

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

FEBRUARY 2021

ESA REGIONAL RGA CATI SURVEYS

Target population:

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

Instruments:

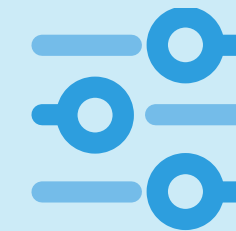
Set of questions was split into two questionnaires - 15-minute interview time limit per questionnaire and to minimize respondent fatigue:

1. Quest 1, covering demographics, economic activities, agriculture and education
2. Quest 2, which includes demographics, contextual questions related to GBV such as changes in economic activities and income, health, human rights, safety and security and GBV. The total interview length for each of the questionnaires was approx. 15 minutes.



DESIGN

Standardized across the region



SAMPLE

2400 women and men



REPRESENTATIVITY

Representative by hard quotas (age, sex); soft quotas (province/region/urban/rural/socio-economic).

ESA REGIONAL RGA CATI SURVEYS

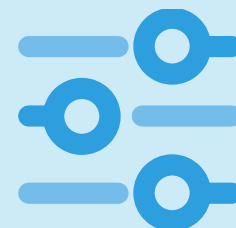
- Fieldwork implementation RDD sample skewed toward the more urban, men and younger respondents. Reflects the structure of mobile phone users.
- Quotas that reflect the demographic structure of the population is therefore very important.
- Fieldwork implementation slow and difficult after the first three weeks some quotas near to filled, others required considerable number of interviews to be conducted.
- Other available sampling frames were engaged to compile with agreed nationally representative quotas.
- Studies were done in partnership with various agencies; UNFPA partnered with UNWomen in most countries in addition to other partners.

RDD



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

AVAILABLE DATA BASE



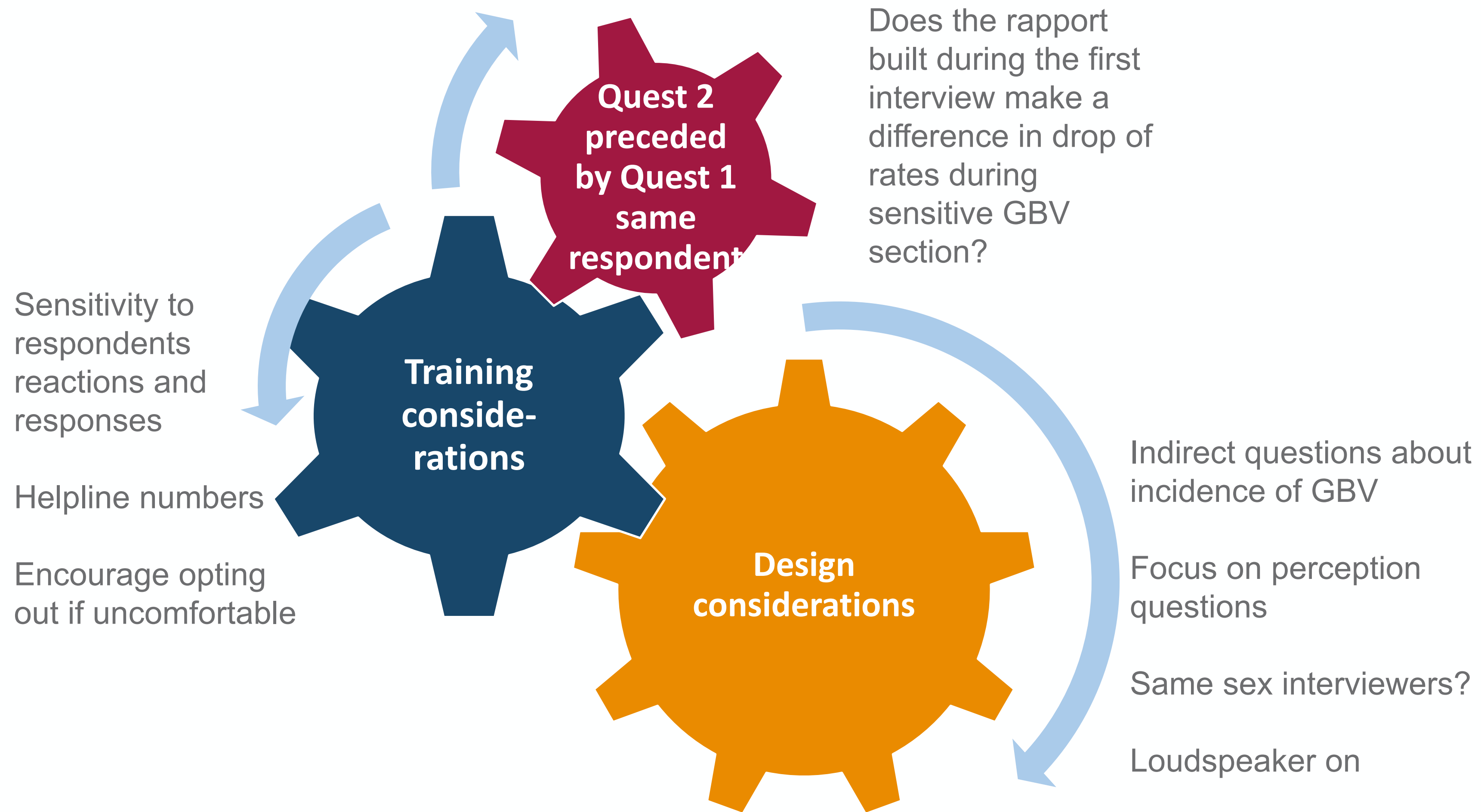
Previously compiled database with basic identifiers of age and sex.

OUTCOME



Blended sample

SPECIAL MEASURES TESTED AROUND GBV IN ETHIOPIA



Consider local social cultural context

Carefully look at potential issues around translations

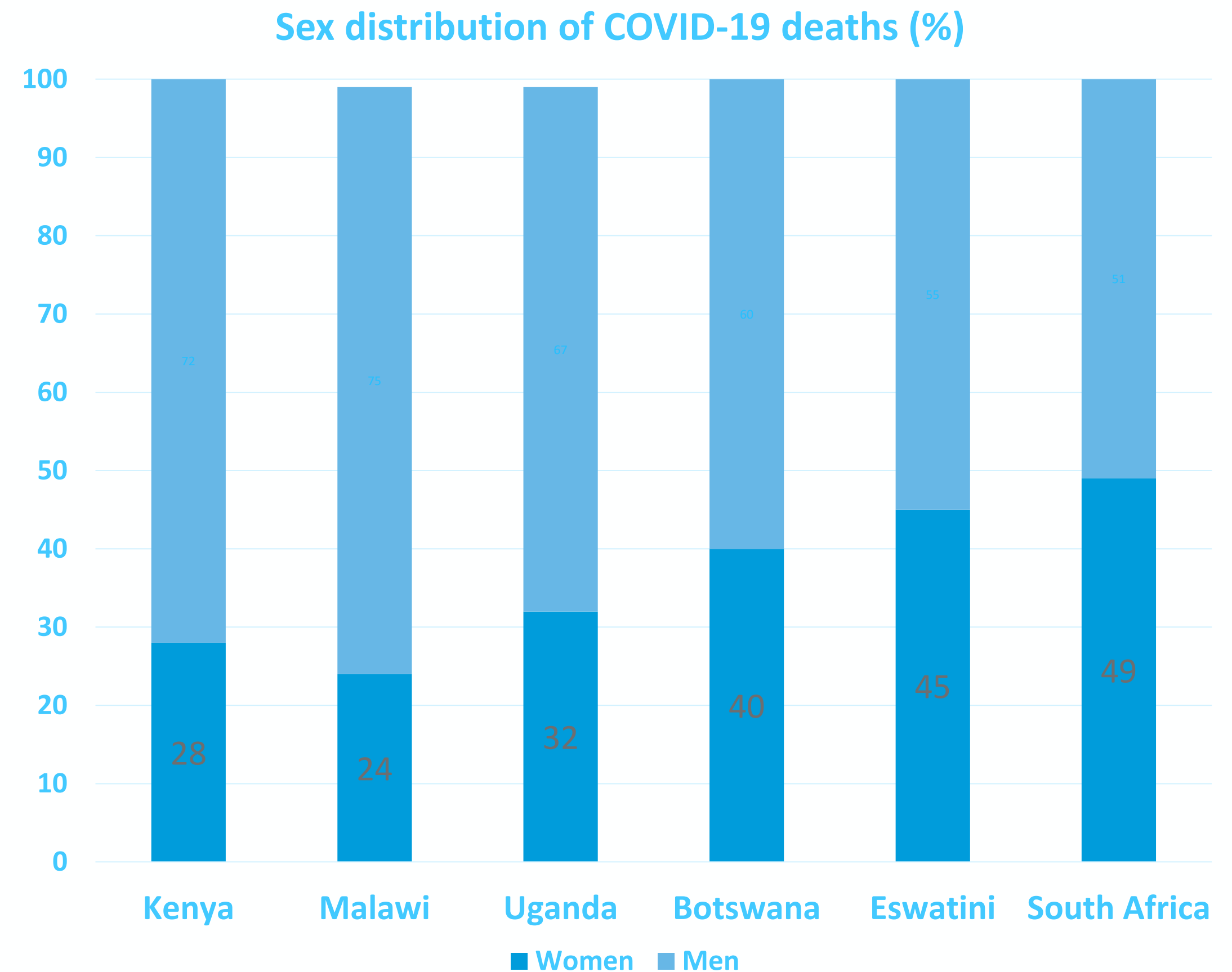
CATI surveys in Africa will always exclude those who do not access to voice mobile phone services

Stronger alignment and synergies in data strategy, use, and policymaking required.

DEMOGRAPHIC CONSIDERATIONS

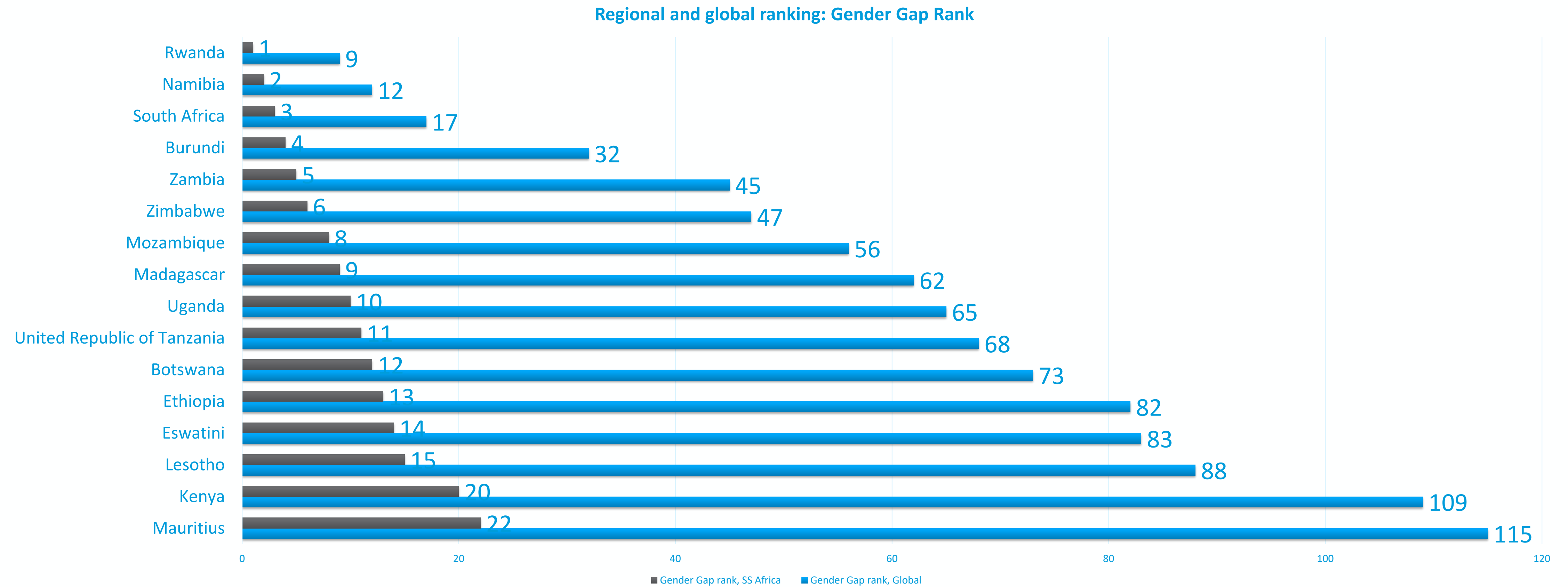
Health, mortality and economic impacts that may express themselves demographically:

- 1) Age structure of population in ESA (protective, but in countries like SA may change due to high mortalities)
- 2) Fertility rates: out of school pregnancies and restricted access to family planning services
- 3) Mortality and morbidity rates (deaths attributed to COVID-19 and excess deaths)
- 4) Impacts on migration and refugees (Women in refugee camps have additional vulnerabilities; men migrate but women left behind suffer particular challenges in many societies)



GOVERNANCE CONSIDERATIONS 1 – pre-pandemic

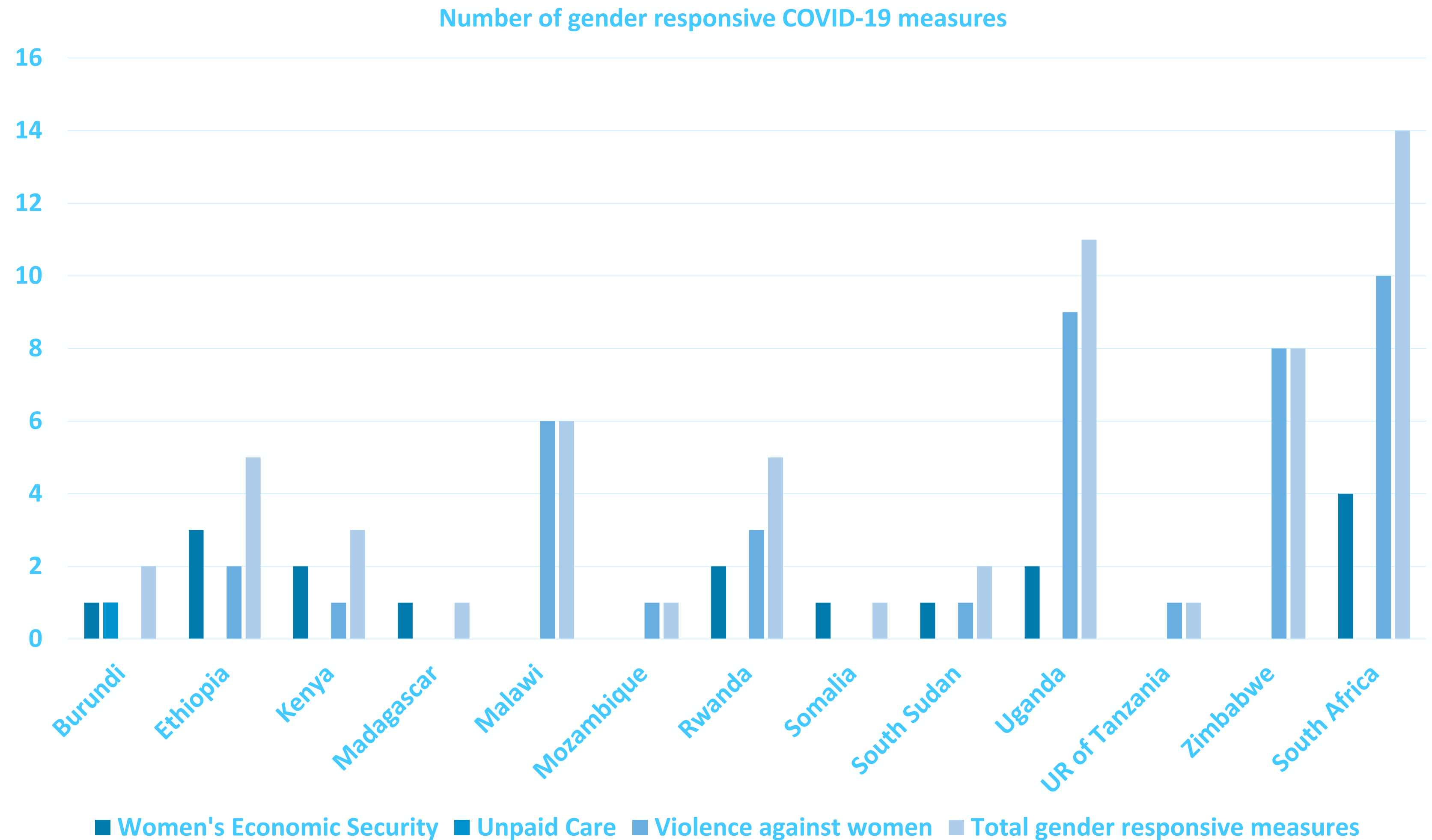
GENDER SENSITIVE LEGAL AND REGULATORY FRAMEWORKS, WOMEN'S GENDER GAP RANK ACCORDING TO THE WORLD ECONOMIC FORUM. REGIONAL (SUB-SAHARAN AFRICA) AND GLOBAL (OUT OF 153 COUNTRIES)
 Source: World Economic Forum (2020) Global Gender Gap Report.



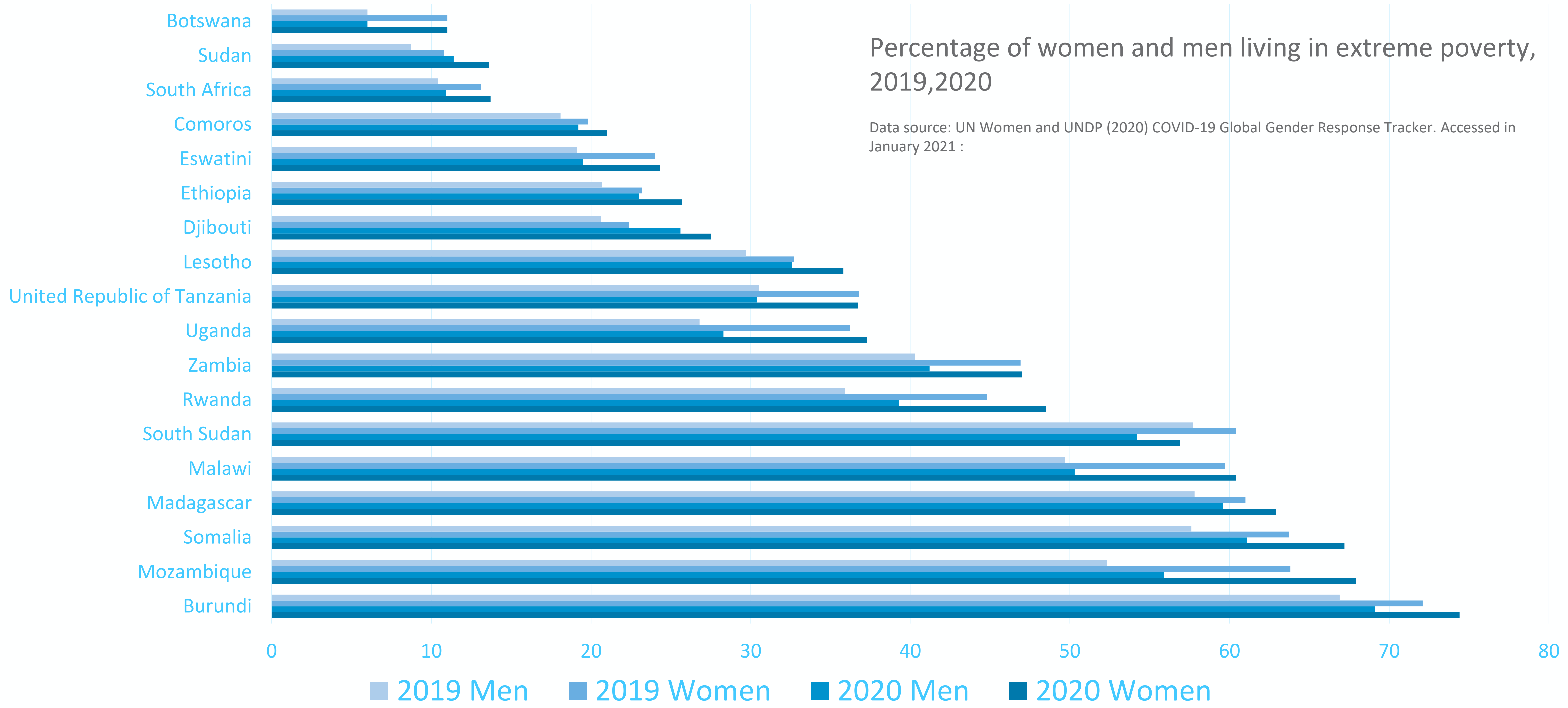
GOVERNANCE CONSIDERATIONS 2 – during the pandemic

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

• Data source: UN Women and UNDP (2020) COVID-19 Global Gender Response Tracker. Accessed in January 2021.



SOCIO-ECONOMIC CONSIDERATIONS – prior to COVID-19

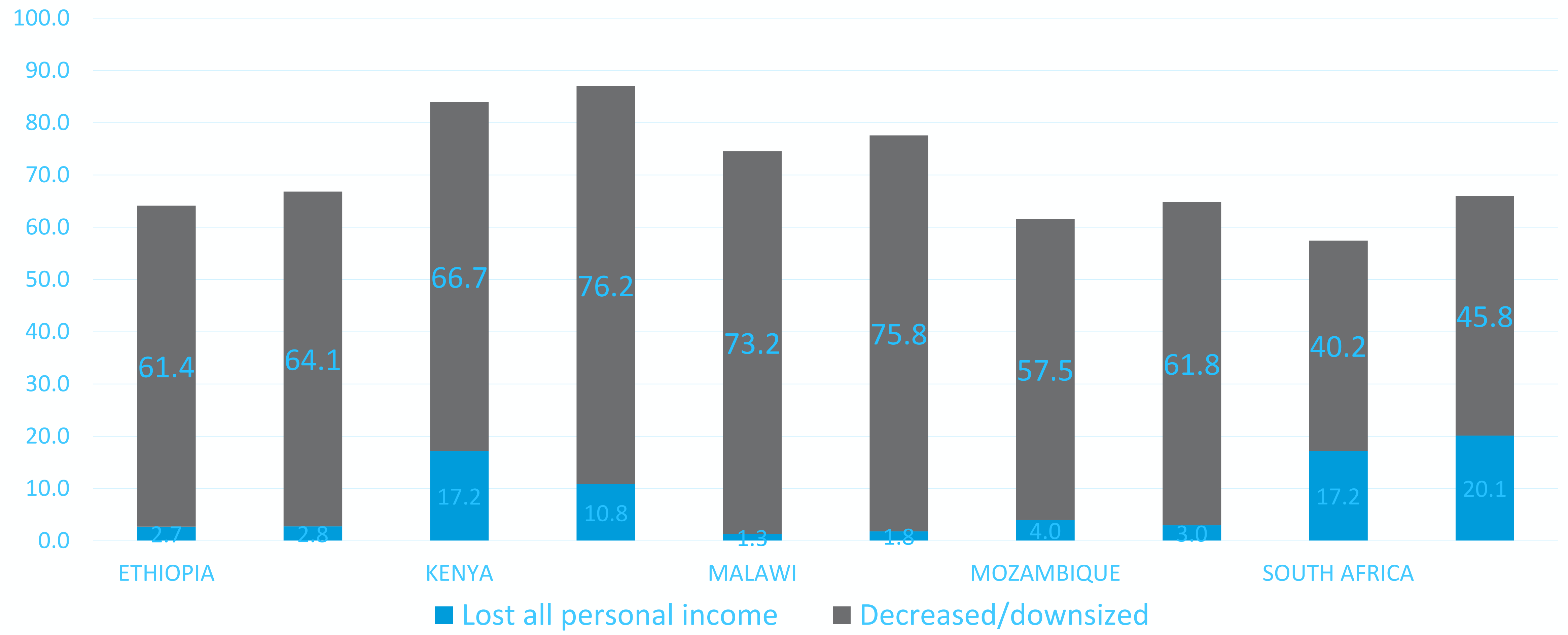


SOCIO-ECONOMIC CONSIDERATIONS – during COVID-19

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

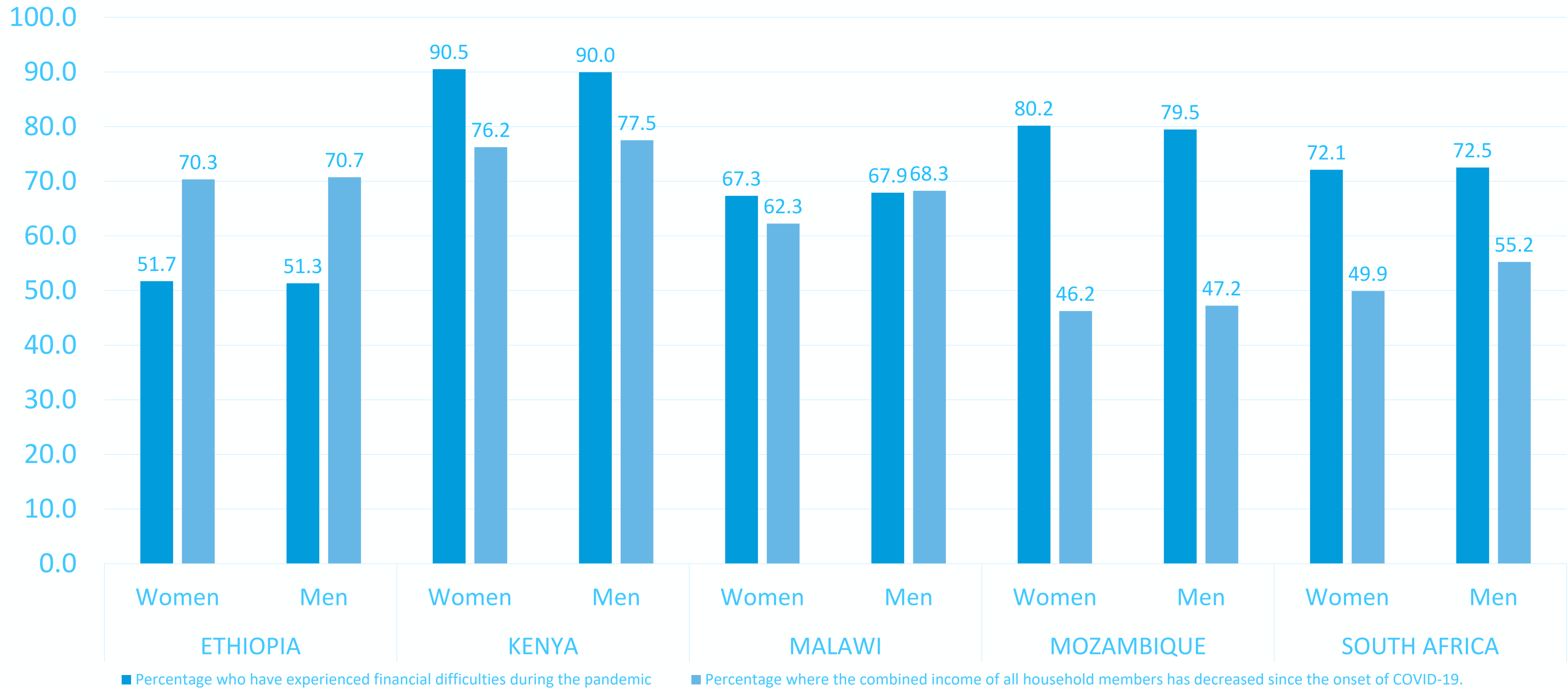
SOCIO-ECONOMIC CONSIDERATIONS – during COVID-19

Changes in personal incomes during COVID-19

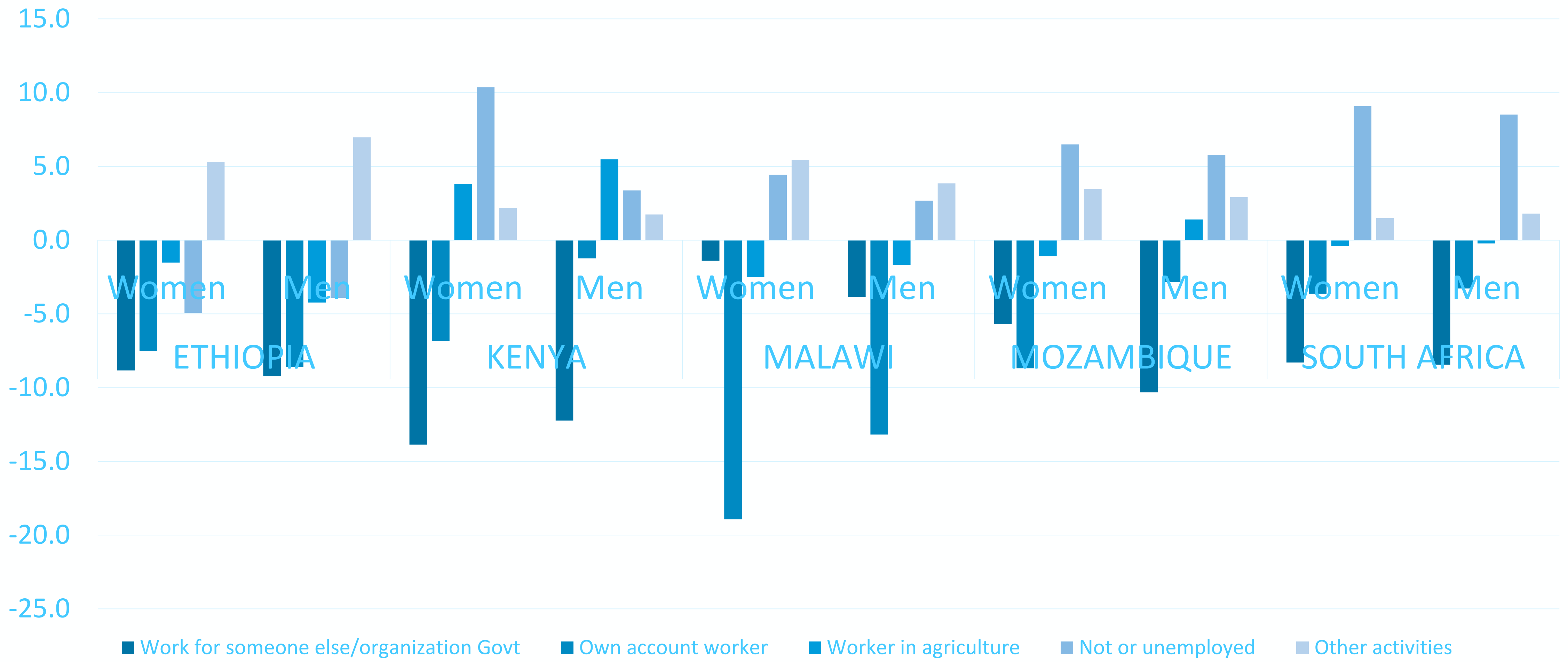


SOCIO-ECONOMIC CONSIDERATIONS – during COVID-19

Financial difficulties and decreases in combined household incomes



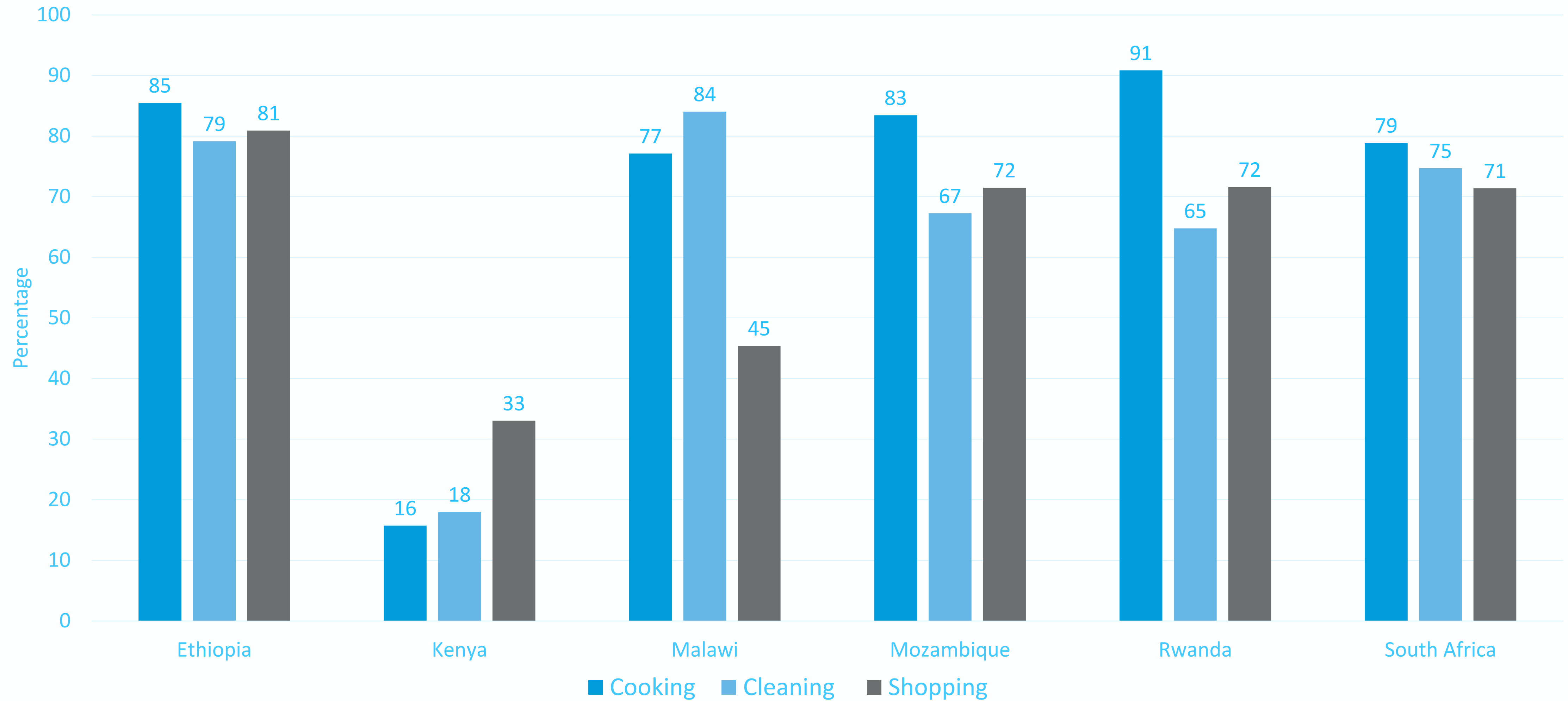
ECONOMIC CONSIDERATIONS – during COVID-19



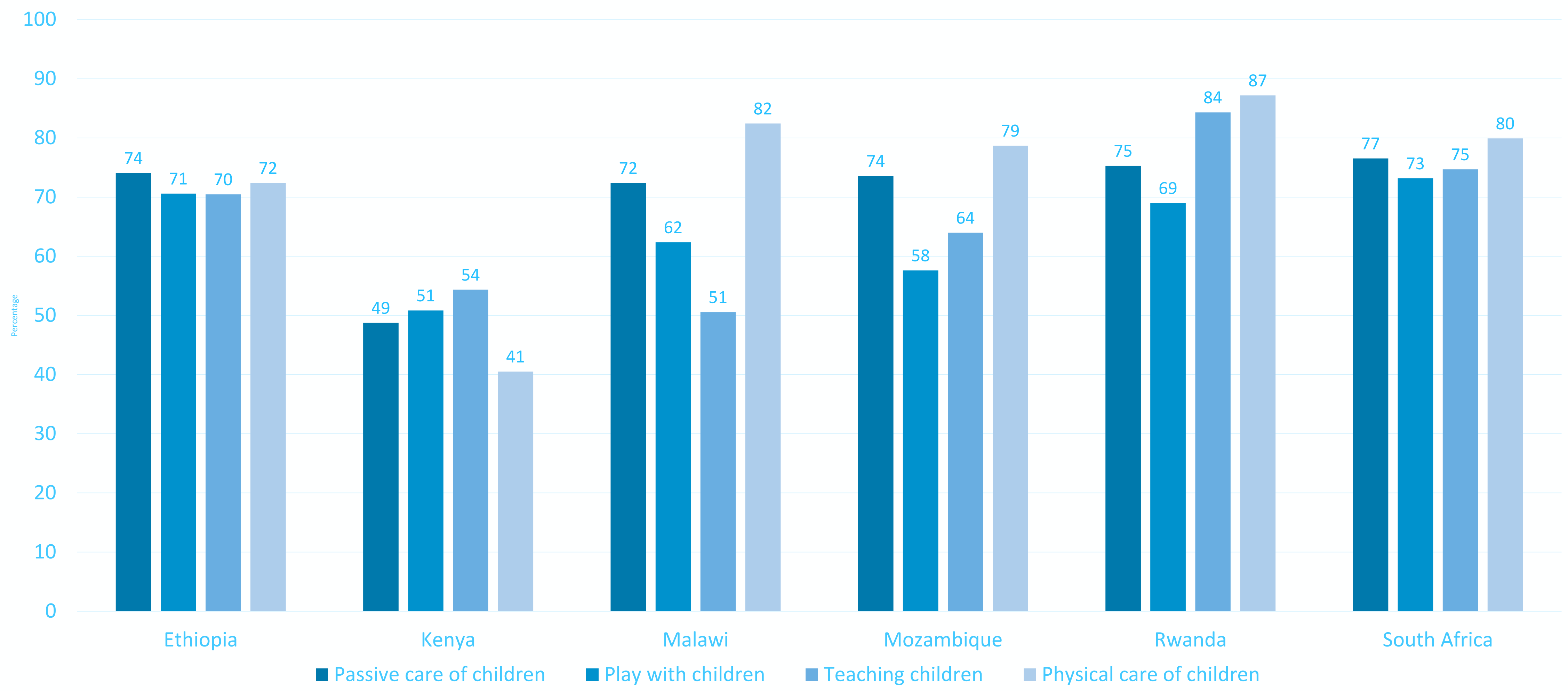
Why is this important?

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

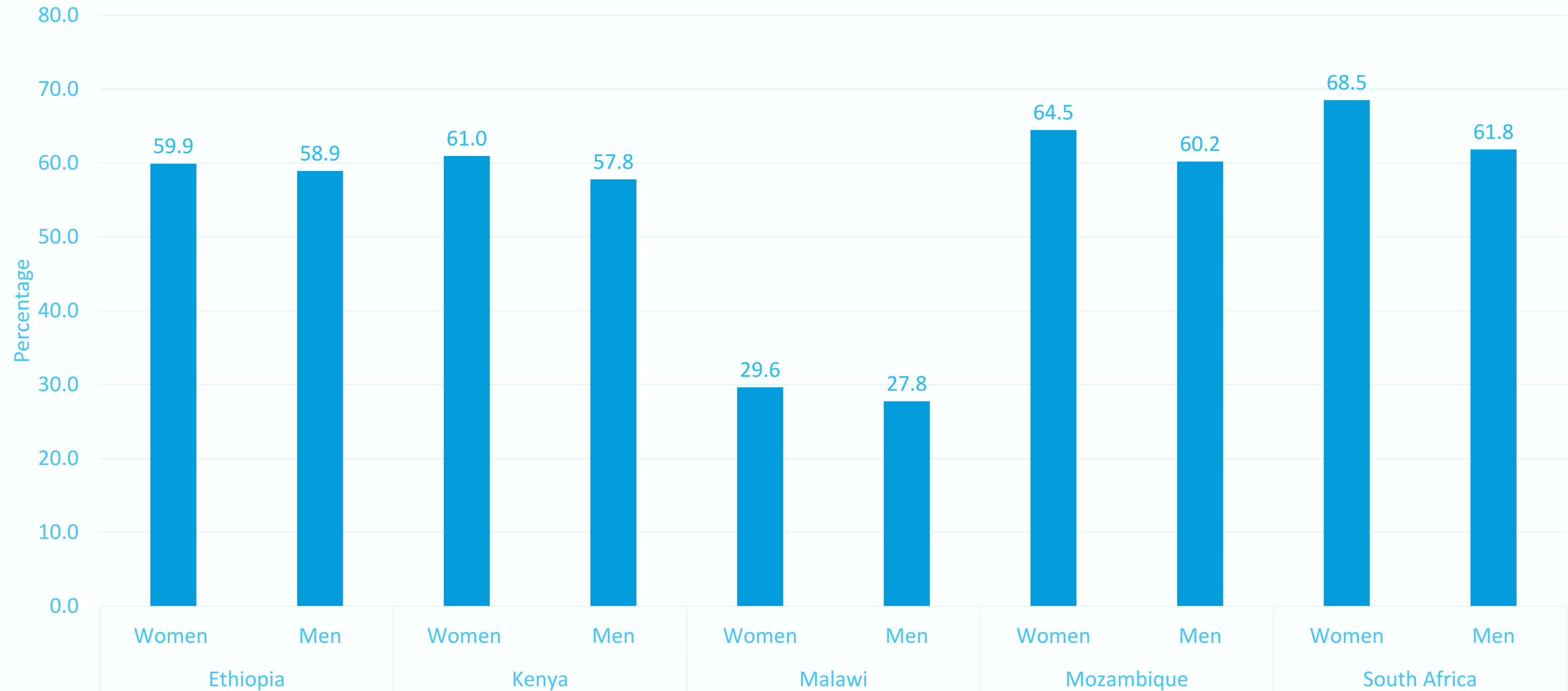
TIME USE (unpaid domestic and care work) – prior to the pandemic (% women primarily responsible)



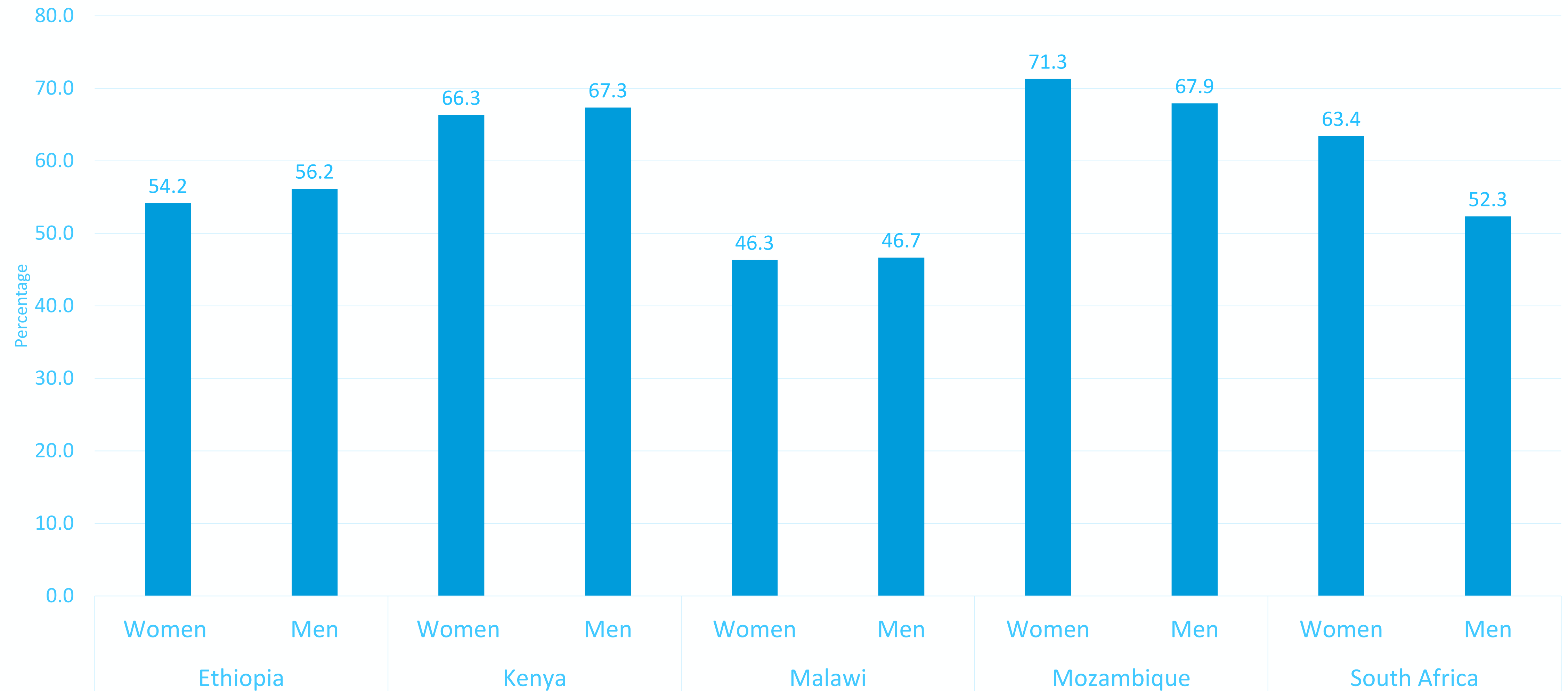
TIME USE (unpaid domestic and care work) – prior to the pandemic (% women primarily responsible)



Time spent on unpaid domestic work increased – during COVID-19



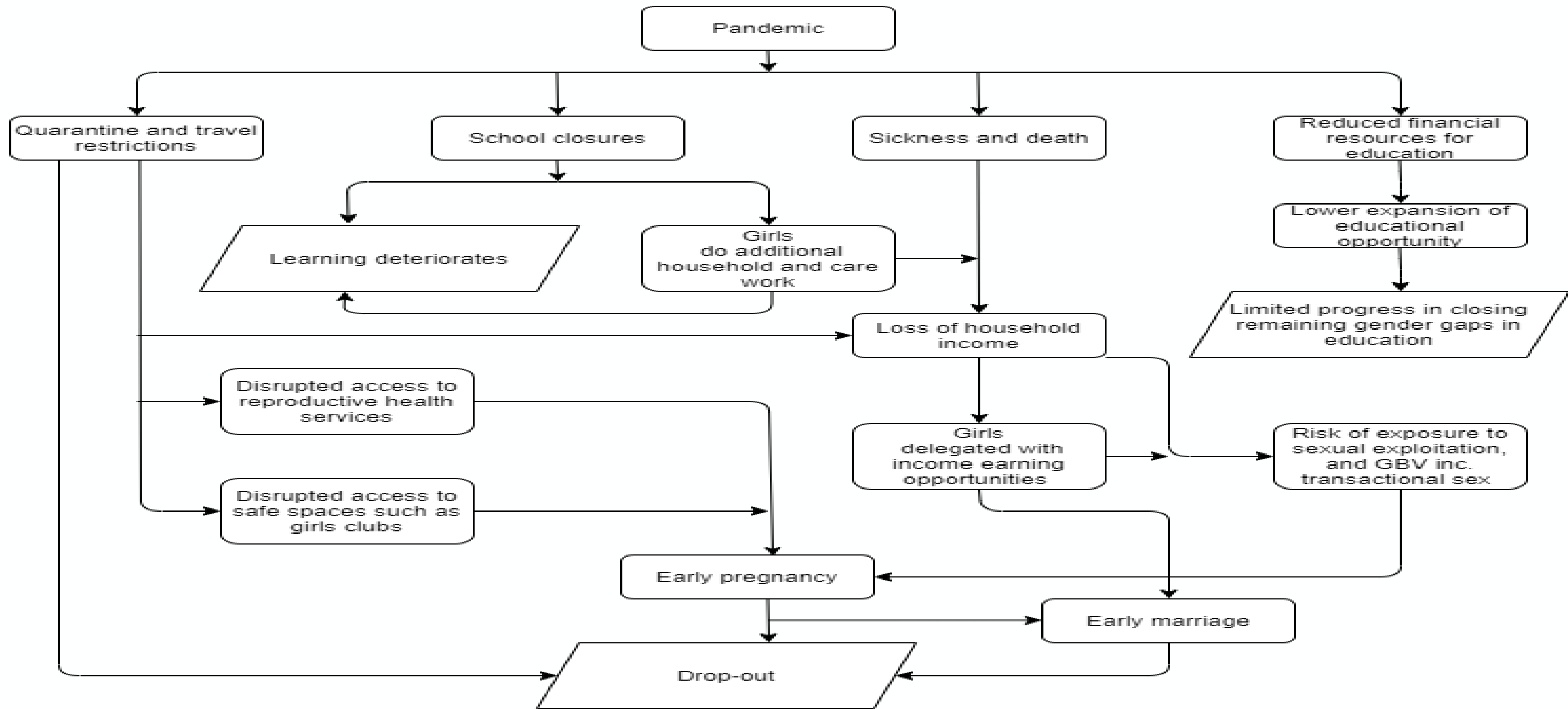
Time spent on unpaid care work increased – during COVID-19



MAIN TIME USE RECOMMENDATIONS

- i) The gender machinery in each country need to increase efforts to advocate for greater visibility and inclusion of issues around time use and informal economic activities in policy responses.
 - ii) Policy responses to ease women's unpaid domestic and care work will allow women to focus on productive activities.
 - iii) Subsidised child-care is one of the mechanisms that can ease women's transition into the labour market
- i) It remains important to continue to recognize, reduce and redistribute the unpaid domestic and care activities that primarily fall upon women.
 - ii) The pandemic has shown that when circumstances dictate, men in the East and Southern Africa region do pitch in to assist with unpaid domestic and care work. It is important that through advocacy efforts this momentum be maintained to increasingly make it socially acceptable, as well expected from men in the region to share these tasks with women.

EDUCATION PATHWAYS OF POTENTIAL IMPACTS ON GIRLS OF THE PANDEMIC



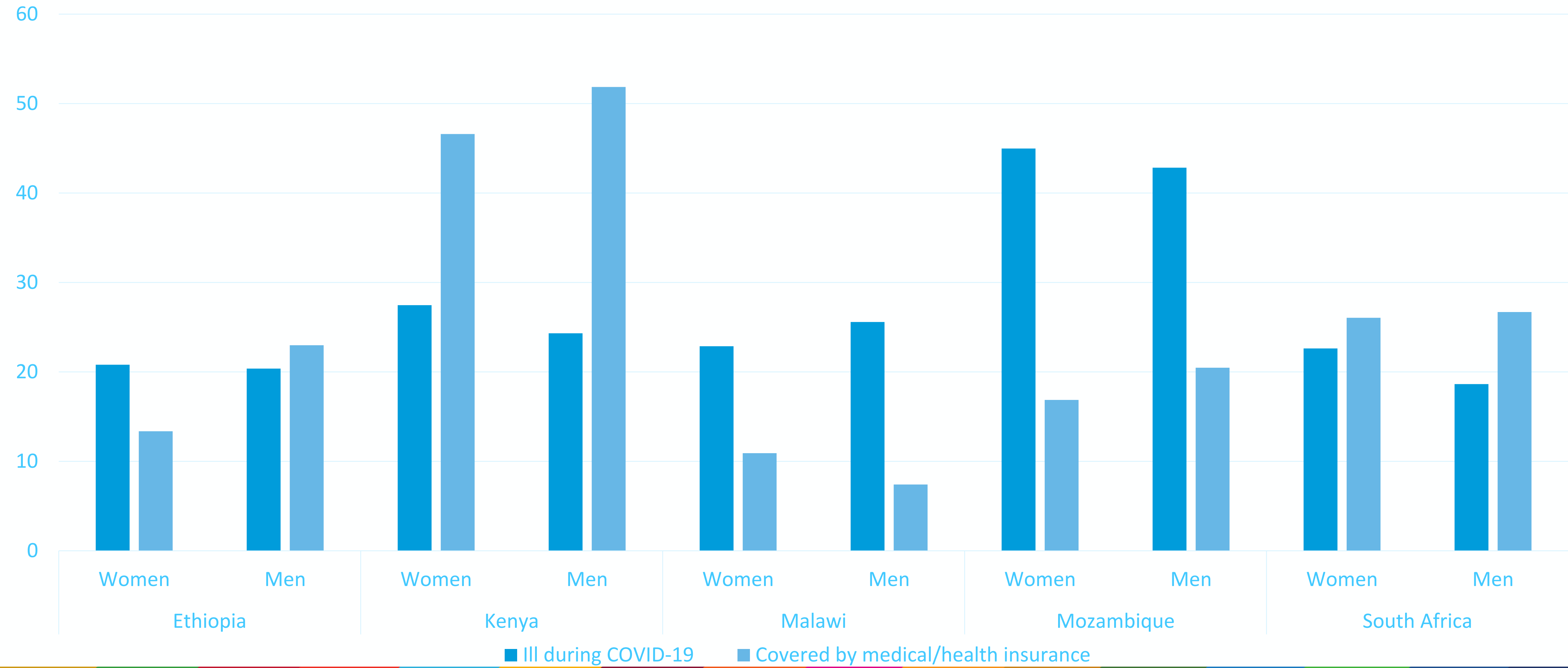
Source: Reproduced and adapted from Centre for Global Development October 2020

EDUCATION – main recommendations

- Cash transfers and bursaries as incentive for girls to go back to school; clear communication with and involvement of the community at all levels so that girls experience social pressure as well as support to return to school; girls need to be protected from GBV and sexual exploitation within their schools and communities; provide pathways for girls to report and seek help if they become victims; preventing early marriage and pregnancy are important mechanisms to prevent girls from leaving school in the first place.
- Use gender and inclusion lens into education analysis. Work to actively remove gender bias and discrimination within and across education systems need to continue and the leadership of girls and women and their role as agents of change during the post-COVID-19 recovery phase should be recognized and prioritized.
- Countries should prioritise activities that will bring all girls back to school through targeted measures for the poorest and most marginalised girls. Special consideration needs to be given to inequalities that are intersectional by nature and aggravates exclusion and marginalization.
- It is important to promote an integrated and coordinated approach that addresses girls' holistic education, health and protection needs in an integrated manner. Cooperation between teachers, school administration, families and communities, need to be facilitated as much as possible.
- There is a need to support cross-sectoral collaboration to ensure an inclusive and gender-responsive school reopening, safeguarding the rights of all girls and boys.

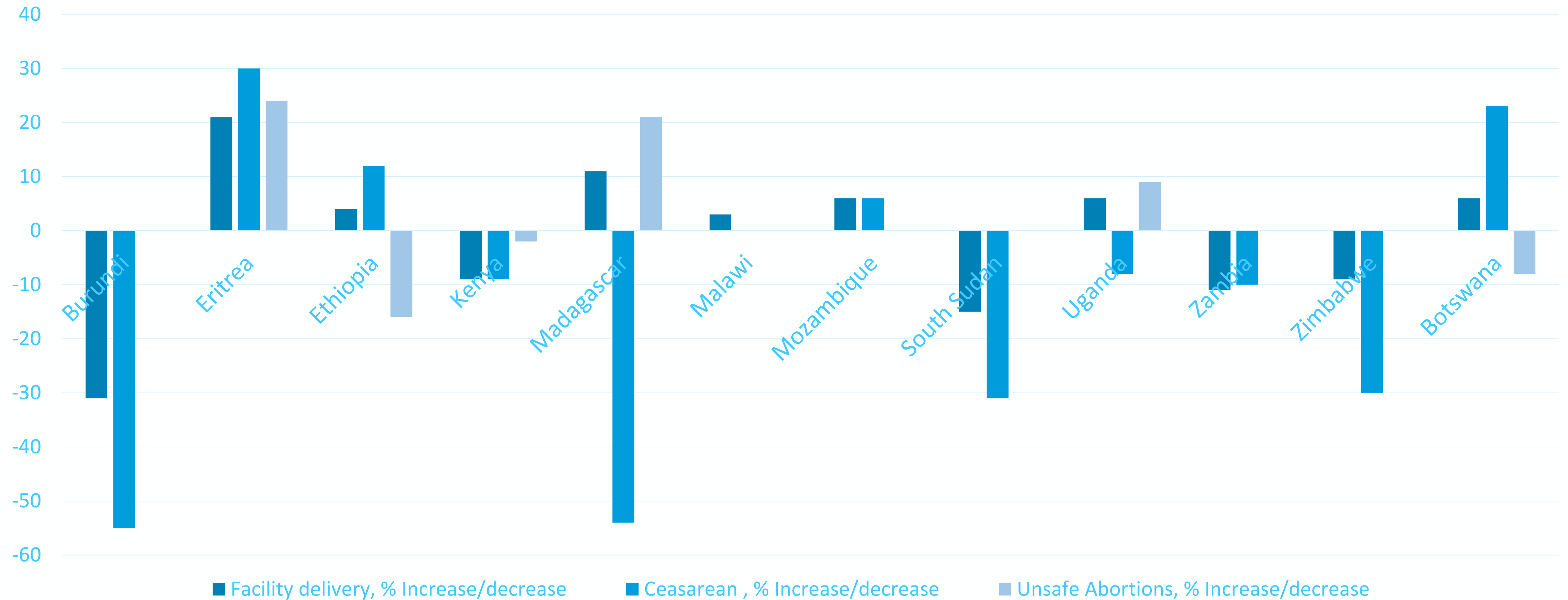
HEALTH AND HEALTH CARE SERVICES

Percentage respondents who were ill during the pandemic and covered by health insurance, by sex



HEALTH AND HEALTH CARE SERVICES

Essential SRH Services Overlooked or Disrupted in ESA Since onset of COVID-19



World Health Organisation – UNFPA – UNICEF Interagency Tool for Monitoring Continuity of Essential SRMNCAH Services in East and Southern Africa (2020)

MENTAL HEALTH

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

- The main reasons for anxiety and stress were fears of becoming infected with the Corona virus or death and other health issues.
- Concerns the about economic situation, income generation and access to food and medicines were also very prominent among the sources of worry. Men, more often than women, expressed worries about their economic situation.

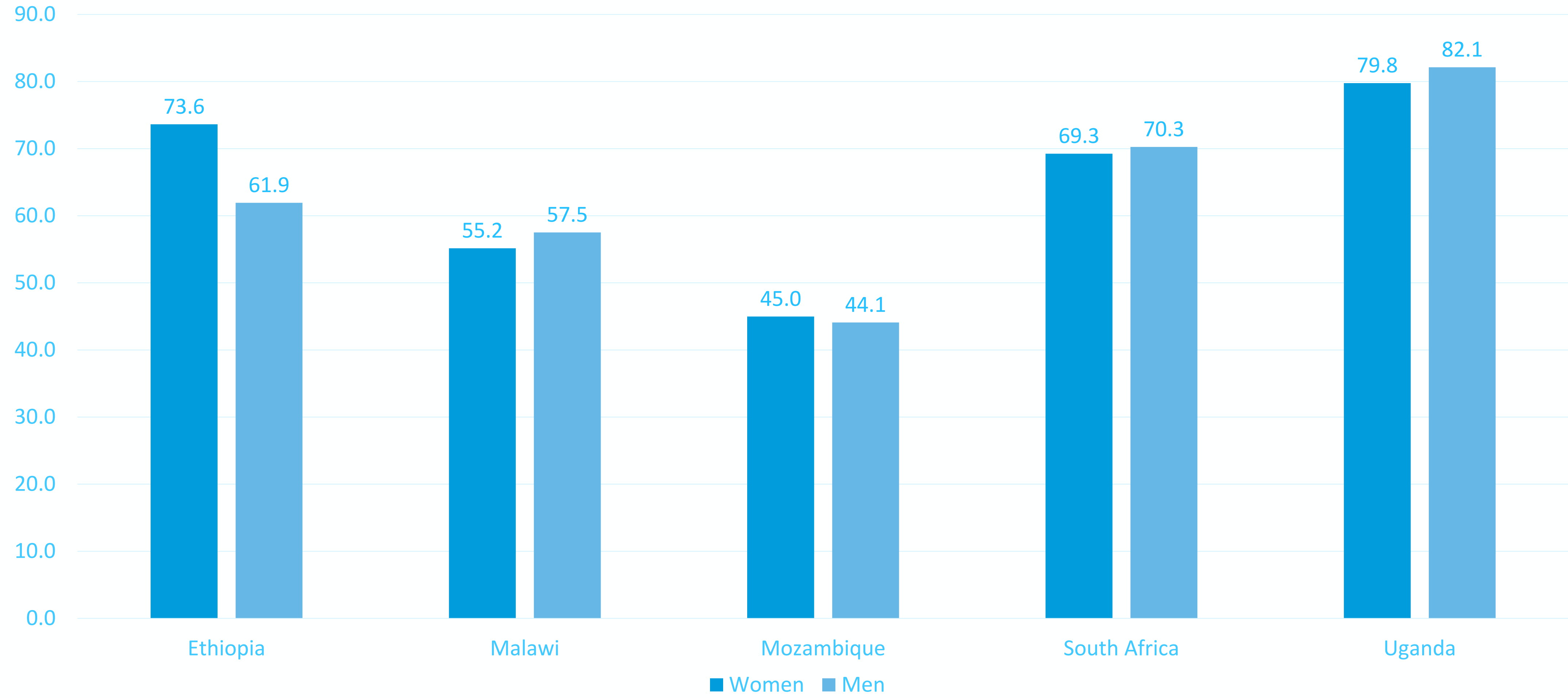
GENDER BASED VIOLENCE

Percentage of respondents who believe GBV is a big problem in their country

Country	Women	Men
Ethiopia	71.6	58.0
Malawi	98.0	97.1
Mozambique	73.5	69.9
South Africa	94.9	93.0
Uganda	75.9	68.1

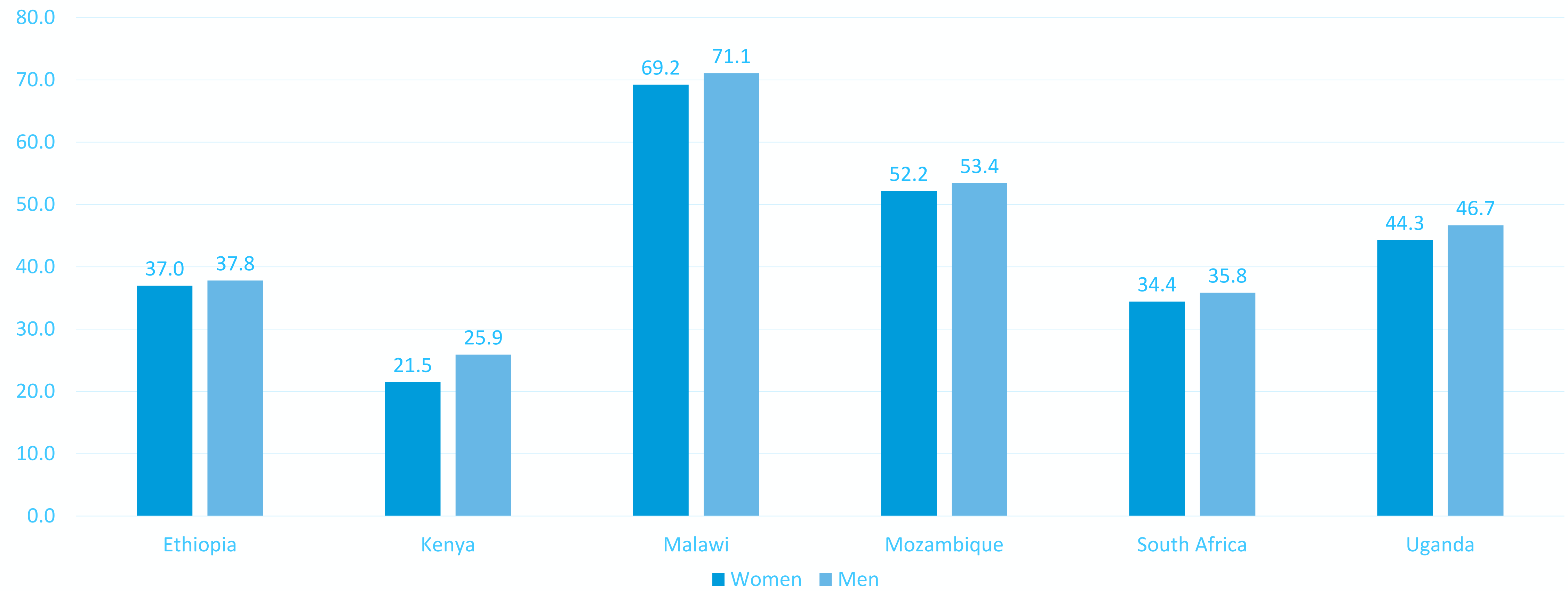
GENDER BASED VIOLENCE

% who believe that the incidence of GBV increased



GENDER BASED VIOLENCE

% who personally know someone who have been affected by GBV



MAIN GBV RECOMMENDATIONS

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

THANK YOU

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<https://data.unwomen.org/women-count>

