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COVID-19 RAPID GENDER ASSESSMENT

Gender Perspective

ETHIOPIA | 2020

UNITED NATIONS HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

RAPID GENDER ASSESSMENT (RGA) ON THE IMPACT OF COVID-19 ON WOMEN AND MEN IN ETHIOPIA

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EXECUTIVE SUMMARY

The first confirmed case of COVID-19 in Ethiopia was reported in March 2020, and the prime minister declared a state of emergency in April 2020. This resulted in the prohibition of inter-regional public transport and public gatherings, school closures across the country and the introduction of other public health measures to reduce the person-to-person transmission of the virus. Since the expiry of the state of emergency in September, various parts of the economy and schools have been allowed to gradually reopen and approximately 30% of the schools were reopened in October/early November 2020.

It is within this context that UNWomen, in partnership with the Office of the High Commissioner of Human Rights (OHCHR), executed a Computer-assisted Telephone Interview (CATI) survey aimed at producing gender- and sex-disaggregated data on the impacts of COVID-19 on women and men in Ethiopia. This survey forms part of a global initiative to increase the knowledge base on the gendered impacts of the pandemic. The expected outcome of the project is that the evidence collected will ensure that the national response, advocacy, recovery and resilience plans and institutional interventions will be gender responsive by basing it on the evidence collected through this survey.

The complete survey covers a broad range of topics and was split into two questionnaires administered one to two weeks apart as 20-minute interviews each. It is based on a sample of 2,410 women and men aged 18 years and older that were obtained through a process of random direct dialling. The sample was composed in such a way that it conformed to predetermined quotas that are representative of the population by age, sex and location. This makes the survey nationally representative of mobile phone owners adjusted to the demographics of the population by age and sex. Soft post-collection adjustments were also made for household expenditure and location. UNWomen contracted IPSOS to execute the data collection for the survey between September 10 and November 7.

A quarter of the Ethiopian population aged 15 years and older is estimated to have been living in extreme poverty during 2020, with estimates of 25.7% for women and 26.4% for men. The findings of the survey suggest that the movement restrictions associated with the state of emergency and other social distancing measures negatively changed the economic activities of most of the respondents significantly.

The economic activity that most respondents engaged in 'working for a person/company/government/household or other entity for pay' declined during this period by 8.8 percentage points for women and 9.8 percentage points for men. About eight out of ten women and men who were working for a person/company/government/household or other entity for pay, remained in this category of employment after COVID-19. The rest transitioned into freelancing, unemployment and being not employed.

The second biggest occupation for women (14.8%) and men (19.4%) before the pandemic was the category 'Own business/freelancer with no other employees'. This sector experienced growth after COVID-19 started, absorbing individuals who worked for others for pay

as well as those engaged in the third biggest sector prior to COVID-19, 'Own business/freelancer with employees', who may have downsized and were working on their own at the time of the survey.

The survey findings confirm that the economic consequences of the state of emergency and movement control measures impacted both on the individual incomes of most women and men as well as the combined incomes of their households. Women and men were nearly equally affected by declines in personal incomes, as approximately six out of ten individuals experienced individual declines and seven out of ten reported declines in combined household incomes.

Declines in personal and household incomes forced many individuals to fall back onto familial and other social support networks. A third of the respondents indicated that they currently provide financial and in-kind support to other family members not supported prior to COVID19. Men (38.3%) were significantly more likely than women (27.9%) to report providing this kind of assistance and were also more likely to support greater numbers of people. Around six out of ten of the women and men interviewed, indicated that they did not previously receive support from friends or relatives, but have been doing so since the start of the pandemic. Others who used to receive support have lost it or are receiving less now.

Slightly more than a quarter of men (26%) and 12% of the women interviewed indicated that they are involved in agriculture. Inter-regional movement restrictions may have contributed to four in ten agricultural producers indicating that they had problems getting their agricultural input supplies during COVID-19. Men were more likely than women to experience these problems. Input supply problems were also bigger in urban and semi-urban areas than in rural areas.

Movement restrictions not only caused disruptions in the movement of seeds and other agricultural inputs, but also of food. This, coupled with other problems such as the floods and locusts, caused market disruptions which led to increases in food prices. Nearly nine out of ten respondents indicated that the prices of the food they normally buy increased during COVID19. Women and men were equally likely to experience problems with increases in food prices, but those living in rural areas were the least likely to say that food prices increased.

The education questions focused on girls and boys aged 7 to 14 years, and no significant differences were found between girls and boys regarding the mechanisms they used to learn. Children living in rural areas (44%) were the least likely to have any measures in place to continue learning during this period. This is higher than those indicating the absence of measures in semi-urban (29%) and urban areas (25%). Children were most likely to continue learning from the television (38%) and print media in semi-urban (39%) and urban areas (34%). Only 13% of rural children made use of television to continue learning during this time. The lack of electricity/source of lighting (40%); limited access to the internet (30%); and limited access to printed materials (26%) were the primary concerns of learners during this time. There were no differences between boys and girls, except for access to printed learning materials for which girls (27%) were more likely to experience access problems than boys (20%).

Prior to COVID-19, women overwhelmingly carried the brunt of unpaid domestic and care work. The only care areas for which women and men had similar profiles prior to the pandemic were for the care category 'Affective/emotional support for adult family members'.

This situation changed during COVID-19 as both women and men reported increases in the amount of time they were spending on unpaid domestic and care work. Women were more likely than men to indicate that they have been receiving more support with this. Women (52%) reported a significantly higher increased burden than men (39%) in tasks associated with unpaid domestic work, while men (33%) were more likely than women (29%) to have experienced increases in their unpaid care work in support of children and older people.

Besides news media such as the radio, television and newspapers, the second most used source of information was the internet and social media. Men (48.7%) were statistically significantly more likely than women (39%) to use this information source.

The pandemic, its associated movement and social distancing restrictions as well as the economic consequences have placed a lot of strain on individuals and households. Six out of ten respondents indicated that they had experienced mental and emotional strain during the pandemic. Women (63.5%) were statistically more likely than men (57.1%) to report that their mental and emotional health have been affected negatively by the pandemic and its consequences. Concerns about getting COVID-19 (58.6%) and economic concerns (50.3%) were flagged as the most important reasons for stress and anxiety.

The anticipated disruption of healthcare services by the pandemic is not reflected by the data. Approximately five in ten respondents indicated that they did not need healthcare services during the pandemic, whilst four out of ten reported that they needed healthcare services and were able to access it. There were no significant differences between women and men. Even though problems related to child healthcare services were flagged by only 18.6% of respondents with limited access, it was overwhelmingly more likely to be a problem experienced by women (34.1%) than men (18.6%).

Three in ten respondents felt less safe to violence or threats of violence during the pandemic than before. There were no differences between women and men with regards to feeling less safe. Women (40%) living in semi-urban areas were more likely than respondents in all other age and location cohorts to feel unsafe from violence or threats of violence. Approximately six out of ten respondents felt that the levels of discrimination in the area where they lived remained unchanged during the pandemic. A further 26% indicated that these levels have decreased and 14% indicated that they have increased. Men (15.6%) were more likely than women (11.7%) to feel that discrimination increased during the pandemic. Three out of ten respondents felt less safe in their homes during the pandemic than before the pandemic, with no significant differences between women and men. The primary reason for feeling unsafe were concerns regarding the transmission of the disease due to especially the movement of children in high-density neighbourhoods.

Women (69.2%) were significantly more likely than men (56.2%) to feel that GBV is a big problem in Ethiopia, with similar percentages thinking that it has increased during COVID-19. Women and men in urban and semi-urban settings were more likely than rural women and men to think it is a problem as well as that it has increased during the pandemic.

There were also significant differences in the responses between women and men regarding the frequency of GBV: 56.5% of women compared to 41.8% of men thought that it happens very often. A further 49.7% of men and 36.5% of women indicated that it only happens sometimes.

Approximately six out of ten respondents indicated that they do not personally know anyone who has been a victim of such an incidence since the onset of COVID-19. There were no significant differences between women (62,6%) and men (61.5%). Sexual harassment, emotional abuse, physical abuse and forced sex were the four most common types of GBV that they were aware of. There were no significant differences between women and men with regards to the types of GBV most reported. However, when identifying the most recent case, women (25.1%) were more likely than men (21.7%) to identify sexual harassment; while men (19.0%) were more likely than women (14.0%) to identify emotional abuse as the most recent event. Most perpetrators were known to the victim. These include neighbours (30%), other community members (30%) and friends (24%). Around 15% of the respondents identified another family member as the perpetrator, with women (18.3%) significantly more likely than men (11.8%) to indicate that another family member was responsible. Nineteen percent of the respondents did not know whether the victim approached someone for help. A quarter of the respondents indicated that the victims did not seek help, while a further 30% went to the police.

The study identified specific help-seeking behaviour as well as more details about the characteristics of the perpetrators and support solicited for the four most commonly reported types of GBV. These can be used during advocacy and planning.

The evidence collected in this study confirmed that the pandemic had differential impacts on women and men and in many instances women have been more negatively affected than men. The report also made several recommendations as to how post COVID-19 recovery measures can be tailored to better meet the needs of women and girls.

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1. INTRODUCTION

The COVID-19 pandemic was declared a public health emergency of international concern by the World Health Organization in February 2020. Even though the pandemic took longer to take hold on the African continent than elsewhere, the first confirmed case in Ethiopia was reported in March 2020. Consequently, a joint State of Emergency was declared by the Ministry of Health and the Ethiopian Public Health Institute in April (to slow and ultimately contain the spread of COVID-19). This effectively meant the prohibition of inter-regional public transport and public gatherings, school closures across the country and the introduction of other public health measures to reduce the person-to-person transmission of the virus. Despite the international travel prohibitions, the border with Djibouti remained fully open for the transport of commercial goods. Some of these restrictions to travel and sports events were lifted when the state of emergency expired in September 2020.[1] Even though the pandemic was slow to start in Ethiopia, new infections continue to be identified daily. According to WHO/John Hopkins data 103,928 positive cases were identified in Ethiopia with 1,601 deaths as of 18th November 2020.[2]

During this time, Ethiopia also had to deal with social unrest and internal political conflicts, a relatively high internally displaced population, the deportation of Ethiopian migrants from countries in the Middle East and elsewhere, floods, as well as a locust plague[3] that impacted on food security in the region.

One of the areas which made Ethiopia particularly vulnerable to economic shocks is the role that it plays as a major regional and international transport hub, primarily through Ethiopian Airlines. As a mitigation measure and to facilitate the regional movement of goods, Ethiopian Airlines started to resume flights in July 2020, well before the state of emergency expired.

Since the expiry of the state of emergency in September, various parts of the economy and schools have been allowed to gradually reopen. Approximately 30% of the schools were reopened in October/early November. A revision class for grade 8 and 12 students was launched in late October 2020 across the country (including in Addis Ababa).

From the onset of the pandemic, information started to filter through that the pandemic has differential impacts on women and men. However, due to movement restrictions, traditional face-to-face surveys and other forms of social research came to a halt.

It is within this context that UNWomen, in partnership with the Office of the High Commissioner of Human Rights (OHCHR), commissioned IPSOS to execute a Computer-assisted Telephone Interview (CATI) survey in the period September 10 to November 7, 2020. This report provides a summary of the main findings of this CATI survey.

1 https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-COVID-19#E, accessed 20/11/2020
2 https://data.unwomen.org/resources/covid-19-and-gender-monitor, accessed 19/11/2020
3 http://www.fao.org/giews/countrybrief/country.jsp?code=ETH

2. AIMS AND OBJECTIVES OF THE STUDY

The overall aim of this project is to produce gender- and sex-disaggregated data on the impacts of COVID-19 on women and men in Ethiopia.

More specific objectives of the survey include:

1) Collecting data about how the livelihoods and circumstances of women and men are affected by COVID-19 and its associated restrictions on movement, including looking at the impact of the disruption of essential and lifesaving sexual and reproductive health (SRH) and gender-based violence (GBV) services on women and men.

2) Testing a core set of GBV questions that can potentially be used in a global survey on the impact of COVID-19 on GBV.

3) Identifying appropriate program interventions to improve the well-being of women and men, including robust recovery and resilience efforts.

4) Identifying messages that can be used for advocacy purposes to improve the well-being of women and men.

The expected outcome of the project is that the evidence collected will ensure that the national response, advocacy, recovery and resilience plans and institutional interventions will be gender responsive by basing it on the evidence collected through this survey. The replication of several standard questions will also enable UNWomen and partners to produce an ESA regional analysis that will increase our understanding of differences between countries and opportunities for regional interventions.

3. METHODOLOGY

Questionnaire and approach

The study is being conducted within the context of a UNWomen global effort to increase data availability regarding the gendered impacts of COVID-19. Given the nature of the pandemic and the difficulties associated with collecting quality statistical data using statistically sound methodologies, UNWomen East and Southern Africa Regional Office (ESA-RO) has conceptualised a uniform data collection methodology for Rapid Gender Assessments across the region. IPSOS was appointed as service provider for Ethiopia and undertook the data collection for the survey.

UNWomen ESA-RO and the Kenya Country Office (CO), in partnership with UNFPA and other partners, have developed an omnibus of generic questions that can be used for the CATI rapid gender survey on COVID-19. These generic questions were initially drawn from the question omnibus that was developed for the global study by UNWomen Head Quarters in New York. The UNWomen Ethiopia CO was also involved in the revision and customization of the questionnaires to local conditions. The CO was closely involved in the monitoring of the data collection through weekly update meetings and assisting to capture issues relevant to the local context.

The complete survey covers a broad range of topics and was split into two questionnaires to fit into the 20-minute interview time limit and to minimize respondent fatigue. These two questionnaires are:

1) **Questionnaire I:** Covering demographics, economic activities, agriculture and education

2) **Questionnaire II:** This questionnaire includes demographics, contextual questions related to GBV such as changes in economic activities and income, health, human rights, safety and security and GBV.

Copies of the two questionnaires can be found in Annexure 3.

The Ethiopia survey made use of both these generic questionnaires, with slight adaptations where some question options were changed to better reflect the local situation and where modifications and improvements were recommended by IPSOS.

The total interview length for each of the questionnaires is 15–20 minutes. None of the questionnaires have any open-ended questions, but rather multiple-choice and scale-based answers. The service provider made use of Random Digit Dialling (RDD) and applied the sample quotas listed below to the selection of respondents. When the response/identification rate of individuals – particularly older women based in rural areas – became too low, an existing database was used to fill the gaps in the quota framework.

A total of 39 interviewers were engaged by IPSOS for data collection: 20 women and 19 men. They received face to face training over a three-day period.

Sample

The study was based on a sample of 2,410 women and men aged 18 years and older that were obtained through a process of RDD.[4] The sample was composed in such a way that it conformed to predetermined quotas that were representative of the population by age, sex and location. Soft quotas were applied post collection by rural/urban and living standards measure. With a sample size of n=2,410, the margin of error is +/-2.0% at 95 percent confidence level for reporting at national level. This makes the survey representative of mobile phone owners but adjusted to the demographics of the population by age, sex and location. A demographic panel was used for the two questionnaires. Firstly, Questionnaire I was administered to the sample of 2,410 individuals as described in the previous paragraph. The respondents were then asked whether they were willing to participate in a second interview. Once they agreed, an appointment was made for a convenient time and the second interview was conducted accordingly. In the case of a refusal for a second interview, the individual was replaced with a new sampled respondent that has similar demographic characteristics to the individual originally interviewed but being replaced in the second interview.

Analytical focus of the CATI rapid gender survey on COVID-19

Research analysis and recommendations focuses on highlighting the needs and impact of the COVID-19 outbreak on women and men aged 18 years and older, but particularly focuses on disadvantaged groups of women; women living in rural areas; women of different age groups. Unfortunately, the sample size is too small to allow for the adequate measurement and disaggregation of data by disability status. Z-tests/Chi-square tests for statistical significance have been done to test for statistically significant differences between two groups. Details are contained in Annexure 4. Differences that are statistically significant in the tables are indicted in bold text.

Ethical and safety considerations

The study was executed in such a way that confidentiality and anonymity were guaranteed. Ethical and safety principles were followed to ensure that no additional harm, risk or distress was imposed on women and men who take part in the data collection being conducted remotely. Informed consent was obtained from each participant. Respondents were also provided with GBV helpline contact details in the event of them needing to contact them. The survey process also safeguarded the safety of interviewers. The recommended anti-COVID19 barrier behaviors amongst teams of interviewers were observed to avoid any risk of contamination and virus transmission. Working hours were in accordance with the curfews if implemented in a specific country.

4 Random Digit Dialling is based on a computer generating random mobile phone numbers which are then dialed and after screening using the specific survey criteria are either included or excluded from the study.

4. RESULTS OF THE ETHIOPIA GENDER RAPID ASSESSMENT SURVEY

The findings of the Ethiopia RGA are presented in three separate documents: the narrative report, as well as an annexure (Annexure 4) containing detailed statistical tables and a detailed technical report. The discussion in the narrative report focuses on the main trends or observations while details are presented in selected tables. The key findings will further highlight more specific recommendations related to potential COVID-19 interventions for 2021.

4.1 Socio-economic characteristics of respondents

The Ethiopian Telecommunications Corporation (Ethio telecom) is owned by the Ethiopian government and is the only mobile phone service provider in the country, and mobile phone ownership is highly skewed towards the capital, Addis Ababa. According to Ethiopia's SDG reporting for SDG indicator 5.b.1, 58.3% of the population owned a mobile phone in 2016. It is quite common in African countries that mobile phone ownership is skewed towards the capital due to relatively higher incomes and better coverage by service providers. In Ethiopia compounding factors include a lack of competition in the local market and the absence of reception towers in large parts of rural Ethiopia. Mobile phone ownership is also typically skewed towards young men.

These factors create a challenge when the objective is to conduct a CATI survey that should generate data from a sample survey that is statistically representative of the population. The initial quotas on which data collection was based, were representative of the distribution of the population according to region, age and sex as obtained from the Central Statistics Office. A soft post-collection quota system was applied for the categories 'Average household monthly expenditure' and 'Rural/urban'. As indicated in the methodology section the study was conducted using Direct Random Dialling methods and a total of 2410 women and men were interviewed. Even though quotas representative of the population by sex, age and region were applied during collection, soft quotas reflecting household expenditures prior to COVID-19 as well as rural/urban were applied after collection. The table on the next page reflect the socio-economic characteristics of the respondents after the application of weights to correct the distribution of the data according to sex, age and location.

TABLE 1: Socio-economic characteristics of respondents, by sex and location (per cent)

Demographic characteristic	All	Women				Men			
		Total	Urban	Semi-urban	Rural	Total	Urban	Semi-urban	Rural
Region									
Tigray	5.7	5.8	6.6	2.3	2.2	5.6	7.1	1.9	1.6
Amhara	23.8	24.5	24.6	23.7	25.2	23.1	22.0	28.2	23.6
Oromia	35.4	33.1	31.8	36.3	43.7	37.8	34.6	43.5	49.3
Somali	6.2	7.1	7.7	4.9	3.6	5.4	6.1	3.0	4.3
SNNPR	19.5	20.7	19.6	27.1	21.5	18.3	18.2	18.6	18.8
Addis Ababa	4.7	3.9	4.7	0.0	0.0	5.6	7.6	0.0	0.0
All other regions	4.6	5.0	5.0	5.7	3.8	4.2	4.5	4.7	2.4
Total	2,410	1,204	996	137	71	1,206	896	165	145
Age categories of the respondents									
18–34	56.9	56.5	55.6	58.4	64.0	57.2	53.7	69.1	64.6
35–54	31.3	31.8	32.1	32.5	26.9	30.8	34.0	24.5	20.0
55+	11.8	11.7	12.4	9.1	9.1	11.9	12.3	6.4	15.4
Total	2,410	1,204	996	137	71	1,206	896	165	145
Average household expenditure in categories in Ethiopian Bat (ETB)									
2,500 and below	39.1	42.7	38.3	55.5	72.5	35.6	29.4	39.0	67.4
2,501–5,000	38.9	38.1	40.4	31.0	22.8	39.8	40.8	46.6	26.3
5,001 and above	22.0	19.3	21.3	13.5	4.8	24.7	29.8	14.4	6.3
Total	2,367	1,181	975	136	70	1,186	886	161	139
Relationship to the household head									
Head	60.4	45.2	45.6	46.2	39.0	75.6	78.6	68.8	66.5
Spouse/partner	15.6	30.5	30.1	31.5	33.8	0.6	0.5	0.8	0.9
Son/daughter	13.4	14.7	14.6	15.4	14.7	12.1	9.3	19.3	20.1
Father/mother	8.3	7.1	7.1	5.3	10.0	9.5	9.4	8.1	11.3
Other	2.3	2.5	2.6	1.6	2.5	2.1	2.1	3.1	1.2
Total	2,410	1,204	996	137	71	1,206	896	165	145
Current marital status									
Married	54.2	52.8	51.9	58.7	52.7	55.5	56.0	52.9	55.4
Cohabiting	0.6	0.5	0.2	2.2	1.1	0.6	0.8	0.0	0.4
Separated	0.9	1.8	1.8	1.5	2.0	0.1	0.0	0.4	0.0
Widowed	2.4	4.6	4.8	2.5	5.0	0.2	0.2	0.0	0.0
Divorced	3.3	5.4	5.2	7.4	4.3	1.2	1.2	0.8	1.5
Single	38.7	34.9	36.0	27.8	34.9	42.5	41.8	45.9	42.7
Total	2,410	1,204	996	137	71	1,206	896	165	145
Highest level of education									
No formal education	4.8	6.2	4.3	9.2	24.9	3.4	1.8	3.7	12.0
Some primary	6.9	6.9	5.4	14.1	12.9	6.9	4.0	11.8	17.3
Complete primary	9.3	10.6	10.4	8.7	17.6	8.1	7.2	6.1	15.3
Some secondary	11.7	11.9	10.8	20.3	8.6	11.5	11.0	16.1	9.6
Complete secondary	16.5	16.7	17.4	13.8	12.2	16.3	16.6	14.1	17.1

Demographic characteristic	All	Women				Men			
		Total	Urban	Semi-urban	Rural	Total	Urban	Semi-urban	Rural
Tech & vocational	6.6	7.2	7.5	4.5	7.5	6.1	6.6	5.2	4.7
Some univ/ college	10.8	12.2	13.1	10.4	3.9	9.3	8.8	13.3	8.0
Complete univ/ college	24.9	22.1	24.6	12.9	9.2	27.6	31.2	23.5	12.5
Some post-graduate	2.4	1.6	1.7	1.3	0.0	3.3	4.0	2.3	0.6
Complete post-graduate	5.6	4.2	4.3	3.9	3.2	7.0	8.5	3.9	1.6
Do not know	0.4	0.5	0.4	1.0	0.0	0.4	0.3	0.0	1.2
Total (n)	2,410	1,204	996	137	71	1,206	896	165	145
Household composition									
I live alone	17.5	14.4	14.9	9.8	16.9	20.6	21.9	18.2	15.7
Presence - children 0-5 yrs	37.3	32.1	33.4	29.8	20.9	42.6	42.7	37.1	47.8
Presence - children 6-17 yrs	50.6	49.9	50.2	45.2	55.8	51.3	48.8	53.8	62.8
Presence - adults 18-34 yrs	84.2	82.2	80.5	90.5	86.6	86.3	84.6	90.9	91.3
Presence - adults 35-64 yrs	65.7	66.8	66.9	67.9	62.7	64.6	64.8	63.2	65.0
Presence - elderly 65 or 65+ yrs	9.8	9.7	9.7	8.8	11.7	9.8	9.2	7.4	15.6
Total (n)	2,410	1,204	996	137	71	1,206	896	165	145
Number of persons per household									
1.00 One person	17.5	14.4	14.9	9.8	16.9	20.6	21.9	18.2	15.7
2.00 2-4 persons	41.3	48.0	47.1	53.9	48.2	34.5	36.8	33.6	22.5
3.00 5-7 persons	32.6	31.5	33.1	26.4	21.4	33.8	31.5	36.6	43.0
4.00 8+ persons	8.6	6.1	5.0	9.9	13.4	11.2	9.7	11.7	18.7
Total (n)	2,410	1,204	996	137	71	1,206	896	165	145

These efforts were partially successful as can be seen from the demographic profile of the respondents as summarised in Table 1. The data show that despite these challenges the survey did succeed in incorporating views from a much broader range of respondents than just the capital, the wealthy and or better educated segments of society. The capital, Addis Ababa is represented by 4.7% of the responses while the most populated regions such as Amhara, Oromia and SNNPR have good representation in the survey. Average monthly household expenditure prior to the pandemic has been below 5,000 ETB for 78% of the respondents; slightly more than half of the adult respondents were married, but 38,7% were single.

4.2 Economic activities, household income, and other resources

A quarter of the Ethiopian population aged 15 years and older is estimated to have been living in extreme poverty during 2020, with estimates of 25.7% for women and 26.4% for men. This represents an increase of approximately 2 percentage points from the 2019 estimates of 23.3% for women and 24.0% for men.[5] The most recently published unemployment figures

5 UNWomen Covid-19 gender monitor, https://data.unwomen.org/resources/covid-19-and-gender-monitor, accessed 19/11/2020

(SDG 8.5.2 reporting for 2013) suggest unemployment rates of 2.25% for women and 2.94% for men.[6]

The findings of the survey suggest that the movement restrictions associated with the state of emergency and other social distancing measures changed the economic activities of most of the respondents significantly. Approximately seven out of ten respondents (with similar distributions for men and women) indicated that their economic activities changed due to COVID-19. Figure 1 on the next page shows that in spite of the Government's decree that no-one should lose their jobs as a result of the State of Emergency and COVID-19 related restrictions, women and men were in a statistically significantly worse position as a result of the COVID-19 pandemic and associated measures. Women (38.2%) were statistically significantly less likely than men (45.1%) to have worked for a person/company/ government/ household or other entity for pay prior to the pandemic. This kind of economic activity decreased between March 2020 when the first case was identified and October 2020[7] by 8.8 percentage points for women and 9.8 percentage points for men.

The second biggest occupation for women (14.8%) and men (19.4%) before the pandemic was the category 'Own business/freelancer with no other employees'. This sector experienced growth after COVID-19 started because those who lost their jobs in the formal sector migrated to this sector (also see Figure 4 for more details) and those who previously had employees started operating on their own without other workers to assist them. The third biggest employment sector for both women (11.7%) and men (11.3%) prior and after COVID-19 was 'Having your own business with employees'. Women and men were equally likely to participate in this economic activity prior to COVID-19 and a decline of approximately one percentage point during the pandemic was experienced by both sexes. Casual/odd jobs in the non-agricultural sector was 5.8% for men prior to the pandemic and 3.7% for women. In both cases participation in this activity grew after the onset of COVID-19. The 'Other' response category had 8.4% for women and 5.9% for men prior to the pandemic. This increased for women and men to 13.7% and 12.9 per cent, respectively, representing statistically significant increases in each case. Unfortunately, the 'Other' category could have included both productive/non-productive activities or categorizations related to unemployed or not employed, and it is therefore not possible to completely associate 'Other' with one or the other broader categorizations.

Farmers who employed others decreased from 4.2% for men to 3.5% and for women it remained the same at around 1%. Likewise there has been a decline in the percentage of individuals who said they worked for others as casual labourers in agriculture (a decline from 2.4% for men to 1.9% and for women from 0.9% to 0.4%). The reduction of employment for farm labourers could most likely be attributed to a decline in disposable incomes of agricultural producers as movement restrictions between regions affected the movement of agricultural goods as well as a reduction of income in general for those who rely on other incomes streams to support their agricultural labour requirements.

6 SDG reporting UNSD, https://unstats.un.org/sdgs/indicators/database/, accessed 8/09/2020
7 Most of the data for the survey was collected during October 2020.

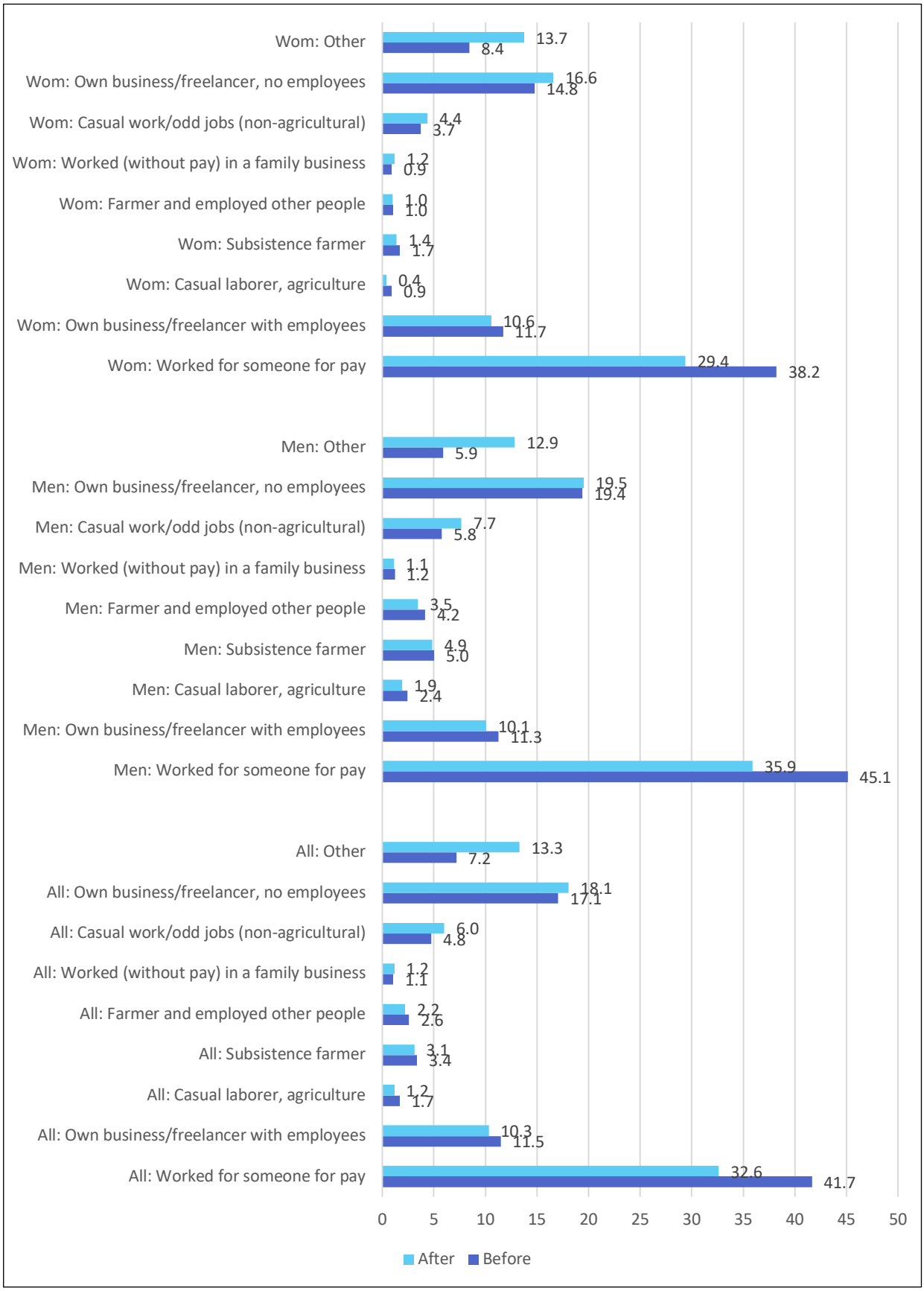

FIGURE 1: Economic activities of the respondents before and after COVID-19, by sex (per cent)

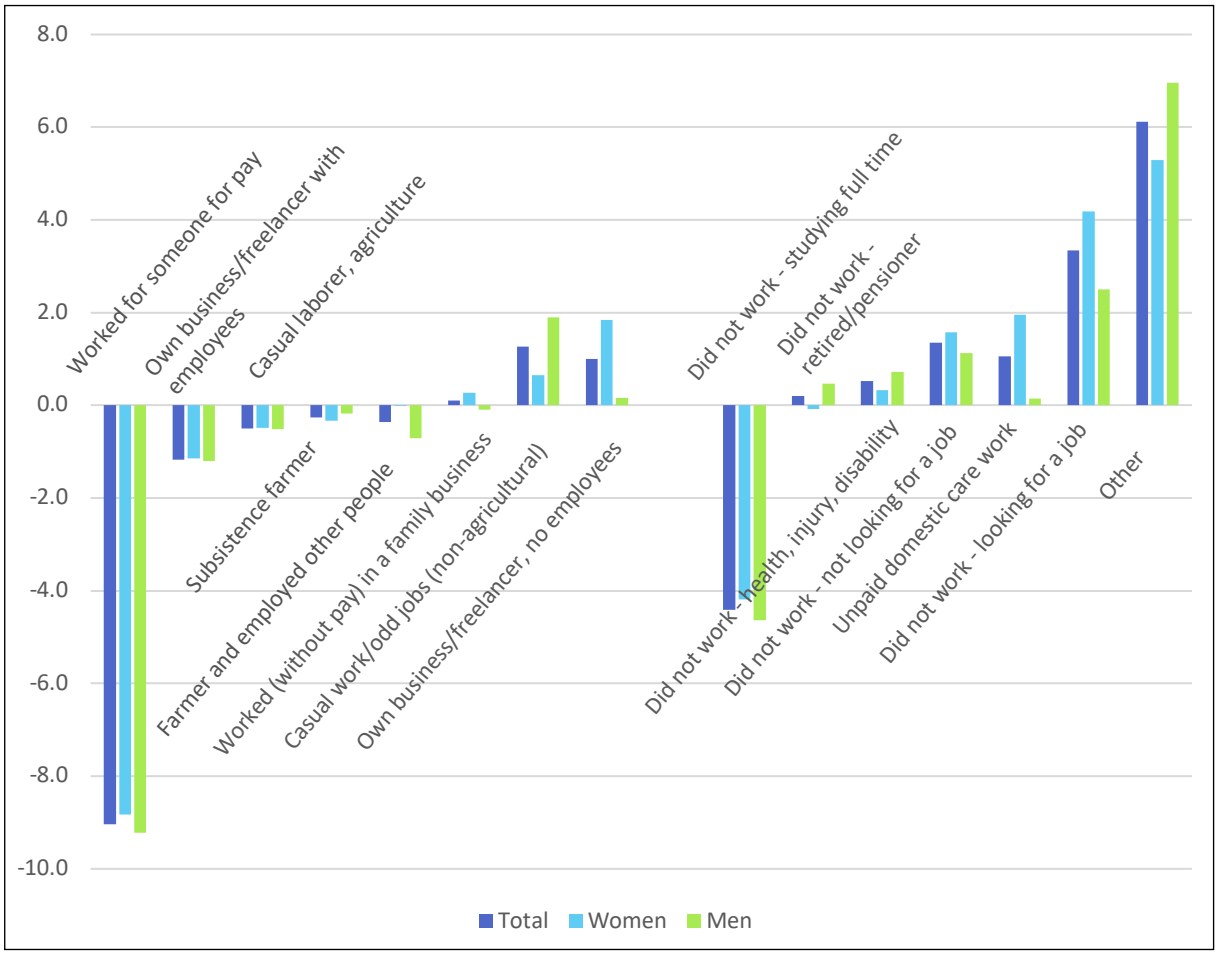

FIGURE 2: Graphic representation of the percentage point change before and after COVID-19 for all the economic activities classifications, by sex

The changes that took place in economic activities before and after COVID-19 are further explored in Figure 2 where the percentage point differences between these two observation points are charted. Negative differences in the graph mean that the percentage of individuals involved in a sector declined, while positive change (as can mostly be seen on the right-hand side of the graph) denote increases after COVID-19. The graph makes it evident that in addition to the changes already described with regard to Figure 1, the numbers of those who did not work and were studying full-time declined during COVID-19 as well, whilst those who did not work and were looking for a job as well as 'Other' increased.

The changes discussed on the previous two pages do not only reflect impacts regarding the kinds of economic activities that women and men engage in, but also in the number of activities. Figure 3 shows a decline in the number of paid economic activities that the respondents reported being involved in. On the left of the graph are the number of activities prior to COVID-19 and on the right the situation post-COVID-19. The decline between the proportions involved in an economic activity before and after COVID-19 is approximately 7 percentage points for women and men.

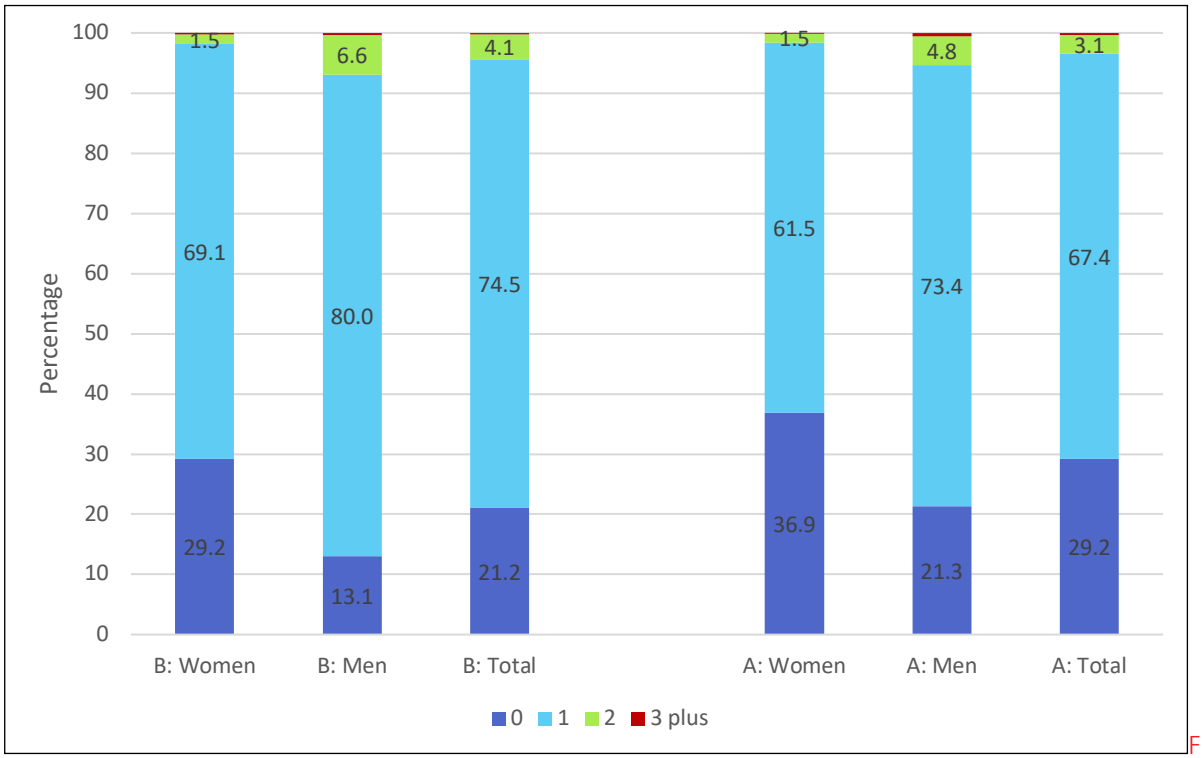

FIGURE 3: Graphic representation of the percentage change in the number of activities before and after COVID-19 for all the economic activity classifications, by sex

Figure 4 on the next page follows those who were in paid fix-term employment prior to the pandemic and examines their economic activity profiles at the time of the survey to investigate how they have transitioned.

According to Figure 4, approximately eight out of ten women and men who were in paid fixed-term employment prior to COVID-19, remained in paid fixed-term employment, whereas 13% of men and 7% of women managed to transition into other economic activities. Women previously in paid employment, were more likely than men to transition into unemployment or into the 'not employed' category (i.e. not available to work, busy with unpaid care work, studies, etc.). This could be related to the kinds of economic activities that women were more likely to engage in prior to the pandemic. For example, the hospitality and tourism industry was severely affected by the movement controls associated with the pandemic and many women are employed in that sector.

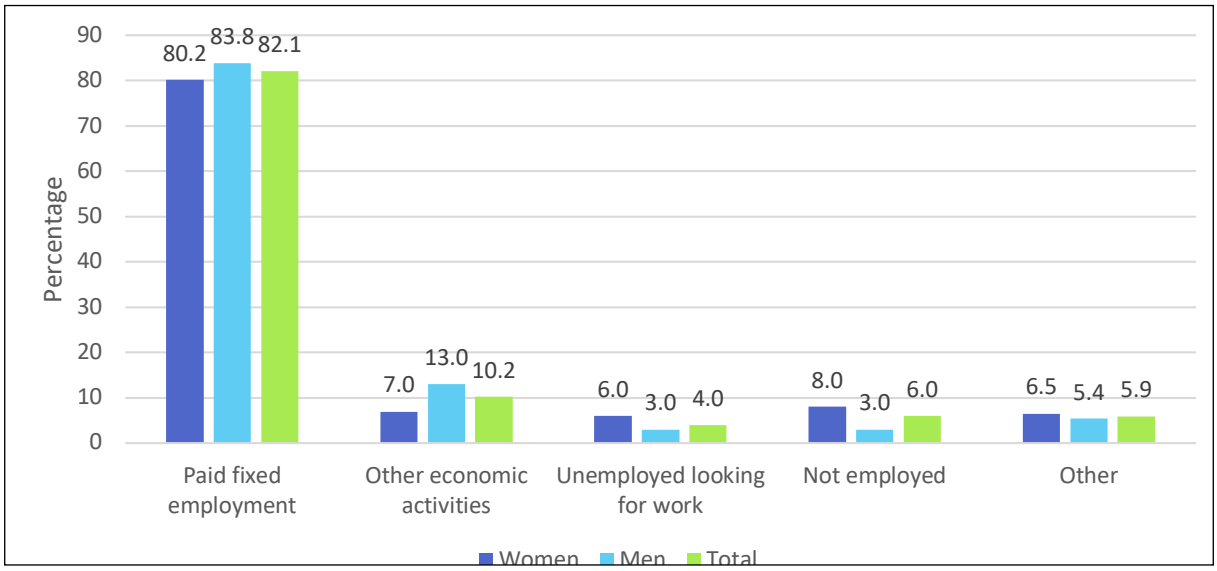

FIGURE 4: Transition profile of individuals from paid fixed-term employment prior to COVID19 to alternate activities, by sex

The survey findings confirm that the economic consequences of the state of emergency and movement control measures impacted on the individual incomes of most women and men as well as the combined incomes of their households. This is explored further in Figure 5 and Table 2.

Figure 5 and Table 2 show that women and men were nearly equally affected by declines in personal incomes (approximately six out of ten individuals), as well as declines in combined household incomes (around seven out of ten individuals). Women and men aged 55 years and older were less likely than the younger age cohorts to have experienced declines in total household incomes during the pandemic. Regarding individual incomes, men 55 years and older were also less likely than younger men to experience declines in personal income. There were no significant differences between women aged 18–34 and 55+, but the age group 35–54 was generally more affected than the latter two age groups, as can be seen in Figure 5 below.

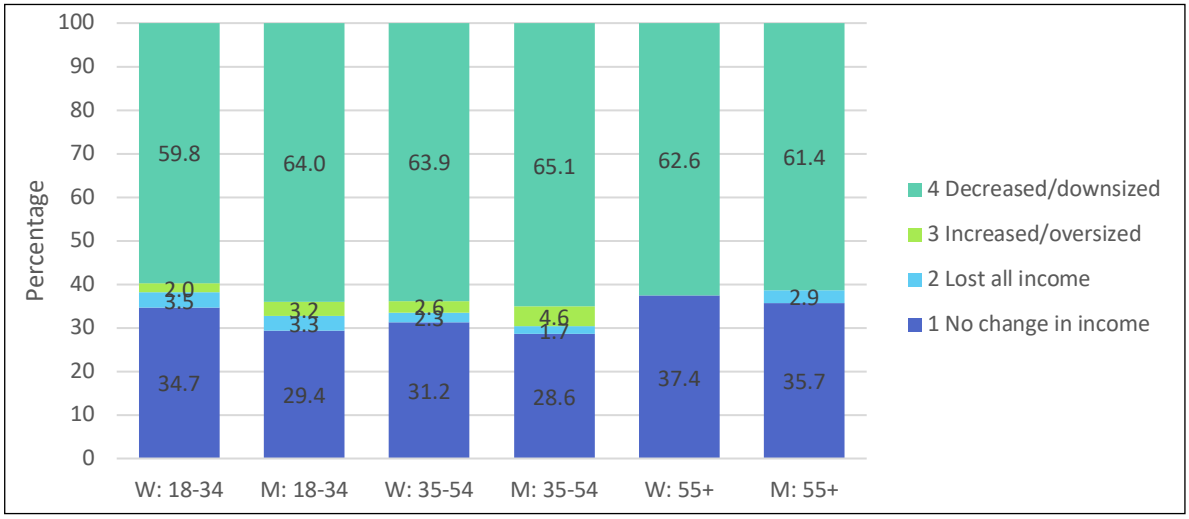

FIGURE 5: Changes in individual incomes since the onset of COVID-19, by age and sex

TABLE 2: Individual, household income and COVID-19 related support, by sex and age (per cent)

Indicator	All	Women				Men			
		Total	18-34	35-54	55+	Total	18-34	35-54	55+
Number of additional people supported									
No change in income	31.9	33.9	34.7	31.2	37.4	29.9	29.4	28.6	35.7
Lost all income	2.7	2.7	3.5	2.3	0.0	2.8	3.3	1.7	2.9
Increased/oversized	2.6	2.0	2.0	2.6	0.0	3.3	3.2	4.6	0.0
Decreased/downsized	62.7	61.4	59.8	63.9	62.6	64.1	64.0	65.1	61.4
Total (n)	2,377	1,185	720	382	83	1,192	777	351	64
Changes in combined income of all members									
No change in income	27.8	28.9	29.0	26.9	34.2	26.7	25.4	26.3	34.2
Increased income	1.6	0.7	0.3	1.4	1.1	2.5	2.8	3.0	0.0
Decreased income	70.5	70.3	70.7	71.7	64.7	70.7	71.8	70.7	65.8
Total (n)	2,392	1,193	728	381	84	1,199	785	350	64
Receipt of social protection grants or in-kind support from Government									
No	88.0	89.8	89.6	89.1	92.7	86.2	85.4	86.2	90.0
Yes, food	1.8	2.5	1.5	2.3	7.3	1.2	1.2	0.8	2.2
Yes, medication	1.9	1.3	1.3	1.5	1.0	2.5	1.8	1.9	7.6
Yes, supplies for prevention of COVID-19	9.4	7.3	8.3	7.4	1.9	11.5	12.4	11.5	7.6
Yes, personal hygiene supplies	1.0	1.2	1.4	1.4	0.0	0.8	0.4	1.3	1.0
Yes, social protection grants	0.6	0.7	0.7	1.0	0.0	0.4	0.1	0.3	2.2
Yes, other cash transfer	0.1	0.3	0.1	0.6	0.0	0.0	0.0	0.0	0.0
Total (n)	2,400	1,198	728	384	86	1,202	788	350	64
Currently providing financial or in-kind support to other family members that are not normally supported, as a result of COVID-19?									
Yes	33.1	27.9	27.8	28.5	27.0	38.3	37.9	44.4	24.3
No	66.9	72.1	72.2	71.5	73.0	61.7	62.1	55.6	75.7
Total (n)	2,329	1,163	705	374	84	1,166	761	344	61
Number of additional people supported									
1 to 2	47.6	50.6	49.5	52.4	50.8	45.4	43.4	45.3	60.6
3 to 4	31.8	31.6	31.5	29.5	37.8	31.9	31.9	33.3	25.1
5+	20.7	17.8	19.0	18.0	11.4	22.7	24.7	21.4	14.3
Total (n)	784	334	205	109	20	450	281	152	17

According to Table 2, women (89.6%) were statistically significantly more likely than men (86.2%) to report *not* receiving any COVID-19 related social protection grants or in-kind support from Government. The kind of support commonly received during this time was 'Supplies to prevent COVID-19': women (7.3%) and men (12.4%).

A third of the respondents indicated that they provide financial and in-kind support to other family members not supported prior to COVID-19. The men (38.3%) were more likely than the women (27.9%) to be providing this kind of assistance. The gender pay gap which exist in

Ethiopia may explain this as men are typically more likely to receive more income than women even for the same work, but women are also more likely than men to engage in low paying activities such as paid domestic work etc. Women who were supporting other families were also more likely to support only 1–2 other people, whilst men typically supported more. More than half of those who were supporting others, supported 3 or more additional individuals.

The overall support burden can be summarized as follows:

1–2 people: 47.6 per cent

3–4 people: 31.8 per cent

5 or more people: 20.7%

Even though many of the respondents indicated that they were providing support to others that were previously not supported, there were also many who indicated that they were receiving such support from others. The findings related to this kind of support are summarized in Figure 6.

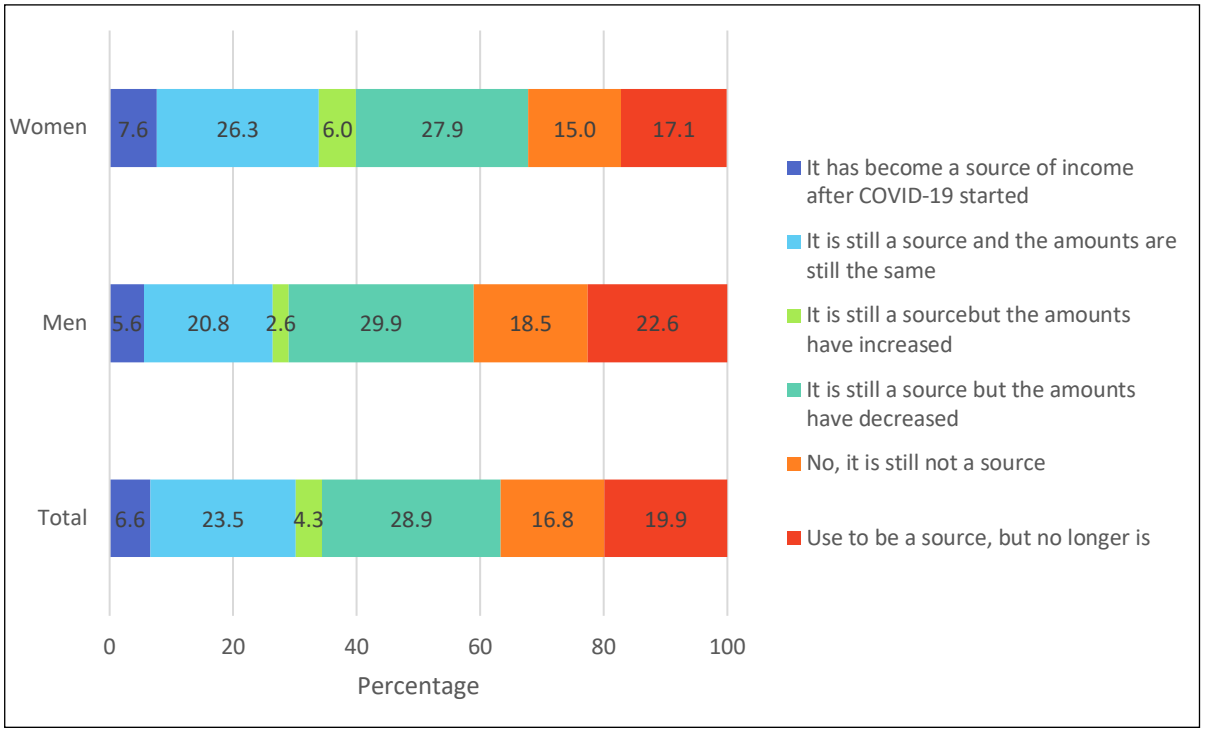

FIGURE 6: Receipt of money or goods from relatives or friends, by sex and age

Around six out of ten women and men interviewed indicated that they did not previously receive financial and other support from friends or relatives, but have been doing so since the start of the pandemic. Twenty percent of women and twenty-three percent of men reported that they used to get support from others, but no longer do.

Approximately three out of ten women and men were still receiving such support, but the amounts have decreased. In relation to continued and unchanged support, women were better off than men in that a quarter of women indicated that the support they received has remained unchanged, whilst only 21% of men can say the same.

Figure 7 and Figure 8 (on the next page) summarize the findings of the survey related to decision-making about money. The results indicate that women and men were equally likely (four out of ten) to say that they make decisions on their own about how money should be spent. However, men (44%) were more likely than women (38.9%) to say that decisions about money were made jointly. Approximately 11% of women said that another man in the household make these decisions, whilst 8% of men said that another woman in the household does that.

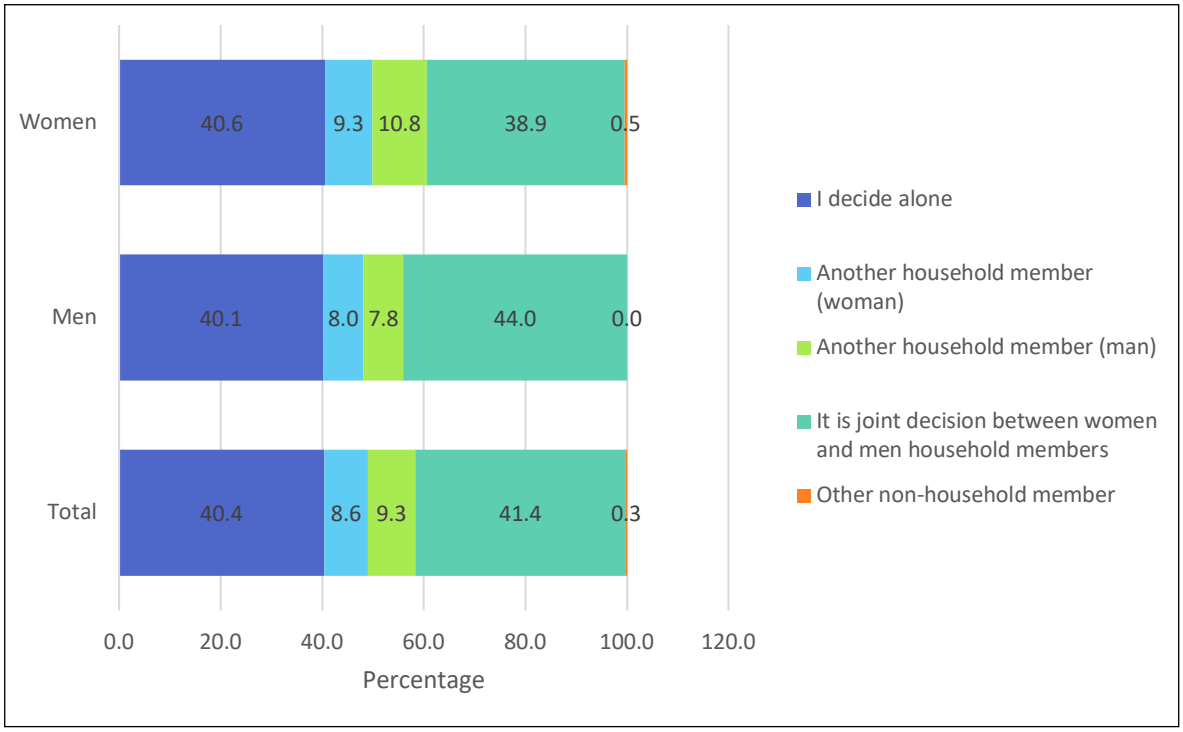

FIGURE 7: Decision-making about how money is spent in the household, by sex

Approximately half of the respondents said that they have money that they alone can decide when and how to use (Figure 8). However, when this is disaggregated by sex, men (54.7%) were statistically significantly more likely than women (45.5%) to have such financial independence. Regarding differences between different age groups, the trends amongst women suggest that older women were more likely than younger women to have such decision-making/control over money, whilst the results for men were mixed, with 58% of the younger men (18–34 years); 50% of middle-aged men (35–54 years) and 53% of older men claiming to have access to money about which they alone can decide.

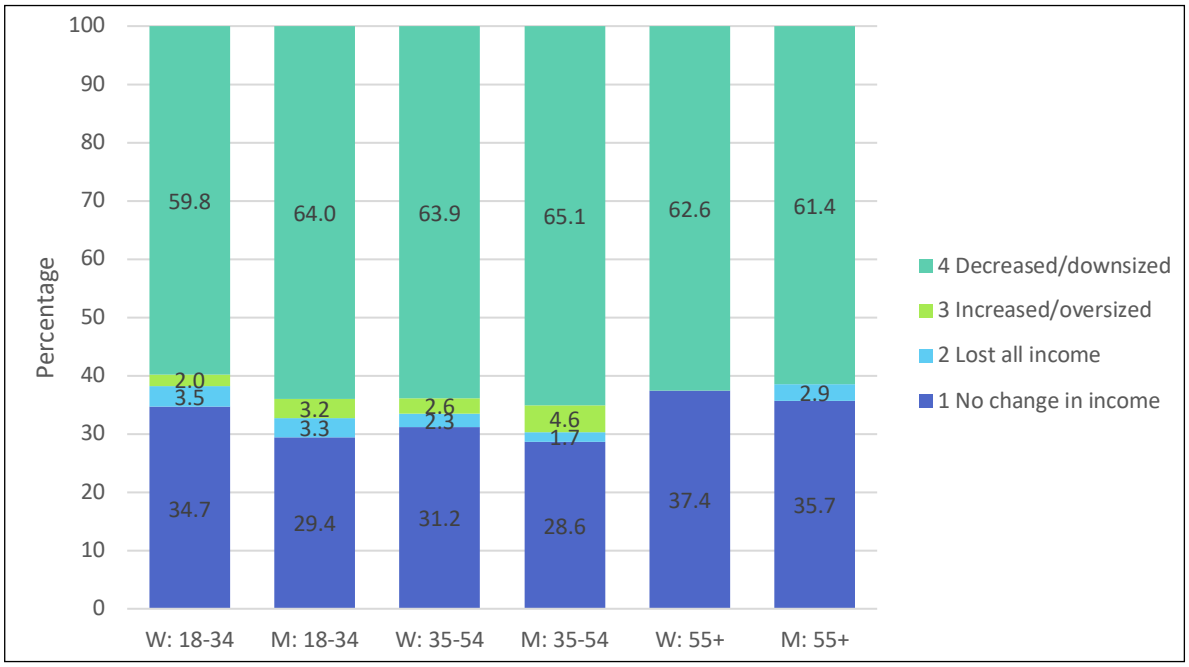

FIGURE 8: Money/income of your own that you alone decide when and how to use, by sex and age

4.3 Assessment of general impacts of COVID-19 on the household

Questionnaire 1 included a question which listed various potentially adverse events and the respondents were asked to indicate whether their households have experienced any of these problems. The findings related to this question are summarized in Table 3. Please note that several of these options are not included in the table due to low incidences (less than 5%) and limited table space. These options are: 'forced isolation within the household', 'increase of drug or alcohol use', 'decrease of drug/alcohol use' and 'did not eat for a day or more because of a lack of money or other resources'. However, more information about these responses are in the detailed tables contained in the Annexure 4.

TABLE 3: Kinds of difficulties experienced by the households of the respondents during COVID-19, by sex, location and age (per cent)

Indicator		Financial difficulties	No difficulties	Loss of employment of the head of household	Loss of employment of another male HH member	Loss of employment of another female HH member	Family separation due to cessation of movement/ quarantine	Ate less or skipped a meal because of lack of money or other resources	Other
All	**Total**	52.0	28.8	23.3	13.2	12.6	11.7	7.2	7.8
	Women	52.2	29.0	22.3	11.1	13.5	11.7	5.9	7.8
	Men	51.9	28.6	24.3	15.4	11.7	11.7	8.6	7.8
Women	**18-34**	49.3	30.3	22.2	10.3	14.7	12.9	5.3	
	35-54	57.0	26.5	25.5	11.8	14.6	11.1	6.2	
	55+	52.9	29.5	13.7	12.8	4.9	7.6	7.9	
Men	**18-34**	54.2	26.5	25.9	17.9	13.1	13.3	11.1	6.8
	35-54	49.3	31.1	20.9	11.3	12.6	8.7	4.6	9.7
	55+	47.1	32.1	25.5	13.3	2.8	11.7	6.8	7.8
Women	**Urban**	51.8	28.6	21.8	11.2	13.7	11.1	5.5	7.5
	Semi-urban	58.9	26.7	26.8	10.2	14.8	15.3	7.6	10.3
	Rural	43.9	39.0	19.7	10.9	8.6	12.6	7.9	7.2
Men	**Urban**	51.2	29.5	24.7	14.1	9.8	12.0	8.0	6.9
	Semi-urban	55.6	25.3	26.6	15.4	19.7	13.9	9.5	11.4
	Rural	51.7	26.8	20.1	22.2	13.9	8.1	10.8	9.1

Approximately 3 in 10 respondents indicated that their households experienced no difficulties during COVID-19. However, slightly more than half

of them said that they have been experiencing financial difficulties (52%) in their households. Younger men were more likely than older men to live in households with financial difficulties, whilst the differences between the different age groups of women respondents were not significant. Women and men living in semi-urban households were more likely to experience financial difficulties than their urban and rural counterparts. The second and third biggest problems experienced by households were the loss of employment of the household head (23.3%), or of another male household member (13.2%) or another female household member (12.6%). There were no significant differences between women and men respondents with regard to the loss of employment of the household head or another female household member, but men were more likely than women to report the loss of employment of another male household member.

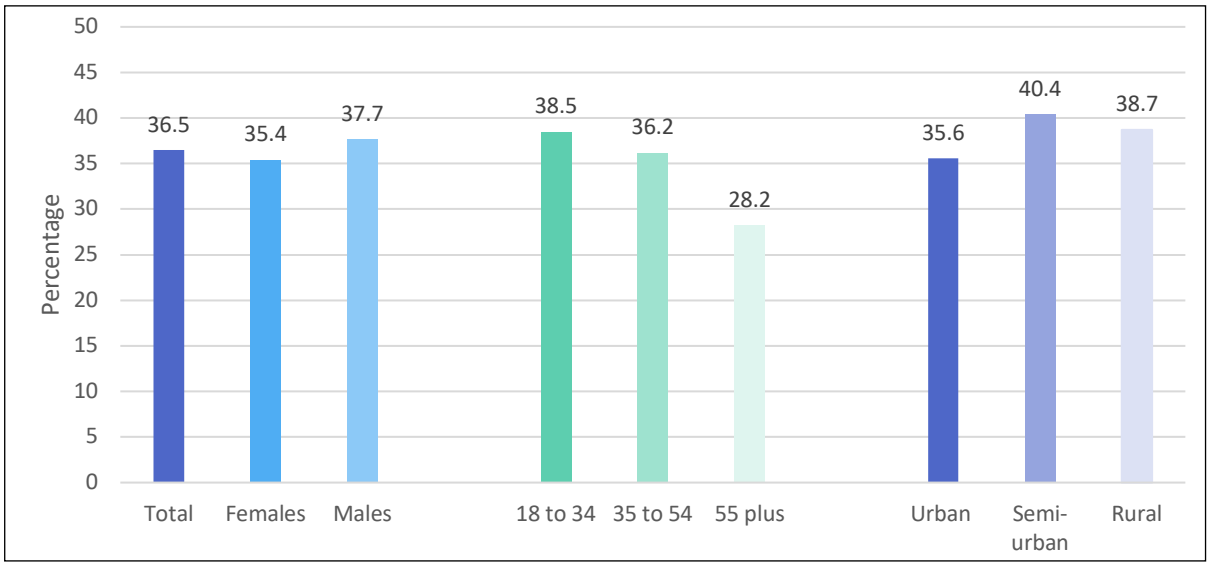

FIGURE 9: Individuals living in households where one or more members lost their jobs

The initial impressions from Table 3 suggested that rural households were less likely to be affected by job losses[8] than urban households. However, when combining overall job losses either of the household head or job losses from another man or woman within households, a different picture emerges. Figure 9 summarises the percentage of individuals who live in households where one or more persons lost their jobs. It is evident that even though women and men respondents were equally likely to live in households where job losses occurred, older respondents and those living in urban areas were less likely than younger and semi-urban and rural-based respondents to live in households where at least one household member lost their job.

4.4 Agricultural activities and food security

Ethiopia has a large agrarian population that is dependent on their land for livelihoods and food security. Most farmers in Ethiopia are small-holding farmers who mostly produce for their own consumption with a small amount of surplus for marketing purposes. Six out of ten of them cultivate less than one hectare of land.[9] According to the 2016 Demographic and Health Survey (DHS), Ethiopia is among those countries with the highest rates of stunting in

8 This refers to jobs in its broadest sense, i.e. not only working for others for pay.
9 Crop production in Ethiopia, regional patterns and trends. https://www.researchgate.net/publication/290263344_Crop_production_in_Ethiopia_Regional_patterns_and_trends/link/58f8b5df0f7e9b1506df-73fa/download

sub-Saharan Africa, with 29% of children under the age of five being underweight, and 9% severely underweight.[10] A recent study using the DHS data investigated the determinants of under-five malnutrition, and found that weight of a child at birth, mother's age, mother's body mass index (BMI), marital status of mother and region were important determinants of under-five nutritional status.[11]

Only a small percentage of respondents indicated that their households were involved in crop or livestock production. There were significant differences between men (26%) and women (12%) regarding their involvement in agriculture. As expected, respondents living in semi-urban or rural areas were more likely to be involved in agriculture. The women and men in the 18–34 and the 55 plus age cohorts were more likely to be involved in agriculture than the 35–54 age group.

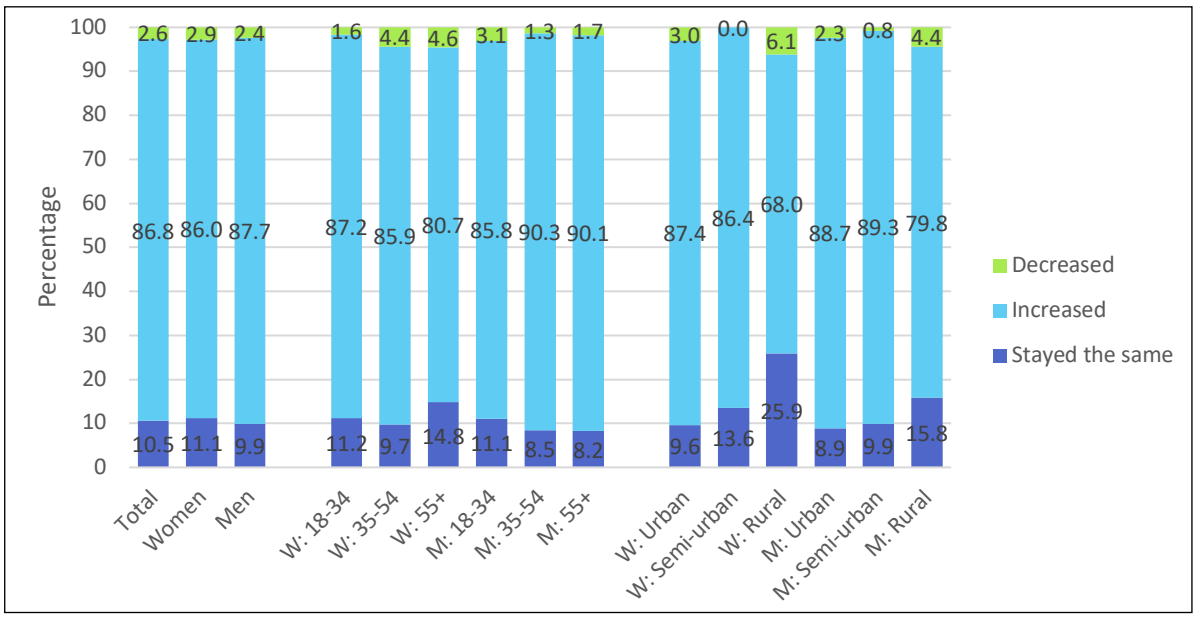

FIGURE 10: Household produces crops or livestock, by sex, age and location

After the declaration of the state of emergency in April 2020, inter-regional travel was also restricted. This influenced the movement of goods and services such as seeds and inputs between regions. Planting for the 'meher'[12] season took place in most parts of Ethiopia during May and June, when most of the regional movement restrictions were still in place. One of the questions in Questionnaire 1 was aimed at establishing from agricultural producers whether the availability of seeds and other inputs has changed since the onset of COVID-19. Figure 11 summarises the responses to this question.

Four in ten agricultural producers indicated that they had problems with the input supplies during COVID-19. Men (44.8%) involved in agriculture were more likely than the women (38.7%) to indicate that the availability of their agricultural inputs declined during COVID-19. Only 36.3% of women and men living in rural areas had a problem with their input supplies, while men living in urban (44.4%) and semi-urban (59.9%) areas were more likely to have problems than their rural counterparts.

10 https://dhsprogram.com/publications/publication-fr328-dhs-final-reports.cfm
11 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6794502/pdf/AFHS1902-1897.pdf
12 The 'meher' planting season receives rain from June to October and is the main planting season for cereals in Ethiopia.

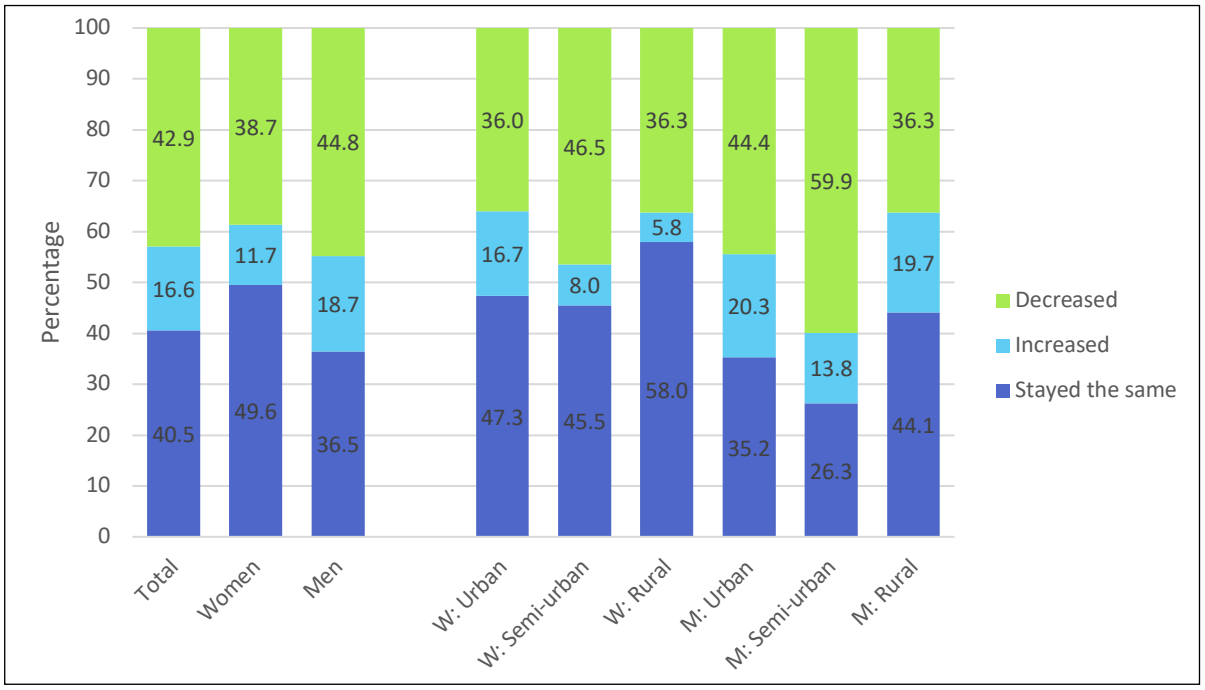

FIGURE 11: Changes in the availability of seeds and other inputs to plant crops since the onset of COVID-19, by sex and location

Movement restrictions not only caused disruptions in the movement of seeds and other agricultural inputs, but also of food. This, coupled with other problems such as the floods and locusts, caused market disruptions which led to increases in food prices (Figure 12). Nearly nine out of ten respondents indicated that the prices of the food they normally buy, increased during COVID-19. Women and men were equally likely to experience problems with increases in food prices, but those living in rural areas were less likely than their urban and semi-urban counterparts to say that food prices increased.

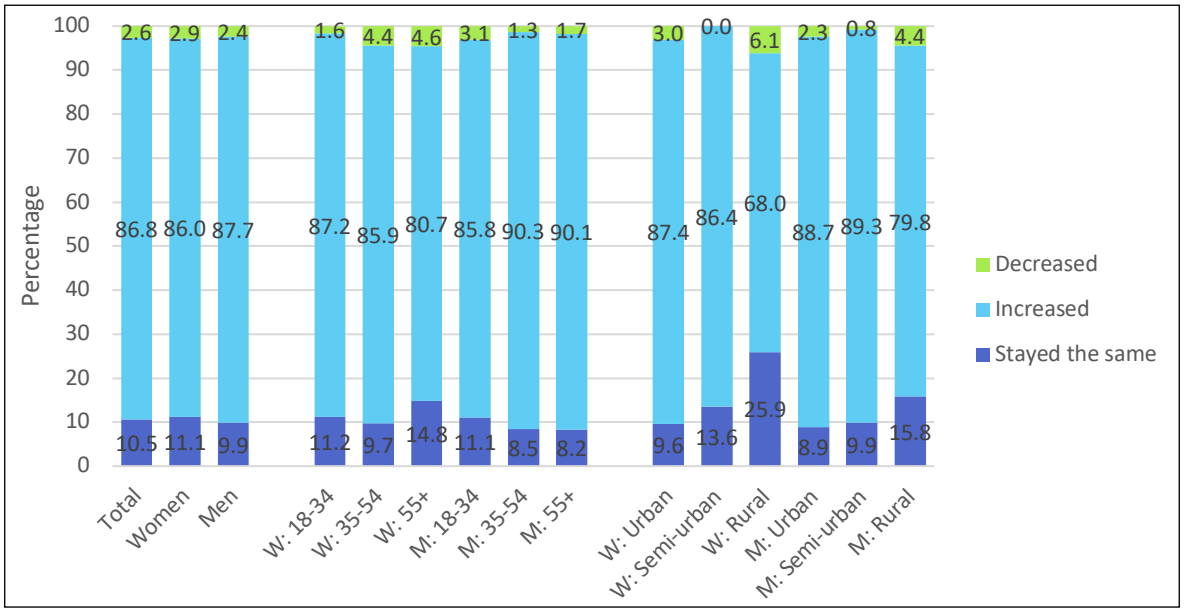

FIGURE 12: Changes in prices of food normally bought at the local market/shops since the onset of COVID-19, by sex, age and location

4.5 Education

According to the 2016 Demographic and Heath Survey, 51% of girls/women and 65% of boys/men aged six years and older have ever attended school. Four in ten women and half of the men have some primary education as their highest level of education.[13] There were no significant differences between girls and boys with regard to primary education with adjusted gender parity rates for primary school completion of 1.024 in 2016.[14]

The school closures that have been in place in Ethiopia since April have affected more than 26 million students.[15] In the third week of October, the Government announced a partial and phased reopening of schools.[16] Three in ten schools in the country, primarily those in rural areas, have reopened since then.

Questionnaire 1 of the Ethiopia RGA included education-related questions and more particularly how the closing of schools affected girls and boys differently. At the time when schools were reopening, the data collection relating to issues around education was already complete. The responses to the questions below therefore reflect the situation while schools were still officially closed. The education questions focused on girls and boys aged 7–14 years, and a quarter of respondents had children from this age group in their households. Respondents from these households continued to respond to the other questions related to education if the children were attending school prior to the COVID-19 lockdown.

Figure 13 summarizes the responses to a question about the mechanisms that girls and boys were using to continue learning by area of residence. The data suggest that children in rural areas (44%) were the least likely to have any measures in place to continue learning during this period. This is higher than those indicating the absence of measures in semi-urban (29%) and urban areas (25%).

Children living in urban and semi-urban areas were most likely to continue learning from the television (38%) and print media in semi-urban (39%) and urban areas (34%). Only 13% of rural children made use of television to continue learning during this time. The use of social media for learning was only employed by a significant proportion of learners in urban (21%) and semi-urban (10%) areas. Radio as a learning channel played an important role in rural areas (16%) and urban areas (13%).

13 https://dhsprogram.com/pubs/pdf/FR328/FR328.pdf
14 UNSD, SDG indicator 4.5.1.
15 https://www.unicef.org/ethiopia/stories/case-safely-reopening-schools-ethiopia
16 https://www.aa.com.tr/en/africa/virus-cases-surpass-90k-as-schools-reopen-in-ethiopia/2013601#:~:text=On%20Tuesday%2C%20the%20horn%20of,in%20light%20of%20this%20understanding.

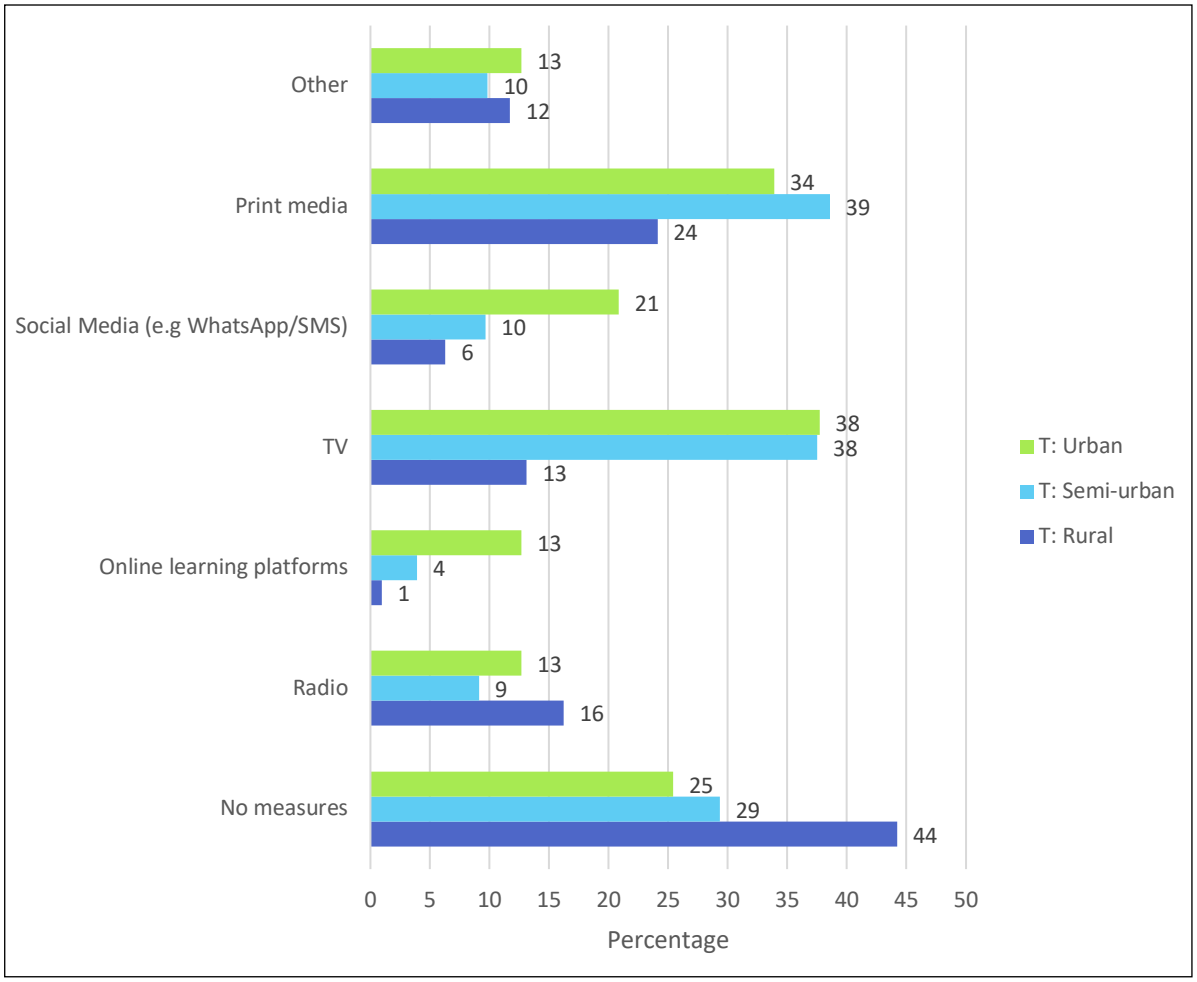

FIGURE 13: Mechanisms used to study by girls and boys (aged 7–14 years) during COVID-19, by location

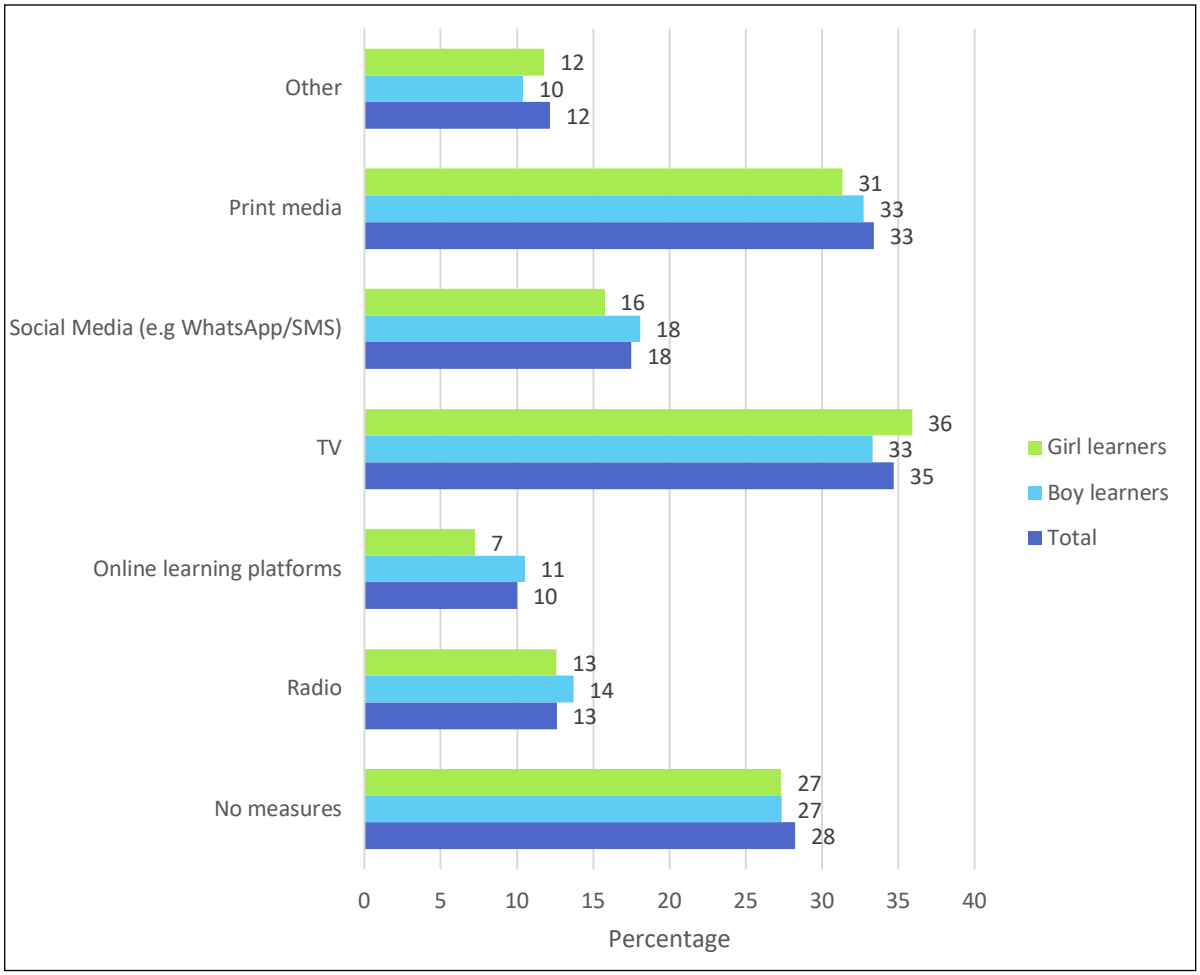

FIGURE 14: Mechanisms used to study during COVID-19 by girls and boys aged 7–14

An analysis of the mechanisms used by girls and boys to study from home during COVID-19 related school closures (Figure 14) shows some differences between boys and girls, but none of them are statistically significant.

The questionnaire also included a question on the nature of the problems experienced by girls and boys while not able to attend school. The responses to this question are summarized in Figure 15 on the next page.

The data suggest that there were no significant differences between boys and girl with regard to the kinds of problems they experienced during the school closure, with the exception of printed learning materials, for which girls (27%) were more likely to experience access problems than boys (20%). The most prevalent problems they experienced were a lack of electricity/source of lighting (40%), limited access to the internet (30%), and limited access to printed materials (26%).

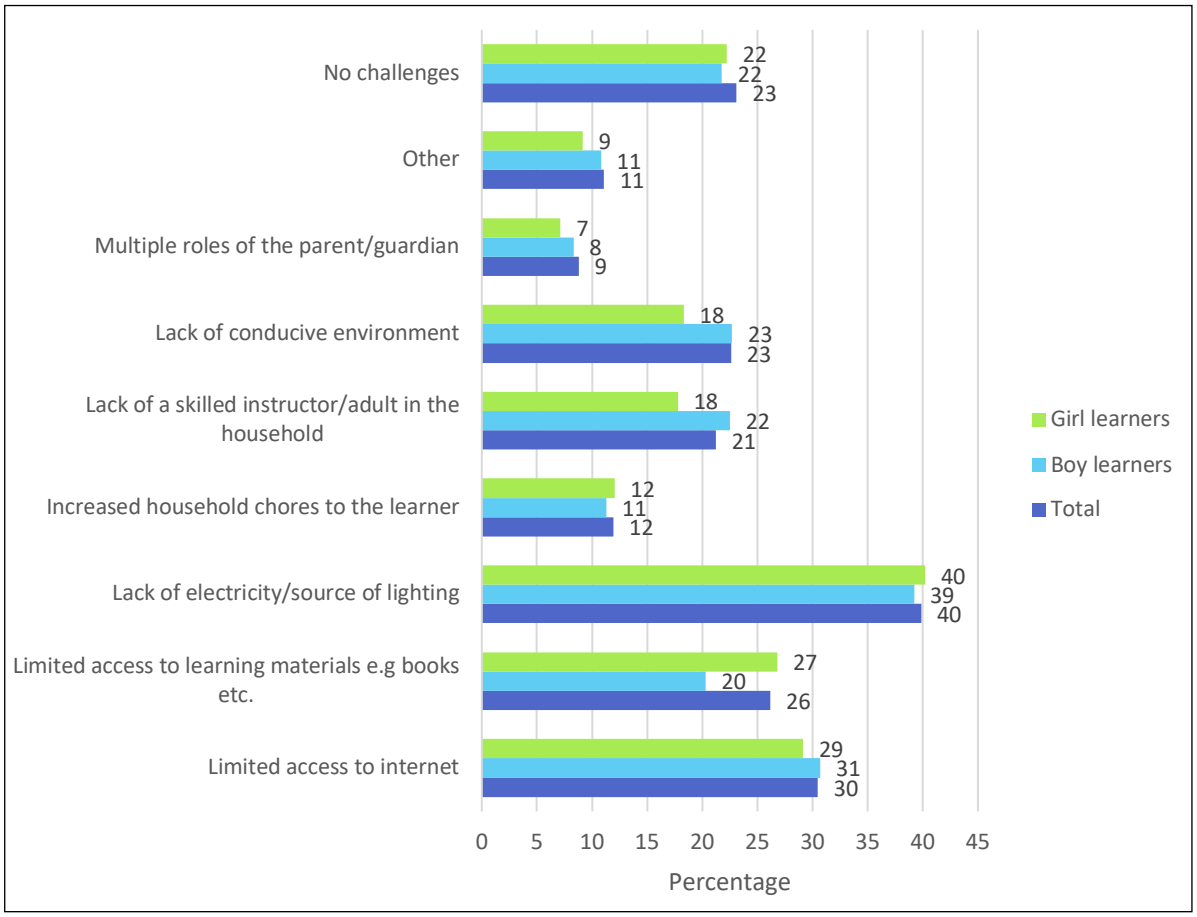

FIGURE 15: Problems experienced by boy and girl learners aged 7–14

4.6 Burden of care and unpaid care work

The first Time-use Survey (2013)[17] conducted in Ethiopia by the Central Statistical Agency (CSA) established that women and girls were much more likely than men to spend time in unpaid domestic care work (extended system of national accounts (SNA) activities), as well as less time in SNA work and learning activities. The survey also found that girls and women, particularly in rural areas, were less likely to spend time on non-productive or leisure activities.

It was anticipated when the pandemic started and various restrictions on movement were promulgated that there may be an increase in the amount of unpaid domestic and care work being done, simply because women, men and children were spending more time at home than they previously would have, and in some areas an increased demand for water may have increased the burden associated with collecting water. Several RGA studies[18] conducted by UNWomen in Asia/Pacific and central Europe have found that particularly women have been facing an increased burden of care and unpaid care work.

Thus, this study investigated some key elements of men and women's burden in performing household level-related tasks prior and during COVID-19. The questionnaire included a

17 https://www.timeuse.org/sites/ctur/files/public/ctur_report/9414/ethiopian_time_use_survey_report_2014.pdf
18 https://eca.unwomen.org/en/digital-library/publications/2020/05/rapid-gender-assessment-of-the-situation-and-needs-of-women

predetermined list of the main unpaid domestic and care work activities at household level, and the respondents were requested to indicate whether they were doing those activities prior to the onset of COVID-19 and whether the amount of time they spend on these activities has changed since the onset of COVID-19. The findings of this question are summarised in Table 4.

TABLE 4: Individuals responsible for specific tasks before the onset of COVID-19, by sex (per cent)

Activity	Total	Women	Men
Food and meal management and food preparation (e.g. cooking and serving meals)			
1 Me	41.3	**65.3**	**16.0**
2 Another household member (woman)	40.1	**20.1**	**61.0**
3 Another household member (man)	6.8	**5.3**	**8.4**
4 Equally between women and men household members	5.7	**4.6**	**6.9**
5 Someone else (not household member)	6.1	**4.6**	**7.7**
6 Don't have that activity	0.0	0.0	0.0
Total (n)	2,353	1,203	1,150
Cleaning (e.g. clothes, household)			
1 Me	40.3	**59.8**	**20.6**
2 Another household member (woman)	34.6	**19.4**	**50.2**
3 Another household member (man)	5.8	4.9	6.7
4 Equally between women and men household members	10.6	**8.0**	**13.2**
5 Someone else (not household member)	8.6	7.9	9.3
6 Don't have that activity	0.0	0.0	0.0
Total (n)	2,399	1,204	1,195
Shopping for own household/ family members			
1 Me	45.2	**62.7**	**27.1**
2 Another household member (woman)	32.6	**18.2**	**47.5**
3 Another household member (man)	7.6	7.3	8.0
4 Equally between women and men household members	10.4	**7.9**	**12.9**
5 Someone else (not household member)	4.2	3.9	4.5
6 Don't have that activity	0.0	0.0	0.0
Total (n)	2,376	1,201	1,175
Collecting water/firewood/fuel			
1 Me	37.6	**51.4**	**23.6**
2 Another household member (woman)	26.6	**15.8**	**37.6**
3 Another household member (man)	8.0	8.5	7.4
4 Equally between women and men household members	13.2	**9.5**	**16.9**
5 Someone else (not household member)	6.5	6.5	6.5
6 Don't have that activity	8.1	8.3	8.0
Total (n)	2,339	1,165	1,174
Minding children without doing something specific for them			
1 Me	27.7	**43.7**	**12.0**
2 Another household member (woman)	21.1	**11.7**	**30.3**
3 Another household member (man)	6.4	5.6	7.1
4 Equally between women and men household members	14.5	**10.2**	**18.6**
5 Someone else (not household member)	3.0	3.5	2.6
6 Don't have that activity	27.4	**25.3**	**29.4**
Total (n)	2,157	1066	1,091
Playing with, talking and reading to children			
1 Me	28.9	**41.1**	**16.8**

Activity	Total	Women	Men
2 Another household member (woman)	18.5	**10.8**	**26.2**
3 Another household member (man)	6.3	6.6	6.1
4 Equally between women and men household members	15.8	**11.5**	**20.0**
5 Someone else (not household member)	2.8	**3.6**	**2.1**
6 Don't have that activity	27.6	26.5	28.8
Total (n)	2,130	1,061	1,069
Instructing, teaching, training children			
1 Me	30.0	**41.0**	**19.2**
2 Another household member (woman)	16.3	**10.4**	**22.2**
3 Another household member (man)	7.4	7.3	7.5
4 Equally between women and men household members	16.3	**11.8**	**20.8**
5 Someone else (not household member)	1.7	**2.5**	**1.0**
6 Don't have that activity	28.2	27.1	29.3
Total (n)	2,126	1,055	1,071
Caring for children, including feeding, cleaning, physical care			
1 Me	24.5	**41.4**	**7.6**
2 Another household member (woman)	23.2	**11.5**	**34.9**
3 Another household member (man)	5.6	5.8	5.5
4 Equally between women and men household members	15.9	**10.9**	**20.9**
5 Someone else (not household member)	2.6	**3.5**	**1.8**
6 Don't have that activity	28.1	26.8	29.4
Total (n)	2,130	1,061	1,069
Assisting elderly/sick/disabled adults with medical care, feeding, cleaning, physical care			
1 Me	12.9	**19.8**	**6.4**
2 Another household member (woman)	8.1	**5.3**	**10.8**
3 Another household member (man)	3.8	4.3	3.3
4 Equally between women and men household members	5.2	**4.0**	**6.4**
5 Someone else (not household member)	3.2	3.2	3.2
6 Don't have that activity	66.7	63.3	70.0
Total (n)	1,861	900	961
Assisting elderly/sick/disabled adults with administration and accounts			
1 Me	13.9	**20.5**	**7.5**
2 Another household member (woman)	6.9	**4.5**	**9.2**
3 Another household member (man)	3.7	3.9	3.5
4 Equally between women and men household members	4.7	4.3	5.1
5 Someone else (not household member)	2.6	3.3	**1.8**
6 Don't have that activity	68.3	**63.4**	**73.0**
Total (n)	1,850	898	952
Affective/emotional support for adult family members			
1 Me	26.2	**29.9**	**22.5**
2 Another household member (woman)	8.2	**6.5**	**9.9**
3 Another household member (man)	6.6	**8.2**	**5.0**
4 Equally between women and men household members	12.9	**10.6**	**15.1**
5 Someone else (not household member)	2.3	2.5	2.0
6 Don't have that activity	43.9	42.3	45.5
Total (n)	1,996	978	1,018

Table 4 summarizes the findings about who usually performed a specific task prior to COVID-19. It overwhelmingly shows that women were carrying the brunt of the unpaid domestic care work in their households prior to the pandemic. All data values marked in bold have values that are statistically different when comparing women and men. The only care areas for which women and men have similar profiles are for the care category 'Affective/ emotional support for adult family members'.

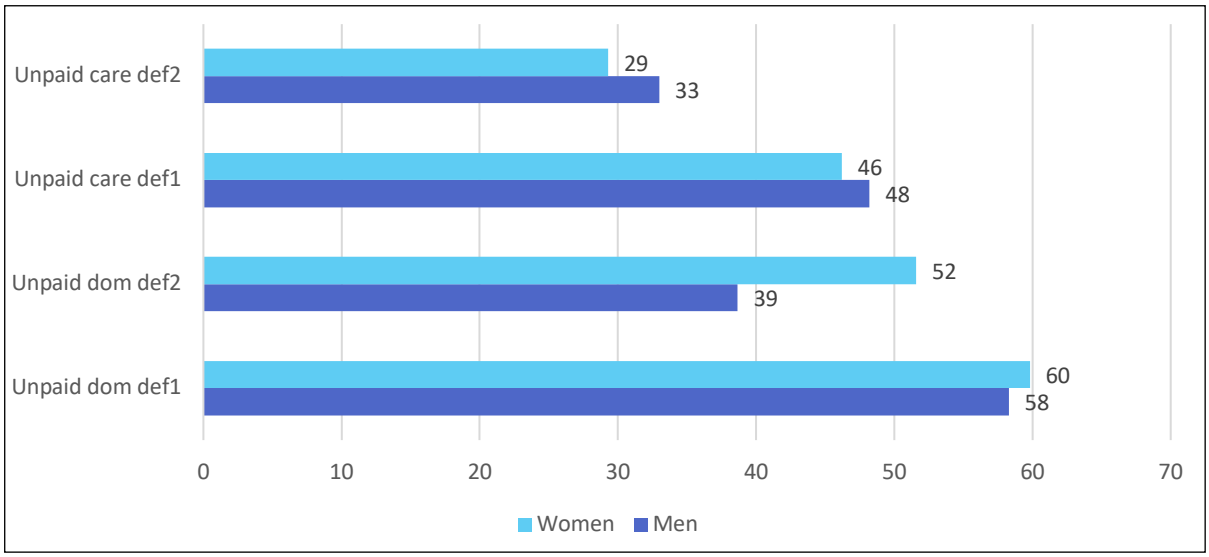

FIGURE 16: Persons who help the respondent when doing chores for the household, by sex (per cent)

Table 5 on the next page summarizes the data about changes in time spent by women and men on unpaid domestic and care work. It showcases the results when calculating the relative changes of men and women's involvement in unpaid domestic and care work by using two different definitions/calculation methods for unpaid domestic and unpaid care work.

Definition 1 for unpaid care work includes child-care and adult care, with increases during COVID-19 in at least one of the activities. Definition 2 also includes child-care and adult care, but it has to show increases during COVID-19 in at least three of the care activities.

In the case of unpaid domestic work, definition 1 includes increases in time spent during COVID-19 for at least one activity, whilst definition 2 requires increases in at least three activities.

The data shows that men (58%) and women (60%) experienced nearly equal increases in unpaid domestic work during COVID-19 if the requirement is that they noted an increase in at least one of the associated activities. However, when the requirements are made more stringent (increases in three activities), women (52%) reported a higher increased burden than men (39%) in tasks associated with unpaid domestic work during COVID-19.

Regarding unpaid care work (for children and older persons), men (33%) were more likely than women (29%) to have experienced increases in their unpaid care burden during COVID19.

TABLE 5: Changes in the amount of time spent on unpaid domestic and care activities since the onset of COVID-19, by sex (per cent)

Unpaid and care activity	Sex	Do not usually do it	Increased	Unchanged	Decreased
Food and meal management and food preparation (e.g. cooking and serving meals)	Total	8.0	36.0	46.7	9.3
	Women	8.1	**40.4**	**42.9**	8.6
	Men	7.9	**31.5**	**50.6**	10.0
Cleaning (e.g. clothes, household)	Total	6.5	52.9	37.2	3.4
	Women	7.6	54.3	**35.0**	3.1
	Men	5.3	51.6	**39.4**	3.7
Shopping for own household/family members	Total	6.4	40.1	43.1	10.4
	Women	6.7	41.6	41.2	10.5
	Men	6.2	38.5	44.9	10.4
Collecting water/firewood/fuel	Total	6.6	44.4	45.2	3.8
	Women	7.8	46.1	43.3	**2.8**
	Men	5.4	42.6	47.2	**4.9**
Minding children without doing something specific for them	Total	12.5	43.8	40.2	3.5
	Women	14.9	42.6	38.9	3.6
	Men	10.0	45.1	41.4	3.5
Playing with, talking to and reading to children	Total	11.6	45.7	38.2	4.5
	Women	12.9	45.5	36.6	5.0
	Men	10.3	46.0	39.7	4.0
Instructing, teaching, training children	Total	12.1	43.2	39.2	5.5
	Women	13.6	42.2	38.6	5.6
	Men	10.5	44.2	39.9	5.4
Caring for children, including feeding, cleaning, physical care	Total	12.2	45.7	38.4	3.8
	Women	14.1	44.8	37.0	4.0
	Men	10.2	46.5	39.7	3.6
Assisting elderly/sick/disabled adults with medical care, feeding, cleaning, physical care	Total	24.1	22.4	46.1	7.4
	Women	23.2	21.9	46.8	8.1
	Men	24.9	22.9	45.4	6.7
Assisting elderly/sick/disabled adults with administration and accounts	Total	26.0	20.4	46.1	7.5
	Women	25.5	19.1	46.8	8.5
	Men	26.5	21.6	45.4	6.5
Affective/emotional support for adult family members	Total	15.6	34.8	44.4	5.3
	Women	16.0	33.2	44.3	**6.4**
	Men	15.2	36.3	44.4	**4.1**
Has the time you, personally, devoted to help/support non-household members (e.g. community, neighborhood) changed?	Total	13.4	28.2	24.3	34.1
	Women	14.1	**23.8**	26.0	**36.2**
	Men	12.7	**32.6**	22.6	**32.1**

Within the context of women having been doing most of the unpaid domestic and care work in the household prior to the pandemic, the question on changes during the pandemic yielded interesting results. Generally, women and men were equally likely to say that their burden related to unpaid care work has increased since the onset of the pandemic for all the listed activities, except two. The only exceptions were for 'cooking/preparing family

meals' and the 'provision of support and help to non-household members (e.g. community, neighborhood)'. In the case of the former, statistically significantly more women (40.4%) than men (31.5%) said that they were spending more time on cooking, while men (32.6%) were more likely than women (23.8%) to say that they have been spending more time on the provision and support to non-household members than they previously did. More than half of men (52.9%) and women (51.6%) indicated that they have been spending more time on cleaning of clothes, the household, etc. since the onset of COVID-19.

The two activities with the lowest percentages of women and men who indicated that they have been spending more time on these activities since the onset of COVID-19, were 'care for the elderly' (administrative support work) and 'medical and other care for the elderly'. For both sexes and both kinds of activities, around one in five women and men said that they were spending more time on those activities.

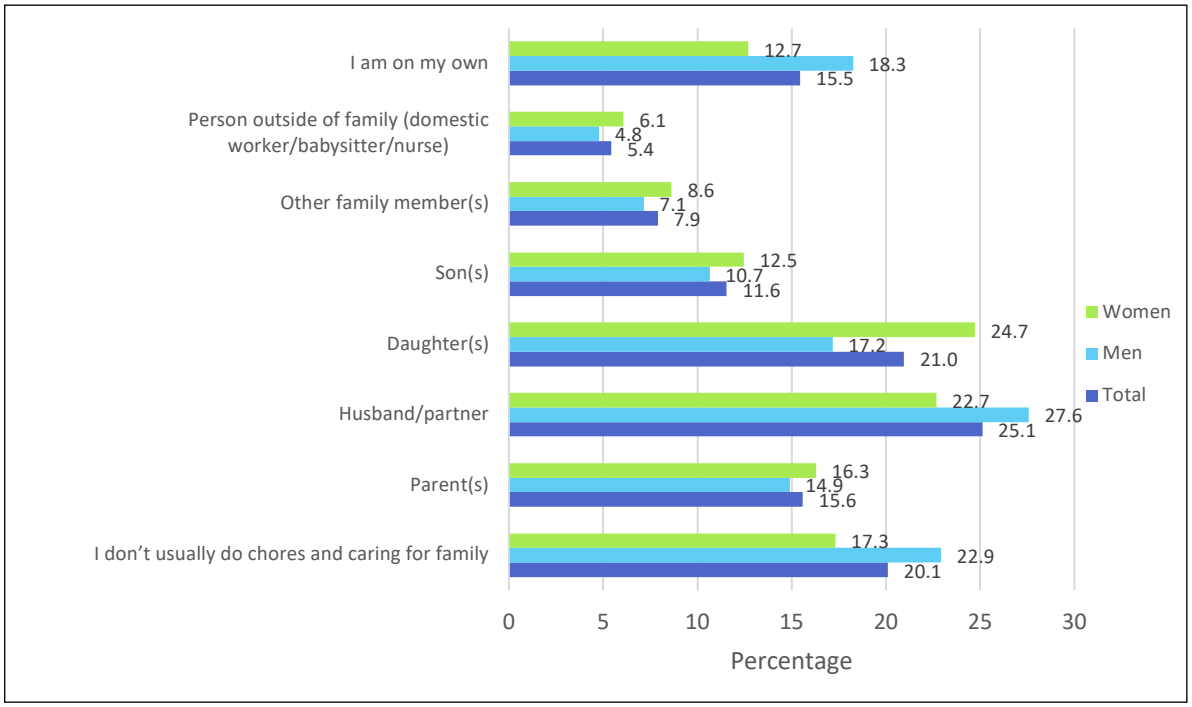

FIGURE 17: Persons who help the respondent when doing chores for the household, by sex

Figure 17 summarises the responses to a question on who in the household normally helps the respondent with household-related chores. For respondents from both sexes, daughters and partners were the most likely to assist. The findings confirm the TUS findings that sons were less likely than daughters to assist with household chores.

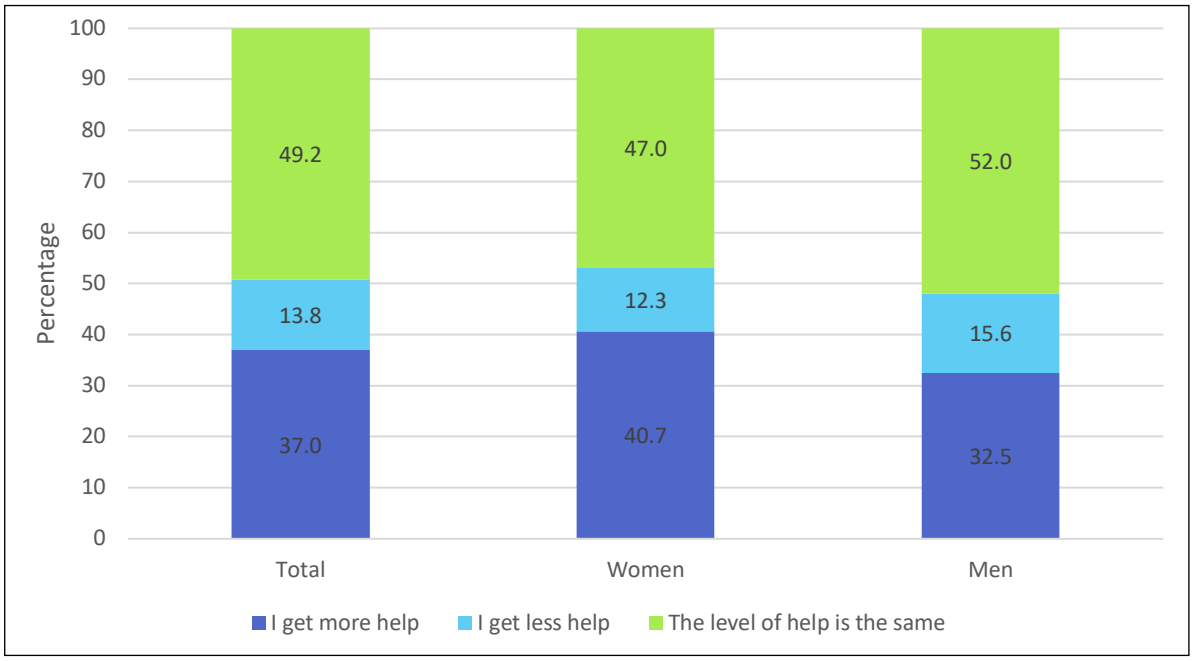

FIGURE 18: Persons who help the respondent when doing chores for the household, by sex

Respondents who indicated that they normally do chores for the household as summarized in Figure 16, were asked to indicate whether they have been receiving more, or less help since the onset of COVID-19. As indicated in Figure 18 above, women were more likely than men to indicate that they have been receiving more help since the onset of COVID-19.

4.7 Water and sanitation

Since the COVID-19 virus is highly contagious, one of the preventative measures is frequent handwashing and generally improved hygiene. With most citizens being more housebound during the period of movement restrictions, the demand for water also increased. This subsection focuses on the respondents' perception of whether they consider their water supply at home clean and safe and, in the event of not doing so, what they think the main reasons for that would be.

According to Figure 19, the women (74.1%) in the sample were more likely than the men (64.1%) to indicate that they have sufficient access to clean and safe water. Around 8% of the respondents had no access to safe and clean water, while a further 25.5% of men and 18.9% of women indicated that they have some, but limited access.

Women and men living in rural areas were more likely than their urban and semi-urban counterparts to have no or limited access to water. Around 15% indicated that water supply was always a challenge, not just during COVID-19.

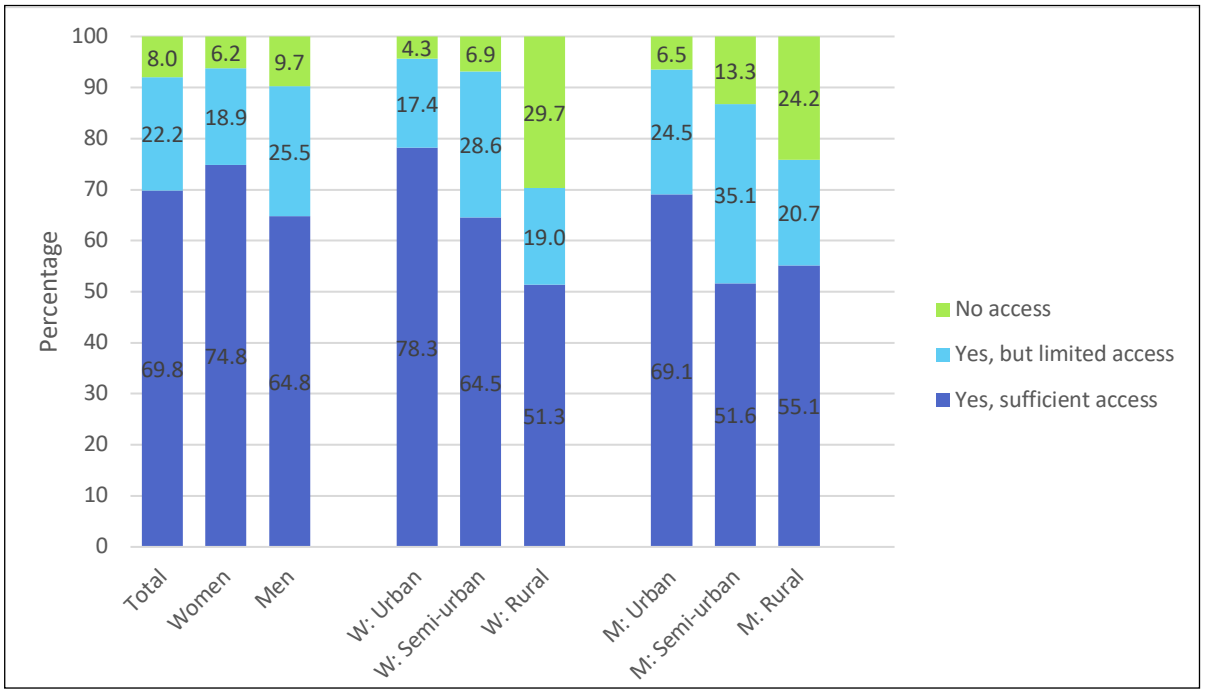

FIGURE 19: Access to clean and safe water, by sex and location

Approximately half of the respondents indicated that the main reasons for limited or no access to water is because piped water supplies were only available on certain days of the week. The distance to the water source and not having enough water containers were the second and fourth most important reasons provided for limited or no access to clean and safe water (Figure 20).

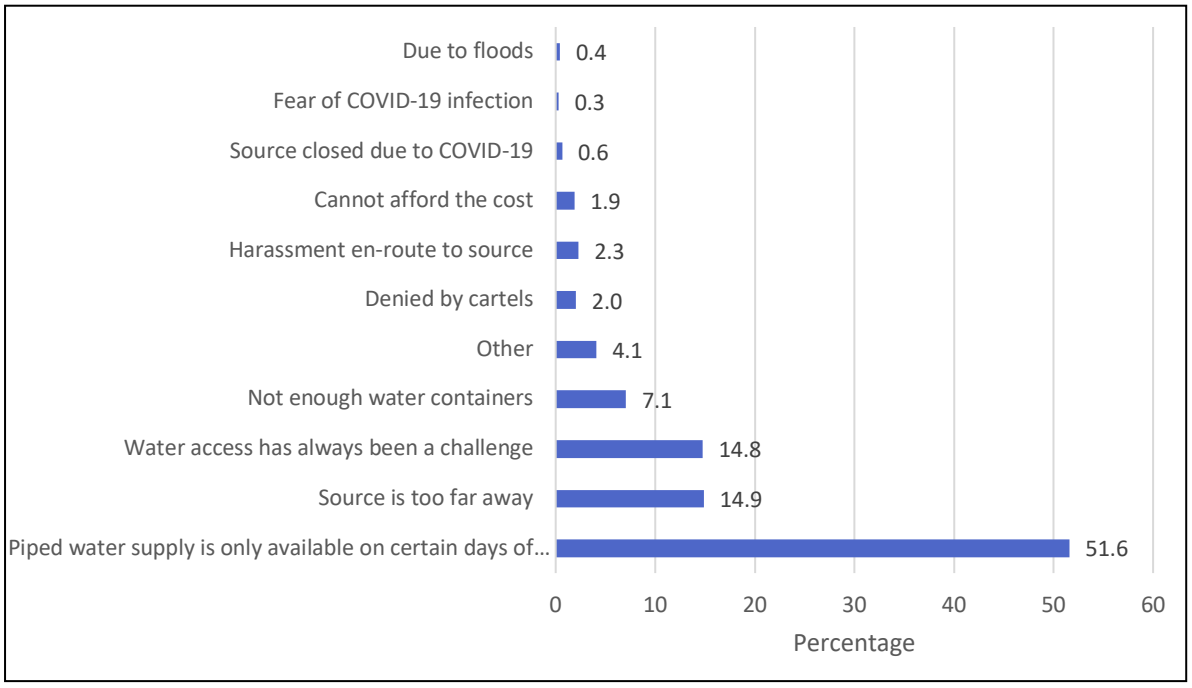

FIGURE 20: Reasons for no or limited access to clean and safe water, by sex

4.8 Sources of and access to information about COVID-19

The potential rapid spread of COVID-19 made it very important for the Government and civil society to educate the population about the virus and ways in which it can be limited and prevented. Nearly all the respondents received information about COVID-19 prior to the survey. Nine out of ten got their information from news media such as the radio, television and newspapers. The second most used source of information was the internet and social media. Men (48.7%) were statistically significantly more likely than women (39%) to use this information source. The third most used sources of information were community/family/ friends. This was used by slightly more than a quarter of respondents, with similar proportions for women and men.

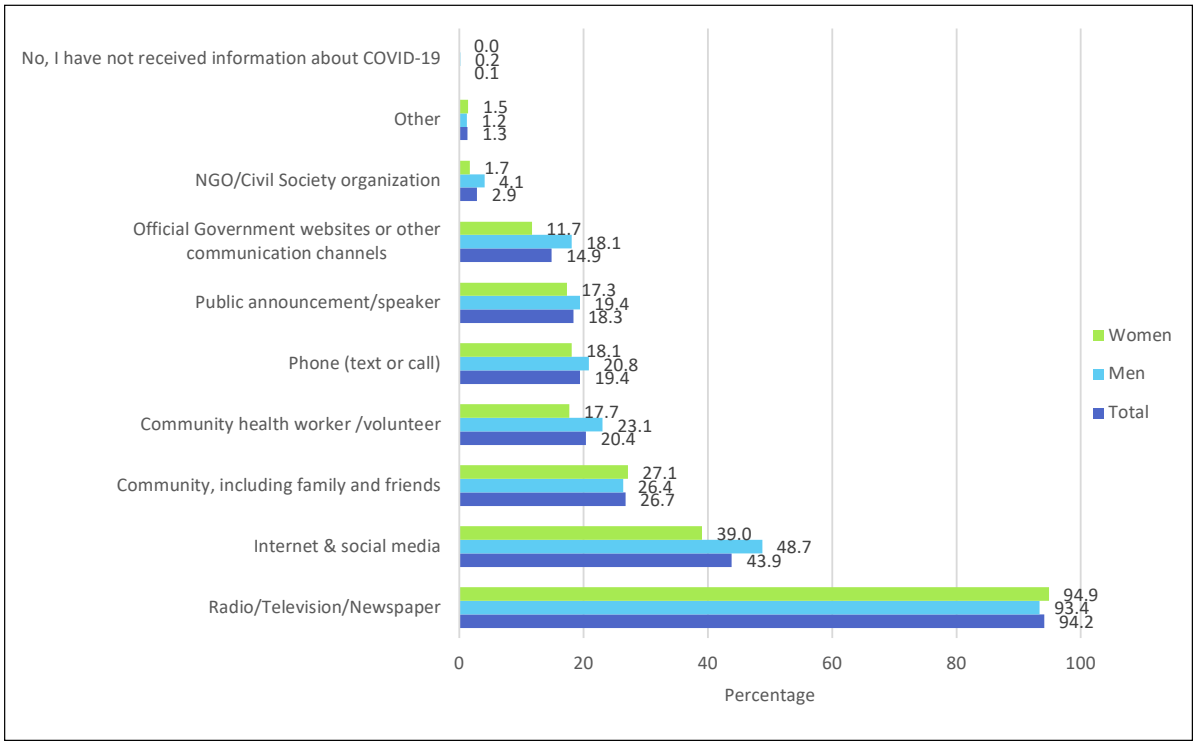

FIGURE 21: Received information about COVID-19 and if yes, what is the source, by sex

4.9 Health and health-seeking behavior

Thus far, the report has covered some of the indirect consequences of the pandemic and the way the associated prevention measures have impacted on the lives of the respondents, but this subsection will take a closer look at some of the more direct consequences of the pandemic on physical health, mental health and health-seeking behavior in general.

Around two in ten respondents indicated that they or other members of their household were ill since the start of COVID-19. The question referred to illness in general, which could have included COVID-19 related as well as other non-related illnesses.

The pandemic, its associated movement and social distancing restrictions as well as the economic consequences, have placed a lot of strain on individuals and households. Several

RGA studies[19] conducted by UNWomen in Asia/Pacific and central Europe have found that particularly women reported that their mental or emotional health (e.g. stress, anxiety, confidence, etc.) has been affected negatively since the onset of COVID-19. Figures 22 and 23 summarize the situation for Ethiopia and show that women were more likely than men to report problems with mental and emotional health regarding themselves and other household members. The reported differences may be real differences between men and women, but also perhaps greater willingness amongst women to admit that they have been strained in this respect. According to Figure 22, six out of ten respondents have indicated that they have experienced mental and emotional strain. Women (63.6%) were statistically more likely than men (57.1%) to report that their mental and emotional health have been affected negatively by the pandemic and its consequences. There were no statistically significant differences between women and men of different age groups or by location where they live.

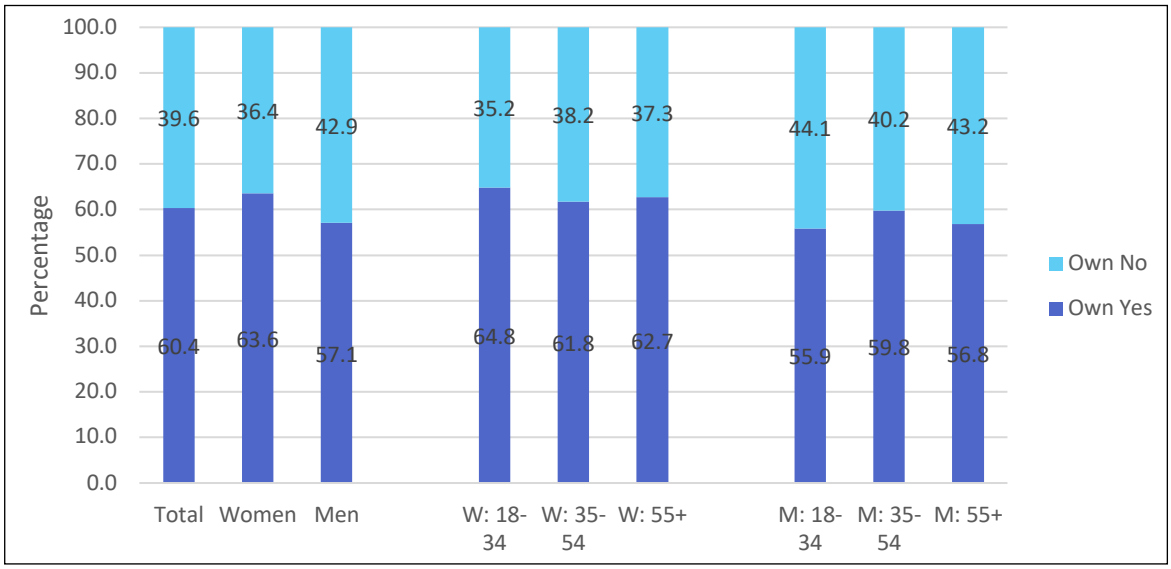

FIGURE 22: Own mental or emotional health (e.g. stress, anxiety, confidence, etc.) has been affected negatively since the onset of COVID-19, by sex and age group

Figure 23 on the next page summarizes the responses when the question was asked whether the mental or emotional health of any of the household members of the respondents was affected negatively. Once again women (61.2%) were more likely than men (54.4%) to answer in the affirmative. Men aged between 35 and 54 years were more likely than their counterparts aged 18 to 34 years to indicate that their households experienced emotional or mental strain, whereas there were no statistically significant differences between women of different age groups.

19 https://eca.unwomen.org/en/digital-library/publications/2020/05/rapid-gender-assessment-of-the-situation-and-needs-of-women

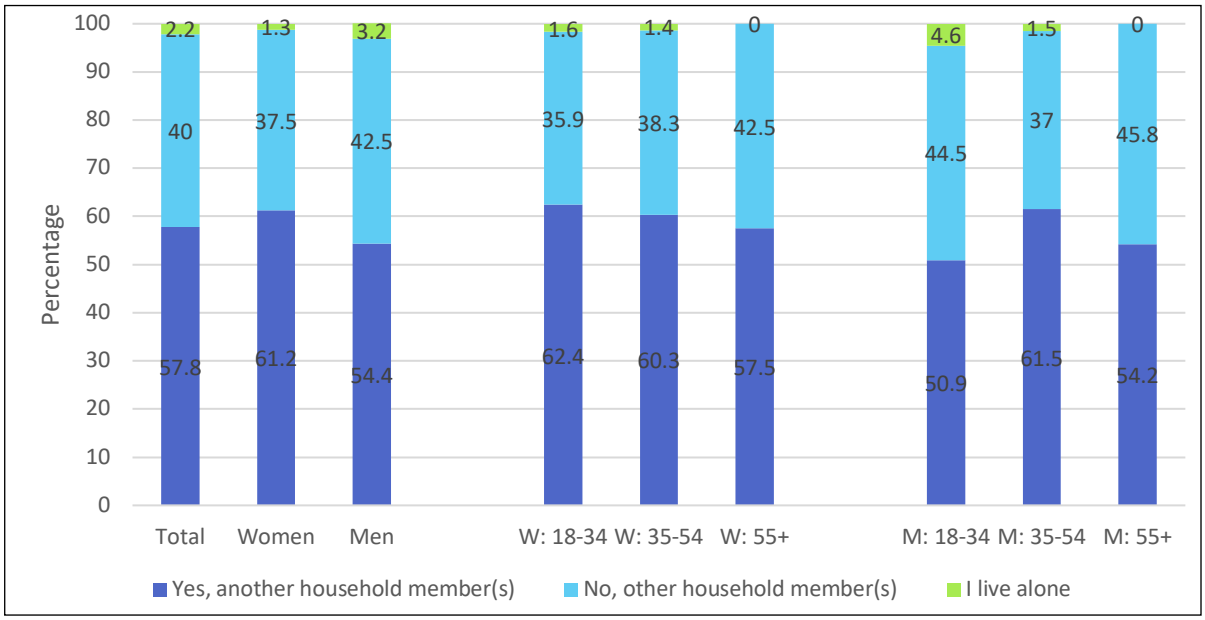

FIGURE 23: Mental or emotional health (e.g. stress, anxiety, confidence, etc.) of any of your household members has been negatively affected since the onset of COVID-19, by sex and age group

Table 6 on the next page explores specific problems that respondents were concerned about. As expected, contracting COVID-19 (58.6%) far outweighed all other concerns. This was followed closely with economic concerns (50.3%). Approximately a third of respondents were worried about missing school and about dying.

Men were statistically more likely than women (marked in bold print in the table) to be worried about the economic situation and income-generating activities, whilst concerns about getting COVID-19 and other health issues, missing school and death were of greater concern to women.

The table also highlights the differences between different age groups and the location of residence. With regard to the responses of men of different age groups, the concerns of younger (aged 18–34 years) and middle-aged men (aged 35–54 years) were similar, whilst for most of the issues included in the survey, men 55 years and older were less likely to be concerned than their younger counterparts. No distinctive patterns emerged with regard to women of different age groups, except that women aged 35–54 years were less likely than the other cohorts to be concerned about contracting COVID-19.

Men aged 18–34 were less concerned about COVID-19 than women aged 18–34; the same holds true for women and men older than 55 years.

Figure 24 explores health insurance coverage. It shows that overall, only 18% of the respondents have some form of health coverage. Women (13.3%) respondents and their households were significantly less likely than men (23%) to have any kind of health insurance.

TABLE 6: Issues that have been worrying the respondent since the onset of COVID-19, by sex, age group and location (per cent)

Disaggregation	Contracting COVID-19	Economic situation and income-generating activities	Missing school	Death	Access to food	Access to medicine	Other health issues	Safety (related to the crisis)	Others	Respondent hasn't been worried
Total	58.6	50.3	31.9	30.5	23.2	23.3	22.6	17.6	4.1	16.5
Women	**61.0**	**47.9**	**34.3**	**33.6**	25.0	24.0	**24.7**	16.8	4.0	15.6
Men	**56.2**	**52.8**	**29.5**	**27.4**	**21.4**	22.7	**20.5**	18.4	4.2	17.5
W: 18-34	63.9	48.5	37.1	34.9	23.4	25.2	22.1	19.3	4.1	12.8
W: 35-54	55.3	49.8	33.8	33.1	26.9	22.0	27.4	14.3	4.3	18.6
W: 55+	62.9	39.5	22.3	28.5	27.3	23.3	29.8	11.3	3.2	20.6
M: 18-34	56.5	53.4	30.3	27.8	22.9	23.2	19.1	17.5	4.9	17.8
M: 35-54	59.0	53.5	31.2	28.7	21.9	24.5	25.6	21.2	4.0	14.3
M: 55+	47.0	47.4	21.2	22.1	13.1	15.9	15.0	15.6	1.4	24.2
W: Urban	62.0	48.9	35.4	33.9	26.0	24.9	24.9	16.7	3.7	15.0
W: Semi-urban	63.1	44.0	29.1	33.9	18.7	18.2	24.3	16.7	6.8	14.1
W: Rural	44.4	42.8	31.3	28.2	25.3	23.5	22.9	17.0	2.6	25.6
M: Urban	63.9	48.5	37.1	34.9	23.4	25.2	22.1	19.3	4.1	12.8
M: Semi-urban	55.3	49.8	33.8	33.1	26.9	22.0	27.4	14.3	4.3	18.6
M: Rural	62.9	39.5	22.3	28.5	27.3	23.3	29.8	11.3	3.2	20.6

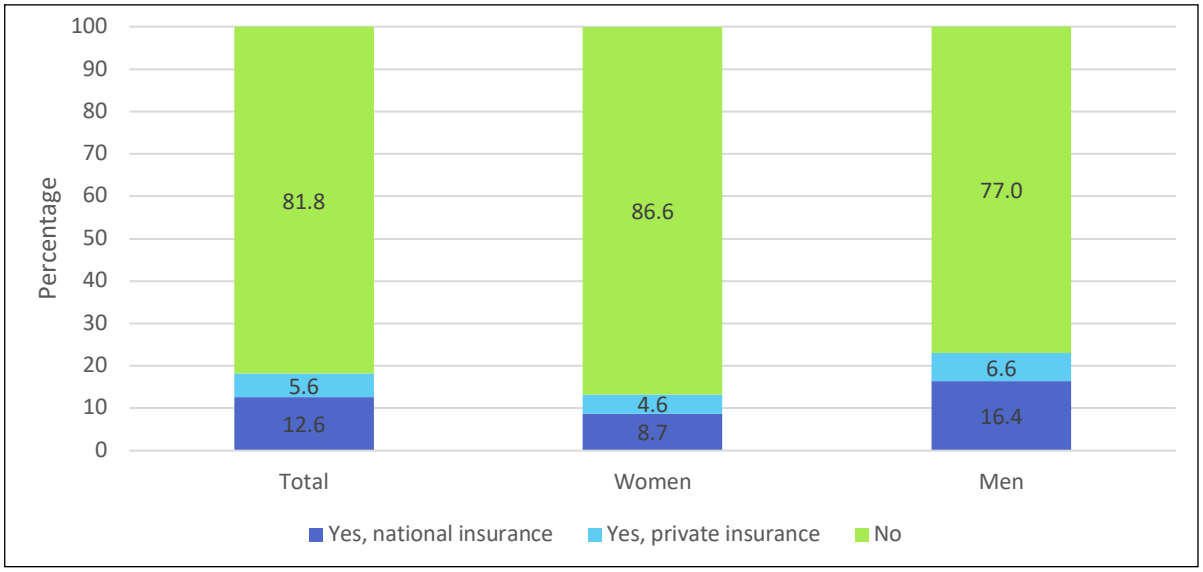

FIGURE 24: Respondent or household covered by health insurance, by sex

It was anticipated that the pandemic could overwhelm already fragile healthcare services in Ethiopia. Based on previous epidemics elsewhere in Africa, such as for example Ebola, the possibility that the population would avoid seeking health or postpone health-seeking behavior as a result of the pandemic, was also considered. In Figure 25, responses to changes in waiting times when seeking healthcare during the pandemic are summarized. Around 55% did not seek medical care, while two in 20 respondents indicated that they did seek care and waited for the same amount of time than previously. Around 10% indicated that they had a longer waiting time and another 10% reported shorter waiting times. There were no significant differences between women and men.

The anticipated disruption of healthcare services is not reflected by the data. Approximately five in ten respondents indicated that they did not need healthcare services during the pandemic (Figure 26), whilst four out of ten reported that they needed healthcare services and were able to access it. There were no significant differences between women and men.

A more detailed exploration of healthcare services that the respondents tried to access, but were unable to get access to (Figure 27) shows that access to general healthcare services (non-chronic and non-maternal and child healthcare services) was a problem for approximately three out of ten of the respondents who had problems accessing healthcare services, with men (40.6%) statistically significantly more likely than women (22.1%) to flag this problem.

Even though problems related to child healthcare services were flagged by only 18.6% of respondents with limited access, it was overwhelmingly a problem more likely to be experienced by women (34.1%) than men (18.6%).

Fifteen percent of respondents with access problems had problems accessing chronic care service not related to HIV/AIDS or cancer. There were no significant differences between women and men. Healthcare services for pregnant mothers was a concern for 15 percent of the population, also with no significant differences between the two sexes. Around 10% of women with access problems were unable to access family planning and sexual and reproductive healthcare services, while 10.6% of men with access problems had difficulties accessing imaging services such as X-rays.

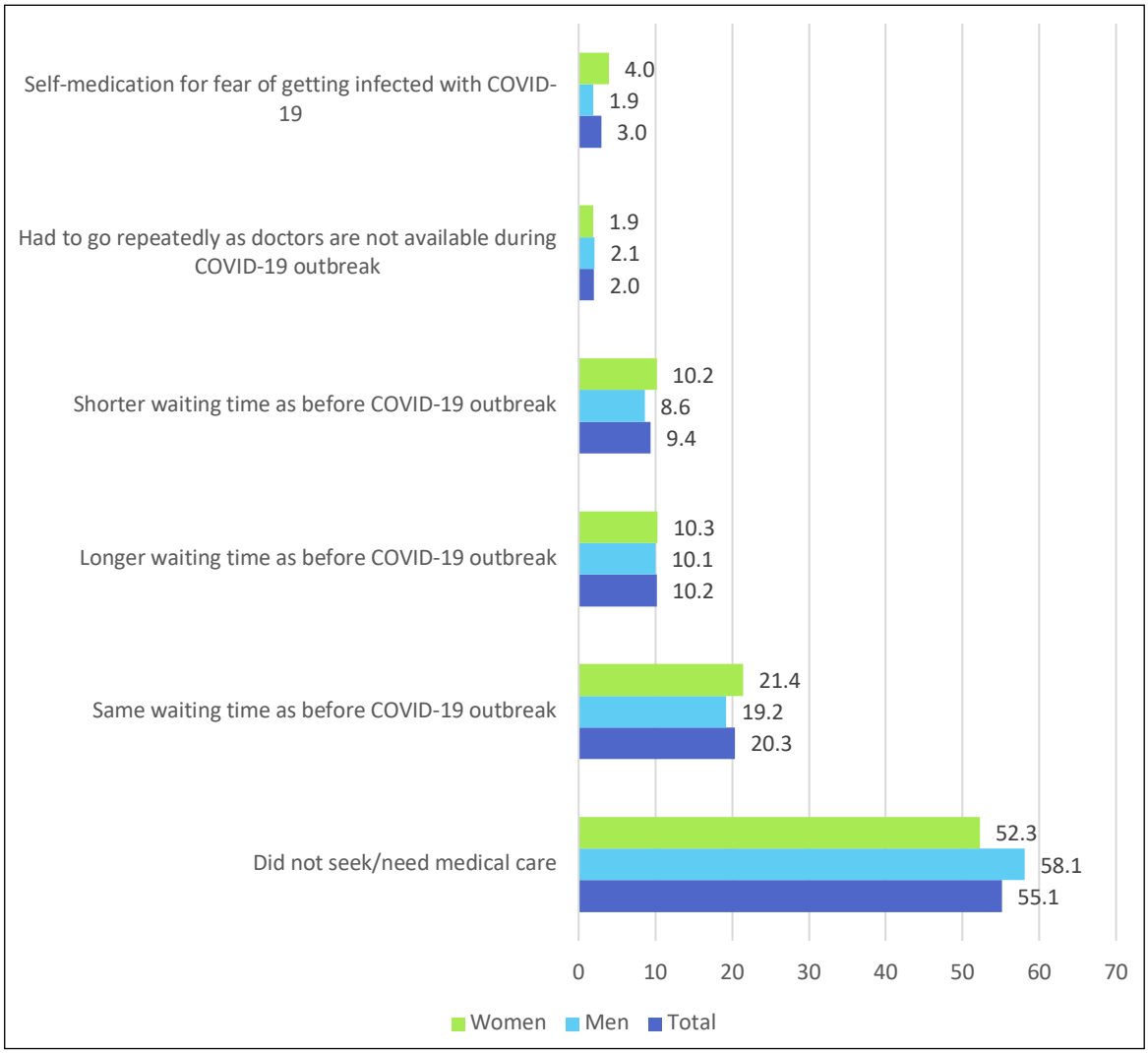

FIGURE 25: Health services seeking behaviour of the respondent during COVID-19 and if yes, comparison of waiting time to period prior to COVID-19, by source, by sex (per cent)

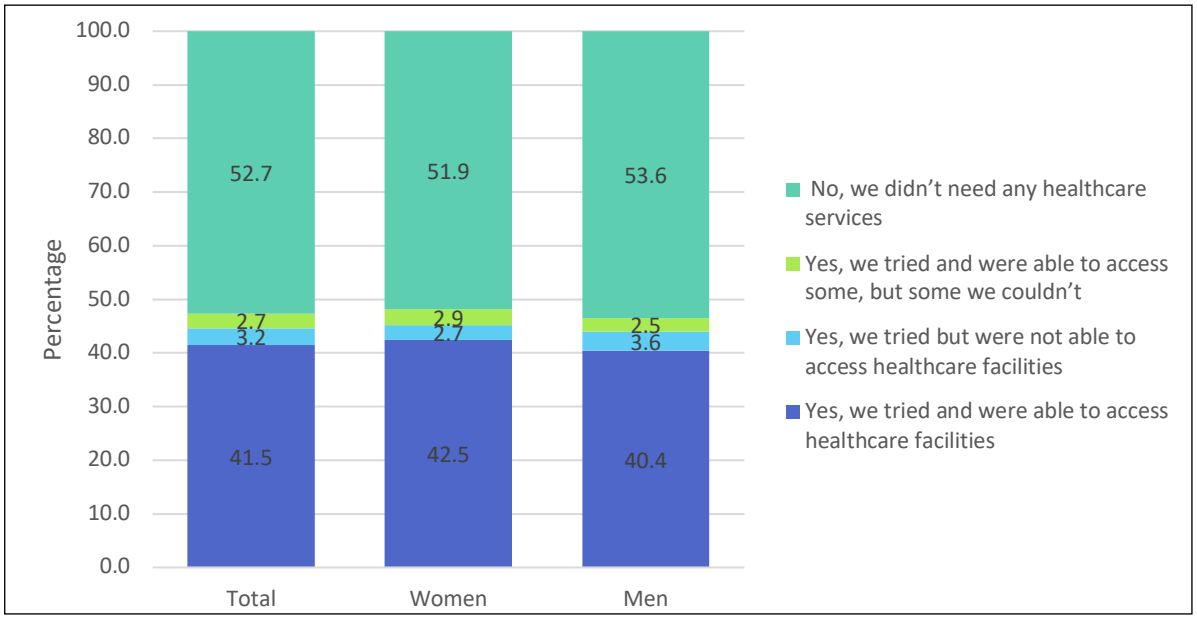

FIGURE 26: Access to healthcare services during COVID-19, by sex

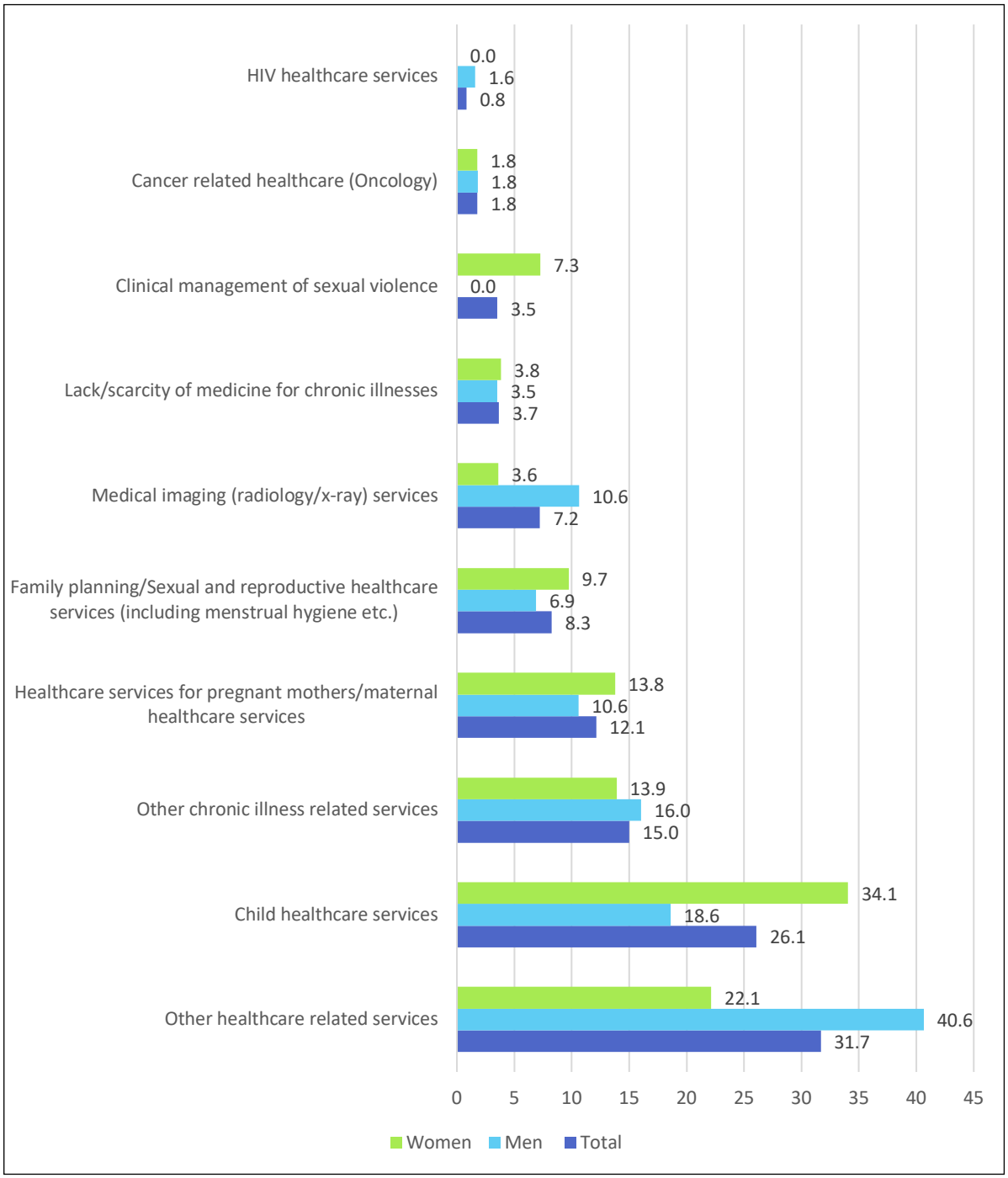

FIGURE 27: Kind of healthcare services which the respondent tried to access, but was unable to do so, by sex (per cent)

4.10 Safety and security

Feelings of safety from violence or threats of violence are usually a good proxy indicator of the general crime situation, and in some instances, respect for human rights in a country. In this instance, as can be seen in Figure 28, three in ten respondents felt less safe during the pandemic than before. There were no statistically significant differences between groups.

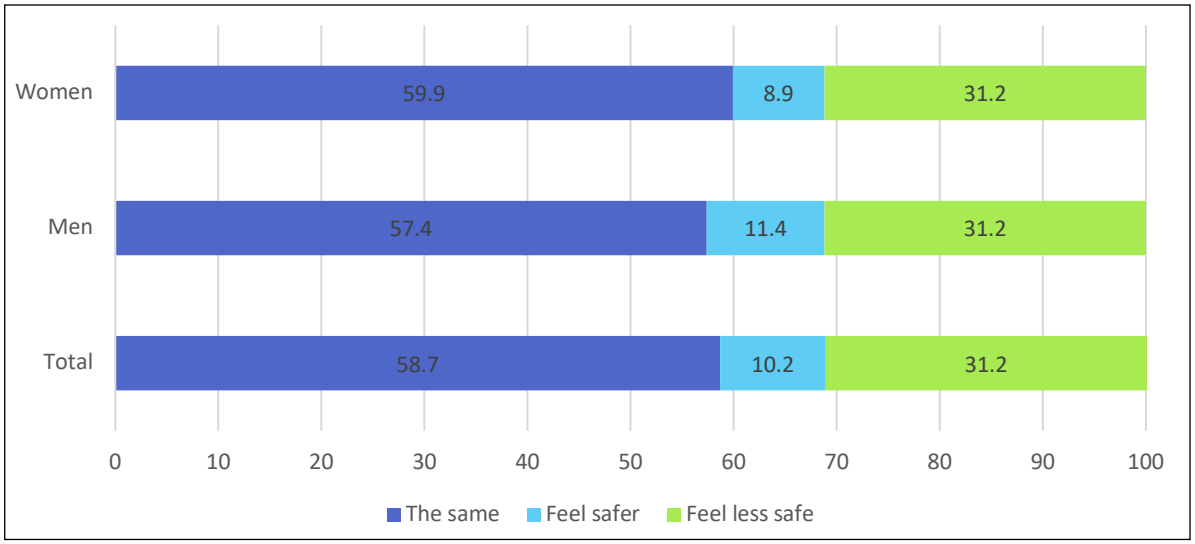

FIGURE 28: Changes in feelings of safety of the respondent in the community from threat of violence or violence itself since the onset of COVID-19, by sex (per cent)

Women and men 55 years and older were less likely to indicate that their feelings of safety due to threats of violence or violence itself have changed when compared to the two younger cohorts. Rural residents were also less likely than their urban and semi-urban counterparts to say that their feelings of safety have changed since the onset of COVID-19 (Table 7). Women (40%) living in semi-urban areas were significantly more likely than respondents in all other cohorts to feel less safe from threats of violence or violence itself.

TABLE 7: Changes in feelings of safety in the community from threat of violence or violence itself since the onset of COVID-19, by sex, age group and location (%)

Disaggregate	The same feeling	Feel safer	Feel less safe	Total
Total	58.7	10.2	31.2	2,367.0
Women	59.9	**8.9**	31.2	1,145.0
Men	57.4	**11.4**	31.2	1,222.0
W: 18-34	57.9	10.8	31.2	680.0
W: 35-54	58.1	7.1	34.8	376.0
W: 55+	74.7	4.4	20.9	89.0
M: 18-34	55.8	12.1	32.2	733.0
M: 35-54	57.3	12.2	30.5	396.0
M: 55+	65.8	6.2	27.9	93.0
W: Urban	61.6	8.2	30.3	926.0
W: Semi-urban	47.5	12.1	40.4	146.0
W: Rural	64.8	11.5	23.7	73.0
M: Urban	57.6	11.8	30.5	900.0
M: Semi-urban	52.2	14.2	33.6	184.0
M: Rural	62.5	5.5	32.0	138.0

During the state of emergency, various measures were put in place to regulate where movement and other controls at limiting the spread of the pandemic were adhered to. According to Figure 29, men (11.3%) were statistically more likely than women (4.6%) to have experienced some form of violence or threats of violence from the police or security agents in the context of implementing restrictions to respond to COVID-19 (movement restriction, curfew, closure of certain premises). Men older than 55 years were less likely than men aged 18–34 years to have experienced such kinds of violence or threats of violence.

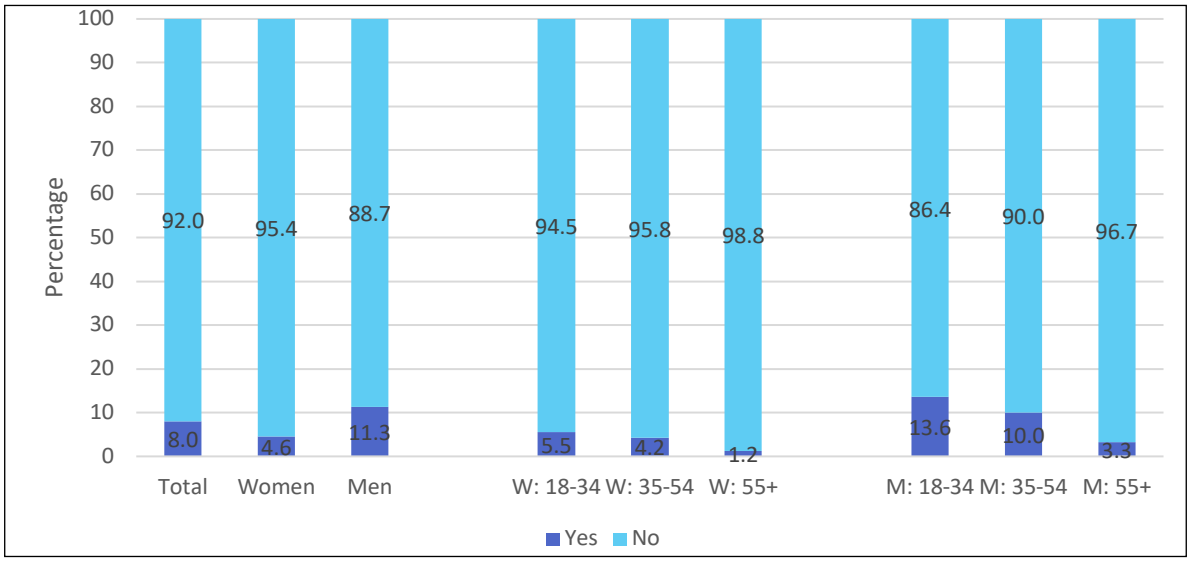

FIGURE 29: Respondent personally experienced violence or threats of violence by the police or security agents, by sex and age group

Anecdotal evidence suggests that certain forms of discrimination increased during the pandemic. One of the questions in Questionnaire 2 asked whether the respondent personally experienced any form of discrimination against them since the onset of COVID19. The definition of discrimination used in the study was 'anything that happens that makes you feel that you were treated less favorably compared to others or harassed because of your sex, age, disability, socio-economic status, or any other characteristic'. Figure 30 shows that 8% of the respondents indicated that they experienced discrimination during the pandemic. There were no significant differences between women and men or between the different age cohorts.

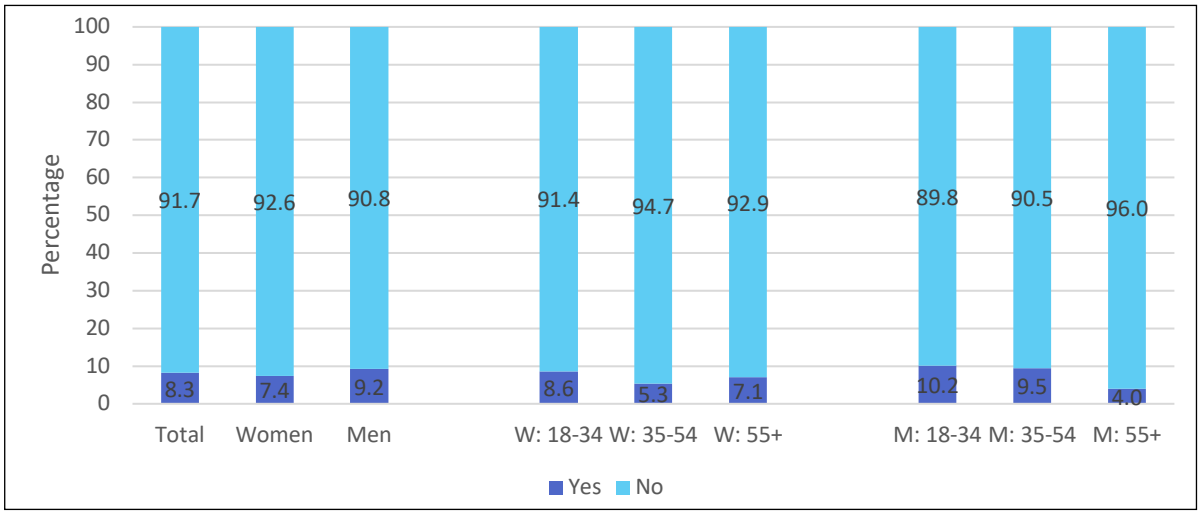

FIGURE 30: Respondent personally experienced any form of discrimination, by sex and age group

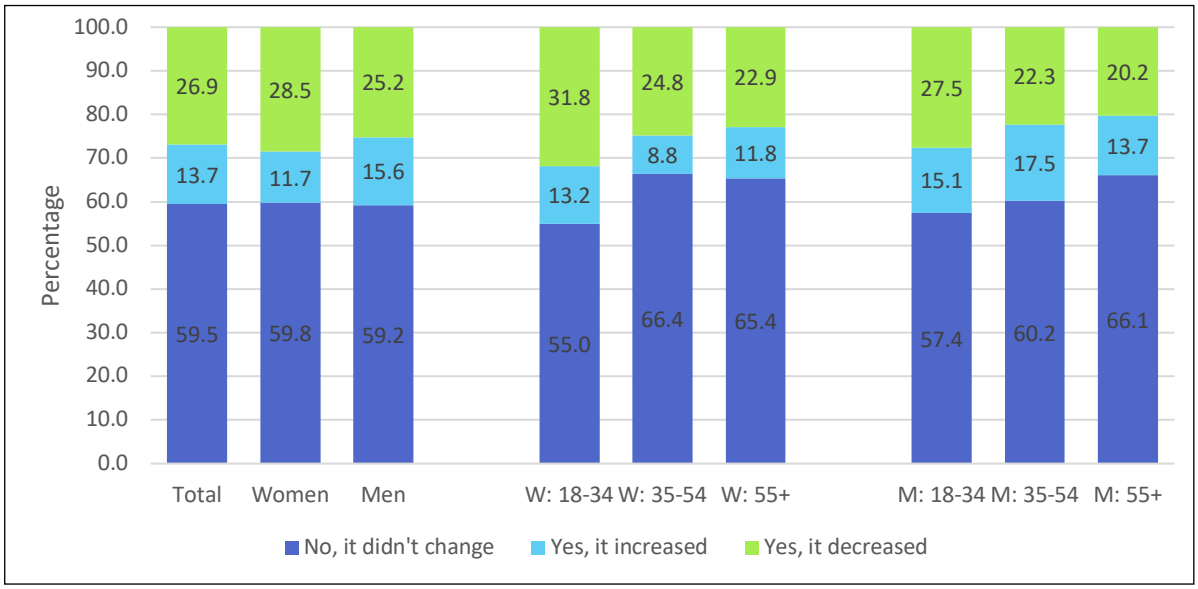

FIGURE 31: Respondent's perception about changes in discrimination, prejudice or racism in the area where you live since the onset of COVID-19, by sex and age group

According to Figure 31, approximately six out of ten respondents felt that the levels of discrimination in the area where they lived remained unchanged during the pandemic. A further 26% indicated that it has decreased and 14% that it has increased. There were no statistically significant differences between women and men, but women and men aged 55 and older were more likely than the 18–34-year age cohort to feel that discrimination has decreased during the pandemic.

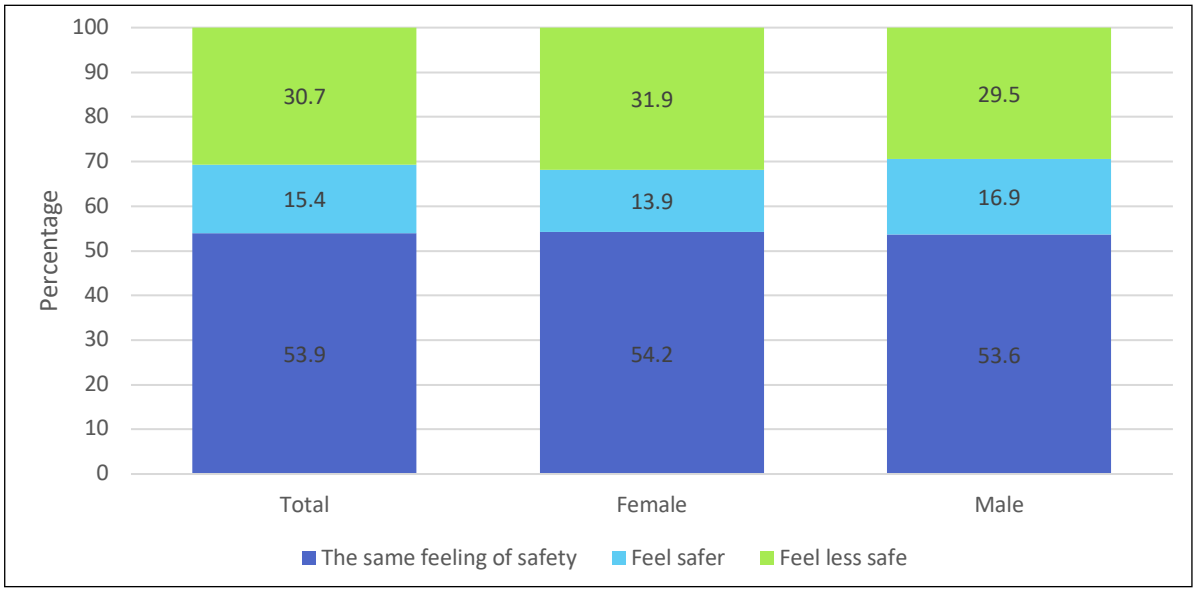

FIGURE 32: Respondents' perception about changes in feelings of safety in their home since the onset of COVID-19, by sex

Figure 32 on the previous page shows that 54% of respondents felt the same levels of safety in their homes during the pandemic than before the pandemic. Around 15% felt safer and 30.7% felt less safe. There were no statistically significant differences between women and men.

When the reasons for feeling unsafe were explored further (Figure 33) it emerged that concerns about the transmission of the disease, due to especially the movement of children in high-density neighbourhoods, is the top concern for approximately four out of ten respondents. Women were slightly more concerned about this than men. Other concerns and worries about the increase in crime were mentioned by approximately a quarter of respondents with no significant differences between women and men.

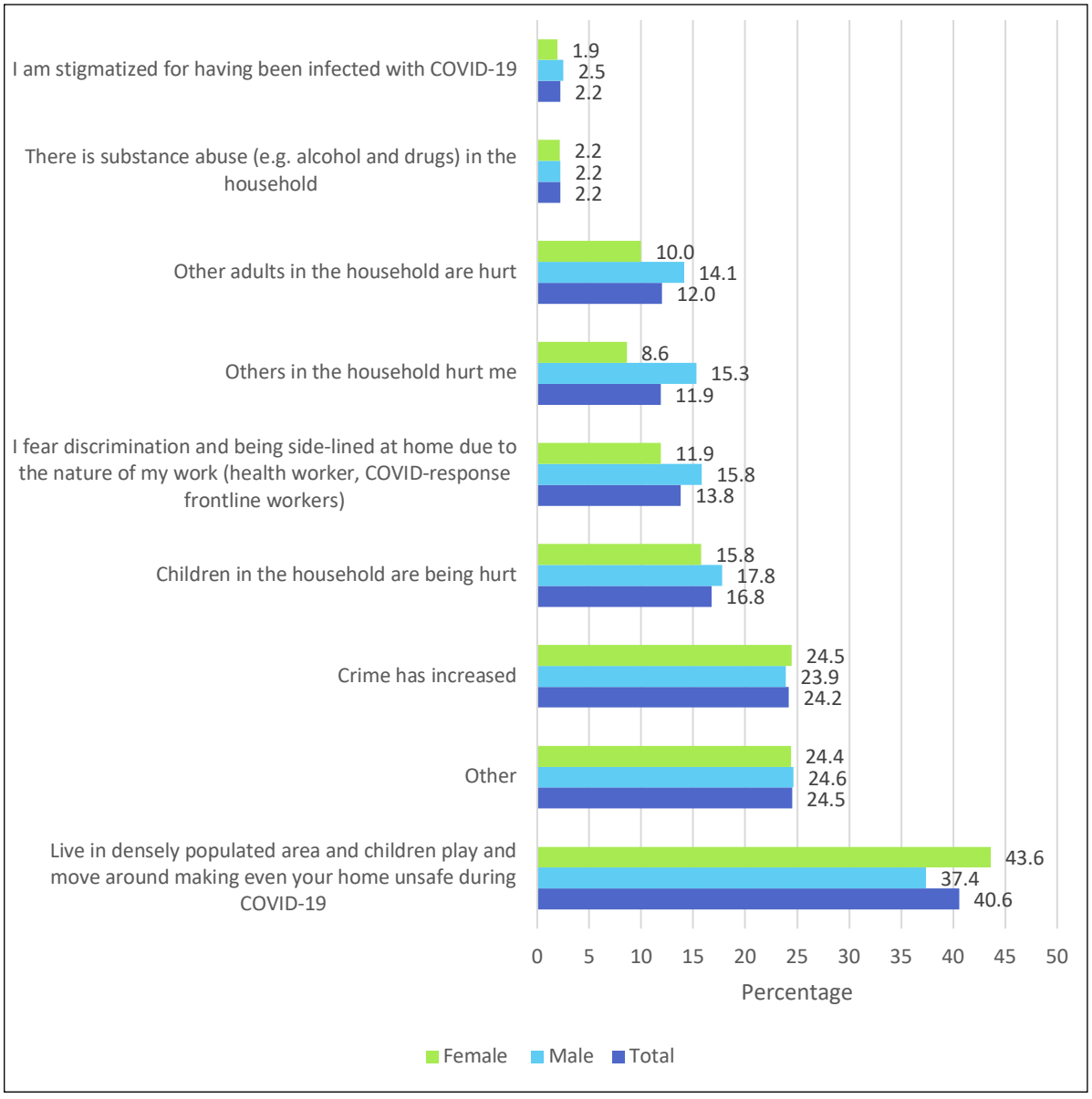

FIGURE 33: Reasons for feeling unsafe by respondents who indicated they feel less safe in their homes since COVID-19 started, by sex

4.11 Gender-based violence

Gender-based violence is complex and difficult to measure at the best of times. Given that anecdotal evidence suggests that GBV may have increased in many countries during the lockdown, the Ethiopia RGA included a range of questions related to GBV. The UNWomen team also used the opportunity of collecting this data in Ethiopia to critically assess the

best ways of collection such sensitive data using mobile phone technologies. More details about these findings can be obtained in the technical report. Remote interviews using a telephone makes it more difficult to control and/or know what the impact of the questions is on the respondent. In order to avoid or reduce potential harm to the respondent, most of the questions either focus on perceptions and in the case of the incidence of GBV, on experiences of someone known to the respondent, rather than the respondent's own experience.

The first questions explored the respondent's views on the degree to which GBV is a problem in Ethiopia (Figure 34) as well as what they think about the frequency (Figure 35).

Figure 34 shows that women (69.2%) were significantly more likely than men (56.2%) to think that GBV is a big problem in Ethiopia. Women and men in urban and semi-urban settings were more likely than rural women and men to consider this a big problem.

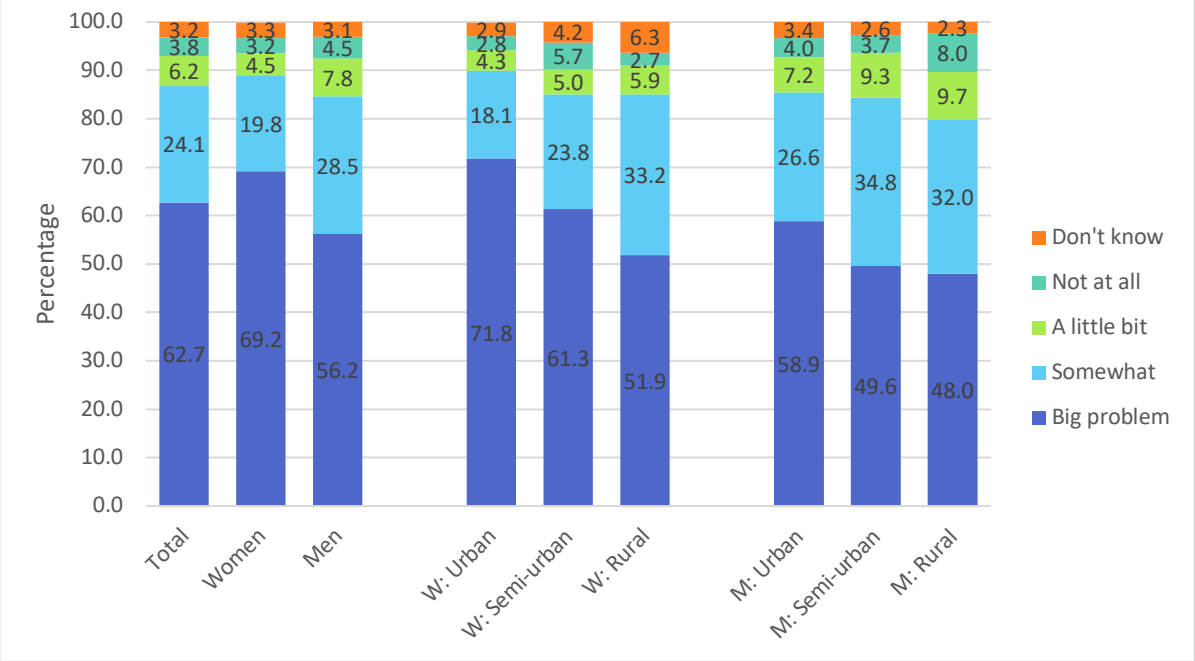

FIGURE 34: Respondents' perceptions about whether GBV is a problem in Ethiopia, by sex and location

More than 90% of the respondents indicated that GBV happens very often or sometimes (Figure 35). There were no significant differences between women and men regarding the perception that GBV occurs a lot or sometimes.

However, once again in relation to the relative frequency of GBV, there were significant differences in the responses between women and men: 56.5% of women compared 41.8% of men thought that it happens very often. Women and men living in urban and semi-urban areas were more likely to think that it happens very often than those living in rural areas.

A further 49.7% of men and 36.5% of women indicated that it only happens sometimes. Approximately 5% of respondents feel that GBV does not happen very often. Men (6.4%) are more likely than women (3.7%) to feel that GBV does not happen often.

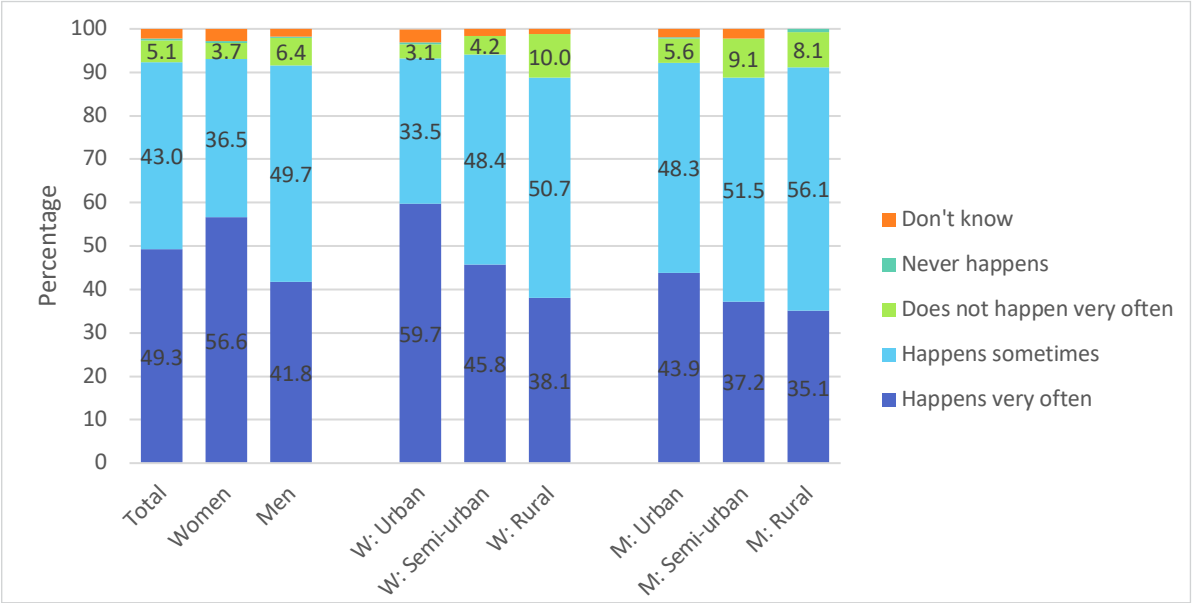

FIGURE 35: Respondent's perceptions about the frequency of gender-based violence in Ethiopia, by sex and location

With regard to potential changes in the occurrence of GBV since the onset of COVID-19 (Figure 36), approximately six out of ten respondents felt that the incidence of GBV has increased. Women (68.4%) were once again more likely than men (57.7%) to think that it has increased, and urban-based women and men were more likely than their rural counterparts to feel that it has increased during the pandemic.

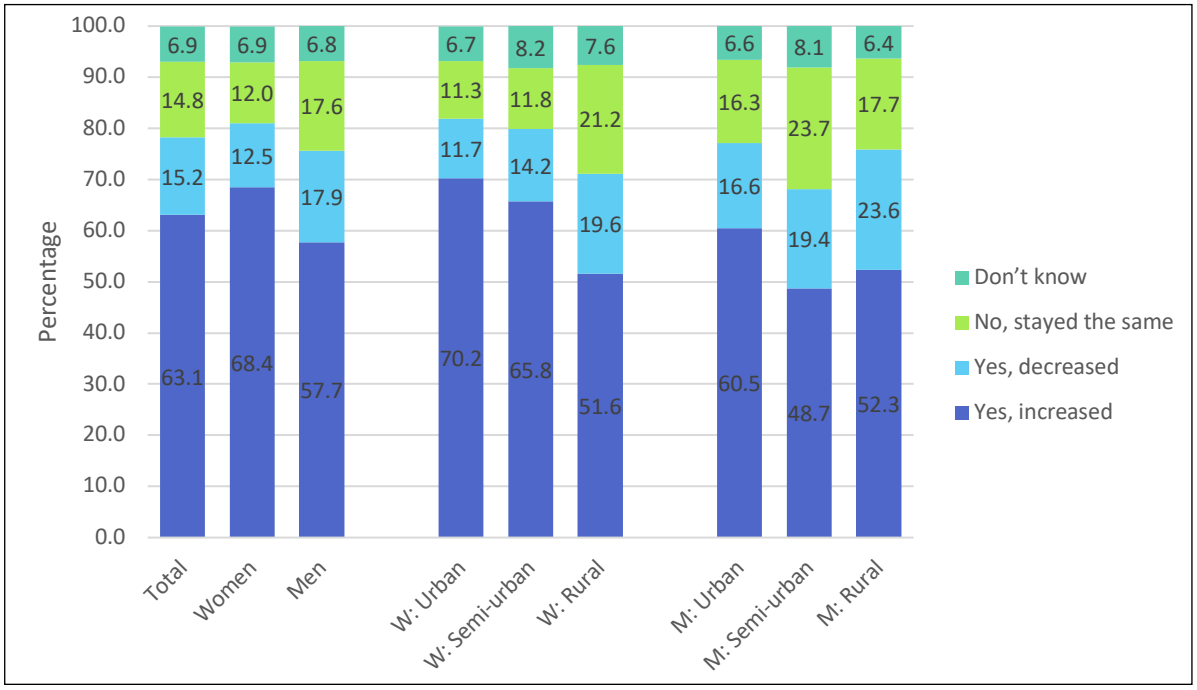

FIGURE 36: Respondent's perceptions about whether the incidence of GBV has changed in Ethiopia since the onset of COVID-19, by sex and location

To reduce the likelihood of potential harm to the respondents, no direct questions about personal victimization experiences were asked. However, the respondents were presented with a list of the most common types of GBV and were asked whether they know someone who has been a victim of such an incidence since the onset of COVID-19. Approximately six out of ten respondents indicated that they do not personally know anyone (Figure 37). There were no statistically significant differences between women and men, or between different age groups and the different locations where the respondents were from with regards to their knowledge of one or more GBV incidence.

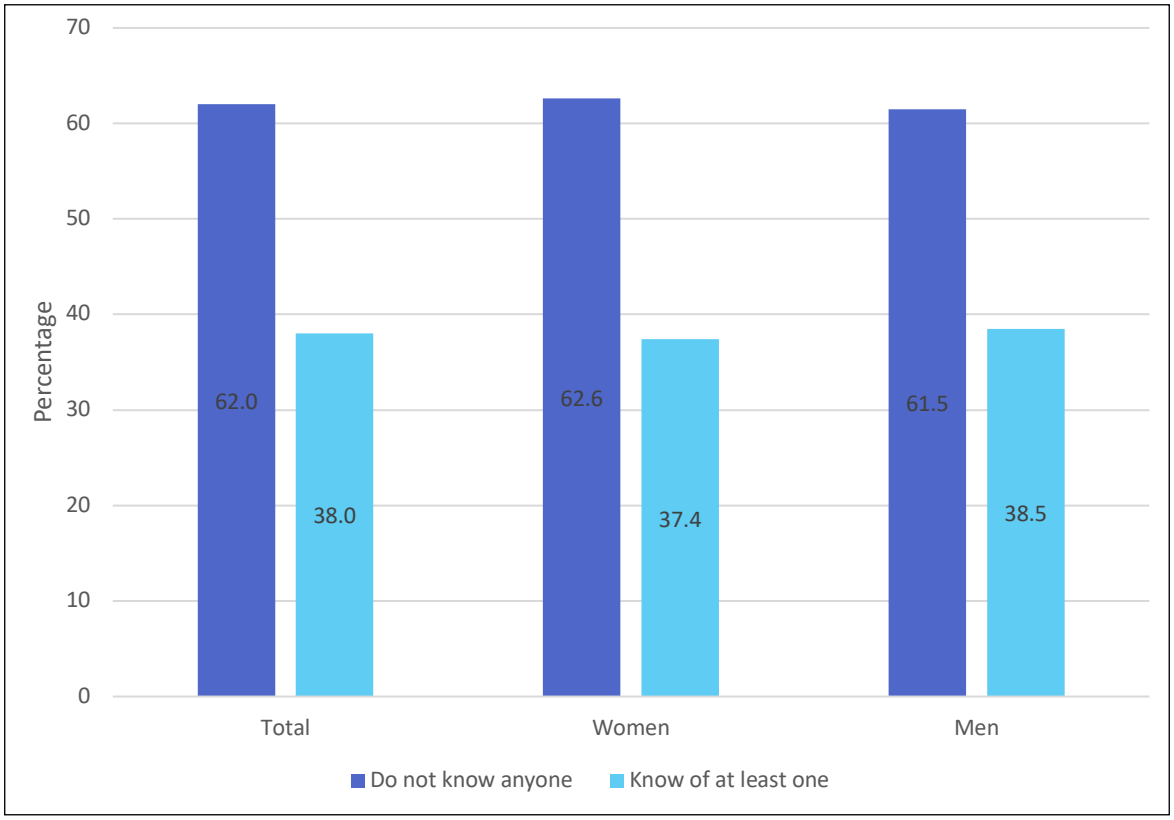

FIGURE 37: Respondent knows someone who has experienced any of the listed GBV since the onset of COVID-19, by sex

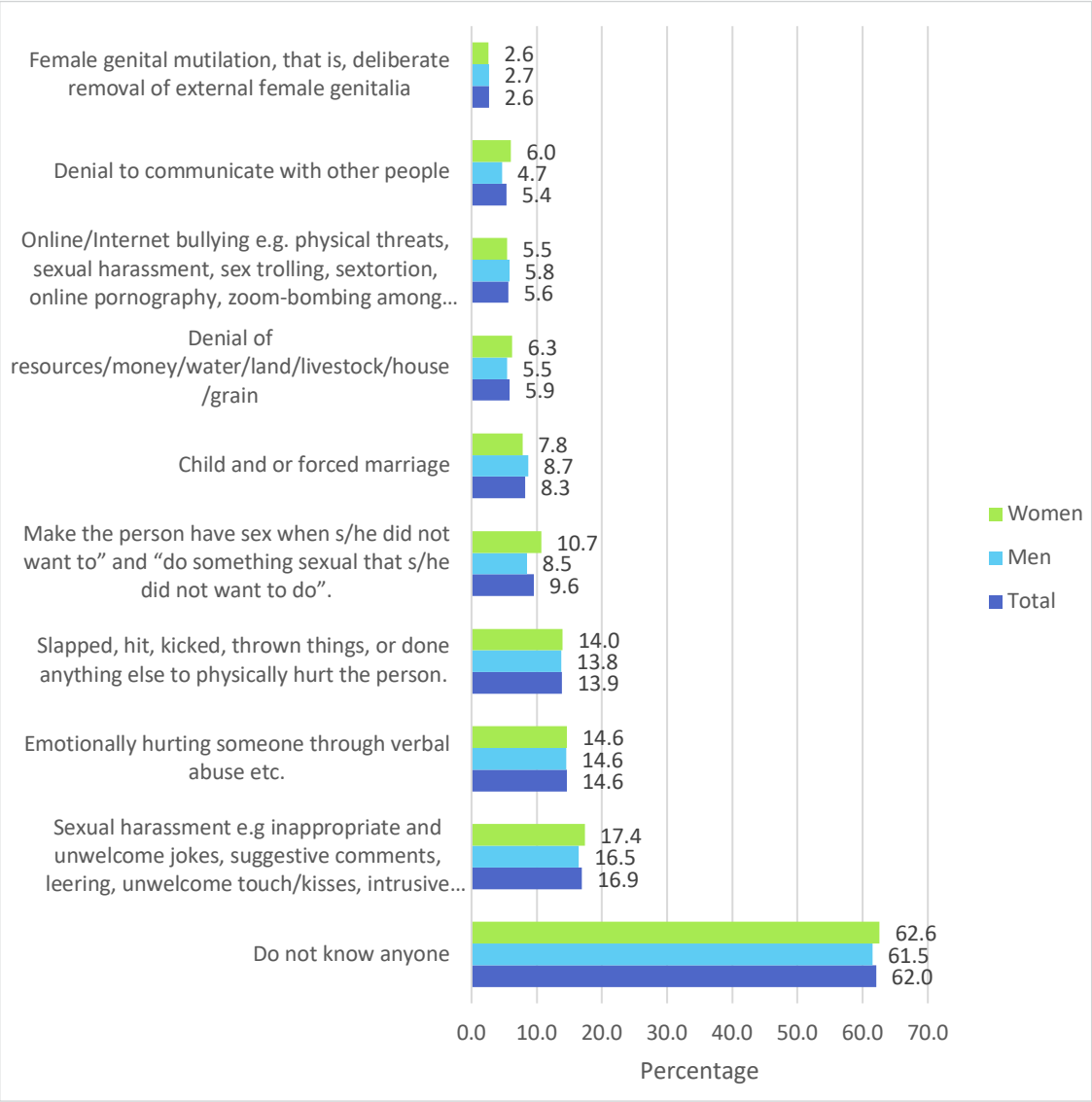

FIGURE 38: Kinds of GBV experienced by the person(s) who the respondent knows, by sex of the respondent

According to Figure 38, sexual harassment, emotional abuse, physical abuse and forced sex were the four types of GBV that they were aware of. The data in Figure 38 allowed for multiple responses/kinds of GBV being listed by the respondents. However, they were also asked to identify the most recent cases so that follow-up questions about the circumstances around these cases could be asked. This is summarized in Figure 39, where the same patterns regarding the different kinds of GBV that they know about is evident.

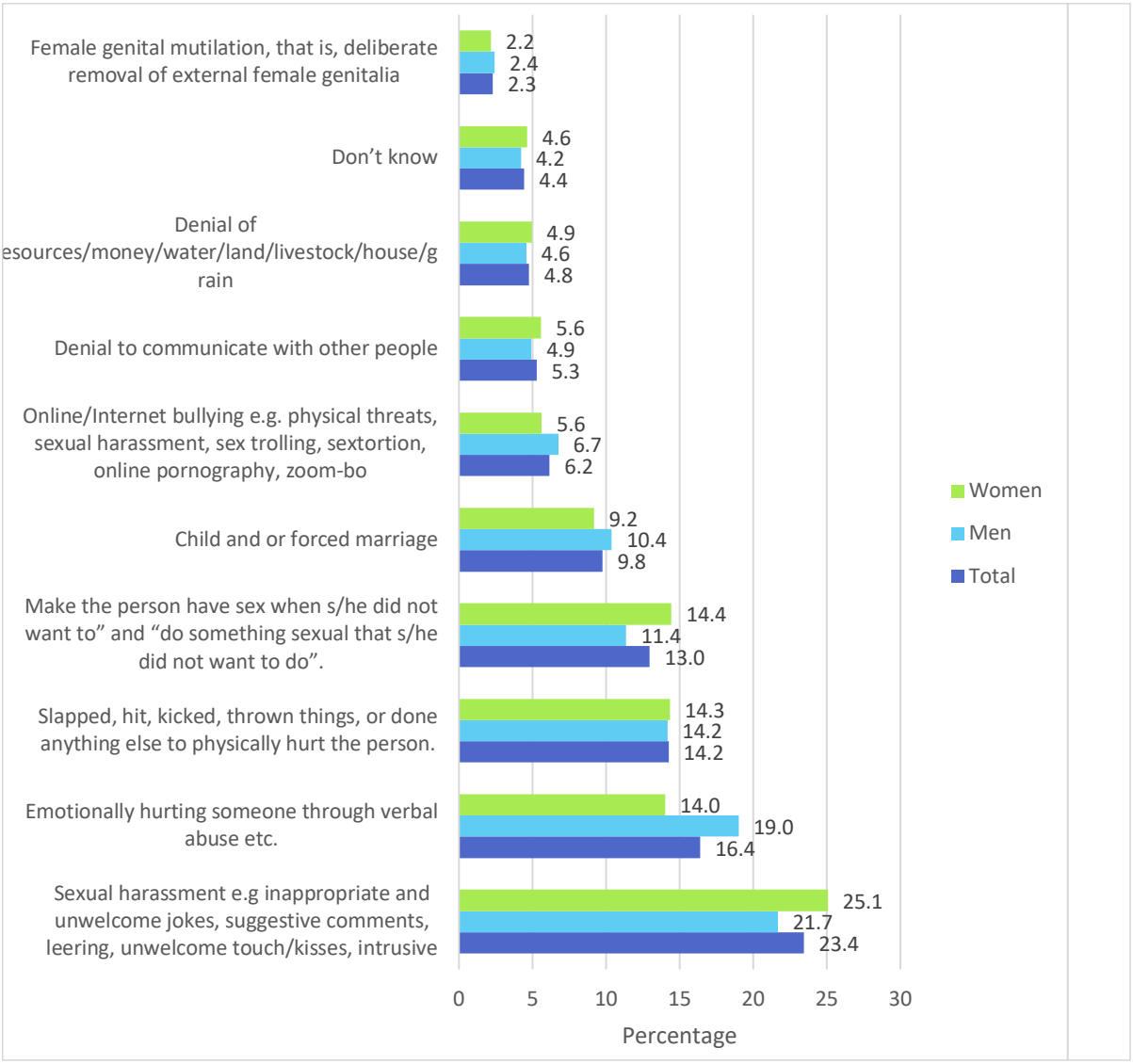

FIGURE 39: Most recent GBV case that the respondent was aware of, by sex of the respondent

Figure 39 summarized all the different instances of GBV that the respondent was aware of. Once the most recent GBV case is identified (figure 39) the gender distribution of the cases changes somewhat. Women (25.1%) were more likely to identify sexual harassment than men (21.7%) , while men (19.0%) more frequently singled out emotional abuse than women (14.0%). Physical abuse was the most recent incident for similar percentages of women and men. Women (14.4%) were more likely to mention forced sex than men (11.4%).

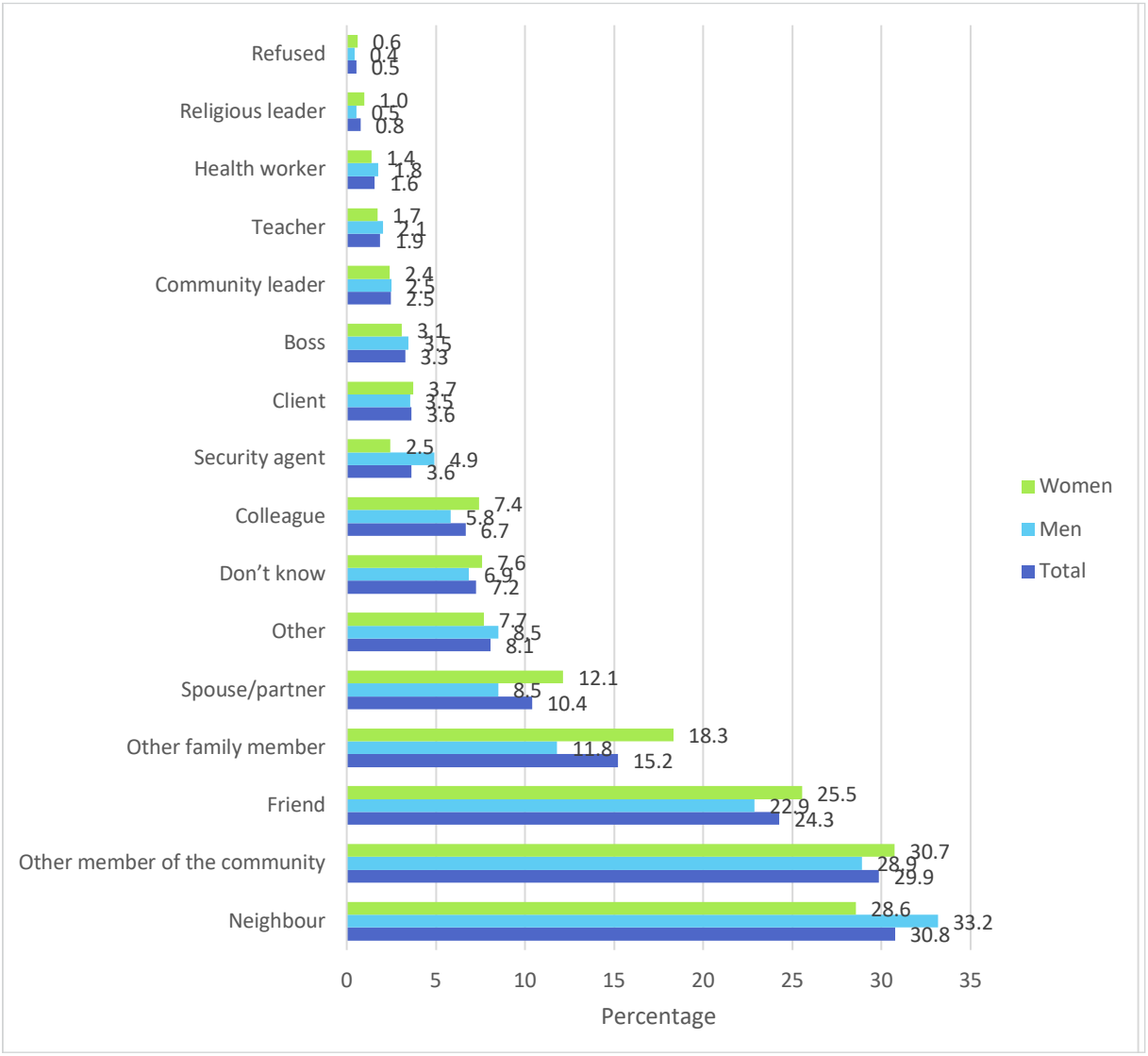

FIGURE 40: Perpetrator of the most recent case of GBV that the respondent was aware of

Following the question on the most recent case the respondents were asked to identify the perpetrator (Figure 40).

Once again it is more common for the perpetrator to be known to the victim than not being familiar to the victim. Neighbours (30%), other community members (30%) and friends (24%) were the most frequently mentioned perpetrators of GBV.

Around 15% of the respondents identified another family member as the perpetrator, with women (18.3%) significant more likely than men (11.8%) to indicate that another family member was responsible.

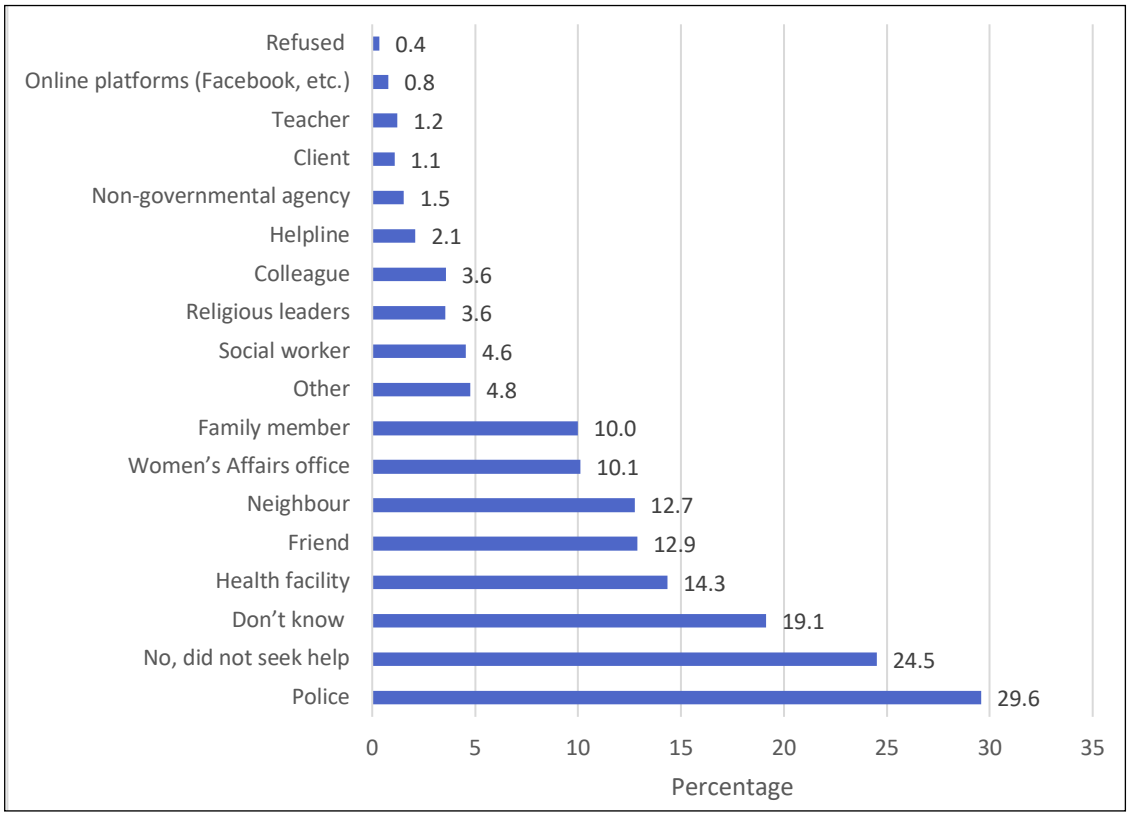

FIGURE 41: Help-seeking behavior of the victim of the most recent case of GBV that the respondent was aware of (per cent)

The second follow-up question to the question on the most recent event was on whether the victim looked for assistance after being victimized (Figure 41) Nineteen percent of the respondents did not know what happened, a quarter of individuals did not seek help, while a further 30% went to the police. Approximately 14% went to a health facility and 13% to a neighbour or friend.

TABLE 8: Identity of the perpetrator and help-seeking behavior of the victim for the four most common kinds of GBV reported by the respondent as the most recent case (per cent)

Indicator	Sexual harassment, e.g. inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/ kisses, intrusive	Slapped, hit, kicked, thrown things, or done anything else to physically hurt the person	Make the person have sex" when s/he did not want to" and "do something sexual that s/he did not want to do"	Emotionally hurting someone through verbal abuse, etc.
Who was the perpetrator?				
Spouse/partner	12.2	19.6	9.2	12.0
Other family member	13.3	11.4	25.1	9.9
Friend	26.5	22.7	13.6	29.9
Boss	8.4	0.9	1.3	3.2
Colleague	8.5	5.9	3.9	6.8
Client	5.7	2.6	2.5	3.6
Teacher	2.5	0.7	2.8	2.3
Neighbour	32.0	33.7	33.7	32.2
Health worker	2.3	0.0	1.0	1.5
Community leader	2.6	0.9	1.0	1.4
Religious leader	0.5	1.7	1.0	0.7
Security agent	4.1	4.2	2.7	4.1
Other community member	39.7	29.2	25.1	25.6
Other	7.3	3.5	9.3	14.5
If they did seek help, where did they go for help				
Family member	9.54	8.66	12.92	10.7
Friend	15.04	12.22	9.44	18.13
Women's Affairs office	11.9	13.43	12.39	9.7
Colleague	1.69	3.68	3.4	3.51
Client	1.61	0.0	2.29	0.0
Teacher	1.29	1.67	0	0.74
Police	25.29	35.42	50.2	30.87
Health facility	13.44	14.82	76.47	16.93
Helpline	2.66	1.64	1.93	2.23
Social worker	5.04	5.95	0.86	5.35
Non-governmental agency	1.09	1.73	3.71	1.39
Neighbour	12.97	17.53	7.8	17.1
Religious leaders	3.0	3.6	1.84	3.86
Online platforms (Facebook, etc.)	1.65	0.0	1.01	0.0
Other	3.92	4.25	5.59	5.53

TABLE 9: Perpetrator and help sought by the victim for the four most prevalent types of GBV as per the most recent event the respondents were aware of (per cent)

Indicator	Sexual harassment, e.g. inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/ kisses, intrusive	Slapped, hit, kicked, thrown things, or done anything else to physically hurt the person	Make the person "have sex when s/he did not want to" and "do something sexual that s/he did not want to do"	Emotionally hurting someone through verbal abuse, etc.
Who was the perpetrator?				
Spouse/partner	12.2	19.6	9.2	12.0
Other family member	13.3	11.4	25.1	9.9
Friend	26.5	22.7	13.6	29.9
Boss	8.4	0.9	1.3	3.2
Colleague	8.5	5.9	3.9	6.8
Client	5.7	2.6	2.5	3.6
Teacher	2.5	0.7	2.8	2.3
Neighbour	32.0	33.7	33.7	32.2
Health worker	2.3	0.0	1.0	1.5
Community leader	2.6	0.9	1.0	1.4
Religious leader	0.5	1.7	1.0	0.7
Security agent	4.1	4.2	2.7	4.1
Other community member	39.7	29.2	25.1	25.6
Other	7.3	3.5	9.3	14.5
If they did seek help, where did they go for help				
Family member	9.54	8.66	12.92	10.7
Friend	15.04	12.22	9.44	18.13
Women's Affairs office	11.9	13.43	12.39	9.7
Colleague	1.69	3.68	3.4	3.51
Client	1.61	0.0	2.29	0.0
Teacher	1.29	1.67	0.0	0.74
Police	25.29	35.42	50.2	30.87
Health facility	13.44	14.82	76.47	16.93
Helpline	2.66	1.64	1.93	2.23
Social worker	5.04	5.95	0.86	5.35
Non-governmental agency	1.09	1.73	3.71	1.39
Neighbour	12.97	17.53	7.8	17.1
Religious leaders	3.0	3.6	1.84	3.86
Online platforms (Facebook, etc.)	1.65	0.0	1.01	0.0
Other	3.92	4.25	5.59	5.53

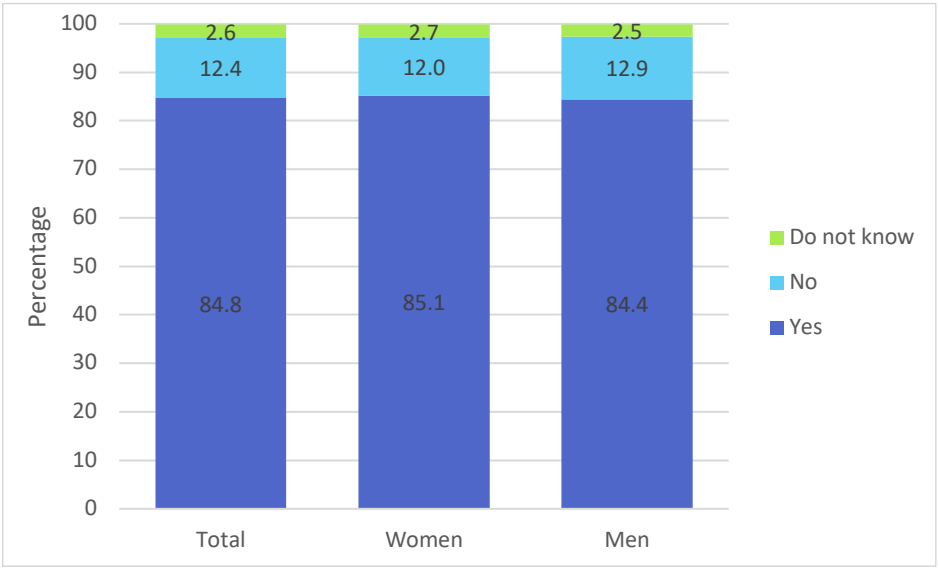

FIGURE 42: Perception about whether the respondent or someone they know would seek help if they experienced gender-based violence or harmful practices, by the sex of the respondent

Approximately 85% of the respondents, regardless of sex, felt that they or someone they know would seek help if they experienced gender-based violence, with no significant differences between women and men. This is an interesting set of perceptions, as questions related to the known victim of GBV and help-seeking behavior indicated to a much lower probability for this to happen. The survey also collected details from all respondents about their knowledge about where assistance is available as well as the kinds of support and interventions they feel are needed. This is summarized in the table on the next page. A disaggregated analysis of the same questions by age group and location are in Annexure 2. This can be used to design more targeted intervention programs aimed at reducing GBV in Ethiopia.

According to Table 10, the kinds of GBV support most required are:

- Medical support
- Legal support
- Financial support
- Psycho-social support

There were no significant differences between women and men with regard to the priority support items that are needed.

TABLE 10: Source of help and kind of support required if respondent becomes a GBV victim, by sex (per cent)

Source of help when respondent of someone else was exposed to gender-based violence	**Total**	**Women**	**Men**
Call for access to friendly spaces for children in the community	15.9	16.1	15.7
Seek support from family	44.3	45.4	43.2
Seek religious leader	21.4	20.3	22.4
Access to centres for women/men	22.7	**25.1**	**20.3**
Approach community leaders	28.5	**25.9**	**31.2**
Talk with friends	37.3	37.6	37.0
Call helpline	25.7	25.5	26.0
Call/go to police	81.6	80.3	83.0
Go to health facility	51.9	50.2	53.7
Seeking support from civil society/NGOs	17.6	**15.9**	**19.3**
Other, specify	0.5	0.2	0.7
Do not know	4.4	4.4	4.3
Refused	0.1	0.2	0.1
	2,411.0	1,169.0	1,242.0
Support needed			
Information about security/crime prevention, referral linkages	35.4	33.7	37.1
Practical help such as shelter/food/clothing	39.7	39.6	39.9
Someone to talk to	39.9	40.4	39.3
Psycho-social support	56.8	56.9	56.6
Help with insurance/compensation claim	34.4	34.4	34.3
Protection from further victimization/harassment	37.5	38.6	36.4
Help in reporting the incident/dealing with the police	46.4	46.9	46.0
Medical support	68.6	68.3	68.8
Financial support	54.0	53.0	54.9
Legal support	68.8	70.1	67.5
Comprehensive, one stop services where the victim can get all support	36.0	37.3	34.6
Other	3.3	**2.4**	**4.3**
Do not know	1.6	1.6	1.6
Refused	0.2	0.2	0.2
Total	2,411.0	1,169.0	1,242.0

5. CONCLUSIONS AND RECOMMENDATIONS

A state of emergency was declared by the prime minister in April after the first case of COVID_19 was diagnosed in March. This led to the introduction of various measures, such as movement controls and school closures to contain the spread of the virus. Since the expiry of the state of emergency in September, various parts of the economy and schools have been allowed to gradually reopen. Approximately 30% of the schools were reopened in October/ early November, but schools in Addis Ababa remain closed.

UNWomen, in partnership with the Office of the High Commissioner of Human Rights (OHCHR), executed a Computer-assisted Telephone Interview (CATI) survey aimed at producing gender- and sex-disaggregated data on the impacts of COVID-19 on women and men in Ethiopia. IPSOS executed the data collection for the survey between September 10 and November 7. The expected outcome of the project is that the evidence collected will ensure that the national response, advocacy, recovery and resilience plans and institutional interventions will be gender responsive by basing it on the evidence collected through this survey.

Socio-economic impacts of the pandemic

Conclusions

A quarter of the Ethiopian population aged 15 years and older was estimated to live in extreme poverty before COVID-19, with estimates for 2020 at 25.7% for women and 26.4% for men. The findings of the survey suggest that the movement restrictions associated with the state of emergency and other social distancing measures significantly changed the economic activities of most of the respondents. The most important findings regarding economic activities include:

1) Approximately seven out of ten respondents (with similar distributions for men and women) indicated that their economic activities were impacted by COVID-19.

2) Prior to the pandemic, the most common economic activity for women (38.2%) and men (45.1%) was working for a person/company/government/household or other entity for pay. Since the onset of COVID-19, the percentage of women involved in this sector declined by 8.8 percentage points and for men by 9.8 percentage points.

3) The second biggest occupation for men (19.4%) and women (14.8%) before the pandemic was the category ‘Own business/freelancer with no other employees’. This sector experienced growth after COVID-19 started, whilst the third biggest sector prior to COVID-19 – ‘Own business/freelancer with employees’ – declined.

4) About eight out of ten women and men who were working for a person/company/government/household or other entity for pay, remained in this category of employment after COVID-19. The rest transitioned into freelancing, unemployment and being not employed.

5) The number of paid economic activities an individual is involved in also declined during the pandemic. Previously, 13.1% of men and 29.2% of women were not involved in paid economic activities – this increased after the pandemic to 21.1% for men and 36.9% for women. There was also a decline in the number of individuals involved in two or more activities.

6) Women and men respondents were equally likely to live in households where job losses occurred. Older respondents and those living in urban areas were less likely than younger and semi-urban and rural-based respondents to live in households where at least one household member lost their job.

The survey findings confirm that the economic consequences of the state of emergency and movement control measures impacted both on the individual incomes of most women and men as well as the combined incomes of their households. Women and men were nearly equally affected by declines in personal incomes, as approximately six out of ten individuals experienced individual declines and seven out of ten reported declines in the combined household incomes. Men 55 years and older were less likely than younger men to experience declines in personal income.

Declines in personal and household incomes forced many individuals to fall back onto familial and other social support networks. A third of the respondents indicated that they currently provide financial and in-kind support to other family members not supported prior to COVID19. Men (38.3%) were significantly more likely than the women (27.9%) to report providing this kind of assistance and were also more likely to support greater numbers of people.

Even though many of the respondents indicated that they were providing support to others that were previously not supported, there were also many who said that they were receiving such support from others. Around six out of ten women and men interviewed, reported that they did not previously receive support from friends or relatives, but have been doing so since the start of the pandemic. Some who used to be supported lost the support: 20% of women and 23% of men reported that they used to get support from others, but no longer do. Others continue to get support but receive fewer resources.

Of the women included in the study, 10.4% were statistically significantly less likely than men (13,8%) to have received any COVID19 related social protection grants or in-kind support from Government. The assistance received most commonly by both sexes was the receipt of supplies to prevent COVID-19.

Men (44%) were more likely than women (38.9%) to say that decisions about money are made jointly. However, men (54.7%) were statistically significantly more likely than women (45.5%) to have money over which they alone can decide when and how to use it.

Older women were more likely than younger women to have such decision-making/control over money, whilst no clear age-related patterns emerged for men.

Recommendations

It is evident that the COVID-19 pandemic and associated containment measures have increased the economic vulnerability of women, men and households. Ethiopia and efforts aimed at women's economic empowerment should continue. The potential use of technology in economic activities need to be further harnessed to reduce the gaps between women and men in the economic sphere.

Efforts aimed at strengthening the implementation of strategies aimed at increasing access to productive resources such as land, financial resources and loans for informal and small businesses need to continue. More emphasis should be placed on breaking down gender stereotyping that is currently reducing women's participation in the formal and informal sector. Economic recovery will be most effective and have the widest impact if women become the co-drivers of that process. Targeted food and cash transfers to the most vulnerable households as part of social protection programs will provide some short-term relief to both women and men.

Agriculture and food security

Conclusions

Only a small percentage of respondents indicated that their households were involved in crop or livestock production. There were significant differences between men (26%) and women (12%) regarding their involvement in agriculture. Four in 10 agricultural producers indicated that they had problems with the input supplies during COVID-19. Men (44.8%) involved in agriculture were significantly more likely than the women (38.7%) to indicate that the availability of their agricultural inputs declined during COVID-19. Only 36.5% of women and men living in rural areas had a problem with their input supplies, while men living in urban (44.4%) and semi-urban (59.9%) areas were more likely to have problems than their rural counterparts. This may be attributed to restrictions in inter-regional movement that were put in place during the state of emergency.

Movement restrictions not only caused disruptions in the movement of seeds and other agricultural inputs, but also of food. This, coupled with other problems such as the floods and locusts, caused market disruptions which led to increases in food prices. Nearly nine out of ten respondents indicated that the prices of the food they normally buy increased during COVID19. Women and men were equally likely to experience problems with increases in food prices, but those living in rural areas were the least likely to say that food prices increased.

Recommendations

Too few of the respondents in the study were involved in agriculture to make conclusive recommendations for post-COVID-19 recovery programs. However, it may be necessary to do an impact evaluation on agricultural production to ascertain whether ongoing harvests and harvests of the March 2021 cycle have been impacted by the shortages in input supplies reported in the study.

Education

Conclusions

The education questions focused on girls and boys aged 7 to 14 years. Most of the data on education was already collected before the reopening of schools were announced in late October.

An analysis of the mechanisms used by girls and boys to study from home during COVID-19-related school closures, did not show significant differences between boys and girls, but large fault-lines by place of residence. Children in rural areas (44%) were the least likely to have any measures in place to continue learning during this period. This is significantly higher than those indicating the absence of measures in semi-urban (29%) and urban areas (25%). Children living in urban and semi-urban areas were most likely to continue learning from the television (38%) and print media in semi-urban (39%) and urban areas (34%). Only 13% of rural children made use of television to continue learning during this time.

Generally a lack of electricity/source of lighting (40%), limited access to the internet (30%), and limited access to printed materials (26%) were the primary concerns of learners during this time. There were no significant differences between boys and girls, except for access to printed learning materials for which girls (27%) were more likely to experience access problems than boys (20%).

Recommendations

Even though some children continued learning, the disruptions across the education system will continue to be felt during the coming years. There will definitely be a big gap to fill, especially in providing catch-up support to children in rural settings and those from disadvantaged families. It is not clear why girls were less likely to have access to printed materials for continued learning. This needs to be investigated further and measures should be put in place to mitigate it.

Even though the study did not specifically measure the incidence of teenage pregnancy, anecdotal evidence suggests that this may have increased during the pandemic. Special programs aimed at ensuring that affected girls are re-absorbed into the education system to continue their learning should be made.

Unpaid care work

Conclusions

Prior to COVID-19, women overwhelmingly carried the brunt of the unpaid domestic and care work. The only care areas for which women and men had similar profiles prior to the pandemic were for the care category ‘Affective/emotional support for adult family members’.

This situation changed during COVID-19, as both women and men reported increases in the amount of time they were spending on unpaid domestic and care work. The data shows that women (52%) reported a significantly higher increased burden than men (39%) in tasks associated with unpaid domestic work, taking three or more activities into consideration during COVID-19.

With regard to unpaid care work (for children and older persons), men were more likely than women to have experienced increases in their care burden during COVID-19. These differences are, however, unlikely to be statistically significant.

Women were significantly more likely than men to indicate that they have been receiving more help with unpaid domestic care work since the onset of COVID-19.

Recommendations

It is quite significant that the support received by women from their partners and other household members for unpaid domestic and care work increased during the pandemic, and that nearly half of the men reported spending more time on unpaid domestic and care work. This could be the seed for more targeted campaigns to build on this positive fall-out of the movement restrictions to further encourage men, girls and boys to maintain the momentum and help reduce women's unpaid domestic and care work burden.

Sources of and access to information about COVID-19

Conclusions

Nearly all the respondents received information about COVID-19 prior to the survey. Nine out of ten got their information from news media such as the radio, television and newspapers. The second most used source of information was the internet and social media. Men (48.7%) were statistically significantly more likely than women (39%) to use this information source.

Recommendations

The way women and men sourced information during the pandemic reflects the general gap in ICT use between women and men. Efforts to bridge this gap across all spheres of life need to be strengthened and expanded.

Physical and mental well-being and access to healthcare services

Conclusions

Around two in 10 respondents indicated that they or other members of their household were ill since the start of COVID-19. The question referred to illness in general, which could have included COVID-19-related as well as other non-related illnesses.

The pandemic, its associated movement and social distancing restrictions as well as the economic consequences have placed a lot of strain on individuals and households. Six out of ten respondents have indicated that they have experienced mental and emotional strain during the pandemic. Women (63.5%) were statistically more likely than men (57.1%) to report that their mental and emotional health has been affected negatively by the pandemic and its consequences. When asked about other members of their households, the patterns were similar, with women (61.2%) being more likely than men (54.4%) to answer in the affirmative.

Concerns about contracting COVID-19 (58.6%) and economic concerns (50.3%) were flagged as the most important reasons for stress and anxiety. Even though it was not specifically

asked, the fact that very few respondents benefit from health insurance coverage (women at 14,4% and men at 23%), may be contributing factors towards anxiety and stress related to becoming sick with COVID-19.

The anticipated disruption of healthcare services by the pandemic is not reflected by the data. Approximately five in ten respondents indicated that they did not need healthcare services during the pandemic, whilst four out of ten reported that they needed healthcare services and were able to access it. There were no significant differences between women and men.

A more detailed exploration of healthcare services that the respondents tried to access, but could not access shows that access to general healthcare services (non-chronic and non-maternal and child healthcare services) was a problem for approximately three out of ten of the respondents, with problems accessing healthcare services being reported by more men (40.6%) than women (22.1%) to flag this problem.

Even though problems related to child healthcare services were flagged by only 18.6% of respondents with limited access, it was a problem overwhelmingly more likely to be experienced by women (34.1%) than men (18.6%).

Recommendations

Even though the study did not identify a significant disruption in healthcare services from a citizen perspective, there is a need for further exploration especially on how immunization services were impacted by the pandemic. A survey with a relatively small sample size such as this one cannot effectively measure disruptions in healthcare provision to niche sub-populations such as, for example, mothers with children younger than five years.

Feelings of safety and security

Conclusions

Three in ten respondents felt less safe to violence or threats of violence during the pandemic than before. Women (40%) living in semi-urban areas were significantly more likely than respondents in all other age and location cohorts to feel unsafe.

The definition of discrimination used in the study was ‘anything that happens that makes you feel that you were treated less favorably compared to others or harassed because of your sex, age, disability, socio-economic status, or any other characteristic’. Eight percent of the respondents indicated that they experienced discrimination during the pandemic with no significant differences between women and men and the different age cohorts. Approximately six out of ten respondents felt that the levels of discrimination in the area where they lived remained unchanged during the pandemic. A further 26% indicated that it has decreased and 14% that it has increased. There were no statistically significant differences between women and men, but women and men aged 55 and older were more likely than the 18–34 age cohort to feel that discrimination has decreased during the pandemic.

Three out of ten respondents felt less safe in their homes during the pandemic than before the pandemic, with no significant differences between women and men. The primary reason for feeling unsafe were concerns regarding the transmission of the disease due to especially

the movement of children in high-density neighbourhoods. Approximately a quarter of those who indicated that they feel less safe, said that they have worries about the increase in crime.

Recommendations

There has been some increase in feelings of unsafety to violence or threats of violence during the pandemic than before. Women living in semi-urban areas appear to be more vulnerable than other groups. This needs further investigation using police and other records so that location-specific advocacy and communication programs can be developed.

Gender-based violence

Conclusions

Gender-based violence is complex and difficult to measure. Given the dynamics of remote interviewing using CATI, the GBV questions mostly focused on perceptions or on an account of GBV experiences of someone that is known to the respondent rather than the respondent's own experience.

Women (69.2%) were significantly more likely than men (56.2%) to feel that GBV is a big problem in Ethiopia, with similar percentages thinking that it has increased during COVID19. Women and men in urban and semi-urban settings were more likely than rural women and men to think it is a problem as well as that it has increased during the pandemic.

There were also significant differences in the responses between women and men with regard to the frequency of GBV: 56.5% of women compared to 41.8% of men thought that it happens very often. A further 49.7% of men and 36.5% of women indicated that it only happens sometimes.

Approximately six out of ten respondents indicated that they do not personally know anyone who has been a victim of such an incidence since the onset of COVID-19. Sexual harassment, emotional abuse, physical abuse and forced sex were the four most common types of GBV that they were aware of. The respondents were also asked to identify what was the most recent case they are aware of, with follow-up questions on the identity of the perpetrator and whether the victim sought assistance. Most perpetrators were known to the victim. These include: neighbours (30%), other community members (30%) and friends (24%) who were the most frequently mentioned perpetrators of GBV. Around 15% of the respondents identified another family member as the perpetrator, with women (18.3%) significantly more likely than men (11.8%) to indicate that another family member was responsible. Nineteen percent of the respondents did not know whether the victim approached someone for help. A quarter of the respondents indicated that the victims did not seek help, while a further 30% went to the police.

The study also included detailed findings on the profiles of perpetrators for the four most commonly listed types of GBV as well as help-seeking behaviors of the victims, as well as the sources of help the respondents are most likely to use should they become victims.

Recommendations

GBV is perceived to be a widespread and frequent problem by most women in Ethiopia. Even though the study steered clear of trying to measure direct victimisation, perceptions about the seriousness of GBV as well as third-party reported incidence suggest that this needs continued programmatic support and interventions aimed at increasing advocacy, access to helplines and providing shelters as well as economic alternatives to particularly women affected by violence.