

**Community Perceptions, and Challenges towards Preventing COVID-19
Pandemic in Arsi and East Shoa Zones, Oromia Regional State**

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Abstract

COVID_19 virus become unprecedented pandemic disease after WHO declared it globally since its outbreak. In Ethiopia, the first COVID-19 case was reported on March 13, 2020. To control the spread of coronavirus, Ethiopia had declared state of emergence since the inborn of COVID-19. Then, the established taskforce has implemented initial prevention and mitigation measures. Awareness creation campaign was undertaken through mass and screaming media by professional health workers. This study was aimed to identify the level of Community perception, challenges and prevention mechanisms of COVID-19 pandemic disease in Arsi Zone, Oromia Regional State. The study was undertaken from 05-18/05/2020. Research teams from college of social science and humanities, Arsi University has undertaken descriptive qualitative study using semi structured

interview and participatory observation after purposefully identifying the informants to assess community's knowledge, attitudes and practices at existing campaigning sessions about COVID-19 virus. The study revealed that communities has positive perception about transmitting and prevention mechanism of COVID_19, but their attitudes and practices of applying recommended prevention mechanisms were inconsistent and irrelevant. Besides, established taskforces for COVID-19 to apply and supervise health emergency state. Therefore, though the campaign has contributed a lot in creating about awareness of COVID-19 transmitting and prevention mechanism, communities and taskforces were irresponsible to apply recommended measurements by WHO,EPHI and MoE. Accordingly, concerning bodies should have to recognize new campaign mechanisms and strictly supervise the implementations recommended prevention mechanisms by health emergence taskforces

Keywords, COVID-19, Campaign, knowledge, attitude and practices, Arsi Zone

1. Introduction

COVID-19, a virus causing respiratory disease, has swiftly influenced governments, economic system, social interactions and norms, as well as public health system since its emergence in December 2019. Since the emergence of the disease, countries at national and international level responded declaring public health emergency and adopting extra-ordinary measures to prevent the contagion and limit the outbreak. If exceptional measures stated above are not taken and implemented well, impoverished countries like Ethiopia will observe at the worsening of monetary and multidimensional poverty on top of health crisis. Global estimates hint that a 1% lower growth in the global economy would translate to between 14

million and 22 million more people living in extreme poverty (International Food Policy Research Institute, 2020 as cited in UNICEF Ethiopia, 2020). The United Nations Economic Commission for Africa has estimated that due to the COVID-19 crisis 48 % fewer people could be lifted out of poverty in the continent (UNICEF Ethiopia, 2020).

Knowing the severity and danger associated with the disease, countries face different scenarios, requiring a tailored response depending on whether countries have no cases; sporadic cases; clusters; or community transmission (UN, 2020). Many countries can still act decisively through effective physical distancing, including quarantines, isolation and even lockdowns, testing and contact tracing to limit the further spread, and quickly suppress the transmission of COVID-19.

By March 2020, the WHO detected community transmission in some African countries and the risk to spreading coronavirus is due in large part to deep challenges in practicing social distancing and frequent handwashing in settings of high population density and lack of running water, as well as the non-specific symptoms of COVID-19 that make it difficult to differentiate from endemic illnesses such as malaria and influenza. Global health experts and African governments have expressed concern about the spread of COVID-19 and potential for more than 2 million deaths in sub-Saharan Africa if no action is taken (Walker et al, 2020).

In response to the pandemic, Ethiopia has been and is taking several precautionary measures in controlling and preventing the disease. Precautionary measures like school closure, quarantining people with history of foreign travel or who are suspected of contracting the disease, ceasing gatherings, maintaining social distance, and facilitating ways of working

from home for some government employees are the ones so far implemented in Ethiopia. The country has also declared state of health emergency in order to control the disease (National Report, Ethiopia, 1st Bulletin COVID_19/2020).

Once an outbreak has entered the community transmission phase (as data from various countries indicate), it can double in scale every 3 to 5 days. This means disease at community transmission phase is spreading exponentially in many places and societies are in turmoil and economies are in nose-diving. Though not yet confirmed, there are signs that COVID-19 is about to enter community transmission phase as one may witness from ministry of health May 3, 2020 report in Ethiopia. The two cases reported on May 3, 2020 from Silte and Batu are indicative signs for community transmission phase (MoH,2020).

If the disease at this crucial farming season enters into community transmission phase, it will have devastating effect on the already challenged food security status of Ethiopia. Many perceive as the disease is more harming urban and give little attention to rural areas. The perceptions emanate from physical distance, relative isolation and lower population density and one's own production of food that rural people are characterized by. But, according to Food and Agricultural Organization (2020), in terms of the direct impact of COVID-19, as the contagion spreads rural areas are particularly vulnerable to suffering severe impact from the pandemic and the ensuing economic contraction. Given the interconnected nature of most rural spaces, this vulnerability has important implications for the broader food system and urban food security.

The most severe part of the pandemic is its direct effect on social network. In crises period, our people turn for help first to their social network. Research in several countries including Ethiopia shows that social connectedness is the main (in some cases, perhaps the only) source of help that ordinary people have when caught in a crisis (Maxwell, Kim and Robillard, 2020). Assistance from these networks includes food, shelter, money or credit, forms of employment, emotional support and information or advice. People used to rely on their relatives, neighbors and friends, informal livelihood, and community groups in times of need. But, COVID-19 will affect people's ability to forge social network and maintain existing ones. At this critical time, our previously existing network might be liability for our society if proper precautionary measures are taken into account.

Our societies are performing many ritual activities collectively. Ethiopian People in most of the case need to take public transport and mingle with other passengers in often packed buses or trucks, and move in crowded and market places. Weddings, funeral ceremonies, spiritual services, assemble of extended families, idir, Ikub, debo/Jigi(social supporting packages) and so many related things are communal handled. As indicated in the aforementioned statement, communal life is a matter of culture and survival among our society and the communitarian living and embedded interdependence will challenge the fight against the disease. The highly contagious nature and ravaging effects of COVID-19 makes social distancing an inevitable part of our lives where we are expected to adjust ourselves as per the guideline and advices given by health professionals.

In Ethiopia, there were documented and undocumented stories of the occurrences of epidemic diseases. Chroniclers and western/Arab missionaries and travelers documented the outbreak of epidemic disease at early,

medieval and modern Ethiopian history. Among well-known epidemic diseases in the country were Typhus, Small pox, influenza and Cholera. According to the sources, the aforementioned epidemic diseases killed thousands of lives in the country (Pankhurst,1961).

In response to the outbreaks, Ethiopian people had practiced preventive and cure methods of handling the spreads of the diseases. According to the study of Pankhurst titled as ‘the history and traditional treatment of smallpox in Ethiopia’, Ethiopians used to practice indigenous knowledge’s and experiences in minimizing the outbreak of Smallpox in varies communities. The travelers of the nineteenth century, who are much more numerous and informative than those of earlier times revealed that at least half a dozen major smallpox epidemics occurred between 1810-1890 (Pankhurst ,1961).

In different part of the country, until modern smallpox vaccine reached the country during the second half of 19th C, indigenous attempts were made to prevent and cure the disease. According to some sources in Ethiopia past experiences were leaving areas where the disease occurred for the higher and more health province, restricting movement of people from place to place, isolation and the patient would not be allowed to receive visitors as well until get fully recovered from the disease (Ibid).

2. Significance of the Study

This study was hoped to have an overarching importance for the public by scrutinizing its actual challenges in implementing the public health and social measures in fighting COVID-19. The study is also geared to have significant contribution in exploring societal perceptions and response towards the pandemic i.e. COVID-19. At the end, the assessment and the professionals’ critics forward the best way of handling the case. By doing so,

appropriates socio-cultural and legal measures will be undertaken involving all the stakeholders and the community.

3. Objectives of the Study

The objective of this study is to critically analyze community perceptions, challenges and ways forward in combating COVID-19 in Arsi Zone of Oromia State-Ethiopia.

4. Materials and Methods

This Rapid Rural Appraisal (RRA) form of observational assessment was conducted in Oromia State, Arsi Zone. The assessment covered Arsi Zone woredas namely Merti, Dodota, Sire, Bolo, Arsi- Robe, Lode Hetosa, Hetosa and Tiyo-Asella. On the way to these woredas, the project addressed some East Shoa Woredas/city to be precise Adama, Olinchiti, Bole & Awash-Malkasa. The project was mainly conducted through documentary review, field observations and in-depth interview. The techniques used were note taking, interview, photograph, video and audio recording. Based on WHO and MOH recommendations, the checklists were developed to observe communities practices against health emergency state as mechanisms of preventing the spread of COVID-19 pandemic disease before field observations. A purposive sampling approach was applied to get interview with elders, young groups and Kebele security forces with the intention to obtain the richest possible sources of information. Collected information was analyzed and interpreted.

5. Results and Discussions of the Study

The study team conducted intensive field work in order to analyze critically about the pandemic and people's awareness and reactions to ward it. It is

undeniable fact that field reports are most often assigned in disciplines of the applied social sciences to build a bridge of relevancy between the theoretical concepts and the practices actually done. The team systematically observed and accurately recorded the varying aspects of society's situations in the context of COVID-19 prevention. The techniques used as already stated in the preceded section were note taking, interview, photograph, video and audio recording. Systematic observations were made using pre-developed checklist.

To evaluate the overall contemporary societal awareness level and implementation about COVID-19, the team made intensive and extensive field trips for five times from 08/-15/05/2020. In the first day, the team started the trip to observe, interview and conduct FDG at various small towns and PAs under East Shewa and Arsi Zones respectively. In east Shewa Zone, it is very well noticed that people maintain their physical distance while they are on farming and other related activities in various woredas such as PAs around Adama city, Nuraa Heeraa and MertiAchamo PA and etc. On contrary, according to data which the team gathered through interview and observation at Doonii and Awaash towns, it is at worst position to contract the plague. This is to mean that, life goes on as usual despite of COVID-19 pandemic. Geographically, the field observations were performed at some woredas in Arsi zone and proximate places to this area from East Shewa Zone. Zone.

Figure 2: Farmers on their duty near OolanCitii town.

Figure 2, depicted below is photograph taken from upper Awash Agro-industry and the study team attempted to make observation as well as interview at site where workers are picking Mango from field. According to the workers in the farm, they don't have enough information about corona virus pandemic disease. The workers also stated as they don't have any protective materials such as mask, sanitizer, water and soap at the entrances and exit of farmlands. The team also noticed as many workers gathered at the gate of one of this farmland without maintaining their physical distance.



Figure 2: Workers on duty near upper Awash Agro Industry and on their way to spray Orange plantation in MertiAchamo PA

6.2. Public awareness and apathy toward COVID-19

While on field trip in Bole town of East Shewa Zone, the team gathered data via structured and unstructured interview from various individuals such as youngster, elders and woman to test and verify their status of awareness and implementation. According to these informants, almost all people in their vicinity have some knowledge what the disease is all about, its ways of transmission and ways of prevention. The study team has got an opportunity of knowing as yet the public is not experiencing frustration and over

exaggerations about the pandemic and here is the summary of interview response. But, here very important point that the team observed during their trip and also stressed by all informants was the problem of apathetic. Almost all of the interviewed persons witnessed that the public was over reluctant in taking precautionary measures against the disease. Knowing the seriousness of the disease, most of them turned on their deaf ear and continue their usual way of life before the outbreak of COVID-19. The study also depicted that the information seeking behavior of the public was at an infant stage. In relation to the information seeking behavior of the public, the interest of the public toward seeking information about the pandemic was at an infant stage.

Even though the government declared state of emergency to limit the basic rights of human being to halt the transmission of the disease, the team didn't observe any security apparatus that assigned to enforce the law except more than ten military forces crammed on their small car patrolling at Bole town, East Shoa Zone. In addition to this, the team observed the big cattle market, Bank, restaurants, petty traders, tele, religious sites such mosques and churches, availability of protective items such as sanitizer, water, soap and alcohol at Bole town to validate the data that they gathered through interview from some informants about the town and its buffer zones. Surprisingly, the market was hot like usual time without maintaining their physical distance and use materials such as mask to cover they face. By the same token, many people stranded at the gate of Commercial Bank of Ethiopia in the same way as usually. In this town, in spite of the precautions about the disease, lives were silently continuing going on in the same rhythm at petty traders, khat venders, restaurants, motorcycle, cart transportation.



Figure 3: Cattle market at Bole town (East Shewa Zone)

Like Bole town and its outskirts, the team also visited Abboomsaa town to conduct observation about the pandemic disease. At this town the team went around various parts of the town and observed each pocket of the town with encouraging endeavor to prevent the disease. Among such feats, there are water, soap, alcohol and ropes were tied in front of shops to keep customers social distance. This may imply that, at the beginning everyone began to practice the advice of health workers, volunteers and other government bodies that engaged in playing their part in awareness rising campaigns. But, these days it seems that everything was rewind to the state after the outbreak of COVID-19. Likewise, the team observed the same problem related to market places overcrowding at Bulbulaa (the former Boolloo) town and JimaataLoodee. As we have discussed earlier, in addition to observation the team conducted interview and FDG for the purpose of data triangulation at both towns.

For instance, at Bulbulaa (Boolloo) town, the team intensively conducts FDG with farmers, town dwellers and health officer about COVID-19. All of them agreed that they have knowledge about the disease such as its symptoms, ways of transmissions and preventions which is in contrary with what the

team practically observed everywhere in the town such as on the street, at market place, on motorcycle and cart and etc. According to those informants, people developed the sense of apathy because there was no anyone in their tow and rural areas that contracted the disease yet. By the same token, community elders that the team conducted one FDG consisting four members with them at Diksiis and JimaataLoodee towns also assured the same idea as to why most people less concerned with the pandemic that costs lives of human beings.

The main point of apathetic in all areas the team interviewed and conduct FDG with various parts of the societies such as women, community elders, youth and health professionals is that there is no COVID-19 case seen in their vicinity yet. It is obvious that Ethiopian government has imposed a five-month State of Emergency in the wake of efforts to curb the spread of COVID-19. But, the team witnessed that there were no any security forces that assigned to enforce law in spite of declaration of state of emergency.

Another perilous scene which the team observed at Jimaata Loodee town was that public transport let alone keeping social distance they were overloaded even more than the capacity of the bus that put the safety of traveler at stake. This clearly violates the rules the states passengers should keep their physical distances while they sit in bus or vehicles during day light. When they violate rules set out by government to safeguard the wellbeing of the society, the team never noticed any traffic policy or militia that oversees the situation in the town. Moreover, people never keep or maintain their physical distance at the entrance of and exit while using this bus. Such acts are pave way to the alarmingly spread of pandemic disease. According to informants, in addition to overloading more than the limit set

by government to halt the transmission of Corona virus, they forced to the passengers pay 30.00 birr from JimaataLoodee to Diksis which was completely wrong. This was simply to say, people was get hurt by easily subjected to disease and financially exploited. In addition to that point we have discussed above concerning the problems related to transportation, the team observed that there were serious problems that should be intervened promptly to curb the spread of the disease



Figure 4: Four people loaded on motorcycle, carts and tractor observed on the outskirts of Arsi Zone.

The team were performed in depth assessments at the place where geographically identified in line with World health organization and Ethiopia Ministry of Health recommendations on the issues related to COVID-19 for remedial actions. The team In addition to collecting data via interview, FDG and observation, The guidelines include operational and communication preparation (awareness creation campaign), improving disinfecting and hygiene practices, social distancing strategies (on street, Bank, Tele, Kebele, bus stations, market or CBD areas (petty traders, barber, shoeshine, traditional coffee sellers, restaurants, bars, groceries, mill houses, khat vendors), health center, farm site, funeral ceremony, marriage

ceremony, church or mosque), personal protective equipment like soap, sanitizer alcohol etc.

The evidence from the observed areas shows Government, NGOs and individuals were advocated and ordered operational and communication activities at different parts of woredas and towns at the beginning of COVID-19 outbreak in Ethiopia. According to the interview made with elders and other groups the community has better understanding on the issues of COVID-19 and its ways of transmission and prevention mechanisms. In addition to the awareness creation campaigns made, the community gave recognition for the contribution of Telecommunication applications and message pass to them through their own cell-phone.

However, the paradox is on its practicality during their daily activities. The field visit gave the teams an opportunity to see the various real events regarding the society's safety and security against COVID-19 protection. The team observed a number of serious cases and scenarios during field work especially at cattle market at Boolee town, Upper Awash Agro-industry, market areas at Bulbulaa (Booloo), Robe, Jimata Loodee, people overcrowded in the bus with ORO-Code and at the entrance and exit on the bus, more than five people travel on cart and 4 on motorcycle, people gathered to fetch sugar and oil at Sire as presented on photos below as a concrete evidence. Based on the study findings at two zones(Arsi and East Shoa Zone),the following chart shows the hierarchical order of the places where physical distancing is not properly observed.

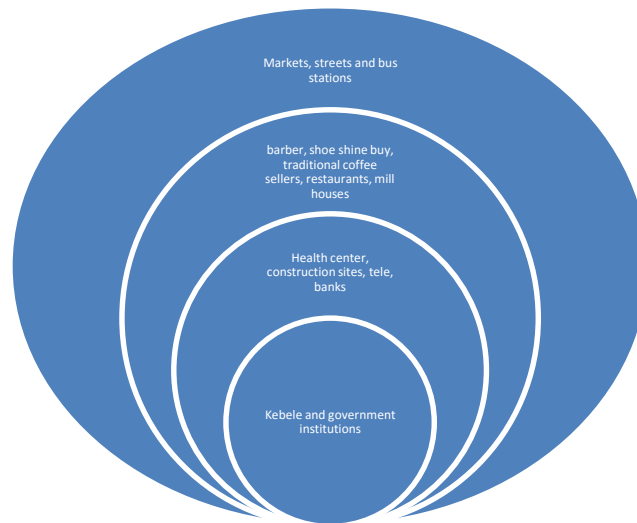


Figure 5: Hierarchical arrangements of risk areas for COVID-19

3. Potential challenges in combating the disease

6.3.1. Psychology Impact

The pain of not being allowed to freely do in public, the things that bring psychological and communal satisfaction to the individual are what we might going to experience as psychosocial pains. One may while imposing strict social distancing take into account as such action may result in some adverse psychological consequences on people's religious and spiritual life (Adjei, 2020). Social distancing and related measures will also affect sense of community and belonging. Generally, the social and moral component of personhood will be affected. The effect is severe for rural and traditional society that more value to those who are thoroughly fused collective.

6.3.2. Social Effects

The psychological and social effects of COVID-19 are intermingling each other. Our community mainly health professionals and individuals at Isolation center and victim of the virus/disease are thought be run into various social consequences like stigma and discrimination, mistreatments

and violation of civil and political rights. Normally, the public is also experiencing various social effects of the curse-COVID-19 like self-stigma, reduced social interaction, decrease social gatherings etc. During the field work, the team found that the number of attendants of the funeral services are getting decline. As one can see from the aforementioned data, it seems that public is showing concern about the disease only at funeral time.

6.3.3. Effects of School and University Lockdown

School lockdowns have a wide range of adverse impacts on children and young people, including interrupted learning and forgone human interaction, which is essential to social and behavioral development. School interruption also causes gaps in childcare, which puts pressures on work and life balance, especially for women, and parents when asked to facilitate the children's learning at home. Sustained disruption of education could lead to a rise in child labor and child marriage, placing a further brake on developing countries growth (UN, 2020). Though developed nations and even some developing countries started using digital technologies for education, it is not penetrating and serving people in rural and remote areas. The inaccessibility of such technological alternatives will result in sustaining educational inequalities.

6.3.4. Effects of the Pandemic on Religious Ritual

Since social gathering is restricted in order to arrest the spread of the disease, religious rituals will be affected. If alternative ways of addressing religious related services to believers, people will continue to gather around religious institutions. The study team noticed the fact that all religious institutions being offering religious services and people attending such services.

6.3.5. Effects of the Disease on Agriculture

If the pandemic is about to expand to rural communities, obviously, the work force responsible for agriculture will be forced to withdraw from farm either because the person becomes sick, responsible for sick or is forced to take care of himself or his family members. As we also start facing growing concern recommendations for social distancing, reduced travel, avoiding crowds, closures, and other protective practices to slow the spread of COVID-19, consumers will be making tough choices about food, eating away from home, and overall spending. This will directly affect our farmers' life leading to market and price decline. The other concern is farmers' health. Farmers are relatively living in places where health facilities are lacking and transportation facilities are inaccessible. Health information and telemedicine are hardly accessible in remote parts Ethiopia. The other thing that our agriculture may face is slowdowns of supply of agricultural inputs like herbicides, pesticides, fertilizers, and veterinary drugs as we head toward cultivation seasons.

6.3.6. Effects of the disease on the marginalized and vulnerable groups

Marginalized groups like women, old age and persons with disabilities are segments of the society that face difficulty on top of problem they have due to COVID-19. With families isolated in their homes, might expose to spousal, sibling, old age or domestic abuse of various form. Older persons are not just struggling with greater health risks but are also likely to be less capable of supporting themselves in isolation. Homeless people, because they may be unable to safely shelter in place, are highly exposed to the danger of the virus. Persons with disabilities could be left without vital support and advocacy due to social distancing. Persons in prisons, in migrant detention centers or in mental health institutions could face higher risk of contracting the virus due to the confined nature of the premises. Lack of

clean water and sanitation facilities in underdeveloped and marginalized communities may be challenge ahead of us as well. The following figure briefly summarizes the possible challenges we might face due to COVID-19.

7. Conclusion and Recommendation

During the field work, the study team learned that there is a need for continuous awareness creation and behavioral change campaign. The current health state of emergency declared by Ethiopian government is not properly implemented. The team also observed as there is poor chain of communication among government structures that are meant to implement the health state of emergency. .

As stated above, psychosocial crisis might be what we will witness due to the disease. Forecasting the dangers of the problem, teaching alternative ways of life at this critical time will help us in mitigating the problem. Some of the focus may be advising people to checkup on friends and family regularly so they can keep social contact using safe ways like phone calls, sending messages via SMS, and any other viable means.

Various government bodies should work hand-in-hand to implement rules and regulations in order to halt the spread of the pandemic. Above all, security apparatus should work hard to enforce the declaration of state of emergence and also engage itself in educating and creating awareness of the public what is expected from citizens in preventing the spread of the disease.

Civic societies like religious leaders, community elders, *AbbaaGadaas*, *HaadhaSiinqees* and *Qeerroos* should advice people time and again without hesitation concerning the pandemic.

Media should support people focusing on entertainment and avoiding sensational journalism, infodemic and misinformation. Government should

allow religious institutions including indigenous belief and religions so that they can offer religious services to their followers using public media.

We need to focus on people — families, women, children, youth, persons with disabilities and the elderly, low-wage workers, small and medium enterprises and the informal sector that are highly susceptible to risks associated with COVID-19. We should gear our policy toward meeting immediate health, food and other basic needs of the aforementioned group. We have to protect social cohesion and maintain political and economic stability. Our intervention needs to foster public trust; be focused on human values; and supported by solid institutions, technical skills and financial resources. Above all, all political actors in the country should distance themselves from politicizing the disease and focus toward mitigating the problem irrespective of their differences in ideology and approach.

Offering assistances particularly for farming community by providing agricultural input either for free or through subsidy will booster our agriculture and government should seek out ways for it. Probably this may be done by mobilizing investors, factory owners and humanitarian agencies so that farmers will be supported. Above all, protecting and supporting livelihoods of farmers will require the combination of social protection interventions to protect income, provide liquidity and prevent negative coping strategies, and measures to support production and access to employment (such as public works) throughout the agri-food system. This approach can provide the right stimulus on the supply side, while avoiding imbalances between production and consumption.

Educational system which uses home-schooling modalities should not end up in educational inequalities. Inclusion and equity must be the guiding principles to avoid a further deepening of inequalities in access to education,

with special measures taken to jointly meet the health, nutrition and learning needs of the most vulnerable and marginalized children and youth, as well as policies to address connectivity and content challenges. Government should think of alternative ways of addressing resource poor children and youths in educational achievements.

Civil Society and grassroots organizations, community Based Organizations (CBOs) and Faith-Based Organizations (FBOs) play a vital role at the local level. In assisting the most vulnerable populations, these groups are active in bringing economic and livelihood opportunities and adapting responses to the community context. Thus, government should arrange mechanisms through which families and individuals will benefit and be benefited from such organizations in fighting the disease. Identification of need individuals and families, provision of food and medical services, maintaining social cohesions and counselling services and the like can be areas in which such organizations are helpful.

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References

Adjei S.B. (2020). *The COVID-19 pandemic and the psychosocial pain of social distancing in Africa*. Accessed on 04/05/2020 retrieved from <https://citinewsroom.com/2020/04/the-covid-19-pandemic-and-the-psychosocial-pain-of-social-distancing-in-africa-article/>

- Bowsky WM.(1964). The impact of the Black Death upon government and society. *Speculum*. (Retrieved from <http://dx.doi.org/10.2307/2850126>).
- COVID-19 in Africa (2019). A call for Coordinated , Governance, Improved Health structure and Better Data analysis from the Mo Ibrahim Foundation.
- Food and Agricultural Organization (2020). COVID-19 and rural poverty: Supporting and protecting the rural poor in times of pandemic. Accessed on 3/05/2020 retrieved from: <http://www.fao.org/news/story/en/item/1269721/icode/>
- Janmejaya S. (2014). A Historical Exploration of Pandemics of Some Selected Diseases in theWorld. Catholic Health Association of India. (Retreived from www.ijhsr.orgISSN:2249-9571)
- Krapf, J.(1860).Travels, Researches and Missionary Labours, London.
- Harris,C. W. (1844).The Highlands of Aethiopia, London, vol. II.
- Ludolphus, J. (1684).A New History of Ethiopia, 2nd ed., London.
- The World Health Organization, International Federation of Red Cross and Red Crescent Societies and United Nations Children’s Fund have put together a useful guide on avoiding or reducing stigma (retrieved from [https://www.epi-win.com/sites/epiwin/files/content/attachments/2020-02-24/COVID 19% 20Stigma%20Guide%2024022020_1.pdf](https://www.epi-win.com/sites/epiwin/files/content/attachments/2020-02-24/COVID%2019%20Stigma%20Guide%2024022020_1.pdf)).
- Maxwell D., Kim J. and Robillard S. (2020). *East Africa: COVID-19 Compromises Social Network. What This Means for people in Humanitarian Crises*. The Conversation Analysis: All Africans. (Accessed on 04/05/2020 from <https://allafrica.com/stories/202003300261.html>)
- Timothy A, et.al.(2020). COVID-19-related knowledge, attitudes, and practices in urban slums in Nairobi, Kenya Study Description.
- Pankhurst R.(1961). The great Ethiopian famine of I889-82,' Univ. of Addis Ababa Rev., I, no. I.
- Rey ,C.(1925). The Real Abyssinia, London.
- Richard Pankhurst (1961). The history and Traditional Treatment of Small Pox in Ethiopia.
- Sandford, C.(1946). Ethiopia under Haili Selassit, London.

- WHO, (2019). A coordinated Global Research Roadmap: 2019 Novel Corona virus.
- UN (2020). *Shared Responsibility, Global Solidarity: Responding to the socio-economic impacts of COVID-19*.(Accessed on 03/05/2020 from https://www.un.org/sites/un2.un.org/files/sg_report_socio-economic_impact_of_covid19.pdf).
- UNICEF Ethiopia (2020). *Socio-economic impacts of COVID-19*.(Accessed on 2/05/2020 from <https://www.unicef.org/ethiopia/media/2746/file/Socioeconomic%20impacts%20of%20COVID-19.pdf>).
- United Nations Office for the Coordination of Humanitarian Affairs www.unocha.org/ethiopia.
- World Health Organization. (<http://www.who.int/influenza/PIPGuidance09.pdf>.Accessed on 10/12/13).