

The title is set against a dark blue background with various decorative elements: a bar chart, a rainbow, a sun, a line graph, a yellow triangle, a yellow circle, and a grey virus-like shape in the bottom left corner.

THE POTENTIAL IMPACT OF COVID-19 ON ACHIEVING THE SDGs

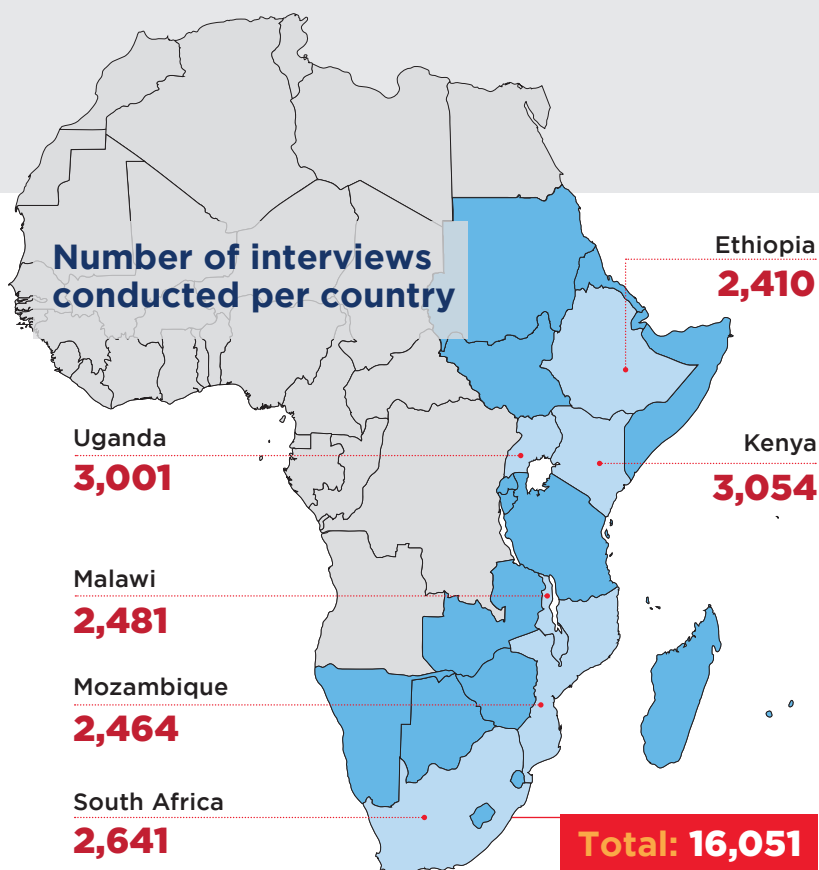
The subtitle is positioned above a decorative graphic consisting of a light blue virus-like shape on the left and a colorful circular arc on the right.

**Perspectives from
a Rapid Gender Assessment
in East and Southern Africa**

Introduction

The COVID-19 pandemic and associated social distancing, movement restrictions, and dearth of data related to the COVID-19 pandemic, made it necessary to adopt non-traditional data collection methods for research purposes.

UN Women and partners used Computer Assisted Telephonic Interviews (CATI) to conduct Rapid Gender Assessments during the last two quarters of 2020. These studies were aimed at measuring the impact of COVID-19 on women and men¹. This report is one of a series of data products have been developed based on the data. The report aims to provide a high-level overview of the potential impact of the pandemic on the attainment of Agenda 2030 in the region from a gender perspective.



2 questionnaires and interviews, 20 minutes per interview.

The generic design aimed for 2,400 CATI interviews per country using Direct Digit Dialing (DDG) with 50% women and men being interviewed. The sample was designed to be representative of the population by sex and age, with soft quotas being applied using household monthly expenditure quintiles and rural and urban subdivisions.

Data collection time periods per country

Country	August		September		October		November	
Ethiopia								
Kenya								
Malawi								
Mozambique								
South Africa								
Uganda								

Most of the data collection, except for Kenya, was done in Quarter 4 (Q4). For ease of reference, Q4 will be used throughout the report to reflect the time of the survey. References to 'before COVID-19' refers to February/March as States of Emergencies or lockdown measures were instituted in the region at different times during March 2020.

¹ More details about the focus and design of the survey can be found in the section 'Technical Notes'

➤ Even though trends differed among countries, regional aggregates indicate that women in many instances were more affected by the pandemic than men².



61.1% **64.9%**
Women Men

Men were more likely than women to experience decreases in their personal incomes during the pandemic.



83.9%

Increases in food prices affected 83.9% of respondents in the region.



57.8% **54.2%**
Women Men

Concerns about the pandemic and its impacts on their lives and livelihood were more likely to affect women than men.



38.6%
Girls

38.4%
Boys

Limited access to the internet impeded the remote learning of close to a quarter of girls in boys in school catchment areas where remote learning was an option.



36.3%
Girls

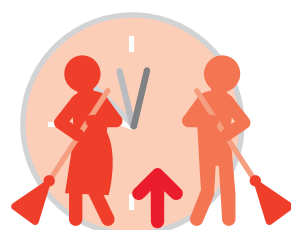
33.4%
Boys

Girls in the region were more likely than boys to indicate that they had difficulties accessing learning materials during COVID-19.



60.8%
Women

57.4%
Men

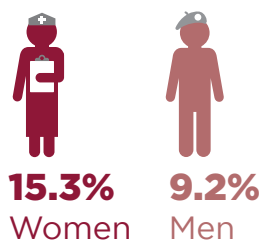


Women were more likely than men to indicate that the time they spend on cleaning, washing, cooking and other domestic activities increased during COVID-19.

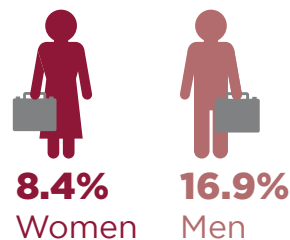


33.9% **31.7%**
Women Men

During the pandemic, women were more likely than men to report that the amount of time they spend on water and firewood collection increased.



Women, previously in paid employment, were more likely than men to report that they were unemployed or not employed (unemployed but not actively looking for work after the lockdown).



Men who were own account workers prior the pandemic were more likely than women to fall into the unemployed or non-employed category after the lockdown.



61.9%

Women - Urban



59.2%

Women - Rural



64.1%

Men - Urban



70.0%

Men - Rural

Urban women were more likely than rural women while rural men were more likely than urban men to have experienced decreases in household incomes during the pandemic.



26.4%

Women - Urban



24.3%

Women - Rural



25.0%

Men - Urban



29.5%

Men - Rural

Approximately a quarter of women and men felt more unsafe from violence in the community during the pandemic than previously. Urban women were more likely to feel unsafe than rural women, while rural men were more likely to feel unsafe than urban men.



69.1%

Women

64.9%

Men

Women were more likely than men to believe that the incidence of GBV increased during COVID-19.



37.7%

Women



39.3%

Men

Men were more likely than women to know at least one person who was a victim of GBV during COVID-19.

² Regional estimates were compiled using population estimates for 2020 as produced by the United Nations Population Division in the revised "<https://population.un.org/wpp/>" World Population Prospects 2019. In instances where regional estimates are represented for Ethiopia, Kenya, Malawi, Mozambique, Rwanda, South Africa and Uganda, these estimates represent 67.1% of the regional population 18 years and older. Estimates including Ethiopia, Kenya, Malawi, Mozambique, Rwanda and South Africa represent 59.2% of the regional population 18 years and older while estimates that include Ethiopia, Kenya, Malawi, Mozambique and South Africa represent 56.7% of the regional totals. Further details are provided in the Technical notes.





Majority of the women and men in the region reported reduced individual and household incomes, with women being pushed even further into poverty

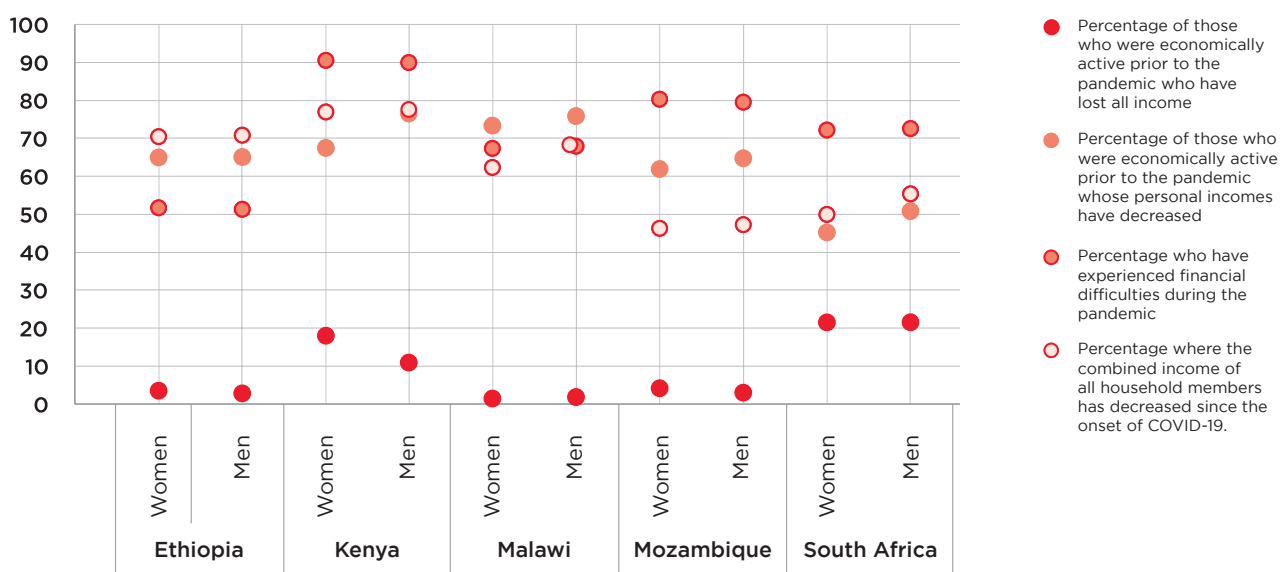
Introduction

The sustainable development agenda has the fight against poverty and inequality at its core. ‘Leaving no-one behind’ literally means seeking out the forgotten and neglected; regardless of intersectionality, it is usually the poor. Even though significant progress has been made in reducing the percentage of people and women living in poverty in Africa during the past few decades, the absolute numbers of people living in poverty on the continent keeps on growing and global poverty has increasingly become African³. Women are also more likely to live in poverty than men⁴. Data collected by UN Women during the final quarter of 2020 through a series of Rapid Gender Assessments (RGAs), indicate that the COVID-19 pandemic and the associated movement restrictions and economic impacts had a big influence on individual and household incomes in the region.

More than half the women and men in all countries (except South Africa) where the RGAs were conducted, reported reduced individual incomes during the pandemic. Social and familial networks have traditionally been an important coping mechanism in the region during times of economic distress. These were also called upon during the COVID-19 pandemic, with additional demands from friends and relatives not previously supported for the already reduced individual and household incomes and resources. A third or more respondents indicated they were supporting individuals and households during the pandemic who were not supported previously with food and cash transfers. In certain countries such as for example Kenya, approximately 20% of women and men indicated that they became dependent on support from others during COVID-19.

FIGURE 1

Changes in individual and household incomes since the onset of COVID-19, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

³ World Bank. Accelerating poverty reduction in Africa. <https://www.worldbank.org/en/region/afr/publication/accelerating-poverty-reduction-in-africa-in-five-charts>

⁴ UN Women, COVID-19 and Gender Monitor (<https://data.UN-Women.org/resources/COVID-19-and-gender-monitor>, accessed 15 December 2020)

62%
Women

65%
Men

in Mozambique were providing additional support in cash or in kind to individuals not supported before the pandemic.

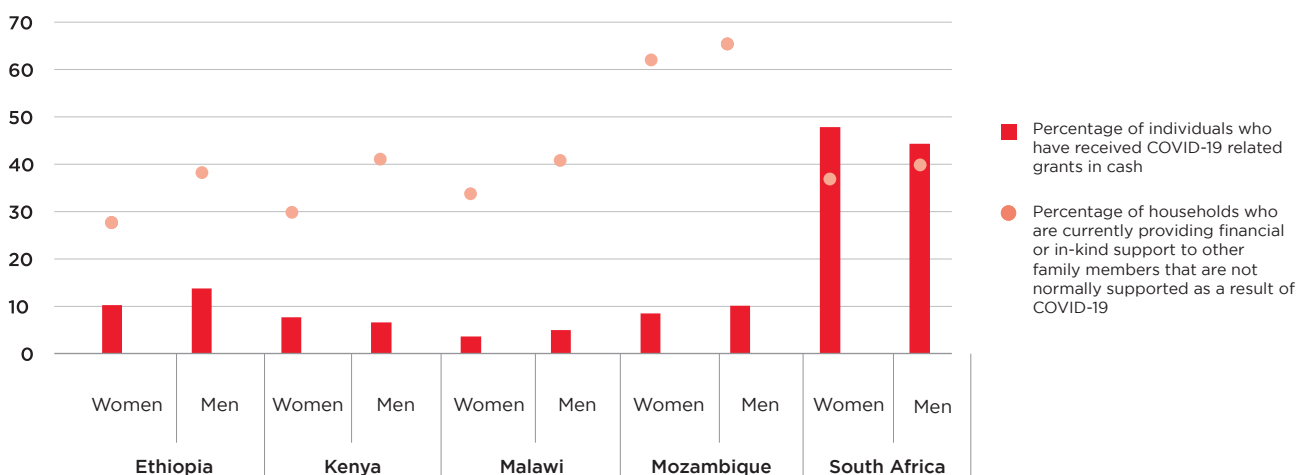
48% Women

44% Men

in South Africa reported receiving some COVID-19 related social support in cash or kind from the Government. The social protection system has helped to cushion some households from the economic impacts of the pandemic.

FIGURE 2

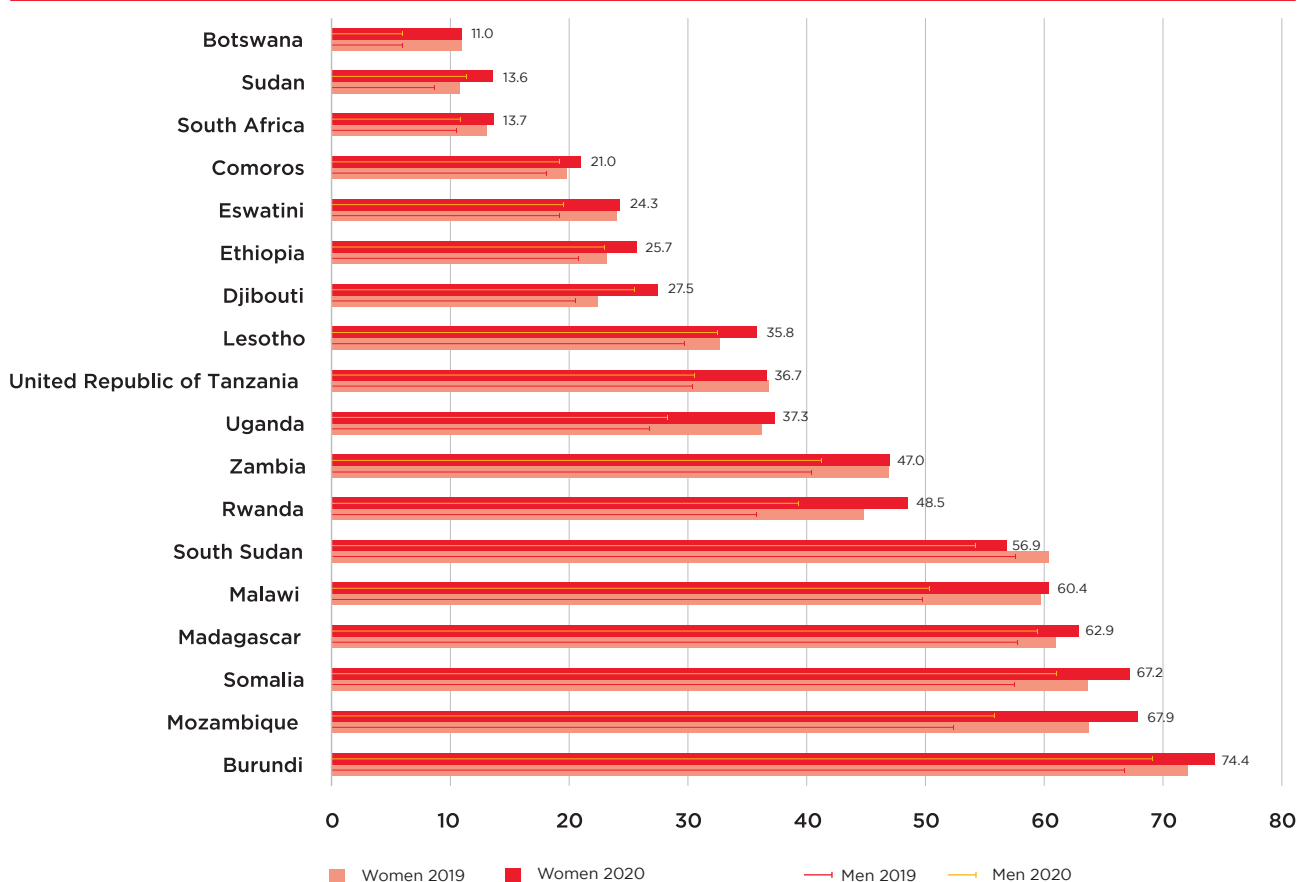
Social grant receipt and additional support burden, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 3

Percentage of women and men in the population living in extreme poverty, 2019



Source: UN Women, COVID-19 and Gender Monitor (<https://data.UN Women.org/resources/COVID-19-and-gender-monitor>, accessed 15 December 2020)

6 THE POTENTIAL IMPACT OF COVID-19 ON ACHIEVING THE SDGs

Perspectives from a Rapid Gender Assessment in East and Southern Africa



The pandemic is putting food security at risk, as both producing and purchasing food have become harder

Introduction

Agriculture plays a very important role in the region from an economic as well as a gender perspective. It contributes a significant percentage of national GDP in most countries and is also the biggest source of employment for women. In addition to the economic hardships brought on by COVID-19, which had a negative impact on food security, initial movement restrictions in many countries impeded the movement of seeds and other agricultural inputs between regions and also affected food prices.

During the post-COVID-19 recovery phase, movement restrictions will be lifted, but the lingering effects of job losses and an economic downturn are likely to remain and continue to negatively impact household food security for some time to come.

Farmers in East Africa not only had to deal with the effects of COVID-19, but also with one of the worst locust invasions in recent memory (**Ethiopia, Somalia and Kenya**) and severe flooding (**Kenya, Uganda and Tanzania**). The lingering effects and impacts of these disasters on harvests during 2020 will further hamper food security in the region during 2021.



20% +

Of the GDP in approximately half of the countries in the region comes from agriculture

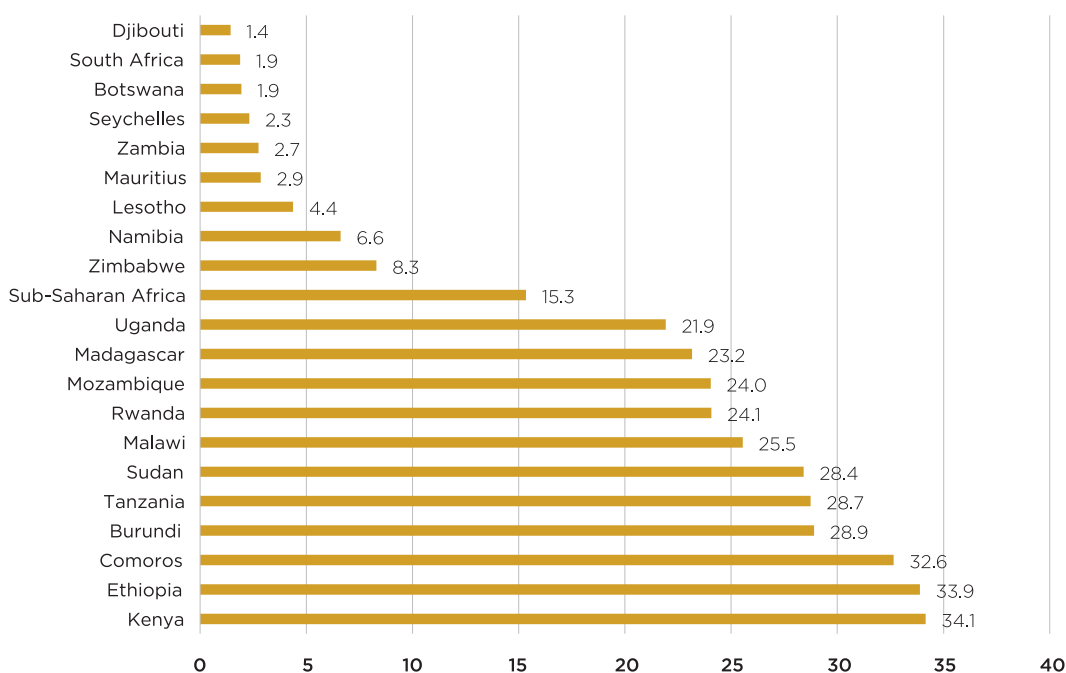


>75%

Of employed women in Burundi, Mozambique and Uganda are employed in agriculture

FIGURE 4

Percentage of GDP derived from agriculture, forestry and fishing in the region, 2019

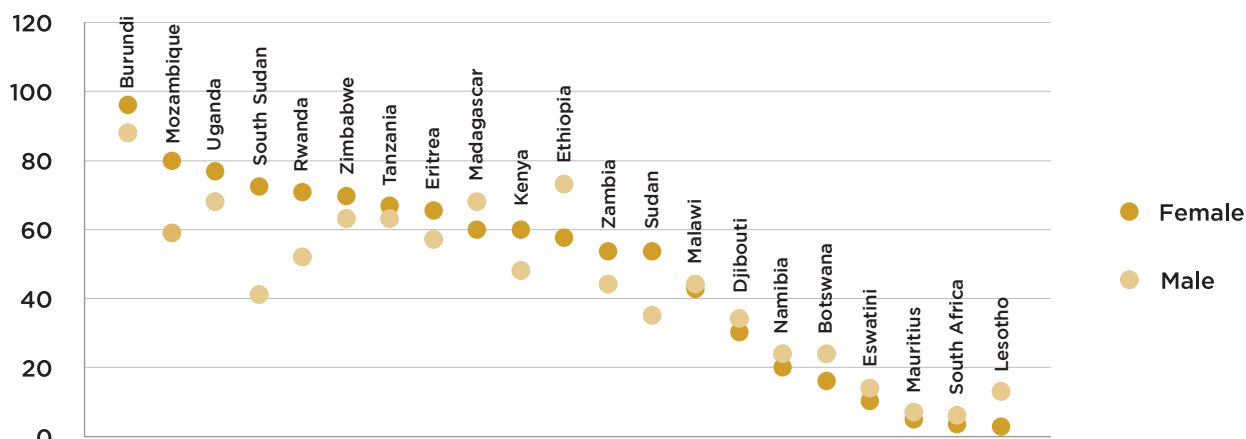


Source: World Bank, <https://data.worldbank.org/indicator/NV.AGR.TOTL.ZS>

Note: Data for all countries are for 2019 except for Comoros (2018) and Zambia (2017)

FIGURE 5

Percentage of total employment in agriculture, 2020



Source: World Bank

<https://data.worldbank.org/indicator/SL.AGR.EMPL.FE.ZS>

Notes: 2020 estimates modelled on ILO data

FIGURE 6

Changes in agricultural inputs supplies, food and food prices, 2020



Agricultural Inputs Supplies

Changes in availability of seeds and other inputs to plant crops or ability to buy these inputs **since the onset of COVID-19**



Food Availability

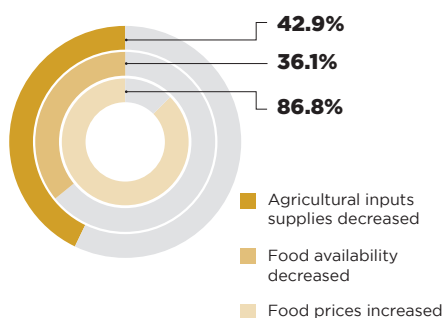
Changes in the availability of the food usually bought in the local market/shops **since the onset of COVID-19**



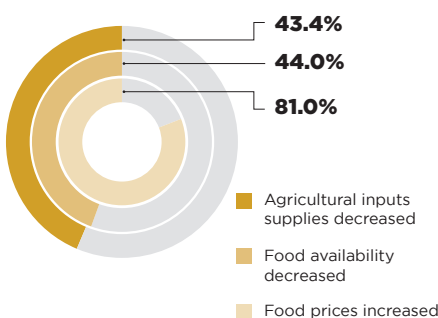
Food Prices

Changes in the prices of the food usually bought in the local market/shops **since the onset of COVID-19**

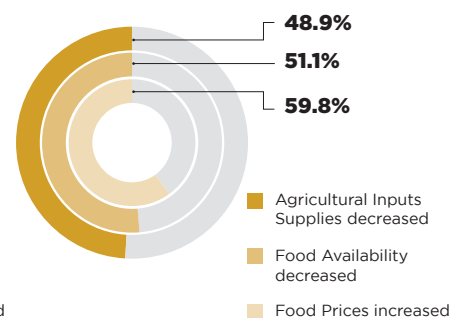
ETHIOPIA



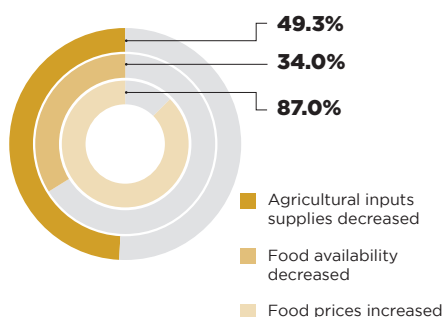
KENYA



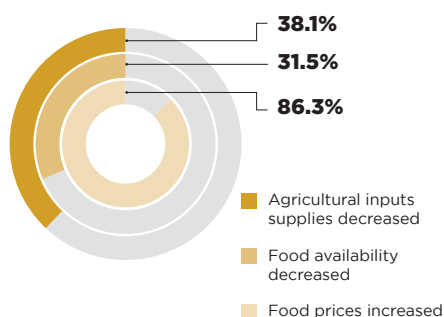
MALAWI



MOZAMBIQUE



SOUTH AFRICA



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).



Women have borne the greater burden of healthcare, a higher risk of exposure to and infection with the disease, and largely felt a greater strain on their mental and emotional health

The COVID-19 pandemic represents the biggest global health emergency experienced in the past century. Besides the direct threat of infection, developing serious complications and death, very little is known about the possible long-term consequences of the pandemic on the physical health of survivors and the mental well-being of individuals and communities that have been seriously affected by the pandemic.

One of the reasons why most governments in East and Southern Africa opted for severe lockdowns and restrictions of movement during the early phases of the pandemic was the fear that COVID-19 will overwhelm the already fragile and inadequate healthcare systems on the continent.

Women have been carrying the healthcare burden to a greater extent than men as most of the healthcare personnel in the region are women and therefore had a higher risk of exposure and infection with the disease themselves.

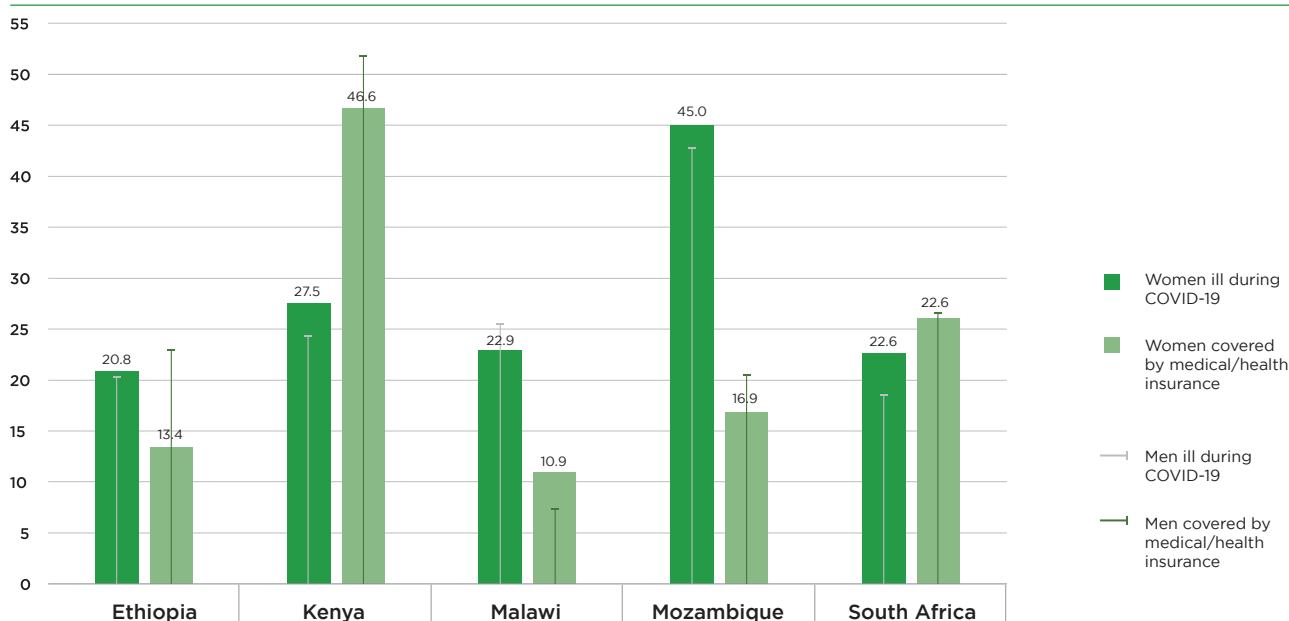
Data from the RGAs suggest that women were more likely than men to be ill in general during COVID-19, while men were more likely to be covered by medical insurance than the women respondents.

Women were more likely than men to indicate that their personal mental or emotional health (e.g. stress, anxiety, confidence, etc.), as well as that of their household members have been negatively affected since the onset of COVID-19.

The two main concerns for women and men were the risk of becoming infected with the virus and the economic and income related hardships associated with the pandemic. Women were more likely than men to be worried about the risk of infection, while men were more worried about the economic outcomes and risks.

FIGURE 7

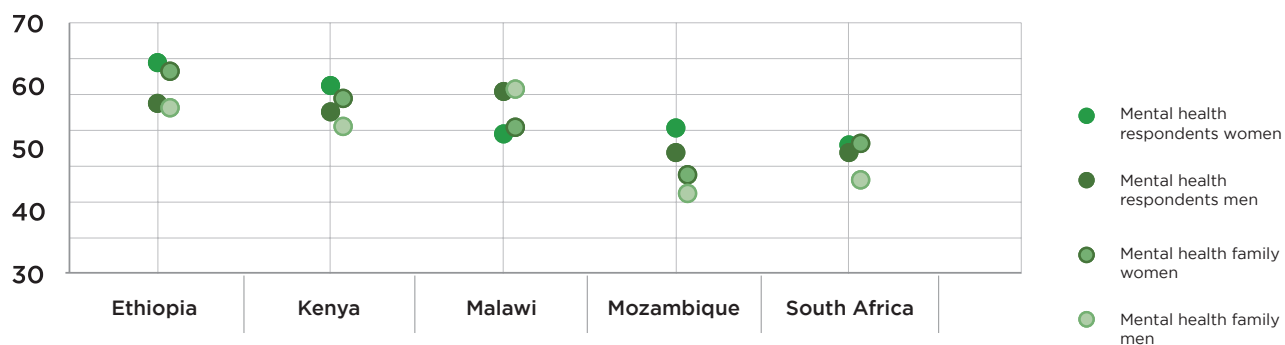
Percentage of respondents who said that him/her and/or other household members were ill during the COVID19, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 8

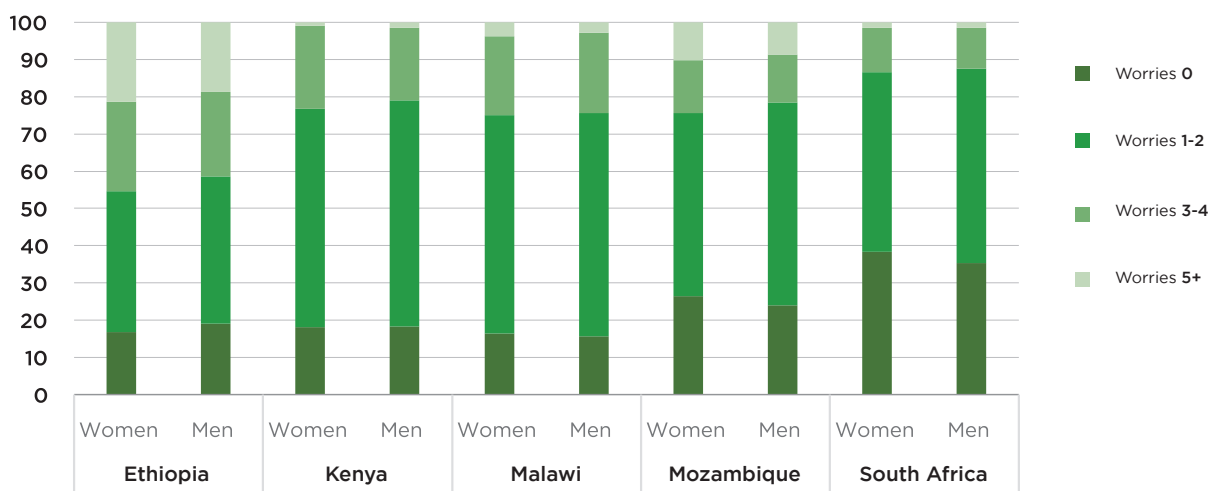
Percentage of women and men who indicated that their own mental health or that of their households have been affected negatively during COVID-19, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 9









Number of different worries /concerns women and men had during COVID-19, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 10

Percentage of women and men who were worried about specific issues during the reference period, 2020

	ETHIOPIA	KENYA	MALAWI	MOZAMBIQUE	SOUTH AFRICA
 Death	Women 33.1	6.7	15.9	13.2	14.2
	Men 26.9	6.6	15.3	11.4	12.7
 Becoming infected with COVID-19	Women 60.1	47.5	60.5	37.5	29.3
	Men 55.1	45.8	58.5	35.7	27.8
 Other health issues	Women 24.3	3.7	2.7	11.8	4.9
	Men 20.1	4.5	2.3	10.7	4.3
 Economic situation and other income related issues	Women 47.1	50.9	42.1	37.7	27.9
	Men 51.7	55.8	48.1	41.9	33.0
 Access to food	Women 24.6	18.0	17.4	28.4	10.4
	Men 21.0	13.0	16.8	25.6	9.8
 Access to medicine	Women 23.6	2.5	3.8	11.4	2.9
	Men 22.3	2.7	4.8	10.5	2.7
 Missing school	Women 33.8	20.0	18.9	18.5	7.9
	Men 28.9	13.8	15.8	13.9	6.3
 Safety	Women 16.5	8.4	8.6	12.9	9.5
	Men 18.0	12.0	7.3	13.9	9.7
Others	Women 4.0	11.1	7.0	11.4	9.9
	Men 4.1	10.3	6.8	11.8	10.4

Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).



- mud
- like



Technology-based solutions have deepened existing inequalities between girls and boys along rural/urban and rich/poor lines, with girls' education rendered even more vulnerable due to a number of additional factors

Introduction

Most countries in the region, except Burundi and Mauritius closed all schools and other learning institutions in March 2020 in an effort to contain the spread of the COVID-19 virus. This affected an estimated 61 million girls/women and 64 million boys/men in East and Southern Africa. To mitigate against the loss of learning precipitated by these closures, all affected countries put distance learning measures in place. These included a combination of one or more of the following measures: distribution of printed materials for learning from home, special sessions on radio and television, and online platforms that learners could attend to were used.

Given low mobile device ownership, poor electricity connectivity and limited radio and television ownership of especially poor children and children living in rural areas, these methods had mixed and limited results. Technology-based solutions are also likely to have deepened already existing inequalities between girls and boys along rural/urban and rich/poor lines of division.

The RGA suggests that girls and boys have been facing similar problems associated with remote learning. Notable exceptions include: limited access to books and printed learning materials (girls in Ethiopia); lack of skilled instructors/parents or guardians do not have time (boys in Ethiopia); a lack of a conducive environment for studying (more likely to be a problem for boys than girls in South Africa). In Malawi more than half of the boy and girl learners with problems identified a lack of skilled instructors at home or that parents/caregivers had limited to time to support learning as a problem.

Notwithstanding, evidence suggest⁵ that girls have been more vulnerable during this time. Specific vulnerabilities include: more time spent on unpaid domestic and care work to the detriment of home based learning, sexual violence, pregnancy, child marriage and pressure to stop schooling to earn money.

UNICEF recommends⁶ amongst other things that a system-wide approach to school reopening be adopted as it automatically introduces a gender lens, as well as that strategies be adopted to actively removing gender bias and discrimination within and across education systems. It is also important to recognize and prioritize the leadership of girls and women and their role as change agents.



24.6 Million

Number of learners affected by school closures in Ethiopia, making it the most-affected in the region.

14.6 Million

Number of learners affected by school closures in South Africa.

14 Million

Approximate number of learners respectively affected by school closures in Kenya and the United Republic of Tanzania.

⁵ UN Women. Gender Equity in East and Southern Africa during COVID-19.

⁶ UNICEF. Building Back Equal: Girls Back-To-School Guide

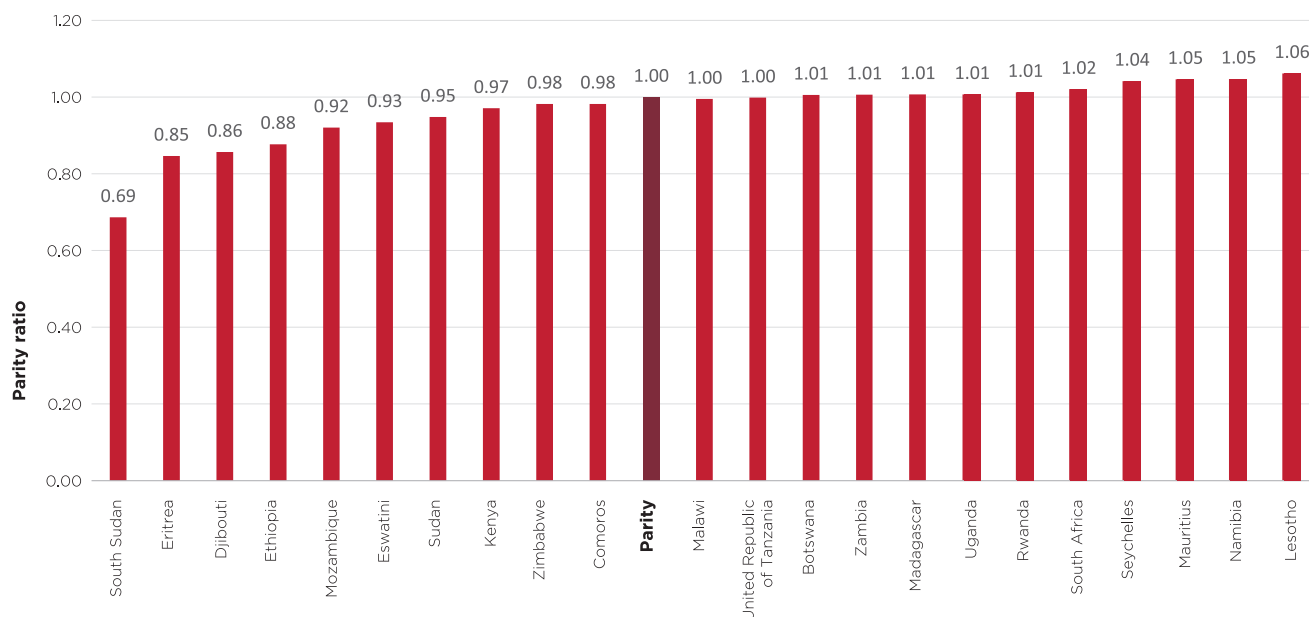


South Sudan, Eritrea, Djibouti, Ethiopia, Mozambique and Eswatini had the biggest differences between girl/women and boy/men enrollments, with girls/women lagging behind, while in Seychelles, Mauritius, Namibia and Lesotho the number of girls/women attending and affected by COVID-19 were marginally more than the boys/men.

Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 11

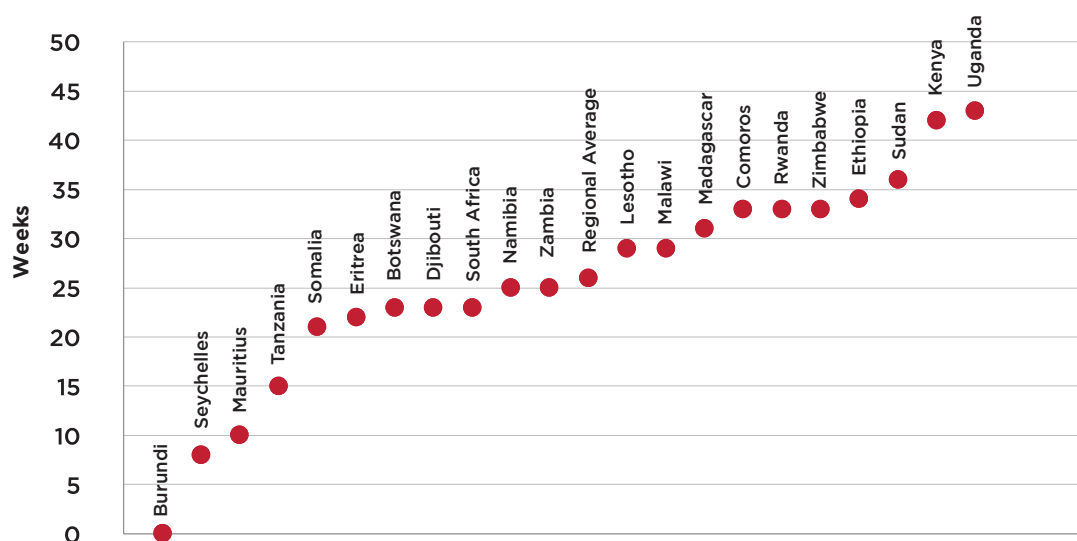
Gender parity ratios of the number of learners affected by the school closures, 2020



Source: UN Women, COVID-19 and Gender Monitor (<https://data.UNWomen.org/resources/COVID-19-and-gender-monitor>, accessed 15 December 2020)

FIGURE 12



Number of weeks that school closures were in place, 2020



Source: Centre for Global Development and UNICEF, UN Women Calculations

FIGURE 13

Percentage of girls and boys who experienced specific problems while doing home based learning, 2020

	ETHIOPIA	KENYA	MALAWI	MOZAMBIQUE	SOUTH AFRICA
 Limited access to internet	Girls 36.4	32.4	31.6	48.9	45.8
	Boys 38.4	33.6	33.0	47.4	40.4
 Limited access to learning materials e.g books etc.	Girls 33.5	41.0	45.6	46.5	26.8
	Boys 25.4	41.9	47.6	47.2	24.7
 Lack of electricity/ source of lighting	Girls 50.2	21.3	28.3	25.3	27.0
	Boys 49.0	22.1	31.3	25.4	23.9
 Lack of conducive environment	Girls 22.9	45.1	30.9	22.4	20.4
	Boys 28.4	41.5	35.1	21.7	21.1
 Lack of skilled instructor at home/ parent guardian do not have time	Girls 29.1	47.7	46.6	52.7	31.1
	Boys 10.4	46.2	13.3	15.5	10.2

Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).





While men in the region do pitch in to assist with domestic and unpaid care, women remain most likely to be identified as responsible for the bulk of these activities

Introduction

An understanding of time use patterns is important within the context of women's economic empowerment and sustainable development. Only six countries in the region have ever conducted a nationally representative Time Use Survey (TUS) and only two of those (Uganda and Tanzania) are less than 5 years old. Notwithstanding, even the limited studies conducted in the sub-region have consistently showed that women tend to spend more time on unpaid care and domestic work than men. Not only does this prevent some women from entering the labour market and becoming financially independent, but it places a disproportionate additional burden on those who are already involved in productive economic activities. The role of unpaid care work in women's economic empowerment is considered so important that it was included as a target and indicator in the Sustainable Development Agenda 2030. Target 5.4 was specifically designed for governments to acknowledge and value unpaid care and domestic work by providing the necessary public services, infrastructure and social protection policies, and promoting unpaid domestic and care work as a shared responsibility within the household and the family.

The RGAs carried out by UN Women in Ethiopia, Kenya, Malawi, Mozambique, and South Africa included a question about the person primarily responsible for domestic and unpaid care activities prior to the pandemic. This confirmed the findings of the more detailed time use studies done across the region, where women were the most likely to be identified as responsible for cooking and cleaning in all countries. The only exception was Kenya where women and men were more likely to report sharing these unpaid domestic tasks between them. Girls were more likely than boys to provide more assistance with these kinds of activities during the pandemic than previously.

The pandemic has shown that when circumstances dictate, men in the East and Southern Africa region do pitch in to assist with unpaid domestic and care work. It is important that this momentum be maintained through advocacy efforts to increasingly make it socially acceptable, as well expected from men in the region to share these tasks with women. UN Women, in a policy brief on time use during COVID-19, highlights⁷ the importance of continuing 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 that would make it possible for women to increasingly share and delegate some of these tasks with others. A specific area that has been shown to impact immediately on women's time use has been government support for increased access to childcare services, as well the provision of and extension of paid family and sick leave amongst other measures.



>60% +












Of the respondents in Ethiopia, Mozambique, Malawi, and South Africa indicated that women have been mainly responsible for cooking, cleaning and shopping prior to COVID-19.

Across all study countries, men were more likely than women to say that a man was doing a specific unpaid domestic care activity or that the activity was done jointly by women and men. These differences may point to respondent biases which need to be taken into account when doing rapid assessments related to time use.

⁷ UN Women, Policy brief: Whose time to care. <https://data.UN Women.org/publications/whose-time-care-unpaid-care-and-domestic-work-during-COVID-19>

FIGURE 14

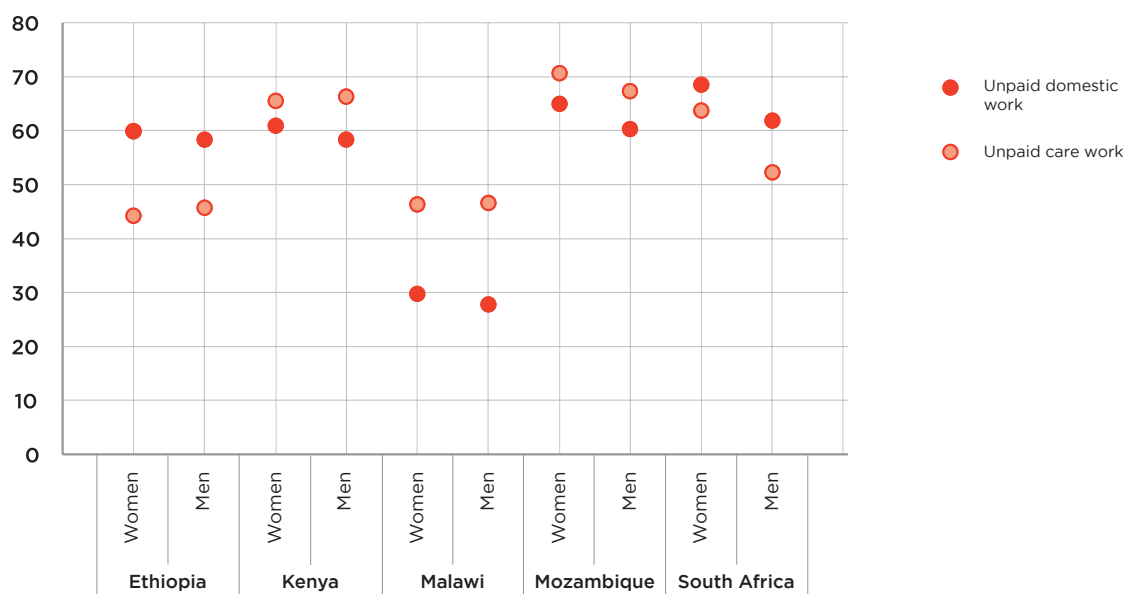
Percentage of women and men who said that their time use activities have increased during COVID-19, 2020

	ETHIOPIA		KENYA		MALAWI		MOZAMBIQUE		RWANDA		SOUTH AFRICA	
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
COOK	40.4	31.5	39.5	38.5	13.7	12.0	29.7	25.4	19.8	16.0	45.9	39.8
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
CLEAN	54.3	51.6	42.6	39.1	18.3	17.3	54.5	49.5	45.6	29.8	54.6	47.0
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
SHOP	41.6	38.5	33.2	31.9	11.4	10.5	24.2	22.7	10.4	8.3	32.0	31.3
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
COLLECT WATER AND FIREWOOD	46.1	42.6	32.8	31.2	12.1	10.6	36.5	32.8	34.6	20.1	20.5	19.4
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
PASSIVE CHILD CARE	46.6	45.1	41.4	37.3	22.7	20.7	45.7	43.3	57.8	32.8	38.4	29.6
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
PLAY WITH CHILDREN	45.5	46.0	46.5	46.6	19.3	19.2	39.3	38.5	56.7	38.3	39.5	32.3
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
TEACH CHILDREN	42.2	44.2	47.8	49.2	26.3	28.0	45.4	42.3	67.1	43.0	41.1	31.3
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
PHYSICAL CARE OF CHILDREN	44.8	46.5	42.3	40.2	20.0	18.7	47.7	41.7	58.1	37.9	39.7	30.5
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
PHYSICAL CARE OF ADULTS	21.9	22.9	10.7	15.6	11.3	12.7	14.5	14.9	24.2	4.5	12.7	8.4
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
SUPPORT TO ADULTS WITH ADMINISTRATION AND ACCOUNTING	19.1	21.6	10.6	14.2	12.3	11.8	17.1	15.2	9.4	0.7	11.6	10.6
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men
EMOTIONAL SUPPORT TO ADULTS	33.2	36.3	30.4	33.2	12.3	12.8	31.6	26.0	15.4	2.7	26.4	23.4

Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 15

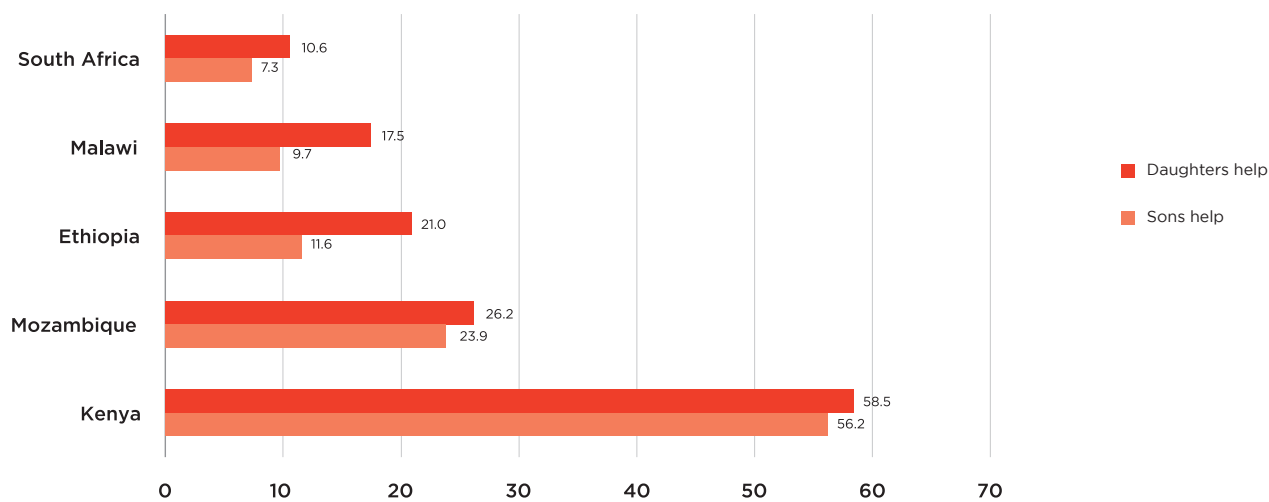
Percentage of women and men who experienced an increase in at least one of the unpaid domestic and care work categories, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 16

Women and men reporting that they have been receiving more help from daughters and sons during COVID-19, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).





The pandemic has brought into focus persisting low levels of access to clean water and sanitation and highlighted women's burden in fetching water and firewood

Introduction

Access to water has been a problem across the continent for decades and even though access has improved, the gaps of water availability at household level and at schools were once again brought under the spotlight during the pandemic. Heightened focus on frequent handwashing and generally improved sanitation to reduce the transmission of the virus was met with incredulity in some rural communities in the region, many never having had access to safe and clean drinking water. Many schools do not have basic hand-washing facilities⁸ and in some countries e.g. South Africa schools were not allowed to re-open if such facilities were not put in place⁹.

The pandemic has not only highlighted the deficiencies in this area but has also set the work back by several months as the implementation of water-related projects was halted temporarily in most countries. Furthermore, increased post-COVID-19 financial strain on the governments of most countries in the region could mean competing demands for water, sanitation and clean energy programs. It is evident that more investment will be needed in adequate infrastructure, provision of sanitation facilities and general promotion of personal, household and environmental hygiene if universal access to safe water is to be achieved by 2030.



11 out of **23** countries

in the region have SDG data about access to water and most of those can only provide data on urban areas. Rural areas have much poorer access to clean and safe water than urban areas.



The burden of collecting water and firewood has always fallen primarily on women and girls in **Ethiopia, Mozambique and Malawi**. In terms of the amount of time spent, that burden has increased significantly, more so for women than for men.



4 out of **10** women

In **Ethiopia** indicated that they have spent more time during the pandemic collecting water and or firewood than previously.

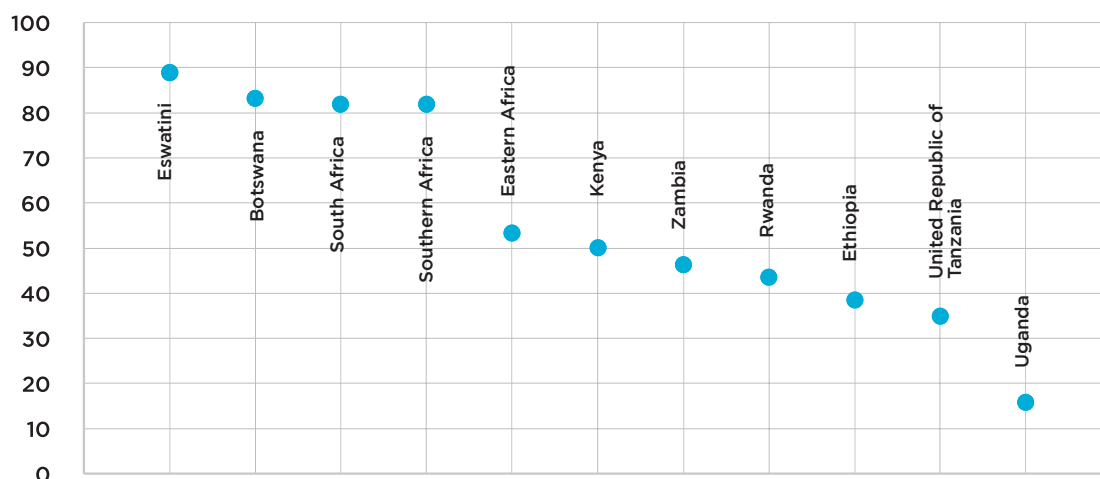
The pandemic not only highlighted the importance of this target, but also set back its implementation and related investments in the region.

⁸ <https://www.who.int/news/item/13-08-2020-2-in-5-schools-around-the-world-lacked-basic-handwashing-facilities-prior-to-COVID-19-pandemic-unicef-who>

⁹ <https://www.dailymaverick.co.za/article/2020-06-09-schools-without-water-stay-shut-as-others-open-while-taxi-industry-defends-price-hike/>

FIGURE 17

Percentage of the urban population who have access to safely managed drinking water services, 2017

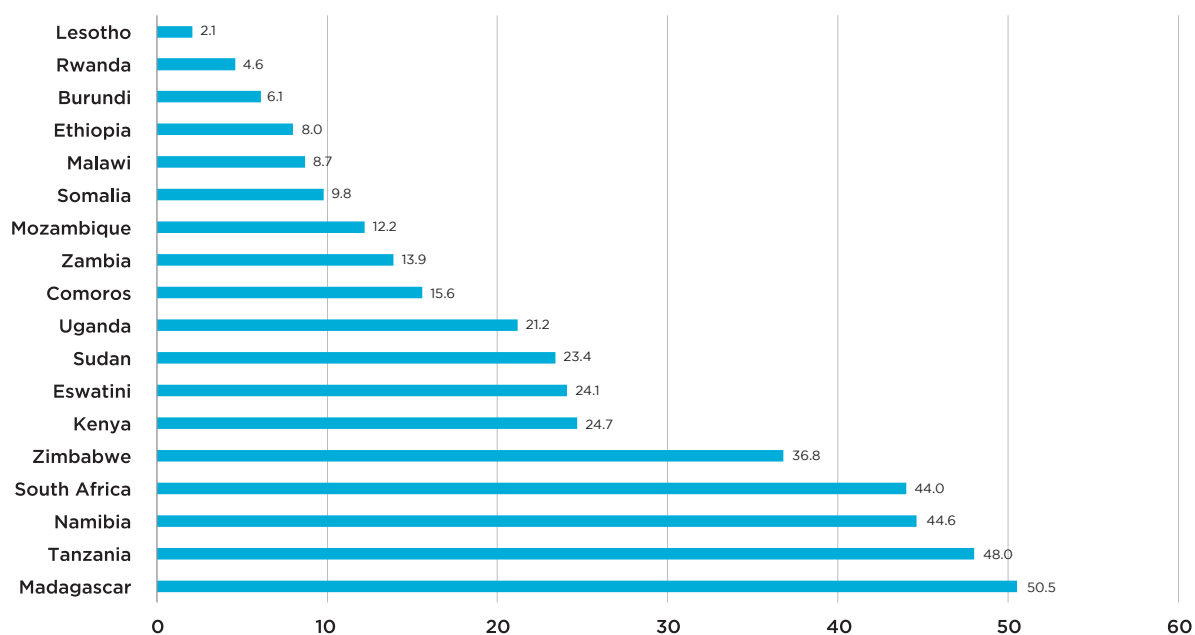


Source: SDG indicator 6.1. 2017 data

<https://unstats.un.org/sdgs/indicators/database/> (accessed November 26th 2020)

FIGURE 18

Percentage of the population who have access to basic handwashing facilities, 2017

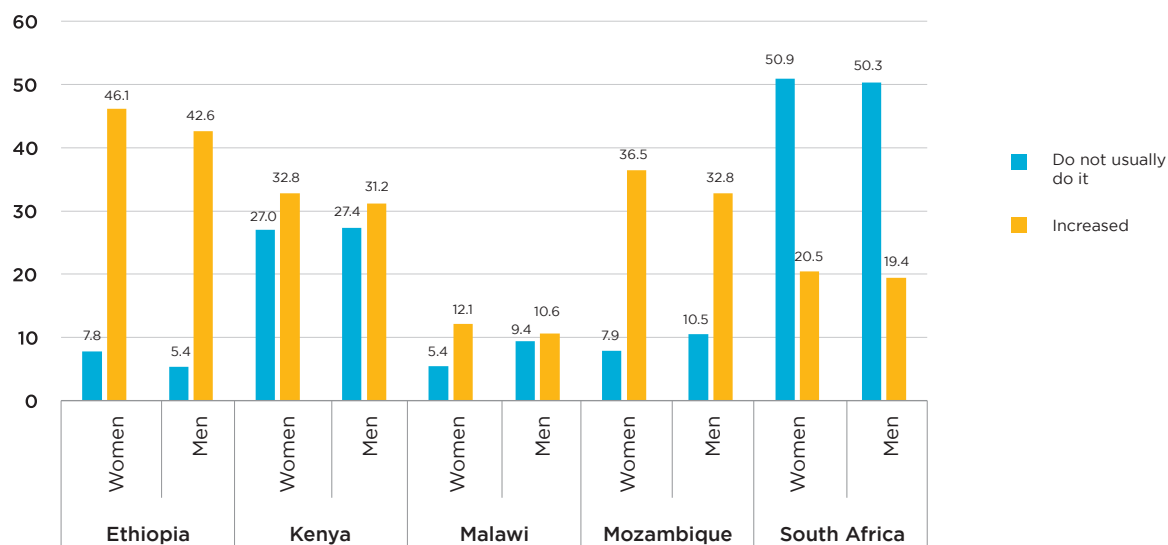


Source: Source: UN Women, COVID-19 and Gender Monitor

<https://data.UNWomen.org/resources/COVID-19-and-gender-monitor>, accessed 15 November 2020)

FIGURE 19

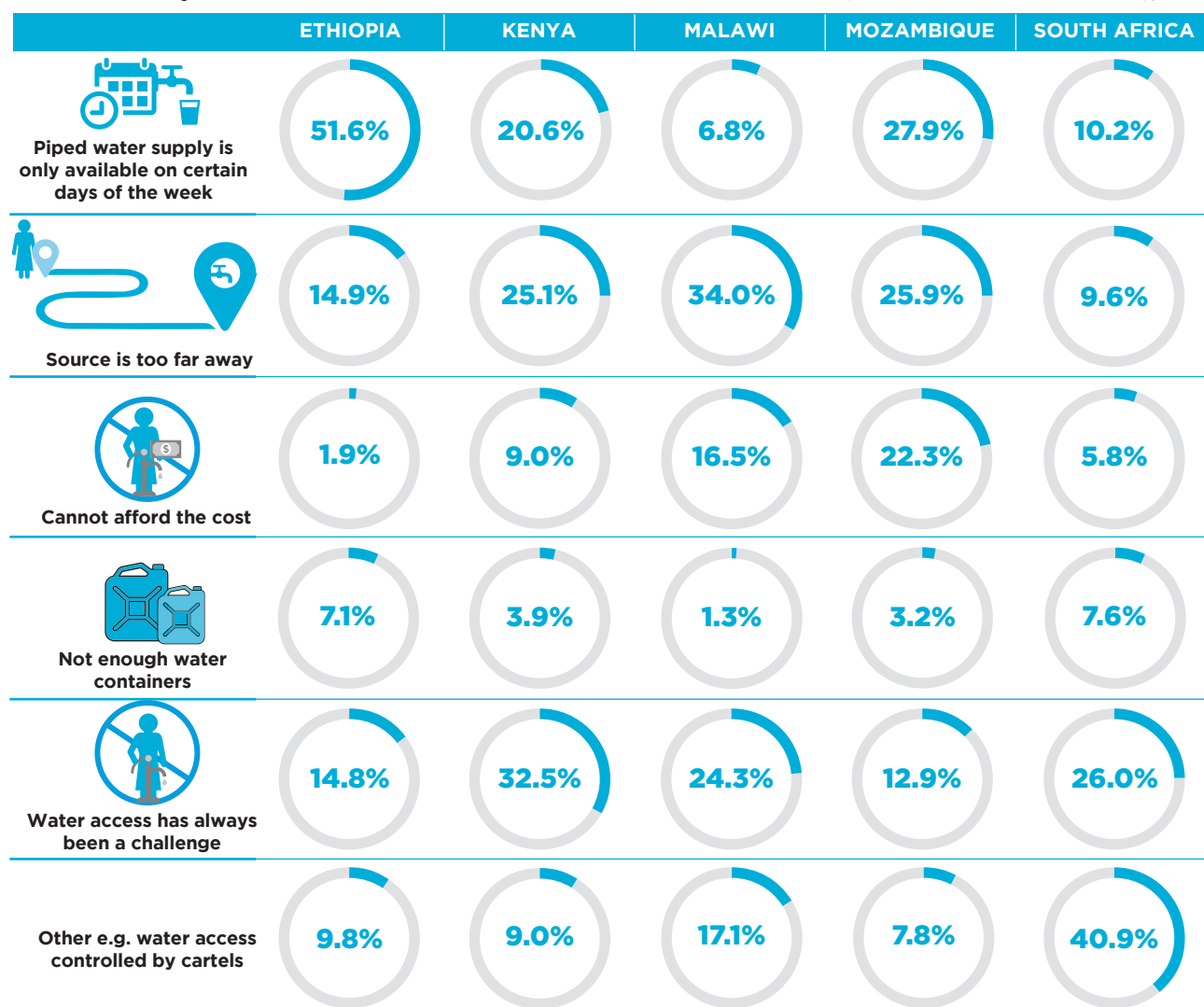
Changes in water and firewood collection during the pandemic (percent), 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

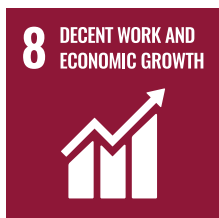
FIGURE 20

Main reason why households had limited or no access to clean and safe water (women and men combined), 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).





The percentage point decline of involvement in the ‘own account’ sector was bigger for women than men in most countries, while women were also more likely than men to move into the ‘unemployed/not employed categories’.

Introduction

There is general agreement that besides the health consequences of the pandemic the economic consequences will have the most lasting impact on the global and regional economy. The RGAs conducted in the region suggest that most women and men as well as the households in which they live have been affected by the economic fallout of the lockdowns as well as re-prioritization of Government spending into COVID-19 related activities.

Women and men across the region reported employment losses of either the household head or other adults in the households which led to reduced incomes of individuals and households. The declines in employment as presented by percentage point changes were the biggest in the sector of ‘Employed for a salary or wage by an organization/government/someone else’¹⁰ in Ethiopia, Kenya and South Africa, while the biggest negative change took place in Malawi and Mozambique in the grouping ‘own account workers’¹¹. Shifts in employment status primarily occurred into ‘Unemployed/not economically active’¹², and ‘other’ categories. Even though many own account workers also lost their incomes some of those who lost their salaries/wage employment shifted into this category. Within own account work there were changes from own account work with employees to own account work without employees. Some movement into the agricultural sector took place in Kenya. In Ethiopia, there was also a shift from not being economically active into own account work.

The percentage point decline of involvement in the ‘own account’ sector was bigger for women than men in most countries, while women were also more likely than men to move into the ‘unemployed/not economically active’ category.

Another consequence of the contraction of the labour market has been a decline in the percentage of women and men who engage in more than one economic activity. Declines in the percentage of individuals doing more than one economic activity were bigger for women than men in Kenya and Mozambique, while it was bigger for men in Ethiopia, Malawi and South Africa.

Figures 23 and 24 take a closer look at what happened to women and men who were either in ‘salaried/wage’ employment prior to COVID-19 and ‘own account’ workers during the reference period. It shows that women were more likely than men to transition into ‘unemployed/not economically active’ category if they were previously in paid work. However, in the ‘own account’ sector men were more likely than women to transition into the ‘unemployed/not economically active’ category.

The data suggest that the economic fall-out of the pandemic has affected women and men differently and that differential approaches may need to be applied to ensure that gains in women’s economic empowerment made prior to the pandemic are regained and improved upon.





¹⁰ The questionnaire had a simplified question on income generating activities due to the limited time available for each questionnaire and the survey therefore did not aim to produce labour force statistics that conform to the official guidelines of the International Labour Organization (ILO).




¹¹ The category ‘Own account workers’ include individuals who indicated that they work for themselves. This could be with or without having employees employed. Individuals doing ‘Odd Jobs’ are also included in this category. ‘Other’ includes economic activities unclassified during the interview, as well as working for a family business without pay.

¹² This category includes individuals who were unemployed regardless of whether they were looking for work or not, as well as those who were not economically active because of choice, unpaid care responsibilities, studies etc.

FIGURE 21

Percentage of women and men in each economic activity category before COVID-19 (Q1) and during COVID-19 at the time of the study (Q4, 2020)

Women	ETHIOPIA		KENYA		MALAWI		MOZAMBIQUE		SOUTH AFRICA	
	Before COVID	During COVID	Before COVID	During COVID	Before COVID	During COVID	Before COVID	During COVID	Before COVID	During COVID
 Work for someone else/organization Govt	38.2	29.4	22.2	8.3	12.6	11.2	19.5	13.8	35.1	26.8
 Own account worker	30.0	22.5	32.1	25.2	60.8	41.9	31.8	23.1	18.4	14.7
 Worker in agriculture	3.5	2.0	23.0	26.8	26.1	23.6	34.1	33.0	1.8	1.4
 Not economically active/unemployed	25.6	20.6	19.2	29.6	5.2	9.6	15.4	21.9	40.3	49.4
Other activities	8.5	13.7	8.7	10.9	10.8	16.2	9.9	13.4	9.8	8.3

Men	ETHIOPIA		KENYA		MALAWI		MOZAMBIQUE		SOUTH AFRICA	
	Before COVID	During COVID	Before COVID	During COVID	Before COVID	During COVID	Before COVID	During COVID	Before COVID	During COVID
 Work for someone else/organization Govt	45.1	35.9	28.0	15.8	21.7	17.9	36.7	26.4	44.3	35.9
 Own account worker	35.0	26.4	38.8	37.5	55.0	41.8	31.0	28.2	24.1	20.8
 Worker in agriculture	11.3	7.0	21.7	27.2	32.1	30.4	27.1	28.5	1.9	1.7
 Not economically active/unemployed	13.7	9.8	13.5	16.9	2.6	5.2	11.3	17.1	29.4	37.9
Other activities	5.9	12.9	7.5	9.2	8.1	12.0	6.9	9.8	4.7	6.5

Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

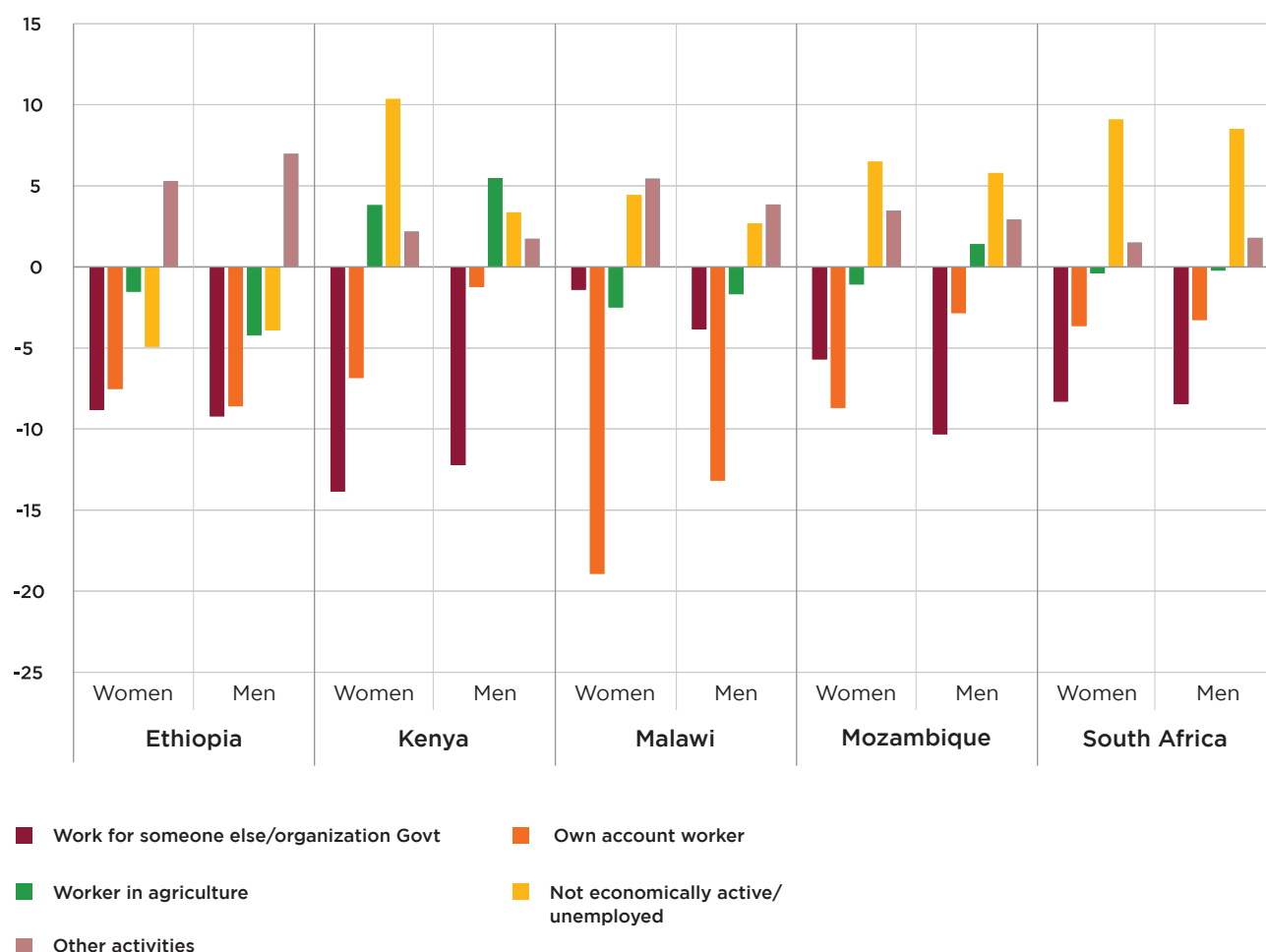


In Ethiopia, some women and men who were in the ‘unemployed/not economically active’ category prior to the pandemic became economically active during the pandemic, particularly in the “own account” sector.

Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 22

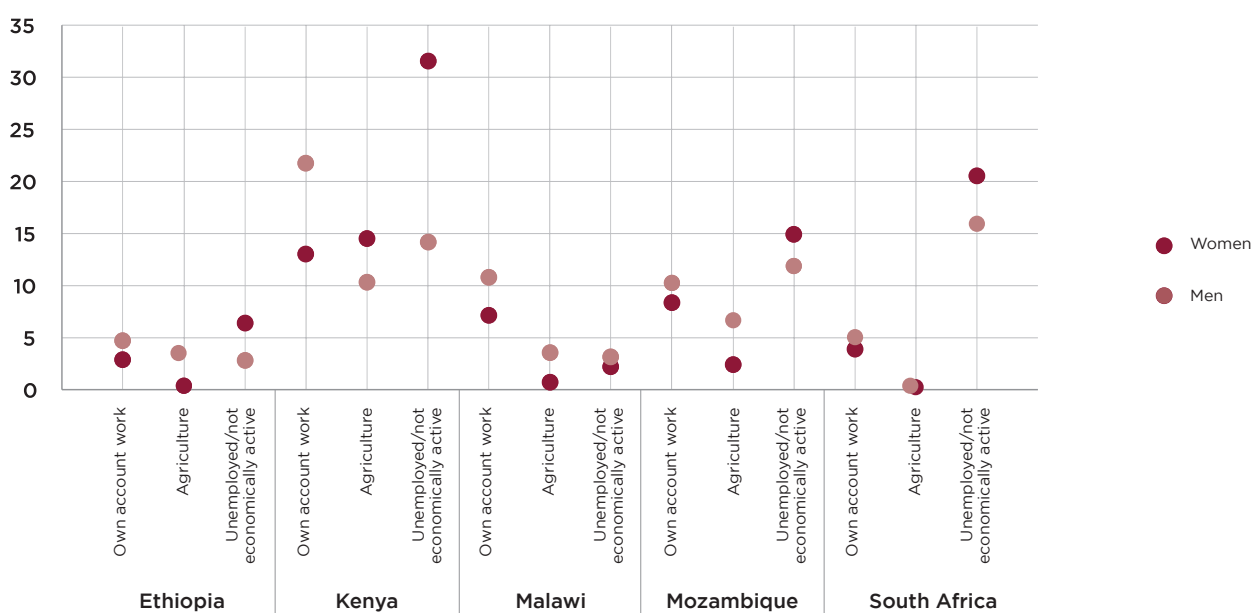
Percentage point change in each activity group between the period prior to COVID-19 (Q1) and Q4, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 23

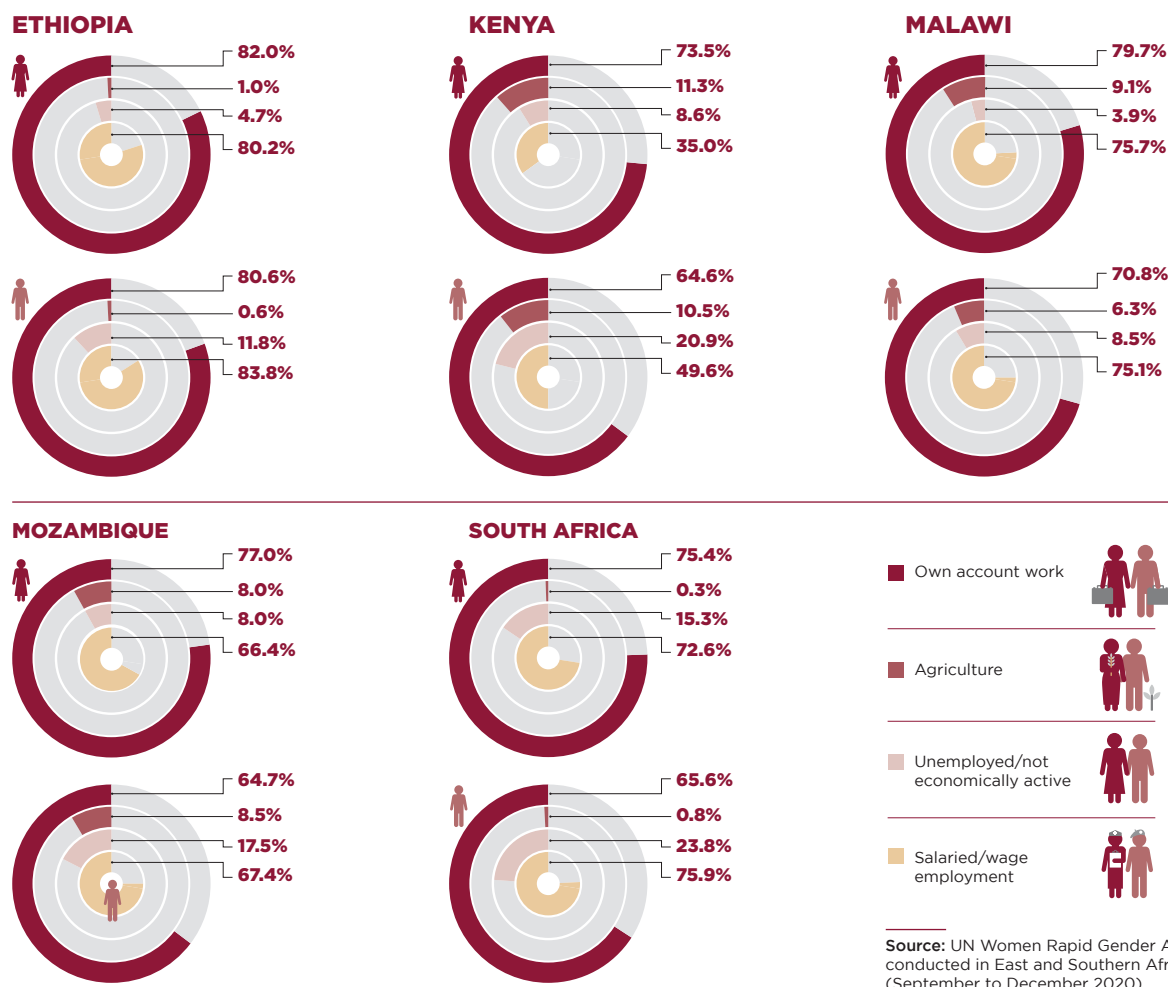
Respondent in salaried/wage employment before COVID-19 who transitioned into other sectors after the onset of COVID-19, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 24

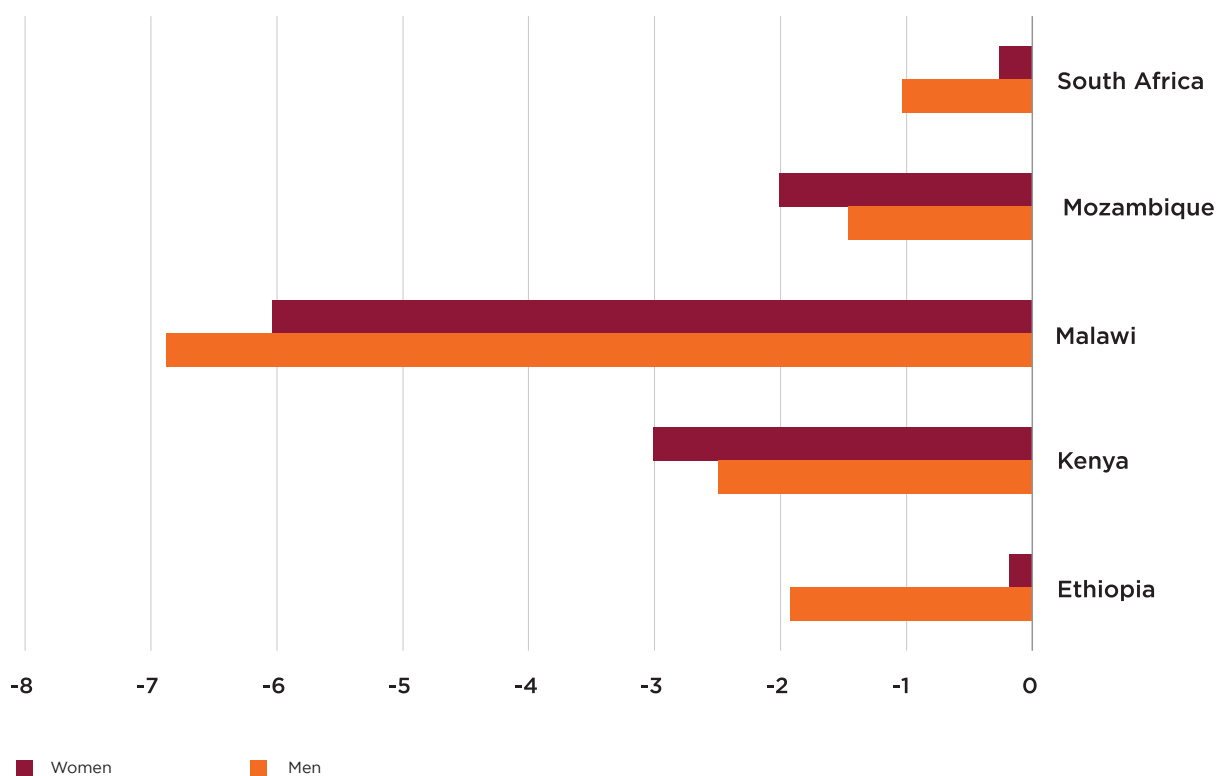
Respondents doing “own account” work before COVID-19 and economic activity after COVID-19, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 25

Percentage point change during the reference period in the percentage of women and men engaging in more than one economic activity, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).



RIGHT TO
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R

Introduction

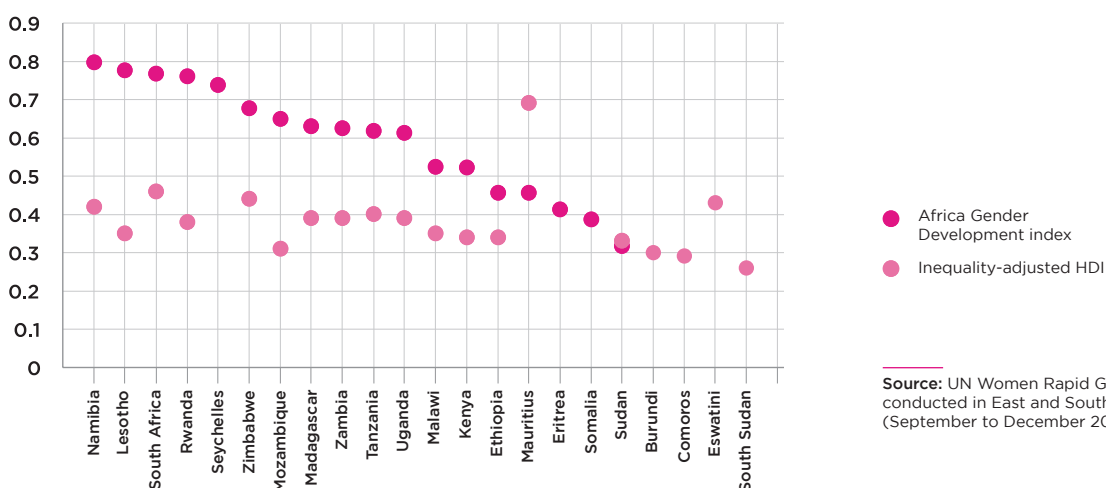
Inequalities between women and men, rich and poor, rural and urban, the educated and uneducated have been a characteristic of most countries in the region. This is evidenced by the gender equality index as well as differences in the human development index when corrected for inequality. The pandemic once again highlighted the stark differences between women and men, rural and urban, and the poorest and wealthiest quintiles of the population in the region. School closures resulted in primarily urban populations and children attending private schools continuing with their education using alternative means with relatively limited interruptions. Girls and boys in government schools, those based in rural areas, informal settlements, or from poor households, if not already out of school, found themselves in a situation where they stopped learning for several months. Due to low levels of mobile phone ownership and poor electricity connections in rural areas, technology-based solutions to school closures had limited reach and impact in the region¹³ and have sharpened existing inequalities between girls and boys as well as along rural/urban and rich/poor divisions.

The study found that in all countries except Ethiopia, rural boys were more likely than urban boys to have experienced two or more problems with remote learning, while rural girls were more likely than urban girls to experience two or more problems in all countries except in Malawi. Differences between boys and girls within countries were most pronounced in the rural sector with a bigger percentage of girls having two or more remote learning problems while in Malawi, the reverse is true with rural boys having more problems than girls.

With regards to decreases in total household incomes, urban households were more likely to have experienced problems with a decreased household income whilst urban women in Ethiopia, Mozambique, and South Africa were more likely than their rural counterparts to have lost their personal income. Decreased personal incomes were experienced by similar percentages of urban and rural men in Ethiopia, Malawi, and South Africa. Women and men living in rural areas in Mozambique were more likely than their urban counterparts to have experienced a total loss or decrease in household income.

FIGURE 26

Parity scores for the Africa Gender Development Index and Inequality-adjusted Human Development Index (IHDI), 2018

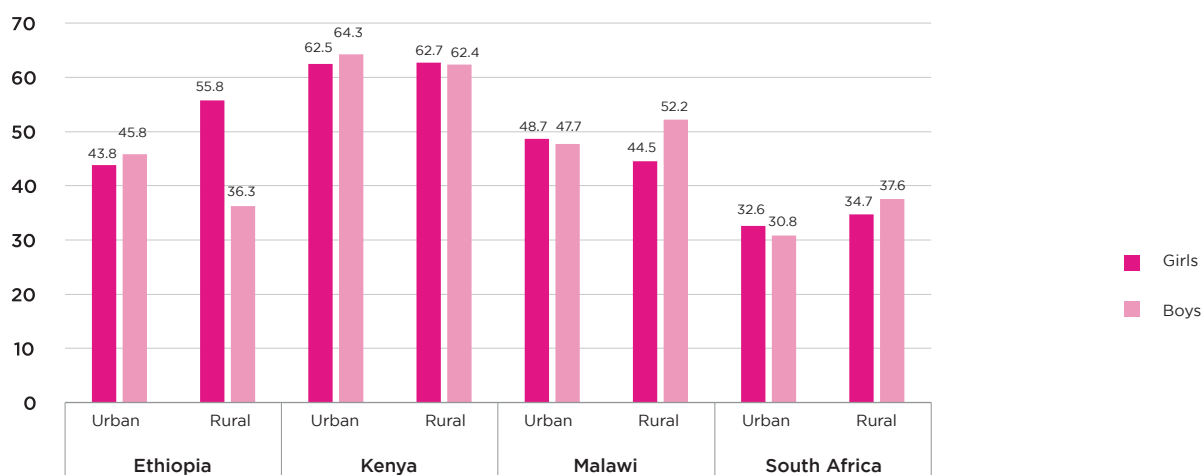


Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

¹³ <https://data.unicef.org/resources/remote-learning-reachability-factsheet/>

FIGURE 27

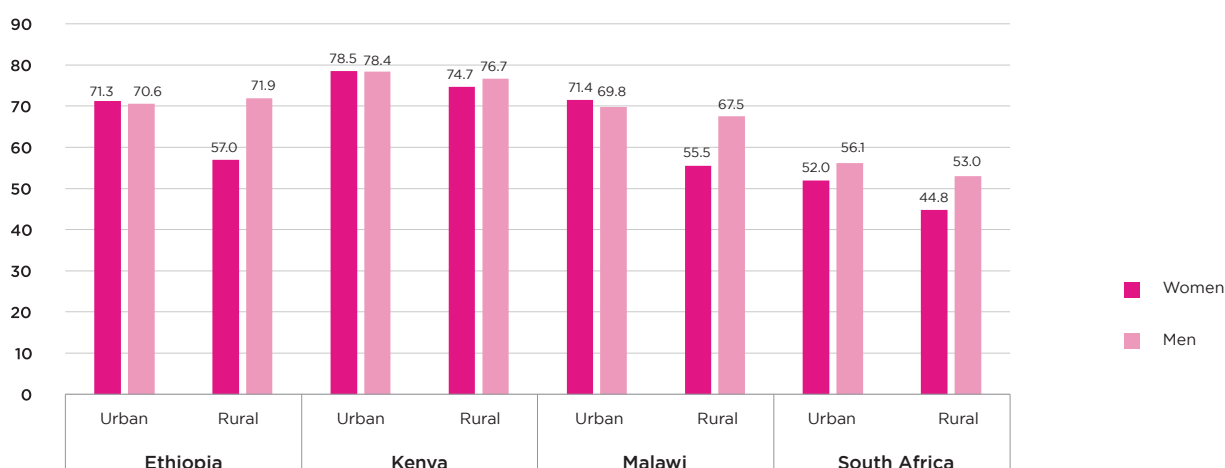
Percentage of girls and boys who had two or more problems associated with remote learning by location, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 28

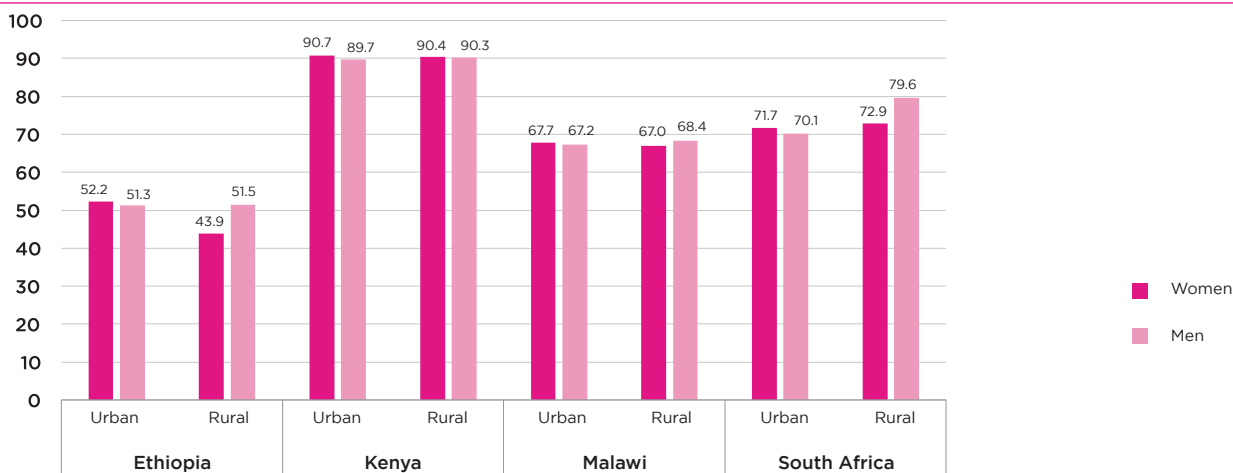
Percentage of women and men who indicated that their household incomes have decreased by location, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 29

Percentage of women and men who said they experienced financial difficulties during COVID-19, 2020

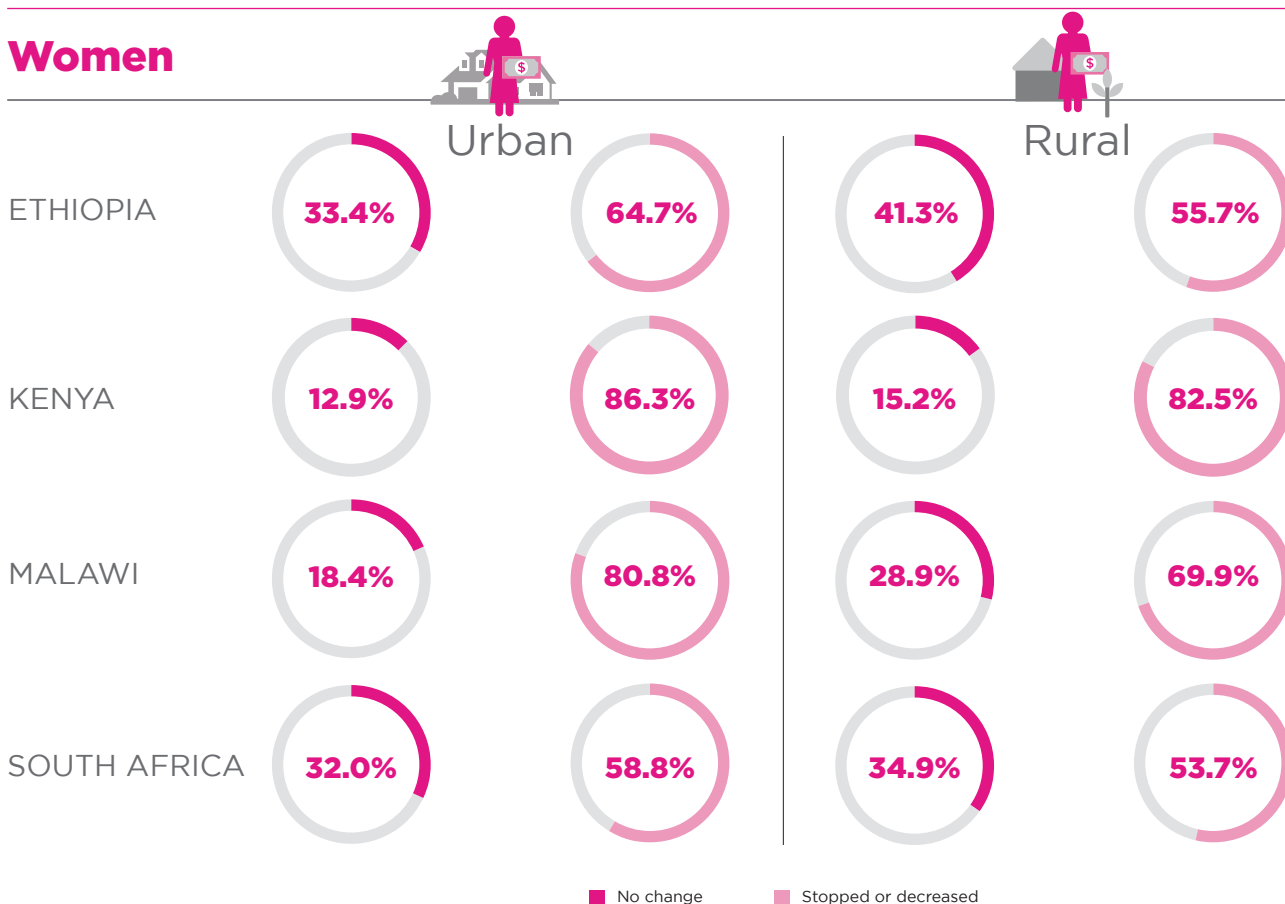


Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

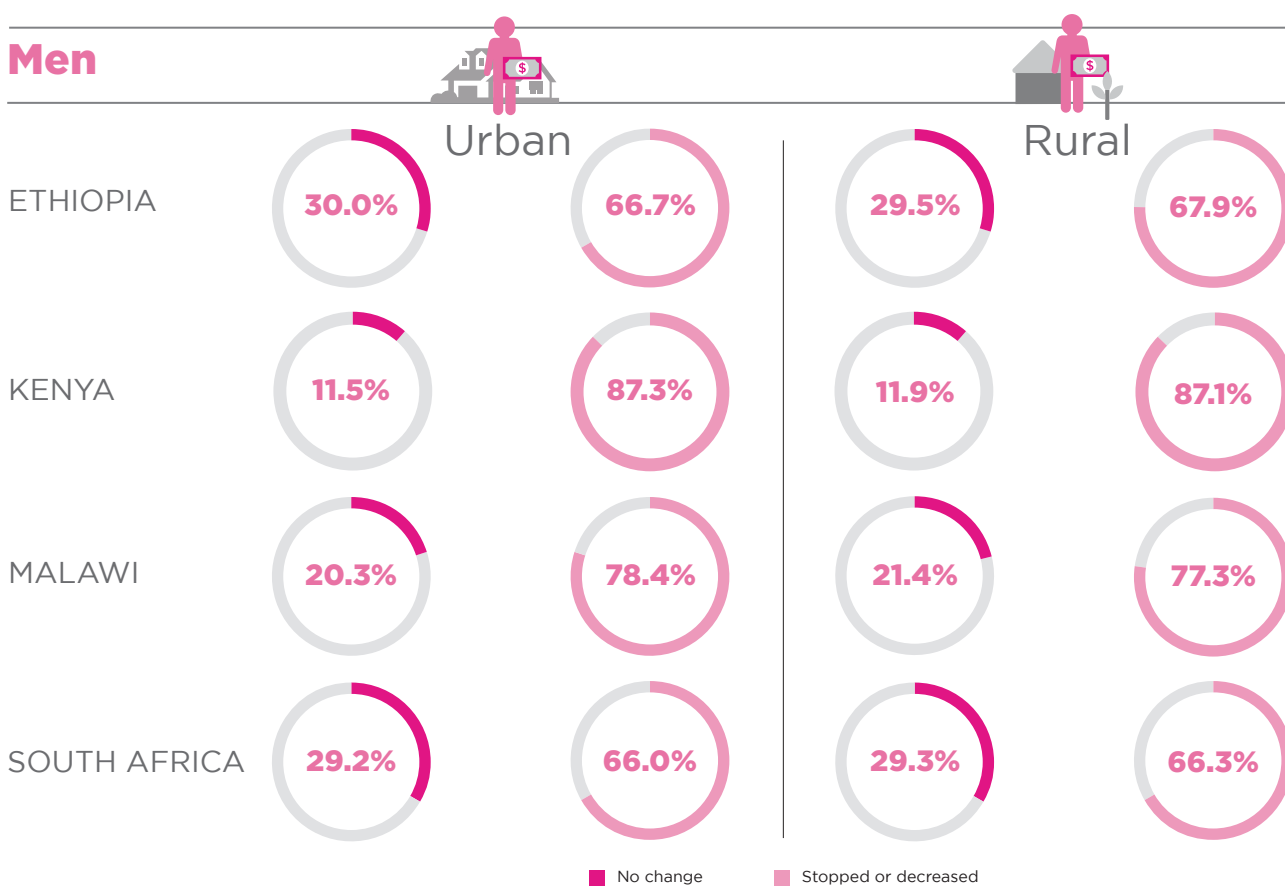
FIGURE 30

Percentage of women and men who said they lost their personal income or it has decreased, 2020

Women



Men



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).



An increase in crime across most countries has led urban dwellers, and particularly women, to feel unsafe during the pandemic

Rapid urbanization in many countries in the region has resulted in the growth of urban populations at a rate faster than governments have been able to plan and develop the necessary infrastructure, career and business opportunities to accommodate the influx of people from rural areas. During COVID-19, densely-populated urban areas were most affected by the rapid spread of the pandemic due to overcrowding and limited access to water, critical to maintaining the standards of hygiene required to help contain the spread of the pandemic.

Goal 11 of the SDGs is premised on the understanding that an important prerequisite of the overall sustainable development in a country will be to make cities and human settlements inclusive, safe, resilient and sustainable.

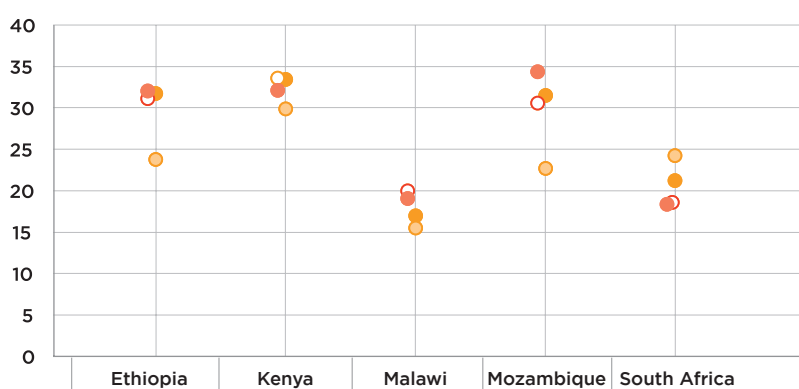
The findings of the RGA suggest that more than 15% of women and men feel that their sense of safety from violence or the threat of violence has decreased in their communities since the onset of the pandemic. Women are more likely than men to indicate that they feel unsafe and men living in urban areas are more likely to have personally experienced violence during this time than women living in urban areas or women and men living in rural areas.

Men living in urban areas were more likely than men living in rural areas or women regardless of residence to have personally experienced being treated less favorably compared to others or harassed because of their sex, age, disability, socio-economic status, and place (discrimination). However, women were more likely to feel that discrimination has increased during COVID-19 than men. Even though there were some variations between countries, rural women were more likely to feel that discrimination has increased than their urban counterparts.

Women based in urban areas were more likely to feel that their feelings of safety at home has decreased than rural women and men living in either urban or rural areas. The main reason why urban dwellers and particularly women feel unsafe is because there has been an increase in crime across most countries. The second most mentioned reason was that they live in densely populated areas and that children here play and move around. This increases the risk of them carrying and spreading the virus into their homes. In Kenya, the fear of stigmatization because of the virus was mentioned by significant percentages of respondents who pointed to this as a reason for feeling unsafe.

FIGURE 31

Percentage respondents whose feelings of safety from violence in the community has decreased since the onset of COVID-19, 2020



At least 2 out of 10

women indicate that their feelings of safety from violence or the threat of violence has decreased in their communities since the onset of the pandemic

- Women Urban
- Women Rural
- Men Urban
- Men Rural

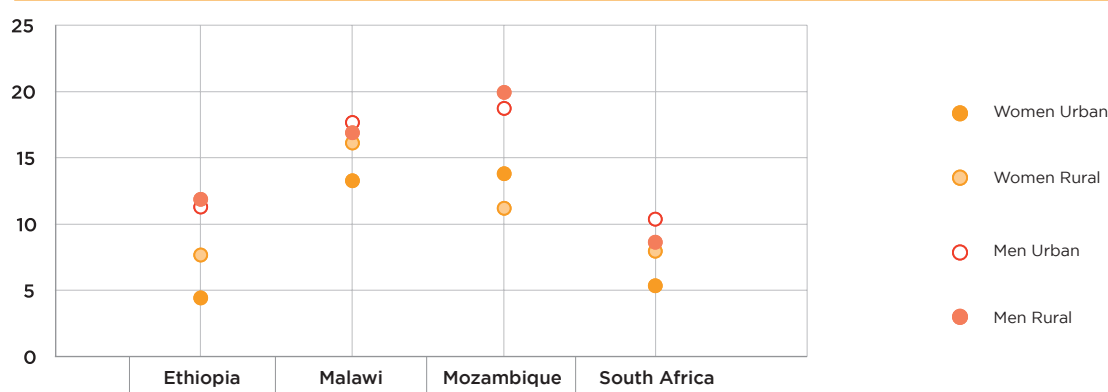
Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).



Goal 11 of the SDGs is premised on the understanding that an important prerequisite of the overall sustainable development in a country will be to make cities and human settlements inclusive, safe, resilient and sustainable.

FIGURE 32

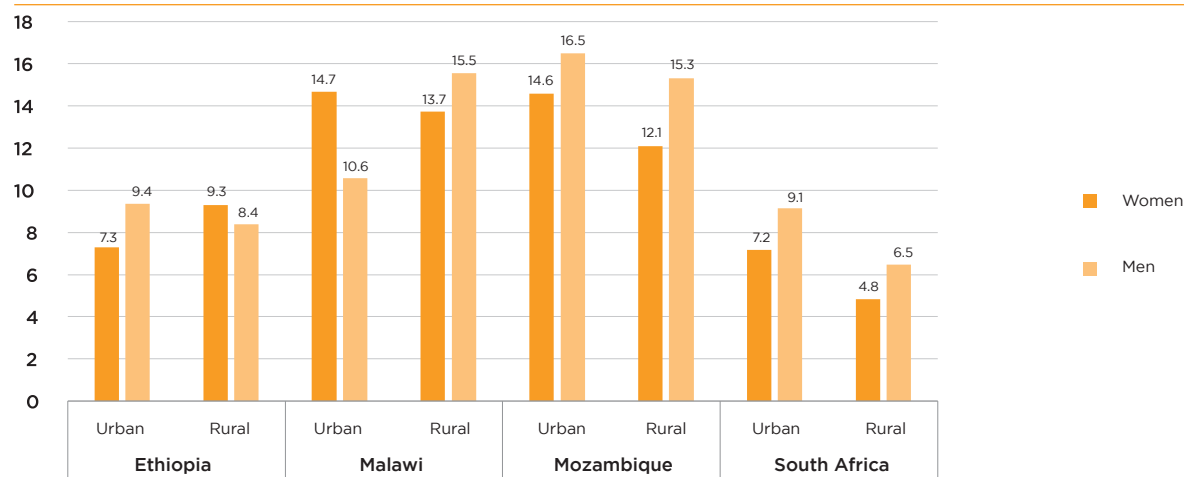
Percentage of women and men who personally experienced violence in the community since the onset of COVID-19, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 33

Percentage of women and men who personally experienced discrimination in the community, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

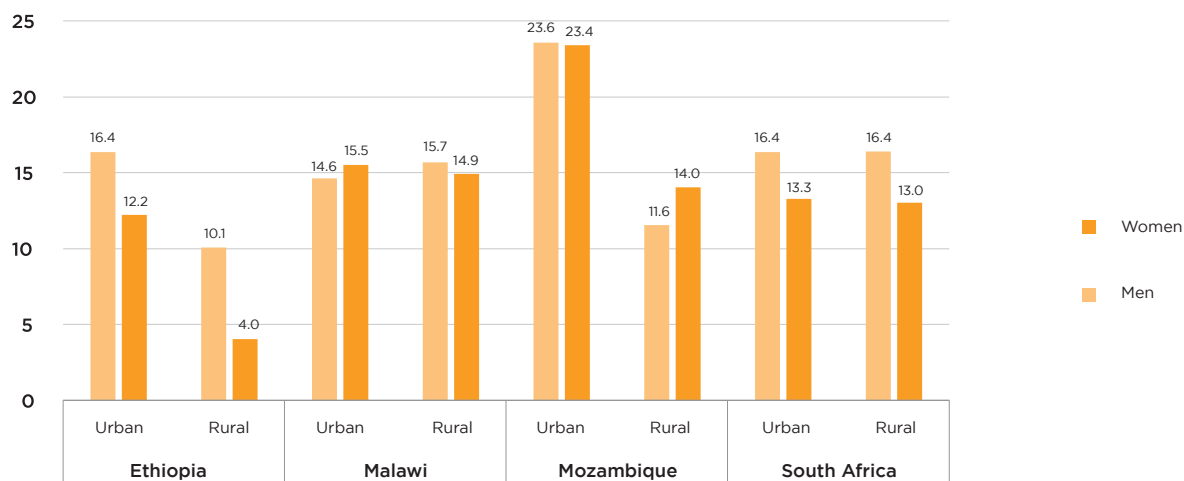


Urban men were more likely than women or rural men to have personally experienced being treated less favorably compared to others or harassed because of their sex, age, disability, socio-economic status, and place (discrimination).

Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 34

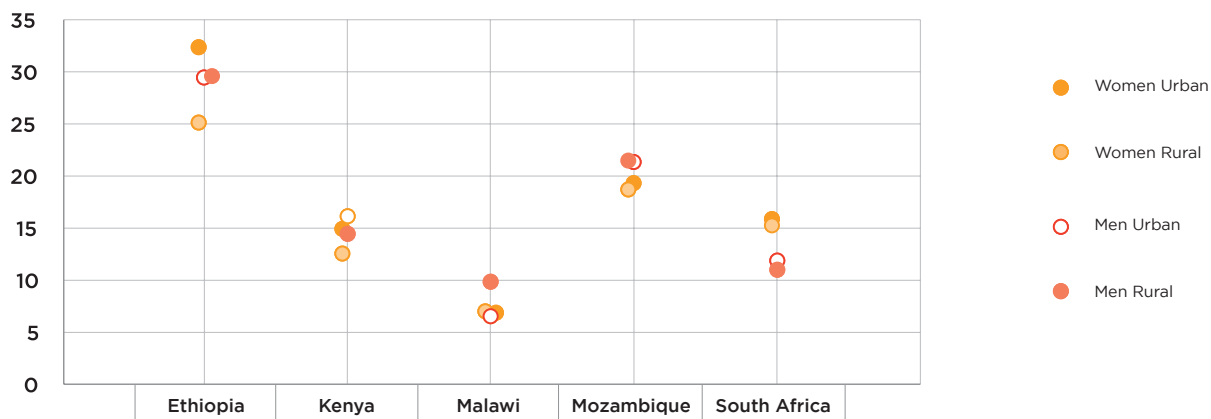
Percentage of respondents who feel discrimination has increased during COVID-19, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 35


Percentage of respondents whose feelings of safety at home have decreased since the onset of COVID-19, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 36**Reasons for feeling unsafe at home during COVID-19 (Figures 36-38)**


Percentage who say they live in densely populated area and children play and move around making even your home unsafe during COVID-19, 2020

	ETHIOPIA	KENYA	MALAWI	MOZAMBIQUE	SOUTH AFRICA
	Women - Urban 40.3	43.6	14.0	44.0	8.6
	Women - Rural 35.9	37.3	35.7	44.5	3.4
	Men - Urban 37.3	39.7	38.6	46.8	11.8
	Men - Rural 23.2	29.6	31.5	45.7	15.0

Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 37

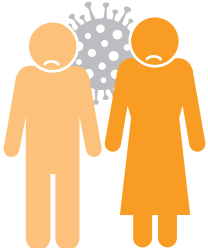
Percentage who say that crime has increased, 2020

	ETHIOPIA	KENYA	MALAWI	MOZAMBIQUE	SOUTH AFRICA
	Women - Urban 22.6	38.3	41.4	47.3	69.4
	Women - Rural 19.6	25.5	32.9	36.5	59.4
	Men - Urban 21.5	30.7	44.5	49.6	63.1
	Men - Rural 31.8	28.0	45.4	44.6	44.4

Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 38

Percentage who say they are stigmatized for fear that they have come into contact with COVID-19 patients or have been infected with COVID-19, 2020

	ETHIOPIA	KENYA	MALAWI	MOZAMBIQUE	SOUTH AFRICA
	Women - Urban 12.7	29.1	5.6	12.5	15.5
	Women - Rural 5.2	38.9	8.7	13.6	15.2
	Men - Urban 18.0	30.8	3.4	17.4	29.4
	Men - Rural 7.0	36.0	0.0	16.6	44.7

Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).



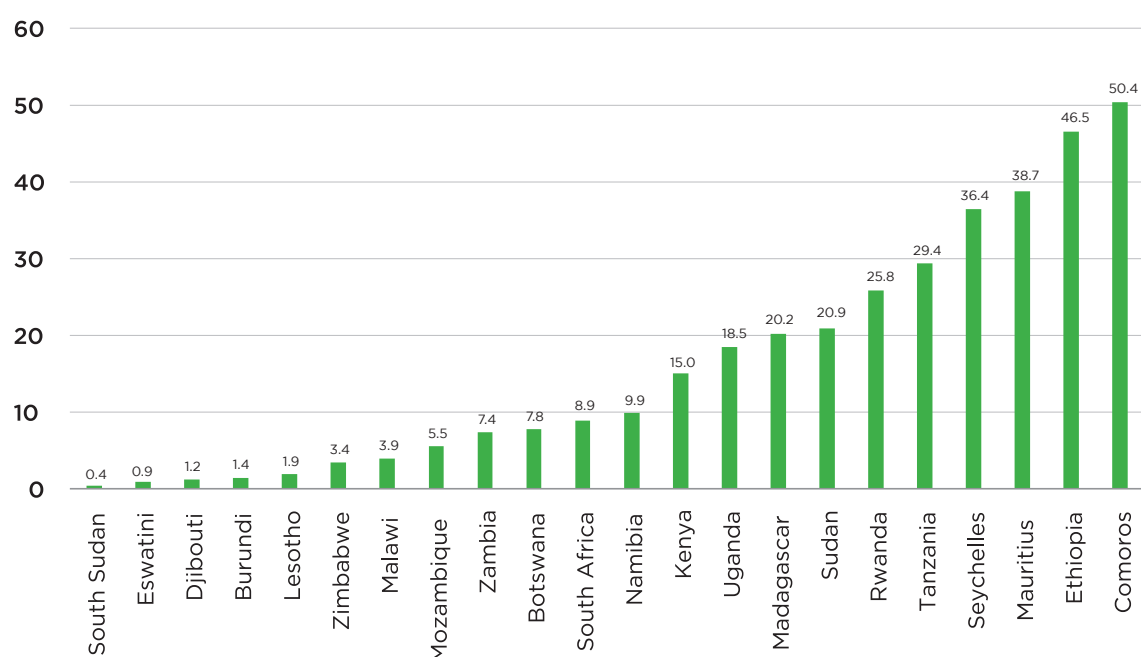
The lockdown of international borders of most countries brought an important revenue stream to an abrupt halt with the economic consequences likely to be felt by women and men for some time to come

One of the key economic activities considered important for urban sustainability (Goal 11) is tourism. However, in Africa the biggest tourist attractions do not depend on cities but on the natural wonders of the continent. Most tourism activities are therefore focused on the natural environment and problems related to climate change, reduced biodiversity, and poor custodianship of the natural environment will have serious consequences for the tourist industry in East and Southern Africa. The lockdown of the international borders of most countries in the region which took place in March/April 2020 brought an important revenue stream to an abrupt halt. Even though many countries re-opened their borders for international tourists by September 2020, with the remainder opening in Q4, this did not result in significant increases in tourist numbers.

Data (2018) on International Tourist receipts as a percentage of total exports 2018 (USD) for countries in the region shows just how vulnerable they are to shocks, such as the pandemic around the tourism. Countries where these receipts contribute more than 20% of income from total exports include: Madagascar, Sudan, Rwanda, Tanzania, Seychelles, Mauritius, Ethiopia and the Comoros. The economic consequences of the lockdown of international borders and reduction in revenue streams from tourism will continue to be felt by women and men in the region for some time to come.

FIGURE 39

International tourist receipts as percentage of total exports (USD), 2018



Source: <https://data.worldbank.org/indicator/ST.INT.RCPT.XP.ZS> (Accessed 12 December 2020)

Note: All data is for 2018 except for Kenya which represents the 2017 numbers.

FIGURE 40

Destinations that have eased COVID-19 related travel restrictions as of 1 September 2020



Source: Reproduced from UNWTO <https://webunwto.s3.eu-west-1.amazonaws.com/s3fs-public/2020-09/200909-travel-restrictions.pdf>

Introduction

The inclusion of Goal 16 in Agenda 2030 has brought renewed attention to the importance of the promotion of peaceful and inclusive societies for sustainable development, the provision of access to justice for all, and building effective, accountable institutions at all levels in support of the execution of all of the other goals. This particular goal is very important within the context of gender equality and women's empowerment as it includes a strong focus on reducing all forms of violence and related deaths everywhere. Complimentary to Goal 5, programmatic interventions under this goal also support the reduction of Gender-Based Violence (GBV).

There have been reports in the region that GBV has increased during COVID-19 with particularly severe consequences for women. The RGA asked women and men about their perceptions related to the nature and frequency of GBV in their countries as well as whether they think it increased or not. The findings suggest that in most countries women consider it to be a bigger problem than men do, and that it happens very frequently.

Women were also more likely than men to believe that the incidence of GBV increased during COVID-19 with more than two thirds believing that it has increased. However, men are more likely than women to report that they personally know someone who has experienced at least one form of GBV during COVID-19.



Women were more likely than men to know someone who experienced sexual harassment or physical abuse

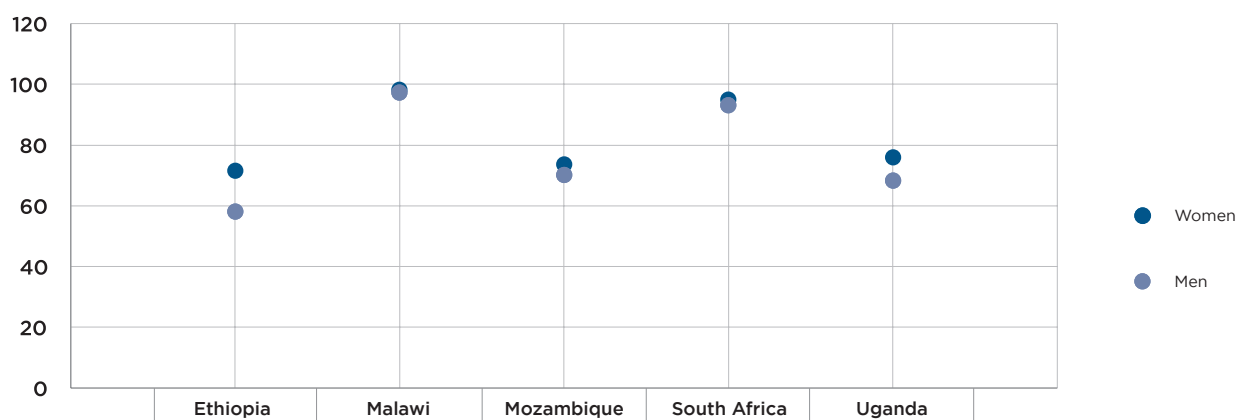


Men were more likely than women to know someone who experienced emotional and verbal abuse

Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 41

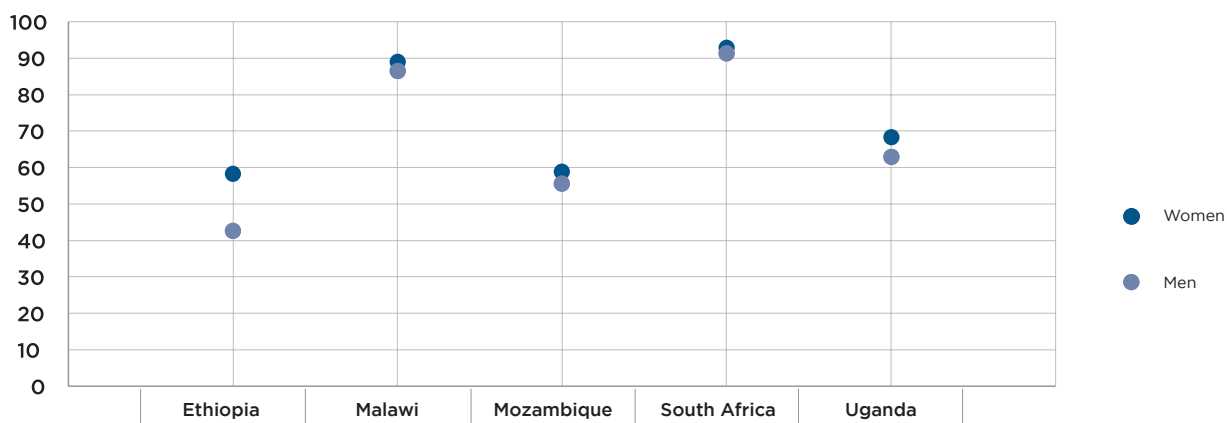
Percentage of respondents who believe GBV is a big problem in their country, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 42

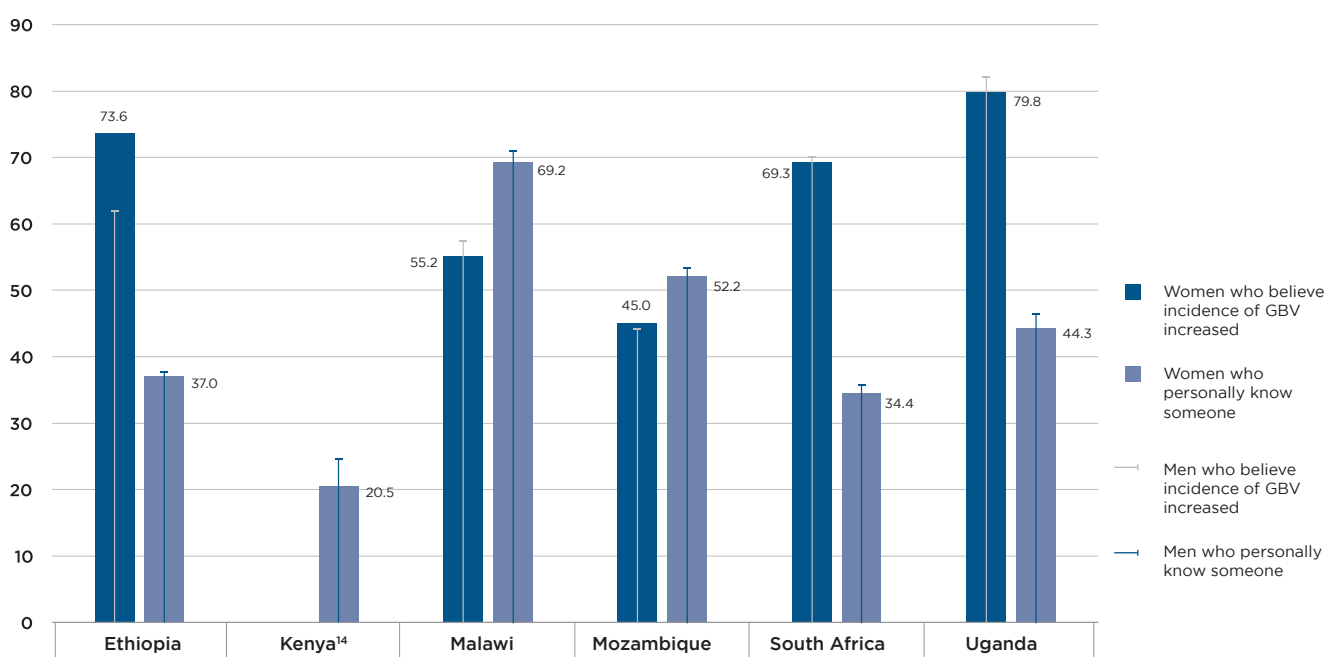
Percentage of respondents who believe GBV happens very often in their country, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

FIGURE 43

Percentage of respondents who believe that the incidence of GBV has increased during COVID-19 lockdown and who personally know someone who was a victim, 2020



Source: UN Women Rapid Gender Assessments conducted in East and Southern Africa (September to December 2020).

¹⁴ The Kenya questionnaire did not include a question on the perception about whether the incidence of GBV increased during the pandemic.



Regional and country-level cooperation contributed significantly towards greater buy-in by gender statistics users and producers as well as uptake and use of gender data and statistics

For the first time in global cooperation history, there is a specific goal devoted to global partnership for sustainable development. Goal 17 is based on the premise that the 2030 Agenda will only be achieved as envisioned if all stakeholders (government, private sector, and civil society organizations - CSOs) work together in a coordinated and integrated fashion to bring about the needed change.

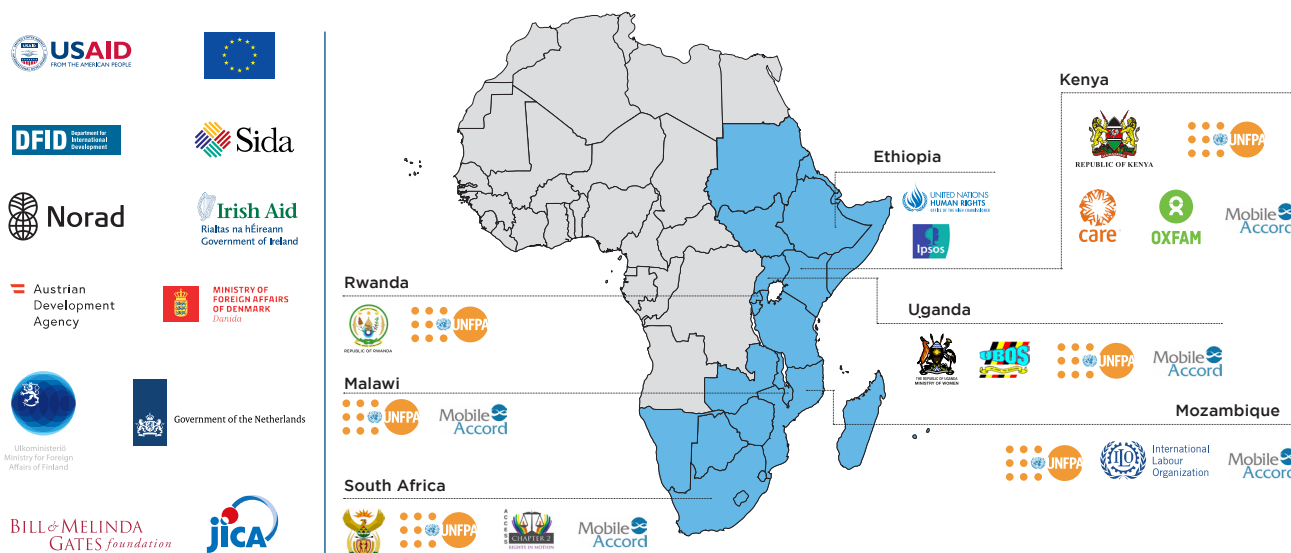
The Rapid Gender Assessments conducted in the East and Southern Africa region in collaboration with relevant stakeholders at regional and country level serve as an example of how such cooperation contributes towards greater buy-in by users and producers as well as uptake and use of gender data and statistics. In most countries in the region, the National Statistics Offices and Ministries of Women formed part of the steering committees of the assessment, whilst in others they were consulted and provided inputs related to the adoption of the questionnaire to local circumstances and needs. Technical cooperation and resource sharing were also provided by international NGOs such as Care and Oxfam in Kenya, international organizations such as United Nations Population Fund (UNFPA) in Mozambique, Malawi, Kenya, Uganda and Rwanda, as well as the International Labour Organization (ILO) in Mozambique.

At the regional level, UN Women East and Southern Africa Office partnered for the first time on gender data and statistics with UNFPA and Office of the High Commission of Human Rights (OHCHR), East and Southern Africa Regional Offices. Regional partnerships on gender data and statistics are also emerging between UN Women, UNESCO and UNICEF.

Gender data and statistics is not the only area in which progress was forged during COVID-19 but also on specific demands on Gender Equality and Women's Empowerment (GEWE) programming at the country level. In addition to new and specific grants related to COVID-19 interventions, several development partners also supported and encouraged UN Women to re-prioritize existing resources towards COVID-19 responses. Without that flexibility and support, the regional COVID-19 interventions on GEWE would have been much weaker.

FIGURE 44

Partners who supported COVID-19 related program interventions aimed at women and girls and/or provided financial or other support for the execution of the Rapid Gender Assessments on the Impact of COVID-19 on households in the region



Technical Note

Background and Introduction

It has been generally acknowledged based on past crises that women are disproportionately feeling the impact of COVID-19. This is primarily because of preexisting inter-sectional inequalities and gender norms. Restrictions on movement and social interaction during the periods of lockdown made it difficult to collect data about these differences. Face-to-face surveys came to a halt in the region during this time and limited internet connectivity and access reduced the possible alternative data collection methods that could be used. Several countries in the region opted to adopt computer-assisted telephone interviewing (CATI) survey methods to measure the differential impacts between women and men across East and Southern Africa (ESA). These include Kenya, Ethiopia, Rwanda, Uganda, South Africa, Malawi and Mozambique.

The overall goal of this project was to produce gender and sex-disaggregated data on the impacts of COVID-19 on women and men in ESA. More specific objectives included:

1. To collect data about how the livelihoods and circumstances of women and men are affected by COVID-19 and its associated restrictions on movement, including looking at the impact of the disruption of essential and lifesaving health and GBV services on women and men.
2. To identify appropriate program interventions to improve the well-being of women and men, including robust recovery and resilience efforts.
3. To identify messages that can be used for advocacy purposes to improve the well-being of women and men.

The expected outcome of the project was to produce data that could inform gender responsive national response, advocacy, recovery and resilience plans and institutional interventions. Even though the approach followed in East and Southern Africa encouraged countries to adapt the generic questionnaire to their own circumstances, the replication of several standard questions also enabled a regional analysis, highlights of which are presented in this report.

Approach and Methodology

Questionnaire:

Using the global and regional reference questionnaire as its basis, the Kenya Country Office (CO), in partnership with UNFPA and other partners, developed a CATI survey questionnaire for use in Kenya. This questionnaire was tested and formed the basis for questionnaires used across the region. The complete survey covers a broad range of topics, which were split into two questionnaires each requiring 15-20 minutes to complete.

1. **Questionnaire I**, covering demographics, economic activities, agriculture and education
2. **Questionnaire II**, which includes demographics, contextual questions related to GBV such as changes in economic activities and income, health, human rights, safety and security and GBV.

The questionnaires were translated into various local languages in all countries where the study was conducted.

Rwanda and Uganda each only deployed one questionnaire with a focus on socio-economic matters in Rwanda and on health and gender-based violence in Uganda.

Sample:

The study was based on a sample design of 2,400 women and men aged 18 years and older. The sample was drawn in such a way that it was representative of the population by age, sex, location and household monthly expenditure prior to COVID-19. With a sample size of $n=2,400$, the margin of error is $\pm 2.0\%$ at 95 percent confidence level for reporting at national level.

This basic methodology was applied slightly differently in the various countries. In Ethiopia, South Africa, Malawi and Mozambique a demographic panel was used for the two questionnaires. Firstly, Questionnaire I was administered to the sample of 2,400 individuals. Those who were interested and willing to participate were then interviewed for a second time after a one to two week interval to cover the contents of Questionnaire II. In many instances, the service provider interviewed more respondents in some of the age and sex quotas due to greater availability and the realized sample exceeded 2,400 individuals. Quotas were adjusted accordingly using weights after data collection was completed. Participants were randomly selected and either sampled from an existing database of phone numbers or through Random Digit Dialling (RDD).

In Kenya, there were enough resources available to oversample to ensure that the final dataset only consisted of individuals who were willing to complete both questionnaires.

The Rwanda survey had the same sample size as the other countries but did not follow the same sampling methodology. The service provider e-contacted local authorities of the selected enumeration areas to provide a list of respondents

following the sample specification based on the previous household survey (proportion of each sex by age group, quintile category, urban/rural settings).

Ethical considerations:

The study was executed in such a way that confidentiality and anonymity was guaranteed. Ethical and safety principles were followed to ensure that no harm including no risk of further violence, risk or distress was imposed on women and men who took part in the data collection being conducted remotely. Informed consent was obtained from each participant. Regular checks were done to ensure respondents were answering the survey in a private and safe space. Referrals to support services were provided by interviewers when necessary and safe to do. The survey also ensured the safety of interviewers, that the recommended anti-COVID-19 barrier behaviors were observed amongst teams of interviewers to avoid any risk of contamination. Working hours were in accordance with curfews as implemented in each country. Some of the sources on best practices that were referenced include work done by Emerge and Sexual Violence Research Initiative (SVRI).¹⁵

Testing:

The generic questionnaire developed through the multi-agency partnership in Kenya was also tested through face-to-face interviews and as part of the initial phases of the implementation of their own CATI rapid gender survey on COVID-19. These tests influenced the phrasing of questions, response options and ordering of questions in the questionnaire. Most of the changes that were made to the questionnaire following the inputs from partners and face-to-face testing contributed towards improving the GBV module and informing the ESA survey design and tool.

¹⁵ In 2003, recognizing the need for more research on sexual violence, especially in resource poor settings, the Global Forum for Health Research established the Sexual Violence Research Initiative (SVRI). The SVRI was initially hosted by the World Health Organization (WHO) before becoming an independent organization in 2019.

Enumerator training and data collection:

Data collection was done by regionally procured service providers. Ipsos collected the data in Ethiopia, whilst Mobile Accord (GeoPoll) collected data in Kenya, Uganda, Mozambique, Malawi and South Africa. A local research agency was contracted in Rwanda.

- Training was conducted over a three-day period in most countries.

- Enumerators needed to have the necessary knowledge and skills to ask violence-related questions in a sensitive, confidential, and ethical manner; to detect risks during the interview; and to refer to violence services if necessary.
- Enumerators were trained on how to detect non-verbal clues that may indicate when respondents feel uncomfortable and how to handle situations where the interview impacts or seems to be impacting negatively on survivors of GBV.

TABLE 1

Timelines associated with lockdowns, movement restrictions and data collection

		March	April	May	June	July	August	September	October	November	December
ETHIOPIA	School closure to full re-opening										
	Social and movement restrictions										
	Data collection socio-economic, TUS, education										
	Data collection human rights, health and GBV										
KENYA	School closure to full re-opening										
	Social and movement restrictions										
	Data collection socio-economic, TUS, education										
	Data collection human rights, health and GBV										
MALAWI	School closure to full re-opening										
	Social and movement restrictions										
	Data collection socio-economic, TUS, education										
	Data collection human rights, health and GBV										
MOZAMBIQUE	School closure to full re-opening										
	Social and movement restrictions										
	Data collection socio-economic, TUS, education										
	Data collection human rights, health and GBV										

Analysis and regional estimates:

Since the questionnaires used across the region were not exactly the same, the analysis in this report is based on a harmonized dataset where comparable questions were aligned across surveys. Due to the inconsistent use of 'Do not know', 'Refuse' and item non-response between questions and countries, all of these values were set to missing and treated as item non-response. They were also excluded from the denominator during the calculation of percentages and analysis in general. Regional estimates were compiled using population estimates for 2020 as produced by the United Nations Population Division in the revised World Population Prospects 2019.

Regional estimates were compiled using population estimates for 2020 as produced by the United Nations Population Division in the revised "[https:// population.un.org/wpp/](https://population.un.org/wpp/)" *World Population Prospects 2019*. In instances where regional estimates are represented for Ethiopia, Kenya, Malawi, Mozambique, Rwanda, South Africa and Uganda, these estimates represent 67.1% of the regional population 18 years and older. Estimates including Ethiopia, Kenya, Malawi, Mozambique, Rwanda and South Africa represent 59.2% of the regional population 18 years and older while estimates that include Ethiopia, Kenya, Malawi, Mozambique and South Africa represent 56.7% of the regional totals.



UN Women Eastern & Southern Africa Regional Office
UN Gigiri Complex,
Block M, Ground Floor, Nairobi- Kenya
P.O. Box 30218 – 00100, Nairobi- Kenya
Tel: 254 20 762 4963
Web: www.UN Women.org