



COVID-19 RAPID GENDER ASSESSMENT

Technical Report

ETHIOPIA | 2020



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

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1. OBJECTIVE AND PURPOSES OF THE SURVEY

The computer-assisted telephone interviewing (CATI) Rapid Gender Survey on COVID-19 is part of *Making Every Woman and Girl Count (Women Count)*, UN Women's gender data programme, aimed at supporting countries in their efforts to generate data to inform policies and monitor the implementation of the gender equality-related Sustainable Development Goals (SDGs) and other national policy priorities. The overall objective of the programme is to affect a radical shift in the production, availability, accessibility and use of quality data and statistics on key aspects of gender equality and women's empowerment.

The overarching objectives of CATI Rapid Gender Survey on COVID-19 is to produce data on the impacts of COVID-19 on both women and men in Ethiopia. Assumptions were that women are disproportionately affected by the impact of COVID-19 because of pre-existing intersectional inequalities and gender norms, but very limited empirical data was available. Therefore, UN Women engaged Ipsos, a social research agency, to conduct the CATI survey in Ethiopia, to fill this data gap.

In more detail, the five core objectives¹ of the study are to:

1. 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 sexual and reproductive health (SRH) and Gender Based Violence (GBV) services on women and men.
2. Test a core set of GBV questions that can potentially be used in a global survey on the impact of COVID-19 on GBV.
3. Test a training system and interview protocol specifically designed to reduce the potential negative impact of this kind of survey, conducted remotely through CATI, on interviewees' safety and wellbeing, particularly on survivors of GBV, and increase the response rate and reliability of the information provided without compromising their safety and wellbeing.
4. Identify appropriate programme interventions to improve the well-being of women and men, including robust recovery and resilience efforts.
5. Identify messages that can be used for advocacy purposes to improve the well-being of women and men.

¹ Source: Ethiopia CATI COVID design and concept August 4th, 2020

2. STUDY DESIGN

The study design was developed by UN Women East and Southern Africa Regional Office (ESA-RO). UN Women ESA-RO and the Kenya Country Office (CO), in partnership with UNFPA and other partners, **conceptualised a uniform data collection methodology for the East and Southern Africa region**, a set of generic questions that can be used for the CATI rapid gender survey on COVID-19. The generic question sets, with slight local adaptations, were also used in South Africa, Malawi and Mozambique, while Uganda and Rwanda adopted a few of the GBV questions in the generic set but also had several country specific questions in their questionnaires.

The table below provides the main information regarding the methodology of the CATI Rapid Gender Survey on COVID-19 in Ethiopia:

Country	Ethiopia
Target group	General population of women and men aged 18+
Data collection Method	Computer-Assisted Telephone Interviews (CATI)
Study design	Two-stage interviewing with the same respondent using two questionnaires (Questionnaire 1 and Questionnaire 2 – hereafter named ‘Quest 1’ and ‘Quest 2’) The time difference between two stages: 1 week
Sampling frame	100% Mobile phone subscribers (business lines are excluded from the frame before sample selection began) <ul style="list-style-type: none"> • Mobile operator: Ethio Telecom • Gross frame size: 45,000,000 • Official numbering plan: https://www.itu.int/oth/T0202000044/en Additional sample frame: <ul style="list-style-type: none"> • Monthly audience measurement study conducted by WAAS² • Frame size: 19,069
Sample type	Random Digit Dialling (RDD) for telephone numbers in the sampling frame following quotas based on general population structure for respondent selection
Sample structure	Quest 1: Quota sampling based on general population structure by geographic areas, gender and age (based on Census data) Quest 2: Respondents from Quest 1. Drop out respondents from Quest 1 to Quest 2 were replaced by new respondents of the same demographic profile
Sample size	Planned sample size: 2,400 Realized sample size: <ul style="list-style-type: none"> • Quest 1: 2,410 • Quest 2: 2,411 Continued respondent participation rate (Quest 1 to Quest 2): 74%
Questionnaire	Quest 1 (contained socio-economic specific questions): 15 minutes Quest 2 (contained GBV-specific questions): 10-15 minutes depending if respondents answered on questions in section A and B
Languages	English (Master), Amharic, Oromo, Tigrigna

Target group

The target group for this study was the general population aged 18+ of adult women and men living in Ethiopia that own a cell phone.

Data collection method

Although GBV-related surveys are standardly conducted using face-to-face approach, circumstances around the time when the data collection was performed and the urgency with which the results were needed didn't enable using this data collection method. Hence, as the most feasible and pragmatic approach the Computer- Assisted Telephone Interviews (CATI) was used as the data collection method. There were two primary reasons for selecting this methodology:

- Possibility of mobility restrictions in the country due to COVID situation which would make face-to-face methodology non-feasible.
- Even in case that mobility restrictions are not imposed, given the nature of the pandemic and ease with which the virus is transmitted from person to person, CATI was selected as the most appropriate mode of data collection. It is worth mentioning, that in this period the Central Statistical Agency of Ethiopia was also not conducting face-to-face interviews.

Study design

The study was designed as a demographic panel survey with two-stage interviewing with the same respondent and replacement with a respondent with similar demographic characteristics if the respondent did not agree to a second interview. The main reason for designing the study as a two-stage process was its coverage of a broad range of topics which could not be covered in one testing occasion without overburdening the respondent. Therefore, the set of questions was split into two questionnaires in order to fit into the 15-minute interview time limit and to minimize respondent fatigue:

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

None of the questionnaires have any open-ended questions, but rather multiple-choice and scale-based answers.

The aim was to have the same individual participating in both questionnaires. Therefore, the study was designed so that at the end of Quest 1, the respondent was asked whether they were willing to participate in the second interview. If they agreed, an appointment was made for them to participate in Quest 2 in a week's time.

In the case of non-response³ or refusal, the respondent was replaced with a new participant with the same demographic characteristics.

³ A minimum of 10 further attempts at different days and times were tried before concluding that the respondent is unavailable.

Initial and realized sample

The study was initially conceived to use random digital dialling (RDD) sample. RDD samples are based on National Telecommunication Agencies lists (=numbering plans) of prefixes and extensions that are used by consumers. These lists are used to randomly generate telephone numbers. No telephone numbers outside the numbering plan are generated given that these would result in non-existing telephone numbers. Stratification in these samples is then done to include all telecommunication agencies operating the country in their respective shares. Since there is only one telecommunication operator in Ethiopia (Ethio Telecom) the numbers of this operator were included as the sampling frame.

Because it is not possible to identify pre-codes by region with RDD mobile sampling, selection of numbers was done through simple random sampling. The initial assumption was that phone numbers, randomly generated, would enable good regional representativeness.

Therefore, it was agreed that the study would follow a nationally representative structure by age, gender and region according to Census data. Cross-quotas were used for age and gender, whereas the region quota was separate. The following indicates the target quotas for this study:

Female	Female total	50%	1205	Code	Region	Percent	Count
	15 - 29	21%	507	1	Tigray Region	6%	137
	30 - 39	12%	295	2	Afar Region	2%	51
	40 - 49	8%	186	3	Amhara Region	24%	571
	50 -59	5%	113	4	Oromia Region	35%	850
	60 years +	4%	103	5	Somali Region	6%	150
Male	Male total	50%	1195	6	Benshangul Gumz Region	1%	27
	15 - 29	22%	517	7	S.N.N.P Region	20%	468
	30 - 39	12%	283	8	Gambella Region	1%	12
	40 - 49	7%	177	9	Harari Region	0%	7
	50 -59	5%	112	10	Addis Ababa City	5%	113
	60 years +	4%	107	11	Dire Dawa City	1%	14
	Total	100%	2400		Total	100%	2400

However, fieldwork implementation showed that the RDD sample is skewed toward the more urban (mainly Addis Ababa), men and younger respondents. This reflects the structure of mobile phone users in Ethiopia where penetration of cell phones in rural areas is very low (total coverage of electricity is less than 45 % in Ethiopia and cell towers in rural areas are rare).

This situation made fieldwork implementation slow and difficult after the first three weeks (from 10th until 30th September) due to an uneven distribution of achieved interviews, with some quotas being near to filled, while others still required a considerable number of interviews to be conducted.

Therefore, in the third week of fieldwork, Ipsos discussed with UN Women if we should continue with the RDD sample approach and have a sample structure which would reflect the population of mobile phone users in Ethiopia or to try to engage other available sampling frames in order to compile with agreed nationally representative quotas.

In agreement with UN Women, a changed approach was adopted. As an addition to the RDD sample, a new sample was prepared, based on a register of contact numbers from Ipsos' local fieldwork agency, WAAS. This register contains nationally representative numbers col-

lected through its monthly Audience Measurement Study over the previous four years. In Appendix 2 to this report, the main description of the additional sampling frame is provided. It contains 19,069 numbers which were collected through a random selection of respondents. The new sample was prepared as stratified by age, gender and region and it was used to reach additional respondents for Quest 1 interviews.

For the duration of the fieldwork, these two sampling frames were used to simultaneously conduct the target number of interviews. Although both samples were used, it was still not possible to follow quotas completely. Quotas were relaxed, which resulted in more interviews in Addis Ababa, and among younger age groups. This was adjusted by weighting procedures at the end of the fieldwork before data processing.

Instrument finalization, scripting and translation

At the beginning of the project, UN Women shared with Ipsos the CATI Rapid Gender Survey on COVID-19 Quest 1 and Quest 2 already implemented in Kenya⁴. Ipsos and UN Women discussed some ideas for adapting the questionnaire:

- Generally refining phrasing of questions and response options for clarity
- Question on time use before COVID 19 - re-design of response options
- Adding questions on general perceptions around GBV in the country as well as changes during COVID-19
- Focussing on the most recent GBV event to gain details about the GBV instance that the respondent is aware of

The OHCHR also contributed a set of questions related to experience of violence and perceptions and experiences around discrimination for inclusion in the questionnaire. After agreement on which changes could be made, the final Master version of the questionnaire in English was prepared and thoroughly reviewed to ensure that all programming instructions were prepared and thoroughly reviewed to ensure that all programming instructions were without mistakes and unambiguous. After this check, the questionnaire was sent to scripting and translation.

The questionnaires were programmed using iField, Ipsos proprietary platform. This platform has built-in logic that ensures the correct path through skip-patterns, doesn't allow interviewers to enter invalid responses to closed-ended questions, and runs internal consistency checks. It incorporates a field management system which enables daily field monitoring which is standard practice across Ipsos country offices.⁵

Once the master questionnaire was scripted, extensive verification of the programmed instrument was performed, including manual checks of links and syntaxes and automatic checks using dummy data.⁶

4 In the time of writing this report, public link was not available yet.

5 -iField allows field monitoring in real time, but since the internet connection in Ethiopia is unstable, the interviewers were instructed to work offline and to synchronize their device at least once a day. Therefore, the monitoring was performed on a daily level.

6 Checks using dummy data is a process which includes running 10,000 cases through the survey to test the built-in logic and skip patterns.

The translation was implemented into three main Ethiopian languages: Amharic, Oromo and Tigrigna. The translation was performed by native target language translators, fluent in English, who are experienced in survey research. They were provided with detailed information about the background to the study and they were aware of the social and cultural norms of the respondent group they were translating for. Researchers from WAAS checked all three translations.

1. The translations were overlaid in the script directly, which means that translations were added in an Excel file next to the English Master text. This process decreases copy paste mistakes from a Word version into the programming software and reduces the time to verify the programmed translations.

Irrespective of the thorough process implementation, a mistake occurred in one question. That was question F01 in Quest 1, where 2 codes 'Another household member (woman)' and 'Another household member (man)' were mixed in one of the languages (Amharic). The mistake was revealed in the logical checks of interim results and the correction was made before producing final tables.

Selection and training of interviewers

2. The execution of the study was performed by Ipsos' partnering agency in Ethiopia, WAAS Consulting. The staff for this project was selected among experienced interviewers based on the following criteria:

- At least a secondary school qualification
- Experience in conducting gender-based social research surveys
- Experience with CATI methodologies
- Good communication and language skills
- Fluency in Amharic and one of two additional languages: Oromo or Tigrigna.⁷

In total, 39 interviewers were engaged for this task, 20 female and 19 male interviewers. Selection was deliberate in order to have equal number of male and female interviewers. However, gender match between interviewer and respondents was not requested since one of the aims of the study was to examine if there will be a difference in results between cases of gender match and gender mismatch.

The training session was organized as a two-phased approach:

1st day: **train-the-trainer session** which was organized as a WebEx call between the Ipsos Project Management team, and WAAS Field Managers.

3. 2nd and 3rd day: **local training for interviewers** - organized by WAAS Field Managers for all interviewers who would participate in the fieldwork execution. The training was conducted face-to-face. Due to COVID-19 measures, the training was organized on four

⁷ Since the Ethiopian main language is Amharic, all interviewers were fluent in this language. Since it was not possible to predict in advance if the respondent would speak Oromo or Tigrigna, numbers were randomly allocated across all interviewers. If the respondent was found to speak Oromo or Tigrigna, the respondent was then reallocated to an interviewer who spoke the designated language.

occasions over two days' time, in smaller groups with up to 10 interviewers, to enable social distancing between participants.

4. Separate training sessions were organized for Quest 1 and Quest 2. The timings of the training were as follows:

	2. Quest 1 training	3. Quest 2 training
4. Train-the-trainer session	5. 2 nd September 2020	6. 15 th September 2020
7. Local training for interviewers	8. 4 th and 5 th September 2020	9. 16 th and 17 th September 2020

14. The training sessions provided interviewers with in-depth knowledge of the logistical and thematic components of the study and facilitated interviewer investment and engagement in the study. The training was driven by the interviewer manual, provided as an Annex, developed by the Ipsos Project Management team. Special focus was put on Gender Based Violence questions and techniques to develop rapport with the respondents, how these questions should be asked, and how to deal with any sensitive situations during fieldwork which could put women at higher risk of violence or cause distress. Local training sessions were conducted following this general timeline.

- 15.

Agenda	Allotted Time
Objective/ Project overview	30 minutes
Methodology/ Technical aspects of conducting interviews	30 minutes
An overview of gender-based violence ⁸	20 – 40 minutes
Script testing	60 minutes
Quality Control	30 minutes
Q&A	20 minutes

17. The full training deck for Quest 1 and Quest 2 can be found as an Appendix of this report together with research instruments.
18. During the training, no major problems were encountered. The questionnaire was perceived as clear and straight forward by interviewers. Some smaller suggestions were proposed by interviewers, for example, adding 'government employees' as part of code 1 in questions B01a and B01b on personal economic activity. These suggestions were then discussed with UN Women, and in cases when UN Women find it useful and relevant, they were added in the questionnaire.

Gaining ethical clearances

19. Before the start of the fieldwork, UN Women gained ethical clearance for conducting the study from the Central Statistical Agency of Ethiopia, Planning and Developing Commission. Clearance was obtained on 16th June and is attached as an Appendix to this report.

⁸ A more generic overview was developed for Quest 1, whereas a more detailed review of gender-based violence questions specific for this study was carried out for Quest 2.

20. In the clearance note, Central Statistical Agency asked to reconsider the sample size (N=2400) since 'the CATI approach will usually produce a high non-response rate which also has impact on the final number of sample size for the country'. However, this comment was based on the assumption that 2400 respondents is the initial sample size (total number of people who would be contacted). However, sample size of 2400 respondents was planned as the final sample size (total number of people who accepts to participate) and as such already includes drop out due to non-response.
21. Further comments addressed feasibility to get good precision of estimates for data disaggregated by sex, age and other categories. In order to address this comment, we suggested adding a table of the predicted ranges of the confidence intervals for different sample sizes and percentage results at the 95% confidence interval level, as part of Methodology section of the main report. The table would have the following format and would show precision of estimates depending on the sample size of specific subgroup:

Size of sample or sub-group on which survey result is based	10% or 90% ±	30% or 70% ±	50% ±
2400	1.2	1.8	2.0
1200	1.7	2.6	2.8
600	2.4	3.7	4.0
300	3.4	5.2	5.7

A third comment addressed plausibility of getting official figures for sample frame by age, gender, living standard and location. Since we couldn't obtain necessary official data on the living standard, the final quotas were set for gender, age and region only.

23. Final comment addressed quality control of enumerators as a necessary element of such a relevant study. We hope that the measures we have taken during fieldwork explained in this report prove that this element of the study had a crucial role during fieldwork execution.

Ethical considerations

The study was executed in such a way that confidentiality and anonymity was guaranteed. Standard confidentiality measures implemented are:

- No names recorded in survey responses
- Telephone number databases do not include any identifiable information which could link participants to their interviews
- All databases with used telephone numbers are deleted one month after the finalisation of fieldwork
- Dataset shared with UN Women is anonymised and does not contain any identifier variable
- Data will be presented in an aggregated manner only, which will not allow identification

of respondents

Ethical and safety principles were followed to ensure that no harm, risk or distress was imposed on women and men who took part in the data collection being conducted remotely. For example, this includes:

- Participants who were using a speakerphone were excluded from the study to ensure no one else in their surroundings were listening in.
- Questions were phrased in such a way that only a 'yes' or a 'no' response was needed from the participants so if anyone tried to listen in, they did not hear what was specifically being discussed.
- Participants were reminded that they should only answer the GBV section if they 'feel confident and safe to do so'. Interviewers were also informed that by 'confident and safe', we mean that the respondent is in an environment where they can speak freely, without the fear of any negative consequences.
- Respondents were provided with appropriate helpline numbers. If the respondent requested that they did not want this number, then this was respected.
- Interviewers did not counsel the respondents themselves, since they are not trained in offering this kind of support. Instead, respondents were directed to safe spaces where they are able to receive the appropriate support.
- Respondents were notified that they can refer other people to the helpline too.

Verbal informed consent was obtained from each participant. The survey ensured the safety of interviewers, where the recommended anti-COVID-19 barrier behaviours amongst teams of interviewers was observed to avoid any risk of contamination.

Special GBV ethical and safety considerations

Within this context of the Ethiopia study, the following best practices⁹ related to the training of enumerators and conducting interviews during CATI GBV surveys were implemented.

Questionnaire:

- The questions focused on the incidence of GBV in general, rather than the specific individual experiences of violence as well as perceived impacts on GBV due to COVID-19 or safety at home. This makes the interview less sensitive to the individual.
- Questions were phrased in such a way that the respondent did not need to say any potentially compromising information out loud. Anyone who may have been listening to the interview by design or by accident was not able to deduce much from the responses as most were in a Yes/No response format.¹⁰
- A special introductory section was crafted for the GBV module, based on international

⁹ UNSD Guidelines for Producing Statistics on [VAW](#).
WHO Multi-Country Study on Women's Health and Domestic [Violence against Women](#).
Ethical and safety recommendations for research on [VAW](#).
CGIAR [Cautionary notes](#)

¹⁰ Additional consideration in this study was what to do if the respondent is using a speakerphone. This topic is discussed in detail in Section 6 'Speakerphone usage in Quest 2'

best practice on informed consent¹¹, as well as the provision of safeguards that enable the respondent to opt out of the study if they felt uncomfortable with any of the questions. The exact phrasing of the GBV introduction can be found in Appendix 5, on page 63.

Enumerator training:

- Enumerators were trained how to detect verbal and non-verbal clues that may indicate when respondents felt uncomfortable and how to handle situations where the interview impacts or seemed to be impacting negatively on survivors of GBV.
- Special helpline numbers for Ethiopia were provided to respondents.
- A protocol was developed using internationally recognised sources¹² and was used as the basis for enumerator training.

Quality assurance and monitoring:

- During interviews, monitoring and tracking data were automatically generated through developing bespoke syntaxes.
- Training, verification and related quality assurance processes were aimed to ensure that recommended best practices with regards to GBV were followed.
- Interviewers were not gender matched with respondents, however, the influence of gender match on respondents' answers was monitored during the fieldwork execution and the analysis of the influence of gender match on survey results represents Part 8 of this Technical report.
- Interviews were recorded just for quality checking purposes and will be deleted one month after the finalization of the project.

¹¹ UNSD Fundamental Principles of Official Statistics https://unstats.un.org/unsd/dnss/gp/Implementation_Guidelines_FINAL_without_edit.pdf

¹² Such sources include, but are not limited to;

□ <https://pim.cgiar.org/2020/07/14/phone-surveys-to-understand-gendered-impacts-of-covid-19-a-cautionary-note/> ;

□ <https://www.unicef-irc.org/article/1997-remote-data-collection-on-violence-against-women-during-covid-19-a-conversation-with.html> ;

□ <https://www.who.int/reproductivehealth/publications/violence/24159358X/en/> ;

□ <https://www.svri.org/svrinterest/svri-knowledge-exchange-pivoting-remote-research-violence-against-women-during-covid-19>

3. FIELDWORK REALIZATION

Overall realization

A summary of the fieldwork periods for both Quests are shown in the table below.

Quest	Start date	End date
Quest 1	10 th September 2020	3 rd November 2020
Quest 2	18 th September 2020	7 th November 2020

Fieldwork for Quest 1 lasted 8 weeks. The number of needed completed interviews needed for Quest 1 was reached in the seventh week. Week 8 was then used to complete data quality checks and to repeat any interviews which were of poor quality. After quality checks were completed, the final base size for Quest 1 was n=2410.

Fieldwork for Quest 2 also lasted for 8 weeks. The final base size for Quest 2 was n=2411.

Week	Timing	Quest 1 - number of completed interviews	Quest 2 - number of completed interviews
Week 1	10/09 - 16/09	620	-
Week 2	17/09 - 23/09	1302	36
Week 3	24/09 - 30/09	1567	699
Week 4	01/10 - 07/10	2060	1136
Week 5	08/10 - 14/10	2244	1320
Week 6	15/10 - 21/10	2325	1425
Week 7	22/10 - 28/10	2425	1879
Week 8	29/10 - 05/11	2410	2240
Week 9	06/11 - 13/11		2411

The final overall continued participation rate from Quest 1 to Quest 2 is 74% (out of 2410 participants in Quest 1, 1781 participated in Quest 2).

Quest 1 realization

In total, 2410 Quest 1 interviews were completed from 10th September until 5th November.

As previously described, the realization of the interviews shows that the RDD sample was skewed towards the urban (mainly Addis Ababa), men and younger respondents. This situation made implementation of fieldwork after the first three weeks very difficult, when some quotas started close. While the completion rate (number of contacted numbers needed

to get one completed interview) in the first week of fieldwork was 1:3, in the second week, after excluding the Addis Ababa quota, the completion rate went down to 1:10. Additional closure of younger age group quotas decreased the completion rate in third week even more, to 1:15.

Therefore, fieldwork was paused on 28th September and, in agreement with UN Women, a sample based on a register of contact numbers from the local fieldwork partner, WAAS, was included as an addition to the RDD sample. The new sample was included from 1st October. From 28th October, quality control checks were conducted. The end date for Quest 1 was 3rd November.

The table below highlights the final number of completes per quota, after data cleaning and quality checks:

		Completed Count	Completed %	TARGET count	TARGET %
Gender	1 Female	1,204	50%	1,205	50%
	2 Male	1,206	50%	1,195	50%
	Total	2,410	100%	2,400	100%
Age	1 18 – 29	1,177	49%	1,024	43%
	2 30 – 39	598	25%	578	24%
	3 40 – 49	374	16%	363	15%
	4 50 – 59	164	7%	225	9%
	5 60+	97	4%	210	9%
	Total	2,410	100%	2,400	
Female by age	1 18 – 29	545	23%	507	21%
	2 30 – 39	321	13%	295	12%
	3 40 – 49	195	8%	186	8%
	4 50 – 59	87	4%	113	5%
	5 60+	56	2%	103	4%
	Total	1,204	50%	1,205	50%
Male by age	1 18 – 29	632	26%	517	22%
	2 30 – 39	277	12%	283	12%
	3 40 – 49	179	7%	177	7%
	4 50 – 59	77	3%	112	5%
	5 60+	41	2%	107	4%
	Total	1,206	50%	1,195	50%
Region	1 Tigray	146	6%	137	6%
	2 Afar	41	2%	51	2%
	3 Amhara	644	27%	571	24%
	4 Oromia	719	30%	850	35%
	5 Somali	101	4%	150	6%
	6 Benishangul-Gumuz	12	1%	27	1%
	7 SNNPR	400	17%	468	20%
	8 Gambella	14	1%	12	1%
	9 Harar	13	1%	7	0%

		Completed Count	Completed %	TARGET count	TARGET %
	10 Addis Ababa	299	12%	113	5%
	11 Dire Dawa	21	1%	14	1%
	Total	2,410	100%	2,400	
Expenditures	1 Less than 2,400 ETB	803	34%	480	20%
	2 2,401-3,300 ETB	417	18%	480	20%
	3 3,301-3,900 ETB	60	3%	480	20%
	4 3,901-5,000 ETB	511	22%	480	20%
	5 Above 5,000 ETB	576	24%	480	20%
	Total	2,367	100%	2,400	
Urban/rural	1 Urban	1,892	79%	480	20%
	2 Semi-urban	302	13%	0	0%
	3 Rural	216	9%	1,920	80%
	Total	2,410	100%	2,400	

The table below presents the average interview length of Quest 1. Mean duration was 16 minutes, while median duration was 13 minutes.

Mean	Median
15.8	13.3

Quality checks for Quest 1

Quality checks for both Quest 1 and Quest 2 were conducted in three ways:

1. First, key questions from the interview were recorded in the iField platform and quality control was undertaken by listening back to a random selection of interviews conducted by different interviewers in order to assess if they were asked correctly.
2. Second, a deeper analysis of calls which were below the average call-time was conducted. Here a total of 480 interviews were checked (20% of all interviews).
3. Finally, randomised call-backs were conducted to ensure that interviews actually took place, along with targeted call-backs to respondents where it appeared that certain questions may have been poorly answered – this was conducted, in particular, for questions A07 and A09;

Question A07 asks for the household size and anything above 25 was checked. Question A09 asks if the respondent supports anyone external from their household and how many persons. Any response above 10, was double checked. These checks revealed that, in some cases, interviewers wrongly put the age of household members or supported person instead of the number of household members of the specific age category or number of supported person. This mistake was corrected during data cleaning.

The outcomes of data quality checks for Quest 1 were received by 30th October. As an outcome of this exercise, 34 interviews were flagged to be removed. Since originally, 2425 interviews were conducted, 9 interviews were replaced in order to reach the n=2400 target. Since multiple interviewers were working on these replacement interviews simultaneously, the final achieved sample was slightly over the target, with a final base size of n=2410. Due to these replaced interviews, the final end date for Quest 1 realization was 5th November.

Quest 2 realization

In total, 2411 interviews were completed during the Quest 2 fieldwork, from 18th September until 10th November 2020.

Fieldwork for Quest 2 was paused from 14th to 22nd October in order to focus on finalising Quest 1. After Quest 1 was finalised, between 22nd October and 27th October, only respondents who participated in Quest 1 were targeted to participate in Quest 2 as well. Quest 1 participants were called a minimum of 10 times, at different days and times before concluding that they were unobtainable during the fieldwork period. From 28th October onwards, interviewers continued to try and reach these respondents, but a fresh sample was also introduced in order to target Quest 2 only participants simultaneously.

The table below indicates the total number of completes for Quest 2 by quota:

		Completed Count	Completed %	TARGET count	TARGET %
Gender	1 Female	1,169	49%	1,205	50%
	2 Male	1,242	52%	1,195	50%
	Total	2,411	100%	2,400	100%
Age	1 18 - 29	1,049	44%	1,024	43%
	2 30 - 39	633	26%	578	24%
	3 40 - 49	389	16%	363	15%
	4 50 - 59	223	9%	225	9%
	5 60+	117	5%	210	9%
	Total	2,411	100%	2,400	
	1 18 - 29	514	21%	507	21%
	2 30 - 39	309	13%	295	12%
Female by age	3 40 - 49	190	8%	186	8%
	4 50 - 59	97	4%	113	5%
	5 60+	59	2%	103	4%
	Total	1,169	49%	1,205	50%
Male by age	1 18 - 29	535	22%	517	22%
	2 30 - 39	324	13%	283	12%
	3 40 - 49	199	8%	177	7%
	4 50 - 59	126	5%	112	5%
	5 60+	58	2%	107	4%
	Total	1,242	52%	1,195	50%

		Completed Count	Completed %	TARGET count	TARGET %
Region	1 Tigray	140	6%	137	6%
	2 Afar	49	2%	51	2%
	3 Amhara	615	26%	571	24%
	4 Oromia	812	34%	850	35%
	5 Somali	101	4%	150	6%
	6 Benishan-gul-Gumuz	12	1%	27	1%
	7 SNNPR	421	18%	468	20%
	8 Gambella	14	1%	12	1%
	9 Harar	13	1%	7	0%
	10 Addis Ababa	215	9%	113	5%
	11 Dire Dawa	19	1%	14	1%
	Total	2,411	100%	2,400	
Expenditures	1 Less than 2,400 ETB	798	33%	480	20%
	2 2,401-3,300 ETB	424	18%	480	20%
	3 3,301-3,900 ETB	65	3%	480	20%
	4 3,901-5,000 ETB	555	23%	480	20%
	5 Above 5,000 ETB	545	23%	480	20%
	Total	2,387	100%	2,400	
Urban/rural	1 Urban	1859	77%	480	20%
	2 Semi-urban	336	14%	0	0%
	3 Rural	216	9%	1,920	80%
	Total	2,411	100%	2,400	

The table below presents the average interview length for Quest 1 and Quest 2 combined. Mean duration was 26 minutes, while median duration was 25 minutes.

The average duration of Quest 2 was shorter than for Quest 1; the mean duration was 11 minutes while median duration was 10 minutes. However, we should keep in mind that 74% of respondents did Quest 2 skipping part A. Demography questions and part B. Household Economic Activities and Livelihoods since they completed these parts during Quest 1 interview, while only 26% respondents who participated only in Quest 2 did the full Quest 2 questionnaire.

	Mean	Median
Quest 1 and 2 combined	26.4	25.0
Quest 2 only	10.6	10.0

Quality checks for Quest 2

Quality checks for Quest 2 were done in parallel with the fieldwork and in the week following the end of the Quest 2 fieldwork. All interviews passed quality control and none of them were removed. However, some further information was needed for questions A03_5, which asks how much money is spent in the household in one month before COVID-19, and for A07 which asks about the household composition. In A03_5 it was found that a number of respondents had indicated that no money was spent (by answering with “0”). After discussions with the team, it was discovered that interviewers would input 0 when the respondent refused to answer or did not know the response. To be sure, all respondents with this answer were called back to double check. We would recommend adding these two options in questions A03_5 (‘Don’t know’ and ‘Refuse to say’). In A07, like in the first questionnaire, there were some households with a high number of members. These were double checked in follow-up calls. These checks revealed that, as in case of Quest 1, in some instances, interviewers wrongly put the age of household members instead of the number of household members of the specific age category. This mistake was corrected during data cleaning.

4. DROP-OUT RATES

On the closure of the fieldwork, 74% of respondents who completed Quest 1, went on to complete Quest 2. Quest 1 drop-outs were replaced with respondents of the same demographic profile. Interviewers stated that the main reason for refusal to participate in Quest 2 was that respondents generally didn't seem to wish to be interrupted again.

Persons who have completed university education were slightly more willing to participate in both Quests than those with other levels of education. No other demographic differences between respondents who participated in both Quests and those who completed only Quest 1 were identified.

The drop-out rate between questions during the interview is presented in the table in Appendix 3.

The results show that the drop-out rate during the interview, once the respondent agrees to take participation is low and it was higher in Quest 1 than in Quest 2:

- Quest 1: 3.9%
- Quest 2: 1.2%

5. COMMENTS FROM THE FIELD

During fieldwork implementation interviewers were asked to share spontaneous reactions of respondents during the interviews, for example, if respondents understood questions well, if they were hesitant to answer some questions, if there are any questions which provoked negative reactions. Overall, both questionnaires were well understood by participants. Over the duration of the fieldwork, a few comments were collected:

- First, phrases regarding the police/government, as well as ethnic racism, are topics which people, especially in Tigray and Oromia, do not want to discuss and become reluctant to participate if these phrases were used. This is a general issue with studies in Ethiopia, especially when considering the country's contemporary history.
- Sociodemographic questions are poorly received in Ethiopia. Some participants have a mistrust of information and believe that the government or other official agencies are spying on them. The interviewer would regularly need to repeat that the questionnaire is not conducted for the government and that their data are safe. This was found in all regions and is a highly general problem in Ethiopia. It is not specific to this study.
- Further comments during fieldwork refer to usage of word "rape" in question C08a. On several occasions, respondents shut-off, creating a sense of hesitation and withdrawal. Since this word is not essential to respond to this question which asks about accessibility of healthcare services - with one of the options 'Clinical management of sexual violence (rape and defilement)', it was decided to delete word 'rape' from this option.
- Further discussions with the field team indicated that the phrase 'sexual harassment' (code 1 at question E04 and E04a) is read in a similar manner to the word 'rape'. There is only one translation for this phrase and therefore it cannot be a language issue. In order to overcome this, the interviewer would need to read out the provided definition more than once, so it is clear what is meant by the phrase. It is important to remember that this topic is also viewed as taboo in many parts of Ethiopia.
- In the last week of fieldwork, political tension was particularly high in three areas; Tigray, Oromia and Benishangul-Gumuz. Due to this tension, the government stopped all communications to the Tigray region, meaning it was not possible to call anyone living in this region. Therefore, the focus was shifted to other two regions. Although communications were available in the other two regions, participants were still difficult to reach which also influenced duration of the fieldwork.

- In several options in questions F01 and F02, a high percentage of 'Don't know' responses were collected. Checking this issue with fieldwork supervisors, they indicated that at question F01_9, F01_10, as well as F02_9 and F02_10 – which asks if participants help the elderly in various ways – interviewers would select the 'don't know' option when the respondent did not have any members of their household who were elderly although a 'Not applicable' option was available. We recommend that further emphasis is put on this in training so that the interviewer understands when to use the don't know option in these two specific questions.

6. SPEAKERPHONE USAGE IN QUEST 2

Since Quest 2 contains very sensitive questions related to GBV, It was important that interviewers' questions could not be heard by other household members and, if they are formulated in the right way (that the respondent's task is just to answer Yes or No), respondents can freely express their views without being heard by other household members.

However, this planned situation could be jeopardized if a respondent is using a speakerphone. Therefore, in the initial implementation of the study, questions were introduced to detect if the respondent was using a speakerphone or not. However, these questions were based on interviewer evaluation based on the additional noise which can be heard during conversation. In addition, respondents were continuing with the interview regardless of whether they were using a speakerphone or not. This set up was discussed with the UN Women global team and on 9th October, and it was agreed that:

1. It is not always clear to the interviewer whether a speakerphone option is being used since connectivity in Ethiopia can be of very low quality
2. There is a need for additional safeguards in case respondents use a speakerphone, excluding them from further GBV questions.

In order to address these two topics, an additional section was proposed to explicitly ask if the respondent is using a speakerphone. The reason given to respondents for asking this was to say that we want to know how they generally use their phones. This question was therefore masked by adding some general questions on phone use.

If the respondent was found to be using a speakerphone, they were excluded from the study. From placing this safeguard in Quest 2, it was found that fewer than 10% of participants were excluded at this question, which was approximately the same percentage gained through interviewers' self-evaluation (10%)

This new set of questions can be found in Appendix 1 and was applied for the remainder of Quest 2. The change was made on 14th of October, resulting in a pause in fieldwork for Quest 2, which was continued from 19th of October.

7. GENDER-MATCH ANALYSIS

One form of analysis conducted was checking the influence of respondent-interviewer gender match on the quality of GBV questions in Quest 2. Questions looked at this analysis were all questions in E section.

While no difference was found in questions E01, E02, E03, E04, E05, E08, E09 some minor statistically significant differences were found on specific codes in question E04a (in three out of 11 codes), E06 (in two out of 18 codes) and E10 (in one out of 10 codes). The differences are presented below:

- 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?”

Code	Genders match	Genders mis-match	Difference
3 Female genital mutilation	3.6%	1.1%	2.5%
5 Denial of resources	3.0%	6.4%	3.4%
8 Denial to communicate with other people	7.1%	3.5%	3.5%

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?”

Code	Genders match	Genders mis-match	Difference
6 Teacher	0.2%	2.2%	1.9%
13 Religious leaders	1.9%	5.2%	3.3%

- 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?”

Code	Genders match	Genders mis-match	Difference
3 Someone to talk to	41.9%	37.8%	4.1%

8. CONTINUED PARTICIPATION ANALYSIS (QUEST 1 TO QUEST 2)

Another analysis performed was if there were differences in responses between respondents who participated in both Quests, compared to those who participated in Quest 2 only. Again, in this analysis questions from E section were included. Statistically significant differences were found in almost all questions (presented in more detail below).

In E04 we can see slightly more answers provided by respondents who participated in both Quests than in Quest 2 only for two types of gender-based violence. However, in question E06, E09 and E10, which are all multiple response sets, the number of provided answers was lower among people who participated in both Quests compared to people who did only Quest 2. The reason for these results could be because of fatigue experienced by respondents.

However, it should be noted that this outcome in response patterns could also be influenced by the age demographic. Namely, the two groups (those who participated in Quest 1 and those who participated in Quest 2 only) are not balanced by age. While continued participation of respondents consists of more persons aged 18-34, more persons aged 35-54 and 55+ did Quest 2 only. A similar pattern of responses was found among respondents 55+ as respondents who participated in Quest 2 only, which could be a second explanation of received results.

Differences in the Quest 2 gender-based violence section can be found in the following questions:

- E03 – “Do you think gender-based violence in Ethiopia has changed SINCE THE ONSET OF COVID-19? If yes, how did it change?”

Code	If participated in Quest 1	If participated in Quest 2 only	Difference
1 Yes, increased	65.5%	57.8%	7.7%
2 Yes, decreased	13.3%	19.6%	-6.4%
4 Don't know	5.8%	9.4%	-3.6%

- E04 and E04a combined – “Do you know anyone who has experienced any of the following types of gender-based violence SINCE THE ONSET OF COVID-19?” and “Which one of the types of gender-based violence listed in the previous question is the most recent one that you became aware of?”

Code	If participated in Quest 1	If participated in Quest 2 only	Difference
2 Slapped, hit, kicked, thrown things, or done anything else to physically hurt the person	6.1%	3.6%	2.5%
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	5.2%	3.3%	2.0%
10 I don't know anybody with these types of experiences	19.0%	39.5%	-20.5%
11 Don't know	41.6%	30.8%	10.9%

- E05 – “E05. I would ask you a 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?”

Code	If participated in Quest 1	If participated in Quest 2 only	Difference
13 Other members of the community	24.6%	43.4%	-18.8%
14 Other	6.8%	11.3%	-4.6%

- 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?”

Code	If participated in Quest 1	If participated in Quest 2 only	Difference
1 Family member	7.1%	17.5%	-10.4%
8 Health facility	12.5%	19.0%	-6.5%
12 Neighbour	10.8%	17.8%	-7.1%
14 Online platforms (Facebook, etc.)	0.4%	1.9%	-1.5%
15 Other	5.8%	2.3%	3.5%

- 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?”

Code	If participated in Quest 1	If participated in Quest 2 only	Difference
1 Call for access to friendly spaces for children in the community	14.3%	19.5%	-5.1%
2 Seek support from family	41.8%	50.0%	-8.3%
3 Seek religious leader	19.2%	26.4%	-7.2%
4 Access to centres for women/men	21.3%	25.9%	-4.6%
5 Approach community leaders	25.1%	36.4%	-11.4%
6 Talk with friends	35.3%	41.8%	-6.6%
7 Call helpline	23.6%	30.6%	-7.0%
8 Call/go to police	80.4%	84.4%	-3.9%
9 Go to health facility	49.1%	58.5%	-9.4%
10 Seeking support from civil society/NGOs	16.0%	21.3%	-5.3%

- 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?”

Code	If participated in Quest 1	If participated in Quest 2 only	Differ- ence
2 Practical help such as shelter/food/cloth- ing	37.2%	45.5%	-8.3%
3 Someone to talk to	37.9%	44.4%	-6.6%
5 Help with insurance/compensation claim	32.5%	38.5%	-6.0%
6 Protection from further victimization/ha- rassment	36.0%	41.0%	-5.0%
7 Help in reporting the incident/dealing with the police	44.7%	50.4%	-5.8%
8 Medical support	66.5%	73.3%	-6.8%
9 Financial support	50.9%	60.9%	-10.0%
11 Comprehensive, one stop services where the victim can get all support	34.1%	40.3%	-6.2%
12 Other	4.0%	1.7%	2.3%

9. DATA PROCESSING, WEIGHTING AND TABULATION

The use of the iField programme meant that a considerable part of the traditional “data cleaning” process was not needed: routing errors are automatically prevented, and the input is controlled to prevent missing data and nonsensical data. This largely reduces the chance of errors at the variable and respondent levels and decreases the time needed for data cleaning at the end of the fieldwork.

This system enabled the transfer anonymized databases to UN Women within one week after the end date of each data collection.

In order to ensure that the sample accurately reflects the socio-demographic structure of the target population, a calibration weighting procedure, using rim weighting (raking), was carried out. The principle behind this type of weighting is that by aligning the sample and population on key variables for which population statistics are known, we improve the accuracy of the other variables in the survey which were affected by relaxation of quotas.

Based on the proposed UN Women tabulation plan, Ipsos provided tabulations in Excel in its standard format including significant differences between subgroups (e.g. females vs males) as well as versus total sample of the country. The table template was prepared at the beginning of the fieldwork which enabled checking and sending interim data to UN Women on a weekly basis.

Six separate tables were prepared:

- Quest 1 total results
- Quest 1 only women results
- Quest 1 only men results
- Quest 2 total results
- Quest 2 only women results
- Quest 2 only men results

Tables contained regular cross-breaks by demographic variables (by gender, age, type of settlement, education, expenditure and income), but also several cross-breaks with aim to provide information about fieldwork execution: interviewer-respondent gender match, participation in Quest 1 (for Quest 2 data), speakerphone usage. Results of analysis of these technical aspects of the fieldwork are given in the previous sections.

10 DELIVERABLES

Deliverables from the CATI Rapid Gender Survey on COVID-19 in Ethiopia included:

- Final Quest 1 and Quest 2 in English, Amharic, Oromo and Tigrigna
- Training decks used for Quest 1 and Quest 2 trainings
- Excel file with anonymised individual data
- Tables with aggregated data
- Weekly reports and draft and final Technical report

Individual data: The dataset with all individual answers from respondents was delivered to UN Women in Excel. ID and all personal information about the respondents was deleted before delivering the data due to confidentiality reasons.

Tables with aggregated data: Results were collected and presented in aggregated form in an Excel table, both for Quest 1 and Quest 2, on the total level and separately for men and women.

Dataset and tables were delivered in English.

11. LESSONS LEARNED

Conducting the CATI Rapid Gender Survey on COVID-19 in Ethiopia highlights a number of lessons learnt, which could be useful for similar studies conducted in the future:

1. Using RDD samples in African countries, on the one hand, provides good dispersion of the results, but on the other hand, we need to be aware that these samples reflect the population of phone owners in the specific country. While in high- or middle-income countries, coverage of telephones is high, in Ethiopia the phone users population represents only part of the whole population and is significantly different than the general population of the country, being skewed toward more urban, male and younger populations. Due to this reason, applying nationally representative quotas using RDD samples proved to be very difficult in Ethiopia.¹³ Therefore, in the future, for CATI studies in Ethiopia, and countries with similar phone coverage, we suggest the following solutions which probably would need to be implemented simultaneously:
 - a. To combine different sampling frames available in the country
 - b. To use random sampling with close monitoring of the fieldwork execution and to adjust the structure of samples with post-stratification weights
 - c. To foresee extra costs related to very low contact rate (number of contacted numbers needed to get one eligible respondent) or additional face-to-face recruitment of hard-to-reach parts of population (older respondents, from specific regions)
2. We would strongly suggest adding a small module on speakerphone usage at the beginning of the questionnaire and excluding respondents who are using a speakerphone from the rest of the questionnaire. This approach enables an additional safeguard to respondents, and based on the results from Ethiopia, only 10% of respondents were excluded due to this reason.
3. No matter how thorough the process of checking a translation and scripting is, there is always room for improvement. The same can be applied for training of interviewers and the arguments to have very thorough training with detailed explanation of each question. However, as proved to be the case in the Ethiopian study, thorough and frequent checking of interim data through the fieldwork execution, significantly increases the chance to notice all possible mistakes on time and to finalize the study with good quality results.

¹³ We would like to note that in this study we used only mobile sampling frame, but including fixed phone numbers would not change the situation significantly. Namely, fixed phones have very small coverage and are mainly based in the capital and a few larger cities, therefore the overlap between mobile and fixed phone sampling frames is high.

12. APPENDICES

Appendix 1 - New speakerphone screener questions

INTRO TO SPEAKERPHONE SCREENER - NEW RESP:

To begin, we would like to ask a few questions on how you use your mobile phone

ASK ALL

SPS1. Do you regularly use the speakerphone mode when talking on this phone? [SINGLE ANSWER](#)

1. Yes, regularly
2. Yes, sometimes
3. No, never

ASK ALL

SPS2. And are you on speakerphone right now? [SINGLE ANSWER](#)

1. Yes
2. No

ASK ALL

SPS3. Do you find that connection is better or worse when using speakerphone than when you don't use it? [SINGLE ANSWER](#)

1. It is much better
2. It is somewhat better
3. It is the same
4. It is somewhat worse
5. It is much worse

ASK IF Q2 is YES

SPS4. And in the next several weeks, do you plan to do any of the following: [MULTIPLE ANSWER](#)

1. Done banking on your mobile phone such as transferring funds or pay bills
2. Watching a video on your mobile phone

ASK IF Q2 is YES

SPS5. In the last four weeks have you purchased any of the following items: [MULTIPLE ANSWER](#)

1. Clothing or footwear for yourself
2. Children's clothing or footwear
3. Cooking pots or other cooking equipment
4. Household electrical items
5. Medicines
6. Books
7. Mobile phone

IF SPS2 is YES, TERMINATE THE INTERVIEW

Appendix 2 - Register of contact numbers

Country	Ethiopia
Study name	Monthly audience measurement study
Year	2016 to 2020
Sample size per year	6000
Total number of contacts in the dataset	19069
Population	General population of Ethiopia 18+
Sampling frame used	Population Census 2007: http://www.csa.gov.et/component/phocadownload/category/103-census-report Population Estimate for particular year: http://www.csa.gov.et/census-report/population-projections
Coverage	Urban and pre-urban (villages with 2000+ inhabitants)
Type of sample	Stratified random sample (in 2016) From 2017, supplier moved to quotas in randomly selected sampling points
Stratification	By region
Data collection method	Face-to-face at respondent home using CAPI
No. of sampling points	200+
No. of interviews per sampling point	20-30
Selection of the households	Once the interviewer reaches the SP, the supervisor selects an easily identifiable landmark/points (churches, schools, bridges, cattle dips, road junctions) within each sub-location. These constitute starting points which are then randomly selected so that only a number of interviews can be carried out at a point. The interviewer then goes to the starting point and proceeds to the nearest household. This household forms the first household at which an interview can be conducted. After completing an interview, 4 households are skipped thereby calling on the 5th household. For rural areas where the households are widely dispersed, only 3 households will be skipped.
Selection of respondents in 2016	Kish Grid used to select respondent in the HH, if no respondent meets the quota or after 2 failed appointments, the respondent is moved to the next HH.
Selection of respondents 2017-2020	Quota sample by age, gender and SEC

Appendix 3 - Drop-out rate between the questions

	No. of participants	Drop-out rate
A04 Are you the head of your household?	2567	0.20%
A05. What is your current marital status?	2562	0.00%
A06. What is the highest level of education that you completed?	2562	0.39%
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	2552	0.35%
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?	2543	0.04%
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?	2542	0.20%
A10. How many women, of any age, live with you 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:	2537	0.23%
A11 Do you have difficulty doing any of the following - walking, seeing, hearing, remembering or concentrating, self-caring, or communicating?	2531	0.23%
B01a. How would you describe your personal economic activity(ies) BEFORE THE ONSET OF COVID-19 that is, as of February 2020?	2525	0.20%
B01aa. Did your personal economic activity(ies) change from February 2020?	2520	0.20%
B02 Has your personal source of income been affected SINCE THE ONSET OF COVID-19? If yes, please indicate how.	2515	0.23%
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.?	2509	0.04%
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?	2508	0.12%
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?	2505	0.08%
B06 Who usually decides how money is spent in your household?	2503	0.12%
B07 Do you usually have any money/income of your own that you alone decide when and how to use?	2500	0.04%
B08: Has your household experienced any of the following SINCE THE ONSET OF COVID-19?	2499	0.12%
C01 Does your household usually produce any crops/livestock (fish farming/poultry/other small stock)?	2496	0.08%
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?	2494	0.12%
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?	2491	0.04%
DO_BOY Do you have boys aged 7 to 14 years old in the household?	2490	0.04%
DO_GIRL Do you have girls aged 7 to 14 years old in the household?	2489	0.08%
E01 Do you have access to clean and safe water?	2487	0.00%

	No. of participants	Drop-out rate
F01. BEFORE THE ONSET OF COVID-19, who in your household spent the most time doing each of the following activities?	2487	0.00%
F02. SINCE THE ONSET OF COVID-19, how has the time you, personally, devoted to the following activities changed?	2487	0.20%
F03. SINCE THE ONSET OF COVID-19, how has the time you, personally, devoted to help/support non-household members (e.g. community, neighbourhood) changed?	2482	0.00%
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?	2482	0.55%
Q1_STATUS CATEGORICAL Question	2468	0.20%
Total drop-out rate Quest 1		3.86%
QUEST2_C02 Have you or any other household member(s) been/is ill, any kind of illness, SINCE THE ONSET OF COVID-19?	2572	
QUEST2_C03 Has your own mental or emotional health (e.g. stress, anxiety, confidence etc.) been affected negatively SINCE THE ONSET OF COVID-19?	2569	0.12%
QUEST2_C04 Has the mental or emotional health (e.g. stress, anxiety, confidence etc.) of any of your family members been negatively affected SINCE THE ONSET OF COVID-19?	2569	0.00%
C05. Have you been worried about anything SINCE THE ONSET OF COVID-19? If yes what are your MAIN worries?	2567	0.08%
C06. Are you or your household currently covered by health insurance (private or national insurance)?	2564	0.12%
QUEST2_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?	2563	0.04%
QUEST2_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?	2563	0.00%
QUEST2_C06 Are you or your household currently covered by health insurance (private or national insurance)?	2563	0.00%
QUEST2_D01 Have your feelings of safety in your community from threat of violence or violence itself changed SINCE THE ONSET OF COVID-19?	2561	0.08%
QUEST2_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?	2560	0.04%
QUEST2_D03 Have you personally experienced any form of discrimination against you SINCE THE ONSET OF COVID-19?	2560	0.00%
QUEST2_D04 Do you feel that discrimination, prejudice or racism in the county/area where you live has changed SINCE THE ONSET OF COVID-19?	2558	0.08%
QUEST2_D05 Have your feelings of safety in your home changed SINCE THE ONSET OF COVID-19?	2557	0.04%
QUEST2_E01 To what extent do you think that gender-based violence is a problem in Ethiopia?	2552	0.19%
QUEST2_E03 Do you think gender-based violence in Ethiopia has changed SINCE THE ONSET OF COVID-19? If yes, how did it change?	2551	0.04%
QUEST2_E04 Do you know anyone who have experienced any of the following types of gender-based violence SINCE THE ONSET OF COVID-19?	2550	0.04%
QUEST2_E08 If you or someone you know experienced gender-based violence or harmful practices, do you think they would seek help?	2550	0.00%

	No. of participants	Drop-out rate
QUEST2_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?	2548	0.08%
QUEST2_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?	2546	0.08%
QUEST2_E11 What are currently, during COVID-19, are the top three priority needs for you and your household?	2542	0.16%
Total drop-out rate Quest 2		1.16%

Appendix 4 – Quest 1 questionnaire

Survey: Impact Assessment of COVID-19 on women's and men's wellbeing

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. Amharic
3. Oromo
4. Tigrigan

ASK ALL

A01. What is your sex?

SINGLE ANSWER

1. Male
2. Female

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

A

SK ALL

A03_1. Where do you live?

SINGLE ANSWER

1. Tigray
2. Afar
3. Amhara
4. Oromia
5. Somali
6. Benishangul-Gumuz
7. Southern Nations Nationalities and People (SNNPR)
8. Gambella Harar
9. Addis Ababa **IF ADDIS ABABA, END INTERVIEW**
10. Dire Dawa

ASK IF A03_1 IS 10 (ADDIS ABABA)

A03_1A. Where do you live?

SINGLE ANSWER

1. Addis Ketema
2. Akaki-Kaliti
3. Arada
4. Bole
5. Gullele
6. Kirkos
7. Kolfe Keranio
8. Lideta
9. Nifas Silk Lafto
10. Yeka Sub

ASK ALL

A03_2. Where do you live?

SINGLE ANSWER

1. Urban
2. Semi-urban
3. Rural

ASK ALL

A03_3. In which kabele do you live?

OPEN ANSWER

INTRO: Hello, my name is [INTERVIEWER'S NAME] and I am calling from Ipsos, 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. What was the monthly income of your household BEFORE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Less than 1000 ETB
2. 1001-2000 ETB
3. 2001 - 5000 ETB
4. 5001 - 8000 ETB
5. 8001 - 15000 ETB
6. Above 15,000 ETB
98. Do not know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

ASK ALL

A03_5. How much on average did your household spend in a month, before Covid-19?

OPEN ANSWER

_____ ETB

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. Some University/College Completed
8. Completed University/College
9. Some Post Graduate Completed
10. Completed Post Graduate
11. 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. 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, number of people ____
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 LESSER THEN SUM IN A07**
2. Pregnant: Number.....
3. Lactating: Number.....

ASK ALL

A11. Do you have difficulty doing any of the following – walking, seeing, hearing, remembering or concentrating, self-caring, or communicating?

-SINGLE ANSWER

1. Yes, I have difficulties
2. No, I don't have difficulties

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 laborer 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 laborer 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
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, Social protection grants (Safety Net Programme, Health Insurance scheme, OVC, disability)
7. 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
99. Don't Know [DO NOT READ]

ASK IF B04 IS 1

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

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

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 14 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 14 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. Other
9. 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. Other
9. 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. Piped water supply is only available on certain days of the week
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. Other
99. 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

- 5. Women collect
- 6. Men collect
- 7. Girls collect
- 8. Boys collect
- 99. 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	Another household member (woman)	Another household member (man)	Equally between women and men household members	Someone else (not household member)	Don't have that activity	Don't know
	1	2	3	4	5	6	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
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

	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
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	Increased 2	Unchanged 3	Decreased 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

	Do not usually do it 1	Increased 2	Unchanged 3	Decreased 4	Don't know 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 completion of the second survey.

Thank you for your participation!

Appendix 5 – Quest 2 questionnaire

Survey: Impact Assessment of COVID-19 on women's and men's wellbeing

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 QSO

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

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

5. English
6. Amharic
7. Oromo
8. Tigrigan

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

INTRO1: Hello, my name is [INTERVIEWER'S NAME] and I am calling from Ipsos, 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.

INTRO1_1: Are you interested in participating in this survey, now or another time?

SINGLE ANSWER

1. Yes **RESPONDENT SPEAK NOT USING SPEAKERPHONE GO TO 'INTRO TO SPEAKERPHONE - NEW RESP**
2. 'Yes **RESPONDENT SPEAK OVER SPEAKERPHONE GO TO 'INTRO TO SPEAKERPHONE - NEW RESP**
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**

INTRO TO SPEAKERPHONE SCREENER - NEW RESP:

To begin, we would like to ask a few questions on how you use your mobile phone

ASK ALL

SPS1. Do you regularly use the speakerphone mode when talking on this phone?

SINGLE ANSWER

1. Yes, regularly
2. Yes, sometimes
3. No, never

ASK ALL

SPS2. And are you on speakerphone right now?

SINGLE ANSWER

1. Yes
2. No

ASK ALL

SPS3. Do you find that connection is better or worse when using speakerphone than when you don't use it?

SINGLE ANSWER

1. It is much better
2. It is somewhat better
3. It is the same
4. It is somewhat worse
5. It is much worse

ASK IF Q2 is YES

SPS4. And in the next several weeks, do you plan to do any of the following:

MULTIPLE ANSWER

1. Done banking on your mobile phone such as transferring funds or pay bills
2. Watching a video on your mobile phone

ASK IF Q2 is YES

SPS5. In the last four weeks have you purchased any of the following items:

MULTIPLE ANSWER. RANDOMIZE ANSWERS

1. Clothing or footwear for yourself
2. Children's clothing or footwear
3. Cooking pots or other cooking equipment
4. Household electrical items
5. Medicines
6. Books
7. Mobile phone

IF SPS2 IS YES, TERMINATE THE INTERVIEW, IF SPS2 IS NO, GO TO A01 (DEMOGRAPHICS)

ASK IF S0, PARTICIPATION IN QUESTIONNAIRE 1, IS CODE 1 (YES)

INTRO2: Hello, my name is [INTERVIEWER'S NAME] I am calling from Ipsos, market research agency, on behalf of UN Women and their partners. We previously called this phone number and interviewed you or somebody else from your household.

INTRO2_1: Are you this same person who did the first interview a week ago?

SINGLE ANSWER

1. Yes
2. No **GO TO INTRO2_3**

ASK IF INTRO2_1 IS 2

INTRO2_2: Can we speak with this person now?

SINGLE ANSWER

1. Yes **CONTINUE CONVERSATION WITH RESPONDENTS FROM THE FIRST STUDY**
2. Not now but another time **GO TO S3**
3. Not possible to reach that person **GO TO S4**

ASK IF INTRO2_1 IS 1 OR INTRO2_2 IS 1

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.

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

SINGLE ANSWER

1. Yes [RESPONDENT SPEAKS NOT USING SPEAKERPHONE] **GO TO 'INTRO TO SPEAKERPHONE SCREENER - QUEST1 RESP'**
2. Yes [RESPONDENT SPEAKS OVER SPEAKERPHONE] **GO TO 'INTRO TO SPEAKERPHONE SCREENER - QUEST1 RESP'**
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**

INTRO TO SPEAKERPHONE SCREENER - QUEST1 RESP:

To begin, we would like to ask a few questions on how you use your mobile phone

ASK ALL

SPS1. Do you regularly use the speakerphone mode when talking on this phone?

SINGLE ANSWER

1. Yes, regularly
2. Yes, sometimes
3. No, never

ASK ALL

SPS2. And are you on speakerphone right now?

SINGLE ANSWER

1. Yes
2. No

ASK ALL

SPS3. Do you find that connection is better or worse when using speakerphone than when you don't use it?

SINGLE ANSWER

1. It is much better
2. It is somewhat better
3. It is the same
4. It is somewhat worse
5. It is much worse

ASK IF Q2 is YES

SPS4. And in the next several weeks, do you plan to do any of the following:

MULTIPLE ANSWER

1. Done banking on your mobile phone such as transferring funds or pay bills
2. Watching a video on your mobile phone

ASK IF Q2 is YES

SPS5. In the last four weeks have you purchased any of the following items:

MULTIPLE ANSWER. RANDOMIZE ANSWERS

1. Clothing or footwear for yourself
2. Children's clothing or footwear
3. Cooking pots or other cooking equipment
4. Household electrical items
5. Medicines
6. Books
7. Mobile phone

IF SPS2 is YES, TERMINATE THE INTERVIEW, IF SPS2 IS NO, GO TO CO1 (HEALTH SECTION)

ASK IF INTRO2_3 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 INTRO2_3 IS 4

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

IF S3 OR S4, END INTERVIEW

A. Demographics

ASK ALL

A01. What is your sex?

SINGLE ANSWER

1. Male
2. Female

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
- 98. Don't know

ASK IF A02 IS 98 (DON'T KNOW)

A02a. What is your age in completed years?

WRITE YEARS

_ _ [YEARS]

BELOW 18 -> FINISH INTERVIEW

ASK ALL

A03_1. Where do you live?

SINGLE ANSWER

1. Tigray
2. Afar
3. Amhara
4. Oromia
5. Somali
6. Benishangul-Gumuz

7. Southern Nations Nationalities and People (SNNPR)
8. Gambella
9. Harar
10. Addis Ababa
11. Dire Dawa

IF CODE 10, ADDIS ABABA, END INTERVIEW

ASK IF A03_1 IS 10 (ADDIS ABABA)

A03_1A. Where do you live?

SINGLE ANSWER

1. Addis Ketema
2. Akaki-Kaliti
3. Arada
4. Bole
5. Gullele
6. Kirkos
7. Kolfe Keranio
8. Lideta
9. Nifas Silk Lafto
10. Yeka Sub

ASK ALL

A03_2. Where do you live?

SINGLE ANSWER

1. Urban
2. Semi-urban
3. Rural

ASK ALL

A03_3. In which kabele do you live?

OPEN ANSWER

ASK ALL

A03_4. What was the monthly income of your household BEFORE THE ONSET OF COVID-19?

SINGLE ANSWER

1. Less than 1000 ETB
2. 1001-2000 ETB
3. 2001 - 5000 ETB
4. 5001 - 8000 ETB
5. 8001 - 15000 ETB
6. Above 15,000 ETB
98. Do not know **[DO NOT READ]**
99. Refused **[DO NOT READ]**

ASK ALL

A03_5. How much on average did your household spend in a month, before Covid-19?

OPEN ANSWER

_____ ETB

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 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. Some University/College Completed
8. Completed University/College
9. Some Post Graduate Completed
10. 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 - walking, seeing, hearing, remembering or concentrating, self-caring, or communicating?

SINGLE ANSWER

1. Yes, I have difficulties
2. No, I don't have difficulties

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 laborer 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 laborer 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
4. Don't 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 (private or national insurance)?

SINGLE ANSWER

1. Yes, national insurance
2. Yes, private insurance
3. 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 (move-

ment 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 Ethiopia?

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. Don't 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 Ethiopia?

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 Ethiopia 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. Don't 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

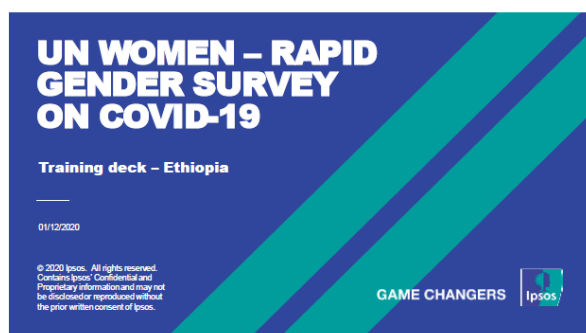
E11. What are currently, during COVID-19, are the top three priority needs for you and your household?

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.**

Appendix 6 – Quest 1 training deck



1

BRIEFING SESSION - AGENDA

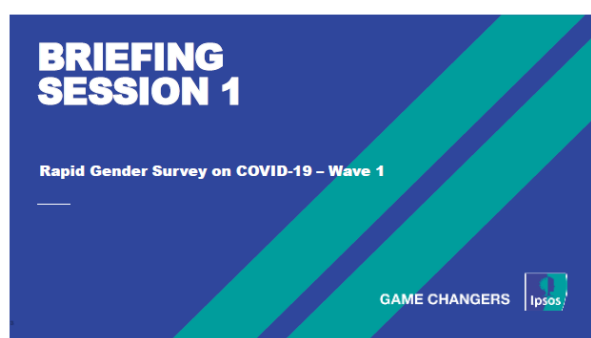
Briefing session 1 (2nd September) – Wave 1

10 mins	Project overview
30 mins	Questionnaire 1 overview
20 mins	Researching on Gender Based Violence (Introduction to Questionnaire 2)
10 mins	Fieldwork implementation and monitoring
5 mins	Quality controls
5 mins	Timings
10 mins	Q&A

Briefing session 2 (8th September) – Wave 2

15 mins	Feedback from Questionnaire 1
30 mins	Researching on Gender Based Violence
30 mins	Questionnaire 2 overview
15 mins	Q&A

2



3



4

PROJECT OVERVIEW

- Rapid Assessment Survey on COVID-19** focusses on producing gender and sex-disaggregated data on the impacts of COVID19 on women and men in Ethiopia
- The aim of the research is to support countries in their efforts to generate data to inform policies and monitor the implementation of gender equality-related to Sustainable Development Goals (SDGs) and other national policy priorities.
- Gender rapid surveys have been conducted in 31 countries by UN Women all over the world, however only a few countries have included questions on gender-based violence during COVID-19

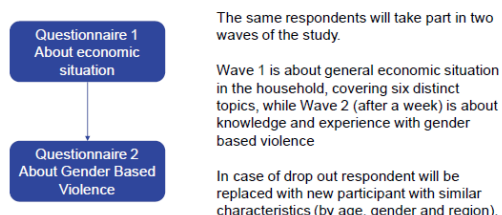
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PROJECT OVERVIEW

Location	Ethiopia
Target group	18 years old and above, nationally representative
Sampling frame	National statistics based on the most recent Censuses
Sample type	Quota sample by age, gender, region
Sample size	2400 women and men 18 years and older
Data collection method	CATI – Computer Assisted Telephone Interviewing
Questionnaire	Generic questionnaire developed by Kenya CO, in consultation with UNFPA, Oxfam, CARE, Kenya National Bureau of Statistics (KNBS) and the Ministry of Women in Kenya. Further contributions were made by The Women Count Team, UNFPA, as well as the IPSOS team. Estimated questionnaire duration: 15-20min, no open-ended questions

6

PROJECT OVERVIEW



7



8

QUESTIONNAIRE 1 SURVEY FLOW

Section name	
S	Introduction to the survey and consent
A	Demographic characteristics and screener
B	Household economic activities and livelihoods
C	Food security and agricultural inputs
D	Education
E	Water and Sanitation
F	Unpaid care work

9

A. DEMOGRAPHICS AND SCREENER

- Screen out 1 → 1. Gender
2. Age → IF UNDER 18, END INTERVIEW
3. Region
4. IF Addis Ababa, where?
5. Urban/Semi-urban/Rural
6. Kebele
7. Household monthly income BEFORE COVID-19
8. Household monthly expenditure BEFORE COVID-19
- Screen out 2 → SCREENOUT BY QUOTAS ON GENDER, AGE AND REGION
-If not eligible, "I am sorry that you are not eligible for the survey and thank you for your time"
-If eligible, the interview will continue...
9. Head of household, if not you, then what is your relationship to the head?
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"
10. Marital status
11. Level of education
12. Household size – MULTIPLE ANSWER, OPEN ANSWERS FOR EACH CATEGORY. IF THERE ARE NO MEMBER OF SPECIFIC CATEGORY PUT ZERO

11

B. HOUSEHOLD ECONOMIC ACTIVITIES AND LIVELIHOODS

- 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
- B01b. How would you describe your CURRENT economic activities? DO NOT READ ANSWERS. PUT ANSWERS IN APPROPRIATE CATEGORIES. MULTIPLE ANSWER
- B02. Has your personal source of income been affected SINCE THE ONSET OF COVID-19? If yes, please indicate how
- 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
- 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?
- B04_1. Have there been any changes in the regular receipt of money and goods from elsewhere since the onset of COVID-19?
- 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?
- B06. Who usually decides how money is spent in your household?
- B07. Do you usually have any money/income of your own that you alone decide when and how to use?
- 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

13

D. EDUCATION

- I will now ask you few questions, separately for boys and girls in your household.
- D0. Do you have boys aged 7 to 14 years old in the household?

F. UNPAID CARE WORK

- F01. BEFORE THE ONSET OF COVID-19, who in your household spent the most time doing each of the following activities?
- F02. SINCE THE ONSET OF COVID-19, how has the time you, personally, devoted to the following activities changed?
- 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?
- 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
- 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?
- ASK IF F04 IS 7
- F05. You mentioned help from domestic worker/babysitter/nurse. How has the situation changed SINCE THE ONSET OF COVID-19?
- F06. 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 completion of the second survey. Please confirm that we can call you again next week for some more questions on the second part of the survey?

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S. INTRODUCTION TO THE SURVEY AND CONSENT

- "Hello, my name is [INTERVIEWER'S NAME] and I am calling from Ipsos, 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."
- "S2. Are you interested in participating in this survey, now or another time? DO NOT READ ANSWERS."
1. Yes [RESPONDENT SPEAKS NOT USING SPEAKERPHONE] → Is the respondent conducting the call while being on loudspeaker? If yes and respondent wants to participate, code 1. If no and the respondent wants to participate, code 2
2. Yes [RESPONDENT SPEAKS OVER SPEAKERPHONE]
3. Not now but another time
4. No IF NO, TRY TO CONVINCE THE RESPONDENT BEFORE CONCLUSIVELY ENDING THE SURVEY
- If code 3: "When would be a good time to call you back? RECORD HH/MM/DD/MM OF CALLBACK.... Thank you, we will call you back at [HH/MM/DD/MM] you requested. Thank you again and have a great day!"
- If code 4: "Thank you for your time, you will be removed from today's survey." → END INTERVIEW

10

A. DEMOGRAPHICS AND SCREENER

13. Financial support to other members outside of household BEFORE COVID-19
14. Is this household providing financial support to other people AS A RESULT OF COVID-19 –if yes, for how many people?
15. Number of women in the survey
-TOTAL number of women [cannot be above the total number of people in the household (Q12)]
-Number of PREGNANT women
-Number of LACTATING women
Number of pregnant and lactating women cannot go above the TOTAL number of women
16. Do you have difficulty doing any of the following – walking, seeing, hearing, remembering or concentrating, self-caring, or communicating?
-Yes, I have difficulties
-No, I don't have difficulties

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C. FOOD SECURITY AND AGRICULTURAL INPUTS

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

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E. WATER AND SANITATION

- E01: Do you have access to clean and safe water? Please

RESEARCHING GENDER BASED VIOLENCE

Part 1: General comments
Introduction to Questionnaire 2

3

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RESEARCHING GENDER BASED VIOLENCE – HOW GBV IS DEFINED

Questionnaire 2 will be about Gender Based Violence (GBV). This questionnaire will be explained more in depth in the next session. Here we would like to give general introduction into this topic.

GBV is defined as:

“Sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person’s will and is based on gender norms and unequal power relationships.

It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature, and can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys.”



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RESEARCHING GENDER BASED VIOLENCE – BEST PRACTICES

To adhere to international best practices and to reduce limitations of CATI, the questionnaire includes:

- The questionnaire will not focus on the individual’s specific personal experience of gender based violence, but instead will focus on the perceived incidence of GBV more generally as well as perceived impacts on GBV due to COVID-19 or safety at home.
- Questions are phrased in such a way that, in many cases, the respondent can answer with a simple ‘yes’ or ‘no’. This means that the respondent can refrain from saying anything potentially compromising and that anyone who might be listening to the interview (whether on purpose or by accident) will not be able to deduce much from the respondents answers.

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RESEARCHING GENDER BASED VIOLENCE – BEST PRACTICES

Asking questions in a sympathetic and non-judgmental way is of particular importance when asking sensitive questions. Everyone has their own prejudices and pre-conceived notions, however it is critical that those are “left at the door” and interviewer interact with respondents in an empathetic and understanding way so they feel comfortable disclosing sensitive information.

Interviewers should be reminded that many of the people they speak to may never have been asked these types of questions before, and may never have disclosed their experiences, and so could be nervous about doing so.

From our previous research on violence and in our limited experience with research during the COVID-19 pandemic we have seen that respondents generally welcome the opportunity to “tell their story” when they are comfortable and feel that no one will judge them.



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HARD QUOTAS

	Male total	50%	1193
Male	15-29	22%	517
	30-39	12%	283
	40-49	7%	177
	50-59	5%	112
	60 years +	4%	107
Female total		50%	1203
Female	15-29	21%	507
	30-39	12%	295
	40-49	8%	186
	50-59	5%	113
	60 years +	4%	103
Total		100%	2400

Region	%	Count
Addis Ababa City Administration	5%	113
Amhara Region	2%	51
Afar Region	24%	571
Benzhangul Gumuz Region	1%	27
Borena Region	1%	14
Harari Region	0%	7
Oromia Region	35%	850
S.N.A.P. Region	20%	468
Somali Region	6%	150
Tigray Region	6%	137



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RESEARCHING GENDER BASED VIOLENCE VIA CATI METHODOLOGY

When using a CATI system to research gender based violence, we should keep into consideration that this method makes it more difficult to:

- Build rapport with the respondent
- Read the body language of the respondents reactions to particular questions

However, CATI can be easier to overcome some other problems associated with researching gender based violence. For example:

- It is easier to get the respondent alone to conduct the interview
- Interviews can be conducted faster than following a face-to-face methodology

Special consideration should be made by interviewers to overcome and limit the drawbacks of using a CATI approach to data collection

- Core GBV questions have already been sufficiently developed and tested prior to data collection
- International best practices should be followed at all times

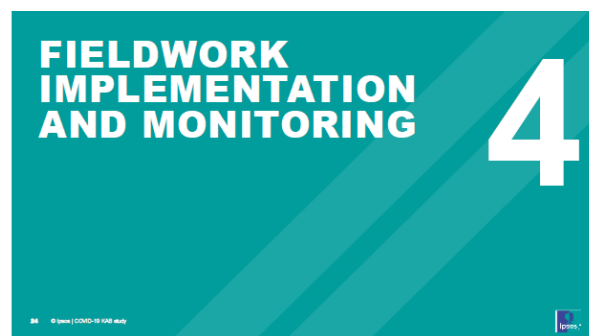


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RESEARCHING GENDER BASED VIOLENCE – BEST PRACTICES

- Participant distress is minimized by: structuring the survey to move from lighter topics on COVID-19 in general to heavier topics about its impact on GBV; allowing respondents the time to collect themselves before continuing if needed; reassuring respondents that their feelings are not unusual; terminate the interview if questions become too negative
- A special introductory section is included for the GBV module. This includes having informed consent, as well as including safeguards to allow the respondent to not answer any particular question, if they feel uncomfortable in doing so.
- The questionnaire also includes helpline numbers which are specific to Ethiopia, which can be shared with respondents if needed

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GENDER, AGE AND REGION CROSS TABBED FOR MONITORING

	Addis Ababa City Administration	Afar Region	Amhara Region	Benzhangul Gumuz Region	Dire Dawa City Administration	Gambela Region	Harari Region	Oromia Region	S.N.A.P. Region	Somali Region	Tigray Region	Total
Male	2%	1%	14%	1%	0%	0%	0%	18%	10%	3%	3%	20%
15-29	2%	1%	14%	1%	0%	0%	0%	18%	10%	3%	3%	22%
30-39	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40-49	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50-59	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60 years +	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Female	2%	1%	14%	1%	0%	0%	0%	18%	10%	3%	3%	20%
15-29	2%	1%	14%	1%	0%	0%	0%	18%	10%	3%	3%	22%
30-39	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
40-49	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
50-59	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
60 years +	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Total	2%	1%	14%	1%	0%	0%	0%	18%	10%	3%	3%	20%

	Addis Ababa City Administration	Afar Region	Amhara Region	Benzhangul Gumuz Region	Dire Dawa City Administration	Gambela Region	Harari Region	Oromia Region	S.N.A.P. Region	Somali Region	Tigray Region	Total
Male	37	21	268	17	7	6	4	423	218	83	66	1192
15-29	19	13	118	6	3	3	1	180	119	27	28	517
30-39	12	7	87	3	2	2	1	100	52	10	12	283
40-49	10	4	42	2	1	1	1	61	34	11	9	177
50-59	2	3	20	1	1	1	0	38	11	7	6	112
60 years +	4	2	40	1	1	0	0	38	18	7	7	107
Female	60	32	287	18	7	6	4	423	240	87	73	1203
15-29	32	9	115	6	3	2	1	189	124	17	18	507
30-39	20	6	88	3	2	2	1	102	58	17	17	295
40-49	17	3	42	2	1	1	1	61	34	11	9	186
50-59	5	2	20	1	1	0	0	38	11	7	6	113
60 years +	5	1	30	1	1	0	0	38	18	4	8	103
Total	113	53	555	35	14	12	7	846	458	100	107	2400

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SOFT QUOTAS – FOR MONITORING

Income categories (for monitoring purposes only)	
CODE	Income categories
1	Less than 1000 ETB
2	1001-2000 ETB
3	2001 - 5000 ETB
4	5001 - 8000 ETB
5	8001 - 15000 ETB
6	Above 15,000 ETB
99	Do not know
99	Refused

Expenditures quintiles		
CODE		TARGET
1	Less than 28,000 ETB	20%
2	28,001-39,000 ETB	20%
3	39,001-47,000 ETB	20%
4	47,001-60,000 ETB	20%
5	Above 60,000 ETB	20%
99	Do not know	0%
99	Refused	0%
	Total	100%

Urban/rural (for monitoring purposes only)		Target
Urban		20%
Semi-urban		0%
Rural		80%



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CONTACT SHEET

Code	INTERVIEW
1	Complete effective interviews
2	In process to make an appointment (they have already answered the screener/ mid interview
IN PROCESS - Before screener	
3	Call back to get the respondent (no answer, busy call backs)
4	In process to make an appointment (to answer the screener)
UNOBTAINABLE	
5	No reply after having called in different days of the week and in different business hours
6	Answering machine - Fax line- data line / Line out of order
7	Wrong number/ moved away and could not get the new references
UNSUCCESSFUL	
8	Screen out (Ineligible household/respondent)
9	Refusal before or after refusal

Contact sheets:

- Contact sheet should be completed for each contacted household, irrespective of the outcome. The Contact Sheet serves as documentation of all activities happening for each address in the sample and the outcomes for all Contact Sheets will be monitored throughout fieldwork.
- It is crucial that this is filled carefully and accurately at all times



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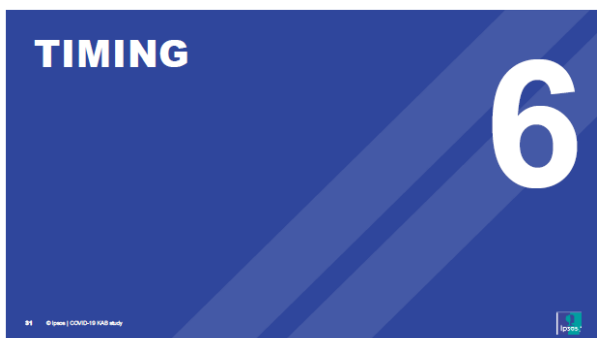
QUALITY CONTROLS

It is important that agencies carry following checks throughout fieldwork to ensure the quality of the data.

- Central monitoring of the fieldwork** - Data will be regularly fed into a central system allowing Central Coordination Team to keep track of field progress when it is happening (on daily level)
- Supervisors control** - Local supervisors need to monitor the implementation of the survey and to immediately react to problems occurring in the field.
- Respondent back-checks** - As a minimum, at least 20% of interviews will be back-checked. The dataset will be shared with you. The length of interviews as well as percentage of DK/REF answers should also be monitored. Interviews out of line with the expected or average length or with high percentage with DK/REF answers should be checked. It would also important that quality control includes answers to some key questions in the questionnaire, especially screening information about the respondent and household composition.
- Checks on early completed interviews** - Checks should be made on the first 5 for each interviewer and first 50 interviews overall and then periodically throughout fieldwork



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TIMING – QUESTIONNAIRE 1

ACTIVITY	RESPONSIBILITY	Date	Status Quest 1	Status Quest 2
Scripting	Ipsos	20th to 24th August	Complete	Complete
Sample Design and Approval	Ipsos		Complete	Complete
Script testing and field preparation	Ipsos and WAAS		In-Progress	Complete
Translation	WAAS	25th to 26th August	Complete	In-Progress
Script finalisation	Ipsos	31st August	In-Progress	In-Progress
Fieldwork Briefing (train the trainers)	Ipsos	2nd September for Q1 and 9th September for Q2		
Fieldwork Briefing (for interviewers)	WAAS	3rd September for Q1 and 10th September for Q2		
Fieldwork	WAAS	4th September to 22nd September for Q1 and 11th September to 30th September for Q2		
FW validations & SPSS to client	Ipsos and WAAS	1st to 7th October		

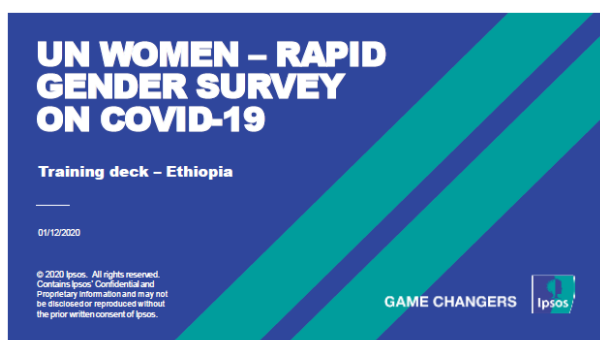
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QUESTIONS AND ANSWERS

Appendix 7 – Quest 2 training deck



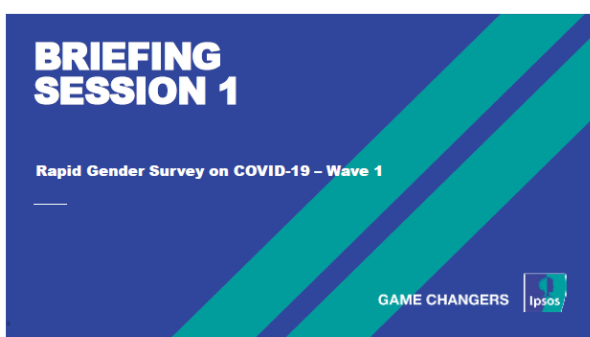
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BRIEFING SESSION - AGENDA

Briefing session 2 (8th September) – Wave 2

15 mins	Feedback from Questionnaire 1
30 mins	Researching on Gender Based Violence
30 mins	Questionnaire 2 overview
15 mins	Q&A

2



3



4

PROJECT OVERVIEW

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- The aim of the research is to support countries in their efforts to generate data to inform policies and monitor the implementation of gender equality-related to Sustainable Development Goals (SDGs) and other national policy priorities.
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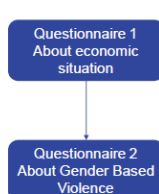
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6

PROJECT OVERVIEW

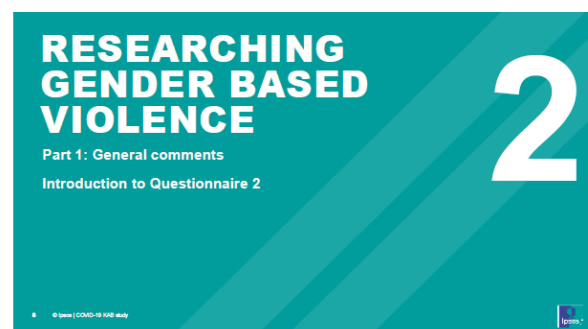


The same respondents will take part in two waves of the study.

Wave 1 is about general economic situation in the household, covering six distinct topics, while Wave 2 (after a week) is about knowledge and experience with gender based violence

In case of drop out respondent will be replaced with new participant with similar characteristics (by age, gender and region).

7



8

RESEARCHING GENDER BASED VIOLENCE – HOW GBV IS DEFINED

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However, CATI can be easier to overcome some other problems associated with researching gender based violence. For example:

- It is easier to get the respondent alone to conduct the interview
- Interviews can be conducted faster than following a face-to-face methodology

Special consideration should be made by interviewers to overcome and limit the drawbacks of using a CATI approach to data collection

- Core GBV questions have already been sufficiently developed and tested prior to data collection
- International best practices should be followed at all times



11

RESEARCHING GENDER BASED VIOLENCE – BEST PRACTICES

- Participant distress is minimized by: structuring the survey to move from lighter topics on COVID-19 in general to heavier topics about its impact on GBV; allowing respondents the time to collect themselves before continuing if needed; reassuring respondents that their feelings are not unusual; terminate the interview if questions become too negative
- A special introductory section is included for the GBV module. This includes having informed consent, as well as including safeguards to allow the respondent to not answer any particular question, if they feel uncomfortable in doing so.
- The questionnaire also includes helpline numbers which are specific to Ethiopia, which can be shared with respondents if needed

13

RESEARCHING GENDER BASED VIOLENCE – BEST PRACTICES

Interviewers should seek to try and identify non-verbal cues, to try and identify if the interview is causing any signs of emotional distress or discomfort to the respondent. This is much more complicated over the phone, since we can't interpret body language.

Techniques could include conscious listening for any changes in cadence or tone, identifying any prolonged pauses and being aware of any changes/shifts in background noise.

If the interviewer notices a change, the respondent should ask permission if they can continue. For example by asking like “is it okay for us to continue?” or “is this still a good environment to talk?”. Please do not push the respondent to reply until they feel comfortable to do so. If they need to move to a different space, let them. If they need to stop the interview and continue at a later point, give them the option to do so

Do not push the respondent to answer a question that makes them uncomfortable – please remember this might be the first time the respondent has been asked questions like this before. The respondent's physical safety is of utmost importance

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RESEARCHING GENDER BASED VIOLENCE – HOW GBV IS DEFINED

UNITED NATIONS DEFINITION OF VIOLENCE AGAINST WOMEN

The term “violence against women” means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Accordingly, violence against women encompasses but is not limited to the following:

- a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
 - b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
 - c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.
- d) Acts of violence against women also include forced sterilization and forced abortion, coercive/forced use of contraceptives, female infanticide and prenatal sex selection.
(From United Nations, 1993.10)

10

RESEARCHING GENDER BASED VIOLENCE – BEST PRACTICES

To adhere to international best practices and to reduce limitations of CATI, the questionnaire includes:

- The questionnaire will not focus on the individual's specific personal experience of gender based violence, but instead will focus on the perceived incidence of GBV more generally as well as perceived impacts on GBV due to COVID-19 or safety at home.
- Questions are phrased in such a way that, in many cases, the respondent can answer with a simple ‘yes’ or ‘no’. This means that the respondent can refrain from saying anything potentially compromising and that anyone who might be listening to the interview (whether on purpose or by accident) will not be able to deduce much from the respondents answers.

12

RESEARCHING GENDER BASED VIOLENCE – BEST PRACTICES

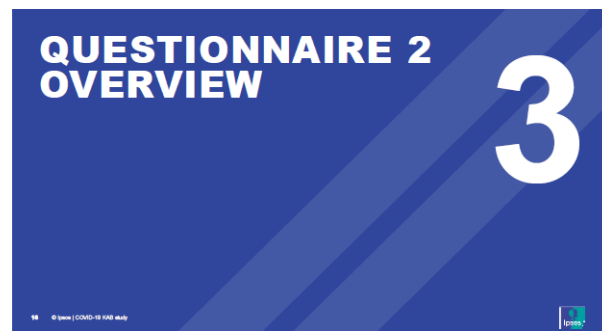
Asking questions in a sympathetic and non-judgmental way is of particular importance when asking sensitive questions. Everyone has their own prejudices and pre-conceived notions, however it is critical that those are “left at the door” and interviewer interact with respondents in an empathetic and understanding way so they feel comfortable disclosing sensitive information.

Interviewers should be reminded that many of the people they speak to may never have been asked these types of questions before, and may never have disclosed their experiences, and so could be nervous about doing so.

From our previous research on violence and in our limited experience with research during the COVID-19 pandemic we have seen that respondents generally welcome the opportunity to “tell their story” when they are comfortable and feel that no one will judge them.



14



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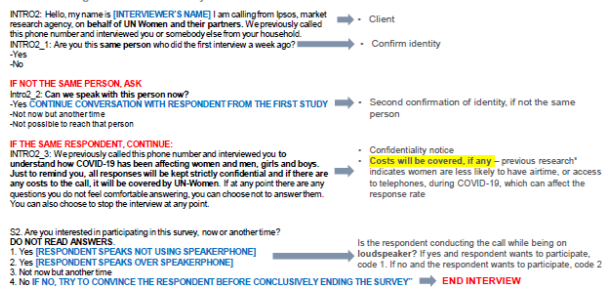
QUESTIONNAIRE 1 SURVEY FLOW

Section name	
S	Introduction to the survey and consent
A	Demographic characteristics and screener
B	Household economic activities and livelihoods
C	Health
D	Protection and Security
E	Gender Based Violence and harmful practices

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S. INTRODUCTION TO THE SURVEY AND CONSENT

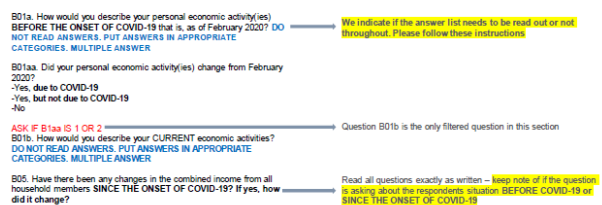
If the same respondent as the first study, we need to confirm their identity and explain why we are calling before moving on to the main study



19

B. HOUSEHOLD ECONOMIC ACTIVITIES AND LIVELIHOODS

If a different respondent from the first interview will take part, we ask a shortened version of this section. If it is the same respondent, this section is skipped



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D. PROTECTION AND SECURITY

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

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)?

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

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

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

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

Both questions here are asking for the respondents' PERSONAL experience. The first is on personal experience with violence from the police/security agents due to COVID. The second is asking if they have experienced discrimination more generally because of their gender, age, disabilities, social status, etc

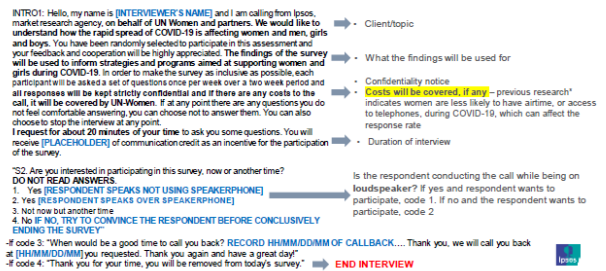
Unlike D02 and D03, here we are asking if the individual things the level of discrimination has IN GENERAL has changed since the onset of COVID

Please follow the interviewer instructions - read answer list so the respondent answers with yes/no only

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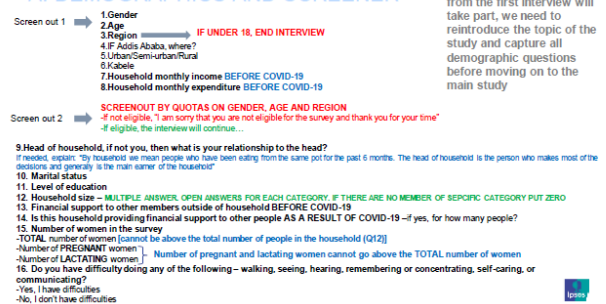
S. INTRODUCTION TO THE SURVEY AND CONSENT

If a different respondent from the first interview will take part, we need to reintroduce the topic of the study and capture all demographic questions before moving on to the main study



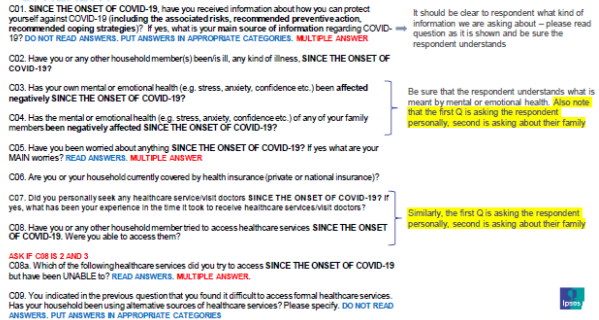
18

A. DEMOGRAPHICS AND SCREENER



20

C. HEALTH



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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 experience 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. We do not want you to provide information or further support in regard to gender-based violence (GBV) if you do not feel safe to do so. If you are not sure, please do not answer. If you are not sure, please do not answer. If you are not sure, please do not answer.

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 existing 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 NEEDS SUPPORT, THEN REFER THEM TO THE GBV HELPLINE (AND/OR 116 CHILDREN'S HELPLINE). DO NOT TRY TO COUNSELL THE SURVIVOR, BE CALM AND OPEN WITH THEIR LETTER CALMLY AND BEEN THEIR APPROVAL TO LINK THEM TO SOMEONE WHO CAN PROVIDE GUIDANCE AND SUPPORT TO THEM. IT IS VERY IMPORTANT TO REPORT SOMEONE'S DECISION AS TO WHETHER THEY WILL CALL THE HELPLINE OR NOT. THE TOLL FREE HELPLINE IS 0388-324444 AND 044-324444. MARIE STORES

Physical violence includes: physical assault, murder, beating

Sexual violence includes: rape, sexual assault, sexually-related verbal attacks, female genital mutilation, forced pregnancies

Psychological violence includes: any act that can cause psychological harm to the respondent. Psychological violence can take the form of coercion, defamation, verbal insult or harassment

Public space: a space outside of the private home

Private space: a space within the private home

Please do not push the participant to take part in this segment unless they feel safe enough to do so. By 'safe', we mean that they are in an environment where they can speak freely without fear of negative consequences for taking part in the interview

If the interviewer comes across someone currently experiencing GBV, it is important that the interviewer does not try to counsel the respondent since they are not trained to do so. The interviewer should offer to share the national helpline to the respondent. With this said, the interviewer should not push the number on the respondent - if they request not to receive the helpline number then the interviewer must respect this decision.

Very importantly, give the respondent the space and time to answer - please do not rush this section. The interviewer should listen attentively for any cues which indicate discomfort. For example, take note of any changes in tone or tone, identifying prolonged pauses and most importantly be aware of changes/shifts in background noise. Finally, you can ask the respondent if they are in a safe space before moving onto the questions

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E. GENDER BASED VIOLENCE AND HARMFUL PRACTICES-FGM AND CHILD MARRIAGES

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

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

ASK IF 1-3 AT E01

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

ASK IF 1-3 AT E01

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

E04. Do you know anyone who has experienced any of the following SINCE THE ONSET OF COVID-19? READ ANSWERS. RESPONDENT SHOULD ANSWER ONLY WITH YES AND NO. MULTIPLE ANSWER.

IN CASE OF MORE THAN ONE ANSWER IN E04

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? SINGLE ANSWER.

ASK IF ANSWER TO E04a IS 1 TO 3

E05. I would ask you a 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.

Physical violence includes: physical assault, murder, beating
Sexual violence includes: rape, sexual assault, sexually-related verbal attacks, female genital mutilation, forced pregnancies
Psychological violence includes: any act that can cause psychological harm to the respondent. Psychological violence can take the form of coercion, defamation, verbal insult or harassment

Public space: a space outside of the private home
Private space: a space within the private home

These two questions ask about GBV in Ethiopia in general. Please note that the second question is asking generally about GBV since the onset of COVID

Please take note of the interviewer instructions – especially for this section

The first question here asks if they know anyone who has experienced any of 9 different experiences – please remember to give the respondent as much time as they need to answer this, since it could be extremely sensitive to the respondent

Do not force an answer. Be empathetic to the respondent and remember that this might be the first time that they have been asked questions like this. Keep note of any cues which suggests that the respondent is uncomfortable

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FIELDWORK IMPLEMENTATION AND MONITORING

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GENDER, AGE AND REGION CROSS TABBED FOR MONITORING

	Addis Ababa City Administration	Afar Region	Amhara Region	Benishangul Gumuz Region	Dire Dawa City Administration	Gambella Region	Harari Region	Oromia Region	S.N.A.L.P Region	Somali Region	Tigray Region	Total
Male	2%	0%	12%	0%	0%	0%	0%	25%	10%	0%	3%	50%
15 - 29	1%	1%	1%	0%	0%	0%	0%	0%	4%	0%	1%	22%
30 - 39	1%	0%	1%	0%	0%	0%	0%	0%	2%	0%	1%	14%
40 - 49	0%	0%	2%	0%	0%	0%	0%	3%	1%	0%	0%	7%
50 - 59	0%	0%	1%	0%	0%	0%	0%	2%	1%	0%	0%	5%
60 years +	0%	0%	1%	0%	0%	0%	0%	1%	1%	0%	0%	4%
Female	3%	0%	12%	0%	0%	0%	0%	18%	10%	0%	3%	50%
15 - 29	1%	0%	1%	0%	0%	0%	0%	4%	2%	0%	1%	14%
30 - 39	1%	0%	1%	0%	0%	0%	0%	2%	1%	0%	0%	5%
40 - 49	0%	0%	1%	0%	0%	0%	0%	2%	1%	0%	0%	5%
50 - 59	0%	0%	1%	0%	0%	0%	0%	1%	1%	0%	0%	4%
60 years +	0%	0%	1%	0%	0%	0%	0%	1%	1%	0%	0%	4%
Total	5%	0%	24%	0%	0%	0%	0%	43%	20%	0%	4%	100%

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CONTACT SHEET

Code	INTERVIEW
1	Complete effective interviews
2	In process to make an appointment (they have already answered the screener) / mid interview
IN PROCESS - Before screener	
3	Call back to get the respondent (no answer, busy call backs)
4	In process to make an appointment (to answer the screener)
UNOBTAINABLE	
5	No reply after having called in different days of the week and in different business hours
6	Answering machine - Fax line- data line / Line out of order
7	Wrong number/ moved away and could not get the new references
UNSUCCESSFUL	
8	Screen out (Ineligible household/respondent)
9	Refusal before or after refusal

Contact sheets:

- Contact sheet should be completed for each contacted household, irrespective of the outcome. The Contact Sheet serves as documentation of all activities happening for each address in the sample and the outcomes for all Contact Sheets will be monitored throughout fieldwork.
- It is crucial that this is filled carefully and accurately at all times

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E. GENDER BASED VIOLENCE AND HARMFUL PRACTICES-FGM AND CHILD MARRIAGES

ASK IF ANSWER TO E04a IS 1 TO 3

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.

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

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.

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.

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

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.

Discussing about 'someone else' could give the respondent space to answer more freely and honestly.

Please be clear to the respondent that we are asking not only about themselves but of someone they may know – this is very important, as the respondent may find it easier for the respondent to interpret this question when discussing others, rather than themselves

Be clear we are talking about the community in this question

This is a general question – it is not about GBV but what the respondent views as the top three needs during the COVID pandemic

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HARD QUOTAS

	Male total	50%	1194
15 - 29	22%	517	
30 - 39	12%	283	
40 - 49	7%	177	
50 - 59	5%	112	
60 years +	4%	107	
Female total	50%	1205	
15 - 29	21%	507	
30 - 39	12%	295	
40 - 49	8%	186	
50 - 59	5%	113	
60 years +	4%	103	
Total	100%	2400	

Region	%	Count
Addis Ababa City Administration	5%	113
Afar Region	2%	51
Amhara Region	24%	571
Benishangul Gumuz Region	1%	27
Dire Dawa City Administration	1%	14
Gambella Region	1%	12
Harari Region	0%	7
Oromia Region	35%	850
S.N.A.L.P Region	20%	468
Somali Region	6%	150
Tigray Region	6%	137

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SOFT QUOTAS – FOR MONITORING

Income categories (for monitoring purposes only)
1 Less than 1000 ETB
2 1001-2000 ETB
3 2001 - 5000 ETB
4 5001 - 8000 ETB
5 8001 - 15000 ETB
6 Above 15,000 ETB
98 Do not know
99 Refused

Expenditures quintiles	TARGET
1 Less than 28,000 ETB	20%
2 28,001-39,000 ETB	20%
3 39,001-47,000 ETB	20%
4 47,001-60,000 ETB	20%
5 Above 60,000 ETB	20%
98 Do not know	0%
99 Refused	0%
Total	100%

Urban/rural (for monitoring purposes only)	Target
Urban	20%
Semi-urban	0%
Rural	80%

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QUALITY CONTROLS

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QUALITY CONTROLS

- It is important that agencies carry following checks throughout fieldwork to ensure the quality of the data.
- **Central monitoring of the fieldwork** - Data will be regularly fed into a central system allowing Central Coordination Team to keep track of field progress when it is happening (on daily level)
 - **Supervisors control** - Local supervisors need to monitor the implementation of the survey and to immediately react to problems occurring in the field.
 - **Respondent back-checks** - As a minimum, at least 20% of interviews will be back-checked. The dataset will be shared with you. The length of interviews as well as percentage of DK/REF answers should also be monitored. Interviews out of line with the expected or average length or with high percentage with DK/REF answers should be checked. It would also important that quality control includes answers to some key questions in the questionnaire, especially screening information about the respondent and household composition.
 - **Checks on early completed interviews** - Checks should be made on the first 5 for each interviewer and first 50 interviews overall and then periodically throughout fieldwork



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TIMING

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TIMING – QUESTIONNAIRE 1

ACTIVITY	RESPONSIBILITY	Date	Status Quest 1	Status Quest 2
Scripting	Ipsos	20th to 24th August	Complete	Complete
Sample Design and Approval	Ipsos		Complete	Complete
Script testing and field preparation	Ipsos and WAAS		In-Progress	Complete
Translation	WAAS	25th to 28th August	Complete	In-Progress
Script finalisation	Ipsos	31st August	Complete	In-Progress
Fieldwork Briefing (train the trainers)	Ipsos	2nd September for Q1 and 9th September for Q2	Complete	Complete
Fieldwork Briefing (for interviewers)	WAAS	3rd September for Q1 and 10th September for Q2	Complete	
Fieldwork	WAAS	4th September to 22nd September for Q1 and 11th September to 30th September for Q2	In-Progress	
FW validations & SPSS to client	Ipsos and WAAS	1st to 7th October		

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Q&A

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QUESTIONS AND ANSWERS



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THANK YOU



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GAME CHANGERS



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Appendix 8 – Ethical clearance letter

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THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA
PLANNING & DEVELOPMENT COMMISSION
CENTRAL STATISTICAL AGENCY

ቁጥር 007.4/3250
No.
ቀን 16 JUN 2020
Date

UN Women East and South Africa Regional Office (ESRO)
Nairobi

Subject: Clearance letter

Warm greetings from the Central Statistics Agency of Ethiopia!!

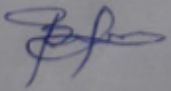
In reference to your request, we are grateful to provide you a clearance to proceed with the study Rapid Gender Assessment of the Socio-Economic Impact of COVID19 using Computer Assisted Telephone Interview (CATI) given our concern and conditional on improvement of the understated issues.

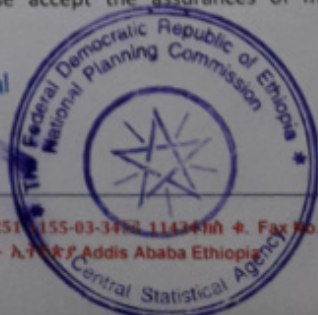
1. The sample size (n=2400) seems too small to provide estimates with required precision level. Added to this, the CATI approach will usually produces high non-response rate which also have impact on the finale number of sample size for the study. Hence, we recommend reconsidering it for the much diversified country, Ethiopia.
2. The sample size of the study may produce estimates with fair precision at aggregate level and with response rate more than 90%. But, it is highly unlikely to get estimates with acceptable precision level if reports are disaggregated by sex, age and other categories.
3. Getting a sampling frame by sex, age, living standard and location to draw samples as proposed in the concept note may not be plausible and needs reconsideration to the context of the country.
4. Quality lies at the heart of any study. In this regard, the quality control method of enumerators should also be specified clearly.

Therefore, we are providing this clearance letter to UN Women East and South Africa Regional Office in under the condition that the stated concerns will be taken in to account and improved in designing the study methodology and instruments.

I look forward for your continued collaboration and please accept the assurances of my highest consideration.

With Best Regards,

 Biratu Yigezu
Director General



+251-11-55-30-11/+251-11-56-30-02/+251-1111-51-31/+251-1155-31-12/+251-1155-03-3452 11434ሰከቶ. Fax No. +251-1111-5574/+251-1155-03-34 Website: www.csa.gov.et አዲስአበባ - ኢትዮጵያ
Central Statistical Agency

