

COVID 19 Impact on Peri-urban Vulnerable Women in Ethiopia: the case of Mekelle City Surrounding

Yemane Zeray Mesfin¹ and Seife Hailu Gebresellassie²

“Put women and girls at the center of COVID-19 recovery and all works against its impact” says UN Secretary-General António Guterres

Abstract: A Novel Coronavirus Disease (COVID-19) has spread rapidly around the world since it was first identified in January 2020 in the People’s Republic of China. Given that transmission throughout the continent is inevitable, all African countries including Ethiopia are taking various actions in delaying and diminishing the peak of outbreaks. In line to these worldwide efforts, as part of the National effort, the National Government of Tigray has implemented successive ‘state of emergency’ decrees to lockdown cities and communities so as to curb the devastating effects of the infectious diseases before it apprehend the people and the national government. This study looks at the negative implication of the epidemic and the resultant lockdown on one group – the vulnerable women. Due to the lockdown, almost all their sources of income and livelihood are vanished, and they tend to be highly/negatively affected by the lockdown of the economy in the months due to the extended months of lockdown decision by the regional government. The objectives of the study are: i) identify the vulnerable women (sex workers, economically poor single women households, etc) in the area, ii) identify the major social, economic and psychological challenges they face in this time of lockdown, iii) design and explore intervention mechanisms to alleviate/eliminate their major problems, and iv) recommend to governmental and non-governmental organizations. The impact assessment is done in Tigray region in the six sub-cities of Mekelle City Administration with peri-urban nature with the involvement of Women Affairs offices, Women Association and Social and Labor Affairs Offices of the sub-city in concern. Personal observation, interview questions, questionnaires and official data have been used. And the findings indicate that women in peri-urban area are so negatively affected by the measures taken by the Government to curve the spread of the outbreak. So, serious during and post pandemic interventions are needed with legal and institutional frameworks which can address the issue sustainably.

1. Introduction

Six months have passed since a COVID 19 outbreak is declared in Ethiopia which is followed by measures and declarations by government bodies. The Tigray Regional State has declared a State of Emergency followed by later a national one by the Federal Government. Movements from place to the other have been hampered, schools closed, and business activities, especially small business closed. And it is feared that this may have unforeseen social, economic and health consequence during such periods of closures, and mainly in the post pandemic period. So there is series of interventions by all concerned to mitigate such impacts on all parts of the society, but mainly on women. Such mitigation measures should be well directed by public policy makers based on scientific information.

Background and Justification

A novel coronavirus disease (COVID-19) has spread rapidly around the world since it was first identified in January 2020 in the People’s Republic of China. Existing data from China and other countries with outbreaks suggest that COVID-19: transmits readily through person-to-person contact, likely respiratory droplets; causes death from severe respiratory illness in approximately 2 percent of infected persons; and may be transmitted by infected people who have no or minimal symptoms (FAO, 2020). Because no vaccine yet exists to prevent neither infection nor medication to cure infection, COVID-19 will likely spread rapidly in communities and healthcare facilities and cause severe illness and death. Although the case-fatality remains low, a high percentage of the African population could be infected in the next year, resulting in large number of deaths, particularly in people with advanced age and/or underlying illnesses and vulnerable parts of the community (EpiC, 2020).

Although the impact of the COVID-19 pandemic on short- and long-term is difficult to predict, particularly at this early juncture, some risk factors can be identified. Lessons from previous pandemics or global crises indicate that livelihoods of the poor could be rapidly and dramatically affected, particularly in fragile countries and, within them, the most vulnerable populations have a lot to lose (FAO, 2020). While cases are currently concentrated in Europe, East Asia, and the Americas, the COVID-19 pandemic now spans 183 countries. The potential impact in

¹ Associate professor of Political Science, Mekelle University, e-mail – yemane.zeray@mu.edu.et

² Associate professor of Political Science, Mekelle University, e-mail – seifeby1984@gmail.com

countries in the Caribbean, Africa, and Southern Asia, which may have lower-capacity health systems and large vulnerable populations, is still unknown (EpiC, 2020).

Africa's baseline vulnerability is high, given its relatively fragile health systems, concurrent epidemics of vaccine-preventable and other infectious diseases, inadequate water, sanitation, and hygiene infrastructure, population mobility, and susceptibility for social and political unrest during times of crisis (IRC, 2010).

Given that transmission throughout the continent is inevitable, all African countries including Ethiopia are taking various actions in delaying and diminishing the peak of outbreaks to help health systems better manage the surge of patients and communities better adapt to the disruption of social, cultural, and economic activities. Appropriate precautions and mitigation strategies are also developed and implemented across all public health sectors to prevent potentially devastating outcomes ((EpiC, 2020).

In line to these worldwide efforts, the National Government of Tigray has implemented successive 'state of emergency' decrees to lockdown cities and communities so as to curb the devastating effects of the infectious diseases before it apprehend the people and the national government. In such similar circumstances, different studies show that, the vulnerable communities of the society especially women are highly affected due to their lack of access for information, lack of access to health care services, and other vital assets to fight such pandemic. Though the major causes differ from place to place, pre-existing gender and intersectional inequalities often worsen during a crisis, including public health emergencies. Recognizing the extent to which disease outbreaks affect vulnerable communities such as women, girls, men and boys, people of different genders, and at-risk and marginalized groups in specific ways is fundamental to understanding the impacts of a health emergency in order to create effective, responsive, and equitable policies, preparedness plans, and responses (IRC, 2020).

Similar studies also showed that women, the elderly, adolescents, youth, and children, persons with disabilities, indigenous populations, refugees, migrants, and minorities experience the highest degree of socio-economic marginalization, and as a result they 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 these vulnerable and marginalized communities (IFRC, 2020).

Thus studies also confirm that these groups of communities 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 (Ibid).

Out of these groups of communities, this article tries to look at the negative implication of the epidemic and the resultant lockdown on one group – the vulnerable women. In our context, vulnerable women in Tigray in general, and in the proposed study area of Mekelle City in particular include those women who are sex workers, economically poor single women households, women whose livelihood depend on day-to-day engagement, etc. Due to the lockdown, we believe that, almost all their sources of income and livelihood are vanished, and they tend to be highly/negatively affected by the lockdown of the economy in the last months.

As such, studies on previous epidemics help us to illustrate the value of engaging with women when communicating about risks:

- Women are a disproportionate part of the health workforce.
- As primary caregivers to children, the elderly, and the ill, we must recognize and engage women in risk communication and community engagement.
- When we don't recognize gendered dynamics during outbreaks, we limit the effectiveness of risk communication efforts.
- Women's access to information on outbreaks and available services are severely constrained as community engagement teams are dominated by men.
- Tailoring community engagement interventions for gender, language, and local culture improves communities' uptake with interventions (IFRC, 2020).

2. Review of related literature

Since its first detection on March 2020, COVID-19 has been a serious agenda in Tigray region-where the study area is found- in particular and in Ethiopia in general. As a result, the regional government of Tigray region and Ethiopian Federal government have taken several measures including lockdown measures through declaration of state of emergency to mitigate or slow down the spread of the virus and thereby prevent or minimize its impacts on the economic, health and social lives of citizens. Despite the various measures in place, however, current trends indicate that the virus is likely to spread further and likely to have significant impacts on the economic (i.e., livelihoods, food security and nutrition), health and social lives of especially vulnerable women in peri-urban areas. Against this

backdrop, this section of the paper reviews pertinent literatures on socio-economic impacts of COVID-19 in the context of vulnerable group of communities in general and vulnerable women living in peri-urban areas in particular. The review particularly focuses on three issues namely: i) global and national/sub-national situation overview of COVID-19, ii) socio-economic impacts of COVID-19 on vulnerable communities in general and vulnerable women in particular, and iii) factors that explain women's vulnerability to COVID-19 induced socio-economic impacts.

2.1. Situation overview of COVID-19

2.1.1. Global situation overview

The novel corona virus (COVID-19), which first emerged in Wuhan, China in December 2019 and spread rapidly to other regions, was declared a public health emergency of international concern on 30th January, and global pandemic by WHO on 11th March. The outbreak has been so rapid that it has now spread to nearly every country in the world causing millions of cases and deaths. On September 21 it reached about 31,091,469; with 961,352 deaths (ECDPC, 2020). It is also now evident that the COVID-19 pandemic has caused severe global level socio-economic crisis to humanity, the magnitude of which is still not fully clear. The International Monetary Fund (IMF), for instance, estimated that the global economic output has decreased by 3% for the year 2020 due to the pandemic, signaling worst recession since the great depression (Regional Bureau Nairobi, 15 April 2020). OXFAM's most recent report also indicates that about half a billion people worldwide could be pushed into poverty due to COVID-19 (Ibid). In this regard, countries and communities with large informal sectors and limited social protection systems are expected to be hit the hardest, especially vulnerable groups like peri-urban women, casual labourers and employees of small and medium sized enterprises. COVID-19's socio-economic impacts are even more severe in some regions. The World Bank, for instance, discovered that the pandemic would create a severe food security crisis in the Sub-Saharan region due to an estimated 2.6 to 7% contraction of agricultural production and higher transaction costs induced decline in food imports of 13 to 25% (Ibid).

2.1.2. National (Ethiopia) and sub-national (Tigray) situation overview

COVID-19 reached Ethiopia and Tigray region relatively late. On 13 March, the first case of COVID-19 was confirmed in Ethiopia. During the following two days, the number of confirmed cases increased to 3. Yet, the country is currently facing the highest burden of COVID-19. Until the end of June (June 29, 2020), the total number of cases and deaths reported in Ethiopia are 5,846 and 103 respectively (COVID 19.et). Until the mentioned date, 250,604 tests have been done which is not to be enough with the number of population and the interactions the country have with the global world. But the recovery rate is somehow good, 2430 compared with the 103 deaths. So far, until September 20/2020, Ethiopia's total cases reached 68,820, while the recovery is 28,314, and 1096 deaths. Ethiopia has 4th status in Africa in the total cases, while it is not among the top 6 in the death rank which shows relatively good recovery rate. With regard to Tigray region, the total cases on September 20/2020 reached 5,433 but with very good recovery rate of 4,333, and with only 27 deaths (WORLDOMETER, 2020)

On 16 March, the federal government of Ethiopia began to take set of measures in response to the pandemic. The first measure taken was closure of all schools (public and private)-a measure that has significantly disrupted educational activities. Additional measures such as banning of public gatherings, transport and travel restrictions, quarantine measures, and social distancing and others safety measures have also been subsequently taken by the federal government though implemented in half hazard and piecemeal fashion. The government of Tigray national regional state on its part also took several measures in response to COVID-19. Unlike the federal government, however, the government of Tigray took the measures on the basis of a declaration of a state of emergency (Solomon, 4 April 2020). The measures include, among others, stay home and work from home orders, closure of all schools, banning of public gatherings, transport and travel restrictions, quarantine measures, social distancing and others safety measures and partial lockdown measures.

Despite the various measures in place, however, current trends indicate that the virus is likely to spread further and likely to have significant impacts on lives of the people of Ethiopia and Tigray especially the vulnerable communities. Several assessments have already been made on the political and politico-security impacts of COVID-19 in Ethiopia. For instance, COVID-19's impact on the 2020 national election of Ethiopia (which is postponed/deferred as a result), the constitutional and legal system of Ethiopia, the federal government-regional government relations and consequently the Ethiopian federation and even on the future fate of the country itself have been well discussed (see, for instance, Solomon, 4 April 2020; Bantayehu, 10 April 2020; Adem, 14 April 2020). Yet, the socio-economic impacts of COVID-19 in the country and its regions have not been given due attention. It is thus imperative to assess the socio-economic impacts of the various measures put in place due to COVID-19 in the context of vulnerable peri-urban women.

According to UNICEF Ethiopia, the current COVID-19 crisis is challenging the delivery of essential services to the most affected segments of the population. Children and families who are already vulnerable due to socio-economic exclusion or those who live in overcrowded settings are particularly at risk. Children may be

disproportionately affected by measures taken to control the outbreak, such as school closures and physical distancing measures. So, special attention needs to be paid to prevent and minimize negative consequences for children as much as possible. Related with this, rural populations and the poorest households are the most disadvantaged in terms of sanitation, and deprivation in sanitation is one of the largest contributors to multidimensional child deprivation in Ethiopia. Among all children, the rate of deprivation of this basic right is 89 percent, with children in rural areas being much more deprived than children in urban areas (94 percent and 53 percent, respectively). (UNICEF, 2020).

On economic terms the pandemic is to worsen the already in crisis economic situation. In his recent study on the social and economic impact of COVID-19 in Ethiopia, Alemayehu Geda noted that GDP may contract by 11.2 percent in 2020/21 fiscal year (that runs from July, 2020- June 2021) if the economic effect of the virus lasts till the end of 2020. In the best-case scenario of the effect of the virus being limited to the first quarter of the next Ethiopian fiscal year 2020/21, the GDP may contract by 5.6 percent, instead. In the worst-case scenario of the effect hanging around for the coming three quarters, the decline in growth could be as high as 16.7 percent. In the same study, the service sector is, on average, forecasted to contract by about 15.6 percent (Alemayehu, 2020)

In the context of Mekelle city- the study area- the vulnerable peri-urban women include sex workers, poor household head women, young girls who work in micro and small enterprises, house maid girls or women, girls or women who are daily labourers ...etc. Following the COVID-19 induced measures, almost all sources of income and livelihood for these groups of women are vanished and hence they are hit the hardest by the pandemic.

2.2. Socio-economic impacts of COVID-19

Although the impact of the COVID-19 pandemic in the long run is difficult to predict, particularly at the early juncture, some risk factors can be identified. Lessons from previous pandemics or global crises indicate that livelihoods of the poor could be rapidly and dramatically affected, particularly in fragile countries and, within them, the most vulnerable populations have a lot to lose (FAO, 2020).

Recent studies show that vulnerable communities especially women are highly affected at the time of pandemic crisis due to their lack of access for information, to health care services, and other vital assets to fight the pandemic. Similarly, the COVID-19 outbreak is predicted to have significant impacts on these vulnerable and marginalized communities (IFRC, 2020). In this regard, some studies particularly show that the group of communities most at risk due to COVID-19 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 those that have limited or no access to technologies (Ibid). Studies on previous epidemics also show that women bear utmost risks at the time of crisis like the COVID-19 pandemic due to several interlinked reasons: they are, among other things, a disproportionate part of the health workforce and also primary caregivers to children, the elderly, and the ill (IFRC, 2020).

Given Africa's high baseline vulnerability, its relatively fragile health systems, its inadequate water, sanitation, and hygiene infrastructure and its susceptibility for social and political unrest during times of crisis (IRC, 2010), therefore, recognizing the extent to which vulnerable communities particularly women are affected is fundamental to critically understand the severe socio-economic impacts of COVID-19 and thereby create effective policies, preparedness plans, and responses. Against this general background, the following categories of impacts of COVID-19 can thus be identified.

2.2.1. Social impacts of COVID-19

Most studies have emphasized on four issues to study the social impacts of Covid 19 on vulnerable women (Plan International, 2020; Sanchez, Rodriguez and Gralki, 2020). These are: education, health, child protection and Gender Based Violence (GBV).

COVID-19 and education: Out of the total population of students enrolled in education globally, UNESCO estimates that over 89% are currently out of school because of COVID-19 closures. This represents 1.54 billion children and youth enrolled in school or university, including nearly 743 million girls. And, according to Plan International's (2020) report, COVID-19 forced 743 million girls out of school in 185 countries causing a rising drop-out rates that disproportionately affect adolescent girls by exacerbating gender gaps in education and the economic, political, cultural and psychological gaps that could be drawn therefrom.

COVID-19 and health: 'Periods Don't Stop for Pandemics' says Menstrual Equity Activist amid COVID-19 Outbreak (Sanchez, Rodriguez and Gralki, 2020). Evidences from past epidemics also indicate that healthcare resources are often diverted from routine health services with the effect of reducing the already limited access of many girls and young women to sexual and reproductive health services, as well as maternal, new-born and child health services. The challenges in accessing sexual and reproductive health information services-including contraception, safe abortion and HIV medications- are also in turn exacerbating the risks to girls' and women's health and lives (Plan International, 2020).

COVID-19 and child protection: Pandemics increase girls' and young women's (especially those from marginalized communities and with disabilities) duties caring for siblings who are out of school and also elderly and ill family members which then make them particularly affected (Ibid).

COVID-19 and Gender Based Violence (GBV): Quarantine measures imposed as a response to the COVID-19 pandemic are putting girls and women at heightened risk of violence in the home and cutting them off from essential protection services and social networks. Emerging evidence from the COVID-19 response also shows an increase in violence, especially domestic violence and abuse against women and girls driven by tensions in the household related to isolation, food and financial insecurity, and to the closure of schools (CARE, 2020; IASC, 2020). The United Nations Educational, Scientific and Cultural Organization (UNESCO) estimates that 1.52 billion school students (87 percent of enrolled school-age children) and more than 60 million teachers are now at home because of COVID-19 school closures (UN Women, 2020). Vulnerable women and girls have fewer opportunities to access support services and essential healthcare because of the reduced availability of legal, social and policing structures especially in peri-urban areas. Food scarcity and restricted movement may also force women and girls into transactional sex and other forms of sexual exploitation. On another note, past experience shows that gender-based violence often goes substantially underreported and inadequately addressed during a crisis. For example, during the West Africa Ebola virus disease outbreak from 2013–2015, gender-based violence increased and victims were often uncounted and overlooked as these issues were largely overlooked during the response, leaving women highly vulnerable (Korkoyah and Wreh, 2015).

Overall, thus, most of the measures which governments are taking (especially those without support schemes) in response to COVID-19 are tremendously affecting the social life of vulnerable women in a particularly severe way. Especially measures such as the closure of small businesses, movements and schools are putting their social life at risk.

2.2.2. Economic impacts of COVID-19

The study of economic impacts of COVID-19 on vulnerable women also usually emphasizes on three issues. These are: economic security, economic wellbeing and gender inequality.

COVID-19 and economic security: economic security usually captures two important indicators- access to basic needs (food security, housing security...etc) and employment/job/income security. In lieu of this, studies show that measures taken to contain COVID-19 are exerting negative and gender-differentiated impacts on all dimensions of food security and nutrition, through reduced food production and distribution capacities, decreased purchasing power and diminished access to nutritious food (CFS, 2020). Moreover, women are suffering a lot from COVID-19 induced loss of jobs and incomes because of their engagement in informal and precarious employments that are highly vulnerable during an economic downturn (IASC, 2020). These types of jobs do not guarantee institutional safeguards such as social insurance, pension or health insurance, leaving women unprotected in cases of illness or unemployment. The economic impacts of COVID-19 are also particularly felt by women and girls with disabilities, who generally earn less, save less and are more likely to live in poverty than are able-bodied women and men. Due to COVID-19 women are also constrained in getting access to social assistance such as cash transfers and public works as a result of mobility constraints and limited access to information on such schemes (FAO, 2018).

COVID-19 and economic wellbeing: studies indicate that measures taken in response to COVID-19 have severely compromised women's economic empowerment by hindering them engaging in economic activities as farmers, processors, traders and workers. Put differently, since they have access to fewer productive inputs, markets, services such as finance, extension and information, women's food and crop production declined and their retail trade and businesses collapsed, especially those who specialized in perishable goods (Korkoyah and Wreh, 2015). This in turn has resulted in the decline of their income, selling of their assets in order to buy food and other necessities and thereby reduction of their resilience and future productivity (Quisumbing, Kumar and Behrman, 2017).

Lockdowns also undermine linkages between poor producers in rural areas and peri-urban and urban markets, affecting the income of producers. These rural–urban linkages, mainly dominated by women traders, are often unaccounted for in times of crisis and are overlooked by formal government support. For example, restrictions on the movement of goods and people during the 2014–2016 outbreak of Ebola virus disease in West Africa hampered women's trading activities, affecting trade both across borders and between communities (Korkoyah and Wreh, 2015; Kapur, 2020). These restrictions also limited the ability of women farmers to cultivate their land and engage in other agricultural activities. As a result, women were unable to pay back loans from village savings and loan associations, with negative implications for their livelihoods (UNDG, 2015; CARE, 2020).

COVID-19 and gender inequality: gender economic inequality is another severe impact which generated and imposed by COVID-19 on women and it has two components-women's work burden and income/wealth inequality. There is a risk that the COVID-19 pandemic will further increase women's work burden because of the increased number of people staying at home during quarantine and/or increased demands of caring for sick family members (UN Women, 2020). Women who provide care to household members with disabilities can be particularly affected.

Access to healthcare facilities can also be more problematic for rural women living with disabilities and those who are pregnant and need maternal healthcare given that healthcare facilities are likely to be swamped. Many women are expected to work longer hours, juggling domestic responsibilities with productive work. School closures have a disproportionate impact on women who are responsible for out-of-school children. Furthermore, rural girls will likely work longer hours than boys because of having to take over part of their mothers' domestic housework and caregiving duties (IFAD, 2019). On the other hand, there is also a risk that the COVID-19 pandemic might further widen the income/wealth gap that currently exists between men and women globally, nationally and locally. Since they face greater constraints than men in accessing productive resources, services, technologies, markets, financial assets and local institutions which are crucial to enhance income-generating economic opportunities and capacities, women will have a disproportionately unequal income/wealth and hence living standard compared to their men counterparts when the effects of the COVID-19 pandemic is also added (FAO, 15 May 2020).

2.3. Factors that explain women's vulnerability

From the above discussions, it can be established that women have high degree of vulnerability to COVID-19 induced socio-economic impacts. The question thus remains: what explains this? Most studies identify two factors in this regard (for instance, CARE and IRC, 2020; IASC, 2018). These are: heavy dependence on informal economy and having less decision-making and leadership role in public policies:

Heavy dependence on informal economy: According to UN Secretary-General António Guterres' (9 April 2020) report, 'nearly 60 percent of women around the world work in the informal economy, earning less, saving less, and at greater risk of falling into poverty and thus millions of women's jobs have disappeared as markets fall and businesses close'. The situation is even worse in some regions of the planet such as the Sub Saharan Africa where women's dependence on informal economy (i.e. seasonal jobs, fishing, pastoralism, rearing animals, house maids...etc) is extremely high and also women were already struggling with sever food insecurity due to pre-existing shocks or crises even before the COVID-19 hit. Therefore, taking in to account the majority of women in the world are living in areas prone to shocks and also the fact that they often assume a distinct role as primary care givers to other vulnerable groups (elders, children, ill people ...etc), the degree of vulnerability of women to COVID-19 induced socio-economic shocks is very obvious to figure out. It is huge and devastating.

Having less decision-making and leadership role in public policies: Women and their organizations are often excluded from decision-making and leadership roles in public polices including on policy responses to COVID-19. This is so despite the fact that participation of women in decision-making is crucial to ensure that their specific priorities are considered while developing policies and programs. In this regard, a recent global rapid gender analysis on COVID19 found that most decision-making bodies established in response to the pandemic are dominated by men (CARE and IRC, 2020). In fact, women and their organizations are also often excluded from community-level decision making and governance structures that shape the response strategies during humanitarian crises (IASC, 2018). Due to their limited decision-making power, women are thus lacking the capacity to meet basic needs of their families, access health services and earn an income during the COVID-19 pandemic.

3. The Situation in Mekelle City: The Peri-urban Women

Mekelle City is the capital of Tigray Regional State with an estimated population of around half a million in 2020 (populationstat.com). As per the information from the Ethiopian Red Cross Tigray Brach which covers the ambulance service for the whole city the population in 2019, is recorded 472,469 which is closed to the information provided by the population stat.

The population situation in Mekelle City Administration with Sub-cities and Tabias/local provinces (which are the lowest local government levels) under them can be seen in the following table with population numbers and diversification of Urban-rural situation.

s.no	Sub city	Tabia/local province	Family heads	Total population	Urban /Rural status
1.	Adi haki	Debre Genet	3149	7,016	Urban
		Tsinat Weyane	3909	19,199	Urban
		Hidase	5601	14,007	Urban
		Hayelom	1963	8,639	Urban
		Amora	2092	21,346	Partially Rural
		May Anbesa	1697	10,067	Rural
		Total Population			80,274
2	Ayder	Sertse	2230	12,113	Urban
		Ginbot 20	2487	26,347	Urban

		Marta	3279	21,508	Urban
		Adiha	6980	25,750	Partially Rural
		Maydehan	3784	11,855	Rural
		Total Population		97,573	
3	Hadinet	Simret	8091	27,273	Urban
		Werei	4732	15,946	Urban
		Aynalem	4385	14,728	Rural with new urban settlements
		Metkel	4654	15,686	Urban
		Debri	3720	12,538	Rural
		Total Population		86,171	
4	Semien	Meles	11247	45,367	Urban
		Dedebit	2245	17,551	Urban
		Industry	2412	8,194	Urban
		Mesfin	3501	11,585	Urban
		Yekatit	4335	13,893	Urban
		Maymekden	2569	12,306	Rural
		Total Population		108,842	
5	Hawelti	Adishimduhun	7577	33,341	Urban
		Hidase	7341	32,303	Urban
		Momona	6155	27,079	Urban
		Hayelom	3976	17,494	Urban
		Selam	2928	12,882	Urban
		Mayalem	1376	8,934	Rural
		Total Population		94,954	
6	Kuha	Abraha	3901	16,049	Urban
		Asmelash	3047	12,531	Urban
		Shibta	2741	11,278	Rural
		Maytsedo	2615	10,755	Rural
		Total Population		50,613	
7	Kedamay Weyane	4 Tabias	7799	34,316	All urban and business area for it is in the city center
		City level Total Population		472,469	

Source: Ethiopian Red Cross Ambulance service centers

Regional officials in Tigray declared a 15-day state of emergency in the region on Thursday, March 26, to prevent further spread of coronavirus (COVID-19). Under the state of emergency, all travel within Tigray is prohibited. Social activities, such as weddings and festivities with large gatherings are banned. Markets will also be closed. On Monday, March 23, all land borders across the country were closed and all non-essential inbound and outbound traffic and travel is prohibited. Schools, bars, nightclubs, and other large gatherings are also banned and security forces have been deployed to enforce the regulations. All passengers arriving in Ethiopia are subject a to a mandatory 14-day quarantine at their own expense in selected hotels in Addis Ababa. Individuals with onwads tickets are exempt for quarantine. (Gardaworld, March 2020)

On April 23, Tigray region authorities announced the extensions of the state of emergency but with some relaxations. While, the mandatory 14 days of quarantine for arrivals outside of the region, including by air transport, remain in place, movement within one Woreda (District) was allowed. Beside this, restaurants and cafeterias can give a take away service which is not usual in the region for cultural reasons. (Gardaworld, April 2020).

Such closures and bans of movements have seriously affected so much part of the people both in economic and social ways. According to Dr. Yetimwork, head of Bureau of Women Affairs of Tigray Region, women are the most vulnerable ones during the total closures and even after some relaxations measures. Out of the estimated 250,000 females of all ages in Mekelle City, about 80,000 are in either in rural areas of the city or involving in urban small business. Out of such number, about 65,749 are members of development teams which is supervised and supported by the government at local levels.

By the assessment done both by the Bureau of Women Affairs and Bureau of Labour and Social Affairs of the region in collaboration with the city administration, small business and the informal economic activities are the most affected area. According to W/ro Nigisti, Deputy Head of Bureau of Labour and Social Affairs of the region, much of the informal and small business sector are covered by women. Those women, for various economic reasons are and live in the surrounding rural areas. Even those who come from far areas prefer to reside not in the centers which are expensive to get house rent, but in the peri-urban areas. These peri-urban rural areas cover 10 tabia out of the 36 tabias the city has. In terms of population, those areas cover about 139,602.

Small and micro businesses participations at Mekelle City

	Area/sector	Sex		Total
		Male	Female	
1	Manufacturing	1474	520	1994
2	Urban Agriculture	2054	1025	3079
3	Construction	976	250	1226
4	Service	2349	3900	6249
5	Trade and open markets	3579	4666	8245
6	Informal/unregistered	3000	3992	6992
Total Sum				27,785

Source: Mekelle City Social Affairs Office small business team

Though the infection rate increasing in the country in recent weeks, compared with the other major cities the situation in Mekelle is still low, standing at 24.³ But still some of the legal restrictions in place, and the about two month serious restrictions and bans of transport have hampered the women in small and informal business sectors. In the mentioned peri-urban and rural Tabias, much of the earn life by production and sale of Vegetables, Milk and milk products, chicken and egg, firewood and so on. According to one informant, W/ro (Mrs) Hiwot, who sale vegetables, the problem is in two ways, one is the ban on transport (which is now relaxed) and ban on periodical open market which many parts of the people usually get relatively cheap food items.

Similar complaint was presented by Mr. Goitom Redae who live by sailing dairy productions mainly milk to the city restaurants. But due to both closures of the restaurants and ban of transport, he could not deliver the items and got loses. This is a similar one with what Hannah Itcovitz (2020) has stated:

..farmers have being converting milk into butter due to households choosing non-perishable goods over milk, resulting in a significant decline in the price of butter. Dairy feed prices are estimated at 40% high than before the crisis. Additional constraints have arisen through many labourers not working or demanding up to 40% higher wages over the last month, and restrictions in travel, with transport costs up by 15%.

Such restrictions and closures do not only have negative impact on the peri-urban and rural residents, but the urban poor also cannot get the items in relatively cheap price. So, according to the Regional Bureau of labour and Social Affairs, about 67,110 economically deprived part of the society of which more than 70% are female were given food and non-food (dominantly hygienic materials like soap and sanitizer) were given in a form of aid.

An informant in the construction sector, Mr. Tesfay Asmelash explained that the peri-urban women are the one who mainly works as daily laborers in the construction sector. With such ban on transport, they could not easily come to work. With closures of Coffee houses, bars, restaurants and game zones, those who were working mainly as contract and daily laborers as with janitorial and other jobs fail in a problem.

With social sector it is observed that many girls have been forced to stay home with such closures. Especially schools and College closures have exacerbated the situation. There are about 10,000 female students attending in the city from these areas in Colleges and High schools according to Education office of the city. With such interruption, as per the city social affairs office many are being forced to get early marriage and signs of rape are also being reported to make the gender based violence worse.

With the health sector, because of the efforts to easily identify and collect people with COVID symptoms, half of the Ambulances are reserved for such propose. Out of the 13 Ambulances under the Red

³ On June 2020, the case for Adiss Ababa was 3932, and with smaller populations like Jigjiga 82 and Dire Dawa 55

Cross in the city, 7 (One for each sub-city) have been reserved as stand by which forced the Ambulance center to cover other health service mainly mothers delivery by only 6 Ambulances which is not enough in terms of geographic and case coverage.

For the region has been a war torn and poverty prone area, there are lots of disabled people where women take the majority. An assessment by the regional social affairs bureau stated that there are more than 150,000 disabled (majority of which are war victims) region wide. Those the exact number in and around the city is not indicated, there are lots of disabled people who earn their life in peri-urban agricultural production. These people prefer the rural areas not only for involvement in the agricultural sector, but life relatively (for instant getting cheap house rent) is easy there.

In conclusion, this article maintains that the socio-economic impacts of COVID19 can be fully grasped and effective policy responses to contain it be sought by adopting a multi-sectoral and gender-differentiated approach to study the pandemic. Accordingly, the article assessed the impact of COVID19 on vulnerable Peri-urban women of Mekelle city in Tigray region by taking in to account several indicators in social and economic life- education, health, child protection, gender based violence, forced marriage, economic security, economic well being and gender economic (in-) equality. Much of the finding show that the problems are enduring and need measures not only during pandemic situation but also post pandemic periods.

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