youth of all gender, especially in governance issues to equip them with the necessary skills and knowledge to meaningfully participate in governance issues at all levels (central and devolved governments). Both youth-led CSOs and government officials need soft skills to strengthen State-CSOs interaction for proper social accountability. This can be done through seminars and workshop managed by CSOs in partnership with government, NGOs and other supporting institutions like OSSREA, IGAD, UNESCO, World Bank, among others.

d) Melkamsera Abera, Country Research Lead COYOQA, Ethiopia.

The COYOQA project is implemented in Addis Ababa, Sidama and Somali regions. Since COVID -19 pandemic broke out, more than 413 million cases and more than 5.8 million deaths globally; more than 11.3 million cases and more than 244 thousand deaths in Africa; more than 467 thousand cases and more than

7.4 thousand deaths in Ethiopia as of mid-February, 2022. In response to contain the pandemic, governments implemented partial and full closure of businesses and human movement. These restrictions severely affected business and social interactions worldwide. Even though, the impact varied across geographical locations, economic status, and demographic compositions, it became more visible and riskier to developing economies. The government of Ethiopia, in response to the pandemic, has declared a State of Emergency (SoE) in April 2020 that stayed for 6 months with restrictions on economic activities, including international and local movement, banning gatherings, and halting the operation of restaurants. This might have been the most affected youth population, since they suffer from low employment quality and a higher percentage of working poor, compared to adults.

In Ethiopia, 844 participants participated in this study, 24 key informant interviews the were conducted from public youth centers, youth-based NGOs/CSOs, other public organizations working with youth. There were also 9 focus group discussions which had 12 youth participants per group. He then went ahead and gave us the statistics of the people who participated in the study as follows; of the 844 51% were female and 49% male. 92% of the participants had attended some formal form of education. More people were aware of the use of mask as a preventative measure at 86.7%. More people participated in advising their fellow citizens to stay at home. Almost 96% of the respondents reported that they received information on social distancing and self-isolation as a preventative measure against COVID-19. About 31% of the respondents the were not satisfied by the government's response to COVID-19. Access to medicine was still low but in Hawassa more people accessed medicine and in Jigiga 76% could not access medicine. Jigiga has the highest percentage of access to basic food items and in Hawassa 62% of the respondents could not buy the food. The main reason for not accessing basic food items is the increase in prices for the commodities. The access to clean drinking water was highly insufficient in Jigiga(65%) and readily accessible in Hawassa(62%). The reason for the lack of access to clean drinking water was the supply reduced and for some regions water was just not available. There was sufficient water to wash hands in all the regions. 25% of the respondents reported to have insufficient access to soap to wash their hands with and the main reason was the spike of prices for the soap. Of those who reported that their family has needed medical service, 35% of them has indicated that their households were not able to access the medical services because they lacked funds to go to the facilities.

55% of participants reported that they had not done any work for pay, any kind of business, farming or other activity to generate income, even if only for one hour, during the pandemic; among them 39% had work before the pandemic. A higher proportion of female respondents (61%) did not do any work for pay compared to their counterpart male respondents (50%). The proportion of respondents who did not do any work for pay during the pandemic was 71% for Jigjiga, 57% for Hawassa and 38% for Addis Ababa. A logistic regression analysis investigating the association of paid work with gender and region (residence of participants) showed that:-

- Youth living in Addis Ababa, have 4 times greater chance of having a paid work compared to those in Jigiga.
- Youth living in Hawassa, have 1.8 times ($p < 0.05$) greater chance of having a paid work compared to those in Jigiga.
- Males have about 1.7 times ($p < 0.05$) greater chance of having a paid work compared to females.

After the pandemic a higher percentage of people did not do paid work. A lot of the respondents depended on wage employment of household members. About two third of the respondents (i.e. 64%) reported that their household income had reduced since the pandemic; and only 29% reported that it stayed the same.

The pooled prevalence of food insecurity was found to be 25%. Among the three regions, Hawassa has the highest food insecurity prevalence (49%) while Jigjiga has the lowest (6%). A logistic regression analysis to investigate the association between gender and region with household food insecurity showed that households in Addis Ababa, had 5.3 times ($p < 0.05$) greater chance of being food insecure compared to those in Jigjiga. Similarly, households living in Hawassa, had more than 19 times ($p < 0.05$) greater chance of being food insecure compared to those in Jigjiga. The odds of food security was 75% lower for those who completed secondary school, 88% lower for those who had not completed their are bachelor and 85% lower for those who were graduates or higher compared to those who never attended school.

A high number of participants were affected by the pandemic through job loss and increase of prices for major food items. A lot of people relied on their savings, borrowed funds from family and friends and some opted not to do anything. Among the 842 respondents, 592 (76%) reported that they did not receive any assistance from the government in the form of cash, in kind, payment relief for public services or free food during the pandemic. Similarly, 90% of respondents reported that they did not receive any assistance from NGOs. The findings also revealed that COVID-19 pandemic has adversely affected the operations of many public institutions. Regular public services were changed to work from home and working by rotation which raised a major challenge of ensuring quality service. COVID-19 created a good opportunity for poor governance and corruption. Several institutions used COVID-19 as a reason for not giving timely and quality service. However, approaching service providers through bribery was raised by participants as the only mechanism to pass COVID related restrictions and get the desired services. Shortage of COVID prevention materials for service providers, like PPEs, that may limit service providers to give appropriate service for their customers was also indicated as a reason behind poor governance.

As reported by The FGD and KII participants, non-COVID-19 health services were almost collapsed due to diversion of resources towards COVID -19. Several Health Care Professional and Health Facilities were mobilized for COVID-19 prevention, control and treatment activities which resulted in the ignorance of other essential health services. The study revealed that the education sector was affected by the pandemic adversely. Students were forced to stay at home because of interruption of education due to school closure. This, in turn, caused a lot of consequences to them including psycho-social problems like extreme panic, depression and anxiety; gender-based violence (GBV); exposure to substance use and addiction. Disparity in access to education in relation to home schooling, distance learning, and virtual/online learning between the lower and higher socio-economic groups, between the rural and urban, and between private and public schools. There was an increase in the number of dropouts because some families were not interested to send their children to school when school restarted so as not to get COVID from school. There was poor quality education after re-opening because of the shortage of time to cover courses and free promotion from grade to grade. Respondents raised concerns that there was poor access to public transport to travel within or across cities. Furthermore, passengers were required to pay two- or three-times higher tariff from the usual. The problem was exacerbated for peoples with disability since they needed someone who could assist them to use public transport. On the other hand, workers in the transport sector, and those who had private vehicles were also complaining about the negative effects they suffered because of restriction imposed by the government like reducing seat occupancy to half and the restriction of transport service across regions.

Respondents revealed that the pandemic has caused extreme household food insecurity due to loss of jobs and lack of income particularly among the poor families which are attributed to restriction of movement, inability to work freely and reduced job opportunities. Participants mentioned that the import and export decreased, and this affected many small and private businesses. The prices of foods and other goods doubled, and many families started to buy half of what they used to buy before Covid-19 pandemic. Individuals working at private sectors lost their jobs due to closure of the businesses. All these combined,

further deepened the existing poverty and the socio-economic problems in the community. The COVID-19 pandemic is reported to have higher adverse effects on the manufacturing and construction sector followed by transport, hotel, and tourism. Small enterprises working on metal work and fishery the were reported to have had the severe effect, in relation to the wrong community perception of high transmission of COVID-19 through metallic substance and water animals. We found that there were job opportunities related to COVID Pandemic such as contract work in the health sector for COVID prevention and control activity, Mask production factories, and sanitizer production and sell.

The pandemic had dual effect on peace and security. On one hand, the restrictions and decreased social gatherings had a positive impact on peace and security and on the other hand, there was increased poverty due of joblessness and many opted to steal which deteriorated the peace and security of the country. Due to increased numbers of school dropouts, juvenile delinquencies increased because many violent groups formed and resorted to drugs and harmful behaviors. It is reported that, measures taken as part of the response to COVID-19 have resulted to violation of human right such as the right to work, the right to freedom of movement, the right to freedom of assembly. Random forced quarantining of people against their will or without even confirming their Covid-19 status. Unbalanced use of force by security personnel to enforce Covid-19 preventive measures and hindered rights to access basic services such as health services.

In conclusion, the study found that there was a high level of socio-economic impact of COVID-19 on Ethiopian youths and their households. The major social and economic dimensions affected by the pandemic the were food security; income; livelihood; and access to basic services of education, health, drinking water and transportation. In addition, the pandemic, by adversely affecting the operations of many public institutions including regular public service, created a good opportunity for poor governance and corruption. The major causes for the resulted impact were increased price of food and transportation service, unavailability and unwillingness of public service providers, reduced opportunity for jobs and restriction of movement with varying degree on geography, gender, educational status, and other demographic variables. It was also found that the government and NGOs had not made enough efforts to reduce the impact of the pandemic. The satisfaction of youths towards the government's response to the coronavirus crisis was low. On the other hand, knowledge of youths on COVID transmission was good. Education sector is one of the extremely affected services by the COVID-19 pandemic. Besides, increased school dropouts because families the were not willing to send their children to school from fear of getting COVID-19 from school; and poor quality education after re-opening because of shortage of time to cover courses and free promotion from grade to grade has also negatively affected the sector.

He finished by giving the recommendations that they came up with and these are; The government needs to address the limitations affecting access, quality and timely public service provisions. They should design policies and programs that target improving job access and livelihood of youths; the government should stimulate the economy and strive to resume economic activities at least to the Pre-COVID level; they should regularly assess the socio-economic impact of response measures imposed against the pandemic and make timely and relevant adjustments and re-evaluate related policies and regulations. Civil society organizations need to design evidence based, unique and innovative support mechanisms to address the gendered socio-economic impact of the pandemic on youths and their households. Integration and mainstreaming of COVID-19 with other service like youth reproductive health service, school health services, etc. for sustained and resilient COVID-19 prevention and control program. All concerned bodies need to engage youths in all phases of their project, starting from designing, planning, and implementation to monitoring and evaluation.

e) Dr. Truphena Mukuna, Executive Director OSSREA and Principal Investigator.

Dr. Truphena presented further on the gendered socio-economic impact of COVID-19 on youth and social accountability by proposing a feminized approach. From the data presented by the other panelists representing the different countries, she appreciated them stating they had captured the information that was collected the well in their presentation. She promised to talk to IDRC to print out booklets for the reports from the 3 countries from the IGAD region.

The feminist gender transformative approach is to be used to investigate and track gender differentiated sectoral socio-economic impacts of COVID-19 on youth and their communities and document community perceptions and response strategies. She presented a diagram that showed what was represented on every sector of the COYOQA project.

She proposed that due to the gender-neutral policy making exacerbating the gender inequalities with women and girls suffering the most. As economies recover from the impact of COVID-19, governments need to meaningfully engage youth and focus on feminizing the policies. The policies should be feminized so that they are transformative. Men in the society should support women to break the gender stereotypes in the society. She proposed a U loop theory of change as seen below (insert diagram). From the gaps identified, she proposed that the policy makers and the youth should unlearn the social principles the project believe in so that in the community of practice when knowledge is shared it will be a turning point to create space and an enabling environment to form an alliance that will be institutionalized by the government. She recommends that the women's issues may be emphasized for the governments to have a socially inclusive sustainable and equitable livelihood beyond COVID-19.

QUESTION AND ANSWER SESSION

1. How did the return of people to the rural areas in Uganda result in greater burden rather than creating manpower to support farming activities?

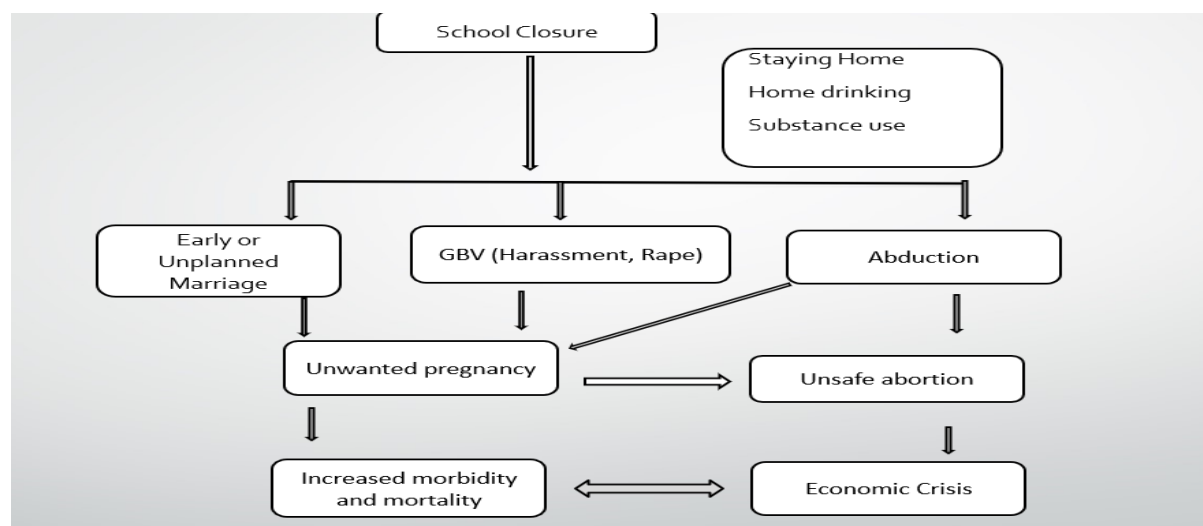
Dr. Jude stated that there was no problem with food initially but when people returned the food wasn't enough for families therefore some pressure was increased and some of the people who returned engaged in criminal activities because the youth did not have a way to make their livelihoods and also some of the youth that returned had not established themselves in agriculture so they took to brick making and charcoal burning which resulted into the cutting of trees and degradation of the wet land surfaces. Due to the high population in the rural areas some of the water resources were drying up making people to move a longer distance to get water.

2. Were there any social impacts resulting from death of household heads?

Prof. Jude answered saying that the response to COVID-19 created vulnerability regarding basic needs with the results of family separation. These families were splitting up so that they can go survive in the rural areas, or when the man of the home disappears because of inability to provide, and these came with ripple effects to the families

CONCLUSIONS

Alemu thanked the panelists for the presentations. He noted that it is important to include the fact that the young girls were being impregnated by their family members. Melkamsera weighed in and said that the Ethiopia team had noted the significance of the problem in a conceptual framework that shows GBV, Home drinking, teenage pregnancies and closure of schools. In addition, he quoted a respondent who said that the social values were eroded because several social meetings were disrupted due to the restrictions. These social meetings helped families feed their children and bring unity in the community.



Alemu gave the participants another chance to send in their questions but there were no more questions. He informed the participants on where to get all the presentations and past presentations on this project, they can be found online at the OSSREA website and YouTube channel. Dr Truphena reemphasized their appreciation for the participants to engage with them in the webinar and taking their time to attend. She informed the participants that now the project is moving to the next stage which is community engagement starting with Kenya. She encouraged the participants to engage with the reports and share criticism and insight.