WHAT ARE WE LEARNING ABOUT THE IMPACT OF COVID-19 ON WOMEN AND MEN
PERSPECTIVES FROM EAST AND SOUTHERN AFRICA

FEBRUARY 2021
Target population:
General population aged 18+ of adult women and men living in Ethiopia that own a cell phone.

Instruments:
Set of questions was split into two questionnaires - 15-minute interview time limit per questionnaire and to minimize respondent fatigue:
1. Quest 1, covering demographics, economic activities, agriculture and education
2. Quest 2, which includes demographics, contextual questions related to GBV such as changes in economic activities and income, health, human rights, safety and security and GBV. The total interview length for each of the questionnaires was approx. 15 minutes.
• Fieldwork implementation RDD sample skewed toward the more urban, men and younger respondents. Reflects the structure of mobile phone users.
• Quotas that reflect the demographic structure of the population is therefore very important.
• Fieldwork implementation slow and difficult after the first three weeks some quotas near to filled, others required considerable number of interviews to be conducted.
• Other available sampling frames were engaged to compile with agreed nationally representative quotas.
• Studies were done in partnership with various agencies; UNFPA partnered with UNWomen in most countries in addition to other partners.

**RDD**
Random Direct Dialling – only one service provider in Ethiopia (Govt owned) entity)

**AVAILABLE DATA BASE**
Previously compiled database with basic identifiers of age and sex.

**OUTCOME**
Blended sample
SPECIAL MEASURES TESTED AROUND GBV IN ETHIOPIA

Indirect questions about incidence of GBV
Focus on perception questions
Same sex interviewers?
Loudspeaker on

Does the rapport built during the first interview make a difference in drop of rates during sensitive GBV section?

Consider local social cultural context
Carefully look at potential issues around translations
CATI surveys in Africa will always exclude those who do not access to voice mobile phone services
Stronger alignment and synergies in data strategy, use, and policymaking required.

Sensitivity to respondents reactions and responses
Helpline numbers
Encourage opting out if uncomfortable

Training considerations

Quest 2 preceded by Quest 1 same respondent

Design considerations
Health, mortality and economic impacts that may express themselves demographically:

1) Age structure of population in ESA (protective, but in countries like SA may change due to high mortalities)

2) Fertility rates: out of school pregnancies and restricted access to family planning services

3) Mortality and morbidity rates (deaths attributed to COVID-19 and excess deaths)

4) Impacts on migration and refugees (Women in refugee camps have additional vulnerabilities; men migrate but women left behind suffer particular challenges in many societies)
GOVERNANCE CONSIDERATIONS 1 – pre-pandemic

GENDER SENSITIVE LEGAL AND REGULATORY FRAMEWORKS, WOMEN’S GENDER GAP RANK ACCORDING TO THE WORLD ECONOMIC FORUM. REGIONAL (SUB-SAHARAN AFRICA) AND GLOBAL (OUT OF 153 COUNTRIES)

GOVERNANCE CONSIDERATIONS 2 – during the pandemic

- Several general measures aimed at social protection and reducing economic shocks
- Very limited policy measures interventions aimed specifically at women

Percentage of women and men living in extreme poverty, 2019, 2020

SOCIO-ECONOMIC CONSIDERATIONS – during COVID-19

• Most women and men have reduced individual as well as household incomes. Varies between countries but men are generally more affected than women.
• Workers in the formal sector were more likely to change their economic activities due to COVID-19 than any other sector
• Percentage of employed and not economically active increased and more so for women than for men
• Very few individuals received any assistance from Government or other agencies
• Remittances if they existed prior to the pandemic decreased

• The biggest source of worries for women are becoming infected by the virus and for men concerns about economic activities and income are the most important
Financial difficulties and decreases in combined household incomes

- Percentage who have experienced financial difficulties during the pandemic
- Percentage where the combined income of all household members has decreased since the onset of COVID-19.
Why is this important?

• Women’s economic empowerment and sustainable development.
• If not shared, women are unable to fully participate economically.
• Women tend to spend more time on unpaid care and domestic work than men.
• Target 5.4 was specifically designed for Governments to acknowledge and value unpaid care and domestic work by providing the necessary public services, infrastructure and social protection policies, and promoting unpaid domestic and care work as a shared responsibility within the household and the family.
TIME USE (unpaid domestic and care work) – prior to the pandemic (% women primarily responsible)

<table>
<thead>
<tr>
<th>Country</th>
<th>Cooking</th>
<th>Cleaning</th>
<th>Shopping</th>
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</thead>
<tbody>
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<td>72</td>
</tr>
<tr>
<td>South Africa</td>
<td>79</td>
<td>75</td>
<td>71</td>
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</tbody>
</table>
TIME USE (unpaid domestic and care work) – prior to the pandemic (% women primarily responsible)

<table>
<thead>
<tr>
<th>Country</th>
<th>Passive care of children</th>
<th>Play with children</th>
<th>Teaching children</th>
<th>Physical care of children</th>
</tr>
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<tbody>
<tr>
<td>Ethiopia</td>
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<td>51</td>
<td>54</td>
<td>41</td>
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<td>Malawi</td>
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<td>62</td>
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<td>58</td>
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<td>Rwanda</td>
<td>75</td>
<td>69</td>
<td>84</td>
<td>87</td>
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<tr>
<td>South Africa</td>
<td>77</td>
<td>73</td>
<td>75</td>
<td>80</td>
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Time spent on unpaid domestic work increased – during COVID-19

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Women</th>
<th>Men</th>
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<th>Men</th>
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<th>Women</th>
<th>Men</th>
<th>Women</th>
<th>Men</th>
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<tbody>
<tr>
<td>Ethiopia</td>
<td>59.9</td>
<td>58.9</td>
<td>61.0</td>
<td>57.8</td>
<td>64.5</td>
<td>60.2</td>
<td>68.5</td>
<td>61.8</td>
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<tr>
<td>Kenya</td>
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<tr>
<td>Malawi</td>
<td>29.6</td>
<td>27.8</td>
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<td>Mozambique</td>
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Time spent on unpaid care work increased – during COVID-19

Percentage

<table>
<thead>
<tr>
<th>Women</th>
<th>Men</th>
<th>Women</th>
<th>Men</th>
<th>Women</th>
<th>Men</th>
<th>Women</th>
<th>Men</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>54.2</td>
<td>56.2</td>
<td>66.3</td>
<td>67.3</td>
<td>46.3</td>
<td>46.7</td>
<td>71.3</td>
<td>67.9</td>
<td>63.4</td>
<td>52.3</td>
</tr>
</tbody>
</table>

Ethiopia  Kenya   Malawi  Mozambique  South Africa
MAIN TIME USE RECOMMENDATIONS

i) The gender machinery in each country need to increase efforts to advocate for greater visibility and inclusion of issues around time use and informal economic activities in policy responses.

ii) Policy responses to ease women’s unpaid domestic and care work will allow women to focus on productive activities.

iii) Subsidised child-care is one of the mechanisms that can ease women’s transition into the labour market.

i) It remains important to continue to recognize, reduce and redistribute the unpaid domestic and care activities that primarily fall upon women.

ii) The pandemic has shown that when circumstances dictate, men in the East and Southern Africa region do pitch in to assist with unpaid domestic and care work. It is important that through advocacy efforts this momentum be maintained to increasingly make it socially acceptable, as well expected from men in the region to share these tasks with women.
EDUCATION PATHWAYS OF POTENTIAL IMPACTS ON GIRLS OF THE PANDEMIC

Pandemic

Quarantine and travel restrictions

School closures

Sickness and death

Reduced financial resources for education

Lower expansion of educational opportunity

Limited progress in closing remaining gender gaps in education

Learning deteriorates

Girls do additional household and care work

Loss of household income

Girls delegated with income earning opportunities

Risk of exposure to sexual exploitation, and GBV inc. transactional sex

Early pregnancy

Early marriage

Drop-out

Disrupted access to reproductive health services

Disrupted access to safe spaces such as girls clubs

Source: Reproduced and adapted from Centre for Global Development October 2020
EDUCATION – main recommendations

• Cash transfers and bursaries as incentive for girls to go back to school; clear communication with and involvement of the community at all levels so that girls experience social pressure as well as support to return to school; girls need to be protected from GBV and sexual exploitation within their schools and communities; provide pathways for girls to report and seek help if they become victims; preventing early marriage and pregnancy are important mechanisms to prevent girls from leaving school in the first place.

• Use gender and inclusion lens into education analysis. Work to actively remove gender bias and discrimination within and across education systems need to continue and the leadership of girls and women and their role as agents of change during the post-COVID-19 recovery phase should be recognized and prioritized.

• Countries should prioritise activities that will bring all girls back to school through targeted measures for the poorest and most marginalised girls. Special consideration needs to be given to inequalities that are intersectional by nature and aggravates exclusion and marginalization.

• It is important to promote an integrated and coordinated approach that addresses girls’ holistic education, health and protection needs in an integrated manner. Cooperation between teachers, school administration, families and communities, need to be facilitated as much as possible.

• There is a need to support cross-sectoral collaboration to ensure an inclusive and gender-responsive school reopening, safeguarding the rights of all girls and boys.
Percentage respondents who were ill during the pandemic and covered by health insurance, by sex
Essential SRH Services Overlooked or Disrupted in ESA Since onset of COVID-19

<table>
<thead>
<tr>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
</table>
| % Mental health of the respondent affected | |%
| Ethiopia | 63.6 | 57.1 |
| Kenya | 60.0 | 55.7 |
| Malawi | 52.2 | 59.0 |
| Mozambique | 53.2 | 49.3 |
| South Africa | 50.5 | 49.2 |
| % Mental health of someone else in the household affected | |%
| Ethiopia | 62.0 | 56.1 |
| Kenya | 57.6 | 53.2 |
| Malawi | 53.1 | 59.1 |
| Mozambique | 45.4 | 42.5 |
| South Africa | 50.5 | 44.7 |

- The main reasons for anxiety and stress were fears of becoming infected with the Corona virus or death and other health issues.

- Concerns about the economic situation, income generation and access to food and medicines were also very prominent among the sources of worry. Men, more often than women, expressed worries about their economic situation.
Percentage of respondents who believe GBV is a big problem in their country

<table>
<thead>
<tr>
<th>Country</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>71.6</td>
<td>58.0</td>
</tr>
<tr>
<td>Malawi</td>
<td>98.0</td>
<td>97.1</td>
</tr>
<tr>
<td>Mozambique</td>
<td>73.5</td>
<td>69.9</td>
</tr>
<tr>
<td>South Africa</td>
<td>94.9</td>
<td>93.0</td>
</tr>
<tr>
<td>Uganda</td>
<td>75.9</td>
<td>68.1</td>
</tr>
</tbody>
</table>
% who believe that the incidence of GBV increased

- Ethiopia: 73.6% (Women), 61.9% (Men)
- Malawi: 55.2% (Women), 57.5% (Men)
- Mozambique: 45.0% (Women), 44.1% (Men)
- South Africa: 69.3% (Women), 70.3% (Men)
- Uganda: 79.8% (Women), 82.1% (Men)
### GENDER BASED VIOLENCE

<table>
<thead>
<tr>
<th>Country</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>37.0</td>
<td>37.8</td>
</tr>
<tr>
<td>Kenya</td>
<td>21.5</td>
<td>25.9</td>
</tr>
<tr>
<td>Malawi</td>
<td>69.2</td>
<td>71.1</td>
</tr>
<tr>
<td>Mozambique</td>
<td>52.2</td>
<td>53.4</td>
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<tr>
<td>South Africa</td>
<td>34.4</td>
<td>35.8</td>
</tr>
<tr>
<td>Uganda</td>
<td>44.3</td>
<td>46.7</td>
</tr>
</tbody>
</table>

% who personally know someone who have been affected by GBV
Main GBV Recommendations

- Continued advocacy work is needed around GBV prevention and services;
- Increased availability of safe places, mechanisms and services for victims and survivors and strengthening of referrals between service points.
- Increased communication around the available services and use of technology to support reporting mechanisms for victims and survivors of GBV.
- Conduct a standalone representative survey that measures the incidence of GBV.
- During the post-COVID-19 recovery phase it will be important to learn from and build on lessons learnt with regard to the use of technology and report support mechanisms for victims and survivors of GBV.
- Human rights training of police, prevention of police brutality. Training of police to receive and handle complaints from victims and survivors of rape and SGBV.
THANK YOU

Isabella Schmidt

Isabella.Schmidt@unwomen.org
https://data.unwomen.org/women-count