

A collection of colorful, abstract graphic elements including a bar chart, a sun, a line graph, and various circles and arcs in shades of blue, green, yellow, and red, surrounding the central text.

COVID-19 RAPID GENDER ASSESSMENT

Gender Perspective

ESWATINI | 2021

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

Gender Perspective
ESWATINI | 2021

LIST OF ABBREVIATIONS AND ACRONYMS

CAPI	Computer-assisted personal interviewing
CATI	Computer-assisted telephone interviewing
COVID-19	Novel coronavirus or SARS-CoV-2
FGM	Female genital mutilation
GBV	Gender-based violence
IVR	Interactive voice response
MFI	Microfinance institution
MOH	Ministry of Health
PHSM	Public Health and Safety Measures
PWDs	People with Disabilities
RGA	Rapid gender assessment
SMME	Small, medium and micro enterprise
SMS	Short message service

EXECUTIVE SUMMARY

Design and methodology

The overall objective of the study is to provide an accurate picture of consequences of the COVID-19 crisis on women and men and to inform gender-responsive and effective decision-making and response strategies. The information in the report is based on computer-assisted telephone interviews (CATI) with a sample consisting of 1,349 women and 1,185 men, who were originally selected to reflect the demographic profile of the country by age, sex, geographic location, and socio-economic status. The data was adjusted post-collection to compensate for over- or under-collection in some demographic quotas. Two questionnaires with each interview lasting 15–20 minutes were deployed as a demographic panel. Data collection took place in January and February 2021 at the start of the second wave of the pandemic in Eswatini and after most movement restrictions that followed the first wave had been lifted and workplaces and schools had reopened and resumed normal operations.

Even though the study was initially conceptualized as providing basic statistical data for the post-COVID-19 recovery phase, it became evident in January 2021 that Eswatini was entering a second wave of COVID-19 infections, and what was envisaged as a recovery phase in 2021 has seen a deepening of the crisis.

The research highlighted several intersectional differences related to age and location which could have been more robustly tested if the sample size was bigger and it is recommended that the sample sizes for future studies be increased to allow for further disaggregation of the responses.

Economic impacts

As expected, the pandemic and the associated restrictions on movements and social gatherings had significant negative economic and financial impacts on individuals and households. Approximately eight out of ten women and men have experienced financial difficulties and reported that their economic personal activities changed due to COVID-19. Three in ten indicated that the household head of the household in which they live had lost his/her job, and more than two-thirds of women and men identified earning an income and working as a top household priority during and after COVID-19. The economic effects of the pandemic manifested itself differently among women and men, primarily because of differences in their respective economic activities prior to the pandemic. Whereas men were more likely to be employed by others, women were more likely to have their own businesses (formal or informal) and less likely than men to be employed by someone else. During the pandemic, people who worked for someone else were more likely to be affected by work losses, e.g., the percentage of men working for someone else for pay decreased from 43% to 27%, while for women, the percentage decreased from 32% to 18%. The percentage of women running their own businesses without employing others decreased from 28% to 18% compared to a decrease for men from 14% to 9%. There was also an increase in women and men looking for jobs between March 2020

and January/February 2021 (from 3% to 10% for both women and men). Men (51%) were more likely than women (48%) to have experienced a decrease in personal income, while this affected young men aged 18–34 more than any other age-sex cohort. Approximately three out of ten women and men have received some form of social support from government.

The negative impacts of the pandemic on the incomes of individuals and households have not been mitigated by additional socio-economic support from government or friends and relatives on a large scale. It is therefore recommended that gender equality and women's economic empowerment work continues, and planning for multiple uncertainties be integral to the process. These activities should target women in all their diversity. The support for economic activities should be prioritized and special measures aimed at supporting women who own small and informal businesses to help with the recovery process. It will also be necessary to further assess the gender impact of current response measures to the pandemic. This can be used to develop gender-responsive policies and strategies, as well as support planning for more gender-responsive approaches to future pandemics. Work should continue to facilitate the access of MSMEs, also owned by women and young people to public recruitment, market information and skills and business training and provide tax breaks or rebates for Small, Medium and Micro Enterprise (SMMEs) in the short and medium term. Potential gains made during the pandemic towards buy-in into the digital economy should be harnessed for wider and increased adoption of technology and innovation for women and youth-owned businesses. It will be essential for local organizations and international agencies working towards women's economic empowerment to share good practices and to support the government in this work as well as raise funds and collaborate with microfinance institutions (MFIs) in the region to target women and youth.

Food production and food security

The data suggests that most respondents experienced increases in food prices and this, coupled with reduced incomes, does not bode well for food security in Eswatini. When asked about their general priorities during and post-COVID-19, food and food security was the most mentioned priority for women (75%) and men (69%).

During times of economic distress, some households can improve their chances of being food secure through the production of food crops. Approximately three in four women and men indicated that they ate less or skipped a meal due to a lack of money or resources during the reference period. More than four in ten food producers indicated that the availability of agricultural inputs declined during the pandemic and similar proportions said that their ability to buy these inputs had also deteriorated.

It is therefore recommended that efforts to provide support to subsistence and small-scale food production as a complement to other income-generating activities should be seen as a sustainable way to expand social protection services and enable women and men to better cope with the economic consequences of the pandemic. Particular focus should be placed on this as well as the provision of support to inputs supply during the post-COVID19 recovery period. A strong small-scale agricultural production sector will have long-term gains and can also build resilience in the face of future pandemics. Partnerships between women producers and the private sector in support of localized and expanded marketing opportunities of agricultural produce should be facilitated. Work should continue towards ensuring that women especially have secure tenure rights to land and access to credit to expand their production activities.

Education

School attendance was severely impacted by the pandemic with a three-month long total school closure and gradual and partial reopening commencing in July 2020. Girls and boys most commonly resorted to radio (66% and 67%, respectively), television (33% and 30%, respectively), social media (16% and 18%, respectively), and online learning platforms (10%) for remote learning. Boys were more likely than girls to use no measure to learn from home during lockdown (19% vs. 17%). Regarding challenges faced when learning remotely, girls and boys faced problems having a skilled instructor (38% vs. 39%), limited access to learning materials (30% vs. 26%) and an environment not conducive to learning (27% vs. 26%). Girls were more likely than boys to have problems with access to the internet (30% vs. 27%). About 1 in 5 girls and boys had problems with access to electricity.

It is recommended that the resumption of education of girls and boys be prioritized to prevent further increases in inequalities between learners who are resource poor vs. wealthy, those based in rural vs. their urban counterparts and learners in government institutions vs. those attending private institutions. It is also essential that particular attention be paid to the re-integration of girls and boys into the school system, while safeguarding the rights of all girls and boys and mitigating potential increases in school drop-out rates. The voices of women and girls in planning for and implementing measures at recovery must be considered and amplified to accommodate their specific needs.

Unpaid domestic and care work

Time spent on unpaid domestic and care work has been identified as one of the biggest impediments to women's economic participation, but also to their overall workload and general well-being. Prior to the pandemic, women were most likely to spend more time on unpaid domestic and care work than men prior to the pandemic.

This situation was exacerbated during the pandemic by increased child-care and education responsibilities as well as, in many cases, doing paid work from home during the lockdown. This affected women and men. Overall, 59% of women and 50% of men indicated that they spent more time on unpaid domestic work during COVID-19, while 65% of women and 54% of men were spending more time on unpaid care work.

It will remain important to continue to recognize, reduce and redistribute these unpaid domestic and care activities. This cannot be done without putting specific normative frameworks in place in support investments to reduce the burden on women. A specific area that has been shown to impact immediately on women's time use in this area has been government support for increased access and subsidization of child-care services, as well as the provision of and extension of paid family and sick leave, among other measures. The study also provided evidence that both women and men were spending more time on these activities during the pandemic. Even though women still carry the largest unpaid domestic and care burden, this shift towards greater sharing of these tasks within households can be harnessed in advocacy campaigns about the division of labor between women and men at household level to further encourage men to share these tasks equally.

Health and well-being

The most direct consequence of COVID-19 has been in the areas of health, mental health, healthcare services and mortalities associated with the virus. The findings of the study suggest that the information campaigns around COVID-19 reached nine out of ten women and men, who indicated that they received information about how they can protect themselves against COVID-19. The most frequently accessed sources of information were radio/television/newspaper (three out of five women and men), while 10% of women and 13% of men used the internet/social media. Women and men 50 years and older were more likely to get information from traditional media, while the younger cohorts accessed this information via the internet or social media.

Women (70%) were more likely than men (67%) to indicate that their mental and emotional health was negatively affected by the pandemic. Women and men aged 35–54 years were most likely to have suffered these negative impacts to a greater extent than the 18–34 and 55 years and older cohorts. The main concerns during the pandemic included financial problems, becoming infected with COVID-19, access to food, and death. Women and men were nearly equally likely to worry about financial problems (67%) and becoming infected with COVID-19 (44%). However, women were more likely than men to be concerned about access to food (43% for women and 38% for men) as well as death (38%), than men (35%).

The available data suggests that during the first wave of the COVID-19 pandemic, most individuals (6 out of 10) who sought medical care waited for the same amount of time for services or for shorter periods than they did before the pandemic. The rapid growth of positive cases during the second wave has put more strain on the health system already weakened by the demands of the first wave. The limited information provided by the survey on access to healthcare does not highlight big disparities between women and men, nor significant access problems; it is expected that general strain on the healthcare system has increased since the data summarized in this report was collected. This may have impacted the availability of services not related to COVID-19, such as HIV prevention and treatment, counselling and provision of contraceptives, and maternal and child health services.

It is recommended that efforts to address misinformation around the pandemic and immunization continue using multiple channels. Engaging community and religious leaders to understand and counteract misinformation will be particularly important. Furthermore, advocacy around the application of public health and safety measures (PHSM) needs to continue to ensure an inclusive approach, including women, men, girls and boys, people with disabilities (PWDs), people living with HIV, refugees and IDPs. There is a need to strengthen data collection systems to support a gendered analysis of changes in the use of health services and allow for swifter and more effective action during health emergencies such as the pandemic. Gender-disaggregated data serves as a basis for gender-responsive budgeting and should be gathered as a routine at all levels and especially in support of health budgets that are gender sensitive. Put mechanisms in place to ensure continuity of essential sexual and reproductive health services is guaranteed even during future pandemics and lockdowns. These include access to family planning, HIV prevention and treatment, safe abortions as well as access to menstrual hygiene.

Violence

Respondents were asked a series of questions about exposure to violence in their communities during lockdown as well as detailed questions about gender-based violence (GBV). It is important to note that respondents were told in advance of these sensitive sections and given the opportunity to not answer if they felt uncomfortable. The study found that women (21%) were more likely than men (19%) to feel less safe in their homes during COVID-19.

Most men (78%) and women (71%) felt that gender-based violence (GBV) was a substantial problem in Eswatini. Among women, this was highest for those aged 35 to 54 years, with 82% reporting this as a major issue in Eswatini. Women (71%) were more likely than men (62%) to feel that GBV happens very often in Eswatini. Approximately eight in ten women and men felt that GBV had increased during the pandemic, and women and men 55 years and older were more likely than younger age groups to feel that it has become more prevalent. More than half of the women and men said that they personally know someone who has been a victim of violence since lockdown started. The most common form of violence that men and women have been aware of was slapping, hitting, kicking, throwing things at, or other means to physically hurt a person, as well as emotional abuse. When asked who the offender was, most women (35%) and men (30%) said it was the spouse.

The study found that GBV is increasingly seen as a serious and widespread problem in Eswatini and that most women and men think that the problem has increased during the pandemic. Continued advocacy work is needed around GBV prevention and services as well as increased availability of safe places, mechanisms and services for victims and survivors and strengthening of referrals between service points. Availability of services and use of technology to support reporting mechanisms for victims and survivors of GBV need to form part of a communication and advocacy strategy. During the post-COVID-19 recovery phase it will be important to learn from and build on lessons learnt regarding the use of technology and report support mechanisms for victims and survivors of GBV.

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1. INTRODUCTION

1.1 Overview

The outbreak of the coronavirus disease 2019 (COVID-19) was first reported from Wuhan, China, and has spread to 192 countries globally. As of January 25, 2021, there were 99,368,828 confirmed cases and 2,133,140 confirmed deaths globally. In the Kingdom of Eswatini, there have been 14,484 confirmed cases and 479 confirmed deaths.¹ The advance of the COVID-19 pandemic on the African continent, although mitigated by lockdowns and physical distancing measures, continues. While the first cases were imported and started in towns, there are now many cases at the community level and efforts are invested in preventing the spread of COVID-19.²

In addition to the direct consequences of the disease on the health and well-being of individuals, there have also been indirect consequences as a result of physical distancing and confinement measures that have a negative impact on the population, particularly on women already living in poverty and without formal employment. Anecdotal and other evidence suggest several gender-specific issues related to COVID-19 need to be addressed.³ These include an increased risk of gender-based violence (GBV), safety and security concerns with violent control of curfew and lockdown requirements, the increased health risks and work burden on predominantly women healthcare workers, potential risks to income loss in the vulnerable informal sector, and food insecurity in the short to medium term. In addition to that, lockdowns and other measures have impacted on women's access to essential sexual and reproductive health (SRH) services such as family planning and maternal health. Recognizing the extent to which disease outbreaks affect women and men differently is a fundamental step towards understanding the primary and secondary effects of the pandemic on different individuals and communities, and for creating effective, equitable policies and interventions.

UN Women is the United Nations entity dedicated to gender equality and the empowerment of women. It is within this context that UN Women, commissioned a rapid gender assessment (RGA) in Eswatini via GEOPOLL to deliver a more accurate picture of the consequences of the COVID-19 crisis on women and men, to make their distinct and changing needs and priorities visible, and to inform gender-sensitive and effective decision-making and response.

This study's results provide policy- and decision-makers with reliable evidence and information to plan and craft appropriate messages and interventions. The study presents gender-disaggregated data to fully understand how women and men are affected by the virus. This includes not only health impacts, but also livelihood and economic impacts, the distribution or increase of unpaid care work, and the extent of domestic violence.

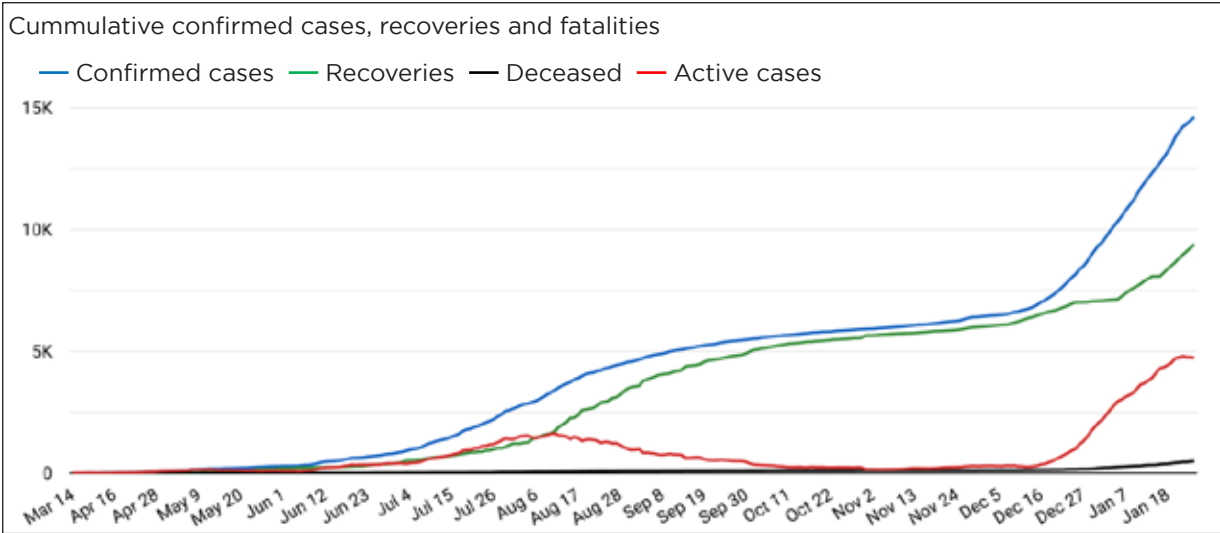
1 John Hopkins COVID-19 Cases Dashboard, 25/1/2021

2 Promoting mask-wearing during the COVID-19 pandemic: A policymaker's guide

3 CARE Rapid Gender Analysis for COVID 19: East, Central and Southern Africa

1.2 Country context at the time of survey

Eswatini recorded its first case of COVID-19 on March 14, 2020.⁴ The first three cases were attributed to foreign visitors from the United States, Germany, and Denmark.⁵ Since then, cases had been growing steadily until a spike in mid-December that continues to this day, as seen in the chart below from the University of Eswatini.⁶



COVID-19 presents a unique threat to Eswatini because of the existing disease burden in the country. The adult (15–49) HIV prevalence rate is 27%.⁷ While it is unknown if HIV itself contributes to an increased susceptibility to COVID-19 infection and burden, people living with HIV have a greater known prevalence of risk factors known to place individuals at higher risk for both COVID-19 infection and serious disease complications.⁸ Tuberculosis (TB) also presents a great health concern for two principal reasons: 1) TB attacks the lungs like COVID-19, and 2) about 70% of TB patients in Eswatini also have HIV.⁹ Therefore, the unique health burdens in Eswatini should not be viewed in isolation, but rather as a lens through which the COVID-19 pandemic is viewed.

On March 14, 2020, the government released a statement urging citizens to avoid travelling to affected countries, strongly advised those returning from abroad to seek medical attention, and relayed the WHO’s standard prevention techniques (e.g. hand-washing, and social distancing).¹⁰ However, at the time, mask wearing was not enforced and only one meter of social distance was suggested. Mandates were not enacted until March 17 when His Majesty King Mswati III and Ingwenyama ordered the government to declare a National Emergency for a maximum of two months (which was later extended by 21 days). The immediate reaction focused more heavily on external threats: foreign nationals from high-risk countries were restricted entry and residents abroad were required to quarantine for 14 days upon return; external travel was restricted, and non-essential local travel was discouraged.¹¹ Additionally,

4 Responding to coronavirus COVID-19 in Eswatini | MSF
 5 Two suspected cases of the Coronavirus registered in eSwatini | Mpumalanga News
 6 COVID-19 Eswatini (uneswa.ac.sz)
 7 <https://www.unaids.org/en/regionscountries/countries/swaziland>
 8 <https://www.who.int/news-room/q-a-detail/coronavirus-disease-covid-19-hiv-and-antiretrovirals>
 9 Responding to coronavirus COVID-19 in Eswatini | MSF
 10 Coronavirus Statement (gov.sz)
 11 latest Press Statement (gov.sz)

schools were shut down, events with over 50 expected attendees were suspended (including national holiday celebrations), prevention measures were encouraged, and contact tracing and a hotline were established.

Two days later, members of the National Emergency Management Committee were announced and on March 24, the country went into partial lockdown to get a better handle of the disease's transmission. On April 1, the government announced numerous price freezes or cuts (e.g. electricity, fuel, provisional tax returns, and transportation subsidies for essential workers) to help alleviate the pandemic's financial burden. More healthcare workers were recruited for COVID-19-specific training and water was supplied to rural areas to support the hand-washing demand.¹² Eswatini commenced independent testing (up to 100 tests per day) on April 9, reducing their reliance on the South African health infrastructure. On April 22, face masks were provided by the government and recommended; and food and water were sent out to the 300,000 families most in need.¹³

Lockdown proved particularly difficult for the Eswatini economy and citizens due to their reliance on the tourism industry. Keen on capitalizing on their Lonely Planet's Best in Travel ranking as one of the top 5 countries to visit in 2020, the government collaborated with WHO and the Ministry of Health (MOH) to launch the "Tourism COVID-19 Health & Safety Guidelines" on July 14.¹⁴ Focused on rebuilding trust and confidence in the country's ability to safely conduct tourism, strict guidelines were established to monitor visitors' vitals and promote cleanliness.¹⁵ It should be noted, a 14-day quarantine upon arrival was not required. On 29 July 2020, the International Monetary Fund (IMF) Executive Board approved a \$100.4M USD in emergency support to address the COVID-19 pandemic and assist the local economy, which has displayed a sharp decline in growth.¹⁶

Eswatini has faced a drastic leadership change in this pandemic as Prime Minister Ambrose Mandlulo Dlamini died in December 2020, leading to the current acting PM Themba Masuku. Additionally, the Labour and Social Minister Makhosi Vilakati (who spearheaded the tourism effort in July) died on January 23, 2021.¹⁷ Both were rushed to South African hospitals but ultimately died while in care.

The research took place in January 2021, during the continued surge of COVID-19 cases that began in mid-December 2020. The results are expected to influence the immediate next steps taken by individuals, families, employers, and the government in response to the pandemic, including prevention and control measures to curb the spread of the disease.

1.3 Objectives of the survey

The overall aim of this study was to collect data (using CATI) and compile reports about the effect of COVID-19 on the life circumstances of women and men in Eswatini.

12 PARTIAL LOCKDOWN UPDATE – COVID-19 01 April (gov.sz)

13 PM-statement-22-April-2020.pdf (gov.sz)

14 <https://www.thekingdomofeswatini.com/news-blogs/eswatini-named-one-of-the-worlds-top-countries-for-2020-by-lonely-planet/>

15 ESWATINI TOURISM COVID-19 HEALTH & SAFETY GUIDELINES Print_compressed.pdf (dropbox.com)

16 IMF Executive Board Approves US\$110.4 Million in Emergency Support to The Kingdom of Eswatini to Address The COVID-19 Pandemic

17 Another Eswatini politician dies of Covid-19 in SA (iol.co.za)

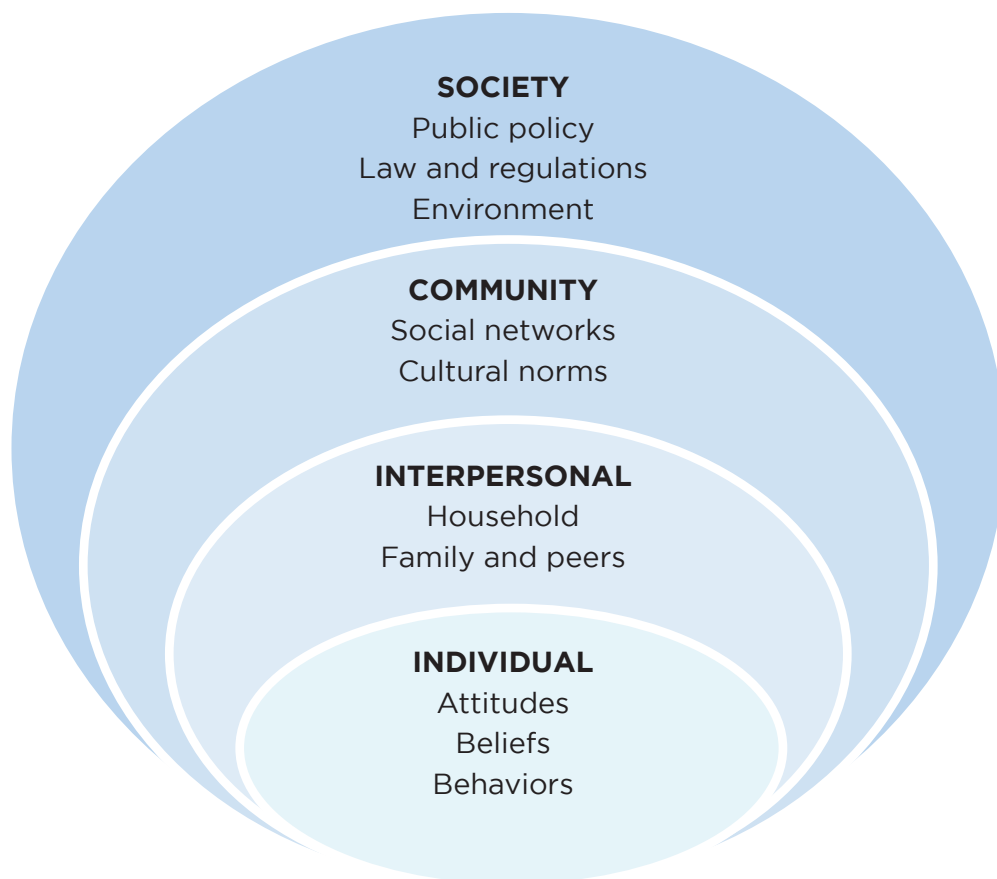
The specific objectives are:

- To assess the effect of COVID-19 on households' income and livelihoods.
- The assessment inquired about household members' sources of income. This is important to determine trends in the changes of income for the respondents and other household members. Consequently, the survey established details of how incomes have been affected by the onset of COVID-19 among men and women.
- To assess the awareness of COVID-19 prevention measures and effects on healthcare services.
- The assessment sought to determine the level of awareness of COVID-19 and communication of COVID-19 related messages or information. It also assessed awareness of COVID-19 symptoms in line with Ministry of Health guidelines. The survey determined household members' trends in seeking healthcare services.
- To assess the effect of COVID-19 on food security and agricultural inputs.
- To determine the mechanisms that school children are using to continue with learning at home.
- To assess the effect of COVID-19 on water and sanitation.
- To assess the effect of COVID-19 on burden of care work.
- To assess the effect of COVID-19 on protection and security.
- To assess the trends of GBV and other harmful practices, such as for example female genital mutilation (FGM) and child marriage, as a result of COVID-19.

2. CONCEPTUAL FRAMEWORK

This survey work can be viewed through the lens of the socio-ecological model (SEM). The SEM is the conceptual model that informs this rapid gender assessment. Individuals do not think, work, or act in isolation, but rather within levels of interacting spheres of influence.¹⁸ These influences range from the individual level, to the interpersonal, community, and societal levels. The SEM is often cited as the theoretical underpinnings of much work in the global health world.

Figure 1: An adaptation of the socio-ecological model



¹⁸ <https://borgenproject.org/social-ecological-model/>

This survey assesses factors at the individual, interpersonal, community, and societal levels. There are key indicators that focus on individual experiences, with others concentrating on the household level, and yet another group of indicators that are aimed at the larger community and societal levels. The questionnaire is primarily aimed at assessing individual and interpersonal (household) level questions.

At the individual level, this survey asks about basic sociodemographic information, such as marital status and education levels. It also evaluates personal economic activities, health-seeking behaviors and health services accessed. At the household level, household expenditure is measured, and household dynamics (such as chores and caring for others) are assessed.

Feelings on safety in the community are evaluated at the community level. At the larger, societal level, feelings on the level of GBV in the country are explored.

All of these are explored through the lens of COVID-19 and its impact on the personal, interpersonal, communal, and societal aspects of life.

3. METHODOLOGY

3.1 Questionnaire and approach

The study is being conducted within the context of a UN Women 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, UN Women East and Southern Africa Regional Office (ESA-RO) has conceptualized a uniform data collection methodology for Rapid Gender Assessments across the region. GEOPOLL was appointed as service provider for Eswatini and undertook the data collection, analysis, and report writing for the survey.

UN Women 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 RGA on COVID-19. These generic questions used as its basis the question omnibus that was developed for the global study by UN Women Head Quarters in New York, and also benefited from inputs and comments from IPSOS, the service provider for the Ethiopia RGA. 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: This questionnaire includes demographics, economic activities, food security, 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.

The Eswatini survey made use of both of 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 GEOPOLL. The total interview length for each of the questionnaires is 15–20 minutes. The questionnaires consist of multiple-choice and scale-based answers with no open-ended questions.

3.2 Sample

The study was based on a sample of 1,349 women and 1,185 men (total 2,534) aged 18 years and older for Wave 1. The sample was composed to conform to predetermined quotas representative of the population by age group, sex, and residence (urban/rural). Soft quotas were applied post collection by region and living standards measure. With a sample size of n=2,400, the margin of error is +/-2.0% at 95% 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. The respondents of the first wave 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. Where a respondent declined a second interview, the individual was replaced with a new sampled respondent with similar demographic characteristics.

Wave one data was collected from January 9th – 19th while wave two data was collected between January 20th and February 8th.

3.3 Ethical and safety considerations

Confidentiality and anonymity were guaranteed throughout the study and ethical and safety principles followed to ensure that no additional harm, risk, or distress was imposed on women and men who took part in the data collection, which was conducted remotely. Informed consent was obtained from each participant and respondents were provided with GBV helpline contact details in the event that they needed to contact them. The survey process also safeguarded the safety of interviewers. Recommended anti-COVID-19 barrier behaviors amongst teams of interviewers were observed to avoid any risk of contamination and virus transmission. Working hours were in accordance with curfews if implemented in a specific country.

3.4 Analytical focus of the CATI RGA on COVID-19

Research analysis and recommendations focus on highlighting the needs and impact of the COVID-19 outbreak on women and men aged 18 years and older, but particularly on disadvantaged groups of women such as those living in rural areas and women of different age groups. Unfortunately, the sample size is too small to allow for adequate measurement and disaggregation of data by disability status.

Data was analyzed using Excel and SPSS software and was weighted to better reflect the general population of Eswatini and align with the initial sampling frame. Descriptive statistics and disaggregated frequencies by sex and age group were conducted. Data was visualized using Excel and graphic design software and is presented in the subsequent pages.

4. RESULTS

4.1 Demographics

The table below details various wave 1 demographic variables – age group, region lived, area lived, marital status, education level, monthly household spending – by sex and weighted status of the data. A sampling frame based on the desired total of 2,400 respondents, representative of country demographics by residence (urban/rural), sex, and age group was used to guide data collection. A total of 2,534 participants were actually reached in this first wave survey. Data was weighted to account for oversampling and to align more precisely with national demographics (residence, sex, and age group) as in the quotas established for sampling purposes. The study did not include questions on sexual orientation or gender identity, but the question on sex had three categories: ‘woman’, ‘man’, ‘other’. However, none of the respondents identified as ‘other’ and the tables consequently only have two categories.

Table 1: Demographics Table (Wave 1)

	Unweighted				Weighted			
	Women (n=1349)		Men (n=1185)		Women (n=1284)		Men (n=1116)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Region								
Hhohho	391	29	352	30	372	29	333	30
Manzini	456	34	426	36	432	34	400	36
Shiselweni	257	19	217	18	246	19	204	18
Lubombo	245	18	190	16	233	18	180	16
Age group								
18-34	770	57	740	62	729	57	708	63
35-54	384	28	344	29	349	27	328	29
55+	195	14	101	9	206	16	80	7
Residence								
Urban	355	26	343	29	334	26	327	29
Rural	994	74	842	71	950	74	789	71
Marital status								
Married	501	37	399	34	478	37	369	33
Living with partner/ cohabiting	33	2	72	6	31	2	68	6
Married but separated	33	2	22	2	32	2	20	2
Widowed	77	6	14	1	77	6	12	1

Table 1: Demographics Table (Wave 1) (concluded)

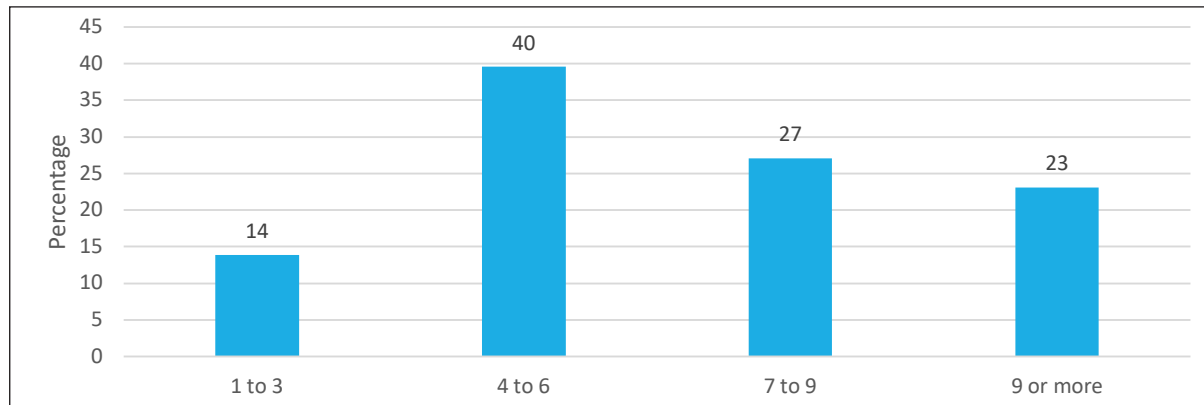
	Unweighted				Weighted			
	Women (n=1349)		Men (n=1185)		Women (n=1284)		Men (n=1116)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Divorced	20	1	16	1	19	1	15	1
Single [never married]	684	51	661	56	645	50	632	57
DON'T KNOW	1	0	1	0	1	0	1	0
Education level								
No formal education	102	8	56	5	101	8	49	4
Some primary school	152	11	124	10	147	11	114	10
Completed primary school	160	12	121	10	152	12	113	10
Some secondary school	399	30	326	28	379	29	310	28
Completed secondary school	322	24	359	30	304	24	342	31
Technical & vocational training	58	4	56	5	55	4	53	5
Completed university/college	137	10	119	10	129	10	112	10
Completed post-graduate	16	1	18	2	15	1	17	1
DON'T KNOW	3	0	6	1	3	0	6	1
HH monthly expenditure (SZL)								
0-1199	375	28	278	23	359	28	262	23
1200 to 1799	285	21	245	21	270	21	231	21
1800 to 2499	235	17	212	18	224	17	200	18
2500 to 4999	275	20	259	22	259	20	245	22
5000 to 9999	88	7	86	7	83	6	81	7
10000 plus	18	1	22	2	17	1	21	2
DON'T KNOW	67	5	80	7	65	5	75	7
REFUSED	6	0	3	0	6	0	3	0

While both unweighted and weighted percentages are presented in the table above to demonstrate the extent to which the sample mirrors the population profile of the country, the rest of the findings in this report will only present weighted percentages.

4.2 Household composition

Among those surveyed, 40% of respondents lived in households comprised of four to six individuals, including the respondent him/herself, followed by 27% living in households comprised of seven to nine individuals. Furthermore, a combined total of 90% of respondents reported living in households with four or more individuals, including the respondent.

Figure 2: Household size distribution



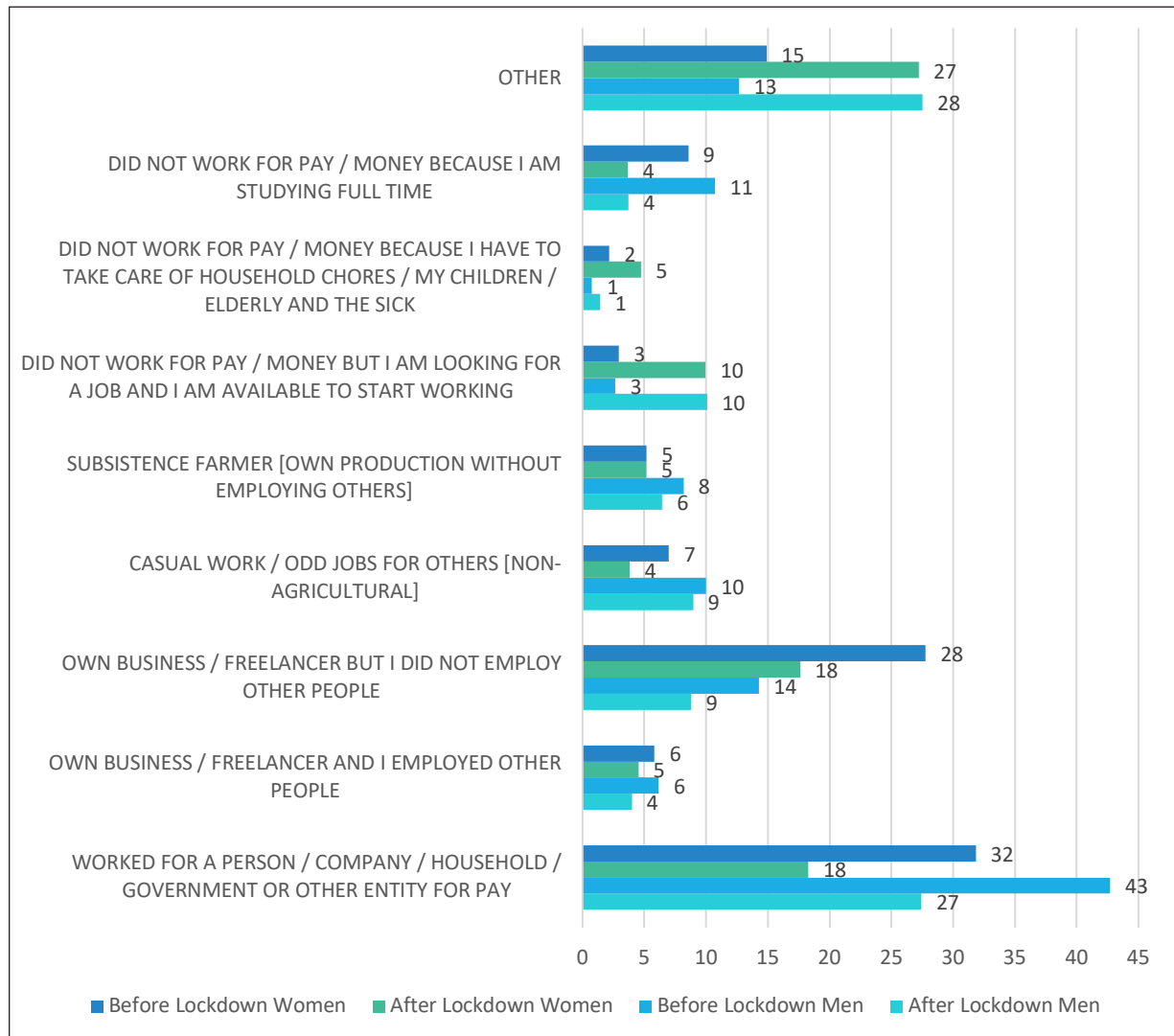
In terms of household composition by age group, almost all homes (98%) reported having children under 18 years of age. Furthermore, 98% reported having individuals aged 35-64 years and 96% having individuals above the age of 65 years. This suggests that almost all homes are multigenerational. This also has implications for COVID-19, as those of older ages are at greater risk of complications and death from the disease, and these older individuals are clearly exposed to younger individuals, from children to adults.

4.3 Household economic activities and livelihoods

When it comes to economic activity and the livelihoods of individuals pre- and post-COVID lockdowns, there are noticeable changes. The impact on individual economic activities has been significant and women and men were affected differently. Prior to lockdown, 43% of the men and 32% of the women were working for another person, company, or the government. This changed for both groups due to the pandemic. At the time the RGA was conducted, only 18% of the women and 27% of the men were still working for others. This represents a 14 percentage point decrease for women and a 16 percentage point decrease for men. While only 3% of respondents, both women and men, reported being willing and able to work, but unable to find a job prior to lockdown, this number increased to 10% among both men and women after lockdown.

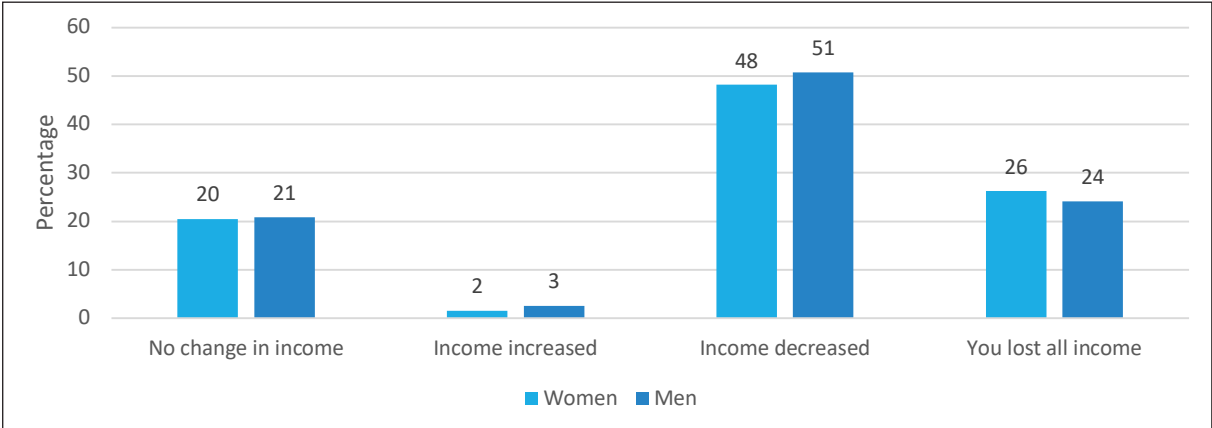
Women were more likely than men to work for themselves (with or without employing others) prior to lockdown. Close to three in ten (28%) women reported working for themselves (without employing others) prior to lockdown compared to 14% of men. This changed to 18% for women after lockdown - which represents a significant 10 percentage point decrease. For men working for themselves without employing others there was only a five percentage point decrease to 9%.

Figure 3: Pre- and post-lockdown economic activities, by sex



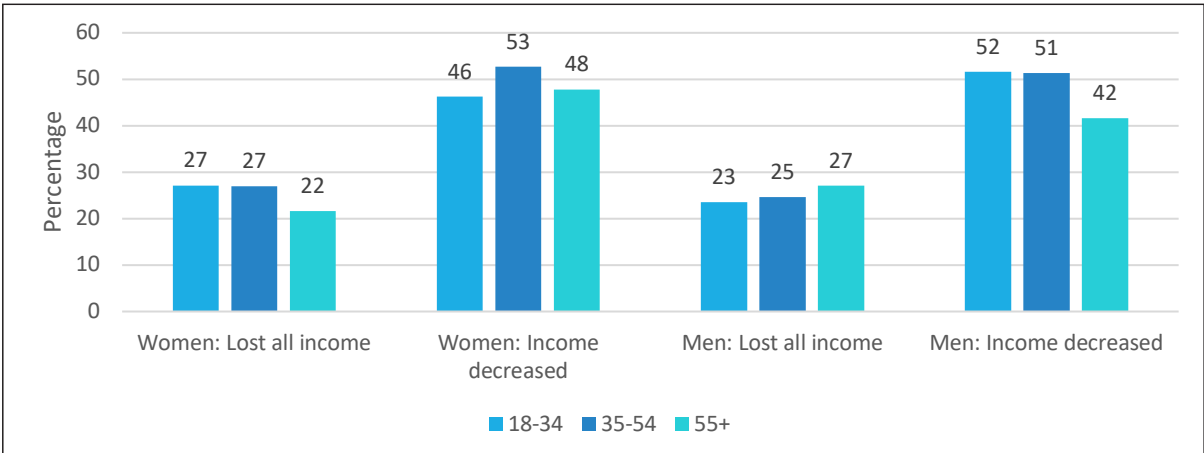
The change in economic activity and livelihoods due to the pandemic was overwhelmingly negative and this inevitably spilled into household earnings and incomes. Men and women were equally likely to be affected by changes in income due to the pandemic. Though 21% of men reported no change in income, 51% reported losing income, with an additional 24% losing all income. Only 3% reported an increase in income. Among women, 20% reported no change in income, versus 48% who lost income and a further 26% who lost all income. Only 2% of women experienced an increase in income. This demonstrates the impact of the COVID-19 pandemic on economic livelihoods.

Figure 4: Changes in personal income since the onset of COVID-19, by sex



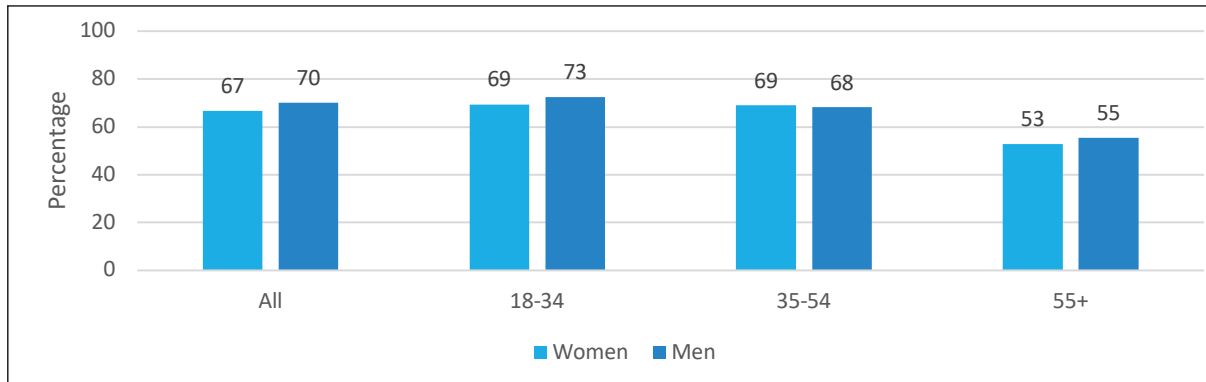
In total, 75% of women lost some or all income due to the pandemic, but these statistics vary by age group (Figure 5). Women aged 35–54 years were most likely to be affected. More than half of the women (53%) in this age group experienced decreases in incomes, with a further 27% losing all income. This equates to 80% of women aged 35–54 years losing some or all income. Younger women aged 18–35 were slightly less impacted, with a combined total of 73% reporting losing some or all income. Women 55 years and older were the least likely to be affected by income losses, with 70% reporting having lost some or all income.

Figure 5: Changes in personal income since the onset of COVID-19, by sex and age group



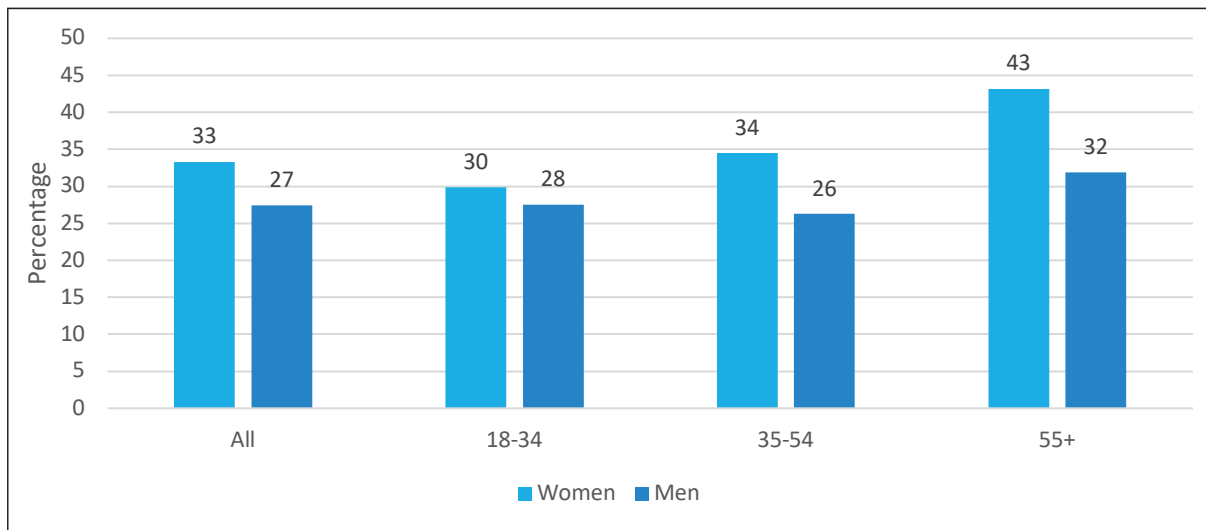
Not only individual incomes, but also combined incomes were affected by the pandemic. Men (70%) were slightly more likely than women (67%) to report decreases in their combined household incomes. Across both sexes, the households of younger age groups are more likely to have been affected by changes in household incomes.

Figure 6: Respondents whose combined household incomes have changed since the onset of COVID-19, by sex and age group



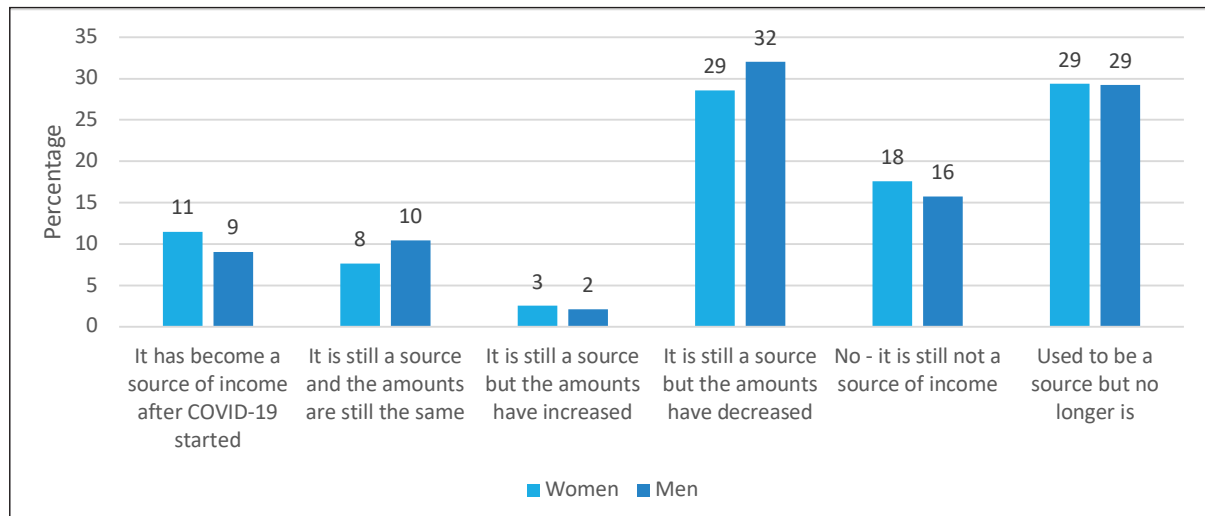
A third or less of respondents indicated that they have received some support from government during the pandemic (Figure 7). Women respondents were more likely than men respondents to have received some form of government support across all age groups. Women aged 50 years and older were more likely than any other age cohort to have received support.

Figure 7: Respondents who have received some form of support from government or another entity since the onset of COVID-19, by sex and age group



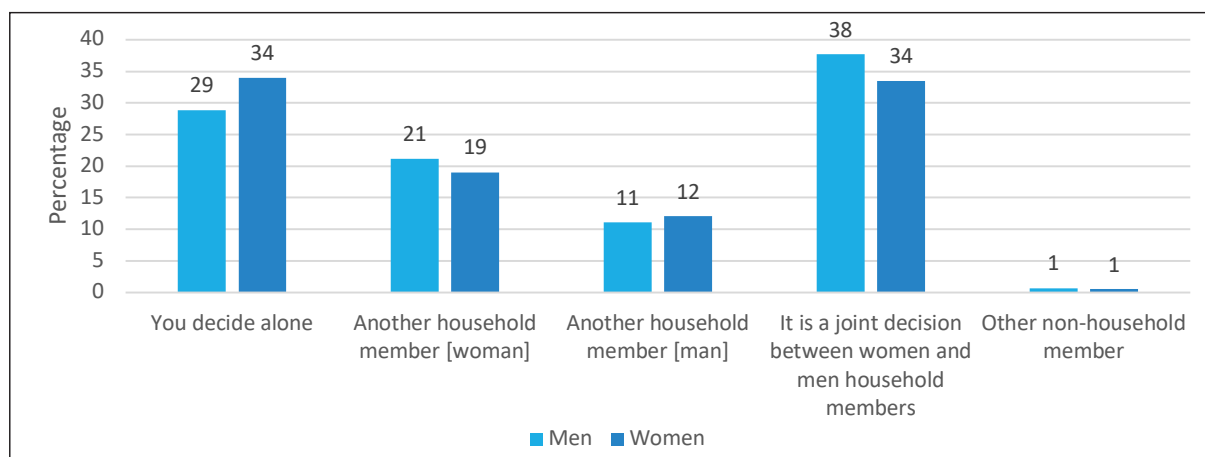
The receipt of remittances since the onset of COVID-19 has also changed during the pandemic (Figure 8). Of those who received remittances at some point, approximately a third of women and men indicated that they no longer receive remittances but that they used to do. Another third (29% for women and 32% for men) indicated that it is still a source, but the amounts received have decreased during the pandemic.

Figure 8: Changes in the receipt of remittances since the onset of COVID-19, by sex



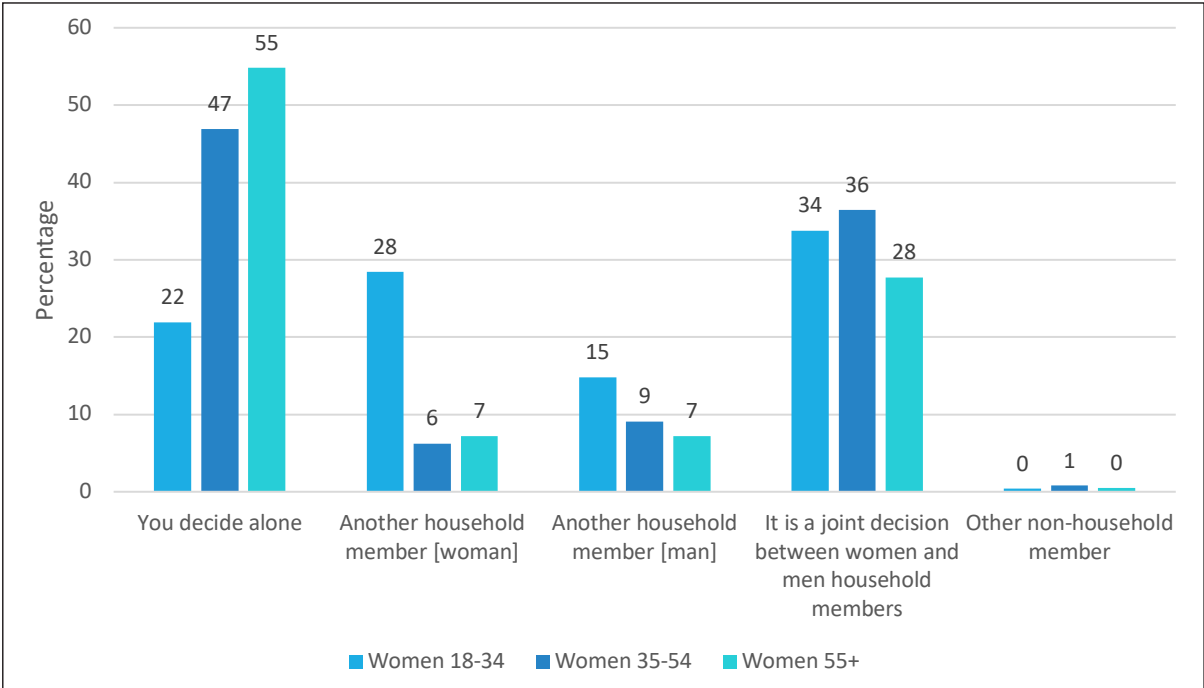
Women did report having almost equivalent say in household decision-making as men (Figure 9). Approximately three in ten (34%) women respondents indicated that they themselves were the household decision-maker, while a further 19% reported another woman in the household was the primary decision-maker. A further 34% said it was a joint decision between men and women of the household. Men respondents were less likely than women respondents to indicate that they (29%) themselves were the sole decision-maker. A further 11% of men said that another man in the household was the decision-maker. Furthermore, 38% of men reported decision-making is a joint responsibility between men and women. This is encouraging and points to similar levels of authority in the household between sexes.

Figure 9: Household decision-makers, by sex



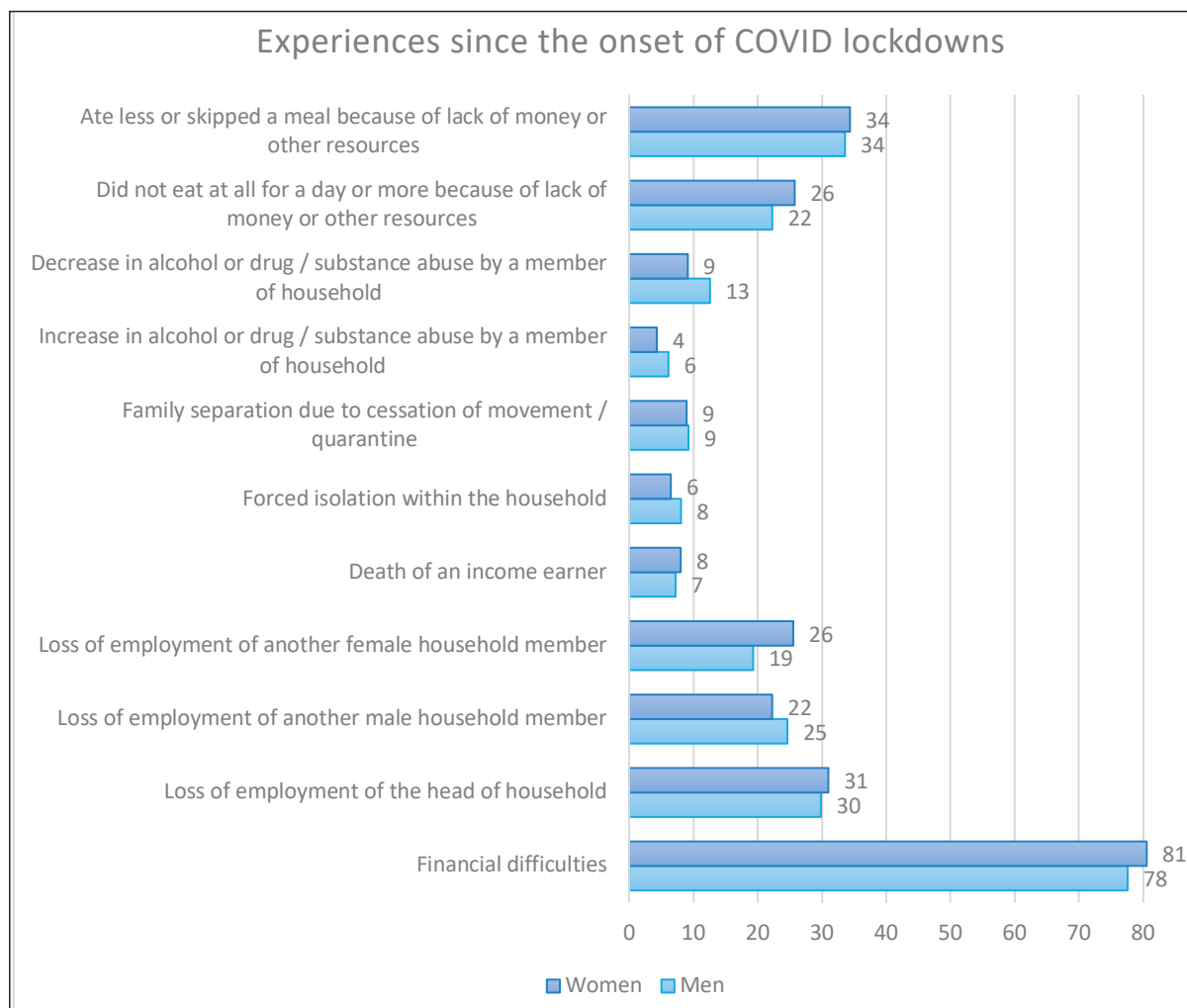
Perhaps expectedly so, as age increased among women respondents, they became more likely to be the primary decision-maker (Figure 10). While only 22% of women aged 18-34 said they themselves were the main decision-makers, this increased to 47% among women aged 35-54 years, and further increased to 55% of women over the age of 55 years. Older women are probably more likely to have decision-making autonomy as they have longer life expectancies than men. Despite the low number of young women aged 18-34 years reporting that they themselves were the decision-makers, 28% of this cohort reported that it was another woman in the household who held this status.

Figure 10: Household decision-makers according to women, by age group



Further evidence of the impact of the COVID-19 pandemic can be seen in the reported negative experiences of respondents since the pandemic’s onset and subsequent country lockdowns (Figure 11). Approximately eight out of ten (81%) women and 78% of men reported financial difficulties. About one-third of both men and women ate less or skipped a meal due to these hardships. Furthermore, approximately one-quarter of both men and women did not eat for an entire day. This reflects a devastating impact on food security due to the pandemic and its ripple effects in society and on the economy.

Figure 11: Negative experiences since the onset of COVID-19, by sex



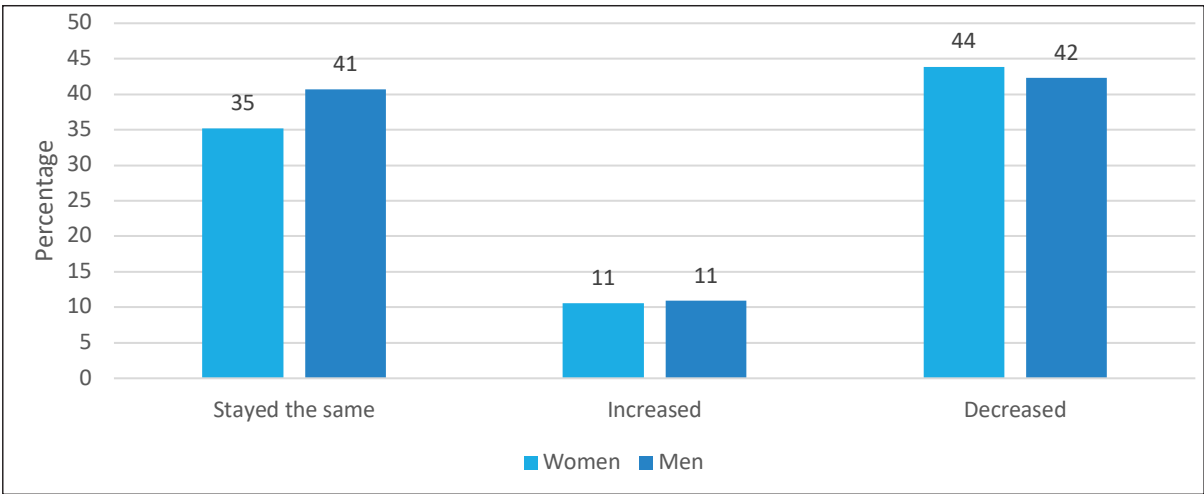
Approximately 30% of women and men respondents reported the loss of the household head's employment. Approximately one in five women and men reported the loss of employment of another man or woman in the household. Though representing fewer percentage points, it should be noted that 9% of all respondents reported family separation - about 1 in 10 respondents. Almost 1 in 10 reported the death of an income earner.

4.4 Agricultural activities and food security

Slightly more than six out of ten of the interviewed women (62%) and men (63%) indicated that their household usually produces crops or has livestock. These food production activities supplied in all or most of the household food needs for 33% of the women respondents and 38% of men. This distribution is also roughly the same for women across age groups. With these large percentages of households relying on their agricultural activities for household food needs, it is important to examine if and how COVID-19 affected crop production and maintenance of livestock.

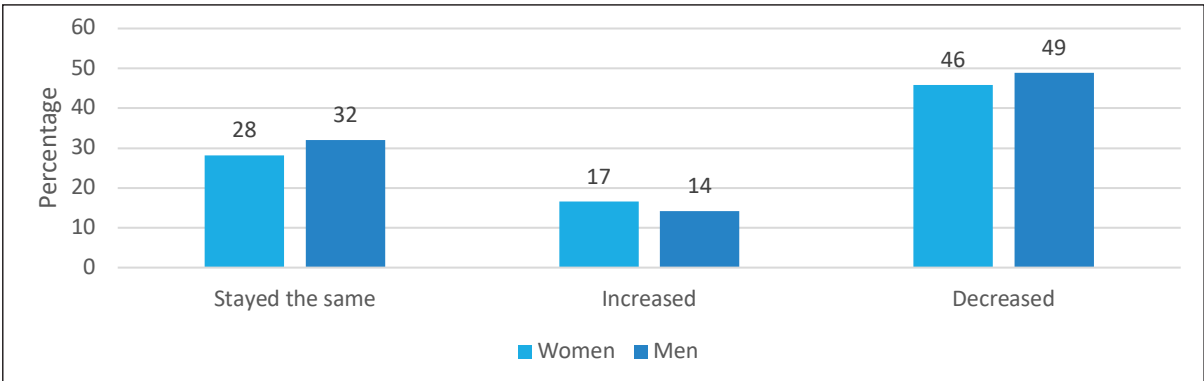
The pandemic impacted on the availability of inputs needed to grow crops and feed livestock, as well as the ability to purchase such inputs (Figure 12). Nearly four in ten households which produce food (44% women and 42% men) reported a decrease in the availability of agricultural inputs during the pandemic. A further 35% women and 41% men felt that availability has remained the same during the pandemic.

Figure 12: Changes in the availability of agricultural inputs since the onset of COVID-19, by sex



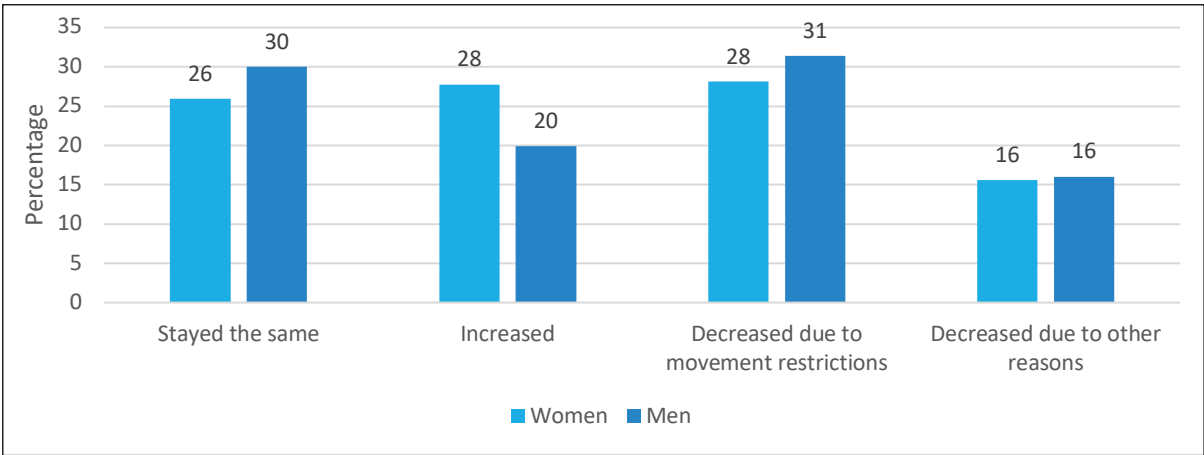
Given the disruption caused by the pandemic on livelihoods and individual and household incomes, one would expect some related impact on the ability to purchase such inputs. Almost half of respondents (46% women and 49% men) indicated that their ability to purchase these inputs decreased. A further 28% women and 32% men said that it has remained the same (Figure 13).

Figure 13: Changes in the ability to purchase agricultural inputs since the onset of COVID-19, by sex



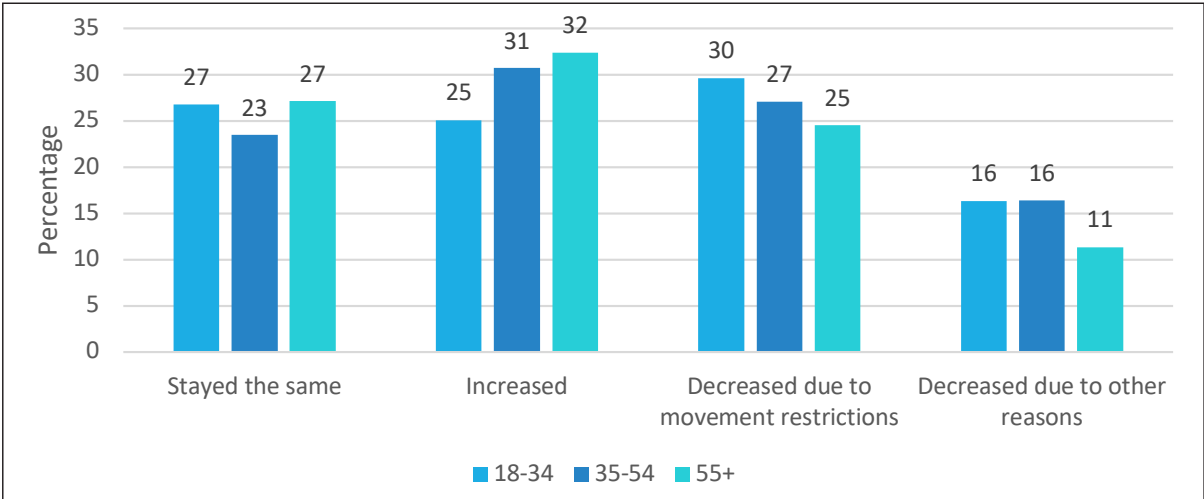
With regard to food availability, 44% of women and 47% of men reported a decrease in food availability. Not all of this was due to the pandemic – only 28% of women and 31% of men reported a decrease due to movement restriction and a further 16% reported a decrease due to other reasons. The impacts on food availability have been fairly similar for women and men (Figure 14).

Figure 14: Changes in food availability since the onset of COVID-19, by sex



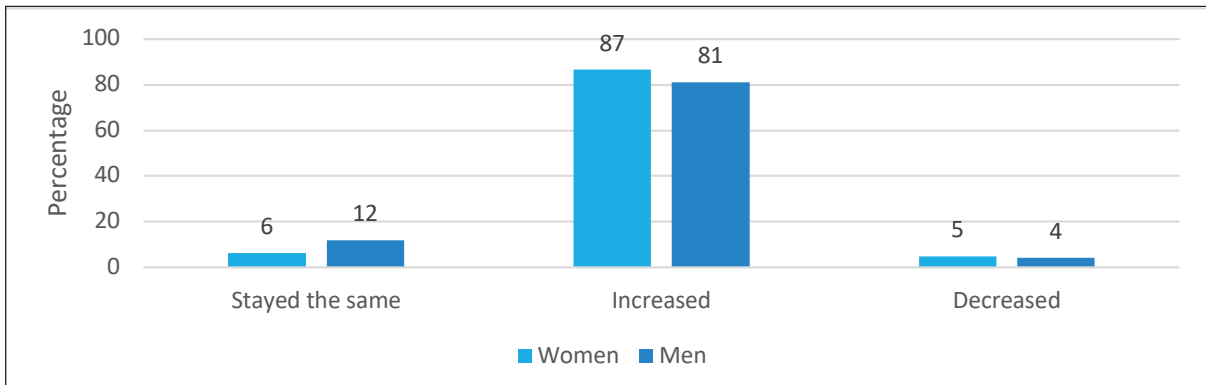
There were, however, differences among women by age group. Women 55 years and older were more likely than the younger age group to say that food production has increased during the pandemic, while the 18–34-year age group was more likely to say that food production decreased. Nearly half (46%) of the women aged 18–34 years reported a decrease in food availability due to movement restrictions or other reasons, compared to 43% of women aged 35–54 years and 36% of women 55 years and older. A 10 percentage point difference between the youngest and oldest age groups is significant and it would be interesting to examine this further in future studies.

Figure 15: Changes in food availability amongst women since the onset of COVID-19, by age group



Most respondents reported an increase in food prices – women (87%) were more likely than men (81%) to have reported increases in food prices.

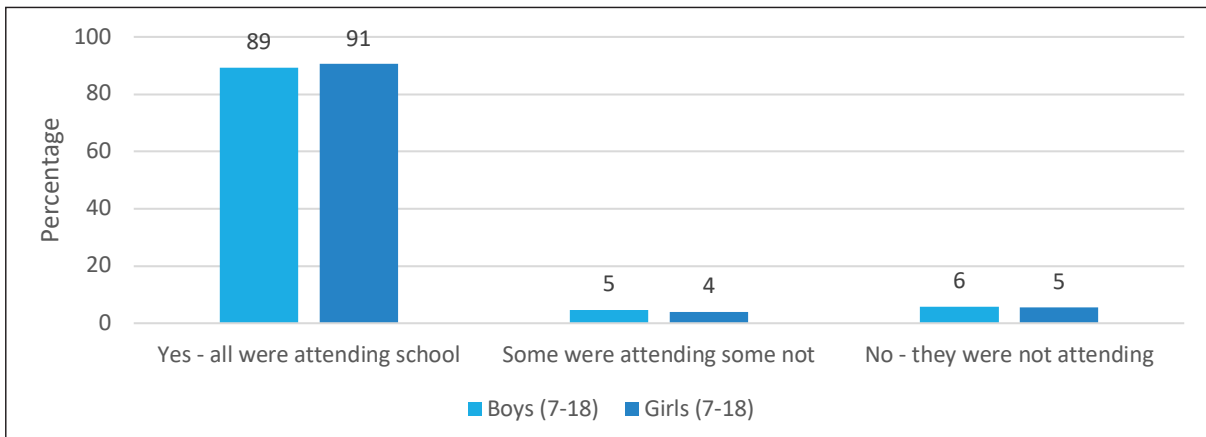
Figure 16: Changes in prices of food usually bought since the onset of COVID-19, by sex



4.5 Education

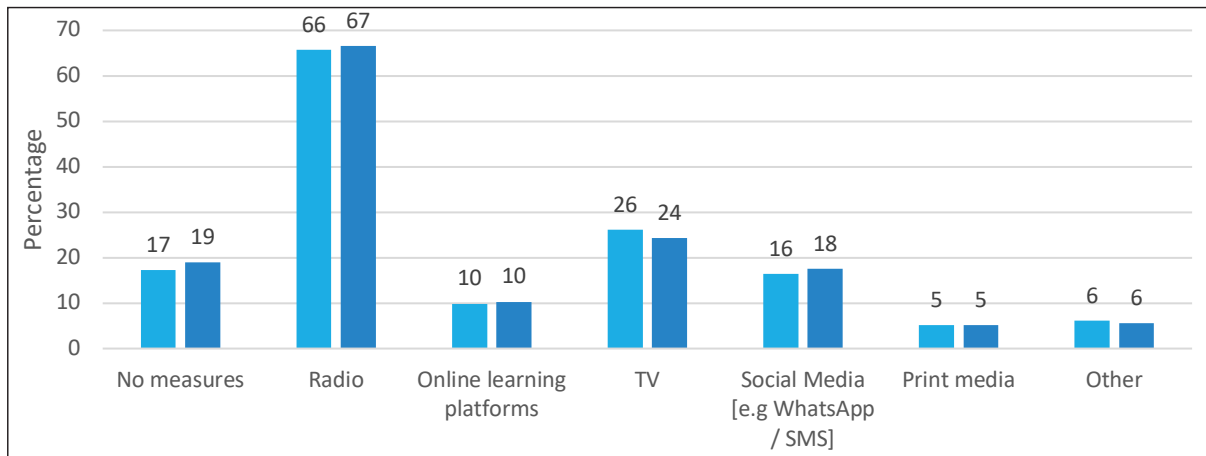
The survey also looked at the effect of the pandemic and school closures on education. Prior to the pandemic, approximately 9 out of 10 boys and girls aged 7-18 years in the respondents' households were attending school.

Figure 17: School attendance of boys and girls before the onset of COVID-19



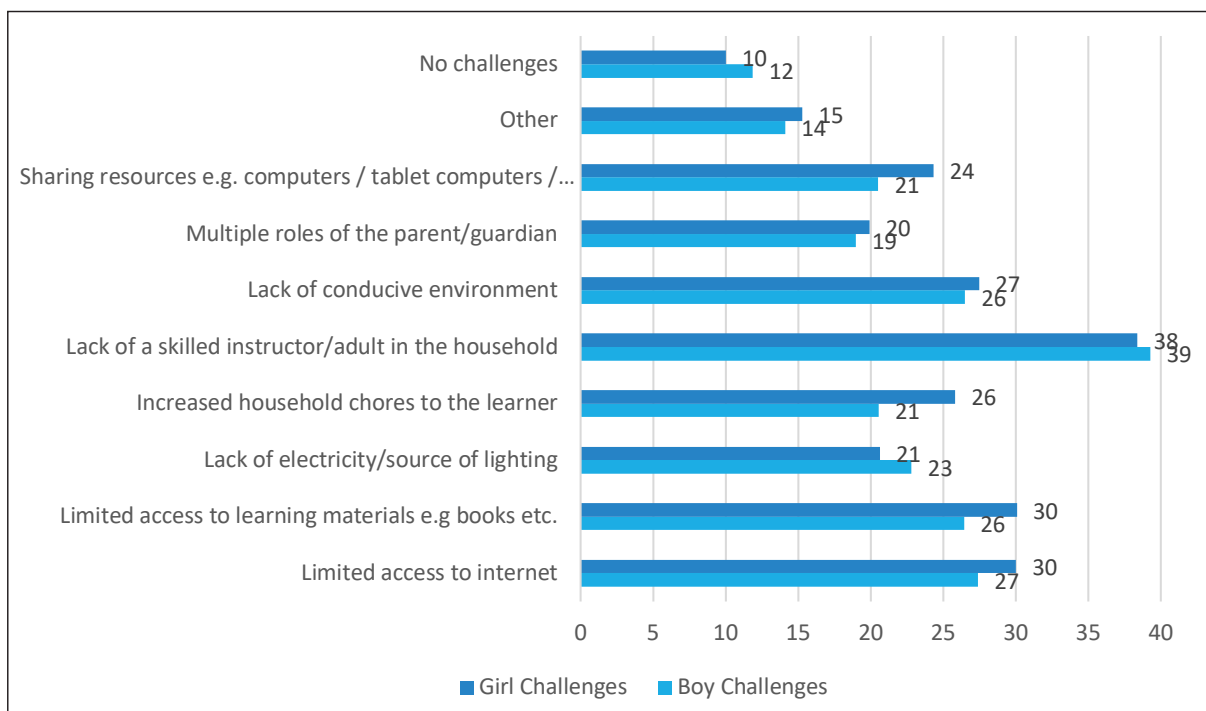
Due to COVID-19, alternate measures had to be taken to continue learning. Girls and boys were likely to take similar measures. Approximately two out of ten girls and boys took no measures - i.e. education-related activities essentially ceased. Among those that did continue learning, radio was by far the most common, with approximately two-thirds of boys and girls resorting to radio for home-based learning. Approximately a quarter of girls and boys made use of the TV for further learning while only 10% of boys and girls were using online learning platforms.

Figure 18: Measures used by boys and girls to continue learning from home after the onset of COVID-19



The period of learning from home did not proceed without challenges, and nine out of ten respondents with girls and boys learning from home indicated that the learners experienced problems. The most commonly experienced problem was not having an instructor or qualified adult in the house to teach them (38% for girls and 39% for boys). Approximately a quarter experienced problems with the lack of a conducive environment for learning (27% for girls and 26% for boys) and almost 3 in 10 lacked the necessary learning materials. Limited access to the internet was a problem for girls (30%) and boys (27%). Figure 16 details several other challenges faced in learning at home, disaggregated by the sex of the child. The challenges faced in at-home learning pose a significant threat to children staying up to speed with their education.

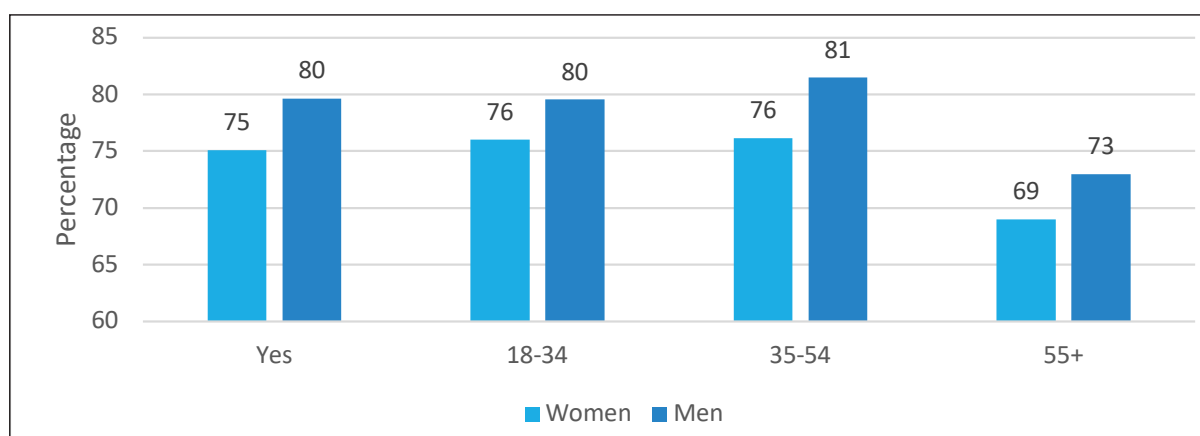
Figure 19: Challenges experienced by boys and girls to continue learning from home after the onset of COVID-19



4.6 Water and sanitation

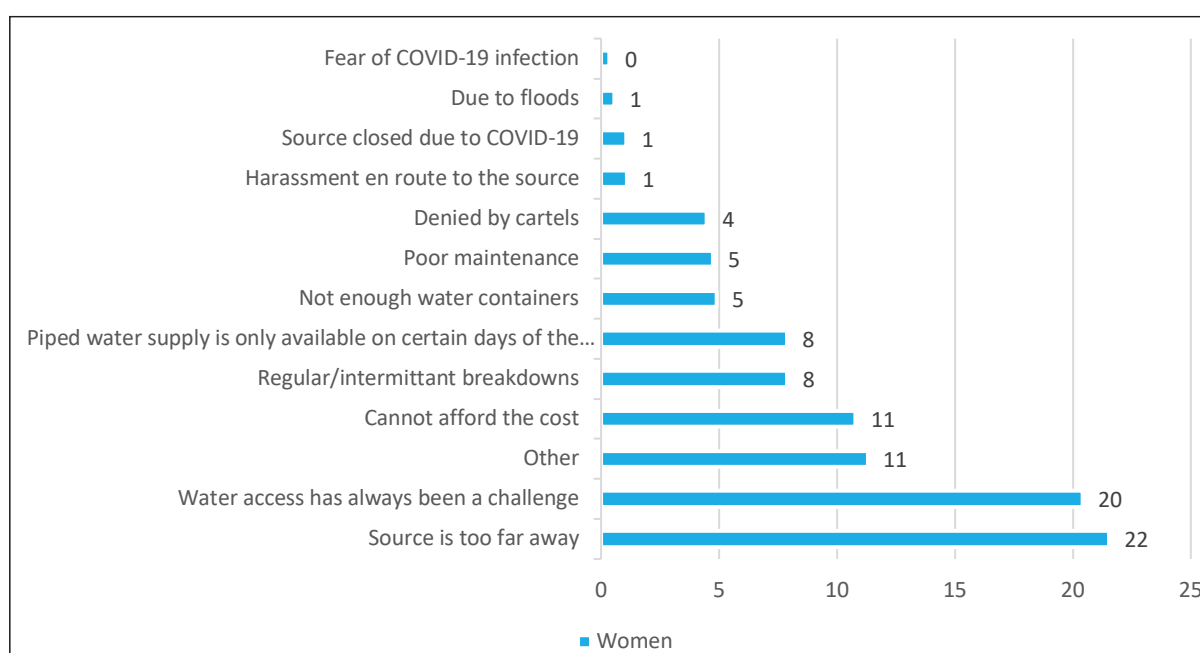
Access to clean and safe drinking water became even more important during COVID-19, as improved hygiene and regular handwashing is considered one of the most important preventative measures against the spread of the virus. Among the survey respondents, women (75%) were less likely than men (80%) to indicate that they have access to safe and clean water. Women and men aged 55 years and older were less likely than the other age cohorts to have access to clean and safe water.

Figure 20: Access to clean and safe water since the onset of COVID-19, by sex and age group



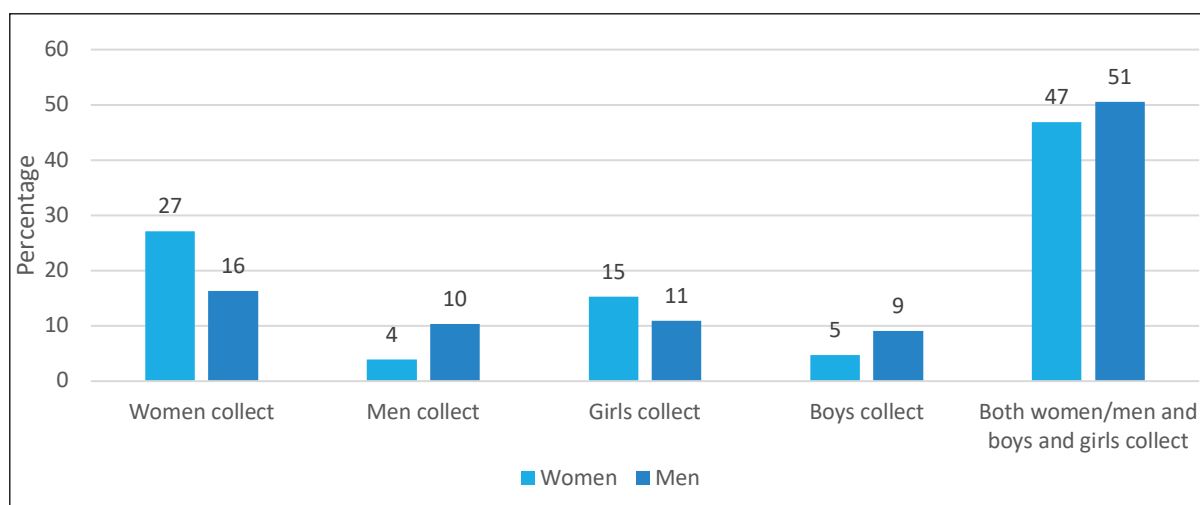
Among the 24% of women who reported limited access to clean and safe water, there were many reasons cited for the limited access. The most common reasons provided include that the water source was too far away (22%); water access has always been a challenge (20%); and the cost of water (11%) is prohibitive. Other hindrances cited included poor maintenance of water sources, lack of water containers, and breakdowns in the water source itself.

Figure 21: Reasons for having limited access to clean and safe water since the onset of COVID-19 as reported by women



As is commonplace, women and men respondents provided different perspectives on whose responsibility it is to collect water for the household. However, both women and men indicated that all household members collect water (women 47% and men 51%). However, from accounts as to who outside of that collective are most likely to collect water, there is some divergence between the responses of women and men. 42% of women indicated that it is primarily the responsibility of women and girls in their households compared to 27% of men who think that women and girls usually collect water. The burden on girls (13%) was also higher than that on boys (7%). Although almost half (49%) of respondents reported that both sexes share in the task of water collection, it is clear that the greater burden falls on women and girls.

Figure 22: Household member who usually collects water, by sex of the respondent



4.7 Unpaid domestic and care work

The time women spend on unpaid domestic and care work has been singled out as one of the barriers hampering women’s economic empowerment. No large-scale time-use survey has been conducted in Eswatini to date. For this reason, the survey included some questions aimed at establishing how much time women and men spent before lockdown on these activities and if any of them have been spending more time on these activities since the pandemic started.

In Tables 2 and 3,¹⁹ the views of women and men on the division of labor on unpaid domestic and care work prior and subsequent to the start of the pandemic. Typically, women and men’s perspective on who spent the most time on these activities prior to the pandemic differed. In Table 2, the responses of women and men were combined to facilitate the analysis. It shows that a woman in the household was mostly responsible for unpaid and domestic care work activities prior to the onset of COVID-19. A woman in the household was mostly responsible for cooking, meal preparation and related activities (78% of total responses) and cleaning (67% of responses). The domestic tasks where half or less than half of the respondents felt it is a woman in the household who spent more time on that particular activity were shopping for household use (50%) and collecting water and firewood (41%).

Even though men started from a low base with regard to their involvement in unpaid domestic activities prior to the pandemic, a significant percentage of men did indicate that they have spent more time during COVID-19 doing unpaid domestic work. Most notably, 36% of the

¹⁹ This analysis is based on the harmonized East and southern Africa regional dataset

men said they were spending more time on cleaning (36%) and collecting water and firewood (25%). However, in all instances women were still more likely than men to have reported an increase in the time they spent on unpaid domestic work during the pandemic.

Table 2: Household member who spent the most time on unpaid domestic activities before COVID-19 and changes in time spent by women and men in unpaid domestic activities, by sex

Household member who spent most of their time on activity before the pandemic		Changes in time spent since the onset of the pandemic			
Cooking, meal preparation and related activities	Women and men %	Cooking and meal preparation	Women %	Men %	Total %
A woman in the household	78.1	Do not usually do it	4.6	23.0	13.2
A man in the household	8.5	Increased	34.7	22.8	29.2
Women and men in the household	12.7	Unchanged	41.4	37.3	39.5
Someone not part of the household	0.7	Decreased	19.3	16.8	18.2
Cleaning		Cleaning			
A woman in the household	66.5	Do not usually do it	4.0	14.1	8.7
A man in the household	9.8	Increased	46.7	35.7	41.6
Women and men in the household	21.4	Unchanged	43.2	42.5	42.9
Someone not part of the household	2.3	Decreased	6.1	7.7	6.9
Shopping for household use		Shopping for household use			
A woman in the household	49.9	Do not usually do it	7.4	11.7	9.4
A man in the household	26.4	Increased	20.8	18.6	19.8
Women and men in the household	23.0	Unchanged	26.4	28.7	27.5
Someone not part of the household	0.7	Decreased	45.4	41.0	43.4
Collecting water and firewood		Collecting water and firewood			
A woman in the household	40.8	Do not usually do it	21.7	26.6	24.0
A man in the household	20.4	Increased	27.1	24.8	26.0
Women and men in the household	36.0	Unchanged	44.0	41.3	42.7
Someone not part of the household	2.8	Decreased	7.2	7.4	7.3

The same is true for unpaid care activities (Table 3). Prior to and during the pandemic, women in Eswatini were more likely than men to engage in most of these unpaid care activities, but during the pandemic significant percentages of women and men indicated that the time they spent on unpaid care work increased.

Table 3: Household member who spent the most time on unpaid care activities before COVID-19 and changes in time spent by women and men in unpaid care activities for children and adults, by sex

Household member who spent most of their time on activity before the pandemic		Changes in time spent since the onset of the pandemic			
Cooking, meal preparation and related activities	Women and men %	Cooking and meal preparation	Women %	Men %	Total %
Passive care of children		Passive care of children			
A woman in the household	70.3	Do not usually do it	16.8	29.8	22.9
A man in the household	8.4	Increased	39.0	29.0	34.4
Women and men in the household	18.9	Unchanged	38.1	34.6	36.5
Someone not part of the household	2.4	Decreased	6.1	6.6	6.3
Playing/reading/stories/etc. for children		Playing/reading stories/etc. for children			
A woman in the household	62.4	Do not usually do it	22.6	34.2	28.0
A man in the household	10.4	Increased	32.6	23.9	28.5
Women and men in the household	24.4	Unchanged	35.8	33.1	34.5
Someone not part of the household	2.8	Decreased	9.1	8.8	8.9
Teaching children		Teaching children			
A woman in the household	59.4	Do not usually do it	18.1	30.0	23.7
A man in the household	12.9	Increased	43.0	31.8	37.8
Women and men in the household	26.1	Unchanged	31.6	31.3	31.5
Someone not part of the household	1.6	Decreased	7.2	6.9	7.1
Physical care of children		Physical care of children			
A woman in the household	78.7	Do not usually do it	17.4	36.7	26.4
A man in the household	6.0	Increased	38.4	26.7	32.9
Women and men in the household	13.6	Unchanged	38.0	30.1	34.3
Someone not part of the household	1.7	Decreased	6.3	6.6	6.4
Physical care of adults		Physical care of adults			
A woman in the household	66.8	Do not usually do it	59.8	64.9	62.2
A man in the household	13.6	Increased	11.1	9.7	10.4
Women and men in the household	16.5	Unchanged	20.1	19.0	19.5
Someone not part of the household	3.2	Decreased	9.1	6.5	7.9
Assist other adults with admin and accounts		Assist other adults with admin and accounts			
A woman in the household	63.7	Do not usually do it	57.5	65.0	61.0
A man in the household	15.1	Increased	12.6	10.5	11.6
Women and men in the household	17.2	Unchanged	21.5	18.3	20.0
Someone not part of the household	4.0	Decreased	8.3	6.3	7.4
Emotional support of adults		Emotional support of adults			
A woman in the household	36.1	Do not usually do it	34.5	40.3	37.2
A man in the household	34.2	Increased	25.7	20.9	23.5
Women and men in the household	27.7	Unchanged	33.5	32.4	33.0
Someone not part of the household	2.0	Decreased	6.4	6.3	6.4

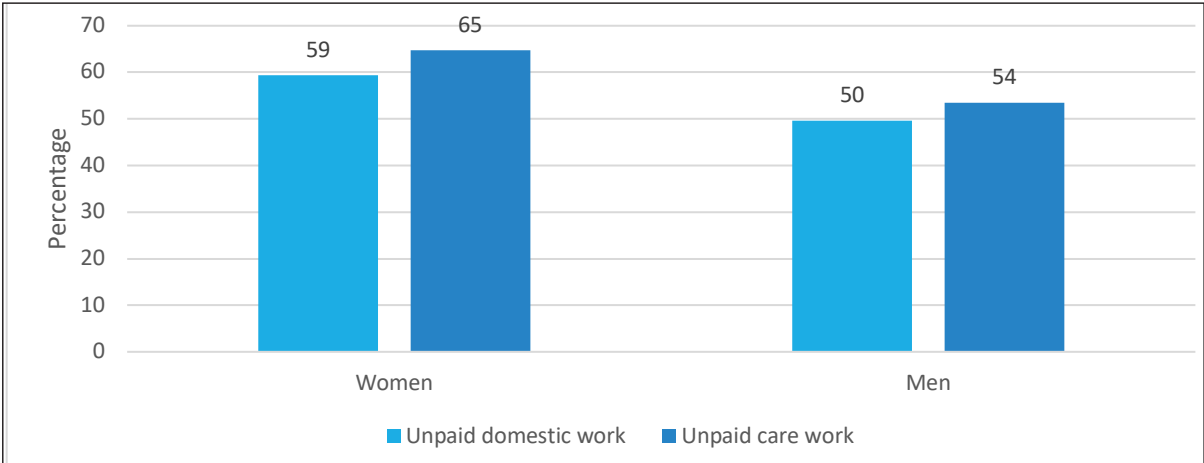
Examples from Table 3 show that 79% of respondents indicated that women were mainly responsible for the physical care of children prior to the pandemic and 70% said that women spent the most time on passively looking after children. During the pandemic, 38% of the women and 28% of the men experienced increases in the time they spent on the physical care of children. Playing with and reading to children increased during the pandemic for 24% of women and 29% of men. Activities related to childcare were more likely to increase for women during the pandemic than for men, while differences between women and men were smaller for unpaid care work being done for adults.

The physical care for other adults (67%) and assisting them with administration and other tasks (64%) was also mostly done by women prior to the pandemic. Unlike in the case of caring for children, the work burden associated with caring for other adults did not increase during the pandemic for significant percentages of women and men. Most who engaged in these activities prior to the pandemic did not experience any changes in time spent.

The analysis in Figure 23 summarizes changes for women and men in unpaid domestic and care work since the onset of COVID-19. An increase is registered when a woman or a man indicated that at least one of their unpaid domestic or care activities had increased during the pandemic.

Nearly six out of ten women (59%) and half of the men surveyed said that they have been spending more time on unpaid domestic activities since the onset of the pandemic and 65% of women and 54% of men have increased the time they devote to unpaid care activities. As highlighted in the preceding discussion, these unpaid care activities were more likely to relate to children than other adults.

Figure 23: Respondents who said that their unpaid domestic and care work increased during the pandemic, by sex

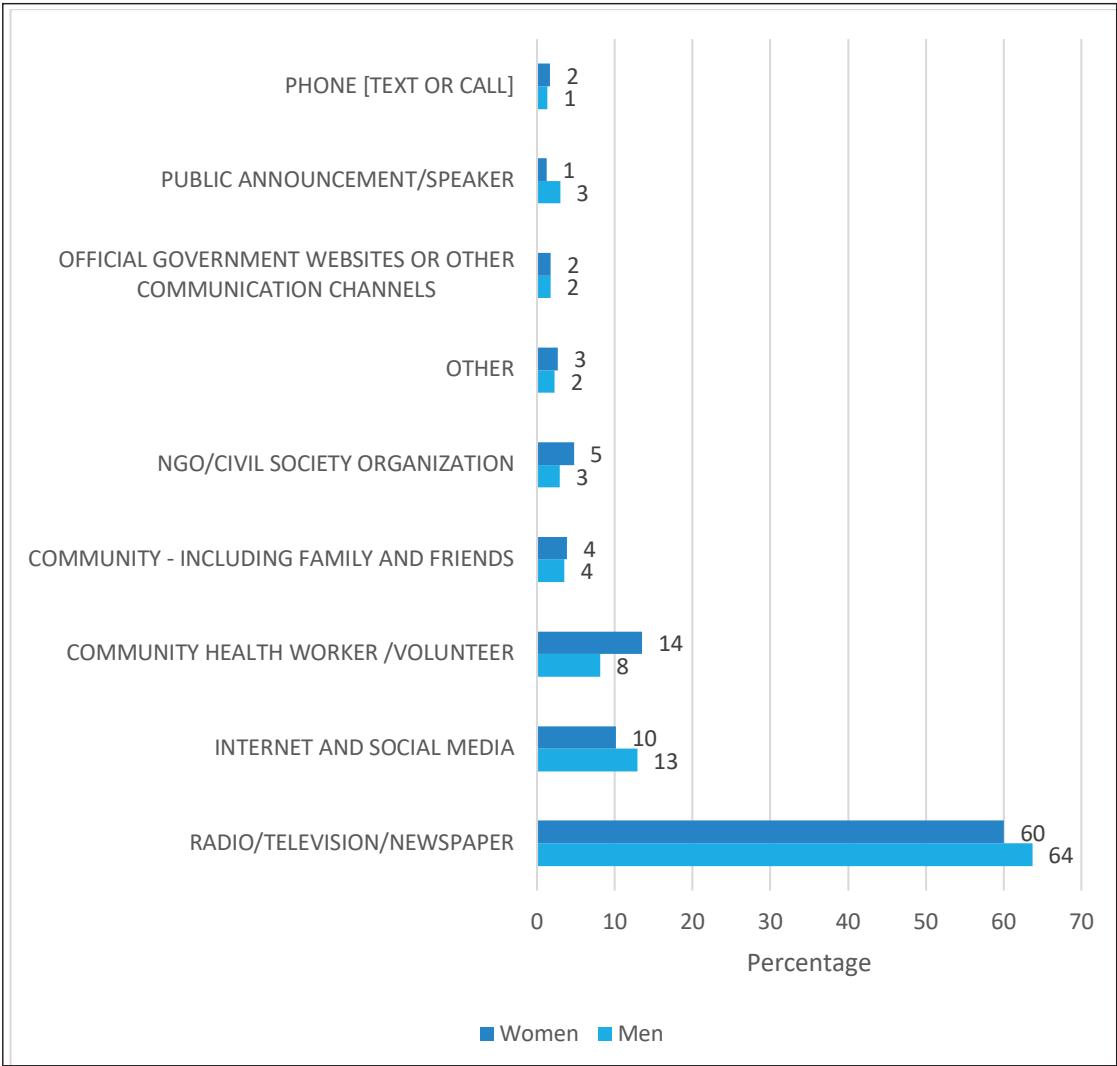


4.8 Information sources

Since the onset of the pandemic, 96% of women and men reported having received information about COVID-19 (including risks and prevention).

Of those who have received information, the sources cited varied by sex. Women (60%) were less likely than men to have received information from radio/TV/newspaper than men (64%). More women (14%) reported receiving information from community health workers or volunteers than men (8%). Other sources of information had a similar distribution for women and men.

Figure 24: Sources of information about COVID-19, by sex

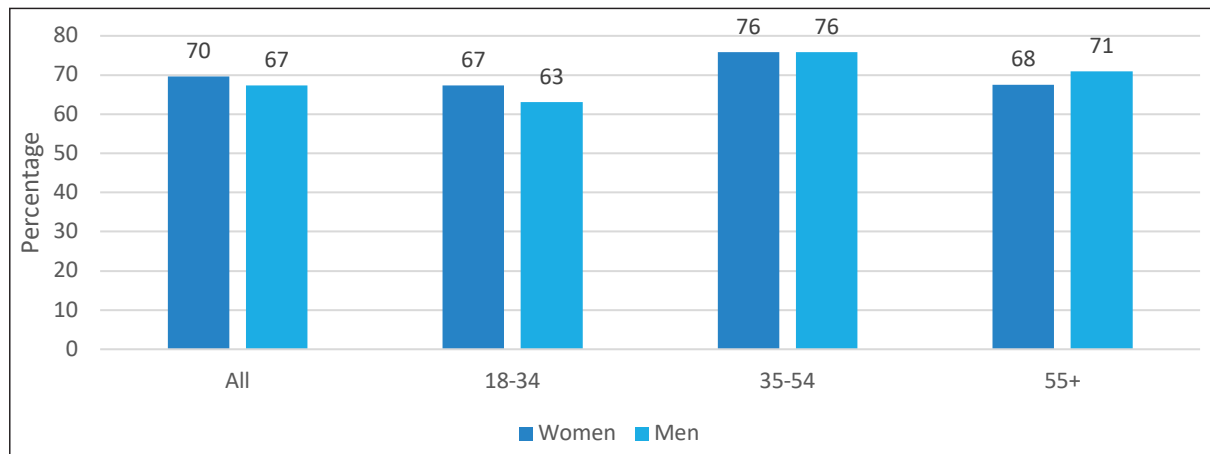


4.9 Physical and mental health

COVID-19 took a toll on mental health – an overwhelming percentage of both women and men respondents reported that the pandemic has had a negative impact on their mental or emotional health.

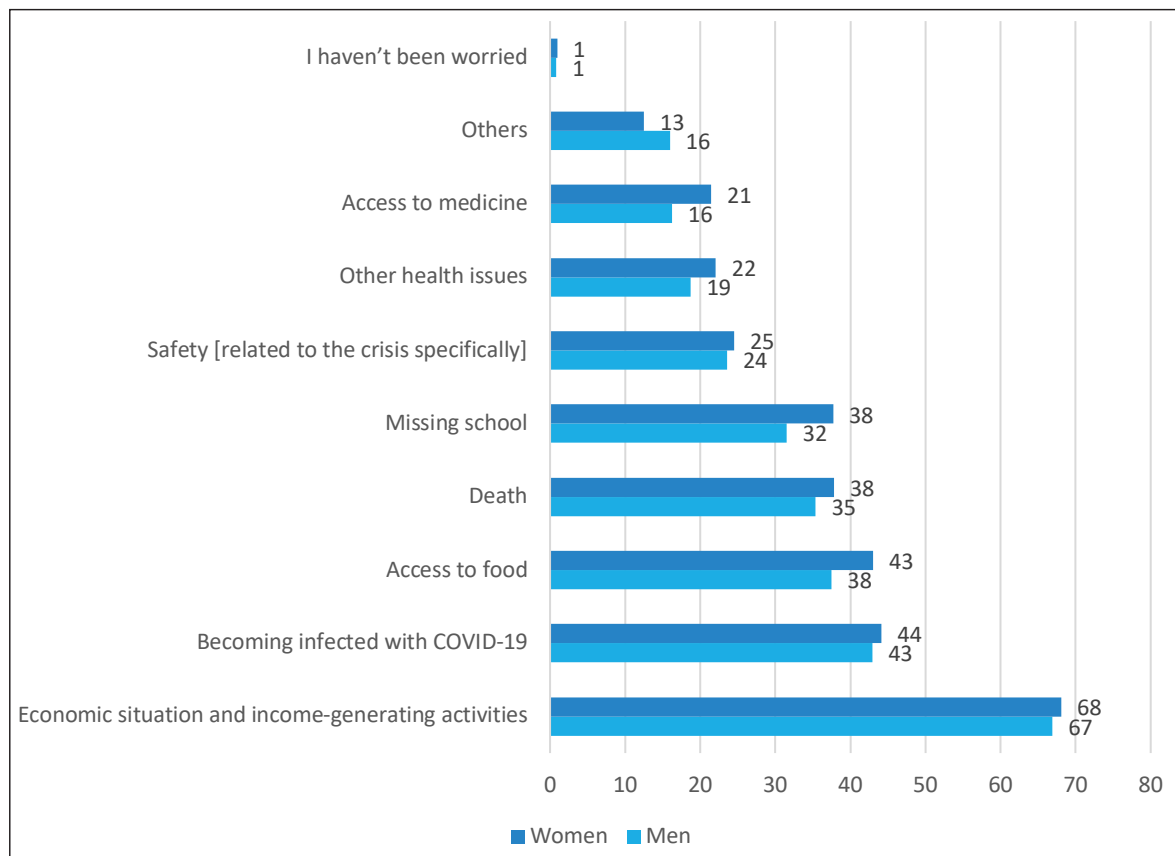
Seven in ten (70%) women and a nearly equal proportion of men (67%) indicated that they were having problems with their mental well-being during the pandemic. Women and men aged 35-54 years were the most likely to experience these kinds of problems during the pandemic (76% each of women and men). Women in the 18–34 years and 55 years and older age groups were nearly equally likely to experience problems (approximately 67%), while men older than 55 years were more likely than the 18–34-year age cohort to experience problems (71% versus 61%).

Figure 25: Experiences of a negative impact of COVID-19 on mental and emotional health, by sex and age group



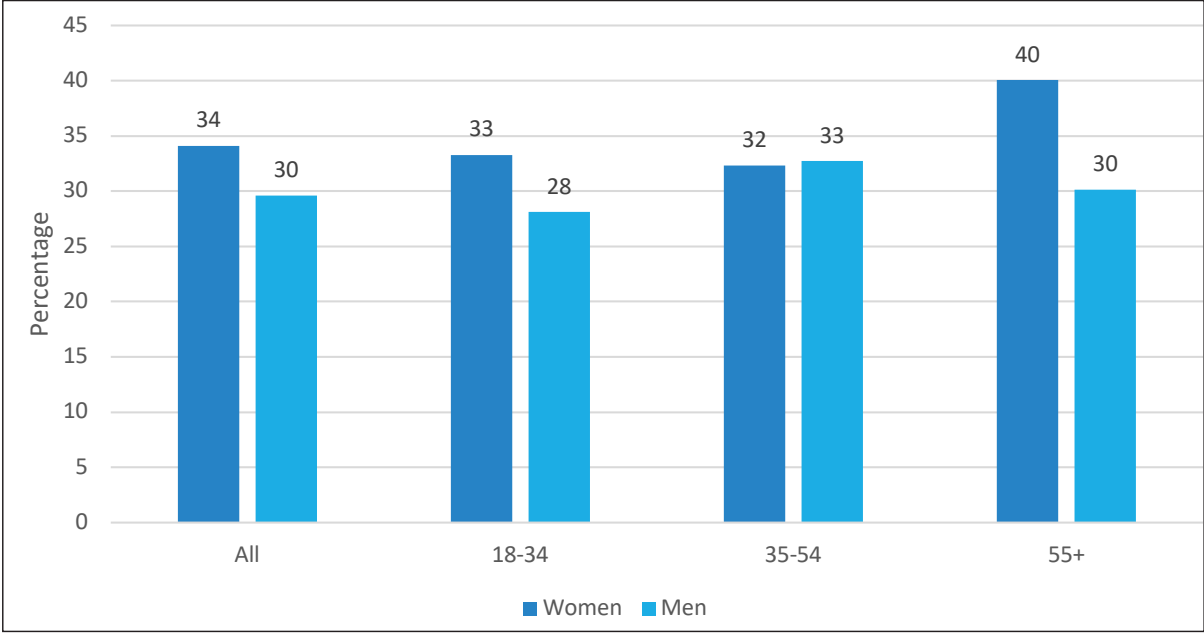
One of the questions in the first questionnaire focused on a list of concerns and difficulties that the respondent may have experienced due to COVID-19. According to Figure 26, women and men in Eswatini were mainly worried about the economic difficulties caused by the pandemic (68% for women and 67% for men). This was followed with concerns about becoming infected with the virus (44% for women and 43% for men); and access to food (43% for women and 28% for men); death (38% for women and 35% for men); and children missing school (38% of women and 32% of men). Approximately a quarter of women and men worried about safety in general, while one in ten women were concerned about access to medicine compared to only 16% of men respondents.

Figure 26: Main sources of worry since the onset of the pandemic, by sex



More than a third of women (34%) and three in 10 men indicated that they had any kind of illness during the pandemic. Older women were generally more likely to have been ill than the younger age cohorts, while men in their middle ages (35–54 years) were more likely to be ill than their younger and older counterparts.

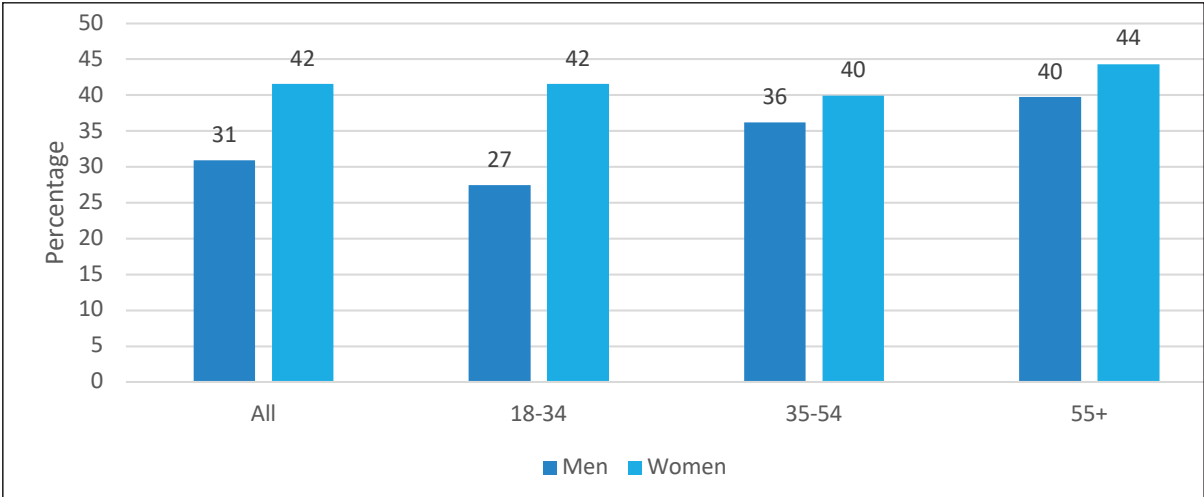
Figure 27: Physical illness of respondents or other household members since the onset of COVID-19, by sex and age group



4.10 Health services

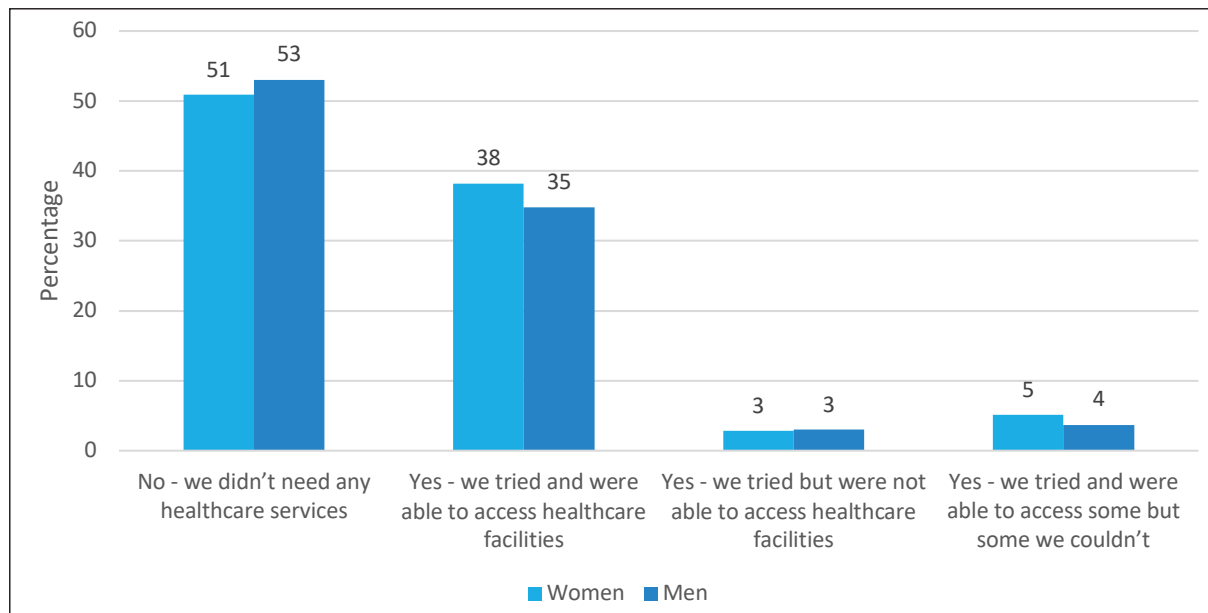
In exploring health services and service utilization since the onset of the pandemic, significantly more women (42%) than men (31%) reported seeking any type of healthcare service. As can be expected, women and men in the older age cohorts were more likely than those in the younger age cohorts to have sought healthcare services. However, differences between younger and older men were more significant than differences between younger and older women (13 percentage points for men and 2 percentage points for women).

Figure 28: Percentage respondents who have sought healthcare services since the onset of the pandemic, by sex and age group



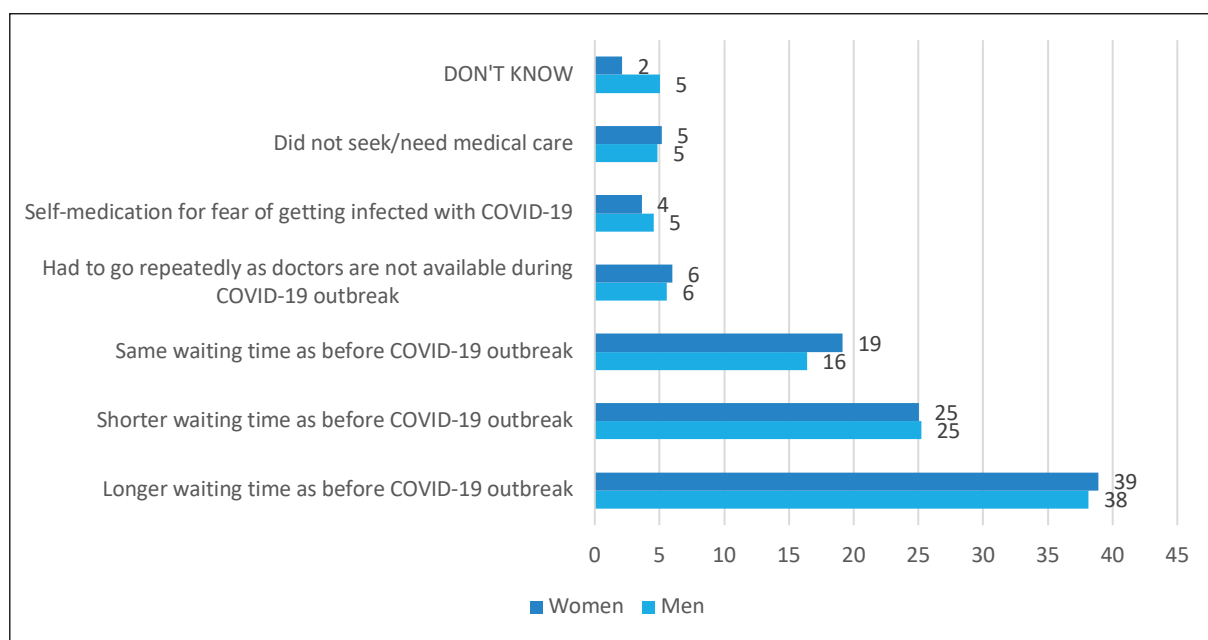
When it came to ability to actually access health care services, 38% of women and 35% of men who needed services were able to access them. Five percent or less of the women and men who tried to access healthcare services were unable to access all or some of these services.

Figure 29: Access to healthcare services experience, by sex



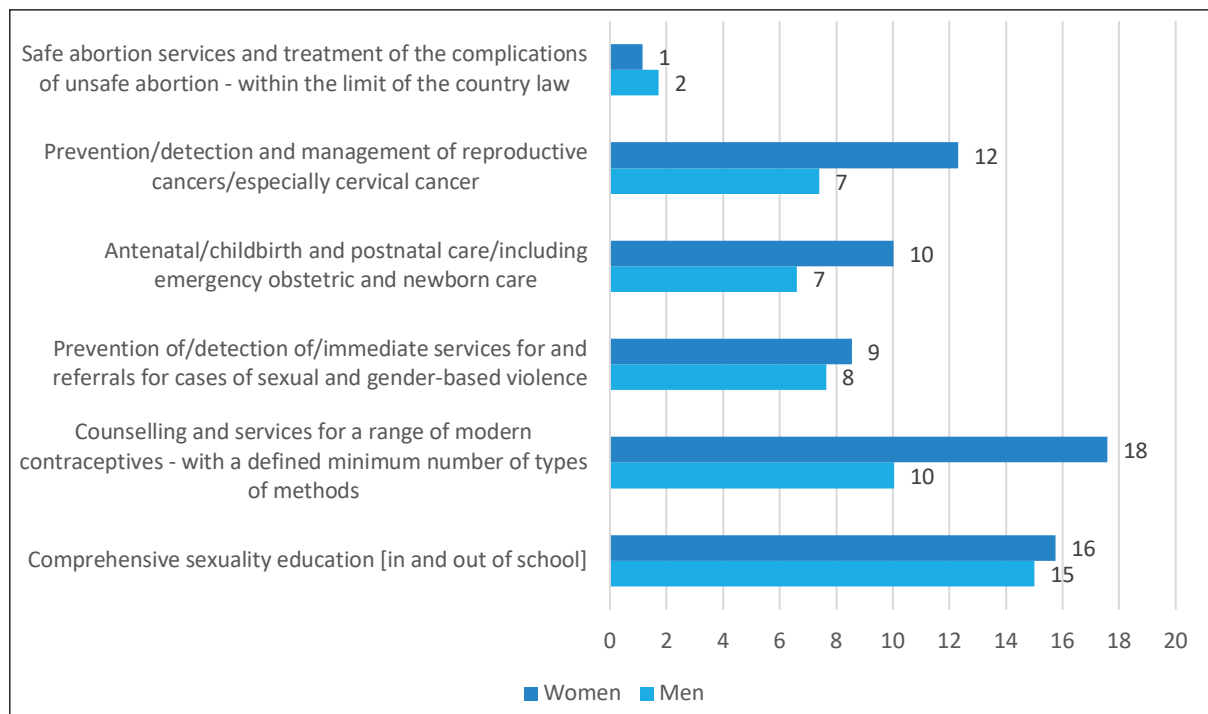
The overall experience of those who managed to access services is summarized in Figure 30. Nearly four in ten respondents (39% women and 38% men) indicated that they had to wait for a longer periods than prior to the pandemic, whilst a quarter experienced shorter waiting times; 19% women and 16% men felt that the waiting times were the same as before the pandemic.

Figure 30: Waiting times and overall experience when seeking healthcare services, by sex



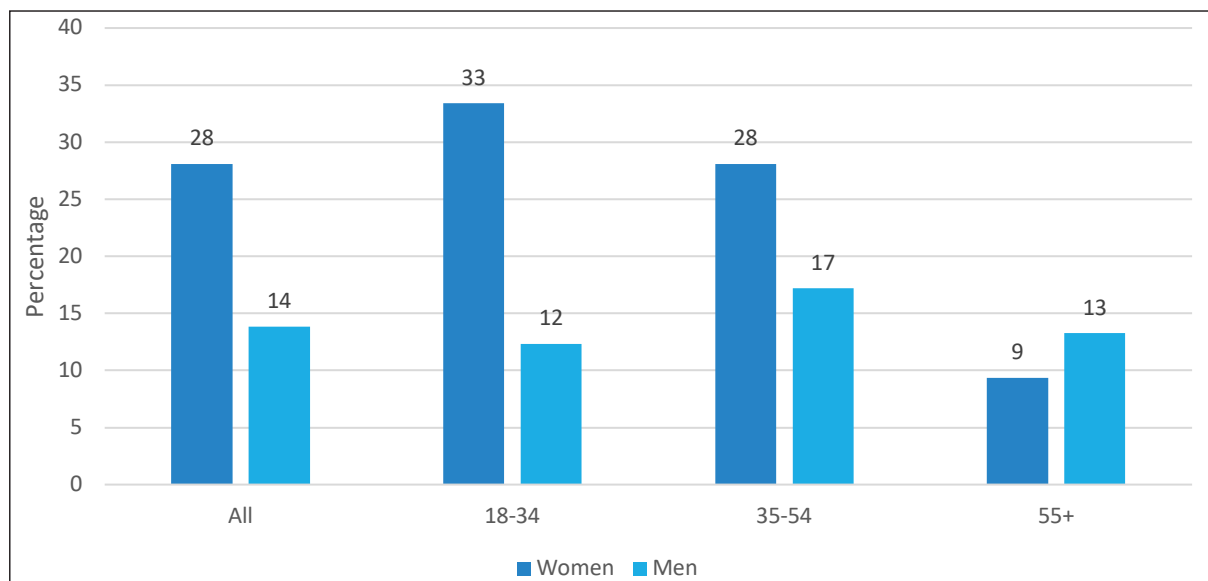
Of those who tried and were successful in accessing healthcare services, the specific types of services accessed can be found in Figure 31. Of note, 5% more women (12 percentage points more) than men (7%) reported seeking prevention, detection, or management of reproductive cancers. Significantly more women (18%) reported accessing counselling about modern contraceptive methods compared to 10% of men while 16% of women and 15% of men used comprehensive sexuality education services.

Figure 31: Healthcare services accessed, by sex



In terms of family planning (FP) services, in general, women were twice as likely as men to seeking FP services (28% of women and 14% of men). A sharp decline with age in the percentage of women seeking FP services during the pandemic was also observed. As many as a third of women aged 18-34 years sought FP services, while only 9% of those 55 years and older accessed the service.

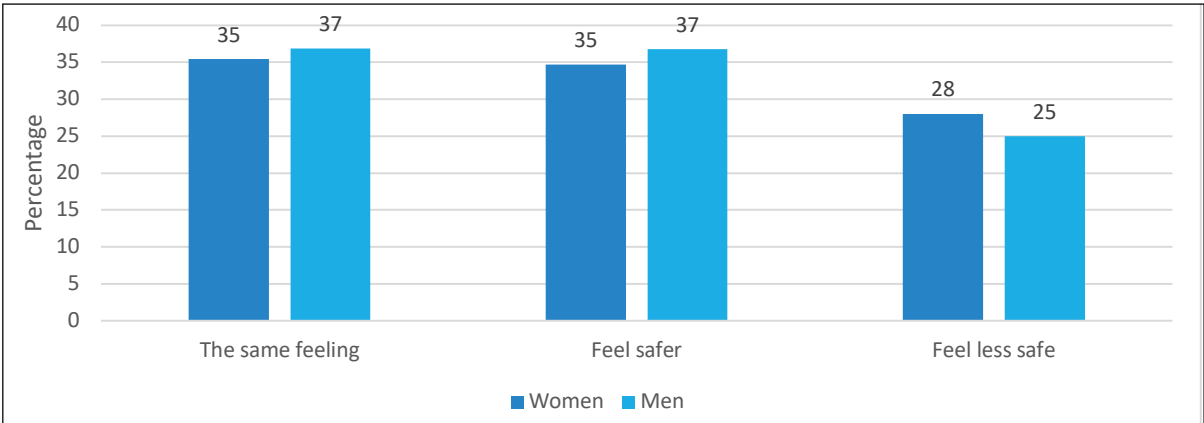
Figure 32: Family planning services sought, by sex and age group



4.11 Violence

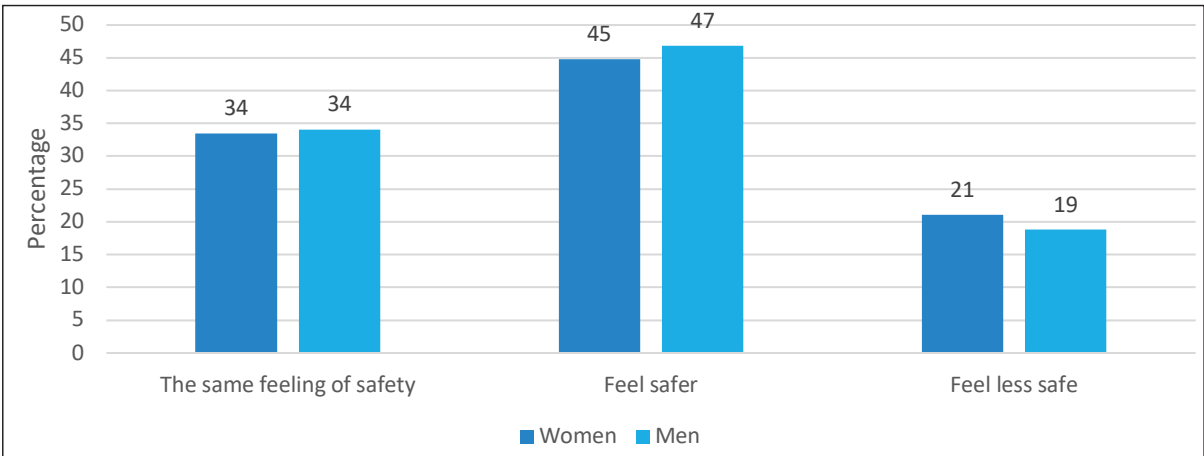
The pandemic brought about changes in respondents' feelings of safety. Although approximately one-third of respondents reported feeling the same level of safety in the community, there was a split among the rest. More than a quarter of women (28%) and a quarter of men (25%) indicated that they felt less safe in their communities during the pandemic while significantly more (35% of women and 37% of men) indicated that they felt safer. This may be an indication that increased movement restrictions and more time being spent at home contributed towards increased feelings of safety in the community.

Figure 33: Changes in feelings of safety in the community since the onset of COVID-19, by sex



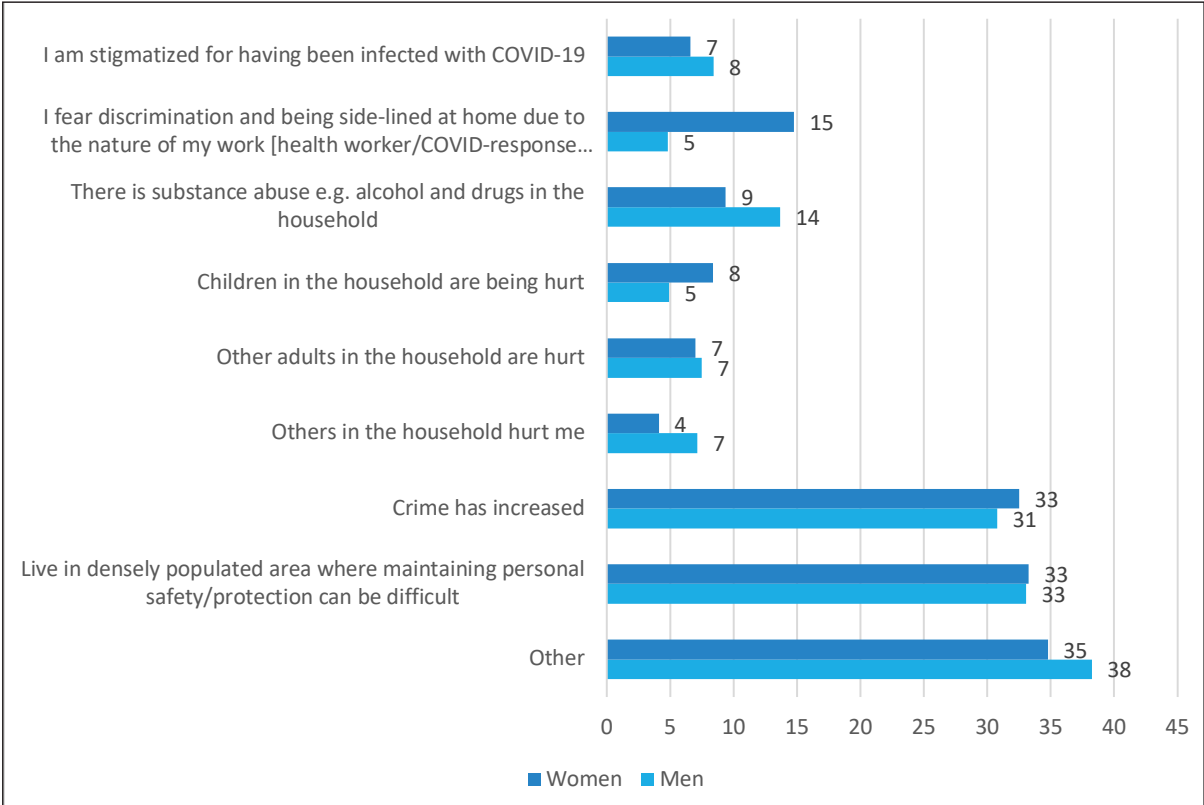
When asked about their feelings of safety in the home, almost half of respondents of both sexes reported feeling safer, with another one-third reporting a similar feeling of safety to prior the onset of the pandemic. Approximately one in five women and men (21% women and 19% men) felt less safe at home during the pandemic.

Figure 34: Changes in feelings of safety in the home since the onset of COVID-19, by sex



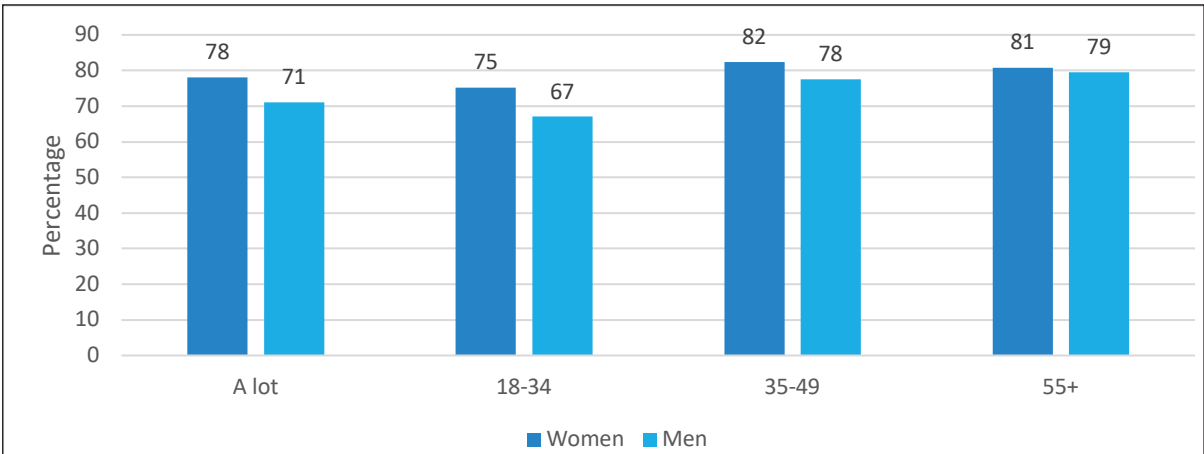
Of those who felt less safe, there were many reasons, and the details can be found in Figure 35. While most reasons for feeling less safe were cited by similar percentages of women and men, significantly more women (15%) than men (5%) reported discrimination or being side-lined at home due to the nature of their work (such as being a healthcare worker) as the reason for feeling less safe. It would be interesting to compare the sex differentials in terms of type of employment and if more women than men are healthcare workers, which could in part explain this significant difference between women and men.

Figure 35: Reasons for feeling less safe at home since the onset of COVID-19, by sex



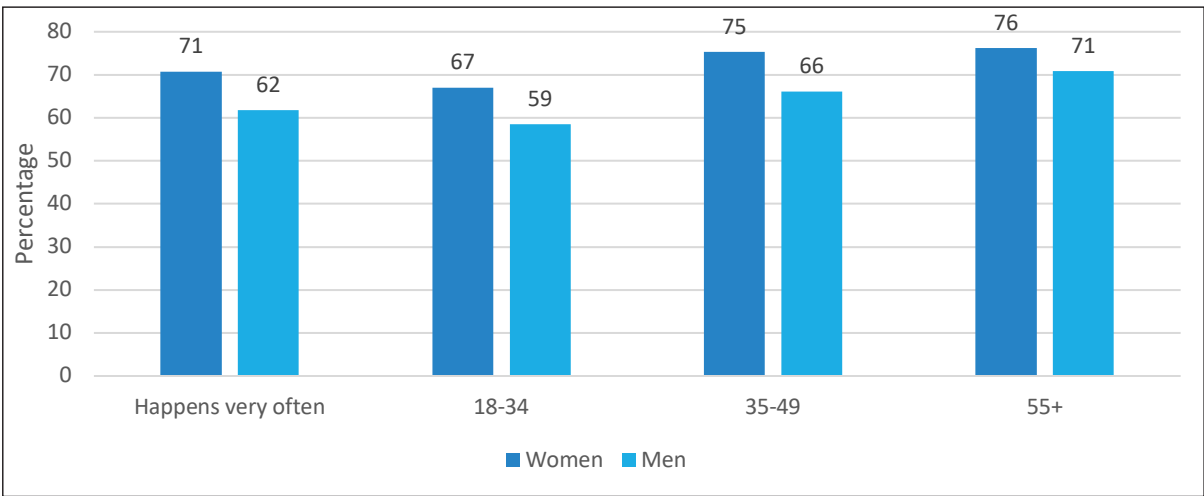
A significant portion of the survey focused on GBV first exploring the issue of perceptions around the incidence and frequency in Eswatini irrespective of COVID-19. More than seven in ten women (78%) and men (72%) reported that GBV is an issue in the country while 9% of women and 12% of men felt that GBV is “a little bit” of an issue. Only 2% of respondents, both women and men, thought that GBV is not an issue at all. This speaks to the need for GBV awareness, prevention, treatment, and other services in Eswatini, unrelated to the pandemic.

Figure 36: Extent to which GBV is a problem in Eswatini, by sex and age group



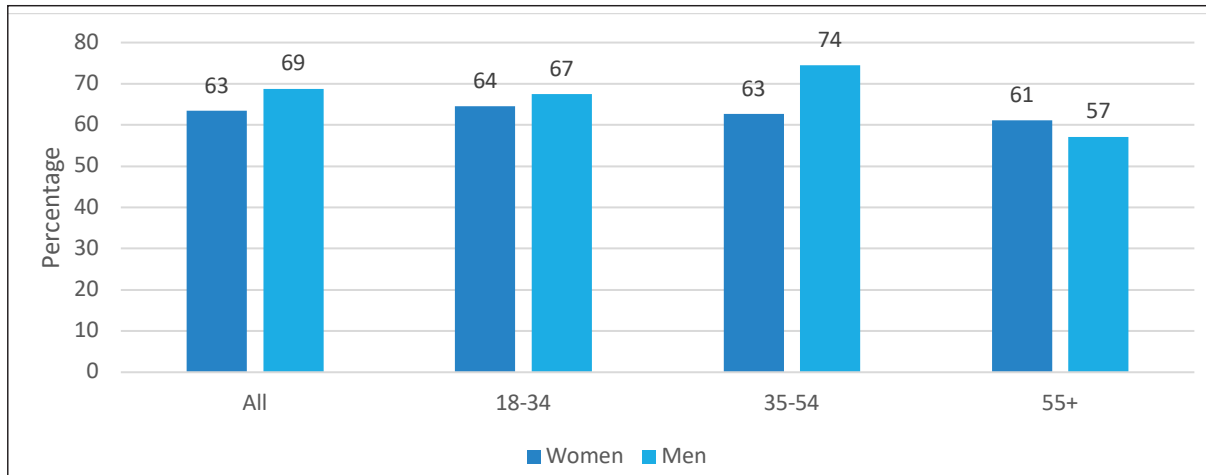
A similarly high percentage of respondents felt that GBV occurred frequently. 71% of women and 62% of men reported that GBV happens very often – again, this question was unrelated to COVID-19. An additional 22% of women and 27% of men reported that it happens sometimes. This indicates the need for the development of support systems and services for survivors of GBV and the execution of a prevalence survey that can establish the extent and nature of GBV in Eswatini.

Figure 37: Perceived frequency of GBV in Eswatini, by sex and age group



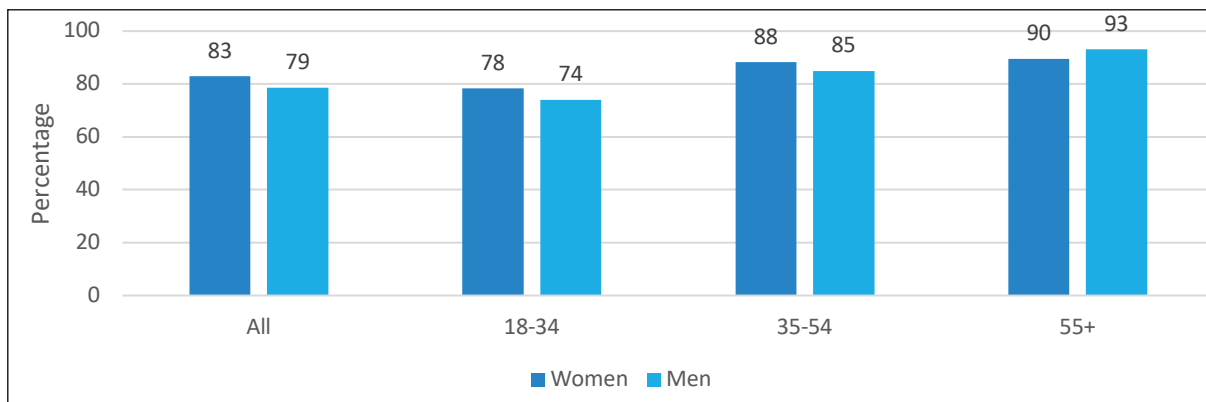
When asked whether they feel that the incidence of GBV has changed during the pandemic, approximately two-thirds or more of women and men indicated that they think it has increased (63% of women and 69% of men). Even though the distribution of women who think GBV has increased is fairly similar in the different age groups ranging from 64% for the 18-34-year age group to 61% for women 55 years and older, the perceptions of men of different ages were significantly different. Men aged 35-54 years were more likely to feel that the incidence has increased (74%) than men aged 18-34 (67%) and men aged 55 years and older (57%).

Figure 38: Percentage of individuals who believe the incidence of GBV has changed since the onset of the pandemic, by sex and age group



Most women (83%) and men (79%) who noticed a change in GBV since the onset of COVID-19 felt its incidence has increased. Women were more likely than men to think that there has been an increase for 18–34 years and 35–54 years age groups, while men were slightly more likely than women to think that it has increased (93% vs. 90%) in the 55 years and older age cohort.

Figure 39: Percentage of respondents who felt that the incidence of GBV has changed and, more specifically, increased since the onset of the pandemic, by sex and age group



The questionnaire contained a list of different types of GBV and the list was read to the respondents with the request that they should indicate whether they know of someone who has been exposed to these kinds of incidents during COVID-19. The most commonly reported incidents were physical abuse, emotional abuse, and femicide.

Approximately a quarter of respondents (women, 27% and men, 24%) reported knowing someone who was hurt emotionally due to verbal abuse and a similar proportion (women 22%, men, 25%) knew someone who was a victim of slapping, hitting, or other physical violence that hurt the individual. As many as 18% of women and 15% of men said that they knew someone who was killed by their intimate partner.

Figure 40: Percentage of respondents who know someone who has been a victim of GBV since the onset of COVID-19, by sex of the respondent

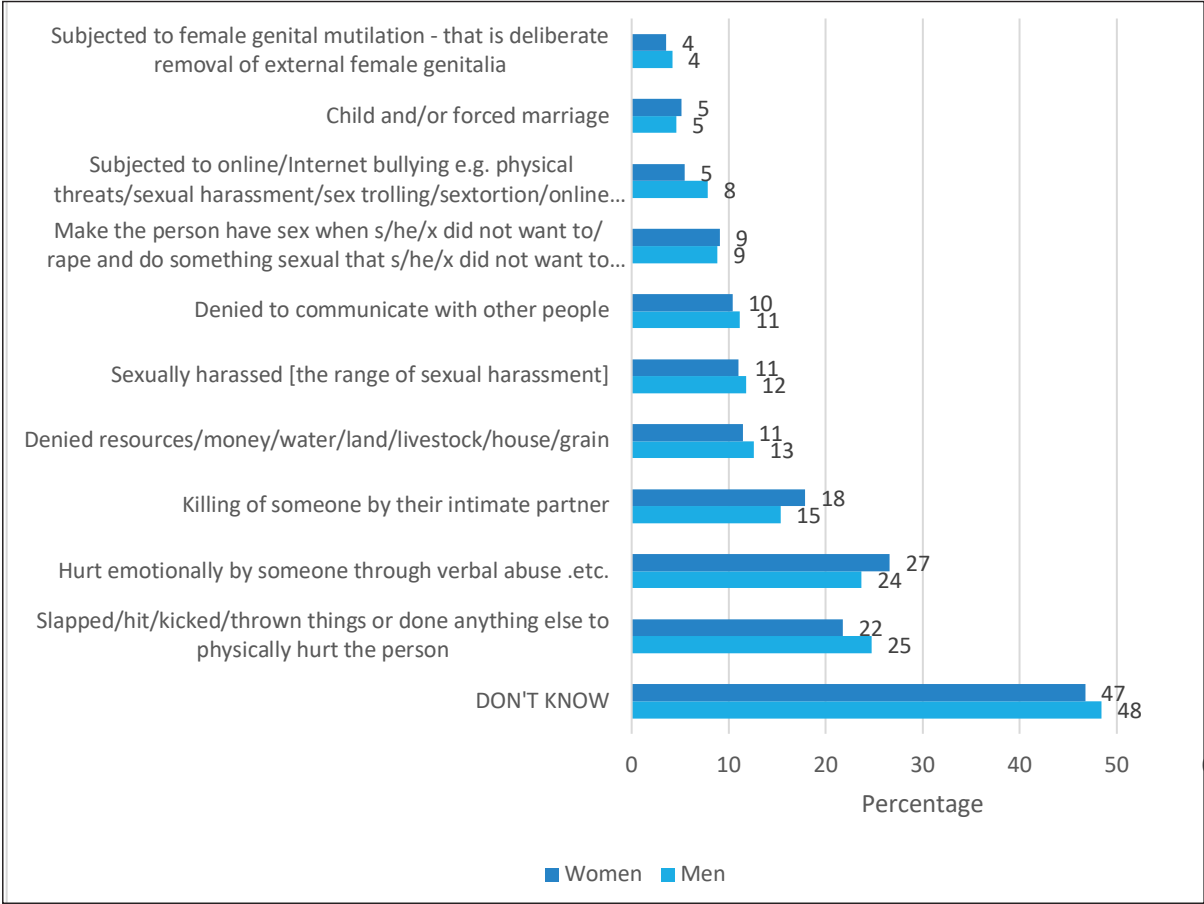


Figure 41 identifies the offenders identified by women who know at least one person who was a victim/survivor of GBV. The most common perpetrators were spouses/partners (35% women vs. 30% for men), other family member (20% women vs. 17% for men), neighbors (17% for women vs. 16% for men) and other not listed individuals (11% for women and 16% for men).

Figure 41: Offender of the most recent gender-based violence incident, by sex of the respondent²⁰

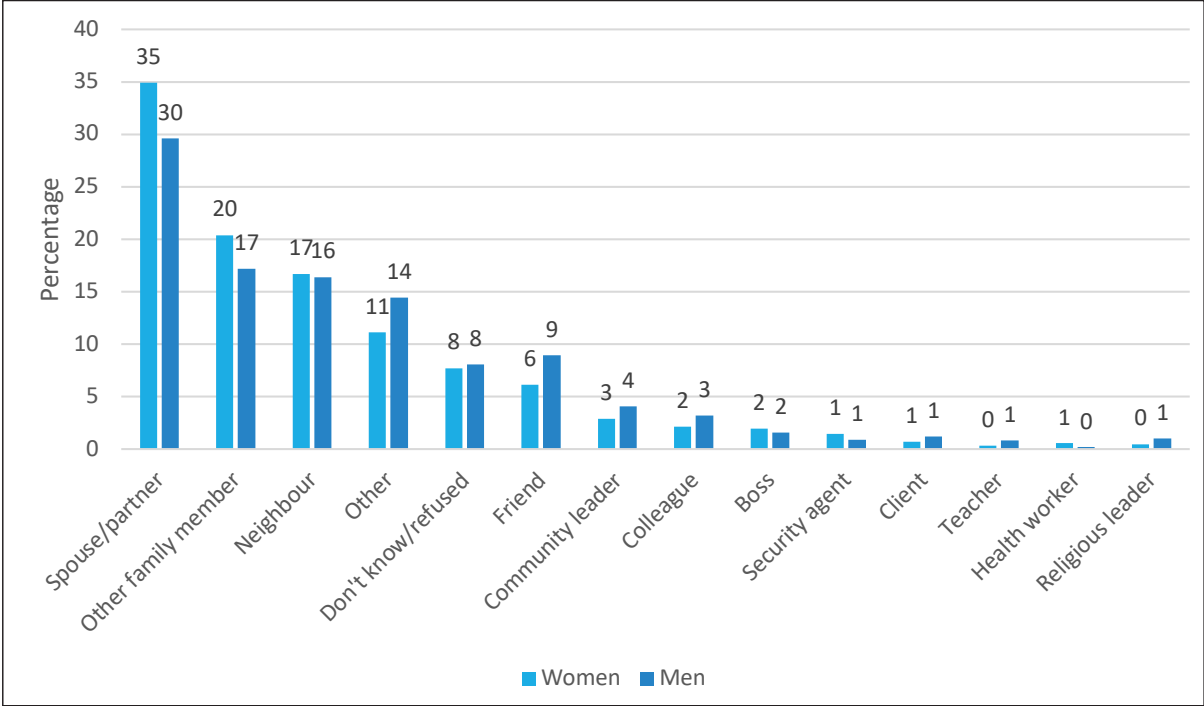
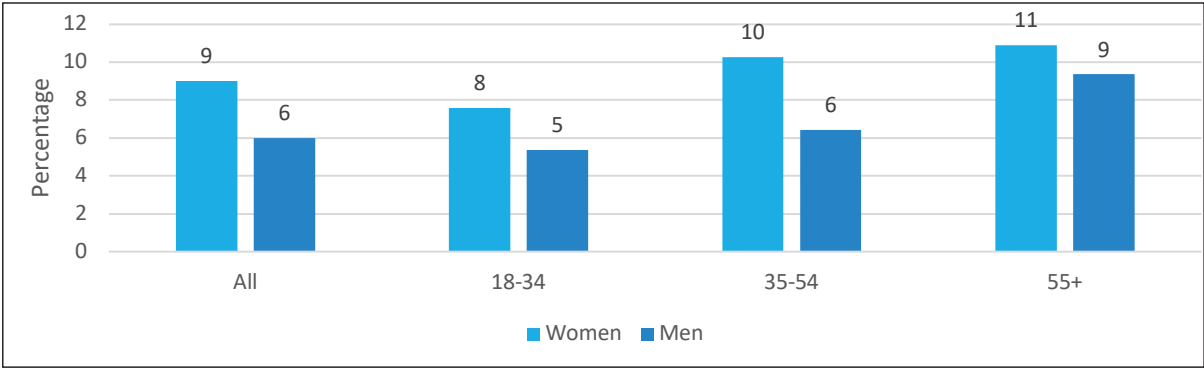


Figure 42: Percentage of respondents who have accessed GBV-related services since the onset of COVID-19, by sex and age group

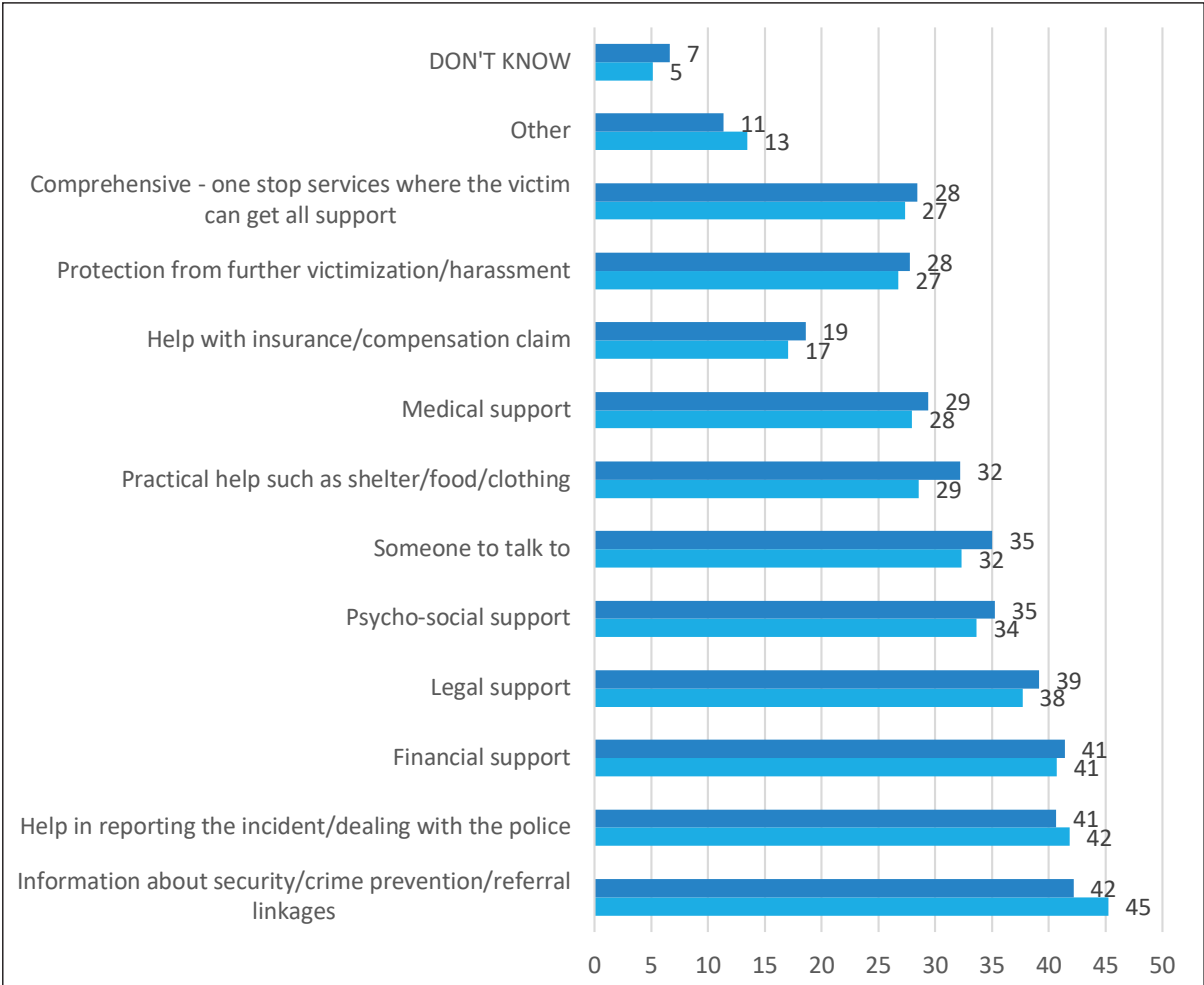


Of the respondents who access GBV services 66% of women and 62% men indicated that they sought services from the police.

Respondents were asked what types of support was needed to prevent GBV during COVID-19. Responses were quite similar between sexes, although variations can be seen in the chart below. Legal and financial support was cited by a large percentage, as was support in reporting the incident and dealing with the police.

²⁰ The categories reflected here as 0% had at least one or more response, but became 0% as a result of rounding.

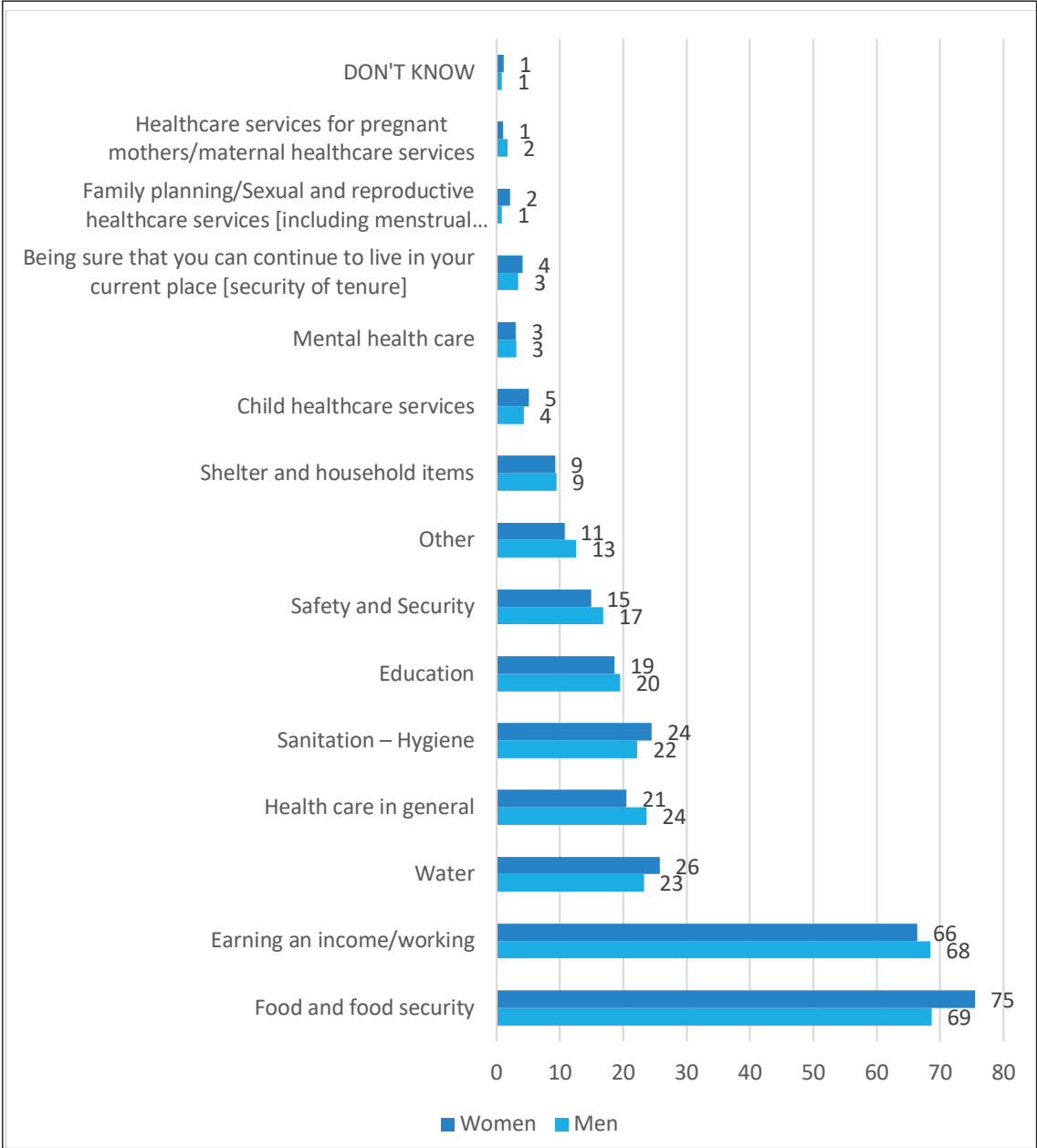
Figure 43: Types of support needed to prevent GBV during COVID-19, by sex



4.12 Priorities

Respondents were also interviewed on the top three priority needs for them and their household during the pandemic. While an extremely high percentage of both women and men report food as the top priority, this was reported much more frequently among women (75%) compared to men (69%). Women were also slightly more in need of water (26% of women and 23% of men). Sanitation, healthcare, and education were frequently cited by both sexes. Approximately two-thirds of respondents (66% of women and 68% of men) reported needing work and to earn an income as a top priority.

Figure 44: Current priority needs, by sex



5. CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

Conclusions

The overall objective of the study is to provide an accurate picture of consequences of the COVID-19 crisis on women and men and to inform gender-sensitive and effective decision-making and response strategies. The information in the report is based on CATI interviews with a sample consisting of 1,349 women and 1,185 men, which were originally selected to reflect the demographic profile of the country by age and sex, geographic location, and socio-economic status. The data was adjusted post-collection to compensate for over- or under-collection in some demographic quotas. Two questionnaires with each interview lasting 15–20 minutes were deployed as a demographic panel. Data collection took place in January and February 2021 at the start of the second wave of the pandemic in Eswatini and after most movement restrictions that followed the first wave had been lifted and workplaces and schools had reopened and resumed normal operations.

Even though the study was initially conceptualized as providing basic statistical data for the post-COVID-19 recovery phase, it became evident in January 2021 that Eswatini was entering a second wave of COVID-19 infections and what was envisaged as a recovery phase in 2021 has seen a deepening of the crisis.

The survey methodology was constrained by safety, financial and time constraints and using a CATI mode with sampling quotas for the main demographic characteristics was the best survey modality under the circumstances. The achieved sample was representative as per the design specifications and, even though relatively small, can provide reliable estimates for women and men at the national level.

The 15–20-minute limitation on interview length affected the number of questions that could be included in the questionnaires and several instances have been identified where additional questions (e.g. current receipt of social grants and location during lockdown) could have enriched the analysis.

The study was aimed at providing a broad overview of the impact of COVID-19 on women and men. However, there are still opportunities to do a more in-depth analysis of the available data to develop more targeted policy and strategy recommendations.

The research highlighted several intersectional differences related to age and location which could have been more robustly tested if the sample size was bigger. Even though enumerators

were trained on how to handle the sensitive GBV-related questions and most questions only required a yes/no responses, more attention should be given in future studies to establish whether the respondent is in a safe place when answering the questions, as well as whether they are using the speaker phone setting during the interview.

Recommendations

It is recommended for future studies that:

- The sample size be increased to enable greater analysis of intersectionality and better identify and target the problems of specific marginalized groups such as for example the LGBTQ community, women with disability or women living with HIV.
- Additional measures are needed for the gender-based violence module to check whether the respondent is in a safe place and to check for and mitigate against the potential negative impact of the use of speaker phones.

5.2 Economic impacts

Conclusions

Most individuals and households in the study experienced negative economic and financial impacts as a result of the pandemic. Approximately eight out of ten women and men have experienced financial difficulties and reported that their economic personal activities changed due to COVID-19. Three in ten indicated that the household head lost his/her job.

When asked what has been their own and their household's top priority needs during COVID-19, men (68%) and women (66%) overwhelmingly identified earning an income and working as a top priority during and after COVID-19.

These financial difficulties are largely associated with changes in the economic activities of women and men. Prior to the pandemic women in Eswatini were more likely than men to have their own businesses (formal or informal) and less likely than men to be employed by someone else. The percentage of women who reported working for someone for pay decreased significantly from 32% to 18% at the time of the survey and for men from 43% to 27%. The percentage of women running their own businesses without employing others decreased from 28% to 18% compared to a decrease for men from 14% to 9%. There was also an increase in women and men looking for jobs between March 2020 and January/February 2021 (from 3% to 10% for both women and men). More than seven in ten women and men indicated that their economic activities have changed since the onset of COVID-19. Men (51%) were more likely than women (48%) to have experienced a decrease in personal income. Men aged 18–34 were more likely than any other age-sex cohort to have experienced decreases in their personal income.

Relatively few women and men have received support during the pandemic via social safety nets either in the form of support from the state or as remittances from friends or relatives. Three out of ten women and 27% of men indicated that they have received some form of COVID-19 related support from the government. During the pandemic receipt of remittances decreased for both women and men, 29% said that remittances used to be a source of income,

but no longer were at the time of the survey.

Decision-making about money is one of the key elements of women's economic empowerment. The findings of the study suggest that women and men report on this issue differently. Women were more likely than men to indicate that men are the main decision-makers, while men are more likely than women to say that decisions about money are made jointly. Women aged 55 years and older are more likely than other age groups to indicate that they are the main decision-makers about money; this probably relates to longer life expectancies among women with women who formerly lived in partnerships having more autonomy in decision-making after becoming widows.

Recommendations

The negative impacts of the pandemic on the incomes of individuals and households have not been mitigated by additional socio-economic support from the government or friends and relatives and most individuals and households experienced significant declines in incomes.

With respect to post-COVID-19 recovery it is therefore recommended that:

- Gender equality and women's economic empowerment work needs to be continued, and planning for multiple uncertainties should be integral to the process.
- It is essential that economic activities be continued and supported as much as possible to minimize further financial and economic hardships, while keeping women and men safe. It will also be important to introduce special measures for women who have small and informal business to help with the recovery process.
- It will be necessary to further assess the gender impact of current response measures to the pandemic. This can be used to develop gender responsive policies and strategies, as well as support planning for more gender-responsive approaches to future pandemics.
- Facilitate the upgrading from informal to formal sector activities by promoting professional and business associations of women and tax policies, such as tax breaks or holidays in the initial stages, negotiating with entrepreneurs' associations, etc.
- Facilitate the access of SMMEs, also owned by women and young people to public recruitment, market information and skills and business training and provide tax breaks or rebates for SMMEs in the short and medium term.
- The pandemic created a huge impetus to fast-track buy-in into the digital economy. During the post-COVID-19 recovery phase the momentum gained during this period can be further harnessed for wider and increased adoption of technology and innovation for women and youth owned businesses.
- It will be essential for local organizations and international agencies working towards women's economic empowerment to share good practices and to support the government in this work as well as raise funds and collaborate with MFIs in the region to target women and youth.

5.3 Food production and food security

Conclusions

In addition to diminished purchasing power due to reduced incomes, approximately 8 out of 10 respondents indicated that the prices of food they normally buy increased during the pandemic. Women were more likely than men to feel that food prices have increased. Approximately three out of ten women and men thought that the availability of food decreased

since the onset of the lockdown, while women aged 18-34 years (30%) were more likely than women aged 55 years and older (25%) to indicate that food availability decreased since the onset of COVID-19.

When asked about their general priorities during and post-COVID-19, food security was the most frequently mentioned priority for both women (75%) and men (69%).

During times of economic distress, some households can improve their chances of being food secure by producing food crops. Approximately three in four women and men indicated that they ate less or skipped a meal due to a lack of money or resources during the period under study.

About a three in five women and men lived in households that produced crops, livestock (i.e., fish farming, poultry, and other stock) and for a third of them, this food production provides for most of the respective household's food needs. Among the food producers, 44% of the women and 42% of the men indicated that the availability of agricultural inputs declined during the pandemic and more than 45% said that their ability to purchase these inputs has deteriorated.

Recommendations

Intensified efforts to provide support to subsistence and small-scale food production as a complement to other income generating activities is a sustainable way of expanding social protection services and enabling women and men to better cope with the economic consequences of the pandemic. It is therefore recommended that particular focus be placed on this during the post-COVID-19 recovery period. A strong small-scale agricultural production sector will have long-term gains and can also build resilience in the face of future pandemics.

It is also more generally recommended that:

- Increased support be provided to small-scale food producers and subsistence farmers in the form of input supply to enhance food security especially in rural areas. Small-scale producers in rural areas are predominantly women, specifically older women.
- Efforts to help women transition from small-scale and subsistence production to more commercial activities should be expanded to maximize land use and empower women economically.
- There is a need to facilitate partnerships between women producers and the private sector in support of localized and expanded marketing opportunities of agricultural produce.
- Work towards ensuring that women especially have secure land tenure rights and access to credit to expand needs to be fast-tracked.
- Different social safety net measures such as food aid and cash transfers should be swiftly put in place to ease drops in income and help mitigate negative impacts on nutritional requirements.

5.4 Education

Conclusions

Conflicting evidence continues to emerge on the extent to which children contribute towards the transmission of the COVID-19. However, some evidence suggests that the potential impact of another disrupted school year on child development, educational progress and human development in the country is significant and that remote learning has not been an effective

replacement of face-to-face teaching.²¹

School attendance was severely impacted by the pandemic given the three-month complete closure with gradual and partial reopening commencing in July 2020. The most used measures for girls and boys to learn remotely were radio (66% and 67%, respectively), television (33% and 30%, respectively), social media (16% and 18%, respectively), and online learning platforms (10%). Boys were more likely than girls to use no measure to learn from home during lockdown (19% vs. 17%). When learning remotely, girls and boys faced problems related to not having a skilled instructor (38% vs. 39%), limited access to learning materials (30% vs. 26%) and environments that were not conducive to learning (27% vs. 26%). Girls were more likely than boys to have problems with access to the internet (30% vs. 27%). About 1 in 5 girls and boys had problems with access to electricity.

Recommendations

In general, it is recommended that:

- The resumption of education of girls and boys be prioritized to prevent further increases in inequalities between learners who are resource poor vs. wealthy, those based in rural vs. their urban counterparts and learners in government institutions and those attending private institutions.
- It is essential that particular attention be paid to the re-integration of girls and boys into the school system while safeguarding the rights of all girls and boys and mitigating potential increases in school drop-out rates.
- The voices of women and girls in planning for and implementing measures at recovery be considered and amplified to accommodate their specific needs.

More specific recommendations appropriate to the empowerment of women and girls in the post-COVID-19 recovery phase include:

- It is important to promote an integrated and coordinated approach that addresses girls' holistic education, health and protection needs in an integrated manner. This will only be possible with strong cooperation between teachers, school administration, families and communities.
- There is a need to establish the extent to which girls have been affected by GBV and sexual exploitation within their schools and communities during the pandemic and identify ways for girls to report and seek help if they become victims.
- Targeted programs need to be implemented to support the poorest and most marginalized girls to continue their education.
- There is also a need to continue strengthening access of women and youth to education and vocational training to reduce their vulnerability in future pandemics and other crises.

5.5 Water and sanitation

Conclusions

Given that one of the preventive measures for COVID-19 has been frequent handwashing,

²¹ Van der Berg and Spaull, 2020. Counting the cost, COVID-19 Children and schooling; <https://resep.sun.ac.za/wp-content/uploads/2020/06/Van-der-Berg-Spaull-2020-Counting-the-Cost-COVID-19-Children-and-Schooling-15-June-2020-1.pdf>. Accessed on 20 January 2020

water availability or the lack of it came once again under the spotlight during the pandemic. Almost a quarter of men and women felt water supply was insufficient for their household; according to one in five of the women with problems, limited to no access to clean and safe water was a problem even before the pandemic while 22% of women indicated that the water sources are too far away. Respondents living in rural areas were more likely than residents of urban areas to experience problems with access to clean and safe water.

Recommendations

Access to clean and safe water has been more important than ever during the COVID-19 pandemic. The data collected during this study indicates that women and girls are more likely to collect water than men and boys in situations where no piped water is available. Women were also more likely than men to indicate that the time they spend collecting water has increased during the pandemic. Programs aimed at maintaining and servicing existing infrastructure as well as increasing access to safe water in communities and at schools need to continue and priority should be given to rural communities and schools where the problems are bigger than elsewhere.

Access to clean water and sanitation is also key to ensuring menstrual hygiene for women and girls who need continued support in accessing clean water and sanitation both at home and school.

5.6 Unpaid domestic and care work

Conclusions

Time spent on unpaid domestic and care work has been identified as one of the biggest impediments to women's economic participation, but also to their overall workload and general well-being. The measurement of time use is typically complex and requires diaries to be accurate. The CATI survey included questions on time use, which provided some insights into practices prior to the pandemic as well as changes that took place after the onset of COVID-19. It is notable that men and women gave very different accounts of the involvement of women and men in unpaid domestic and care work prior to the pandemic with men generally reporting more involvement of men than women would. However, once the responses of women and men are combined, women are clearly the sub-group which was more likely to spend time on unpaid domestic and care work than men prior to the pandemic.

Increased child-care and education responsibilities as well as doing paid work from home during the lockdown in many cases exacerbated this situation and affected both women and men. However, the data suggests that even though many men indicated that they have been spending more time on these activities during COVID-19 they were still less likely than women to say that their time use patterns have changed. They also started from a very low base given that most did not spend significant amounts of time on unpaid domestic and care activities prior to the pandemic.

Overall, 59% of women and 50% of men indicated that they spent more time on unpaid domestic work during COVID-19, while 65% of women and 54% of men were spending more time on unpaid care work. Time spent on unpaid domestic work increased for 35% of women and 23% of men, while time spent on cleaning increased for nearly half of women and 36% of men who participated in the study. Approximately four in ten women and three in ten men said

that they have been spending more time on passive care and teaching of children. Whereas time spent on adult care largely remained the same, significant percentages of women (26%) and men (21%) said that they had been spending more time providing emotional support to other adults during the pandemic.

There have also been changes in the nature and kinds of help received from individuals other than household members since the onset of the pandemic. Approximately two in five women and men reported receiving more help with chores and caring for other family members or persons living outside their household since the onset of the pandemic.

Recommendations

It will remain important to continue to recognize, reduce and redistribute these unpaid domestic and care activities. That cannot be done without putting specific normative frameworks in place in support investments to reduce the burden on women. A specific area that has been shown to impact immediately on women's time use in this area has been government support for increased access and subsidization of child-care services, as well as the provision of and extension of paid family and sick leave, among other measures.

Even though women and men provided conflicting information about unpaid domestic and care work prior to the pandemic, the general evidence points towards women carrying a heavier load than men before the onset of COVID-19. The study also provided evidence that both women and men were spending more time on these activities during the pandemic. Even though women still carry the largest unpaid domestic and care burden, this shift towards greater sharing of these tasks within households can be harnessed in advocacy campaigns about the division of labour between women and men at the household level to further encourage men to share these tasks equally.

5.7 Health and well-being

Conclusions

The most direct consequence of COVID-19 has been in the areas of health, mental health, healthcare services and mortalities associated with the virus. During the first phases of lockdown the Government of Eswatini focused heavily on the provision of information and advocacy around the preventative measures that will limit the spread of the pandemic. Nine out of ten women and men indicated that they received information about how they can protect themselves against COVID-19, with the most frequently accessed sources of information being radio/television/newspaper (three out of five women and men), while 10% of women and 13% of men used the internet/social media. Women and men 50 years and older were more likely to get information from traditional media, whilst the younger cohorts accessed this information via the internet or social media.

Women (70%) were more likely than men (67%) to indicate that their mental and emotional health was negatively affected. Women and men aged 35–54 years were most likely to have suffered these negative impacts than the 18–34 and 55 years and older cohorts. When asked about what has been worrying them during the pandemic, the main worries since the onset of the pandemic were financial problems, becoming infected with COVID-19, access to food, and death. Women and men were nearly equally likely to worry about financial problems (67%) and becoming infected with COVID-19 (44%). However, women were more likely than men to be

concerned about access to food (43% for women and 38% for men) as well as death (38%) than men (35%).

Women were also more likely to be ill during the lockdown period than men (34% vs. 30%). In addition to being more likely to be ill, women were also more likely than men to have sought healthcare services (46% vs. 42%). Waiting times²² for women and men varied. For about a third of women and men who accessed services waiting times were the same or shorter. Women (39%) were more likely than men (38%) to say that they waited longer.

Recommendations

The available data suggests that during the first wave of the COVID-19 pandemic most individuals (6 out of 10) who sought medical care waited for the same amount of time for services or less time. The rapid growth of positive cases during the second wave put more strain on the health system already weakened by the demands of the first wave.

Even though the limited information provided by the survey on access to healthcare does not highlight big disparities between women and men nor significant access problems, it is expected that general strain on the healthcare system has increased since the data summarized in the report were collected. This may have impacted the availability of services not related to COVID-19 such as HIV prevention and treatment, counselling and provision of contraceptives, and maternal and child health services.

Specific recommendations for the post-COVID-19 recovery phase include:

- 1) Efforts to address misinformation around the pandemic and immunization, using multiple channels need to continue. Engaging community and religious leaders to understand and counteract misinformation will be particularly important.
- 2) Advocacy around the application of PHSM needs to continue to ensure an inclusive approach, including women, men, girls and boys, people with disabilities, people living with HIV, refugees and IDPs.
- 3) More financial and other support is needed for community-based organisations in providing health and social services to vulnerable groups.
- 4) There is a need to strengthen data collection systems to support a gendered analysis of changes in the use of health services and allow for swifter and more effective action during health emergencies such as the pandemic.
- 5) Gender-disaggregated data serves as a basis for gender-responsive budgeting and should be gathered as a routine at all levels and especially in support of health budgets that are gender sensitive.
- 6) The mitigation of service disruptions, using the WHO recommended strategies, need to be maintained and supported.
- 7) Suspend or reduce user fees to offset potential financial difficulties for patients particularly for the most vulnerable groups of women and men.
- 8) Put mechanisms in place to ensure continuity of essential sexual and reproductive health services including access to family planning, HIV prevention and treatment, safe abortions, and access to menstrual hygiene are guaranteed even during future pandemics and lockdowns.
- 9) Marginalized groups, particularly women in all their diversity and young people, including

²² The analysis rules used for this is based on the South Africa data from the regional harmonized dataset and not the South Africa dataset as a standalone

PWDs, people living with HIV, refugees, IDPs and older people need to be involved in planning and prevention of COVID-19 pandemic measures.

5.8 Violence

Conclusions

Respondents were asked a series of questions about exposure to violence in their communities during lockdown as well as detailed questions about GBV. It is important to note that respondents were told in advance of these sensitive sections and given the opportunity to not answer if they felt uncomfortable. The study found that women (21%) were more likely than men (19%) to feel less safe in their homes during COVID-19.

Most men (78%) and women (71%) felt that GBV was a substantial problem in Eswatini. Among women, this was highest for those aged 35-54 years old with 82% reporting this as a major issue in Eswatini. Women (71%) were more likely than men (62%) to feel that GBV happens very often in Eswatini. Approximately eight in ten women and men felt that GBV has increased during the pandemic and women and men aged 55 years and older were more likely than younger age groups to feel that it has become more prevalent.

More than half of the women and men interviewed said that they personally know someone who has been a victim of violence since the start of the lockdown. The most common form of violence that men and women were aware of was slapping, hitting, kicking, throwing things at the victim, or other means to physically hurt a person, and emotional abuse. When asked who the offender was, most women (35%) and men (30%) said it was the spouse.

Less than 10% of the respondents personally sought help for GBV related services during the pandemic and most of those who did approached the police for assistance.

Recommendations

The study identified that GBV is increasingly seen as a serious and widespread problem in Eswatini and that most women and men think that the problem has increased during COVID-19.

- 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 regarding 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.

ANNEXURE 1:

QUESTIONNAIRES

Quest 1 questionnaire

Survey: Impact assessment of COVID-19 on women's and men's well-being

QUESTIONS FOR A MOBILE PHONE INTERVIEW-BASED SURVEY

Interviewer notes in **green**

Scripting notes in **blue**

ASK ALL

S1. Which language do you wish to proceed with?

READ ANSWERS, SINGLE RESPONSE

1. English
2. Afrikaans
3. IsiZulu
4. IsiXhosa
5. Sesotho

ASK ALL

A01a. What is your sex?

SINGLE ANSWER

1. Male
2. Female

A01b. To which population group do you belong?

SINGLE ANSWER

[OPERATOR: CHOOSE ONLY ONE OPTION]

1. African
 2. Coloured
 3. Indian/Asian
 4. White
98. Do not know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

ASK ALL

A02. What is your date of birth?

RECORD ANSWER IN FORMAT YY/MM

- YEAR
- _1910 1910
- ...
- _2015 2015
- MONTH
- _1 January
- _2 February

- _3 March
- _4 April
- _5 May
- _6 June
- _7 July
- _8 August
- _9 September
- _10 October
- _11 November
- _12 December

ASK IF A02 IS 98 (DON'T KNOW)

A02a. What is your age in completed years?

WRITE YEARS

__ [YEARS]

BELOW 18 BASED ON MONTH AND YEAR -> FINISH INTERVIEW

ASK ALL

A03_1. In which region do you usually live?

SINGLE ANSWER

- 1) Hhohho
- 2) Manzini
- 3) Shiselweni
- 4) Lubombo
- 98. Do not know **[DO NOT READ]**
- 99. Refused **[DO NOT READ]**

ASK ALL

A03_2. Do you live in a traditional leadership/tribal area, farm, township, town or city?

SINGLE ANSWER

- 1. Land under the control of a traditional leader/king/chief
- 2. Farm
- 3. Township/town/city
- 4. Other
- 98. Do not know **[DO NOT READ]**
- 99. Refused **[DO NOT READ]**

INTRO: Hello, my name is [INTERVIEWER'S NAME] and I am calling from GEOPOLL, market research agency, on behalf of UN Women and their partners. We would like to understand how the rapid spread of COVID-19 is affecting women and men, girls and boys. You have been randomly selected to participate in this assessment and your feedback and cooperation will be highly appreciated. In order to make the survey as inclusive as possible, each participant will be asked a set of questions once per week over a two-week period and all responses will be kept strictly confidential and if there are any costs to the call, it will be covered by UN Women.

I request for about 20 minutes of your time to ask you some questions. You will receive [PLACEHOLDER] of communication credit as an incentive for the participation in both surveys.

ASK ALL

S2. Are you interested in participating in this survey, now or another time?

DO NOT READ ANSWERS. SINGLE ANSWER

1. Yes [RESPONDENT SPEAKS NOT USING SPEAKERPHONE]
2. Yes [RESPONDENT SPEAKS OVER SPEAKERPHONE]
3. Not now but another time **GO TO S3**
4. No **IF NO, TRY TO CONVINCE THE RESPONDENT BEFORE CONCLUSIVELY ENDING THE SURVEY GO TO S4**

ASK IF S2 IS 3

S3. When would be a good time to call you back?

RECORD HH/MM/DD/MM OF CALLBACK

HH/MM/DD/MM

Thank you, we will call you back at [HH/MM/DD/MM] you requested. Thank you again and have a great day!

ENTER CALL NOTES BELOW, WHO YOU SPOKE TO AND WHAT THEY SAID

ASK IF S2 IS 4

S4. Thank you for your time, you will be removed from today's survey.

IF S3 OR S4, END CALL

A. Demographic characteristics

ASK ALL

A03_4. How much (in Rand) on average did your household spend in total in a month, BEFORE THE PANDEMIC STARTED? Please include all expenditure on rent/food/clothing/transport/vehicles, etc.

SINGLE ANSWER

1. 0-1199
 2. 1200 to 1799
 3. 1800 to 2499
 4. 2500 to 4999
 5. 5000 to 9999
 6. 10000 plus
98. Do not know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

ELIGIBLE FOR THE INTERVIEW IF:

1. Yes: **QUOTA BY REGION/AGE/SEX/LSM**
2. No: **I am sorry that you are not eligible for the survey and thank you for your time. -> FINISH INTERVIEW**

ASK ALL

A04. Are you the head of your household? [IF NEEDED, EXPLAIN: By household we mean people who have been eating from the same pot for the past 6 months. The head of household is the person who makes most of the decisions and generally is the main earner of the household].

If no, what is your relationship to the head of the household?

SINGLE ANSWER

1. Head
2. Spouse/partner
3. Son/daughter
4. Grandchild
5. Brother/sister
6. Father/mother
7. Nephew/niece
8. In-law
9. Grandparent
10. Other relative
11. Non-relative

ASK ALL

A05. What is your current marital status?

SINGLE ANSWER

1. Married
2. Living with partner/cohabiting
3. Married but separated
4. Widowed
5. Divorced
6. Single (never married)

ASK ALL

A06. What is the highest level of education that you completed?

SINGLE ANSWER

1. No formal education
2. Some primary school
3. Completed primary school
4. Some secondary school
5. Completed Secondary School
6. Technical & vocational training
7. Completed university/college
8. Completed post-graduate
98. Do not know **[DO NOT READ]**

ASK ALL

A07. Do you live with other people? If yes, how many people live with you in your household, could you tell us by following age groups? Please include yourself

MULTIPLE ANSWER. OPEN ANSWERS FOR EACH CATEGORY. IF THERE ARE NO MEMBER OF SEPCIFIC CATEGORY PUT ZERO

I live alone **[EXCLUSIVE]**

Number of children 0-5 Yrs. _____

Number of children 6-17 Yrs. _____

Number of adults 18-34 Yrs. _____

Number of adults 35-64 Yrs. _____

Number of elderly 65 or over Yrs. _____

ASK ALL

A08. BEFORE THE ONSET OF COVID-19 did this household provide financial or in-kind support to other family members who do not live with the household?

SINGLE ANSWER

1. Yes
2. No
98. Do not know **[DO NOT READ]**

ASK ALL

A09. Is this household currently providing financial or in-kind support to other family members that are not normally supported, AS A RESULT OF COVID-19? If yes, how many additional people are supported.

SINGLE ANSWER

1. Yes
2. No
98. Do not know **[DO NOT READ]**

ASK ALL

A10. How many women, of any age, live in your household (please include yourself)? Are there any pregnant or lactating women in your household? If yes, please specify how many pregnant or lactating women are in the household:

MULTIPLE ANSWER. OPEN ANSWERS FOR EACH CATEGORY. IF THERE ARE NO WOMEN, PREGNANT OR LACTATING WOMEN, PUT ZERO

1. Women: Number..... **NUMBER SHOULD BE LESS THAN SUM IN A07**
2. Pregnant: Number.....
3. Lactating: Number.....

ASK ALL

A11. Do you have difficulty doing any of the following?

SINGLE ANSWER

1. Walking
2. Seeing
3. Hearing
4. Remembering or concentrating
5. Self-caring
6. Communicating
7. No - you don't have difficulties
98. Don't know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

B. Household economic activities and livelihoods

ASK ALL

B01a. How would you describe your personal economic activity(ies) BEFORE THE ONSET OF COVID-19 that is, as of February 2020?

DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES. MULTIPLE

ANSWER

1. Worked for a person/company/ government//household or other entity for pay
2. Own business/freelancer and I employed other people
3. Own business/freelancer, but I did not employ other people
4. Casual work/odd jobs for others (non-agricultural)
5. Farmer and employed other people
6. Subsistence farmer (own production without employing others)
7. Casual labourer in agricultural enterprise
8. Worked (without pay) in a family business
9. Did not work for pay/money, but I am looking for a job and I am available to start working
10. Did not work for pay/money, because I have to take care of household chores, my children, elderly and the sick
11. Did not work for pay/money because I am studying full time
12. Did not work for pay/money, I have a long-term health condition, injury, disability
13. Did not work as I am retired/pensioner
14. Did not work for pay/money, I was not looking for a job and I was not available to work for other reasons
15. Other

ASK ALL

B01aa. Did your personal economic activity(ies) change from February 2020?

SINGLE ANSWER

1. Yes, due to COVID-19 **GO TO B01b**
2. Yes, but not due to COVID-19 **GO TO B01b**
3. No

ASK IF B1aa IS 1 OR 2

B01b. How would you describe your CURRENT economic activities?

DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES. MULTIPLE ANSWER

1. Worked for a person/company/government/household or other entity for pay
2. Own business/freelancer and I employed other people
3. Own business/freelancer, but I do not employ other people
4. Casual work/odd jobs for others (non-agricultural)
5. Farmer and employed other people
6. Subsistence farmer (own production without employing others)
7. Casual labourer in agricultural enterprise
8. Worked (without pay) in a family business
9. Did not work for pay/money, but I am looking for a job and I am available to start working
10. Did not work for pay/money, because I have to take care of household chores, my children, elderly and the sick
11. Did not work for pay/money because I am studying full time
12. Did not work for pay/money, I have a long-term health condition, injury, disability
13. Did not work as I am retired/pensioner
14. Did not work for pay/money, I was not looking for a job and I was not available to work for other reasons

15. Other

ASK ALL

B02. Has your personal source of income been affected SINCE THE ONSET OF COVID-19? If yes, please indicate how.

SINGLE ANSWER

1. No change in income
2. Lost all income
3. Increased/oversized
4. Decreased/downsized
98. Don't know **[DO NOT READ]**

ASK ALL

B03. Have you or any other member of household received any social protection grants and/or any in-kind support from the government and/or other non-state actors at national and/or county level – SINCE THE ONSET OF COVID-19, like food, medication, health supplies, etc.?

READ ANSWERS. MULTIPLE ANSWER

1. No **[EXCLUSIVE]**
2. Yes - food parcels
3. Yes - medication
4. Yes - supplies for prevention [gloves / masks / sanitizer / handwashing containers / soap / etc.]
5. Yes - personal hygiene supplies [menstrual supplies / baby diapers / adult diapers etc.]
6. Yes - COVID-19 relief grant
7. Yes - social protection grants [safety net programme / health insurance scheme / OVC / disability] – exclude grants normally received [old-age grant / child support grant]
8. Yes - psycho-social support
9. Yes - support for education related activities
10. Yes - other cash transfer
98. Don't know **[DO NOT READ]**

ASK ALL

B04. Did you regularly (six times or more per year) receive any money or goods from relatives/friends living elsewhere in the country or in another country before the onset of COVID-19?

SINGLE ANSWER

1. Yes **GO TO B04_1**
2. No
98. Don't know **[DO NOT READ]**

ASK IF B04 IS 1

1. It has become a source of income after COVID-19 started
2. It is still a source and the amounts are still the same
3. It is still a source but the amounts have increased
4. It is still a source but the amounts have decreased

5. No, it is still not a source of income
6. Used to be a source, but no longer is

B04_1. Have there been any changes in the regular receipt of money and goods from elsewhere since the onset of COVID-19?

SINGLE ANSWER

ASK ALL

B05. Have there been any changes in the combined income from all household members SINCE THE ONSET OF COVID-19? If yes, how did it change?

SINGLE ANSWER

1. No change in income
2. Increased income
3. Decreased income
98. Don't know **[DO NOT READ]**

ASK ALL

B06. Who usually decides how money is spent in your household?

SINGLE ANSWER

1. I decide alone
2. Another household member (woman)
3. Another household member (man)
4. It is joint decision between women and men household members
5. Other non-household member
98. Don't know **[DO NOT READ]**

ASK ALL

B07. Do you usually have any money/income of your own that you alone decide when and how to use?

SINGLE ANSWER

1. Yes
2. No

ASK ALL

B08: Has your household experienced any of the following SINCE THE ONSET OF COVID-19?

READ ANSWERS, RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER

1. Financial difficulties
2. Loss of employment of the head of household
3. Loss of employment of another male HH member
4. Loss of employment of another female HH member
5. Forced isolation within the household
6. Family separation due to cessation of movement/quarantine
7. Increase in alcohol or drug/substance abuse by a member of household
8. Decrease in alcohol or drug/substance abuse by a member of household
9. Did not eat at all for a day or more because of lack of money or other resources
10. Ate less or skipped a meal because of lack of money or other resources

11. Other
12. No difficulties **[DO NOT READ]** **[EXCLUSIVE]**
98. Don't know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

C. Food security and agricultural inputs

ASK ALL

C01: Does your household usually produce any crops/livestock (fish farming/poultry/other small stock)?

SINGLE ANSWER

1. Yes
2. No **GO TO C04**

ASK IF C01 IS 1

C02: To what extent does the food produced by the household usually provide your household food needs?

SINGLE ANSWER

1. It provides in **all** our food needs
2. It provides in **most** of our food needs
3. It provides in **some** of our food needs
4. It does not provide us with any of our food needs
98. Don't know **[DO NOT READ]**

ASK IF C01 IS 1

C03: Has the availability of seeds and other inputs to plant crops or your ability to buy these inputs changed in any way **SINCE THE ONSET OF COVID-19?**

SINGLE ANSWER

1. Stayed the same
2. Increased
3. Decreased
98. Don't know **[DO NOT READ]**

ASK ALL

C04: Has the availability of the food that you usually buy in the local market/shops changed in any way **SINCE THE ONSET OF COVID-19?**

SINGLE ANSWER

1. Stayed the same
2. Increased
3. Decreased due to movement restrictions
4. Decreased due to other reasons
98. Don't know **[DO NOT READ]**

ASK ALL

C05: Have the prices of the food you usually buy in the local market/shops changed in any way **SINCE THE ONSET OF COVID-19?**

SINGLE ANSWER

1. Stayed the same
2. Increased

3. Decreased
98. Don't know **[DO NOT READ]**

D. Education

ASK ALL

I will now ask you few questions, separately for boys and girls in your household.
ROTATE SECTION FOR BOYS AND GIRLS

ASK ALL

D0_BOY: Do you have boys aged 7 to 18 years old in the household?

SINGLE ANSWER

1. Yes
2. No

ASK IF D0_BOY IS 1

D00_BOY: Were all of the boys aged 7 to 18 old years in your household attending school or any other educational institution in February 2020 BEFORE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Yes, all were attending school
2. Some were attending some not
3. No, they were not attending

ASK IF D00_BOY IS 1 OR 2

D01_BOY: What kind of school or other educational institution were they attending in February 2020 BEFORE THE ONSET OF COVID-19?

READ ANSWERS. MULTIPLE ANSWER

1. Pre-primary
2. Primary
3. Secondary
4. Other, e.g. special needs school

ASK IF D01_BOY IS 2 TO 4

D02_BOY: Are boys using any measures to continue with learning at home SINCE THE ONSET OF COVID-19.

READ ANSWERS. MULTIPLE ANSWER

1. No measures **[EXCLUSIVE] GO TO D01_GIRL/E01**
2. Radio
3. Online learning platforms
4. TV
5. Social Media (e.g. WhatsApp/SMS)
6. Print media
7. Other
98. Don't know **[DO NOT READ]**

ASK IF D01_BOY IS 2 TO 4

D03_BOY: What challenges are the boy learners in your household facing with learning at home SINCE THE ONSET OF COVID-19?

READ ANSWERS. MULTIPLE ANSWER

1. Limited access to internet
 2. Limited access to learning materials e.g. books, etc.
 3. Lack of electricity/source of lighting
 4. Increased household chores to the learner
 5. Lack of a skilled instructor/adult in the household
 6. Lack of conducive environment
 7. Multiple roles of the parent/guardian
 8. Sharing resources e.g. computers / tablet computers / smart phones
 9. Other
 10. No challenges
98. Don't know **[DO NOT READ]**

ASK ALL

D0_GIRL: Do you have girls 7 to 14 years old in the household?

SINGLE ANSWER

1. Yes
2. No

ASK IF D0_GIRL IS 1

D00_GIRL: Were all of the girls 7 to 14 years old in your household attending school or any other educational institution in February 2020 BEFORE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Yes, all were attending school
2. Some were attending some not
3. No, they were not attending

ASK IF D00_GIRL IS 1 OR 2

D01_GIRL: What kind of school or other educational institution were they attending in February 2020 BEFORE THE ONSET OF COVID-19?

READ ANSWERS. MULTIPLE ANSWER

1. Pre-primary
2. Primary
3. Secondary
4. Other, e.g. special needs school

ASK IF D01_GIRL IS 2 TO 4

D02_GIRL: Are girls using any measures to continue with learning at home SINCE THE ONSET OF COVID-19.

READ ANSWERS. MULTIPLE ANSWER

1. No measures **[EXCLUSIVE] GO TO D01_BOY/E01**
 2. Radio
 3. Online learning platforms
 4. TV
 5. Social Media (e.g. WhatsApp/SMS)
 6. Print media
 7. Other
98. Don't know **[DO NOT READ]**

ASK IF D01_GIRL IS 2 TO 4

D03_GIRL: What challenges are the girl learners in your household facing with learning at home SINCE THE ONSET OF COVID-19?

READ ANSWERS. MULTIPLE ANSWER

1. Limited access to internet
2. Limited access to learning materials e.g. books, etc.
3. Lack of electricity/source of lighting
4. Increased household chores to the learner
5. Lack of a skilled instructor/adult in the household
6. Lack of conducive environment
7. Multiple roles of the parent/guardian
8. Sharing resources e.g. computers / tablet computers / smart phones
9. Other
10. No challenges
98. Don't know **[DO NOT READ]**

E. Water and sanitation

ASK ALL

E01: Do you have access to clean and safe water? Please also indicate whether access is sufficient or limited.

SINGLE ANSWER

1. Yes, sufficient access GO TO F01
2. Yes, but limited access
3. No access

ASK IF E01 IS 2 OR 3

E02: If you have limited or no access to water, what is the MAIN reason why you have limited or no access to clean and safe water?

DO NOT READ ANSWERS. PUT ANSWER IN RIGHT CATEGORY. SINGLE ANSWER

1. Regular / intermittent break-downs
2. Denied by cartels
3. Fear of covid-19 infection
4. Harassment en route to source
5. Source is too far away
6. Source closed due to covid-19
7. Cannot afford the cost
8. Not enough water containers
9. Water access has always been a challenge
10. Due to floods
11. Poor maintenance
12. Affordability of water
13. Piped water supply is only available on certain days of the week
14. Other
98. Don't know **[DO NOT READ]**

ASK ALL

E03: Do you have water piped into the house or compound?

SINGLE ANSWER

1. Yes
2. No **GO TO F01**

ASK IF E03 IS 2

E04. If no, who normally collects water in your household?

MULTIPLE ANSWER

1. Women collect
2. Men collect
3. Girls collect
4. Boys collect
98. Don't know **[DO NOT READ]**

F. Unpaid care work

ASK ALL

F01. BEFORE THE ONSET OF COVID-19, who in your household spent the most time doing each of the following activities?

SINGLE ANSWER PER ROW

	Me 1	Another household member (woman) 2	Another household member (man) 3	Equally between women and men household members 4	Someone else (not household member) 5	Don't have that activity 6	Don't know 98
1. Food and meal management and food preparation (e.g. cooking and serving meals)	1	2	3	4	5		98
2. Cleaning (e.g. clothes, household)	1	2	3	4	5		98
3. Shopping for own household/ family members	1	2	3	4	5		98
4. Collecting water/firewood/fuel	1	2	3	4	5	6	98
5. Minding children without doing something specific for them	1	2	3	4	5	6	98

	Me 1	Another household member (woman) 2	Another household member (man) 3	Equally between women and men household members 4	Someone else (not household member) 5	Don't have that activity 6	Don't know 98
6. Playing with, talking to and reading to children	1	2	3	4	5	6	98
7. Instructing, teaching, training children	1	2	3	4	5	6	98
8. Caring for children, including feeding, cleaning, physical care	1	2	3	4	5	6	98
9. Assisting elderly/sick/disabled adults with medical care, feeding, cleaning, physical care	1	2	3	4	5	6	98
10. Assisting elderly/sick/disabled adults with administration and accounts	1	2	3	4	5	6	98
11. Affective/emotional support for adult family members	1	2	3	4	5	6	98

ASK ALL

F02. SINCE THE ONSET OF COVID-19, how has the time you, personally, devoted to the following activities changed?

SINGLE ANSWER PER ROW

	Do not usually do it 1	In-creased 2	Un-changed 3	De-creased 4	Don't know 98
1. Food and meal management and food preparation (e.g. cooking and serving meals)	1	2	3	4	98
2. Cleaning (e.g. clothes, household)	1	2	3	4	98
3. Shopping for own household/ family members	1	2	3	4	98
4. Collecting water/firewood/fuel	1	2	3	4	98
5. Minding children without doing something specific for them	1	2	3	4	98
6. Playing with, talking to and reading to children	1	2	3	4	98
7. Instructing, teaching, training children	1	2	3	4	98
8. Caring for children, including feeding, cleaning, physical care	1	2	3	4	98
9. Assisting elderly/sick/disabled adults with medical care, feeding, cleaning, physical care	1	2	3	4	98
10. Assisting elderly/sick/disabled adults with administration and accounts	1	2	3	4	98
11. Affective/emotional support for adult family members	1	2	3	4	98

ASK ALL

F03. SINCE THE ONSET OF COVID-19, how has the time you, personally, devoted to help/support non-household members (e.g. community, neighborhood) changed?

SINGLE ANSWER

1. I do not usually do it
2. Increased
3. Unchanged
4. Decreased

ASK ALL

F04. Do you get help for chores and caring for family from other family members or persons outside of family? If yes, who provide you with help?

READ ANSWERS. MULTIPLE ANSWER

1. I don't usually do chores and caring for family
2. Parent(s)
3. Husband/partner
4. Daughter(s)
5. Son(s)
6. Other family member(s)
7. Person outside of family (domestic worker/babysitter/nurse)
8. I am on my own

ASK IF F04 IS 2 TO 7

F05. SINCE THE ONSET OF COVID-19, do you get more or less help for chores and caring for family from other family members or persons outside of family?

SINGLE ANSWER

1. I get more help
2. I get less help
3. The level of help is the same

ASK IF F04 IS 7

F06. You mentioned help from domestic worker/babysitter/nurse. How has the situation changed SINCE THE ONSET OF COVID-19:

READ ANSWERS. SINGLE ANSWER

1. We hired a domestic worker/babysitter/nurse
2. Domestic worker/babysitter/nurse works longer hours with us
3. Domestic worker/babysitter/nurse no longer works for us

ASK ALL

F07. This marks the end of Part I of the questionnaire. Thank you for your participation in this mobile phone survey, you will receive your [PLACEHOLDER] airtime credit on this phone 2 DAYS after the competition of the second survey.

Thank you for your participation!

Quest 2 questionnaire

Survey: Impact assessment of COVID-19 on women's and men's well-being

QUESTIONS FOR A MOBILE PHONE INTERVIEW BASED SURVEY

INSERT TIMER FOR Quest2

IF CODE 1 AT Q_CHOOSE IN QUEST 1 AND QF07 IN QUEST1 IS REACHED, SELECT CODE 1 AT QS0

IF CODE 2 AT Q_CHOOSE IN QUEST 1 AND QF07 IS NOT REACHED, SELECT CODE 2 AT QS0

S0. PARTICIPATION IN QUESTIONNAIRE 1.

1. YES -> GO TO INTRO2
2. NO -> GO TO INTRO1

ASK IF S0 IS 2

S1. Which language do you wish to proceed with?

READ ANSWERS, SINGLE RESPONSE

1. English
2. Afrikaans
3. Isizulu
4. Isixhosa
5. Sesotho

ASK IF S0, PARTICIPATION IN QUESTIONNAIRE 1, IS CODE 2 (NO)

INTRO1: Hello, my name is [INTERVIEWER'S NAME] and I am calling from GEOPOLL, market research agency, on behalf of UN Women and partners. We would like to understand how the rapid spread of COVID-19 is affecting women and men, girls and boys. You have been randomly selected to participate in this assessment and your feedback and cooperation will be highly appreciated. The findings of the survey will be used to inform strategies and programs aimed at supporting women and girls during COVID-19. In order to make the survey as inclusive as possible, each participant will be asked a set of questions once per week over a two-week period and all responses will be kept strictly confidential and if there are any costs to the call, it will be covered by UN Women. If at any point there are any questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop the interview at any point.

I request for about 20 minutes of your time to ask you some questions. You will receive [PLACEHOLDER] of communication credit as an incentive for the participation of the survey.

INTRO2_3: We previously called this phone number and interviewed you to understand how COVID-19 has been affecting women and men, girls and boys. Just to remind you, all responses will be kept strictly confidential and if there are any costs to the call, it will be covered by UN-Women. If at any point there are any questions you do not feel comfortable answering, you can choose not to answer them. You can also choose to stop the interview at any point.

A. Demographics

S1. Which language do you wish to proceed with?

READ ANSWERS, SINGLE RESPONSE

1. English
2. Afrikaans
3. IsiZulu
4. IsiXhosa
5. Sesotho

ASK ALL

A01a. What is your sex?

SINGLE ANSWER

1. Male
2. Female

A01b. To which population group do you belong?

SINGLE ANSWER

[OPERATOR: CHOOSE ONLY ONE OPTION]

1. African
 2. Coloured
 3. Indian/Asian
 4. White
- 98 DON'T KNOW
99 REFUSED

ASK ALL

A02. What is your date of birth?

RECORD ANSWER IN FORMAT YY/MM

- YEAR
- _1910 1910
- ...
- _2015 2015
- MONTH
- _1 January
- _2 February
- _3 March
- _4 April
- _5 May
- _6 June
- _7 July
- _8 August
- _9 September

- _10 October
- _11 November
- _12 December

ASK IF A02 IS 98 (DON'T KNOW)

A02a. What is your age in completed years?

WRITE YEARS

__ [YEARS]

BELOW 18 BASED ON MONTH AND YEAR -> FINISH INTERVIEW

ASK ALL

A03_1. In which province do you usually live?

SINGLE ANSWER

A03_1. In which region do you usually live?

SINGLE ANSWER

- 1) Hhohho
- 2) Manzini
- 3) Shiselweni
- 4) Lubombo
- 98. Do not know **[DO NOT READ]**
- 99. Refused **[DO NOT READ]**

ASK ALL

A03_2. Do you live in a traditional leadership/tribal area, farm, township, town or city?

SINGLE ANSWER

- 1. Land under the control of a traditional leader/king/chief
- 2. Farm
- 3. Township/town/city
- 4. Other
- 98. Don't know **[DO NOT READ]**
- 99. Refused **[DO NOT READ]**

ASK ALL

A04. Are you the head of your household? [IF NEEDED, EXPLAIN: By household we mean people who have been eating from the same pot for the past 6 months. The head of household is the person who makes most of the decisions and generally is the main earner of the household].

If no, what is your relationship to the head of the household?

SINGLE ANSWER

1. Head
2. Spouse/partner
3. Son/daughter
4. Grandchild
5. Brother/sister
6. Father/mother
7. Nephew/niece
8. In-law
9. Grandparent
10. Other relative

11. Non-relative

ASK ALL

A05. What is your marital status?

SINGLE ANSWER

1. Married
2. Living with partner/cohabiting
3. Married but separated
4. Widowed
5. Divorced

6. Single (never married)

ASK ALL

A06. What is the highest level of education that you completed?

SINGLE ANSWER

1. No formal education
2. Some primary school
3. Completed primary school
4. Some secondary school
5. Completed secondary school
6. Technical & vocational training
7. Completed university/college
8. Completed post-graduate

99. No answer/Do not know **[DO NOT READ]**

ASK ALL

A07. Do you live with other people? If yes, how many people live with you in your household, could you tell us by following age groups? Please include yourself.

MULTIPLE ANSWER. OPEN ANSWERS FOR EACH CATEGORY. IF THERE ARE NO MEMBER OF SEPCIFIC CATEGORY PUT ZERO

1. I live alone **[EXCLUSIVE]**
2. Number of children 0-5 Yrs. _____
3. Number of children 6-17 Yrs. _____
4. Number of adults 18-34 Yrs. _____
5. Number of adults 35-64 Yrs. _____
6. Number of elderly 65 or over Yrs. _____

ASK ALL

A08. How many women, of any age, live in your household (please include yourself)? Are there any pregnant or lactating women in your household? If yes, please specify how many of each:

MULTIPLE ANSWER. OPEN ANSWERS FOR EACH CATEGORY. IF THERE ARE NO WOMEN, PREGNANT OR LACTATING WOMEN, PUT ZERO

1. Women: Number..... **NUMBER SHOUD BE LESS THAN SUM IN A07**
2. Pregnant: Number.....
3. Lactating: Number.....

ASK ALL

A09. Do you have difficulty doing any of the following?

SINGLE ANSWER

1. Walking
2. Seeing
3. Hearing
4. Remembering or concentrating
5. Self-caring
6. Communicating
7. No - you don't have difficulties

98. Don't know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

B. Household economic activities and livelihoods

ASK ALL

B01a. How would you describe your personal economic activity(ies) BEFORE THE ONSET OF COVID-19, that is, as of February 2020?

DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES. MULTIPLE ANSWER

1. Worked for a person/company/government/household or other entity for pay
2. Own business/freelancer and I employed other people
3. Own business/freelancer, but I did not employ other people
4. Casual work/odd jobs for others (non-agricultural)
5. Farmer and employed other people
6. Subsistence farmer (own production without employing others)
7. Casual labourer in agricultural enterprise
8. Worked (without pay) in a family business
9. Did not work for pay/money, but I am looking for a job and I am available to start working
10. Did not work for pay/money, because I have to take care of household chores, my children, elderly and the sick
11. Did not work for pay/money because I am studying full time
12. Did not work for pay/money, I have a long-term health condition, injury, disability
13. Did not work as I am retired/pensioner
14. Did not work for pay/money, I was not looking for a job and I was not available to work for other reasons
15. Other

ASK ALL

B01aa. Did your personal economic activity(ies) change from February 2020?

SINGLE ANSWER

1. Yes, due to COVID-19 **GO TO B01b**
2. Yes, but not due to COVID-19 **GO TO B01b**
3. No

ASK IF B1aa IS 1 OR 2

B01b. How would you describe your CURRENT economic activities?

DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES. MULTIPLE ANSWER

1. Worked for a person/company/ government/household or other entity for pay
2. Own business/freelancer and I employed other people

3. Own business/freelancer, but I do not employ other people
4. Casual work/odd jobs for others (non-agricultural)
5. Farmer and employed other people
6. Subsistence farmer (own production without employing others)
7. Casual labourer in agricultural enterprise
8. Worked (without pay) in a family business
9. Did not work for pay/money, but I am looking for a job and I am available to start working
10. Did not work for pay/money, because I have to take care of household chores, my children, elderly and the sick
11. Did not work for pay/money because I am studying full time
12. Did not work for pay/money, I have a long-term health condition, injury, disability
13. Did not work as I am retired/pensioner
14. Did not work for pay/money, I was not looking for a job and I was not available to work for other reasons
15. Other

ASK ALL

B05. Have there been any changes in the combined income from all household members SINCE THE ONSET OF COVID-19? If yes, how did it change?

SINGLE ANSWER

1. No change in income
2. Increased income
3. Decreased income
98. Do not know **[DO NOT READ]**

C. Health

ASK ALL

C01. SINCE THE ONSET OF COVID-19, have you received information about how you can protect yourself against COVID-19 (including the associated risks, recommended preventive action, recommended coping strategies? If yes, what is your main source of information regarding COVID-19?

READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES.

MULTIPLE ANSWER

1. Internet & social media
2. Official government websites or other communication channels
3. Radio/Television/Newspaper
4. Public announcement/speaker
5. Phone (text or call)
6. Community, including family and friends
7. Community health worker /volunteer
8. NGO/Civil society organization
9. Other
10. No, I have not received information about COVID-19 **[EXCLUSIVE]**
98. Don't know **[DO NOT READ] [EXCLUSIVE]**

ASK ALL

C02. Have you or any other household member(s) been/is ill, any kind of illness, SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Yes
2. No
98. Do not know **[DO NOT READ]**

ASK ALL

C03. Has your own mental or emotional health (e.g. stress, anxiety, confidence etc.) been affected negatively SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Yes
2. No
98. Do not know **[DO NOT READ]**

ASK ALL

C04. Has the mental or emotional health (e.g. stress, anxiety, confidence etc.) of any of your household members been negatively affected SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Yes
2. No
3. I live alone
98. Do not know **[DO NOT READ]**

ASK ALL

C05. Have you been worried about anything SINCE THE ONSET OF COVID-19? If yes, what are your MAIN worries?

READ ANSWERS.

MULTIPLE ANSWER

1. Death
2. Becoming infected with COVID-19
3. Other health issues
4. Economic situation and income-generating activities
5. Access to food
6. Access to medicine
7. Missing school
8. Safety (related to the crisis specifically)
9. Others
10. I haven't been worried **[EXCLUSIVE]**
98. Don't know **[DO NOT READ] [EXCLUSIVE]**

ASK ALL

C06. Are you or your household currently covered by health insurance or medical aid?

SINGLE ANSWER

1. Yes
2. No
98. Don't know **[DO NOT READ]**

ASK ALL

C07. Did you personally seek any healthcare service/visit doctors SINCE THE ONSET OF COVID-19? If yes, what has been your experience in the time it took to receive healthcare services/visit doctors?

SINGLE ANSWER

1. Same waiting time as before COVID-19 outbreak
2. Longer waiting time as before COVID-19 outbreak
3. Shorter waiting time as before COVID-19 outbreak
4. Had to go repeatedly as doctors are not available during COVID-19 outbreak
5. Did not seek/need medical care
6. Self-medication for fear of getting infected with COVID-19
98. Don't know **[DO NOT READ]**

ASK ALL

C08. Have you or any other household member tried to access healthcare services SINCE THE ONSET OF COVID-19. Were you able to access them?

SINGLE ANSWER

1. Yes, we tried and were able to access healthcare facilities
2. Yes, we tried but were not able to access healthcare facilities
3. Yes, we tried and were able to access some, but some we couldn't
4. No, we didn't need any healthcare services **[EXCLUSIVE]**
98. Don't know **[DO NOT READ]**

ASK IF C08 IS 2 AND 3

C08a. Which of the following healthcare services did you try to access SINCE THE ONSET OF COVID-19 but have been UNABLE to?

READ ANSWERS. MULTIPLE ANSWER. RANDOMIZED ANSWERS

1. Family planning/Sexual and reproductive healthcare services (including menstrual hygiene etc.)
2. Healthcare services for pregnant mothers/maternal healthcare services
3. Child healthcare services
4. Clinical management of sexual violence
5. HIV healthcare services
6. Other chronic illness related services
7. Cancer related healthcare (Oncology)
8. Medical imaging (radiology/x-ray) services
9. Lack/scarcity of medicine for chronic illnesses
10. Other healthcare related services
98. Don't know **[DO NOT READ]**

ASK ALL

C09. Has your household been using alternative sources of healthcare services? Please specify.

DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES. MULTIPLE ANSWER

1. No need to seek alternative healthcare [EXCLUSIVE]
 2. Visiting herbalists
 3. Procuring medication from pharmacies
 4. Praying for healing
 5. Using mid-wives
 6. Calling personal /family doctor for consultation and prescription over the phone
 7. Other
98. Don't know [DO NOT READ]
99. Refused [DO NOT READ]

D. Protection and Security

ASK ALL

D01. Have your feelings of safety in your community from threat of violence or violence itself changed SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. The same feeling
 2. Feel safer
 3. Feel less safe
98. Don't know [DO NOT READ]
99. Refused [DO NOT READ]

ASK ALL

D02. Have you personally experienced violence or threats of violence by the police or security agents in the context of implementing restrictions to respond to COVID-19 (movement restriction, curfew, closure of certain premises)?

SINGLE ANSWER

1. Yes
 2. No
98. Don't know [DO NOT READ]
99. Refused [DO NOT READ]

ASK ALL

D03. Have you personally experienced any form of discrimination against you SINCE THE ONSET OF COVID-19? Discrimination happens when you are treated less favourably compared to others or harassed because of your sex, age, disability, socio-economic status, place of residence, political opinion or any other characteristics

SINGLE ANSWER

1. Yes
2. No
98. Don't know **DO NOT READ]**
99. Refused **[DO NOT READ]**

ASK ALL

D04. Do you feel that discrimination, prejudice or racism in the county/area where you live has changed SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. No, it didn't change
2. Yes, it increased
3. Yes, it decreased
98. Don't know **DO NOT READ]**
99. Refused **[DO NOT READ]**

ASK ALL

D05. Have your feelings of safety in your home changed SINCE THE ONSET OF COVID-19?

SINGLE ANSWER

1. The same feeling of safety GO TO INTRO_GBV
2. Feel safer GO TO INTRO_GBV
3. Feel less safe GO TO D06
98. Don't know **DO NOT READ] GO TO INTRO_GBV**
99. Refused **[DO NOT READ] GO TO INTRO_GBV**

ASK IF D05 IS 3

D06: Why do you feel less safe SINCE THE ONSET OF COVID-19?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER

1. Live in densely populated area and children play and move around making even your home unsafe during COVID-19
2. Crime has increased
3. Others in the household hurt me
4. Other adults in the household are hurt
5. Children in the household are being hurt
6. There is substance abuse (e.g. alcohol and drugs) in the household
7. I fear discrimination and being side-lined at home due to the nature of my work (health worker, COVID-response frontline workers)
8. I am stigmatized for having been infected with COVID-19
9. Other
98. Don't know **DO NOT READ]**
99. Refused **[DO NOT READ]**

E. Gender-based violence and harmful practices – FGM and child marriages

INTRO_GBV

I am now going to ask you a series of questions about gender-based violence, please answer based on your knowledge of the experiences of you and your community (family and friends). By gender-based violence we have in mind violence committed primarily against women by men, but we would also like to learn about violence that may be perpetrated by women against men. This violence can be any physical, sexual or psychological violence (such as harassment), in both public and private spaces.

DISCLAIMER

Kindly only answer to this part if you feel confident and safe enough to do so. Should you require information or further support in regard to gender-based violence (GBV), kindly call the national GBV toll free-helpline 6388- Setaweet and 8044- Marie Stopes. It's free for everyone.

You can also refer your family, friends, neighbours or someone who needs support. We commit to ensure that the survivor's right to safety, confidentiality, dignity and self-determination, and non-discrimination.

In cases of sexual violence, the team should be prepared to facilitate access to lifesaving health services within the appropriate time period (72 hours for HIV post-exposure prophylaxis and 120 hours for emergency contraception).

NOTE TO INTERVIEWER: SHOULD YOU FIND A SURVIVOR WHO NEED SUPPORT, THEN REFER THEM TO 1195 (GBV HELPLINE) AND/OR 116 (CHILDREN'S HELPLINE). DO NOT TRY TO COUNSEL THE SURVIVOR, BE CALM AND OPEN WITH THEM. LISTEN CALMLY AND SEEK THEIR APPROVAL TO LINK THEM TO SOMEONE WHO CAN PROVIDE GUIDANCE AND SUPPORT TO THEM. IT IS VERY IMPORTANT TO RESPECT SOMEONES DECISION AS TO WHETHER THEY WILL CALL THE HELPLINE OR NOT. THE TOLL FREE-HELPLINE IS 6388- SETAWEET AND 8044- MARIE STOPES

ASK ALL

E01. To what extent do you think that gender-based violence is a problem in South Africa?

SINGLE ANSWER. REMIND RESPONDENT THAT THIS VIOLENCE INCLUDES: PHYSICAL, SEXUAL, PSYCHOLOGICAL (SUCH AS HARASSMENT), IN BOTH PUBLIC AND PRIVATE.

1. A lot
 2. Somewhat
 3. A little bit
 4. Not at all
98. Do not know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

ASK IF 1-3 AT E01

E02. How often do you think that gender-based violence occurs in South Africa?

SINGLE ANSWER.

1. Happens very often
2. Happens sometimes
3. Does not happen very often
4. Never happens
98. Don't know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

ASK ALL

E03. Do you think gender-based violence in South Africa has changed SINCE THE ONSET OF COVID-19? If yes, how did it change?

SINGLE ANSWER

1. Yes, increased
2. Yes, decreased
3. No, stayed the same
98. Do not know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

ASK ALL

E04. Do you know anyone who have experienced any of the following types of gender-based violence SINCE THE ONSET OF COVID-19?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER. RANDOMIZED ANSWERS

1. Sexual harassment, e.g. inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/kisses, intrusive comments about their physical appearance, unwanted sexually explicit comments, people indecently exposing themselves to them (the range of sexual harassment)
2. Slapped, hit, kicked, thrown things, or done anything else to physically hurt the person.
3. Female genital mutilation, that is, deliberate removal of external female genitalia
4. Make the person have sex when s/he did not want to" and "do something sexual that s/he did not want to do".
5. Denial of resources/money/water/land/livestock/house/grain
6. Online/Internet bullying e.g. physical threats, sexual harassment, sex trolling, sextortion, online pornography, zoom-bombing among others
7. Emotionally hurting someone through verbal abuse etc.
8. Denial to communicate with other people
9. Child and or forced marriage
10. I Don't know anybody with these types of experiences **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**
98. Don't know **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**
99. Refused **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

Ask if E04 = any code between 1 to 9

E04a. Which one of the types of gender-based violence listed in the previous question is the most recent one that you became aware of?

ASK ONLY FOR ANSWERS SELECTED IN E04. SINGLE ANSWER

1. Sexual harassment, e.g. inappropriate and unwelcome jokes, suggestive comments, leering, unwelcome touch/kisses, intrusive comments about their physical appearance, unwanted sexually explicit comments, people indecently exposing themselves to them (the range of sexual harassment)
2. Slapped, hit, kicked, thrown things, or done anything else to physically hurt the person.
3. Female genital mutilation, that is, deliberate removal of external female genitalia
4. Make the person have sex when s/he did not want to” and “do something sexual that s/he did not want to do”.
5. Denial of resources/money/water/land/livestock/house/grain
6. Online/Internet bullying e.g. physical threats, sexual harassment, sex trolling, sextortion, online pornography, zoom-bombing among others
7. Emotionally hurting someone through verbal abuse etc.
8. Denial to communicate with other people
9. Child and or forced marriage
98. Don't know **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**
99. Refused **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

ASK IF ANSWER TO E04a IS 1 TO 9

E05. I would ask you few more questions in relation to the MOST RECENT case of gender-based violence you are aware of.

Who was the perpetrator/offender of the action?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER. RANDOMIZED ANSWERS

1. Spouse/partner
2. Other family member
3. Friend
4. Boss
5. Colleague
6. Client
7. Teacher
8. Neighbour
9. Health worker
10. Community leader
11. Religious leader
12. Security agent
13. Other member of the community **[ANCHOR TO THE BOTTOM]**
14. Other **[ANCHOR TO THE BOTTOM]**
98. Don't know **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**
99. Refused **[DO NOT READ] [ANCHOR TO THE BOTTOM, EXCLUSIVE]**

ASK IF ANSWER TO E04a IS 1 TO 9

E06. Again, in the MOST RECENT case you are aware of, do you know if the affected person looked for help? If yes, who did they contact?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER. RANDOMIZED ANSWERS.

1. Family member
2. Friend
3. Women's Affairs office
4. Colleague
5. Client
6. Teacher
7. Police
8. Health facility
9. Helpline
10. Social worker
11. Non-governmental agency
12. Neighbour
13. Religious leaders
14. Online platforms (Facebook, etc.)
15. Other [**ANCHOR TO THE BOTTOM**]
16. No, did not seek help [**ANCHOR TO THE BOTTOM, EXCLUSIVE**]
 98. Don't know [**DO NOT READ**] [**ANCHOR TO THE BOTTOM, EXCLUSIVE**]
 99. Refused [**DO NOT READ**] [**ANCHOR TO THE BOTTOM, EXCLUSIVE**]

ASK ALL

E08. If you or someone you know experienced gender-based violence or harmful practices, do you think they would seek help?

SINGLE ANSWER

1. Yes
2. No
98. Do not know [**DO NOT READ**]
99. Refused [**DO NOT READ**]

ASK ALL

E09. Do you know where to find help if you or someone else is exposed to gender-based violence? If yes, where would you find help?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER. RANDOMIZED ANSWERS.

1. Call for access to friendly spaces for children in the community
2. Seek support from family
3. Seek religious leader
4. Access to centres for women/men
5. Approach community leaders

6. Talk with friends
7. Call helpline
8. Call/go to police
9. Go to health facility
10. Seeking support from civil society/NGOs
11. Other, specify _____
 98. Do not know [DO NOT READ]
 99. Refused [DO NOT READ]

ASK ALL

E10. What types of information, advice or support would you say is needed in this community to prevent gender-based violence and harmful practices from happening DURING THIS COVID-19 PERIOD?

READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER. RANDOMIZED ANSWERS.

1. Information about security/crime prevention, referral linkages
2. Practical help such as shelter/food/clothing
3. Someone to talk to
4. Psycho-social support
5. Help with insurance/compensation claim
6. Protection from further victimization/harassment
7. Help in reporting the incident/dealing with the police
8. Medical support
9. Financial support
10. Legal support
11. Comprehensive, one stop services where the victim can get all support
12. Other
 98. Do not know [DO NOT READ]
 99. Refused [DO NOT READ]

Thank you for your responses so far. We have one last question to ask before the end of this interview.

ASK ALL

E11. What are currently, during COVID-19, are the top three priority needs for you and your household?_

READ ANSWERS. MULTIPLE ANSWER

1. Health care
2. Food
3. Water
4. Sanitation - Hygiene
5. Shelter and household items
6. Being sure that you can continue to live in your current place (security of tenure)

- 7. Education
 - 8. Earning a living/getting an income/working
 - 9. Safety and Security
 - 10. Other
98. Do not know **[DO NOT READ]**

E12. This marks the end of the questionnaire. Thank you for your participation in both parts of this mobile phone survey. You will receive your **[PLACEHOLDER] airtime credit on this phone within the next 2 days.**



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