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**Assessment of Employees' Livelihood During COVID-19: The Case
of Hotel Industry in Addis Ababa, Ethiopia**

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A Thesis Submitted To Center for Environment and Development Studies College
of Development Studies, Addis Ababa University in Partial Fulfillment of the
Requirements for the MSc Degree in Tourism and Development

June, 2023

Addis Ababa, Ethiopia

Addis Ababa University
College of Development Studies
Center for Environment and Development

Declaration

This thesis entitled “Assessment of Employees’ Livelihood During COVID-19: The Case of Hotel Industry in Addis Ababa, Ethiopia” is my original work and has not been presented for any requirement to other University and that all the sources and materials used for the thesis have been properly acknowledged.

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Abstract

The novel coronavirus (COVID-19), since it was officially reported by the Chinese government in November 2019; spread out rapidly all over the world and caused large human life losses and economic crises. The COVID-19 wave has heated many countries. The occurrence of the pandemic in Ethiopia was reported in March 2020 and the Ethiopian government declared a lockdown and social distancing policy. Following the policy all types of learning institutions were closed, all public and private business and service sectors reduced up to 30% of their employees, all types of public transport services were restricted, passengers were kept isolated in quarantine for a period of up to three weeks (incubation period) and employees from public and private sectors were laid off and staying home. In this regard there was limited knowledge on the effect of the COVID-19 pandemic prevention measures on the livelihoods of the employees of the hotels in Addis Ababa, Ethiopia. This study was therefore conducted to assess household income of the Hotels' employees by comparing the monthly salary & tips they receive before, during and after COVID-19. Nine hotels: Getfam, Jupiter, Saromaria, Ambasader, Kaleb, Soramba, Jupiter, Best West and Sarem were studied.

The assessment indicates three categories of COVID-19 impacts on monthly salary of hotel employees. The categories include: Category 1: The employees received salary increment following the COVID-19 pandemic by 8.7%, the salary increment ranged between Birr 150 – 15000/month, Category 2: The employees received a decreased in monthly salary during COVID-19 pandemic, and these were as 71.7% of the employees, and Category 3: The employees for whom there were no changes in monthly salary during and before COVID-19, and these were as 19.6% of the employees. The study confirmed low income families were heavily affected by food insecurity as a result of COVID-19. From the view of points of managing such pandemics in the future, the study recommends that the government should develop a policy for social security public fund that would be used for the case of pandemic when the government is forced to declare national lockdown measures for minimizing the wide and rapid spread of such diseases. With the subsequent advent of social security public funding such pandemics and epidemics could ceased thereafter to reach at mass mortality associated with large-scale losses of livelihood support.

Keywords: COVID-19, Hotel employees, incentives, salary, income, livelihoods, food security.

Acknowledgement

First and foremost, my sincere appreciation goes to my Advisor Dr. Shiferaw Muleta for his unlimited support in guiding the process of this research undertaking at all steps starting from the very beginning of topic identification, proposal writing up to the last phase of this Thesis writing. His scientific support was enormous, particularly in developing the methodology of field data collection protocol and questionnaire, data analyses and interpretation and in guiding the scope of the research objectives and the write-up of the Thesis. His office was always opened for me, and I would say I am so privileged to have him as my MSc thesis research adviser; and I sincerely thank him for all these supports.

My sincere thanks go to the owners/managers of the studied hotels who provided me the required information on effects of COVID-19 on their hotel business and allowed me for interviewing their staffs. In this connection, my profound appreciation goes to all hotel staffs who have been interviewed and who have completed the questionnaire with their personal data including monthly incomes they received during and before the event of COVID-19 pandemic lockdown in Ethiopia. Had they not been volunteer in supporting my research activity, the objectives of this Thesis research would have not been achieved.

My gratitude goes to my teachers, supporting staffs and senior students of the Center for Environment and Development, College of Development Studies, Addis Ababa University for their support in various aspects including for giving feedbacks on the methodology of my research undertakings as well as for commenting the draft Thesis. During the period of my studies I have been benefitted a lot from college communities, I thank all for their contributions to the success of my study.

My most heartfelt special thanks and gratitude go to my mother W/ro Fentanesh Tizazu and Ato Wondmeneh Ferede who always pray and dream for my success. Without their love, care and pray, I would not have been successful in my studies. My special acknowledgements go to all my sisters, brothers namely: Zewedu, Desalegn. as well as to all members of my beloved relatives who are always with me in motivating, encouraging and inspiring me. Without their persistent support I would not have completed this study.

Table of Contents

Abstract	v
Acknowledgement	vi
Acronyms and Abbreviations	xii
CHAPTER ONE.....	13
INTRODUCTION.....	13
1.1. Background of the study.....	13
1.2. Statement of the Problem	15
1.3. Research Questions	18
1.4. Objectives of the Study	18
1.4.1. General objective.....	18
1.4.2. Specific objectives.....	19
1.5. Significant of the study.....	19
1.5.1. Significance to hotel management interventions in the time of pandemic.....	19
1.5.2. Significance to enhance research & academic knowledge in the time of pandemic.....	20
1.5.3. Significance to Policy	20
1.6. Scope of the study	21
1.7. Limitation of the study	21
1.8. Organization of the study	23
CHAPTER TWO.....	24
LITERATURE REVIEW.....	24
2.1. Theoretical Related Literature: Definitions and Occurrence of the Pandemic.....	24
2.2. COVID-19 Crises management and the hotel industry	26
2.2.1. Phase management of COVID-19 crisis.....	27
2.2.2. Theories of dealing with the COVID-19 crisis.....	29
2.3. Crises management: Definitions, Theories and Models.....	31
2.3.1. Definitions.....	32

2.3.2. Theory of crisis.....	33
2.3.3. Crisis management models.....	35
2.3.4. Crisis management theories.....	40
2.4. Empirical Related Literature: Impacts of COVID-19 on hotels and their employees' income.....	43
2.3. Conceptual framework of the study	46
CHAPTER THREE.....	49
RESEARCH METHODOLOGY	49
3.1. Description of the Study Area	49
3.2. Research Approach	49
3.2.1. Questionnaire survey	50
3.2.2. Selection of hotels for the study	53
3.2.3. Sample size determination (required number of respondents)	54
3.2.4. Interview with the hotel employees and sampling technique.....	55
3.2.5. Measures and variables	56
3.2.6. Data entering for analyses	59
3.2.7. Data analysis methods.....	59
3.4. Ethical consideration	60
CHAPTER FOUR.....	61
RESULTS AND DISCUSSIONS	61
4.1. Results	61
4.1. 1. Demographic characteristics of employees of the studied hotels.....	61
4.1.2. Gender and Age composition and marital status of the Hotel Employees	62
4.1.3. Religion composition of the hotel employees	64
4.1.4.. Family size of the hotel employees	65
4.1.5. Characterizing the hotel employees by level of education	66
4.1.6. Categorizing the hotel employees by years of services/ experiences	68
4.1.7. Socioeconomic background of hotel employees	69
4.1.2. Adverse Effects of COVID-19 Pandemic on socioeconomic aspects of hotel employees.....	70
4.1.3. Hotel Employees' perception on effects of COVID-19 on overall household economy	77

4.1.4. Perception of employees on COVID-19 impact on household food security and associated factors .	79
4.1.4.3. Food behavioral changes during the pandemic	81
4.2. DISCUSSIONS	90
4.2.1. Introduction	90
4.2.2. COVID-19 effects on basic salary.....	91
4.2.3. COVID-19 effects on incentives/tips	93
4.2.4. Effect of COVID-19 protection measures on food security of employees of hotels.....	93
CHAPTER FIVE.....	95
CONCLUSION AND RECOMMENDATIONS	95
5.1. Conclusion.....	95
5.2. Recommendations	96
REFERNCNES	98
APPENDIXES	104
Appendix 2:1. Summary of studies on impacts COVID-19 on the hospitality industry in different countries including Ethiopia	104
Appendix 3:2. Letter of request for collaboration in completing Questionnaire Survey.....	107
Appendix 3:3. Questionnaires to be completed by hotel employees	108
Appendix 4: 4. Compare Means Paired-Samples T Test for the significant effect of COVID-19 on hotel employees' household incomes.....	112
Appendix 4:4a. Compare Means Paired-Samples T Test for significant effect of COVID-19 on hotel employees' monthly salary	112
Appendix 4:4b. Compare Means Paired-Samples T Test for significant effect of COVID-19 on hotel employees' monthly tips	113

List of Figures

Figure 2: 1. Stages of three phase management after the outbreak of COVID-19.	27
Figure 2: 2. Social System Theory Representation	31
Figure 2: 3. Crisis management models,	37
Figure 2: 4. Burnett's Model of Crisis Management, Adopted from Tonny Burnett 2007.	38
Figure 2: 5. Relational Model of Crisis Management, adopted from Tonny Jacques 2007	39
Figure 2: 6. Conceptual frame work for the Effect of COVID-19 Pandemic on employees of hotels and hotel revenues.	48

Figure 3: 7. Sample size distribution across the studied hotels	55
Figure 4:8. Gender composition of the respondents	62
Figure 4: 9. Age composition of the hotel employees	63
Figure 4: 10. Marital Status of the Hotel employees.	64
Figure 4: 11. Religion composition of hotel employees	65
Figure 4:12. Family size of the hotel employees	66
Figure 4:13. Level of education of hotel employees	67
Figure 4:14. Comparison of hotels by level of education of their employees	68
Figure 4:15. Service year of respondents	69
Figure 4:16. Categories of respondents in housing ownership	70
Figure 4:17. Percent of changes in monthly salary of hotel employees as a result of COVID-19 pandemic	71
Figure 4: 18. Difference in monthly salary of hotel employees between Post and before COVID 19 pandemic.	72
Figure 4:19. Monthly incentives/tips of hotel employees during, after and post-COVID-19 pandemic.	74
Figure 4:20. Changes in monthly incentives/Tips as a result of COVID-19 pandemic.	76
Figure 4:21. Perception of the hotel employees (percent) on COVID-19 effects on overall household economy.	78
Figure 4: 22. Attributes/Types of household economy crises caused by COVID-19 pandemic	79
Figure 4:23. Perception of the hotel employees on COVID-19 effects on food security status	80
Figure 4: 24. Severity of food security.....	81
Figure 4: 25. Impact of COVID-19 resulting food behavioral change.....	82
Figure 4:26. Changes in food eating practice pattern as coping mechanisms against food crises during COVID- 19.....	83
Figure4: 27. Impact of COVID-19 on food access.....	84
Figure 4:28. Severity of food inaccessibility	85
Figure 4:29. Respondents' perception on effects of social distancing on food security.	86
Figure 4:30. Ranking effects of social distancing on food security	87
Figure 4:31. Impact of COVID-19 on food price	88
Figure 4: 32. Effect of COVID-19 on market access to food	89
Figure 4: 33. Food supply chain disrupted during COVID-19	90

List of Tables

Table 3:1. Alignment of research questions with specific objectives of the study	51
Table 3:2. Name of hotels considered for this study	53
Table 3:3. Description of measures and variables Causal-effect pathway variables	57
Table 4:4. Compare Means Paired Samples T Test for testing the COVID-19 effect on monthly salary.	73
Table 4: 5. Compare Means Paired Samples T Test for testing the effect of COVID-19 on monthly tips incomes	76

Acronyms and Abbreviations

AAU	Addis Ababa University
BMI	Body-Mass Index
CGIAR	Consultative Group on International Agricultural Research
COVID-19	Corona Virus Disease-2019
CSA	Central Statistical Agency
CSI	Coping Strategy Index
EVD	Ebola Virus Disease
FANTA	Food and Nutrition Technical Assistance Project
FAO	Food and Agriculture Organization
HDDS	Household Dietary Diversity Score
HFIAS	Household Food Insecurity Access Scale
SPSS	Statistical Package for Social Sciences
UN	United Nations
UNDESA	United Nations Department of Economic and Social Affairs
UPSNP	Urban Productive Safety Net Program
WB	World Bank
WFP	World Food Program
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1. Background of the study

The novel coronavirus (COVID-19) was first reported officially in Wuhan in China on December 2019 and in Ethiopia around March 2020 (Weiwei Lu. et al., 2021; Chang et al., 2020; Abate, 2020). On December 2019, the COVID-19 was first reported in, China, and then the whole world continued to pay close attention to the development of the COVID-19 in China. On 11 March 2020 the WHO officially declared a pandemic. In March, the government of Ethiopia started to introduce shutdown/lockdown policies, such as stay-at-home orders, business lockdowns, and travel bans.

COVID-19 pandemic has spread all over the world rapidly and affect the global economy, transportation and communication, livelihood, income, food security and health. It has affected all sectors and systems with varying degree; particularly the impact is severe on tourism. Thus, people who depend on the hotel sector have been most affected by the pandemic. The impact of COVID-19 on people who depend on provision of hotel and tourism services could face problems of job lost, reduction in income, and food insecurity.

Inherently, COVID-19 adversely affects the income and pillars of food security of vulnerable community (Husmanns, 2004; Lina et al., 2020). Various measures which have been implemented by various actors at international, national and local level affect agricultural production, food imports, and transportation and hence, made the impact of COVID-19 grave on the employees who depend on the subsistence monthly income earned from working in hotel services are vulnerable at most. This in one hand severely undermines their buying capacity and hence, their food security at a household level. Although COVID-19 prevention measures are very important in reducing the spread of the disease, measures have serious effect on the income and food access ability of people particularly those employed in the hotel services are most exposed the pandemic (FAO., 2020a; Sileshi et al., 2019).

Cognizant this, different effort has been under taken by countries to minimize the spread of COVID-19 and these effort have far reaching consequences on availability, access, utilization and stability of food supplies almost at all levels. However, since the COVID-19 has a potential to affect all systems of food supply, demand and price, particularly low income workers can be affected by the pandemic through various mechanisms. For instance, it can reduce labor force in hotel services, reduce job creation activities. In general, the cumulative effect of COVID-19 manifested in the hotel sector in terms of employee's income, hotel service activities and hence, households level food insecurity (FAO., 2020a; UN., 2004).

The impact of COVID-19 on the hotel sector is therefore worst in developing countries like Ethiopia. In Ethiopia the sector supports many households and unfortunately the majority income is low and has limited income sources which include small basic salary and tips. Besides, the numbers of people who directly depend on the hotel sectors have been increased alarmingly (Seleshi et al., 2013; FAO., 2020c).

The poor, employees in hotel sector included, who have low and undiversified income could be forced to engage maladaptation practices to cope with the food gap to them and their family. A number of factors are associated with inequality among hotel employees. Some of them are social, psychological, cultural structures, demographic characters, weak institutions and insufficient self-esteem. In fragile social networks increase vulnerability in times of COVID-19 cause short and long term crisis on livelihood of society (FAO., 2020b). Understanding the effects of COVID-19 pandemic on households income and food security and their coping response is utmost important to suggest effective intervention measure that could build the capacity of the hotel employees. Therefore, this study will reveal the effect of COVID-19 on households' income and provide insights to food security and employees' coping responses during COVID-19. The study was therefore designed to provide empirical evidence on how the hotel sector in general and its employees in particular have been affected during the pandemic.

1.2. Statement of the Problem

COVID-19 pandemic could directly and indirectly affect the systems, sectors, community and individuals regardless of socioeconomic and political backgrounds. In general, its impact could manifest on peoples occupation, income, asset background, loss of life, psychological and food security. The impact of the pandemic is not uniform, it vary among nations, sectors and individuals across the world. For instance, it has been causing serious effect on developing countries like Ethiopia and tourism sectors (Zhang et al., 2022). As the hotel industry is a direct threat to the pandemic, it has put the sector's workers at risk of economic hardship. It is difficult to predict the impact of the Covid-19 on the hotels sector now and in the future. The 2020 Global Report on food crises and integrated food security shows an increase in the number of people without food security due to a number of factors, including, climate change, conflict, and economic unrest (FAO., 2020a).

The existing literature highlighted that COVID-19 pandemic has been the cause for serious economic and social consequences on the workers of the hotel & tourism industry and other economic sector both in developed and developing countries (Shapoval et al. (2022), although the impact of COVID-19 risk management is confused among various stakeholders and policy makers (Harris et al., 2021; Laborde et al., 2021). It has wide range adverse effect on food system, consumption, social security programs, cultural dimensions (Harris et al., 2021; Shapoval et al. (2022), and livelihood, income, food security and development oriented programs. The impact of COVID-19 also reflected in the health services and facilities, education, market commodity prices, job opportunity, remittance and tourist flow. The same is true for the hotel industry. In this respect, studies revealed that due to the efforts to prevent covid-19 pandemic and the measures taken to control the spread of the virus, many temporary and permanent workers in the hotel sector are facing severe food insecurity and happen a daily shortage of food security for workers and their families in the hotel sector (UN., 2020).

The common measures of controlling the pandemic virus that potentially affects the livelihoods of the hotel employees include: stay at home, school closes, physical distance, prohibition of meetings, and direct contact with services such as hotels, restaurants, bars, exhibitions, tourist destinations, guest houses, lodges, cultural nightclubs, bazaars, and various other events. In this case large number of

employees in the hotel sectors are also out of work and directly affected economically and food insecurity (FAO.,2020a). From other studies (e.g. Hervie et al., 2022) it is known that such restrictions on travelling hotel hospitality have substantial effects on the livelihoods and family wellbeing of the employees and hospitality sector globally as these a rise in job insecurity.

The overall impact of COVID-19 deepens the poverty level and food insecurity in the developing countries. According to various studies (e.g., FAO., 2020b, Wolfson & Leung, 2020; Abay et al., 2021), the global production is reduced or decreases in the provision of humanitarian assistance and results disastrous condition; and hence, the external source and food assistance could be reduced and worsen the food insecurity of developing countries.

In Ethiopia hotel sector have significant role in creating employment opportunity and employing large number of youth workforce. Especially job opportunities in hotels and restaurants are accessible for all without discrimination and payments are depending on their daily income and earnings. In this regard, restriction of social activities, particularly related to transport and passengers movement, has a significant effect on the livelihoods of hotels' workers and their families. It is therefore becoming more deep-rooted problem, particularly for informal workers.

Provided that Addis Ababa is the capital city of the country and due to its geographical location there are many tourism industry sectors and services which are directly related to foreign and national are tourists. The effect of COVID-19 pandemic on the hotel industry could be explained by restriction of international conferences, flights, and the existence of local and foreign tourists have a significant impact on the sector's staff. These activities and events have implication on the national economy, the sector and employees. Thus, the hotel industry forced to reduce permanent and temporary staffs in one hand and tax income for the country in other hand. The overall effect of the pandemic is expected to be visible on the poor workers income, food security and health.

Few studies have documented effects of COVID-19 pandemic on various socioeconomic aspects (e.g., Gemechu, 2021; Zhang et al., 2022; Laborde et al., 2021; Juliet McCann et al., 2022; Tsion, 2021; Tamiru et al., 2023; Kalle et al., (2021).

Gemechu (2021) documented the impact of the pandemic on informal workers' food security level in Addis Ababa, but not specific to the hotel industry.

Other studies in Ethiopia (Zhang et al., 2022; Laborde et al., 2021) reported that the impact of COVID-19 in various sectors including food security and income is not yet well understood particularly in relation to the measures taken to control the spread of the virus. Juliet McCann et al. 2022 conducted a study on disruptions of food systems and nutrition services in response to COVID-19, and reported that disruptions of food systems and nutrition services has been occurred following COVID-19 pandemic. Tamiru et al., (2023) assessed factors associated with food security and dietary diversity among poor urban households after the outbreak of the Covid-19 pandemic; and the result of the assessment reveals that demographic factors are associated with food security and dietary diversity among poor urban households after the outbreak of the Covid-19 pandemic. Kalle et al., (2021) studied food consumption and food security during the COVID-19; and they found that food consumption and food security of a large proportion of households have been attributed to exposure to job loss or reduced incomes resulted from the COVID-19. Using questionnaire survey and secondary data sourced from hotels' annual report Tsion (2021) assessed the economic impact of COVID 19 outbreak on Hotel industry in Addis Ababa, and reported that the outbreak of pandemic disease has negatively affected the hospitality industry in terms of revenue, unemployment situations and declined profitability, attitude of hotel's consumers, which all attributed to rapid shutdowns, increased cancellations of hotels and travel bookings in cities and states across the country.

As inferred from review of all these earlier studies (e.g., Gemechu, 2021; Zhang et al., 2022; Laborde et al., 2021; Juliet McCann et al., 2022; Tsion, 2021; Tamiru et al., 2023; Kalle et al., (2021) effects of COVID-19 with particular emphasis on the household economy of hotel's employees is not yet fully explored. And hence, the knowledge on the impact of the pandemic protection measures on the household income of the employees of the hotels is limited in Ethiopia, however.

Therefore, conducting particular study on effects of COVID-19 on the livelihoods of the employees of the hotel industry would enable the policy makers and the public to fully understand the all-round impacts/effects of the COVID-19. Understanding and exploring of all-round impacts of the COVID-19 attracts the public organizations, researchers, donors, policy makers etc. In this respect, the research

that attempts to reveal the far reaching effect of COVID-19 on household income of hotels' employees is utmost important.

Considering this knowledge gap, this research was designed to address the effect of the COVID-19 pandemic on the livelihoods of hotel employees and their coping responses to the problems associated with food insecurity during COVID-19. In this regard, this study assessed systematically the livelihoods of hotel employees in terms of: 1) households income, 2) households food security, 3) coping responses and factors affecting and COVID-19 pandemic.

1.3. Research Questions

In order to assess the impact of COVID-19 on the livelihoods of the employees of the star-leveled hotels in Addis Ababa, the following research questions were formulated.

1. Is there a significant reduction of income of the employees of the hotels and subsequent food security during COVID-19?
2. Do the Pandemic measures have resulted changes in the food consumption pattern?
3. How the workers do perceive the Pandemic effect?

1.4. Objectives of the Study

1.4.1. General objective

The general objective of this study is to assess effects of COVID-19 pandemic on the livelihoods of the hotel employees in Addis Ababa.

1.4.2. Specific objectives

Specific objectives are to:

1. Examine the adverse effects of COVID-19 Pandemic on household income of hotel employees by determining if there is a statistically significant mean difference in terms of income level of hotel employees before and during COVID-19,
2. Assess the adverse effects of the pandemic on overall household's food security status;
3. Examine the effect of the pandemic on food consumption and coping behavior;
4. Examine the perception of the hotel employees on overall effects of the pandemic,

1.5. Significant of the study

Provided that COVID-19 is new phenomena it attracts the interest of various economic development sectors, research and academic community, private and public sectors, policy makers, donor communities and etc. The results of this study, therefore, highlight particularly the policy makers and hotel owners/managers with adverse effects of the pandemic prevention/control measures on the hotel sector in general and household income & food security of employees in particular. In this regard, the results of the study have significance for hotel management action, policy significance, research & academic significance.

1.5.1. Significance to hotel management interventions in the time of pandemic

This study intended to produce updated information regarding the effect of COVID-19 on the household economy of the employees of hotels that could be used for planning and implementation of various measures to ensure the hotel workers are managed to reduce the negative effect of the Pandemic. Furthermore, the study may provide lessons for building the capacity of hotel employees to strengthen their resilience to absorb risks or shocks of pandemic emerging in the future. And these could enable the hotel sectors in general and the owners/managers, in particular, to prepare better for better adaptation in reducing the risks of new pandemic and other disease-related risks. Furthermore

the study findings can serve as a guide to plan the sustainability of hotels revenue and its' employees' income when such unexpected pandemic occurs.

1.5.2. Significance to enhance research & academic knowledge in the time of pandemic

The COVID-19 is new phenomena pandemic that attracts the research and academic institutes (including research scientist and research students) to enhance our understanding on all-round effects of the pandemic and associated protection measures. In this regard the results of this study provide baseline information for other researchers to investigate various effects/impacts of COVID-19 on other public and private business areas where this and other studies reported thus far elsewhere are not yet fully reached to. The assessment gives insights of knowledge on the extent of implementing lockdown and social distancing policy and its challenges and limitations; and in this respect, the results can serve as reference data set for the researchers who wish to conduct further researches on all-round effects of pandemic in the hotel industry and other economic sectors.

1.5.3. Significance to Policy

The research findings also have the policy significances in developing national or local policy strategy towards protection and controlling of the pandemic. The results and recommendations of this study serve as references, good lessons and baseline document for government policy makers while they are drawing lockdown proclamation (Presidential Decree) towards limiting the wide spread of the pandemic. Not only policy makers, but also hotel managers and hotel business owners can use the results of this study as a secondary source of data set to develop hotel management policy (including staff assignment, benefit sharing, service rendering policy in respective hotels) applicable for the time of pandemic. The recommendations being suggested in this study can initiate the concerned public sectors (such as hotel sectors, ministry of health and health insurances etc) to introduce and develop policy measures concerning health, social and economic implications of lockdown policy during the pandemic.

1.6. Scope of the study

The present study aims at bridging the knowledge gap on the effect of COVID-19 on the household economy of hotel employees. To this end the study was designed to study the COVID-19 effect on star rated hotels located in Addis Ababa. The study focused on the household economy of the hotels' employees. The scope of the study is restricted by the 1) geographical area where the study is conducted, 2) the theme of research, 3) time boundary, 4) methodological approach and 5) unit of analyses. Geographically, the study was conducted in selected star-labeled hotels located in Addis Ababa City Administration. The main theme of the study was restricted to the incomes of the hotel employees only, but not it does cover the revenue/ income of the hotels. In addition, the scope of this study also covers the demographic characters in relation to lockdown policy and implication of COVID-19 effect on food security of hotel employees. The time boundary for the primary data collection delimited to the time before, during and after the pandemic. Primary data collection method was delimited to questionnaire survey which was completed by the hotel employees. The primary data has been gathered from the employees who were on duty during the COVID-19. Nine star-lebeled hotels were selected using convenient sampling techniques, and these were Getfam, Jupiter, Saromaria, Ambasader, Kaleb, Soramba, Jupiter, Best West and Sarem. The primary data collection through questionnaire survey was undertaken since February 2022 and the data analyses were continued until the end of March 2023. The units of observation were the employees of the hotels and unit of primary data analyses were the monthly incomes (Birr) of the employees in terms of monthly salary and tips.

1.7. Limitation of the study

This study has limitations that should be addressed in future research. Key limitation of this study lies on the representativeness of data collected from employees of nine hotels. The sample sizes used in this study may not represent the entire population of the employees of hotels in Addis Abba. Addis Ababa city is an international city serving as a head quarter of the African Union (AU), several regional and international agencies as well as a residence of many diplomats of over 150 countries. It has large number of hotels and restaurants distributed across the entire city, although it is difficult to

list all hotels inclusively. In this respect the results and recommendations drawn from the assessment of nine hotels may not have the strength to infer the COVID-19 effects on hotel employees are in the same level of magnitude. Targeting at nine hotels from very large number of hotels in the capital attributed to budget and time constraints.

The data set is limited to two types incomes of hotel employees (salary and tips), while all-round hotels income was not assessed. The studied variables may give insights about the effect of COVID-19 on the economic condition of the hotel industry during COVID-19 in terms of salary and tips, but not other sources of income. The results of the assessment lacks key variables to determine the relationship between the hotels' revenue and employees' income during and after COVID-19. Future research on the pandemic attribution to household economy in line with overall revenue and expenditure of the organization will provide true insights on the pandemic attribution.

Another limitation of the study is that the questionnaire surveys were completed by hotel employees who were on duty at the time of data collection. Employees who were laid off for long during the pandemic were not consulted/ interviewed; and their opinions were not being heard. Since the number of laid off employees was large enough, the results of the assessment lacks exhaustiveness to reveal a comprehensive overview on the effect of COVID-19 on the household economy of the hotel employees, and the results need to be interpreted very cautiously.

Furthermore, regarding the representativeness of the star-labelled hotels, only one 1-star hotel was used while 3 and 5 hotels of 3 & 4- star hotels, respectively, were used for questionnaire survey. Thus, 1-star hotels are mainly underrepresented, which is reflected in our sample; and the results are representing an insight into the pandemic's effect on the livelihoods of the employees of the 3-star and 4-star hotels in Addis Ababa.

Additional limitation of the study was that rating of household food security status may not reveal the effect of COVID-19 on household food security status of the hotel employees; because the data sets collected on food security status have not been collected using food security techniques. Hence, future studies on effects of pandemic on food security must use standard techniques appropriate for food security assessment.

1.8. Organization of the study

The thesis is organized into six chapters. The first chapter is introduction which consists seven sections: background of the study, statement of the problem, objectives of the study, significance of the study, the scope of the study, limitation of the study and organization of the study. The second chapter presents review of related literature. The third chapter presents geographical coverage of the study area and methodological approaches used for data collection and analyses. The fourth chapter is the main body of the thesis, which includes presentation of results and discussion section which presents interpretation of the key findings of the assessment. The fifth chapter is the conclusion and recommendation section which highlights key conclusions and recommendations drawn from the study for future policy intervention and research conducts. References and Annexes are also attached at the last page of the thesis.

CHAPTER TWO

LITERATURE REVIEW

2.1. Theoretical Related Literature: Definitions and Occurrence of the Pandemic

The COVID-19 pandemic like any other virus causes pandemic has put serious economic and social crises across the globe and all economic sectors, particularly the hotel and hospitality sector, which is strongly affected since it is defined as pandemic by the WHO. The theory and the economic and social impacts of the COVID-19 are described in several literatures (e.g. UNICEF.,2021; ECDC.,2021.; Brooks. 2020; Morens et al., 2009; Qui et al., 2017; Hervie et al., 2022).

According to the available literatures, as cited in Hervie et al.(2022), COVID-19 is defined as a virus illness that infect animals, birds, and mammals including human beings. In this regard, seven types of COVID-19 are so far recognized for wide range of illness to human beings. Four of them cause mild to moderate respiratory illness and these are namely: HCoV-OC43, HCoV-HKU1 and HCoV-229E. Whereas, the remaining three cause acute and deadly respiratory illness to human beings; and they are: MERS-CoV, the Middle East Respiratory Syndrome (MERS) and SARS-CoV-2. The viruses show different symptoms and wide range of spread. Commonly known symptoms include cough, cold and fever (ECDC., 2021). With regards to spread and variant, strain B.1.1.617.2 of the SARS-CoV-2 belongs to delta variant is known as a highly contagious strain. This strain was first identified in December 2020. According to UNICEF. (2021), the delta variant is highly transmissible spread to over 142 countries in 2020.

Furthermore, COVID-19 has been defined as a pandemic, because it becomes an epidemic occurring worldwide or covering a very wide area crossing international boundaries and usually affecting a large number of people (Brook, 2020). In this connection, Morens et al. (2017) describes the concept of the pandemic as an “important global event that spans many centuries, which includes diseases of very different etiologies that exhibit a variety of epidemiologic features. Additionally, according to Qiu et al. (2017), the term ‘pandemic’ was derived from the Greek words ‘pan’ and ‘demos’ that mean ‘all’ and ‘the people’. From the view of the various definitions one could understand that COVID-19 is a

widespread epidemic of contagious disease throughout the whole of a country or one or more continents at the same time.

The aforementioned definitions for COVID-19 meet the WHO's standard definition of pandemic influenza, which refers to a situation in which a new and highly pathogenic viral subtype, one to which no one (or few) in the human population has immunological resistance and which is easily transmissible between humans, establishes a foothold in the human population, at which point it rapidly spreads worldwide. In view of these definition and WHO's standard COVID-19 was declared as a pandemic.

From the perspectives of COVID-19 impacts causing human life losses and livelihoods damage COVID-19 has also been defined as Disaster (UNISDR.,2009; Gencer, 2013). According to UNISDR. (2009) 'hazard' is defined as "a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage". COVID-19 meets these criteria of disaster definitions as it right now causes substantial loss of human life as well as it's restriction measures may lead to substantial losses in livelihoods and household economy. COVID-19 occurrence in space and time as a hazardous and disastrous has been causing all aspects of life losses, job insecurity, social distress by individuals, societies, businesses in all sectors of economies and the world at large.

In Ethiopia, the Federal Ministry of Health has confirmed a coronavirus disease (COVID-19) case in Addis Ababa, in the 13th of March 2020, and was the first case reported in Ethiopia since the beginning of the outbreak in China in December 2019 (WHO.,2020. The carrier of the virus was a 48- year old Japanese man who reported to have traveled from Japan to Burkina Faso and then arrived in Ethiopia. He developed symptoms and presented at the health center in Addis Ababa from where the rapid response team (RRT) moved him to the isolation facility in Yeka Kotebe.

The COVID-19 detected in Ethiopia belongs to the new SARS-COV-2 Variants of Concern, Alpha, Beta, Delta and Omicron variant; and is detected in by the genomic sequencing conducted so far in the country and at Kenya Medical Research Institute (KEMRI).

Several studies reported that Ethiopia had faced repeatedly waves of epidemic diseases over a quarter of a millennium in form of influenza that resulted in high mortality. Examples of historically most known diseases of such types include typhus, like smallpox, cholera and the Hedar Basheta of 1918 (Spanish flu). The Spanish flu is one such pandemic from which the entire world suffered at the end of World War I. Despite this, the knowledge and capacity how to manage the pandemic and reduce human life losses is still limited.

2.2. COVID-19 Crises management and the hotel industry

According to the definition given by Walby (2015) cited in Waby (2020), the COVID-19 crisis largely fits the definition of crisis; which is defined as “an event that has the potential to cause a large detrimental change to the social system in which there is lack of proportionality between causes and consequences”. COVID-19 pandemic is therefore a global catastrophic crisis that strikes public sectors and peoples and from which governments ought to protect their affected citizens and rebuild the nation with immediate aid and relief (Broom and Sha. 2012). As described in current research publications (e.g., Yazdizadeh et al. 2022; Shapoval et al. 2021; Fei et al. 20; Lu et al. 2021; Chon and Kim. 2022) there are various types of crises related to COVID-19 pandemic; and these crises are highly affecting particularly the hotel industry.

Theoretical thinking on the COVID-19 pandemic and its control and preventions is inferred from Chinese experiences published in Lu et al. (2021) and therein cited references. According to Lu et al. (2021) the Chinese experiences perform phase management after COVID-19 outbreak.

2.2.1. Phase management of COVID-19 crisis

The Chinese phase management consists of three points:

- 1) The first is for people to observe and understand the progress of the disease;
- 2) The second point is to conduct stage management after the outbreak of COVID-19; and the reason for conducting stage management after the outbreak is that different periods correspond to different policies and timely determine the corresponding policy changes at different nodes;
- 3) The last point is that phased management will allow people to look back and analyze the disease more clearly and to see and understand all the changes that are going on over the course of the epidemic.

By analyzing outbreaks of COVID-19 in China and examining associated reference documents of the COVID-19 patients people do understand factors including diagnosis and treatment plans, prevention and minimization strategies, and infection control measures at different stages of the development of the disease; and they divided the prevention and control of COVID-19 epidemic into three phases (Figure 2:1).

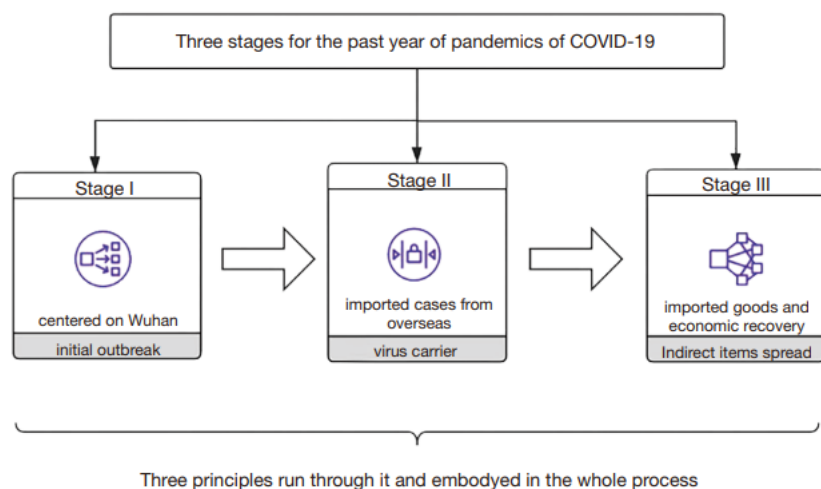


Figure 2: 1. Stages of three phase management after the outbreak of COVID-19.

Source: Lu et al. (2021)

Stage 1 (Phase 1)- Centered on Wuhan: Intensive attention on Wuhan While in a previous paper, the epidemic in Wuhan was analyzed as being composed of five stages:

- 1) *Focusing on the effect of the restrictions on and policy surrounding individuals, communities, and cities;*
- 2) *The isolation of individuals in Wuhan and consists of four categories of personnel effected by COVID-19: i) confirmed patients who must be admitted and treated; ii) suspected patients who must be quarantined; iii) patients with fever who cannot be clearly excluded and who must be quarantined; and iv) close contacts of confirmed patients who must be quarantined and centrally observed;*
- 3) *Empowering small community units to be responsible for the enforcement of government policies concerning infection control and minimizing transmission routes allowed for more fine-grained management and accurate surveillance of outbreaks;*
- 4) *The lockdown of the city of Wuhan i.e., people who left the city were screened and registered throughout the country.*
- 5) *The travel ban in Wuhan and the national emergency response delayed the growth and ultimately limited the size of the COVID-19 outbreak and it delayed the spread of the epidemic to other cities.*

Stage 2 (Phase 2)- Internal stability but a threat from abroad: This is a policy of “prevention import from abroad” and became one of the priorities of epidemic prevention and control. As the strict prevention of cases acquired abroad became a major policy in epidemic prevention and control, many regions and communities took targeted measures. Inspection and quarantine were comprehensively strengthened and the application of an electronic Health Declaration Card for all inbound personnel was strictly implemented. All individuals attempting to enter China from countries seriously affected by the pandemic, regardless of their nationality, were placed under quarantine for 14 days and were subject to mandatory nucleic acid testing. These measures effectively cut off the route of transmission and had a dramatic effect on case numbers. With continued vigilance surrounding the use of masks and screening and temperature detection centres established in public places, schools and industry slowly began to resume operation. Hospitals were allocated a full appointment system for outpatient services and the monitoring of suspected cases in fever clinics, community fever sentinel clinics, and pharmacies was strengthened.

Stage 3 (Phase 3)- Prevention and control of imported goods and the economic recovery: The possible spread of the virus through cold chain products was first observed in June 2020. Since that

time, more than 10 provinces have recorded positive cases transmitted through cold chain products. Implying that cold chain transportation could trigger COVID-19 outbreaks across borders. This experience has resulted in the regular monitoring of asymptomatic workers in cold chain industries and regular nucleic acid screening of employees not less than once a week, as well as stringent environmental testing to enable the timely detection of early infections.

2.2.2. Theories of dealing with the COVID-19 crisis

The experiences from China and the USA revealed that those catastrophic events which are poorly managed by governments can result in government crises (Chon, 2019; Chon and Kim. 2022; Shapoval et al. 2020). According to the study conducted by Chon and Kim (2022) there are two theoretical frameworks dealing with managing COVID-19 crisis: attribution theory, situational crisis communication theory (SCCT), Social systems theory (SST) and Cultural differences theory.

1) Attribution theory: draw agreements with “how the social perceiver uses information to arrive at causal explanations for events. It determines what information is collected and how it is integrated and synthesized to make a causal judgment” (Fiske and Shelley. 1991). Attribution theory is based upon the assumption that people search for information to make an attribution during a negative and unexpected event (Weiner, 1986), and people can be influenced by one’s self-perception to evaluate the effect of the control measure of the crisis. This theory has been observed in Ethiopia among the people who refused taking the vaccine and wearing mask.

2) Situational crisis communication theory (SCCT): The theory has been used for decades to develop crisis response strategies and predict public response towards protecting the public from and organizational reputation in crises (Coombs. 2007; Coombs. 2016). The SCCT consists of three elements of crisis: 1) history, 2) prior reputation, and 3) crisis type influence organizational reputation (Coombs, 2007).

When it comes to the attribution theory and SCCT of COVID-19, the case becomes very clear by looking the blames between China and the USA. Chon and Kim (2022) reported that in the first several months after COVID-19 was identified in the U.S., the situation evolved from an external issue (e.g., a threat in China) to an internal crisis for the U.S. which needed to be managed by the federal government. This is keeping the responsibility attribution on China. In contrast, Chon and Kim (2022)

also reported that at the beginning of the initial stage of dealing with the COVID-19 pandemic, some people argued that the spread of COVID-19 could have been managed if the Trump administration had shown ability, will, and preparation to control it in advance (i.e., preventable cluster), while others thought the crisis could not be avoided and the Trump administration was also a victim of China (i.e., victim cluster). The former case is shifting the responsibility attribution to the U.S.A government, while the latter case is shifting the responsibility attribution on China. In this respect Chon and Kim (2022) applied social media analytics to trace how U.S. public opinion during the early stage of COVID-19 shifted the responsibility attribution from China to the federal government, and reported that as the pandemic lead to the peak the public opinion in the USA shifted the responsibility attribution from China the federal government of the US.

In Ethiopia, the government's lockdown policy has been seriously implemented by all public sectors and communities who had shown the ability and will to effect preventable cluster control/ minimize the spread of the virus in advance.

3) Social systems theory (SST): This theory is applied to identify the opinions, feelings, and attitudes of hotel managers on the effects of COVID-19 on their personal lives, communities, workplaces, hospitality industry, and country as a whole. The theory is based on the interaction, interconnection or relationship between each subgroup and what happens in one component affects the others and the system as a whole. In this regard, studies show how COVID-19 has affected individuals and their communities and wide spread from conuthry to country through various mechanisms as confirmed by comparison studies between Sweden, Israel, and the USA (Shapoval et al. 2020). In this regard, the adverse impacts of the COVID-19 pandemic have been felt across countries on a large scale, shaking political systems and responses (Figure 2:2). The pandemic's effects on travel adversely affected tourism and, subsequently, the entire hospitality industry. Mixed political responses in different countries have added to the hardships faced by the hospitality industry, communities, and individuals. Adversity in the industry has affected peoples' organizational perceptions and reverberated into their individual lives (as detailes are presented in Shapoval et al. 2020 and there in cited references).

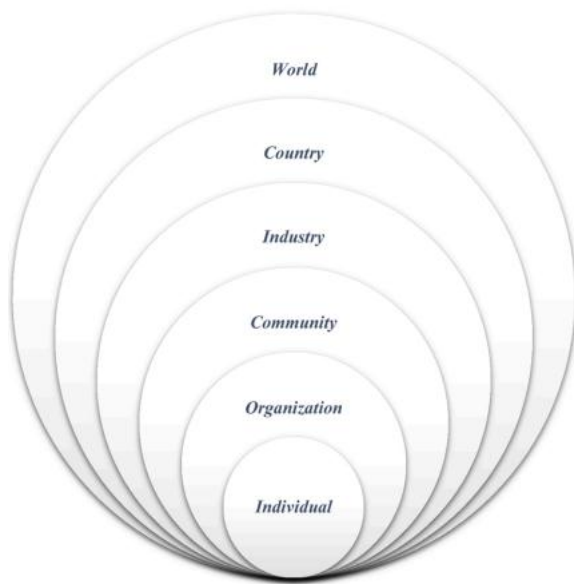


Figure 2: 2. Social System Theory Representation

Adpted from Shapoval et al. 2020.

4) Cultural differences theory: This theory is developed based on understanding six-dimensional differences among national cultures. The six dimensions are individualism vs collectivism, power distance, uncertainty avoidance, masculinity vs. femininity, long-term vs. short-term orientation and indulgence vs. restraint (Shapoval et al. 2020). According to this theory, cultural differences are reflected in the participants' perceptions of events. If a dramatic enough event (such as the COVID-19 pandemic) is introduced into peoples' lives, their values start to deviate, at least in the short term. For example there were resistant groups against taking the vaccine.

2.3. Crises management: Definitions, Theories and Models

Various definitions, theories and models are elaborated by several authors (Coombs 2014, 2007; Stuart 2016; Walby 2022) depending on the scope of what is included, the components that are considered important and depending on disciplines and fields that is close or overlapping; and these are described in the following.

2.3.1. Definitions

Walby (2015) cited in Walby (2022) in the research “article on Crisis and society: developing the theory of crisis in the context of COVID-19” defines “Crisis” as an event that has the potential to cause a large detrimental change to the social system and in which there is lack of proportionality between cause and consequence (Walby 2015, 2014). This definition contains three key elements: temporality, lack of proportionality and scale. The crisis is an event of relatively short duration that has consequences for a much longer duration. There is lack of proportionality between the event and its consequences: the consequences are large as compared with the event. The consequences need to be at scale, in terms of spatiality or scope, for the concept of crisis to be appropriate.

Coombs (2014, 2007) defines a crisis as a significant threat to operations or reputations that can have negative consequences if not handled properly. According to Coombs definition, in crisis management, the threat is the potential damage that a crisis can inflict on an organization, its stakeholders, and an industry. Coombs (2014, 2007) reported that a crisis can create three related threats: (1) public safety, (2) financial loss, and (3) reputation loss. Some crises, such as industrial accidents and product harm, can result in injuries and even loss of lives. Crises can also cause financial loss by disrupting operations, creating a loss of market share/purchase intentions, or spawning lawsuits related to the crisis. Coombs (2014) elaborated that: 1) effective crisis management handles the threats sequentially, 2) the primary concern in a crisis has to be public safety, 3) a failure to address public safety intensifies the damage from a crisis, 4) reputation and financial concerns are considered after public safety has been remedied, 5) ultimately, crisis management is designed to protect an organization and its stakeholders from threats and/or reduce the impact felt by threats.

As presented in the report “Butterfly Theory of Crisis Management” by Stuart (2016) crisis management is simply defined as the process of planning for and responding to events that can harm an organization. Likewise Coombs (2014) defines that crisis management is a process designed to prevent or lessen the damage a crisis can inflict on an organization and its stakeholders. According to this definition, as a process, crisis management is not just one thing. In Coombs (2014) taught crisis management can be divided into three phases: (1) pre-crisis, (2) crisis response, and (3) post-crisis. The pre-crisis phase is concerned with prevention and preparation. The crisis response phase is when

management must actually respond to a crisis. The post-crisis phase looks for ways to better prepare for the next crisis and fulfills commitments made during the crisis phase including follow-up information.

According to Stuart (2018) crises management is relatively young as field of study, and is grown up with many literatures of research findings developed after a number of observations on environmental and industrial disasters. Environmental and industrial disasters includes those the of the 1980s, such as the 1980 eruption of Mt. St Helens, the 1983 bombing of US and French military barracks in Beirut, the 1986 nuclear meltdown in Chernobyl, and the 1988 explosion of Pan Am Flight 103 over Lockerbie, Scotland. Natural and industrial disasters include also severe weather, fires, chemical spills, bus crashes, disease outbreaks, terrorism, active shooters, and employee malfeasance.

By all these definitions (Stuart. 2018; Coombs 2014, 2007; Walby 2015, 2020), a crisis is a major event with extremely harmful effects to both internal and external stakeholders. All these disasters result in large number of high-profile tragedies to be occurred in the private and public sectors. Since frequent observations on the causes and effects of disasters, characteristic elements of crises management are more elaborated by several authors (e.g. Booth, 1993; Venette, 2003). Normal routine procedures are not capable of coping with the disruption (Booth 1993). Regarding timing, crises generally occur suddenly, require quick reaction time, and have greater impact the longer the duration of the crisis, and hence the organizational setup is likely to be permanently changed after the crisis (Venette, 2003). These observation and practical efforts taken thus far to manage the crisis contributed to the emergence of crisis management theories, models and practices.

2.3.2. Theory of crisis

Walby (202) describes five issues of developing theory of crisis:

Real and/or socially constructed: One theory of crisis is the understanding of crisis as real or as socially constructed through discourse or narrative or as that crisis is treated as if it was real or as if it was socially constructed, or as both of these (Roitman, 2014, cited in Walby. 2020).

Society: The second theory of crisis is the wider understanding of the concept of ‘society’, as if crisis is to produce a change, it is necessary to identify what is being changed (Klein, 2007). In this theory of

crisis a crisis can only be understood in the context of a society. Whether a crisis transforms a society from one form to another requires a theoretical and conceptual understanding of the varieties of society between which it might change. Why a crisis has small or large consequences depends on the nature of the social system.

Impact of crisis: The third theory of crisis is that a crisis can have more than one kind of impact on society. The theory deals with the extent to which, how and why a crisis reshapes society or not (Perrow, 1999). The reasons why one or another outcome of a crisis emerges depend on the nature of the system that is subject to the crisis and its relations to other systems. There are four main types of impact of crisis on society: 1) a crisis may be recuperated, so that the possibility of significant or permanent change is not fulfilled; 2) a crisis may intensify an existing set of social relations, that is, it may accelerate a trajectory of development; 3) third, a crisis may lead to transformation of the societal system from one form to another; and, 4) a crisis may lead to catastrophe and the ending of that form of society.

Cascade: The fourth theory of crisis is that a crisis are connected or cascaded. This theory of crisis includes a temporal element. It may appear at one moment in time as if one of these impacts is what has happened; however, whether a crisis that might appear to be absorbed will cascade into adjacent institutional domains may not be known at the time of study. In this respect, a crisis may be contained or it may cascade through the social system; the cascade can be short-lived and minor, or it can be of long duration and major effect. The crisis may be contained (recuperation), have minor effects (intensification), have major effects (transformation) or be total (catastrophe). The outcome depends upon the nature of the social system, on how social systems are connected together and on its level of instability Perrow (1999).

All the four theories of crisis reveal that relationship between crisis and society coexist.

A fourth concerns the extent to which, how and why a crisis reshapes society or not (Haas, 1958; Polanyi, 1957; Perrow, 1999 [1984]). This requires the concept of 'cascade'. A fifth concerns the theoretical tools to address these issues and includes complex systems thinking. Walby (2015), in debate with other theorists of crisis, has developed a theory of crisis and society that offers answers to these five issues.

A second concerns the understanding of crisis as real or as socially constructed through discourse or narrative (Buzan et al, 1998; Agamben, 2005; Roitman, 2014). A third concerns the

2.3.3. Crisis management models

A crisis management model is the conceptual framework for all aspects of preparing for, preventing, coping with, and recovering from a crisis; and by viewing events through a model, crisis managers gain context and can better apply best practices (Andy, 2020).

There are various crisis management models presented in current literatures on crisis management. In this regard, Gonzáles-Herrera and Pratt (1995) present crisis management model applicable to both public and private sectors. Their crisis management model consists of four phases: (1) issues management, (2) planning-prevention, (3) the crisis, and (4) the post-crisis. The characteristic elements of the four phases are described as follows as articulated by Gonzáles-Herrera and Pratt (1995).

Issues management: is the first phase of crisis management, wherein managers “scan the environment” looking for, and collecting data on, trends or single issues that could become crises. Vastveit et al. (2014) suggest this initial phase generates a “risk image” describing the stakeholders’ views of threats, and the risk image contains likelihood or probability of events and the potential consequences of those events. It is this stage where someone knows “the known unknowns and the known knowns”. Hence, understanding this initial phase is important in the context of readiness planning for concerned government sectors.

Planning-prevention: is the second phase of crisis management. According to Gonzáles-Herrera and Pratt (1995) this phase consists of setting proactive policy to respond to potential crises identified in the issues management phase, analyzing “the organization’s links with multiple constituencies,” and preparing “general or specific contingency plans” for a forthcoming crisis that could be known as imminent. During the planning-prevention phase someone identifies existing problems that have the potential to evolve into a full-scale crisis.

Crisis: is the third phase of crisis management. As Gonzáles-Herrera and Pratt (1995) suggest it is at this phase that the organization evaluates the organization’s response to the crisis, preempts negative

publicity, and “targets” the organization’s message to “appropriate audiences”. Here, the model falls short, as the organization’s leaders, when faced with a new crisis, should focus their energy on resolving the crisis and minimizing harm to internal and external stakeholders.

Post-crisis: is the fourth and final phase of crisis management model of Gonzáles-Herrera and Pratt (1995). In this phase the organization monitors the crisis until its intensity is reduced. Furthermore the organization informs its stakeholders and the media about the organization’s actions, and evaluates how the crisis plan is existed and worked. As part of crisis management strategy, Gonzáles-Herrera and Pratt (1995) suggests that organizational leaders should prepare contingency plans for small and low probability events that might result in a crisis.

In addition to crisis management models by Gonzáles-Herrera and Pratt (1995), there are other crisis management models that have been developed based on developemental stages of the crisis and measures taken to manage the crisis (Figure 2:3). Detailed accounts on the description and characteristic elemnets the crisis management models are presented in Andy (2020) and shown in Figure xx.:

Coombs	Fink	Gonzalez-Herrero and Pratt	Mitroff	Burnett	Relational Model Jacques
3-stage	4-stage	4-stage	5-stage	6-steps	4-cluster
Pre-crisis	Prodromal	Issues management	Signal detection	IDENTIFICATION goal formation	Crisis preparedness
Crisis	Acute	Planning-prevention	Probing, prevention	IDENTIFICATION environmental analysis	Crisis prevention
Post-crisis	Chronic	Crisis	Containment	CONFRONTATION strategy formulation	Crisis event management
	Resolution	Post-crisis	Recovery	CONFRONTATION strategy evaluation	Post-crisis management
			Learning	RECONFIGURATION strategy implementation	
				RECONFIGURATION strategy control	

Figure 2: 3. Crisis management models,

Source: Andy 2020.

Fink's Model of crisis management: This is a four-stage crisis model consisting of the prodromal, acute, chronic, and resolution stages. The prodromal stage covers the period between first signs and crisis eruption. During this period, crisis managers should be proactively monitoring, seeking to identify signs of a brewing crisis, and trying to prevent it or limit its scope. The acute stage begins when a trigger unleashes the crisis event. This phase entails activation of crisis managers and their plans. The chronic stage encompasses the lasting effects of the crisis, such as after a flood or a hurricane when teams repair damage to buildings and roads.

Mitroff's model of crisis management: This is Five-Stage Crisis Management Model and Portfolio Model which consist of Crisis signal detection, Probing and prevention (probing refers to looking for risk factors), Containment, Recovery and Learningch.

Burnett's Model of Crisis Management: This is a 6-step crisis management model with three broad stages as presented in Figure 2:4: 1) identification, 2) confrontation, and 3) reconfiguration; which each consist of two steps. The steps are goal formation, environmental analysis, strategy formulation, strategy evaluation, strategy implementation, and strategic control. Preparing for a crisis involves goal-setting and analyzing the threat environment. Crisis managers then formulate a strategy in the face of a crisis, and the organization responds to the crisis via strategy implementation and strategic control. The latter stage includes the oversight of crisis management actions as well as post-crisis review.



Figure 2: 4. Burnett's Model of Crisis Management, Adopted from Tonny Burnett 2007.

Source: Andy 2020.

Relational Model of Crisis Management: This is a 4-cluster model of crisis management developed by Tony Jacques (2007) with the idea that crisis management is a linear process of sequential phases in which one manages issues one at a time, while crisis management processes and activities often overlap or occur simultaneously, such as crisis prevention and preparation, and do not always proceed in one direction. The relational model of crisis management has four primary elements: 1) crisis preparedness, 2) crisis prevention, 3) crisis incident management, and 4) post-crisis management and each with clusters of activities and processes (Figure 2:5). The model is adopted by many disaster risk reduction/ management organizations (DRR/DRM).

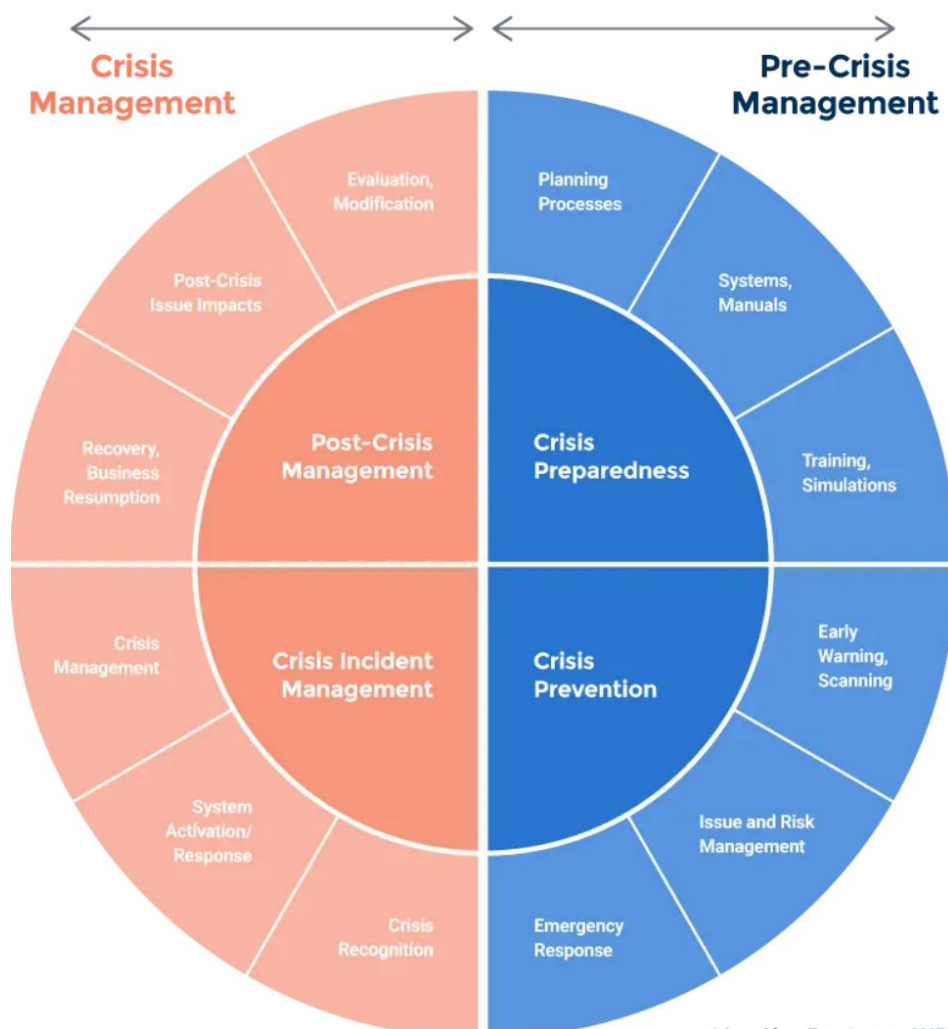


Figure 2: 5. Relational Model of Crisis Management, adopted from Tonny Jacques 2007

Source: Andy 2020.

2.3.4. Crisis management theories

There are various crises management theories presented in current academic literature. Most known influential Theories of Crisis Management are described in Andy (2020) and other references cited therein.

As presented by Andy (2020) a crisis management theory is distinct from a crisis management model, as models seek to represent the structure or application of crisis management, while crisis management theories are more abstract concepts. Some of the most well-known crisis management theories include 1) attribution theory, 2) situational crisis communication theory, 3) stakeholder theory, 4) contingency theory, 5) diffusion of innovation theory, 6) resilience theory, and 7) human capital theory (Andy 2020).

Attribution Theory: Attribution theory holds that companies suffer reputation and business harm when the public blames them for a crisis. Attribution theory starts from the premise that it is human nature to seek to explain why events occur, especially sudden and damaging incidents like crises. Typically, people attribute responsibility to an entity, such as a company, or a situation. When people blame an organization, they direct negative emotions toward it. This in turn can result in damage to the organization's reputation, reduced intention to do business with the company, and increased tendency to speak negatively to other people about the organization.

Situational crisis communications theory: This theory builds on the idea by recommending that businesses tailor crisis communications to the crisis' potential to hurt the company's reputation. In situational crisis communications theory, crisis managers must first determine the threat to the company's reputation by assessing which of three clusters fit into the crisis: 1) the victim cluster (the organization is a victim); 2) the accidental cluster (the organization unintentionally caused the crisis); or 3) the intentional cluster (the organization intentionally acted wrongly). The clusters have escalating potential to harm the company's reputation because of the level of responsibility attributed to the company (minimal, low, or strong). Based on an assessment of the situation and reputation risk, the organization should respond with one of three strategies: deny, diminish, or rebuild. In deny strategies, the organization assumes no responsibility; diminishing strategies seek to downplay the seriousness of the crisis; and rebuilding responses tend to involve apologizing. Situational crisis communications

theory build upon also secondary responses that are referred to as bolstering. This include reminding (for example, drawing attention to the company's past good deeds); ingratiating (praising stakeholders); and victimizing (pointing out the organization's status as a victim, too).

Theory of Apology: This theory recognizes the powerful role that apologies play in crisis management. This has been formalized as an area of study under the term corporate apologia, which means using rhetoric to protect the reputation while explaining what happened. In apology theory, the crisis response options are denial of responsibility, shifting of responsibility, or taking full responsibility with an apology. The theory is based on that fact that companies often avoid apologies in favor of making no public comment because of concerns that apologizing increases their liability or weakens their position in lawsuits. However, a public relations-driven strategy, in which the organization apologizes and seeks to be candid, is more effective. Some research findings (Coombs 2014, 2007) argued that apologizing is not necessarily more effective in reducing reputation damage and negative word-of-mouth among stakeholders who are not themselves victims. According to these studies, apologizing is as effective as other victim-centered strategies, such as expressions of sympathy and compensation.

Image Restoration or Repair Theory: Image repair theory also known as image restoration theory, shares a focus on rebuilding an organization's reputation when it has been damaged by a crisis. A Theory of Image Restoration Strategies focuses on the messages a company should communicate during a crisis. There are five categories of image repair strategies: 1) denial, 2) evasion of responsibility, 3) reducing perceived offensiveness of the action (such as with compensation), 4) corrective action, and 5) mortification (confessing and begging forgiveness).

Structural Functional Theory: In crisis management, this theory explains how organizational communication relies on a structure made up of networks for information to flow and a hierarchy of people who manage the process.

Chaos Theory and the Butterfly Effect in Crisis Management: The Chaos theory comes from mathematics, and holds that some systems are so complex that small differences in starting conditions can make them act very differently and unpredictably. This characteristic inspired the concept of the butterfly effect, in which a butterfly flapping its wings in Brazil can theoretically cause a tornado in Texas. This potential (for small changes to have unpredicted effects) can make these systems appear

completely random, even when they may not be. Researchers have applied both chaos theory and the butterfly effect in crisis management. This applies to officials/managers who made precise and rosy predictions about disasters without taking unpredictable weather variables into account. This usually occurs for floods and draught induced crisis elsewhere, wherein inaccurate communication about the crisis meant that many communities were not prepared for the scale of a disaster that occurred. In this regard chaos theory can show the limitations of controlling volatile public perception of a crisis.

Stakeholder Theory of Crisis Management: This theory of crisis management focused on the role of stakeholders in crisis management. The theory promotes the inclusion of stakeholders in crisis preparations and responses because of their power or influence on financial value and due to triggering factors such as potential for injury (e.g. exposure to crisis). Crises can reorder the importance of a stakeholder group, and managers who understand stakeholder theory consider and incorporate the needs and values of a range of stakeholders.

Resilience Theory: the theory builds upon Business Continuity Planning. In business, resilience theory helps to give rise to business continuity planning, which seeks to make companies more resistant to failure. A business continuity plan is similar to a crisis management plan in that it anticipates emergencies and disruptions that could occur and defines actions to regain normalcy in the company. Resilience theory outlines five elements that businesses can cultivate to strengthen their ability to bounce back after the crisis, and these include: 1) crafting normality, 2) affirming identity anchors, 3) making use of communication networks, 4) putting alternative logic to work, and 5) emphasizing positive feelings while downplaying negative ones. Integrated risk management is another resilience-boosting business practice. In integrated risk management, company culture is attuned to risk, and organizations seek to evaluate the risks in all their activities jointly, rather than in isolation. Technology-enabled practices support this integration, and the result is better risk-reduction decisions for the whole enterprise.

Contingency Theory: Contingency theory asserts there is no single best method to organize or lead a company. Crisis managers must adapt their response to make it contingent upon the situation. Crisis leaders and communicators should take into account a range of external factors, such as threats, the market place environment, social and political support, the characteristics of public stakeholders, and the complexity of the crisis issues. Internal factors include characteristics of the organization

(including human capacity, financial, logistic etc) and other threats (magnitude and frequency of crisis, exposure).

Diffusion of Innovation Theory: The diffusion of innovation theory describes how new ideas spread and become accepted. This idea *if* Diffusion of Innovation has influenced crisis management by shaping efforts to change behavior and attitudes in emergencies. The diffusion of innovation theory can identify behaviors that might be most easily changed and the people who might adopt new practices (and influence others), and these are most effective ways to spread new ideas. For example, when about 20 percent of the population adopts a new behavior, then about 70 percent of the remaining people will adopt it, too. An example application of this theory is the efforts made by public health agencies to get people to wear masks during a pandemic.

Theory of Human Capital: The theory of human capital frames individual characteristics such as education, health, and birth place as factors that contribute to a person's productivity and income. It may also include marital status, gender, age, work experiences. In crisis management, inequalities of human capital such as disadvantages in education and healthcare and unfair income distribution among classes and races can lead to or exacerbate crises. For example, when reflected in lower wages or job status, these inequalities make companies vulnerable to discrimination lawsuits, damaged morale, and reputation harm. During crisis management these needs to be seriously considered.

2.4. Empirical Related Literature: Impacts of COVID-19 on hotels and employees' income

With regards to impacts of COVID-19, the various variants of pandemic illnesses are known as the worst crisis that have affected humanity since the Second World War (e.g. Seddighi, 2020; Alshaabani et al., 2021), particularly employees of hotels.

Detailed studies on COVID-19 impacts have been reported in several countries, and summary of the studies are presented in Appendix 2:1

For example, studies on COVID-19 impacts on Tourism conducted by the UNTWO. (2020) based on 1 billion international arrivals revealed that the COVID-19 pandemic has put an estimated amount of between 100 million and 120 million direct tourism jobs in danger, most of which are micro, small and

medium enterprises (MSMEs). Further studies conducted in Australia, USA, Canada, Germany, Ireland, UK and Mexico on examining the impact of COVID-19 on restaurants revealed that countries that went through a strict lockdown and banned dine in restaurants charged the majority of their restaurants into financial crisis and some consequently are closed down. This implies substantial economic losses of household economy and the sector.

Where others maintained their operations and provided delivery service, as details are reported in Dube et al., 2021. The study confirmed a trend of crippling in global restaurant and hospitality industry following the COVID-19 global spread. The study also indicated that at small scale level private sector business such as family-owned hotels/restaurants and other restaurants had to lay off more than 80% of their employees as a cost controlling measure. The report also indicated impacts of COVID-19 on job quality in the sector. In this respect for studies conducted in USA, Dube et al., 2021 reported that an estimated number of 10.8 million employees working in bars and restaurants had lost their jobs due to the persistence of interruptions caused by the COVID-19 pandemic.

According to the same study (Dube et al., 2021) in Marriott Hotel (which is international hotel with many branches in many countries) operated below 75% of its normal level and this led to the layoff of 4000 (two-thirds) corporate employees both at home and abroad. Further studies documented impacts in the G20 countries where hospitality and tourism sector contribute 10% to the employment (IMF., 2020). Accordingly, a six-month interruption led to 75% of job losses in the sector, which is equivalent to above 7.5% decline in employment in the G20 member states, and the drop could exceed as high as 10% in some member states namely Germany, Italy, Mexico and Spain.

With regards to the situation of COVID-19 impacts in Africa, studies reported that the situation in Africa is not different from other parts of the world. In this respect, the WB. (2020) made a prediction that the economic downturn in Sub-Saharan Africa would fall by -3.3%, which is the first recession in the continent during 25 years. The report indicates that an estimated total of 40 million people was driven into miserable poverty in 2020 due to job losses induced by COVID-19. Furthermore, the IMF. (2021) studies identified vulnerable sectors to COVID-19 in the continent; and these include among others travel and hospitality, is extremely vulnerable to the COVID-19 pandemic because of its contact-intensive services. Therefore African countries that depended heavily on tourism had the worst economic shocks and their real GDP failed substantially. Such countries include Mauritius, Seychelles

etc. and the Caribbean where their real GDP was expected to fall in 2020 by 12%, while others such as Pacific Island nations like Fiji failed up to 21%.

Generally, in Africa, employees in the hospitality and tourism industry, as well as SMEs, were immensely affected by the COVID-19 pandemic response measures because of the contact-intensive activities; and the impact continued even after the lifting of the bans and lockdowns because of the lasting consequence of the economic downturn on employees (Danquah et al., 2020; Kabil et al., 2021). Following this, the African Union was fearful that job losses in Africa could rise to 20 million as a result of the COVID-19 pandemic. For example, in Ghana, approximately 10.5 million workers in the private sector (formal and informal) were susceptible to job cuts due to the pandemic, particularly employees in the hotels and restaurants, bars, education, entertainment and events, travel and tour operators in the hospitality and tourism industry, manufacturing, retail, and wholesale trade and MSMEs (Baah-Boateng, 2021). This study reported that, the hotel sector in GHana lost about \$171 million in revenue in 2020 which led to significant job losses, reduction in working hours and labor earnings. Further studies by Danso et al., (2020) to ascertain the impact of COVID-19 on 3–5 Star hotels in Ghana, revealed that before the COVID-19, majority of these hotels were operating within a range of 1–25%, however, it fell drastically during the pandemic. Some large hotels closed down sections of their facilities leading to employee layoffs and salary reductions, and some employees were asked to stay home for some days in each month, others had their daily schedules altered while others had their working hours reduced. Most hotel employees therefore suffered economic hardships due to the measures taken by their respective hotels.

Regarding the case of Ethiopia, recent study reported that high proportion of food insecurity had occurred in the informal workers aftermath of COVID-19 pandemic (Gemechu 2021). Other studies (e.g., Juliet McCann et al. 2022) reported COVID-19 disruptions of food systems and nutrition services. There are also studies that assessed factors associated with food security and dietary diversity among poor urban households after the outbreak of the Covid-19 pandemic (Tamiru et al., 2023). Furthermore studies on food consumption and food security during the COVID-19 Pandemic in Addis Ababa reported by Kalle et al., (2021) suggests that a large proportion of households have been exposed to job loss or reduced incomes resulted from the COVID-19 pandemic. Other studies reported by Tsion (2021) on the economic impact of COVID 19 outbreak on Hotel industry in Addis Ababa aimed at:

- Determining at what extent of COVID 19 outbreak affects the profitability of hotel industries,
- Examining the effect of COVID 19 outbreak on the employee aspect including various means of layoff, job insecurity, cutting staff development and promotion,
- Determining the impact of COVID 19 outbreak on the sales revenue of hotel industry and
- Determining the extent of COVID 19 outbreak on hotel consumer behavior.

These earlier studies conducted by various authors in Ethiopia on the effects of COVID-19 on various aspects of the hospitality industry were not designed with a focus on the household income of the employees of the hotels. The present study aimed at addressing this knowledge gaps.

2.3. Conceptual framework of the study

The conceptual framework of the study lies upon the causal-effect pathway in the hotel industry. In this study the causal-effect pathway consists of three variables/factors that may trigger the effect of COVID-19 on the livelihoods of the hotel employees. The variables are defined/ described in Table 3:3, and they include: Demographic factors of the employees, independent variables and dependent variables. The conceptual framework shows how the measures and variables are interacting each other (Causal and effect pathway) of COVID-19 Pandemic (Figure 2:6). The arrows show the cause and effect relationship between the measures and variables.

The Conceptual Framework as demonstrated by casual-pathway (Figure 2:6), is designed in line with the objectives of this study. In this respect, the selected dimorphic variables are characterizing the background of employees of the hotel as they are inferred from the demographic characteristics of the respondents whose sex, age, years of service, positions position held in the hotel, level of education, marital status, socioeconomic condition were documented during the questionnaire survey. The selected independent variables are protection policy measures of COVID-19 and they include lockdown policy for certain period of time, social distancing, layoffs etc. The independent variables are direct interventions of the COVID-19 protection measures include lockdown (staying at home), social distancing in working space and layoffs; and their immediate outputs are changed working schedule including public transport schedule, reduced hotel services and facilities.

The dependent variables are the various types of incomes of employees, which mainly include: basic salaries, incentives, bonus and other benefits. The independent variables have direct effect on the dependent variables. Hence, combined outcomes of the interaction of independent and dependent variables are the overall direct output of the effects/impacts of the COVID 19 Outbreak. For example, changing employees work schedule, shutting down parts of hotel service facilities, staying home following forced vacation, lockdown restriction to international travel routes may cause overall decline in the employee's basic salary and incentives. Subsequent outcome is losses in alternative jobs, reduced monthly income, and poor access to food market supply. All these would lead to situations national income from public and private sector is reduced; and these could lead the situation where food and nutrition insecurity is rampant.

As shown by the conceptual framework COVID-19 pandemic results not always threat but also it brings opportunities for enhanced digital application and intelligence transformation in many public and private sectors.

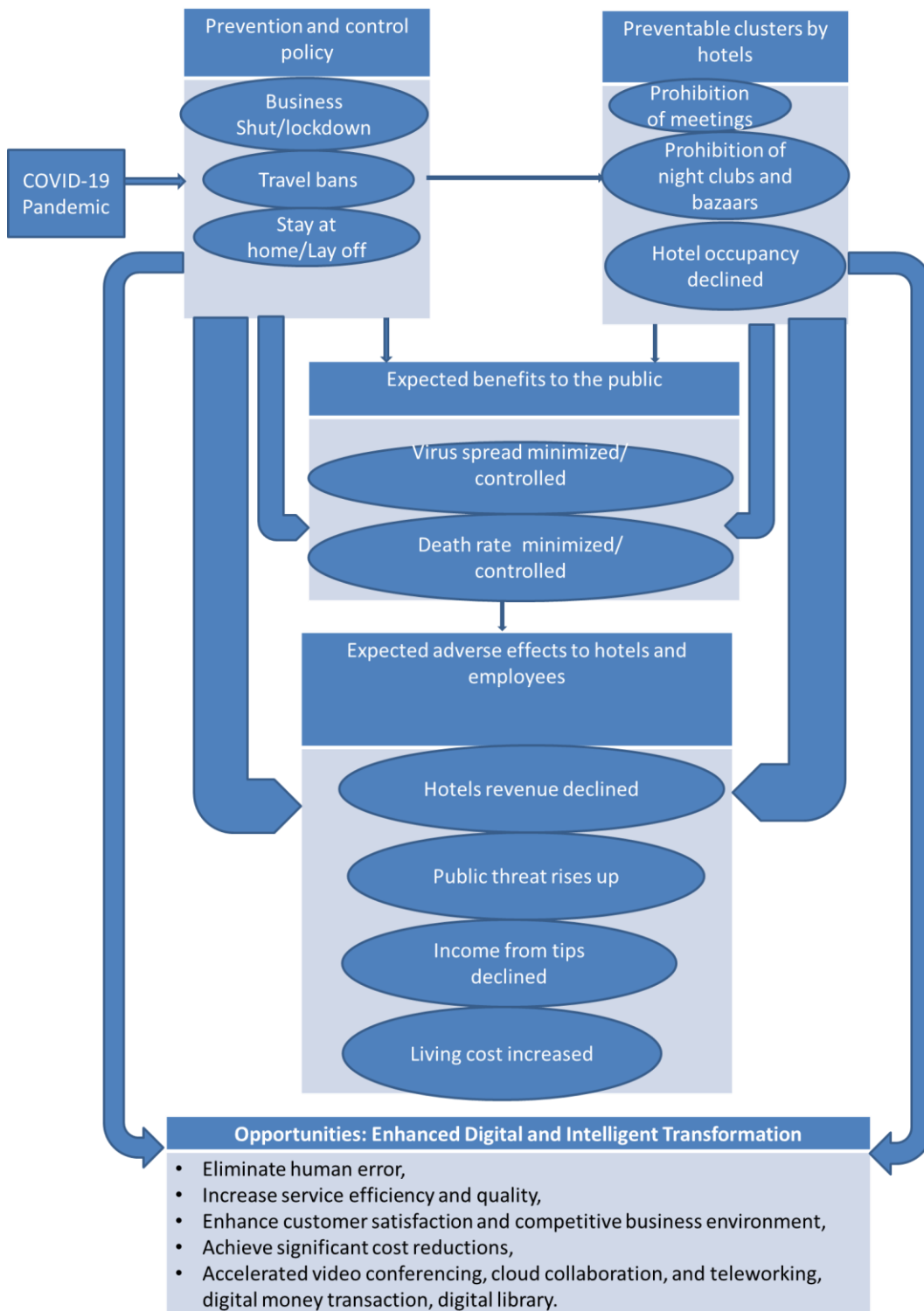


Figure 2: 6. Conceptual frame work for the Effect of COVID-19 Pandemic on employees of hotels and hotel revenues.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Description of the Study Area

The study was conducted in Addis Ababa city administration. The city is located in between 9°1'48"N 38°44'24"E. It expresses temperature agro-ecological condition. Addis Ababa is the capital city of Ethiopia and has many tourist attraction centers. The city administration has many hotels, cultural and modern restaurants, museums although it was not possible to list all. They support thousands of households as a livelihood and income.

Recently the government has been implementing the river watershed development initiatives which could add the aesthetic value of the city and hence, motivate tourists and the sector income. According to CSA (2018 a &b) reports the city in 2016 has a total population of around 3.8 million. According to the 2020 World Bank report, almost all households have access to 24 hour electricity, in excess of 90% are connected to piped water and access to improved sanitation accounts more than half (WB., 2020).

According to 2016 Ethiopia demographic and health survey data, chronically undernourished of children under five years of age was about 15 percent while 13 percent of women and 18 percent of men between the ages of 15 and 49-year-old were less than 18.5 kg/m² body-mass index (BMI) (CSA. & ICF., 2016). There is high number of informal workers. The city has relatively higher number of COVID-19 cases as compared to other cities in Ethiopia. While compared to other capital cities the COVID-19 cases and death tolls in Addis Ababa are relatively low.

3.2. Research Approach

The research approach was designed in a way it enables to collect information from relevant data sources. Two types of data sources were used obtain relevant information. The first source of data was primary data which was obtained from directly from hotel employees who have completed the questionnaire survey. The second data sources are secondary data which were obtained from reports

and published articles. Data collection tools used were questionnaire survey and document review. With regards to report review, many of the hotels were not comfortable and interested in providing their reports on annual income, expenditure and employees' salary or incentive payrolls etc. Detail accounts of research methods are described below.

3.2.1. Questionnaire survey

Questionnaire survey was used to best explore the impact of COVID-19 pandemic on the household income of employees of star leveled hotels in Addis Ababa. The questionnaire survey was also designed to collect information that would infer the impact of COVID-19 on the food security conditions. The questionnaires were used as data gathering tools to obtain primary data.

As discussed with the hotel managers how to manage the questionnaire survey with their employees (i.e., with interviews or with completing the questionnaire). They all replied to me that interview is time consuming for their employees; and they advised me to use the questionnaire which the employees could complete at their convenient time. In this regard, survey questionnaire was distributed the hard copy of questionnaire survey.

The questionnaire survey was completed by all hotel employees including managers, cashiers, guards, receptionists, janitors, waiters, chefs etc. (all hereafter referred to as respondents) and was collected later.

The questionnaire survey consisted of the following components as details are shown in Appendix 3: 2

- I. Socio-demographic characteristics of respondents of the study,
- II. Employee's perception on COVID-19 induced food security,,
- III. Effects of COVID-19 on household income of hotels' employees

Furthermore, the questionnaire components were prepared in a way they are well aligned with specific objectives to collect data sets that provide key information to address the specific objectives of the study (Table 3:1).

Table 3:1. Alignment of research questions with specific objectives of the study

Research Questions component	Specific objectives	Questions asked to address specific objectives
I. Socio-demographic characteristics of respondents study	Specific objective 1. Characterize the demographics of employees of the hotels	Please indicate your: age, gender, religion, education, experience, housing status, marital status, family size etc
II. Employee's perception on COVID induced economic/income of households,	Specific Objective 2. Adverse Impacts of COVID-19 Pandemic on household income of hotel employees,	i) How much did you receive as a monthly salary during before and after the event that the COVID-19 pandemic extended for a lockdown period? ii)How much did you receive as a monthly incentive (Tips) before, during and after the period after the lockdown for COVID-19 pandemic is lifted? iii) Did you face any economic crises vi). If yes, what type of household economy crises you had?
III. Hotel workers perception on COVID-19 effect on food security of the household	Specific objective 3. Adverse impacts on overall household's food security and income	i) Did you encounter any food insecurity/ shortage during the pandemic ? ii) If yes, how severe was the food shortage: very low, low, no response/neutral, high, very high? ii) If yes, did you manage to cope with food shortage through food behavioral change? iii) did you encounter problem of access to food? iv) If yes, had food price been increased during the pandemic?

		v) If yes, was there lack of market access to food during the pandemic? vi) If yes, was there food supply chain disruption during the pandemic? vii) If yes, did you manage to change food eating practice pattern during the pandemic as coping mechanism to food shortage?
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3.2.2. Selection of hotels for the study

Due to constraints of research budget and research time in accessing employees from large number of hotels in Addis Ababa, convenient sampling method was used to target on 9 selected star-labeled hotels listed in Table 3:2. These hotels are located within close proximity to the Author, where to reach respondents was quick and easy way to get the required primary data. As indicated in several academic and research literature, convenient sampling method is frequently used in qualitative research because it can be a cost-effective and time efficient way to collect data from individuals who are difficult to reach or may not be interested in participating in the study, although convenient sampling can have biases and limitations that can affect the representativeness of the results in the target population (i.e. hotel employees). For example convenient sampling method has been recently used to document knowledge gaps and national research priorities for COVID-19 in Iran (Yazdizadeh et al. 2022).

Table 3:2. Name of hotels considered for this study

No	Hotel Name	No of Employee	Hotel Star
1	Sarem International Hotel	155	4 star
2	Soramba Hotel	200	3 star
3	Semen Hotel	105	1 star
4	Ambasader Hotel	200	4 star
5	Getfam	190	4 star
6	Saromaria	155	3 star
7	Kaleb	130	3 star
8	Jupiter	260	4 star
9	Best West	220	4 star
	Total	1615	

3.2.3. Sample size determination (required number of respondents)

The number of sample respondents (sample size) representing a population of 1615 hotel employees was determined using web based online sample size calculator available from <https://www.calculator.net/sample-size-calculator.html>.

The following parameters were used to calculate the sample size iteratively:

Confidence level of 95%, Z-score= 1.645,

Sampling Error, $e = 5\%$,

Population proportion is set at 10%,

Population size $N = 1615$; i.e., the total number of employees of the 9 hotels.

Entering these parameters into the calculator, a total sample size of 128 (128 respondents) are needed for interview and completing the questionnaire. However the actual numbers of respondents who have completed the questionnaire were 122. Therefore as shown in Figure 3:7, the number of respondents (sample size) were not proportional to the number of employees. For example the Getfam and Sarem hotels which have the least (7) and maximum (24) respondents, respectively; do not show least and maximum number of employees. In this regards as shown in Table 3:2, Getfam hotel with 190 employees and Sarem hotel with 155 employees do not have the least and maximum number of employees, respectively. This was because, instead of picking respondents proportional to number of employees of each respective hotel, using convenient sampling I simply picked the hotel employees (respondents) who were on duty at the date of completing the questionnaire.

The convenience sampling involves picking the hotels that are located in close proximity and easiest for me to easily access their employees; and hence the targeted star-labeled hotels were not replicated in the same way (i.e., 4-star hotels are 5, 3-star hotels are 3 and 1-star hotels are 1).

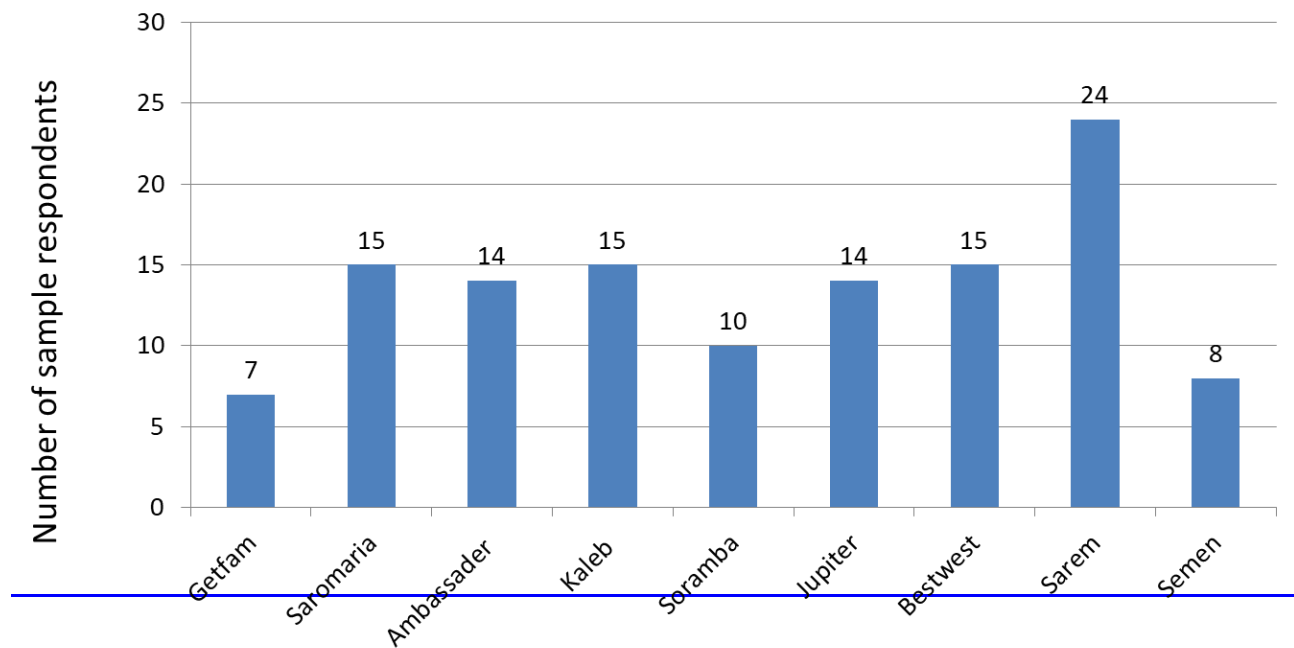


Figure 3: 7. Sample size distribution across the studied hotels

3.2.4. Interview with the hotel employees and sampling technique

Convenient sampling was used to approach the respondents. The respondents approached for completing the questionnaire include: managers, receptions, cashier, finance and HR admin, guards, janitors etc. Consultative meetings were held first with Administration/managers of the hotels explaining the objectives of the study and requesting their support in providing the necessary data sets by completing the questionnaire survey. Following the consultative meeting employees from each position who were on duty at the time of conducting survey were approached to complete the questionnaire survey. Because the author was not aware of the work schedule of the employees as to “who is assigned where and when” The selection of the respondents was random and free of biases, although the selection was not done by chance or systematic random.

The questionnaire survey guide included five main questions (Appendix 3:3) that addressed specific objectives:

- 1) Please indicate your: age, gender, religion, education, experience, housing status, marital status, family size etc;
- 2) How much did you receive as a monthly salary during before and after the event that the COVID-19 pandemic extended for a lockdown period?
- 3) How much did you receive as a monthly incentive (Tips) before, during and after the period after the lockdown for COVID-19 pandemic is lifted?
- 4) Did you face any economic crises?
- 5) Did you encounter any food insecurity/ shortage during and after the pandemic?

3.2.5. Measures and variables

It is taught that three measures and variables/factors may trigger the effect of COVID-19 on the livelihoods of the hotel employees. These variables and measures, as defined/described in Table 3:3, include: Demographic factors of the employees, independent variables and dependent variables. Their Causal-effect pathways on COVID-19 Pandemic are demonstrated by conceptual framework (Figure 2:6).

Table 3:3. Description of measures and variables Causal-effect pathway variables

Variables and measures	Description	Causal-effect to COVID-19 impacts
Independent variable 1: Demographic variables	Age, Sex, Marital status Educational status, Family size, Religion, Service year/experience, Socioeconomic factor (Housing ownership)	This enables to identify which categories of the employees are most affected by the COVID-19 protection measures. For example senior employees are highly vulnerable to COVID-19 illness and are subject to layoffs and staying home. Likewise, employees with own housing have no expenses for house renting and may be relatively less affected when their monthly income is reduced by layoffs. Employees with longer service years are exempted from layoffs, as they are efficient to cover the duties of other employees who are forced to stay home.

Independent variables 2: Lockdown, Social Distancing in working place, and transport sits, Layoffs,	These are outputs of practicing COVID-19 protection measures and include but not limited to: Changes in work schedule and working environment, Changes in hotel services, Closedown of hotel service facilities such as sport and recreation sites (swimming pool, massages, cinemas, night bars), Changes in public transport schedule	The independent variables may result in a decline in the overall income of the employees and hotels' revenue. It may cause social disruption e.g. rape and family disorders as many of the family members are staying home the whole day for a period of several months. May result increases in transportation cost, May reduce accessibility to markets and may result in changes in the supply, demand and price of life supporting commodities; i.e., the supply may reduce, while the demand increases and hence the price may raise to the level where the employees are not affording to purchase. This may lead the employees to adopt behavioral changes in daily food pattern to adapt to the expensive life induced by COVID-19.
Dependent variables: Incomes	Household income of employees: Basic salaries, incentives and other benefits	The household income and subsequent food security of the employees are affected by the protection measures of the COVID-19 Pandemic. This refers to the percentage of the income reduced or increased as a result of implementing COVID-19 protection policy measures declared by the government, May result loss of jobs,

3.2.6. Data entering for analyses

The collected data from 122 respondents using questionnaire survey were entered in to Excel spread sheet for conducting data analyses and presenting results in graphs and Tables.

Descriptive statistics for each of the dependent variables/data types were calculated by Excel. The descriptive data includes mean values, percent values, and frequencies of each collected dependent variables of income (i.e., salaries and tips before, during and after COVID-19), employees' perception on COVID-19. The values were presented in graphs and tables across the 9 hotels and before, during and after COVID-19.

3.2.7. Data analysis methods

Data sets from questionnaire survey that were entered into Excel were entered into SPSS Spread Sheet.

For statistical analyses to determine the significant effect of COVID-19 on hotel employees' household income, the data on basic salary and tips (incentives) were analyzed using IBM SPSS Statistics 20 Software. In these analyses two types of data on income (basic salary and incentives/Tips) were collated. The effect of COVID-19 on monthly salary was tested for significance differences in monthly salary between before COVID-19 pandemic and after COVID-19 pandemic period. In this analyses the salary during COVID-19 pandemic was not considered because the government's COVID-19 policy forced employers to pay full salary during the pandemic no matter the employees are laid off or physical present on duty; hence it was assumed that there was no differences in salary before and during the pandemic. The Salary of the two time periods i.e., before and after COVID-19 was tested because there was salary adjustment to balance the cost of living increased following the pandemic.

The effect of COVID-19 on monthly tips was tested for significance differences in monthly tips of the period before, during and after the pandemic. Monthly tips of three time periods i.e., before, during and after COVID-19 pandemic was statistically tested because incomes from tips are very much dependent on the physical presence of the employees on duty to deliver the hotel services.

In these statistical analyses (testing significant effect of COVID-19 on monthly salary and monthly tips) it was assumed that there should be statistically significant differences in the household income of employees between before, during, after COVID. In this regard the significant effect of COVID-19 on employee's income (salary, tips) was statistically analyzed by SPSS using Compare Means Paired Samples T Test. Paired Samples T Test was found suitable not only for testing the COVID-19 effect on monthly salary and on monthly Tips but also for testing the correlation between before-, during- and after-COVID-19 in salary and tips. Paired Samples T Test analyses for testing the significant effect on COVID-19 on tips considers three pairs of factors of three dependent variables (i.e., monthly tips before-, during- and after-COVID-19). Whereas, for testing the significant effect of COVID-19 on employees' salary; Paired Samples T Test analyses considers one pair of factors of two dependent variables (i.e., monthly salary before- and after-COVID-19). A probability level of $P < 0.05$ was set to determine statistical significance of the effect. The unit of the analyses was the income of individuals (hotel employees), not the revenues of the organizations (the hotels' revenue).

These analyses of testing statistically significant effect of COVID-19 on employee's' household income was not done for other measurements (which include perception on COVID-19 impacts on food security), because the main objective of the study is to determine the significant effect of COVID-19 pandemic on the household income (salary and tips) of the hotel employees; and because the basic salary and tips are pillars of household economy of the employees in the hotel sectors.

3.4. Ethical consideration

Ethical clearance was obtained from Ethical Review Committee of Addis Ababa University. After explaining the purpose of the study,, verbal consents was obtained from study participants (respondents including employees and managers) before data collection. Participant were being informed that participating in this study is based on voluntary and as refusal to participate is possible. The right to withdraw from the study at any time during the interview was assured. The interviews were conducted in a private to ensure privacy. Data collector gave psychological support to those participants who experienced hopelessness. In general, the study was conducted according to AAU ethical policy.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

4.1. Results

The data for this study were collected using questionnaire survey. A total of 122 employees (who are herein after named as respondents) of the Hotels completed the questionnaire survey. The hotels considered for this study to infer the impact of COVID-19 pandemic on the socioeconomic aspects of the hotel employees were 9 hotels as listed in Table 3:2. The respondents represent the varies positions: Managers, receptions, Kitchen, Guards, Messengers/Cleaners, Admin and finance, HR etc. This section presents the findings of the study and is described in the following sections in terms of demographic characteristics, changes in socioeconomic conditions in terms of household income (monthly salary and tips) and food security.

4.1. 1. Demographic characteristics of employees of the studied hotels

This study documented key demographic characters which are independent variables and include among others: age, marital status, education, family size, gender, religion, economical back ground, housing ownership because these variables are key factors contributing to household economy and food security, and are determinant for variation in household economy and food security during and after the outbreak of the Covid-19 pandemic. Therefore understanding the causal effect of between these variable in response to COVID-19 are key for taking immediate interventions at the event when such pandemic is occurring; as it is described in Table 3:3.

4.1.2. Gender and Age composition and marital status of the Hotel Employees

Gender and Age composition and marital status of the hotel employees were inferred from the questionnaire survey completed respondents (Figure 4:8, Figure 4:9, and Figure 4:10). Gender composition reported in this study would be used to determine the gender compositions of the hotel employees. As shown in Figure 3 female respondents were 44.3% and male respondents were 55.7%, suggesting that many of the hotel services are delivered by male.

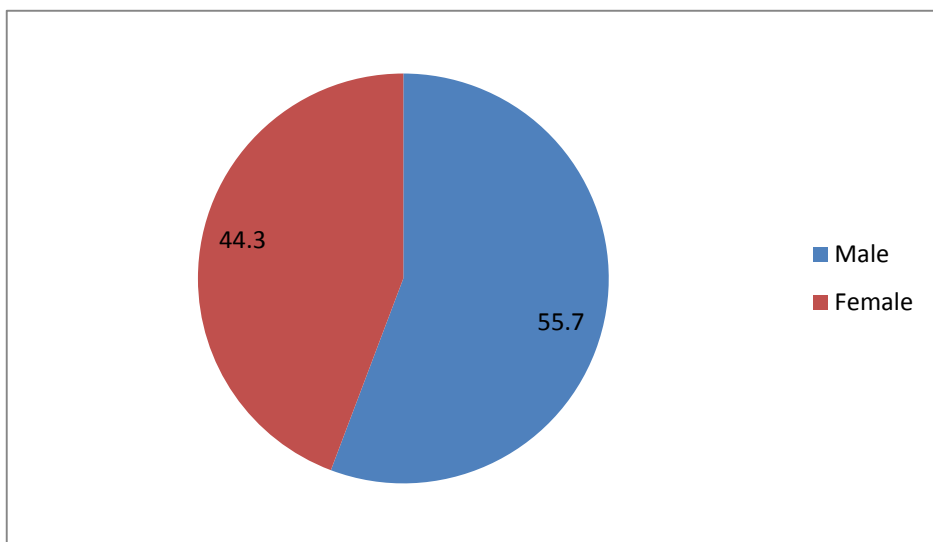


Figure 4:8. Gender composition of the respondents

With regards to age composition (Figure 4:9), the majority of the employees were within the age category of 20 – 30 and 31 – 40 years with equal share of each 42.6% of the total employees. About 13.9% of the employees were within the age group of 41 – 50 years. The least number of the employees were 51 – 60 and above years old with just below 1%. This may suggest that citizens with age category of 20 – 40 are most demanded workforces for the hotel industry.

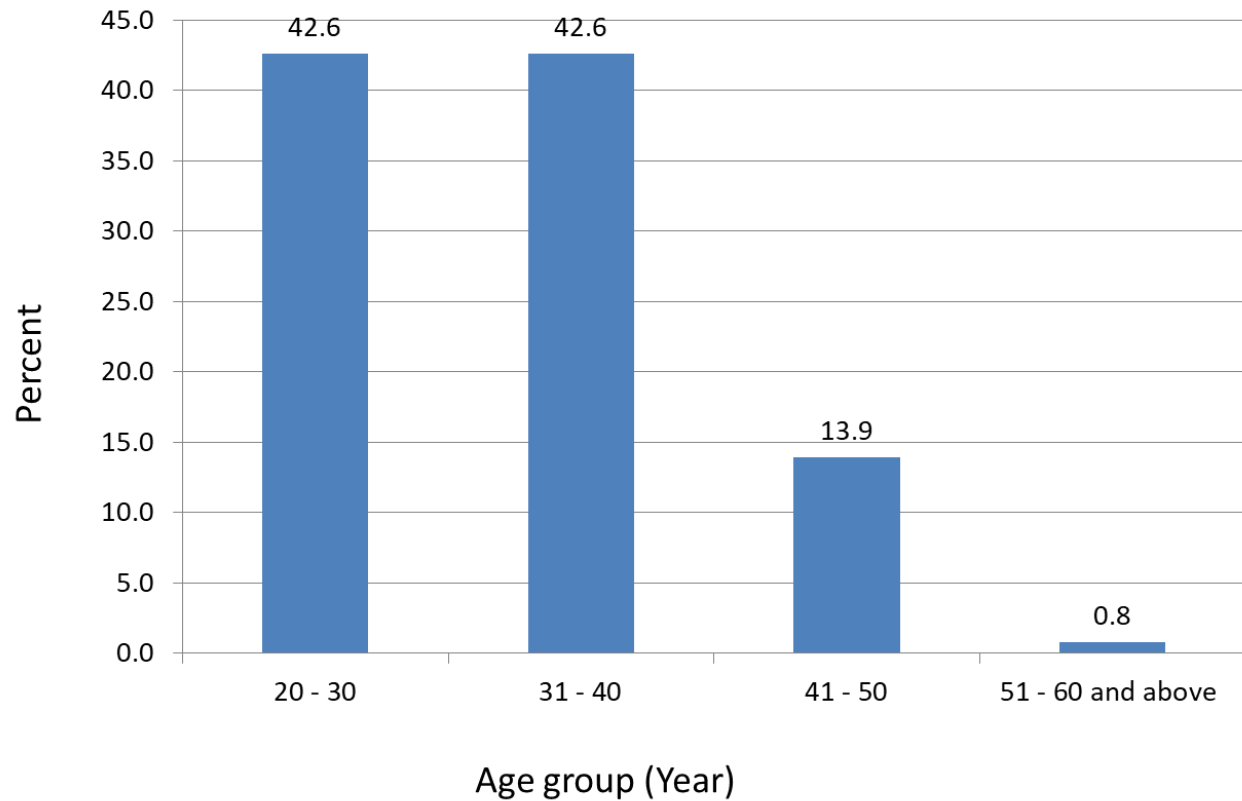


Figure 4: 9. Age composition of the hotel employees

The demography of the hotel status was also categorized in terms of marital status. As presented in Figure 4:10 five categories of marital status were observed. The majority of the employees were married (50.8%) followed by single with 46.7%. Least number of employees was divorce (1.6%) and widow (0.8%). The share of divorce and widow is relatively small as compared to married and single, and the observed result is consistent with population's marital composition.

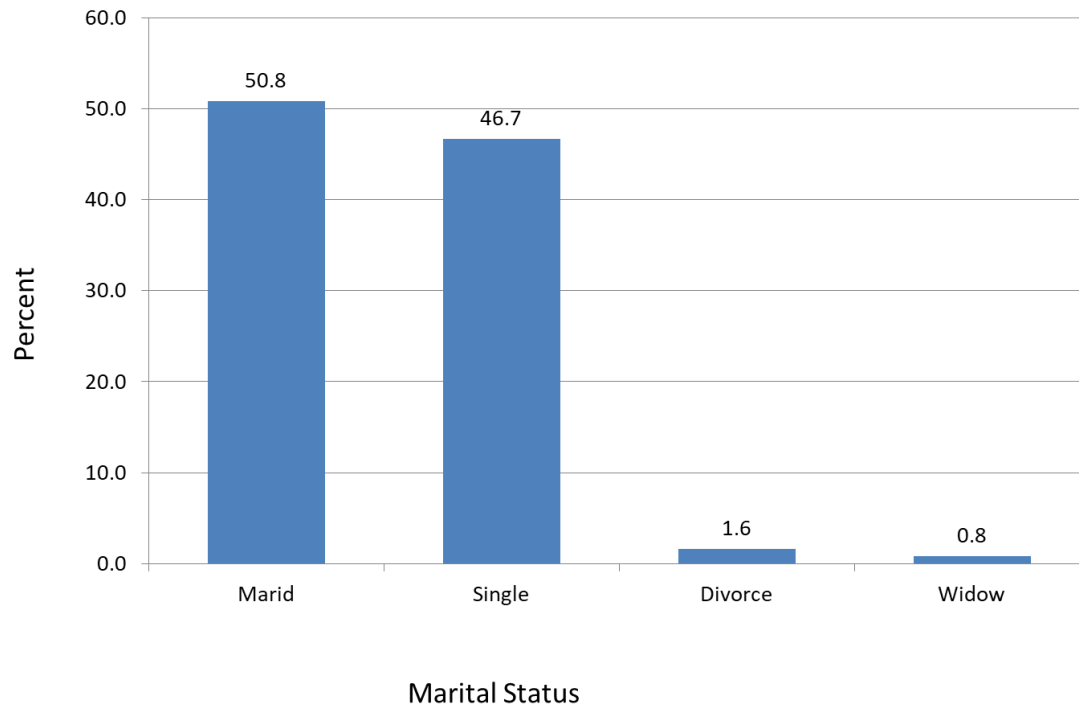


Figure 4: 10. Marital Status of the Hotel employees.

4.1.3. Religion composition of the hotel employees

Figure 4:11 presents the religion composition of the respondents, which may infer the religion composition of the hotel employees. Accordingly, the largest population of the hotel employees was Orthodox Christians with 75.4%, and it was followed by Protestant Christians and Muslims with 14.8% and 5.7%, respectively. The least group were Catholic Christians and other religion followers who were 1.6 and 2.5% of the employees, respectively. The result may suggest that being employed in the hotel industry may not be welcomed by catholic and Muslim religion followers, some type service namely drinks, and music etc may not be encouraged by the leaders of these religions.

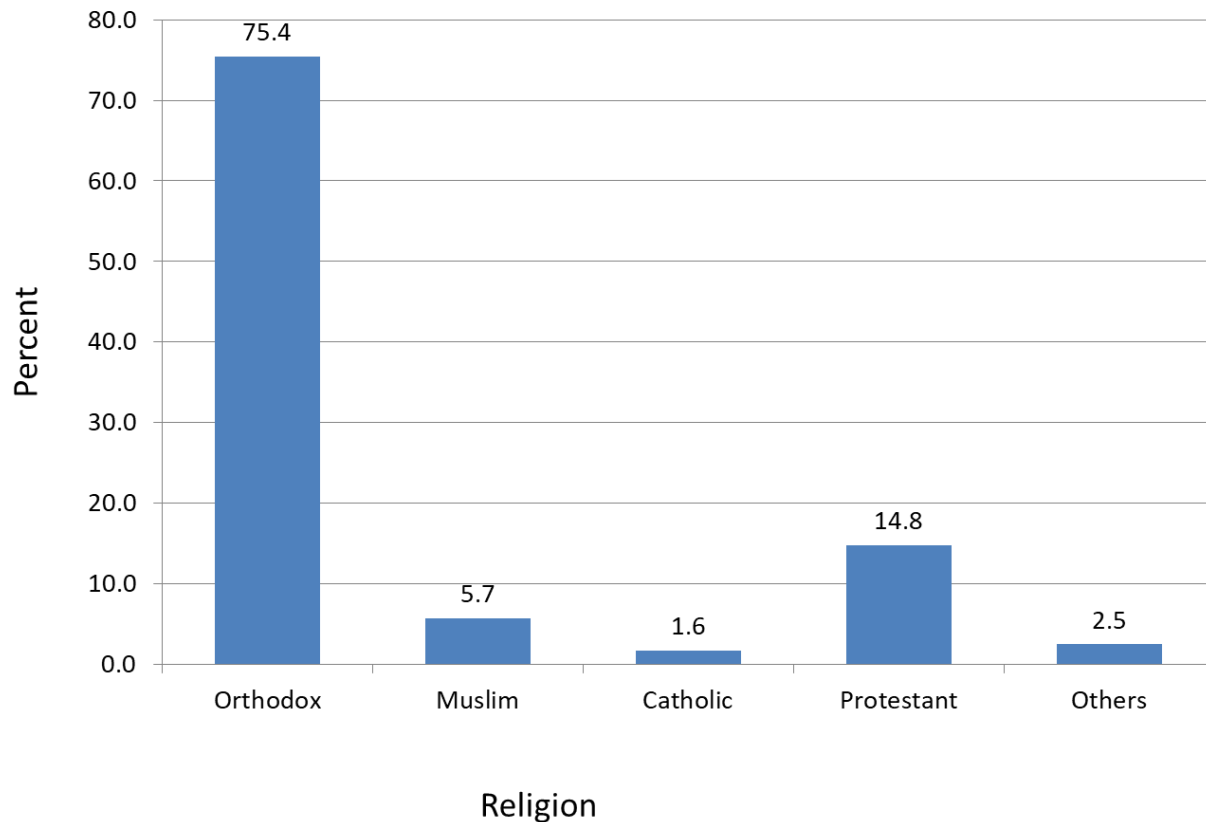


Figure 4: 11. Religion composition of hotel employees

4.1.4.. Family size of the hotel employees

The questionnaire survey was designed to collect information on the family size of the hotel employees; and the result of the family size of the respondents is presented in Figure 4:12, which may infer the family size of the employees of the hotels. Accordingly, the majority of the employees has a family size between 3 and 5 (i.e., 18, 20.5 and 19.7% for family size 3, 4, and 5, respectively) and all together amounted to 58% of the total employees. Single and couple family sizes were 10.7 and 14.8%, respectively. Employees with larger family size of 6 and 7-12 were 4.9 and 9%, which took a share of 15%. The result indicates that the hotel service provide employment opportunities supporting the livelihood of larger family size.

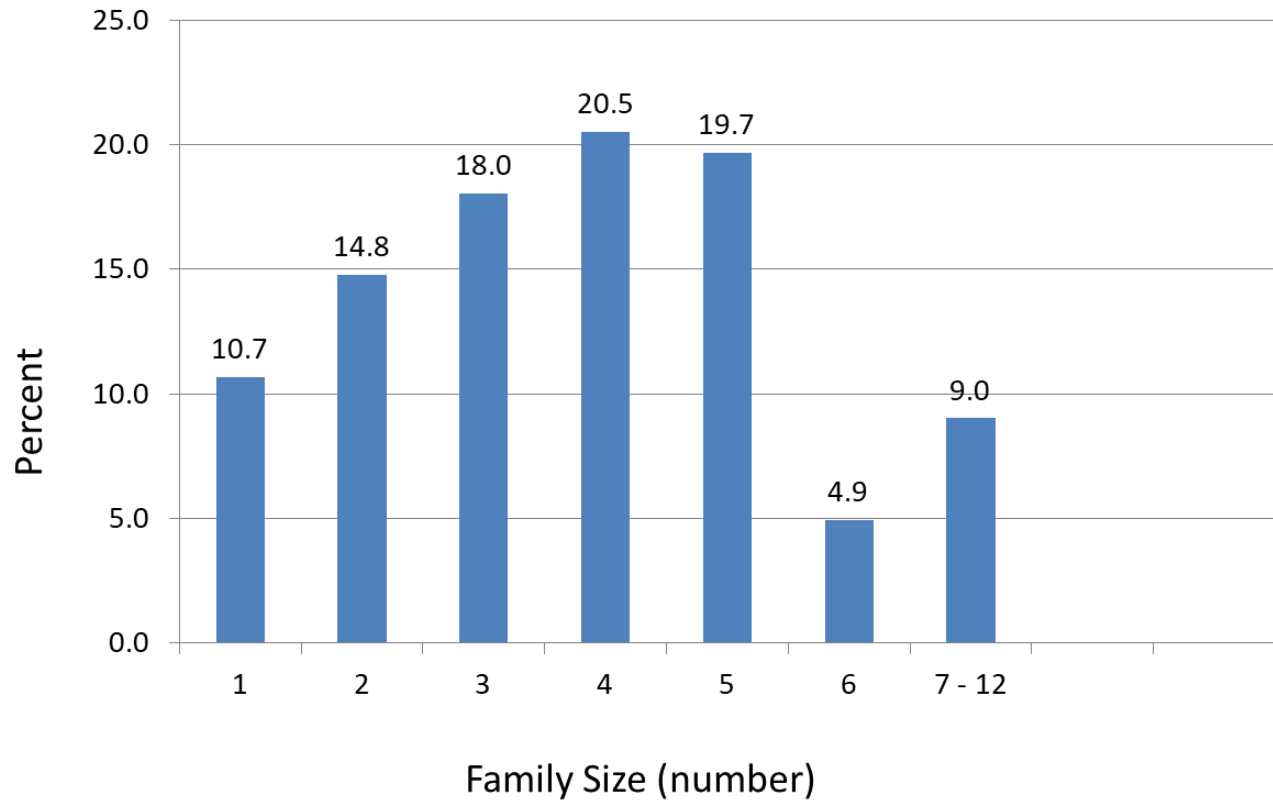


Figure 4:12. Family size of the hotel employees

4.1.5. Characterizing the hotel employees by level of education

The respondents were categorized in terms of their level of education in order to infer the level of education of the hotel employees (Figure 4:13). Accordingly, the hotels employ professionals who received certificates, diplomas, and university degrees. The majority of the employees received university first degrees with 38% of the employees. Other employees with certificates and diplomas were 19% and 29% of the employees, respectively. Second degree holders were 9%. Employees with no qualification of certificate were just 6%. From this study one can infer that the hotel industry contributes to reduce unemployment of the skilled manpower in urban settings.

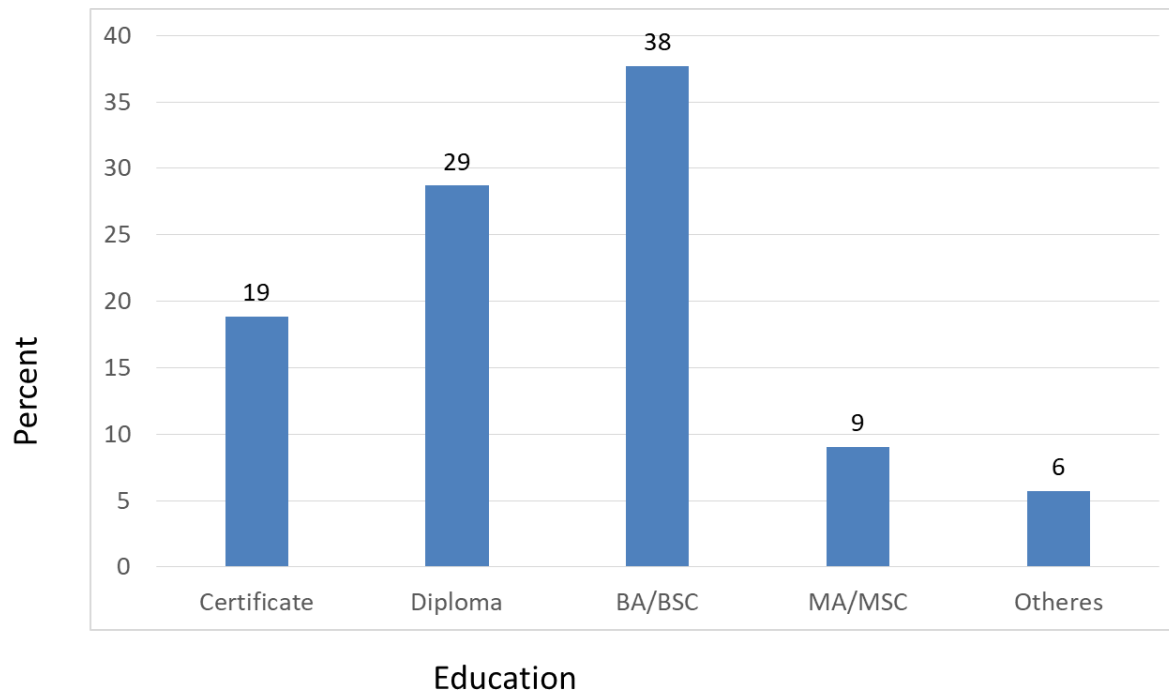


Figure 4:13. Level of education of hotel employees

Furthermore, Hotels were compared each other in terms of the level of education of their employees, as presented in Figure 4:14. Accordingly, Getfam hotel stood first in employing highly qualified personnel holding second degree (42.9%) and is followed by Kaleb and Bestwest who employed 20% second degree holders. Getfam stood first in employing first degree holders (57%), and is followed by Soramba and Ambassador whose employees with first degree holders were just 50%. Large number of Diploma holders were employed by Jupiter and Sarem Hotel with 64.3 and 54.2%, respectively.

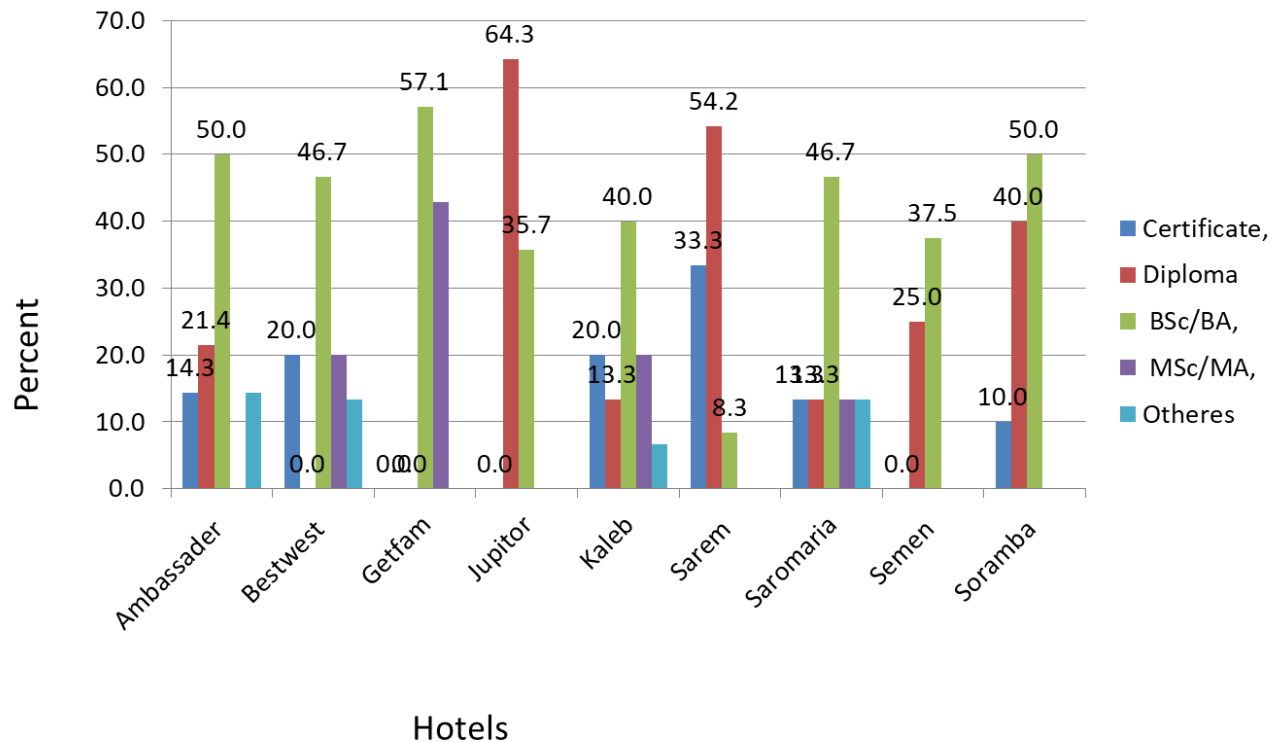


Figure 4:14. Comparison of hotels by level of education of their employees

4.1.6. Categorizing the hotel employees by years of services/ experiences

The respondents were categorized in terms of service years in order to infer the experiences of the hotel employees, as presented in Figure 4:15. Accordingly, the majority of the employees have experiences of 3-6 years, who were 33.6% of the employees. Percent of employees with longer service year was estimated to 46.8% (i.e 7-10 years 23.8% and > 10 years 23%). Employees with minimum experiences of below 3 years of service were 13.9%.

The larger share of employees with 47.5%) belongs to service year group 1-6 years suggesting that there is high staff turnover in the hotel industry.

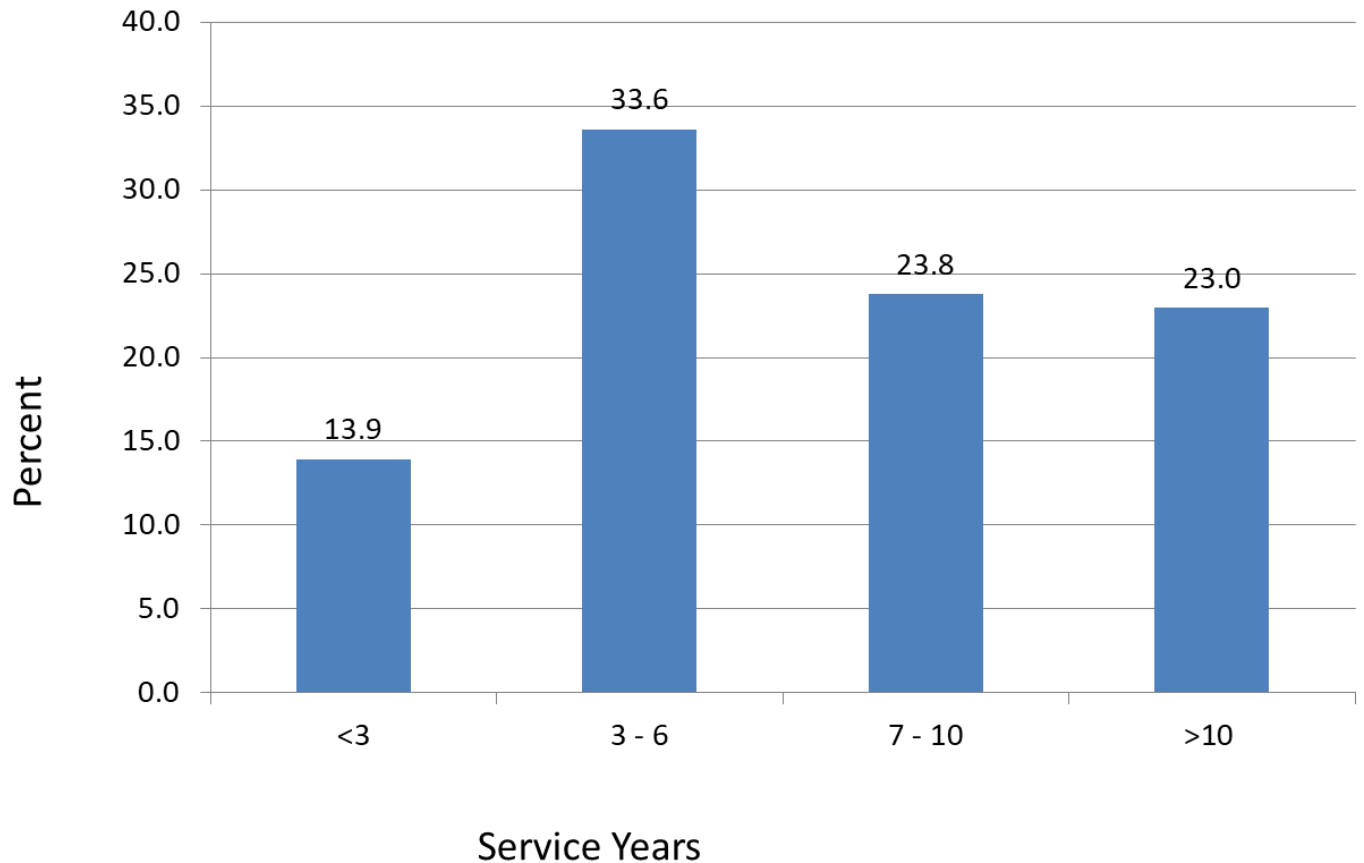


Figure 4:15. Service year of respondents

4.1.7. Socioeconomic background of hotel employees

Socioeconomic background of the hotel employees were studied in terms of housing ownership of the respondents; and three categories of housing were identified: Own, renting, and sheltered at parents' house. The result is presented in Figure 4:16. Accordingly, about 27% of the employees of the hotel are living with their parents and are sheltered at the houses of their parents or close relatives. More than half of the hotel employees (50.8%) had no their own houses and are living in rented houses. Only about 19.7% of the employees had own houses. Below 1% of the employees lived in unidentified housing properties.

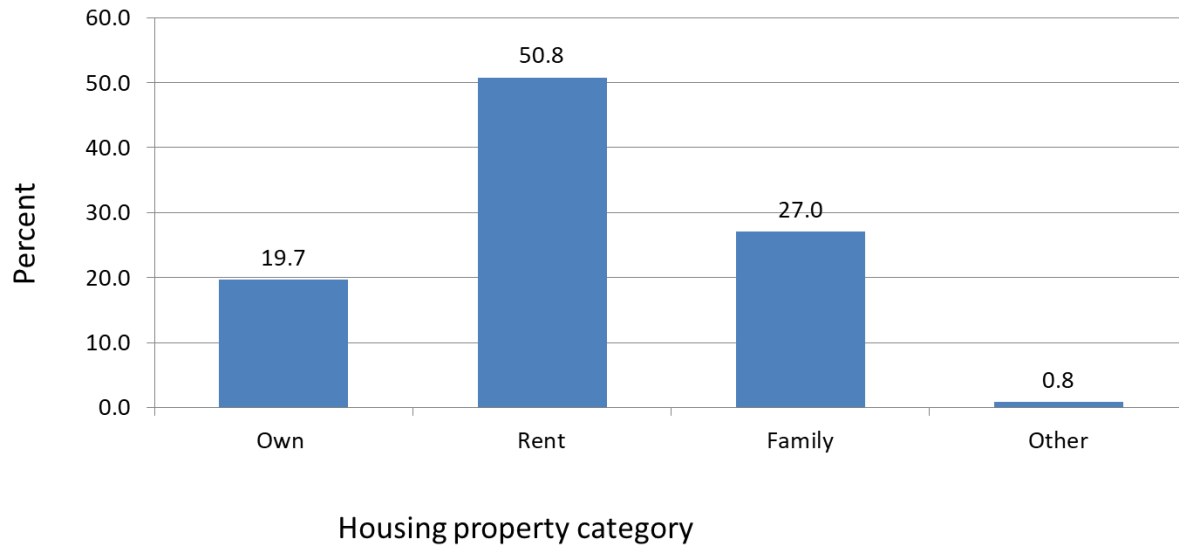


Figure 4:16. Categories of respondents in housing ownership

4.1.2. Adverse Effects of COVID-19 Pandemic on socioeconomic aspects of hotel employees

The employees of the hotels received their household income from two major sources: basic monthly salary and incentives inform of tips. A comparison of monthly income they received before, during and post COVID-19 event was made and presented below.

4.1.2.1. Revealed Effects on monthly salary

With regards to the monthly basic salary current (Post COVID-19 event), the employees received a monthly salary ranging between Birr 1100 and 27000, regardless of their position, experiences and the hotels where they are working. Whereas, the monthly salary before event of the COVID-19 pandemic varied from Birr 1000/month to Birr 25000/month. The impact of the COVID-19 pandemic on Employee's monthly salary was estimated as a difference of current (post covid) and before-COVID (i.e., salary current minus salary before COVID-19).

The result is presented in Figure 4:17. Accordingly the impacts of the COVID -19 were described as percent of salary increment and as percent of salary decrease resulted from COVID-19. In this respect, the employees who received salary increment following the COVID-19 pandemic were 81.1% of the employees and received salary increment of between Birr 150 and 15000/month.

In contrast, there was also a decrease in monthly salary following the period of COVID-19 Pandemic, and the decrease in monthly salary was in the range of Birr 150 – 2000; and the employees facing such decreases in monthly salary were 4.1% of the employees. This group of employees may have been affected by COVID-19 severely and this might be attributed to social distancing for which many employees of the hotels were layoff.

Employees who faced no change in their monthly salary as impact of COVID-19 Pandemic were 11.5%. This group of employees may have maintained their position and were on their regular duty during the whole period of COVID-19 Pandemic lockdown. The fourth group was categorized as no response/neutral; they did not complete the questionnaire with their monthly salary during and after COVID-19 Pandemic and they were just 3.3%. It was the right of individuals to declare or not to declare their monthly income.

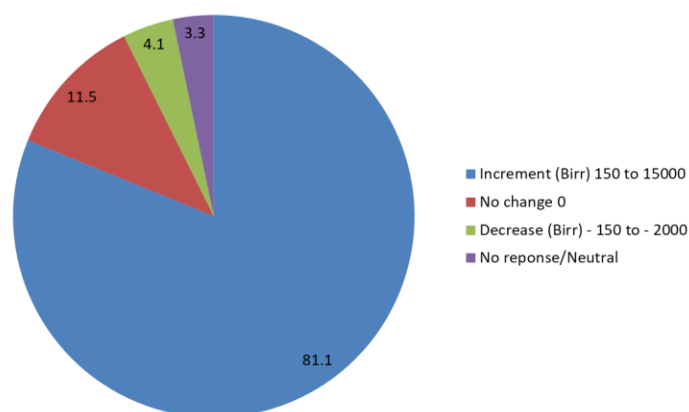


Figure 4:17. Percent of changes in monthly salary of hotel employees as a result of COVID-19 pandemic

The average monthly salary before-COVID 19 and Post COVID 19 was 5639 and 7503, respectively (Figure 4:18). This was consistent with increases in employees' salary increment made by all sectors in response to increases in living costs.

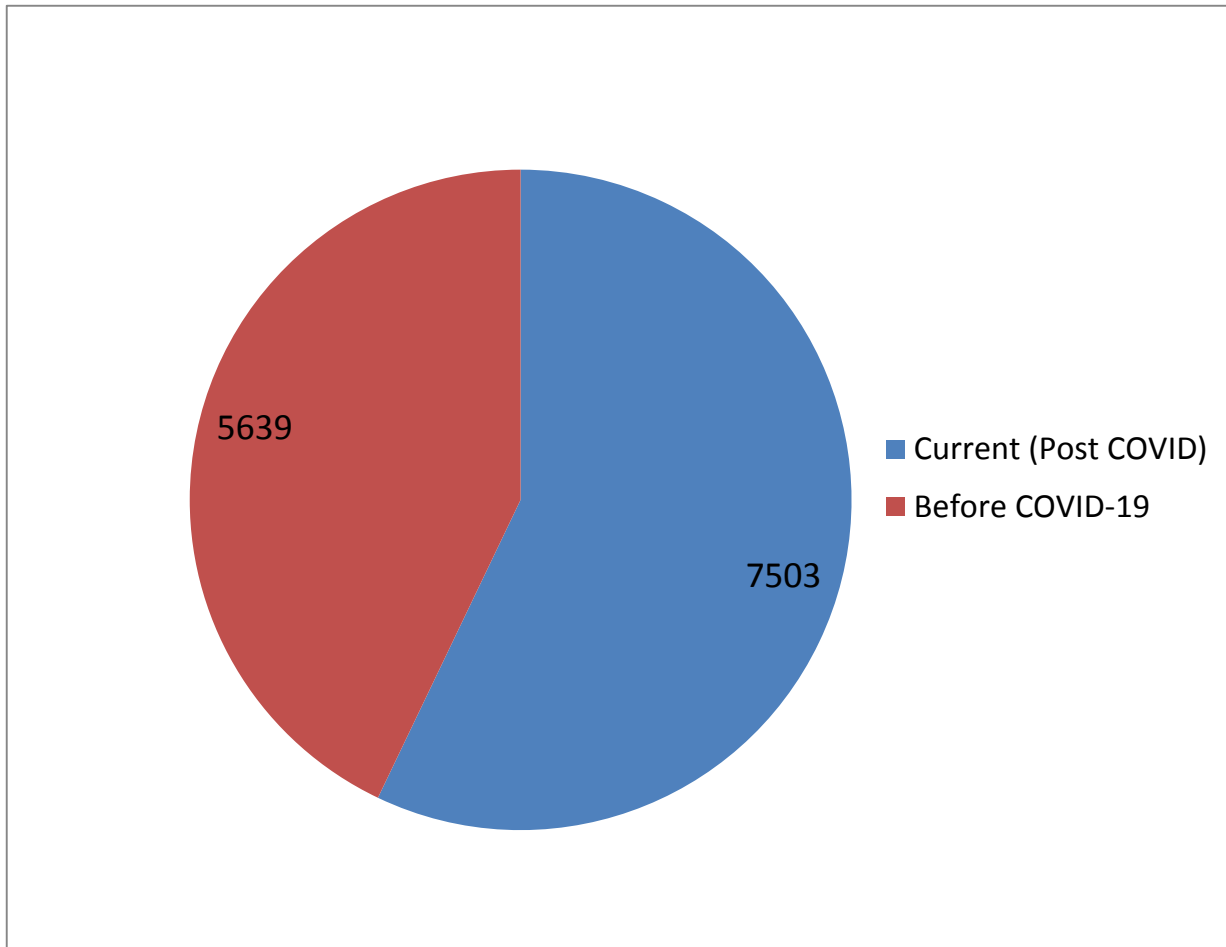


Figure 4: 18. Difference in monthly salary of hotel employees between Post and before COVID 19 pandemic.

In the lockdown policy the government states that all employees (public or private sectors) shall not reduce the monthly salary of all their employees, no matter they are on duty or laid off; and hence data on monthly salary during COVID-19 was not collected. The significance of the effect of COVID-19 protection measures declared by the government as COVID-19 lockdown policy was tested by determining if there was a significant difference in monthly salary between before and current/post/after COVID-19 pandemic using Compare Means Paired Samples T Test (Table 4:4; Appendix 4:4a). Accordingly, the effect of COVID-19 pandemic on monthly salary was highly significant ($P = 0.000$). Additionally there was significantly high correlation between the monthly salaries before and after COVID-19 pandemic (Appendix 4:4a).

Table 4:4. Compare Means Paired Samples T Test for testing the COVID-19 effect on monthly salary.

Paired Samples Test: Paired differences in salary between During-COVID and AfterCOVID			
Source (Tested factor	t	df	P
Pair 1 During COVID – After COVID	9.030	121	0.000

The results of the study indicated that there was a significant difference in monthly salary of the employees before and after the pandemic. The result was consistent with the employers' measure to adjust the salary for balancing the increased living cost following the Pandemic.

Generally, the result revealed three categories of employees with regards to the effect of COVID-19 effect on employees' salary:

Category 1: Employees received salary increment following the COVID-19 pandemic (81.1% of the respondents),

Category 2: Employees received decreased salary following the COVID-19 pandemic (4.1% of the respondents),

Category 3: Employees for whom there were no changes in salary during and before COVID-19 (11.5% of the respondents),

4.1.2.2. Revealed Effects on monthly incentives/tips

Regarding household income from incentives/tips, monthly incentives during, after and before COVID-19 pandemic is presented in Figure 4:19. Accordingly, income from tips was increased during post COVID as compared to during and before COVID-19 pandemic. The maximum tip during post COVID-19 was observed during in Getfam hotel with average tips of Birr 8000/person. This was followed by Saromaria and Ambassador hotels where the second and third highest monthly tips of Birr 7571/person and 7143/person were recorded.

The monthly tips incomes before the pandemic stood generally at the middle between during and post CODIVID-19 across all hotels. As expected these results indicated that the employees' incomes from tips remained much lower than the Tips before and post pandemic, suggesting that the official lockdowns for fighting against COVID-19 pandemic incidence had substantial adverse impacts in reducing Tip incomes. The monthly Tip incomes before the pandemic ranged from Birr 4571/person to Birr 3000/person. Getfam, Saromaria and Ambassador hotels stood first, second and third in monthly Tip-incomes. The monthly tips in many of the studied hotels dropped to a monthly tips of Birr below 2000/person during the Lockdown period. Generally the study suggests that there was substantial impact on the monthly income of the hotel employees receiving Tips.

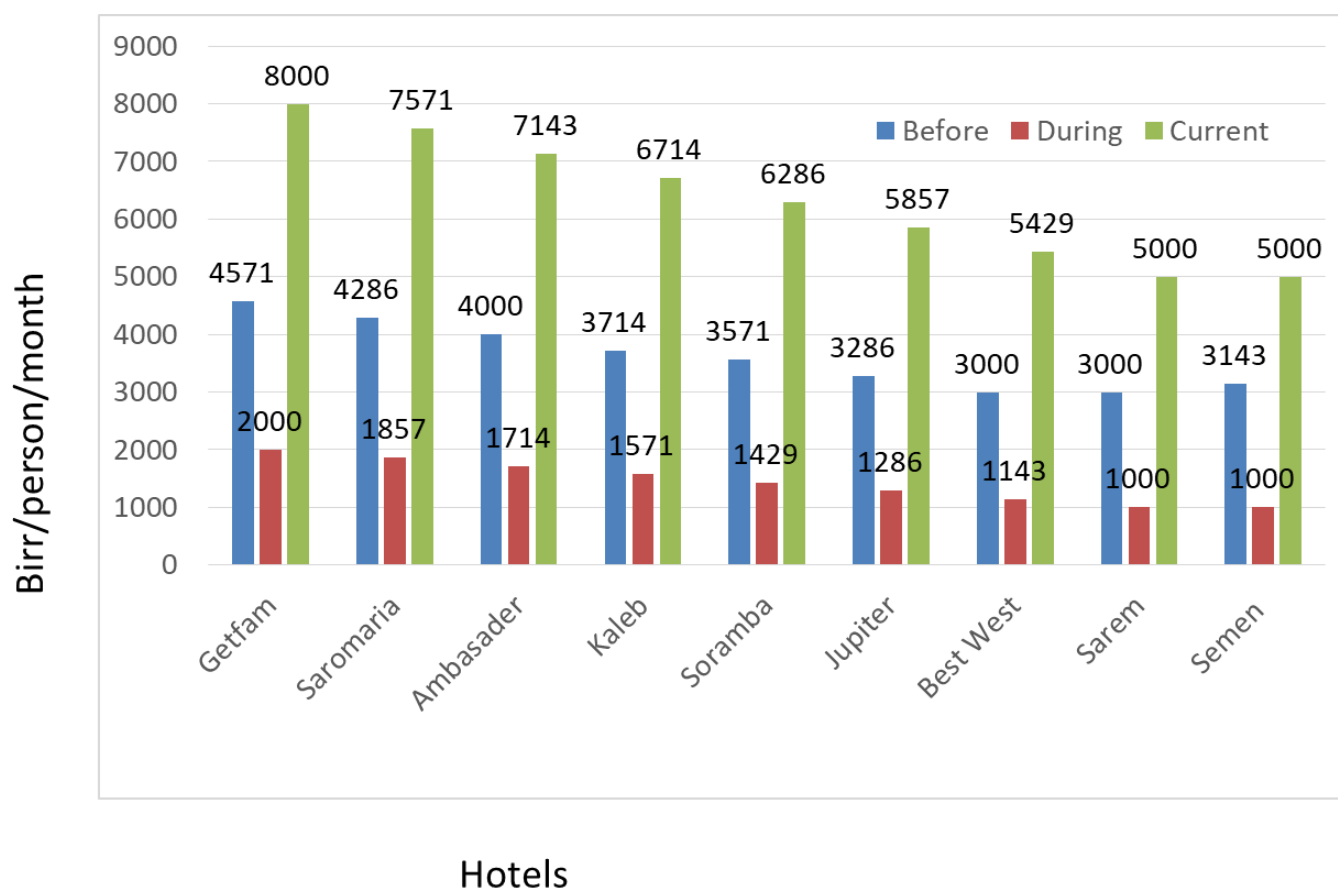


Figure 4:19. Monthly incentives/tips of hotel employees during, after and post-COVID-19 pandemic.

Regarding COVID-19 effects on incentives, the variation in monthly income from tips was estimated by subtracting the Tips obtained during the COVID-19 from that of the Tips obtained before COVID-

19 as well as by subtracting the current Tips from that of the Tips before the COVID-19 Pandemic; and the results were expressed in terms of percent of the tip before the Pandemic (Figure 4: 15).

According to Figure 4:19, the impact of COVID-19 pandemic on incentives attributed to an increase in incentives ranged from 56% in Getfam hotel to 68% in Semen hotel; when the percentile estimation was calculated as tips before COVID-19 minus tips during COVID-19, and the percentile values are positive implying that tips-income during the pandemic was declined by 56 – 68% as compared to before COVID-19 incidence. The increment Tips are shown by negative values.

Likewise, the difference between Before COVID-19 and after COVID-19 was shown by a negative percentile values as calculated by a difference of Tips before COVID-19 pandemic minus Tips after COVID-19 pandemic (Figure 4:20). Accordingly, the percentile values ranged from negative value of 81% for Kaleb and Bestwest hotels to negative value of 59% for Semen hotel. The negative percentile values across all hotels denoted substantial increases in tips-incomes after the pandemic (following the lifting up of social distancing policy). This was consistent to the expectations that hotel services may raise following the lifting of government's policy on social distancing and mobility restrictions.

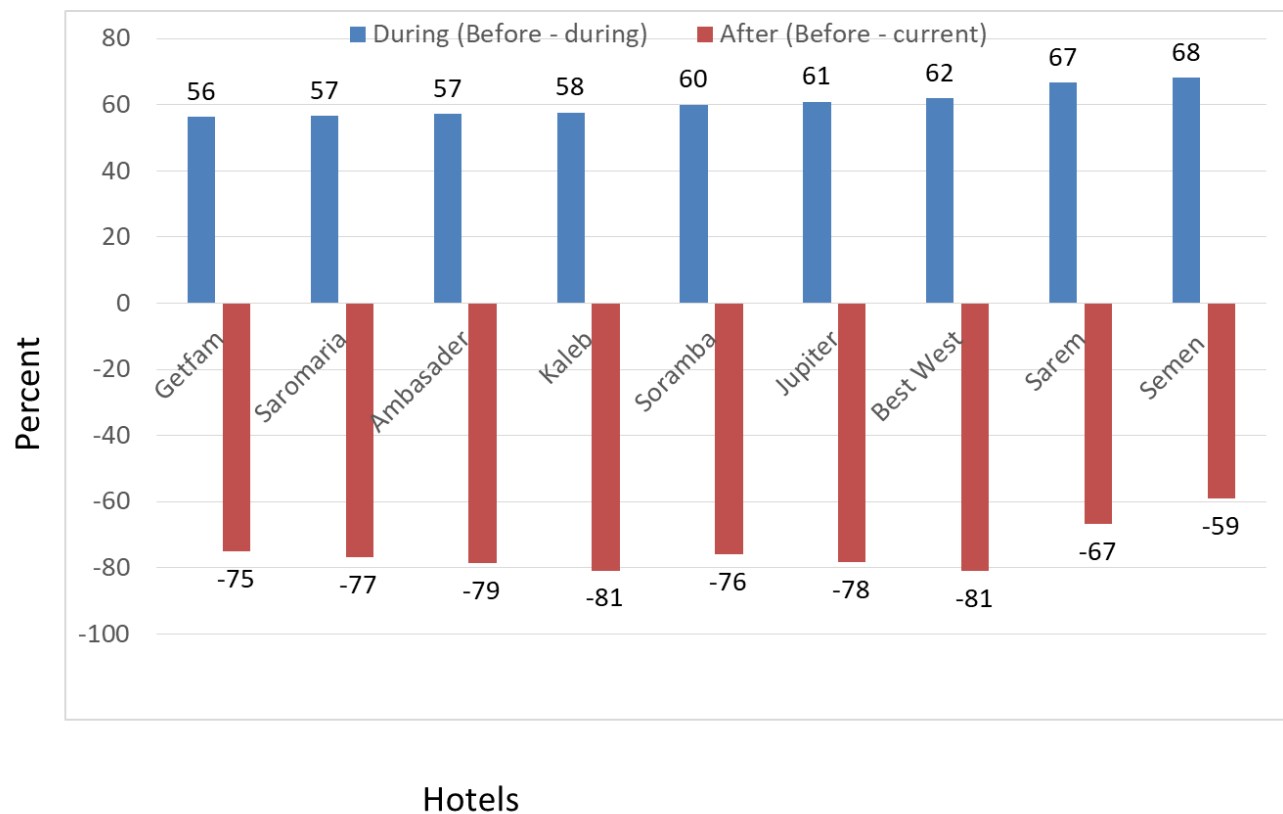


Figure 4:20. Changes in monthly incentives/Tips as a result of COVID-19 pandemic.

Statistical significance of the effect of COVID-19 COVID-19 lockdown policy intervention was tested by determining if there was a statistically significant difference in monthly tips between before COVID-19, during COVID-19 and after/current COVID-19 pandemic using Compare Means Paired Samples T Test (Table 4:5, Appendix 4:4b).

Table 4: 5. Compare Means Paired Samples T Test for testing the effect of COVID-19 on monthly tips incomes

Paired Samples Test: Paired differences in tips between before-COVID, during-COVID and AfterCOVID-19 pandemic				
Source (Tested factors)		t	df	P
Pair 1	BeforeCOVID - DuringCOVID	20.027	121	.000
Pair 2	BeforeCOVID - AfterCOVID	-15.548	121	.000
Pair 3	DuringCOVID - AfterCOVID	-24.669	121	.000

In these analyses three factors of variables (i.e. monthly tips before, during and after COVID-19) were tested to determine if there was a significant difference in monthly tips between before, during and after the pandemic, and hence to infer the effect of COVID-19 on monthly incomes of hotel employees. Accordingly, the results revealed that there were statistically significant differences in monthly tips between the periods before, during and after COVID-19 pandemic ($P = 0.000$; Table 4:5). Hence, the effect of COVID-19 pandemic on monthly salary was highly significant ($P = 0.000$).

Additionally, the results revealed high correlation between the tips of the three time periods (i.e., high correlation between tips of before-, during, and after-COVID-19 pandemic). The correlation was 0.762, 0.810 and 0.732 for before & during, before & after and during & after-COVID-19 (Appendix 4:4b).

Generally, the result suggests that the effect of COVID-19 pandemic on monthly incentive was highly significant. The significant effect of COVID-19 on monthly incomes from tips was consistent with the highly restricted level of international and domestic travels, and highly reduced hotel services.

The strong effect of COVID-19 on monthly tip incomes may strongly affect the livelihoods of the laid off employees, as compared to the effect on salary. This is because hotel staffs receive tip incomes while they are physically present and deliver the services on duty; and there was no tip payment for absentees.

4.1.3. Hotel Employees' perception on effects of COVID-19 on overall household economy

With regards to the perception of the hotel employees on understanding and determining the COVID-19 effects on household economy, 63.9% of the respondents replied that they were severely faced by economic crises resulted from COVID-19 pandemic. The hotel employees who did respond that they were not strongly facing household economy crises were 36.1% of the total respondents. The results of the perception are consistent with the results presented in Figure 4:21 that present substantial declines in monthly tips income during the pandemic period.

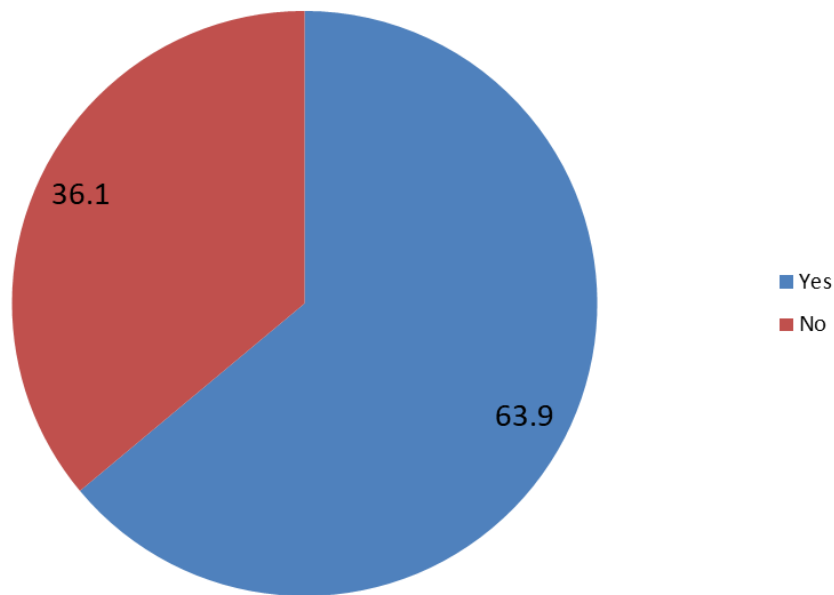


Figure 4:21. Perception of the hotel employees (percent) on COVID-19 effects on overall household economy.

Regarding to the attributes (types) to economic crises that the hotel employees faced during the pandemic, five types of household economy crisis-attributions were identified (Figure 4:22), and these include: losing job, absence of alternative jobs, asset depletion, loan and absence of family support.

According to the respondents' response (Figure 4:22) 21.3% of the respondents did lose their Jobs. The same numbers of employees did face economic crises attributed to absence of alternative jobs (20.5%) and forced to receive loans (20.5%).

About 18% of the respondents had asset depletion. Although the level of household economic crisis was not studied by this assessment, the level of economic crises induced by COVID-19 can be linked with attributes of the household economy. For example employees who had depleted their assets during the pandemic should have been economically severely affected. Someone who lost a job in the absence of alternative jobs and in the absence of family support may receive loans and will be forced to sell all assets to pay back the loan. At this circumstance he/she would face most severe economic crises.

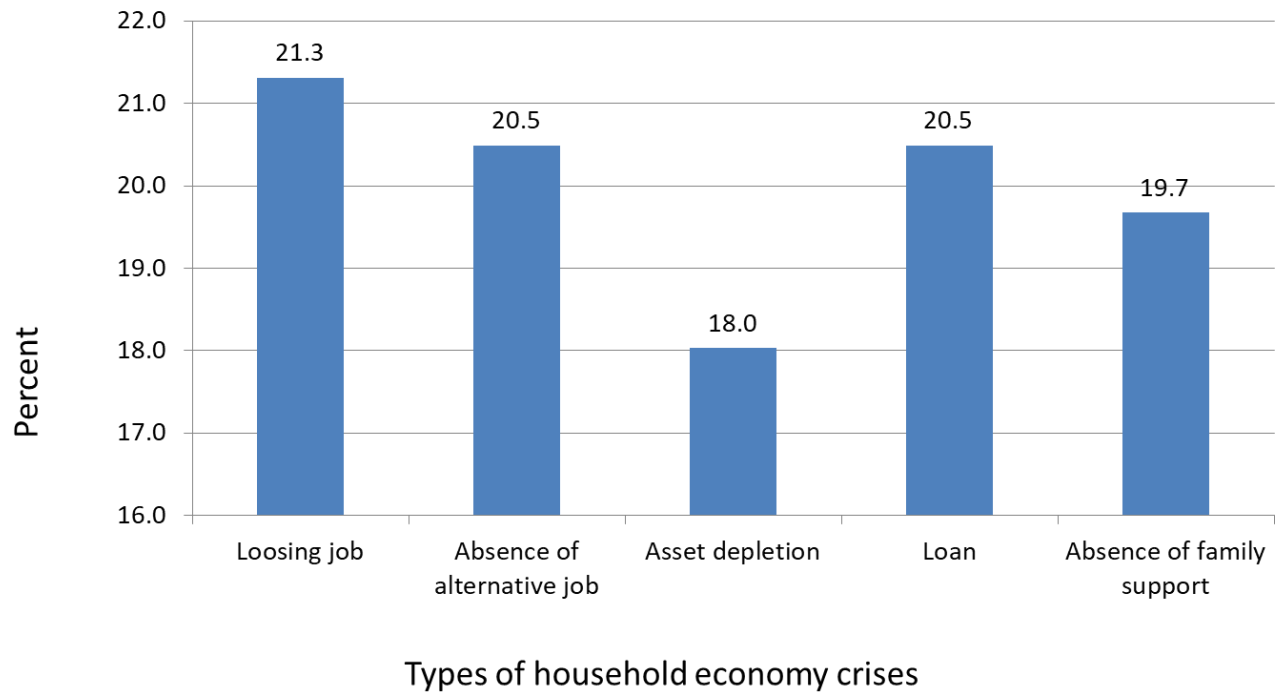


Figure 4: 22. Attributes/Types of household economy crises caused by COVID-19 pandemic

4.1.4. Perception of employees on COVID-19 impact on household food security and associated factors

4.1.4.1. Perception on COVID-19 effects on household food security

With regards to the perception of the hotel employees on understanding and determining the adverse impact on household food security, the majority of the respondents (68% of the respondents) replied that they were not severely faced by shortage of food during COVID-19 pandemic (Figure 4:23). The hotel employees who did face food insecurity were 32% of the respondents.

The results of the perception are consistent with the results presented in Figure 4:22 that may suggest that the employees that had lost jobs in the absence of alternative jobs and in the absence of family support should have been forced to receive loans to meet their daily food requirement. Under such circumstances their assets could have been sold out to pay back the loans or to meet their food demand. In this respect, there is clear relationship between asset depletion and food security, i.e., the higher the exposure to food insecurity is the higher the probability of asset depletion will be.

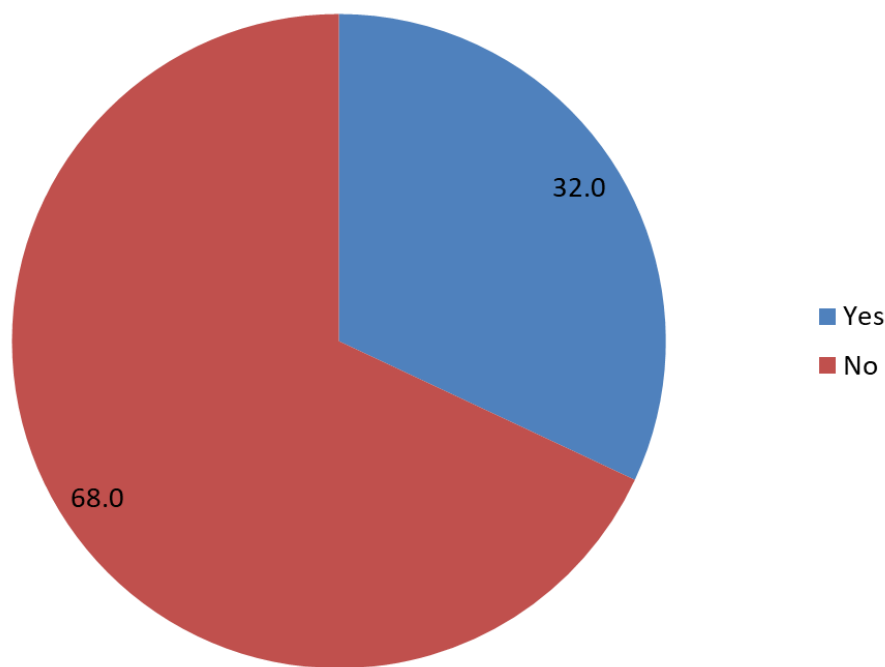


Figure 4:23. Perception of the hotel employees on COVID-19 effects on food security status

4.1.4.2. Severity of food security during the pandemic

Regarding the severity of food security, respondents reported that they categorized the severity of food in the scale of very low, low, neutral, high and very high (Figure 4:24).

According to the respondents' response shown in Figure 4:24, there was no much differentiation among the respondents in evaluating the severity of the food shortage they faced during the pandemic. The majority of the respondents evaluated the food security as low (28.7%). Other respondents who evaluated the food insecurity in the order of very high and very low were 13.9% and 19.7% of the respondents, respectively. Other 19.7% of the respondents evaluated their status of food security as high. The remaining 18% of the respondents remained neutral in evaluated the severity of food security. Although food security status evaluation was not conducted using proper food security

assessment techniques, the result revealed that more than 80% of the respondents had been affected by food insecurity as a result of COVID-19 pandemic.

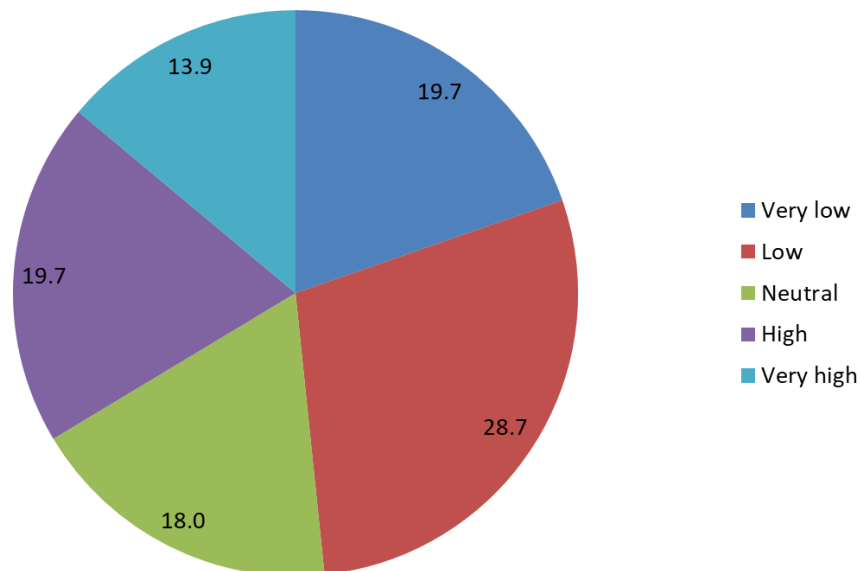


Figure 4: 24. Severity of food security

4.1.4.3. Food behavioral changes during the pandemic

Regarding the third question on food behavioral change as means of coping strategy for food shortage during the pandemic (Figure 4:25), the majority of the respondents (i.e., 71.3% of the respondents) were practicing same food behavior during the pandemic as it was before the pandemic. About 28.7% of the respondents did change the usual food consumption system in order to cope the food shortage they faced during the pandemic.

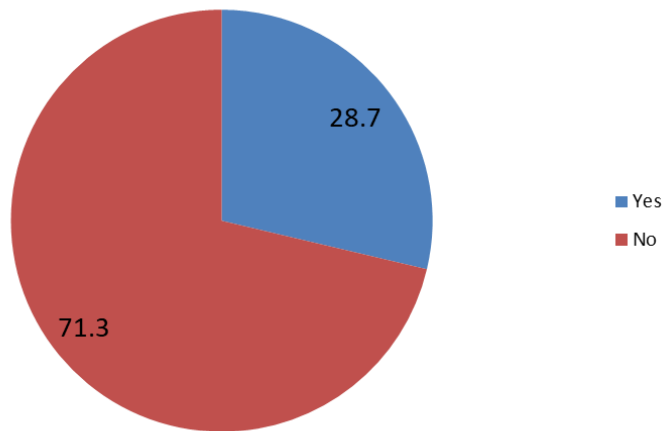


Figure 4: 25. Impact of COVID-19 resulting food behavioral change.

In order to assess the coping mechanism to food crises during the pandemic, respondents were asked if they had practiced changes in food eating pattern as coping strategy against food crises prevailed during COVID-19 (Figure 4:26). Accordingly, 18.9% and 28.7% of the respondents reported that they changed food eating pattern during the pandemic. Whereas small number of the respondents did keep the same pattern of food eating practice during, before and after the pandemic, and these were below 16% of the respondents. This group of respondents may have no shortage of food. Close to one-third of the respondents (32.8%) did not report if they had practice food eating pattern.

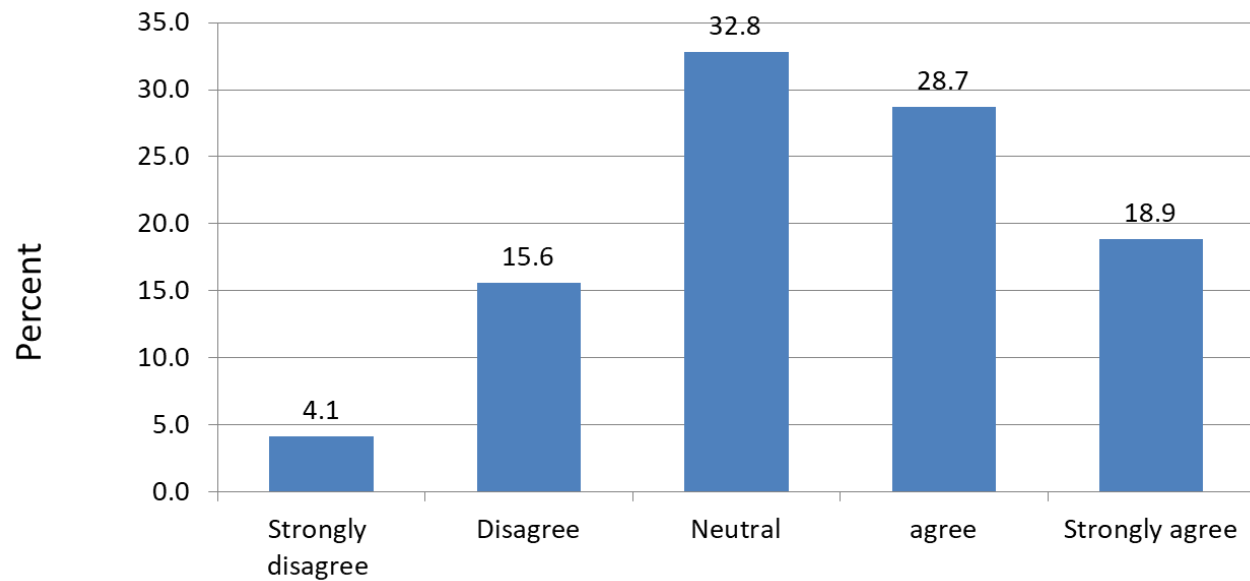


Figure 4:26. Changes in food eating practice pattern as coping mechanisms against food crises during COVID-19.

4.1.4.4. Problem of access to food during the pandemic

Furthermore, respondents were asked, if they had faced problems in accessing food during the pandemic, and the result is presented in Figure 4:27. Accordingly, the majority of the respondents (53.3% of respondents) had limitations in accessing food, while about 46.7% of them did not face much food inaccessibility.

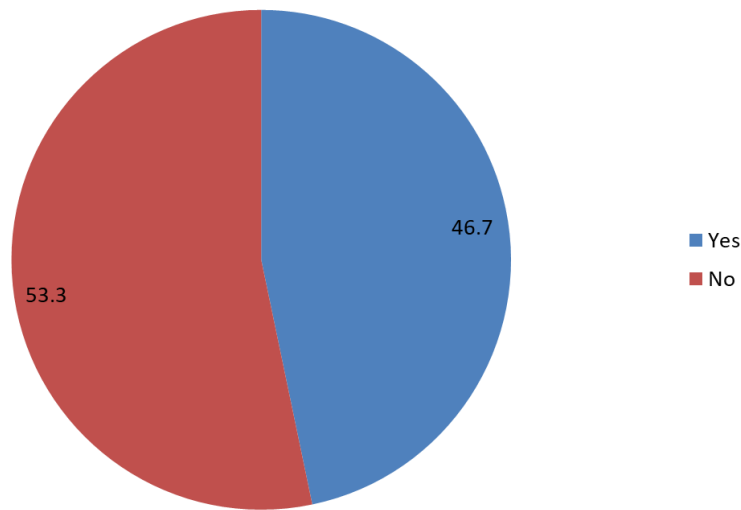


Figure4: 27. Impact of COVID-19 on food access

Additionally, the respondents categorized the level/severity of food inaccessibility into five scales: very low, low, neutral/no response, high and very high (Figure 4:28).

Accordingly, 27% and 14.8% of hotel employees reported that the food inaccessibility was high and very high during the pandemic, respectively. Whereas, 21.3% of the employees reported very low food inaccessibility. The remaining 17.2% of them did not rate the scale of food accessibility during the pandemic, and they are classified as neutral. Generally the results revealed that 42% of the respondents had access to food, while 31% had less access to food.

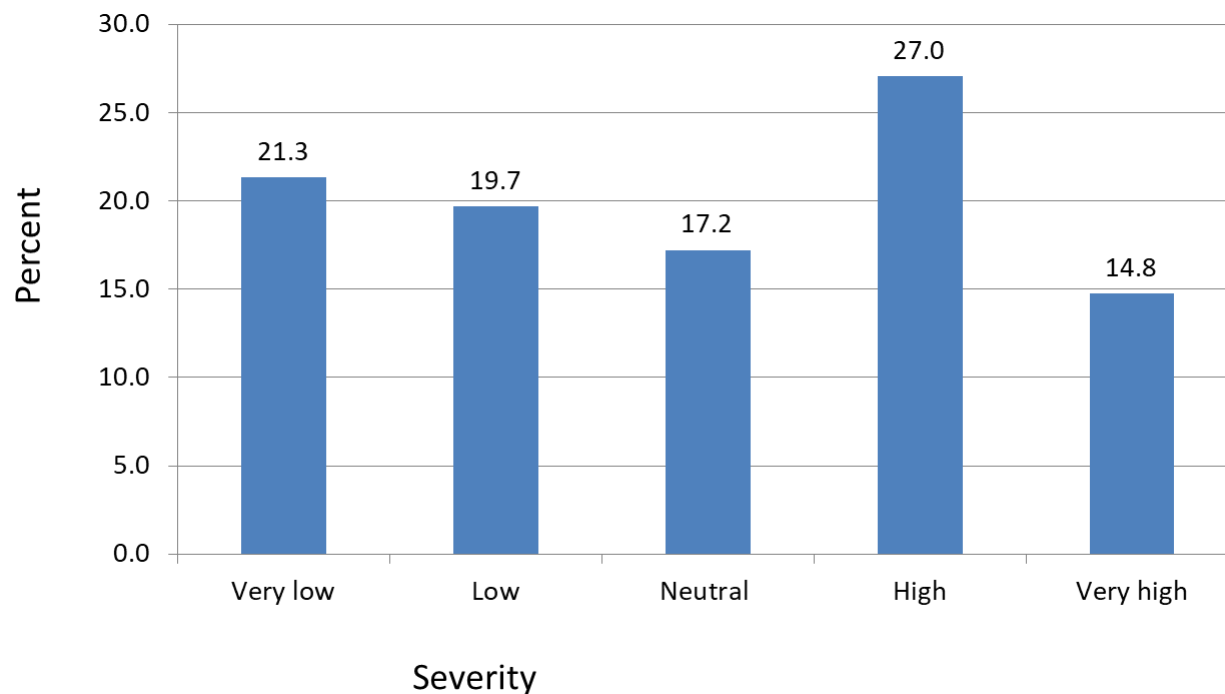


Figure 4:28. Severity of food inaccessibility

It was assumed that food inaccessibility could have been caused by COVID-19 prevention/control policy interventions namely social distancing, business lockdown, transport ban etc. In this regard 54.9% of the respondents reported that social distancing has strong effect on food supply (Figure 4:29), as it limits the mobility/transport of food items from producers to consumers; suggesting that producer- consumer chain is broken/ delimited. About 45.1% of them were reported that practicing social distancing or introduction of social distancing policy during the pandemic period has resulted no effect on food security.

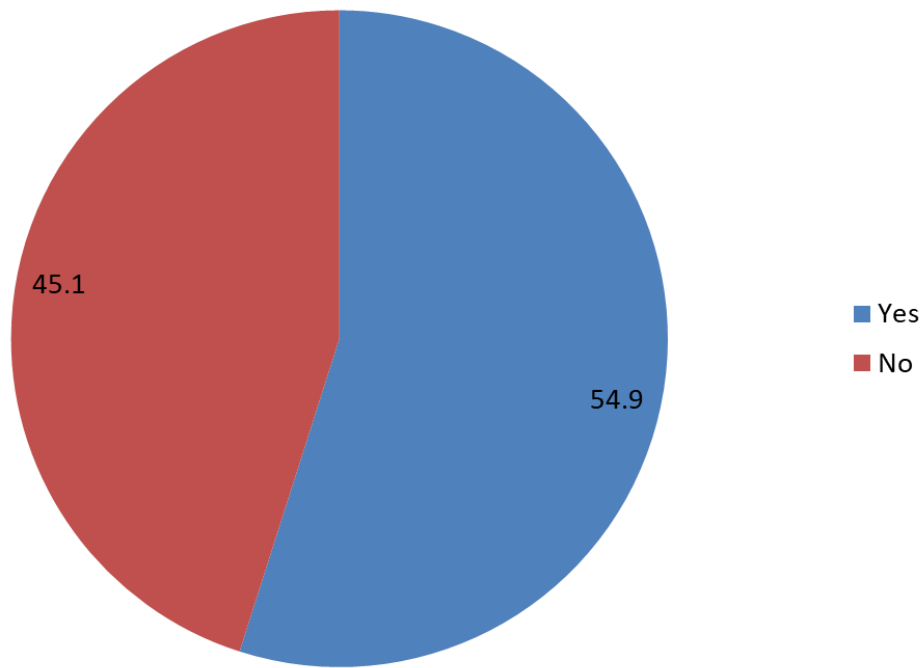


Figure 4:29. Respondents' perception on effects of social distancing on food security.

Furthermore, the respondents ranked the effect of social distancing on food security (Figure 4:30). Accordingly, 26.2 and 25.4% of the respondents reported that social distancing effects on food security is high and very high, respectively. Whereas those respondents who reported social distancing effect were low and very low were 19.7 and 9.0%. The remaining 19.7% were neutral.

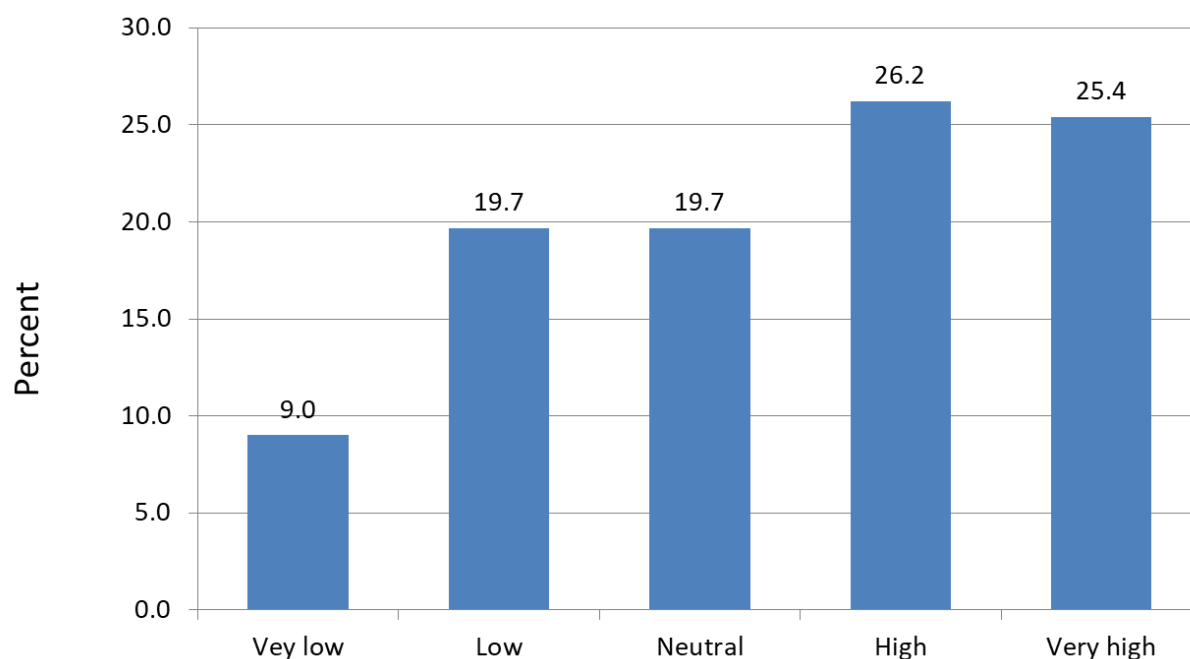


Figure 4:30. Ranking effects of social distancing on food security

Generally, the COVID-19 pandemic policy interventions (social distancing, business lockdown, transport ban etc.) may result in lack of free access to reach to market (distance to market), increases in food price, disrupted supply chain. The results revealed that food inaccessibility could have been attributed to COVID-19 prevention/control policy interventions namely business lockdown, social distancing and transport ban. The policy may result several factors contributing to of food inaccessibility, which may include among others lack of free access to reach to market (distance to market), increases in food price, disrupted market supply chain (production and consumption chain). Details of these factors as attributions to food inaccessibility during the COVID-19 pandemic have been assessed and details of the results on food inaccessibility attributions are presented below.

Factor 1. Increased food prices as contributing factor to food inaccessibility during the COVID-19 pandemic

Regarding the effect of the pandemic on food prices, the respondents reported the following in the questionnaire survey, and the results are presented in Figure 4:31. Accordingly, the majority of the respondents agreed that there were increases in food price during the pandemic (i.e., 36.7% and 26.7%

were agreed and strongly agreed, respectively). In contrast, < 12% of the respondents were with the opinion of strongly disagreed that food price is increased during pandemic. The results suggested that 63% of the respondents perceived that food price increased following the COVID-19 pandemic as compared to the price before the pandemic.

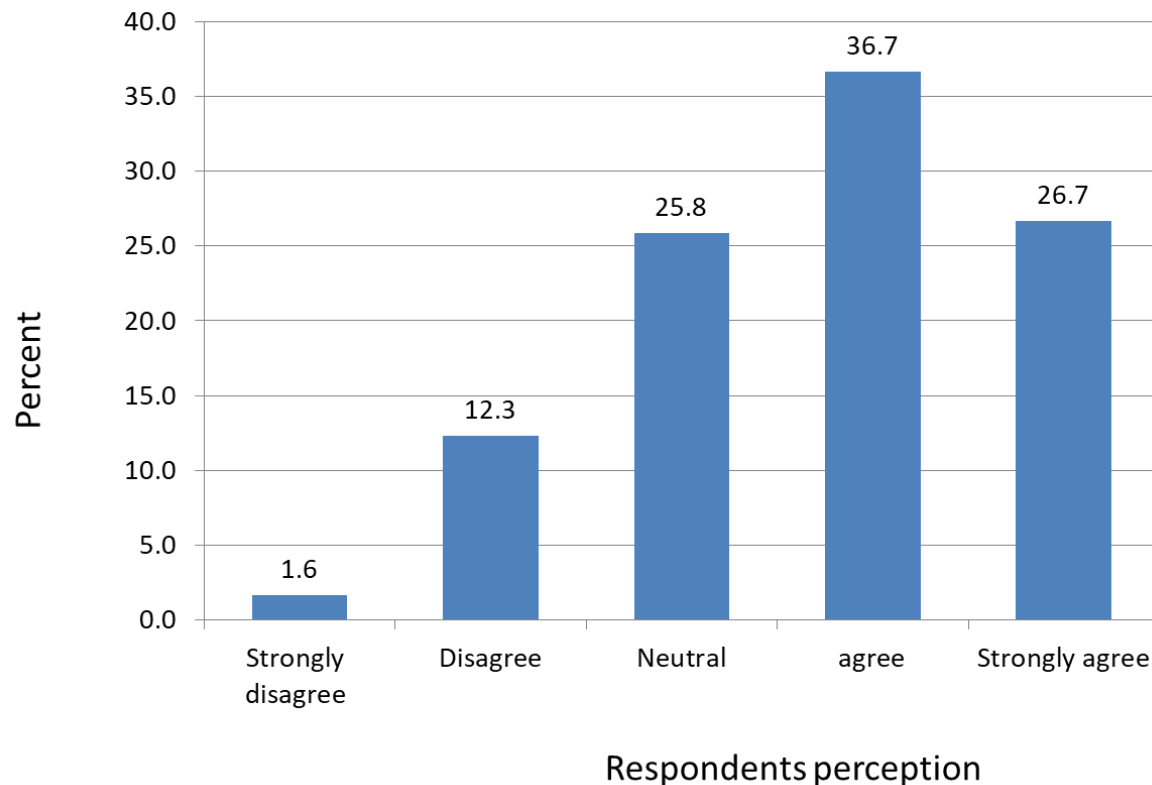


Figure 4:31. Impact of COVID-19 on food price

Factor 2. Lack of access to food market as contributing factor to food inaccessibility during the COVID-19 pandemic

Lack of market access to food during the pandemic was also studied (Figure 4:32). In this regard 29.5% and 24.6% of the respondents agreed and strongly disagreed that there was lack of market access to food. This might be attributing to slow market mobility during the lockdown period.

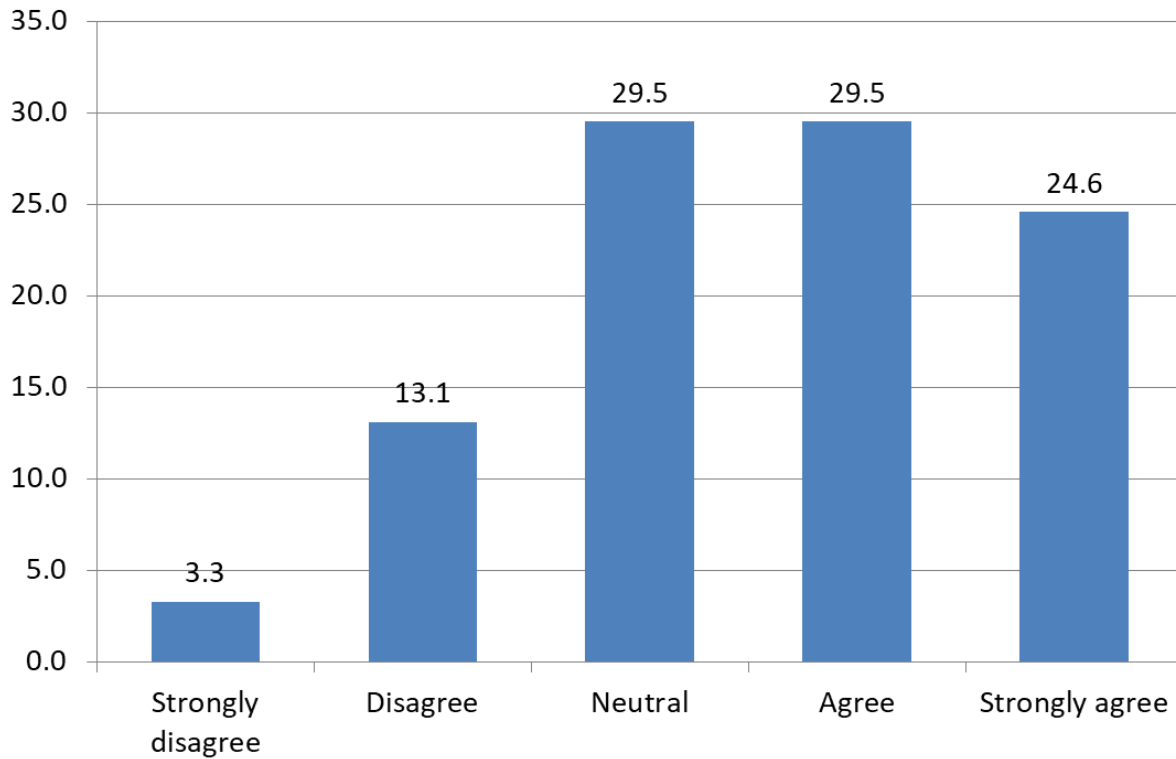


Figure 4: 32. Effect of COVID-19 on market access to food

Furthermore, market supply chain disruption was studied (Figure 4:33). According to the respondents' report majority of the respondents (58.2%), i.e., 30.3% and 27.9% of them agreed and strongly agreed that there was disruption of market supply chain. The results may suggest that production and consumption chain was broken and it became the contributing factor to lack of food market access during the pandemic. This may cause severe food shortage for the employees, whose monthly salary declined during the pandemic. In contrast, few of the respondents (i.e., < 12%) disagree with the opinion of food supply disruption during the pandemic. While about 28.7% of the employees were neutral and did not indicate any opinion on the food supply disruption.

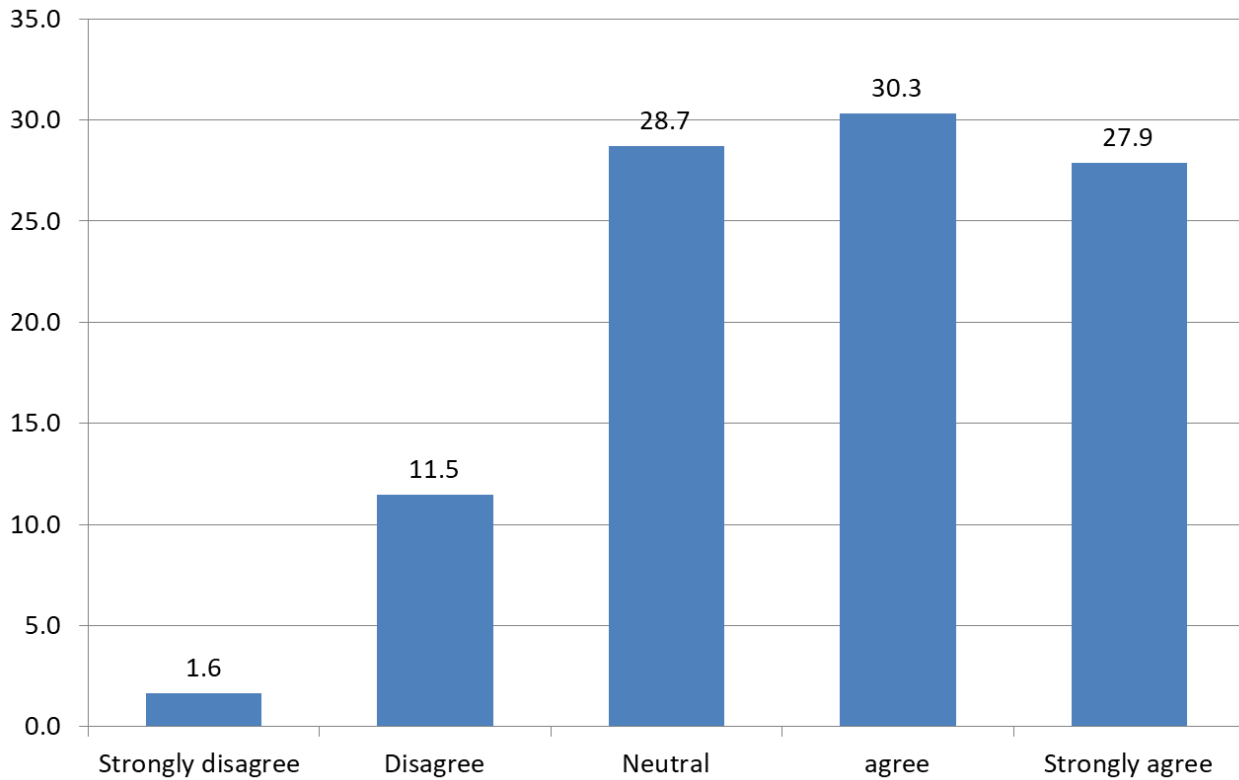


Figure 4: 33. Food supply chain disrupted during COVID-19

4.2. DISCUSSIONS

4.2.1. Introduction

The general objective of this study was to assess effects of COVID-19 pandemic on the household economy of the hotel employees in Addis Ababa. In this study the effect of COVID-19 on household economy of hotel employees was determined in terms of differences in monthly salary and incentives between the period before, during and after the COVID-19 pandemic. The key findings were discussed in comparison with other studies conducted in Ethiopia and elsewhere.

From the assessment, three key findings were drawn, and the discussion is focused on:

- i. Basic monthly salary of the hotel employees was significantly affected by COVID-19 (i.e., there was significant differences in monthly salary between the period before and after COVID-19 pandemic),
- ii. Incentives in form of tips were significantly affected by COVID-19 pandemic (i.e., there was significant differences in the incomes of employees from monthly tips between the period before, during and after the COVID-19 pandemic),
- iii. COVID-19 protection/ control policy interventions have significant impact on overall food security of employees of hotels.

4.2.2. COVID-19 effects on basic salary

During the study and analyses of the data, a comparison of monthly salary the employees received before and during COVID-19 event was made. As shown in Figure 4:17, during the COVID-19 event, the employees received a monthly salary ranging between Birr 1100 and 27000; while before the pandemic the monthly salary varied from Birr 1000/month to Birr 25000/month. The results showed that there was statistically significant differences in salary between the period before and after the pandemic ($P = 0.014$), suggesting that COVID-19 pandemic has significant effect on employees' salary. The effect of the COVID-19 pandemic on Employee's monthly salary was estimated as salary during COVID-19 minus salary before COVID-19, and expressed in terms of percent. Accordingly, the result revealed three categories of employees with regards to the effect of COVID-19 impacts on basic salary of hotel employees:

Category 1: Employees received salary increment ranged between Birr 150 – 15000/month during the pandemic, and they were 81.1% of the respondents,

Category 2: Employees received salary decreases ranged from Birr 150 to 2000 during the pandemic, and they were 4.1% of the respondents. This group of employees may have been affected by COVID-

19 severely and this might be attributing to social distancing policy interventions for which many employees of the hotels were layoff.

Category 3: Employees for whom there were no changes in their monthly salary before and after COVID-19; and they were 11.5% of the respondents. These employees might have maintained their positions and were on their regular duty during the whole period of COVID-19 Pandemic lockdown.

The observed adverse effects of COVID-19 on the income of the hotel employees were in close agreement with other studies conducted in Ethiopia (e.g., Tamiru et al., 2023; Zhang et al., 2022) and elsewhere. Studies conducted in Ghana indicate that the COVID-19 pandemic has had a negative impact on employees in the tourism and hotel industry in the Greater Accra Region particularly on their salaries, during the partial lockdown and border closures (Hervie et al., 2022). The study reported that the negative impacts on employee's monthly salary attributed to employment insecurity, anxiety, work related stress, mental health issues, COVID 19-caused layoffs and economic hardships. These were highly associated with Governments' policies to curb the spread of the COVID-19, which led to closure of businesses in the tourism and hospitality sector and also affect the human resources in the sector, as reported in several studies (Abbas et al., 2021; Huang et al., 2020; Tu et al ., 2021; Yan et al ., 2021).

Studies conducted by Tsion (2021) in Addis Ababa revealed that COVID 19 outbreak had significant impact on hotels' sales revenue and employees aspect, where business sales of the hotel industry drop during COVID-19 outbreak, because hotels loss their sales revenue available per room, meal and it affects the supply and demand chain of hotels which ended up decreasing the amount of sale volume. Other studies conducted in India reported a sharp decline by 45 percent in hotel business in major cities as compared to pre-COVID-19 Pandemic year.

The observed decrease in employee's monthly salary may attribute to declines of the sales-revenue of the hotels, because the government's policy on COVID-19 protection did not allow employers to pay a less salary during the pandemic; and hence private and public sector employers should have paid full earning salary while their employees are staying home during the period of COVID-19 lockdown.

4.2.3. COVID-19 effects on incentives/tips

The results of the assessment on COVID-19 effects on employees' tips revealed that there were highly significant differences in monthly incentives between before, during and after COVID-19 pandemic ($P < 0.000$).

The results of the assessment on incentives/tips were not much consistent with the results of the monthly salary, and this may attribute to the COVID-19 policy statement stating that any employers (public or private sector) shall not minimize the employee's salary for the period they are forced staying home for minimizing the wide spread of the pandemic. This policy might have not been applied to tips that employees are receiving for the services they render while they are physically on duty.

Therefore significant effect of COVID-19 pandemic on monthly incentive incomes of the employees of star labeled hotels attributed to government's policy on implementing COVID-19 protection measures that restricts international and domestic passengers' mobility and hence resulted in decline in hotel services. In this respect, during the period of lockdowns hotels closed most of the hotel services, namely night bars, bed rooms, swimming pools etc., and hence the tips the employees received during the pandemic might have been less as compared to the period before the pandemic.

According to detail studies from China reported in Hao et al. (2020) and therein cited references, self-check-in and checkout, food delivery robots providing room services, using mobile payment application, avoidance of laundry services, banning of kiosks and swimming pools, which all reduce interpersonal contacts, led to significant tip reductions. Although the application of digital intelligent in the Ethiopian hotel industry is not as high as in China, implementing the social distancing interventions inevitably should have been reduced interpersonal contacts between the hotel employees and customers. The overall effect is therefore to reduce individuals' income from tips.

4.2.4. Effect of COVID-19 protection measures on food security of employees of hotels

It was expected that those interventions of COVID-19 protection namely: limiting public mobility, changes in level of income may have substantial impacts on household food security. The study

indicates that 54.9% of the respondents reported their food security was strongly affected during the pandemic and this has been attributing to the lockdown policy that has limited free mobility of transporting food items providing no market access to the consumers. This situation may increase the price of food items, and particular low income hotel employees may have been remained food insecure during the pandemic. The observation is in close agreement with studies on COVID-19 impacts on varies forms of food security (Juliet McCann et al., 2022; Tamiru et al., 2023; Zhang et al., 2023; Kalle et al., 2021). The remaining 45.1% of the respondents reported that they did not face food insecurity.

Generally the COVID-19 impact on food security was consistent with the COVID-19 effect on employees' income. This is reasonable, because the access to food is highly associated with the level of income, i.e., the higher the monthly income is, the more access to food is created.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1. Conclusion

It is inevitable that implementation of these COVID-19 protection measures may have negative impact on the overall revenue of the hotels, particular on the household income of the hotel employees. In this regard there was limited knowledge on the impact of the COVID-19 pandemic on the employees of the hotels in Addis Ababa.

This study was therefore conducted on studying the impact of COVID-19 on employees of star labeled hotels by comparing their monthly income they receive from basic salary and incentives before, during and before the COVID-19 Pandemic. Nine star labeled hotels were considered for this study: Getfam, Saromaria, Ambasader, Kaleb, Soramba, Jupiter, Best West, Sarem and Semen.

The following conclusions are drawn from the results of the study:

- i. Regional states at all levels implemented the COVID-19 protection measures, and hence this has affected the public and private revenues which has subsequent adverse impacts the livelihood, income, food security, health, and social life. Thus, people who depend on the hotel sector, particularly informal hotels and bar services, have been most affected by the pandemic, because these employees had no legal agreement with the owner of the hotels.
- ii. Various measures which have been implemented by various state actors at federal, regional and woreda levels, particularly in bigger cities, have reduced the transportation of food items from producers to consumer sides, and these reduced consumers' access to food market. The result confirmed that there was strong negative effect on food supply during the pandemic. Low income families were heavily negatively affected by food insecurity.

- iii. The assessment on the COVID-19 impact on monthly salary revealed three categories of COVID-19 effects on monthly salary:
- **Category 1:** The employees received salary increment following the COVID-19 pandemic by 8.7%, the salary increment ranged between Birr 150 – 15000/month.
 - **Category 2:** The employees received a decreased in monthly salary during COVID-19 pandemic, and these were as 71.7% of the employees.
 - **Category 3:** The employees for whom there were no changes in monthly salary during and before COVID-19, and these were as 19.6% of the employees.
- iv. Unlike the monthly salary the effect of the COVID-19 pandemic on monthly tips income was highly significant across all hotels, and this attributed to the decline in hotel services as a result of strong restriction on international and domestic travels.
- v. The result of the study indicates that implementation of COVID-19 protection protocol has negatively affected the working environment. Hotel service facilities such as diversity in food and beverage, sport pools, aesthetic conditions of dining halls, bedroom services etc were very much reduced or closed. Many of the employees were morally affected to serve their customers actively with smiling gestures.

5.2. Recommendations

From the results of the study the following recommendations are drawn for managing similar pandemic crises in the future:

- i. When the government declares the lockdown policy, it should be aware of the large economic and social implications. Maintaining the safety and security of the citizens no matter who they are (employed or not employed) is clearly the highest priority of the government. In the declaration of lockdown policy, the government simply puts the economic pressure on the private sectors, whose revenue is significantly negatively affected by the pandemic. These increased the conflict between the employees and hotel owners, because they are forced to lay off the employees and paying the salary.

- ii. This policy (i.e., a policy of paying salary of layoffs) has been implemented by star labeled hotels where employees and employers had contractual agreement as per the country's labor law. For other employees of informal hotels including bar, restaurants and night clubs where employees are not employed as per labor law without legal contractual agreement, the employees were forced to stay home during the COVID-19 period without having no single coin.
- iii. House renting policy declared during COVID-19 (i.e., house owners shall not increase house renting cost and terminate the contract) has resulted in unhealthy relationship between house owners and renters. The government continued with this particular policy still now even after the COVID-19 pandemic has been lifted.
- iv. From the COVID-19 pandemic the government should have learned lessons how to address such pandemics with a minimum economic and social disruption. In this respect, it could be suggested that the government should develop a policy for social security public fund that would be used for the case of pandemic that forces the public sector to declare national lockdown measures for minimizing the wide and rapid spread of the disease. Such policies need to be designed towards providing support to those community members who are at higher risk by availing affordable, sustainable and targeted social security systems that ensure adequate income security at the household level during the pandemic.

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APPENDIXES

Appendix 2:1. Summary of studies on impacts COVID-19 on the hospitality industry in different countries including Ethiopia.

Author(s)	Method	Country	Findings
Abbas et al., (2021)	The study used a time-lagged field survey to investigate the psycho-economic impact of job uncertainties among employees in the hospitality industry during the COVID-19 pandemic as well as the social support offered against the damaging consequences of the uncertainties	Pakistan	The findings indicated that uncertainties in maintaining a job had a negative correlation with self-esteem and related positively with economic hardships. Additionally, assistance from society minimized the impact of job insecurity on self-respect, mental stability, financial independence and self-gratification considerably. However, where there was no support, the effects of work insecurity were severe, with economic hardships on workers of the hospitality industry
Bajrami et al., (2021)	The study sought to test how certain factors such as work insecurity, employee health, risk-taking and organisational changes affect occupational outlooks and employee attrition in the hospitality industry. Data was collected from 624 employees from the hospitality industry	Serbia	It was discovered that organizational changes and uncertainties at the workplace were forecasters of negative results whereas risk-taking was a determinant of job satisfaction in the negative way. It was further revealed that age and marital status had a considerable effect on employee motivation and attrition.
Huang et al., (2020)	The study used new high-frequency data on some small businesses in the US. Further, to decipher the states' policies and the daily confirmed cases of COVID-19 influence on labour markets, the study used mixed-effects regression models of state-level longitudinal data for two sectors (restaurants and	USA	The findings revealed that policies of business closure could be linked to economic and statistically considerable decreases in employment in the number of small businesses working in the hospitality sector.

	recreation).		
Tu et al., (2021)	To determine the extent to which COVID-19 influenced layoffs in the hospitality sector in China affected its employees' performance, the study collated field data from 302 employees and their supervisors during the two waves using in-role and extra-role performance	China	It was specified that COVID-19-caused layoff survivors' COVID-19-related anxiety, resulting in decline in in-role and extra-role performance
Yan et al., (2021)	Data was collected from 211 hospitality employees in 76 hotels in Peru, through an online survey from 1 June 9 June 2020, to examine the level of their symptoms of depression suffered as a result of the impact of COVID-19 pandemic. Drawing on Transactional Theory of Stress Model and the employees' home and work environment.	Peru	It was shown that job satisfaction lessens the connection between COVID-19 risk sensitivity and employees in the hospitality industry as well as the probability of being depressed. However, the relationship is affected by family factors.
Mehta & Sharma, (2021)	To assess the effect of COVID-19 and development of mindset on sustainable performance of hotels, the study used survey questionnaires and interviews to collate data from five-star hotels' employees, and analysed the data using qualitative approach.	India	The study discovered and confirmed the destructive effect of COVID-19 on the socio-economic sustainability of the hospitality industry
Tsion (2021)	Questionnaire survey and secondary data sourced from hotels annual report were used to assess the economic impact of COVID 19 outbreak on Hotel industry in Addis Ababa, Ethiopia.	Ethiopia	The findings of the study reveal that the outbreak of pandemic disease led to rapid shutdowns in cities and states across the country, and increased cancellations of hotels and travel bookings greatly affected the hospitality industry in terms of revenue, unemployment situations and hence destroyed profitability and affected the attitude of hotel consumers. The study recommends that maintaining the safety and security of employees and guests should have to be the highest priority and managers should have to focuses on provision of alternative service and

			diversification of service to return back to normal operations.
(Gemechu 2021).	The study focused on COVID-19 pandemic on informal workers	Ethiopia	The study reported that high proportion of food insecurity had occurred in the informal workers aftermath of COVID-19 pandemic.
Juliet McCann et al. 2022	The study focused on disruptions of food systems and nutrition services in response to COVID-19	Ethiopia	The findings reveal that disruptions of food systems and nutrition services has been occurred following COVID-19 pandemic
(Tamiru et al., 2023).	The study assessed factors associated with food security and dietary diversity among poor urban households after the outbreak of the Covid-19 pandemic	Ethiopia	The results revealed that demographic factors are factors associated with food security and dietary diversity among poor urban households after the outbreak of the Covid-19 pandemic.
Kalle et al., (2021)	The studies focused on food consumption and food security during the COVID-19 Pandemic in Addis Ababa.	Ethiopia	The findings suggest that a large proportion of households have been exposed to job loss or reduced incomes resulted from the COVID-19.

Appendix 3:2. Letter of request for collaboration in completing Questionnaire Survey



Questionnaire Survey to be filled by employees in star rated hotels in Addis Ababa

Dear respondent

My name is Wubrst Wondmeneh and I am a graduate student at Addis Ababa University. College of Development Studies, Center for Environment and Development specialization in Tourism Development and Management. Currently I am doing a research entitled “*Effect of COVID-19 Pandemic on employees in the Tourism Sector in Addis Ababa: Implications on Income and Household Food security*” as a part of my Master’s thesis. I would like to say thank you for your participation in this study. The information that you will give me will be only used for the academic purpose and the report will be presented in group without mentioning your name and hence, there will no any harm on you. Your participation in this research may not directly provide you a certain benefit as an individual.

If you have any question, please do not hesitate to communicate me at:

E-mail: wubrstwondmeneh@gmail.com

Mobile: 0911709640

Wubrst Wondmeneh

Graduate Student

Appendix 3:3. Questionnaires to be completed by hotel employees

Part I. Socio-demographic characteristics of study participants			
S.N	Question	Response	Remark
101	Age	-----years	
102	Sex	1. Male 2. Female	
103	Educational status	1.College 2.Degree 3.MSc/MA and above 4.Other (if any)_____	
104	Rank of the hotel	1. One star 2. Two star 3. Three star 4. Four star 5. Five star	
105	Type of job and responsibility	1.Waiter 2.Barman 3.Cook 4.Driver 5.Manager 6.Casher 7.Security 8.Sales officer 9.Front desk officer 10. Marketing officer 11. Technician 12. Others(specify)_____	
106	What is total years of your work experience in the hotel industry?	1. Below three years 2. 3-6 3. 7-10 4. >10	
107	What is your monthly salary currently?	_____birr	
	What was your monthly salary before COVID 19 (e.g. as of January 2020)	_____birr	
108	Please tell me average monthly incentive from customer (if any)	Before COVID-pandemic:_____ During COVID-pandemic:_____ Currently:_____	
109	What is your household monthly average living expense	_____birr	
110	Current marital status	1.Married 2.Single 3.Widowed 4.Divorced	If, not married skip to 108
111	Type of housing	1. Own 2. Rented 3. Family	

112	Religion	1. Orthodox 2. Muslim 3. Catholic 4. Protestant 5. Other:_____	
113	Your household family size	-----	
114	How much do you spend for transportation on average per week	-----Km	
Part II. Employee's perception on COVID induced economic and food security and health care responses			
215	Did you encounter economic crisis of COVID-19?	1. Yes 2. No	If No skip the next question
216	If yes to question No. 201, what type of economic crisis you had encountered?	1. Losing job 2. Absence of alternative job 3. Asset depletion 4. Take unusual credit 5. Absence of family support	
217	Did you encounter any health care problem due to COVID-19 pandemics?	1. Yes 2. No	
218	Did you encounter shortage of food aftermath of COVID-19?	1. Yes 2. No	
219	Did you or any of your household member experienced food utilization related behavioural change	1. Yes 2. No	
220	If your response is 'yes' for the above question specify the behavioural change	----- -----	
Part III. COVID-19 prevention protocols and regulation related factors			
321	Did you and/or your household food security status was affected due to COVID-19 lockdown policy	1. Yes 2. No	If No skip the next question
322	If your response is 'Yes' for the above question, how do you rate the effect	1. Very low 2. Low 3. Neutral 4. High 5. Very high	
323	Did you experience food access problem during and aftermath of COVID-19	1. Yes 2. No	If No skip the next question
324	If your response is 'Yes' for the above question, how do you rate the problem	1. Very low 2. Low 3. Neutral 4. High 5. Very high	
325	Do you think the tourism sector is affected by COVID-19	1. Yes 2. No	If No skip the next question

326	If your response is 'Yes' for the above question, please explain how COVID-19 affect the sector	_____	
327	Do you think that COVID-19 prevention protocol affect working environment in Hotel sector	1. Yes 2. No	If No skip the next question
328	If your response is 'Yes' for the above question, how do you rate the effect	1. Very low 2. Low 3. Neutral 4. High 5. Very high	
329	Did the social distance protocol affected your food security status	1. Yes 2. No	If No skip the next question
330	If your response is 'Yes' for the above question, how do you rate the effect	1. Very low 2. Low 3. Neutral 4. High 5. Very high	

Part IV Hotel workers perception on COVID-19 effect on food security and income of the household

Rate the following question accordingly (1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree)

S.No.		1 = Strongly disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
401	Because of COVID-19 there was uneven food price increase					
402	Because of COVID-19 there was lack of market to access food					
403	Because of COVID-19 food supply chains disrupted					
404	Because of COVID-19 food environments were altered					
405	Because of COVID-19 Food production pattern was changed					
406	Because of COVID-19 feeding all household members became difficult					
407	Due to COVID-19 there was scarcity of food					

	items in the market a household					
408	COVID-19 reduced to buy and eat food outside home					
409	Due to COVID-19 my income declined					
410	Due to COVID-19 there was limited income sources					
411	Due to COVID-19 my working hour decreased					
412	COVID-19 affect my children school fee payment					
413	COVID-19 undermine my household health follow-up					
414	COVID-19 affect my family transport expense					
415	Because of COVID-19 I am unable to cover my family food item expense					
416	Because of COVID-19 I am unable to cover my house rent					
417	COVID-19 affect my family recreational practices					

Appendix 4: 4. Compare Means Paired-Samples T Test for the significant effect of COVID-19 on hotel employees' household incomes

Appendix 4:4a. Compare Means Paired-Samples T Test for significant effect of COVID-19 on hotel employees' monthly salary

Paired Samples Statistics

Factors		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	DuringCOVID	7503.3852	122	6190.55834	560.46682
	AfterCOVID	5638.5000	122	5227.92809	473.31437

Paired Samples Correlations

Factors		N	Correlation	Sig.
Pair 1	DuringCOVID & AfterCOVID	122	.934	.000

Paired Samples Test

Factors	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 DuringCOVID - AfterCOVID	1864.88525	2281.08462	206.51970	1456.02503	2273.74546	9.030	121	.000

Appendix 4:4b. Compare Means Paired-Samples T Test for significant effect of COVID-19 on hotel employees' monthly tips

Paired Samples Statistics

Factors		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	BeforeCOVID	3197.5410	122	1258.40730	113.93084
	DuringCOVID	1719.2623	122	954.31700	86.39980
Pair 2	BeforeCOVID	3197.5410	122	1258.40730	113.93084
	AfterCOVID	4885.9016	122	1964.12063	177.82313
Pair 3	DuringCOVID	1719.2623	122	954.31700	86.39980
	AfterCOVID	4885.9016	122	1964.12063	177.82313

Paired Samples Correlations

Factors	N	Correlation	Sig.
Pair 1 BeforeCOVID & DuringCOVID	122	.762	.000
Pair 2 BeforeCOVID & AfterCOVID	122	.810	.000
Pair 3 DuringCOVID & AfterCOVID	122	.736	.000

Paired Samples Test

Factors	Paired Differences					t	df	Sig. (2-tailed)
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
				Lower	Upper			
Pair 1 BeforeCOVID - DuringCOVID	1478.27869	815.29764	73.81358	1332.14524	1624.41214	20.027	121	.000
Pair 2 BeforeCOVID - AfterCOVID	-1688.36066	1199.39679	108.58828	-1903.33980	-1473.38151	-15.548	121	.000
Pair 3 DuringCOVID - AfterCOVID	-3166.63934	1417.81208	128.36267	-3420.76712	-2912.51157	-24.669	121	.000